



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

Refresh 2018/19 – Executive Summary



#IAMWHOLE



YMCA RIGHT HERE
Young people promoting health and wellbeing
through education, campaigning and influencing



Better health for our city

First published November 2015
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Revised October 2017
Revised October 2018

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 which lays the foundations for promoting and improving their emotional wellbeing and mental health. We recognise that achieving this will take more than one organisation and requires a whole system approach. This was proven in our achievement of the children’s mental health access target in 2017/18 and will become vital as we express our interest in being a Wave One Trailblazer site for *Transforming Children’s Mental Health: A Green Paper*.

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 as well as the Central Sussex and East Surrey Commissioning Alliance, and what we 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 clear and achievable actions for how we will deliver this vision. We look forward to continuing to work together to make this happen.

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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 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.
- 1.1.3 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) and again in 2017. The refreshed 2018/19 LTP² can be found on the CCG website (see link below). It is a plan outlining progress up to the end of 2017/18. The LTP will be available, on request, 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 have also worked on a young people-friendly version of the LTP, needs assessment and a short film to explain to people about how to access mental health services and what to expect. These are also available on the CCG website following the link below.
- <https://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning>

Our Vision

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.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²<https://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/plans>

- 1.1.4 **The key changes and updates to the LTP can be found in section 1.3 below. In each chapter of the main Plan, the key updates are highlighted in a box at the beginning of each section so they are easily identifiable.**
- 1.1.5 The publication of *Future in Mind*³: *Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing* 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 until 2021.
- 1.1.6 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.
- 1.1.7 This transformation is reflected in the Five Year forward View⁴ 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. The priorities over the next 10 years will be identified by NHS England in the autumn of 2018 and will build on the work already started with the *Five Year Forward View and Future in Mind*.
- 1.1.8 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 Health⁵. To support this, a Mental Health Delivery Plan 2017/18 outlines the programme delivery, governance and assurance nationally, regionally and locally. CCGs will continue to be monitored and provide assurance on the implementation of the Five Year Forward View in Mental Health. There are plans to publish a new 10 year NHS plan in the autumn of 2018 which will support the work in developing a sustainable plan with our partners beyond 2021. The following areas of the current plan, in table one overleaf, are relevant to the LTP.
- 1.1.9 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, 32% by end of 2018/19 and 35% by end of 2020/21. A new outcome metric will be introduced in April 2019 which will also provide a way of measuring impact of interventions and the experiences of our children and young people. To achieve these targets, additional investment and resource has been allocated to mental health services by the CCG through the LTP fund.
- 1.1.10 The *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) focusses on improving mental health interventions within education environments so that awareness of mental health/ emotional wellbeing issues are recognised and identified early

³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁴<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

so that pupils receive help quickly and in a targeted way. It also recognises that staff and parents/ carers also need support – a whole school approach to mental health.

1.1.11 Brighton and Hove has also been chosen to express an interest in becoming a Wave One Trailblazer site for *Transforming Children and Young People's Mental Health Provision: a Green Paper* (2017). This will enable us to improve mental health support to our schools, strengthening expertise and response, as well as an opportunity to pilot a 4 week to treatment access target in Specialist CAMHS.

1.1.12 Other FYFVMH targets include:

- a) Continuing to commission an Early Intervention Psychosis Service that achieves the national target of at least 53% 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.

	Area	National context – planning guidance	Local context
1	Children and young people's mental health	<p>At least 30% of Children and Young People with a diagnosable Mental Health condition receive treatment from an NHS-funded community Mental Health service;</p> <ul style="list-style-type: none"> ○ 30% of local need is met by Q4 2017/18 ○ 32% of local need is met by Q4 2018/19 ○ 35% of local need is met by Q4 2020/21 <p>Outcome and experience measures will be collected from April 2019.</p> <p>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 and follow up audit in 2018;</p> <p>All services working within the Children and Young People's IAPT programme;</p> <p>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 measurement against it.</p>	<p>Commissioned additional capacity through the new Wellbeing Services (Schools and Community) to meet the 30% target by 31 March 2018 – achieved 34%. Ensure Schools Wellbeing submitting data to Mental Health Services Data Set by Q3 of 18/19 to support the increased target.</p> <p>Local CYP IAPT working group (multiple providers) has agreed on consistent outcome and experience measures that will be used across the whole pathway.</p> <p>Urgent response pilot in Specialist CAMHS in 2017 to increase hours of urgent response. Whole Sussex / STP model being developed aligned with New Models of Care developments. Learning from adult Liaison Services to improve CYP offer;</p> <p>Specialist CAMHS, Schools Wellbeing and Community Wellbeing within Children and Young People's IAPT programme in 2017. Five staff currently training in CYP IAPT courses. System-wide review and improvements to participation principle.</p> <p>Sussex wide Family Eating Disorder Service established in October 2016 is currently achieving 59.5% access and waiting times required for routine referrals and is achieving 75% for urgent referrals in 2017/18. The target 95% by 2020/21</p>

2	Specialist perinatal mental health	<p>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.</p> <p>Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.</p>	<p>Sussex and East Surrey (STP) successful in specialist perinatal mental health bid (wave one) to increase capacity and access for women to specialist service.</p> <p>For Brighton and Hove this meant enhancing the specialist service already there to increase 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 (achieved 6.5% in 2017/18).</p>
3	Early Intervention in Psychosis (EIP)	<p>53% (in 17/18 and 18/19 and 60% in 2020/21) of people experiencing a first episode of psychosis commence treatment with a NICE – approved care package within two weeks of referral.</p>	<p>Sussex wide Early Intervention in Psychosis Service (EIP) is exceeding this target. For Brighton and Hove it is currently 88.3% (17/18) commencing their treatment within two weeks.</p>
4	Health and Justice	<p>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:</p> <ul style="list-style-type: none"> • Secure estate • Specialist Community services • Developing collaborative commissioning arrangements across all agencies 	<p>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. Whole system training has taken place in Adaptive Mentalisation-based Integrative Treatment - AMBIT (July 2018) ensuring all professionals have a framework to support each other and vulnerable children to ensure the</p>

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 has developed 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. https://www.brighton-hove.gov.uk/content/health/health-and-wellbeing/suicide-prevention-action-plan A self-harm needs assessment was published in March 2018 with a focus on widening the scope and definition of self-harm, whole system approach, prevention and awareness as well as strengthening the response.
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 autumn 2018 and will focus on reducing admissions to inpatient beds and length of stay by strengthening community services. This is also linked to the recommissioning of inpatient beds that NHS England are currently undertaking which will increase children's mental health beds in the South East by 41, including 10 new eating disorder beds in Hove.
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; Specialist CAMHS and Community Wellbeing Service are currently flowing data. Schools Wellbeing Service in Q3 2018/19. 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.

8	Mental Health Workforce	<p>The Future of the Mental Health Workforce (2017) states that:</p> <ul style="list-style-type: none"> • Mental health professionals should share their expertise more widely; • Mental health services should be compassionate, prioritising staff wellbeing and flexible working; • Mentoring and supervision in mental health services should be prioritised and protected; • Mental health career opportunities should be promoted; • Training and development opportunities should be provided to all staff. <p>Stepping Forward to 2020/21 (2017) states that:</p> <ul style="list-style-type: none"> • Entry requirements for medical schools should be widened; • Trainee medics should have greater exposure to psychiatry during training; • There should be a national programme of mental health staff retention; • Qualified staff should be encouraged to return to the NHS; • Clinical staff should be supported to use their time appropriately by delegating certain tasks. <p>Delivering the Expansion in the Psychological Professions (2017) states that:</p> <ul style="list-style-type: none"> • 6,425 new psychological posts need to be created, requiring a total of 11,646 training places from April 2018 to March 2021; • 7.76 psychological professions training places per year per 100,000 of the England population need to be created. 	<ul style="list-style-type: none"> • Brighton and Hove CCG are developing CYP EWMH staff through CYP IAPT training places. There are currently five CYP IAPT training places that have been taken up by local providers in the City. • Staff who work for the Local Authority (LA) are encouraged to take up training in a number of areas including mental health first aid, emotion coaching, restorative justice, being attachment aware and having a trauma-informed approach. • The Families, Children and Learning (FCL) LA team have a number of courses available to them including mindfulness for children and young people, solution focused approaches to working with children and families, suicide awareness and motivational Interviewing. • Phase 1 of a comprehensive CYP EWMH workforce strategy for Brighton and Hove has recently been produced, which sets out proposals for addressing some of the most pressing workforce issues highlighted in national policy. The second phase (July 2018 – March 2019) of the strategy will consist of a skills audit (workforce matrix) enabling the more even spread of skill sets, shared learning and a focus on staff wellbeing (by allowing certain roles and tasks to be delegated, freeing up time for clinicians) • Brighton and Hove has been chosen to express an interest in being a Wave One Trailblazer site for <i>Transforming Children and Young People's Mental Health Provision: a Green Paper (2017)</i>. This will provide an opportunity to expand and
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Table One: Five Year Forward View Mental Health Monitoring and Assurance

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. We identified a gap in provision and response for children and young people with a mild to moderate mental health need and invested to increase capacity accordingly in Community Wellbeing and Schools Wellbeing Services.
- 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.
- 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, not just the number of children and young people accessing services. 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. This 2018 refresh aims to demonstrate the difference the changes and improvements have made. We have laid the foundation for this possibility by gaining agreement from main providers of care to use a core set of outcomes and experience measures so that impact can be measured across the pathway. There is a national drive to measure outcomes and experience through the Mental Health Services Data set from April 2019, and we are currently in the shadow year for that change to take place.
- 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
 - c) Targeted support
- 1.2.6 As we continue with Phase Two (2017/18 onwards) we will involve and consult across the system as we have always done. We know that we need to really understand what children, young people and their families need and want, and so we pledged 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 as well as the various multiple consultations undertaken so far underlines the importance of this and the continuation, to our future success.
- 1.2.8 In 2018, with the Brighton and Hove City Council, Public Health Team publish a self-harm needs assessment⁶ that outlines recommendations and actions which will inform future commissioning decisions to reduce this risk. The main findings from the needs assessment were:
- a) A recognition that the scope of self-harm needs to be broadened with a particular focus on young men's self-harm behaviour may manifest itself differently;
 - b) The data we have on self-harm is 'the tip of the iceberg' so we need to work with services to enrich our data and intelligence;
 - c) Improvements need to be made in communication and information sharing across the system about the level of risk presented;
 - d) Awareness and training is an essential aspect to early recognition and interventions;
 - e) That we need to ensure services are able to respond quickly and consistently to self-harm needs.
- 1.2.9 A task and finish group will be established in to focus on the following aspects:
- a) Refreshing the definition and scope of self-harm;
 - b) Developing common risk assessment tools and supporting resources for professionals, children, young people and parents/ carers; and
 - c) Ensuring system-wide sign up to the changes and improvements that is well communicated.
- 1.2.10 Some key words and phrases captured below, demonstrate the 'voice' of children and young people in our City that has led to the development of our commissioning intentions:



- 1.2.11 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 old⁷ with an expected prevalence of 3,570 (mild

⁶ Self-harm Needs Assessment for Children and Young People. (2018). Brighton and Hove City Council Public Health Intelligence Team. Retrieved from: <http://www.bhconnected.org.uk/content/needs-assessments>

⁷ Census 2011

- to moderate need) and 945 (moderate to severe need)⁸ of a total prevalence of 12,200;
- b) Comparatively 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)⁹;
- c) A high rate of self-harming (A&E attendance rate (10-25 year olds) is higher than England at 646 per 100,000)¹⁰ compared with average is England of 476.

1.2.12 As well as increasing capacity and access to mental health services with investment in Schools Wellbeing Service and Community Wellbeing Service, the Specialist CAMHS redesign has resulted in specific focus on supporting vulnerable groups and those in crisis. The development of mental health clinicians in social care (social care pods) has increased capacity for a more immediate response to social care, with the intention of enhancing this further in 2019/20. The pilot expansion of the crisis model in Brighton and Hove resulted in learning on demand and need and most appropriate model that will be the foundation of a Sussex wide mental health response.

1.3 Achievements so far – what we have done since the last publication of the Local Transformation Plan

1.3.1 The main changes and updates since the previous publication in October 2017 are outlined in the table below and described in more detail in sections 1.3 and 1.4

	Area of change/ development
Infrastructure	#IAMWHOLE (mental health awareness campaign)
	Social Prescribing
	Participation
	Can we Talk training initiative
	Self-harm needs assessment
Building capacity	Adaptive Mentalisation-based Integrative Treatment (AMBIT) – whole system training
	Workforce development
Targeted support	Schools Wellbeing Service and Wave One Trailblazer site opportunity
	Wave One Trailblazer site opportunity – pilot 4 week access to treatment in Specialist CAMHS

⁸ CHIMAT Prevalence data Brighton and Hove 2004

⁹ <https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/families-children-learning-annual-report>

¹⁰ BHCC PH Intelligence Team 2015

	Building an integrated pathway across 3 main providers of children's mental health services (Family Coach)
	Vulnerable children and young people – their mental health needs – links with social care
	Children's Mental Health Access Target
	Outcome and experience measures
	Neuro-developmental pathway improvements

- 1.3.2 **#IAMWHOLE and FindGetGive website** - 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. #IAMWHOLE 2017 was another success with its focus on Primary-aged children with publication of 'Flo and the Funny Feelings' by Anna Williamson, co-written by Brighton and Hove children, complemented by a PHSE lesson plan and parent workshops. Our plans for World Mental Health Day (2018) revolve around '**WHOLE hour**' which encourages people to think about their mental health and wellbeing for at least one hour on that day.
- 1.3.3 **Community Wellbeing Triage hub** – we have also established a single hub 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 and Schools Wellbeing 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. We have been working with the provider of Community Wellbeing (Here), Schools Wellbeing (Local Authority) and Specialist CAMHS (Sussex Partnership NHS Foundation Trust) to develop an **integrated triage hub** as well as a **shared risk framework** which will lead to clear communications to users on the pathway, access and roles and responsibilities. Working with the Troubled Families Programme, we aim to provide a **Family Coach** model to address the needs of the whole family that are highlighted on referral; working with parental mental health issues as well as socio-economic issues that may lead to mental health concerns.
- 1.3.4 **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. We are currently working with the service to plan for how this offer could be rolled out to Colleges and Higher Education establishments. Brighton and Hove has been chosen to express an interest in becoming a **Wave One Trailblazer site for Transforming Children and Young People's Mental Health Provision: A Green Paper (2017)**. This will enable us to improve mental health support to our schools, strengthening expertise and response as well as an opportunity to pilot a 4 weeks to treatment access target in Specialist CAMHS. The

Green Paper focusses on improving mental health interventions within education environments so that awareness of mental health/ emotional wellbeing issues are recognised and identified early so that pupils receive help quickly and in a targeted way. It also recognises that staff and parents/ carers also need support – a whole school approach to mental health.

- 1.3.5 **Children’s mental health access target** - 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 children and young people’s access target. Brighton and Hove achieved **34%** against a target of 30% for 2017/18.
- 1.3.6 Specialist CAMHS also went through a process of transformation and re-design resulting in some immediate changes. Longer, more sustainable change is still required:
- a) An expansion of assertive outreach;
 - b) Clinical leads in Primary Care, Schools, Social Care and Wellbeing Service;
 - c) Reduced waiting times for assessment, although waiting times for treatment remain high (average of 13-18 weeks);
 - d) A focus on vulnerable children and young people with a particular focus on urgent/ crisis response, vulnerable children and young people;
 - e) Improvements in our neuro-developmental pathway.
- 1.3.7 **Vulnerable children and young people mental health support** - a particular change has led to increased mental health support to social care pods focusing on vulnerable children and young people, such as those who are Looked After/ In care.
- 1.3.8 With our specialist provider (Sussex Partnership NHS Foundation Trust) we have commissioned a Sussex-wide Family Eating Disorder Service aligned with national guidance¹¹. This is a multi-professional team working to assess, treat and support people in the community and reduce the demand on inpatient eating disorder beds. With continuous improvement in mind, the service has also reviewed the clinical model and re-designed to improve access to assessment and treatment.
- 1.3.9 **Neuro-developmental service improvements** – working with providers across the pathway we have developed a model that creates a single hub for neuro-developmental issues, increases resource to address need and demand for diagnosis and support for families and carers. Whilst the focus is on health services, commissioners continue to work with the Local Authority to ensure that education and social care are part of the change and that we work together to improve outcomes for children and their families.
- 1.3.10 **Workforce development** - the development of a draft workforce strategy across Sussex has also been developed and consulted on, with a more in-depth Brighton and Hove document also available. Appendices 9 and 10 provide the details on this.
- 1.3.11 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

¹¹ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

Access to Psychological Therapies (CYP IAPT) in 2016. 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;
- e) Actively work to improve **access** and engagement with services.

1.3.12 **Benefits realisation** - 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).

1.3.13 The aim is to improve the benefits realisation to include financial and outcome measures that will support sustainability.

1.3.14 The LTP priority areas for 2018/19 continue to be:

- a) Full implementation of Community Wellbeing and Schools Wellbeing Services – integrated triage and potential improvements if Brighton and Hove is a Wave One Trailblazer site;
- b) Full implementation of the re-specified Specialist CAMHS service (previously known as Tier 3 CAMHS) with focus on addressing mental health issues in vulnerable groups, improving urgent response as well as implementing the Thrive- informed model¹²;
- c) Ensure the CCG is able to continue achieve the children's mental health access target;
- d) Ensure the Family Eating Disorder Service review is completed with a clear plan to achieve access and waiting time targets from 2020/21;
- e) Continue with CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority);
- f) Continue with NHS England Health and Justice and CCG joint commissioning for vulnerable groups;
- g) Workforce development and training needs analysis leading to a development of a local joint workforce strategy; and
- h) Implementation of an integrated neuro-developmental business case (including autism, learning disability, Tourette's syndrome and ADHD and complex challenging behaviour).

¹² <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

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) potentially across Sussex and aligned to New Models of Care;
- b) Mental health support for vulnerable groups especially our Looked After Children/ Children in Care;
- c) An accessible and resourced neuro-developmental pathway;
- d) Ensuring that our eating disorder service (Family Eating Disorder Service) achieves access and waiting times for urgent (1 week to NICE treatment) and routine (4 weeks to NICE treatment) by 2020 target date;
- e) Continue to achieve children's mental health access target and commence measurement of outcome and experience measurement in April 2019;
- f) Ensure waiting times continue to reduce especially in the Community Wellbeing service;
- g) Build and develop our Schools Wellbeing Service with full roll out across Primary Schools and Colleges;
- h) Commence work on self-harm needs assessment recommendations;
- i) The full roll out of CYP IAPT programme including training and development identified in the workforce programme;
- j) Continue formal collaborative commissioning with NHS England building on NHS England Health and Justice pilot; and
- k) 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 services¹³ 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 a Thrive-informed approach where 'no door is the wrong door' (See Figure 1 below).

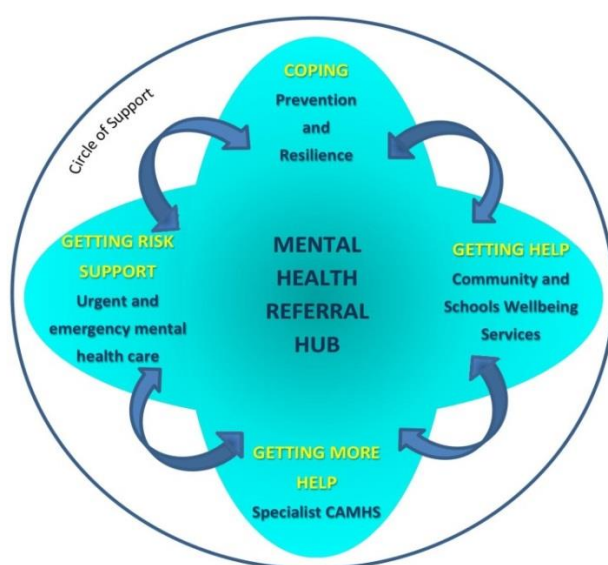


Figure 1: Thrive-informed model in Brighton and Hove

¹³ DH NSFC. Child and Adolescent Mental Health, 2010

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 21.4% in 2018/19, which equates to £153,674. The tables overleaf shows the total level of investment from 2015/16 to 2020/21, highlighting 2018/19 as well as current CCG investment, and Figure 2 shows this as a roadmap including workforce, activity and finance. It is worth noting that there may be additional funds if we are successful as a Wave One Trailblazer site as well as planned additional funding of the neuro-developmental pathway from 2019/20.

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	£918,848
Transformation Plan (LTP Table below)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Non-recurrent NHSE	-	£125,000	-	-	-	-	£125,000
NHSE Health & Justice investment	-	£0	£35,000	£35,000	£35,000	£35,000	£140,000
Current and projected CCG additional investment	-	£70,000	£70,000	£70,000	£70,000	£70,000	£350,000
TOTAL	£521,430	£959,000	£977,000	£1,131,000	£1,234,000	£1,357,000	£6,179,430

*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	£725,418
Total Allocation (£)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Spend	£372,582	£604,890	£710,433	£872,000	£975,000	£1,098,000	£4,632,905
Variance	£0	£5,110	£7,567	£0	£0	£0	£12,677

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	£13,821,492
Cumulative Spend	372,582	£977,472	£1,687,905	£2,559,905	£3,534,905	£4,632,905	£13,765,674

Table 2: LTP funding for Brighton and Hove CCG

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

- a) £4,255,536 (17/18); and
- b) £4,345,354 (18/19).

Figure 2: LTP `Roadmap`

2019/20

- New LTP investment £102,870
- 32% of need met (adjustment likely to be made when new prevalence data published Oct 2018)
- 1.5 WTE additional workforce (more WTE if Wave One Trailblazer)
- Workforce Strategy and recommendations and actions developed
- *Neuro-developmental pathway implemented*
- *Integrated approach across whole pathway*
- *MH support for vulnerable CYP (LAC)*

2020/21

- New LTP investment £122,805
- 35% of need met (adjustment likely to be made when new prevalence data published Oct 2018)
- 1 WTE additional workforce
- Workforce Strategy recommendations implemented
- *Integrated approach across the whole system including LA*

2018/19

- New LTP investment £153,674
- 32% of need met (note new CYP MH prevalence data to be published Oct 2018)
- 1.5 WTE additional workforce
- Workforce Matrix complete
- Wave One Trailblazer Expression of Interest
- *Transformation of Specialist CAMHS including urgent response*
 - *Neuro-developmental pathway developed*
 - *MH crisis response model/ pathway developed*

2017/18

- New LTP investment £107,847
- 34% of need met (target of 30%)
- 17.3 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*
- *Established #IAMWHOLE*

2015/16

- CYP MH CCG funding £2,935,000 (baseline)
- £521,430
- 17.4% activity on MHSDS

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 has been developed that encompasses the Kent, Sussex and Surrey regional requirements as well as local Brighton and Hove workforce needs. The details can be found in Section 21 and Appendices 9 and 10.
- 1.6.3 Alongside this Strategy the CCG's across Kent, Surrey and Sussex have commissioned a Workforce Matrix that will provide a snapshot of workforce skills and experience as well as demand. The matrix will be completed by November 2018. Evaluation of the results will enable us to refresh the Workforce Strategy with recommendations and actions. The CCG continues to support the training and development of staff including opportunities to train in CYP IAPT curricula as well as local courses and training opportunities.
- 1.6.4 There are plans for the University of Sussex to become a CYP IAPT training provider from September 2019 delivering the CYP Wellbeing Practitioner curriculum and Education Mental Health Worker (Mental Health Support Team) curriculum from January 2020. The University currently delivers the full CBT therapist training (PG Dip), supervisor training (PG Cert) and leadership training (PG Cert). A number of Brighton and Hove professionals have trained on these courses as well as having placements in our local schools. This can support the Trailblazer work if we are successful.

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 three 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 (especially through the Integrated Board), providers, CCG Alliance, NHS England, Specialist Commissioning, NHS England Health and Justice, Local Safeguarding Children's Board, The Transforming Care Partnership, 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 (Figure 3 overleaf). The Health and Wellbeing Board has an important role in ensuring the whole system change within the LTP addresses the identified need. The Board will formally sign off the refreshed 2018/19 plan which will be published by 31st October 2018.

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 5 in the LTP tracker (as part of the main Plan). Our LTP risks are summarised in five key areas:

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

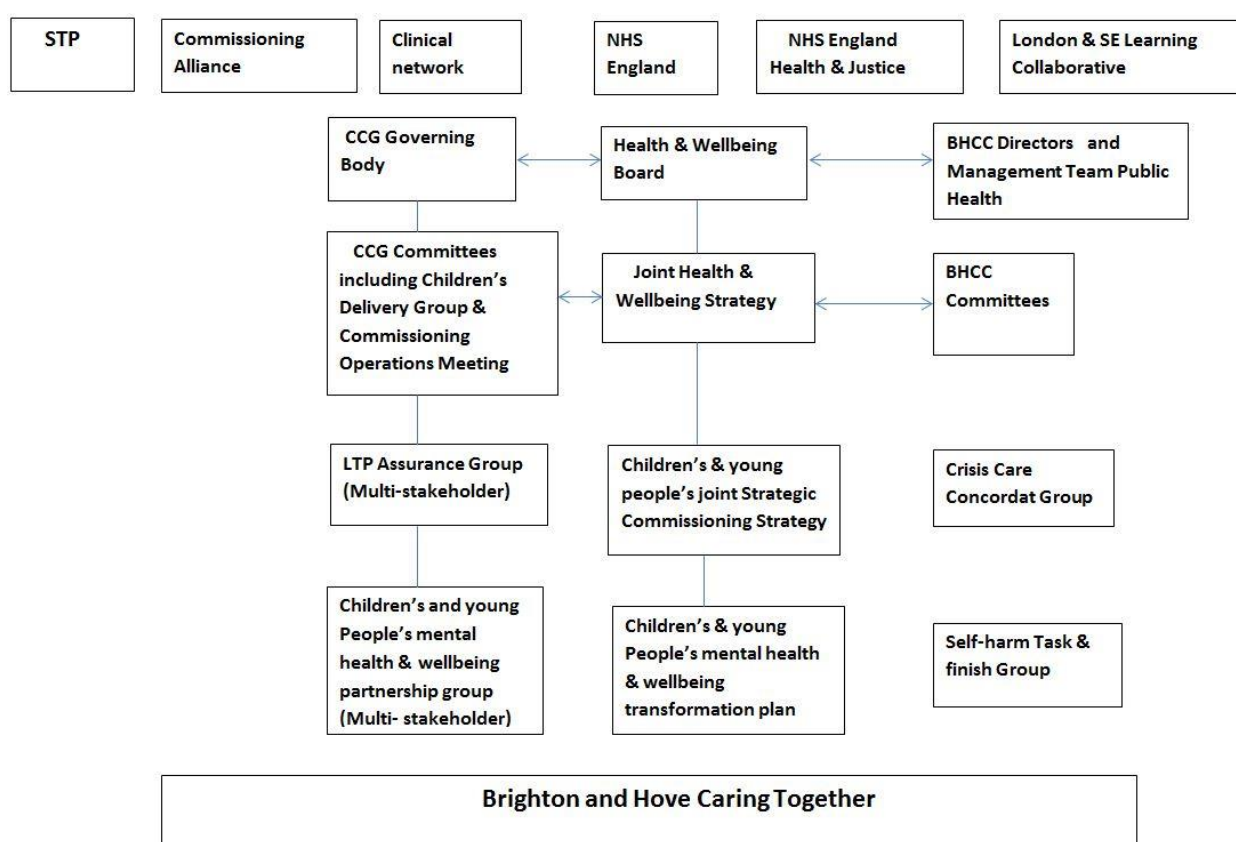


Figure 3: LTP governance

