



Brighton and Hove Children and Young People's Mental Health and Wellbeing Local Transformation Plan – refresh 2016/17



Contents

	Section	Page
1	Executive Summary	3
2	Introduction and context	4
3	Vision	6
4	Governance of Local Transformation Plan	7
5	Summary of Progress to Date	8
6	Ongoing Plans	12
7	Local Transformation Plan funding 2015/16 & Trajectories – 2020/21 including Community Eating Disorder service	14
8	Summary	24
	Appendix A: Transformation Plan 2015/16	18
	Appendix B: Consultation	18
	Appendix C: Joint Strategic Needs Assessment	18
	Appendix D: Children and Young People’s Mental Health Pathway	19
	Appendix E: LTP tracker	20
	Appendix F: Transformation Plan Assurance Group terms of reference	20
	Appendix G: Service information, activity and finances (2015/16)	20
	Appendix H: Local Transformation Plan funding 2015/16 – 2020/21 investments & updates	21

1. Executive Summary

- 1.1 This is an exciting time for the development and improvement of children's mental health services. Mental health has been placed on an equal footing to physical health in policy through Parity of Esteem. The National Health Select Committee recommended that improvements are urgently needed for underfunded children's mental health services. The Brighton and Hove Children and Young People Transformation Plan (LTP) was produced in November 2015 in response to *Future in Mind (2015) - promoting, protecting and improving our children and young people's mental health and wellbeing*¹ which highlighted the difficulties children, young people and their families have in accessing mental health support.
- 1.2 Our LTP was developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people and it outlined the need to transform care and support on a whole system basis. Our continued aim is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children and to ensure a community eating disorder service was provided.
- 1.3 Significant progress has been made in the implementation of the plan. We know that we needed to really understand what children, young people and their families needed and wanted to involve them in development of services. The publication of the Joint Strategic Needs Assessment and the various consultation undertaken so far underlines the importance of this to our success. This 2016 refresh of the plan summarises the progress that has been made as well as ongoing plans for the future transformation of care in context of lessons we have learnt as well as the changing landscape in particular the development of our local Strategic Transformation Plan (STP).
- 1.4 The LTP progress is monitored monthly by NHS England and a local Assurance Group. The Health and

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf



Wellbeing Board has an important role in ensuring the whole system change addresses need.

2. Introduction and context

- 2.1 The publication of *Future in Mind (2015) - promoting, protecting and improving our children and young people's mental health and wellbeing*² highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered. All CCG's are required to develop a LTP. Brighton and Hove CCG developed and published our LTP in November 2015 <http://www.brightonandhoveccg.nhs.uk/plans> and has been updated during 2016_and in *Appendix A*. This will be refreshed and published annually.
- 2.2 These desired outcomes of the LTP echo those described in *Future in Mind*, written as an open letter to children and young people as follows:
“...we want to help you acquire the resilience and skills you need when life throws up challenges. We want you to know what to do for yourself if you are troubled by emotions or problems with your mental health. That includes knowing when and how to ask for help and, when you do, to receive high quality care. We want services to be able to respond quickly, to offer support and, where necessary, treatment that we know works, to help you stay or get back on track.”³
- 2.3 Achieving these outcomes will involve transforming the whole system of care and our plan is based around three inter-related programmes of work:
- Building the infrastructure, including skilling up the workforce to respond to young people's mental health and promoting anti-stigma;
 - Shift in the balance of resources towards prevention, early intervention, resilience and promoting mental health and wellbeing; and
 - Targeting resources to those most at risk for example, those in crisis, Looked After Children and those known to youth offending services.

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf. An open letter to children and young people

- 2.4 One of the current problems with mental health support to children and young people is that it can be fragmented and there are sometimes gaps in the pathway. This may mean people wait too long until they are unwell enough to meet criteria for a particular service or that the transfer between services, especially to adult mental health services, is not as seamless as it could be.
- 2.5 The transformation of the service offer involves developing more personalised services based around the needs of the individual and their families. New services are being co-designed and evaluated by our children/ young people and their parents/ carers.
- 2.6 The LTP is whole system and involves working in collaboration with a range of services including developing joint working with other agencies for example schools, colleges, children's services, voluntary and community services and General Practice.
- 2.7 The *Brighton and Hove Caring Together* Integrated Care Strategy (our local placed-based plan) involves groups of practices working in six clusters and in partnership with health, social care, education and voluntary sector organisations. Embedding mental health support to children and young people is a key element of this plan.
- 2.8 Mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the South East, with our local 'footprint' covering a Central Sussex Alliance. We have a track record of working together across Sussex with the development of the Early Intervention in Psychosis service, the children and young people's specialist eating disorder service as well as the current perinatal mental health community development bid.

3. Vision

- 3.1 **The vision is to ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier and access services when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way.**
- 3.2 The vision for children and young people's mental health services has been developed in collaboration with children, young people, parents/ carers as well as key stakeholders (providers, Brighton and Hove City Council including Public Health and Children's Services and Voluntary sector organisations).
- 3.3 Consultation and engagement with users and the whole system has been vital to the development of the children and young people's mental health pathways vision and LTP and a summary of the consultation is detailed in *Appendix B*.
- 3.4 It has been underpinned by the findings from a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing including autism for 0-25 year olds published in February 2016⁴ (See *Appendix C*). The JSNA process included consultation with children, young people, parents/ carers, providers and commissioners and the key areas highlighted for improvement mirrored many of the national issues identified in the *Future in Mind* report and key recommendations have been incorporated into the plan.

4

<http://www.brightonandhoveccg.nhs.uk/sites/btnccg/files/files/Final%20BH%20Children%20and%20Young%20People%27s%20Mental%20Health%20Needs%20Assessment%202016.pdf>

The key elements of the transformation vision are:

- a) *Placing more emphasis on building resilience, promoting good mental health through prevention and early intervention;*
- b) *Making mental health support more visible and easily accessible for young people adopting the principle that no door is the wrong door;*
- c) *Ensuring services are built more around the needs of children, young people and their families, moving away from a system sometimes defined in terms of services organisation;*
- d) *Building additional capacity across the system to deliver treatment and care with evidence-based outcomes;*
- e) *Improving the links between services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable (such as Children in Care, crisis or known to the Youth Offending Service), working with NHS England Health & Justice to develop a multi-agency team of support;*
- f) *Ensuring access to responsive services in a crisis especially out of hours; and*
- g) *Preparing for adulthood by ensuring young people transition well at different stages of their life, especially at 18 years old moving to adult mental health services.*

4. Governance of the Local Transformation Plan

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

and young people’s mental health partnership group (all providers and parent representatives) is able to contribute to development of plans and vision.

4.2 The Assurance Group also oversees the impact of the investment across services. Activity and financial information can be found for each provider in *Appendix F*.

5. Summary of Progress to Date

5.1 Following the publication of the *Five Year Forward View Mental Health* (FYFVMH) goals⁵ (which align with *Future in Mind*), CCGs are assured in terms of progress towards achieving those goals. The details of what needs to be achieved by 2020/12 and the CCG progress towards that are outlined in table one below:

Table One: Summary of FYFVMH and progress

	FYFVMH goals	CCG progress
a	Developing and refreshing a children and young people’s mental health Local Transformation Plan on an annual basis, ensuring milestones are achieved, funding allocation is robust and agreed across the system and impact is monitored	The CCG has worked with children, young people, parents/ carers and across the whole system to agree and develop a LTP and vision for children’s mental health services
B	A dedicated community eating disorder service is provided achieving the access and waiting times set out nationally in the Eating Disorder Guidance ⁶ , and that the provider is part of the Quality Network ⁷ ;	A Sussex-wide community eating disorder service for children and young people will be implemented in October 2016 and will comply with the national Guidance

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

⁷ <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/childandadolescent/communitycamhsqncq/qncc-ed.aspx>



C	Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS;	The CCG is working with NHS England to develop collaborative commissioning plans around crisis care and inpatient pathways
D	Joint agency workforce plans aligned with the roll out of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme ⁸ ;	The CCG is now a member of the London and South East Learning Collaborative for CYP IAPT with the intention of being compliant in 2017 following scoping and planning in 2016/17, and will link the development of a whole system workforce strategy to the CYP IAPT programme
E	Ensuring there is a mental health crisis response especially out of normal working hours;	The CCG has commissioned a Paediatric Mental Health Liaison team based in The Royal Alex Children's Hospital 7 days per week (8-8) and is currently working with Sussex Partnership Foundation Trust to further improve the community crisis response pathway
f	Ensuring there is a mental health crisis place of safety in line with Brighton and Hove's Mental Health Crisis Care Concordat ⁹ .	The CCG has commissioned an all ages place of safety in the City (Mill View Hospital) and has recently won a capital bid to improve the facilities to ensure they are more child/ young person-friendly

5.2 In 2015-16 we have undertaken a range of improvements to achieve our vision. Good progress has been made against the original LTP published in November 2015, particularly in the following categories: innovative communications, the mental health pilot in schools, health promotion support for parents/ carers, perinatal mental health pilots, LGBT training, child sexual exploitation and the further development of the Teenage to Adult Personal Advisor (TAPA) Service. See The Success Box on page 11.

5.3 In response to the particular gap in capacity at the more preventative end of the pathway and has allocated additional funds accordingly. The Community Wellbeing Service that is currently only available for adults is

⁸ <https://www.england.nhs.uk/mentalhealth/cyp/>

⁹ <http://www.crisiscareconcordat.org.uk/areas/brighton-and-hove/>



currently being re-commissioned and will be extended to children and young people. The new service will start in June 2017.

- 5.4 We have also piloted an equivalent service in schools which has proved highly successful in terms of responding to problems as early as possible which has improved access as well as prevented as well as onwards referrals to more specialist mental health service. The Wellbeing service offer will be rolled out to all schools and colleges in the City during 2017.
- 5.5 These two complementary services will work closely together to provide a choice for children, young people and their families who need to access mental health support at the earliest opportunity to prevent problems persisting or escalating. By commissioning and investing in these services we seek to help address the treatment gap and enable us to meet our national target of increasing by at least 10% by 2020. Details of the trajectory are contained in Section 7.
- 5.6 Alongside the development of the expanded Community Wellbeing Service we are working with Sussex Partnership Foundation Trust (SPFT) to develop plans to redesign the specialist mental health support offer (currently known Tier 3 CAMHS). This will ensure that the services work together as part of an overall seamless pathway and the expertise of the specialist service is available in terms of training and development/ consultation of both the Community Wellbeing Service as well as universal services such as GP's, community services, other professionals and schools including school nurses. The specification will be developed to address feedback from the JSNA process and will ensure improved access, engagement and involvement in service delivery.
- 5.7 *Appendix C* provides detail for the summary of the children and young people's mental health pathway that shows these elements of development and the vision for children's mental health services.

A few example of Brighton and Hove Successes so far...

- a) Mental Health anti-stigma campaign – a Brighton born social media campaign **#IAMWHOLE**, launched on World Mental Health day, calls for young people to recognise their mental health issues, talk about it openly and seek help. A hugely successful campaign that has generated 15.3m unique Twitter users and 500,000 Facebook and Youtube shares in the first 3 days of the campaign. The campaign is linked to the newly developed platform www.findgetgive.com that provides information, advice, guidance, signposting and an opportunity for feedback on mental health services as well as blogs, vlogs, YouTube and Apps;
- b) Primary Mental Health worker (PMHW) in schools – 3 secondary schools and 8 primary schools have had a PMHW in their school developing a whole school approach to mental health and emotional wellbeing, including 1:1 interventions, form/ year group support and assemblies as well as support to staff and parents/ carers. Brighton and Hove were also chosen to be part of the national Schools CAMHS pilot. One school reporting a 53% reduction in referrals to Tier 2 CAMHS;
- c) Support for parents/ carers- a new online forum has started to provide support for parents/ carers of children and young people who need mental health help, in particular for those young people who are not engaging with services, the link is here <http://www.findgetgive.com/parents-carers/>
- d) LGBT training – following the Trans JSNA, it was recognised there was a gap in knowledge and understanding of LGBT needs in specialist mental health services so a local LGBT organisation has been delivering awareness training in SPFT. This will also involve developing a service improvement plan;
- e) Expanding the TAPA service – the TAPA model of specialist, outreach mental health support and interventions for young people up to aged 25 years old is excellent and we intend to further develop and expand this model to improve access and experience and engagement; and
- f) Perinatal mental health service in Children's Centres – as well as continuing to invest in specialist perinatal mental health services, we have piloted parent-infant psychology services within specialist services and in Children's Centres, working with both SPFT and BrightPiP (part of PiP UK). The pilots have demonstrated success in reaching families struggling to bond with baby preventing escalating mental health issues for both parent and child.

6 Ongoing Plans

6.1 Whilst good progress has been made during 2015-16 we have more ambition in 2016-17 and beyond to further transform care.

6.2 Key priority areas identified for further improvement include:

- a) Further improvements to the crisis pathway beyond the new Paediatric Mental Health Liaison Service at the Royal Alex Hospital and we will implement an enhanced pathway during 2017;
- b) Further improvements to the mental health support to Looked After Children/ Children in Care;
- c) Improving the transition pathway to adults and we will utilise the new national Commissioning for Quality and Innovation (CQUINs) as a framework to support the improvements necessary in transition from children to adult services so that experience of care is smooth, informed and supported;
- d) Link the developments in the Looked After Children Pathway (above) to our successful NHS England Health and Justice bid to ensure mental health support is available within our Social Care pods, in particular the Adolescent pod so that a multi-professional team can be responsive to our most vulnerable young people;
- e) Investment in the autism pathway to ensure waiting times are NICE compliant as well as a review of the current pathway to see what improvements can be made to improve outcomes, access and experience;
- f) Developing more support within primary care. One of our GP clusters is developing an innovative approach to young people's mental health by employing mental health practitioners who can deliver interventions within the surgery. It will also involve extending the service offer to locations that are

more accessible to children and young people including schools and youth settings. This approach will be evaluated in 2017;

- g) National funds available as part of an STP bid to improve specialist perinatal mental health services;
- h) Early Intervention in Psychosis (EIP) - The CCG has also worked successfully with other CCGs in Sussex to commission an EIP service for the full age range that ensures people are assessed and received NICE concordat treatment within 2 weeks of referral. The provider is positively `shadow` reporting this access and waiting time target, including those who present in generic mental health services, until it will be formally monitored from April 2017.

- 6.3 **Workforce Strategy** - eveloping our workforce is an essential element to the large transformational change planned to deliver children and young people's mental health services requires sufficient workforce capacity that is skilled and has the expertise to provide high quality services and outcomes.
- 6.4 The CCG intends to work in partnership with Public Health and Children's Services locally, to develop a multi-agency workforce plan in 2017/18 using a suitable Dynamic Workforce Planning Tool. This work has started with the scoping and mapping of skills and expertise already within the City as part of the CYP IAPT work (understanding workforce numbers, skills and expertise) and also through the planned training for frontline staff and potentially other groups. The Workforce Plan will be developed to ensure practice can be developed as well as a focus on prevention and health promotion.
- 6.5 The CCG also intends to work with Health Education England, the Community Education Partnership Network, Local Workforce Action Board, NHS England Clinical Network and London & South east Learning Collaborative, as well as Sussex CCGs to develop a Sussex-wide workforce framework. The CCG intends to start to develop these plans in 2017.
- 6.6 The CCG was involved in developing the curriculum for the *CYP MH and Wellbeing Commissioning Development Programme*, and will ensure all relevant commissioners take part to ensure we are equipped to deliver this change.

7 Local Transformation Plan funding & Trajectories 2015/16 – 2020/21

7.1 The CCG has been allocated the following funds for 2015/16 – 2020/21 (see table two below):

Table Two: LTP funding allocation 2015/16 – 2020/21

	2015/16	2016/17	2017/18 onwards
Community Eating Disorder Service for Children and Young People (CEDS-CYP)	£148,848	£154,000	£154,000
Transformation Plan	£372,582	£610,259	£610,259
Total	£521,430	£764,259	£764,259

7.2 The CCG has been allocated an additional £237,259 for the Transformation Plan in 2016/17. There is also some slippage (funds not yet spent) with the allocated LTP funds in 2016/17 of £86,833 so the CCG, with commissioning partners in Children’s Services and Public Health have allocated non-recurrent funds and the already allocated funds the CCG totaling £610,259 to spend as detailed in (see table three in *Appendix H*).

7.3 There are a range of other programmes over and above the LTP funding, that contribute to achieving the vision and transformation of children’s mental health services in Brighton and Hove including:

- Suicide Prevention Strategy with a focus on reducing the rates of young people who self-harm;
- Continuing to further develop Crisis Care Concordat Plans across the system with an emphasis on creating a Safe Space for young people in crisis at Mill View Hospital and plans to pilot a `crisis café; and



- c) Our continuing work with NHS England and SPFT to develop new models of care, to reduce the demand on in-patient mental health placements for children and young people and co-commission across the whole crisis pathway by developing the Urgent Help Service.

7.4 Community Eating Disorder Service (2015/16)

7.4.1 The Eating Disorder allocation was **£148,848**. If any of these funds were not able to be spent on eating disorder services they were to be allocated to crisis care and/ or self-harm as follows: . The allocation was spent in the following ways:

- a) £31, 288 - clinical lead for the development of the model and pathway based on the national guidance, and non-recurrent equipment costs to make the sure the service was ready for implementation;
- b) £95,000 – the part year costs of implementing the Paediatric Mental Health Liaison Team at the Royal Alex Children’s Hospital; and
- c) £22,560 – self-harm and awareness raising.

7.5 Community Eating Disorder Services (2016/17 and beyond)

7.5.1 The allocation of eating disorder funds for 2016/17 is **£154,000** (adjusted upwards from 2015/16 based on population). Once again, any funds that are not used for eating disorders should be allocated to crisis and / or self-harm.

7.5.2 A new pan-Sussex CYP family eating disorder service launched on 1st October 2016, offering a comprehensive assessment and treatment pathway for CYP with a mild to severe eating disorder. The service, for CYP aged 10-18 (continuing to 19 when appropriate), will be accepting self-referrals and referrals from professionals from 1 October. Referrals can be made by telephone, email or online. It will operate 7 days a week. The service will cover the whole of Sussex, operating a ‘hub’ and ‘spoke’ model with home visits to ensure easy and rapid access for CYP and families. A multi-professional (including paediatrician and dietetics) central hub site (in development) will provide multi-family therapy, clinical assessment, physical health checks and systemic family practice for eating disorders. Physical health checks, clinical assessment and systemic family therapy will also be provided in the community in Brighton.



The service will also provide prescribing, transition to adult services, training, consultation and advice. The service will include support and engagement with children, young people and families. Currently children and young people are assessed within 4 weeks and treated within 18 weeks as part of generic Tier 3 CAMHS. There will be part year costs associated of £72,224.

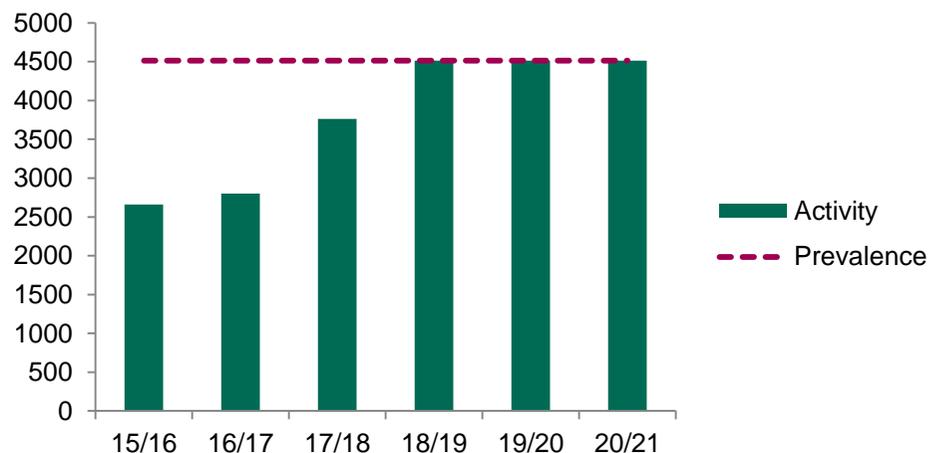
- 7.5.3 The rest of the funding (£81,776) will be allocated as follows:
- a) £66,357 - self-harm and eating disorder training; and
 - b) £15,419 – support for parents/ carers for those whose children require eating disorder services (as part of a two year pilot).

- 7.5.4 2017/18 onwards the eating disorder funds will be allocated as follows:
- a) £144,448 (Community Eating Disorder Service), added to the current investment in specialist eating disorder service will give a total of £226,448 for Brighton and Hove CCG; and
 - b) £9,552 (Parent/ carer support for eating disorder).

- 7.6 By 2020/21 there is an expectation that there will be a 10% increase in access to mental health services for children and young people (to meet the needs of at least 35% of with a diagnosable mental health condition)¹⁰. The CCG is addressing this need through various initiatives that started in 2015/16 as well as the full roll out of the Primary Mental Health Worker in schools and colleges and the Community Wellbeing Service from June 2017. A trajectory of this activity can be found overleaf.

¹⁰ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

Projected CYP Mental Health activity per Financial Year



8 Summary

- 8.1 The CCG has worked with children, young people, families and partners to develop a vision from 2017 onwards to improve children’s mental health services so that they are more accessible, young people friendly, and address needs more easily and effectively, making it easier for users to receive the right level of support the first time. Parallel to service improvement is the focus on wellbeing and ensuring help and support is available early to prevent deterioration, so that mental health becomes normalised.
- 8.2 2015/16 and 2016/17 are the foundation years to this vision. The Transformation Funds have enabled commissioners to invest in infrastructure to achieve this aim as well as piloting improvements prior to a City-wide roll out. From 2017/18 onwards a whole system change addressing the need for more resource for mild to moderate need (Community Wellbeing Service and Primary Mental Health Workers in schools), as well as an integration with specialist mental health services will improve experience and outcomes for our children and young people.



Appendix A – Brighton and Hove CCG Local Transformation Plan 2015/16

<http://www.brightonandhoveccg.nhs.uk/plans>

Appendix B – Consultation

The following events provided the CCG with an opportunity to involve a wide range of people in these developments:

- a) Children, young people, parents/ carers as well as professionals were part of focus groups, 1:1 interviews and the steering group from the JSNA process (November/ December 2015);
- b) The consultation for the Community Wellbeing Service (Public questionnaire, GPs online questionnaire and Community Voluntary Sector Engagement Groups (users with lived experience) as well as the CCG Clinical Strategy Group) April and May 2016);
- c) The young volunteers at Right Here (July 2016);
- d) Members of the children and young people’s mental health and wellbeing partnership group (includes parent/ carer representation as well as a range of providers) meeting bi-monthly (May and June 2016); and
- e) The Senior Management Team within Children’s Services including Public Health (August 2016).

Appendix C – Joint Strategic Needs Assessment Children and Young People’s Mental Health and Wellbeing (0-25 years) Brighton and Hove (2016)

<http://www.bhconnected.org.uk/content/needs-assessments>

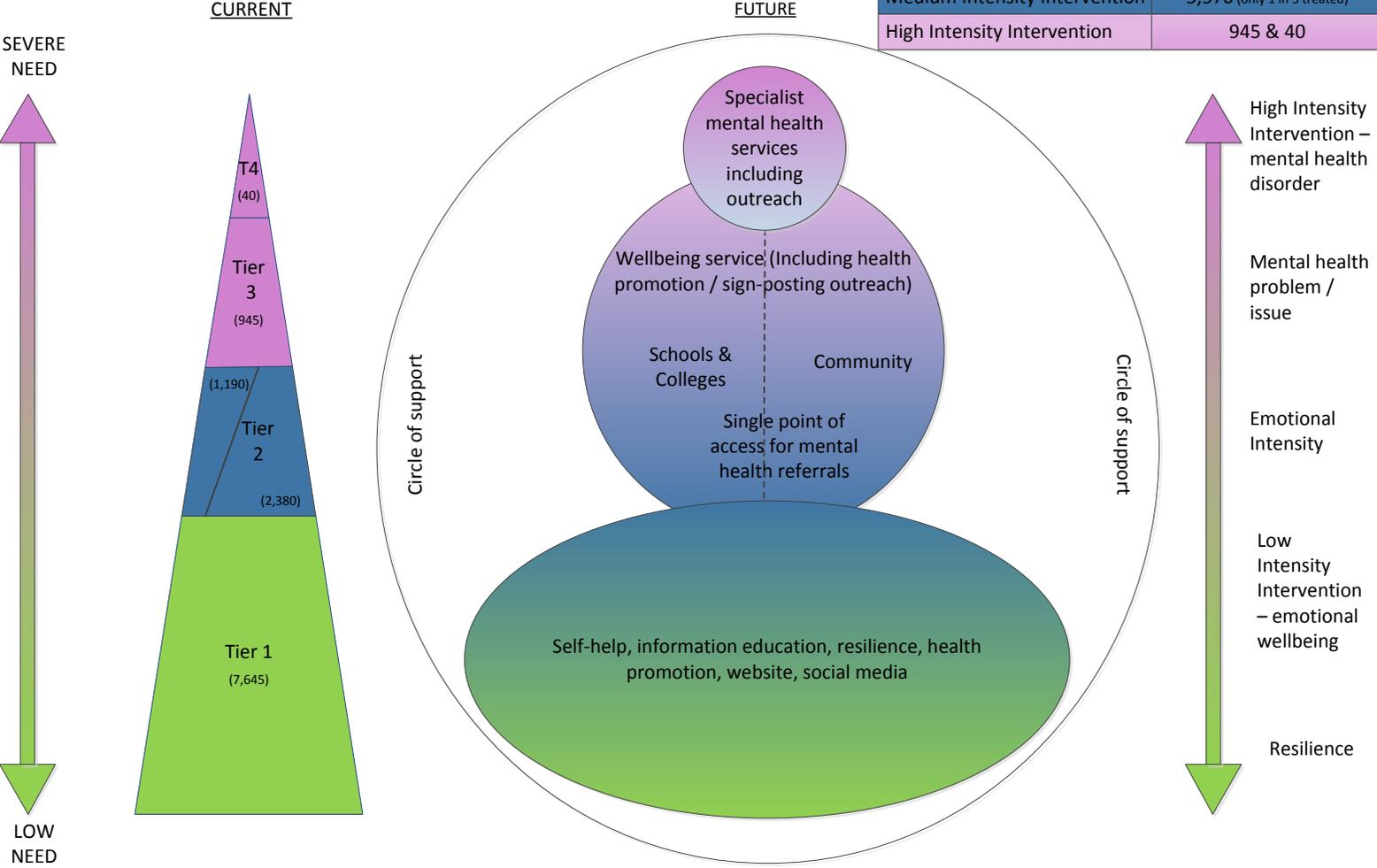
Appendix D - Children and young people's mental health pathway

117



CYP Emotional Wellbeing and Mental Health Pathway

Key:	Public Health Prevalence (based on population)
Low Intensity Intervention	7,645
Medium Intensity Intervention	3,570 (only 1 in 3 treated)
High Intensity Intervention	945 & 40



118

Appendix E – Transformation Plan tracker (KPIs, Risks and Project Plan)

(These background papers [Excel spreadsheets] have been circulated to members under separate cover)

Appendix F – Transformation Plan Assurance Group Terms of Reference

(This is appended at the end of the document)

Appendix G – Service information, activity and finances

(This is appended at the end of the document)

Appendix H - Table Three: LTP 2015/16 – 2016/17 Summary of investments and updates

	Area of investment 2015/16 and update	Funding 2015/16	Area of investment and rationale 2016/17	Funding 2016/17
	INFRASTRUCTURE			
a	<p>Innovative Communications</p> <ul style="list-style-type: none"> - Digital/ social media investment - Anti-stigma event - Campaign (preparation) - Grassroots App - Social media workshop <p>The development of the one point of local information online project that is young people and parent/ carer-friendly is on track.</p> <p>Additional funds are required for preparation of the social media campaign and involving schools as well as an opportunity to develop a suicide prevention App for young people</p>	<p>Total £94,406</p> <p>£85,000</p> <p>£3,000</p> <p>£5,611</p> <p>£600</p> <p>£195</p>	<p><i>Capacity following mental health anti stigma campaign (various providers).</i></p> <p>Following the launch of the social media mental health anti-stigma campaign the CCG requires services to be ready for any surge in demand and be able to respond appropriately and in a timely way and address inequalities</p> <p><i>Mental health anti stigma social media campaign</i></p> <p>Funding PR company for the campaign and includes the event for all secondary schools</p> <p><i>Social media maintenance</i></p> <p>Recognition that once the website is established there will be a requirement for constant refresh and new technological ways of communication will be developed</p>	<p>£123,599</p> <p>£46,000</p> <p>£12,000*</p>



b	<p>Primary Care, Early Help Hub, Schools and CAMHS communications</p> <p>This cost was associated with a whole system workshop based around Cluster One GPs (local schools, CAMHS, EHH, health visitors, and school nurses). An action plan was developed that should be implemented in 2016/17 (main themes were on communication and sharing of information)</p>	£2,301	<p><i>Extend Early Help (EHH) pilot with GP Cluster one to develop communications and sharing of information with EHH, CAMHS, Schools and Primary Care.</i></p> <p>The implementation of the action plan as agreed at the workshop</p>	£5,000
c	<p>LGBT capacity and training (addressing inequalities)</p> <p>Estimated numbers of additional young people seen</p> <p>Following the recent Trans JSNA in 2015 where gaps were identified within mental health services, the CCG funded the LGBT therapeutic interventions to provide capacity for under 16 year olds as well as a training programme for frontline CAMHS staff</p>	£27,000		
		125		

121



d			<p><i>Mental Health Training for frontline staff.</i></p> <p>Following the JSNA process and consultation for the vision of services in the future, involving CYP and parents, there is recognition that frontline staff (Primary Care, Social Workers, Schools, Youth workers, Health Visitors etc.) would benefit from training on early recognition of issues, knowledge and understanding of what they can do to support young people and how to access additional specialist support if required. This will link to the self-harm training in paragraph 6.5.2 a</p>	£50,000
e			<p><i>Street Funk.</i></p> <p>A previous Mental Health Innovation fund bid that requires sustainability prior to the implementation of the PMHW and Community Wellbeing Service</p> <p>Estimated number of additional young people seen</p>	<p>£2,000</p> <p>60</p>



f			<i>Project Management</i> A recognition that the CCG requires project management due to the multiple streams of work across the whole system (for 6 months until Jan 2017)	£45,000
BUILDING CAPACITY AT AN EARLY STAGE				
g	Sustaining E-Motion (online counselling) Estimated numbers of additional young people seen This was a pilot that the CCG wanted to sustain to provide choice of how to access counselling	£28,450 70	<i>Sustaining E-Motion</i> Estimated numbers of additional young people seen	£36,500* 70
h	CYP IAPT In 2015/16 the provider was unable to recruit to the post that would scope and map local services, outcome measures and best practice interventions used so this cost was deferred to 2016/17 and the money was allocated to other streams	<i>Zero (£54,000 allocated but not spent)</i>	CYP IAPT The provider has now recruited and work has commenced (including involving children, young people and families) with a report available Feb 2017	£54,000*

i	<p>Schools & CAMHS</p> <ul style="list-style-type: none"> - PMHW in schools - Primary School and workshops (national pilot costs) - Evaluation by Sussex University - Primary School Therapy - Continuation of national pilot after March 2016 <p>Estimated numbers of additional young people seen</p> <p>The recruitment to the PMHW was delayed and therefore spend was deferred to 2016/17. The pilot still continued with associated costs for the evaluation which should be available in autumn 2016.</p> <p>The CCG, with partners, successfully won a bid for a national pilot with CAMHS and schools but there were some costs associated that the CCG was responsible for.</p> <p>One primary school put a bid into the Mental Health Innovation fund (CCG and Public Health) and it was decided the funding of this pilot would come from the LTP as it was school based therapy.</p>	<p>Total £87,967</p> <p>Zero (allocated £65,000)</p> <p>£8,637</p> <p>£24, 870</p> <p>£4,460</p> <p>£50,000</p> <p>158</p>	<p><i>Safety Net resilience in schools.</i></p> <p>To complement the work that PMHW will do, an offer to Primary Schools. Links with other Public Health Schools Programme work</p> <p>Estimated numbers of additional young people seen</p> <p><i>PMHW in schools</i> – further extension of pilot to address inequalities</p> <p>Estimated numbers of additional young people seen</p>	<p>£20,000</p> <p>200</p> <p>£37,917* (fye is £65,000)</p> <p>270</p>
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124



j	<p>Address capacity in the system</p> <ul style="list-style-type: none"> - SPFT (CAMHS) - YMCA counselling - Impact Initiatives counselling <p>Estimated numbers of additional young people seen</p> <p>The funds were allocated to key pathways that had long waiting times to enable them to ready to make changes required over the coming years. The key pathways were autism and ADHD as well as group/ buddy work in youth settings to supplement the counselling interventions</p>	<p>Total £63,833</p> <p>£25,000</p> <p>£26,833</p> <p>£12,000</p> <p>98</p>		
TARGETED SUPPORT				
k	<p>Sustaining outreach counselling (pilot)</p> <p>This was spent as planned on sustaining a previous pilot that offered counselling in East Brighton</p>	£13,125	<i>Sustaining outreach counselling</i>	£22,500*

125



l	<p>Health promotion (parents/ carers) Estimated numbers of additional families supported (at least)</p> <p>This post will run health promotion events within schools on emotional wellbeing (pupils and parents/ carers). The post will also gather data on what type of support parents/ carers want when their child requires mental health interventions and also pilot an online forum for parents/ carers http://www.findgetgive.com/parents-carers/</p>	<p>£20,000 10</p>		
m	<p>Perinatal mental health pilots</p> <ul style="list-style-type: none"> - BrightPiP - SPFT PiP <p>Estimated numbers of additional families seen</p> <p>Two pilots for parent infant psychology (PiP) were started by providers. The CCG was keen for them to continue so that evaluation data could be captured to include in any future developments of the perinatal mental health pathway and any associated national funding in the future</p>	<p>Total £22,000 £15,000 £7,000</p> <p>43</p>	<p><i>Perinatal PiP pilots.</i> To ensure pilots in both SPFT and BrightPiP (parent infant mental health) can continue prior to national funding being available Estimated numbers of additional families seen</p> <p><i>Young Oasis (Mellow Parenting).</i> To complement the PiP pilots ahead of any commissioning of an improved perinatal mental health pathway in the future (2017/18 onwards) Estimated numbers of additional families seen</p>	<p>£30,000</p> <p>43</p> <p>£7,000</p> <p>25</p>



n	<p>Child sexual exploitation (WiSE) counselling</p> <p>Estimated numbers of additional young people seen</p> <p>There was a risk that some important therapeutic work for young people at risk or victims of sexual exploitation would not continue without this non-recurrent funding. Ongoing the service will be part of a broader pathway across Sussex commissioned by the Local Authority addressing inequalities</p>	<p>£10,000</p> <p>20</p>		
o	<p>Teenage to Adult Personal Advisor (T3 CAMHS 14-25 year olds) – TAPA</p> <p>This investment was allocated to 2016/17 however a recruitment programme meant that the cost was brought forward to 2015/16. There was a marginal number of new children and young people seen as the new post commenced in March 2016</p>	<p>£3,500</p>	<p><i>TAPA</i></p> <p>Further developing an outreach model for Tier 3 CAMHS and bridging the gap at transition as the service covers 14-25 year olds</p>	<p>£60,000*</p>
p			<p><i>Urgent Help Service</i></p> <p>Recognition that crisis response needs to be improved and integrated into community mental health services with the aim of reducing the need for specialist placements and potentially out of area inpatient beds</p>	<p>£16,000* (fye is £65,000)</p>

127



q			<i>Looked After Children</i> Recognition of a need to improve the mental health pathway for this particularly vulnerable group that works across health and social care. This includes mental health resource within social care pods to support young people, carers and social workers and link with mainstream mental health services	£39,000* (fye is £50,000)
r			<i>Unallocated.</i> For unforeseen circumstances	£3,493
	TOTAL	£372,582		£610,259

*Recurrent funding

Other streams of work, funded over and above the LTP funding, can be found in table four below.

	Area of investment	Funding	Rationale to increase access and capacity
a	Autism pathway	£70,000 recurrent £50,000 (2016/17)	To improve and access and waiting times for assessment and diagnosis within the autism pathway to align with NICE guidelines Non-recurrent spend to scope the current pathway, research best practice, and make recommendations for future service delivery aligned to the Transforming Care agenda



b	Mental Health support for young people known to Youth Offending Services	£35,000 (recurrent)	To implement a multi-agency team around the child/ young person and their family/ carers. This would be achieved by combining all the current work-streams of service improvement that have already started in Brighton and Hove (Crisis Care, Looked After Children, Learning Disability and/ or autism, and Social Care Innovation Programme) and building on the established social care Adolescent Pod. The CCG will also be a member of the planned NHSE Health and Justice network
		£25,000 (2016/17)	To project manage the implementation
c	Reducing waiting times in CAMHS	£128,000 (2016/17)	An emphasis on reducing waiting times for treatment from 18 weeks, and ensuring providers are `ready` for transformation al change in 2017/18
	TOTAL	£203,000 (2016/17)	
		£105,000 (recurrent)	

Table Four: Other funding other than LTP

Transformation Plan funding 2017/18 onwards

Sustainable and recurrent funding of the LTP from 2017/ 18 onwards is summarised in table five below.

	Area of investment	Funding	Rationale to increase access and capacity
	INFRASTRUCTURE		
a	Social media/ website maintenance and development	£20,000	Recognition that once the website is established there will be a requirement for constant refresh and new technological ways of communication will be developed
	CAPACITY AT AN EARLY STAGE		
b	<i>WELLBEING</i> - Primary Mental Health Worker in schools and colleges	£155,000	Addressing the gap for moderate to mild need and providing mental health support in schools to complement the Community Wellbeing Service
c	<i>WELLBEING</i> - Community Wellbeing Service (children and young people element)	£140,000	Addressing the gap for moderate to mild need and providing an all ages Community Wellbeing Service (family-focussed) that will complement the PMHW in schools
d	CYP IAPT	£54,000	All CCG areas to be providing CYP IAPT by 2017/ 18, this work builds the foundations to be compliant
e	Online counselling development (E-Motion)	£36,500	Continues the development of the model of offering a choice in how young people access therapeutic interventions including online
	TARGETING SUPPORT		
f	TAPA	£60,000	Further developing an outreach model for Tier 3 CAMHS and bridging the gap at transition as the service covers 14-25 year olds



g	Urgent Help Service	£65,000	Recognition that crisis response needs to be improved and integrated into community mental health services with the aim of reducing the need for specialist placements and potentially out of area inpatient beds. The CCG is also planning to commission services to be able to be accessed and responded over the 24 hour period
h	Looked After Children mental health pathway	£50,000	Recognition of a need to improve the mental health pathway for this particularly vulnerable group that works across health and social care
i	Outreach counselling	£22,500	Continues to develop a model that reaches out to where young people are and want to access mental health services
j	Medically Unexplained Symptoms	£7,000	To contribute to the development of a medically unexplained symptoms service for children and young people
k	Reserves (unallocated at present)	£259	For unforeseen circumstances
	TOTAL	£610,259	

Table Five: LTP 2016/17 summary of investments and updates

Appendix I – I Am Whole Campaign Evaluation Report

(This is appended at the end of the document)

