Who are we?

The Health and Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 14 November 2017, starting at 4.00pm. It will last about two and a half hours.
There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are **5** main items on the agenda

- Better Care Plan
- Children and Young People Mental Health Transformation Plan
- Integrated Community Equipment Service Update
- Mental Health Crisis Support
- Local Account and Direction of Travel for Adult Social Care

Health & Wellbeing Board

Geoff Raw BHCC Chief Executive	Daniel Yates **Councillor** Chair	Elizabeth **Culbert** Legal Adviser	Tom **McColgan** Secretary

Adam Doyle
CCG
(Voting member)

Nick Taylor
Councillor
(Voting member)

Dawn Barnett
Councillor
(Voting member)

Alistair Hill
(Non-voting Statutory member)

Lola BanJoko
CCG
(Voting member)

Dr Manas Sikdar
CCG
(Voting member)

Graham Bartlett
(Safeguarding Adults Board)
(Non-voting co-optee**)**

Chris Robson
(Local Safeguarding Children Board)
(Non-voting co-optee)

Caroline Penn
Councillor
(Non-voting invitee)

Karen Barford
Councillor
(Voting member)

Malcolm Dunnett
CCG – Lay member
(Voting member)

Dick Page
Councillor
(Voting member)

Rob Persey
(Non-voting Statutory member)

Dr David Supple
CCG
(Voting member)

David Liley
Healthwatch
(Non-voting Statutory member**)**

Pennie Ford
NHS England
(Non-voting co-optee**)**

Pinaki Goshal
(Non-voting Statutory Member)

Public Speaker	**Public Speaker**

Public Seating
For those with public items on the agenda

Press table

Health & Wellbeing Board
14 November 2017
4.00pm
Hove Town Hall, Council Chamber, Norton Road, Hove, BN3 3BQ

Who is invited:

Voting Members: Cllrs Daniel Yates (Chair), Karen Barford, Dawn Barnett, Dick Page and Nick Taylor; Dr David Supple, Adam Doyle, Lola Banjoko, Malcolm Dunnett, and Dr Manas Sikdar (Brighton & Hove Clinical Commissioning Group).

Non-Voting Members: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Services; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Acting Director of Public Health; Cllr Caroline Penn (BHCC); Graham Bartlett (Brighton & Hove Local Safeguarding Adults Boards), Chris Robson (Brighton & Hove Local Safeguarding Children Boards); Pennie Ford (NHS England); and David Liley (Brighton & Hove Healthwatch).

Contact: **Tom McColgan**
Secretary to the Board
01273 290569
tom.mccolgan@brighton-hove.gov.uk

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Date of Publication - Monday, 6 November 2017

AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

Page

32 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

33 MINUTES **1 - 12**

The Board will review the minutes of the last meeting held on the 12 September 2017, decide whether these are accurate and if so agree them.

34 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

35 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board by 12 noon on 7 November 2017. Contact Barbara Deacon on Barbara.Deacon@brighton-hove.gov.uk or 01273 296805

36 FORMAL MEMBER INVOLVEMENT

37 Caring Together Update

Contact:	*Rob Persey*	*Tel: 01273 295032*
	Dr David Supple	*01273 238783*
Ward Affected:	*All Wards*	

Health & Wellbeing

The main agenda

Papers for Decision at the Health & Wellbeing Board

38 Better Care Plan **13 - 22**

Contact:	*Andy Withham*	*Tel: 01273 291498*
	Elizabeth Culbert	*01273 291515*
	Chris Clark	*01273 238783*
Ward Affected:	*All Wards*	

39 Children and Young People Mental Health Transformation Plan **23 - 170**

Contact:	*Gill Brooks*	*Tel: 01273 230817*
Ward Affected:	*All Wards*	

40 Integrated Community Equipment Service Update **171 - 208**

Contact:	*Andy Witham*	*Tel: 01273 291498*
	Chris Clark	*01273 238783*
	Anne Richardson-Locke	*01273 290379*
Ward Affected:	*All Wards*	

Papers for Discussion at the Health & Wellbeing Board

41 Update on Mental Health Crisis Support **209 - 222**

Contact:	*Anne Foster*	*Tel: 01273 238716*
	Anna McDevitt	*01273 238714*
Ward Affected:	*All Wards*	

42 Local Account and Direction of Travel for Adult Social Care **223 - 242**

Contact:	*Cat Harwood-Smith*	*Tel: 01273 296417*
	Jess Harper	*01273 295245*
Ward Affected:	*All Wards*	

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Health & Wellbeing

For further details and general enquiries about this meeting contact Democratic Services, 01273 2910066 or email democratic.services@brighton-hove.gov.uk

Public Involvement

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.

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- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so**.**

Health & Wellbeing

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary interests
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 12 SEPTEMBER 2017

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 4AH

MINUTES

Present: Councillors Yates (Chair), Barnett, Page (Group Spokesperson), Dr David Supple, Lola Banjoko, Malcolm Dennett, Clinical Commissioning Group

Other Members present: David Liley Health Watch, Graham Bartlett, Pinaki Ghoshal, Statutory Director of Children's Services, Rob Persey, Statutory Director for Adult Care, Peter Wilkinson Acting Director of Public Health.

Also in attendance: Counillor Janio, Councillor Penn

Appologies: Councillor Barford, Councillor Taylor, Dr Manas Sikdar

PART ONE

22 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

22.1 Councillor Penn declared that she was attending the meeting as a substitute for Councillor Barford, Councillor Janio declared that he was attending the meeting as a substitute for Councillor Taylor. Dr Manas Sikdar had sent his apologies to the Chair and had not sent a substitute.

22.2 The Chair declared that he had a Disclosable Pecuniary Interest in Items 26, 27 as he was employed by Western Sussex Hospitals Trust. HE confirmed that he had been granted dispensation by the Council's Monitoring Officer to permit him to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Partnership and, to speak and vote on those items, on the basis that the project to review health and social care services did not currently raise a direct or material conflict with his employment.

23 MINUTES

23.1 The Minutes of the previous meeting held on 11 July 2017 were agreed as a correct record and signed by the chair.

24 CHAIR'S COMMUNICATIONS

Update on Brighton & Hove as an HIV Fast Track City

24.1 The Fast-Track Cities initiative is a global partnership between the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC). Fast-Track Cities aims to build upon, strengthen and leverage existing HIV programmes and resources in high HIV burden cities to support their achievement of the UNAIDS 90-90-90 targets by 2020.

24.2 Brighton & Hove City Council officially joined the international Fast Track Cities initiative to end HIV/AIDS as a public health threat on Thursday 3rd August 2017 when the Mayor of Brighton & Hove and the Leader of the Council signed the Paris Declaration at a reception in the Mayor's Parlour.

24.3 We are now in the process of convening the Brighton & Hove fast track city task force which will bring together a group of core stakeholders to consult, plan and direct the city's approach to achieving the 90-90-90 targets and will be the group through which we will communicate with our international partners within the Fast Track Cities movement.

24.4 The next step is to develop our local action plan based on the epidemiology of HIV in Brighton and Hove, local demography and, supported by the international expertise that is now available to us, what we know to be effective.

24.5 A report on progress is expected to be brought to the Board in January 2018.

Public Participation Groups Annual Engagement Report

24.6 Each Year the CCG produce a report on the PPG activities and impact for the year. Available online: https://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/plans

Pharmaceutical Needs Assessment for West Sussex

24.7 Board members will remember each area has to produce a Pharmaceutical Needs Assessment. We are in the process of undertaking ours and a report will be coming to a later Board with the draft.

24.8 Neighbouring authorities also have a responsibility of asking bordering areas their views of their assessments and we recently had the East Sussex PNA here.

24.9 West Sussex have requested the views have sent through their consultation form and the public health team will be developing the response for the Board.

24.10 If people wish to put their own response in please go to the link below: https://haveyoursay.westsussex.gov.uk/public-health/pna/consultation/intro/

Ardingly Court

24.11 You may be aware that, when The Practice Group surrendered its contract in the city, one of the practices (Whitehawk) was taken on by the Ardingly Court practice. This well respected practice with committed staff has managed a very challenging patient list since that time. It has had to adapt, however, from working with 6,000 patients on one site to working with 12,000 patients on two sites. This has presented a number of difficulties.

24.12 The partners of the practice have contacted the CCG and informed the CCG that they wish to split the practice into two, focussing on the specific needs of the different populations in the city centre and Whitehawk areas respectively.

24.13 The CCG has supported this, because it will provide a number of opportunities:

- Each site can focus on the needs of different populations
- All of the doctors and nurses who work in the practice have indicated that they wish to stay working in the city
- The Whitehawk practice is co-located with a children's centre and other services as well as another practice and will be able to use the space to integrate these services more closely, in line with our joint Caring Together strategy
- The city centre practice will move into the new premises at Palace Place next year and will be able to co-locate with other services, again moving us towards our Caring Together vision.

24.14 In order to move from the current arrangement to the new arrangement, we need to follow a formal procurement activity. The Patient communications aspects of this are important, given recent changes to primary care in the city. A letter has been sent to patients the practice with the key messages as follows:

- The practice is splitting from one organisation into two
- All patients at both sites will continue to be able to receive care from 1 April 2018
- They will be asked to choose which of the two sites they wish to be seen at (they cannot in future be seen at both); if they do not choose, then, under NHS rules, they will remain with the city centre practice

24.15 The CCG will be working with patient groups, community groups etc to help support patients with this process. They have specific measures in place to support vulnerable patients through this process.

<u>Summary</u>

- We are beginning with primary care being provided on two sites and will end with primary care being provided on two sites.
- All of the doctors and nurses who currently work in the practice wish to continue to do so, on one or other of the two sites.
- The CCG's investment will increase
- There is a technical contractual process to follow to achieve this.

HOSC

24.16 HOSC looked at the sustainability of city GP services; plans to tender for a re-designed 111 service for non-urgent calls; and the Clinically Effective Commissioning initiative.

25 FORMAL PUBLIC INVOLVEMENT

25.1 The Chair noted that three public questions had been received and that there were no petitions or deputations.

25.2 The Chair invited Valerie Mainstone to come forward and put her questions to the board on the subject of targeted breastfeeding services.

25.3 The Chair read Ms Mainstone's question on her behalf; "The Joint Health and Wellbeing Strategy expressly supports targeted breastfeeding services, such as those provided by this worker, in order to reduce health inequalities by increasing breastfeeding rates. In view of this policy, can HWB now explain the decision made by Sussex Community Foundation NHS Trust, to cut this role and the dedicated support it provided; and will the Health and Wellbeing board now publish the Equality Impact Assessment and the results of the public consultation, which we assume was carried out prior to these changes in service?"

25.4 The Chair thanked Ms Mainstone for her question and responded "There is a report on breastfeeding coming to the Board today. I hope you can stay for this item as it will provide more detail.

25.5 "The Public Health Community Nursing Contract was awarded to Sussex Community NHS Foundation Trust in November 2016. An Equality Impact Assessment was undertaken as part of the re-procurement process. Available online from: https://present.brighton-hove.gov.uk/Published/C00000826/M00008005/$$Supp27824dDocPackPublic.pdf

25.6 "The Public Health commissioners set out the outcomes and key performance indicators the contract must achieve. It is for the provider to determine how it will achieve these outcomes within the financial envelope. We do not set a description of what will be delivered but we set an expected result". The Chair than asked if Ms Mainstone had a supplementary question.

25.7 Janet Sang asked a supplementary question on behalf of Ms Mainstone "The original question of why a health inequalities impact assessment wasn't done when this specific cut was made still stands. The data presented in the report shows that the lowest breastfeeding results in the city are in East Brighton which is likely to be the result of the cut support worker. The report also states that further questions should be taken to the Health Overview and Scrutiny Committee (HOSC), we have made two previous attempts to ask questions at HOSC both of which have been refused."

25.8 The Chair responded that "HOSC is entirely independent of the Health & Wellbeing Board. The Board has no influence over HOSC's agenda and there is no cross over in membership. The figures you quote from the report are the most up to date figures by

ward but they are from the first quarter of 2016 and so the support worker would have been in place."

25.9 The Chair invited The Acting Director of Public Health to respond to the supplementary question. The Acting Director stated that the structure of the community nursing programme is down to the provider and not dictated by the council and if an impact equality assessment had been carried out it would have been service wide ahead of the restructure. He also stated that the points raised could be put to Sussex Community NHS Foundation Trust who are the provider and will be present later in the meeting.

25.10 The Chair then read Mr Kapp's question to the board on his behalf as he was not present: "Can I ask if the Board thinks that the City should become a Vanguard pilot project, trialling the Multi-speciality Community Provider (MCP) model of mental health care, by inviting third sector organisations to apply for a licence agreement contract to provide Community Care Centres to treat vulnerable citizens with evidence-based interventions, including the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course and supporting meditations, on GP prescription, funded by the Better Care Fund."

25.11 The Chair responded "As you may be aware the NHS invited areas to become Vanguard sites several years ago. While there are some areas still with pilot status that is coming to an end are no new opportunities available as this programme has ended. With regard to the mindfulness programme I can confirm that this is available through the Improving Access to Psychological Therapy service which has an option for GP and self-referral. The service has additional capacity from 2017/18 to meet more of our mental health need."

25.12 The Chair then invited Ms Madders to ask her question to the board: "Why and how has there not been a public consultation on the proposed definitive form of service specification for the re-commission of the mental health provision services?"

25.13 The Chair thanked Ms Madders for her question and responded: "The CCG always undertakes consultation about services it is reviewing or commissioning. The Big Conversation update, which will be part of a report item later, is a demonstration of the range of engagement and communication that is undertaken and detailed consultation is undertaken if services are going through the commissioning process. I can confirm there are no new mental health services currently being procured at this time."

25.14 The Chair asked Ms Madders if she had a supplementary question. Ms Madders asked "Where and with who does the accountability lie and what does the five year forward plan say?" Ms Madders also raised concerns around unqualified mental health workers practicing in the city who were not adhering to doctor patient confidentiality.

25.15 The Chair responded that from memory the forward plan made no mention of the recommissioning of mental health services. The Chair stated that being registered did not guarantee quality but it did guarantee oversite and that the Council, CCG, Healthwatch and CQC all provided oversite to unqualified practitioners.

25.16 Dr Supple also responded to the concerns raised by Ms Madders. He stated that the CCG acknowledged that there were issues around the provision of mental health care

and that it was one of the areas identified as being a priority for Brighton & Hove. Dr Supple also stated that he would be greatly concerned if there were practitioners in the city who were not aware of confidentiality. He asked Ms Madders to submit any specific complaints she had to the CCG and would be happy to revisit the complaint Ms Madders' had previously made.

25.17 Councillor Penn asked Ms Madders to copy her in to any correspondence with the CCG regarding this complaint. Mr Lilley also asked Ms Madders to copy Healthwatch in to any complaints to the CCG as they would also like to follow up on the concerns she had raised.

26 CARING TOGETHER - SEPTEMBER UPDATE

26.1 The Chair invited Dr Supple and The Executive Director for Health and Adult Social Care to update the board on Caring Together. The Board agreed to hear both updates on Care Together and integration of Health and Social Care as a single item.

26.2 The Executive Director for Health and Adult Social Care spoke to the presentation on Integration of Health and Social Care. He highlighted; the national pressures on funding across Health services especially on historically underfunded mental health provision, pressure had also increased on GP services and there had been a number of practice closures in the city. The CCG and the Council were looking at how to; manage this pressure, reduce bureaucracy and focus spending on front line services. An ageing population was creating new challenges and improvements needed to be made in treating long term problems and providing end of life care outside of a hospital setting.

26.3 Dr Supple then updated the committee on Caring Together. He highlighted: the potential for a commissioning alliance between surrounding CCGs, Caring Together planning had now moved out of Hove Town Hall to take into account views from a wide range of stakeholders, draft are care programmes were likely to be released at the end of September 2017.

26.4 Councillor Page expressed concern about the potential of future cuts to exacerbate the existing pressure on access to primary care and noted that the CCG had previously stated that Brighton & Hove had a very low ratio of GPs to patients.

26.5 Councillor Janio stated that with multiple public sector bodies commissioning health service in the city there would be potential for duplication of effort and therefore a loss of resources. He asked the presenters how commissioning would be arbitrated and what the governance arrangements for joint commissioning would be? The Chair and Mr Dennett both agreed with the sentiment that good governance is vital and added that commissioning should expand to include all stakeholders including providers. Outcomes should be agreed by all parties so all commissioners are expecting the same thing to be delivered.

26.6 In response to the points raised by the Board members Dr Supple stated that he agreed there was a high level of duplication present in commissioning efforts and the wider health service in general. He suggested that the way to remedy this issue was to move away from the siloed decision making which had proved difficult under the old governance arrangements. Caring Together represented a new way of working.

26.7 The Chief Executive of Brighton & Hove City Council responded that political leadership would come from the Secretary of State through the CCG and Local Councillors through the Council's budget. The first step to improving how these interact would to align key dates for the CCG, Council and NHS England.

26.8 Councillor Penn noted the shortage of staff especially psychiatrist in the city and that policy decisions required adequate frontline staff before they could be implemented. The Executive Director for Health and Adult Social care responded that improving the workforce situation was a critical aim for the directorate.

26.9 Mr Liley was hopeful that Caring Together would take into account the mistakes made in the STP process and would consult a wide variety of stakeholders including patients and the third sector.

26.10 **RESOLVED:** The Board noted both updates.

27 INTEGRATION OF HEALTH AND SOCIAL CARE: UPDATE

27.1 Item 27 was taken with item 26.

28 BETTER CARE PLAN

28.1 The Executive Director for Health and Adult Social Care introduced the report and stated that the Better Care Plan had been submitted on 11 September 2017 and will be moderated by NHS England after which the final plan will be brought back to the board in November. The Plan identified four priorities which have been signed off by partners and featured a full list of recommendations on page 14 of the plan covering a number of issues which had been raised in the meeting.

28.2 The Chair stated that the Better Care Fund was part of why Health & Wellbeing boards had been established and what the Board had worked to arrange.

28.3 Mr Dennett sought to reassure the Board that the plan had been fully reviewed by the CCG and that lessons learnt from how the plan was produced would inform the writing process for future plans.

28.4 The Legal Advisor recommended an officer amendment to the recommendations to delete recommendation 3.1 and add new recommendations 3.1 and 3.2 in bold italics and strike through text as shown below:

~~*3.1 "This report is presented for formal approval.*~~

~~*At the pre meeting of the Board following discussion the Board:*~~

- ~~*Agreed the content of the working draft*~~
- ~~*Authorised the Executive Director of Health and Social Care to undertake the final submission following consultation with the Chair of the Health & Wellbeing Board and the Accountable Officer*~~
- ~~*Provide the Health & Wellbeing Board with the final submission for information as required by the BCF guidance.*~~
- ~~*Agreed to a further report coming to the Board in November to provide more details on the monitoring and governance arrangement of the BCF in the light of the integration agenda*~~

3.1 That the Health & Wellbeing Board approves the Brighton & Hove Better Care Plan 2017 – 19 that was submitted to the Department of Health on 11 September 2017

3.2 This Board requests that a further report is produced for the November 2017 meeting to provide further details on monitoring and governance arrangements.

28.5 The Board unanimously agreed to amend the recommendations.

28.6 The Board unanimously voted to agree to the recommendations.

28.7 **RESOLVED:**

(1) That the Health & Wellbeing Board approves the Brighton & Hove Better Care Plan 2017 – 19 that was submitted to the Department of Health on 11 September 2017

(2) This Board requests that a further report is produced for the November 2017 meeting to provide further details on monitoring and governance arrangements.

29 BRIGHTON AND HOVE CANCER STRATEGY 2017-2020

29.1 The Public Health Principle from Brighton & Hove City Council, the Clinical Commissioning Manager for Cancer from the Brighton & Hove CCG and The Brighton & Hove CCG's Clinical Lead for Cancer introduced the report. The City's strategy was a synthesis of a number of national strategies. It sought to acknowledge that there is room for improvement and to make a real impact on health outcomes and value for money. Cancer accounted for 25% of deaths in the city and 40% of these diagnoses could have been prevented by a change in lifestyle. There was already a range of stop smoking services and the re-procurement of a weight management service all of which would help target inequalities in health outcome. Cancer rates would increase with an ageing population but this could be managed with early diagnosis and treatment.

29.2 Councillor Barnett was concerned that there was potential gender inequality around awareness of symptoms of cancer with women being better informed than men. She asked how this would be tackled in the new strategy.

29.3 The presenters responded that there was a range of national information campaigns to increase the awareness of symptoms including posters and adverts. They also highlighted the work of the CCG in the city including placing a large inflatable colon outside of Churchill Square and training peer workers. The Executive Director for Health and Adult Social Care also responded that following success in other local authorities the Council was hoping to work with Albion in the Community to improve cancer awareness through Brighton and Hove Albion Football Club.

29.4 In response to Councillor Penn the presenters clarified that the CCG and Council were looking at a holistic approach to care which would include possible cancer screening at different types of appointments, that there was a move to using electronic methods of communication with patients to prevent the contact being lost due to the city's high churn rate. They also responded that the large LGBTQ population in the city meant that the CCG and the council was in a privileged position to be able to work with that community to make sure the right information about cancer risks communicated. The Acting Director of Public Health also responded that the HPV vaccine take up rate was currently 86% but the full effects of the programme would not be seen for around 60 years.

29.5 Councillor Janio and Councillor Penn both asked that future reports include comparators more in line with Brighton & Hove's demographic with less emphasis placed on neighbouring areas which were relatively dissimilar.

29.6 Councillor Page welcomed the strategy and urged the Board to also consider how to impact upon the root causes of the unhealthy lifestyles and health inequalities.

29.7 **RESOLVED:**

(1) That the Board is asked to approve the Cancer Strategy.

(2) That the Board agrees to receive an update including an estimate of the strategy's predicted impact on clinical and financial outcomes, including a sensitivity analysis, at the March 2018 meeting.

30 BREASTFEEDING UPDATE REPORT

30.1 The Young People & Public Health Schools Programme Commissioner from the Council and The Director of Operations from Sussex Community NHS Foundation Trust presented the report. The Breastfeeding rates in Brighton & Hove were in the top 2 local authorities in the country. The model of breastfeeding support available in the city had changed from a support worker assigned to a specific ward to a support worker who works across the whole city. The change had been part of a recommissioned community nursing services for which an equalities impact assessment was done.

30.2 Councillor Janio asked the presenters to clarify the current budget for breastfeeding support in the city and what services had been cut in Hangleton. He also requested that officers update the Hangleton Ward Councillors on any changes in the breastfeeding rates.

30.3 The provider confirmed that £14.27 million covered the whole community nursing service and as breastfeeding support was often part of a combined offering at clinics there was no individual budget for it. The provider also stated that a breastfeeding clinic and a baby clinic had been provided in Hangleton. The separate breastfeeding clinic was stopped and the staff at the baby clinic had been upskilled which enabled them to provide breastfeeding support.

30.4 In response to Councillor Page's concerns about the reduced community nursing contract the provider stated that there had been no cut to the breastfeeding service and that they were confident that their new model of upskilling staff to provide breastfeeding support had made their service more robust and able to react more quickly.

30.5 Councillor Penn cautioned against the use of ward data as there was often a wide range of living standards and levels of deprivation within wards in the city. She also asked how postnatal depression effected breastfeeding rates.

30.6 The provider agreed that ward data could provide a false sense of security. An additional health visitor had been recruited to address the potential gap that existed around postnatal depression.

30.7 **Resolved**:

(1) That the Health and Wellbeing Board note the report

(2) That the Board agrees that if further information is required concerning the contract and its delivery this is directed to HOSC

31 SAFEGUARDING REVIEW REPORTS

31.1 The Chair of the Local Safeguarding Children Board (LSCB) presented the serious case review to the Board. The review was published on 27 July 2017 and concerned the deaths of two siblings W & X who left the country to fight abroad. The Chair of the LSCB highlighted that this was the first review of minors who had travelled to warzones and dies as combatants. The review offered 13 findings under 4 themes, challenged how professionals treat people who have suffered trauma early in their lives and who face racist, religious and domestic abuse. The review also broadens the understanding of how counter terrorism efforts fit with safeguarding inside and outside of the police.

31.2 The Chair thanked everyone who had been involved in the review for their work in handling a very sensitive issue.

Resolved:

(1) That the Board note the actions of the LSCB in developing the action plan in response to the findings of this serious case review.

(2) That the Board requests the LSCB provide an update on the action plan as part of its annual reporting.

The meeting concluded at 18:32

Signed Chair

Dated this day of

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Brighton & Hove Better Care Fund – Section 75 Agreement

1.1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 14th November 2017

1.3 Author of the Paper and contact details

Elizabeth Culbert
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Andy Witham
Head of Adult Social Care Commissioning
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2. Summary

2.1 This report updates the Board on the outcome of the moderation of the Brighton & Hove Better Care Plan and provides further information on the governance arrangements that will be in place to monitor and oversee the implementation of the plan. The report seeks approval to delegate authority to the Executive Director, Health and Social Care and CCG Chief Operating Officer to enter into an updated s75 Agreement to govern the 2017-2019 Better Care pooled fund.

3. Decisions, recommendations and any options

3.1 That the Board notes the moderation feedback of the BHCC Better Care Fund Plan as set out in paragraphs 4.2 to 4.4 of the report;

3.2 That the Board agrees the proposed Better Care Fund governance and monitoring arrangements set out at paragraphs 4.6 to 4.8 and Appendices One and Two of the report;

3.3 That the Board authorises the Executive Director Health and Adult Social Care and the CCG Chief Operating Officer to finalise and enter into a new Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund for the period 2017-2019.

4. Relevant information

4.1 The Health and Wellbeing Board on 12 September 2017 received a copy of the Better Care Fund Plan for Brighton & Hove that was submitted to the Department of Health on 11th September 2017. The Board requested that further information be brought back to the Board in November in relation to the governance and monitoring arrangements for the Better Care Fund Plan.

4.2 Since it was submitted on 11 September 2017, the Brighton & Hove Better Care Fund Plan has been subject to a moderation procedure conducted by the Department of Health. The outcome of the moderation has now been made available. The BHCC Plan has been approved with two conditions.

4.3 The feedback on the Plan included the following comments:-

Narrative and General comments

- Comprehensive, detailed plan, links to wider strategies and local plans;
- Sign-up from a wide range of partners, including Healthwatch;
- Focus on the plan addressing Delayed Transfers of Care;
- Strong on workforce;
- Good cross reference to Mental Health delivery plans – should cross reference crisis referral home treatment teams;
- Includes self-assessment against the 8 high impact change model;
- Need to focus on plan delivery, particularly around the 8 high impact changes and Delayed Transfers of Care

Finance

- All specific funding requirements are met on the planning template;
- Minimum CCG contribution to social care- met on planning template;
- Mitigations regarding risk to the BCF are appropriate;
- Investment of the iBCF funding has been agreed by partners with a breakdown of spend across narrative and planning template.

4.4 The two conditions that were attached to the approval of the Plan are set out below:-

- A requirement to amend the narrative to the Plan at page 14 regarding the minimum contribution by the CCG to Social Care so that it is consistent with the planning template;
- A requirement to provide further detail regarding our ability to implement the high impact change model for managing transfers of care.

4.5 Following formal resubmission of the Plan, Brighton & Hove will receive authorisation to enter into a formal agreement under Section 75 of the NHS Act 2006 and the CCG will be authorised to release money from the Better Care Fund ring-fence. The legal mechanism to bring together joint health and social care commissioning and budgets and to create a pooled fund is through a Section 75 Agreement established under the NHS Act 2006 (s223GA).

4.6 The Section 75 Agreement will provide a governance framework for the commissioning and delivery of the Better Care Fund and the management of budget and expenditure. The Agreement will follow the national template and will include the following core components:-

- Commissioning arrangements;
- Governance arrangements, including arrangements for reporting progress in delivering the plan to the Health and Wellbeing Board;
- Arrangements for management of the pooled funds;
- Arrangements for managing risk across the partners to the agreement;
- Information about each of the individual schemes which together make up the Better Care programme; and
- A standard range of terms and conditions covering issues such as dispute resolution and information sharing.

Overview of funding contributions

4.5 The seven projects that are the focus of the 2017-2019 Better Care Fund Plan are set out below with a summary of their funding contributions. The Section 75 Agreement will describe how any potential overspend or underspend will be identified, and any action required to bring expenditure back into line with budget.

	2017/18 Budget			
Workstream	**CCG**	**BHCC**	**iBCF**	**Total**
Increasing System Capacity	321,534	0	2,246,990	2,568,524
Integrated Discharge Planning	7,761,589	0	2,053,660	9,815,249
Protecting Social Care	4,833,379	1,743,131	551,130	7,127,640
Supporting Recovery & Independence	3,050,726	217,510	241,220	3,509,456
Person Centred Integrated Care	1,512,419	0	0	1,512,419
Dementia Planning	209,016	0	0	209,016
Homelessness	587,338	20,000	0	607,338
Total	**18,276,000**	**1,980,641**	**5,093,000**	**25,349,641**

Overview of governance arrangements

4.6 The governance arrangements for the Better Care Fund are shown in Appendix 1. The Better Care Funding Steering Group will provide oversight of delivery against the Better Fund Plan and will report into the Joint Finance and Performance Board and Joint Commissioning Board. The Steering Group will consist of senior representation from Brighton & Hove City Council and Clinical Commissioning Group.

4.7 Performance reports will be presented to the Health and Wellbeing Board on a quarterly basis with the first one in March 2018. Details of the performance arrangement are set out below.

Overview of performance arrangements

4.8 The Key Performance Indicators that will be used to monitor delivery and performance of the projects within the Better Care Plan are shown in Appendix 2. The Steering Group will be working to develop measureable targets from the Performance Indicators, which can then be reported to the Health and Wellbeing Board.

4.9 In addition to the KPIs being developed jointly by the Council and the CCG to be reported to the Health and Wellbeing Board, the CCG will be required to report to NHS England using the following National Metrics that have been centrally set.

Metric	Data Required
Non-elective admissions (General and Acute)	Quarterly HWB level activity plan figures for 2017-18, mapped directly from CCG operating plan figures, using mapping provided, against the original 2014-15 baseline and 2015-16 metrics
Admissions to residential and care homes	Annual metric for 2017-18 and 2018-19
Effectiveness of reablement	Annual metric for 2017-18
Delayed transfers of care	Quarterly metric for 2017-18. Each HWB area must submit their agreed DToC metrics by 21 July 2017 alongside their first quarterly return for IBCF spending

5. Important considerations and implications

Legal:

5.1 As set out in the report, it is a requirement that the Better Care Fund is managed locally though a pooled budget. The power to pool budgets between the Council and the CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement and a template Better Care Fund Section 75 Agreement has been made available by the Department of Health and will be used for this purpose. A new Section 75 Agreement is required as the existing Agreement expires in March 2018. The new agreement will reflect the new funding arrangements and priorities as set out in the Better Care Fund Plan 2017-2019.

Lawyer consulted: Elizabeth Culbert Date:2nd October 2017

Finance:

5.2 The allocated budget for the better Care Fund for 2017/18 is £25.350m including the additional funding of £5.093m announced in the spring. The CCG contribution as set by NHS England is £18.276m of which £7.030m is transferred to BHCC. The remaining £1.981m is the BHCC contribution to the pool, predominantly from the Disabled Facilities Grant. The pool fund manager is currently the chief finance officer for the CCG and they are responsible for reporting the financial performance of the BCF on a regular basis, through the governance arrangements set out in the report. In addition the relevant elements of the BCF for each organisation are monitored as part of the standard financial management arrangements and performance reported on a monthly basis through that mechanism.

Finance Officer consulted: David Ellis Date:17/10/17

Equalities:

5.3 Equality Impact Assessments will be developed in relation to individual commissioning processes carried out under the projects.

Sustainability:

None

Health, social care, children's services and public health:

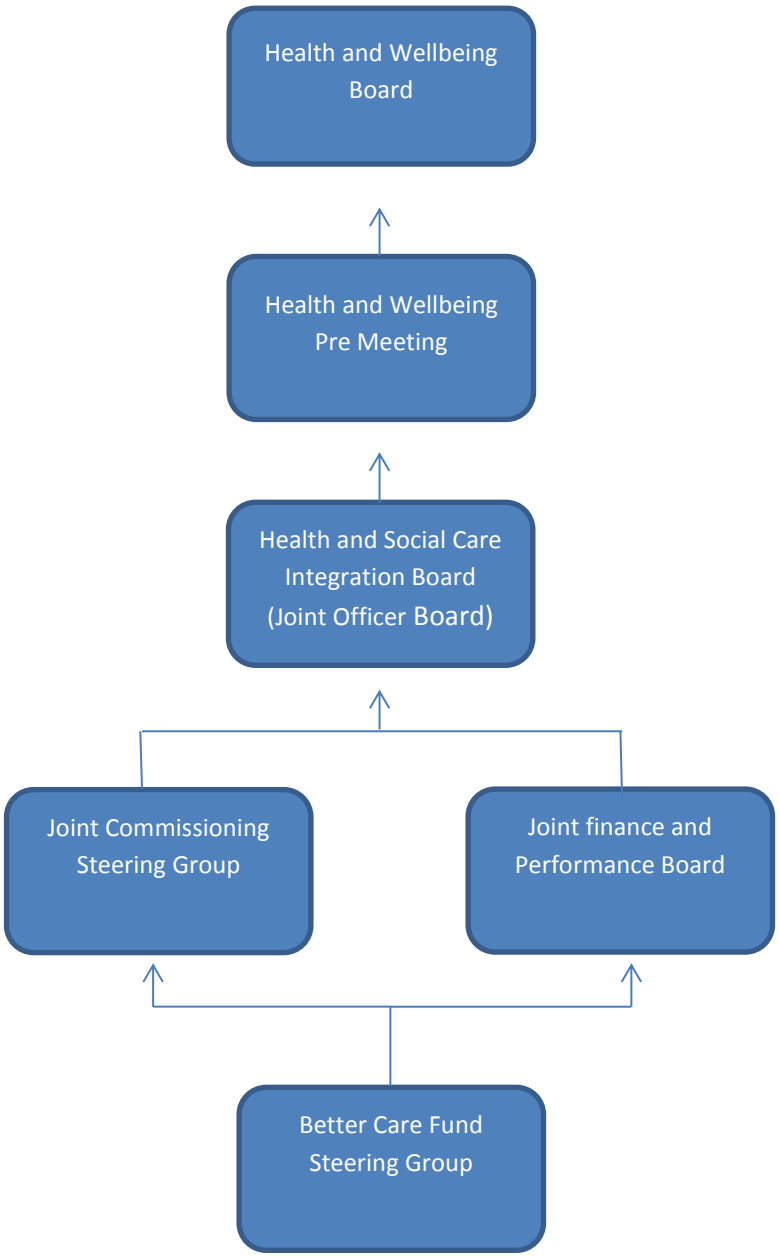
5.4 These are addressed in the body of the report and set out in detail in the Better Care Fud Plan.

6. Supporting documents and information

Appendix One – Governance Arrangements

Appendix Two – Key Performance Indicators

Appendix 2 – Better Care Fund Governance Arrangements



Appendix 1 - Local Key Performance Indicators

Project	Local KPI
Increasing System Capacity	Social Care Delayed Days per day per 100,000 18+ population Delayed Days per day per 100,000 18+ population (awaiting completion of assessment) Delayed Days per day per 100,000 18+ population (awaiting residential home placement or availability) Delayed Days per day per 100,000 18+ population (awaiting nursing home placement or availability) Delayed Days per day per 100,000 18+ population (awaiting care package in own home)
Integrated Discharge Planning	% of older people at home 91 days after hospital discharge into reablement Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services Delayed transfers of care (days) % Emergency readmission within 30 days of discharge from hospital (B&H CCG) Average Length of Stay for older people (65+)
Protecting Social Care	Proportion of support plans that have a % telecare as a component Telecare service user satisfaction (95% target) Number of people supported through Telecare (620 per annum) % of users receiving long-term community support who received self-directed support % of users receiving long-term community support who received direct payments or part direct-payments % of equipment delivered/collected in time % of adult social care users who have as much social contact as they would like
Supporting Recovery & Independence	% of carers receiving carer specific services who received self-directed support % of carers receiving carer specific services who received direct payments or part direct-payments % of adult carers who have as much social contact as they would like
Person Centred Integrated Care	Non-elective Admissions (G&A specialties) Admissions to nursing and residential homes (65+) Percentage of patients receiving a Whole Person Assessment against the roll-out plan (v3) % of Proactive Care patients received face-to-face appointments within 4 weeks Average Length of Stay for older people (65+)
Dementia Planning	Dementia Diagnosis rate Face to face follow up within 12 months
Homelessness	Percentage of people moving on from Homeless Support Services to more independent living (in past 12 months)

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1. The re-fresh of the children and young people's Local Transformation Plan

1.1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 14th November 2017

1.3 The author of the paper is:

Gill Brooks
Commissioning Manager
Brighton and Hove CCG
2nd Floor, Hove Town Hall, Norton Road, Hove, BN3 4AH

Gill.brooks1@nhs.net

2. Summary

The purpose of this report is to present the Children and Young People's Mental Health Local Transformation Plan 2017 – annual refresh, for the Health and Wellbeing Board to approve.

3. Decisions, recommendations and any options

The Board is asked to approve the draft Children and Young People's Mental Health Local Transformation Plan 2017 – annual refresh.

4. Relevant information

4.1 Following the publication of Future in Mind (2015) which highlighted difficulties in access to mental health support to children and young people, all CCG's are required by NHS England, to produce an annual Children and Young People's Mental Health Local Transformation Plan (LTP) refresh.

4.2 The Health and Wellbeing Board approved the Brighton and Hove (LTP) in November 2015 and the refresh in November 2016. These documents can be found here: http://www.brightonandhoveccg.nhs.uk/plans

4.3 CCGs are required to refresh and republish their LTPs by 31st October 2017. There are several elements to the draft LTP refresh for 2017/18:

a) An update and progress on children and young people's mental health services vision and how the refreshed LTP will enable that to succeed;

b) The LTP plans for 2017/18 onwards in the context of the Five Year Forward View for Mental Health and developments within our Sustainability and Transformation Partnership (STP);

c) An update on 2016/17 (spend and activity); and

d) A self-assessment of Key Lines of Enquiry from NHS England (available on request).

4.4 Within Brighton and Hove there are difficulties in terms of access to mental health support for children and young people particularly getting the right support at an early stage delivered in a way that is suitable for children and young people. Most of the on-going LTP funding has therefore been allocated to addressing the gap through the commissioning of a Community Wellbeing Service and a similar service offer available in schools and colleges known as Schools Wellbeing. This additional investment will enable the CCG to achieve the access target of 30.1% additional children and young people (0-18 year olds) having completed their mental health treatments by end of 2017/18 and 32% by end of 2018/19.

4.4 As well investing into these services which will provide more support early on in the care pathway, we have worked with Sussex Partnership NHS Foundation Trust (SPFT) through a formal service redesign resulting in a new specification and Service Development Improvement Plan.

4.5 Please find attached, in *Appendix A*, the refreshed Local Transformation Plan for Brighton and Hove. The LTP tracker is available on request.

5. Important considerations and implications

Legal:

5.1 CCGs are required to refresh and republish their LTP on their websites every year. The strategy is based on the recommendations in the Joint Strategic Needs Assessment (JSNA) approved by the HWB.

5.2 The draft LTP 2017 has been considered and approved at the following committees and meetings:

Commissioning Operations Management meeting	15th Aug 2017
LTP Assurance Group meeting	22nd Aug 2017
Finance and Performance meeting	5th Sept 2017
Senior Management Team meeting	6th Sept 2017
Families, Children and Learning Directorate meeting in Brighton and Hove City Council	14th Sept 2017
Brighton and Hove CCG Governing Body	26th Sept 2017
NHS England	12th Oct 2017

Lawyer consulted: Elizabeth Culbert Date: 03/11/17

Finance:

5.3 To support the changes required as outlined in *Future in Mind*, Brighton and Hove Clinical Commissioning Group (CCG) has been allocated the following funds:

	2015/16	2016/17	**2017/18**	2018/19	2019/20	2020/21
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	**£154,000**	£154,000	£154,000	£154,000
Transformation Plan	£372,582	£610,259	**£718,106** (18% increase on previous year)	£871,328 (21% increase on previous year)	£972,887 (12% increase on previous year)	£1,180,823 (21% increase on previous year)
Non-recurrent NHSE investment	-	*£125,000*	-			
NHSE Health & Justice investment	-	-	**£35,000**	£35,000	£35,000	£35,000
Current and projected CCG additional investment	-	£70,000	**£70,000**	£70,000	£70,000	£70,000
Total	£521,430	£959,259	**£979,106**	£1,130,328	£1,234,887	£1,439,823

5.4 The allocation of these funds has been agreed by the Children and Young People's Local Transformation Plan Group. The members include representation from the CCG, Families, Children and Learning Directorate and Public Health in Brighton and Hove City Council. NHSE Health and Justice Investment has been confirmed up to the end of 2018/19, any shortfall will be funded from LTP funds. The LTP funding comes directly from NHSE to CCGs and has no risk to councils.

Finance Officer consulted: Tich Kundishora (Finance Manager, CCG)

Date: 06/11/2017

Equalities:

5.5 Making appropriate provision for children and young people with mental health and emotional wellbeing needs is essential to improving health outcomes across the whole City. An Equalities Impact Assessment has been completed and can be found in *Appendix B.*

Officer consulted: Sarah Tighe-Ford Date: 03/11/17

Sustainability:

5.6 Improving mental health services across the whole system will help build more sustainable communities and will boost health and wellbeing amongst children and young people and their families. Children, young people and parent/carers can play a role in the development and continuing improvement of mental health provision to ensure that services provided are effective, offer value for money and are sustainable into the future.

Health, social care, children's services and public health:

5.7 The Families, Children and Learning Directorate as well as Public Health are partners in the development of this Plan. The CCG works closely with Local Authority colleagues to ensure the planning, implementation and monitoring of the transformational change in the Plan. This includes joint commissioning of the Schools Wellbeing Service.

6. Supporting documents and information

Appendix A - The draft re-fresh of the children and young people's Local Transformation Plan

Appendix B - Equalities Impact Assessment

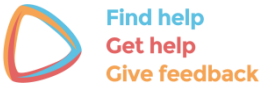
Appendix C - Presentation to the Health & Wellbeing Board 14 November 2017

Additional Information

Tracker and monthly returns-
https://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning

Children and Young People's Mental Health and Wellbeing Local Transformation Plan for Brighton and Hove (2015-2020)

Refresh 2017/18
(First published December 2015 and revised December 2016)



Contents

Foreword

In 2015, partners in Brighton and Hove came together to develop a vision to improve children and young people's mental health support, interventions, services and outcomes. This resulted in our Children and Young People's Mental Health Local Transformation Plan. We have laid the foundations for promoting and improving their emotional wellbeing and mental health, recognising that achieving this is bigger than any one organisation and requires a whole system approach.

This Transformation Plan is the result of close engagement with children, young people, their families, local voluntary sector groups, and providers of mental health services.

Brighton and Hove is committed to joined-up working between organisations and for this reason a multi-organisational Local Transformation Assurance Group has been established between the Local Authority and the CCG. It underpins all the integrated work we are currently developing through Caring Together and our Sustainability and Transformation Partnership and have done through the development of a Joint Strategic Needs Assessment.

Together we can build resilience, intervene early, and improve access to mental health services and outcomes to improve the mental health and wellbeing of our children, especially those who are most vulnerable.

This plan also sets out a clear and achievable action plan for how we will deliver this vision. We look forward to continuing to work together to make this happen.

Adam Doyle	**Dr David Supple**	**Pinaki Ghoshal**	**Peter Wilkinson**	**Councillor Penn**
Chief Accountable Officer, Brighton & Hove CCG	Clinical Chair, Brighton & Hove CCG and local GP	Executive Director, Families Children and Learning Directorate Brighton and Hove City Council	Acting Director of Public Health Brighton and Hove City Council	Lead Member for mental health for Health and Wellbeing Board and Deputy Chair of Families Children and Learning Committee
				

1. Executive summary

1.1 Introduction and Context

1.1.1 This is an important time for the development and improvement of children's and young people's mental health services. Mental health has been placed on an equal footing to physical health in policy through Parity of Esteem and with the publication of *Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing*[1] in 2015 ensuring children's mental health has increased attention and investment.

1.1.2 The Brighton and Hove Children and Young People's Mental Health Local Transformation Plan (LTP) is produced annually as mandated by NHS England. The first one was published in November 2015 and refreshed in 2016 (Phase One). The refreshed 2017/18 LTP can be found on the CCG website here http://www.brightonandhoveccg.nhs.uk/plans and the Local Authority website here https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/child-and-adolescent-mental-health-services-camhs. It is a Plan outlining progress up to the end of 2016/17. The LTP will be available in accessible versions (easy-read format), for example for those with a learning disability or where English is not their first language. If you would this document in an alternative format, for example large print, Braille or audio please contact our Engagement Team to discuss your requirements on 01273 238 700 or bhccg.participation@nhs.net. Young volunteers at Right Here are also working on a young people-friendly version of the LTP and needs assessment and a short film to explain to people about how to access mental health services and what to expect.

1.1.3 LTPs were developed in response to *Future in Mind* which highlighted the difficulties children, young people and their families have in accessing mental health support and provided a blueprint for whole system change.

1.1.4 This transformation is reflected in The Five Year forward View[2] with its focus on prevention, reducing inequalities, empowering patients, involving and engaging to ensure new models of care are co-created with children and young people as well as strong clinical leadership. It is crucial to focus on children's needs and manage them early so that we can reduce any deterioration and complexity in adulthood.

1.1.5 Mental health is one of the priority areas for the NHS and forms part of the ambitious national programme of the Five Year Forward View for Mental Health (FYFVMH)[3]. For children's mental health, a key national target that this plan addresses is, ensuring at least 30% of children and young people with a diagnosable mental health condition receive treatment by the end of 2017/18. To achieve this target, additional investment and resource has been allocated to mental health services by the CCG through the LTP fund.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

1.1.6 Other FYFVMH targets include:

a) Continuing to commission an Early Intervention Psychosis Service that achieves the national target of at least 50% of people experiencing first episode of psychosis commence treatment within two weeks of referral; and
b) Increasing the access to specialist perinatal mental health services by enhancing the current Brighton and Hove service.

1.2 The Brighton and Hove Local Transformation Plan

1.2.1 The Brighton and Hove LTP has continued to be developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people, outlining the need to transform care and support on a whole system basis. Joint working with the Local Authority to develop and implement this Plan is mirrored in the work we do towards integration through our *Caring Together* programme, our Sustainability and Transformation Partnership and the Children and Young People's Mental Health and Emotional Wellbeing (0-25 years) Joint Strategic Needs Assessment.

1.2.2 Our continued aim through Phase Two (2017/18 onwards) is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives.

1.2.3 This will happen alongside the development of a system of prevention empowering people to recognise when they need help and support with their emotional wellbeing and mental health alongside enabling services to respond quickly to need, with targeted support to vulnerable children. The other key element of change is the increased capacity in mental health services that ensure a clear pathway and help at an earlier point to reduce the likelihood of deterioration.

The vision is to ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way so we can truly demonstrate improvements to people's lives.

1.2.4 We have an aspiration to measure the impact of this vision, demonstrating how interventions have made an impact and improved outcomes and people's lives. This could include population improvement such as reported an improvement in happiness in their life as well as data demonstrating a reduction in self-harm incidences. The aim is to develop baseline data and an outcomes framework to measure impact in 2017/18 to start to demonstrate in the 2018/19 LTP refresh, the difference the changes and improvements have made.

1.2.5 Significant progress has been made in the implementation of the plan through Phase One to build the foundations for change. The programme of change has been developed around three key areas:

a) Infrastructure in place to ensure successful change;
b) Building capacity at an early stage; and
c) Targeted support.

1.2.6 As we start Phase Two (2017/18 onwards) we will continue to involve and consult across the system. We knew that we needed to really understand what children, young people and their families needed and wanted and to involve them in development of the vision and plan from the beginning.

1.2.7 The publication of the Joint Strategic Needs Assessment (JSNA) - Children and Young People's Mental Health and Emotional Wellbeing (0-25 years) in 2016 and the various multiple consultations undertaken so far underlines the importance of this and the continuation, to our future success.

1.2.8 Some key words and phrases captured below, demonstrate the `voice` of children and young people in our City that has led to the planned implementation of a Mental Health Passport:

1.2.9 Along with the `voice of children and young people, we have taken into account the JSNA information and data to support commissioning decisions and highlighted key areas of focus:

a) There are 58,600 children under 19 years old[4];
b) An expected prevalence of 3,570 (mild to moderate need) and 945 (moderate to severe need)[5];
c) High levels of vulnerable or at risk groups of children and young people (2,160 supported by social care, 412 children in care, 6,156 SEND, 784 engaged with Troubled Families Programme, 37 unaccompanied asylum seekers and 4,004 children with English as an additional language)[6]; and
d) A high rate of self-harming (A&E attendance rate (10-25 year olds) is higher than England at 456 per 100,000)[7].

[4] Census 2011

[5] CHIMAT Prevalence data Brighton and Hove 2004

[6] https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/families-children-learning-annual-report

[7] BHCC PH Intelligence Team 2015

1.2.10 As well as increasing capacity and access to mental health services, this has resulted in specific focus on supporting vulnerable groups and those in crisis with the development of mental health clinicians in social care and the expansion of the crisis model.

1.3 Achievements so far

1.3.1 The foundation for all help and support is through self-help. We have established a young person-run website www.findgetgive.com where young people and parents/ carers can seek help, advice, information and online tools from their peers in a young person-friendly way. The #IAMWHOLE mental health anti-stigma campaign in October 2016, associated with this website was a massive international success and was nominated for a Health Service Journal award.

1.3.2 We have also established a single point of access for mental health referrals which is part of the new all-ages Wellbeing Service. This provides advice and information as well as a simplified pathway for referrers including self-referrers, so that experienced clinicians ensure that the child/ young person's needs are addressed quickly and by the right service. As Specialist CAMHS are part of the triage hub there can be a smooth pathway across to specialist interventions, developing a flexible and responsive model across the continuum of care.

1.3.3 The Schools Wellbeing Service, formally established in June 2017 following a pilot with three secondary schools, mirrors this service. Primary Mental Health Workers support pupils, school staff and parents/ carers to access support by creating a whole school approach to mental health.

1.3.4 These services play an important role in ensuring that our children and young people have access to mental health services and support and achieve the NHS access targets.

1.3.5 Specialist CAMHS have also gone through a process of transformation and re-design resulting in:

a) An expansion of assertive outreach;
b) Clinical leads in Primary Care, Schools, Social Care and Wellbeing Service;
c) Reduced waiting times;
d) A focus on vulnerable children and young people with a particular focus on urgent/ crisis response, vulnerable children and young people; and
e) Improvements in our neuro-developmental pathway.

1.3.6 With our specialist provider (Sussex Partnership NHS Foundation Trust) we have commissioned a Sussex-wide Family Eating Disorder Service aligned with national guidance[8]. This is a multi-professional team working to assess

[8] https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

and treat support people in the community and reduce the demand on inpatient eating disorder beds.

1.3.7 Alongside the service changes, the CCG and local partners became members of the London and South East Learning Collaborative, to implement Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT). This programme ensures we apply the following principles to all areas of development:

a) Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service;
b) Provide **evidence-based practice** and be flexible and adaptive to changes in evidence. The CYP IAPT trainings offered by the programme are all evidence based;
c) Be committed to raising **awareness** of mental health issues in children and young people and active in decreasing stigma around mental ill-health;
d) Demonstrate that we are **accountable** by adopting the rigorous monitoring of the clinical outcomes of the service, and;
e) Actively work to improve **access** and engagement with services.

1.3.8 The LTP priority areas for 2017/18 are:

a) Ensuring full implementation of Community Wellbeing and Schools Wellbeing Services including additional capacity within the system;
b) Implementation of the re-specified Specialist CAMHS service (previously known as Tier 3 CAMHS) through the development and monitoring of the Service Development Improvement Plan with SPFT, including improved access and waiting times, assertive outreach and engagement, lead practitioner roles, addressing mental health issues in vulnerable groups, improving urgent response as well as implementing the Thrive informed model[9];
c) CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority);
d) NHS England Health and Justice and CCG joint commissioning for vulnerable groups;
e) Workforce development and training needs analysis as well as development of a local joint workforce strategy;
f) Development of an integrated neuro-developmental business case (including autism, learning disability, Tourettes syndrome and ADHD); and
g) Ensuring implementation of enhancement of specialist perinatal mental health service.

1.4 Future developments

1.4.1 Whilst some good progress has been made on transforming services and improving the support for children and young people, the following areas are still to be developed and improved:

a) Urgent and emergency mental health care (crisis);
b) Mental health support for vulnerable groups;
c) An accessible and resourced neuro-developmental pathway;

[9] Thrive Framework: http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

d) The full roll out of CYP IAPT;
e) Formal collaborative commissioning with NHS England; and
f) A workforce Strategy to support this change.

1.4.2 To continue to achieve the vision and work towards these further changes we have started to move away from the four tiered approach to mental health services[10] to an offer that blurs the organisational lines and criteria and provides support and interventions along a continuum, depending on need. The new model of care is Thrive[11] informed approach where `no door is the wrong door.

1.5 LTP funding and LTP `roadmap`

1.5.1 Following the publication of *Future in Mind* and the development of LTPs, additional funding has been made available each year, to children and young people's mental health. In line with national allocation, Brighton and Hove CCG has received an additional 17.6% in 2017/18, which equates to £108,000. The table below shows the total level of investment from 2015/16 to 2020/21, highlighting 2017/18 as well as current CCG investment.

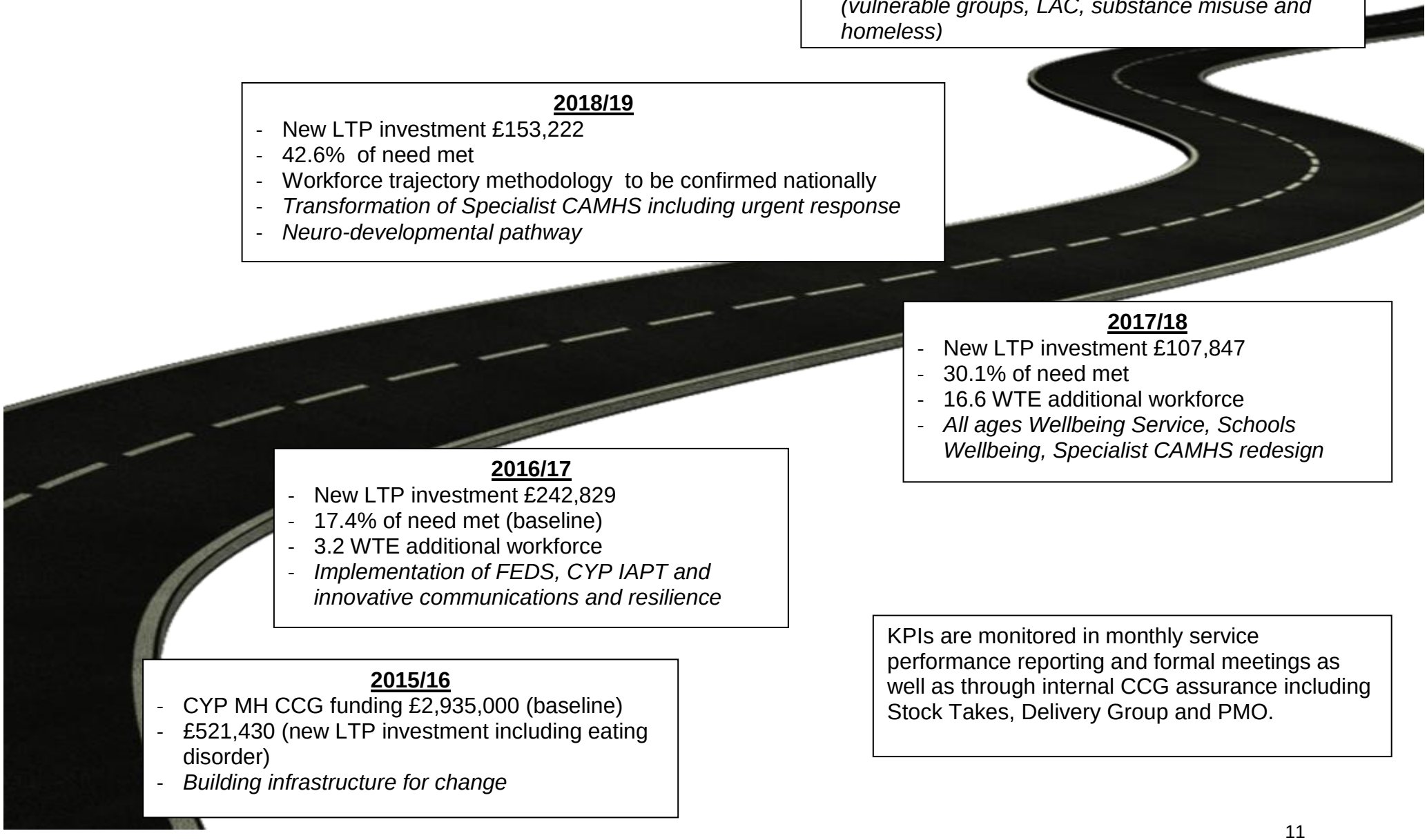
	2015/16	2016/17	**2017/18**	2018/19	2019/20	2020/21
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	**£154,000**	£154,000	£154,000	£154,000
Transformation Plan	£372,582	£610,259	**£718,106** (18% increase on previous year)	£871,328 (21% increase on previous year)	£972,887 (12% increase on previous year)	£1,180,823 (21% increase on previous year)
Non-recurrent NHSE investment	-	*£125,000*	-			
NHSE Health & Justice investment	-	-	**£35,000**	£35,000	£35,000	£35,000
Current and projected CCG additional investment	-	£70,000	**£70,000**	£70,000	£70,000	£70,000
Total	£521,430	£959,259	**£979,106**	£1,130,328	£1,234,887	£1,439,823

Table One: LTP funding for Brighton and Hove CCG

[10] DH NSFC. Child and Adolescent Mental Health, 2010

[11] http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

Figure One: LTP `Roadmap`



2019/20
- New LTP investment £101,559
- Activity increase to be confirmed nationally
- Workforce trajectory to be confirmed nationally
- *Integrated approach across whole pathway (vulnerable groups, LAC, substance misuse and homeless)*

2018/19
- New LTP investment £153,222
- 42.6% of need met
- Workforce trajectory methodology to be confirmed nationally
- *Transformation of Specialist CAMHS including urgent response*
- *Neuro-developmental pathway*

2017/18
- New LTP investment £107,847
- 30.1% of need met
- 16.6 WTE additional workforce
- *All ages Wellbeing Service, Schools Wellbeing, Specialist CAMHS redesign*

2016/17
- New LTP investment £242,829
- 17.4% of need met (baseline)
- 3.2 WTE additional workforce
- *Implementation of FEDS, CYP IAPT and innovative communications and resilience*

2015/16
- CYP MH CCG funding £2,935,000 (baseline)
- £521,430 (new LTP investment including eating disorder)
- *Building infrastructure for change*

KPIs are monitored in monthly service performance reporting and formal meetings as well as through internal CCG assurance including Stock Takes, Delivery Group and PMO.

1.6 Workforce planning, training and development

1.6.1 Underpinning the transformational change required in the Plan is the development of our workforce to respond to need and deliver the services. The increased service availability and different models of care require a responsive and experienced workforce. We need to ensure the workforce is well supported and encouraged to strive for improvement.

1.6.2 A workforce strategy will be developed by the end of 2017/18 that will encompass the Kent, Sussex and Surrey regional requirements as well as local Brighton and Hove workforce needs. This will be done with all partners.

1.6.3 Alongside this Strategy the CCG continues to support the training and development of staff including opportunities to train in CYP IAPT curricula.

1.7 Governance, assurance and risk

1.7.1 The development of and approval of the LTP has involved the whole system and has a clear governance structure in place (see figure two overleaf). The key decision group (children and young people mental health LTP Assurance group) reports to the CCG Committees such as Commissioning Operational Meeting and internal PMO CCG structures. Other organisation and agencies involved in developing and approving this Plan include our partners in Brighton and Hove City Council, providers, NHS England, Specialist Commissioning, NHS England Health and Justice, Local Safeguarding Children's Board, and stakeholder groups.

1.7.2 The LTP progress is monitored monthly by NHS England and a Local multi-organisational Assurance Group as well as our CCG governance structures. The Health and Wellbeing Board has an important role in ensuring the whole system change within the LTP addresses the need identified. The Board will formally sign off the refreshed 2017/18 plan in November 2017 with the Chair's agreement the LTP refresh will be published by 31st October 2017.

1.7.3 We have robust governance procedures in place as outlined above, that ensure our LTP risk register and CCG corporate risk register are updated regularly with controls and mitigating actions in place. A full overview of our risk register is available in Appendix 3 in the LTP tracker (separate document). Our LTP risks are summarised in five key areas:

a) Recruitment of workforce;
b) Achieving new access targets;
c) Complexity of transformational change;
d) Affordability of a neuro-developmental pathway; and
e) Safe transition from children's to adult mental health services.

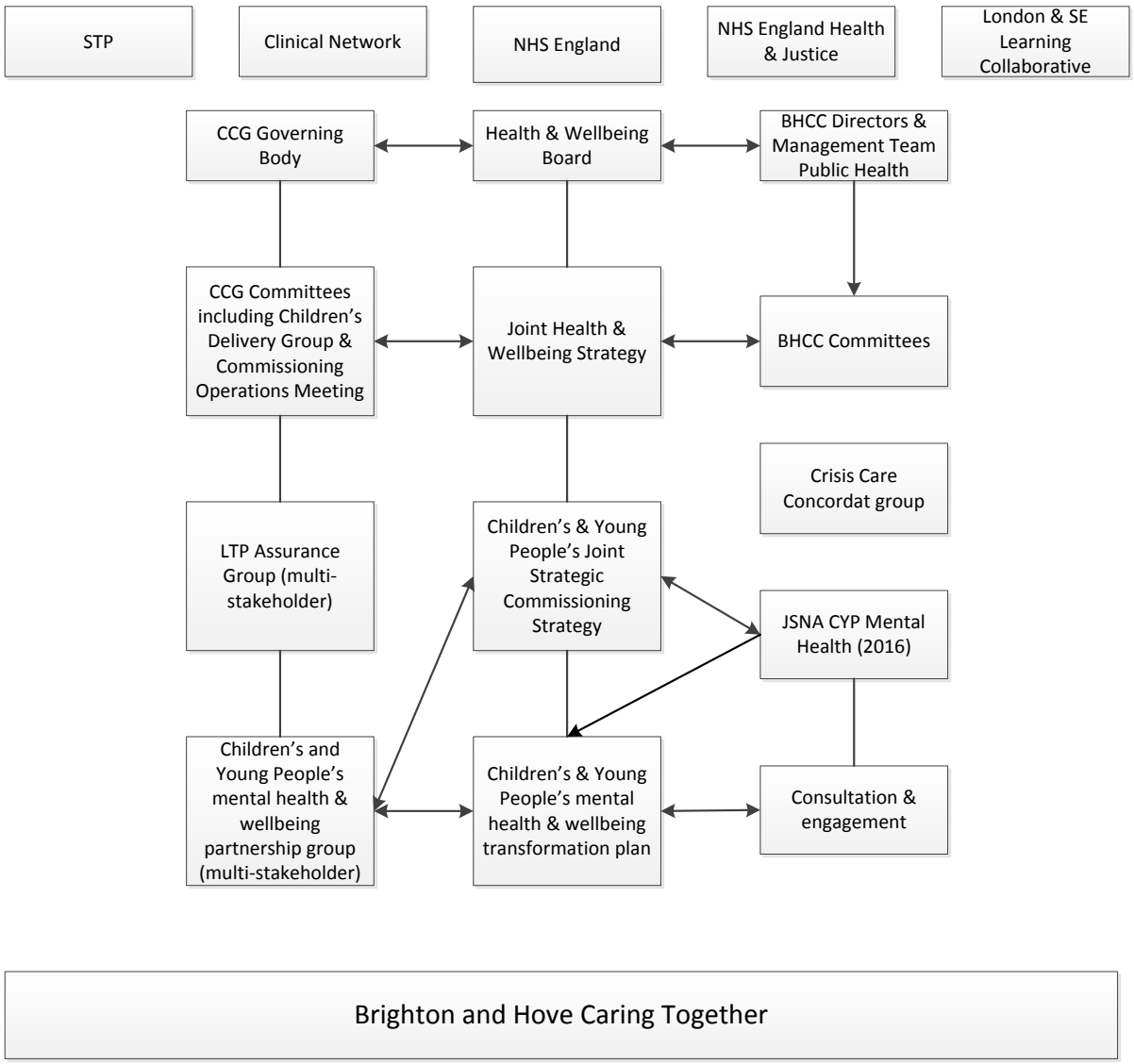


Figure Two: LTP governance

2 National Background & Context

2.1 There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their families/carers and the agencies that support them, the challenges are greater.

2.2 The publication of *Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing*[12] heralded a call to transform the services offered to children and young people with mental health and wellbeing issues through the development of a local transformation Plan. To support this change Brighton and Hove CCG has been allocated additional funds with an annual increase.

[12] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2.3 This need for transformation is reflected in The Five Year forward View[13] with its focus on prevention, reducing inequalities, empowering patients, involving and engaging to ensure new models of care are co-created with children and young people as well as strong clinical leadership. It is crucial to focus on children's needs and manage them early so that we can reduce any deterioration and complexity in adulthood.

2.4 Mental health is one of the four priority areas for the NHS and forms part of the ambitious national programme of the Five Year Forward View for Mental Health[14]. To support this, a Mental Health Delivery Plan 2017/18 outlines the programme delivery, governance and assurance nationally, regionally and locally. CCGs have previously provided assurance against the Improvement and Assessment Framework of which children and young people's mental health is one section and can be found in Appendix seven. CCGs will continue to be monitored and provide assurance on the implementation of the Five Year Forward View in Mental Health. The following areas in table two overleaf, are relevant to the LTP:

[13] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[14] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

	Area	National context – planning guidance	Local context
1	Children and young people's mental health	At least 30% of Children and Young People with a diagnosable Mental Health condition receive treatment from an NHS-funded community Mental Health service; ○ 30% of local need is met by Q4 2017/18 ○ 32% of local need is met by Q4 2018/19.	Commissioned additional capacity through the new Wellbeing Services (Schools and Community) to meet the 30% target by 31 March 2018 equating to 547 additional children under 18 years old;
		Commission 24/7 urgent and emergency mental health service for Children and Young People and ensure submission of data for the baseline audit in 2017;	Urgent response pilot in Specialist CAMHS in 2017 to increase hours of urgent response;
		All services working within the Children and Young People's IAPT programme; and	Specialist CAMHS, Schools Wellbeing and Community Wellbeing within Children and Young People's IAPT programme in 2017;
		Community eating disorder teams for Children and Young People to meet access and waiting time standards: All localities expected to baseline current performance against the new standard and start measurement against it.	Sussex wide Family Eating Disorder Service established in October 2016 is currently achieving access and waiting times required for routine referrals and is achieving 66.7% for urgent referrals
2	Specialist perinatal mental health	Increase access to evidence-based specialist perinatal mental health care: regional plans and trajectories in plan to meet national ambition of 2,000 additional women accessing care; and	Sussex and East Surrey (STP) successful in specialist perinatal mental health bid (wave one) to increase capacity and access for women to specialist service;
		Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.	For Brighton and Hove this means enhancing the specialist service already there including specialist midwife and health visitor posts by December 2017 increasing the number of women receiving treatment from 92 per year to 154 per year to achieve the expected prevalence of 5% of birth rate requiring specialist perinatal mental health interventions;

3	Early Intervention in Psychosis (EIP)	50% of people experiencing a first episode of psychosis commence treatment with a NICE – approved care package within two weeks of referral	Sussex wide Early Intervention in Psychosis Service (EIP) is exceeding this target. For Brighton and Hove it is currently 71% commencing their treatment within two weeks
4	Health and Justice	Improved access to meet the needs of high risk/ high harm/ high vulnerability children and young people who are accessing Health and Justice commissioned services in: • Secure estate • Specialist Community services • Developing collaborative commissioning arrangements across all agencies	Specialist CAMHS assertive outreach model includes working in partnership with Social Care in Children's Services, providing consultation, advice, guidance and support in supervision to develop a team around the child for our most vulnerable young people. It involves bringing together mental health professionals in Looked after Children, Youth Offending, Substance Misuse and Adolescent expertise into one team. This is an example of joint working across the CCG and the Local Authority as well as NHS England Health and Justice, ensuring we support young people within our community rather than in Secure Estate, but with clear step down pathway when they do return from Secure Estate
5	Suicide prevention	The Five Year Forward View for Mental Health's ambition is for the number of people taking their own lives to be reduced by 10% nationally by 2020/21 compared to 2016/17 levels (baselines are all ages).	Brighton and Hove is currently developing a Suicide Prevention Plan in line with the National Suicide Prevention Strategy targeting high risk groups, including young people. Young people and self-harm are key components of that Plan as the national strategy identifies self-harm in its own right.
6	New models of care	By April 2019: Reduce by ~280 the number of patients out of area for adult low and medium secure and CAMHS inpatient services Invest approximately £50m in community services to reduce the need to admit patients in these services Reduce unnecessary admissions to these services Reduce the average length of stay for patients in these services	Brighton and Hove is part of wave 2 CAMHS new models of care, across a partnership including Surrey and Borders Foundation Trust and Sussex Partnership Foundation Trust (SPFT). The pilot starts in October 2017 and will focus on reducing admissions to inpatient beds and length of stay by strengthening community services

7	Infrastructure	By April 2018 the NHS will have increasingly relevant, high quality national mental health data to support benchmarking and identify gaps in services; Strive to ensure consistency in assurance of mental health services through aligned national dashboards and oversight, insight and assurance frameworks; Move towards a focus on measuring mental health services on the outcomes they achieve; Focus on ensuring that mental health services are appropriately rewarded to deliver high quality care; and Consider how to improve the use of digital technology to drive quality mental health services.	Brighton and Hove CCG will ensure all services it commissions are able to provide data to the Mental Health Data Services; starting with Specialist CAMHS and Community Wellbeing Service from June 2017 and Schools Wellbeing Service in 2017/18. Brighton and Hove CCG will contribute data to the Five Year Forward View Mental Health Dashboard to enable quality assurance and consistency, benchmarking and assurance and oversight.

Table Two: Five Year Forward View Mental Health Monitoring and Assurance

3 Local Background and context

3.1 The Brighton and Hove Children and Young People's Mental Health LTP refresh for 2017/18 supersedes the 2016/17 LTP refresh published in November 2016 and the initial LTP published in November 2015. Both of these previous documents can be found in this link http://www.brightonandhoveccg.nhs.uk/plans.

3.2 Phase one outlines the foundations for transformational change across all children's and young people's mental health services. This is in order to achieve the vision of improving access to mental health services as early as possible in the right environment, building resilience and embracing innovative ways of engaging young people in their treatment.

3.3 The previous plans (Phase One) also demonstrate the collaborative approach in their development with a range of stakeholders involved from across the system (children, young people, families, Health providers, Children's Services, Public Health, Social Care and the Community and Voluntary Sector). This wide-ranging involvement identified nine key improvement areas:

a) Fostering resilience;
b) Preventing deterioration and responding to need;
c) Reaching out, engaging children and young people and involving them in their care (CYP IAPT principles)[15];
d) Caring for the most vulnerable groups;
e) Intervening early and providing the best start in life;
f) Preparing for adulthood;
g) Building capacity and improving access across the system, where `no door is the wrong door`;
h) Collaborative and joint commissioning; and
i) Physical and mental health issues addressed equally especially in a crisis including out of hours.

3.4 These improvement areas were set within a framework with the following elements:

a) Building the infrastructure, including skilling up the workforce to respond to young people's mental health and reducing stigma;
b) Shift in the balance of resources towards prevention, early intervention, resilience and promoting mental health and wellbeing; and
c) Targeting resources to those most at risk for example, those in crisis, Looked After Children/ Children in Care and those known to youth offending services.

3.5 The Phase One LTPs were approved by the Health and Wellbeing Board, NHS England, the CCG Governing Body and Children's Service Senior Management Team and published in both the CCG and Local Authority websites.

[15] https://www.england.nhs.uk/mental-health/cyp/iapt/

3.6 In March 2016, an LTP Assurance Group was established to oversee the implementation of Phase One and plan for the next stage (Phase Two) 2017/18 onwards.

3.7 The refreshed Phase Two aims to build on the key improvement areas and the framework. Work has continued to ensure children, young people, parents and carers as well as professionals are involved with developing the next phase so that their 'voice' is heard and the plans align to their needs.

3.8 Other organisation and agencies involved in developing and approving this Plan include our partners in Brighton and Hove City Council, providers, NHS England, Specialist Commissioning, NHS England Health and Justice, Local Safeguarding Children's Board, and stakeholder groups.

3.9 The 2017/18 refreshed LTP also continues to align with national policy and local changes across the system of Brighton and Hove as well as Sussex and the Sustainability and Transformation Partnership (STP).

3.10 The CCG is committed to continuing to improve children and young people's mental health services beyond 2020. This is outlined in table one above as well as sections 11 and 12.

3.11 We have used the Educational Policy Institute success indicators going forward into 2017/18 and beyond to ensure the LTP is measured against an approved framework that ensures our programme is delivered to the highest standard possible[16]. Brighton and Hove CCG's LTP is measured against an NHS England 'Key Lines of Enquiry' (Appendix Three).

3.12 Reflecting the national context, mental health has been identified as a priority area to address within the Sustainability and Transformation Partnership (STP) for Sussex and East Surrey, based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the South East, with our local 'footprint' covering a Central Sussex Alliance that ensures Place Based Commissioning.

3.13 The Central Sussex Alliance will ensure we are able to strengthen the local health commissioning arrangements across the four CCGs in Central Sussex (Brighton and Hove, High Weald Lewes and Havens, Horsham and Mid Sussex and Crawley). To enable the alliance to be fully functional from April 2018 a joint operating plan for 2018/19 is being developed during the period September – December 2017. Mental Health is included as one of the work-streams (Crisis, Transforming Care, Suicide Strategy and Parity of Esteem). The single commissioner approach will reduce duplication and support consistency and clarity.

[16] Please see Appendix 2.

3.14 The STP is initially focusing on mental health for adults with the following areas of exploration:

a) A financial assessment of mental health spends across CCGs;
b) Bench marking data against Office for National Statistics comparators;
c) Assessment of clinical standards;
d) Future requirements in both activity and spend based on demographic and non-demographic change; and
e) A road map for delivery for both the STP footprint and providers.

3.15 A second phase of STP mental health work will extend to children and young people's mental health. A current scoping of mental health services for young people (14-25 year olds) across the STP will facilitate joint planning and commissioning in the future.

3.16 We have a track record of working together across Sussex with the development of the EIP service, the children and young people's specialist eating disorder service as well as a successful specialist perinatal mental health community development bid.

3.17 The LTP is a whole system and involves working in collaboration with a range of services including developing joint working with other agencies for example schools, colleges, children's services, voluntary and community services and General Practice. The Brighton and Hove Caring Together Integrated Care Strategy (our local placed-based plan) involves groups of practices working in six clusters and in partnership with health, social care, education and voluntary sector organisations. Embedding mental health support to children and young people is a key element of this plan. Where efficiencies are required to be made across the system this has strengthened our joint working and collaborative commissioning with Brighton and Hove City Council.

3.18 Working together with the Local Authority is important as we strive to improve children's wellbeing. The CCG, Children and Families Directorate and Public Health have worked together to develop a Joint Commissioning Strategy: Health and Wellbeing of Children, Young People and Families (2016). In essence we want all of our children and young people to have the best possible start in life, so that they grow up happy, healthy and safe with the opportunity to fulfil their own potential. The strategy brings together multiple policies, reviews and strategies that all focus on improving children and young people's outcomes including those associated with mental health and wellbeing working across education, health and care for better shared planning and more integrated working around the needs of their children.

3.19 Another way we work across agencies including with the Local Authority is through the Transforming Care programme, also a key driver for change. Since May 2011 there have been a number of requirements on the NHS and Local Authorities to review and improve the care for people with complex learning disabilities, and or autism, mental health issues and or challenging

behaviours who were being treated in hospitals. Transforming Care[17] published in December 2012 alongside a partnership-wide Concordat[18] sets out a range of actions which would be needed to support the ambitions of:

a) A dramatic reduction in hospital placements for this group of people and the closure of large hospitals; and
b) That a new generation of inpatients does not take the place of people presently in hospital.

3.20 The CCG intends to work with all partners to review the current service provision for children and young people with learning disabilities and or autism, mental health issues and or challenging behaviours, how it links with the adult services and scope future improvements. The aim of the programme is to work in partnership across agencies within the community to reduce the risk of children and young people requiring a mental health inpatient bed, and/ or supporting them to return home as soon as possible; with an overarching aim of improving care and outcomes of this vulnerable group.

4 Local children and young people's mental health needs

4.1 Demographic profile

4.1.1 The city of Brighton & Hove covers one Unitary Local Authority and according to the latest ONS Estimates (2016) has a population of 289,200 and a predicted to increase by 7,300 (2.5%) by 2021.

4.1.2 The city has an unusual age structure with fewer children under 19 years old (18.9%, 54,700) and will increase by 6.0% by 2021 with a swell of population between 20 and 44 years (particularly important for 18-25 year old age group and student population with regards mental health services). 22% of our children are BME[19] and the 2013 HMRC Child Poverty Snapshot suggests 17% live in poverty[20].

4.1.3 High risk and vulnerable groups of young people are also an important consideration for the City and mental health response. The recent Families, Children and Learning Annual Report[21] highlighted high rates of Children in Need, in Care and on Child Protection Plans. Of the 392 children who have a child protection plan recorded at 31 March 2016, 120 (30.6%) had neglect recorded as the latest category of abuse, this is below the national average of 44.9% and statistical neighbour average of 41.5%, however Brighton & Hove has a higher percentage of children who have a child protection plan in place as a result of emotional abuse (of which neglect is a component), 52.6% compared to 38.3% nationally.

[17] Department of Health (2012a) Transforming care: A national response to Winterbourne View Hospital *Department of Health Review: Final Report* available on line at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf Accessed April 2014

[18] Department of Health (2015) Report by the Controller and Auditor General Care services for people with learning disabilities and challenging behaviour http://www.nao.org.uk/wp-content/uploads/2015/02/Care-services-for-people-with-learning-disabilities-and-challenging-behaviour.pdf (Accessed Feb 2015)

[19] http://www.bhconnected.org.uk/sites/bhconnected/files/Black%20and%20Minority%20Ethnic%20Communities%20in%20Brighton%20%26%20Hove%20%28April%202015%29%20-%20Full%20report.pdf

[20] http://www.bhconnected.org.uk/sites/bhconnected/files/6.1.1%20Child%20poverty%20JSNA%202016.pdf

[21] https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/families-children-learning-annual-report

4.1.4 There are currently 2,160 children supported by social care and 412 children in care. 6,156 children received extra Special Educational Needs and Disability support with 972 on Education, Health and Care Plans. We have 784 children engaged within the Troubled Families programme, 37 unaccompanied asylum seeking children and 4,004 children with English as an additional language.

4.1.5 Out of 326 authorities, Brighton & Hove is ranked 102nd most deprived authority in England in 2015. This means we are among the third (31 per cent) most deprived authorities in England. The City has significant variance in terms of deprivation and some wards are amongst the most deprived in England. 21% of areas are in the most deprived quintile (20%) in England and 25% are in the second most deprived quintile[22].

4.1.6 Our best estimate of the number of lesbian, gay and bisexual residents is 11% to 15% of the population aged 16 years or more. The local Trans needs assessment estimated that there are at least 2,760 trans adults living Brighton & Hove. Young people in these groups are at increased risk of harassment and/or bullying, as well as mental health issues[23].

4.2 Local Needs

4.2.1 National evidence shows that a number of mental illnesses are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness begins by the age of 14 and 75% by age 18. In Brighton and Hove, "…by promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does."[24]

4.2.2 A JSNA for children and young people's mental health and wellbeing (0-25 years) was published in February 2016. Both the summary and full report can be found on the CCG website[25]. The JSNA process allowed the 'voice' of children, young people, families and professionals to be heard and the following areas of concern and emerging changes to be highlighted:

a) Clinic-based models are not young-people friendly environments so we will work with Specialist CAMHS to review where appointments are offered and how the environment can be improved to be more welcoming;
b) Lack of clarity on referral criteria and pathways by ensuring that information is easily accessible and services work with referrers, children and young people and their families to develop services that respond to needs;
c) Lack of capacity, particularly at Tier 2 so the plan is to build more capacity in Wellbeing Services at Tier 2 level in both the Community and Schools Wellbeing Services to close that gap;

[22] http://www.bhconnected.org.uk/sites/bhconnected/files/Full%20briefing%20-%20IMD%202015%20B%26H.docx
[23] http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.3%20Sexual%20orientation%20JSNA%202016.pdf
http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.5%20Gender%20identity%20and%20trans%20people%20JSNA%202016.pdf
[24] No Health Without Mental Health: A cross-government strategy (2011).
[25] http://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning

d) Poor experience of CAMHS and accessibility by developing services that are flexible enough in terms of choice of appointments, time, place and communications;
e) Lack of flexible approach to vulnerable groups such as Looked After Children, those known to Youth Offending Service and Substance Misuse Service by developing a model of a team around the child, actively taking mental health expertise to social workers;
f) Lack of joint working across Primary Care, CAMHS and Schools by implementing the Primary Mental Health Workers in our schools and developing the Children and Young People's Locally Commissioned Service in GP surgeries;
g) Lack of service response in crisis and out of hours by addressing the specific support required at these times, building on existing structures and working with you to design services that meet needs; and
h) Transition from children's to adult services needs to be smoother by commissioning all-ages pathways wherever appropriate or considering whether a Youth Service would support needs at this critical time of life.

4.2.3 These areas of concern have been reflected in the vision and aims of Phase One and Phase Two of the LTP.

4.2.4 Evidence shows that children and adolescents are also affected, with one in ten children aged 5-16 years having significantly mental health problems, and self-harming is not uncommon where 10–13% of 15-16 year-olds have self-harmed[26] and the UK has higher rates than in Europe[27].

4.2.5 Brighton and Hove has a higher rate of hospital attendance for self-harm than England. There were 97 A&E attendances for self-harm in 2014/15 in the 10-17 years age group.[28] The attendance rate for self-harm has risen from 381 (in 2011/12) to 456 per 100,000 0-17 year olds in 2014/15. This represents a slight upward trend in the attendance rate since 2008/09 but it is not statistically significant. The city has a lower proportion of young people admitted to hospital for self-harm than England. It was 389.2 per 100,000 10-24 year olds in 2014/15 compared to 398.8 per 100,000 for England. For Brighton and Hove, this is a decrease from 507 per 100,000 10-24 year olds in 2013/14 which corresponds to the introduction of the Paediatric Mental Health Liaison Team at The Royal Alexandra Children's Hospital.

4.2.6 The majority of people who self-harm are aged 11-25 years. Rates are three times higher in girls than boys.[29] Data from the 2014 Safe and Well at School Survey in Brighton and Hove found 7% of 14-16 years olds reported self-harm. Of these 11% were girls, 33% were lesbian, gay or bisexual and 16% had been bullied. The Health Counts Survey 2012 of local residents reported

[26] ONS, 2004
[27] Truth Hurts Report of the National Inquiry into Self Harm among Young People 2006 Truth Hurts Report of the National Inquiry into Self Harm among Young People 2006
[28] Brighton and Hove City Council Public Health Intelligence team, Local analysis of hospital activity data from the Secondary Users Service. June 2015
[29] Key Data on Adolescence 2013, Chapter 6 Mental Health

that 19% of 18-24 year olds had self-harmed (n=39), including 28% of females and 7% of males.

4.2.7 The CCG is working with Public Health to produce a self-harm needs assessment in 2017/18 to inform future commissioning decisions from 2018 onwards to reduce the rate of self-harm for young people in our City.

4.3 Prevalence

4.3.1 The most comprehensive data on the prevalence and risk factors for mental health disorders among children and young people comes from a large national survey carried out by the Office for National Statistics (ONS) in 2004[30] These prevalence rates have been used by the National Child and Maternal Health Intelligence Network (CHIMAT) Services Snapshot to produce estimates of prevalence for Brighton and Hove as shown in Table Three below.

Universal emotional wellbeing support	7,645
Targeted, mild to moderate mental health and emotional wellbeing	3,570
Specialist Community Mental Health, moderate to severe mental health	945
Specialist inpatient mental health	40

Table Three: CHIMAT Prevalence Data Brighton and Hove (2004)

4.3.2 It is clear from the JSNA that there was a lack of capacity at Tier 2 and that investment in that level of need was required to meet need and provide help and intervention at an early stage. To address that we have invested in Community and Schools Wellbeing Services as depicted in Figure 3 below.

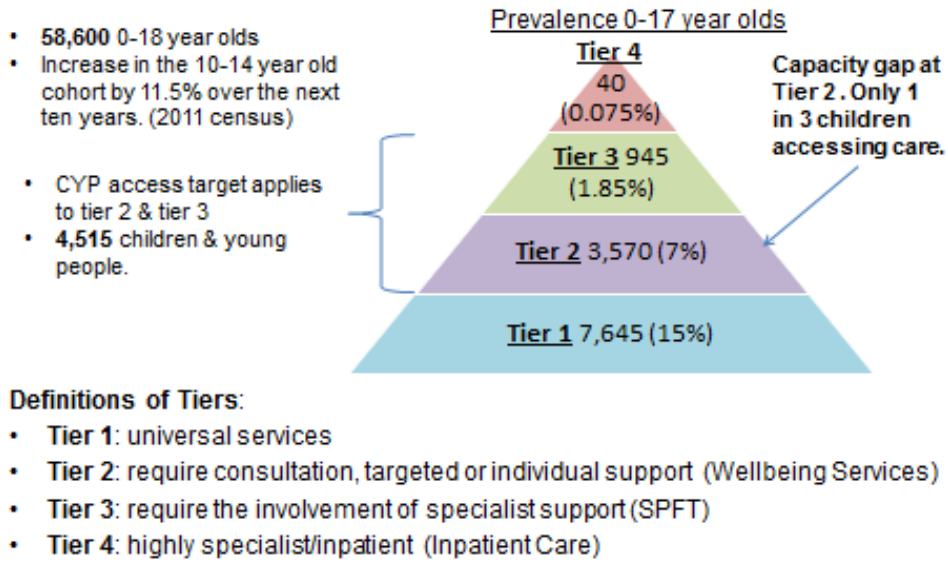


Figure 3: Prevalence and Capacity

[30] Green, H et al. (2004) Mental Health of Children and Young People in Great Britain, 2004. Office for National Statistics

4.3.3 Eating problems and disorders often become established during adolescence. Eating disorders are serious illnesses. People with eating disorders have the highest mortality of any psychiatric illness. Both their physical state and suicidal behaviours contribute to this risk. In the UK, in 2009, the highest prevalence of eating disorders was for girls aged 10-19 years (120 per 100,000) and amongst males aged 10-19 years in the UK was 31 per 100,000[31]. The expected prevalence in Brighton and Hove would be 37 referrals per year (29 female and 8 male) based on 31,423 children. We have commissioned a Sussex-wide Family Eating Disorder service (from October 2016) to specifically address this need.

4.3.4 A new national prevalence survey[32] has been commissioned by the Department and will report in 2018. The scope has expanded to include ages 2 to 19 years. For more details on current prevalence and need for the City please refer to the Joint Strategic Needs Assessment on Children and Young People's Mental Health and Wellbeing (0-25 years) published in 2016[33].

4.4 Mental Health Risk Factors in Brighton and Hove[34]

4.4.1 **Age** – Nationally, 1 in 10 children aged 5-16 years has a diagnosable mental health problem and 50% of lifetime cases of diagnosable mental illness begin by age 14. A higher proportion of the Brighton and Hove population are aged 20-25 years (13%) compared with England (8%) or the South East (7%). This is important because a higher proportion of the population will be experiencing a time of transition. This can be critical in determining whether earlier mental health problems persist into adulthood. It is also a time when serious mental illnesses like psychosis can become apparent.

4.4.2 A national Commissioning for Quality and Innovation (CQUIN) framework specifically around transition has been introduced in Sussex with Sussex Partnership Foundation NHS Trust and other providers. The aim is to improve the experience and quality of transition from one part of the system to another through joint care planning, joint consultations and planning ahead.

4.4.3 The CCG has also commissioned a Specialist CAMHS service that is able to continue to support young people up to the age of 25 as well as an all-ages Wellbeing Service, that will begin to address that issue of a `cliff edge` at aged 18.

[31] Micali et al 2013
[32] https://www.gov.uk/government/consultations/the-survey-of-the-mental-health-of-children-and-young-people-2016-consultation-on-survey-content
[33] http://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning
[34] Children and Young People's Mental Health Needs Assessment (2016)

4.4.4 **Males** - Boys are more likely to have a mental health disorder than girls. 10% of 5-10-year-old boys and 5% of girls have a mental disorder and 13% of 11-16-year-old boys and 10% of girls. In Brighton and Hove boys out number girls in the population until the age of 15 to 25 years when the trend reverses.

4.4.5 We have recognised the issue of boys and young men of not recognising they need help and seeking help. Our mental health anti-stigma campaign (#IAMWHOLE) raises awareness. The Community Wellbeing Service has a specific performance target on the number of boys and young men that are accessing assessment and completing treatments with the service.

4.4.6 **Homelessness** – 27% of homeless young people have a diagnosed mental health condition. Brighton and Hove has a higher rate of statutory homeless households with dependent children 2.6 per 1,000 households compared to a national average of 1.7 per 1,000. The Homeless Health Needs Audit 2014 included 55 young homeless people aged 16-25 years, of whom 29% had a diagnosed mental health condition. We recognise that there is a commissioning gap that will need to be addressed in future years.

4.4.7 **Children in Care** – Children in Care are nearly five times more likely to have a mental health disorder than all children. Brighton and Hove has the 19th highest rate of Children in Care in England, 95 per 10,000 compared to 60 per 10,000 nationally and 63.5 per 10,000 for comparator authorities.

4.4.8 One of the fundamental transformational changes we have made is to ensure there is assertive outreach from specialist CAMHS to address the needs of this vulnerable group. The full details are outlined in section 19.

4.4.9 **Special Educational Needs** – Pupils with statements of Special Educational Needs (SEND) have a threefold increased risk of conduct disorder. There are a higher proportion of pupils with Special Educational Needs (21%) than nationally (17%).

4.4.10 Many local partners, including the CCG continue to work with the Local Authority to develop a health response to the needs of SEND children and received a positive outcome to the Care Quality Commission (CQC) and Office for Standards in Education (OFSTED) inspection in May 2016.

4.4.11 We are aiming to develop a neuro-developmental pathway in 2018/19 that will address some of the needs of this group. Full details can be found in section 22.

4.4.12 **Domestic Violence** - The proportion of children living in households at risk of domestic violence has increased by 17% between 2013/14 and 2014/15. The CCG has recently commissioned an all-ages trauma pathway for those who are victims of sexual abuse and domestic violence to complement the child sexual assault therapeutic service (for under 14's) that is already in place.

4.5 Health inequalities

4.5.1 Some inequalities have been identified for Brighton and Hove. Although mental disorders are more prevalent amongst boys than girls, some mental health services are more likely to be accessed by girls. This has been recognised and will be addressed as part of the Community Wellbeing Service as well as expanding the `Student Voice` within the Schools Wellbeing Service to encourage more boys to seek help.

4.5.2 Analysis of Specialist (Tier 3) CAMHS caseloads by Index of Multiple Deprivation (2010) and geographic location, indicates that children and young people living in the most deprived quintile in the City are one and half times more likely to be treated by Specialist CAMHS. The assertive outreach model, introduced as part of the transformation of Specialist CAMHS recognises the need to develop the team around the family approach and take the intervention to the most deprived areas of the City rather than expect children and young people to travel to and engage with specialist services in clinical settings.

4.5.3 There is a lack of data on the ethnicity of children and young people using mental health services in the City, including migrants, refugees and asylum seekers, so it is not known if these vulnerable groups are experiencing inequalities. The BHCC Public Health Department is currently carrying out a Joint Strategic Needs Assessment on migrants that will be published in 2018. The CCG will be able to develop future commissioning plans based on those findings and recommendations. In the meantime, commissioners have addressed inequalities in the following ways:

a) In-reach of specialist mental health support to Looked After Children in Social Care pods;
b) Additional capacity in Tier 2 services (Community and Schools Wellbeing Services) with an emphasis on engaging and treating children and young people from Black and Ethnic backgrounds, LGBTQ and young men; and
c) Developing the Student Voice in Schools.

4.6 More in-depth understanding of needs

4.6.1 As well as the planned needs assessment on self-harm in 2017/18, a review of neuro-developmental conditions epidemiology is currently being undertaken by Brighton and Hove Public Health Team. This will inform the development and improvement of a neuro-developmental pathway for children in the City. Further details of this improvement can be found in paragraph 22. The needs for the complex group of children will also be accounted for from learning from current and future Care, Education and Treatment Reviews as well as Serious Case Reviews.

5 Current Provision (2016/17)

5.1 Brighton and Hove has a wide range of services currently available for children and young people needing mental health and wellbeing support. Please see Appendix one for an outline of what services were available in 2016/17:

a) The service descriptions for CCG commissioned services;
b) The data for CCG commissioned services; and
c) Declaration of current investment for all commissioners (CCG, Local Authority and Public Health).

5.2 The CCG intends to publish this local offer on our website and the Local Authority website following NHS England and Health and Wellbeing Board for Brighton and Hove approval of the refreshed LTP (Phase Two) 2017/18.

6 Vision for the future

The vision is to ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way so we can truly demonstrate improvements to people's lives.

6.1 The Brighton and Hove Transformation Plan refresh (Phase Two) covers the breadth of need from early identification, from prevention, early help, self-help and promoting good mental health, to ensuring when people are in crisis or in need of specialist intervention (including in-patient care) they are fully supported.

6.2 Throughout Phase One we have begun to shift the balance in children and young people's mental health and wellbeing services from reactive, towards prevention, promoting mental health and wellbeing, and early intervention, where they can thrive. The services are becoming more based around family a system that includes focusing on children who are born to parents with mental health issues, and also targeting the most vulnerable children and young people, shaped and evaluated by our children/ young people and parents/ carers. We have achieved this with less fragmentation and more integration that takes account of the whole family experience and needs. These aims and achievements are reflected in the national strategy around healthcare[35] and in some new, proposed models of care.[36]

6.3 These desired outcomes also echo those described in Future in Mind, written as an open letter to children and young people as follows:

"…we want to help you acquire the resilience and skills you need when life throws up challenges. We want you to know what to do for yourself if you are troubled by emotions or problems with your mental health. That includes knowing when and how to ask for help and, when you do, to receive high quality care. We want services to be able to respond quickly,

[35] http://origin.library.constantcontact.com/download/get/file/1102665899193-1598/five+year+forward+view.pdf
[36] http://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE

to offer support and, where necessary, treatment that we know works, to help you stay or get back on track.[37]

6.4 This vision is reflected in The Five Year forward View[38] with its focus on prevention, reducing inequalities, empowering patients, involving and engaging to ensure new models of care are co-created with children and young people as well as strong clinical leadership.

6.5 Brighton and Hove CCG, with our partners, continues to ensure there is a balance between a narrow, targeted approach and a too broad a focus in our transformation, by establishing our priorities based on need, generating energy and commitment for the change required. The principles of the Phase One Plan and Phase Two Plan continue to be:

a) Fostering resilience;
b) Preventing deterioration and responding to need;
c) Reaching out, engaging children and young people and involving them in their care (CYP IAPT principles)[39];
d) Caring for the most vulnerable groups;
e) Intervening early and providing the best start in life;
f) Preparing for adulthood;
g) Building capacity and improving access across the system, where `no door is the wrong door`;
h) Collaborative and joint commissioning; and
i) Physical and mental health issues addressed equally especially in a crisis including out of hours.

6.6 The future strategic priorities and commissioning intentions mirror national guidance, match local needs and respond to regional focus through the STP. They are summarised in Figure one and include:

a) Development of the child/ family-approach to the recently established multi- professional approach to homelessness;
b) Extending the vulnerable child/ young person model that has started to be implemented in 2017/ 18 (with a focus on Looked after Children/ Children in Care, those known to the Youth Justice System and those with complex mental health needs within Social Care), collaboratively commissioning with NHS England Health and Justice;
c) A robust response to crisis/ urgent mental health need 24/7, building on the infrastructure already in place as well as a pilot in 2017/18;
d) The development of a neuro-developmental pathway including Learning Disability, and consideration to Conduct Disorder;
e) The enhancement of the specialist perinatal mental health service; and
f) Developing a workforce capable of treating the need, through the continued roll out of the CYP IAPT programme and the development of a workforce strategy.

[37] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf. An open letter to children and young people
[38] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[39] https://www.england.nhs.uk/mental-health/cyp/iapt/

7 Transformation Plan - achievements to date

7.1 What we achieved in 2015/16

7.1.1 In our foundation year of transformation (2015/16) we achieved a range of improvements towards our vision. Each area of need was improved from building resilience, engagement and early intervention, to targeted need and specialist interventions and outreach. Good progress was been made particularly in the following categories: innovative communications, the mental health pilot in schools, health promotion support for parents/ carers, perinatal mental health pilots, Lesbian, Gay, Transgender and Queer (LGBTQ) awareness training for professionals, child sexual exploitation therapeutic support and the further development of the Teenage to Adult Personal Advisor (TAPA) Service.

7.2 What we have achieved/ Progress summary in 2016/17

7.2.1 The basis of the 2016/17 programme was to continue to build the foundations for redesign and transformation as part of Phase One and to test the overall vision and projects we had commissioned so far as part of this programme of change. Full details of achievements can be found in Appendix Two.

7.2.2 The main challenges within Phase One included ensuring an understanding of whole system change requiring multiple partners' commitment with the appropriate amount of time to make the change effectively. Furthermore, we recognise that whilst various changes (e.g. formal redesign stages and procurement of new services) run concurrently but at different stages, the necessity to manage complexity is increased.

8 2016/17 LTP and CCG Investment

There was £959,259 investment in 2016-17 detailed in table four below.

	Expenditure in 2016-17
Transformation Plan	£610,259
Eating Disorders	£154,000 (separate allocation) that contributed to Sussex wide Family Eating Disorder Service (FEDS)
Waiting time reduction – specific, non-recurrent NHS England funds	£125,000 non-recurrent waiting time reduction (ASD and ADHD)
Autism access and waiting times for assessment and diagnosis (CCG business case)	£70,000
Total	**£959,259**

Table Four: 2016/17 LTP and CCG investment

9 Key successes

The investment enabled the Phase One transformation to continue. The investment decisions were taken as a whole system in collaboration with all partners. Below is a summary of some of the major successes in 2016/17.

#IAMWHOLE

Mental Health anti-stigma campaign – a Brighton born social media campaign #IAMWHOLE launched on World Mental Health day, called for young people to recognise their mental health issues, talk about it openly and seek help. It was a hugely successful campaign; highly commended in the HSJ awards, generating 15.3m unique Twitter users and 500,000 Facebook and YouTube shares in the first three days of the campaign.

The campaign is linked to the newly developed platform www.findgetgive.com, designed and developed by local young people, that provides information, advice, guidance, signposting and an opportunity for feedback on mental health services as well as blogs, vlogs, YouTube and Apps. The site has now been extended to include parents/ carers support as well as an online family support platform.

Primary Mental Health worker (PMHW) and establishment of the Schools Wellbeing Service – following the successful pilot in three secondary schools and eight primary schools all secondary schools now have PMHW/ Schools Wellbeing Service available to them as a whole school approach to mental health and emotional wellbeing, including 1:1 interventions, form/ year group support and assemblies as well as support to staff and parents/ carers. Primary Schools roll out will take place from the 2017/18 academic year.

Pan Sussex Family Eating Disorder Service (FEDS) – implemented in October 2016, a specific service for children and young people with mild to severe eating disorders that supports their needs using a systemic family approach adhering to national guidance and achieving access and waiting times. The team is made up of multi-professionals including a Consultant Paediatrician.

Beat – complementing the clinical service Sussex CCGs have also commissioned a national eating disorder charity (Beat) to provide parent/ carers training and support, professionals awareness training and are supporting the implementation of peer support groups for parents/ carers to enable sustainable of the project in two years' time.

Community Wellbeing Service – the implementation of Wellbeing Service from June 2017 that increases capacity and access to mental health support for mild to moderate need, as well as a single point of access for all children and young people's mental health referrals

Specialist CAMHS redesign – a formal redesign process with Sussex Partnership Foundation NHS Trust has resulted in improved access and waiting times, an assertive outreach approach to assessment and treatment, lead practitioners in Wellbeing and Schools Wellbeing services, Primary Care and children's Social Care

10 2016/17 KPIs and progress

10.1 The LTP was delivered around three key programme areas:

a) Infrastructure;
b) Building capacity at an early stage; and
c) Targeted support.

10.2 The CCG recognises that more work needs to be done on capturing impact and measuring the success of interventions, reducing variation, through data and outcome measures as well as involvement of children and young people to ensure services are meeting their needs. It is the intention of the CCG to learn from national best practice as well as the CYP IAPT London and South East Learning Collaborative to develop a whole system shared outcomes framework for children and young people's mental health and emotional wellbeing.

10.3 Areas that were commissioned in 2016/17 as part of Phase One are detailed in Table Five overleaf. It demonstrates progress against KPIs that were set to measure success, their progress, impact and next steps.

10.4 KPIs are monitored in regular performance management arrangements with providers. There is regular internal assurance within the CCG through Stock Takes, Delivery Group and PMO.

	Area	Project and aims	KPIs	Programme progress, impact and next steps
Infrastructure	Innovative communications	#IAMWHOLE: Reduce stigma and raise awareness	IT infrastructure solution in place	**#IAMWHOLE** 68% of 14-16 year olds in the City being aware of the campaign Referrals for face-to-face counselling for 13-25 year olds increased by 35% during Oct-Dec 2016 compared to previous quarter and by 40% compared to the same time in 2015 Plans are being developed for Phase 2 in 2017/18 – anti-stigma/ awareness raising messages to Primary School aged children through storytelling **Find Get Give** IT infrastructure is in place Service specification for 2017/18 complete FindGetGive will continue to be developed to be the single place to go to for information, apps, blogs, vlogs **E-Motion** Going forward, online counselling will be part of the Community Wellbeing service and will be further developed and improved Quarter 1 Data 2016/17 suggest 100% satisfaction with the service.
		Find Get Give website: Recognise and know how to seek help Improved access to consistent online information to promote self-help and improve signposting		
		Improving online counselling E-Motion: Improved access to counselling Improved infrastructure for online counselling	Move to 20% dissatisfaction (from 80% baseline)	
	Development of primary care relationships and information sharing	Testing of information and consent protocols	Improved working relationships and information sharing across the system	Testing of protocols are underway Named leads in GP surgeries in one GP cluster and in Specialist CAMHS to encourage communication improvement Work has been completed in improving relationships between schools and GPs and Specialist CAMHS
	Project Management Resource	To ensure LTP programme is delivered to plan, timescale and budget	Project manager in place	Interim project manager was in post until end June 2017

	Resilience and prevention	Street Funk: Improve engagement in Mental Health services leisure activity related to therapy	Over two school terms complete two groups for different ages (under 11's and over 11's) per term, with a minimum of 2 and maximum of 5 children per group	For the under 11s group an average of 3.6 children attended per session in Term 1 and 4.2 attendees in Term 2 The over 11s group an average of 2.3 attendees in Term 1 and 2.9 attendees in Term 2
		Safety Net in Primary Schools: Expand resilience in Primary Schools	Improvement in key outcomes in the Safe and Well at School survey (5% improvement in key outcomes)	Delivered Protective Behaviours training to teaching and support staff in 18 schools as part of Feeling Good Feeling Safe programme 90% satisfaction of people finding training useful and feeling more confident to deliver the programme
		Young Oasis – Mellow Parenting	2 x 14 week programmes and 4 x 6 week programmes completed	All programmes completed
		Carer and parent training: Ensure training programmes are CYP IAPT compliant Improve carer and parent resilience in supporting CYP with Mental Health	Training programme in place	Providers include: Amaze, mASCot, YMCA Dialogue, Integrated Team for Families, Grassroots Suicide prevention, and Allsorts Projects are in place, but not complete until December 2017
Building Capacity at an Early Stage	CYP IAPT	Whole system commitment to CYP IAPT	Become a member of CYP IAPT learning collaborative and appropriate action	Member of London and South East Learning Collaborative three main providers are partners and developing CYP IAPT principles, applying for training places from January 2018 and reporting quarterly on Delivering With delivering Well DWDW framework Sussex-wide approach to consistent implementation of CYP IAPT programme A workforce and training needs analysis will be carried out in 2017/18 to inform workforce strategy

	Primary Mental Health Worker (PMHW) in Schools Pilot – Schools Wellbeing	Improved access to support in schools, and school workforce development	Implement Schools Wellbeing Service in Secondary Schools	Three secondary schools were part of the pilot, roll out to all secondary schools was completed by June 2017 In one pilot school there were 11% referrals to Tier CAMHS compared to 24% in a non-pilot school To be rolled out to Primary Schools from September 2017 onwards Training schedule identified and delivered to Primary Schools Agreed a consistent CYP IAPT outcome measurement tool to implement across the service
	Waiting times – specific, non-recurrent NHS England funds for ASD/ ADHD	Improve access and waiting times for Children and Young People with Mental Health and Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactive Disorder (ADHD)	Improve waiting times targets (additional non-recurrent funding from NHS England for 2016/17)	Impact on Specialist CAMHS waiting times - 23% reduction for ASD and ADHD
Targeted support	Urgent Help Service (UHS; Pan-Sussex)/ Crisis	Improve Children and Young People's access to crisis Mental Health services	Response time to assessment within 4 hours from referral 7/7 0900-2200	This work has been incorporated into the Specialist CAMHS redesign
	Looked After Children (LAC)	Improved access to MH services for LAC	Five shared cases (between social care and Mental Health in Adolescent pod)	This work has been incorporated into the Specialist CAMHS redesign A new Clinical Psychology resource is available to work with social care from April 2017 for one day per week
	TAPA	Improved access to Children and Young People aged 14-25 & those not engaged in mainstream services	Increased access for BME to 15% and Young Men to 15%	BME and LGBT specialist workers have been recruited BME Referrals (all genders) saw and an increase in referrals from 2015-2016 of 24%. The total BME referrals in 2015 was 7, rising to 24 in 2016

				The number of young men referred to the service in 2015 was 61, and in 2016 that increased to 76, which is an increase of 24% In 2016 the worker began to develop better links with Unaccompanied Asylum Seekers
	Perinatal Mental Health (SPFT Parent Infant Psychology)	To increase access to parent and infant psychology Improvements in Specialist Perinatal mental health services	At least 10 families to be supported on a PiP programme in SPFT and BrightPiP	BrightPiP has worked with 15 families SPFT PiP have worked with 16 families and 4 family assessments were completed during the 2016/17 pilot
	Tier 3 CAMHS redesign	Improve service model in Tier 3 CAMHS	Completion of Service Specification	Service specification completed and agreed in April 2017 New access and waiting times being achieved: - Urgent – assessment within 4 hours and treatment within 24 hours – 95% - Priority – assessment within 5 days and treatment within 2 weeks – 95% - Routine – assessment within 4 weeks and treatment within 8 weeks – 95% (however there are some CYP in the old access and waiting time system of 18 weeks)
	Eating Disorder service (FEDS) and B-Eat training	Improved waiting time and access, improved outcomes, reduce T4 admissions Sussex-wide NICE concordat, national guidance compliant, CYP ED service (FEDS) in place	85% referrals treated within 4 weeks in 2017/18	Sussex wide FEDS now in place Reported performance in July 2017 was 100% for routine referrals and 66.7% for urgent referrals Beat now commissioned to provide a 2-year programme of support for parents/ carers and professionals

Table Five - 2016/17 LTP progress

11 Transformation Plan 2015 – 2021

11.1 The main aims of the 2015/16 and 2016/17 were to build the foundations for redesign and transformation and to test the overall vision and projects we have commissioned. This period has allowed us to formulate ideas and develop a planned way forward for 2017/18 and beyond.

11.2 The Brighton and Hove LTP has been built around the identified needs of children and young people and their families and carers. We have identified these needs through the `voice` of young people in a variety of ways and through extensive insights collected during engagement and participatory exercises over the last 2-3 years (see paragraph 25).

11.3 To meet the identified increase in demands on services and to provide timely access to them, we have re-specified Tier 3 CAMHS with Sussex Partnership NHS Foundation Trust (SPFT) and developed and provided extra capacity in the system in the all ages Community Wellbeing Service and Schools Wellbeing Service, from June 2017, as explained in greater detail in paragraph 17.2.

11.4 As implementation and full roll out of these changes is taking place in 2017/18. We will continue to identify gaps in training and experience, and to plan for future workforce needs to underpin these changes and developments, to enable us to fill any skill gaps. This will be supported by the full implementation of the Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme in 2017/18 as well as a workforce needs assessment using Workforce Self-Assessment Skills Audit Tool (SASAT) and *Delivering With Delivering Well* Framework[40]. Full details of this can be found in paragraph 20.

11.5 The LTP priority areas for 2017/18 are:

h) Ensuring full implementation of Community Wellbeing and Schools Wellbeing Services including additional capacity within the system;
i) Implementation of the re-specified Specialist CAMHS service (previously known as Tier 3 CAMHS) through the development and monitoring of the Service Development Improvement Plan with SPFT, including improved access and waiting times, assertive outreach and engagement, lead practitioner roles, addressing mental health issues in vulnerable groups, improving urgent response as well as implementing the Thrive informed model[41];
j) CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority);
k) NHS England Health and Justice and CCG joint commissioning for vulnerable groups;
l) Workforce development and training needs analysis as well as development of a local joint workforce strategy;

[40] https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf
[41] Thrive Framework: http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

m) Development of an integrated neuro-developmental business case (including autism, learning disability, Tourettes syndrome and ADHD); and
n) Ensuring implementation of enhancement of specialist perinatal mental health service.

11.6 Our LTP continues to be built around the following 3 key programme areas:
a) Infrastructure
b) Building capacity
c) Targeted support

The 'roadmap' of how we will achieve our vision and continue to improve children and young people's mental health services are summarised in table one.

12 2017/18 LTP Ambition: whole system of care – what we will achieve

12.1 Mental health is everybody's business and responsibility. The intention for Brighton and Hove is to reinforce the mental health and emotional wellbeing support and treatment that children, young people and their families will receive, no matter what their need is. This cannot be done in isolation and to be successful requires whole system working from children themselves and their families, to other commissioners including NHS England, as well as multiple providers.

12.2 This whole system of care approach has enabled us to work collaboratively to transform services ensuring we provide universal early intervention and prevention; targeted support and interventions before health deteriorates; and crisis and urgent care with intensive interventions to keep people close to home and avoid admissions where we can. There is a need to provide more targeted support to vulnerable groups of people who find it hard to seek help and pay particular attention to their needs so that they feel confident to recognise their need and seek support. An example of how things will be tangibly different in 2021 is depicted below:

A 14 year old in 2015	A 14 year old in 2021
I seem to be suffering from anxiety and perhaps depression, but it is something that no-one really talks about so I am keeping quiet. It does seem to be getting worse though…I wish I knew what to do and where to get help and that someone would take me seriously…maybe if I self-harmed people will realise how bad I am feeling.	*The local mental health campaign #IAMWHOLE made me realise that I needed to get some help. It was so easy to access the website and use the online tools and in fact I have started a blog to help others. My friend has been feeling really bad though and self-referred herself to the Wellbeing Service who saw her really quickly, gave her some online tools to help in between her sessions, made sure she was involved in her digital care plan that tracks her progress and improvements and even made sure her school were aware. Even though she didn't need it, she knew that Specialist CAMHS were there as part of the team.*

12.3 To achieve this, we have started to move away from the four tiered approach to mental health services[42] to an offer that blurs the organisational lines and criteria and provides support and interventions along a continuum, depending on need. The new model of care is Thrive[43] informed approach where `no door is the wrong door. This is demonstrated in diagram one of a whole system of support for children and young people's mental health and wellbeing in Appendix 5 - a children and young people's mental health and wellbeing pathway.

12.4 Important partners in this whole system change have always been the children and young people themselves. Children, young people and their parents/ carers have told us how they want things to change. They told us:

[42] DH NSFC. Child and Adolescent Mental Health, 2010

[43] http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

12.5 The statements above have formulated the basis of commissioners' aims and principles for the whole system change required. They are also borne in mind when we measure impact and success of interventions and support, so that we don't just measure activity data but demonstrate tangible improvements in people's lives. This will include the following:

a) Improved experience of care through greater involvement and participation in service design;
b) Improved outcomes by ensuring children and young people are clear on the goals they are working towards and what improvements they want to see in their mental health through involving them directly in their care planning;
c) A reduction in children and young people having to tell their story more than once through the intended implementation of a Mental Health Passport;
d) A consistent approach to measures clinical outcomes and patient experience across the whole system with an agreed language, measures and tools that can also support benchmarking; and
e) A greater awareness and reduced stigma about mental health issues so that people seek help and support earlier before things deteriorate, measured through the use of our online services.

13 LTP funding 2015 - 2021

13.1 In line with national investment in children and young people's mental health, Brighton and Hove CCG has received an additional 17.6% in 2017/18, which equates to £108,000. Table Six below shows the total level of investment from 2015/16 to 2020/21, highlighting 2017/18 as well as current CCG investment. The CCG is committed to embedding the transformational changes made between 2015 and 2021 to ensure that the investment and model is sustainable beyond 2021.

	2015/16	2016/17	**2017/18**	2018/19	2019/20	2020/21
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	**£154,000**	£154,000	£154,000	£154,000
Transformation Plan	£372,582	£610,259	**£718,106** (18% increase on previous year)	£871,328 (21% increase on previous year)	£972,887 (12% increase on previous year)	£1,180,823 (21% increase on previous year)
Non-recurrent NHSE investment	-	*£125,000*	-			
NHSE Health & Justice investment	-	-	**£35,000**	£35,000	£35,000	£35,000

Current and projected CCG additional investment	-	£70,000	**£70,000**	£70,000	£70,000	£70,000
Total	£521,430	£959,259	**£979,106**	£1,130,328	£1,234,887	£1,439,823

Table Six: LTP funding for Brighton and Hove CCG

14 National target to increase access to children's mental health services

14.1 In October 2014, NHS England and the Department of Health jointly published Improving access to mental health services by 2020. This set out a clear vision to ensure mental and physical health services are given equal priority in terms of timely access to high quality services. The national target is for at least 70,000 additional children and young people (0-18 years) each year to receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2021.[44] Alongside the increased capacity it is essential that sufficient and suitable workforce is in place. The LTP roadmap in Figure One shows how increased workforce complements the increased access.

14.2 For Brighton and Hove in 2016/17, the reported data shows 750 children and young people access mental health services in Brighton and Hove which equates to meeting 17.4% of need. However the CCG is aware that only data being captured on the Mental Health Services Data Set (MHSDS) is the SPFT services as there was no established data flow for other organisations to report at that time. Therefore the numbers of children and young people accessing care is higher than 17.4%.

14.3 The requirement to submit data to the MHSDS extends to all NHS and non-NHS commissioned services. The CCG is committed to working with all providers now and in the future to ensure this happens. We are starting with our three main current services as follows:

a) SPFT (currently submitting data);
b) Community Wellbeing Service (submitting data from June 2017); and
c) Schools Wellbeing Service (from 2018/19).

14.4 The CCG is using national support from NHS Digital, to ensure providers are equipped to submit this data as soon as possible including quality assurance of data submitted.

[44] Available at: https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/07/2.-Children-and-young-people%E2%80%99s-mental-health.pdf

14.5 The national target is to ensure that at least:

a) 30.1% of local need is met by Quarter 4 2017/18 – equates to 1,297 children and young people in Brighton and Hove (net increase of 547);
b) 32% of local need is met by Quarter 4 2018/19 – equates to 1,383 children and young people in Brighton and Hove (net increase of 86 compared with 2017-18).

14.6 The CCG has committed to an access rate trajectory (based on the baseline data of 750 CYP 17.4% as provided by NHS England which is different to the prevalence data in Table 3 and Figure 3) of 30.1% by 31 March 2018 and a stretch target of 42.6% (1,840) by 31 March 2019 as demonstrated in chart one below. Chart one demonstrates the cumulative numbers (i.e. at the end of each financial year, how many children should have entered treatment out of the total 4,322.

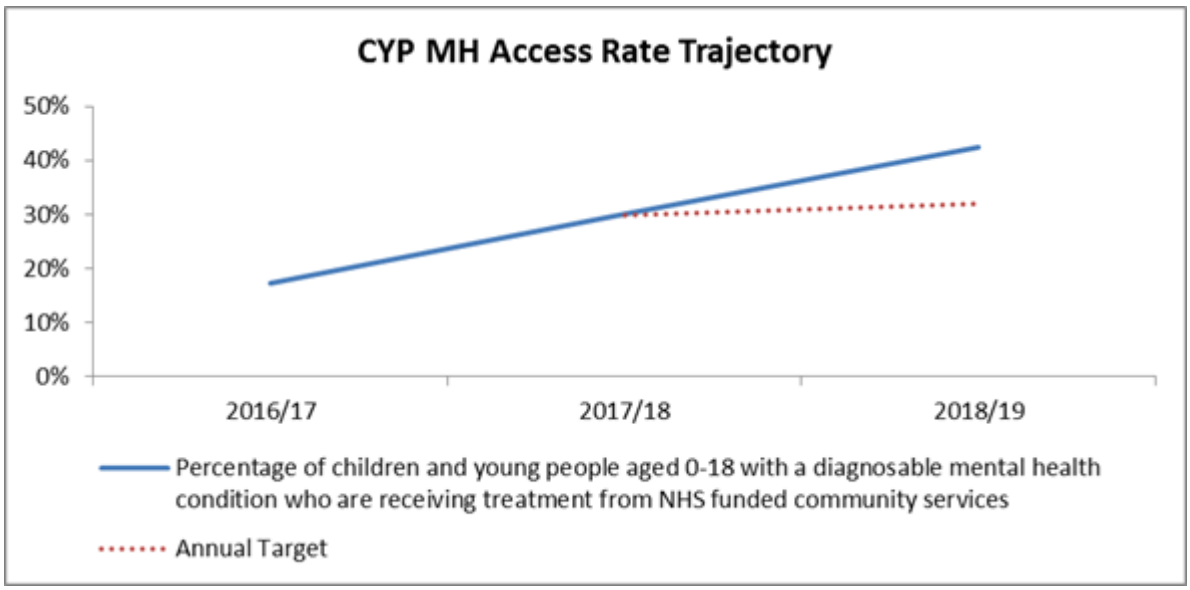


Chart One: CYP MH Access rate for Brighton and Hove

14.7 The increase in access rate will be achieved as a result of investment made in Wellbeing Service (Schools & Community) services from June 2017. The CCG aims to achieve a 30.1% target by 31 March 2018. The quarterly trajectory for 2017/18 (1,297 over the four quarters) and 2018/19 (1,840 over the four quarters) are shown in Chart two overleaf.

14.8 The Community Wellbeing Service is currently under-performing against the trajectory for quarter 2. This is due to the service becoming established in June 2017 and the service is currently inherited waiting list that has created a backlog of patients. The service has produced a plan to achieve the trajectory target and commissioners monitor progress weekly.

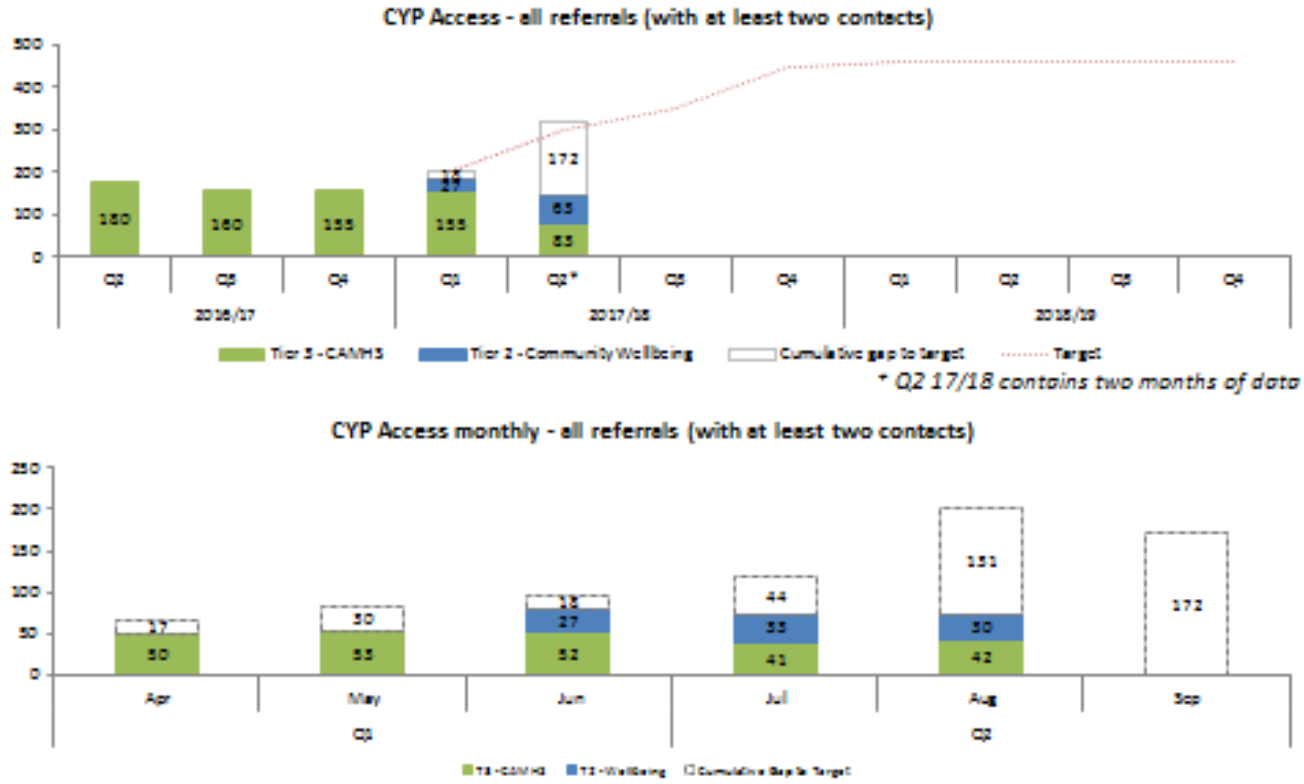


Chart Two: Progress against CYP MH access target

15 Access and waiting time standard for eating disorder service

15.1 Following the national guidance on Community Eating Disorder Services[45] published in July 2015, commissioners across Sussex (West Sussex, East Sussex and Brighton and Hove), commissioned a Sussex-wide Family Eating Disorder service (FEDS) in October 2016. The service aligns to the national guidance for access and waiting times for urgent and routine referrals, ensuring early identification and assessment through a multi-professional team including a Consultant Paediatrician and dietician, with a focus on reducing reliance on inpatient beds. The service is a member of the Quality Network for Community CAMHS – Eating Disorder and has recently taken part in a peer review in May 2017.

[45] https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

15.2 The national access and waiting time targets for specialist community eating disorders are:

a) For children deemed high risk (urgent) they receive their face-to-face assessment within 24 hours and start treatment within 5 working days; and
b) For those children deemed less at risk (routine) receive their assessment within 5 days and start treatment within 4 weeks.

15.3 Charts three below and four overleaf show that whilst the number of children starting treatment on the eating disorder pathway is expected to remain stable, we expect 100% of both urgent and routine cases to be seen within one and four weeks of referral respectively by the end of March 2019.

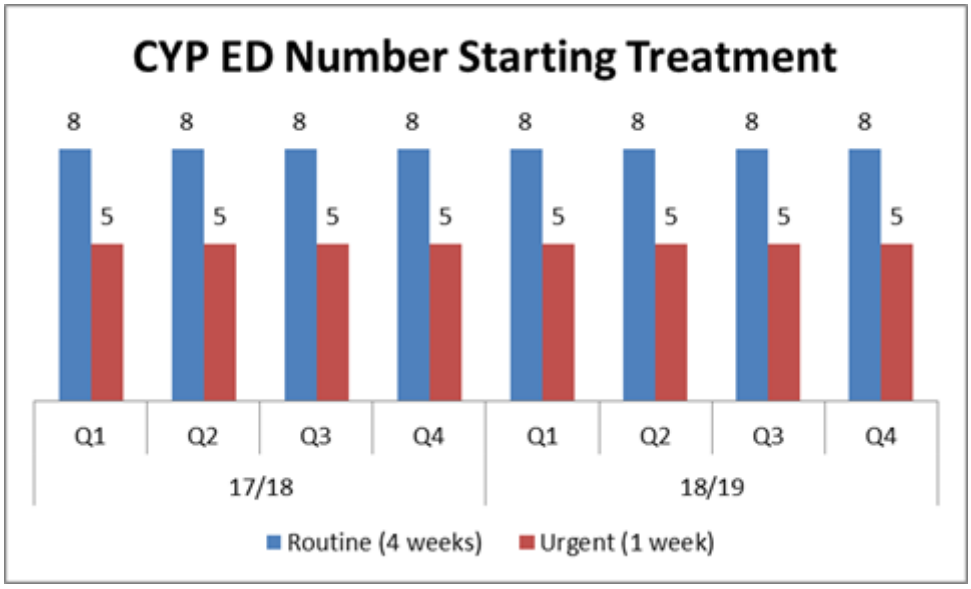


Chart Three: CYP ED starting treatment in Brighton and Hove

15.4 The service has received 265 referrals across Sussex since it was implemented. For Brighton and Hove the service has achieved the access and waiting time targets set for urgent and routine referrals apart from one child in May 2017 whose family chose to defer the assessment beyond the 5 days.

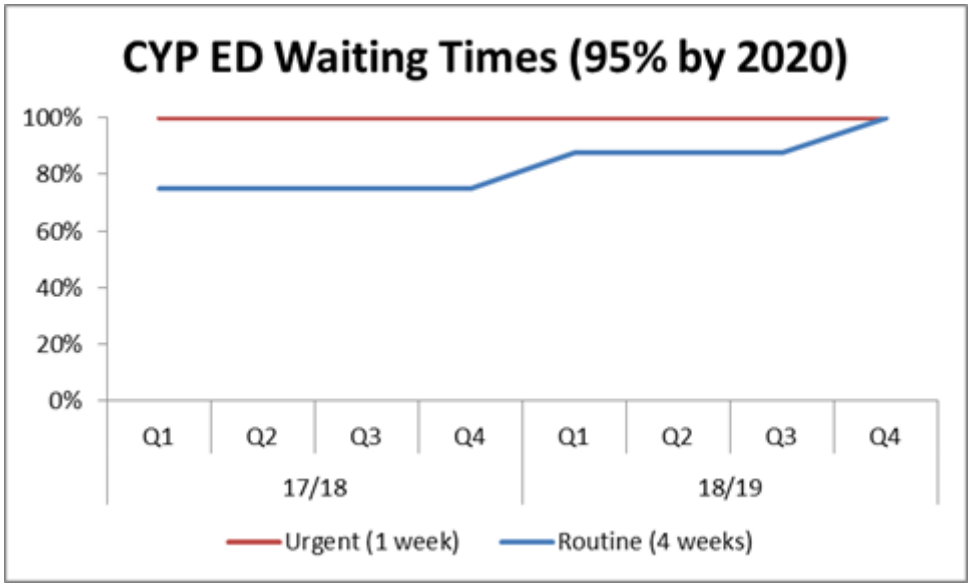


Chart Four: CYP ED waiting times in Brighton and Hove

15.5 To further enhance this service, a Sussex-wide support network for parents and carers of children with eating disorders has been commissioned from BEAT (a UK eating disorder charity). In response to consultation with parents, the ambition from September 2017 to March 2019 is to provide a helpline, alongside peer support, collaborative care workshops and facilitate parent ambassadors in partnership with the Sussex-wide service. Beat are also providing awareness training for professionals, open to GPs, schools, social care, community services and the voluntary sector.

16 Outcome data

16.1 The CCG is working on standard, whole system patient outcome measures to be used across the system to enable benchmarking, reduce variation and check that the changes are having an impact. This will allow a consistent approach to capturing impact and demonstrating progress and includes:

a) An agreed menu of outcome measures across the system;
b) An agreed menu of patient experience measures across the system; and
c) A consistent use of language and care planning, including a Mental health Passport, that means wherever a child or young person goes across the mental health system they recognise the approach and can take their own story with them.

16.2 The three main providers have agreed to all use ORS and CORS[46] as the standard set of outcome measures in 2017/18. This is also being adopted as an approach across Sussex and will be evaluated. Commissioners need to work with providers to also understand what happens when children and young people don't have a clear diagnosis, what pathway is in place to

[46] http://www.corc.uk.net/outcome-experience-measures/outcome-rating-scale/

address this need and how can we measure impact. It will be introduced across all specifications and will be reported as part of future LTP refreshes.

16.3 We have an aspiration to measure the impact of this vision, demonstrating how interventions have made an impact and improved outcomes and people's lives. This could include population improvement such as reported improvement in happiness in their life as well as data demonstrating a reduction in self-harm incidences. The aim is to develop baseline data and an outcomes framework to measure impact in 2017/18 to start to demonstrate in the 2018/19 LTP refresh, the difference the changes and improvements have made.

17 How it will be achieved

17.1 Prevention and Resilience - Find Get Give (including parents/carers)

17.1.1 The foundation for all help and support is through self-help, resilience and prevention. We have worked closely with young people to develop a web-based platform where they can seek help and advice from their peers in a young people-friendly way. www.findgetgive.com is a website where young people can find information about mental health services and support available for people aged 25 and under in Brighton and Hove, including details on self-referral options. If they have visited a service, they can leave a review and a star rating. It is also a place to access help and advice pages to find books, podcasts, apps and other handy tools that can help with wellbeing. It continues to be commissioned by the CCG as a `go-to` place for young people on all mental health issues.

17.1.2 We have also commissioned Family FindGetGive webpage so that parents/ carers can find helpful resources and tools to support themselves and their child around mental health. This has recently been extended to a pilot of a parent/ carers online support forum. This complements the parent/ carers training and awareness on how to support their child who is self-harming with tools and strategies.

17.1.3 The site continues to be monitored and evaluated for effectiveness and reach, with constant feedback from young people on how to improve it, they are empowered to make those changes themselves and truly 'own' the site.

17.1.4 The **#IAMWHOLE campaign** for 2017 will build on the success of 2016 with a local focus on Primary aged children through storytelling, as well as young people through the power of social media once again.

17.1.5 An author has been commissioned to write a children's story aimed at 8 and 9 year olds, that reinforces the anti-stigma, awareness of mental health messages of last year to a younger age group. Our local Primary Schools will all be involved in launching this through the Personal Health and Social Education programme in a sustainable model. There will be opportunities to share good practice, learn from one another across the City and celebrate success. To complement the launch, we will ensure PMHW in Primary

Schools are available to support pupils, teachers and parents/ carers alike as well as ensuring there are additional support and awareness sessions available for parents/ carers if they need it.

17.2 Mild - moderate need

17.2.1 The JSNA identified that there was insufficient access to mental health services for those children and young people with a mild to moderate mental health need. The CCG has commissioned both the Schools Wellbeing Service and Community Wellbeing Service to address that gap.

17.2.2 **Schools Wellbeing Service** - Primary Mental Health Workers in the Schools Wellbeing Service offer a whole school approach to mental health and emotional wellbeing. The service now extends to all Secondary Schools with Primary Schools being implemented in 2017/18 academic year.

17.2.3 They are part of the pastoral/ welfare team within the school supporting pupils (1:1 interventions and/ or group work), staff and parents/ carers to build mental health resilience, through short term interventions, training and support. The team is a complementary service to the Community Wellbeing Service to ensure children and young people access the right support within the school environment. A Specialist CAMHS practitioner will also work within our schools to provide consultation, advice and support and will fast-track to the specialist mental health service if required.

17.2.4 Both the Schools Wellbeing Service and the Community Wellbeing Service described below work closely with the Local Authority Front Door for Families which incorporates children's safeguarding and early help for families.

17.2.5 **Community Wellbeing Service** - This new service started on 1 June 2017 and provides a single point of access for all children and young people (up to 25 years old) mental health referrals. It includes a self-referral route. It focusses on children and young people's emotional and mental health (for example mild depression, anxiety, low self-esteem and relationship issues) and provides a range of community based short term therapeutic interventions for children and young people who are experiencing emotional or mental health problems that do not meet the threshold for Specialist CAMHS. As the service is an all-ages service, it will also enable us to think about parents with mental health issues and the impact on their children. It is provided in a partnership arrangement with Here as the lead along with YMCA Downslink Group, Mind Brighton and Hove and SPFT. Here is a local provider of a variety of different services including being the previous provider of Wellbeing when it was for adults only.

17.2.6 Short term interventions will include face to face counselling (10 session model) for example:

a) Specialist Black Minority and Ethnic (BME) and Lesbian Gay Bisexual Transgender Queer (LGBTQ) practitioners;
b) Online interventions;
c) Therapy based activities;

d) Eye Movement De-sensitisation and Reprocessing (EMDR);
e) Cognitive Behavioural Therapy (CBT);
f) Support groups to help with such issues as worry and anxiety;
g) Mindfulness;
h) Brief Interventions offering support and advice; and
i) Family Intervention, the ability to focus on parental mental health need and impact on child.

17.2.7 It provides an alternative pathway for children and young people who are unable to or do not want to access the comparable service that is available in the Schools Wellbeing Service. There will be close working links to ensure a smooth transition from one service to the other should this be in the young person's interest.

17.2.8 There are also outcomes based incentives to ensure the provider focuses on engaging and treating groups such as Black and Ethnic Minorities, LGBTQ and young men.

17.3 **Moderate to severe need**

17.3.1 **Specialist CAMHS** (formerly Tier 3 CAMHS) has gone through a process of formal redesign to align with changes across the rest of the system (Community and Schools Wellbeing Services) and the feedback from children, young people and their families. The key elements of change are:

a) Formal part of the single point of access and triage in the Community Wellbeing Service so that `no door is the wrong door`;
b) Assertive outreach and engagement model with assessment and interventions within young people-friendly environment wherever possible;
c) Careful transition planning when a child or young person is ready to leave the service, including transition at 18 years old (part of the national CQUIN on transition) with an ability to hold on to young people up to the age of 25 years if clinically indicated rather than transferring them to a service that does not know them so well;
d) Thrive-informed model of assessment and treatment;
e) Reduced waiting times:
    i. Urgent need – 4 hours for assessment and 24 hours for treatment
    ii. Priority need – 5 days for assessment and 2 weeks for treatment
    iii. Routine need – 4 weeks for assessment and 8 weeks for treatment (the latter is currently being implemented as current waiting times are 18 weeks)
f) Development of the workforce, able to adapt to need;
g) Development and pilot of a response to crisis with a new urgent response model;
h) Lead Practitioners in Schools Wellbeing, GP surgeries and Children's Social Care as part of the integration plans within Brighton and Hove.

17.3.2 These changes will be completed through 2017/18 and monitored formally through the contract the CCG has with the Trust. There are two phases to

this improvement; phase one is June 2017 to December 2017, and phase two is January 2018 onwards. More details on the vulnerable young people model and crisis/ urgent response can be found below in sections 18 and 19.

17.3.3 It is particularly important that consideration is given to the needs of young people approaching their 18th birthday. In line with national planning requirements for April 2017- March 2019, the Transition Care for Quality and Innovation (CQUIN) was developed with Sussex Partnership NHS Foundation Trust (SPFT) to address long-standing concerns expressed by young people when they are aged 18 (and their families) about confusing or poor-quality transfers of care from Specialist CAMHS to adult (aged 18+) mental health services.

17.3.4 The CQUIN is a national NHS scheme where NHS funded organisations can earn 2.5% extra income over and above the contracted amount as an incentive to improve the quality of care.

17.3.5 In July 2017, SPFT met the necessary initial milestone:

a) A working group is in place;
b) A baseline assessment of 100 case examples that indicated how well transitions of care take place was complete;
c) A 2 year engagement plan with young people, their families and non-NHS support services was complete; and
d) A 2 year implementation plan that shows how quality of care is to be improved was complete.

17.3.6 SPFT are required to provide a detailed progress report every 3 months, and show evidence that they have undertaken a baseline assessment of how care transitions take place at the beginning of the CQUIN period and how they intend to improve transfers of care with clear objectives and responsible leaders identified. At the time of writing, SPFT have designed the 'best practice' guidance for staff who support young people in transition from Specialist CAMHS to adult mental health services and have also designed the survey method by which young people will be asked about their experience in service transition. The survey will be rolled out in October 2017 until March 2018 (Q3-Q4). The results will form the baseline for improvement. Once the baseline has been agreed by the CCGs in Sussex, it will be published as an addendum to this LTP. The publication of the addendum is likely to in May 2018.

17.3.7 This work is important as it allows young people to grow into adulthood at their own pace as illustrated by this quote from a young person:

"…why does everyone change at once?' Why can't I just have a normal life where I go home and there is someone there to cook my tea and look after me I am still at school and I'm now homeless…and have to cope with transition?"

18 Urgent and emergency mental health care (crisis)

18.1 One of the main concerns children, young people and parents had was a need to improve the response to mental health crises. Whilst Specialist CAMHS have a 24/7 response with on-call Consultant Psychiatry, the face-to-face assessment of mental health risk when a child or young person is in crisis does not operate after 8pm on a weekday and 6pm at weekends and bank holidays. This is achieved through a specialist CAMHS Duty system as well as an Urgent Help Service who provide intensive support in the home or community setting to prevent admission as well as supporting discharge. The crisis service is open to all children and young people in a crisis even if they are not known to the service.

18.2 To complement this we have commissioned a Paediatric Mental Health Liaison Team (PMHLT) within our local acute children's hospital (The Royal Alex Children's Hospital) who supports emergency staff with attendances and admissions associated with mental health issues. The permanent PMHLT (funded at £260,000) is closely aligned with both the wider crisis response in CAMHS as well as the adult liaison team within The Royal Sussex County Hospital and will continue to align with any developments within the adult liaison services as part of the national bid.

18.3 The PMHLT has key performance indicators that include referral to assessment within one hour (to support the A&E 4 hour target). Patient experience is measured monthly following an initial evaluation of the service by MIND (2015) and a future review by Young Healthwatch in 2018.

18.4 The CCG is currently working with the service to pilot an expansion of urgent/ crisis response and intensive interventions, up to 10pm during the week and plan to implement in November 2017 and evaluate within 2017/18 ahead of the implementation of New Models of Care. This will be funded from the LTP towards achieving a dedicated 24/7 urgent and emergency mental health response that supports prevention and building resilience as well as flexible response at the time of most need.

18.5 Consideration will be given to a whole system approach including NHS England Specialist Commissioning of inpatient beds, Social Care, Police, Ambulance and acute hospital sites. The pilot will be designed to align with any national guidance on children and young people's crisis care, which commissioners expect to be published in the autumn, as well as non-recurrent funds available in 2017/18 from NHS England for improving crisis care within the community.

18.6 The pilot will be overseen by the local LTP Assurance Group and monitored through the SDIP with SPFT. The pilot forms part of the 2017/18 block contract through the SDIP which is a commissioning for outcomes based approach, and has senior leadership commitment from both the CCG and SPFT.

18.7 The key performance data collected and indicators of success will include:

a) The demand by day and time of day;
b) The presentations;
c) The time from referral to assessment and treatment;
d) The outcomes (reduction in A&E attendances, the reduction in mental health inpatient demand);
e) Children and young people's/ family's experiences; and
f) Professional's experience and feedback.

18.8 The key milestones are outlined in table seven below.

	Key task	**Milestone**
1	Agree urgent/ crisis pilot for Brighton and Hove (align with current infrastructure and national bid for adult liaison)	September 2017
2	Establish baseline data to measure impact	October 2017
3	Implement pilot Align with adult liaison national bid Align with children's mental health crisis/ urgent response guidance	November 2017
4	Monitor pilot taking account of New Models of Care	November 2017
5	Evaluate pilot	March 2018
6	Establish commissioning commitment post-pilot evaluation to continue to improve crisis/ urgent mental health response	March 2018

Table Seven: Dedicated 24/7 response milestones

18.9 As well as responding to feedback from children and young people the main drivers for this include the following aims:

a) To reduce the demand for inpatient mental health beds and establish joint place based plans with NHS England Specialist Commissioning wherever appropriate;
b) To ensure improved planning for transition from children's to adult services, especially when in crisis such as liaison team, urgent community response and an inpatient bed;
c) To ensure child or young person is not detained in police custody for mental health issues; and
d) Drive efficiencies within the system by commissioning collaboratively across Sussex and with NHS England where possible.

18.10 Other opportunities are likely to arise with SPFT being part of a Kent, Surrey and Sussex partnership in Wave Two of New Models of Care[47] to increasingly and innovatively:

a) Support and treat children and young people within community settings;
b) Reduce inpatient bed demand especially out of area far from their homes;
c) Develop Place Based plans where appropriate, aligned with STP;
d) Reduce length of stay by 10%; and
e) Ensure safe and smooth transitions from children's inpatient beds to adult services within the community, which are a particular risk for Sussex. This work will be linked to the national CQUIN on transition.

18.11 We continue to work with children, young people and their families, NHS England and SPFT as well as Surrey and Borders NHS Foundation Trust (as lead provider) to develop an appropriate infrastructure and pathway that addresses these aims. All partners are committed to working together for the benefit of children, young people and families, in both pilot stage and beyond, and include:

a) Sustainability and Transformation Partnership Boards agreement;
b) New Care Models PACS Vanguard System Leaders Board;
c) Clinical Commissioning Groups and lead CAMHS commissioners;
d) NHS England South East;
e) Service user and carer groups; and
f) Social care/education/local authorities.

18.9 The New Model of Care within Kent, Surrey and Sussex for tier 4 CAMHS will build on successful infrastructures already in place, such as the Sussex-wide Urgent Help Service to develop a cohesive pathway that keeps children and young people within their local community settings as much as possible. Its aim is also to reduce variation in outcomes, length of stay and reason for admission as well as consistency with workforce and smoothing out the transition pathway.

18.10 Between June 2017 and March 2018 the following will be developed:

a) Development of a regional admission management hub;
b) An understanding of bed requirements and how beds can be configured efficiently and effectively to meet need;
c) Establish local Sussex-wide working group to ensure the local need is accounted for; and
d) Develop community pathways that reduce reliance on inpatient beds and support safe and timely discharge.

[47] https://www.england.nhs.uk/2017/06/dpp-wave-2/

19 Vulnerable children and Young people – whole system model for mental health support

19.1 Specific mental health responses are required for vulnerable and at risk children and young people such as those who are in Care, Care Leavers, adopted, those who have suffered neglect and abuse, known to the Youth Offending Service and Liaison and Diversion Service/ Secure Estate, as well as Substance Misuse Service and Sexual Assault Referrals Centre.

19.2 The NSPCC has recently reviewed all CCG LTP's from 2015 and 2016 to highlight the need for commissioners to address the mental health needs of children and young people who are victims of neglect and / or abuse. Brighton and Hove was rated as amber (with some mention of some relevant statutory data sources such as children on protection plans or reported offences against children). The CCG commissions the following support for vulnerable children:

a) A therapeutic service for children who have suffered sexual assault (under 14 years);
b) A complex trauma pathway for those who have suffered sexual assault (over 14 years) or domestic violence, providing a trauma-informed clinical intervention;
c) Increased capacity for mental health interventions in our schools through the implementation of Schools Wellbeing which includes a specific focus on children in care;
d) Increased capacity within community support with the implementation of the Wellbeing Service; and
e) A re-designed Specialist CAMHS service that includes assertive outreach for hard to engage groups, a decrease in access and waiting times, and clinical leads working in social care pods with a focus on vulnerable groups of children to provide a team around the child.

19.2 Brighton and Hove is focussing on neglect in children and young people as neglect and emotional harm is one of the key priorities of the Local Safeguarding Children Board (LSCB). The LSCB has recently undertaken a neglect audit (June 2017) that led to a multi-agency Local Safeguarding Children Board Neglect Strategy (2017-19) and a working group. The Strategy is supported by the LSCB Child Neglect Training which provides professionals with an overarching understanding of the issues surrounding neglect, how it can impact on the children and young people to whom it relates and how early interventions and agency procedures can be used to reduce the risk and thus safeguard from neglectful situations. The aims of the strategy are to:

a) Raise awareness and challenge neglect when we see it;
b) Do more to mitigate the impact of this form of abuse upon children and young people;
c) Identify neglect much earlier in children's lives;
d) Reduce the number of children that suffer neglect and reduce the amount of time that they experience neglect for;

e) Give tackling child and adolescent neglect the priority it deserves; and
f) Deliver a well trained workforce that works together confidently to tackle neglect and a community that recognises and reports neglect.

19.3 There is also a Local Safeguarding Children Board Pan Sussex Neglect conference in November 2017. Which includes national speakers including Dr Jenny Molloy, author of Hackney Child, and Research in Practice to talk about how neglect manifests on a national level, and local experts will consider how we deal with this difficult area of our safeguarding work within the county. All of the documents relating to LSCB and neglect initiatives can be found here http://www.brightonandhovelscb.org.uk/your-lscbs-neglect-strategy/

19.4 The aim of the focus of mental health working within social care, within the Safeguarding framework, is to improve the response to these vulnerable children and young people with specialist mental health and social care working closer together within the local Social Worker pods, to develop an integrative model:

a) A clear pathway from prevention and proactive support to crisis/ urgent support, for children and young people who are at risk of sexual assault, sexual exploitation, going into care, and/ or becoming part of the criminal justice system;
b) A multi-agency team around the child/ young person and their family/ carers (including mental health, social care, substance misuse, youth workers, Youth Offending Service and Police Liaison and Diversion Service);
c) A responsive team, able to address the need (ensuring the right package of interventions), share risk and assess together. A holistic assessment at the point of entry on the pathway;
d) A team/ service that is easily accessible, (aspiring to be 7 days per week), where the support and intervention goes to the child/ young person rather than expecting the child/ young person to go to the service; and
e) A team that supports a young person coming out of secure, welfare and secure children's homes, from an early stage to build resilience and help prevention crises and escalations, enabling a seamless transfer of support from Health and Justice services to local community-based services. A team that builds rapport and trust, to engage, reduce hand-offs, and flexibly responding to fluctuating needs. This would include welfare, work and education as well as mental health support, as well as support into adulthood recognising diverse and complex needs.

19.3 This vulnerable group of young people can be socially excluded, often with mental health problems and difficulties (e.g. conduct disorder, family breakdown, homelessness, substance use, exploitation, educational failure) and tend to involve multiple agencies. The aim is to provide a more

coordinated, supportive approach to ensuring their mental health outcomes can improve. This will be achieved through the implementation of Adolescent Mentalisation-Based Integrative Treatment (AMBIT)[48], the as a framework to supporting practice across multiple agencies and professionals beginning with mental health and social care.

19.4 The CCG is collaboratively commissioning with NHS England Health and Justice, through Place Based commissioning, to ensure a smoother and safer transition from Secure Estate to local services, as well as transition to appropriate adult services, based on best practice.

20 Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) programme

20.1 One of the key enablers and underpinning cross-cutting programmes that supports the development and improvement of care delivered by the children and young people's mental health and wellbeing services is the Children and young people's Delivering with, Delivering well (DWDW)[49] programme which is closely aligned to the national Improving Access to Psychological Therapies (CYP IAPT)[50] initiative. This children and young people's mental health and wellbeing transformation programme, in line with Future in Mind, is a whole system approach to improving access and care by upskilling staff who adopt and embed in every day practice the key CYP IAPT principles, values and standards of participation, evidence-based practice, accessibility, accountability and awareness. These core principles have been adopted within DWDW as part of its service transformation, as follows:

a) Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service;
b) Provide **evidence-based practice** and be flexible and adaptive to changes in evidence. The CYP IAPT trainings offered by the programme are all evidence based;
c) Be committed to raising **awareness** of mental health issues in children and young people and active in decreasing stigma around mental ill-health;
d) Demonstrate that we are **accountable** by adopting the rigorous monitoring of the clinical outcomes of the service, and;
e) Actively work to improve **access** and engagement with services.

20.2 We are committed to transforming provision in Brighton and Hove to ensure it is consistent with the CYP IAPT principles, values and standards articulated in Delivering With and Delivering Well to improve the availability and effectiveness of mental health interventions for children and young people. CYP IAPT is an exciting initiative that involves transforming mental health services for children and young people. The programme is centred on the principles of offering effective and efficient evidence-based treatments within a collaborative therapeutic relationship. In order to drive service

[48] http://www.annafreud.org/what-we-do/improving-help/improving-help-training/ambit/
[49] http://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf
[50] http://www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php

change there is a need for widespread adherence to the values at the heart of CYP IAPT.

20.5 In 2016 the CCG commissioned a review of services across the system against the *Delivering With Delivering Well* framework. This resulted in a gap analysis and improvement plan in order to achieve the standards. A CYP IAPT working group has been established and agreed the priority areas were:

a) A consistent approach to use of outcome and experience measures;
b) Development of staff through applications for CYP IAPT training places. There are at least 5 training places available for the CCG area and there are plans to submit 11 applications (see table six overleaf);
c) Sharing of experience and best practice across Sussex and the Learning Collaborative;
d) Ensuring information and data captured against the Delivering With Delivering Well framework; and
e) Consideration to the best model for participation across the system.

20.4 The CCG and partners became a member of the CYP IAPT London and South East Learning Collaborative in March 2016. The three main providers of services are all partners and currently submitting quarterly information to the Learning Collaborative as well as submitting expressions of interest for training places from January 2018. Table eight below shows the draft of the expressions of interest that will be confirmed in late November 2017. The final decision on training places will be subject to a strategic commissioning decision in collaboration with providers. The CCG has committed to support part of people's salaries so that workforce development can be achieved. The impact of the training will be reflected in the 2018 refresh of the LTP.

	Community Wellbeing Service	Schools Wellbeing Service
Supervision (CBT)	1 place	
Autism and Learning Disability	1 place	
CBT	1 place	
Interpersonal Therapy for Adolescents		2 places
Recruit to train	1 place	

Table Eight: CYP IAPT draft expressions of interest for training places Brighton and Hove

20.5 The focus for stakeholders in Brighton and Hove over the next 2-3 years will be to continue to build strong and effective relationships and networks between multiple provider organisations, to encourage take-up of the CYP IAPT programme and other evidence based local courses, to actively

encourage the voice of the child or young person to be heard (participation will have a much stronger profile) about new and existing services, to identify significant workforce gaps and capabilities and help providers to find solutions to the challenges, and finally, to commission new and innovative digital technologies to reduce the burden of demand on specialist services.

20.6 Commissioners across Sussex together with the pan-Sussex CAMHS provider, Sussex Partnership NHS Foundation Trust, have renewed our commitment to delivering DWDW in both Local Transformation Plans and Sustainability Transformation Plans but there is a much greater ambition now to be more collaborative and outward looking, to extend the benefits and support offered by the programme to the wider communities of commissioned services who deliver children's mental health and wellbeing services. Brighton and Hove is a member of wave 6. To further our ambition for collaboration, participation and engagement with this programme, we have agreed to introduce an over-arching Sussex-wide DWDW Programme that will be inclusive, promoting and accelerating implementation of DWDW across multiple stakeholders over the next three years with the aim of raising the profile of children's services, aligning partners and pathways and delivering more effective and evidence based interventions for our children and young people.

20.7 The DWDW principles are co-dependent and are applied within a culture of collaboration and shared decision-making. A much wider group of providers across Sussex is now being given the opportunity to be part of the DWDW programme and to become members of the London & South East Children & Young People's IAPT Learning Collaborative. They will benefit from the not inconsiderable training, funding and support offers including post graduate training, enhanced evidence based practice training, enhanced supervision training, bespoke training, outreach support and consultation to facilitate implementation, sharing best practice, implementation groups (for example LAC, Under 5s, Learning Disabilities, Data, Participation etc.) and introduction to digital innovation.

20.8 The following key areas of development that have been targeted for this Sussex-wide programme of work, they include:

a) Establishing a Sussex-wide DWDW Programme Board (monthly) ;
b) Setting up the Sussex-wide DWDW Community of Practice (bi-monthly);
c) Training Provision (log and future planning);
d) Workforce planning (recruitment, retention, sustainability);
e) Participation across all sectors;
f) Quality monitoring & Data flow; and
g) Assurance and delivery.

See Appendix Nine for the Programme of Work.

20.9 To accelerate and facilitate delivery of this ambitious programme across Sussex to *all* our commissioned children and young people's mental health

and wellbeing services, we have set up two Sussex-wide structures as follows:

a) Sussex-wide DWDW Programme Board

Commissioners across Sussex have taken a lead in establishing robust governance arrangements to ensure there is effective oversight of the delivery of the proposed DWDW Programme of work. A Sussex-wide DWDW Programme Board has been established to oversee delivery with wide stakeholder membership (see attached appendix 10 – Terms of Reference). See Table nine below for the overall purpose and summary of the programme of work:

1. Overall Purpose	1. To provide leadership and commitment to implement and deliver a vibrant, accelerated and sustainable DWDW transformation programme of work across all mental health promoting services for children and young people in Sussex in line with expectations outlined in Future in Mind, Local Transformation Plans and the wider footprint of Sustainable Transformation Plans; 2. Within our programme of work, to embody the principles of CYP IAPT in all our undertaking; and 3. To oversee and approve resources, budgets and timescales for delivery and to monitor progress against key deliverables and milestones.
2. Programme of Work	The Programme Board will oversee delivery of the Sussex-wide programme of work - the key objectives will be: 1. To widen participation in the DWDW programme by engaging with multiple stakeholders, clinicians and managers working to deliver improved CYP mental health promoting services in all settings and across all health, social care and educational sectors; 2. To maximise training and development (and funding) opportunities offered by the LDNSE Learning Collaborative and other local training providers to support service transformation; 3. To establish a wide multi-agency Community of Practice to embed core elements of the programme and extend support and training beyond CAMHS to the wider health, local authority and voluntary sector partners; 4. To ensure there is effective and enhanced communication and information sharing with children, young people and carers to inform future commissioning and provision of services; 5. To identify any learning or recommendations for improvement are shared across all providers of CYP mental health promoting services across Sussex; 6. To review risk and issue logs, agree mitigation plans and provide guidance and escalation where appropriate; and 7. To provide challenge and approve changes to the programme in line with changes to national policy, evidence based practice or local circumstances.

Table Nine: Sussex-wide DWDW programme

b) Sussex-wide DWDW Community of Practice

Our aim is to collaborate, engage and involve a range of stakeholders in the DWDW programme. To bring together all those commissioned to undertake children's mental health and wellbeing services to create a 'Community of Practice' who meet every other month to benefit from the following:

i. To meet and network with clinicians and managers across all sectors delivering CYP mental health services locally;
ii. To take advantage of the training and outreach programmes offered by the LDNSE Learning Collaborative and other local training providers;
iii. Be the first to learn about new models of care (e.g. digital technologies, national initiatives and new funding opportunities);
iv. To share skills, knowledge and good practice;
v. To discuss ways of improving care pathways between services;
vi. To find common solutions to deliver more effective services locally;
vii. To realise economies of scale where it's appropriate to do so e.g. doing things collectively to minimise costs/overheads; and
viii. To identify the key barriers and challenges you may face (e.g. within schools, primary care, NHS and non-NHS services).

20.10 The Community of Practice is hosted jointly by Sussex Partnership NHS Foundation Trust (CAMHS), Sussex Commissioners and the Collaborative. Attendees range across services including the Local authority, community, voluntary and charity sectors, commissioners (CCGs, HEE, and NHS England), higher education institutions etc. This is not simply be a multi-agency forum but brings together clinical and operational staff from across disparate services to network and build relationships and to establish the foundations of a developing set of resources capturing agreement about how best to improve such services.

20.11 Other training is taking place across the whole system in Brighton and Hove as well as professionals accessing the web-based MindEd tools and resources. Our local data shows a high incidence of anxiety and depression presentations as well as self-harm, so a focus in 2017/18 is to develop a whole City response to this need through a bespoke training programme. The programme is likely to include:

a) Emotion Coaching;
b) Bereavement support;
c) Parental mental health support;
d) Empowering girls; and
e) Engaging young men.

20.12 The other training that continues to be commissioned outside CYP IAPT includes:

a) Mental Health First Aid in Schools;
b) The Charlie Waller Foundation Training in Schools;
c) The Public Health Schools Programme;

d) Parent/ carer awareness training (resilience and strategies) where their children and self-harming;
e) A variety of training and support for self-harm across the City as part of the CCG/ Public Health Mental Health Innovation Fund; and
f) Parent/ carer training and online forum support.

21 Workforce and training strategy

21.1 Underpinning all the transformational change outlined in this LTP refresh is the development of our workforce to respond to need and to deliver the services. The increased service availability and different models of care require a responsive and experienced workforce. We need to ensure the workforce is well supported (continuing professional development, appraisals, supervision and wellbeing) and encouraged to strive for improvement.

21.2 An essential element to this change (increasing access and capacity) and Plan is the development of a workforce skills and experience assessment to understand gaps leading to a joint workforce strategy. This also includes the development of a workforce trajectory outlining the total new workforce in the system and those undertaking specific children's mental health training between 2015 and 2020. The CCG is currently working with NHS England to establish the methodology for this trajectory. This will be linked and aligned to the CYP IAPT training programme outlined in section 20 and requirements to expand the crisis workforce once the outcome of the crisis pilot is known, as outlined in section 18.

21.3 Although the CCG will lead on the development of this strategy, the development of our workforce is everybody's business and requires a whole community response. We need to consider what our local assets are including children and young people themselves and parents/ carers and what innovative approaches we can take such as digital enablers.

21.4 The CCG has started an assessment and gaps analysis of workforce which will complement the support from the Clinical Network over the coming months. This analysis will support the development of the strategy, and a workforce plan that will form the basis of the strategy will be published by the end of 2017/18.

21.5 Local providers of care are also starting to plan for a flexible workforce through staff development programmes, training roles, skill mix, digital solutions and local training models. Providers who have developed workforce plans/ strategies for their services will share learning and innovations as part of this process. The final workforce strategy will align with these other documents.

21.6 The joint workforce strategy will follow the 7 principles of CAMHS workforce planning:
a) Workforce design and planning;
b) Recruitment and retention;
c) New ways of working;

d) New roles;
e) Leadership;
f) Education, training and other opportunities; and
g) Skill mix, capability and competences.

21.7 The methodology will include:

a) Context and background
b) Service/ system model and strategic vision;
c) Local need;
d) Current staffing profile, core functions and competency;
e) Skills audit;
f) Develop a competency framework across the system, linked to CYP IAPT;
g) Demand, capacity, case mix and indicative skill mix;
h) Local, regional and national labour market;
i) Professional groups;
j) New ways of working;
k) Action plan;
l) Timescales for change; and
m) Monitoring, refreshing and adapting the plan.

21.8 Whilst the Strategy will be published for Brighton and Hove CCG area, many elements will be considered Sussex-wide and from a regional, STP perspective where appropriate especially collaborative commissioning/ Place Based commissioning. All agencies and partners will need to be involved in increasing capacity and capability across the system. We intend to work with our Local Workforce Action Board (LWAB) for Sussex for overarching governance to ensure a consistent approach across the region as well as expert support and potential additional fund to deliver the workforce plans. We will also use the expertise available in Health Education England and also our Local Authority on workforce planning, and continue to share good practice through the Clinical Network forums.

21.9 Across Kent, Surrey and Sussex (KSS) commissioners have started to develop a strategic plan together, to ensure a consistent approach. The joint working involves:

a) A consistent approach to the Strategy;
b) A consistent approach to involvement and engagement of partners;
c) Sharing of good practice; and
d) Jointly funded resource to support the programme.

21.10 KSS commissioners have developed a proposed programme to develop the workforce plan, leading to a strategy and implementation. The details of this draft proposal can be found in Appendix 11. The key tasks for the remainder of 2017/18 are:

a) Ensure CCG workforce planning alignment with Health Education England and LWAB and STP;
b) Agree governance structure for workforce development;
c) Recruit project management and develop PID;
d) Hold stakeholder engagement events;

e) Agree pilot sites to test workforce data and competency assessments (SASAT); and
f) Report findings and recommendations.

22 Neuro-developmental whole system pathway

22.1 There has been a strong emphasis on mental health issues within Phase One and the start of Phase Two of the LTP however the CCG is aware of an equal need to address the needs of our children and young people with neuro-developmental issues as well as the support for their parents/ carers. Any improvements to this requires a whole system approach including health, education and social care and will be closely aligned with the Transforming Care[51] Programme across Sussex.

22.2 The CCG commissioned a review of local autism services in 2016, and allocated non recurrent resources to reduce the waiting times for accessing assessment and diagnosis of autism. The key themes and recommendations for improvement from that report were:

a) Addressing access to assessment and diagnosis within NICE guidance;
b) Supporting parents/ carers across the pathway; and
c) Ensuring smooth and safe transition to adult services.

22.3 The work completed in children's autism services is underpinned by a joint autism strategy across all ages in health and the Local Authority is currently being developed and a draft will be presented at the Health and Wellbeing Board in autumn 2017.

22.4 Following the review of autism services, and CCG investment in reducing the waiting times for autism assessment and diagnosis from 2016 onwards, the CCG has agreed, with partners, to extend the remit of transformational change to include a wider need of neuro-developmental presentations. The focus will now also include Learning Disabilities (LD), Attention Deficit Hyperactivity Disorder (ADHD) and Tourettes Syndrome for example. This improvement will not be fully realised until the end of 2017/18. The development of a new pathway with a single point of access for neuro-developmental issues will follow a needs assessment that is currently being carried out and should be available in autism 2017. It will also involve all partners especially parents/ carers and children/ young people where possible. The final options will be considered as part of a CCG business case and may involve the use of LTP funding to address the needs highlighted. The aim is to develop a new integrated neuro-disability service by end 2017/18.

22.5 The aim is to provide a multi-disciplinary Family Intensive Support Service for children with learning disabilities and/ or neuro-behavioural issues who are complex, whose behaviours challenge, and/ or have mental health

[51] https://www.england.nhs.uk/learning-disabilities/care/

issues, offering a skilled workforce, and working flexibly to provide support within children and families homes, education and residential settings.

22.6 The model will support the reduction of agency residential 52 week placements, keeping families together and enable children and young people to remain out of a mental health bed where it is possible for them to be cared within the community, as well as supporting discharge from a mental health bed. A key component of this is the development of an 'at risk' register for all children and young people with a learning disability and / or autism, and ensure that the most complex children on the list have interventions from the most experienced and specialist clinicians. The learning from Care, Education and Treatment Reviews (CETRs) as part of Transforming Care that have taken place in the City and future CETRs as well as Serious Case Reviews will also inform the gaps and commissioning of the future model.

22.7 The service will use a Positive Behaviour Support framework and Just Right Sensory, attachment, behavioural models in order to analyse and understand the functions of children and young people's behaviour. To develop strategies for intervention, adapt environments, and provide training and skills teaching to children and their parents/ carers, and professionals including education and social care professionals.

22.8 The service will provide specialist assessment and intervention for children and young people with a learning disability (IQ of 70 or below), and/ or autism/ neuro-behavioural/ developmental issue, which is impacting seriously on their functioning, coupled with significant communication problems, leading to behaviour that challenges; and/or significant emotional and mental health difficulties, illnesses and disorders, as well as offering advice and consultation to relevant professionals.

23 2017/18 Summary Programme Plan

23.1 The 2017/18 LTP programme framework continues with:

a) Infrastructure;
b) Building capacity at an early stage; and
c) Targeted support.

23.2 Table ten overleaf summarises the programme which includes additional capacity and workforce. For a full programme view please see Appendix 6 (LTP tracker).

	Project and aims	KPIs	2017/18 Funding	Additional workforce 2017/18	Additional capacity 2017/18
Infrastructure	Innovative communications: Right Here/ Find Get Give Website and social media/ #IAMWHOLE: Increase mental health awareness and reduce mental health stigma in Primary-aged children and parents/ carers Improved access to consistent online information for CYP, parents and carers	80% of Primary Schools involved with IAMWHOLE campaign (downloading and using the lesson plan and school packs) Improving access and awareness to information with 5% additional new users reached each year on FGG site	£20,000	NA	NA
	Carer and parent forum and awareness training (Right Here and Partners): Improving support for parents and carers of CYP with MH issues, specifically aimed at parents/ carers of Primary-aged children	Improving support for parents and carers of CYP with MH issues – 25% of potential families downloading parent pack from IAMWHOLE campaign At least 500 people attending the awareness training	From 2016/17 funding	NA	NA
	Mental Health Training for Parents and Carers: Ensure standard and consistent knowledge of mental health issues is available for parents and carers of CYP with MH issues Improve carer and parent resilience in supporting CYP with MH	Development of parent and carer training programme on mental health issues with a range of organisations 50% improvement in knowledge and awareness from parents/ carers receiving the training	From 2016/17 funding	NA	NA

Building Capacity at an Early Stage	CYP IAPT Improved access to Psychological Therapies through implementation of CYP IAPT programme across the City	Quarterly reporting of DWDW framework by 3 main providers At least 5 CYP IAPT Learning Collaborative training places confirmed	£42,800	NA	NA
Targeted Support	Specialist CAMHS redesign Improved mental health offer for specialist need so that the service is more accessible, more proactive, with improved communications and working with other organisations ensuring careful transition planning and focussed support for vulnerable CYP. In particular a focus on improving access and waiting times.	Urgent assessment within 4 hours Urgent treatment within 24 hours Priority assessment within 5 days Priority treatment within 2 weeks Routine assessment within 4 weeks Routine treatment within 8 weeks	£181,143 +£35,000 (NHSE H&J) Total **£216,135**	5.8 WTE	NA
	Complex Symptomology Service to improve functioning and health outcomes for CYP with MUPS, and to raise awareness, knowledge and skills of clinicians in Primary and Secondary care	Improve number of referrals into the service % assessed in 4 weeks % received treatment in 12 weeks	£6,000	0.2 WTE	To be determined as part of a pilot
	CYP Community Eating Disorder service and Beat Improved waiting times and access, improved outcomes, reduced admissions to Tier 4	To record 85% of cases that received NICE concordant treatment within 4 weeks of referral 85% of CYP referred are assessed within 4 weeks (routine assessment target)	£154,000	3.2 WTE	
	Schools Wellbeing Service Improved mental health and emotional wellbeing support in schools	PMHW in every Secondary School and in one Primary Cluster PMHW framework developed for Primary Schools At least 1,000 additional CYP this year	£155,000	4 WTE	1,139

	Community Wellbeing Service Improved access to targeted mental health support within the community	95% of priority assessments should take place within 5 days of referral being received (following triage) Single point of access established Increased engagement with BME Increased engagement with Young Men Increased engagement with LGBTQ	£188,782	6.6 WTE	Additional 1,250 children and young people
	Neuro-development pathway Clear pathway and single point of access with support for families with children and young people with neuro-developmental issues	Improve access to autism assessment so that 95% assessed within 12 weeks of referral to specialist service Development of an agreed new pathway/ model for neuro-developmental issues KPI TBC based on NHSE proposed trajectory for neuro-developmental service	£96,971	Additional workforce will be confirmed once new model is developed	An additional capacity and activity will be confirmed once new model is developed
	Project Management and events / meetings		£29,418	NA	NA
	CCG funded business case for autism	Reduce waiting times for specialist assessment for autism to 12 weeks in line with NICE guidance	£70,000	To be determined	To be determined
	TOTAL allocated in 2017/18		£979,106		
	Final total of funding		**£979,106**		

Table Ten: LTP 2017/18 programmes of work

24 Innovation

24.1 The Brighton and Hove LTP continues to be innovative wherever possible. Some examples of innovation are:

Innovations

- The use of social media and apps to promote mental health and wellbeing and awareness and to reduce stigma in #IAMWHOLE campaign that was highly commended in the HSJ awards (phase one: secondary schools and colleges; phase two: primary schools);
- Development of a single point of information website called FindGetGive for guidance, tools, service information and advice, developed and 'owned' by young people in the City;
- Engagement and co-creation with young people (Right Here volunteers) in the form of young people-friendly LTP and JSNA documents;
- Collaborative commissioning with Local Authority and Public Health and provider on Schools Wellbeing service;
- NHS England Health and Justice collaborative commissioning for vulnerable young people; and
- Community Wellbeing Service with a single point of access.

25 Participation, engagement and partnership working

25.1 Participation and engagement of children, young people and parents/ carers is a theme strongly promoted through the development of the LTP and reflects the principles of the CYP IAPT programme. A case study demonstrating how this has happened is shared overleaf. The CCG intends to work with local voluntary sector organisation, Speak Out, to ensure the LTP is accessible to people with a learning disability. All individual needs and requirements to be able to read and understand the LTP can be met on request to the CCG. Young volunteers at Right Here are also working on a film to explain to people how to access mental health services and what to expect.

25.2 The CCG has followed clear consultation and engagement processes throughout the period of transformational change. This includes:

a) All previous feedback in the last three years from a variety of organisations and agencies including Healthwatch[52], Parent and Carers Council[53], AMAZE[54], Right Here project[55], Special Educational

[52] https://www.whatdotheyknow.com/request/healthwatch_brighton_hove_camhs

[53] http://paccbrighton.org.uk/wp-content/uploads/2013/03/Mental-Health-and-Wellbeing-views-from-parent-carers-of-disabled-children-2014-PaCC-website.pdf

Needs and Disabilities Review[56], Autism Scrutiny Report[57] and Local Safeguarding Board multi-agency audit in December 2014[58]

b) Parent/ carer and young people representation on the Joint Strategic Needs Assessment working group (February-November 2015);
c) The Joint Strategic Needs Assessment process (February-November 2015) has ensured the 'voice' of a range of stakeholders such as Children and young people, Youth Council, Schools, Colleges, Universities, providers, parents, carers;
d) Young people and families consulted and part of the whole system re-design process with a whole system workshop June 2015 and May 2016;
e) Parent/ carer consultation in autism review and subsequent service re-design (2016/17);
f) Consultation and involvement of children, young people, parents and carers in the procurement of the Community Wellbeing Service (March – November 2016);
g) Pupil 'voice' in the development of the Schools Wellbeing Service (2016/17);
h) Young people and families with recent experience of Tier CAMHS involved in the redesign process of the Specialist Community Mental Health Service (January 2017);
i) Right Here volunteers producing young people-friendly versions of the LTP and JSNA for the FindGetGive website; and
j) Planned co-production of neuro-developmental pathway with parents/ cares in September and October 2017.

Case study: Right here volunteers – young people-friendly documents

YMCA Right Here project has been working with young volunteers to redesign the Brighton and Hove Joint Strategic Needs Assessment (JSNA) and the Local Transformation Plan so that the documents are more accessible, relevant and understandable for other young people in the City.

Young people have done the following:
Held a workshop to ascertain what were the most relevant aspects of the documents that needed to be communicated to young people;
Work groups made prototypes of posters, booklets and websites to share the most important messages, in the most effective way;
The volunteers will present the results to commissioners in August 2017; and
The prototypes will be worked up and disseminated across the City in the autumn

[54] http://amazebrighton.org.uk/events/mental-health-wellbeing-discussion-group/
[55] http://right-here-brightonandhove.org.uk/research/
[56] http://present.brighton-hove.gov.uk/Published/C00000874/M00005597/AI00044015/$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf
[57] http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Draft%20report%20for%20Services%20for%20children%20with%20autism%20final%20April%202014.pdf
[58] http://www.brightonandhovelscb.org.uk/wp-content/uploads/FINAL-Annual-Report-13-14.pdf

25.3 There is an aspiration to involve young people in the commissioning cycle in a more formal way in the future. This would be through direct involvement in specifying a service and monitoring its impact and success. The CCG has a strong young people's `voice` within the City and wishes to continue to work more formally to achieve this aim.

25.4 The CCG also has a track record of partnership working across the whole system. For example joint commissioning with Families Children and Learning Directorate and Public Health for the Schools Wellbeing as well as across Sussex CCGs for FEDS. A case study on joint commissioning and partnership working for a vulnerable group – those known to Youth Justice is outlined below.

Case study: New approaches to joint working in Youth Justice, Specialist mental health, Youth Offending Service, Substance Misuse and Social Care

Brighton and Hove CCG jointly commissioning with NHS England Health and Justice and local partners to develop a team around the child/ young person known to the Youth Justice System, to support mental health need.

A multi-agency team that supports a young person coming out of secure, welfare and secure children's homes, from an early stage to build resilience and help prevention crises and escalations, enabling a seamless transfer of support from Health and Justice services to local community-based services. A team that builds rapport and trust, to engage, reduce hand-offs, and flexibly responding to fluctuating needs.

26 Collaborative working approach

26.1 The vision for children and young people's mental health services has been developed in collaboration with children, young people, parents/ carers as well as key stakeholders. We have collaborated widely on the commissioning of the following services:

a) Schools Wellbeing Service (with CCG, Local Authority, Public Health, and Schools);
b) Health and Justice/ Youth Offending (CCG and NHS England Health and Justice as well as Children's Social Care);
c) Family Eating Disorder Service (Sussex CCGs); and
d) Transforming Care Programme across Sussex.

26.2 Collaborative and integrated commissioning is a key element of local joint working with the Local Authority (Families, Children and Learning Directorate and Public Health) with the publication of a Joint Strategic Commissioning Plan in 2016 signed by Directors and joint commissioning of Schools Wellbeing Service. The Strategic Commissioning Plan is monitored on a quarterly basis when commissioners across the system meet to develop plans to work together, jointly commission where appropriate and monitor the progress of the Plan.

26.3 Senior leaders in NHS England Health and Justice and NHS England Specialist Commissioning continue to work with us to develop Place-based Commissioning models. Without this senior leadership this important change would not be successful.

26.4 NHS England is giving delegated responsibility of commissioning to providers through the New Models of Care programme. The CCG is a partner in the pilot programme across the STP and continues to work with NHS England as part of the Clinical Network work-stream on collaborative commissioning.

26.5 The CCG is currently aiming to collaboratively commission with NHS England and Sussex CCGs with regards the urgent/ crisis response team across Sussex, known as The Urgent Help Service (UHS). All these organisations currently commission part of the crisis/ urgent response pathway and the CCG intends to explore how this can be improved, be more efficient and provide a clearer pathway for children and young people by working together as well as reduce the demand for inpatient care, with key partners. There are further opportunities to develop an improved pathway with our Provider being part of the wave two of New Models of Care for CAMHS inpatient services; meaning that CCGs may also collaboratively commission with SPFT.

26.6 A programme approach will be taken to implementing this system change, with the following milestones in Table eleven below:

1	Initial discussions and scope for improvements to UHS	Sussex CCGs and NHS England	August 2017
2	CCGs to understand opportunities within wave two of New Models of Care	Sussex CCGs and SPFT	August-September 2017
3	Partners to develop new way of working (collaborative commissioning)	Sussex CCGs, NHS England and SPFT	October 2017
4	Work starts on implementing new way of working	Sussex CCGs, NHS England and SPFT	January 2018
5	Full implementation of new way of working	Sussex CCGs, NHS England and SPFT	End March 2018

Table Eleven: Collaborative commissioning plans

26.5 There are risks involved with this implementation as there are multiple organisations involved and different drivers for change.

27 Early intervention in Psychosis (EIP)

27.1 The Early Intervention in Psychosis (EIP) Service is for people aged between 14 and 65 years who have recently begun to experience psychotic symptoms (this includes mania and/or depression with psychotic symptoms and drug induced psychosis). The service is also for their families and close friends.

27.2 The Early Intervention Service is made up of 6 stand-alone teams across Sussex, with Brighton and Hove being one. Each team is made up of specialist clinicians with specific expertise in the recognition and treatment of early onset psychosis. The team has a robust pathway to mainstream mental health services. The service subscribes to a number of overarching principles which govern how the service is delivered:

a) By investing in high quality, bio psychosocial assessment and interventions they are able to maximise our clients' potential;
b) Ensuring that all people with psychosis can recover and lead 'normal lives, and that the best way of doing this is by intervening early and by using the EI principles;
c) Challenging unhelpful and poorly informed attitudes to psychosis and to educate and increase awareness of the latest evidence base as to what helps; and
d) Being flexible to meet the needs of clients and their families.

27.3 From April 2016, the service has adhered to achieving the national target of at least 50% of people requiring this specialist intervention receiving NICE concordant treatment within two weeks of referral being received. Currently for Brighton and Hove 71% of people referred receive this treatment within two weeks. The service is working towards ensuring they continually improve to ensure performance is sustained.

27.4 Commissioners will work with the provider to track the pathway from children's mental health services to EIP and to ensure we monitor the activity of those accessing EIP who are under 18 years old.

28 Specialist Perinatal mental health

28.1 Brighton and Hove has an established specialist perinatal mental health service provided by SPFT based on NICE guidance[59]. This is psychiatric-led with joint psychiatric-obstetric clinics as well as clinics within Children's Centres.

28.2 It is universally recognised that maternal mental health is a key determinant of child mental health, early years mental health services must look after adult mental health during and following pregnancy[60]. This means that infants and parents in difficulty should have improved access to mental health interventions to support attachment and avoid early trauma. This will be delivered by "…enhancing existing maternal, perinatal and early years' health services…"[61]

28.3 A successful STP-wide bid to enhance this service means that further development is currently taking place in 2017/18 ensuring a truly multi-disciplinary team. The team will be enhanced with nursery nurses, specialist

[59] https://www.nice.org.uk/guidance/cg4
[60] http://www.centreformentalhealth.org.uk/investing-in-children-report
[61] DoH 2015: p.17, NICE guidance on antenatal and postnatal MH, CG 192.

health visitor and specialist midwife. The Bid also ensures that the service can expand its capacity and enable more women and their families' access to this specialist service. Based on the current Brighton and Hove birth rate (3,094) the expected prevalence for this specialist service should be 5% of the birth rate. The service is currently offering a service to 3% and therefore a gap of 2% or an additional 61.8 assessments (15.45 per month) is required to fill the gap. The service plans to achieve this by the end October 2017.

29 Governance

29.1 The development of and approval of the LTP has involved the whole system and has a clear governance structure in place (see figure four below). The key decision group (children and young people mental health LTP Assurance group) reports to the CCG Committees such as Commissioning Operational Meeting and internal PMO CCG structures. Other organisation and agencies involved in developing and approving this Plan include our partners in Brighton and Hove City Council, providers, NHS England, Specialist Commissioning, NHS England Health and Justice, Local Safeguarding Children's Board, and stakeholder groups.

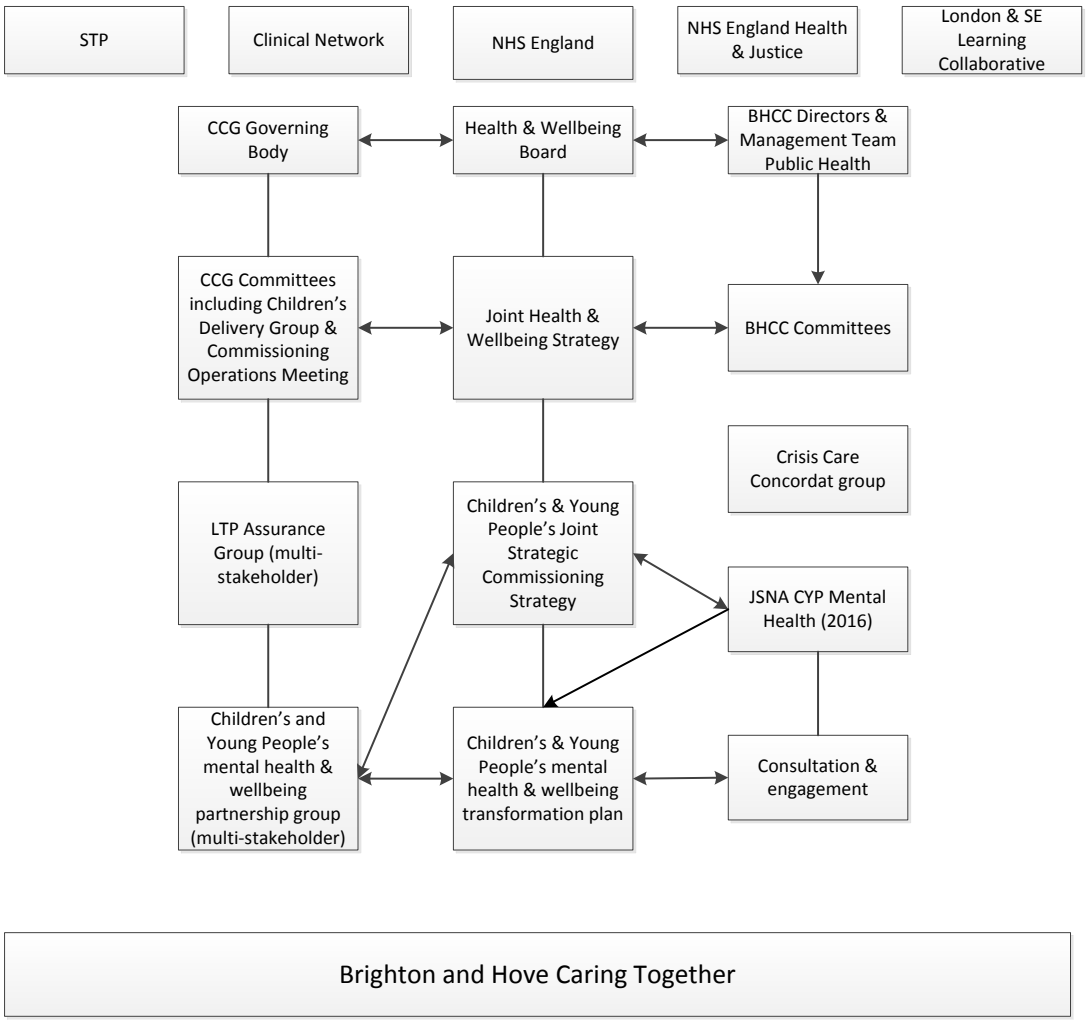


Figure 4: Assurance and Governance structure

29.2 The LTP Assurance Group for Brighton and Hove has been established is to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. Appendix 5 shows the LTP tracker (performance monitoring, risks and project plan). This is achieved through a partnership approach bringing together commissioners across the system (CCG, Children's Services, Public Health and NHS England) to oversee the delivery, monitoring and on-going development of the Local Transformation Plan. See Appendix 6 for the Terms of reference. The children and young people's mental health partnership group (all providers and parent representatives) can contribute to development of plans and vision.

29.3 The Assurance Group also oversees the impact of the investment across services. Activity and financial information can be found for each provider in Appendix 1. The Assurance Group reports on progress of the LTP to CCG Children's Delivery Group (Programme Management Office structure) and representatives are on the STP board, and feed in via this channel. CCG and Local Authority plans are subject to Health and Wellbeing Board scrutiny. This plan has been reviewed and approved by the following boards and committees:

a) Commissioning Operations Meeting, Finance and Performance Committee and Senior Management Team in the CCG;
b) Families Children and Learning Directorate Senior Management Team;
c) Public Health Director;
d) CCG Governing Body; and
e) The Health and Wellbeing Board.

29.4 While the assurance group is the key decision maker and oversees progress the other important group in this structure is the children and young people's mental health and wellbeing partnership group. This comprises of young people representatives and parents/ carers as well as a range of providers and stakeholders. They are an essential part of the planning and development process always playing a key role in identifying need and potential solutions, as well as assisting with engagement and participation.

29.5 Quality Standards and Quality Impact Assessments continue to be embedded within all aspects of service planning and delivery as we make the improvements outlined within this Plan. The standards are structured within the three pillars of quality; patient experience, patients safety and effectiveness, together with additional metrics such as workforce (i.e. well-led).

29.6 The quality standards reflect the NHS Standard Contract. Standards also reflect any relevant national Department of Health commissioned reports and associated findings pertaining to patient safety, quality of care and service

delivery including lessons learned and recommendations from The Francis Report[62].

29.7 Patient focussed outcomes arising from the standards are embedded in future service specifications and contracts associated with the changes. This will enable robust monitoring of performance of a commissioned service provider, and to provide assurance that quality standards and outcomes are being met.

29.8 Any outcomes for inclusion in a contract will also need to be aligned to the five domains of the NHS Outcome Framework[63] as follows:

a) Preventing people from dying prematurely;
b) Enhancing the quality of life for people with long term conditions;
c) Helping people to recover from episodes of ill health or following injury;
d) Ensuring people have a positive experience of care; and
e) Treating and caring for people in a safe environment and protecting them from avoidable harm.

29.9 The CCG continues to work with partners (including schools and colleges) to joint commission and pool budgets where appropriate. The CCG also has arrangements with NHS England Health and Justice Commissioning with regards the development of a complex trauma pathway.

30 Managing risk

30.1 We have robust governance procedures in place as outlined above, that ensure our LTP risk register and CCG corporate risk register are updated regularly with controls and mitigating actions in place. The internal CCG assurance includes regular Executive led stock takes, a PMO process and associated delivery group meetings where risk is monitored. A full overview of our risk register is available in Appendix 6 in the LTP tracker. Our LTP risks are summarised in five key areas:

f) Recruitment of workforce;
g) Achieving new access targets;
h) Complexity of transformational change;
i) Affordability of a neuro-developmental pathway;
j) Safe transition from children's to adult mental health services.

[62] https://www.england.nhs.uk/tag/francis-report/
[63] https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/

Appendix One – the current service information (2016/17) including activity and workforce and finance

	Service information
Name	**Tier 3 CAMHS Sussex Partnership NHS Foundation Trust**
Description	The service accepts referrals via a single point of access with Tier 2 CAMHS and referrals of children and young people with more moderate to severe mental health issues likely to respond to medium to longer term interventions will be directed to CAMHS. The service offers some joint working with Tier 2 CAMHS in the form of groups. The team is multi-disciplinary and includes those from a range of professional background including psychiatry, nursing, psychology, therapists. Young people referred to the service will be seen initially in an assessment clinic (within 4 weeks) and then referred to the relevant professional for intervention as appropriate. Besides the generic pathway for children and young people with mental health issues there are also specialist pathways for: • Assessment and diagnosis of autism (over 11s) • Looked after children • Children with Chronic fatigue syndrome • Children with long term health conditions • Children with learning disabilities and associated challenging behaviour • children with neurodevelopmental conditions • Early intervention in psychosis • Young people aged 14-25 who need support with transition or struggle to access the CAMHS service (Teen to adult personal advisors (TAPA service) There are also: • Specialist mental health nurses within substance misuse service and youth offending team • Specialist mental health practitioners in Clermont child protection unit The service also provides: • Duty response to paediatric A&E where a young person presents with serious self-harm • Urgent help service for crisis and out of hours response 24 hour duty psychiatry advice

what outcome(s) is it aiming to achieve	• Reduction in the symptoms of mental ill health including via access to medication as needed • Promotion of wellbeing and emotional resilience • Advice and support to professionals working with children and young people with mental health issues • Support and advice to parent carers and family members in managing the mental health needs of children and young people • Maintaining children and young people in a community setting unless they are acutely unwell and require an inpatient admission (provided at Chalkhill Haywards Heath by SPFT and young people can also access other specialist centres as needed via referral to a specialist funding panel)
Reach / age range	Under 18 years (up to 25 for TAPA Service)

	Service information
Name	**Early Intervention in Psychosis Service**
Description	Early Intervention services support individuals experiencing a first episode of psychosis who are typically presenting for the first time to mental health services and who have either not yet received any antipsychotic treatment or have been treated for less than one year[64]. Diagnostic uncertainty characterises the early phase of a psychosis and thorough assessment is a crucial and key function of the Early Intervention Team.
what outcome(s) is it aiming to achieve	The purpose of this service is to provide a comprehensive, integrated package of care to young people aged 14-35 years living in Brighton and Hove experiencing or suspected to be experiencing a first episode of psychosis.
Reach / age range	14 -35 years

[64] NIMHE 2008

	Perinatal mental health service
Description	The service is designed to target antenatal women who develop mental health problems related to pregnancy, women with post-natal mental illness and women with pre-existing psychiatric disorder. The service works with women throughout their pregnancy until one year post childbirth. The team accepts referrals for women who are experiencing severe mental health problems, but will also offer advice, information and signposting for health professionals working with women with less severe presentations.
what outcome(s) is it aiming to achieve	• Enhance the experience of women with perinatal mental health problems in getting their needs met and accessing appropriate support; • Enable women with perinatal mental health problems to have clear care plans and to facilitate consistent implementation of care plans. Where appropriate this will involve joint care plans produced by the Consultant Psychiatrist in conjunction with a Consultant Obstetrician based at the Perinatal Clinic; • Facilitate access to appropriate therapeutic activities and expert advice which will help individuals and their families learn more about the condition and how best to manage it; • Improve risk assessments of women at high risk of or suffering from perinatal mental health problems; • Make onward referrals for supporting parenting capacity for women who need support; and • Raise awareness of the service to health care professionals.
Reach / age range	Adults (mothers) and their babies

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment – treatment)	Patient information	Workforce (WTE)	Workforce (skills & roles)
T3 CAMHS	2160 – Increase 126 from 2015/2016	1306 – Increase 332 from 2015/2016	4 weeks	18 weeks	www.sussexpartnership.nhs.uk	23 WTE	Team leaders Consultants Psychologists Nurses Therapists Admin Management
EIP	194	191	8.4 days	3.6 days	www.sussexpartnership.nhs.uk	15.58 WTE	Team leader Consultant Psychology Nursing Care Coordinators Admin
Perinatal	207	207	34.9 (average)	5.1 days	www.sussexpartnership.nhs.uk	3.4 WTE	Consultant Psychiatrist Psychology Practitioner and Team Leader

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	Service information
Name	**Community CAMHS (tier 2) Brighton and Hove City Council (BHCC)**
Description	The Tier 2 Community CAMHS team offers a consultation service to parents, carers and professionals. This is where there is an opportunity to discuss concerns about a young person's emotional wellbeing or mental health before a referral is made. Experience shows that an early consultation can often address concerns and save the need for a referral. If they are not the right service they are normally able to signpost to a more appropriate service. The service accepts referrals via a single point of access with Tier 3 CAMHS and referrals of children and young people with more moderate mental health issues likely to respond to short to medium term interventions will be directed to Community CAMHS. The service offers some joint working with Tier 3 CAMHS in the form of groups and focussed support. The service is a partnership delivered by Primary Mental Health workers employed by BHCC and family support workers from two community and voluntary sector organisations (Safety Net and SCYMCA)
what outcome(s) is it aiming to achieve	• Promotion of emotional wellbeing and building of resilience • Reduction of symptoms of mental ill health • Advice and support to professionals in managing the needs of children and young people • Development of self-management and coping skills
Reach / age range	0-18 though most referrals are of school age and upwards

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment – treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
T2 CAMHS	1539*	520	2 weeks (all referrals offered a telephone assessment within 2 weeks)	Mean average waiting time – 12.8 days (from referral date) **	https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/child-and-adolescent-mental-health-services-camhs	11 WTE	Manager Primary Mental Health Workers Family Support Workers

** Mean waiting times are heavily influenced by clients' choice

	Service information
Name	**E-Motion online counselling - delivered in partnership by YMCA Downslink Group and Impact Initiatives**
Description	Counselling available through the medium of email with specially trained online counsellors http://www.e-motionbh.org.uk/
what outcome(s) is it aiming to achieve	• Increased coping skills • Increased self-esteem/confidence • Reduce feelings of isolation • Reduced stress and anxiety • Signposting into other appropriate agencies • Assisted to better consider employment, education or training • Reduced drug and/or alcohol use • Improved relationships and ability to communicate with family/ peers • These outcomes result in improved mental health and wellbeing, enhanced access to learning, improved school attendance, improved enjoyment of life and attainment, improved relationships at home and prevention of social disaffection through criminality, teenage pregnancy, NEET and anti- social behaviour.
Reach / age range	13-25 years

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral–assessment)	Waiting times (assessment–treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
E-Motion	186	182 (13-25 year olds)	52% less than 1 week	67% less than 1 week	http://www.e-motionbh.org.uk/	0.5 WTE	Counselling

	Service information
Name	**Right Here Project Brighton & Hove**
Description	A youth led project that aims to promote the mental health and emotional wellbeing of young people aged 13-25, and provides free resilience building activities. The project supports engagement and participation of young people in service developments, research and publication of resources produced by young people for young people.
what outcome(s) is it aiming to achieve	Right Here aims to prevent young people from developing mental health issues through providing resilience building activities. The project should be seen primarily as a prevention and project, and secondly as an early intervention project. Right Here is not a project that provides interventions or support to young people experiencing mental health issues.
Reach / age range	13-25 years

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment–treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
Right Here	NA	Mental health related workshops to 1744 young people 5 young Men's Health Champions consultations			http://right-here-brightonandhove.org.uk/	1 WTE Plus 20 youth volunteers aged 16-25 years	Wellbeing Manager And Digital Projects Manager

	Service information
Name	**Young People's Centre (counselling) – Impact Initiatives**
Description	The Young People's Centre aims to provide a centre that is an accessible and safe place for young people to meet, access a range of services that meet their needs, develop their skills and broaden their horizons. We provide drop-in sessions that include support, advice and information from staff and volunteers, affordable food, activities and games, a space that facilitates peer support and free access to computers and the internet. These sessions include specialist one-to-one support for young people around mental health, sexual health, education, employment and training issues and are complimented by the counselling service. We provide a range of informal education and learning opportunities.
what outcome(s) is it aiming to achieve	We aim to encourage and facilitate young people's personal growth, awareness and progression and promote increased confidence, well-being, mental and emotional health. We equip and enable young people to create the changes they wish to make, empowering themselves and developing coping strategies. We work in a person centred way, using action plans, goal setting and advocacy work through one-to-ones, open access sessions and counselling.
Reach / age range	13-25 year olds

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment–treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
Impact Initiatives	393	235	11 days	27 days	http://www.e-motionbh.org.uk	2 WTE	Counsellors

	Service information
Name	**Homewood College Psycho-therapist**
Description	Homewood is a special school for children experiencing Social, Emotional, and Mental Health Difficulties. The therapist offers a range of interventions including: • Contributing to multi agency planning meetings and liaising with other agencies • Providing individual state of mind assessments • Providing weekly therapy sessions with children on site • Working collaboratively with teachers at through small group work • Providing parent/carer and child sessions • Writing reports which help inform planning and interventions for individual children • Providing support to adults working within the school who need to process the impact of their work with very challenging children • Being the link to any CAMHS interventions • Supervising mentors for many pupils on school site • Providing staff group supervision and developing their awareness and expertise in mental health and emotional well being • Advising the senior leaders within the school on the development of a therapeutic approach to working with the most challenging and hardest to reach/teach children and young people attending the school.

what outcome(s) is it aiming to achieve	Homewood College exists to support children in gaining the greatest possible access to learning and achievement in preparation for the responsibilities and experiences of life. To this end our therapist helps individual children, and their families to address issues that are impacting upon their emotional wellbeing and mental health, and preventing successful engagement with school. Some of these are short term interventions whilst others may be longer term depending on each child's particular needs. The therapist works with children and families who have either failed to engage with traditional CAMHS services, or where children cannot access traditional CAMHS for other reasons, such as chaotic families and parents unable to manage their child's behaviour in a traditional clinic. As Homewood develops its work with young people who have very complex needs, and extremes of challenging behaviour (in the past these children would have been sent to residential schools out of the city), there has been an increased need for staff to have greater expertise in mental health and emotional wellbeing. We have found that by skilling the staff group this can impact on more students than solely providing individual therapeutic sessions. Especially where our young people are suspicious of traditional 'mental health' professionals, and take a long time to trust adults.
Reach / age range	Age 7 – 16 years old

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment–treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
Homewood College	18 (ongoing) 10 (New) Including three families in home	28	No more than 2 weeks	No more than 2 weeks	Available to 11-16 year olds and their families	0.8 WTE	Child and adolescent therapist

	Service information
Name	**Dialogue Community Counselling @ 65 – YMCA Downslink (including outreach in East Brighton)**
Description	The Counselling Service at No. 65 occupies the top floor of the building offering free counselling and therapeutic support using a 10 session model for 13-25 year olds since 1995. The service has a Co-ordinator, 2 paid p/t counsellors/supervisors, 1 administrator and 6 Honorary Counsellors. Counselling is also offered in East Brighton. The main issues young people present with are Suicidal thoughts, Self-Harm, Isolation, Eating related behaviour, Bullying, Bereavement/Loss, Family Illness, Domestic Violence, Suicide Attempts, Alcohol & Drug use, Suicide of a friend or family member and Arguments at Home. All paid staff are post-diploma qualified and the Honoraries are either in their final year of training or post-qualified. The service offers clients a meaningful intervention that helps them develop positive coping mechanisms that in turn enables them to address life's challenges with greater self-awareness and resilience. The service is one of only 5 services in Sussex to be accredited by The British Association of Counselling & Psychotherapy to work with Children, Young People & their Families
what outcome(s) is it aiming to achieve	• Increased coping skills • Increased self-esteem/confidence • Reduced stress and anxiety • Obtained employment, education or training • Reduced drug and/or alcohol use • Improved relationships and ability to communicate These outcomes result in Improved Health & Well-Being, Enhanced Access to Learning, Improved School Attendance, Improved enjoyment of life and attainment, Improved relationships at home & Prevention of social disaffection through criminality, teenage pregnancy, NEET and anti- social behaviour.
Reach / age range	13 – 25 year olds

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment– treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
Dialogue	493	469	7 days (average)	9 days (average)	YMCA SERVICES such as counselling, anger management, Walk and Talk, E-motion, YAC	1.5 WTE plus Honorary Counsellors (volunteers)	Counselling

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral – assessment)	Waiting times (assessment– treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
Safety Net	140 (SNAP)	376 (transition groups) 890 (personal safety) 75 (SNAP)	NA	NA	http://www.safety-net.org.uk/	4 part time workers	Personal safety workers with Participation skills. Personal safety and Protective Behaviour skills.

	Service information
Name	**Safety Net**
Description	**Safety Net is an independent charity whose aim is to promote safety, resilience and well-being for children, young people and families, at home, school and in their communities.** Safety Net delivers a number of its services through a Protective Behaviours Framework; this is a Programme which focusses on increasing safety, resilience and mental health and well-being by building emotional literacy, increased safety awareness and strategies and developing networks of support. Safety Net delivers a range of services: **Support for Families** - Holistic support for whole families with children aged 4-12 years old who attend participating primary schools (at present 20 primary schools across the city) Service includes: ➢ Outreach/engagement e.g. home visiting ➢ Early help assessment, lead professional and action planning ➢ School based easy access Book in/Surgeries for parents and staff consultation ➢ Family activities/ participation ➢ Direct work with children ➢ Workshops for parents on parenting and related topics ➢ Groups and courses for parents, and parents and children together e.g. Triple p, Protective Behaviors ➢ Family support workers based in the Community CAMHS Team and Parenting workers based in the Engagement Team and with Children's Social Care **Under 5's - Home Safety Equipment** - Safety Net runs a home safety equipment scheme for vulnerable families on low incomes across Brighton and Hove, mainly for children under 2. **Feeling Good, Feeling Safe** group work for parents across Children's Centre's and some nurseries in Brighton & Hove **Work with Children and Young People** - Safety Net provides 1:1 group work and projects for children and young people in schools and in the community to prevent bullying and abuse, teach children safety and assertiveness skills and involve them in safety issues in their neighbourhoods. Services include:- - SNAP Groups (Safety Net Assertiveness Project – group work) - SNAP-ITS (individual work with vulnerable and at risk children and young people) - Playground Buddies - bullying prevention project - Survivors' Group – Protective Behaviours 1:1, group work and residential for young people aged 13

	- 25 who are at risk of or who have experienced sexual abuse or harm - Safety Rocks – personal safety training and consultation for primary aged children - Protective Behaviours whole school approach – training, lesson plans and parent information on Feeling and Keeping Safe - Holiday activities for children that have attended SNAP and SNAP ITS sessions. **Support for community and voluntary sector groups** – We provide support to community groups to make sure that they have systems in place to keep children and young people safe. We can help with child protection training, policies and procedures and a DBS checking service. **Training** – Safety Net provides a range of training for individuals, schools, nurseries, groups and organisations who work with children, young people and families. This training includes: safeguarding, Protective Behaviours, mindfulness and attachment.
what outcome(s) is it aiming to achieve	Improving children and young people's safety, resilience and mental health and wellbeing at home, school and in the community Working to 'Every child matters outcomes:' stay safe, be healthy, enjoy and achieve, make a positive contribution, achieve economic wellbeing Early Help Plan outcomes for family members including; **improved** health (mental, emotional and physical), behaviour, identity, family relationships, confidence, learning, education and skills **Reduction** of exclusions **improved** attendance, housing, employment, finance, social and community relationships, parenting capacity, ability to cope and family resilience **Increased** involvement and participation **For children in particular -** increase in children's assertiveness, resilience and participation leading to a positive transition to secondary school, increased feeling of safety in their community and in schools including safe from bullying, increased protective factors to protect young people from risky and abusive situations
Reach / age range	Most of the services are focussed on primary school age. Assertiveness groups for children up to 13 years Home Safety and Children's Centre work is focussed on under 5's SNAP Groups are for children up to 16 years old and Survivors group work is for young people up to 18 years' old

	Service information
Name	**Therapeutic support for children of sexual abuse (BHCC)**
Description	Provide therapeutic support for children under 14 years old and the safe caregiver, where sexual abuse is being disclosed or where there are serious concerns about child sexual abuse. To assess and deliver evidence based therapy and interventions for up to 40 children per year (up to 15 sessions each)
what outcome(s) is it aiming to achieve	Provide therapeutic support for children under 14 years where sexual abuse is being disclosed or where there are serious concerns about child sexual abuse
Reach / age range	14 years and under

2016/17							
	No of referrals received	No of referrals accepted	Waiting times (referral–assessment)	Waiting times (assessment–treatment)	Patient information	Workforce (WTE)	Workforce (skills and roles)
CSA	51	48	51 responded to within 24 hours	14 working days	http://brighton.proceduresonline.com/pdfs/ther_supp_fam.pdf	1.5 WTE	Psycho-therapist

Brighton and Hove CCG mental health and wellbeing contracts (2016/17)

Specification	Funding (£)
Tier 3 CAMHS (SPFT block contract)	£2,494,940
LD CAMHS (SPFT) part of block contract from Oct 2016	£49,076
Neurodevelopmental psychologist at SSV (SPFT) part of block contract from Oct 2016	£36,000
Early Intervention Psychosis service (SPFT) (aged 14-35 years)	£922,913
Perinatal Mental Health (SPFT)	£191, 029
T2 CAMHS (BHCC)	£41,000
E-Motion (YMCA and Impact Initiatives) aged 14-25 years	£92,616
Health & Wellbeing Manager (Right Here) aged 14-25 years	£35,000
Young People's Centre - Counselling (Impact) - counselling aged 14-25 years	£61,084
Psychotherapist at Homewood College	£29,616
Protective behaviours (Safety Net)	£43,000
Domestic violence and child psychotherapy (RISE)	£40,000
Therapeutic support for children of sexual abuse (under 14 years)	£67,000
Youth Advice Centre (YMCA DLG) - counselling (aged 14-25 years)	£56,500
TOTAL	**£3,968,745**

Public Health mental health and wellbeing contracts (2016/17)

Specification	Funding (£)
Tier 2 Community CAMHS	£80,000
Non-recurrent EHWB projects as part of the PH Schools Programme	£10,000
Vulnerable Groups – Charlie Waller Foundation	£10,000
Right Here	£15,000
TOTAL	**£115,000**

Children's Services mental health and wellbeing contracts (2016/17)

Specification	Funding (£)
MIND Brighton and Hove	£26,768
Safety Net (6 months funding, in house from oct 2016)	£19,174
YMCA Downslink Group (6 months funding, in house from Oct 2016)	£31,500
SPFT (LAC)	£55,000
TOTAL	**£132,442**

Appendix Two – 2016/17 progress against LTP

	Area	Project and aims	Investment (planned)	Investment (actual)	KPIs	Programme progress, impact and next steps
INFRASTRUCTURE	**Innovative communications**	**#IAMWHOLE:** • Reduced stigma	£85,435	£69,296	• IT infrastructure solution in place	#IAMWHOLE • Impact of #IAMWHOLE has been measured and plans are being developed for phase 2 involving primary schools Find Get Give • IT infrastructure is in place • Service specification for 2017/18 complete • FGG will continue to be developed to be the single place to go to for information, apps, blogs, vlogs E-Motion • Going forward, online counselling will be part of the Community Wellbeing service and will be further developed and improved • Q1 Data 2016/17 suggest 100% satisfaction with the service.
		Find Get Give website: • Recognise and know how to seek help • Improved access to consistent online patient information to promote self-help and improve signposting	£12k (recurrent)	£12k		
		Improving online counselling E-Motion: • Improved access to counselling • Improved infrastructure for online counselling	£36.5k (recurrent, part of CWB 2017/18)	£36.5k	• Move to 20% dissatisfaction (from 80% baseline)	
	Development of primary care relationships and information sharing	Testing of information and consent protocols	£5k (non-recurrent)	£5k	• Improved working relationships and information sharing across the system	• Testing of protocols are underway. • Named leads in GP surgeries in one cluster and in CAMHS to encourage communication improvement • Work has been completed in improving relationships between schools and GPs and CAMHS.

	Project Management Resource	To ensure LTP programme is delivered to plan, timescale and budget	£45k (non-recurrent)	£57,963	• Project manager in place	• Interim PM in post until 30/06/17
	Resilience and prevention	**Street Funk:** • Improve engagement in MH services leisure activity related to therapy	£2k (non-recurrent)	£2k	• Over 3 school terms complete 2 groups for different ages per term	• 2 groups are offered to accommodate children of different ages: under 11s group and the over 11s group. • For the under 11s group an average of 3.6 children (min. 2, max. 5 children) attended per session in term 1 and there were 4.2 attendees (min. 3, max. 5 children) in term 2. The over 11s group had an average of 2.3 attendees (min. 1, max. 4 children) in term 1 and 2.9 attendees (min. 1, max. 5 children) in term 2.
		Safety Net in Primary Schools: • Expand resilience in Primary Schools	£20k (non-recurrent)	£20k	• Improvement in key outcomes in the Safe and Well at School survey (5% improvement in key outcomes)	• Delivered Protective Behaviours training to teaching and support staff at 188 schools as part of Feeling Good Feeling safe programme • 90% satisfaction of people finding training useful and feeling more confident to deliver the programme
		Young Oasis – Mellow Parenting	£7k (non-recurrent)	£7k	• 2 x 14 week programmes and 4 x 6 week programmes completed	TBA
		Carer and parent training: • Ensure training programmes are CYP IAPT compliant	£50k (non-recurrent)	£125k	• Training programme in place	• Providers include: AMAZE, mASCot, YMCA Dialogue, IFTPS, Grassroots Suicide prevention, and Allsorts

		• Improve carer and parent resilience in supporting CYP with MH				• Projects are in place, but not complete at this stage
BUILDING CAPACITY AT AN EARLY STAGE	**CYP IAPT**	Whole system commitment to CYP IAPT	£54k (recurrent)	£54k	• Become a member of CYP IAPT learning collaborative and appropriate action	• Member of London and SE Learning Collaborative • Need to understand baseline across the city of the DWDW framework • Develop and implement action plan in 2017/18 for DWDW to address gaps • A workforce and training needs analysis will be carried out in 2017/18
	PMHW in Schools Pilot	Improved access to support in schools, and school workforce development	£65k (recurrent)	£38,539	• Improvement in key outcomes in the Safe and Well at School survey (5% improvement in key outcomes)	• 3 secondary schools were part of the pilot, roll out to all secondary schools to be complete by June 2017. To be rolled out to 8 Primary Schools and Colleges in Sept 2017 onwards • In one pilot school there were 11% referrals to Tier CAMHS compared to 24% in a non-pilot school • Training schedule identified and delivered to primary schools is extremely populate and well attended. The evaluations are being completed per session and scoring high • Agreed a consistent IAPT outcome measurement tool to implement across the service

	Waiting times	Improve access and waiting times for CYP with MH and ASC and ADHD	£125K (non-recurrent)	£64k (SPFT) £35k (Wellbeing/ HERE)	• Improve waiting times targets (additional non-recurrent funding for 16/17)	• Impact on CAMHS and Wellbeing waiting times and wellbeing waiting times are: o An improvement of 23%in T3 waiting times. o No improvement in Wellbeing performance due to increased levels of referrals.
TARGETTED SUPPORT	**Urgent Help Service (UHS; Pan-Sussex)/ Crisis**	Improve CYP access to crisis MH services	£65k (recurrent)	£0k	• Response time to assessment within 4 hours from referral 7/7 0900-2200	• This work has been incorporated into the new MH redesign work • Initial conversations and redesign with SPFT/ NHSE underway • There are continued opportunities to co-commission with NHSE • More complex than originally perceived and fits into a wider discussion of LAC/H&J/T3 redesign • There are continued opportunities to co-commission with NHSE
	Looked After Children (LAC)	Improved access to MH services for LAC	£50k (recurrent)	£7k	• 5 shared cases (between social care and MH in Adolescent pod)	• This has not yet been achieved. • Scoping and vision for new model nearly complete • Information and data sharing between social workers and SPFT is essential and is being planned for • This work has been incorporated into the new MH redesign work

						• A new Clinical Psychology resource is available to work with social care from April 2017 for one day per week
	TAPA	Improved access to CYP aged 14-25 and those not engaged in mainstream services	£60k (recurrent)	£60k	• Increased access for BME to 15% and Young Men to 15%	• BME and LGBT specialist workers have been recruited • BME Referrals (all genders) saw and an increase in referrals from 2015-2016 of 243%. The total BME referrals in 2015 was 7, rising to 24 in 2016. • The number of young men referred to the service in 2015 was 61, and in 2016 that increased to 76, which is an increase of 24% • In 2016 the worker began to develop better links with Unaccompanied Asylum Seekers via joint working with Tier 3 CAMHS & Social Services.
	Perinatal Mental Health (SPFT PiP)	• To increase access to parent and infant psychology • Improvements in Perinatal MH services	£7k (non-recurrent, successful specialist perinatal MH bid)	£29k	• At least 10 families to be supported on a PiP programme in SPFT	• BrightPiP has worked with 15 families • SPFT PiP have worked with 16 families and 4 family assessments were completed during the 16/17 pilot.
	Tier 3 CAMHS redesign	Improve service model in Tier 3 CAMHS	£57,660 (non-recurrent)	£0k	• Completion of Service Specification	• Service specification to be completed and agreed by end April 2017
	Eating Disorder service and B-Eat training	• Improved waiting time and access, improved outcomes, reduce T4 admissions	£72k (recurrent)	£154,000	• 85% (Moving to 95% in 2020)	• Sussex wide FEDS now in place • Reported performance in Feb-17 was 100%.

		• Sussex-wide NICE concordat, national guidance compliant, CYP ED service (FEDS) in place				• Beat now commissioned to provide a 2-year programme of support for parents/ carers
		Total	**£813,595**	**£776,305**		

Appendix Three - Educational Policy Institute's LTP Success Indicators

The Educational Policy Institute's (EIP)[65] Report measures of LTP success are based on the following indicators:

Transparency

- Our LTP details a local understanding of need, including using national and local data (Joint Strategic Needs Assessment) to estimate current and future prevalence rates and need for services at different levels, such as universal/targeted/specialist or inpatient care
- The 2016/17 LTP was published in October 2016, and includes activity and finance data from all providers and was approved by the Health and Wellbeing Board
- We have set out an accurate description of the current service provision in B&H, highlighting where problems exist rather than including only positive information, and clearly set out the current problems challenges we face
- A training needs assessment is due to take place in 2017/18 to develop a clearer understanding of workforce development needs

Involvement of children and young people

- Our LTP was developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people and it outlined the need to transform care and support on a whole system basis and have commissioned: work to better adhere to CYP IAPT participation principles; Student Voice in schools; a city-wide participatory CYP anti-stigma campaign called #IAMWHOLE; and employed a 'Right Here Wellbeing Manager' as well as young people volunteers
- The FindGetGive website has been developed with end user involvement and design to ensure a central Brighton and Hove online resource exists for young people, parents and carers. The site is user tested, and based on feedback that is collected from young people to ensure it is properly maintained and used as much as possible
- Our continued aim is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children and to ensure a community eating disorder service was provided
- Future plans include co-designing CYP friendly JSNA and LTP Summary documents and continued co-production of online and anti-stigma activities

[65] EIP (2016) Progress and Challenges in the Transformation of Children and Young People's Mental Health: a report of the Educational Policy Institute's Mental Health Commission.

Level of ambition

- The LTP was designed in line with the ambitions and priorities identified in *Future in Mind* (2015)
- The LTP Assurance group has utilised NHSE Monies to reduce waiting times in key areas of the services provided
- The Tier 3 CAMHS redesign as well as implementation of Community and Schools Wellbeing Services, seek to remove tiers and gaps between services and design a smooth pathway from first referral to specialist treatment, thereby transforming local provision through service redesign
- Strong focus on prevention (#IAMWHOLE campaign and Wellbeing Manager in RH, and training for parents/ carers)

Early intervention including links with schools and GPs

- LTP plans invests sufficient resource in mild to moderate mental health and emotional wellbeing issues through the Community Wellbeing with a single point of access for mental health referrals and Schools Wellbeing Service with Primary Mental Health Workers in every school and college ,
- B&H was part of the national CAMHS Schools pilot working with DoH and DfE to pilot new ways of mental health working with education
- The Tier 3 CAMHS redesign and wellbeing service plans include clear proposals for integrated service provision with universal services such as GP practices, schools and social care, focuses on preventing problems escalating to a point where specialist services are needed, as well as with Community and Schools Wellbeing, and Social Care pods
- We collaborate with various voluntary sector partners across the Emotional Health and Wellbeing LTP programme for example: in collaboration and co-design of website and online information portals with CYP and YMCA; training and awareness for parents and carers with 8 voluntary sector partners
- The participatory mental health anti stigma #IAMWHOLE communications campaign was delivered with the involvement of young people in schools and colleges across the City who took the campaign messages and continue to develop their own mental health anti-stigma campaigns
- Other early intervention work included investment in Perinatal mental health services and support for parents/ carers

Governance

- The LTP plans have set out how the programme, and projects will be achieved and delivered to budget and agreed timescales, detailing risks and actions to mitigate in a risk register
- Each project is detailed in a Gantt chart, detailing milestones, responsible officers, and KPIs which are tracked
- The LTP Assurance group is responsible for the delivery and assurance of the LTP, and reports to senior CCG and Local Authority boards, and up to NHSE on a regular basis
- The LTP has been approved by the Health and Wellbeing Board who is annually updated on progress ahead of annual publication of the LTP

Appendix Four – Key Lines of Enquiry

All Local Transformation Plans are assured against the following areas:

1. Transparency and Governance
2. Understanding local needs
3. LTP ambition
4. Workforce
5. Collaborative Commissioning
6. CYP IAPT
7. Eating Disorder Services
8. Data
9. Urgent and emergency crisis mental health care for children and young people
10. Early Intervention Psychosis
11. Impact and Outcomes

Guidance on Key Lines of Enquiry (August 2017) – Brighton and Hove CCG self-assessment can be found in the following table:

1. Transparency & Governance	**Y/N**	**Evidence**
Will the LTP be both refreshed *and* republished by the deadline of 31 October 2017 with checked URLs	Y	Paragraph 1.7.2
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs (CCGs are requested to provide a paragraph on alignment)	Y	Paragraphs 3.9, 31.0, 3.11 & 3.13
If the plan is not refreshed by the deadline - has the CCG confirmed that a progress position statement on the refresh is on their website	Y	Paragraphs 1.1.2 and 1.7
Does the LTP include a baseline (15/16) actual for 2016-17 and planned trajectories which include: - finance (including identification of, at least, the additional investment flowing from this LTP's share of Budget allocations and performance to date) - staffing (WTE, skill mix, capabilities); - activity (e.g. referral made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with clear year on year targets and performance to date for improving access and capacity to evidence based interventions	Y	Figure Two and paragraph 6.6 Section 11
Does the refreshed LTP clearly evidence engagement with a wide variety of relevant organisations, including children, young people and their parents/carers from a range of diverse backgrounds including groups and communities with a heightened vulnerability to developing a MH problem and aligned to key findings of the JSNA, youth justice and schools & colleges?	Y	Front cover Paragraphs 3.8, 3.15, 3.16, 3.17 & 3.18

Does it evidence their participation in:		
- governance	Y	Section 20 Paragraph 28.1 Figure Three
- needs assessment	Y	Paragraph 4.2.2
- service planning	Y	Paragraph 25.2 and 28.9 Section 18 and 19 Table Three points 4 & 6
- service delivery and evaluation	Y	Section 25
- treatment and supervision	Y	Sections 18 & 19
Has the LTP been signed off by the Health and Wellbeing Board and other relevant partners, such as specialist commissioning, local authorities including Directors of Children's Services and local safeguarding children's boards, Children's Partnership arrangements and local participation groups for CYP and parents/carers?	Y	Paragraph 1.7.2, 3.8, 28.1 & 28.3
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	Y	Section 28 Figure Three
Does the plan clearly evidence outcomes of existing services including achievements and challenges, alongside a coherent statement of strategic priorities, areas where further development is needed and future commissioning focus?	Y	Sections 5, 6, 7, 9 & 11
Are there clear mechanisms and KPIs to track progress that is shown over the plans period? i.e. show yr1, 2, 3 etc.	Y	Section 10 Figure One and Two Appendix Two
Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format for children and young people, parents, carers those with a learning disability and those from sectors and services beyond health, with all key investment and performance information from all commissioners and providers within the area?	Y	Paragraphs 1.7.2, 1.12 & 25.1 Case Study page 57
Does it include specific plans to improve local services?	Y	Section 17

2. Understanding Local Need	**Y/N**	**Evidence**
Is there clear evidence that the plan was designed and built around the needs of all CYP and families locally who may have or develop a MH problem, with particular attention to groups and communities with a known heightened prevalence of MH problems?	Y	Paragraph 4.2
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?	Y	Paragraph 4.2
Does the plan make explicit how health inequalities are being addressed?	Y	Paragraph 4.5
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	Y	Paragraph 4.2, 4.3, 4.4 & 4.5 and Fig 3
3. LTP Ambition 2017-2020	**Y/N**	**Evidence**
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England specialist commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups?	Y	Foreword, paragraphs 1.2.1, 3.8, 3.15, 3.16, 3.17, 3.18, Section 12
Does the plan have a vision as to how delivery will be different in 2020 and how this will be evidenced?	Y	Section 12 and paragraph 13.1
Does the LTP align with the deliverables set out in the 5YFV for Mental Health?	Y	Table One and Two
Does the plan address the whole system of care including:		
- early prevention and early intervention including universal setting, schools and primary care	Y	Paragraphs 17.1 and 17.2
- early help provision with local authorities	Y	Paragraph 17.2
- routine care	Y	Paragraphs 17.1, 17.2 & 17.3
- crisis care and intensive interventions	Y	Section 18
- identifying needs, care and support for groups with particular needs and who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, looked after children , children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary from one area to another.	Y	Paragraphs 4.2.2e, 4.1, 17.3.1b Sections 19 and 22

- inpatient care	Y	Section 18
- specialist care e.g. eating disorders	Y	Section 15
Does the LTP include sustainability plans going forward beyond 2020/21?	Y	Paragraph 3.10
Where New Models of Care are been tested - is there a commitment to continue to invest LTP monies beyond the pilot?	Y	Paragraph 18.8
4. Workforce	**Y/N**	**Evidence**
Does the LTP include a multi-agency workforce plan?	N	Paragraphs 21.1, 21.2, 21.3
Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver LTPs ambition?	N	Paragraph 21.2 Figure One and Two Table 10
Does the workforce plan include CPD and continued participation in CYP IAPT training programmes	N	Paragraph 21.2
Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place?	Y	Paragraph 21.2
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?	Y	Paragraphs 21.3, 21.5, 21.8 & 21.9
5. Collaborative and Place Based Commissioning	**Y/N**	**Evidence**
Does the LTP include joint place based plans (between CCGs and specialised commissioning) to: develop a local seamless in-patient CYP MHS pathway across appropriate footprint - demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?	Y	Sections 18 & 26
Is the role of the STP reflected in joint place plans?	Y	Paragraphs 3.12, 3.13, 18.6 Section
Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	Y	Section 18 Paragraph 26.2
Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services? This should include during their stay in secure settings, transition in and out of secure settings, and in and out of community services, whether continuing in children and young people services or moving into adult services.	Y	Section 19

6. CYP Improving Access to Psychological Therapies (CYP IAPT)	Y/N	Evidence
Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include: - collaboration and participation - evidence-based practice - routine outcome monitoring with improved supervision	Y	Paragraphs 20.1 and 20.2
If not a CYP IAPT member, are there plans in place to join a CYP IAPT learning collaborative?	NA	NA
Is there a commitment to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	Y	Paragraph 20.4
Is there sustainability plans for CYP IAPT learning collaboratives in preparation for central funding coming to an end?	Y	Paragraph 20.4 and Table 10
7. Eating Disorders	**Y/N**	**Evidence**
Does the LTP identify current baseline performance against the new Eating Disorder access and waiting time standards ahead of measurement beginning from 2017/18?	Y	Section 15
Does the plan clearly state which CCGs are partnering up in the eating disorder cluster?	Y	Section 15
Where in place, is the CEDS in line with model recommended in NHSE commissioning guidance?	Y	Section 15
Is CEDS signed up to national quality improvement programme?	Y	Section 15
8. Data	**Y/N**	**Evidence**
Does the LTP set out baseline and incremental increase in number of CYP accessing care, number of existing staff being trained and numbers of new staff recruited to deliver EB interventions? - is there evidence of progress against set trajectories?		Paragraph 21.2 and Section 14 and Figure 1 and Table 10
Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to flow data for key national metrics in the MH Services Data Set? MHSDS) Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	Y	Paragraph 14.3
Is there evidence of the use of local/regional data reporting template(s) to enhance local data?	Y	Paragraph 14.4

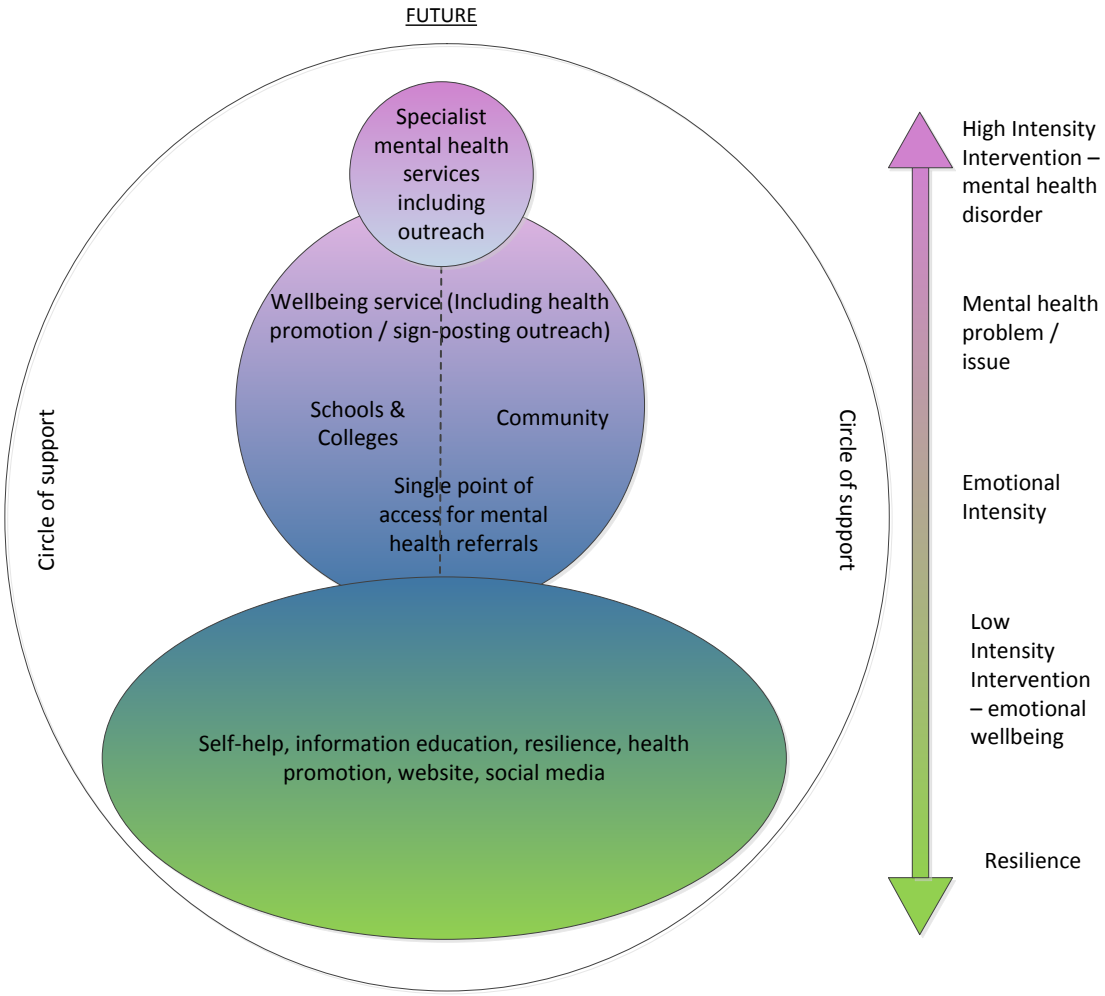
9. Urgent & Emergency (Crisis) Mental Health Care for CYP	**Y/N**	**Evidence**
Does the LTP identify an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families	Y	Section 18
Is there evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes ?	Y	Section 18
10. Integration	**Y/N**	**Evidence**
Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	Y	Paragraphs 17.3 and 4.4.1
Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care? Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or those with historically poor access to MH services or particular issues accessing MH services, be it cultural, communication-based, etc.)	Y	Paragraphs 17.2, 17.3, 18.1, 18.3, 18.4, and 8.5 Sections 18, 19 & 22
Does the LTP include work underway with Adult MHS to link to liaison psychiatry?	Y	Paragraphs 18.1 & 18.6
11. Early Intervention in Psychosis (EIP)	**Y/N**	**Evidence**
Does the LTP identify an EIP service delivering a full age-range service, *including all CYP*, experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	Y	Section 27
If so, does this include the full pathway for all CYP, including those who present to the specialist CYP MH service? Is there a commitment to specifically monitor CYP access?	Y	Paragraph 26.4
12. Impact and Outcomes	**Y/N**	**Evidence**
The LTP is a five-year plan of transformation. Do you have: - a transformation road map - examples of projects which are innovative and key enablers for transformation; - examples of how commissioning for outcomes is taking place?	Y	Figure One Sections 9, 10, 11, 12, 13 and 16

13. Other Comments	Y/N	Evidence
Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce, procurement of new services not being successful or delayed?	Y	Section 29 LTP Tracker
Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as 'best practice?	Y	Section 24
Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?	Y	Section 16
Does the plan show how funding will be allocated throughout the years of the plan?	Y	Section 13 Table 6
If there are risks does it highlight this within the plan?	Y	Section 29

Appendix Five – Children and Young People's Mental Health Pathway

The umbrella Wellbeing Service which includes Community and Schools Wellbeing Services provides assessment and treatment of children and young people with mild to moderate mental health and emotional wellbeing issues (common low intensity mental health problems, non-psychotic mild/ moderate issues).

CYP Emotional Wellbeing and Mental Health Pathway



Key:	Public Health Prevalence (based on population)		
Low Intensity	Universal Support		7,645
Medium Intensity	Mild/moderate MH	Community & Schools Wellbeing	3,570
High Intensity	Moderate/severe MH	Specialist Community Mental Health Services	945
		Mental Health In-patient Services	40

Appendix Six - LTP Tracker (attached separately)

Appendix Seven - Assurance Group Terms of Reference

1. Background

1.1 The publication of *Future in Mind (FiM)- promoting, protecting and improving our children and young people's mental health and wellbeing* [66] heralded a call to transform the services offered to children and young people with mental health and wellbeing issues through the development of a local transformation Plan. To support this change Brighton and Hove Clinical Commissioning Group (CCG) has been allocated the following funds (see table one below):

	2015/16	2016/17 onwards
Community Eating Disorder Service for Children and Young People (CEDS-CYP)	£148,848	£154,000
Transformation Plan	£372, 582	£610,259
	£521,430	**£764,259**

Table One: B&H CCG Allocation of funds

1.2 Key issues at a national level identified in FiM:

- Treatment gap – less than 25% to 35% of those with a diagnosable mental health condition accessing support
- Difficulties in accessing services with an increase in referrals, caseload complexity and waiting times
- Complexity of care pathway with the potential for children and young people to fall through the net.
- Specific issues relating to access to out of hours and crisis services
- Specific issues relating to access to vulnerable groups.

1.3 In January 2016 a Joint Strategic Needs Assessment (JSNA) was published on children and young people's mental health and wellbeing (0-25 years) in Brighton and Hove. The JSNA identified issues that largely mirrored those identified at a national level but also identified particular issues in relation to transitioning between children and adult services.

[66] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

1.4 In light of the recommendations from FiM and the local JSNA the aspirations for the Transformation Plan are to:

a) Place emphasis on building resilience, promoting good mental health through prevention and early intervention;
b) Make mental health support more visible and easily accessible for young people adopting the principle that *no door is the wrong door*;
c) Ensure services are built around the needs of children, young people and their families, moving away from a system defined in terms of services organisation;
d) Build additional capacity across the system to deliver treatment and care with evidence-based outcomes;
e) Improve the linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
f) Ensure access to responsive services in a crisis especially out of hours**;** and
g) Prepare for adulthood by ensuring young people transition well at different stages of their life, especially at 18 years old

1.4.1 Delivering this Transformational change will be require who system working and will be underpinned by involving children and young children and young people and parents and carers in co-design of plans and services.

1.4.2 The Local Transformation Plan for Brighton and Hove can be found on the CCG website by following this link.
http://www.brightonandhoveccg.nhs.uk/plans

2. Purpose

2.1 The purpose of Transformation Plan Assurance Group is to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. This will be achieved through a partnership approach bringing together commissioners across the system to oversee the delivery, monitoring and on-going development of the Local Transformation Plan.

2.2 The group will ensure that all stakeholders' perspectives are accounted for, will promote participation and engagement, and develop recommendations for transformation of service delivery.

3 Responsibilities

3.1 The Transformation Plan Assurance Group's responsibilities are to ensure the Transformation Plan:

a) Is underpinned by the FiM principles and FYFVMH;
b) Reflects national guidance for example specific waiting time standards;
c) Responds to local need;
d) Has adequate assurance in its delivery through regular monitoring including management of risk, enabling compliance with the NHS England assurance process; and

e) Is updated as required and at least annually in accordance with need and to respond to any national/ local guidance or policy or strategic change.

4 Membership and attendance

4.1 The Transformation Plan Assurance Group shall be comprised of representatives from the following:

Organisation and title
B&H CCG CAMHS Commissioning Manager
B&H CCG Head of Commissioning (Chair)
B&H CCG MH Clinical Lead
BHCC Assistant Director Children's Services - Education
BHCC Assistant Director Children's Services – Social Care
BHCC Public Health Commissioner - Children
B&H CCG Finance
B&H CCG Informatics
SE Clinical Network (NHSE)

4.2 Children and Young People, parents, carers and providers will be represented via the Children and Young People's MH Partnership Group.

4.3 Members should be of a senior level with a lead responsibility for their respective organisations.

4.4 Members should designate a deputy if they are unable to attend a meeting.

4.5 Members will be responsible for ensuring that their own organisation or group is fully briefed on decisions.

4.6 Membership will be kept under review.

4.7 To ensure the meetings are meaningful, actions can be reviewed and recommendations made, there will be sufficient attendance. It is expected that there will be at least the Chair or Deputy Chair present and at least 3 other members.

5 Frequency and structure of meetings

5.1 The Transformation Plan Assurance group will meet on a monthly basis. The frequency of meetings will be reviewed every 6 months.

5.2 All communications relating to meetings will be disseminated and papers/ reports circulated in a timely manner.

5.3 Agenda items should be forwarded to the Chair one week prior to meetings.

5.4 The meetings will take place at Hove Town Hall.

6. Recommendations and reporting lines

6.1 The Transformation Plan Assurance group will be accountable to the CCG Governance Committees.

6.2 All organisations will be responsible for ensuring any service development and change to service provision will be signed off within their internal governance structures.

7. Review of Terms of Reference

7.1 These Terms of Reference will be reviewed on at least a 6 monthly basis.

Appendix Eight – Improvement and Assessment Framework (IAF) – children and young people's mental health

The IAF for Brighton and Hove can be found below.

The CCG is partially compliant with the collaborative commissioning indicator however work is being developed to comply with this as outlined in paragraph 26.

The CCG is not compliant with the development of a joint workforce strategy however plans on how this will be developed and implemented are outlined in paragraph 21.

The CCG is not compliant in the LTP funding. The evidence of this was gathered from the finance information from the non-Integrated Single Financial Environment (CCG monthly return) as part of the Parity esteem return and does not reflect accurately as the CCG has in fact allocated and spent its full LTP funding in all years.

Question	Compliance	Score	Max
1) Has the CCG working with partners updated and re published the assured local transformation plan (LTP) from 2015/16 which includes baseline data?	Fully compliant	0.6	0.6
2) Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?	Fully compliant	0.6	0.6
3) Is the Children and Young People's Eating Disorder Team commissioned by the CCG part of a quality assurance network?	Fully compliant	0.6	0.6
4) Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS? (It is expected that all CCGs will have this in place by the end of December 2016)	Partially compliant	0.3	0.6
5) Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives?	Not compliant	0	0.6

6) Is the CCG forecast to have increased its spend on Mental Health Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?	compliant[67]	0	3	
	Total Score	**2.1**	**6**	**85%**[68]

[67] The CCG believes it is compliant against this measure as all LTP funding has been allocated to CYP MH

[68] Budget allocation accounts for 50% of the overall CAMHS score, the CCG believes it is compliant against this question and this is reflected in the score

Appendix Nine – Sussex-wide DWDW Programme of Work

Sussex-wide DWDW Programme

Executive Lead	Sussex Partnership NHS Foundation Trust
Commissioning Managerial Lead	Sussex CCG/LA
Clinical Lead	Sussex Partnership NHS Foundation Trust
Programme Manager	Sussex CCG/LA
Head of Service - Sussex ChYPS	Sussex Partnership NHS Foundation Trust
Health Education England - MH Lead(s)	Health Education England - Kent Surrey Sussex
CYP IAPT Collaborative Lead(s)	London & SE CYP IAPT Learning Collaborative
HEI Lead	University College London

	Programme	**ToR**	**Deliverables**
1	**Core Operational Team** - Project Plan - Deliverables - Resource allocation - Stakeholder analysis/communication plan - Reporting		- Programme Manager (interim) in post - Clinical Lead (1 year) in post - Outline programme of work - Agreed deliverables - Project Plan - Stakeholder map/communication plan
2	**Sussex-wide DWDW Programme Board** - ToR - Sussex-wide approach to delivering DWDW - PID	ToR	- Establish Sussex-wide DWDW Programme Board (2017-2020) - PID (Project Plan, risk log etc.) - LDNSE Collaborative Agreements (strengthening and extending applications across all sectors)

3	**Sussex-wide DWDW Community of Practice** - Workshops - Events	Mandate	- Launch Event (11 July 2017) - Workshop schedule: a) Phase 1 b) Phase 2 c) Phase 3 - Outreach support package (from LDNSE CYP IAPT Collaborative) - Masterclass (bespoke subjects)
4	**Training Provision (Log)** - LDNSE Curricula - LDNSE New Curricula (U5s, LD/ASD, Counselling & Combination) + EBBP - PWP (HEE) - LA - HEIs - CAPA - Commissioning Development Programme (NELCSU) - Voluntary Sector - Independent Sector - MIND Ed - Discovery College **Course registrations (and funding)** **Future planning**		*Phase 1 (May-October 2017):* - Training Log - Course registrations (CYP IAPT) and salary support - Course registrations (outside CYP IAPT) *Phase 2 (November 2017 - April 2018):* - Accreditation/validation/quality assurance of non-CYP IAPT courses; - Developing training strategy to commission and sustain CYP IAPT training for local providers once central funding ceases in 2018; - Estimate costs and funding streams for proposed courses (taking into consideration salary support and other incidentals); *Phase 3 (2018-2020):* - Procure training from local HEIs and other training providers to deliver agreed curricula from 2019; - Facilitate and promote courses across all sectors/provider services; - Monitor take-up of courses and modify plans/budgets for future years.

5	Workforce Planning - to identify training needs (and gaps in service provision) - National audits - SECN/HEE workforce audit - Barry Nixon - LA audits - Local workforce plans/groups	MOU with HEE	*Phase 1 (May-October 2017):* - Free Your Mind Group - Facilitate workforce planning assessment (HEE) - to be carried out - Outreach support package (from LDNSE CYP IAPT Collaborative) Phase 2 (November 2017 - April 2018): - Draw up implementation plan from recommendations made for Sussex from the workforce planning report - Workforce plans for WS, ES and B&H (STP)
6	**Participation & Young Advisors** - Participation worker groups - Young Advisors - Parents/Carers - National Participation Support Programme - YoungMinds		- Launch 'Participation' Sussex-wide via Community of Practice Forum - Develop plans for Participation Leads in both WS and ES - Support new initiatives such as the Acceleration Fund, I am Whole, Free your Mind etc. - Create a Sussex-wide Participation Hub to bring together those people involved in 'Participation' to share and pool their work and ideas for engaging and involving young people, their parents and carers in the development of new and existing mental health and wellbeing services.
7	**Quality Monitoring & Data Flow** - Quality monitoring returns (quarterly x3) - Completeness of data flow to MHSDS - Review and feedback on returns - Provider response/actions - CORC dashboard & Paperless Outcome System		- Quarterly monitoring returns (x3) - Quality & Outcomes Masterclass - Revised/agreed key intervention outcome measures - Shared learning (Sussex-wide) via Community of Practice

8	**Assurance & delivery** - Local Transformation Plans (annual refresh - AWT standard compliance - STP (IAF) - Ad hoc requests (including meeting attendance and progress updates)		- Estimate LTP reserve allocations for courses/salary support (18/19) - Achieve STP compliance with CYP IAPT IAF - Achieve CYP IAPT compliance against AWT standards - Provide content for both LTP and/or STP reports (on request)
9	**Meeting Attendance Schedule** - Core team (bi-weekly) - Sussex-wide DWDW Programme Board (monthly) - Sussex-wide DWDW Community of Practice (bi-monthly) - Sussex Contract Meetings (on request) - Sussex Commissioners Meetings (monthly) - London & SE CYP IAPT Collaborative Programme Board (quarterly) - SECN CYP IAPT Steering Group (quarterly) - LTP Board Meetings (on request)		

Appendix Ten - Sussex-wide DWDW – terms of reference

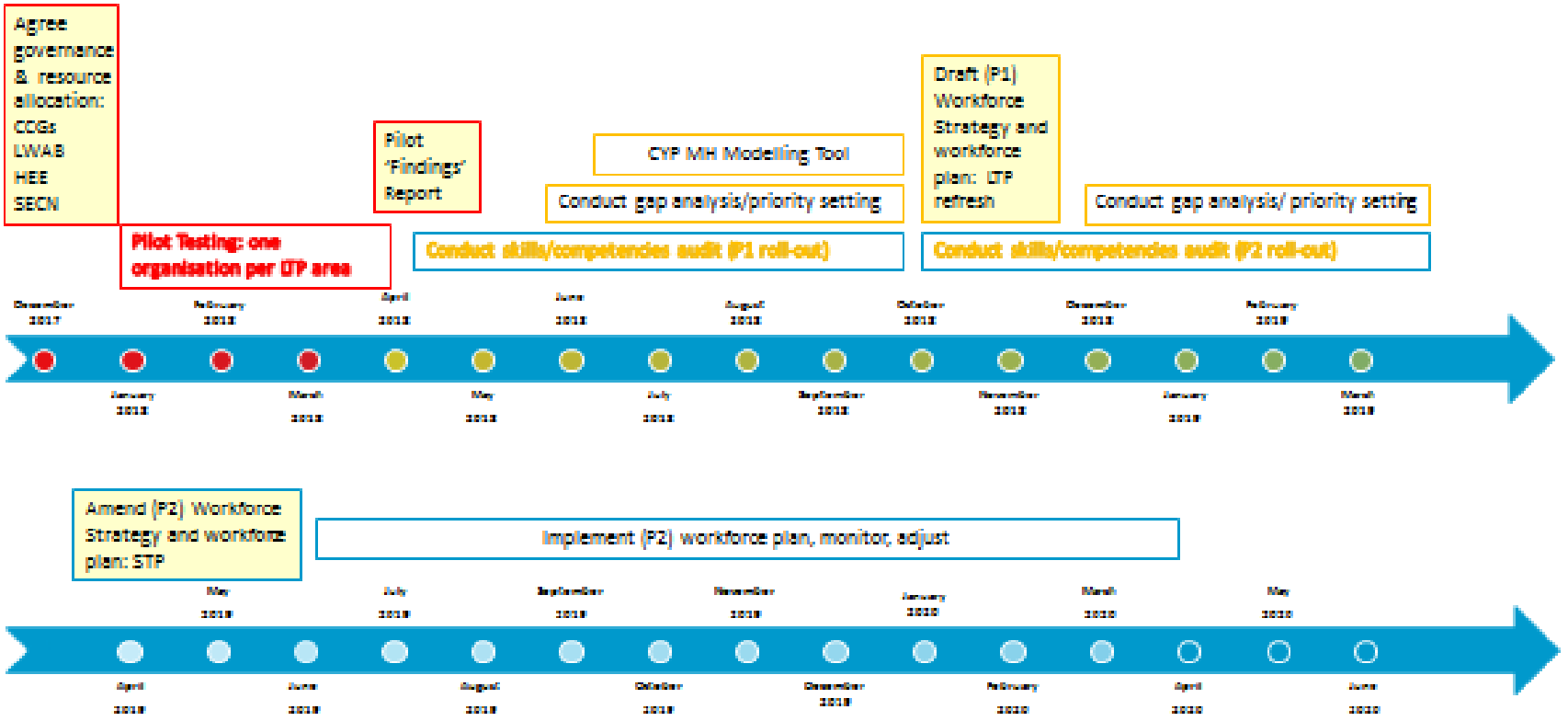
Sussex-wide 'Delivering with Delivering well Programme Board
Terms of Reference

1. Overall Purpose	1. To provide leadership and commitment to implement and deliver a vibrant, accelerated and sustainable DWDW transformation programme of work across all mental health promoting services for children and young people in Sussex in line with expectations outlined in Future in Mind, Local Transformation Plans and the wider footprint of Sustainable Transformation Plans. 2. Within our programme of work, to embody the principles of CYP IAPT in all our undertakings. 3. To oversee and approve resources, budgets and timescales for delivery and to monitor progress against key deliverables and milestones.
2. Programme of Work	The Programme Board will oversee delivery of the Sussex-wide programme of work (Appendix A). The key objectives will be: 1. To widen participation in the DWDW programme by engaging with multiple stakeholders, clinicians and managers working to deliver improved CYP mental health promoting services in all settings and across all health, social care and educational sectors; 2. To maximise training and development (and funding) opportunities offered by the LDNSE Learning Collaborative and other local training providers to support service transformation; 3. To establish a wide multi-agency Community of Practice to embed core elements of the programme and extend support and training beyond CAMHS to the wider health, local authority and voluntary sector partners; 4. To ensure there is effective and enhanced communication and information sharing with children, young people and carers to inform future commissioning and provision of services; 5. To identify any learning or recommendations for improvement are shared across all providers of CYP mental health promoting services across Sussex; 6. To review risk and issue logs, agree mitigation plans and provide guidance and escalation where appropriate; 7. To provide challenge and approve changes to the programme in line with changes to national policy, evidence based practice or local circumstances.
3. Hosting Arrangements	The Sussex-wide DWDW Programme Board is hosted by CYP mental health Commissioners across West Sussex, East Sussex, Brighton & Hove Clinical Commissioning Groups working in partnership with the London & South East CYP IAPT Learning Collaborative and Sussex Partnership NHS Foundation Trust. West Sussex Commissioners will be responsible for administrative arrangements. The Programme Board does not impact on any existing organisational accountability arrangements for member organisations.

4. Membership	***CYP Mental Health Commissioners (CCG & LA):*** • West Sussex - CYP Emotional Wellbeing & Mental Health Commissioning Manager - Sussex-wide DWDW Programme Manager; • East Sussex - Programme Manager – CYP Mental Health and Wellbeing - Commissioning Manager, Maternity and Children's and CAMHS - CYP Clinical Lead, ES CCGs - Consultant in Public Health, ESCC • Brighton & Hove - Commissioning Manager, CYP Mental Health and Wellbeing - Children, Young People and Schools PH Commissioner ***London & South East CYP IAPT Learning Collaborative: (one representative)*** • Clinical Lead • Programme Manager ***Sussex Partnership NHS Foundation Trust:*** • DWDW Clinical Lead • Clinical Lead for ChYPS • Service Director ChYPS • Head of Service, Sussex ChYPS ***Third Sector*** • Head of Wellbeing & Therapeutic Service, YMCA Downslink ***Local Authority:*** • Brighton & Hove Inclusion Support Service • LAC CAMHS Team, WSCC • IPEH & Partnerships Lead, WSCC ***South East Clinical Network, NHS England*** • CYP MH Programme Manager ***Health Education England working across Kent, Surrey and Sussex*** • Clinical Lead for Mental Health • Senior Programme Manager for Mental Health ***Higher Education Institutions (ad hoc representation):*** • UCL • Sussex University • Surrey University representative

	• Christchurch University representative ***Circulation list for meeting papers:*** • Contracts Manager, NHS South CSU • IT, SPFT • General Manager, WS • General Manager, ES • General Manager, SPFT BH • Participation Lead, ESx SPFT • Participation Lead, WS, SPFT
5. Frequency	The Programme Board will meet every month for two hours.
6. Quoracy	The Programme Board will be chaired by West Sussex CCGs/County Council. If absent, either East Sussex or Brighton & Hove will act as Deputy Chairs for the meeting. A Chair and a minimum of 5 or more members will need to be in attendance for the Board to be held.
7. Venue	The Programme Board meetings will be held at Centenary House, Worthing or the Horsham Hub Centre, Horsham. Tele-conferencing arrangements can be set up on request.
8. Review	This Programme Board will be reviewed before the end of Year 1 (March 2018)

Appendix 11 – Proposed milestones for development of a Workforce Strategy



Brighton and Hove
Clinical Commissioning Group

Appendix B
Equality Impact assessment (EIA) Form

Public sector bodies need to be able to evidence that they have considered the potential impact on all people with 'protected characteristics[1]' when drawing up policies, delivering services or planning for their own employees.

To comply with our legal requirements and ensure that all programmes, services and investments do not result in unfair disadvantage or exclusion, an EIA must be completed. For help with the EIA, please contact the Engagement and Equalities team (Jane Lodge/Emma Snowdon)

EIA INFORMATION			
Title	Children and young people's mental health local transformation plan		
Author	Gill Brooks	**Team**	Children's & Mental Health Commissioning Team
Date	27 July 2017	**Reference No.**	
FOR PMO USE ONLY			
Approved By		**Date Approved**	

Section 1: Looking at the Evidence

1. **Please summarise the purpose of the proposal, project or policy and its desired outcomes:**

Following the publication of Future in Mind (2015) which highlighted difficulties in access to mental health support to children and young people, all CCG's are required to produce an annual Children and Young People's Mental Health Local Transformation Plan (LTP) refresh.

The CSG approved the Brighton and Hove (LTP) in October 2015 and the refresh in October 2016. These documents can be found here: http://www.brightonandhoveccg.nhs.uk/plans

CCGs are required to refresh and republish their LTPs by 31st October 2017. There are several elements to the draft LTP refresh for 2017/18:

a) An update and progress on children and young people's mental health services vision and how the refreshed LTP will enable that to succeed;
b) The LTP plans for 2017/18 onwards in the context of the Five Year Forward View for Mental Health and developments within our Sustainability and Transformation Partnership (STP); and
c) An update on 2016/17 (spend and activity).

[1] These include: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender, and sexual orientation. Marriage and civil partnership also apply but only in relation to eliminating discrimination

Within Brighton and Hove we know there are difficulties in terms of access to mental health support for children and young people particularly getting the right support at an early stage delivered in a way that is suitable for children and young people. Most of the on-going LTP funding has therefore been allocated to addressing the gap through the commissioning of the all-ages Wellbeing Service and a similar service offer available in schools and colleges delivered by Primary Mental Health Workers, known as Schools Wellbeing. This additional investment will enable the CCG to achieve the access targets.

The Brighton and Hove LTP has continued to be developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people, outlining the need to transform care and support on a whole system basis. Our continued aim through Phase Two (2017/18 onwards) is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children and to ensure a community eating disorder service was provided. The other key element of change is the increased capacity in mental health services that ensures a clear pathway and help at an earlier point.

2. Who should benefit from the proposal, project or policy and in what way?

All children and young people and their families/ carers, aged up to 25 years old who require emotional wellbeing support and / or mental health assessment and intervention.

Professionals who work with children and young people across the City of Brighton and Hove, including GPs who will have easier referral access to information, support and interventions. This will also include advice, guidance, information and training and improved communication while the child/ young person they are supporting is receiving the service.

3. Is there any evidence or reason to believe that in relation to this proposal, project or policy, there may be a difference between certain groups and communities in relation to:

- **Levels of participation**
- **Uptake**
- **Needs or experiences**
- **Priorities**

None are known at this time.

Section 2: Assessing the Impact

Using the evidence listed above, fill in the table below to highlight the groups you think this proposal, project or policy has the potential to impact on:

	Evidence for identifying negative impact on the below groups	Plans in place to mitigate potential negative impact
People of all ages	This `offer` described in the Plan is available for all children and young people aged up to 25 years old as well as their parents/ carers. The developments outlined in the Plan include pathways and links with Early Intervention Psychosis service, Specialist Perinatal Mental Health Service and all ages Community Wellbeing Service.	There are specialist adult mental health services available to those people aged 18 years and over, such as the Assessment and Treatment Service.
People with a disability[2] (including deaf people)	There may be language issues for those children and young people who are deaf. The services outlined in the Plan are expected to ensure equality of access for all children and young people with any disability. This is articulated in the service specifications and within the contracts with the providers.	There is a specialist commissioning service available that can be accessed; Deaf CAMHS.
People who are transitioning from one gender to another[3]	There is a reported increased mental health issues for Transitioning gender young people	Ensure there any links with Trans specialist organisations/partnerships e.g. Clare project, LGBT Switchboard, Allsorts as well as specialist services within London that support psychological needs

[2] A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

[3] A person who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

People who are black or from a minority ethnic background (BME)[4]	There may be language issues for those who do not have English as a first language. There is also a known higher prevalence of mental health issues within this cohort of children and young people as well as difficulties in engaging them in services.	The service specifications for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the expectation of: - Implementing an assertive outreach model; - Active Engagement; - Did Not Attend Policy; and - Information Sharing Protocols and strong working relationships with professionals across the system.
People with a religion or belief[5]	No expected negative impact known at this stage	NA
People who are lesbian, gay or bisexual (LGB)	There is also a known higher prevalence of mental health issues within this cohort of children and young people as well as difficulties in engaging them in services.	The service specification for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the expectation of: - Implementing an assertive outreach model; - Active Engagement; - Did Not Attend Policy; and - Information Sharing Protocols and strong working relationships with professionals across the system.
People who are pregnant or new parents	Young girls (under 18 years old) who may be pregnant may be at higher risk of mental health issues	Ensure pathways and protocols in place with Specialist Perinatal Mental Health Service

[4] This includes ethnic or national origins, colour or nationality, including refugees and migrants; Gypsies and Travellers
[5] The Act also covers lack of religion or belief

People with caring responsibilities	Parents and carers Young carers	Parents and carers have a strong focus within The Plan and service specifications for Providers and will receive advice and information about their child's mental health issues and be part of the decision making process on treatment and discharge. There are also opportunities for training in coping and strategies and awareness. Ensure the services outlined in the Plan make links with Young Carers support within the community.
Men or women generally	No expected negative impact known at this stage	NA
People married or in a civil partnership[6]	No expected negative impact known at this stage	NA
Other relevant groups[7]	Looked After Children, young people suffering substance misuse, or victims of domestic violence and those known to the Youth Justice system	The Plan recognises these vulnerable groups and outlines how there will be specific focus on targeting them regarding engagement and seeking help. All these groups already have services available to support those specific needs. This Plan is aiming to formalise and enhance this. These include: Children's Services (BHCC), RUOK? (BHCC) and Therapeutic Service for victims of Child Sexual Abuse (BHCC) and NHS England Youth Justice.
Deprivation	There is also a known higher prevalence of mental health issues with those who may be deemed more deprived as well as difficulties	The service specifications for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the

[6] This applies only in relation to due regard for the need to eliminate discrimination
[7] E.g. people experiencing domestic violence, substance misusers, homeless people, looked after children, ex armed forces personnel etc.

	in engaging them in services.	expectation of: - Implementing an assertive outreach model; - Active Engagement; - Did Not Attend Policy; and - Information Sharing Protocols and strong working relationships with professionals across the system.
Cumulative impact[8]	The changes across the whole children and young people's mental health system at the same time (within 2017/18) may have a negative impact if people are unsure of new services, how to access them and where to seek help	Ensure that the FindGetGive website has all relevant information, as well as CCG websites and Provider websites. Develop a joint communications strategy across all providers.

[8] The impact when considering other services or activities together as a change in one area may impact somewhere else

Brighton and Hove
Clinical Commissioning Group

Section 3: Developing an Action Plan

Considering our duty to proactively tackle disadvantage and promote equality of opportunity, list the actions required to ensure the new programme, service or investment does not result in unfair disadvantage or exclusion.

Equality Group	Specific Action	Owner / Lead	Date Due	Monitoring Arrangements
All (cumulative impact)	Develop joint communications and engagement strategy	Gill Brooks	End Sept 2017	LTP Assurance Group
All	Ensure LTP refresh is approved by all committees including Health and Wellbeing Board	Gill Brooks	Dec 2017	LTP Assurance Group
All	Refresh LTP for 2018/19	Gill Brooks	Nov 2018	LTP Assurance Group

NHS
Brighton and Hove
Clinical Commissioning Group

Children & Young People's Mental Health Local Transformation Plan – refresh 2017/18

Health and Wellbeing Board
14 November 2017

Background & context

- Each CCG required to develop and publish an annual Children and Young People's Mental Health Local Transformation Plan (LTP)
- The Health & Wellbeing Board required to approve the LTP refresh
- Previous LTPs approved and published on CCG website (2015 and 2016)
- JSNA published 2016 – gap in Tier 2 CAMHS – increased investment in Tier 2 CAMHS
- National CYP MH access target (30% of CYP requiring MH interventions to access services by end 2017/18)
- Context includes The NHS Five Year Forward View Mental Health and Future in Mind

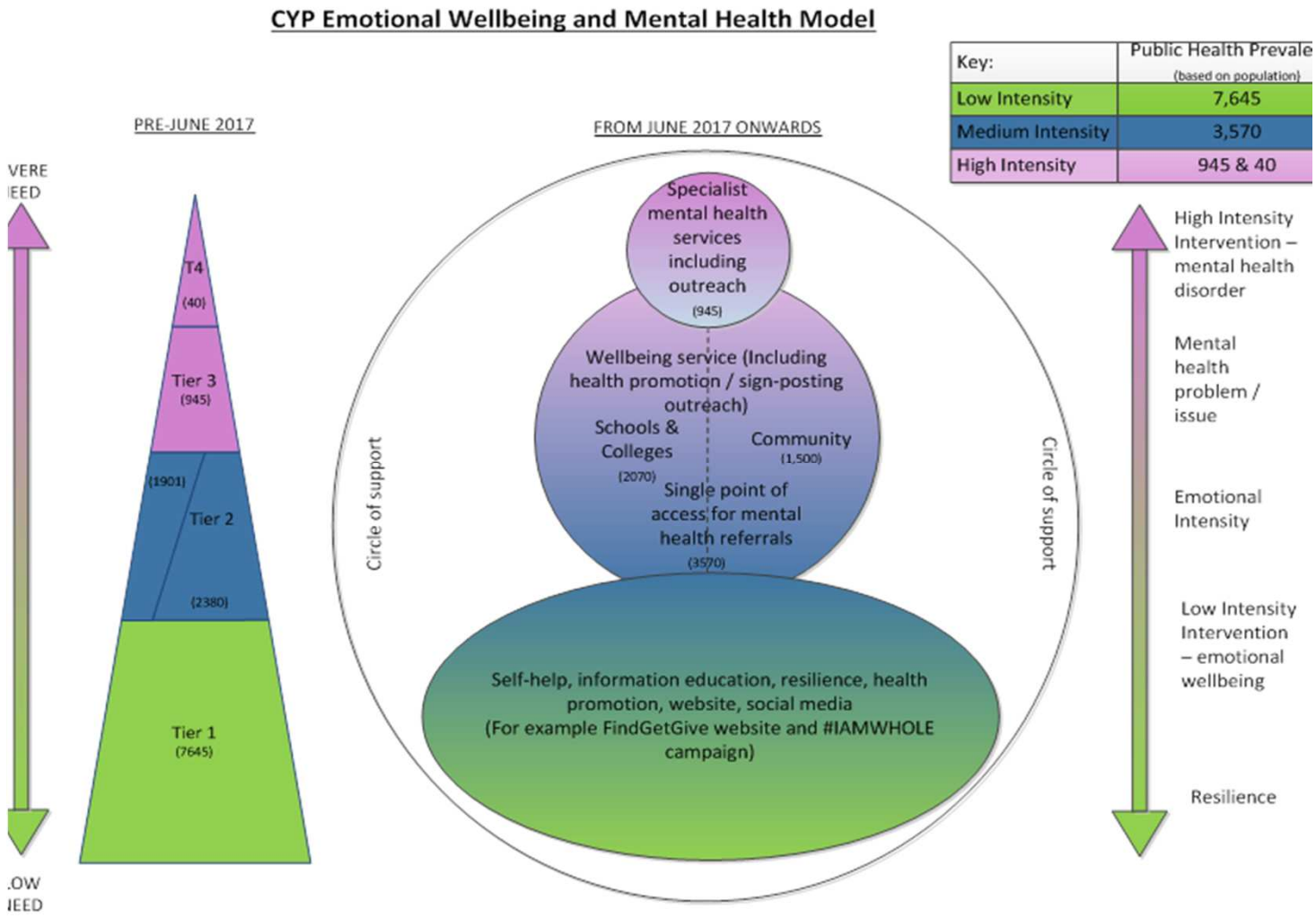
The vision

The vision is to ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way so we can truly demonstrate improvements to people's lives.

The LTP

- A strategy to improve CYP mental health and wellbeing in our City within the context of local and national guidance/ policy
- Developed in partnership with CYP, parents/ carers, Local Authority, Public Health, Providers and Sussex CCGs
- Sets out a vision to transform
- Demonstrates achievements so far:
  - **Building infrastructure** – IAMWHOLE campaign, FindgetGive website
  - **Increased capacity** across the system – Single point of access, Community Wellbeing Service, Schools Wellbeing service
  - **Targeted support** – Specialist CAMHS redesign, improving access and waiting times
- Monitors progress – ensure what has been commissioned reaches CYP and meets their needs

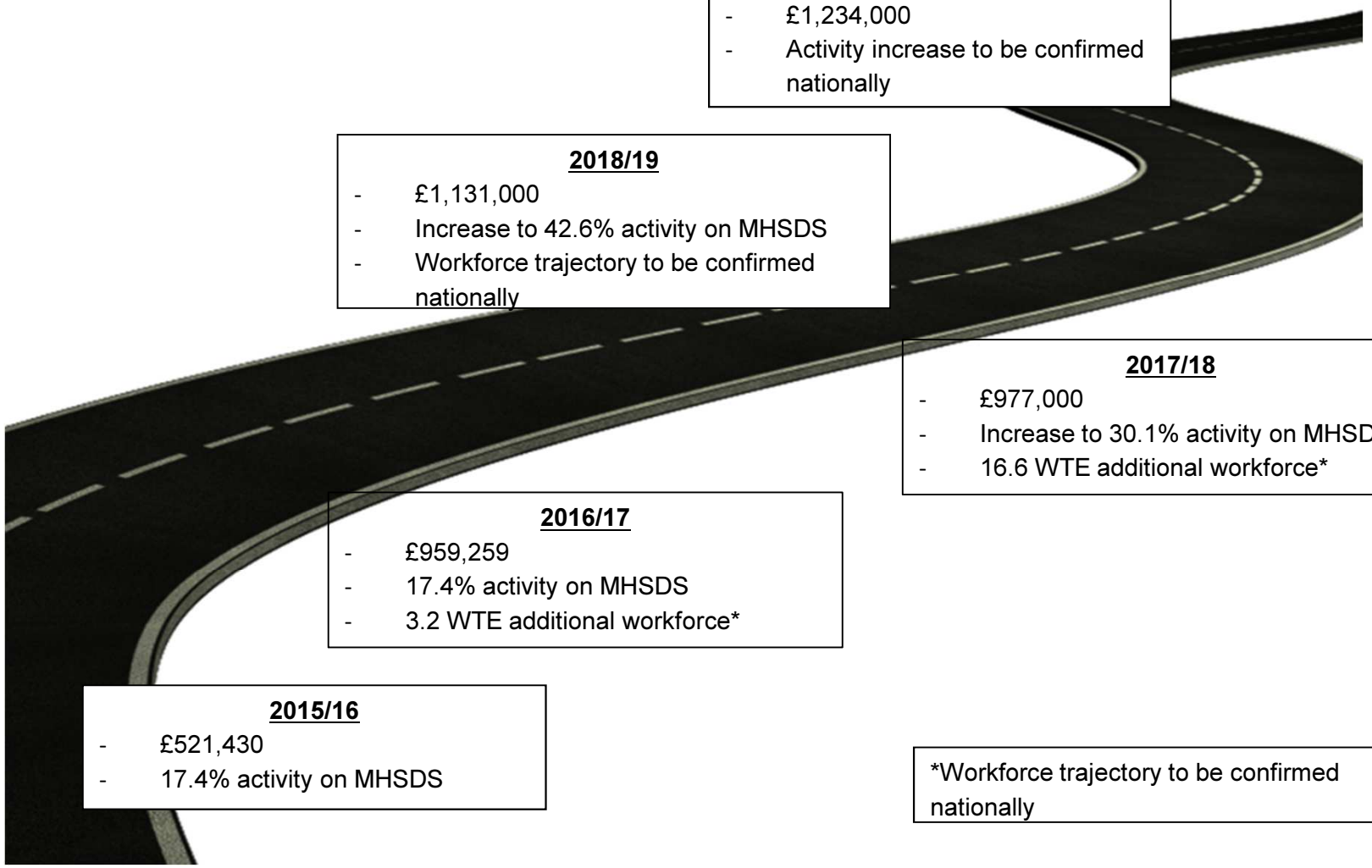
Whole system change from 1 June 2017



CYP MH additional investment

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	£154,000	£154,000	£154,000	£154,000
Transformation Plan	£372,582	£610,259	£718,106 (18% increase on previous year)	£871,328 (21% increase on previous year)	£972,887 (12% increase on previous year)	£1,180,823 (21% increase on previous year)
Non-recurrent NHSE investment	-	£125,000	-			
NHSE Health & Justice investment	-	-	£35,000	£35,000	£35,000	£35,000
Current and projected CCG additional investment	-	£70,000	£70,000	£70,000	£70,000	£70,000
Total	£521,430	£959,259	£979,106	£1,130,328	£1,234,887	£1,439,823

The LTP roadmap



2019/20
- £1,234,000
- Activity increase to be confirmed nationally

2018/19
- £1,131,000
- Increase to 42.6% activity on MHSDS
- Workforce trajectory to be confirmed nationally

2017/18
- £977,000
- Increase to 30.1% activity on MHSDS
- 16.6 WTE additional workforce*

2016/17
- £959,259
- 17.4% activity on MHSDS
- 3.2 WTE additional workforce*

2015/16
- £521,430
- 17.4% activity on MHSDS

*Workforce trajectory to be confirmed nationally

Future developments

1. **CYP MH Access** - Focus on Delivery Gap

- Ensure providers submit to MHSDS and CCG can track and monitor data
- Weekly Performance arrangements

2. Implement Priority Pathways

- Crisis – collaborative work with NHSE
- Looked after Children/ Children in Care
- Neuro-developmental business case (Jan 2018)

3. Embedding whole system changes

- CYP IAPT
- Development of Workforce Strategy

Workforce Strategy

- Each CCG required to develop a joint (whole system) workforce strategy by end 2017/18 – this will be a Plan that will require further development and refresh in 2018
- Plan to develop an umbrella strategy (regional: Kent, Surrey and Sussex) and include B&H specifics
- Focus will be on Specialist CAMHS, Schools Wellbeing Service and Community Wellbeing Service, but will also encompass Families, Children and Learning Directorate, Education, parents/ carers, other CVS providers
- Will link to CYP IAPT programme especially the training & development aspect

Governance & Assurance

- The LTP refresh has been approved by:
  - CYP MH Partnership Group
  - LTP assurance group
  - CCG Commissioning Operations Management meeting
  - CCG Finance and Performance meeting
  - CCG Senior Management Team meeting
  - Families, Children and Learning Directorate Senior Management Team meeting including Public Health
  - CCG Governing Body
- NHS England have reviewed and commented (Oct 2017)
- Local LTP assurance group continues to meet monthly to oversee the implementation and monitoring of the plan, as well as future planning

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers c ome from a variety of sources. The format for Health & Wellbeing Board ppers is consequently different from papers submitted to the city council for exclusive city council business.

1. Integrated Community Equipment Service Update

1.1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 14th November 2017

1.3 Authors of the Paper and contact details:

Anne Richardson-Locke, Commissioning & Performance Manager, Adult Social Care, Brighton & Hove City Council, Hove Town Hall, anne.richardson-locke@brighton-hove.gov.uk

Jay Agostinelli, Head of Urgent Care Commissioning, Brighton & Hove Clinical Commissioning Group, Hove Town Hall, j.agostinelli@nhs.net

David Liley, Chief Officer Healthwatch Brighton and Hove, dliley@healthwatchbrightonandhove.co.uk

2. Summary

2.1 The Integrated Community Equipment Service (ICES) service supplies equipment and fittings to adults and children in their own homes and/or within intermediate settings (such as care homes or nursing homes), supporting timely discharge from hospital and helping people to maintain their independence at home.

2.2 The report provides information on the performance and spend of the Integrated Community Equipment Service during the last year. The

equipment provider, NRS continue to provide an excellent service and the actions put in place last year have reduced the spend on equipment whilst the demand for equipment continues to rise steadily.

2.3 The report also provides information on a very positive evaluation of the effectiveness of the service undertaken by Healthwatch in April 2017.

3. Decisions, recommendations and any options

3.1 This paper is for information only.

4. Relevant information

4.1 Background Information

4.1.1 The Equipment Service is jointly funded by Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group (CCG), and since October 2015 has been provided by NRS Healthcare.

4.1.2 A report was presented to the Health & Wellbeing Board in November 2016, the first anniversary of the contract award. At this time commissioners informed the Board that there was a significant overspend forecast on the equipment budget and the reasons for this were outlined. It was recognised that the budget had been under resourced at the outset of the contract but there were some areas where it was anticipated savings could be achieved.

4.1.3 Members were informed that NRS Healthcare had exceeded their performance targets and that feedback from users of the service was good. An action plan was presented that focused on reducing the costly same day deliveries, increasing the amount of equipment collected, reducing unsuccessful deliveries and agreeing a realistic budget.

4.1.4 Members were concerned that the reduction of same day deliveries did not have an impact on timely transfers of care, that a budget was agreed that allowed for growth and that there are lessons learnt for the future redesign and tender of complex commercial services.

4.2 Performance from 1st October 2016 to 30th September 2017

4.2.1 NRS continue to provide an excellent service with 99.21% of deliveries and 99.93% of collections made on time. In March 2017 NRS carried out a telephone survey of equipment users and 94% of people were very satisfied or totally satisfied with the service.

4.2.2 The total number of orders for deliveries and collections in the past year was 52,312 and the total number of complaints was 3 (0.005%) with 70 compliments received by the service.

4.2.3 The target of reducing same day deliveries to 15% has been exceeded. Last year 21% of deliveries were delivered on the same day and this has reduced to 14% by introducing a less costly next day delivery option. As a result of this, delivery costs have reduced by 7% on average per week since October 2016.

4.2.4 The number of Delayed Transfers of Care days attributed to 'Awaiting community equipment and adaptations' continue to be low at 0.91%.

4.2.5 On average the value of equipment collected is 58% of the value spent. There is an action plan in place to improve this rate as the Council and CCG receive 80% of the value of the item every time it is collected and recycled. Further details on actions are set out below.

4.2.6 Whilst the number of unsuccessful deliveries has reduced to around 5% of the total deliveries they still cost on average £4,400 a month (£52,800 per annum). The reasons given are: the client is not home, refused the equipment or asked for an alternative delivery time, the wrong product was prescribed or the client was still in hospital. Reports on unsuccessful deliveries and collections are sent to managers each month to discuss with their teams.

4.2.7 The demand for non-standard 'special' equipment remains high as more people with complex conditions are cared for at home but due to additional scrutiny of prescribing the average spend has reduced by 15% since last year. This is equipment that is not on the standard catalogue as it is usually bespoke for an individual client and is therefore more difficult to recycle.

4.3 Spend to Save Project and ICES Action Plan

4.3.1 Commissioners from the CCG and Council continue to meet monthly with Prescriber Managers and NRS representatives to drive forward

the Action Plan identified last year. Progress on actions are reported to the ICES Board.

4.3.2 A 'Spend to Save' project has been agreed and a part time nurse and occupational therapist are currently being recruited and will ensure that:

- High value standard and non-standard equipment is reviewed and retrieved when it is no longer needed from care homes and from the community
- High cost repairs are assessed and only carried out on equipment that is still needed and beneficial to the customer
- Pressure care equipment is reviewed and retrieved when no longer needed from care homes and from the community
- The spend on deliveries and collections is reduced through focused work with teams and prescribers to ensure that unsuccessful activity is reduced.

4.3.3 Additional actions to increase collections include the following:

- A letter has gone out to all charity shops and furniture recycling centres to ask them to return equipment
- The website has been reviewed to ensure that there is very clear information available about how and where to return equipment

4.3.4 To reduce the spend on non-standard equipment further regular reviews of equipment take place. As a result of this it has been identified that it would be better value to add a small stock of 'riser recliner' chairs to the standard catalogue, making it quicker to purchase and saving on procurement fees and bulk buying. Brighton and Hove and West Sussex have also agreed to share the non-standard equipment that is currently sitting on a shelf at each other's depots at no cost other than delivery charges.

4.3.5 There are a number of initiatives to enable faster discharge from hospital:

- Community short term units will be supplied with appropriate pressure care equipment, as currently mattresses and cushions are supplied on loan and the time and money spent on the delivery and collection of this equipment is significant. It has also been proposed that a bariatric room is set up in one of the units to ensure prompt discharge for bariatric patients.
- A pilot to train home care staff to be able to prescribe equipment will be extended to include home carers working under the Home First model.

4.3.6 There is also a new option for people who do not meet the eligibility criteria or for those that want to buy their own equipment and keep it. In November a self-assessment website called 'Safe & Well' will be launched that offers information, advice and a retail service by phone and website. Customers can complete an online or telephone assessment as well as ask for a visit from an Occupational Therapist if wanted. Safe and Well offer:

- Free telephone and online advice about equipment and telecare
- An assessment in person from an Occupational Therapist if needed (for a fee of £99)
- A choice of equipment from a range of suppliers, prices vary according to the type of equipment
- A choice of purchasing equipment by telephone, catalogue or online

4.4 Healthwatch patient engagement

4.4.1 Healthwatch Brighton and Hove surveyed people using aids provided by the Integrated Community Equipment Service, early in 2016. The purpose was to gather consumers' views of the service and to suggest ways in which the service might be improved in quality and cost effectiveness.

4.4.2 Participation in the survey was good with 581 responses representing 22% of all the people surveyed and 8% of all the people using the service. The survey was designed to allow comparison with two earlier similar surveys.

4.4.3 Findings:

- Overall satisfaction = 97%
- Equipment delivered and installed without any problems = 83%
- Minor problems with delivery and installation = 14% serious problems = 3%
- No follow up check on use and usefulness of the equipment = 3% and 6% people were no longer using the equipment because they had a problem using it
- 97% people said the equipment had improved their quality of life
- 34% of people said the equipment had led to them needing less help from other people

4.4.4 Recommendations:

- The service maintains strong customer relations taking time to understand users' needs and working with them closely to identify appropriate equipment.

- The service allows users' choices where appropriate in selecting equipment.
- Increased attention to efficient and timely delivery aiming to minimise problems experienced by users waiting for equipment.
- A more consistent aftercare service ensuring all users receive a follow-up check to monitor use of equipment.
- Frequent and clear communication to users and carers about how to return equipment when no longer needed.
- It may be useful to note the high response rate to this survey, twice what might normally be expected. Healthwatch Brighton and Hove often achieve higher than average response rates to consumer surveys and engagement activities. This may indicate a greater willingness on the part of local people to share their experiences with an independent 'watchdog' in preference to service providers and commissioners.

4.4.5 In response to the patient engagement the following actions have been taken:

- NRS drivers were accompanied for a day to see how they inform service users about equipment and how to return it. Information is always supplied about how to return equipment but this information is being simplified to promote better understanding.
- Aftercare is not a service that NRS are contracted to provide other than to maintain and repair equipment and prescribers rarely revisit patients to review equipment. The 'Spend to Save' project will therefore concentrate on reviewing and retrieving equipment to ensure that more is collected.

4.4.6 The full Healthwatch report is attached as Appendix 1.

5. Important considerations and implications

5.1 Legal:

There are no legal implications arising from this report which is for information

Lawyer consulted: Elizabeth Culbert Date: 23 October 2017

5.2 Finance:

5.2.1 Accountants in the CCG and BHCC carried out detailed modelling and the budget setting process for 2017/18. As a result of this the budget increased from £1.3m to £2.3m.

5.2.2 This budget assumes:

- An average financial recycling rate (as opposed to number of units) of 73% across the whole year April to March 2018, but increasing gradually on a per month basis to 80% by March 2018.

- That there will be a reduction in annual average delivery charges of 10% across June to March 2018. This was calculated using the assumption that 50% of "Same Day" deliveries are instead made as "Next Day".

5.2.3 The projected net spend for 2017/18 against the NRS contract is £2.4m, based on the spend over the last 9 months. As the budget was set at £2.3m this is a potential overspend of £0.1m.

5.2.4 In summary the overspend is due to the following reasons:

- The financial recycling rate has been less than budgeted at 58% to date compared to the 68% budgeted rate for April to September. The recycling rate is being forecast for the second half of the year as 63% increasing to 65% by the end of the year. This is a significant reduction on the budgeted recycling rate for the second half of the year of 75% increasing to 80% by year end.

- A growth in demand for equipment. National statistics indicate average annual growth of 13% for equipment services as there is a drive to care for people with higher dependency levels at home.

- The demand for non standard equipment remains high but has reduced from this time last year.

5.2.5 Actions are being put in place to manage the overspend and it is anticipated that these measures will save £200k - £300k per annum.

Finance Officer consulted: Sophie Warburton Date:20/10/17

5.3 Equalities

5.3.1 An Equalities Impact Assessment was completed at the time of the transfer and the new service was not found to have a negative impact on any protected characteristic as the service was looking to improve outcomes for local people by improving deliveries, collections and access to the service.

5.3.2 The provision of a self-assessment option for people has in other areas attracted a more ethnically diverse population and also provided a preventative service by attracting a younger, more able population.

5.4 Sustainability

5.4.1 The actions in the report above and in the action plan aim to ensure that the service is more sustainable by increasing collection and recycling levels and moving to a more standardised product range to mitigate the cost of purchasing expensive non-standard equipment.

Evaluation of Brighton and Hove's Equipment and Adaptations service

April 2017

Contents

1. Executive summary

Extensive feedback from service users indicated an effective service that performed well in meeting client's needs and made a positive difference to people's lives. Satisfaction levels for the overall service were very high with positive feedback on the various aspects of the service including assessment, the suitability of equipment selected, and delivery and installation. Performance indicators were generally slightly improved on findings from a similar user survey conducted in 2010. Although the overall picture was positive, some areas of concern were identified regarding delays experienced in delivery and installation, uneven performance on aftercare and incidence of users abandoning equipment due to problems.

Overall service satisfaction

97% satisfaction with service with virtually all service users reporting that the equipment or adaptation received had improved their quality of life.

Assessment

Users were very positive about how their needs had been discussed with them and most felt that they had been involved in the choice of equipment or adaptation where it was appropriate.

Delivery and installation

83% of users said they had not experienced problems as a result of the wait for equipment to be delivered or adaptations to home to be done. However, minor problems were experienced for a small but significant number (14%) and serious problems for 3%.

Satisfaction levels were high, 95%, regarding the installation and explanation of equipment and adaptations. Only small numbers, 3%, reported that when explanations were necessary they were absent or poor.

Aftercare

Communication was sometimes poor with users after equipment had been delivered. A third of users (33%) reported that they had not received a follow-up check since receiving the equipment or adaptation. Also, small but not insignificant numbers (6%) said that they were no longer using equipment because they had had a problem using it.

Impact on life

Almost all users (97%) felt the equipment had improved the quality of their life. Many reported that the equipment had given them greater independence by allowing them to do routine tasks on their own. This outcome, however, did not necessarily mean they needed less help. Only a third of users (34%) reported that the equipment had led to less need for help from others.

2. Introduction

Healthwatch Brighton and Hove undertook an evaluation of Brighton and Hove's Equipment and Adaptations Service that is funded by Brighton & Hove City Council and the Clinical Commissioning Group. Previously delivered by Sussex Community Trust, the service has been delivered by NRS healthcare since October 2015.

The service aims to help individuals living with long term physical disabilities or illnesses to live as independently as possible at home. Health and Adult Social Care professionals assess the needs of eligible adults and recommend appropriate equipment and minor home adaptations with the intention of helping them live safely and independently at home. The service provider, NRS, provides the equipment, administers the adaptation and provides appropriate aftercare.

The evaluation aimed to assess the effectiveness of the service in helping users live independently at home. To this end, the evaluation considered the user's perspective on the conduct of the assessment, the delivery and installation of equipment, the quality of aftercare and the impact made on the quality of life. Drawing on different sources of data, the evaluation aimed to develop a detailed picture of how well the service meets individual's needs and what factors contribute to a high quality service. The evaluation also considered how the cost effectiveness of the service could be improved.

3. Aims of evaluation

The evaluation aimed to explore:

1. Effectiveness of the service in providing suitable equipment and adaptations.
2. How well the equipment and adaptations provided served the needs of service users.
3. How the service could be improved to better serve the needs of service users.

The evaluation drew on quantitative and qualitative data to gain insight into the effectiveness of the service.

4. Methodology

The evaluation used a combination of quantitative and qualitative approaches to assess the effectiveness of the service.

1. Questionnaire

The evaluation sought to gain quantitative insight into the service by asking users detailed questions on various aspects of the service provided. The survey followed a similar format used in a questionnaire undertaken in 2010, allowing us to compare the current performance with that of the previous service provider. Another survey with more limited questions was conducted in 2014 which was also used for comparison where the same questions were used.

The questionnaire was sent out in a letter to a random sample of 2,400 of a total of 8,080 users of the service.[1] 581 responses were received (550 postal responses and 31 online responses) which represented more than a fifth (22%) of the sample and 7% of the total user cohort.

This high return rate meant that the survey results had a high level of statistical accuracy: with 95% certainty that percentage results were within 3.92 points of the true figure for the whole group of service users.

Details on the sample size of the survey and confidence interval produced are shown in the table below:

	Population	**Responses**	**Confidence interval (at 95% confidence interval)**
Service users	8,080	581	3.92

2. User interviews

We sought to gain qualitative insight into the service by conducting semi-structured interviews with service users. The interviews aimed to gain a more detailed understanding of the different aspects of the service focusing on the appropriateness of the equipment chosen, implementation and maintenance, and impact on quality of life.

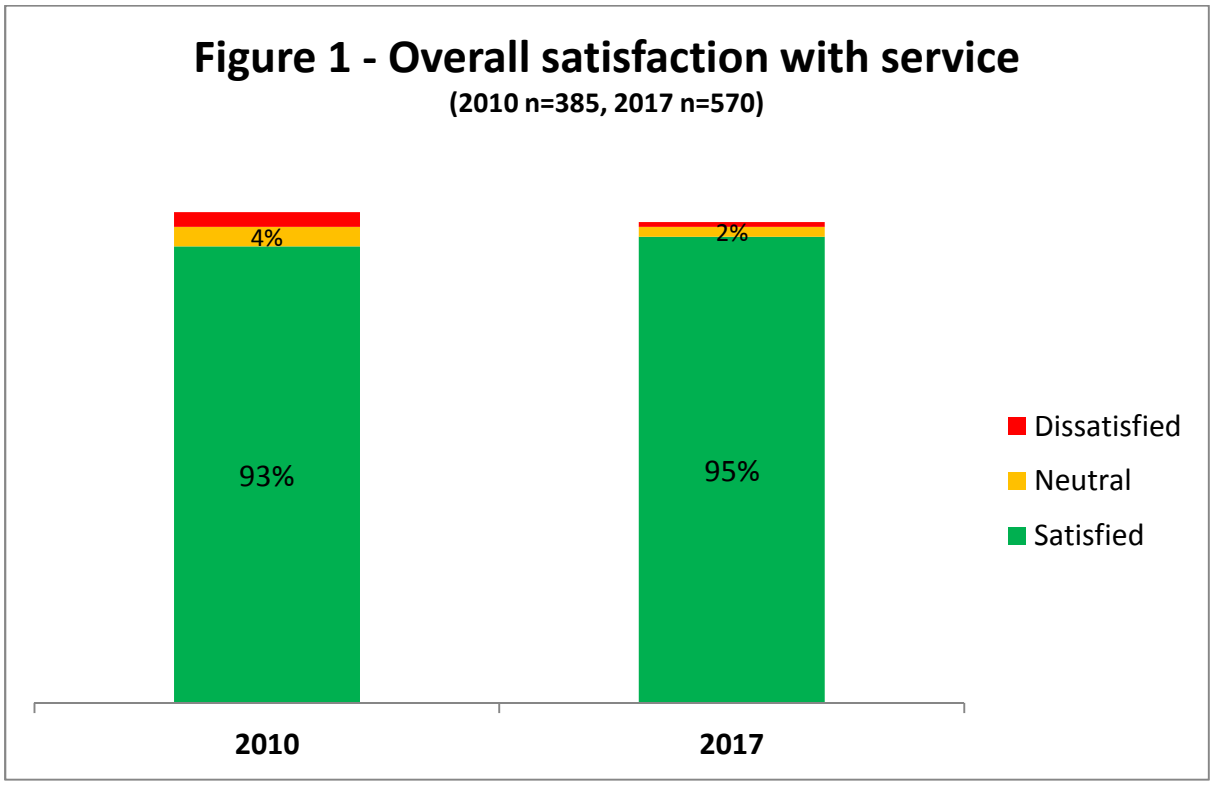
Users were asked to consent to an interview in the questionnaire. Those that agreed were then randomly sampled and contacted to arrange an interview. A total of 27 semi-structured interviews were conducted in the homes of service users.

[1] The questionnaire was sent to 2,600 users. Of these about 100 were mistakenly sent to service users who were recently deceased and a further 100 were no longer at the address held.

5. Overview of service

Users reported high levels of satisfaction with the service with 95% saying they were satisfied and only very small numbers reporting dissatisfaction. This satisfaction level was slightly higher than results for 2010 (Figure 1).

83% of users were 'extremely' or 'very' satisfied



Users felt they had been treated well by the service and greatly benefitted from the equipment they had received. Nearly all (97%) users felt that the equipment had improved their quality of life with particular impact on being able to look after personal care needs and getting around the home. A third of users (34%) reported that the equipment received had reduced the amount of help needed from others.

Users were very positive about how their needs had been discussed (98% satisfaction) and most felt that they had been involved in the choice of equipment or adaptation where it was appropriate.

83% of users reported they had not experienced problems as a result of the wait for equipment to be delivered or adaptations to home to be done. However, minor problems were experienced for a small but significant number (14%) and serious problems for 3%.

Satisfaction levels were high, 95%, regarding the installation and explanation of equipment and adaptations. Only small numbers, 3%, reported that when explanations were necessary they were absent or poor.

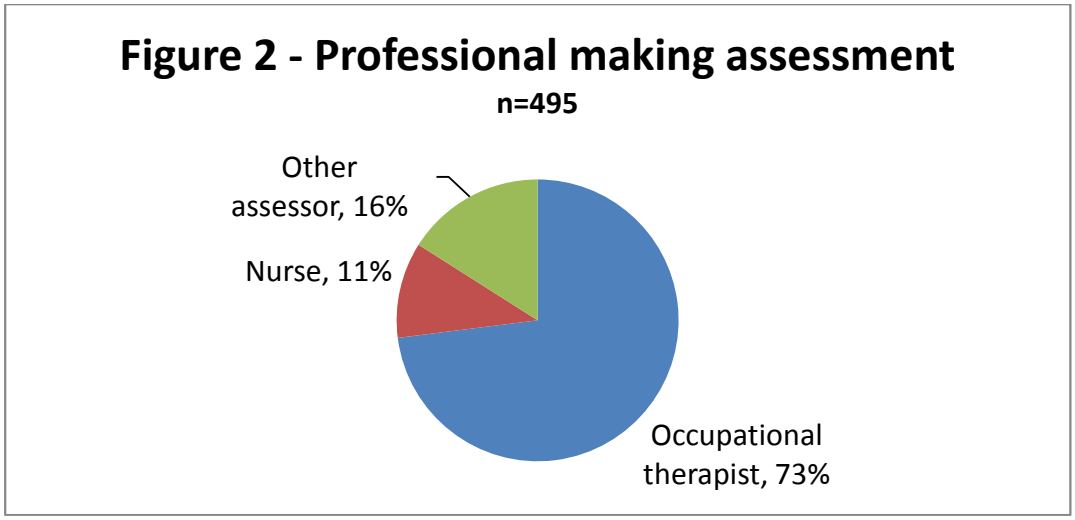
Feedback from users suggested there were some problems with aftercare. A third of users (33%) reported that they had not received any follow-up check since receiving the equipment or adaptation. Also, some users (6%) said that they were no longer using equipment because they had a problem using it. A lack of knowledge of what to do when they encountered problems or no longer needed the equipment, led to poor outcomes for a small but not insignificant number of users.

6. Assessment

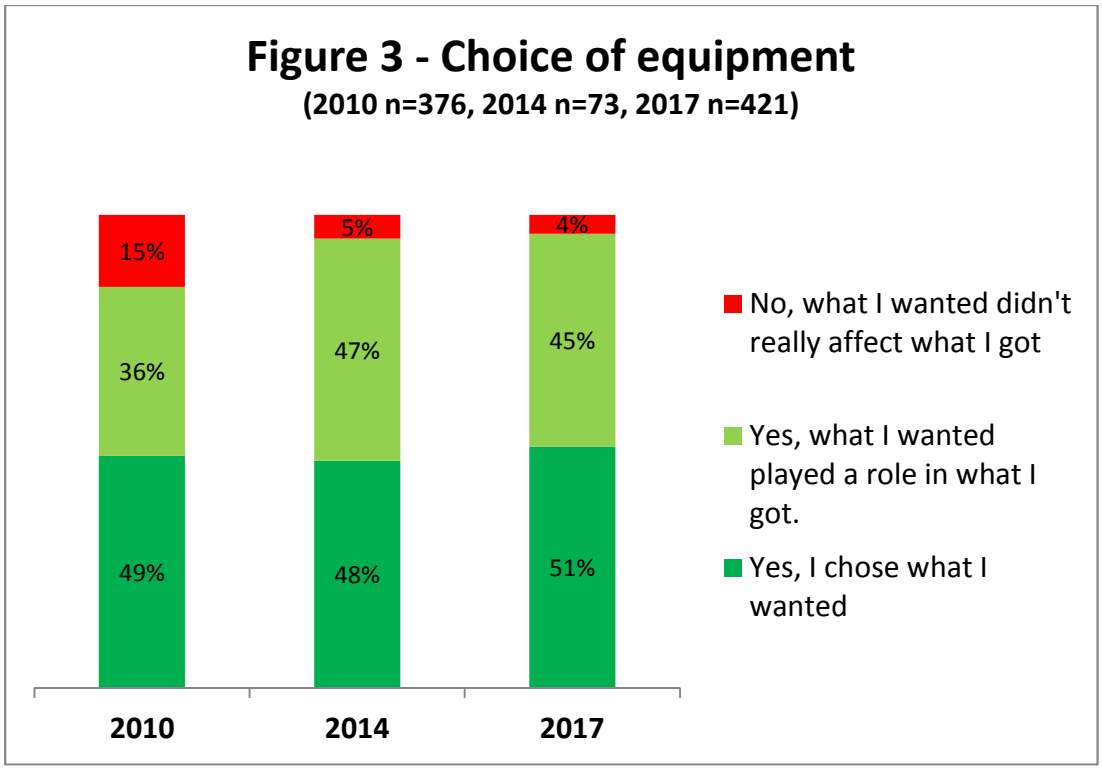
For the vast majority of people, the assessment stage of the service was done efficiently and courteously. Most commonly, the assessment was done by an occupational therapist (OT) but they were also done on occasion by other health professionals such as nurses and physiotherapists.

Most assessments (71%) were done at the individual's home but a significant number were done over the telephone (21%) or at the hospital (18%). Analysis showed a strong relationship between conducting an assessment in person (at home or at hospital) and satisfaction with the overall service: 8% of users were dissatisfied when an assessment was done over the phone compared to 1% when done in person.

> *The lady was really nice and did a really good job of assessing my needs… I felt reassured that the equipment would really make a difference.*
>
> Service user



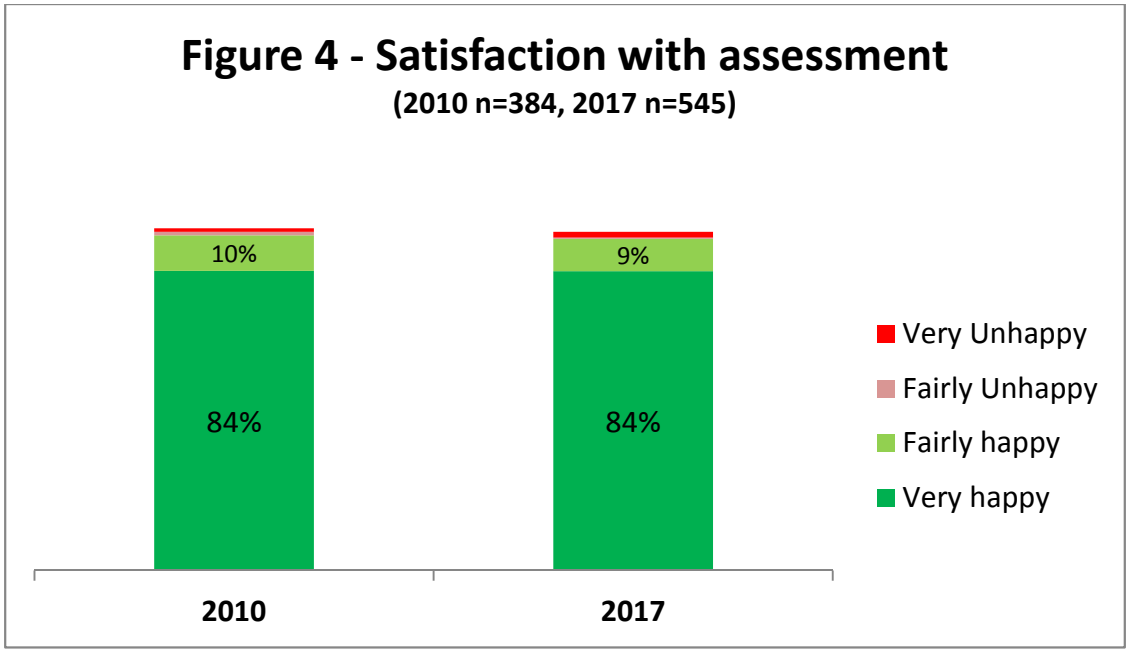
The service aims to give individuals a choice about equipment where appropriate and feedback suggested that this was taking place in most cases. In only 4% of cases did users report that what they wanted didn't affect what was received. This was an improvement in performance compared to 2010 and very similar to the performance recorded in 2014 (Figure 3). Data analysis showed a correlation between users having a choice about equipment and overall satisfaction with the service. Of dissatisfied users, 47% felt there was little or no choice in the type of equipment that could be chosen, while 72% who were satisfied had some influence over the decision made.



We spent a while discussing my options for equipment. She wanted me to be happy with what I got. I definitely felt involved in the decision.

Service user

Very nearly all users were satisfied with the assessment they received with only 2% reporting they were unsatisfied. This finding was identical to the satisfaction figures from 2010.



7. Delivery and installation

Most recipients of equipment are living at home and need to receive the equipment or adaptation chosen as quickly as possible to avoid problems. The service aims to minimise inconvenience by delivering and installing equipment quickly after the assessment is completed. In the vast majority of cases, 83%, the waiting time experienced did not cause any problems. Delays were experienced for a small but not insignificant minority (17%) with 3% experiencing serious problems as a result of the delay. This level of 'problem' delays is identical to the level recorded in 2010 (Figure 5).

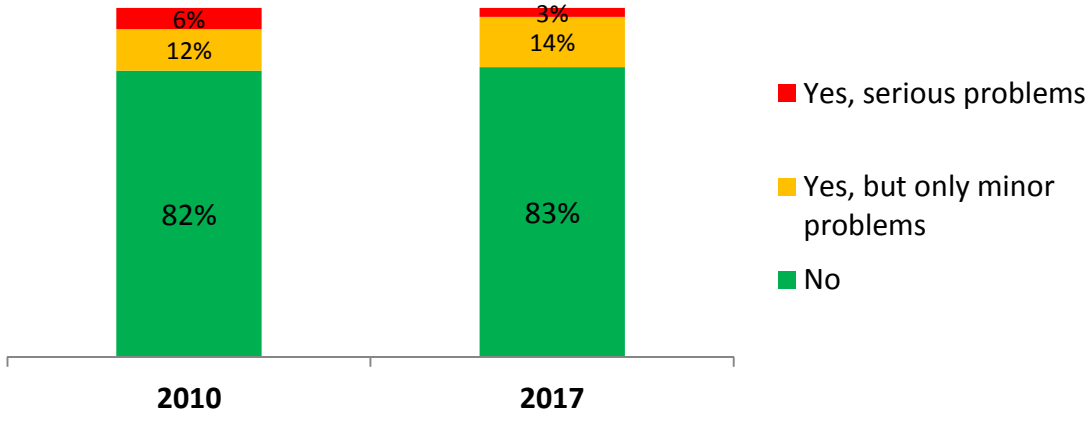
The equipment was delivered a couple of days after the assessment. I couldn't have had it faster!

Service user

Although performance in this area is generally good, the importance of reducing discomfort for service users should encourage the provider to consider how the incidence of delays to delivery and installation can be reduced.

17% experienced problems caused by delays in delivery and installation

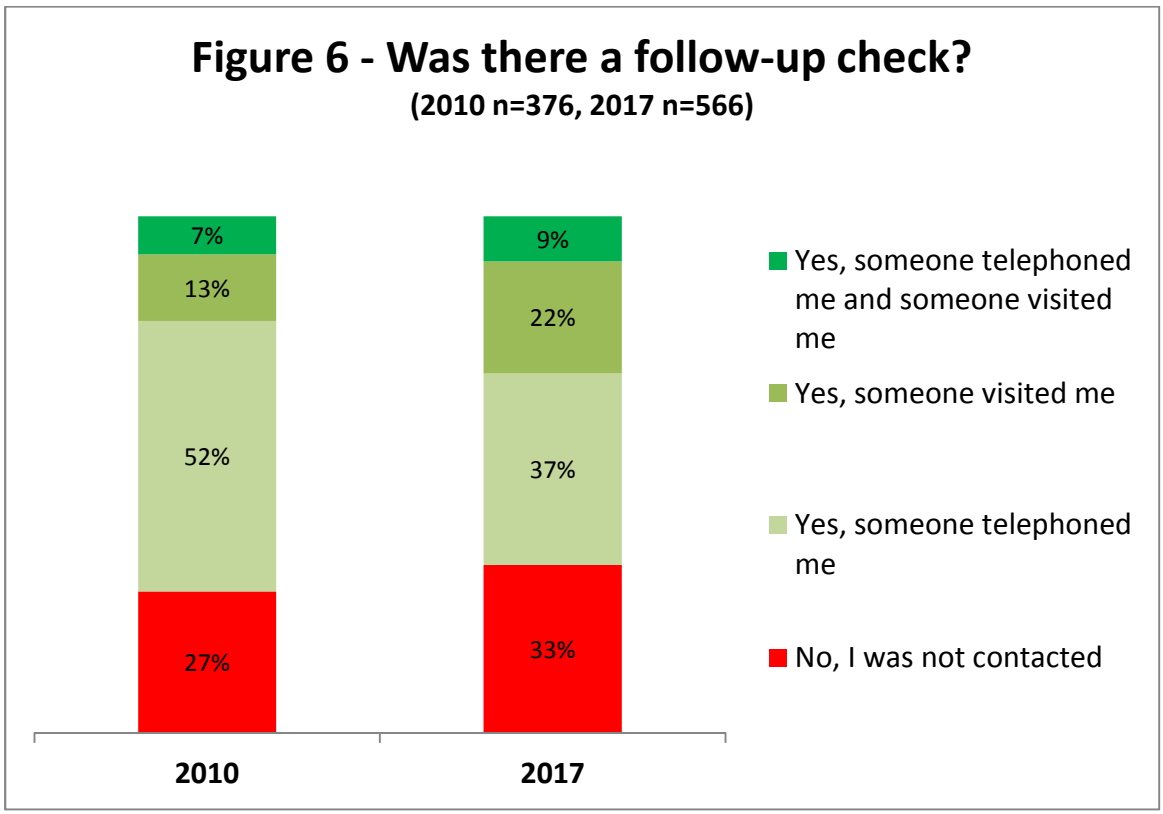
Figure 5 - Did length of time waiting for equipment cause any problems?
(2010 n=373, 2017 n=555)



8. Aftercare

The service aims to help people with disabilities and long term illnesses living independently at home. Depending on the nature of the equipment provided, the service aims to provide support to maintain equipment where needed. Support usually takes the form of a follow-up check by staff to resolve any problems being experienced.

Results showed a majority of users (68%) did receive a follow-up check. However, a significant minority (33%) did not receive any contact. This number was a slight increase from the figure of 27% in 2010 (Figure 6). Data analysis showed a strong correlation between receiving a follow-up check and overall customer satisfaction. Only 33% of dissatisfied users received aftercare service whereas 75% of satisfied users received either a visit or a phone call.



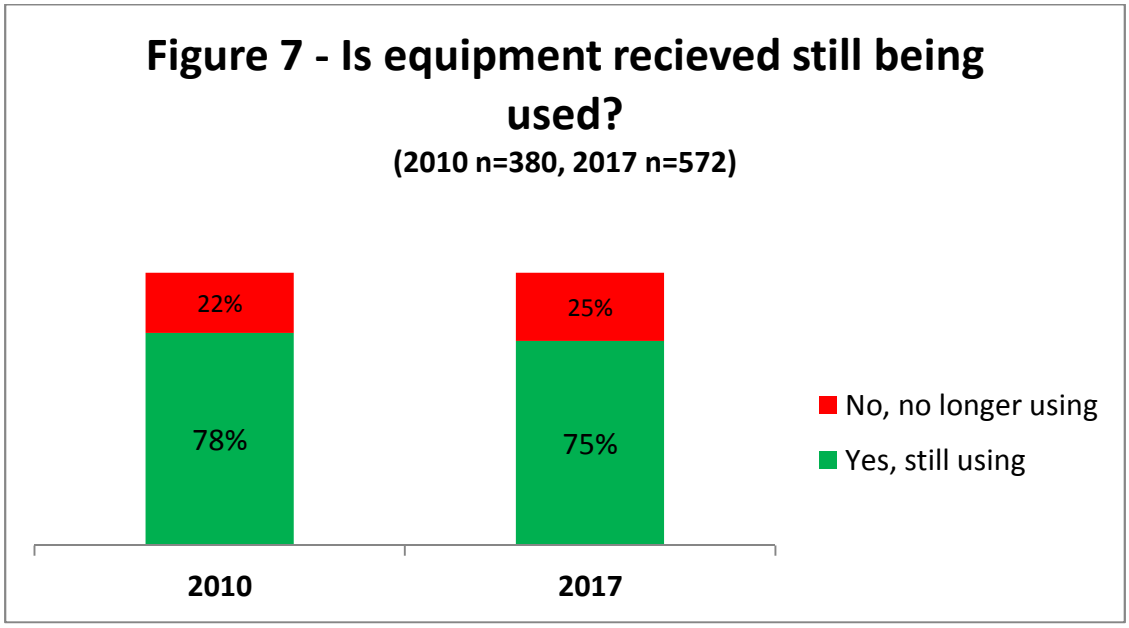
9. Use of equipment

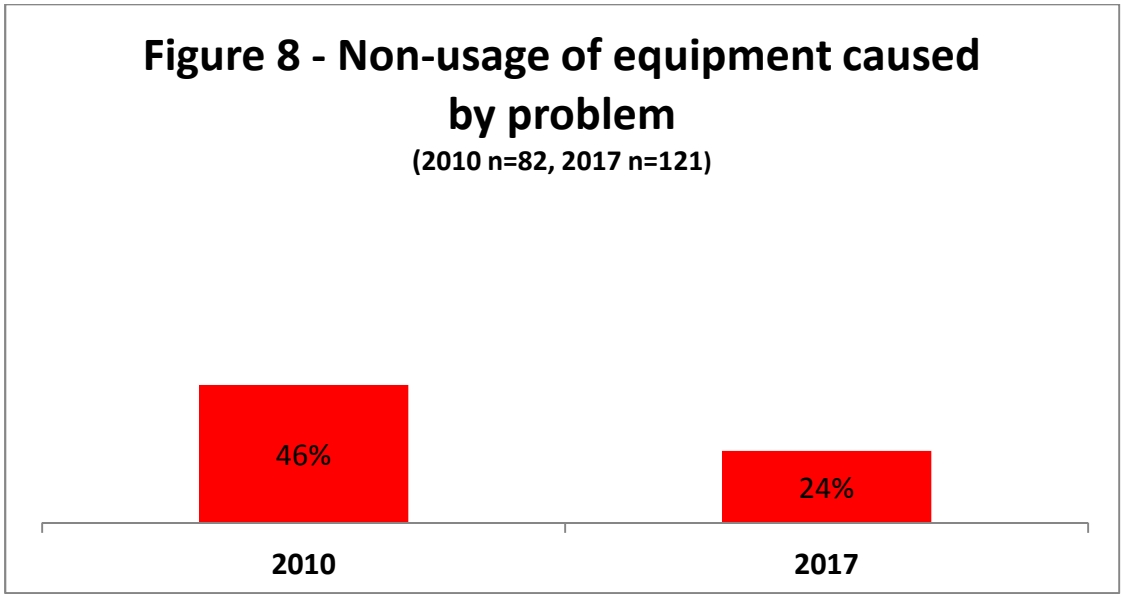
The equipment provided by the service is sometimes used indefinitely, or, if circumstances change for the individual, for a shorter period. A quarter of users reported they no longer used the equipment they had received with about half (56%) of those saying they no longer had need for it.

Of more concern are those users who stop using equipment because of some kind of problem e.g. it was found not to help, it was difficult to use, it was unsafe, or it got broken or damaged. An effective service would aim to minimise this type of occurrence by providing support which can remedy issues as and when they arise.

About a quarter (24%) of users who had stopped using equipment reported that they had done so because of some kind of problem. Although this figure was significantly lower than the level in 2010 (46%), it was still high enough to be a cause for concern. At 6% for the total cohort it would represent 485 users who had received equipment across Brighton and Hove.

6% stopped using the equipment because of a problem



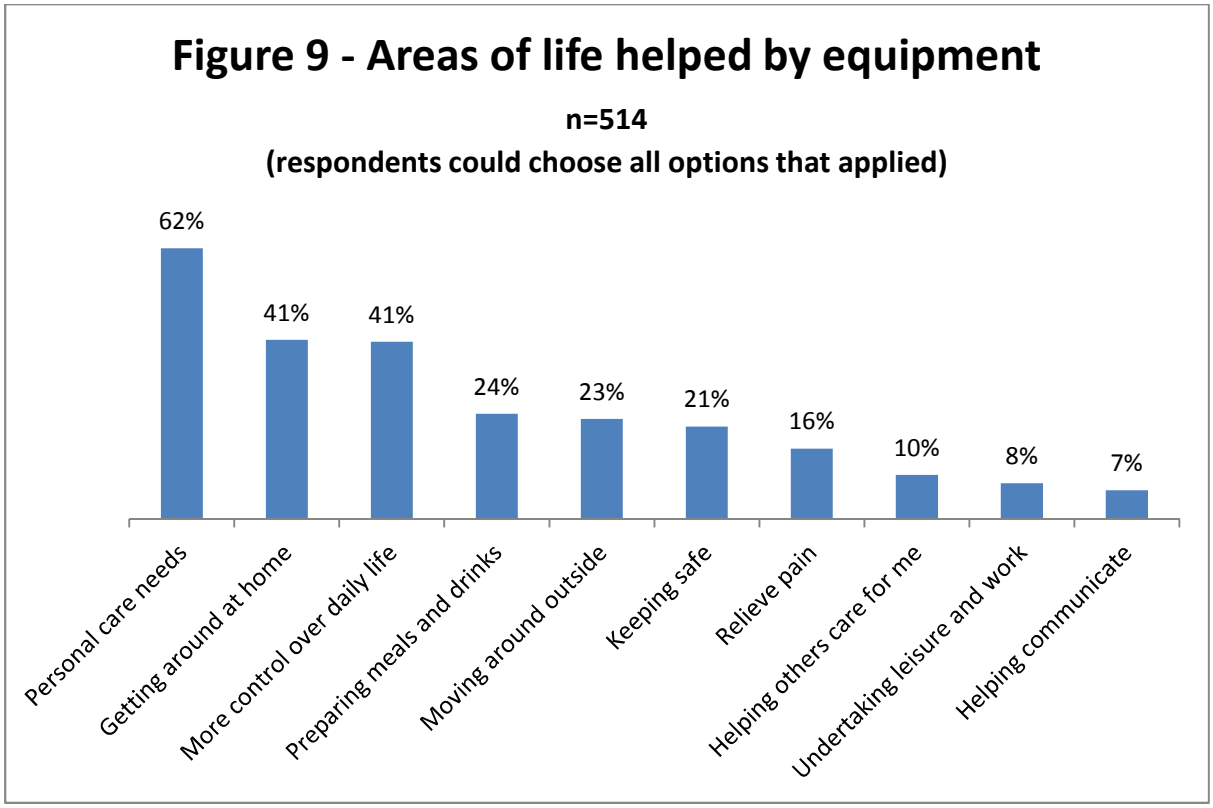


10. Impact on life

Users were generally extremely positive about the impact their equipment had had on their life. In many cases it had made the difference of being able to do routine daily tasks on their own. Equipment allowed them to perform essential tasks like washing themselves, getting around the home and shopping. Being able to do these things significantly enhanced the quality of their life and gave them a sense of dignity and self respect. Users were extremely grateful for the difference on their lives the equipment made.

> *Having the mobility support has made such a difference to my life! I just wouldn't be able to get around without it.*
>
> Service user

As would be expected a large number of users reported that equipment helped them with personal care needs (62%), getting around the home (41%) and gave them generally more control over daily life (41%). Equipment also helped with other areas of life including outside mobility (23%), safety (21%) and pain relief (16%) (Figure 9).



Users almost universally felt the equipment had improved the quality of their life (97%). This was a slight improvement from the 2010 and 2014 figure of 95% (Figure 10).

Having the equipment has made me able to stay at home and take care of my needs. Without it I'd be in a care home.

Service user

A third of users (34%) reported that the equipment meant that they needed less help from others (Figure 11). This was a slight improvement on the 2014 figure of 26% and the 2010 figure of 28%. Of some concern was the finding that one in 10 (11%) of users reported that they required more help as a result of the equipment received. It is not clear whether respondents meant that the equipment itself had caused the need for more help or whether personal circumstances had been the cause.

Figure 10 - Impact of equipment on quality of life

(2010 n=379, 2014 n=72, 2017 n=566)

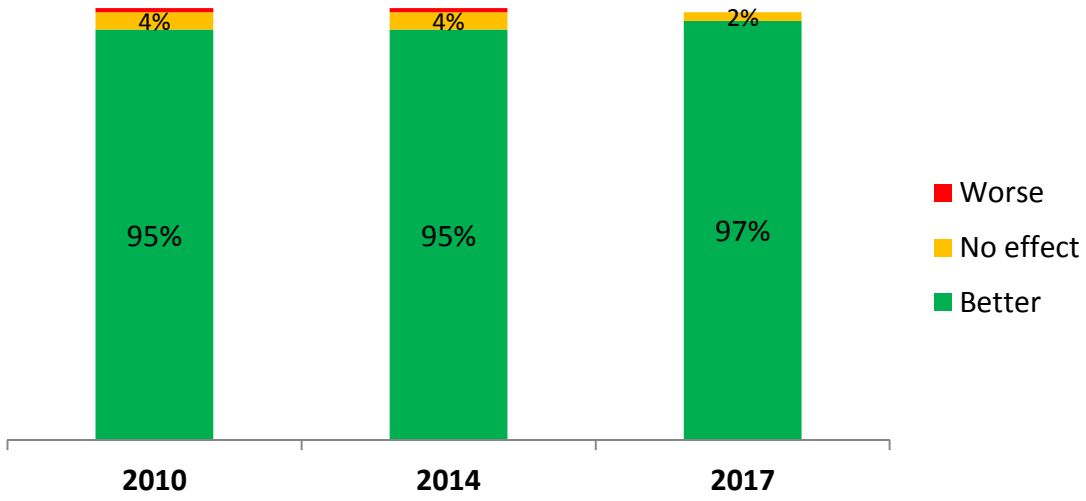
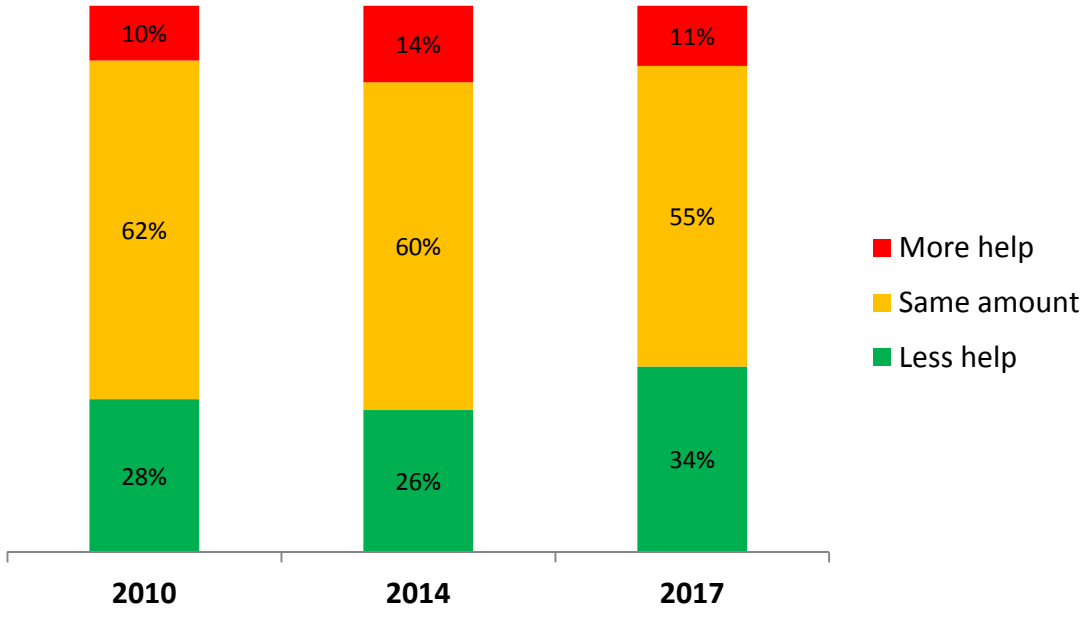


Figure 11 - Has equipment received changed the amount of help needed from others?

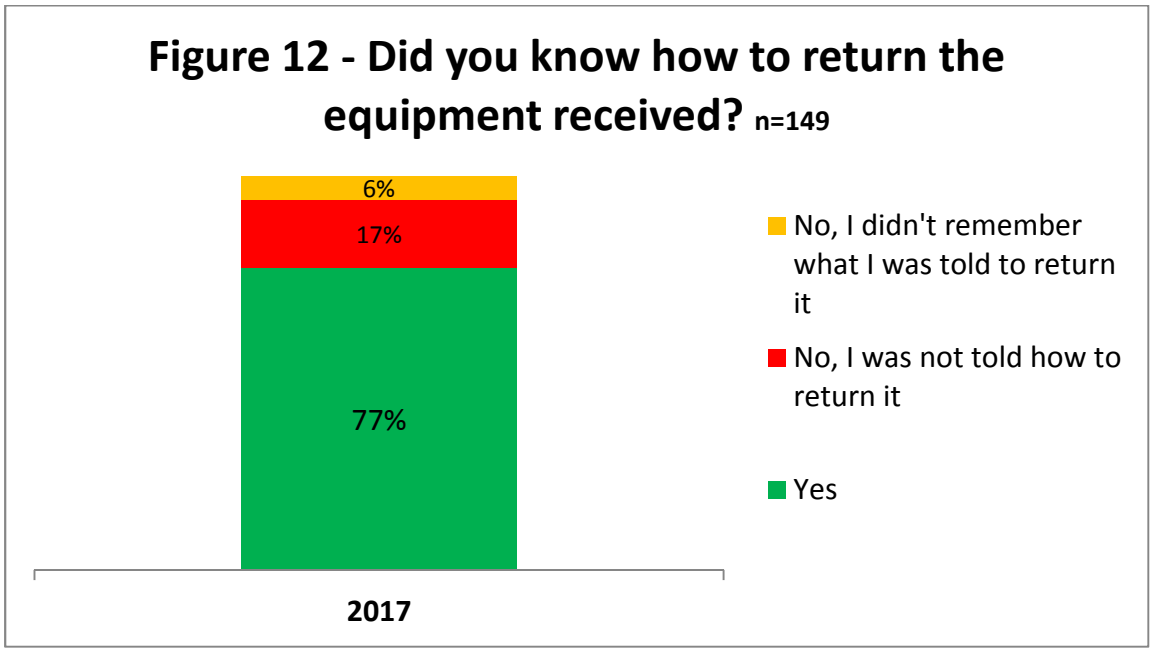
(2010 n=309, 2014 n=58, 2017 n=520)



11. Returning equipment

Users who no longer used the equipment provided were asked whether they had known how to return it. Although the majority said that they did (77%) a significant minority (34%) said they were either not told or didn't remember how to return it. Users failing to return equipment is an obvious weakness in a system that relies on recycling equipment and is likely to have significant cost implications. Whether users are not being told how to do it by staff or are forgetting the information, it is important that this is rectified as much as possible. Improved communications at the point of delivery or installation and at the follow-up check could be one means of addressing this problem.

34% did not know how to return equipment they no longer needed



12. Conclusion

The evaluation demonstrated that the Equipment and Adaptations service was effective at meeting users' needs and made a significant difference to people's lives. Satisfaction levels for the overall service were very high with positive feedback on the various aspects of the service including assessment, the suitability of equipment selected, and delivery and installation.

Improved performance in key areas

Performance indicators were generally slightly improved on findings from similar user surveys conducted in 2010 and 2014. Significant improvement was demonstrated in the extent to which users were allowed to choose equipment and in the incidence of non-usage because of problems encountered with the equipment. These improvements are particularly welcome because strong performance in these areas is strongly correlated with user satisfaction with service. The only comparison area where the new provider performed worse than their predecessor was in aftercare, where a third of users reported not receiving any follow-up contact compared to 27% in 2010.

Good customer relations

Feedback on various aspects of customer service was particularly strong with widespread mention from users of the professionalism and courteousness of staff and health professionals. Users were generally very confident that their needs had been properly assessed and the right equipment or adaptation had been selected for them. A key factor in ensuring the assessment was a positive experience for users was allowing them an opportunity to choose what they wanted. Nearly all users (96%) felt they had had some influence in the decision and this experience contributed to satisfaction about the service as a whole. Almost half (47%) of dissatisfied users felt they had had little or no choice in what was chosen.

Delivery and installation delays

Although the delivery and installation process is usually efficient with the service ensuring the timely delivery of equipment, some users are experiencing delays which is causing significant hardship. About 17% of users reported experiencing problems as a result of the length of time waiting for equipment. This figure was 18% in 2010 which suggests it is has been a persistent problem for some years. The hardship that was widely reported by users when they experienced delays is a reminder that the service should seek to remedy this situation and minimise delays as far as possible.

Uneven aftercare

One of the weakest areas of performance for the service was the incidence of follow-up checks. A third of users reported not receiving any contact after receiving the equipment which was slightly higher than the 27% reported in 2010. Dissatisfaction with the service overall was strongly correlated to the absence of follow-up. It was also correlated to occasions when equipment was abandoned because of a problem experienced. A quarter (24%) of cases when equipment was no longer used were attributed to a 'problem' e.g. it was found not to help, it was difficult to use, it was unsafe, or it got broken or damaged.

Communication could be improved to minimise this type of occurrence and support provided to remedy issues as and when they arise.

Improved quality of life but only some users requiring less help

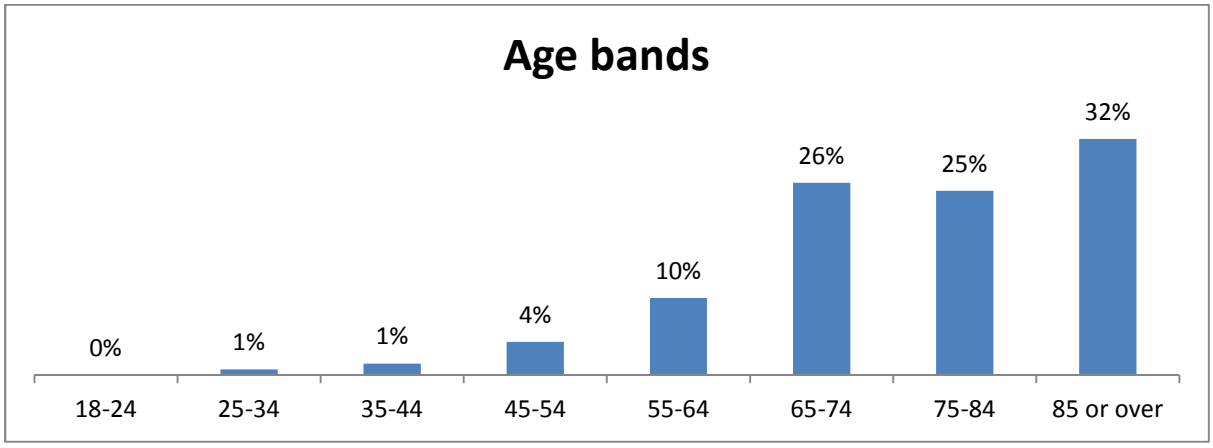
Almost all users felt the equipment had significantly improved quality of life. Many reported that the equipment had given them greater independence by allowing them to do routine tasks on their own. This outcome, however, did not necessarily mean they needed less help. Only a third of users (34%) reported that the equipment had led to less need for help from others.

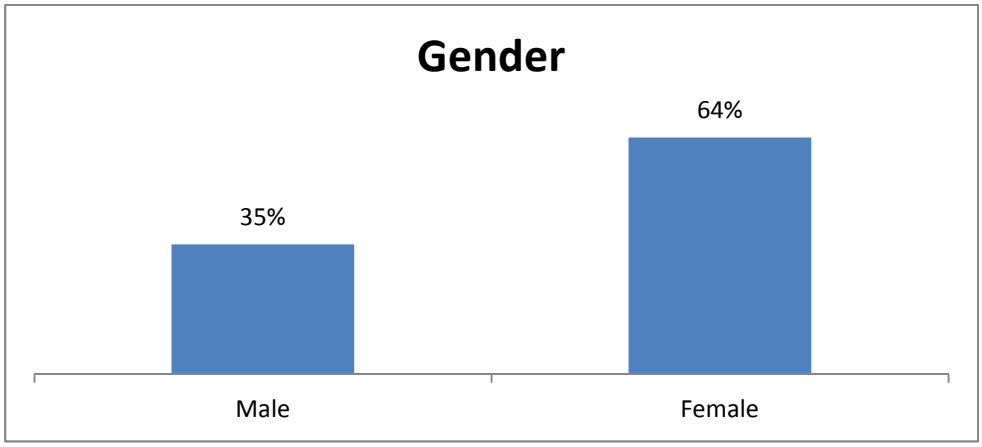
13. Recommendations

- The service maintains strong customer relations taking time to understand user's needs and working with them closely to identify appropriate equipment.
- The service allows user's choices where appropriate in selecting equipment.
- Increased attention to efficient and timely delivery aiming to minimise problems experienced by users waiting for equipment.
- A more consistent aftercare service ensuring all users receive a follow-up check to monitor use of equipment.
- Frequent and clear communication to users and carers about how to return equipment when no longer needed.

Appendix

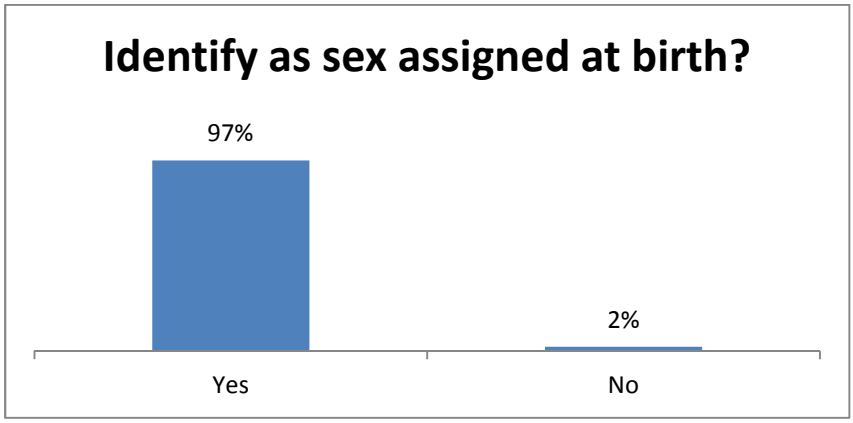
1. Equalities monitoring data from questionnaire respondents

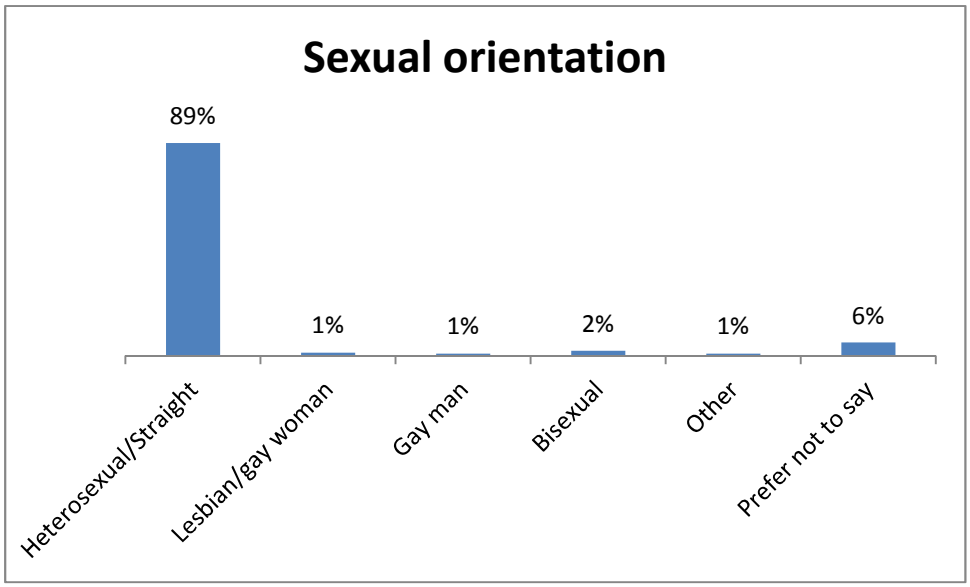


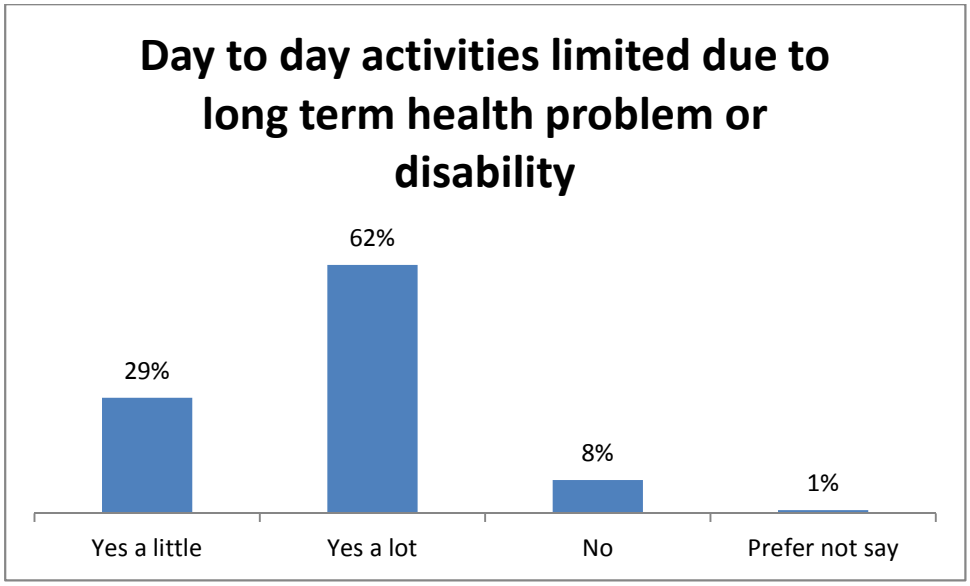


Ethnic origin		
White	English/Welsh/Scottish/Northern Irish/British	90%
	Irish	2%
	Gypsy or Irish Traveller	0%
	Any other White background	1%
Asian or Asian British	Bangladeshi	0%
	Indian	0%
	Pakistani	0%
	Chinese	0%
	Any other Asian background	1%
Black or Black British	African	2%
	Caribbean	1%
	Any other Black background	0%
Mixed	Asian & White	0%

	Black African & White	0%
	Black Caribbean & White	0%
	Any other mixed background	0%
Other Ethnic Group	Arab	1%
	Any other ethnic	1%
Prefer not to say		1%







2. **Equipment review service user interview schedule**

Introduction

We are doing research on the Equipment and Adaptations service to see how well the service is meeting people's needs.

We are interested in your experience of the service. Please be honest and truthful in your answers. Your information will be used to help improve the service.

Assessment

Someone from the service, e.g. occupational therapist or nurse, discussed your needs and what equipment/adaptation would help you.

Describe how this assessment took place. How well did it work in identifying the right equipment for your needs?

What equipment was decided would be right for you?

Getting the equipment/adaptation

After the assessment, how long did you wait to get the equipment? Did the wait, if any, cause any problems for you? Was there any communication with you during this period?

Describe how the installation of the equipment went. Was information provided about how to use the equipment and who to contact for further support?

Were you told how to return the equipment after you had finished using it?

After installation, was there any follow-up to check everything was OK? Please describe.

Returning equipment

If you have stopped using any of the equipment/adaptations, did you return it? Please explain.

Impact of equipment for you

How helpful was the equipment you used? Did it improve your quality of life? Did it help you be more independent in any way? Did it make a difference to the personal support you needed?

Overall impressions

How well do you think the service served your needs? What was it particularly good at/poor at? How could the service be improved?

Brighton and Hove Adult Social Care Equipment and Adaptations Service Questionnaire

Section 1: Your most recent piece of equipment or minor adaptation to your home

Although you may have had equipment or a minor adaptation to your home previously, please answer in regards to your *most recent* experience of the service.

Q1 Overall, how satisfied are you with the most recent equipment / minor adaptation to your home that you have received from the service?

Extremely Satisfied	Very Satisfied	Quite Satisfied	Neither Satisfied nor Dissatisfied	Quite Dissatisfied	Very Dissatisfied	Extremely Dissatisfied
☐	☐	☐	☐	☐	☐	☐

Q2 How were your equipment / minor adaptation needs discussed with you?

Please select all that apply

- Somebody came to my home. ☐
- I spoke to someone on the telephone ☐
- I had an assessment at the hospital. ☐
- I went to a Disability Living Centre. ☐
- *Other* ☐

Please specify 'Other'

Q3 Who made the assessment of your needs?

- Occupational therapist ☐
- Nurse ☐
- Other assessor ☐
- *Don't know* ☐

Please specify who 'Other' assessor was

Q4 How happy are you with the way those who discussed your needs treated you?

- Not applicable. I didn't talk to anyone. ☐
- I was very happy with the way they treated me ☐
- I was fairly happy with the way they treated me. ☐
- I was fairly unhappy with the way they treated me. ☐
- I was very unhappy with the way they treated me ☐

Q5 Did you feel that you had a choice about what equipment or minor adaptations to your home you had?

- Yes, I chose what I wanted. ☐
- Yes, what I wanted played a role in what I got. ☐
- No, what I wanted didn't really affect what I got. ☐
- No, there wasn't any real choice. ☐
- I didn't need a choice ☐

Q6 What were you given as a result of the assessment of your needs?

Please select all that apply

- A single piece of equipment ☐
- A number of pieces of equipment ☐
- A minor adaptation to your home ☐
- Advice ☐

Q7 What information was given about the equipment?

Q8 Did the length of time waiting for your equipment / minor adaptation to your home cause you any problems?

- No ☐
- Yes, but only minor problems. ☐
- Yes, serious problems. ☐

Please explain further if problems were experienced.

Q9 Were you shown how to use the equipment / minor adaptation to your home?

- No, but I did not need to be shown. ☐
- No, and I think I should have been shown. ☐
- Yes, but not as well as I should have been shown. ☐
- Yes I was shown, but later on I was unsure of how to use it. ☐
- Yes, it was set up and demonstrated clearly and helpfully. ☐

Q10 Did anyone contact you afterwards to check everything was OK?

- No, I was not contacted. ☐
- Yes, someone telephoned me. ☐
- Yes, someone visited me. ☐
- Yes, someone telephoned me and someone visited me. ☐
- Don't know/ Can't remember ☐

Q11 Have you stopped using any of the equipment or minor adaptations you recently received?

Select all that apply

- No, I use all of the equipment I was given [skip to Q13]. ☐
- Yes, I no longer needed it. ☐
- Yes, it did not help me. ☐
- Yes, I found it difficult to use. ☐
- Yes, I did not like the look of it. ☐
- Yes, it was broken or damaged. ☐
- Yes, I did not know how to use it properly. ☐
- Yes, it has been replaced by a better piece of equipment. ☐
- Yes, it feels unsafe. ☐
- Yes, *Other* ☐

Please specify 'Other'

Q12 Did you know how to return it?

- Yes ☐
- No, I was not told how to return it ☐
- No, I didn't remember what I was told to return it. ☐

Section 2: The Impact of your Equipment or Minor Adaptation

Questions in this section look at the impact all the minor adaptations to your home and equipment you use have on your life. Some of the questions ask directly about the impact while others ask about your life more generally.

Q13 Please read the following statement and then select the answer which comes closest to your situation?

How has the equipment/minor adaptation affected the quality of your life?

It has made it much better	It has made it a little better	It has not had any effect	It has made it a little worse	It has made it a lot worse
☐	☐	☐	☐	☐

Q14 We would like to know what areas of your life are helped by equipment or minor adaptations to your home? (A single piece of equipment or minor adaptation may help you with more than one area of your life).

Please select all that apply

- Getting around within your home (such as small portable ramp, grab rails) ☐
- Moving around outside of your home (such as portable ramps, outside grab rails) ☐
- Looking after your personal care needs (such as grab rails, shower or bath seats) ☐
- Helping you prepare meals and drinks (such as tap turners, trays, perching stool mobility aids) ☐
- Helping you communicate and keep in touch with other people (such as mobility aids, sound magnifier, an adapted telephone) ☐
- Helping keep you safe (such as alarms, fall detectors) ☐
- Helping others care for you (such as transfer boards, shower chair on wheels) ☐
- Helping relieve pain or make you more comfortable (such as rise recliner chairs, electronic profiling bed) ☐
- Helping you have more control over your daily life (this could be any piece of equipment) ☐
- Helping you undertake leisure and work activities (such as talking books, screen readers and mobility aids) ☐

Q15 Has having the equipment / minor adaptation to your home changed the amount of help you need from others?

- Not applicable as I do not need any help from others. ☐
- The amount of help I need is the same as it was before I had the equipment or minor adaptation. ☐
- I now need less help from others. ☐
- I now need more help from others. ☐

Section 3: About Yourself

The answers to the next group of questions ask you about yourself. This information will be used for monitoring purposes only.

Q16 What is your age?

- 18-24 ☐
- 25-34 ☐
- 35-44 ☐
- 45-54 ☐
- 55-64 ☐
- 65-74 ☐
- 75-84 ☐
- 85 or over ☐

Q17 What gender are you?

Male ☐
Female ☐
Other ☐
Prefer not to say ☐

Q18 Do you identify as the sex you were assigned at birth?

For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their sex.

Yes ☐
No ☐
Prefer not to say ☐

Q19 What is your ethnic origin?

White

English/Welsh/Scottish/Northern Irish/British ☐
Irish ☐
Gypsy or Irish Traveller ☐
Any other White background ☐

Asian or Asian British

Bangladeshi ☐
Indian ☐
Pakistani ☐
Chinese ☐
Any other Asian background ☐

Black or Black British

African ☐
Caribbean ☐
Any other Black background ☐

Mixed

Asian & White ☐
Black African & White ☐
Black Caribbean & White ☐
Any other mixed background ☐

Other Ethnic Group

Arab ☐
Any other ethnic group ☐

Prefer not to say ☐

Q25 What is your sexual orientation?

Heterosexual/Straight ☐
Lesbian/Gay woman ☐
Gay man ☐
Bisexual ☐
Other ☐
Prefer not to say ☐

Q26 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes a little ☐
Yes a lot ☐
No (skip next question) ☐
Prefer not to say ☐

Q27 Please state the type of impairment?

Please tick all that apply

Physical Impairment ☐
Sensory Impairment ☐
Learning Disability/Difficulty ☐
Long-standing illness ☐
Mental Health condition ☐
Autistic Specturm ☐
Other Development Condition ☐
Other ☐

All completed surveys qualify to be entered in a prize draw to win a £50 Amazon voucher.

One winner will be picked at random and contacted by phone and email.

Please indicate here if you wish to be entered in the prize draw. ☐

Healthwatch would like to interview users of the equipment service to get a detailed perspective on the performance of the service.

Please indicate here if you are willing to do a 30 minute interview. ☐

Please provide your contact details if you are entering the prize draw or have agreed to be interviewed:

name

phone number

email

Prize draw terms and conditions: Only one entry per person. Incomplete surveys will not be entered into the draw. One winner will be drawn at random from qualified survey entrants. The judge's decision is final and no correspondence will be entered into. The winner will be notified via the details provided by the survey respondent. To claim the prize the contacted person must respond to the notification within 14 days.

Thank you for completing the survey!

Please return by post in the FREEPOST envelope provided.

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Update on mental health crisis support

1.1 The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 14 November 2017.

1.3 Author of the Paper and contact details:

Anne Foster, Head of Commissioning – Mental Health & Children's Services, Brighton and Hove CCG
anne.foster5@nhs.net

2. Summary

2.1 The Health and Wellbeing Board received a paper in November 2015 that provided details of the Mental Health Crisis Care Concordat action plan. The aim of the Concordat plan aim is to improve arrangements for mental health crisis support for Brighton and Hove. This paper provides a progress report on improvements made since 2015 as well as further improvements planned from 2017/18 onwards.

3. Decisions, recommendations and any options

3.1 That the Health & Wellbeing Board notes the report.

4. Relevant information

Background

4.1 The Government articulated the need to improve the system response for people needing support in a mental health crisis care in the Crisis Care Concordat which was published in February 2014[1].

4.2 The Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

4.3 The Brighton and Hove Concordat Plan is overseen by a multi-agency group and underpinned by a signed Concordat with a commitment to work together to improve mental health crisis care arrangements. The Concordat was signed by NHS England, Brighton and Hove CCG, Brighton and Hove City Council, Sussex Police Commissioners, Sussex Partnership NHS Foundation Trust, Sussex Police the South East Coast Ambulance Service, Community Works and Brighton and Sussex University Hospitals Trust. A representative from the East Sussex Fire and Rescue Service has recently been invited to join this group.

4.4 The Five Year Forward View for Mental Health published in February 2016 sets out a transformation strategy for mental health services. This reinforced the need for further improvements in mental health crisis response. One of the recommendations is that people facing a crisis should have access to mental health care **7 days a week** and **24 hours a day** in the same way that they are able to get access to urgent physical health care. The specific Five Year Forward View targets to improve the crisis response by 20/21 at the latest are:

- The implementation of 24/7 Crisis Resolution Home Treatment Teams[2].
- The development of a 24/7 urgent and emergency mental health service for children and young people.
- The eradication of out of area hospital admissions for patients requiring acute mental health care.
- The implementation 24/7 Mental Health Liaison Teams[3] in 50% of NHS trusts.

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

[2] A crisis resolution and home treatment (CRHT) team is a team of mental health professionals who can people at home during a mental health crisis. It includes a number of mental health professionals, such as a psychiatrist, mental health nurses, social workers and support workers.

[3] A Mental Health Liaison Team (MHLT) works in a general hospital. It provides psychiatric assessment and treatment to those patients who may be experiencing distress whilst in hospital and provide a valuable interface between mental and physical health.

4.5 In addition, the Sussex and East Surrey Sustainability and Transformation Partnership (STP) has identified improvements to mental health crisis care as a key priority.

What is a mental health crisis?

4.5 A mental health crisis is a situation where the person experiencing the crisis (or anyone else) believes requires immediate support, assistance and care from an urgent and emergency mental health service. There are many possible causes or triggers of crisis. Some people experience adverse life events that include psychological, physical or social elements that may require an urgent or emergency response from mental health services. Crises can be different in their cause, presentation and progression.

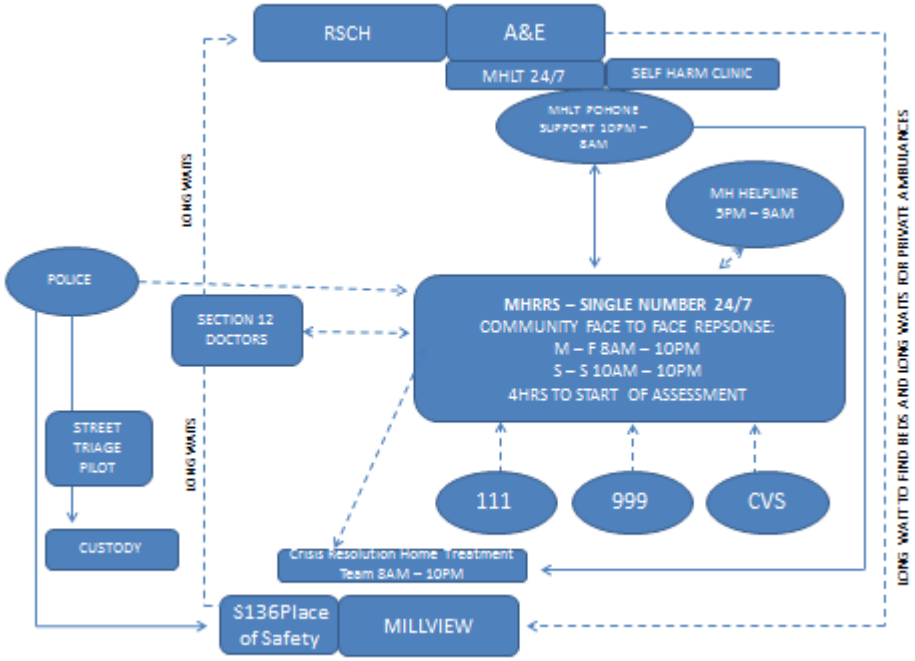
4.5 When a person's mental state leads to a crisis episode, this can be very difficult to manage, for the person in crisis, for family and friends, and for the services that respond.

Improving the mental health crisis response is not just about having excellent mental health support available 24/7 although of course this is vital. It is also necessary to have whole system arrangements in place between the various agencies that may come into contact with someone in crisis. This includes the emergency response services (such as police, fire and ambulance), the criminal justice system, the NHS including A&E departments and mental health services and social care.

Mental Health Crisis Care System - Adults

4.6 There are a range of services for people experiencing a crisis in their mental health. These are shown diagrammatically in figure 1 below.

Figure 1: Current Mental Health Care Crisis System



- Anyone can call the Sussex Mental Health Line, NHS111 and 999 and be directed to local mental health services.
- The Mental Health Rapid Response Service (MHRRS) provides telephone support staffed by mental health professionals 24/7. This service is for any adult who is a risk to themselves or others and can be accessed by patients, carers and professionals including the police.
- The MHRRS is able to carry out face to face assessments 7 days a week within 4 hours. The service is available until 10pm.
- There is a 24/7 Mental Health Liaison Team at the Royal Sussex County Hospital (RSCG) which is able to provide mental health assessments for anyone attending A&E.
- The Crisis Resolution Home Treatment Team (CRHT) provides 7 day a week intensive support to people in the community to prevent acute mental health hospital admissions. It also supports people to be discharged back into the community immediately after discharge from hospital. The service is available until 10pm at night.
- The police have the powers to detain individuals under the Mental Health Act and take people to the health based place of safety at Millview Hospital (also known as the section 136 suite) or custody in exceptional circumstances.

4.7 The **strengths** of the current system are as follows:

(i) The MHRRS provides **24/7 telephone** support to individuals. The service receives over 600 calls per month and provides face to face support within 4 hours to around 40 people each month. Patients are assessed over the phone with a target response time of 30 minutes and if further support is required a visit takes place within the target time of 4 hours.

(ii) There is a **24/7 Mental Health Liaison Team** at RSCH that provides supports to 2000 referrals per year attending A&E. 85% of people receive a response within 1 hour against the target of 95%.

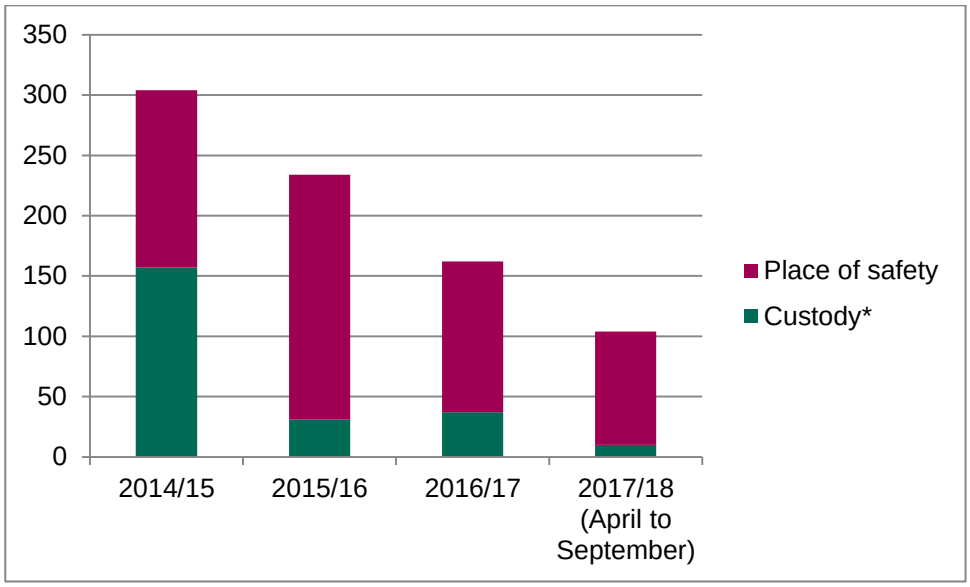
(iii) There is a new community based **self harm clinic** that was set up in 2016 and aims to reduce self-harm in patients attending the Accident and Emergency. The service aims to both reduce repeat attendances to A&E following an episode of self-harm and to reduce and prevent further acts of self-harm. During the period December 2016 to October 2017 a total of 18 patients were seen at the clinic and although numbers are relatively small the initial findings are positive. Only one patient required onward referral to mental health services at the end of therapy and only 2 of the 18 patients re-attended at A&E.

(iv) Across Sussex the police are able to access 5 different health based places of safety. The local place of safety in Brighton and Hove is at Millview Hospital. . There has been a **50% reduction in the number of Brighton and Hove people detained to custody** under the Mental Health Act since 2014/15. The detailed in Figures 2 & 3 below. This reduction is as a result of improved partnership working between SPFT and the police including the development of a multi multi-agency protocol and the introduction of a single point of contact for the police to access the places of safety across Sussex Partnership Foundation Trust.

Figure 2: Detentions Under Section 136 of the Mental Health Act

Year	**Custody***	**Place of safety**	**Total**
2014/15	157	147	304
2015/16	31	203	234
2016/17	37	125	162
2017/18 (April to September)	10	94	104
Total	**235**	**569**	**804**

Figure 3 Detentions Under Section 136 of the Mental Health Act



Areas Identified for Improvement

4.8 Whilst there are a number of strengths in the existing pathway there a number of areas that require further improvement to ensure a fully comprehensive 24/7 mental health crisis response. Key areas identified for improvement are as follows:

(i) There is no community based crisis response after 10pm at night. At night time the only option for face to face support for a mental health crisis care is to attend A&E.

(ii) The 24/7 phone system is not always able to respond swiftly enough if several callers contact the service at the same time.

(iii) Feedback from service users and carers is that the response times of 30 minutes for a phone response and 4 hours for a face response is not rapid enough in terms of support in crisis

(iv) There are sometimes delays and blocks in the system including:

- Delays in finding approved doctors to carry out Mental Health Act assessments.
- Delays in securing an available bed at Millview Hospital for people requiring an acute mental health admission. It is not always possible for Brighton and Hove residents who require a mental health hospital admission to Millview Hospital. In the period April to September 2017 27 Brighton and Hove patients have been placed in hospital beds outsides SPFT hospitals.

- There is not always capacity within the MHLT to respond to patients in A&E within one hour.

(v) At times all 5 places of safety in Sussex are full which results in people being taken unnecessarily in custody.

(vi) Currently the fragmented system means that it is not possible to track data on patients that access different parts of the system.

Supporting the Police

4.9 Whilst there are improved working relationships between the Police and SPFT there is currently no "street triage" service. Sussex Police funded a pilot of "street triage" for a four month period between 1 December 2016 and 31 March 2017. Street Triage is a generic term used to describe the joint approach to managing mental health crises by mental health services and police. The pilot in Brighton and Hove comprised a mental health nurse from Sussex Partnership NHS Foundation Trust (SPFT) and a police officer from Sussex Police working together for the duration of each shift. The service utilised a dedicated Street Triage car to attend mental health related incidents, During the Pilot, the service responded to a total of 199 call outs, averaging approximately 2 call outs per shift. The service has been evaluated and this demonstrated there was a significant reduction in the use of Brighton Police Custody as a place of detention occurred with no admissions over three consecutive months from January and March 17. The evaluation also found that there was considerable "down time" between calls on some shifts. The CCG is working with partner agencies to refine the street triage model for Brighton and Hove in the most cost effective way.

4.10 Changes to the Police and Crime Act which we are expecting to be implemented in 2017 require CCGs to have services in place for the police to contact 24/7 to reduce the need for as many Mental Health Act detentions and will also reduce the amount of time an individual can be detained under Section136 of The Mental Health Act to 24 hours from 72 hours. Currently the majority of patients are detained for less than 24 hours. The Act will restrict the use of police custody for people detained under the Mental Health Act. The arrangements for when all of the places of safety are occupied are in the process of be being developed across Sussex and an agreed system and resources to support the changes and ensure that detainees can be accommodated within mental health environments will be in place by the end of November 2017

Future Vision

4.10 The CCG has been working with partner agencies in 2017 to build on the existing crisis response services and develop an integrated 24/7 crisis response hub that will to be introduced in 2018/19.

4.11 This new model of care will address the gaps in the current pathway and bring together all existing crisis care functions into a hub providing a single point of access. There will be increased capacity in community services on a 24/7 basis to assess and treat patients which will reduce reliance on hospital based services such as A&E (particularly at night time) and acute mental health inpatient care.

4.12 It will involve the development of a crisis lounge at the Millview Hospital site that will provide an alternative place to assess patients in a crisis away from A&E. It will also provide improved pathways with the police and crisis prevention services.

4.13 There will also be increased mental health resources at RSCH to ensure a timely response in A&E and other parts of the hospital and NHS England Transformation funding is available from April 2018 to support this part of the pathway.

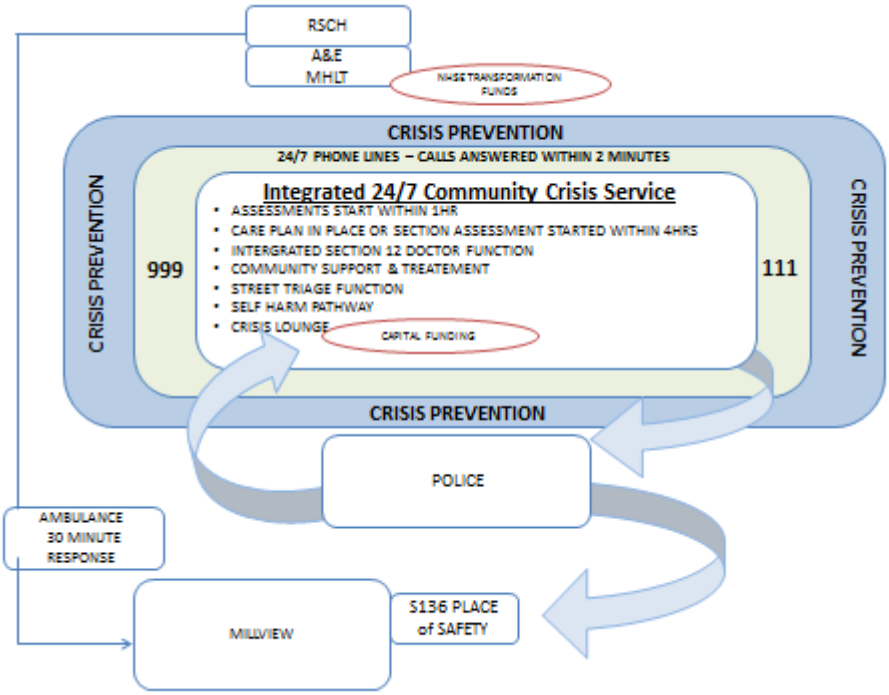
4.14 The new model of care is shown diagrammatically in figure 4 and would enable the following response times to be achieved:

- 24/7 crisis telephone support and advice line with a response within a maximum of 2 minutes, by a person

- Within a maximum of 1 hour of contact, the mental health crisis service should provide the person who contacted the service with an update/feedback on care and support to be provided.

- Within 4 hours of contact with mental health crisis service, any person experiencing a mental health crisis should have received the appropriate response or outcome to meet their needs

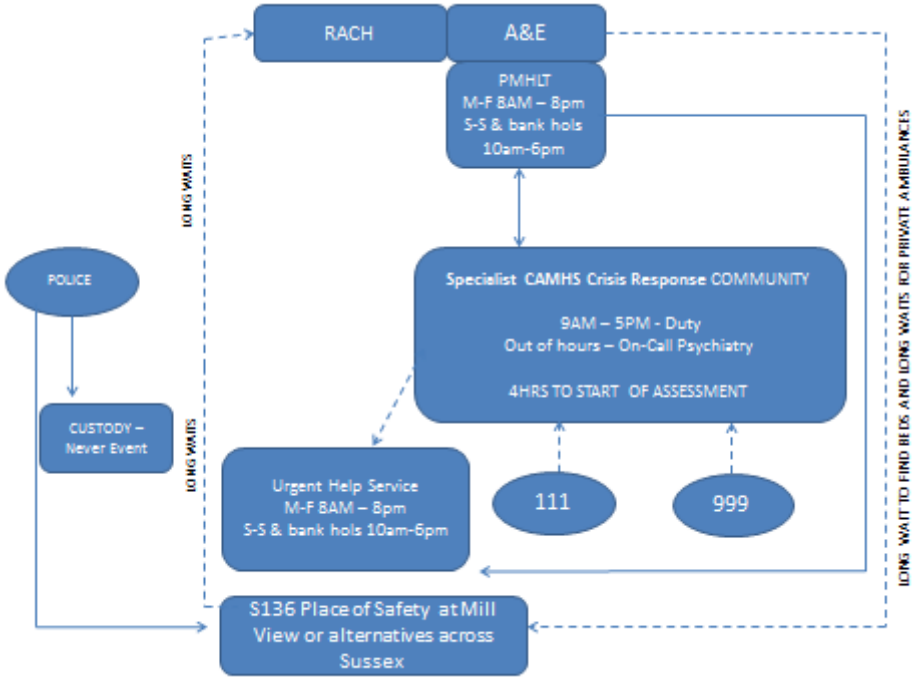
Figure 4 – Future Vision



The mental health system for children and young people in Brighton and Hove

4.15 There are a range of services for children and young people (CYP) experiencing a crisis in their mental health. These services largely exist as part of a separate system to the services available for adults but there are similarities in terms of their strengths and weaknesses. However the numbers of children and young people requiring support are significantly lower than adults. The current system of care is shown diagrammatically in figure 5 below.

Figure 5: CYP mental health crisis response



4.16 Specialist Child and Adolescent Mental Health Services (CAMHS) provide an urgent response to a mental health crisis (where a child or young person is at risk of causing themselves or someone else serious harm) with the following services:

- A 24/7 response through on call consultant psychiatry is available to professionals working within the system such as GPs, Police and Ambulance Service;

- A Specialist CAMHS Duty response (9am-5pm) for professionals as well as children, young people and their family/ carers;

- A Sussex-wide Urgent Help Service operating 7 days per week (8am-8pm weekdays and 10am-6pm weekends and bank holidays) responding to those at risk of admission to an inpatient bed or subject to section 136 Mental Health Act. They provide short and intensive assessment and treatment to reduce risk and stabilise working within community settings and people's homes. They also work with inpatient units to support safe discharge; and

- A Paediatric Mental Health Liaison team (PMHLT) has been in place since October 2015, based at The Royal Alex Children's Hospital (operating the same hours as the Urgent Help Service). The team supports the hospital staff for those children and young people who attend and / or are admitted, who have a mental health issue. They respond with a risk assessment completed within 2 hours and develop a suitable on-going care plan for the individual which may include a follow up in Specialist CAMHS. The team support, on average, 37 children and young people each month in A&E and the wards.

4.17 The table below shows the section 136 detentions for children and young people over the last four years. Since 2015/16 there have been no detentions in custody for children under 18, since this was deemed a `never event`. In most cases children and young people under 18 who are under Section 136 go to Mill View Hospital as their place of safety, however, that is full (with an adult for example) then Brighton and Hove children will go to one of the four other places of safety within Sussex. Figure 6 below shows the data.

Figure 6 – Place of Safety Data for Children and Young People

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	Custody	Place of Safety (Mill View)	Total
2014/15	5	14	19
2015/16	0	10	10
2016/17	0	3	3
2017/18	0	6	6

Current Position

4.17 Whilst there are strengths in the current model of crisis support for children and young people the pathway is fragmented and there is scope for further improvement to ensure a community based 24/7 community response.

4.18 The strengths of the system include:

a) The availability of mental health support at the RACH;
b) A single provider response from SPFT (through the Urgent Help Service, Duty and PMHLT); and
c) Children and Young People have not been admitted to custody since 2014/15

4.19 The areas for improvement include:

a) There is not a comprehensive 24/7community based mental health crisis response
b) There is no 24/7 open access phone line

c) There is not a standalone child / young people specific place of safety available in Sussex.

Improvement Plans

4.20 From November 2017 Specialist CAMHS will pilot an extended Specialist CAMHS Duty response until 10pm (Monday – Friday). The service currently ends at 5pm. This will enable professionals within the system to have access to a specialist mental health practitioner out of hours with an additional follow up response the next day. The pilot will work with other agencies such as Police, Social Care, GPs and Ambulance Service to evaluate the impact and plan for further developments from 2018/19 onwards.

4.21 In addition to this there are plans in development with partners across Sussex to develop a telephone hub as a single point of access. Initial scoping work has indicated that a Sussex wide approach would give sufficient economies of scale.

Future vision

4.22 The future vision for CYP mental health crisis response has not yet been fully developed but will be informed by both the pilot work that is taking place in 2017/18 and the learning from implementing the model of care for adult services. The anticipated features include

a) Developing a more robust 24/7community response; and reducing reliance on hospital based service;
b) Developing a 24/7 open access phone response.

5. Important considerations and implications

Legal

There are no legal implications arising from this report which is for information

Lawyer consulted: Elizabeth Culbert Date: 03/11/17

Finance

5.1 The financial implications of the proposed developments are being considered by the CCG.

Finance Officer consulted: David Ellis Date: 3/11/17

Equalities

5.2 An equalities impact assessment will be developed to inform the planned changes to the community pathway

Officer Consulted: Sarah Tighe-Ford Date: 3/11/17

Sustainability

5.3 Improving adult mental health services across the whole system will help build more sustainable communities by supporting people to become more resilient, more able to contribute the economy though work and more able to contribute to society more generally.

Health, social care, children's services and public health

5.4 See main body of the paper.

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Adult Social Care Services: The Direction of Travel 2016-2020 - review of progress

1.1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 14th November 2017.

1.3 Author of the Paper and contact details
Cat Harwood Smith, Head of Performance, Business Improvement and Modernisation cat.harwood-smith@brighton-hove.gov.uk

2. Summary

2.1 The Health and Wellbeing Board requested an update on progress since the Direction of Travel was agreed in November 2015

2.2 Officers intend to bring a report on progress (a 'Local Account') against the ambitions set out in the Direction of Travel to the January Health & Wellbeing Board.

3. Decisions, recommendations and any options

3.1 That the Board agree the proposed approach to the Local Account report as set out in the presentation

3.2 That the Board supports use of the 'Making it Real' markers in the presentation of the Direction of Travel review

3.3 That the Board confirm that the proposed content aligns with the priorities of the Board.

3.4 That the Board agree the final Local Account publication will be presented at the Health & Wellbeing Board in January 2018.

4. Relevant information

4.1 The Direction of Travel 2016-2020 remains the vision for Adult Social Care. This is being strengthened and further developed through Caring Together and Better Care Fund resources.

4.2 Demand for adult social care services continues to increase, in both the volume and complexity of people's need, against a background of reductions in local government funding and NHS efficiencies - the challenge for us remains to deliver better outcomes for people at lower cost.

4.3 Given the context outlined above the key challenges for adult care over the coming years are to deliver good outcomes for local people, achieve financial balance and meet our statutory duties.

4.4. Our vision for meeting these challenges is constructed around 4 key elements outlined below:

Signposting - The provision of accessible information and advice to enable people to look after themselves and each other, and get the right help at the right time as their needs change. Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence;

Stronger communities – Help build support networks where people live by working in partnership with local health and wellbeing services. This is rooted in the recognition that we are all inter-dependent and we need to build supportive relationships and resilient communities. We will expect to share responsibility with individuals, families and communities to maintain their health and independence;

Getting people on the right track – Preventative services that help people stay independent for longer, and support them to recover back to good health after illness. These services will be joined up with and delivered with our partners;

Citizens in control of their care - When people do need some extra care and support, services will be personalised, and more joined-up around individual needs. Personal budgets and direct payments are central to this approach

5. Important considerations and implications

Legal:

5.1 There are no legal implications arising from this report.

Lawyer consulted: Elizabeth Culbert Date:16/10/2017

Finance:

5.2 The agreed Direction of Travel needs to be managed within the existing resources available. The outcomes and vision of this plan will be used to influence future budget strategy.

Finance Officer consulted: Sophie Warburton Date: 12/10/2017

Equalities:

5.3 The Direction of Travel proposed changes that will have implications for people using social care services and their families, our staff and our wider partners. The broad intention is to ensure that adult social care is able to support good outcomes for all local people, meet all its statutory duties and achieve financial balance over a 4 year period.

5.4 The proposed Local Account will provide evidence of service changes; this service re-design activity will have been subject to equalities impact assessments and financial planning processes, in line with Council policy.

Sustainability

5.5 The Direction of Travel is intended to support the delivery of a sustainable adult social care service that can meet its statutory duties, deliver positive outcomes for local people and maintain financial balance.

Health, social care, children's services and public health:

5.6 The delivery of the Direction of Travel Vision will require partnership working with colleagues in the Council, e.g. housing, children's services and public health and external partners in the NHS and the private and voluntary sector. Effective programmes that promote well-being and independence, provide timely preventive interventions and engage with local communities are essential if positive outcomes are to be delivered for local people and the pressure on adult care budgets alleviated. The report notes opportunities that are available through programmes such as Better Care, Community Collaboration, City Neighbourhoods and Customer First in a Digital Age.

6. Supporting documents and information

Appendix A – Adult Social Care road map

Appendix B – Presentation to Health & Wellbeing Board 14 November 2017

Additional Documents

The Adult Social Care Services: The Direction of Travel 2016-2020 report to The Health & Wellbeing Board meeting on 20 October 2015 is available online here: https://present.brighton-hove.gov.uk/ieIssueDetails.aspx?IId=49046&PlanId=0&Opt=3#AI47597

Our journey ahead...

Where will care and support services be in the next five years?

1. Signposting

Information and advice to enable people to look after themselves and each other, and get the right help at the right time.

2. Stronger communities

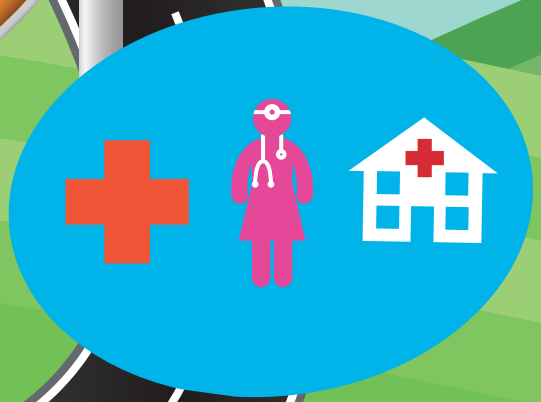
Help people to build support networks by working in partnership with local health & community services.

3. Getting people on the right track

Preventative services that help people stay independent for longer, and support them to recover after illness.

4. Citizens will be in control of their own care

When people do need extra care and support, services will be personalised, and more joined-up around individual needs.



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HWB Update
Health & Adult Social Care Direction of Travel Response
14 November 2017

Cat Harwood-Smith, Head of Performance, Business Improvement & Modernisation

Jessica Harper, Engagement Lead

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Direction of Travel

- October 2015: HWB agreed Direction of Travel - vision for future delivery of Adult Social Care
- Roadmap showing Adult Social Care Direction of Travel 2016-2020
- Plans for delivery of more efficient, integrated services
- Maintain positive outcomes for people against backdrop of financial pressure and new statutory duties (Care Act 2014)

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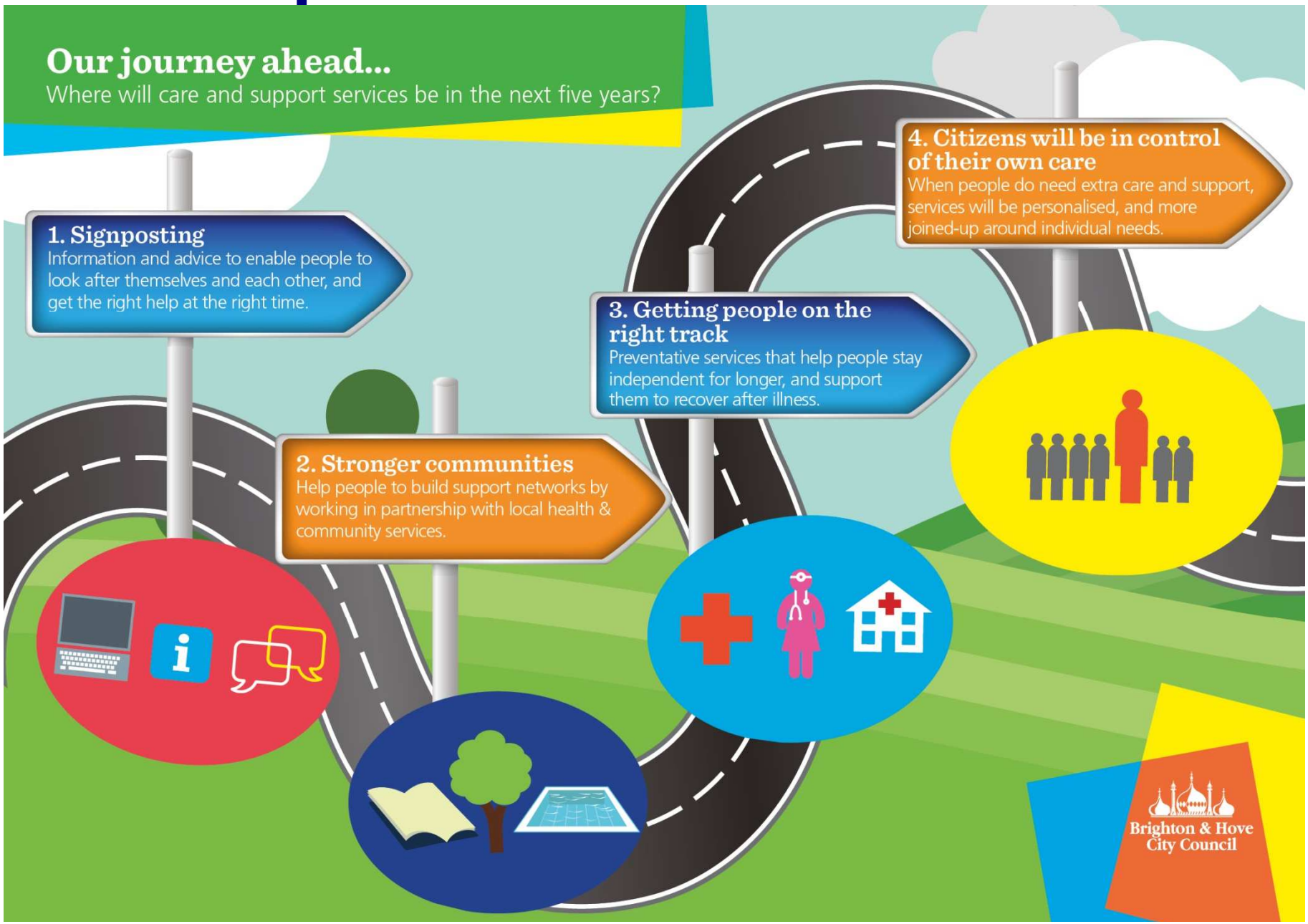
Road map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Local Account

- Evidence of progress against Direction of Travel
- Impact of changes for residents, carers, staff and key partners
- Priority areas for further development
- Links to future commissioning and budget plans
- Community, Voluntary Sector feedback -progress and priorities
- Transparency and accountability

Local Account 2016

Part 1 | How will adult social care services change 2016-2020

This section of the account is about how we are going to provide adult care services in Brighton & Hove from 2016 to 2020 and why we need to do things differently.

The changes will make a difference to:

- adults and their carers who have care and support needs
- all staff who work in Adult Social Care
- other parts of the council
- the services we work with in Brighton & Hove

People with care and support needs should live independent and safe lives and have the same opportunities as other people in the city.

This is at the centre of our vision for adult care services. However, Adult Social Care can only do this with the help of the rest of the council, our neighbourhoods and communities, the Health Service, the Police and our independent and voluntary providers.

This is called working together in partnership.

Here are some of the additional things we thought about when we planned the changes as well as those issues identified in our previous local account.

The Care Act 2014

A law passed in England in 2014 that sets out what care and support you are entitled to and what local councils have to do. Most of the Care Act had to be implemented by April 2015, through some parts of it have been delayed by the government until 2020.

The Care Act is about ensuring that people who use services, and their carers, are at the centre of the process of working out what their needs are, choosing what support they need and having control over their life.

If you would like to know about the Care Act www.brighton-hove.gov.uk/social-care

Budget

The Council has received a reduction in central government funding as part of the Government's austerity programme and this has required significant savings to be made. In Adult care services we have already delivered £23 million savings over the last 6 years plus a further £6 million savings required in 2016/17. The financial context over the next 4 years is extremely challenging and the pace of change will accelerate as we strive to meet financial targets. Over the next 3 years we anticipate delivering further saving of £14 million.

If you would like to know more about our budget, go to www.brighton-hove.gov.uk/budget

The Better Care programme

This is a national programme about helping local people stay healthy and well. Part of this means supporting health and social care services to work better together.

If you would like to know more about our local plans **www.brighton-hove.gov.uk/bettercare**

Service users with complex needs

We have been reviewing the information available about how our population will change over the coming years. We think there will be more people with care and support needs and some of these will require a high level of support with many aspects of their daily life and rely on a range of health and social care services.

Good staff

We recognise the importance of having well trained, skilled staff across care and support services, both within the council and all our partners who provide care and support. We know from the feedback we receive from people using services how important this is to them. We have reviewed the current workforce across the city and identified a range of things that we need to do that will ensure we have a stable, skilled and well supported workforce over the coming years. A dedicated plan is in place and is overseen by a Board chaired by the Executive Director.

www.brighton-hove.gov.uk/socialcaretraining

We have a shared vision and commitment to the transformation of Adult Social Care

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Proposed format 2017 Account

- Printed report & online
- Visual style – infographics, images and text
- Case Studies and key data/statistics
- Making It Real headings (user/carer developed)
- Commitments: ‘We have, We will’
- Audience? Easy read version

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Infographics - example

A week in the life – every week in Brighton & Hove

57 babies are born

6,701 people have an outpatient appointment

454 people have an elective admission to hospital

414 people have an emergency admission to hospital

51 people are admitted to hospital for acute conditions that should not usually require hospital admission

26 people have a new diagnosis of cancer

41 people die, of whom:

12 people die from cancer and

4 people die from conditions considered amendable to health care

In a given week there are

3,650 people receiving a long-term adult social care service:

360 people supported in nursing homes

819 people supported in residential care

2,471 people receiving a range of support options living in the community

130 people receiving short-term intensive support to maximise their independence

661 items of daily living equipment issued

120 Adult social care assessments/ reviews, including:

14 carers assessments/reviews

18 safeguarding enquiries (including mental health)

8 mental capacity assessments

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Making It Real

Flexible and Integrated care and support:
My support, my own way

Information & Advice:
Having the information I need, when I need it

Active and Supportive Communities:
Keeping Friends, Family and Place

Workforce:
My Support Staff

Risk Enablement:
Feeling in control and safe

Personal budgets and self-funding:
My money

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Example: Making It Real

Flexible and Integrated care and support:
My support, my own way

We have:

- Jointly (BHCC/CCG) commissioned the Carers Hub, providing 'one front door' for Information/Advice/Support for all unpaid carers. This is a partnership between the Carers Centre; Crossroads; Alzheimer's Society and Adult Social Care.

We will:

- Build on success of the Carers Card, enabling carers to access discounts for a range of services to improve health and wellbeing
- Improve assessments and pathways ensuring carers receive the right support at the right time.
- Increase the diverse range of services to improve wellbeing and resilience of carers – both adult and young carers.

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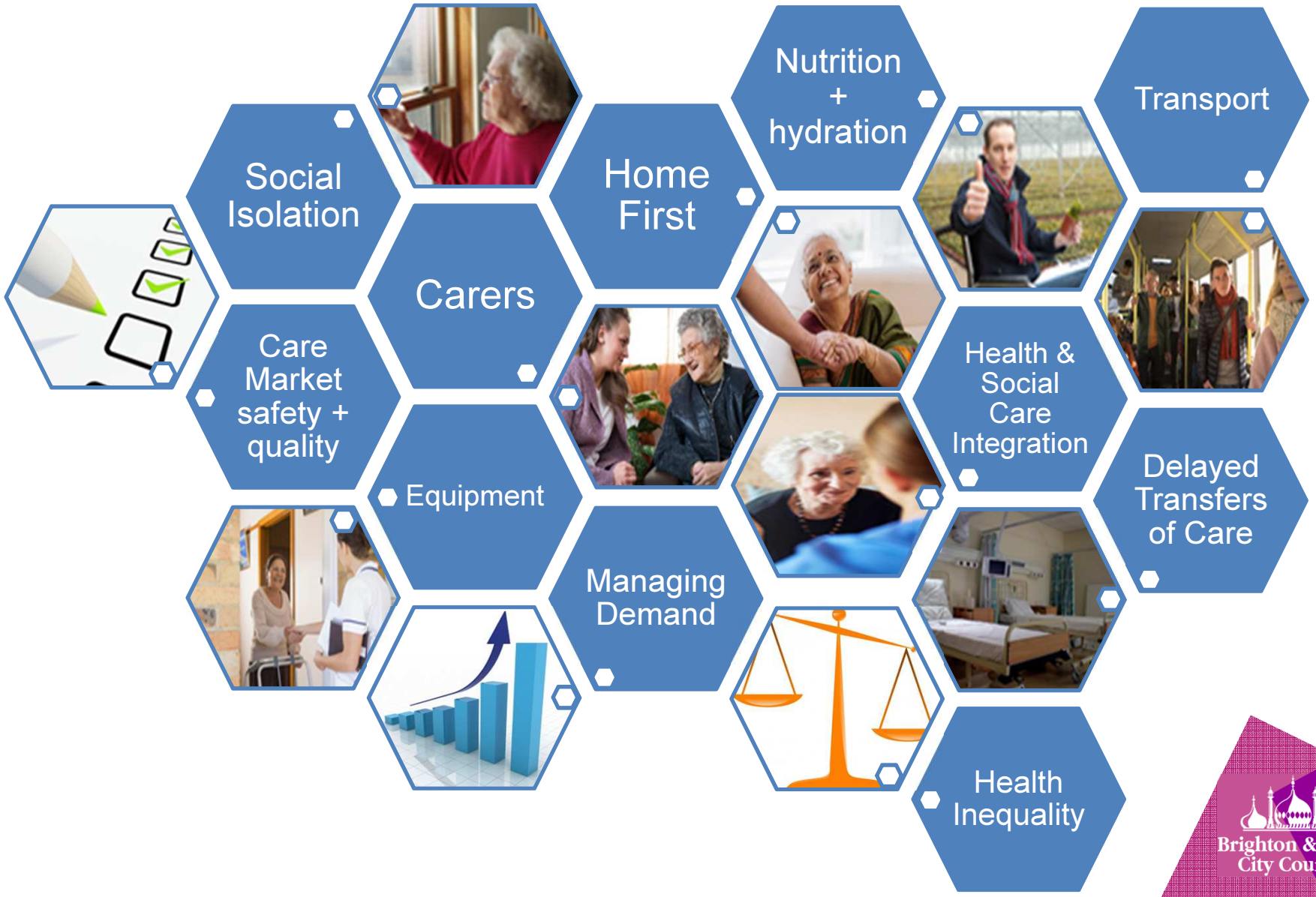
Reflecting Health & Wellbeing Priorities

Hot Topics



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Timeline

Month	Action
August -October 2017	• Community & Third Sector feedback on progress • Collating potential content for various sections • Collating finance and performance data
November 2017	• Consult Health & Wellbeing Board (HWB) on approach • Further develop draft based on HWB recommendations
December 2017	• Design and Print
January 2018	• Final report presented to HWB

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Decisions/Feedback

- Agree proposed format including use of user and carer developed ‘Making it Real’ markers.

- Do hot topics align to the priorities of the Board?

- Not exhaustive account of all activity but are there other **priority** areas that should be covered?

Please feed back to:

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Jessica.harper@brighton-hove.gov.uk

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