

Guidance for the 2017/18 Refresh of the Children & Young People's Mental Health

Rationale

This guidance supports the refresh of Children & Young People's Mental Health & Wellbeing (CYP MH&W) Enquiry (KLoEs) developed in 2015 to support the original LTPs and the refresh in 2016.

LTPs were first submitted in September 2015. LTPs set out local areas' joint responses to Future in Mind 2015. CCGs have received a total of £149M in 2016-17 and will receive £170m in 2017-18. The requirement to be used, was set out in the Planning Guidance and in Implementing the Five Year Forward View for Mental Health progress from the initial submission in 2015.

The aim is to confirm that there is transparent commitment and local engagement in 2017/18 to deliver in future years.

The guidance continues to use the format of the 2016/17 Mental Health Interim Assurance Audit for CYP MH&W backed by a substantive and transparent commitment with system-wide partners which is reflected in the first CYP MH&W LTP in 2015. It will also identify and confirm the basis of the assessment of assurance.

The guidance will provide a clear view of progress and commitments to the 17/18 CYP MH&W delivery audit.

Please note that the guidance is to be used as a supportive tool for regions, clinical networks and CCGs; below is to be used only for guidance and highlight areas where plans are sufficiently robust and developed. **A good joint plan will identify:** the aim; the pathways concerned; the partners involved with a joint contribution; time scale; benefits and outcomes and; risk assessment and potential barriers.

Ratings Key:

Fully confident: Objective clearly identified and delivered. All requirements in place.

Partially confident: Objective not clearly identified, some requirements in place or plans/actions require

Not confident: Objective not identified or no confidence that actions will result in requirements being a

Health and Wellbeing (MH&WB) Local Transformation Plans (LTPs) for 31 October 2017. It builds on the initial Key Lines of Business (KLBs) for MH&WB, including the use of new resources from the Autumn Statement 2014 and Spring Budget 2015, and the commitment to refresh and republish CYP MH LTPs, including details of how further resources would be used to improve Mental Health. It is expected that the refreshed plans will document and represent significant progress against existing planning commitments for CYP MH&WB and to make the necessary preparations for the 2017-18 financial year. The assurance will confirm that intentions identified in the audit are progressing and are demonstrating demonstrable progress towards the building of improved access, capacity and capability since the last assurance as captured in the CCG IAF and Sustainability and Transformation Plan (STP) processes. The assurance will also identify areas for improvement, including areas for improvement, as well as the challenges and indications of preparedness identified in the last assurance and that no returns are required as part of it. Similarly, the RAG-rating system developed for the assurance may need further development. The assurance will include a commitment to deliver; a project plan including planning structures; resources (including resource allocation); and a plan for strengthening. The assurance will be achieved.

Will the LTP be both refreshed <i>and</i> republished by the deadline of 31 October 2017 with checked URLs
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs (CCGs are requested to provide a paragraph on alignment)
If the plan is not refreshed by the deadline - has the CCG confirmed that a progress position statement on the refresh is on their website
Does the LTP include a baseline (15/16) actual for 2016-17 and planned trajectories which include: <ul style="list-style-type: none"> - finance (including identification of, at least, the additional investment flowing from this LTP's share of Budget allocations and performance to date) - staffing (WTE, skill mix, capabilities); - activity (e.g. referral made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with clear year on year targets and performance to date for improving access and capacity to evidence based interventions
Does the refreshed LTP clearly evidence engagement with a wide variety of relevant organisations, including children, young people and their parents/carers from a range of diverse backgrounds including groups and communities with a heightened vulnerability to developing a MH problem and aligned to key findings of the JSNA, youth justice and schools & colleges? Does it evidence their participation in:
- governance
- needs assessment
- service planning
- service delivery and evaluation
- treatment and supervision
Has the LTP been signed off by the Health and Wellbeing Board and other relevant partners, such as specialist commissioning, local authorities including Directors of Children's Services and local safeguarding children's boards, Children's Partnership arrangements and local participation groups for CYP and parents/carers ?
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?
Does the plan clearly evidence outcomes of existing services including achievements and challenges, alongside a coherent statement of strategic priorities, areas where further development is needed and future commissioning focus?
Are there clear mechanisms and KPIs to track progress, that are shown over the plans period? i.e.. show yr1, 2, 3 etc.
Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format for children and young people, parents, carers those with a learning disability and those from sectors and services beyond health, with all key investment and performance information from all commissioners and providers within the area?
Does it include specific plans to improve local services?
2. Understanding Local Need
Is there clear evidence that the plan was designed and built around the needs of all CYP and families locally who may have or develop a MH problem, with particular attention to groups and communities with a known heightened prevalence of MH problems?
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?
Does the plan make explicit how health inequalities are being addressed?
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?
3. LTP Ambition 2017-2020
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England specialist commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups ?
Does the plan have a vision as to how delivery will be different in 2020 and how this will be evidenced ?
Does the LTP align with the deliverables set out in the 5YFV for Mental Health ?
Does the plan address the whole system of care including:

- early prevention and early intervention including universal setting, schools and primary care
- early help provision with local authorities
- routine care
- crisis care and intensive interventions
- identifying needs, care and support for groups with particular needs and who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, looked after children , children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary from one area to another.
- inpatient care?
- specialist care e.g. eating disorders

Does the LTP include sustainability plans going forward beyond 2020/21 ?

Where New Models of Care are been tested - is there a commitment to continue to invest LTP monies beyond the pilot?

4. Workforce

Does the LTP include a multi-agency workforce plan?

Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?

Does the workforce plan include CPD and continued participation in CYP IAPT training programmes

Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place ?

Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?

5. Collaborative and Place Based Commissioning

Does the LTP include joint place based plans (between CCGs and specialised commissioning) to: develop a local seamless in-patient CYP MHS pathway across appropriate footprint - demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?

Is the role of the STP reflected in joint place plans?

Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?

Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services? This should include during their stay in secure settings, transition in and out of secure settings, and in and out of community services, whether continuing in children and young people services or moving into adult services.

6. CYP Improving Access to Psychological Therapies (CYP IAPT)

Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include:

- collaboration and participation
- evidence-based practice
- routine outcome monitoring with improved supervision

If not a CYP IAPT member, are there plans in place to join a CYP IAPT learning collaborative?

Is there a commitment to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health ?

Is there sustainability plans for CYP IAPT learning collaboratives in preparation for central funding coming to an end ?

7. Eating Disorders

Does the LTP identify current baseline performance against the new Eating Disorder access and waiting time standards ahead of measurement beginning from 2017/18?

Does the plan clearly state which CCGs are partnering up in the eating disorder cluster?

Where in place, is the community eating disorder service (CEDs) in line with the model recommended in NHS England's commissioning guidance?

Is the CEDs signed up to a national quality improvement programme?

8. Data

Does the LTP set out baseline and incremental increase in number of CYP accessing care, number of existing staff being trained and numbers of new staff recruited to deliver EB interventions? - is there evidence of progress against set trajectories ?

Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to flow data for key national metrics in the MH Services Data Set? MHSDS) Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?

Is there evidence of the use of local/regional data reporting template(s) to enhance local data?

9. Urgent & Emergency (Crisis) Mental Health Care for CYP

Does the LTP identify an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families

Is there evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes ?

10. Integration

Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?

Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care? Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or those with historically poor access to MH services or particular issues accessing MH services, be it cultural, communication-based, etc.)

Does the LTP include work underway with Adult MHS to link to liaison psychiatry ?

11. Early Intervention in Psychosis (EIP)

Does the LTP identify an EIP service delivering a full age-range service, *including all CYP*, experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?

If so, does this include the full pathway for all CYP, including those who present to the specialist CYP MH service? Is there a commitment to specifically monitor CYP access?

12. Impact and Outcomes

The LTP is a five-year plan of transformation. Do you have:

- a transformation road map
- examples of projects which are innovative and key enablers for transformation;
- examples of how commissioning for outcomes is taking place?

13. Other Comments

Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce , procurement of new services not being successful or delayed?

Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as 'best practice'?

Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?

Does the plan show how funding will be allocated throughout the years of the plan ?

If there are risks does it highlight this within the plan?