

Kent Local Transformation Plan

for Children, Young People and Young Adults'
Emotional Wellbeing and Mental Health

Version 5, published October 2019



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Produced by: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS Dartford, Gravesham and Swanley CCG, NHS South Kent Coast CCG, NHS Swale CCG, NHS Thanet CCG, NHS West Kent CCG and Kent County Council.

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1. Executive Summary

Future in Mind (NHS England and Department of Health, 2015) provides us the challenge and mandate to develop a whole-system approach to emotional wellbeing and mental health in order to deliver a fundamental culture change to better support children, young people and families.

This Local Transformation Plan for Kent (version 5) sets out the imperative and the vision for achieving fundamental positive change by 2021, so that every child, young person and family are given the tools they need to grow their emotional wellbeing and resilience, and ensuring that those needing specialist support get it when they need it. To deliver this vision, we have focussed on how children and young people’s emotional wellbeing and mental health support should be provided across the whole-system.

As with any systemic and fundamental change across a county as large as Kent, and regarding an agenda as complex as emotional health and wellbeing, transformation has graduated to become a focussed, holistic and partnership-driven approach. We have identified our priorities for 2019 to 2021 as being:

- Identifying and providing support for those children and young people at greatest risk
- Children and young people with neurodevelopmental need or learning difficulties
- Improving transition and increasing the support available to young adults
- Increasing investment in early intervention and prevention interventions
- Reducing inequality in access rates across Kent
- Delivering the Long Term Plan, both strategically and practically

In this plan we demonstrate a more mature understanding to the challenges in delivering enduring change and the risks to the Local Transformation Plan programme itself. We outline the strategic changes to governance and demonstrate how we are working to sustain transformation beyond 2021.

We also celebrate the fantastic work that has taken place in Kent. Our projects have won national awards, helped us to achieve an average access target of 50.6% and delivered unique interventions to our most vulnerable children and young people.

Overall, this plan is a summary of a very complex area of work and seeks to provide evidence and assurance that the programme is responding to the challenge with transparency and dedication to improving outcomes for our children, young people, young adults and their families.



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Introduction to this document



NHS England requires that the plan: *"set out the local whole-system commitment to improve children and young people's mental health services. The annual refresh allows local areas to ensure that their LTP is a live working document...Not all elements of the LTP will require significant updating but the document should present a coherent overview of the current status, improvements made and future intentions...a good quality refreshed LTP should be through the eyes of the range of people who will/ may read it e.g. local young people, commissioners, providers or national bodies."*



The Kent Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health (throughout this document referred to as the Local Transformation Plan or LTP) was first published in December 2015 and is updated annually.

This version is the fifth iteration of our plan and, to make sure the LTP remains succinct and easy-to-read, we have moved a lot of detail relating to the previous years into the [Appendix](#). This document should be considered a refresh within the context of previous published versions. All the previous LTP versions can be found as [Appendices 1, 2, 3 and 4](#) for reference and you can find a glossary as [Appendix 5](#) as we realise that some of the phrases used are quite technical.

Our LTP is a publicly available document as well as having to provide assurance to NHS England that our LTP programme is effective according to the national guidelines. NHS England reviews our LTP alongside their 'Key Lines of Enquiry' (KLOE) template which they use to assure our programme. NHS England requires us to provide detailed and sometimes technical information and, to keep this document as streamlined as possible we have moved much of the detail into the KLOE itself as [Appendix 6](#).

We refer to 'children and young people' when referring to children up to the age of 18 and make specific note when the age group extends to 25. We also refer to 'family' when referring to anyone who may be involved in the care of a child or young person.

As part of our review this year we have:

- Reviewed our prevalence and trends to understand whether there were any new emerging needs or gaps
- Refreshed our governance arrangements so that the LTP is best placed within the health and local authority governance structures
- Reviewed national requirements and independent reviews of LTPs, including NSPCC review of LTPs
- Reviewed and updated our priorities according to the latest national and local information including the NHS Long Term Plan
- Engaged with partners including NHS England, providers, children and families to ensure that our LTP is reflective of their needs
- Reviewed all communications and news stories associated with the programme over the past year
- Reviewed and confirmed financial planning to 2021.

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Vision and Plan

In previous years we divided our complex transformation programme into themes, and we continue to use these themes as they help to define what it is we are aiming to achieve. Since 2015, the LTP programme has worked to build a foundation for long-term and enduring change. We have delivered on a number of priorities which we have outlined in previous versions, examples of which include:

- **Reach and resilience** - Delivered a Good Mental Health Matters (GMHM) campaign and developed free teaching resources for Kent primary and secondary schools.
- **Early intervention and prevention** – Put in place a Kent-wide adolescent targeted support offer and risk-taking behaviours programme delivered in schools and the community.

- **Specialist support** – Designed a mental health contract (Children and Young People's Mental Health Service (CYPMHS)) and provider (NELFT) delivering both targeted and specialist support accessed through a Single Point of Access (SPA) which is co-delivered with Kent Community Health NHS Foundation Trust (KCHFT).
- **Crisis** – Agreed an urgent and emergency model in line with the Long Term Plan and STP and built strong relationships with NHS England commissioners and South East colleagues to develop consistent regional offer.
- **Whole-system enablers** – We have been identified as national best practice in developing whole-system data analytics and a workforce strategy work stream.





We continue to work towards our ambition to improve the emotional wellbeing and mental health of children, young people and young adults, with a particular focus on those who are at most risk of mental illness.

Transformation enables us to work across children, families, communities, schools, local authorities and health to try to give everyone the support and tools they need to be resilient and to have good mental health.

We continue to apply the principle that “It is easier to build strong children than to repair broken men” (Frederick Douglass, 1817-1895), and therefore continue to increasingly invest in both reach and resilience, and early intervention and prevention activity.

We have identified the following areas as priorities:

- **Increasing the offer for those at greatest risk** (prioritising those affected by adversity): Through transformation we have delivered projects that have focussed on vulnerable groups such as

unaccompanied asylum seeking children, looked after children, young people at risk of offending and those young people identifying as LGBT+. We will support the workforce to deliver services that are trauma-informed, embedding the principles of trauma-informed approaches. We will work with our providers so that they engage more with foster carers and schools to increase their ability to support our most vulnerable children and families.

- **Neurodevelopment and Learning Difficulties:** Children and families are waiting too long for support that enables them to function in schools and within the home. In March 2019, Ofsted and Care Quality Commission (CQC) carried out a joint inspection of Special Educational Needs and Disability (SEND) services and a number of areas were identified as requiring urgent improvement; this included the offer for children with neurodevelopmental needs and learning difficulties. In Kent we know that the current caseload for the

CYPMHS is 14,189 children (July 2019 data), with over 9,092 of those on the neurodevelopment and learning disability pathway. We have continued to invest in our CYPMHS to meet a challenging trajectory of reducing the number of children waiting for an ADHD or Autism assessment. We will continue to work with the SEND Improvement Board, Transforming Care Board and the 0-25 Health and Wellbeing Board where neurodevelopment and learning disability has been identified as a shared health/Local Authority priority (see [Appendix 7](#)).

- **Transition and support to the age of 25:** We commissioned a review of national best practice relating to 18-25 year olds. The review was developed using discussions with young people, clinicians and stakeholders. The final report has been issued (see [Appendix 8](#)) and contains comprehensive recommendations. We commenced work in 2019 with adult commissioners, providers and the Sustainability and Transformation Partnership to move forward in putting an offer in place that responds to young adults' needs and the requirements within the NHS Long Term Plan.
- **Early intervention and prevention/targeted support:** Despite investment into targeted support projects since 2015, our data tells us that we are not closing the gap in need. We know that early intervention is less costly and is less constrained by workforce issues and clinically more beneficial to the child or young person to prevent their wellbeing issues escalating. We have undertaken a review of mild to moderate mental health services and are using the findings to inform wider commissioning.

- **To reduce inequality in access:** Since 2017/18, we have seen a notable difference across Kent in the proportion of children accessing evidence-based interventions. In 2017/18 the gap between the CCGs with the highest and lowest access targets was 29% and in 2018/19 the gap reduced slightly to 26%. There are a number of factors that could account for the variation, including challenges with the data itself. However, we continue to focus the programme, with the support of the Sustainability and Transformation Partnership, to reducing the variation across Kent.
- **Delivering the Long Term Plan:** In July 2019, the NHS published the [NHS Mental Health Implementation Plan 2019 to 2024](#), which gives us the detail we need to deliver the [NHS Long Term Plan](#). We welcome the prioritisation of children and young people's mental health services, both financially through the Mental Health Investment Standard and in terms of long-term commitment across agencies. We are well placed through the Kent LTP programme to meet the requirements of the Long Term Plan, and have already started this through our work around Mental Health Support Teams in education settings, all-age eating disorder service and exceeding national targets for children and young people's access to NHS-funded services. However, we also recognise that long-term transformation requires us to move beyond numbers and targets and into an approach where children and families feel the impact of a responsive and appropriate system.

We have developed a programme summary (our road map to delivering transformation) to illustrate how we plan to achieve our ambitions across the themes and whole programme.

Kent Local Transformation Programme Summary 2018-2021

Theme and Ambitions:

1. REACH AND RESILIENCE

Children, young people and young adults are supported through their lives by people who have the competency to meet their needs and grow their resilience within an environment that reduces stigma. Adults who are important in the child's life are given the skills and tools to deliver consistent messages and support which engages the child.

Target population Who?

- All children and young people in Kent
- All 10 to 16 year olds in HeadStart Kent schools focussing on those with highest need, supporting their school, community and family
- All children in Year R and Year 6 who complete the health questionnaire and identify a need

Intervention What?

- Good Mental Health Matters: Resources available to individuals, schools and organisations to deliver age-appropriate lessons
- Resilience Hub and Moodspark: Resources for young people, families and professionals
- MindFresh NELFT NHS: Website with national and local information, advice and guidance
- HeadStart Kent: Whole school approach to resilience, training for schools and communities in Mental Health First Aid, mindfulness and domains-based approaches
- School Public Health Service: Health questionnaire at Year R and Year 6 and appropriate interventions

Mechanism How?

- By promoting emotional health and resilience there will be a reduction in need for early intervention
- By promoting resilience building approaches including whole school approach and emotional health promotion there will be an increase in resilient emotional health and the school's capacity to support children

- By assessing children and young people's emotional and mental health children and young people are able to self-identify and receive advice and information

Measures How will we know?

Children, young people and families have the tools and resources to improve their emotional wellbeing, mental health and resilience.

Professionals understand the system of emotional wellbeing and mental health support and are able to support children, young people and their families accessing appropriate information, advice and support.

Population Outcome

What?

Improving emotional wellbeing and mental health in children, young people and adults, with a particular focus on those most at risk of developing mental illness.

How will we know?

By March 2021, 35% of children and young people with a diagnosable mental illness have access to evidence-based treatment and show reliable improvement in presenting problems following treatment.

Theme and Ambitions:

2. EARLY INTERVENTION AND PREVENTION

Children, young people and young adults who are experiencing more prolonged periods of emotional, social or behavioural difficulties are supported within universal or family settings so that we prevent or minimise the risk of problems emerging, and respond early if difficulties emerge.

Target population Who?

- Children and young people with mild to moderate mental health needs
- Young people who are involved in or at risk of self-harming
- Young people who are identified as requiring additional support to build their resilience
- Young people showing early signs of an eating disorder
- Young people identifying as LGBT+

Intervention What?

- Children and Young People's Mental Health Service (CYPMHS): Delivering targeted interventions including the Early Help pathway
- KCHFT's Adolescent and Targeted Emotional Wellbeing Service (as part of the School Public Health Service)
- Big White Wall: Online forum for 16 to 18 year olds
- Mind and Body: Risk reduction intervention focussing on self-harm in schools and community
- HeadStart Kent: A range of support available including online counselling by Kooth
- BeYou Project: LGBT+ groups, peer support and dedicated website
- Mental Health Support Teams: We now have four MHSTs across Kent and will bid to increase this number if we are given the opportunity to do so
- Non-violent resistance training for NELFT staff: this will help them to support families of older children displaying challenging behaviours associated with Conduct Disorder, Autism and ADHD

Mechanism How?

- Procuring a set of interventions with the same/ similar KPIs in order to deliver a coordinated, evidence-based offer for children, young people and families
- By providing early intervention for children and young people with mild to moderate mental health needs, there will be a reduction in the demand for/ the cost of specialist mental health services including utilisation of accident and emergency services

Measures How will we know?

Increased access to community evidence-based treatment with a focus on early intervention.

Population Outcome

What?

Improving emotional wellbeing and mental health in children, young people and adults,

with a particular focus on those most at risk of developing mental illness.

How will we know?

By March 2021, 35% of children and young people with a diagnosable mental illness have access to evidence-based treatment and show reliable improvement in presenting problems following treatment.

Theme and Ambitions:

3. SPECIALIST SUPPORT

Children, young people and young adults that have experienced adversity are identified early and receive proactive persistent support. Children, young people and young adults receive a timely service with seamless pathways.

Target population Who?

- Children, young people and young adults who would benefit from a specialist treatment service
- Young people that would fall within the Health and Justice pathway
- Children and young people who have faced adversity
- Young people aged 18-25

Intervention What?

- Children and Young People's Mental Health Service (CYPMHS): Offering referral route through the Single Point of Access and providing interventions across a range of specialisms. Focussing on improving transition and providing rapid access to assessments for Looked after Children
- Early Intervention in Psychosis service: For young people aged 14 and above
- Eating Disorders service: All-age service
- North Kent CCGs' Transition Service: Delivered by Porchlight
- Porchlight Adolescent Wellbeing Service (PAWS): delivered in Thanet supporting young people who have faced adversity

Kent Local Transformation Programme Summary 2018-2021

- Youth Justice: Speech and Language support for young people in the criminal justice system
- Transition and 0-25 offer: Implementing the recommendations of the 18-25 research projects

Mechanism How?

- By accessing effective and timely specialist and integrated treatment underpinned by CYP-IAPT principles children, young people and young adults' mental health is more likely to reliably improve
- By supporting young adults' transition into adult services (if appropriate) they report an improvement in their ability to cope with the change between services

Measures How will we know?

Children, young people and young adults receive a timely and effective service responsive to their needs and are able to demonstrate reliable improvement.

Better understanding of the impact on children and young people who have faced adversity due to better recording and data collection.

Population Outcome

What?
Improving emotional wellbeing and mental health in children, young people and adults, with a particular focus on those most at risk of developing mental illness.

How will we know?
By March 2021, 35% of children and young people with a diagnosable mental illness have access to evidence-based treatment and show reliable improvement in presenting problems following treatment.

Theme and Ambitions:

4. CRISIS

Children, young people and young adults receive support that promotes recovery and they are prepared for and experience positive transitions between services and at the end of interventions.

Target population Who?

- Children and young people in crisis
- Children and young people at risk of death by suicide
- Children and young people who have learning difficulties and/or Autism and are identified in the Transformation Care programme

Intervention What?

- Children and Young People's Mental Health Service: Specialist service interventions and improved crisis pathways including home treatment team and psychiatric liaison in hospitals
- System policy: Suicide and Self-Harm Prevention Action Plan
- New Care Models: Tier 4 inpatient pathway including South East inpatient bed management
- NHS England: Specialist Commissioning national inpatient bed reconfiguration and Forensic CAMHS service
- Transforming Care programme: improving pathways to support children and young people with learning disabilities and Autism
- Sexual Assault and Referral Centre: For children aged 0 to 12

Mechanism How?

- By improving the effectiveness of community and home treatment there will be a reduction in the need for inpatient Tier 4
- By developing a consistent intervention and liaison pathway for children and young people who attend in acute settings, children and young people will experience positive transitions and timely access to specialist services where appropriate

Measures How will we know?

Children and young people who are in crisis receive effective support in the community and in line with national guidelines.

Population Outcome

What?
Improving emotional wellbeing and mental health in children, young people and adults, with a particular focus on those most at risk of developing mental illness.

How will we know?
By March 2021, 35% of children and young people with a diagnosable mental illness have access to evidence-based treatment and show reliable improvement in presenting problems following treatment.

Theme and Ambitions:

5. WHOLE SYSTEM ENABLERS

Children, young people, young adults and those that work and care for them will have the benefit of a coordinated and effective system of care.

Target population Who?

- Families and communities around the child
- Professional workforce in Kent
- Commissioned providers within Kent
- Non-commissioned providers
- Voluntary Community Sector (VCS) within Kent
- Commissioning, data analytics and funding agencies within Kent and the South East

Intervention What?

- Whole-system analytics and evaluation: Linking data and system modelling
- Workforce: Workforce Strategy and Implementation plan, including embedding trauma-informed approaches, for example within youth justice
- CYP-IAPT: Initiatives such as Recruit to Train, Children's Wellbeing Practitioners and Mental Health Support Teams
- Improving Communications: Through the Unified Communications sub-group and including Mental Health Schools' Link Programme

- LTP Participation Workers: Two staff recruited to support the programme
- Transformation Delivery Partners: The voluntary and community sector as delivery partners

Mechanism How?

- Embedding child's voice and participation within the Local Transformation Programme
- Coordinating workforce strategy and approach to competency and capability across the system
- Coordinating robust data and intelligence to inform the system of current need, demand and gaps and to provide future modelling to inform strategic and commissioning priorities
- Asset mapping of provision and resource

Measures* How will we know?

Whole-system linked data driving system improvement.

Coordinated response to workforce challenges, including an evidence-based training and competency development framework.

Improved communication and coordination across Kent workforce.

Population Outcome

What?
Improving emotional wellbeing and mental health in children, young people and adults, with a particular focus on those most at risk of developing mental illness.

How will we know?
By March 2021, 35% of children and young people with a diagnosable mental illness have access to evidence-based treatment and show reliable improvement in presenting problems following treatment.

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Challenges

Delivering a transformed system is a significant challenge for all CCG areas in England. Our LTP programme works hard to understand the nature of the challenge to deliver a changed system. This section sets out explicitly the challenges and what we are doing to increase the opportunity for success and mitigate the risk to delivering a transformed system (see [Managing Risk](#) section).

We are over halfway through the LTP programme and we have developed a more mature programme of work and increased self-scrutiny and questioning regarding what level of transformation will be delivered by 2021. Whilst we have been able to achieve the national access target this year across all areas in Kent, and in some cases exceed significantly (see [Meeting the Access Target](#) section), our LTP programme has focussed on genuine and transparent transformation that cannot always be measured by an access target/access targets. The CCG investment since 2015 in areas of work that are not traditionally health services (such as reach and resilience, early intervention and prevention and whole-system enablers work streams) demonstrates a commitment to whole-system change. In addition, our LTP programme has not only invested in the Mental Health Trust or in projects that will only contribute to the national access target. We recognise that whilst projects focussed on workforce development, good mental health promotion or parent support will not be counted in the access numbers, it is the right thing to do to initiate effective system-wide change.

This year, our LTP programme has been better equipped to understand the challenge of transformation. The key challenges to the delivery of genuine, whole-system transformation include:

Challenge 1:

More children, young people and young adults are experiencing mental health problems (and some cohorts are particularly vulnerable)

We know nationally that:

20% of adolescents may experience a mental health problem in any given year¹.

50% of mental health problems are established by age 14 and **75%** by age 24².

One in eight children and young people (aged 5-19 years)¹ have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age²

Prevalence estimates show an increase in mental illness, increasing from **9.7%** of 5 to 15 year olds in 1999 to 11.2% in 2017³.

The updated 2017 national prevalence data gave us further information about particularly vulnerable cohorts which included:

23.9% of 17-19 year old girls has a mental health disorder.

53 of 17-19 year old girls have self-harmed.

1 in 3 LGBT+ young people (14-19) have a mental health disorder.

4.2% of girls and 6.8% of boys aged 2-4 have mental health disorders.

White British girls and boys are most likely to have a mental health disorder than other races.

(Mental Health of CYP in England, 2017, NHS Digital)

1 <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>
2 Children's Society (2008) The Good Childhood Inquiry: health research evidence. London: Children's Society
3 <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

The LTP Working Group is preparing to respond to the challenge by strengthening its role and preparing for the Long Term Plan to ensure that investment is best placed to meet most need.

Challenge 2:

Not all children, young people or young adults will be able to access support and those that do might not show any reliable improvement

It is estimated that 50% of mental ill health in adulthood starts before the age of 14, with 75% starting by age 24. The 2020/21 National Access Target is to meet just 35% of the need for children with diagnosable mental health conditions; however, in 2018/19, Kent CCGs enabled 50.6% of children and young people with a mental health need to access treatment. Although this far exceeded the 2020/21 national ambition, this still results in significant numbers of children who are transitioning to adulthood with an unmet need.

In addition, national evidence on the outcomes of specialist treatment for children suggests that only 50% demonstrate reliable improvement (53% of children and young people with anxiety, 44% with depression, and 35% with comorbid depression and anxiety showed reliable improvement⁴).

The challenge of reliable improvement is a concern for us; we are working to better measure reliable improvement both nationally and within Kent. From April 2020, national metrics regarding outcomes from services will be published. We have by design invested in programmes such as Mind and Body, Porchlight Adolescent Wellbeing Service (PAWS) and the Good Mental Health Matters programme to intervene early and prevent escalation. From 2018 to 2021, we will continue to invest more within both reach and resilience and early intervention and prevention work streams (see section).

Challenge 3:

The level of complexity is increasing and it relates to poverty and adverse childhood experiences

Since 2018 there have been a number of studies and reports which have identified a clear link between poverty, vulnerability and reduced access to all types of support as having a negative impact on children's emotional wellbeing and mental health. We have published links to these reports in our LTP Bulletin which can be found in [Appendix 9](#).

An increase in the risk factors for developing mental health issues includes increasing: inequalities, poverty, parental mental ill health and familial debt, being a child in need and looked after child. We regularly hear from frontline practitioners from all agencies who confirm that the level of complexity and adversity that they now work with is significantly higher than 5 or 10 years ago. Teachers have regularly suggested that one in 3 children in the classroom have mental health needs.

Through transformation we have delivered projects that have focussed on vulnerable groups such as unaccompanied asylum seeking children and young people who are at risk of engaging with gangs. Since 2018 we have invested in young people identifying as LGBT+, young people at risk of offending and looked after children. In addition, we are working with existing providers and partners to develop support, guidance and training for foster carers and schools to broaden the offer to our most vulnerable children.



4 Edbrooke-Childs, J., Wolpert, M., Zamperoni, V., Napoleone, E. and Bear, H. (2018). Evaluation of reliable improvement rates in depression and anxiety at the end of treatment in adolescents. BJPsych Open, 4, 250–255. doi: 10.1192/bjo.2018.31

Challenge 4:

There are not enough people or resources in the system

In version 3 of our LTP (see [Appendix 3](#)) we identified the impact of austerity and reduction of the workforce around children and families as negatively impacting their emotional wellbeing and mental health. We reported that practitioners and services were citing increasing levels of poverty and decreasing numbers of individuals able to offer pastoral support within schools. Changing educational policy, growth in social media, reduction in youth workers, family liaison officers and other vital roles are directly impacting the resilience within the system of support for children.

Whilst the challenge within the workforce is overwhelming, in 2018/19 we worked with partners in the South East region on workforce mapping and strategy. We developed a bespoke audit tool which will help us to understand not only the numbers of people within the emotional wellbeing and mental health system, but their level of competency.

From 2019 onwards we are looking to build a more sophisticated approach to building our workforce in the long-term, utilising the capacity and competency of the whole children’s workforce. We work closely with the Kent and Medway STP to ensure our planning is aligned with the Long Term Plan.

Whilst we plan for the long-term, we have been growing our workforce through programmes such as Recruit to Train, Children’s Wellbeing Practitioners and Mental Health Support Teams in education settings. We have been growing competency of the workforce through our work around the Anna Freud Mental Health Services and Schools’ Link programme, the Good Mental Health Matters programme, CYP-IAPT, non-violent resistance training, Solihull Awareness and Intervention training and Trauma-Informed Approaches.

Challenge 5:

There has not been enough national investment in emotional wellbeing or mental health

A significant part of the challenge is rooted within the historical and current financial envelope to deliver long-term and enduring change. NHS England’s planned spend on all-age mental health for 2017/18 was £12.0 billion⁵. That is roughly one in every ten pounds spent by the Department of Health⁶. The actual spend on children and young people’s mental health excluding learning disabilities was £687 million (including Transformation Funding), which accounts for less than 6% of the planned all-age mental health spend.

The Kent LTP programme recognises that up until now, the access target has not been ambitious and welcomes the challenge within the Long Term Plan to move to a position where 100% of children and young people receive the specialist service they need.

However, the long-standing gap between need and national targets combined with cuts to funding for schools and Local Authorities⁷ has a significant impact on the system’s ability to focus on meeting the current need for mental health input and planning for a future changed system. Schools in particular are experiencing funding cuts which impact on existing provision of emotional support services like school counsellors.⁸

We welcome the increased level of national investment of £2.3bn across all-age mental health services by 2023. We will continue to bid for funding outside of the local transformation envelope and have seen successes in bids from NHSE Health and Justice, for Mental Health Support Teams in education settings and for waiting list initiatives.

Challenge 6:

The complexity of the Kent system creates barriers for effective coordination

Whilst we do not consider the challenges in Kent to be unique, undoubtedly working across 7 CCGs, 12 District Councils, one Local Authority and a large number of providers does create significant complexity. The two key areas which are most challenging are:

- Delivering transformation within an environment where SEND provision has been identified as needing immediate improvement. The particular issue around waiting lists for children on the Neurodevelopmental assessment pathway requires immediate investigation and resolution. This is a unique issue that requires a whole-system response from parents through to specialist services. The SEND Improvement Programme ([see Appendix 10](#)) is closely linked with our LTP and together there is the opportunity to deliver a family-driven whole pathway solution to the current issues.
- The changing strategic landscape across health and the local authority. This has the potential to impact our ability to maintain and sustain the delivery of our LTP. Moving towards integrated care systems and a one Kent and Medway CCG model introduces a period of change at a time when the LTP programme is ending and the Long Term Plan is starting. However, the opportunity this presents will enable us to focus on reducing inequality through more efficient commissioning across the whole geography including the potential for pooled budgets and quick decision making. The focus of children and young people’s mental health within the Long Term Plan is a significant enabler to ensure that during this time of change we don’t lose the focus on the transformation we have already achieved.

5 https://www.england.nhs.uk/wp-content/uploads/2017/01/mhfyfv-dashboard-q4-1718_Final.xlsm (accessed 17/09/2018)
6 <https://fullfact.org/health/mental-health-spending-england/>
7 Spend (£000s) on Local Authority children and young people’s services (excluding education): rate per 10,000 aged 0-17 for Kent in 2016-17 was £6631 per head. This is lower than the England average of £ 7789 per head.
8 House of Commons, Education and Health Committees (2016) ‘Children and young people’s mental health —the role of education’ First Joint Report of the Education and Health Committees of Session 2016–17’ <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf>

5

Prevalence

Since the publication of the 2017 prevalence data, we have looked to explain why the overall increase in mental ill health is lower than we had expected.

In Kent we have previously identified the risk to good mental health of particular vulnerable groups and gender. The prevalence data confirms that, whilst the national level of mental health need has not increased significantly overall, identified groups have a significantly higher risk of developing poor mental health that endures into adulthood.

Attached in [Appendix 11](#) is a report that the Kent Public Health team has drafted for this refresh and the wider LTP programme. The report gives updated research and evidence relating to:

- Impact of social media
- Self-harm and suicide
- Poverty and deprivation
- SEN and disabilities
- Adverse Childhood Experiences
- Acute admissions

Members of the LTP Working Group recognise that the national research and local findings are clearly identifying key areas of focus within the Kent system that will likely need to be more widely considered via the 0-25 Health and Wellbeing Board and STP (see [Governance](#) section). The key messages are:

- Improved mental health outcomes will only be achieved through collaborative and multi-sectorial action. In current policy, there is a focus on schools as sites for intervention including new models of care proposed in the Green Paper for Children and Young People's Mental Health Provision. However, as stated above, we recognise that schools are experiencing funding cuts which are already impacting on existing provision of emotional support services like school counsellors.¹¹
- Although Kent is achieving higher access rates than the national target, the current level of investment and the access target for evidence-based treatment in the community will leave the majority of mental ill-health in childhood untreated and will result in unmet need in adulthood. Therefore a long-term strategy across child and adult commissioning and services needs to be developed.
- There are significant opportunities in Kent provided through the HeadStart Kent (HSK) programme, a research and development programme seeking to implement universal and targeted resilience promoting practice. This programme is hypothesised on resilience being able to mitigate the negative impacts of adversity and therefore reduce the onset of mental ill health.

¹¹ House of Commons, Education and Health Committees (2016) 'Children and young people's mental health —the role of education' First Joint Report of the Education and Health Committees of Session 2016–17' <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf>

6

Performance of the Programme

6.1. Meeting the Access Target

The key NHS England target to measure the success of Transformation in 2018/19 was to ensure that 32% of children and young people (under the age of 18) with a diagnosable mental health condition were able to access evidence-based treatment. Data for this indicator is measured via NHS Digital's Mental Health Services Data Set (MHSDS); however, there were many challenges faced by providers when submitting data to the MHSDS resulting in a national underestimation of the number of children and young people accessing treatment.

To gain a more accurate picture of the number of children and young people accessing treatment, NHS Digital conducted a one-off Strategic Data Collection during May and June 2019 which took into consideration locally collected data. Kent providers all contributed to this one-off submission, which was not a straightforward process. Figures have now been validated by NHS Digital and Kent's 2018/19 performance is shown by CCG in Table 1 below:

We are very pleased with the Kent average access target for 2018/19 being as high as 50.6%, improving from 2017/18's performance of 38%. Across England, Kent and Medway were ranked 5th highest across the

42 STP areas. However, we recognise that there are a number of issues that need to be better understood and addressed as the programme progresses:

- **Reducing inequality of access:** We are working to ensure that there is consistency of access across Kent CCGs. We are investing more in both the mental health trust and early intervention services to increase access in areas where access is low.
- **Measuring success of interventions which cannot be collected through the MHSDS:** The national measure for success of transformation programmes is the MHSDS which counts the number of children that receive two or more evidence-based interventions. In Kent, to deliver whole-system transformation, we are investing in work streams that do not deliver direct interventions to children and therefore cannot be counted on the MHSDS. This includes resilience and reach projects, workforce development, training and parent/family support, and so we are collecting this information ourselves so that we can demonstrate the impact of the programme outside of the MHSDS.

Clinical Commissioning Group	Number of CYP who access treatment in 2018/19	Estimated number of CYP with a MH condition	% of CYP with a MH condition accessing treatment (target is 32%)
NHS ASHFORD CCG	1700	2583	65.8
NHS CANTERBURY AND COASTAL CCG	1725	3492	49.4
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	2730	5397	50.6
NHS MEDWAY CCG	2020	6067	33.3
NHS SOUTH KENT COAST CCG	2055	3887	52.9
NHS SWALE CCG	1425	2530	56.3
NHS THANET CCG	1890	2964	63.8
NHS WEST KENT CCG	3555	8936	39.8
Kent	15070	29789	50.6
Kent and Medway	17090	35856	47.7
South East	66505	152411	43.6
England	377866	1046246	36.1

Table 1: CYP access to evidence-based mental health treatment, Kent, 2018/19

NHS Digital and NHS England are extending the 2018/19 shadow year for the new CYPMHS outcomes indicators into 2019/20 and CCGs will be accountable against this measure from 2020/21. The indicators will be based on reliable improvement, no reliable change and minimising reliable deterioration, and all metrics require paired scores (measures recorded at time one and time two) for each individual. While awaiting

further clarification from national teams regarding these measures, Kent are working with providers to ensure data will contribute towards the new outcomes metric, further evidencing the fantastic work of our providers.



6.2. Innovation in Kent

We are proud of the level of innovation within our LTP over the years. Some examples from the last year include:



We continue to invest in the award-winning Mind and Body programme; a self-harm reduction intervention delivered in Kent's secondary schools and the community.



We've rolled out the BeYou Project across Kent; BeYou connects young people in Kent who are LGBT+ and offers them a safe, welcoming and non-judgemental space to socialise, have fun and help each other. A dedicated website helps young people to find out what's going on in their local area.



We're delivering 'The Fantastic FRED' interactive teaching experience in Kent's primary schools, with follow up teaching resources available online. FRED stands for Food, Rest, Exercise and Devices and teaches children the simple steps they can take to keep mentally healthy. This builds on the free teaching resources launched to Kent secondary schools in 2018.



We now have four Mental Health Support Teams in Kent, with Swale CCG and Dartford, Gravesham and Swanley CCG's MHSTs going live in January 2020. Canterbury & Coastal CCG and West Kent CCG's MHSTs will go live in January 2021.



HeadStart Kent continues to support young people cope better when faced with difficult circumstances in their lives, preventing them from experiencing common mental health problems. Coproduction is at the heart of everything HeadStart Kent does and they continue to build relationships in each of the districts they work in.

In addition we have:



Developed a **mental health awareness programme** and intervention which Kent County Council has agreed to adopt as part of the mandatory training for all Kent foster carers.



Trained over 800 professionals during 2019 in Trauma-Informed Approaches and in 2020 we will have four apprentices across Kent with lived experience of the criminal justice system.



Challenged the Voluntary and Community sector to **self-organise** so that they can become a partner in strategic planning. They have now done so and have created a robust representation model at strategic level.



Funded our CYPMHS provider NELFT to receive training in delivering **Non-Violent Resistance training approaches** which will support the families of children and young people displaying challenging and violent behaviours.



Contributed to the Kent and Medway STP's **Suicide and Self-Harm Strategy's grants programme**. This gives small grants to innovative opportunities to reduce aspects of suicide and self-harm.



Continued to influence national approaches to the meaningful **collection and analysis of data** through the dedicated work of our Senior Data Analyst.



7

Participation and Engagement

In 2017/18 we set ourselves the challenge to 'ramp up' the level of participation and engagement within our LTP programme. We committed to recruiting two Emotional Wellbeing Participation Workers, through LTP funding across the 7 Kent CCGs, who were based within HeadStart Kent (HSK). They were both in post by March 2019 and work with young people who have faced adversity and who are vulnerable including young people in the criminal justice system, those out of mainstream education and young people who are LGBT+. They will work with young adults aged 18 to 25 and parents of younger children. The participation workers are CYP-IAPT champions for 'valuing and facilitating authentic participation of young people, parents, carers and communities at all levels'. We are excited about the benefits these roles have already had on participation and engagement in Kent, as this remains at the heart of our plan to continuously review and improve the quality of our work.

In this refresh we want to showcase some of the work that has come from the programme in 2018/19 onwards.

HeadStart Kent Participation Workers

HSK has 6 Youth Participation Workers across Kent to develop the HSK programme in schools and communities. They have worked with schools to set up 'Speak Out' youth groups in schools and evaluate safe spaces and other resilience interventions. Speak Out members have now joined Kent Youth County Council (KYCC) central group to form 'Kent Youth'. The young people work on a campaign to help build resilience in young people across Kent.

Peer mentor training continues to be rolled out in HSK schools across the county. Schools enable mentors to support young people in a variety of ways including creating safe spaces for them to meet with young people.

HeadStart Kent's Resilience Hub

An essential component of the HSK programme is the creation and development of the Resilience Hub: an online space that will support people to build emotional resilience across the county by making tools and resources available to three key audience segments:

- Young people aged 10 – 16
- Parents and carers of young people
- Schools and other community settings

The Resilience Hub will become the place where schools, professionals, young people and parents will be able to access trusted, high quality resources, apps and training all aimed at embedding the HeadStart Kent approach to improving mental wellbeing and resilience in young people. Children's health commissioners and providers of emotional health and resilience services in Kent will routinely refer people they work with into the hub.

Videos

Addaction's Mind and Body participants have been involved in making films with one (which focused on male mental health) being shortlisted for the 2017 Charity Film Awards. Examples of Addaction's films can be found [here](#) and [here](#).

Young people's groups

Youth Voice: Kent Youth County Council's Youth Voice continues to work on campaigns on mental health and resilience. They are due to deliver two presentations around mental health during Mental Health Week.

Annual Big Conversation: Young people in the Building Resilience campaign group at Youth Voice have agreed to start the planning for the Big Conversation 2020. The first planning session will take place in September 2019 during the September Youth Voice meeting. Kent Event Centre is booked for 18th March 2020.

SpeakOut: Young people locally and centrally have engaged in a range of fun and training activities over the summer. SpeakOut attendees have undertaken First Aid training and coproduction training including presentation skills. They attended an ASDAN award day to gain accreditation. They have also attended an education trip and tour of the Houses of Parliament, and Thorpe Park and Dreamland.

SpeakOut had a residential at Bewl Water with 21 young people from some HeadStart Kent areas. They undertook activities to get to know each other, team building and had the opportunity to try some water sports. A photographer attended the day to take photos that we can use for publicity and on the Resilience Hub. Young people had a workshop on what coproduction meant to them and they started planning and filming videos about their involvement in coproduction activities.

Girls’ groups: The Pie Factory (a music charity) identified a small number of young women who would benefit from some low-level wellbeing work during the holiday period. Staff had heard about some of the sessions our Emotional Wellbeing Participation Workers had delivered with other groups in different settings and asked for something bespoke to meet the needs of their identified group. Likewise, a Senior Early Help colleague had also helped run a specific group for girls and so was asked to support. Three 2-hour sessions were planned with arts, crafts and games at the heart of activities and discussions around the young people’s wellbeing. This included talking about the HeadStart Kent universal offer and how to access additional support. The young people gave feedback on how the group was a welcome place to go during the holiday just to talk and mix with others and not feel so alone.

Pay it Forward: HSK young people have also been running the Pay it Forward scheme, which aims for young people to develop projects which will reach out and help others with their emotional health. Grants of up to £1,000 have been awarded by young people for such work.

Delivering Training and Developing resources

Our Emotional Wellbeing Participation Workers have been involved in sharing knowledge around coproduction to a wide range of professionals across Kent, presenting the key messages from the Young People’s Coproduction training. This included assisting with the delivery and facilitation of the first NHS England and Kent CCG Youth Summit event in April 2019. They provided opportunities for young people to be involved in naming the event, producing the logo and event lanyards and having their stories heard throughout the day. All professionals attending pledged how they would work towards improving coproduction within their services.

Our Emotional Wellbeing Participation Workers also work alongside Engaging Kent to share knowledge of participation with children and young people. They will be utilising the Engaging Kent coproduced survey to capture feedback of mental health services from those participating, to ensure both participation services’ content are reviewed by providers in the same format.

Participation Standards

Our Emotional Wellbeing Participation Workers are establishing a working group that includes all key participation staff and children, young people and parent/carer representatives, to agree a minimum standard of client participation for future CCG services/providers to use. It is the aim that all CCG mental health and emotional wellbeing services will have representatives contributing.

Young People’s Emotional Wellbeing Participation groups

Our Emotional Wellbeing Participation Workers will have a presence and deliver sessions within community hubs and youth centres in each of the 12 districts in Kent. To date, they are currently established across 8 districts with plans to be rolled out across the whole of Kent by the end of 2019. Young people are offered one to one opportunities outside of groups to share their story or experience of services with the EWP workers. Groups provide young people support and training around participation and aim to enable young people to feel confident to share their voice and views. Young people can build on existing interests and skills in relation to being involved in the design, delivery and evaluation of services, and also provide opportunities for them to build peer support networks around them with others who may have similar experiences to themselves.

All young people that attend local district EWP groups are also invited to attend the county wide youth fora events, that take place all Saturday once a month in Maidstone. These include young people from Kent Youth County Council and HeadStart Kent services.

SEN coproduced projects

In addition to the open groups already detailed, the importance of also providing SEN specific opportunities is acknowledged within the EWP’s roles.

There is work underway in some CCGs to pilot work that is intended to be rolled out more widely. For instance:

- Our East Kent Emotional Wellbeing Participation Worker is heavily involved with a Canterbury Autism Pilot, a project which aims to identify self-help resources and build a directory of support services for families of young people either with a diagnosis of Autism/ASD or on the waiting list for their assessment.

- In Maidstone, a coproduced wellbeing programme has been created and delivered with a group of students at a special school by our North and West Kent Emotional Wellbeing Participation Worker, with teachers. They are now planning the roll-out of sessions to follow-on groups.

All resources created with and approved by children and young people will later form part of a toolkit and be made available on the Kent Resilience Hub website

Parent/Carer participation

Parent and carer participation is a really important area of our Emotional Wellbeing Participation Workers’ role, and different projects will be a focus throughout the life of the programme, with a focus on creating and promoting sustainable practice across services.

Parent and carer participation services are currently being delivered by our Emotional Wellbeing Participation Workers through Deal’s SEN group and the Maidstone Parents of Home Educated parents’ forum. These groups and the content will be developed with the parents attending.

8

Governance



The governance arrangements relating to our LTP programme have been updated since the last version of the plan. Since 2018 there have been a number of areas of development including:

- The Kent and Medway NHS Joint Clinical Commissioning Group (JCCG) have prioritised children and young people as an area of focus alongside other priority areas which include cancer and stroke. The Kent CCGs have agreed to delegate financial and commissioning authority through the JCCG. This enables quicker decision making and escalation across the county. Rachel Jones is the Senior Responsible Officer for Kent and Medway NHS children and the LTP Working Group has a direct report to the 0-25 Health and Wellbeing Board and JCCG.
- The creation of a SEND Improvement work stream which reports to the 0-25 Health and Wellbeing Board ensures a direct relationship with the LTP work stream as an associated sub-group.
- Increased strengthening of links with the STP, particularly the Children and Mental Health work streams. The LTP targets are reported through the Mental Health work stream and joint work around crisis and an 18-25 offer is enabled by the STP.

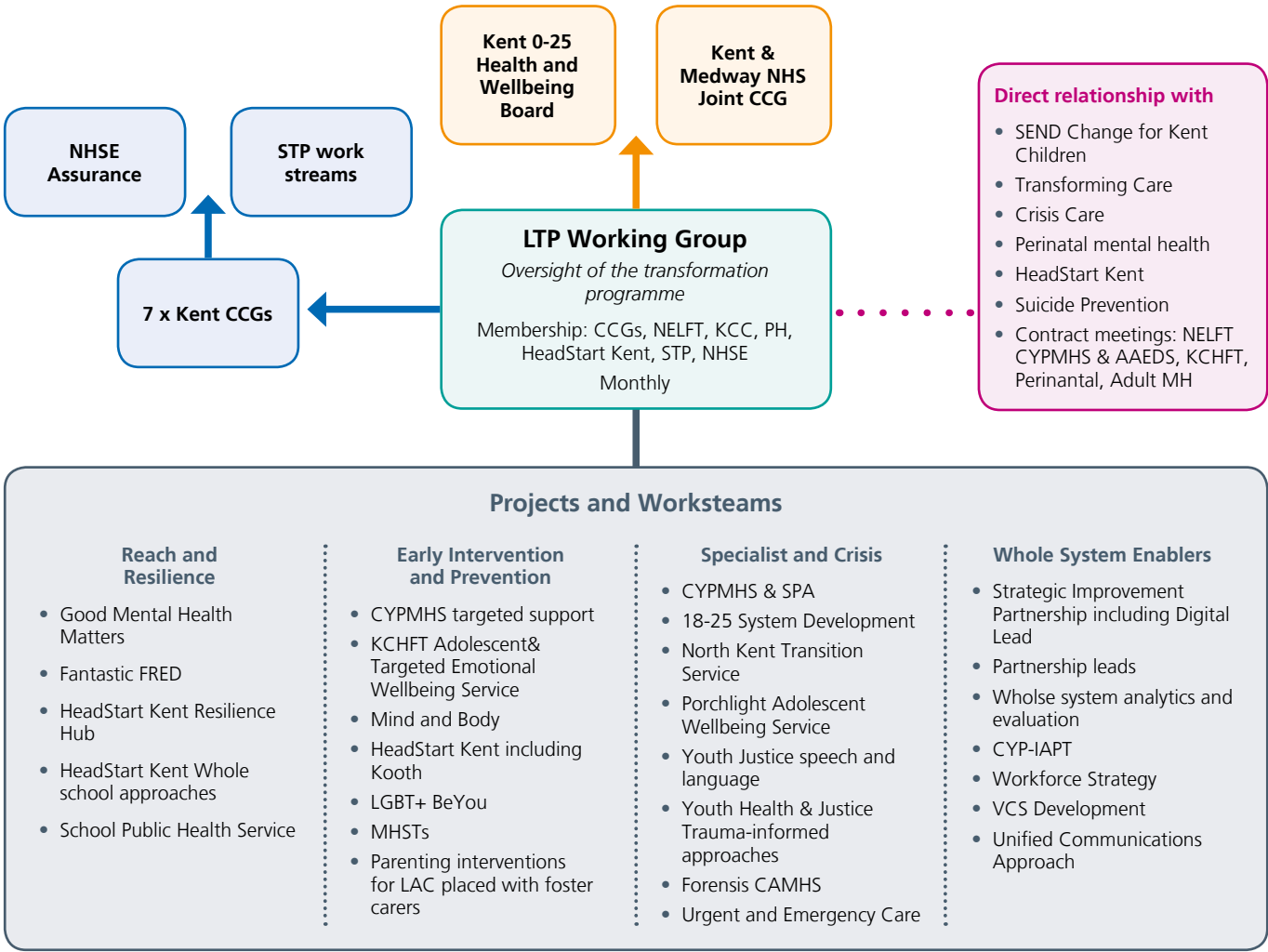


Figure 1: Governance structure, September 2019

9

Sustaining transformation and the NHS Long Term Plan

We have welcomed the publication *NHS Long Term Plan* this year and the national focus on long-term increased investment in children and young people's mental health. The Plan continues to build on local transformation and provides the LTP a route to sustaining key aspects of the current programme and grows a more robust and holistic approach to support both children and young people's physical and mental health. More detail is available in the recently published *NHS Mental Health Implementation Plan 2019/20 – 2023/24*.

The NHS planning and delivery requirements focus on 5 key areas for children and young people:

- **Increasing access to support:** The national access target for 2018/19 was 32.0%; we achieved 50.6% placing Kent and Medway as the fifth best performing STP area nationally. This tells us that our LTP approach of investing in and coordinating the whole-system is having a positive impact on the access rate. However, we know that there is much more to do to reduce inequality and increase access further. We are working with the STP to embed MHSTs and other LTP projects into Kent and Medway Long Term Plan planning to 2023/24.
- **Comprehensive 0-25 offer:** Kent is working up a comprehensive 0-25 offer that prioritises vulnerability, offers age appropriate interventions and improves opportunities by expanding specialist services to meet the needs of vulnerable groups; such as our care leavers, LGBT+, and anxious girls aged 16-19. This includes the implementation of the national Transition CQUIN and some dedicated research into what a 0-25 offer might look like.
- **Eating Disorder referral to treatment time standard:** Most young people are seen within the national referral to treatment waiting time standard. There has been further focus across Kent and Medway to improve and maintain the consistency of offer to children and young people within the service.

- **Improved crisis care offer:** There currently is 24/7 mental health provision for children and young people, however, we want to invest and grow this offer so that it expands into an offer that delivers consistent crisis assessment, brief response and intensive home treatment functions. This is included in the Mental Health Urgent and Emergency Care Programme within the STP.
- **Aligned planning across mental health, children and young people's services, SEND and health and justice:** This year we have better aligned with SEND and the Health and Justice agenda. There is a formal relationship between Kent CCGs and the County Youth Justice Board and work has been undertaken to jointly prepare for the potential HMIP Inspection of the youth offending service. We have invested in growing the capacity to manage mental health issues within the youth offending service, and includes YOS staff having a close relationship with Forensic CAMHS, Secure Stairs and being able to deliver trauma-informed care and case formulation. We have successfully sought and invested Health and Justice funding and to date 800 professional multi-agency staff have been trained in the past 6 months in trauma-informed approaches. This has been invested as a direct response to improving the health and justice pathway. The recent SEND CQC/Ofsted inspection found Kent services to be inadequate and a Written Statement of Action is now in place, developed jointly by KCC, CCGs, providers and parents. Governance arrangements are strengthened to respond to the challenges outlined within the inspection report and will enable us to ensure robust planning and alignment across the whole SEND agenda. This includes the JCCG structure, where there is delegated authority to the board to make rapid decisions around the whole children's agenda.



Since 2015, we have purposefully developed the whole-system enabler work stream as a tangible response to the sustainability challenge and it includes:

- **Workforce strategy and implementation:** Developing an understanding of the number of people delivering within the system and their level of competency (see [Appendix 12](#))
- **Workforce training and development:** CYP-IAPT, trauma-informed approaches, foster carer training and parent train the trainer have all contributed to sustaining appropriate care for children and young people
- **Communications plan:** Embedding a common language and offering up opportunities for system-dialogue, for example Mental Health Services and Schools' and Colleges' Link project and the Transformation Bulletins (see [Appendix 9](#))
- **Participation:** Investment into participation capacity and engaging with the Amplified programme to ensure genuine and sustainable child/parent voice within the programme

- **Voluntary and Community engagement:** Mobilisation of the voluntary and community sector as equal partners within the system (see [Appendix 13](#))
- **System Analytics and Evaluation:** Long-term investment into a system analytical post to better understand the whole-system challenge and to evidence where transformation is working.

In 2018, the HSK programme, as a core element of the LTP programme, developed a robust sustainability plan (see [Appendix 14](#)), utilising a highly-participative approach. The plan clearly identifies the approach of maintaining, optimising or further developing interventions that are evidence-based and proven to work in building resilience and supporting mental health. This plan forms the basis for the LTP approach to sustainability.

10

Managing Risk

In this section we outline the key risks to the delivery of our LTP programme.






Risk description	RAG impact on LTP	Risk mitigation
More children, young people and young adults are experiencing mental health problems within a context of limited investment and workforce capacity		<p>We have commissioned a range of workforce development opportunities including Non-Violent Resistance training, Trauma-Informed Approaches, and will be rolling out mental health awareness training for foster carers and professionals.</p> <p>We are also taking advantage of all centrally-funded workforce initiatives including Recruit to Train, Children's Wellbeing Practitioners and MHSTs.</p> <p>We are in the process of reviewing the KSS regional workforce audit and looking at next steps for Kent and Medway through our STP and will ensure our planning is aligned closely to the Long Term Plan.</p>
The number of children and young people accessing Kent services as reported via NHS Digital is not always reflective of local expectations, largely due to data quality issues. Changes to the submission process in April 2019 meant that some providers were unable to submit for quarter one 2019/20 and this will impact our access performance for this financial year.		<p>Our LTP-funded Senior Data Analyst continues to work closely with NHS England, NHS Improvement and NHS Digital to influence the emerging agenda and escalate any issues.</p> <p>We continue to invest in increasing access in early intervention/targeted and specialist services.</p> <p>A one-off data collection in 2019/20, as conducted in the previous two years, would ensure that the missing data from Q1 2019/20 would be captured for 2019/20 year end.</p>
The national ambition is to report on outcomes from mental health services from April 2020. Some providers are still resolving data quality issues relating to the access target reporting and will not focus on submitting outcomes data until access data is accurate. This may result in a delay in Kent's outcomes data being accurately reported.		<p>Our LTP-funded Analyst continues to work closely with NHS England, NHS Improvement and NHS Digital to resolve problems around the access target and to understand the data requirements regarding the outcomes data.</p> <p>Once access data is accurately reported, our analyst will work with providers to ensure that outcomes data is also accurately reported via the MHSDS.</p>
There is significant variation in access rates across Kent as well as large waiting lists (both in number and length of wait). A trajectory was put in place but has not yet met its target in all CCGs.		<p>Investment of over £2m per year into CYPMHS across Kent to increase access and reduce waits for children and young people. Trajectory for an 18-week referral to treatment continues to be monitored.</p> <p>Variation in access across Kent is being monitored closely and additional commissioning is underway where the access rate is low. The amount of variation in access rates has decreased over the past year.</p>
Until clarity is received about how and when Long Term Plan investment will come down, we are unable to commission services past the LTP programme end date (March 2021).		<p>We continue to work closely with NHS England to understand the funding mechanism and any core requirements for spending Long Term Plan allocation.</p>

Figure 2: Risk and Mitigation, September 2018

11

Finance

Since 2015/16, we have been able to confirm that Transformation Funding has been allocated and spent in line with the published LTPs. For 2019/20 we are again able to confirm that the Transformation Funding has been allocated and spent in full to projects outlined within the Programme Plan (see [Vision and Plan](#) section).

There was some variation of spend in 2018/19 across the themed areas, for example, we had proposed to spend £1.5m across early intervention but by the end of the year had invested £1.2m. This was due both to timescales slipping for new projects and a need to quickly respond to some growing neurodevelopmental waiting times. This difference of £300,000 was invested

in the specialist work stream to increase activity and meet access requirements. Regarding the other themed areas of Reach and Resilience and Whole System Enablers, the budget at the start of the year matched the spend at the end of the year.

We are utilising the increase in allocation for 2019/20 to start a number of new projects and work streams, these include increasing foster carers’ capacity to support looked after children’s emotional wellbeing and mental health, responding to the SEND improvement requirements and increasing family and parenting support. The table below outlines the areas of spend to 2021 across theme.

CCG	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Ashford	149,519	240,485	283,772	343,364	384,568	465,328
Canterbury and Coastal	269,060	427,011	503,873	609,686	682,849	826,247
South Kent Coast	281,022	442,846	522,558	632,296	708,171	856,887
Thanet	215,539	342,909	404,633	489,605	548,358	663,513
DGS	329,505	535,745	632,179	764,937	856,729	1,036,642
Swale	147,143	234,000	276,120	334,105	374,198	452,779
West Kent	590,856	947,919	1,118,544	1,353,439	1,515,851	1,834,180
TOTAL	1,982,644	3,170,915	3,741,680	4,527,432	5,070,724	6,135,576
Percentage uplift	Baseline	59%	18%	21%	12%	21%

Table 2: Kent’s annual LTP allocation over the programme

18/19	19/20	20/21	Theme	Projects	CCG	Until	19/20	20/21
2,354,264	2,383,240	2,883,721	Specialist & Crisis	Suicide Strategy: Learning and training	All	2019	2,400,000	2,470,000
				CYPMHS investment - increasing access and crisis innovation	All	2019		
				North Kent Transition service	NK only	2021		
				New for 2019: Offending pathway SLT project	All	2021		
				New for 2019: Kent 18 - 25 Offer development	All	2021		
1,539,327	1,926,875	2,331,519	Early Intervention and Prevention	Locally defined small projects	All	2020	1,798,223	2,995,576
				Adolescent Wellbeing Service	Thanet only	2021		
				T2 Targeted Adolescent - increasing access	All	2021		
				LGBTQ Peer Support	NK & EK	2021		
				Improving life chances in pregnancy	Swale only	2020		
				New for 2019: Parenting and family support programme	All	2021		
				New for 2019: Learning Disability & SEND	All	2021		
				Mind and Body programme	All	2021		
226,372	253,536	306,779	Resilience and Reach	Good Mental Health Matters	All	2019	307,501	25,000
407,469	507,072	613,558	Whole System Enablers	CYP IAPT backfill to support staff training	All	2020	565,000	645,000
				Communications Strategy and Work Plan	All	2019		
				Transformation Participation Workers	All	2021		
				Analytics and Evaluation of the system and programme	All	2021		
				Transformation Delivery Partner (VCS as partners)	All	2021		
				Project Support	All	2021		
				Workforce Strategy and Implementation	All	2019		
4,527,432	5,070,724	6,135,577	TOTAL				5,070,724	6,135,576
			CCG BUDGET				5,070,724	6,135,576
			DIFFERENCE (Amount remaining)				0	0

Table 3: Kent's LTP areas of spend, 2019 - 2021

In addition to the investment that comes through the CCGs' baselines, we have been successful in bidding for and aligning other investment streams that contribute to the transformation agenda. These include:

- Mental Health Support Teams in schools:** Kent has been successful in bidding for 4 sites which are NHSE funded with a total investment of over £1,000,000.
- Waiting List Initiatives:** An additional £345,000 of funding via NHSE to reduce waiting lists for children waiting for neurodevelopmental assessments.
- Perinatal Mental Health:** In 2019, Kent and Medway CCGs were successful in bidding for £316,000 to increase the perinatal workforce.
- HeadStart Kent:** A £10 million five-year programme from the Big Lottery Fund.
- NHSE Health and Justice:** £128,000 per annum across Kent to 2020 to deliver trauma-informed approaches through Kent Youth Offending service.
- Transforming Care Accelerator Site:** £180,000 to enhance the coordination and clinical focus for children who are autistic or have a Learning Disability.
- School Public Health Service contract (KCHFT):** £3,344,521.
- Adolescent Health and Targeted Emotional Wellbeing Service contract (KCHFT):** £1,675,748.
- Kent County Council investment into CYPMHS:** £2.2m per annum to 2022 to increase the targeted offer and improve the offer for Looked after Children accessing a mental health assessment.
- Suicide Prevention:** NHSE and Public Health England have allocated £667,000 of new funding for all-age suicide and prevention work across Kent and Medway.
- CYP-IAPT salary support:** Since October 2017 we have received over £400,000 to support staff training.

12

Transformation in Kent

A summary of key partners, services and areas of work

We have compiled this reference table to provide a very brief summary of key areas of work along with locations of the more detailed updates where applicable.

While initially developed to support the NHS England assurance process, we hope it will be of use to all readers of our LTP.

Work Area	Our position
18-25	North Kent CCGs have commissioned a pilot focussing on Transition and understanding how to ensure robust movement from children to adult services. In addition East Kent CCGs have produced a report and recommendations on the 18 to 25 offer (see Vision and Plan , Challenges and Participation and Engagement sections and KLOEs 1, 2, 3 and 8).
Access target	The national access target aims to provide 35% of (Children and Young People (CYP) with a diagnosable mental health need with treatment by 2020/21, with incremental annual targets to meet. In 2018/19 the Kent average was 50.6% with Ashford CCG reaching 65.8% (see Meeting the Access Target section, Appendix 8 and KLOE 7).
Adverse Childhood Experiences (ACE) and Adversity	We are increasing our offer for those at greatest risk, including those who are LGBT+, at risk of offending, or a looked after child (see Vision and Plan and Challenges sections, Appendix 11 and KLOE 2).
Crisis	Details can be found in our Vision and Plan section (also see KLOE 3 and 8).
CYP-IAPT workforce initiatives	Staff across Kent and Medway are undertaking training and in 2019 we won a further 8 Children's Wellbeing Practitioner placements, 2x CBT Therapist places, 1x ASD/LD Therapist places and 5x Supervisor places.
Children and Young People's Mental Health Service (CYPMHS)	CYPMHS is the replacement CAMHS service, which was awarded to North East London NHS Foundation Trust (NELFT) from 1st September 2017. The service has been designed to drive forward aspects of transformation. The new model includes: <ul style="list-style-type: none">• Single Point of Access• Behavioural and Conduct pathway• Complex pathway• Early Help pathway• Mood and Anxiety pathway• Neurodevelopment & Learning Disability pathway• Crisis pathway
CYPMHS Strategic Improvement Partner (SIP)	The SIP role is held by NELFT and they are contracted to work with commissioners and partners as clinical leaders, exploring options for innovation and supporting a programme of work to design a new whole-system for Kent which puts CYP and young adults at the heart of services.
Early Intervention and Prevention	Details can be found in our Vision and Plan section (also see KLOE 3).

Early Intervention In Psychosis (EIP)	We have invested in EIP services to develop and expand services to support people at a much earlier stage through NICE-compliant interventions. This service supports all young people over 14 years old who are experiencing their first episode of psychosis and is delivered by Kent and Medway NHS Partnership Foundation Trust (KMPT) (see KLOE 9).
Eating Disorder Service	Kent and Medway CCGs have an all-age Eating Disorder Service in place, which is provided by NELFT (see KLOE 6).
Good Mental Health Matters (GMHM)	GMHM is a free online mental health teaching resource for schools, parents and young people and is an LTP flagship project under the reach and resilience work stream (see Challenges , Innovation in Kent and Participation and Engagement sections and KLOE 1).
HeadStart Kent (HSK)	HSK is funded by The Big Lottery Fund to provide resources (see Resilience Hub below) to develop approaches to support young people in developing their resilience and coping with everyday pressures they may face, as well as support for families, schools and communities (see Innovation in Kent section and KLOE 1 and 3).
Health inequalities	We completed an inequality impact assessment against all 2017/18 LTP projects and presented this to the KTB away-day in April 2018 as part of a prioritisation activity. The KTB membership prioritised the approach that CYP receive a comparable service no matter which CCG area they live in (see Vision and Plan section, Appendix 11 , Appendix 15 , and KLOE 2).
Joint Strategic Needs Assessment (JSNA)	The Kent Public Health team has provided an update on prevalence and trends for this LTP refresh (see Appendix 11). The 2017 refreshed JSNA can be found at Appendix 16 while the original 2014 JSNA can be found at Appendix 17 . Also see KLOE 1 and 2).
Liaison Psychiatry	In Kent's acute settings, if a CYP under the age of 18 attends A&E with a mental health need, the A&E team completes an initial assessment before contacting NELFT who respond within 4 hours. If a young person is aged 17.5 or above, NELFT and Kent and Medway NHS and Social Care Partnership Trust (KMPT) complete a joint assessment and determine onward care from there (see KLOE 3 and 8).
Local Care	We are piloting projects to respond to identified gaps and needs on a smaller geographical footprint, such as asset mapping and Porchlight Adolescent Wellbeing Service (see Vision and Plan section and KLOE 1, 2, 7 and 8).
Looked after Children	Supporting vulnerable groups such as Looked after Children is a priority for 2019 onwards (see Vision and Plan and Challenges sections and KLOE 2).
Mental Health Services and Schools' Link Programme	Kent CCGs will be among the first to roll-out the two-part Mental Health Services and Schools' and Colleges' Link Programmes from September 2019 (see KLOE 3 and 10).
Mental Health Support Teams (MHSTs)	North Kent CCGs were successful in a bid to become Trailblazer MHST sites and their teams will go live in January 2020. Canterbury and Coastal CCG and West Kent CCG were successful in a bid to each host an MHST and their teams will go live in January 2021 (see Programme Plan , Innovation in Kent and Sustaining Transformation and The Long Term Plan and KLOE 10).
Mental Health Services Data Set (MHSDS)	The Mental Health Services Data Set (MHSDS) is a patient-level, outcomes based, secondary uses dataset. It is used by NHS England to measure our progress against the access target and our LTP programme has a dedicated analyst supporting local and national flow (see 'Access Target' above and see Meeting the Access Target section and KLOE section 7).

Mind and Body programme	The Mind and Body Programme is a flagship of the early intervention and prevention workstream which is commissioned across Kent to work with young people vulnerable to self-harm, and continues to be well received in schools and the community (see Participation and Engagement and Innovation in Kent).
New Models of Care	A recent Selection Process has confirmed that Kent and Sussex will form a Provider Collaborative for CAMHS Tier 4 Services and look to go live from October 2020. Surrey are approaching NHSIE seeking authorisation to proceed as a separate ICS managing their own CAMHS Tier 4 budget (see KLOE 3 and 8).
North East London NHS Foundation Trust (NELFT)	NELFT provides both Kent's Children and Young People's Mental Health Service and Kent and Medway's all-age Eating Disorder Service.
Participation and engagement	We have worked to improve the levels of participation and engagement within our LTP programme and a number of initiatives have taken place (see Participation and Engagement and section and KLOE 1, 7 and 10).
Reach and Resilience	Details can be found in our Vision and Plan section (also see KLOE 3).
Resilience Hub	HeadStart Kent's Resilience Hub is live and providing CYP with help to build their resilience and find suitable resources (see KLOE 1 and 3).
Routine Outcome Measures (ROM)	We are working with providers to ensure their ROMs allow us to measure reliable improvement, as per the 2018/19 NHS England requirement (see KLOE 7).
Single Point of Access (SPA)	The SPA is run jointly between NELFT and Kent Community Health NHS Foundation Trust (KCHFT) and accepts self-referrals. The SPA is an integral part of transformation and the service is a central point for screening, triage and signposting (see Vision and Plan section and KLOE 3).
Special Educational Needs and Disabilities (SEND)	In early 2019, Kent was inspected by Ofsted (Office for Standards in Education, Children's Services and Skills) and CQC (Care Quality Commission). A Written Statement of Action, to address the areas of weakness, has now been approved (see Appendix 10).
Specialised Commissioning: Crisis care related to police custody	A Section 136 diagnostic/deep dive is underway as part of the Kent and Medway STP Mental Health Urgent and Emergency Care programme (see Appendix 27 and KLOE 8).
Specialised Commissioning: CYP in Secure Estate	Kent's Youth Offending Team (YOT) and NHS England's lead commissioner are embedding the Secure Stairs programme to influence the system outside of secure settings – enhanced by the LTP project to embed trauma-informed approaches in Youth offending Services. An example of this is the regular implementation meetings between Cookham Wood and wider partners (see KLOE 5).
Specialised Commissioning: Liaison and Diversion	NHSE completed procurement of the Kent and Medway Liaison & Diversion service within police custody and courts and the service went live on 1st April 2019. The new service model offers screening, assessment and supported referrals to all ages in contact with the criminal justice sector (see KLOE 5).
Specialised Commissioning: Sexual Assault Referral Centre (SARC)	The Kent and Medway SARC is accessible 24/7 for children (0-12yrs) who live in Kent and Medway either permanently or temporarily, and who are victims of a sexual assault which has taken place in Kent and Medway (see KLOE 5).

Specialised Commissioning: Specialist or forensic CAMHS	Forensic CAMHS (FCAMHS) procurement is now complete with the contract being awarded to Sussex Partnership NHS Foundation Trust (SPFT (see KLOE 5).
Specialist Support	Details can be found in our Vision and Plan section (also see KLOE 3).
Sustainability and Transformation Partnership	CYP mental health is one of the key programme areas within Kent and Medway’s mental health STP workstream (see KLOE 1 and 4).
Sustainability of LTP	The approach to sustaining our LTP programme or elements of the programme continues to develop and mature. We are working to achieve the ambition of: “Improving emotional wellbeing and mental health in children, young people and adults, with a particular focus on those most at risk of developing mental illness” (see Sustaining Transformation and The Long Term Plan section and KLOE 1 and 4).
Transforming Care	Kent is currently reorganising its 0-25 Health and Wellbeing Board governance which will include a clear focus on CYP Transforming Care. The new governance arrangements will innovate how we will come together as a Health, Education and Social care system and assure Senior Leadership on sustainable transformation across the Learning Disability/ Autistic Spectrum Condition CYP workforce (see Governance and Finance sections, and KLOE 1, 2, 3, 4 and 8).
Transforming children and young people’s mental health provision: a green paper	The Department of Health & Social Care and the Department for Education held a 13-week public consultation on this green paper (see Prevalence and Trends sections).
Transition	We are working with partners to improve the experience of young people in Kent transitioning from CYP to adult services (see Vision and Plan , Challenges and Participation and Engagement sections and KLOE 1, 3 and 8).
Transition CQUIN	A CQUIN and Transition protocol are in place (see Sustaining Transformation and The Long Term Plan and KLOE 3).
Trauma-Informed Approaches	HMYOI Cookham Wood is an early implementer of the Secure Stairs programme (see ‘Specialised Commissioning: CYP in Secure Estate’ above) which includes Trauma-Informed Approaches. We have utilised NHSE funding to develop trauma-informed approaches and casework within the Youth Offending Service and key partners (see Vision and Plan , Challenges and Finance sections and see KLOE 3 and 6).
Unaccompanied Asylum Seeking Children (UASC)	Supporting vulnerable groups including UASC is a priority for 2019 onwards. Two national conferences held in May and June 2018 were led by three young men who had been UASC (see Vision and Plan and Challenges).
Voluntary, Community and Social Enterprise sector (VCSE)	In January 2018, the National Association for Voluntary and Community Action (NAVCA) were invited to host a workshop to begin an initial conversation with the VCSE around the future of CYP emotional wellbeing and mental health in Kent. A report with recommendations was circulated afterwards and a group of VCSE providers has since met to discuss how we might work differently, and collaboratively, in Kent (see Appendix 13 and KLOE 1).
Workforce audit	A bespoke tool was used to provide a workforce audit across the South East region (see Challenges and Sustaining Transformation sections, Appendix 12 and KLOE 4 and 6).

Appendix List

Appendix 1	2015 LTP - version 1	Appendix 17	2014 Kent Needs Assessment
Appendix 2	2016 LTP refresh - version 2	Appendix 18	2017 Baseline data for Healthy Child Programme
Appendix 3	2017 LTP refresh - version 3	Appendix 19	2019 Healthwatch Kent Autism report
Appendix 4	2018 LTP refresh – version 4	Appendix 20	2019 LTP evaluation away day
Appendix 5	Glossary	Appendix 21	2019 National Collaborative Commissioning Networks Evaluation Report
Appendix 6	2019 Key Lines of Enquiry - final	Appendix 22	Thanet CCG data profile for MHST EOI
Appendix 7	0-25 deep dive	Appendix 23	Canterbury & Coastal CCG data profile for MHST EOI
Appendix 8	East Kent CCGs’ 18-25 final report	Appendix 24	West Kent CCG data profile for MHST EOI
Appendix 9	LTP bulletin: Spring 2019	Appendix 25	Swale CCG data profile for MHST EOI
Appendix 10	SEND Written Statement of Action	Appendix 26	DGS CCG data profile for MHST EOI
Appendix 11	2019 Prevalence and Trends up-date	Appendix 27	Section 136 deep dive
Appendix 12	CYP Matrix Workforce Report	Appendix 28	Workforce development in Kent – draft
Appendix 13	Collaboration in Kent – NAVCA report	Appendix 29	EDS case studies and feedback
Appendix 14	HeadStart Kent Sustainability Strategy		
Appendix 15	Health inequalities report for 2018 KTB away day		
Appendix 16	2017 Kent Needs Assessment		