



# **West Sussex Local Transformation Plan (2015-2021)**

**Refresh 2018/19**

**Children and Young People's  
Mental Health and Emotional Wellbeing**

**October 2018**

## FORWARD

The transformation of children and young people's emotional wellbeing and mental health services in West Sussex is well underway. There have been a number of key achievements over the past three years, particularly around investment and service redesign across Early Intervention and Prevention services. These developments represent a strong foundation for moving forward with the next phase of transformational change.

The three Clinical Commissioning Groups (Coastal West Sussex, Crawley, and Horsham and Mid Sussex CCGs) in collaboration with West Sussex County Council (the Council) are taking an evidence based, collaborative and integrated approach to developing their plans for commissioning the service and pathways best suited to the needs of children, young people and their families. This collaboration is enabled through the Section 75 arrangements between the CCGs and the Council which establishes an aligned budget and lead commissioning arrangements. We also collaborate both across and outside of the county, commissioning with colleagues across Kent, Surrey and Sussex where greater economies of scale can enhance the quality of services, and on initiatives to support workforce transformation. Through this approach we work together to build resilience, intervene early and improve access to ensure that we deliver a whole system wide approach to transforming services across the county, in particular to the most vulnerable.

The West Sussex Transformation Plan sets out our shared priorities for change and our commitment to ensuring that this happens.

# Contents

EXECUTIVE SUMMARY .....	3
1 INTRODUCTION .....	5
2 BACKGROUND AND CONTEXT .....	6
3 CURRENT PROVISION IN WEST SUSSEX .....	18
4 <i>MAKING PROGRESS, MAKING A DIFFERENCE</i> - ACHIEVEMENTS TO DATE.....	20
5 TRANSFORMATION FUTURE DELIVERY - PRIORITIES MOVING FORWARD.....	29
6 FINANCIAL PLAN.....	39
7 ENABLERS TO DELIVERY – ACHIEVEMENTS AND AMBITIONS .....	42
- Engagement with CYP and their families	
- Communication	
- Collaborative Commissioning	
- The Outcomes Framework: setting out our vision and evaluation	
- National metrics	
8 MANAGING RISK .....	52
9 GOVERNANCE .....	54

Appendix 1 - Commissioned Services in West Sussex

Appendix 2 - Delivering With, Delivering Well Programme of Work

Appendix 3 - West Sussex Health and Justice Pathway

Appendix 4 - Commissioned Services Initial Workforce Breakdown

Appendix 5 - West Sussex CYP Outcomes Framework

Appendix 6 - LTP Governance and Reporting Structure

Appendix 7 - Governance and Membership

Appendix 8 - Data flow to MHSDS – West Sussex commissioned providers

Appendix 9 – Workforce Transformation Programme (*Separate document*)

Appendix 10 – Outline Workforce Strategy (*Separate document*)

Appendix 11 - Key Lines of Enquiry (KLOE) (*Separate document*)

## EXECUTIVE SUMMARY

### 1 Our Local Context

Our ambition has always been to develop services for children and young people (CYP) in West Sussex so they have access to information and support to stay well, as well as treatment that will help them achieve the best possible mental health.

We have always acknowledged that the journey from childhood to adulthood through emotional health and wellbeing services has weaknesses. Stakeholders, CYP and their families said to us that what matters to them is: 1) being seen quickly, and with high continuity of care; 2) early identification of when help is needed (and that help being available); 3) greater capacity and choice for early support; 4) easy access and simple pathways; 5) recognition of the complexity of their lives; 6) having a great experience of care as well as the right medical intervention; and 7) greater coordination between all agencies (and in particular no gaps between young people's and adult services).

With population growth and changes in the profile of need, demand for services are projected to increase. Although any description of the future is always subject to very high levels of variability, current capacity across the whole system will need to manage an increase in demand of between 5 to 15%.

The Local Transformation Programme (LTP) has been an opportunity for commissioners to invest in services and change outcomes for CYP. In this refresh our priorities are clear, and remain the same as last year, but we have done the following:

- Updated our progress and achievements to date
- Updated our plans for 2019/20 against our agreed priorities, in response to progress this year
- Included more information about how we are using data to ensure we are improving access to services and measuring outcomes for CYP.

### 2 Progress and strengths 2015-18

Since 2015 we have delivered the following:

1. Improved integration with Council services and early (non-medical) support to CYP is being provided through the Youth Emotional Well-being Service
2. More capacity and greater choice of support for CYP, GPs, children's social care and schools, leading to significantly improved access
3. An expansion in training for all staff working with CYP

4. A network of Schools committed to working with us to improve outcomes for their pupils, and huge progress in our schools and colleges agenda
5. Developments such as an eating disorder service and a new Community Mental Health Liaison service
6. Strong partnerships with both our local NHS Trust and a wide range of independent providers and stakeholders (evidenced through our partnership board and the wide variety of services available to CYP)
7. Continued co-production with users in everything we do
8. Continued commitment from CCGs (demonstrated by additional funding outside the LTP)
9. An Outcomes Framework (showing how we are making a difference to CYP), and increased monitoring and evaluation of services
10. An outline workforce strategy in partnership with commissioners across Kent, Surrey and Sussex

### **3 Our priorities 2018 to 2021**

In addition to an increase in the needs of CYP, there are further gaps which require addressing including: 1) clarity of pathways and integration with local authority services; 2) communication between services and primary care and schools; 3) managing increases in demand for Eating Disorder services and redesigning the Neuro-Development pathway; 4) workforce planning and delivery; 5) further training and skills development for those professionals in primary care and other universal children's services; and 6) the transition for young people into adult services.

In response we will continue to invest in the following key areas in 2018 to 2021.

1. Eating Disorders
2. Early intervention, prevention and targeted services and support
3. Crisis Care and Urgent Help
4. Health and Justice Pathway
5. CYPIAPT
6. Workforce Transformation
7. Most vulnerable children and young people
8. Redesigning the neurodevelopmental pathway
9. Transition - Services for 16-25 year olds

To ensure the on-going evaluation of outcomes, client experience as well as financial costs and benefits we are currently finalising a mid-programme review. The on-going evaluation of outcomes and the findings of the review will inform how we allocate resources, and develop services, during the remainder of the transformation programme. In addition, further STP and Sussex wide collaboration will be expanded to ensure economies of scale where needed.

## 1 INTRODUCTION

The West Sussex Local Transformation Plan (LTP) outlines an integrated, multi-agency system-wide approach which builds resilience, improves access to services and supports CYP along pathways of care whatever their needs. By 2021, in collaboration with key partners, we will have:

1. Accessible, timely services in the community.
2. Intervention and targeted services catching problems early.
3. More capacity and greater choice along the continuum of need.
4. A focus on outcomes, particularly for the most vulnerable.
5. Fewer gaps between services, including improved transition between CYP and adult provision.
6. A workforce with the skills required to deliver the services CYP tell us they want and need.

This report is structured as follows:

- Background and context is contained in Section 2
- The current provision of Services is explained in Section 3
- Our achievements and progress to date are described in Section 4
- Our priorities for the future are outlined in Section 5
- The financial plans that underpin the transformation are detailed in Section 6
- The enablers to support delivery are described in Section 7
- Governance and risks and are explained in Sections 8 and 9

All Appendices are attached including our response to the Key Lines of Enquiry.

## 2 BACKGROUND AND CONTEXT

### 2.1 National picture

Recent national policy reflects the general consensus that the resilience and emotional wellbeing of CYP is facing greater challenges than ever before. The publication of *Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing*<sup>1</sup> marked the start of a determined effort to improve the services offered to CYP experiencing mental health and emotional wellbeing issues through the development of LTPs.

This drive for transformation is reflected in The Five Year Forward View<sup>2</sup> which highlights the need for more extensive prevention, reduced inequalities between geographical areas and types of CYP, further engagement of CYP, and strong clinical leadership to build new ways of working.

### 2.2 Local context

In this Section we explain our local context across three key areas: CCG, local authority relationships and the STP agenda.

The three West Sussex CCGs (Coastal West Sussex, Crawley, and Horsham & Mid Sussex CCGs) have supported the development of emotional well-being and CAMHS services before the advent of the LTP. CCGs have allocated additional *Redesign Funds* on an annual basis to commissions since April 2015 (see Section 6.1 for further detail). Therefore, this LTP refresh builds on the foundations and aspirations of the previous 3 years **and** reflects the ongoing commitment of local commissioning organisations to improve CYP mental health and emotional well-being services.

In addition, it is important to note that NHS (and related local authority children’s services) are planned jointly and the commissioning team is staffed by both NHS and West Sussex County Council (the Council) employees.

Our plans for these services have also gone through several versions and modifications. This plan is our third LTP refresh and supersedes the 17/18 plan, and the original 2015/16 plan. All were approved by the Health & Well Being Board, CCG Boards and our CYP Emotional Wellbeing and Mental Health Partnership Board. These outlined the initial plans for transformation with a focus on early intervention, resilience and promoting mental health and well-being, and targeting resources to those most at risk and vulnerable.

---

<sup>1</sup> NHS England Publication Gateway Ref. No 02939

<sup>2</sup> NHS England October 2014

For example:

- Our LTP remains a whole system approach and we are working locally with a range of services and other agencies such as schools, colleges, children's social care services, voluntary and community services and primary care.
- Working closely with the Council is particularly important in the Transforming Care Programme (another key national driver for change). More specifically in recent years there have been a number of requirements for the NHS and local authorities to review and improve the care for CYP with complex learning disabilities (and/or autism, challenging behaviour and other mental health issues) as well as those with mental health needs being treated in hospitals.

Reflecting the national context, mental health has also been identified as a priority area to address within the Sustainability and Transformation Partnership (STP) for Sussex and East Surrey.

We have a history of successful collaborative commissioning across Sussex and we will maximise opportunities to collaborate further with our commissioning colleagues in Brighton and Hove, East Surrey and East Sussex. Together with providers, we are already sharing approaches (and resources) across the STP to ensure a sustainable system.

The LTP is an important part of our CCGs' contribution to the local STP, with our local 'footprint' including North and South Central Sussex Commissioning Alliances as well as the large coastal strip. The development of STP wide planning is explored further in Section 7.

## **2.3 Local need**

Our understanding of need, demand and capacity has been built-up based on several pieces of analysis conducted over the last few years. This section summarises our understanding of need, demand and the key gaps in provision as the foundation for our future plans.

### **2.3.1 Demographic profile<sup>1</sup>**

West Sussex is a diverse community with approximately 173,300 CYP under age 18 (20.4% of the total population<sup>2</sup>).

In West Sussex, 13.2% of children and young people (aged 0-19) are from minority ethnic backgrounds<sup>3</sup>. This is a smaller proportion compared with the national average (25.1%).

---

<sup>1</sup> West Sussex Joint Strategic CYP emotional wellbeing and mental health needs assessment 2014.

<sup>2</sup> 2017 mid-year population estimate, ONS

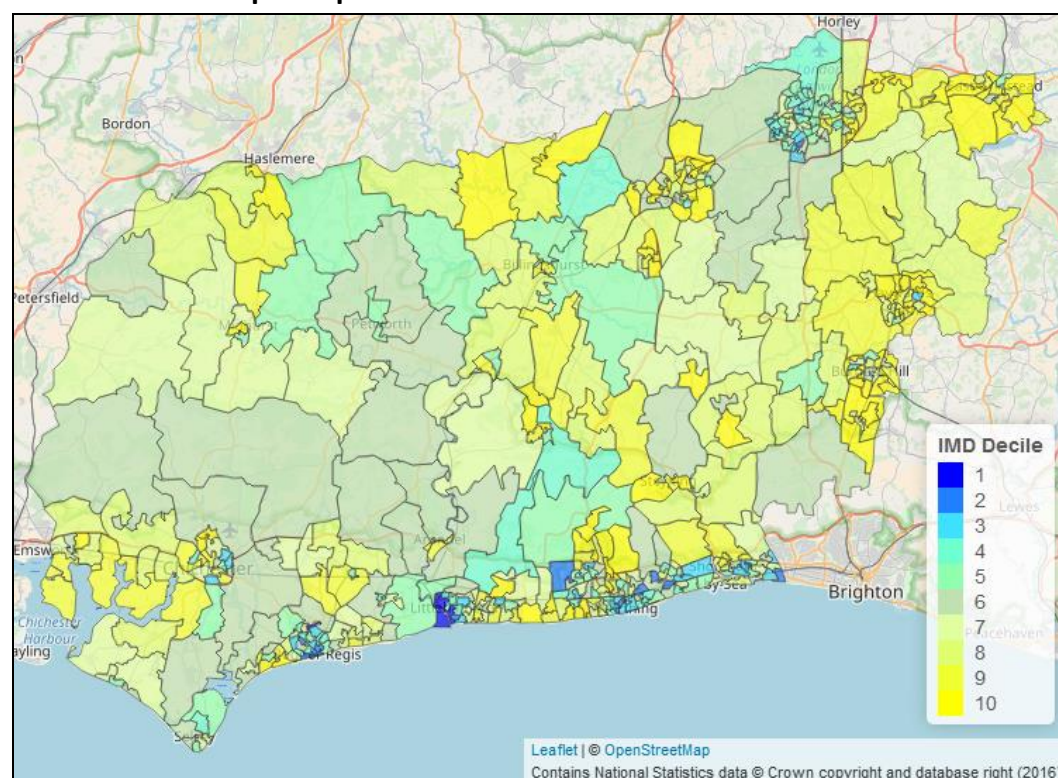
<sup>3</sup> 2011 census



The largest minority ethnic group in West Sussex are from Asian/Asian British communities (4.5%). The proportion of the population from minority groups varies across the county; Crawley has the greatest proportion children and young people who are from ethnic minority groups (31.9%).

Whilst West Sussex is one of the least deprived counties in England, small pockets of deprivation do exist. West Sussex is ranked 131<sup>st</sup> of 152 upper tier authorities on the Index of Multiple Deprivation 2015 (1 is the most deprived). However, in relation to “neighbourhood level” deprivation, four small areas in Arun<sup>4</sup> are among the 10% most deprived areas in England, and a further 44 areas are among the 30% most deprived nationally (9.5%). Of the West Sussex Districts and Boroughs, Adur remains the most deprived, followed by Crawley, Arun and Worthing. Mid Sussex remains the least deprived in West Sussex.

**Figure 1: National deprivation deciles of lower super output areas (LSOAs) in West Sussex on the Index of Multiple Deprivation 2015**



In 2015, 10.9% of children aged under 16 were living in low-income families in West Sussex, a significantly smaller proportion compared to England (16.8%)<sup>5</sup>. This equates to around 15,500 children living in relative poverty in the county. Child poverty varies across West Sussex with the highest rate seen in Crawley (14.8%) and the lowest in Mid Sussex (6.9%). However all districts and boroughs within West Sussex fall below the national rate.

<sup>4</sup> These areas fall within the Courtwick with Toddington, River and Bersted wards.

<sup>5</sup> HMRC: children in low-income families local measure 2015

Recent population projections by the ONS<sup>6</sup> suggest that if current trends continue, the population of under 18s in West Sussex will see a small increase in the coming years.

### 2.3.2 Needs analysis

A joint strategic needs assessment (which included a wide range of user consultation and the mapping of current services) was undertaken in 2014 and provided a comprehensive view of local provision, need and gaps<sup>7</sup>. In addition to analysis of national and local datasets, the views of CYP, their families and stakeholders were sought and were integrated into the priorities highlighted in the original LTP.

In 2004, ONS conducted a national survey<sup>8</sup> to estimate the prevalence of mental health conditions in children aged 5-16. The survey results have been applied to the West Sussex population taking into account age, sex and socio-economic classification<sup>9</sup>. In 2015, 8.4% of children and young people aged 5-16 were estimated to have a mental health condition in West Sussex. This equates to around 9,500 children. The ONS survey found that the most common mental health disorders among CYP were anxiety, depression, eating disorders, conduct disorders, self-harm and attention deficit hyperactivity disorder (ADHD). These estimates use data from a national survey conducted in 2004; there are indications that prevalence of mental health conditions among children and young people has increased and that this is an underestimate. A national study of Health and Wellbeing among CYP is currently underway, and will provide more robust estimates<sup>10</sup>.

In addition to the 2004 survey, the What About YOUTH survey<sup>11</sup> (2014) focussed on the health, behaviour and wellbeing of 15 year olds in England. The data shows that 59.0% of those surveyed in West Sussex reported being bullied and 51.0% stated that their body “was about the right size”. The average WEMWBS<sup>12</sup> score (a set of questions on emotional wellbeing) of 15 year olds was 46.8 in West Sussex; significantly lower than the national average of 47.6.

Locally, the Public Health and Social Research Unit has recently completed a health and wellbeing survey of children in Year 6. Thirty-nine schools in West Sussex took part, with nearly 1,200 responses received. Initial analyses have revealed an average score of 7.8 on a subjective wellbeing measure (max score of 10), with nearly 8 out of 10 year 6 pupils in West

---

<sup>6</sup> ONS: subnational population projections 2016. Population projections examine current trends in births, deaths and migration (in the previous 5-years), and project these forward. Population projections are **not**

<sup>7</sup> [West Sussex Mental Health Needs Assessment: Children and Young People \(June 2014\)](#)

<sup>8</sup> [NHS Digital: Mental Health of Children and Young People in Great Britain \(2004\)](#)

<sup>9</sup> As part of the PHE [CYP mental health and wellbeing profile](#) (Fingertips)

<sup>10</sup> [NHS Digital: National Study of Health and Wellbeing: Children and Young People](#)

<sup>11</sup> [NHS Digital: What About Youth Survey \(2014\)](#)

<sup>12</sup> Warwick-Edinburgh Mental Wellbeing Scale

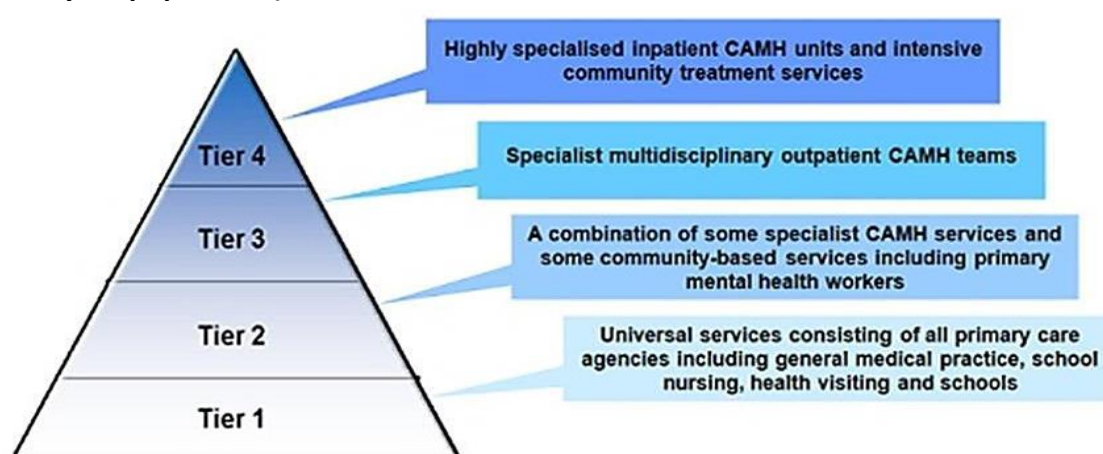
Sussex “thriving”. Around half of year 6 pupils responding to the survey reported that they had been bullied in the past year, with verbal bullying being the most common. Three-quarters of year 6 pupils said that they talked to parents or teachers if they had problems or worries. Further analyses will be released in the full report.

### 2.3.3 Expected prevalence by CAMHS tier for West Sussex

Mental health services are often described in terms of *tiers*, where services become more specialised, from emotional wellbeing services at Tier 1 to highly specialist outpatient teams and inpatient provision at Tier 4.

Prevalence estimates (population aged 17 and under) based on findings published in “Treating Children Well”<sup>13</sup> are shown below against each of the tiers. These provide an estimate of West Sussex CYP who may at any one time, need a service response or support.

**Figure 2: Estimated number of CYP by Service Tier (prevalence estimates applied to 2017 mid-year population)**



	Prevalence assumption	Estimated number of children in West Sussex (rounded to nearest 5)*
Tier 4	0.075%	130
Tier 3	1.85%	3,205
Tier 2	7.00%	12,130
Tier 1	15.00%	25,990

\* Based on 2017 mid-year population estimates. Counts rounded to nearest 5.

<sup>13</sup> Kurt, 1996

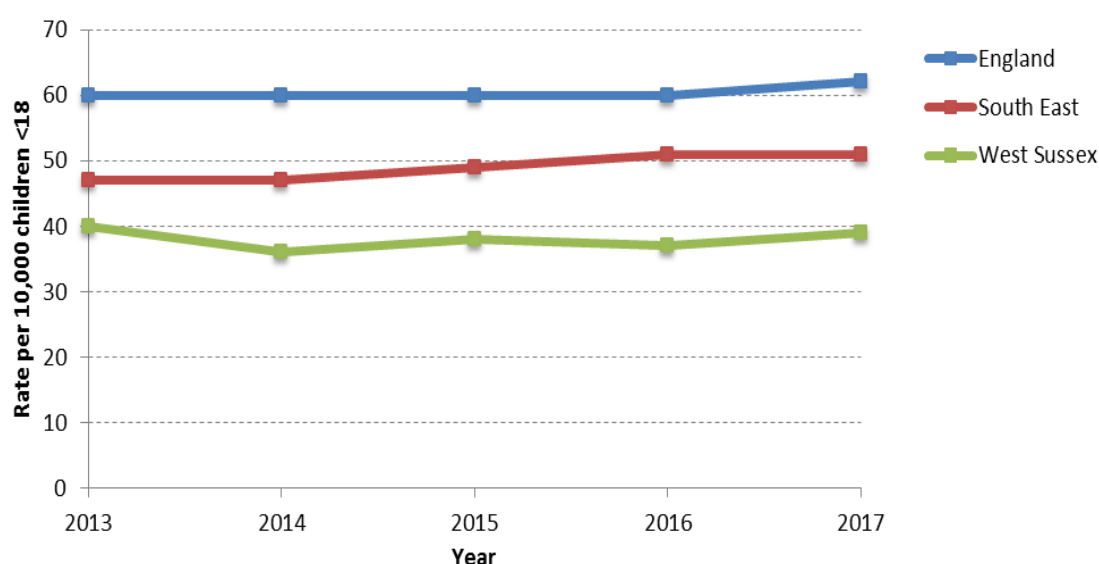
### 2.3.4 Children who are looked after

The Public Health and Social Research Unit have recently completed a Children Looked After needs assessment<sup>14</sup>. This piece of work revealed:

- The rate of looked after children for West Sussex has been consistently below that for England
- The rate for England and West Sussex has remained fairly constant between 2013 and 2017
- Compared with England, the profile of looked after children in West Sussex is older, with a similar proportion of those aged under 4 and a smaller proportion of those aged 5 to 9 years.
- Locally, there has been a steady increase in unaccompanied asylum seeking children between 2012 and 2015, and a marked rise from 2016 (particularly among those aged 16+).
- The changing age and sex profile of the county's looked after children may be due to the rising number of unaccompanied asylum seeking children, who tend to be older and more ethnically diverse.

Table 1 reveals that the primary category of need for children looked after in West Sussex is dominated by abuse and neglect (which we know has a significant and enduring impact on emotional wellbeing and mental health).

**Figure 3: Rate of children looked after at 31<sup>st</sup> March (per 10,000 children aged under 18) during 2013 to 2017 in West Sussex, the South East and England**



Source: Children looked after in England including adoption

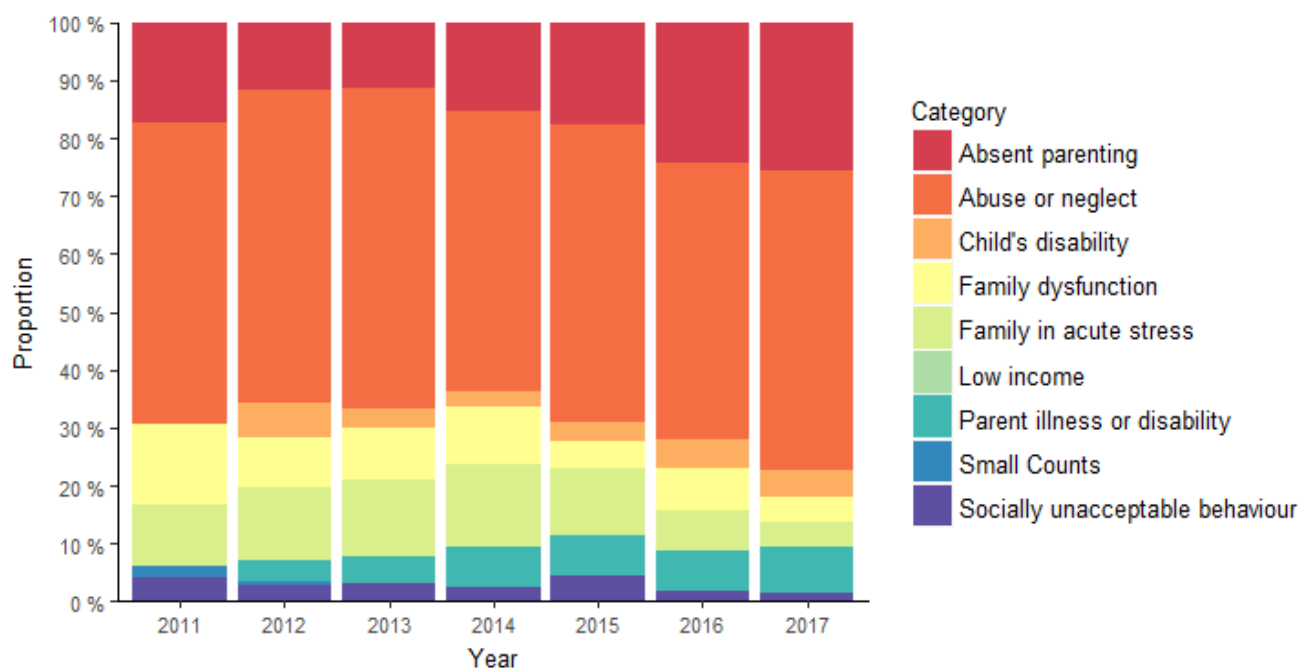
<sup>14</sup> [West Sussex Children Looked After Needs Assessment \(September 2017\)](#)

**Table 1: Number of children who started to be looked after during the year ending 31<sup>st</sup> March 2011 to 2017 by category of need**

Category of Need	Children who started to be looked after in the year ending 31 <sup>st</sup> March						
	2011	2012	2013	2014	2015	2016	2017
Abuse or neglect	175	155	185	195	150	180	195
Child's disability	<5	15	15	10	10	20	15
Parent illness or disability	<5	10	25	15	20	25	30
Family in acute stress	35	35	40	45	45	25	15
Family dysfunction	45	25	15	30	30	25	15
Socially unacceptable behaviour	15	10	15	10	5	5	5
Low income	0	<5	0	0	0	0	0
Absent parenting	55	35	65	40	45	90	95

\*Values rounded to nearest 5. Values between 1 and 5 are suppressed.

**Figure 4: Proportion of children who started to be looked after in the year ending 31<sup>st</sup> March by category of need (2011 to 2017), West Sussex**



Source: DfE – [Children looked after in England including adoption](#)

The Insight team at West Sussex County Council has undertaken demand projections for Children's Social Care, to 2019/20; this includes projections of the number of children who will be looked after. These analyses suggest that the number of CLA is projected to increase by 16% between 2015/16 and 2019/20.

A four year forecast model was developed in early 2016 to project numbers of CLA up to 2019/20 and their associated costs. The model has been updated with the CLA list as of 21st March 2016. As of October 2016, the 'Most Likely Case (Average)' scenario has already been exceeded; there were 689 CLA at the end of October<sup>15</sup>.

### 2.3.5 Permanence – Adoption in West Sussex

The number of children placed for adoption in each quarter has also shown an overall increase, despite very low numbers between October 2014 and March 2015. However, the rate of children placed for adoption per 10,000 children in the population is higher than the national average. The projection of the number of CYP having adopted locally is shown in Table 2.

**Table 2: Actual and projected adoptions in West Sussex**

Year	Adoption Actual	Adoption Projection
2014/15	108	-
2015/16	155	-
2016/17	162	-
2017/18	-	168
2018/19	-	174
2019/20	-	180

Post-adoption support (and emotional well-being and CAMHS in particular) is critical to build and sustain the resilience of the child and their adoptive families and to reduce the risk of adoption breakdown.

### 2.3.6 Suicide prevention and self-harm

A West Sussex Suicide Prevention Strategy (2017-2020)<sup>16</sup> has been completed and supports both the cross-Government National Suicide Prevention Strategy (2012) and the Five Year Forward View (which states the ambition is to reduce the number of people taking their own lives by 10% nationally by 2020-2021 compared to 2016-17). The strategy identifies a number of key priorities including increasing confidence and skills of the workforce who support CYP at risk of suicide.

In addition, a recent local audit of suicide and self-harm found that:

<sup>15</sup> This figure sits within the range of figures projected, and is equal to the 'Average + Standard Deviation' year-end projection, which is the scenario used as a basis for the overall projections - see the [West Sussex Children Looked After Needs Assessment](#) (pg29-30) for further information.

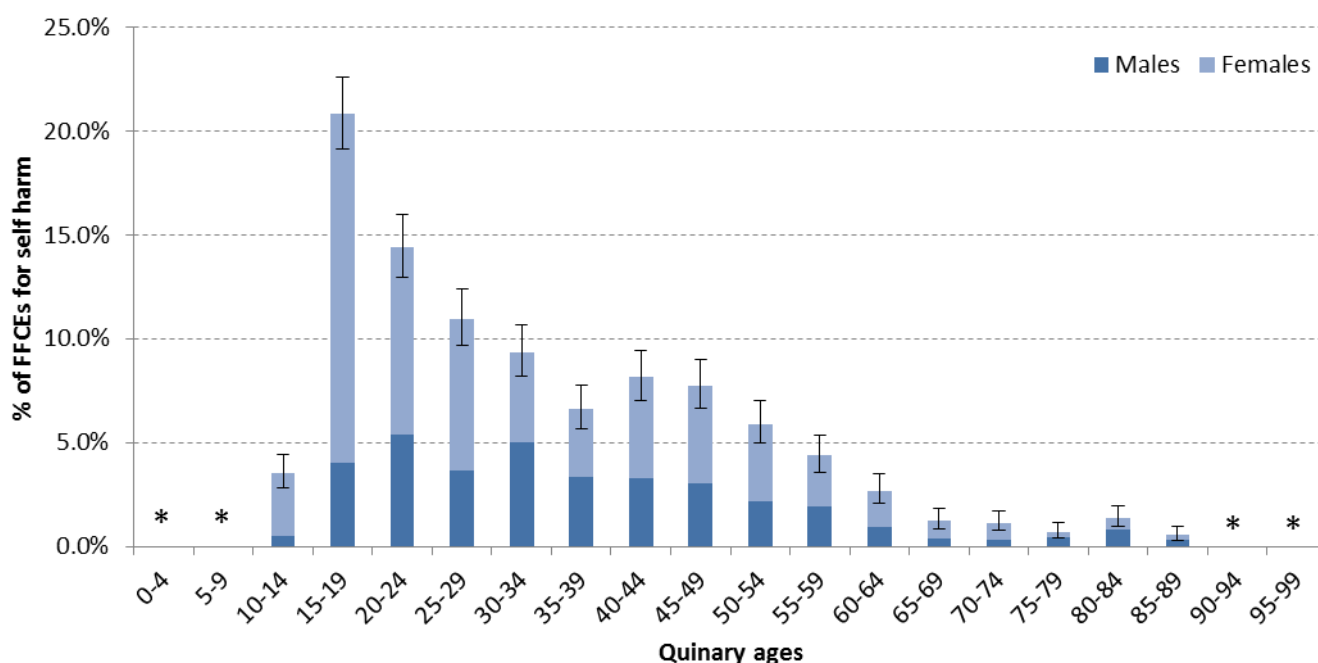
<sup>16</sup> [West Sussex Suicide Prevention Strategy 2017-2020](#)



- West Sussex has had a consistently higher rate of self-harm admissions among children and young people (aged 10-24) than England for a number of years
- Self-harm is more common among young people and often manifests during adolescence; locally, two-fifths (20.8%) of all emergency hospital admissions for self-harm were among young people aged 10-24 (2015/16 data)
- The West Sussex suicide audit revealed that a third (34%) of individuals had a known history of self-harm, rising to 50% in those aged under 25 years
- During a three-year period (2013-15) there were less than 5 deaths recorded among under-18's and fifteen deaths in under-25's (7.0% of total)
- In West Sussex, males were more likely to take their own lives at an earlier age, with two fifths (41.6%) of male suicides among men under the age of 45 (compared to 26.9% of women)
- In general a lower proportion of suicides involve adults aged under 45 in West Sussex compared to England.

Figure 5 highlights the significant proportion of self-harm admissions accounted for by young people aged 15-19 in West Sussex. This data includes those self-harm events that are severe enough to warrant hospital admission and does not reflect the true burden of self-harm on the health and wellbeing of young people in West Sussex.

**Figure 5: Proportion of first-finished consultant episodes (FCEs) to hospital in an emergency for self-harm in West Sussex by 5-year age groups (2015/16)**

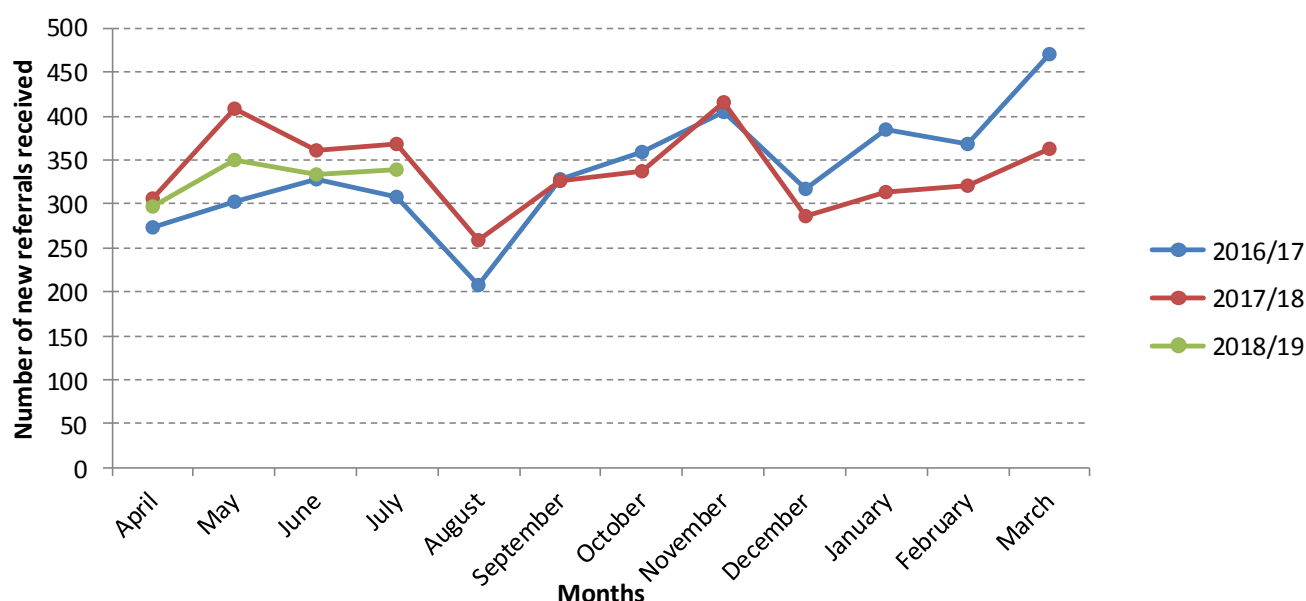


Note. \* indicates where data has been suppressed due to small counts (five or fewer). Data reflects admissions, not individuals; the same individual may have been admitted to hospital on multiple occasions within the reporting period.

### 2.3.7 Local demand and capacity

Building on analyses of need, we have explored referral, activity and caseload activity to CAMHS in West Sussex. The figures below reflect monthly activity from April 2016/17 through to July 2018/19. Whilst monthly variation is apparent, referrals to CAMHS services have been generally consistent (just over 4,000 referrals in 2016/17 and 2017/18 - Figure 6).

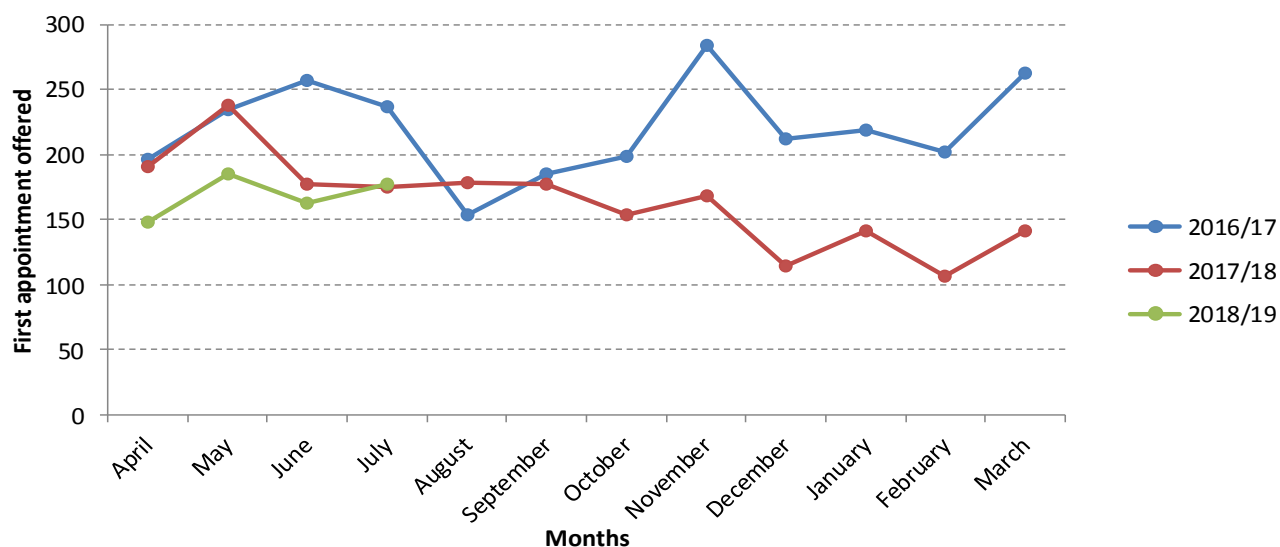
**Figure 6: Referrals to CAMHS**



Note. The figure shows **all** referrals (not accepted referrals) for patients from West Sussex CCGs referred into any service in Sussex CAMHS.

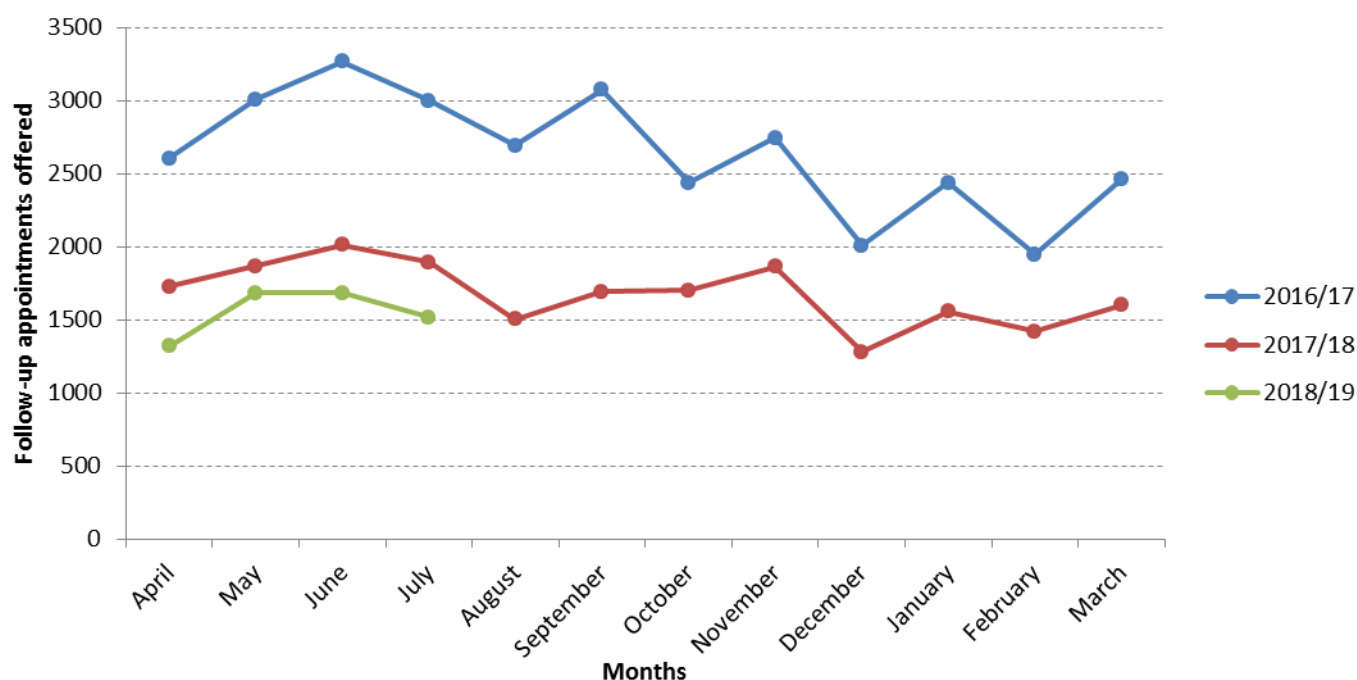
The number of first and follow-up appointments offered each month has declined throughout 2017/18 compared with 2016/17 (Figure 7 and Figure 8). The number of first appointments offered has decreased by around a quarter (-25.7%) and the number of follow-up appointments offered has decreased by around a third (-36.5%) from 2016/17 to 2017/18.

**Figure 7: First appointments offered**



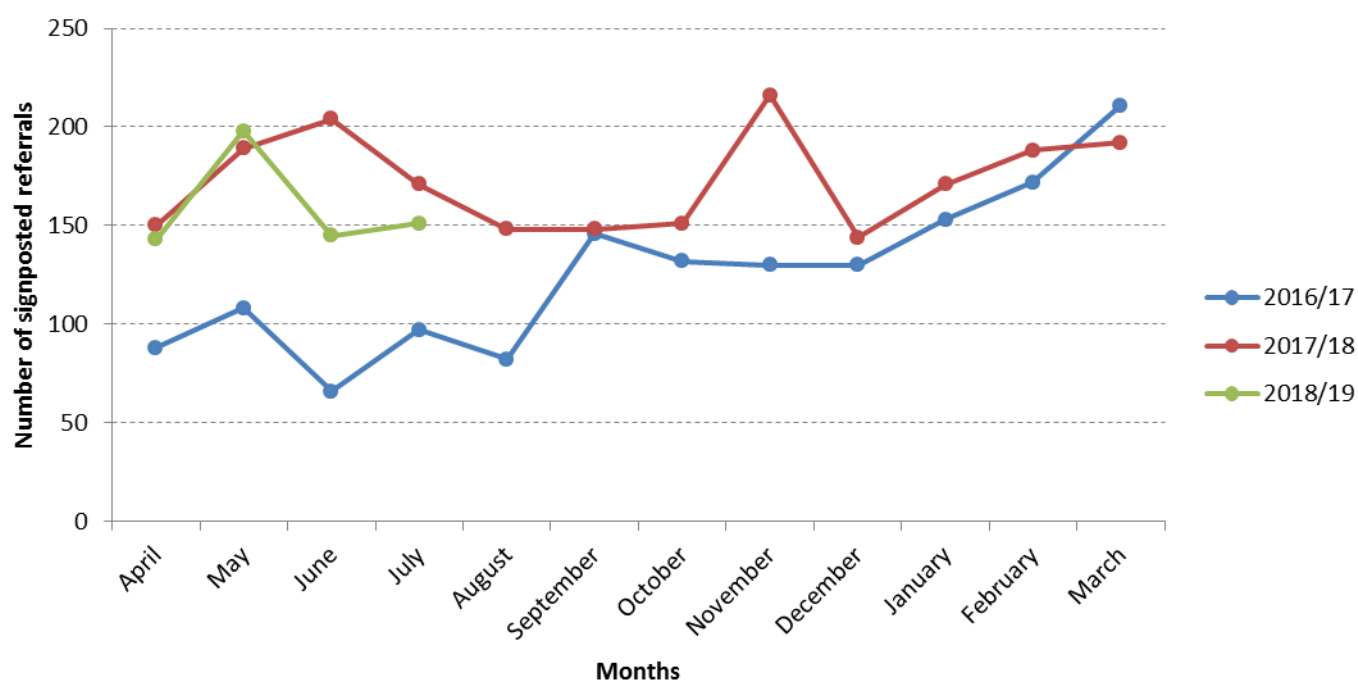


**Figure 8: Follow-up appointments offered**



The number of referrals received by CAMHS that are signposted has remained high following a sizeable increase toward the end of 2016/17 (Figure 9). The proportion of all referrals to CAMHS that are signposted has increased from 37.3% in 2016/17 to 50.9% in 2018/19.

**Figure 9: Signposted referrals**



### **2.3.8 Conclusion**

The key findings are:

1. Nationally and locally there is an increasing need for services for CYP who require emotional and mental health support.
2. The current levels of referrals are not always reflective of the mental health needs of the CYP. However, Public Health indicate there are 10,900 CYP in West Sussex (aged between 5 and 16) with a diagnosable mental health problem. With expected population change, this number is expected to increase by 10% by 2021.
3. There is a need to commission both more, and different, types of capacity across the range of EWB and CAMHS services due to the: wider societal and policy changes, the increases in the projection of local 0-18 population and the increasing complexity of CYP presenting to services.
4. Additional early help has supported a wide range of CYP and there is evidence emerging of the value of this in offering a more timely response.
5. In terms of continuous improvement, our investment plans need to be informed by further analysis of the need, demand and capacity across the whole pathway - and not just a focus on waiting times for mental health assessment or caseloads<sup>8</sup>.

Overall, with population growth and changes in the profile of need, demand for services are projected to increase. Although any description of the future is always subject to very high levels of variability, current capacity across the whole system will need to manage an increase in demand of between 5 to 15%.

---

<sup>8</sup> For example locally a survey has been undertaken with Year 6 (10/11 year olds) in approx. 30 primary schools to provide information on emotional and mental wellbeing and resilience. This information will be available to West Sussex commissioners by Q4 2017/18.

### **3 CURRENT PROVISION IN WEST SUSSEX**

West Sussex has a wide range of services currently available for CYP needing mental health and emotional wellbeing support.

Prior to 2015 (and the redesign and LTP investments) there was an overall lack of capacity in early intervention and support (Tier 2).

This section highlights the range of services which commissioners have redesigned with CYP and partners (and forms part of our baseline services and are not funded predominantly by additional redesign and LTP monies).

A comprehensive list of commissioned services is included in Appendix 1.

#### **3.1. *Specialist Child and Adolescent Mental Health Services (Tier 3)***

Core specialist community CAMHS are provided by Sussex Partnership Foundation Trust (SPFT) from a variety of locations. These are services for CYP up to the age of 18, where there is likelihood that the child has a severe mental health disorder and whose symptoms or distress and degree of social and/or functional impairment are severe. The service works with CYP where there is a high level of complexity including significant risk of harm to self or others, seeking asylum and safeguarding concerns. The service provides a range of therapeutic and psycho-pharmacological interventions, consultation and liaison with other services as appropriate and an out of hours service.

#### **3.2 *Early Intervention in Psychosis Service***

The Early Intervention in Psychosis Service (EIP) service is for people aged between 13 and 65 who are experiencing a first episode of psychosis (FEP) and their families and friends. The service is commissioned Sussex-wide and has recently been expanded to assess the support needs of those within the age range with At Risk Mental States (ARMS). The service offers a comprehensive range of NICE-concordant therapies including CBTp, Family Intervention Therapy and a range of interventions to support physical health needs, all of which are delivered by highly trained teams of staff whose developmental needs have been met through HEE-led training programmes.

The national target for EIP is that 50% of patients with suspected FEP begin treatment within 2 weeks. This is far exceeded in West Sussex (92.9% of patients were seen within that period (as at July 2017)).

### **3.3 Perinatal Mental Health Service**

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.

### **3.4 Early Intervention and Prevention Services**

A number of early intervention, prevention and therapeutic services have been commissioned. These include:

**Blended counselling service**, provided by YMCA Downlink, which offers a combination of telephone and face to face counselling (including canine assisted therapy), online counselling and group support. This service is delivered within Find it Out Shops, leisure centres and libraries. The main issues young people present with are suicidal thoughts, self-harm, isolation, bullying, arguments at home and alcohol/drug use. Specialist bereavement counselling is also available through Winston's Wish.

A range of other **therapeutic services** are provided, including the NSPCC Domestic Abuse Recovery Together (DART) to mothers and children who have been affected by their exposure to domestic abuse delivered by My Sisters House. Lifecentre offers pre-trial therapy, face to face counselling and play therapy, supported by telephone and text helplines to children and young people and their families who have witnessed sexual abuse. Therapeutic intervention to unaccompanied asylum seeking CYP is offered through SPFT in collaboration with Children's Social Care.

**Mental health community liaison services** offer consultation, advice and direct case work with a specific focus on under 12 year olds and their families. A complementary advocacy service is also delivered through Brighton and Hove MIND.

## **4 MAKING PROGRESS, MAKING A DIFFERENCE - ACHIEVEMENTS SO FAR**

Significant improvement in local services has been made possible in the first 3 years of LTP investment.

This section outlines some of our key achievements and highlights the areas for further work in 2019/20 and beyond (which are described more fully in Section 5).

### **4.1 *Therapeutic Support for children and young people who have-witnessed / experienced sexual abuse***

Following a needs assessment and consultation with over 100 CYP people and stakeholders, a local voluntary sector organisation (Lifecentre) was procured to offer pre-trial therapy, face to face counselling and play therapy, supported by telephone and text helplines. 207 CYP have accessed this service since it was launched in July 2016. In the last year referrals have increased by 30% since last year. Our ambition is to continue to offer this service and work closely with NHSE and providers to develop clearer pathway between the SARCs and therapeutic support services.

*Anonymous 15 year old girl–“I felt supported and counselling helped me understand what I was feeling.”*

*“I now know how to deal with memories of what happened and know it was not my fault”  
(14 year old using Lifecentre)*

### **4.2 *Support for lesbian, gay, bisexual, transgender or unsure (LGBTU) young people***

Support for the young LGBTU community was identified as a gap during the needs analysis. As a result a pilot project was set up delivering support groups and 1:2:1 counselling. The project also included training and advice to agencies and the creation of a resource to support students/professionals who are facilitating their own LGBT groups in schools and colleges. Many LGBTU young people experience isolation and the service enables them to be themselves, talk about their feelings and make friends in a safe and fun environment.

### **4.3 *Youth Emotional Support***

This Service supports young people aged 11-18 with a wide range of emotional wellbeing issues, from low mood and anxiety to anger, confidence and relationship issues. Caseworkers and support workers offer group programmes and intensive one to one support within local Find it Out Shops and various community settings (e.g. schools/colleges). Referrals to the service increased by 363 during 17/18 to 2652.

To help manage demand, 2 peripatetic workers work across the service to manage peaks of referral in any specific areas across the County. Joint case-working and assessments are undertaken with specialist CAMHS, who also provide clinical supervision to YES workers so there is seamless and integrated support. On average only 2% of service users referred to YES go on to be referred to CAMHS.

New specialist Health and Justice Workers are now allied to the YES service model. These workers are embedded within the partnership for high risk adolescent workstream and provide targeted support and work intensively with young people who are stepping back into the community from either secure or inpatient accommodation.

The YES project is a finalist in the Children and Young People Now awards 2018, in the mental health and wellbeing award section.

“YES has changed the way I think and feel about things and helped me”

17 year old male

#### **4.4 Counselling**

The blended counselling offer (face to face and online) has remained a core part of the early intervention and prevention offer. In 2017-18, the average number of face-face referrals per quarter was 284. On-line unique logins per quarter averaged 936. Overall there were 19,151 logins in 2017-18. The number of young people accessing information and supported with counselling services in 2017-18 was 4,880.

The current contract is coming to an end, the service specification has been reviewed and we are currently in the process of procuring a new service.

“Kooth has really helped me, it’s given me relief when I’ve had nobody else to turn to”

#### **4.5 Bereavement Support**

A specialist bereavement counselling service has been commissioned from the charity Winston’s Wish. This provides support to children from approximately 120 families with a tailored programme addressing individual and family needs. The key elements include active outreach to parents/carers, networking and liaison with other professionals, initial assessment

meetings with parents and children, family and/or individual work with children and short regular group meetings.

#### **4.6 *Schools and Colleges***

The Government's 2017 Green Paper on transforming mental health provision for CYP, and the 2018 Government response to the consultations on the green paper, both highlight the vital role that schools and colleges can, and do, play in identifying mental health needs at an early stage. Through referring young people to specialist support and working jointly with others to support young people experiencing problems.

Through close interface and partnership working with the West Sussex Schools and Colleges networks, such as the Secondary School Wellbeing Leads and Four Area Secondary Providers Senior Leadership Forums, we have been able to understand the services that the Education Providers have commissioned, and compliment this within our schools and colleges offer. Through the Anna Freud Schools Link Programme workshops we were able to extend our knowledge of school based commissioning to that procured by Primary Schools in West Sussex. We will continue to link with School and College networks including the School Locality meetings.

Over the last year skills development training has been delivered to education practitioners. This has included the following;

##### **Academic Resilience Approach**

Last year, 27 schools participated in the Academic Resilience Approach programme, commissioned to support a whole-school approach to emotional resilience. It is running again in 2018/19 for those remaining schools that did not participate and has also been offered to Colleges.

##### **Emotionally Based School Avoidance (EBSA)**

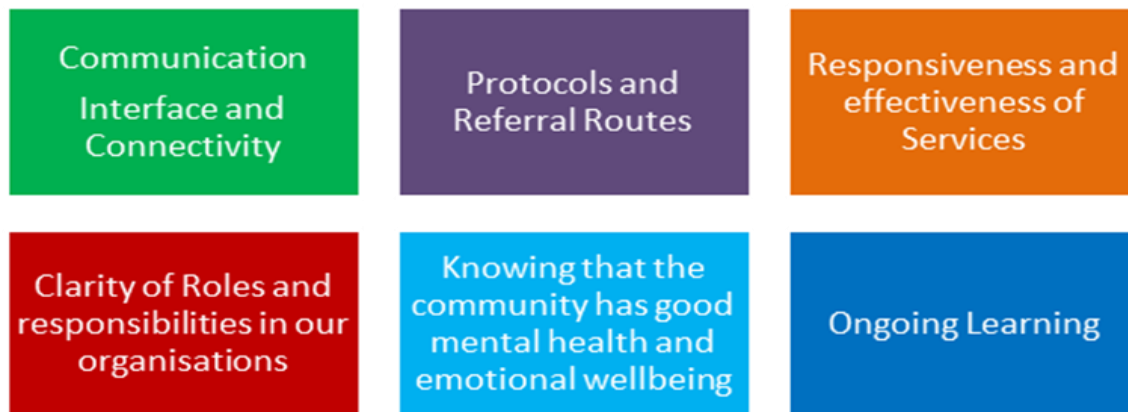
The Educational Psychology Service are providing training for school staff on supporting learners who experience Emotionally Based School Avoidance (EBSA), and for those pertinent family support workers in our 'Integrated Prevention and Earliest Help' service. Our aim for this year is to extend the support for those involved with learners who experience EBSA by further building skills and capacity of the workforce.

##### **Emotional Literacy Support Assistants (ELSA)**

The Educational Psychology Service are delivering an 'Emotional Literacy Support Assistant' (ELSA) training programme to existing members of support staff in 30 of our West Sussex Primary Schools. We aim to extend this offer to a further 30 Schools this year.

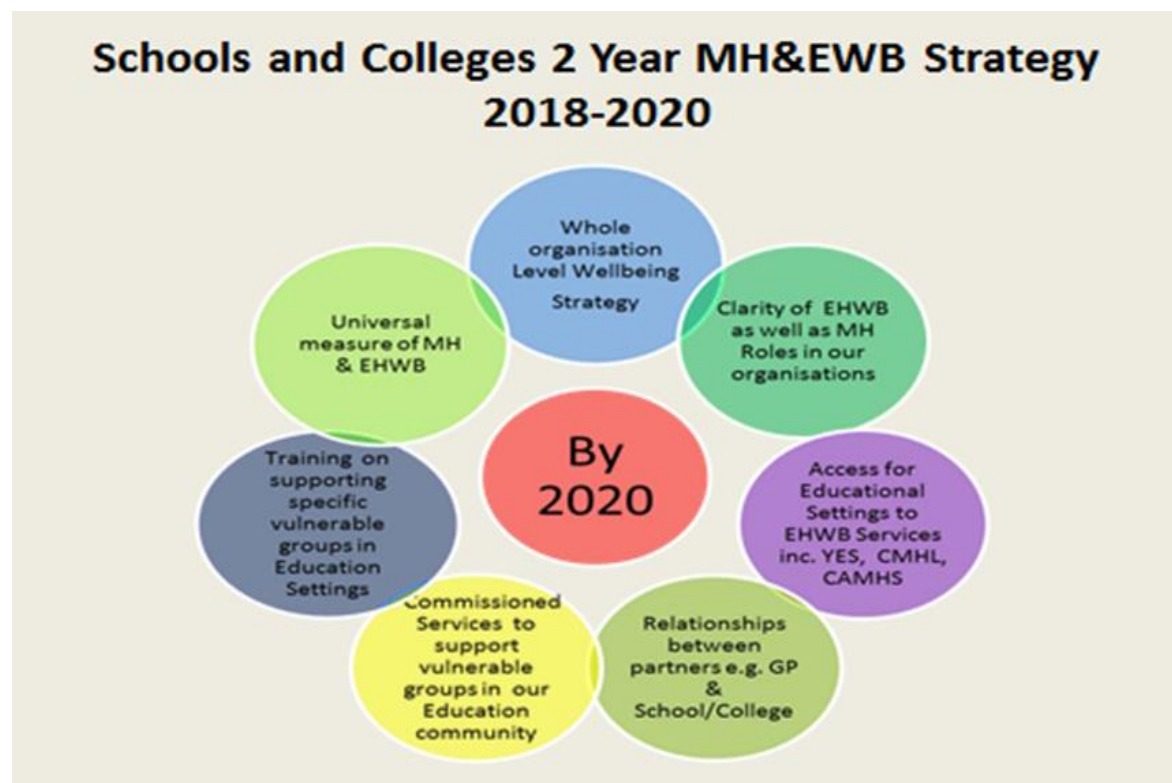
## Schools Link Programme

We have worked with the Anna Freud Centre as part of the Schools Link Programme to deliver workshops in the north and south of the county for over 100 professionals including schools, colleges, GPs, Local authority, CAMHS and Parents forum. The aim of these events was to deliver system wide transformation by sharing expertise and developing a joint vision. The following themes were agreed:



This has formed the start of a co-produced refresh of our local Schools and Colleges Emotional Wellbeing Strategy which is highlighted in figure 10 below:

**Figure 10: Schools and Colleges Mental Health and Emotional Wellbeing Strategy**





#### **4.7 A&E Psychiatric Liaison Service**

Since August 2015, there has been a dedicated CAMHS A&E Liaison Team, provided by SPFT, working in Western Sussex Hospitals Foundation Trust's A&E departments in Chichester and Worthing. Currently the service runs Monday to Friday 10 am – 6 pm. However data now suggests the highest number of attendances is between Sunday and Thursday, 12pm–12 am with a peak occurring between 8 pm and midnight. To maximise access to this service there are plans to pilot an extension to the hours of availability to include weekends, bank holidays and later evenings. There are also plans to roll out this service to include the A&E at Redhill Hospital to ensure equitable access for all the County's children.

“Reduced workload.....better relationships between departments and CAMHS. Young people seen quicker and often not needing admission. Young people signposted quicker and into appropriate services”  
Feedback from A&E Staff

#### **4.8 Support for the most vulnerable CYP**

There is a suite of services offered to those children and young people who have characteristics that identify them as vulnerable. This includes provision of emotional health and wellbeing services to asylum seeking young people, children in contact with the Youth Offending Service, looked after children, children with significant learning disabilities and young people who are identified as having sexually harmful behaviour. These services are highly integrated with provider services, mainly through childrens social care.

These services are low volume but high risk. The service provision model also includes extensive consultation to the network around young people who are children in need. This support enables those professionals working with the child or young person to hold and manage risk at a lower level.

A service called Mind the Gap has been trialled working with a supported housing provider, looking at emotional support in that setting. This was developed in response to a number of suicide and attempted suicides in the community, which identified these young people as especially isolated and vulnerable. Mind the Gap has accepted 38 referrals (5 of whom are care leavers) and undertaken a total of 189 interventions with those young people, the majority of these 1:1 interventions. Since the projects inception there has been a significant reduction in reported self harm and suicidal ideation from young people living in the accommodation.

The project has undergone evaluation and the forward strategy for this is being developed in line with a new proposed youth access pathway.

#### **4.9 Services for 16 – 25 year olds**

We are currently piloting a service which offers one to one intervention, group and social support for young adults who experience mental health problems. It supports young adults between the ages of 16 and 25, who are making the transition from CYP mental health services and have complex and enduring mental health needs but don't meet the criteria for NHS adult mental health services or are waiting for adult services to respond. We will evaluate the pilots and have started discussions about developing a model for future service provision for 16-25 year olds in collaboration with adult mental health commissioners and alongside existing services.

"The young people's service is supportive and helpful. They are always there for you even if you have to leave a message, someone will call you back. Even when I'm having a 'bad' day, I always feel welcome and listened to. The building is a good space with lots of useful information." Lily (18)

#### **4.10 Training the children and young person's workforce**

Building skills, knowledge and confidence across the whole workforce, in order to help identify issues earlier and provide prompt and appropriate support, has been a key achievement to date. Since May 2016, nearly 1700 professionals and volunteers working with CYP, including GP's, social workers, teachers and police officers, have received training to increase their skills and confidence to identify and support CYP experiencing mental health and emotional wellbeing issues.

This training is led by Coastal West Sussex Mind, in partnership with subject matter experts. Over 130 open and in-house courses have already been run. The wide ranges of topics covered have continually evolved to respond to the interests and needs of attendees. Among the most attended during 17/18 have been bereavement and loss, school refusal and supporting LGBTU young people. This year also included in-house courses specifically for schools, with eight courses delivered so far covering topics including anxiety and low mood, attachment and trauma, and emotional resilience.

The programme will continue to be offered during 18/19. New courses include personality disorder, gaming and coping with exam stress for families. The coming year will also see a county-wide programmes for parents and carers which aims to help them understand what is going on for their child and better engage with the professionals with whom they are working, strengthening family resilience and the team approach.

**Quotes from attendees:**

**Exploring ADHD** "Charlie's film was really helpful to get that different perspective, I will use this to show the parents I work with how to help the children."

**SafeTALK** "It gave us some structure to something I had no real knowledge of"

#### **4.11 Children and Young People's Improving Access to Psychological Therapies (CYPIAPT)**

The Delivering with, Delivering well (DWDW) programme (Appendix 2) is closely aligned to the national CYPIAPT initiative. It is a whole system approach to improving access and care by upskilling staff that adopt and embed the key CYPIAPT principles of participation, evidence-based practice, accessibility, accountability and awareness in every day practice. These core values have been adopted within DWDW as part of its service transformation, as follows:

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

Commissioners across Sussex, together with SPFT and a number of key stakeholders, are committed to DWDW. Over the past year, we have established 'community of practice' workshops to bring together health and social care professionals to share, learn and enhance their knowledge and expertise, seeking better ways of delivering services, improving access and raising awareness. Topics have included specialist training and evidence based self-help; workforce development; mental health in schools and colleges; and participation of CYP and parents in service development and delivery.

Through the DWDW programme, four staff from SPFT CAMHS and YMCA have attended CYP IAPT training delivered through Kings College London and the Anna Freud Centre. Topics have included interpersonal psychotherapy, CBT and clinical leadership. As part of our workforce development plans, we will also be seeking training providers to deliver CYP IAPT course locally in Sussex.

#### **4.12 Eating Disorders**

The Sussex CYP and Families' Eating Disorder Service was collaboratively commissioned across all Sussex CCGs and was launched in October 2016. This service is aligned to the national guidance for access and waiting times for urgent and routine referrals which ensures that there is early identification and assessment through a multi-disciplinary team. The service is for CYP with mild to severe eating disorders and supports their needs using a systemic family approach adhering to national guidance and achieving access and waiting times. See section 8 for performance data.

The service is made up of a multi-disciplinary team (including Family Systemic Therapists, Psychologists, Psychiatrists, Paediatrician(s) and Dietician(s)) and treatment/support is delivered within the community and families' home.

*"Great that FEDS came into our home, were at the end of the phone, could respond to my texts, sometimes just sending the message helped" Parent*

The service is a member of the Quality Network for Community CAMHS and in June 2017. Commissioners are currently working with the service on a Service Development Improvement Plan to achieve the access and waiting time targets by 2019/20.

In response to consultation with parents, Sussex CCGs have also commissioned a national eating disorder charity (BEAT) to work in partnership with the service and provide a helpline, peer support, collaborative care workshops and facilitate the development of parent ambassadors between September 2017 and March 2019. They are also providing awareness training for the CYP workforce across Sussex BEAT are delivering this in partnership with the Sussex Service.

#### **4.13 Workforce Transformation**

We are working in partnership across Kent, Surrey and Sussex with Commissioners, local providers, HEE, NHS England, STP Local Workforce Action Board, SE Clinical Network, London and South East Collaborative and the National Collaborating Centre for Young People. The workforce development programme is underway (Appendix 9), and an outline Workforce Strategy for Sussex has been agreed (Appendix 10).

An audit tool has been developed (the CYP Matrix), and launched, which should enable us to have a much more detailed picture of the skills and competencies in place across the workforce, as well as the key issues and challenges being faced by them. We are working with providers to support them to use the audit tool and once we have the information we can make firm proposals for changes that we need to see in our workforce, in order to deliver our

vision for the children and young people of West Sussex. The current matrix does not include schools and colleges, however it has been designed to be able to adapt to their requirements in future phases so that their skills and workforce needs can be included in future strategic workforce planning.

#### **4.14 Conclusions**

As sections 3-4 have shown, progress has been made. However, we continue to recognise there are further gaps which require addressing including: 1) clarity of pathways and integration with local authority services; 2) communication between services and primary care and schools; 3) managing increases in demand for Eating Disorder services and redesigning the Neuro-Development pathway; 4) workforce planning and delivery; 5) further training and skills development for those professionals in primary care and other universal children's services; and 6) the transition for young people into adult services.

Section 5 outlines our plans further.

## 5 TRANSFORMATION FUTURE DELIVERY - PRIORITIES MOVING FORWARD

The original phase of the transformation programme addressed acknowledged gaps in services. This section highlights our plans to address our remaining priorities (and those issues highlighted in the policy framework in Section 2).

It is important to emphasise that, whilst this plan will be published for West Sussex, many elements will be considered Sussex wide and from STP perspective. For example, we intend to use the expertise available from HEE, local providers and Council to share good practice through the South East Clinical Network.

We will continue to focus on 9 key priorities:

1. Eating Disorders
2. Early intervention, prevention and targeted services and support
3. Crisis Care and Urgent Help
4. Health and Justice Pathway
5. CYPIAPT
6. Workforce Transformation
7. Most vulnerable children and young people
8. Redesigning the neurodevelopmental pathway
9. Transition - Services for 16-25 year olds

### ***5.1 Eating Disorders***

Following the launch of the Sussex CYP and Families Eating Disorders Service in October 2016, a whole system review is underway. This includes ensuring clinical outcome measures are identified and implemented as well as taking in to account the development of new care models. For example, future models of care are likely to involve greater use of community resources and more intensive home treatment.

The Service will also continue to work in partnership with BEAT which will provide peer support groups, collaborative care workshops and Parent Ambassadors until March 2019. For example, the Sussex CYP and Family Eating Disorder Service team have fully engaged in the national quality improvement training programme

### ***5.2 Early intervention, prevention and targeted services***

We are committed to increasing the number and variety of services by:

1. Continuing to invest in the **YES service**. Demand for the YES service continues to grow. A service dashboard has been developed and outcomes and effectiveness are under constant

review. As mentioned in section 4, the YES service has been shortlisted for a national award, reflecting its ground breaking approach to deliver emotional wellbeing support for young people.

2. Prioritising the **schools and colleges agenda**. Our ambition for the forthcoming year is to implement 'system-wide' redesign to further develop this strategy and move towards creating an emotional wellbeing schools and colleges integrated offer. We will continue to support the whole school and college approach by working in partnership with Public Health and education providers to promote a culture of whole organisation wellbeing.

In line with the government's plan to establish mental health support teams in schools, funding for 3 Children's Wellbeing Practitioners (CWP) in West Sussex has been secured, as a result of a successful bid to the London and South East CY-IAPT Learning Collaborative. They will offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to children and young people. The practitioners will work within the YES service.

Although we have not been selected as a wave one trailblazer for the Government's proposals in its 'Transforming Children and Young People's Mental Health Green Paper and Next Steps' document (July 2018), we are confident that, with our successful participation in the Schools Link Programme; upcoming Children's Wellbeing Practitioners initiative, we are well positioned to become a trailblazer in the next wave of government invitations.

We also plan to support training for the schools and colleges workforce to develop their skills in supporting children and young people who have had stressful and traumatic adverse childhood experiences (ACEs) that can have a significant impact on their mental health and wellbeing.

3. Continuing to enhance the **counselling** offer for CYP. Re procurement of the blended counselling service is now complete. This will ensure a comprehensive offer of face to face and online counselling is available. We will support additional bereavement counselling by Winston's Wish for CYP who have lost a close family member and aim to also prioritise CYP who have lost a significant adult in their life through traumatic events (e.g. murder, suicide and military action).

### **5.3 Crisis care**

A local review of crisis care services has recently been completed, identifying the scope of services currently available to CYP, and to ascertain priority areas to be improved and expanded. We engaged with service providers, staff, parents and carers, and undertook an

engagement exercise with CYP who had received assistance during times of crisis, in order to understand their concerns more fully.

Our ambition is to commission a 24/7 service that is responsive to the needs of CYP in crisis; timeliness of access (in particular to ensure a response time to assessment within 4 hours from referral), clarity of offer, and availability across West Sussex. Whilst specialist CAMHS currently has a 24/7 response with on call Consultant Psychiatry, and the CCGs have invested in a CAMHS A&E Liaison Team, the face to face assessment of mental health risk when a CYP is in crisis does not operate after 8 pm on a week day and 6 pm at weekends and bank holidays.

To complement existing services (and in addition to investing £150,000 to roll out the CAMHS A&E Liaison Team model to Surrey & Sussex NHS Trust at Redhill Hospital during 2017/18) the commissioners and service provider are developing a pilot to expand the availability of the CAMHS A&E Liaison Team to 10 pm during the week, and over weekends/bank holidays. The implementation of this is planned for 2018/19 at a cost of approximately £140,000.

In addition to moving us towards ensuring a flexible response at the time of most need, the expansion pilot will create additional support for emergency staff with attendances and admissions associated with mental health issues. The CAMHS A&E Liaison Team is aligned with the Adult Liaison Team within Western Sussex Hospitals NHS Foundation Trust and will continue to align with any developments within the adult team.

We have continued to support the CAMHS A&E liaison team locally and initial activity and impact evaluation results have recently emerged. Currently, services at Chichester and Worthing have expanded and are 9-8pm Monday to Friday with further commitment to increase hours to cover 10-6 on weekends and bank holidays. In terms of East Surrey hospital we have a duty worker in Horsham who supports A&E liaison and have increased resources to increase coverage in 2018/19.

In terms of delivery, significant increases in service capacity have occurred since 2015, with a yearly average of 218 CYP being assessments in A&E hospitals and with just under half those service users supported with follow-up appointments. The average age of CYP was 15 and the majority of the sample were female (80%) with 15% of user being children who were looked after (CLA). The highest number of attendances at A&E occurred between Sunday and Thursday between 12pm and 12 am with a peak occurring between 8pm and midnight. Over half of the CYP (64%) were admitted to a paediatric ward at some point during their care, the remainder were discharged home with a safety plan without needing an admission onto the ward. In terms of outcomes, most service users that attended a follow-up appointment did not attend A&E again (82%) and most rated the service highly.



Although further data collection and analysis needs to be completed these findings have reinforced this as an area of priority for continued funding. It should also be noted that workforce recruitment remains a barrier to expanding the service with funding available but insufficient applicants for new roles and expanded hours.

With effect from October 2017, West Sussex is part of wave 2 CAMHS new models of care, across a partnership including Surrey & Borders Foundation Trust and SPFT. Working collaboratively with Sussex commissioning colleagues, we will support the pilot's focus on reducing admissions to inpatient beds and length of stay by strengthening local community services and investing to increase the number of CYP able to access effective interventions close to home.

#### **5.4 Health and Justice Pathway**

There are a small but significant number of highly challenging young people who are in either secure estate (or at risk of entering secure estate), or held on a mental health section in hospital accommodation. Some of these CYP experience multiple admissions, are at risk of absconding, being exploited or going missing when they are not in secure estate. Safeguarding these CYP as they step down from secure facilities (to enable them to develop resilience and make good life choices) is our priority.

Additional funding from NHSE has been secured to deliver an integrated therapeutic model for high risk vulnerable young people in detention, secure and in patient settings (Appendix 3). This is being delivered through *Sticky Support Health and Justice Workers* linked to the already established YES service, and delivered in partnership with West Sussex County Council Children's Services, Youth Offending Services and Sussex Police. The workers have small caseloads but stay with the young people as they move (often through multiple placements) to support them to develop their own ability to manage risks and develop their own resilience.

This model complements the pathways recently developed with stakeholders and CYP to develop emotional wellbeing and mental health support for those at risk of/and offending. This service will help CYP to better manage their own risks through a co-ordinated bespoke package of specialist services around them and to attain a more timely and successful return to the community. It will also minimise repeating behaviour and give the CYP the best opportunity to develop improved mental and physical health outcomes. This project is still very much in its infancy and evaluation will need to take place over time to establish the effectiveness of this approach.

#### **5.5 CYP IAPT**

There is now even greater ambition to work collaboratively and commissioners are working together on the Sussex-wide DWDW Programme that will promote and accelerate

implementation across multiple stakeholders over the next 3 years (with the aim of raising the profile of children's services, aligning partners and pathways, and delivering more effective and evidence based interventions).

A much wider group of providers across Sussex now has 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 training, outreach support and consultation to facilitate implementation, sharing best practice and implementation lessons. Looking forward we will continue to build networks to encourage the take-up of courses and to help providers find solutions to workforce gaps and capabilities.

Through the DWDE Programme (which is aligned to the CYPIAPT Programme), we are targeting the following areas of work:-

1. Workforce development and training - to identify current skills/competencies and gaps with a view to commissioning appropriate CYP IAPT compliant training;
2. Contracting and commissioning - to ensure all newly commissioned and renewed contracts have CYP IAPT fully embedded within the commissioning and performance cycle (embedding quality and outcomes monitoring);
3. Participation and collaboration - to continue to work with all CYP MH partners locally to share best practice, realise economies of scale and consider together where the engagement and involvement of CYP can be most effectively incorporated within commissioning and provider services.

## **5.6 Workforce Transformation**

Underpinning all the transformational change outlined within the LTP, is the development of the workforce needed to deliver the services. A sustainable supply of appropriately skilled workforce is essential to deliver system-wide transformation. West Sussex is presented with geographical challenges in recruiting and retaining skilled workforce particularly due to its proximity to London which offers enhanced pay opportunities.

The key deliverables of this phased programme are to:

1. To assist provider services to measure their workforce and bridge the gap between what they have and what they need to deliver quality mental health and wellbeing services to children and young people.
2. Conduct a workforce skills and competencies audit across the full range of CYP mental health and wellbeing services in a variety of settings (the current workforce profile). This is currently underway as described in section 4.
3. To analyse existing services against local population needs using the CYP mental health

modelling tool (the future workforce profile).

4. Analyse findings, undertake gap analysis, priority setting – to move from current to future state.
5. Develop a full workforce strategy with supporting workforce plan.

The deliverables are phased in line with the CYPIAPT Programme 2017 -2020. An initial high-level breakdown of EWB and CAMHS workforce (Appendix 4) has been developed and this will be built upon through the implementation of the workforce audit.

The workforce strategy will be developed in collaboration with Kent, Surrey and Sussex colleagues, HEE and the STP and will follow the 7 principles of CAMHS workforce planning which include:

1. Workforce design and planning
2. Recruitment and retention
3. New ways of working
4. New roles
5. Leadership
6. Education, training and other opportunities
7. Skill mix, capabilities and competencies

We will develop a robust workforce strategy that will include recommendations and actions to support our workforce to deliver the best mental health outcomes for our children and young people. This will identify gaps in workforce, skills and competencies including those not directly associated with mental health such as learning disability, neuro-developmental issues and other impairments.

All agencies and partners, including schools and colleges, 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.

Health Education England (HEE) is currently developing a long term workforce development plan for roles and training over the next 10 years that will align *with Future in Mind*, the *Five Year Forward View for Mental Health* and the new *10 Year NHS Plan*. There are current difficulties in recruiting and retaining substantive mental health professionals as well as a supply issue with regards training. Particular challenges for Sussex and East Surrey are the high

cost of living and the proximity to London - staff can receive higher a higher salary for the same role in London due to London weighting and particular challenges faced in recruiting to rural areas. Mitigating these challenges involves a willingness and preparedness in Sussex and East Surrey to invest in new roles for mental health services to mitigate workforce supply problems and improve quality. There are relatively well developed local University partnerships and training programmes to deliver these new roles.

A regional working group has been established to include HEE, providers and commissioners to work collaboratively on this important agenda.

### **5.7 Most Vulnerable CYP**

Specific mental health responses are required for vulnerable and at risk CYP, in order to try to reduce the health inequalities experienced by this group. For example, CYP with complex disabilities, SEND, children looked after, those who have experienced trauma or abuse, care leavers, adopted children, those known to the Youth Offending Service, unaccompanied asylum seeking children or those affected by substance misuse and those at risk of sexual abuse and/or exploitation. We will continue to prioritise this cohort and ensure additional CAMHS and EWB services address the need of our most vulnerable children.

Working in partnership with West Sussex County Council, a new specification has been developed to bring together core services which are amalgamated with Childrens Social care (services for looked after children, children exhibiting harmful sexualised behaviour, and asylum seeking young people, along with a new enhance service to high risk adolescents). This will shortly be going out to tender as a new integrated child psychology service which will give greater flexibility between different elements of service and creating a more effective critical mass of staff. This will include an enhanced offer of support to the network of wider staff working with this group and training, including to foster carers and support workers.

Following the success of the pilot project, the new LGBTU service has been extended to include:

- Additional groups supported across the county, totally 12 groups per quarter (48 annually)
- Increased youth led opportunities (e.g. youth action group, Peer Roles models, Youth volunteers and peer-led workshops)
- Extended 1:1 support offer
- Plan is to be able to accommodate an increase of 100 young people who can be supported within the service offer.

We will also continue to invest resources to support the Transforming Care agenda and work closely with Local Authority teams to implement a robust Care, Education and Treatment

Reviews (CETRs) process, including developing a West Sussex protocol to provide guidance to all parties about roles, due process and standards.

### **5.8 Redesigning the Neuro-Developmental pathway**

A detailed scoping exercise and consultation has been undertaken in order to understand the main challenges within the system and for families, resulting in five main areas for change:

1. The diagnosis pathway – families reported long waiting times and confusion about the roles of professionals on the pathway.
2. Support for families – families told us that they would like more training, information and individual support before, during and after a diagnosis.
3. Support in schools – families were not confident that school staff were able to understand and manage challenging behaviours and some of the problems that young people with autism or ADHD may face in school.
4. What if it's not autism/ADHD – families reported feeling excluded from support if their child was waiting for, or had not received a clear diagnosis.
5. Transition – Families wanted to feel confident in transition, whether transition meant school to college, primary to secondary or 'life' transitions such as adolescence, change in family circumstances – i.e. divorce, moving home.

Following the consultation exercise, we are focusing on the following areas of pathway re-design:

1. Information, training and support as soon as families are accepted onto the pathway.
2. An inclusive pathway that offers support, onward referral and signposting to families whose children are not diagnosed with autism or ADHD after going through the pathway.
3. A clinical pathway that adheres to NICE guidance.
4. Clear information about the length of the pathway, clinicians involved and likely outcomes.
5. A keyworker model in order to support families throughout the pathway.
6. A single service with a clear point of access and a co-ordinating clinician throughout the pathway.

A number of deliverables have been completed so far including using LTP monies to fund a support group for parents of children with ADHD, as it became clear early on in scoping that there was a significant gap for peer support for ADHD and fund Autism Sussex to work with a group of young people with complex needs and in danger of social isolation. The clinical reference group has developed a draft pathway and 3 pilots, with the aim of reducing waiting times, providing family training and creating a keyworker model to support families before during and after diagnosis, are being developed.

Building upon the changes (and review of services and pathways) in 2017/18 we have established a commissioner and provider working group of stakeholders and a programme structure to implement the new service model.

The group has distinguished between the clinical model (i.e. meeting patient needs and NICE requirements, the new redesigned clinical pathway and outline service specification, intended outcomes and the changes to clinical staffing, practice and coordination required) and the organisational delivery model (providers, management arrangements, budget and payment mechanisms, demand and capacity analysis, workforce arrangements, KPIs and data collection). All 3 providers (Western Sussex Hospitals NHS Foundation Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust) have agreed to work together in a joint partnership to improve services in line with the clinical model. In addition we continue to fund services to reduce times and improve the experience of CYP in 2018/19 while whole system change planned and project managed.

### ***5.9 Transition - 16-25 Year Olds***

In West Sussex we recognise the needs of young people approaching their 18<sup>th</sup> birthday are unique. In line with national planning requirements for April 2017- March 2019, the Transition Care for Quality and Innovation (CQUIN) was developed with 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. 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.

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.

In July 2017, SPFT met the necessary initial milestone:

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

At the time of writing, SPFT have designed the *best practice* guidance for staff who support young people in transition from CAMHS to adult services and have also designed the survey method by which young people will be asked about their experience in service transition. Following the survey and analysis of the results October 2017 to March 2018 . The survey including baseline results and improvement trajectory will be published in an addendum in May 2018.

In addition, to the development of CQUINs, we are also reviewing our current pilots for the 16-25 age-group and will be developing a County-wide model for April 2018 onwards. As part of this work we will be developing new indicators for improved performance with Young People. In particular we are considering the use of experience based outcomes measures to understand transition better.

Work is currently being undertaken to develop a strategy and implementation plan for youth access pathways which will bring together services which impact on, building on the successes of this model, enabling targeted support which is easily accessible with simplified access. This project is in the early stages of design and the plan is to have one or two pilot sites developed later in the year.

#### **5.10 Conclusions**

This section has outlined the 9 workstreams that form our overall transformational programme. Underpinning this section is a more detailed description of individual projects, pilots, initiatives and contracts that constitute our detailed action planning. Our programme plan is currently being updated as a result of the mid-programme review and evaluation of services and projects. Further details are of course available on request.

## 6 FINANCIAL PLAN

This section outlines our financial plan for our priorities set out in Section 5 and describes the work-streams for programme and the context for local CCGs.

We start by recapping how we spend non-LTP funds and then how transformation investment has been spent to date.

Joint CYP commissioners are working with CCG Finance teams to clarify future funding for April 2019/20/21 and these will be finalised in conjunction with their overall financial position and statutory duties. This section represents our current plans for the LTP financial plan as of October 2018.

It is important to note that all partners in West Sussex have agreed to commission CYP emotional wellbeing and mental health services using a county-wide approach. Although specific CCG data is available, unless stated, all financial information is presented on a County-wide basis.

### 6.1 Current budget and spend

Table 10 below provides a breakdown of CAMHS and EWB services currently invested by the NHS and West Sussex County Council. It does not include LTP investment funds and provides a context for the additional investment outlined in later sections.

**Table 3 – Current business as usual spend**

	2016-17	2018-19
Community based CAMHS and EWB Services	1,136,322	1,162,610
CCG Redesign Fund	451,126	473,858
Specialist CAMHS services	4,996,217	5,111,800
<i>Sub-total</i>	<i>6,583,665</i>	<i>6,748,267</i>
Additional County Council	590,744	602,800
<b>Total</b>	<b>7,174,409</b>	<b>7,351,067</b>

Table 3 shows increase in funding for 16-17 compared to 18-19 (notwithstanding the additional investment of the LTP).

For example, prior to the development of the LTP, local CCGs allocated from 2015-16 onwards recurring funds (*CCG Redesign Fund*). This funding has been used to invest in early intervention and support pre-dated the LTP.

Please note additional County Council resources are currently also being currently reviewed.

Commissioners have ensured that redesign funds are coordinated with existing CAMHS and EWB budgets as well as the LPT.



## 6.2 Local Transformational Funding

Table 4 shows the total level of investment from 2015/16 to 2020/21.

As Table 4 shows, CCGs will continue to invest in CYP mental health and emotional well-being while also meeting their statutory financial duties and the DH (2017) Implementing The Five Year Forward View for Mental Health. For example, CCGs will allocate additional resources to maintain Eating Disorders services at their current levels as central funding is not ring-fenced.

**Table 4 – LTP Investment**

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
LTP	766,400	1,785,339	2,100,399	2,550,484	2,800,484	3,000,484
Eating Disorder	417,600	464,000	464,000	464,000	464,000	464,000
<b>Sub-Total</b>	<b>1,184,000</b>	<b>2,249,339</b>	<b>2,564,399</b>	<b>3,014,484</b>	<b>3,264,484</b>	<b>3,464,484</b>
Additional Investment Year on Year (CCG)			315,060	450,085	250,000	200,000
% Applied on LTP		18%	21%	12%		
Non-recurrent NHSE investment to improve Access		388,000	-			
Non-recurrent HEE investment			45,000			
NHSE Health and Justice Investment			160,000	105,000	105,000	105,000
<b>Sub-Total</b>	<b>-</b>	<b>388,000</b>	<b>205,000</b>	<b>105,000</b>	<b>105,000</b>	<b>105,000</b>
<b>Total</b>	<b>1,184,000</b>	<b>2,637,339</b>	<b>2,769,399</b>	<b>3,119,484</b>	<b>3,369,484</b>	<b>3,569,484</b>

From 2015/16 to 2020/21 funds are planned to increase by approximately £2.4m (based on the 2015/16 figure of £1.2m). Table 11 represents our preliminary plans for investment and will be subject to further discussion and will be finalised by March 2019.

Table 5 (overleaf) shows the indicative total investment outlined above broken down into the priority work-streams described in Section 5. This table (5) is a guide (and numbers rounded) and subject to clarification of the total LTP investment (Table 4). Although our overall LTP priorities will not alter, individual allocations to specific services areas are being reviewed.

Therefore Tables 4 and 5 may be amended to reflect changes in demand, performance and evaluation, as well as availability of funding.

**Table 5 – Indicative spend by work-stream**

	2019-20	2020-21
Eating Disorders	500,000	500,000
Early Intervention and Prevention and targeted	850,000	900,000
Crisis Care and Urgent Help	150,000	250,000
Health and Justice Pathway	100,000	100,000
CYPIAPT	250,000	250,000
Workforce Development	25,000	25,000
Most Vulnerable Children and Young People	400,000	450,000
Neurodevelopmental Pathway	750,000	800,000
Transition	140,000	140,000
Risk-share, Contracts, Evaluation, Comms & Program.Mgt	150,000	150,000
<b>Total</b>	<b>3,400,000</b>	<b>3,600,000</b>

### 6.3 Resource allocation between (and within) work-streams

The first LTP (produced during autumn 2015) was based on a robust local needs assessment and the extensive local involvement of CYP - as well as consultation with stakeholders.

Through a process of review and evaluation (starting in 2016/17) we have continually refreshed our LTP and our priorities have changed in the following ways; 1) evidence that existing spend has improved access to services and made a difference to the outcomes for CYP services; 2) redesign preparation work that has taken place in earlier years which can be implemented in 2018/19 and beyond; and 3) the financial position of the CCGs.

We acknowledge therefore that within each work-stream individual projects, contracts and initiatives do change over time to reflect our lessons learnt, a change in need and demand and the results from monitoring and evaluation.

The areas where resources have increased from the original LTP are: 1) early intervention; 2) crisis care; 3) CYP IAPT; and 4) the Neuro-Developmental pathway.

Commissioners are working to finalise implementation and therefore work-stream plans may vary between October 2018 and April 2019.

It is also important to note that further investment is dependent on the results of our mid-programme evaluation and performance information.

## 7 ENABLERS TO DELIVERY – ACHIEVEMENTS AND AMBITIONS

There are many enablers to the effective delivery of the LTP including:-

1. Engagement with CYP and their families
2. Communication
3. Collaborative Commissioning
4. The Outcomes Framework: setting out our vision and evaluation
5. National metrics

### 7.1 Engagement of Children, Young People and their Families

We believe one of our strengths is our commitment to engaging local CYP in both developing, reviewing services and planning for the future.

We genuinely put the voice of CYP, families and carers at the heart of all our commissioning. The input of CYP and their families is fundamental at every stage of the commissioning cycle, not just in designing but also in the procurement, evaluation and delivery of services. Over the past year, CYP and their families have been involved in many ways. For example:

- Over 50 children and young people have contributed to the scoping of the counselling service for sexual abuse through consultation and face to face feedback, explaining how difficult it can be to talk about their experiences and describing how, when and where they would want to receive support
- Free Your Mind, a group of 11-18 year olds, started as an action group to reduce the stigma around mental health which also provides a forum to influence policies and services in West Sussex. This group held an inaugural conference for over 50 children and young people, commissioning and service leads to identify how mental health services can be improved and planned and were supported to run a “Let’s Talk About It” campaign ([www.youtube.com/watch?v=4MR1AeWgrBS](http://www.youtube.com/watch?v=4MR1AeWgrBS)) focussing on reducing stigma, which was cascaded to schools. They have also received training to enable them to play an active part in procurements processes and participated in those relating to the Community Mental Health Liaison Service and the Children and Young People’s Sexual Abuse Counselling Service.
- Families have been involved in the development of the Sussex children and young people and Families Eating Disorders Service through the development of parents groups and the production of resources (e.g. ‘journey of hope’ diaries and social media groups).
- Consultation with parents and carers has been a central part of the new neurodevelopmental pathway. This has included one-to-one meetings, consultation with peer support groups and including parents and carers as key members of the Steering Group. Workshops on all areas of the pathway redesign, including training and support needs of

parents and carer, has ensured that parents/carers have been consulted equitably alongside direct service providers.

- Funding has been allocated to facilitate the development of an ADHD parent/carers support group to ensure their voice could be heard during this across the County. In addition, organisations that represent and provide direct support to parents and carers such as Parent Carer Forum and Reaching Families have also been involved in the co-production.

*The work we have been doing in the group has really started to improve services. We feel listened to and that our opinions are always heard"*

*Lily, 17 years old and member of Free Your Mind*

*"I was on the procurement panel and chaired one of the meetings. It was a great experience as I am keen ambassador for mental health campaigning. I got to ask relevant questions and respond to their answers appropriately. I felt really professional and thoroughly enjoyed the experience".*

*Chloe, member of Free Your Mind*

Our ambition remains to ensure that engagement and co-creation with young people and their families is the cornerstone of all our plans. Participation is clearly defined as a key principle with the Sussex DWDW Programme and we continue to meet regularly with the Free Your Mind Group to discuss commissioning intentions and service development.

## **7.2 Communication**

Communicating the LTP and the delivery of the plan to CYP, their families and key stakeholders is fundamental. In Spring 2016, a LTP communication plan was developed which included identifying key stakeholders. Newsletters are co-produced with providers of services and communication leads within CCGs and West Sussex County Council. In response from stakeholders, an annual report *Making Progress, Making a Difference* outlining progress to date was produced in 2017 and 2018 (copies are available on request).

This document will be published on the CCG websites and a user friendly version of this LTP refresh will be developed. Previous copies of the LTP have all been made available on CCG websites.

The Emotional Wellbeing and Mental Health Partnership Board is central to the communication network across a range of stakeholders, and enables sharing of innovation and good practice. Initiatives are shared with schools, primary care and CCGs through attendance at a range of forums. Elected members are also briefed and education sessions held with them regularly to ensure they are up to date with developments. Moreover, our Partnership Board charged commissioners to communicate local services more widely and effectively and in response, a list of services, outlining referral details was produced (Appendix 1).

For example, many of our services provide innovative digital offers.

- All services are linked to Your Space which provides online support, advice and information.
- In response to consultation with CYP, Kooth offer on-line an counselling service, messaging for support, moderated forums, and emotional wellbeing/mental health resources
- Dialogue YMCA Counselling service provide SMS text messaging to/from clients and parents/carers and use of email for receiving referrals.
- YES support clients outside appointments and those on a waiting list through the use of text. They also use a range of apps to support CYP to use independently and will be also using Whatsapp and Facebook messenger. A
- Coastal West Sussex Mind promote their training through twitter, facebook and their website. They are developing their e-training and webinars offer. Their Youth Mental Health Service is promoted through social media and suicide prevention apps are used with CYP. The Families In Mind Service offers an on-line CBT course “Enjoy Your Baby”.
- The Sussex Delivering With, Delivering Well You Tube Channel  
([https://www.youtube.com/channel/UCz29ctjo\\_u5SI1Okk4gPZ\\_w/videos?view=0&sort=dd&shelf\\_id=0](https://www.youtube.com/channel/UCz29ctjo_u5SI1Okk4gPZ_w/videos?view=0&sort=dd&shelf_id=0) )

### **7.3 Sustainability and Transformation Partnership (STP) and Collaborative Commissioning**

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 the West Sussex CCGs, that ensures Place Based Commissioning. An STP working group has been established focusing on children’s mental health; made up of providers and commissioners.

The STP is initially focusing on the following children’s mental health areas:

- a) Continuing to achieve the CYP mental health access targets;
- b) Improving the urgent mental health response so that a business case is developed by end of 2018/19; and
- c) Developing our children’s mental health workforce through the implementation of a workforce matrix tool with a full workforce strategy and recommendations at the end of 2018/19.

We have built upon our strong track record of collaboratively commissioning across Sussex (for example, the development of the EIP service, the Sussex CYP’s specialist Eating Disorder service and a successful specialist perinatal mental health community development bid), and have continued and expand collaboration in the following areas: urgent/crisis services and CYPIAPT on a pan Sussex basis; workforce planning (across our Surrey, Sussex and Kent); benchmarking and

shared performance and outcome measurements; and finally transition pathways to adult services.

NHS England Specialised Commissioning is delivering a CAMHS implementation plan for the South East. During the next 12 months the following new provision will be commissioned:

- 11 CAMHS Psychiatric Intensive Care beds co-located at Ticehurst, Sussex;
- CAMHS Eating Disorder beds at Brighton and Hove; and
- 12 CAMHS LSU ED beds (ASD/EUPD with disordered eating) at Godden Green.

The current bed stock for the South East is as follows:

- Woodlands, Kent (South Maudsley in London) 12 CAMHS General beds;
- Cygnet Godden Green (Cygnet Group) 24 CAMHS General beds;
- Chalkhill, Sussex (Sussex Partnership Trust) 16 CAMHS General beds; and
- Ticehurst, Sussex (Priory group) 13 CAMHS High Dependency and 13 CAMHS General beds.

The next phase of the CAMHS implementation plan for Specialist Commissioning is to determine the South East final bed stock in terms of location and type of beds for the geographical area. Many of the young people who will be accommodated in the beds will have historically been admitted to units out of region and the exercise will establish that the beds that are commissioned are sufficient to meet demand. This is a complicated environment and will take some time to evaluate and NHS England will take in to account the impact of the South East CAMHS New Care Model.

NHS England is giving delegated responsibility of commissioning to providers through the New Models of Care programme. The CCGs are partners 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.

The CCGs are 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. CCGs currently fund the UHS and assessments for inpatient care, and this funding would continue recurrently. 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.

The other collaborative relationship that is developing is with NHS England Specialist Commissioners responsible for Forensic CAMHS. Following on from Future Mind and the Five Year Forward View, and to ensure this cohort of young people did not fall through gaps in the system a workstream was developed through Health and Justice and Specialised Commissioning

to jointly commission Specialist Child and Adolescent Mental Health services for high risk young people with complex needs, also known as Community Forensic CAMHS (FCAMHS). The provision of FCAMHS had been sporadic over the country for a while and equity across the country was needed so the national service specification was developed.

Community FCAMHS is a regional specialist service, delivered by SPfT, for young people with high risk behaviours who are:

- a) Under 18 years old at the time of referral (no lower age threshold);
- b) Presenting with severe disorders of conduct and emotion, neurodevelopmental or serious mental health problems or where there are legitimate concerns about the existence of such disorders;
- c) Usually involved in dangerous, high-risk behaviours towards others whether they are in contact with the youth justice system or not; and
- d) In exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies.

The children and young people have high rates of:

- a) Mental health and neurodevelopmental disorders;
- b) Co-morbidity (complex needs);
- c) Substance misuse;
- d) Special educational needs;
- e) Previous abuse;
- f) Risk to others;
- g) Self-harm; and
- h) Multiple agency involvement.

## **7.4 The Outcomes Framework: setting out our vision and evaluation**

### **7.4.1 Our ambition for the whole system**

The outcomes described in the Framework provide a description of what good looks like in terms of the whole system for emotional wellbeing and CAMHS. In this sense it represents our ambition for the CYP and local services.

If - by working in partnership with CYP and other stakeholders - we achieve the outcomes expressed in the Framework we will have successfully improved the whole system (and made a difference).

Furthermore, by evaluating during the programme (rather than the end) we also ensure that evaluation is not just an add on, a one off or something to be done at the end of the programme but a continuous process helping us inform our plans.

### **7.4.2 Monitoring and evaluation**

We have placed a strong emphasis on the regular evaluation and monitoring of commissioned services which has involved CYP and the local workforce. As a result, a set of outcome measures was identified (Appendix 5). Clear Key Performance Indicators (KPI) have also been agreed with all commissioned services. They are clearly linked to the outcomes framework and are regularly monitored through contract monitoring meetings. Examples of KPIs include:

- Waiting time to assessment
- Waiting time to intervention
- Number of CYP supported
- Achievement of goal based outcomes

This outcomes framework provides for the measurement of short, medium and long term change and impact over time across a range of dimensions including quality and equity. To maximise existing databases, most information is being captured using existing sources. However, the West Sussex Public Health Research Unit has been commissioned to develop specific tools where there are gaps in the local and national evidence bases, including a biennial lifestyle survey of 10 year olds.

The outcomes framework has been embedded in all specifications, project proposals and monitoring mechanisms and through the Providers Forum, and providers are expected to focus on strong outcomes-driven approaches in their service delivery. We continue to work with all our providers to ensure monitoring and evaluation is central to planning and delivery of services. No matter how small or large a provider, we look for consistent evidence of impact, aligning both traditional and creative methods i.e. pictorial and video evidence as well as SDQ scores.

### **7.4.2 Measuring impact and designing services**

The monitoring and evaluation working group has created an interactive digital platform in draft form . See figure 11 overleaf.

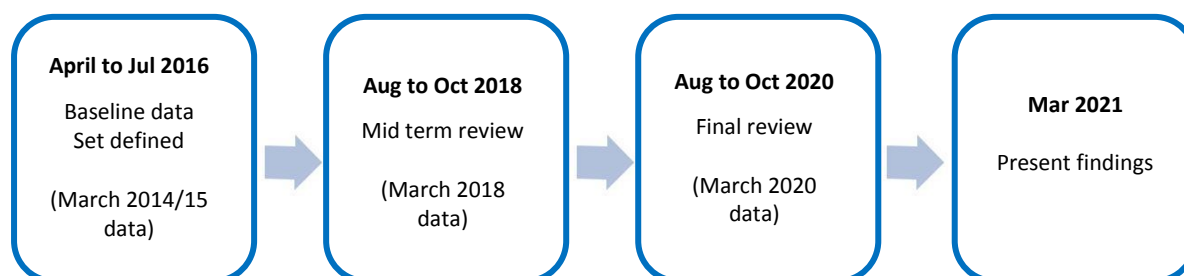


**Figure 11: West Sussex CYP Emotional Wellbeing and Mental Health Outcomes Dashboard**



We have gathered baseline data for most of our services; analysis which informed the mid programme review (2018) and we intend to conduct an end of term review in 2020 (Figure 5)

**Figure 12: - Timeline for Outcomes Framework impact review**



In order to make comparisons, data will be presented alongside countywide (West Sussex), STP, regional (South East) and national (England) estimates. The availability of commissioner data from the revised national minimum dataset will contribute to the mid-term and end of term reviews, and to future needs assessments.

We are also working with two of our main providers to complete an economic impact assessment of the early interventions at Tier two. The results of the assessment will inform how we develop and commission services going forward.

We have been proactive in gathering both qualitative and quantitative data and this has included working with the providers to define which issues CYP are presenting with, and ensuring our workforce can feel confident in delivering interventions to support these.

### **7.4.3 Mid-Programme Review**

The mid-programme review is currently being finalised. High level findings show:

- The range of services to support CYP emotional wellbeing and mental health has expanded.
- The majority of CYP emotional wellbeing and mental health services have seen an increase in referrals over time.
- We have significantly improved access to CYP MH services.
- Over the past year (2016/17), the rate of hospital admissions for self-harm among CYP has fallen in West Sussex.
- Our local survey of health and happiness suggests that most 10-11 year olds in the county are happy and satisfied with life.
- We have increased spend for CYP emotional wellbeing and mental health services with specific increased investment in early intervention services. We are currently evaluating the longitudinal costs and benefits as a result of this.

The review has also highlighted areas we need to know more about. For example, some outcomes are more difficult to define, and it takes time to identify or develop appropriate measures. In particular, we need to put greater focus on:

- Gathering data that better reflects CYP experiences of care, and in particular understanding CYP journeys through the system.
- Understanding CYP experiences of transition to adult services.
- Understanding the involvement of parents and carers in decision making processes about treatment and choice of services, to support them and their families.
- Understanding referral and access to services. In particular we will revisit the views of professionals referring into CYP emotional wellbeing and mental health services to see how things have changed over time.

Once the mid-term review is finalised, we will work with providers to determine SMART improved targets for the following outcomes:

1. Reduction of waiting times to assessment
2. Reduction of waiting times to interventions
3. Increase in positive outcomes for CYPs wellbeing
4. Increase in overall confidence and satisfaction in the services provided

## **7.5 National Metrics**

### **7.5.1 Mental Health Services Dataset (MHSDS)**

As part of the monitoring and evaluation process we have described above, we use the Mental Health Services Dataset (MHSDS). The MHSDS is collated and held by NHS Digital and is a patient level, outcomes based, secondary uses dataset. The MHSDS collates data from across the mental

health system, as well as services for people with learning disabilities and those accessing Autism services.

All providers funded either partially or fully by the NHS are mandated to flow data into the MHSDS. We have been working closely alongside our local providers, NHS Digital and NHS England over the past year to ensure that data from our providers can flow to the MHSDS and to ensure that it contributes towards the national access targets and the new indicator around outcomes.

Providers have faced many challenges with regards to collection and submission of data to the MHSDS. Challenges faced include infrastructure of databases and IT systems, the requirement to have a Health and Social Care Network (HSCN) connection, data collection and information governance. We have consistently highlight barriers relating to the HSCN connection faced by our non-NHS providers and continue to explore solutions to ensure data can be submitted. We continue to work with NHS England, NHS Improvement and the Clinical Network to address the issue. With the exception of our main NHS provider, SPfT, our other (non-NHS) providers have been unable to submit their data on a monthly basis due to reasons outlined above. Appendix 8 shows the current position of West Sussex providers with regard to flowing data into the MHSDS.

#### **7.4.5 NHS England access target**

NHS England currently measure the success of the Transformation of CYP MH services based on the increase in number of CYP able to access evidence-based services.

The national trajectory aims to provide 35% of CYP with a diagnosable mental health need with treatment by 2020/21, and there are incremental annual targets to meet:

<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
28%	30%	32%	34%	35%

The challenges to submitting data to the MHSDS, and ensuring data subsequently contributes to targets. This is resulting in an underreporting of activity against the access target. Consequently, NHS Digital conducted a one-off data collection during May and June 2018 to ascertain how many CYP had access evidence-based treatment in 2017/18. As a result of the one-off data collection West Sussex was able to demonstrate a significant increase in access and exceeded the target of 30%. We are continuing to work with our providers to ensure data quality, and support them to submit their access data so that we can ensure the 18/19 target of 32% is met.

#### 7.4.6 NHS England Outcomes indicator

In 2018/19 NHS Digital are shadow running an indicator focussing on outcomes from CYP MH services. CCGs will be accountable against this measure from 2019/20. The indicator will be based on reliable change, which requires paired scores (measures recorded at time one and time two) for each individual. We will work alongside providers to ensure that outcomes data are recorded, flows and contributes to relevant performance indicators.

#### 7.4.7 Access and waiting time standard for Eating Disorder Service

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

1. For children deemed high risk (urgent) – they receive their face to face assessment within 24 hours and start treatment within 5 working days
2. For those children deemed less at risk – they receive their assessment within 5 days and start treatment within 4 weeks

The Sussex-wide Family Eating Disorder service aligns to the national guidance for access and waiting times for urgent and routine referrals. The service received 122 referrals across West Sussex in 2017/18. The service is experiencing some increased demand and is currently reviewing the service model to ensure it can achieve the access targets according to national guidance and deliver an evidence-based service with quality outcomes. The result of the review will be known by end October 2018 and the changes will be monitored via a Service Development Improvement Plan within the contract. Please see current performance against the targets in Table 6 below.

**Table 6: Performance against eating disorder access and waiting time targets (shaded sections denote no urgent / routine referrals in that month)**

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
<b>Urgent</b>												
Coastal West Sussex	100%			100%				100%			100%	
Crawley												
Horsham & MidSussex		100%										
<b>Routine</b>												
Coastal West Sussex	100%	50%	50%	33%	80%	80%	50%	83%	33%	100%	100%	100%
Crawley	100%			100%				100%	100%	100%	100%	100%
Horsham & MidSussex	50%	100%				50%	100%	100%	75%	100%	100%	100%

## 8 MANAGING RISK

In this section we outline our assessment of risk and the key mitigation actions.

Although we are confident that our work-streams and high-level programme plan are deliverable, we also have to be realistic and consider the risks and how these could be mitigated. Table 7 below summaries our current understanding.

**Table 7: High-level Assessment of Risk and Next steps**

Risk		RAG	Mitigation
<i>Finance and Evaluation</i>	VFM and demonstrating outcomes for our investment may not be easy to demonstrate.  Monies to be invested in mental health are not ring fenced.		A robust evaluation and governance structure in place to monitor investment of LTP funding and research outcomes in line with our Outcomes Framework (Appendix 5).
<i>Engagement</i>	Lack of engagement across the whole system including families, schools, education		A wide range of different approaches for engaging CYP e.g. surveys, face to face, groups, phone, video conferencing etc.
	Stakeholder disagreements/relationships cause delay.		Extensive stakeholder engagement already undertaken and continues.  Closer working with SPFT, other providers and commissioners at STP level will help bring parties together.
<i>Workforce</i>	Delay in recruitment to key posts and ongoing recruitment and retention challenges reflective of national shortages particularly in some key staff Groups.		Collaborative workforce development programme underway as highlighted in section 5.

<b>Risk</b>		<b>RAG</b>	<b>Mitigation</b>
	Lack of clarity around future of commissioning due to NHS/Local Authority organisational change and imminent expiry of current Section 75 agreement.		Senior manager to engage with organisational change processes to ensure continuity of staffing and delivery of work plan.
<i>Strategy</i>	Awaiting national direction regarding post 2021 arrangements which may impact of sustainability Planning.		Continued engagement with NHSE to understand direction of travel and NHS 10 year plan.
<i>Data</i>	National barriers to uploading to the MHSDS.		Continue to work with providers and NHSE to overcome the challenges.
	Ability to monitor delivery and evaluate outcomes across the whole system.		Contract Manager and Programme Manager now in post with responsibility for developing KPIs and updating our outcomes framework with collated data.

The development of the LTP has involved the whole system and has a clear governance structure in place (Appendix 6). In West Sussex Commissioners work on behalf of 3 Clinical Commissioning Groups<sup>12</sup> and the Council and the commissioning team are responsible for the delivery and implementation. Progress on delivery is reported and monitored at a strategic level through the Health and Wellbeing Board and the West Sussex Joint Children and Maternity Board.

In addition, the Emotional Wellbeing and Mental Health Partnership Board is a multi-agency group (Appendix 7) that supports oversees the implementation of the LTP. This Board has been in place since September 2015 and it monitors progress against delivery plans and outcomes and it also oversees the risk management and enables effective stakeholder networking and formal and informal collaboration.

Other key relationships in our governance arrangements include

- The Local Safeguarding Children's Board (WSLSCB) which has identified 3 priorities for review from 2017-19 which focussing on neglect, emotional wellbeing and mental health, and child sexual abuse.
- The Early Integrated and Targeted Services Forum has been created as a community of practice for all commissioned providers to network, deliver workshops on performance monitoring, data capturing and developing a Common Minimum Dataset.
- Children and young people who provide oversight and quality assurance through the Free Your Mind Group; a group run by and for young people with the aim of reducing the stigma of mental ill health and improve access and quality of services.

## Appendix 1 - Commissioned CYP Mental Health and Emotional Wellbeing Services

<b>A&amp;E Liaison Service in Chichester and Worthing Hospitals</b> Specialist support and assessment for CYP at high risk and requiring immediate attention. Mon-Fri 9am-8pm	CYP in A&E or inpatients	Referrals directly from A&E or paediatric wards
<b>Advocacy (Brighton and Hove MIND)</b> Professional, independent advocacy for CYP experiencing issues which affect their mental health.	Ages 11-18 01273 666950, info@mindcharity.co.uk	Open to all agencies and self-referral
<b>ATS (Assessment and Treatment Services)</b> Work with CYP who display sexually harmful behaviour and provide advice to wider professional network. Mon-Fri, 9am-5pm	For CYP open to social care  01403 223200	Referral via consultation with ATS team
<b>Bereavement support for families (Winston's Wish)</b> Counselling for CYP who have experienced a bereavement in their direct family. Mon-Fri, 9am-5pm	Ages 5-18 plus families 08088 020 021, www.winstonswish.org.uk	Open to all agencies and self-referral
<b>CAMHS (Sussex Partnership NHSFT)</b> Tier 3 multi-disciplinary teams offering therapeutic interventions, care co-ordination and medication.	Under 18s  Professional consultation line (Mon-Fri, 12.30-14.00)	GP, school nurses, SENCOs, school counsellors
<b>Community Mental Health Liaison Service (Sussex Partnership NHSFT)</b> Support for professionals with CYP with mild to moderate mental health concerns. www.sussexpartnership.nhs.uk/west-sussex-cmhl-service	0300 304 0304, spnt.cmhlservice accesspoint@nhs.net	Referral through consultation line or local Community Mental Health Lead Practitioner
<b>CYP Emotional Wellbeing and Mental Health Training Programme (Coastal West Sussex MIND)</b> Training for CYP workforce on all areas of mental health and emotional wellbeing.	<a href="http://www.eventbrite.co.uk/o/coastal-west-sussex-mind-8288439768">www.eventbrite.co.uk/o/coastal-west-sussex-mind-8288439768</a>	Training for CYP workforce
<b>Canine Assisted Therapy (YMCA Dialogue)</b> Face to face counselling with an experienced counsellor and his/her dog. Mon-Fri, 12.30-17.30	Ages 11-18 Contact - 07739 893707 or community.counselling@ymcadlg.org	
<b>Domestic Abuse Recovery Together (My Sister's House)</b> Group interventions with families who have experienced historical domestic abuse and in recovery.	Ages 7-14 Referral via C&F centres and schools 01243 697800, <a href="mailto:office@mysistershouse.info">office@mysistershouse.info</a> www.mysistershouse.info	
<b>Early Intervention Psychosis Service (Sussex Partnership NHSFT)</b> Support for CYP experiencing psychosis for the first time. Mon-Fri, 9am-5pm www.sussexpartnership.nhs.uk/services/earlyinterventionpsychosis	13-65 <b>Bognor Regis 01243 841041, Horsham 01403 223200, Worthing 0300 304 0667,</b> Out of Hours 0300 5000101	
<b>Eating Disorders Support for Parents (BEAT)</b> Training on eating disorders, collaborative care workshops for parents, helpline and peer support groups.	Parents/families Self referral Contracts@b-eat.co.uk	



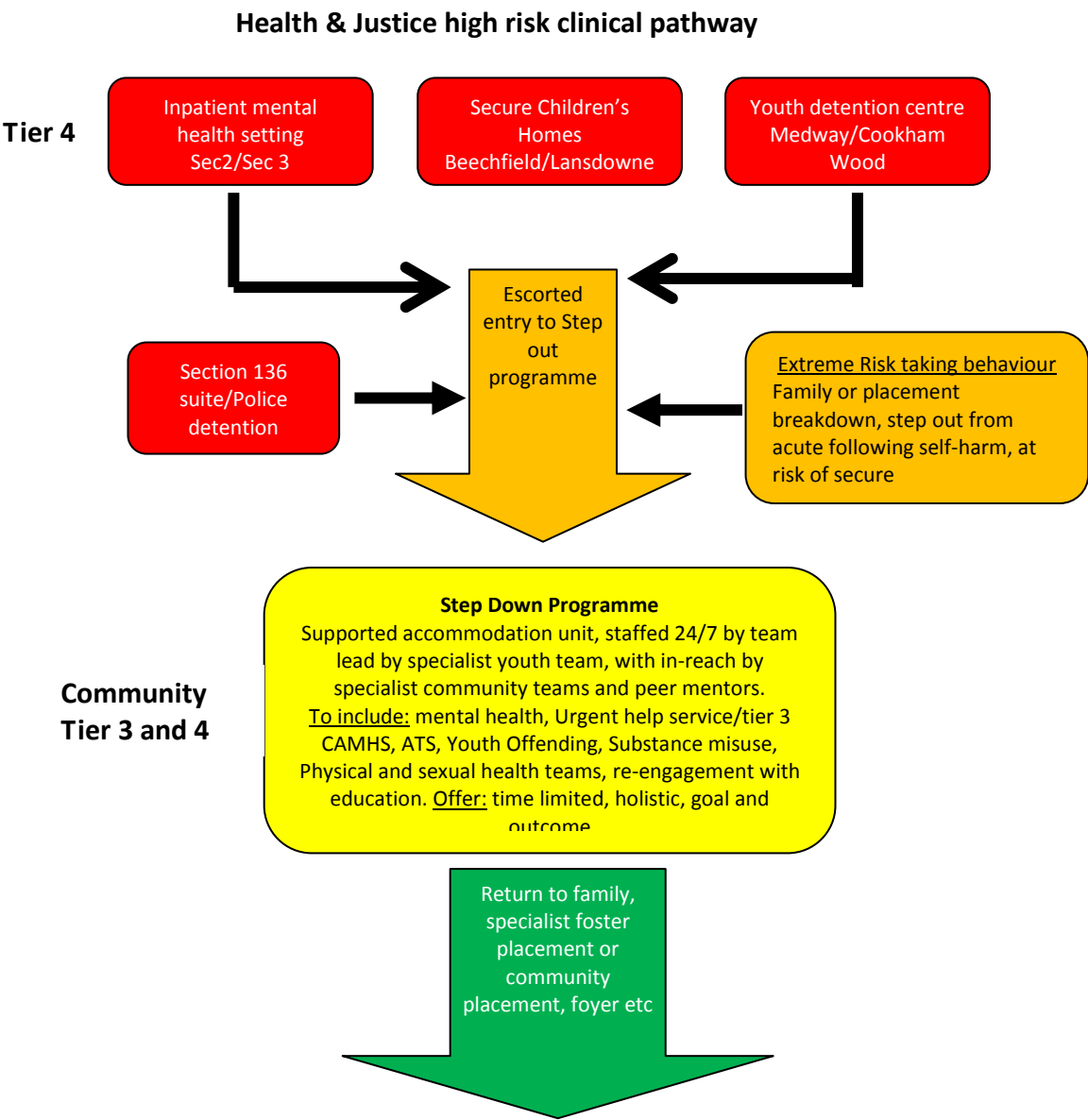
<b>Face to Face Counselling (YMCA Dialogue)</b> Mon-Fri, 9am-5pm	For CYP open to social care 01403 223200 Referral via consultation with ATS team
<b>Free Your Mind</b> Collaborative group of young people who work to reduce stigma in mental health and wellbeing for CYP.	Ages 0 -25                      Membership overseen by IPEH pandora.ellis@westsussex.gov.uk
<b>LAAC CAMHS Service (Sussex Partnership NHSFT)</b> Therapeutic services for children in foster care, adopted or subject to a special guardianship; training for foster carers; access to other therapeutic services through adoption support grant. Mon-Fri, 9am-5pm	Referral through child's social worker 01273 446795
<b>LGBT support (Allsorts West Sussex)</b> Support workers providing group and 1-1 support for lesbian, gay, bisexual or transgender CYP. Weekdays including twilight times, www.allsortsyouth.org.uk/westsussex	Ages 11-19                      Open to all agencies and self referral 01273 721211, 07771 895343, youth@allsortswest.org.uk
<b>Online counselling (Kooth)</b> Online counselling, 24 hour messaging, blogs, magazine and message board forums. Mon-Fri 12pm-10pm, Sat-Sun 6pm-10pm, 365 days per year	Ages 11-18                      Self referral www.kooth.com
<b>Sexual Abuse Counselling (Lifecentre)</b> Counselling, play and pre-trial therapy for CYP (and supporters) who have experienced sexual abuse. Mon-Sat, www.lifecentre.uk.com	Ages 3-18                      Open to all agencies and self referral Referrals 01243 786349, info@lifecentre.uk.com Helpline 0808 8020808, Text helpline 07717 989 022
<b>Sussex CYP and Families Eating Disorders Service</b>	Ages 10-19                      Open to all referrals
<b>(Sussex Partnership NHSFT)</b> Pan Sussex eating disorder service. Weekdays 8am-8pm, weekends and BH on-call service 10am-6pm	spnt.feds@nhs.net, www.sussexpartnership.nhs.uk/eatingdisorder
<b>Time to Change West Sussex</b> Campaign to change attitudes and behaviour to mental health and challenge stigma.	ttcwestsussex@coastalwest sussexmind.org Ages 11-18
<b>YES</b> 1-1 and group intervention. Weekdays – 9am-5pm	Ages 11-18 GPs, school nurses, CAMHS and self referral emotionalwellbeing.yps@westsussex.gov.uk
<b>Your Space</b> West Sussex site offering information, resources and access to services.	www.westsussex.gov.uk/education-children-and-families/your-space/
<b>Youth Mental Health Service (Coastal West Sussex MIND)</b> 1-2 and group and social support for young people experiencing mental health problems.	Ages 16 – 25 Open to all agencies and self-referral <a href="http://www.coastalwestsussexmind.org/mental-health-support/support-for-younger-people">www.coastalwestsussexmind.org/mental-health-support/support-for-younger-people</a>
<b>IF YOU HAVE A SAFEGUARDING CONCERN</b> Call the Multi-Agency Safeguarding Hub (MASH) on 01403 229900 or out of hours on 0330 222 6664	<b>West Sussex Local Offer Directory:</b> www.westsussex.local-offer.org <b>Leaflets for parents and young people:</b> publications@westsussex.gov.uk

## Appendix 2 - Delivering With, Delivering Well Programme of Work

### Sussex Delivering With, Delivering Well Programme Board

<p><b>1. Overall Purpose</b></p>	<p>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.</p> <p>2. Within our programme of work, to embody the principles of CYP IAPT in all our undertakings.</p> <p>3. To oversee and approve resources, budgets and timescales for delivery and to monitor progress against key deliverables and milestones.</p>
<p><b>2. Programme of Work</b></p>	<p>The Programme Board will oversee delivery of the Sussex-wide programme of work - the key objectives will be:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. To maximise training and development (and funding) opportunities offered by the LDNSE Learning Collaborative and other local training providers to support service transformation;</li> <li>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;</li> <li>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;</li> <li>5. To identify any learning or recommendations for improvement are shared across all providers of CYP mental health promoting services across Sussex;</li> <li>6. To review risk and issue logs, agree mitigation plans and provide guidance and escalation where appropriate;</li> <li>7. To provide challenge and approve changes to the programme in line with changes to national policy, evidence based practice or local circumstances.</li> </ol> <p>The Community of Practice will bring all key stakeholders together to:-</p> <ul style="list-style-type: none"> <li>• to meet and network with clinicians and managers across all sectors delivering CYP mental health services locally;</li> <li>• to take advantage of the training and outreach programmes offered by the LDNSE Learning Collaborative and other local training providers;</li> <li>• be the first to learn about new models of care (eg digital technologies, national initiatives and new funding opportunities);</li> <li>• to share skills, knowledge and good practice;</li> <li>• to discuss ways of improving care pathways between services;</li> <li>• to find common solutions to deliver more effective services locally;</li> <li>• to realise economies of scale where it's appropriate to do so eg doing things collectively to minimise costs/overheads;</li> <li>• to identify the key barriers and challenges you may face (eg within schools, primary care, NHS and non-NHS services)</li> </ul>

Appendix 3 – West Sussex Health and Justice Pathway



#### Appendix 4 - Commissioned Service Initial Workforce Breakdown

Service	Provider	Workforce WTE
<b>Advocacy</b>	Brighton and Hove MIND	2 x (0.5) advocacy workers
<b>Bereavement Support</b>	Winston's Wish	1 counsellor 0.2 supervisor 0.2 admin support
<b>CAMHS</b>	<i>Sussex Partnership NHS Trust</i>	
	<i>CAMHS Tier 3</i>	<i>Awaiting confirmation of workforce data</i>
	Risk Assessment Team	1.6 wte
	CAMHS LAAC (seconded into WSCC)	1 Mental Health Nurse Practitioner 0.8 Psychologist Lead Clinician 1 Family Therapist 0.4 Art therapist 0.5 Psychologist 0.71 Occupational Therapist 1.8 Psychologist
	A & E Liaison	1 Administration 0.2 Manager 0.4 Admin 0.4 Assistant psychologist 2 x WTE band 6 nurse 1 x WTE nurse
	Community Mental Health Liaison Service	4 Mental Health Practitioners 1 admin support 1 manager 1 psychologist
	ATS (seconded into WSCC)	1.6 wte
	UASC Mental Health	1 community mental health practitioner 0.6 administration
	Sussex Eating Disorders Service (Sussex-wide service)	Team leader Paediatrician Psychologist Psychiatrist Family Systemic Therapist Administration Dietician (Sussex-wide workforce breakdown)
	Youth Offending Emotional Wellbeing	0.6 psychologist 2 x 0.5 community mental health liaison practitioners

<b><i>Domestic Abuse Recovery</i></b>	My Sister's House	Trained 2 staff to deliver DART 0.5 Senior Practitioner
<b><i>Face to Face Counselling and activity based therapy</i></b>	YMCA Downslink	1 Manager 1 Administration 1.25 Lead Community Counsellor 3.49 Community Counsellor 0.37 Telephone Counsellor 0.59 Canine-assisted Counsellor 1.07 Honorary Counsellor (voluntary) 0.12 Clinical Supervisor
<b><i>Online Counselling</i></b>	Kooth	290 hours per month
<b><i>Families in Mind</i></b>	Coastal West Sussex	0.8 Project Manager 0.2 wte peer support workers
<b><i>LGBT Support</i></b>	Allsorts	1 x youth worker at 35 hours a week. 2x 0.5 support youth workers. 0.2 admin
<b><i>Sexual Abuse Therapy</i></b>	Lifecentre	2 x 0.28 Client Support 1 Manager 13 x 0.26 Counsellors
<b><i>Supported Housing Service (Mind the Gap)</i></b>	YMCA Downslink	0.3 Supervisor 2 x 0.8 Caseworkers
<b><i>Workforce Emotional Wellbeing and Mental Health Training</i></b>	Coastal West Sussex MIND	0.1 Training Manager 0.5 Training Co-ordinator 0.2 Administration
<b><i>YES</i></b>	IPEH, West Sussex County Council	0.5 Senior Practitioner 8 YES Caseworkers 2 Health and Justice YES Caseworkers 7 Support workers
<b><i>Youth Mental Health Service</i></b>	Coastal West Sussex Mind	0.5 service manager 3 youth workers

## Appendix 5 – West Sussex Outcomes Framework

Outcomes	Programme impact					Service impact					Impact on CYP				
	Levels of bullying, depression, stress and loneliness	No. seen by A&E Liaison; No. representing at A&E; No. of emergency admissions to hospitals for MH reason	Suicide rate; levels of self-harm	School/college attendance and attainment; Levels of EBSA						Levels of confidence in system by professionals, CYP and parents	Levels of satisfaction by CYP	% Re-referrals; % CYP Goals met	Waiting times for assessment and diagnosis	No. of transitions to adults; % of transition care plans; % care plan meetings	Time taken to receive a diagnosis and treatment is reduced CYP experience a seamless transition to adult services or other support services More CYP have positive experiences of care and support CYP will develop their resilience capability and know how to put this into practice
Indicators	What about Youth Survey 15 yr olds; PH Lifestyle Survey of 10yr olds; Schools' wellbeing scales;	A&E Liaison Service Performance reports;	ONS; WSCC suicide audit; Mortality data and hospital admissions data; A&E Liaison Service reports	DfEs, WSCC Education Information Service (for CLA), Schools	Professionals' Referrers Survey; Friends and Family Test;	Providers' satisfaction questionnaires	Service Performance reports	Service Performance reports	Waiting times for assessment and intervention	Levels of satisfaction by CYP	Providers' satisfaction questionnaires	Service Performance reports	Service Performance reports	Service Performance reports; SPFT adults' and children's services audit of transition	
	Service performance reports for presentation reasons	Hospital Episodes Statistics			Providers Satisfaction Questionnaire										
						Economic Evaluation									
Criteria	Equity, effectiveness, quantity					Quality, efficiency					Quality, efficiency, effectiveness				

## Appendix 6 - LTP Governance and Reporting Structure



## Appendix 7- Governance Membership

<b>Health and Wellbeing Board</b>
Cabinet Member for Health, WSCC
Cabinet Member for CYP, WSCC
Executive Director for Adults, Children, Families, Health and Education
Elected Member for Chichester District Council
Chief Executive Arun District Council
Chief Executive Chief Executive, Adur and Worthing Council and Chairman West Sussex Health Inequalities Network
Clinical Chief Officer, CWS CCG
Chief Operating Officer, CWS CCG
Chairman, CWS CCG
Chief Clinical Officer, Crawley CCG (vacant)
Chairman, Crawley CCG
Clinical Lead Chairman, Horsham and Mid Sussex CCG
Chief Operating Officer, Horsham and Mid Sussex CCG (vacant)
Chair, Health watch
Crossroads Care
Age UK
Observers with speaking rights - Chairman West Sussex Health and Adult Social Care Select Committee, Sussex Police and Crime Commissioner, Sussex Police Divisional Commander, Safeguarding Adults Board (SAB) and Chair LSCB
<b>Joint Children's Board</b>
IPEH, Public Health, Family Operations - West Sussex County Council
Commissioning, Coastal West Sussex, Horsham and Mid Sussex and Crawley CCGs
NHS England
Sussex Community Foundation NHS Trust
Coastal West Sussex Children and Maternity Board
Commissioning Planned Care, Coastal West Sussex
Clinical Leads, Coastal West Sussex, Crawley, Horsham and Mid Sussex
Integrated Prevention and Earliest Help, WSCC
Designated Nurse of Looked After Children, Coastal West Sussex
Children's Continuing Care, Coastal West Sussex
Children's Commissioning, WSCC and CCGs
Named GP and Designated Nurse Safeguarding, Coastal West Sussex CCG



<b>CYP Emotional Wellbeing and Mental Health Partnership Board</b>
Commissioning, WSCC
Sussex Community Foundation NHS Trust
Family Operations, WSCC
Education Psychology Service, WSCC
Public Health, WSCC
Crawley & Horsham CCG
Children's Disabilities Team, WSCC
Crawley CCG
Coastal West Sussex CCG
Healthwatch
Horsham & Mid-Sussex CCG
SE Clinical Network, NHS England
Care Leavers, IPEH
Manor Green College
CAMHS, Sussex Partnership Foundation NHS Trust
LAC Commissioning, WSCC
Coastal West Sussex MIND
Bersted Green School
West Sussex Parent Forum
Adult Mental Health, CCG Commissioning
NHD England
YMCA Downlink
Brighton & Hove MIND
Healthy Child Programme, IPEH
<b>Early Prevention and Targeted Provider Forum</b>
Horsham and Mid Sussex, Crawley and Coastal CCGs
Youth Emotional Support, IPEH
Beacon House
Brighton and Hove MIND
Allsorts
Community Mental Health Liaison Service, Sussex Partnership Foundation NHS Trust
YMCA Downlink
Kooth
Autism Sussex
Coastal West Sussex MIND

## Appendix 8 – MHDS Data Flow

The table below provides the current position of West Sussex providers with regard to flowing data into the MHSDS.

Provider	Data flowing to MHSDS?	Action required?	Organisations involved in action	Timetable to flow data
Sussex Partnership Foundation Trust (CAMHS)	Yes	Continue to ensure data flow and quality	SPfT, CCGs	NA
Brighton Mind	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, MIND, CCGs	By Dec 2018
Kooth/Xenzone	No	HSCN implemented and national agreement on methodology being agreed with NHS E directly	KOOTH Xenzone NHS England NHS Digital CCGs	Nov 2018
Allsorts	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Allsorts, CCGs	By Dec 2018
Coastal West Sussex Mind	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, CWSXMIND, CCGs	By Dec 2018
My Sisters House	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, My Sisters House, CCGs	By Dec 2018
YMCA Dialog	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, YMCA, CCGs	By Dec 2018
Yes	No	BSP access and Master IDB template applied	County Council CCGs NHS Digital	Sept 2018
Lifecentre	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Lifecentre, CCGs	By Dec 2018
Winstons Wish	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Winstons Wish, CCGs	By Dec 2018
Change Grow Live	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, CGL, CCGs	By Dec 2018