

<b>Subject:</b>	Children and Young People's Mental Health Local Transformation Plan - 2018 refresh and Wave One Trailblazer Expression of Interest		
<b>Date of Meeting:</b>	12 November 2018		
<b>Report of:</b>	Executive Director for Families, Children & Learning		
<b>Contact Officer:</b>	<b>Name:</b>	Gill Brooks	<b>Tel:</b> 01273 23 8717
	<b>Email:</b>	gill.brooks1@nhs.net	
<b>Ward(s) affected:</b>	All wards		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The first purpose of the report is to update on the Children and Young People's Mental Health Local Transformation Plan (LTP) refresh for 2018; to provide an update on progress, opportunities and challenges and funding allocation.
- 1.2 The second purpose of the report is to provide details on the expression of interest to be Wave One of *Transforming Children and Young People's Mental Health Provision: A Green Paper (2017) 2019-2024*. The expression of interest was submitted on 17<sup>th</sup> September 2018.

**2. RECOMMENDATION:**

- a) That the Committee notes the report

**3. CONTEXT/ BACKGROUND INFORMATION**

**Local Transformation Plan (LTP) 2018 refresh**

- 3.1 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 to produce an annual Children and Young People's Mental Health Local Transformation Plan (LTP) refresh.
- 3.2 Health and Wellbeing Board approved the Brighton and Hove (LTP) in October 2015, the refresh in October 2016 and October 2017. These documents can be found here: <http://www.brightonandhoveccg.nhs.uk/plans>  
Included in the paper is the **Executive Summary** (Appendix A). The full Local Transformation Plan is available if required.

- 3.3 CCGs were required to refresh and republish their LTPs by 31<sup>st</sup> October 2018. 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 Commissioning Alliance; and
  - c) An update on 2017/18 (spend and activity).

3.4 Our progress and achievements so far and on-going challenges are:

*“Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis. We will give them opportunities to build their own resilience and recognise their need earlier, encouraging them to support and confide in one another. They can access services when, where and how they choose, embracing digital and social media. Services will work closely together so that criteria and thresholds are less important than addressing holistic need in a timely way, generating good outcomes.”*

3.5 The changes have been developed around:

- 1. Infrastructure in place for successful change – training & FindGetGive website
- 2. Building capacity at an early stage – Wellbeing and Schools Wellbeing Services
- 3. Targeted support – Specialist CAMHS redesign

Phase One – foundation stages, pilots, testing

Phase Two – consolidation and recurrent change

Achievements since last publication	Challenges; what still to do
<p>CYP MH access target achieved - 34% (against a target of 30%)</p> <p>Started work on vulnerable CYP</p> <p>Adaptive Mentalisation Based Integrative Treatment (AMBIT) training</p> <p>Schools Wellbeing activity</p> <p>Agreed outcome/ experience measures across system</p>	<p>MH crisis response</p> <p>Vulnerable CYP with MH needs – LAC</p> <p>Wellbeing Service waiting times</p> <p>Schools Wellbeing – MHSDDS (Access Target)</p> <p>FEDS (eating Disorder) access and waiting time target</p> <p>Implementation of neurodevelopmental pathway</p> <p>Wave One Trailblazer opportunity</p>

3.6 The main areas of focus (change and improvements) in the 2018 refresh are:

	<b>Area of change/ development</b>	<b>Highlights</b>
Infrastructure	#IAMWHOLE (mental health awareness campaign)*	Building on previous campaigns – 2018 campaign – Whole Hour – spend at least one hour on World Mental Health Day (10 Oct) paying attention to your wellbeing and mental health. This improves quality and safety by raising awareness and directing people to help as early as possible
	Social Prescribing	YMCA have been successful in a bid to implement social prescribing for young people in the City providing early intervention that reduces risk and improves safety
	Participation*	Right Here supporting key providers to `stock take` their participation offer and plan improvements (part of CYP IAPT) recognising that we need to involve users in improving outcomes and quality of our services
	<i>Can we Talk</i> training initiative	Brighton and Sussex University Hospitals NHS Trust/ Sussex Partnership NHS Trust national bid – train acute hospital staff in MH awareness to improve safety and risk response in the acute sector
	Self-harm needs assessment*	Published with recommendations Feb 2018 Task and finish group to be established 2018/19
	Updates prevalence data Oct 2018	Public Health England to publish updated data – need to recalibrate commissioning intentions
Building capacity	Adaptive Mentalisation-based Integrative Treatment (AMBIT) – whole system training*	Whole system training (health and social care) – framework to assess and treat across agencies supporting a shared risk

		assessment and management to improve safety and response
	Workforce development*	Workforce Matrix – gap analysis (2018) Workforce Strategy Phase 2 (end 18/19) Links with HEE and NHSE  Ensuring there is the appropriate workforce to respond to need
Targeted support	Schools Wellbeing Service and Wave One Trailblazer site opportunity*	Opportunity to bring additional resource to the mental health support in schools
	Wave One Trailblazer site opportunity – pilot 4 week access to treatment in Specialist CAMHS	Pilot 4 weeks to treatment – increasing capacity so that waiting times reduced
	Building an integrated pathway across 3 main providers of children’s mental health services (Family Coach)*	CAMHS, Schools Wellbeing and Community Wellbeing Services – risk, protocols, communication, joint triage and Family Coach (parental mental health and socio-economic issues associated with child’s mental health). This will improve risk management, communications, safety and quality of all the services
	Vulnerable children and young people – their mental health needs – links with social care*	Additional MH resource in social care pods. Plan to expand further (LAC needs) in 19/20, supporting risk management
	Children’s Mental Health Access Target*	34% achieved 17/18. 18/19 target is 32%.  Main focus on Schools Wellbeing service submitting to MHSDS from Nov 2018
	Outcome and experience measures*	3 main providers have agreed core measures.  Will be nationally measured from April 2019. 18/19 is shadow year

	Neuro-developmental pathway improvements*	Business case approved in principle Plan to implement July 2018 Includes Transforming Care needs Requires joint working with social care and education.  Addresses identified needs of our most vulnerable group of children
	Eating Disorder (FEDS)	Access target to be measured from 19/20 Service review and improvement plan to achieve target

\*Health and Local Authority joint working

### 3.7 Benefits realisation

3.7.1 The impact of this investment and strategic improvement is able to be measured through various criteria:

- a) More children accessing mental health services – 34% in 18/19 (17% 17/18);
- b) Specialist CAMHS access – 92% first treatment within 8 weeks in 18/19 (compared to 100% first treatment within 18 weeks in 17/18); and
- c) Schools Wellbeing – 309 treatments with 66% significantly improved after intervention (April-June 2018).

3.7.2 We recognise that we need to develop a more robust method of measuring the impact on quality, safety and outcomes of services as well as access and activity.

### 3.8 Governance

3.8.1 This LTP will be presented at the following committees:

- a) CCG Governing Body – 24<sup>th</sup> October 2018; and
- b) Brighton and Hove Health and Wellbeing Board (Chair's updates) - Nov 2018

3.8.2 It has been signed off by the children and young people's assurance group and NHS England prior to final publication.

#### 4. Wave One Trailblazer (Green Paper) expression of interest – for information as bid was submitted 17<sup>th</sup> Sept 2018

4.1 As well as investment following Future in Mind the government has committed to £215m additional funding to implement the recommendations in the *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) 2019-2024. The emphasis is on increasing mental health support in schools through Mental Health Support Teams as well as piloting 4 weeks to treatment for CAMHS. The key elements are:

- a) Increase resource to schools – more evidence based interventions and whole school approach, additional roles and training opportunities;
- b) Includes vulnerable CYP/ PRUs (inequalities) and independent schools;
- c) At least 2 MH Support Teams per CCG:
  - i. (7.5 WTE per 8000 pupils/ 20 schools – 500 interventions (evidence based CYP IAPT)
  - ii. **Funding of £326K** (no capital)
- d) Integrated whole system, referral process, collaborative working;
- e) Designated School Leads – one required in every school – strategic leads (training & support from DfE);
- f) Clear pathway to Specialist CAMHS and supervision;
- g) Tracked and evaluated via MHSDS;
- h) 4 week waiting time to treatment pilot (Specialist CAMHS);
- i) Project resource funding available if required; and
- j) **Finance is for one year (Jan 2019/end 2020) future funding is subject to further agreement and is to be confirmed.**

4.2 Brighton and Hove CCG has been invited to express an interest in being a Wave One Trailblazer site. The submission deadline is 17<sup>th</sup> September 2018 and we should have confirmation of acceptance by October 2018 to implement from January 2019 onwards. Please see *Appendices B, C and D* for the Trailblazer submission.

#### 4.3 Current support in schools and colleges:

- a) 10 WTE in all 10 secondary schools; less in Primary Schools; some support to Special Schools, about to implement in Colleges
- b) Whole School approach/ framework embedded (50% direct interventions 50% system / whole school approach)
- c) School MH leads in all secondary schools
- d) School triage (Secondary)
- e) Have been part of CWB/ CAMHS Triage
- f) Providing 1000 direct interventions pa
- g) About to introduce Family Coach model (Schools and CWB triage)
- h) Informal CAMHS supervision
- i) Now on CareFirst, need to submit to MHSDS by Nov 2018
- j) Current funding £570,000 (£212,000 is CCG)

#### 4.4 The Brighton and Hove proposal:

##### **4.4.1 Mental Health in schools**

4.4.1.1 We will build on our current model within Schools Wellbeing Service (SWS) service by enhancing the resource and adding to the current funding. We have used the formula in the guidance to ensure we have:

- a) Sufficient resource across all schools
- b) Interventions can take place at home where the school environment is not appropriate or where there are emotional school refusers and vulnerable young people
- c) The service able to participate in the mental health triage hub so that it is combined with our Front Door For Families (social care) for a truly integrated triage
- d) Agreements with all schools to ensure existing services are maintained
- e) Specialist CAMHS able to provide a more robust consultation and formal supervision service across all education establishments

4.4.1.2 Our proposal will mean a further 14 WTE with a restructure so that the current SWS will be an umbrella service for at least 3 MHSTs, resulting in needs of clusters of education establishments (College, Secondary, Primary and Special schools) being met as systems. Innovation will include:

- a) Being able to address needs across transitions (for example mainstream to special schools, primary to secondary schools, and non-attenders returning to education)
- b) Being able to provide a universal offer, equally whatever the education establishment
- c) Being able to provide a flexible offer:
- d) working more closely with Specialist CAMHS (joint approach in schools)
- e) providing interventions in pupil's homes where this is more appropriate
- f) Extending the offer to independent schools and our colleges
- g) Ensuring robust working relationship, clear pathways and supervision from Specialist CAMHS including risk management
- h) Addressing specific needs (such as self-harm as 20% of 14-16 year olds state they have self-harmed) targeting protected characteristics with staff with experience in working with BME, LGBTQ, as well as enhancing support to vulnerable children
- i) Providing an opportunity to address gaps in intervention modalities, building on findings from our workforce training needs analysis and strategy that is linked to our current training offer

##### **4.4.2 4 weeks to treatment – Specialist CAMHS**

4.4.2.1 Assessment and Treatment; packages of treatment that will ensure:

- a) Continue to participate and provide clinical leadership in the triage hub ensuring extension of partnership working to MHSTs to develop an integrated referral system (CAMHS, MHST's and Wellbeing Service)
- b) Assessment within 2 weeks – front load the pathway with skilled clinicians , to address risk, this could be see and treat and would commence paired outcome scores (where treatment continued)
- c) At assessment and at all points of the pathway the Adaptive Mentalisation-Based Integrative Treatment (AMBIT) framework would be

used to support staff and networks to manage risk, engage and provide appropriate response to our most vulnerable children/ young people especially for those who do not attend or were not brought

- d) A universal offer to all Specialist CAMHS accepted referrals - first line treatment of: a workshop based model for children and young people, parents/carers (workshops include: resilience skills; distress tolerance; emotion /sensory regulation; grounding techniques; psychoeducation); and/or risk support and interventions; and/or AMBIT informed network consultation. At assessment and all points of the service pathway the AMBIT framework would be used to ensure effective communications and safer systems around YP
- e) Ongoing Specialist intervention pathways for more complex needs and treatment
- f) Integral links with Schools trailblazer (supervision, consultation and step up/ step down across the Thrive-informed pathway) as well as potential for some Specialist CAMHS interventions in education settings

4.4.2.2 The proposal also:

- a) Requires time to address current demand (backlog)
- b) Demand and capacity modelling currently taking place to support bid (requires agreement on inclusions and exclusions e.g. diagnostic neuro-developmental excluded)
- c) A trajectory will be developed – when will achieve 4 weeks to treatment target
- d) Monitored through MHSDS
- e) Additional resource to implement - operational

## **5 COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 The following children, young people and parent/ carer involvement has been undertaken:

- a) JSNA focus groups in 2016;
- b) Review of care pathways and development of the Local Transformation Plan workshops in June 2015 and July 2016;
- c) Attendance at LMG meeting in October 2016;
- d) Young people focus group in Nov 2016;
- e) Approval of pathway and specification from Local Authority partners (Children's Services and Public Health);
- f) Autism service review – involvement of parents and carers (Nov-Dec 2016);
- g) User feedback during the redesign of Specialist CAMHS phase in Jan 2017;
- h) Self-harm needs assessment focus group (Dec 2017-Jan 2018);
- i) Big Health and Care conversation – young people's session (Dec 2017);
- j) Neuro-developmental pathway development with parents/ carers (Sept 2017);
- k) Primary school pupils co-writing *Flo and the Funny Feelings* with author Anna Williamson as part of #IAMWHOLE campaign 2017; and
- l) Young People friendly needs assessment and LTP (April 2018).

## 6. CONCLUSION

- 6.1 The committee is asked to note the update on the Children and Young People's Mental Health Local Transformation Plan (LTP) refresh for 2018. This includes an update on progress, opportunities and challenges and funding allocation and how it aligns with the whole system of children's services.
- 6.2 The expression of interest to be Wave One of *Transforming Children and Young People's Mental Health Provision: A Green Paper (2017) 2019-2024* was submitted on 17<sup>th</sup> September 2018. This additional funding will supplement LTP funding and enable a more flexible and improved mental health response to our schools including an outreach to people's homes. It will also provide additional funds to improve access to specialist mental health treatment.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

To support the changes required as outlined in *Future in Mind*, Brighton and Hove Clinical Commissioning Group (CCG) has been allocated the following funds (verified and approved by Finance Directorate and assured by the LTP Assurance Group (CCG and Local Authority):

LTP refresh - finance table	2015/16	2016/17	2017/18	2018/19*	2019/20*	2020/21*	Total
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	£154,000	£154,000	£154,000	£154,000	<b>£918,848</b>
Transformation Plan (LTP Table below)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	<b>£4,645,582</b>
Non-recurrent NHSE	-	£125,000	-	-	-	-	<b>£125,000</b>
NHSE Health & Justice investment	-	£0	£35,000	£35,000	£35,000	£35,000	<b>£140,000</b>
Current and projected CCG additional investment	-	£70,000	£70,000	£70,000	£70,000	£70,000	<b>£350,000</b>
<b>TOTAL</b>	<b>£521,430</b>	<b>£959,000</b>	<b>£977,000</b>	<b>£1,131,000</b>	<b>£1,234,000</b>	<b>£1,357,000</b>	<b>£6,179,430</b>

\*Potential Trailblazer additional funds

Transformation Plan Funding 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Est. % annual increase	-	63.70%	17.60%	21.40%	11.80%	12.60%	-
Est. Annual Increase	-	£237,418	£108,000	£154,000	£103,000	£123,000	<b>£725,418</b>
<b>Total Allocation (£)</b>	<b>£372,582</b>	<b>£610,000</b>	<b>£718,000</b>	<b>£872,000</b>	<b>£975,000</b>	<b>£1,098,000</b>	<b>£4,645,582</b>
<b>Spend</b>	<b>£372,582</b>	<b>£604,890</b>	<b>£710,433</b>	<b>£872,000</b>	<b>£975,000</b>	<b>£1,098,000</b>	<b>£4,632,905</b>
<b>Variance</b>	<b>£0</b>	<b>£5,110</b>	<b>£7,567</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£12,677</b>

LTP Cumulative 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Cumulative Allocation	372,582	£982,582	£1,700,582	£2,572,582	£3,547,582	£4,645,582	<b>£13,821,492</b>
Cumulative Spend	372,582	£977,472	£1,687,905	£2,559,905	£3,534,905	£4,632,905	<b>£13,765,674</b>

In context, it is worth noting that the total CCG investment in children's mental health including the above:

- £4,255,536 (17/18)
- £4,345,354 (18/19)

#### Wave One Trailblazer

If the CCG is successful as a Wave One Trailblazer, additional funds will be provided to implement those changes. The CCG will have confirmation of this in October 2018.

The funding the CCG has applied for is as follows:

- Schools - **£690,100** (equivalent of 2 MHSTs and Specialist CAMHS supervision)
- 4 week to treatment pilot - **£915,500** (plus **£766,300** waiting list initiative)

**Finance for Wave One Trailblazer is for one year (Jan 2019/end 2020) future funding is subject to further agreement and is to be confirmed by NHSE.** It was recommended that the CCG submits a bid and then discusses and agrees future funding with NHSE if successful. If the CCG is successful, we will be required to develop a full business case in October/ November 2018, so this can be considered at various local committees (including this one) in the future. At the time of writing the paper, the outcome of the expression of interest was not known, however it is anticipated that a verbal update will be available at the meeting.

These financial implications reflect the position relating to the CCG. If the Wave One Trailblazer application is successful a full business case will be required and this will consider the future funding position and implications for both the CCG and the local authority.

*Finance Officer Consulted: Name: Steve Williams Date: 31/10/18*

#### Legal Implications:

This report sets out how the Council has responded to recommendations made by the Department of Health and Social Care to improve mental health services for children and young people. The Council needs to demonstrate that these recommendations have been taken into account in the annual refresh of their Local Transformation Plan as well as in their expression of interest to be a Wave One Trailblazer site. If the Council is successful in this tender, additional funds will be provided to enhance the ability to meet our statutory duties to children and young people in our area.

*Lawyer Consulted: Name: Hilary Priestley Date: 2/11/18*

### Equalities Implications:

An Equalities Impact Assessment (EIA) has been developed for the LTP refresh and is available on request. An EIA for the Trailblazer will be developed if the bid is successful.

### Sustainability Implications:

The sustainability of LTP funding is secure until 2021 as part of the Future in Mind strategy and the NHS Five Year Forward View for Mental Health. NHS England is currently developing an NHS 10 Year Plan.

A sustainability assessment will be carried out once the Trailblazer bid has been successful.

### Any Other Significant Implications:

None

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

- A. Executive Summary of Children's Mental Health Local Transformation Plan
- B. Trailblazer Part A - Schools
- C. Trailblazer Part B – finances and activity
- D. Trailblazer Part C – 4 weeks to treatment pilot

### **Documents in Members' Rooms**

None

### **Background Documents**

None

Appendix 1

### Crime & Disorder Implications:

No crime and disorder implications at this stage.

### Risk and Opportunity Management Implications:

Risk and opportunities have been considered as part of the Local Transformation Plan and by providers' mobilisation plans.

### Public Health Implications:

The *Future in Mind* report also recommends a regular prevalence survey of child and adolescent mental health is carried out every 5 years, and NHS England are planning to carry this out later this year (2018). Public Health is a co-commissioner of Schools Wellbeing Service.

Corporate / Citywide Implications:

No corporate or City-wide implications at this stage, however, the following reviews have been taken into account:

- a) The Special Educational Needs and Disability Review; and
- b) Services for children with autism scrutiny panel report.