



EAST SUSSEX CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING

LOCAL TRANSFORMATION PLAN REFRESH 2016-2021

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1. INTRODUCTION

The [East Sussex Local Transformation Plan 2015-2020](#) (LTP) was published in December 2015, and as part of the NHS England (NHSE) assurance process there was a requirement for this to be 'refreshed'.¹

In delivering the LTP, East Sussex CCGs (NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG and NHS High Weald Lewes Havens CCG) are working collaboratively with children and young people, East Sussex County Council (ESCC), including Public Health and Schools Services, Sussex Partnership Foundation Trust (SPFT), NHS England, and other statutory and voluntary sector partners.

The refreshed LTP aims to further strengthen collaborative working with partners across the system to improve children and young people's (CYP) access to services, to meet increasing demands and pressures by working differently with existing services and to develop new initiatives to support children and young people with mental health and emotional well-being needs.

The LTP focus in 2016-2018 is to:

- prioritise resilience, prevention and promotion of mental health and emotional wellbeing.
- embed enhanced governance and collaborative programmes of work
- evaluate services in light of national guidance (5 Year Forward View), local benchmarking and what young people tell us. Services will be provided with the outcomes for young people and their families in mind.

2. BACKGROUND AND CONTEXT

2.1 TRANSFORMATION PLAN 2015-2020

In March 2015, the report of the Government's Children and Young People's Mental Health Taskforce, "Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched. It set out a clear ambition to transform services for children and young people with mental health needs.

As part of this agenda, all CCGs received new investment to take the development programme forward and dedicated funding was allocated for a community eating disorder service.

The first East Sussex Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing² (2015-2020) was based on consultation with key stakeholders, discussions at multiagency forums and a review of the existing needs assessment recommendations.

This was published in 2015 and set out how we would address issues as part of a whole system approach, and with the aims of ensuring:

- Good mental health and emotional well-being is promoted for all children and young people through universal services in which staff are skilled at strengthening the resilience and well-

¹ As part of this process NHSE asked CCGs to fill out a Key Lines of Enquiry form, which is embedded in this document as Appendix 3.

² The plan can be found on the websites of all 3 CCGs and East Sussex County Council and a link to the plan is provided below.

<http://www.eastbournehailshamandseafordccg.nhs.uk/news/5m-to-transform-mental-health-services-for-younger-people/#.V34LKEIrLIU>

being of children and young people, recognise and can address the early emergence of problems and are clear about what steps they can take to secure additional support for children and young people where necessary

- The routes to secure additional targeted support for children and young people are clear and effective support is provided early, before problems become entrenched and significant
- There are effective processes in place to ensure that children and young people in crisis are supported promptly and appropriately so that risk is reduced as quickly as possible
- The most vulnerable groups of children and young people are supported by skilled professionals working closely with other professionals involved in their care
- All support is effective in empowering children, young people and families and developing their resilience so they are better able to overcome difficulties in the future

The key areas within the 2015 Transformation Plan included:

- ✓ Implementing a specialist Community Eating Disorders service
- ✓ Increasing multidisciplinary Perinatal Mental health provision across East Sussex
- ✓ Expanding the primary mental health workforce, to provide more direct work with children, young people and families and strengthening the links between GPs and schools.
- ✓ Supporting young people who present in crisis and to A&E through mental health liaison support to ensure a more responsive service, especially out of hours
- ✓ Strengthening mental health expertise to support vulnerable groups such as children and young people with special educational needs and disabilities (SEND), young offenders, looked after children, care leavers, children who are adopted, children and young people who have experienced sexual abuse and those at risk or in contact with the Youth Justice System
- ✓ Reviewing current online and digital resources to support children, young people and families to access information, advice and guidance

In addition to core funding, the transformation funding has allowed core services to be enhanced and new services to be developed. The core and transformation allocation across the three East Sussex CCGs (2015/2016) is detailed in table 1 and 2:

CCG Funding streams	H&R CCG	EHS CCG	HWLH CCG	Allocation
1.Community Eating Disorders (CED)	£115,298	£112,103	£84,904	£312,305
2.Transformational Plan Allocation	£288,602	£280,606	£212,523	£781,731
Total (3 CCGs)	£403,900	£392,709	£297,427	£1,094,036

Table 1: CAMHS Transformation funding for the 3 East Sussex CCGs- New Allocation

CCG Funding streams	H&R CCG	EHS CCG	HWLH CCG	Allocation
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Transformation funding	£403,900	£392,709	£297,427	£1,094,036
Existing CAMHS spend	£1,508,520	£1,754,009	£1,438,940	£4,701,469
Total Spend for all children 0-18 years in East Sussex	£1,912,420	£2,146,718	£1,736,367	£5,795,505
CCG Spend per head on children(mid 2015 pop est.)	£50	£57	£47	

Table 2: Total CAMHS spend for the 3 East Sussex CCGs (New plus existing Allocation)

2.2 EAST SUSSEX COUNTY COUNCIL PUBLIC HEALTH CAMHS NEEDS ASSESSMENT

In 2014, East Sussex Public Health carried out a Child Adolescent Mental Health (CAMHS) needs assessments³ which included a number of recommendations as detailed below:

- Clarify the strategic vision for CAMHS services in East Sussex to meet the mental health needs of children and young people now and into the future
- Strengthen provision of universal services to reflect the increasing volumes and complexity of low level emotional, behavioural and mental health needs within the general population.
 - Early recognition of emotional and mental health issues
 - Developing parenting skills and promoting whole family resilience
 - Building capacity within the universal workforce.
 - Mental health and wellbeing promotion for the whole population
- Ensure the workforce has the knowledge and skills to meet the emotional and mental health needs of children and young people across all tiers:
- Develop a multidisciplinary framework enabling a common set of data to be collected about individuals accessing all tiers of mental health services, which can be regularly reviewed to better align provision to changing service trends and populations at risk
- Improve transition from children to adult services
- Improve understanding and better meet the emotional and mental health needs of service users

These recommendations together with analysis of national and local datasets, the views of CYP, parents, carers and professionals have been taken into account in the refresh of our LTP.

2.3. OTHER INDICES OF NEED

Recent estimates of need in East Sussex are presented in Figure 1 below as detailed in the East Sussex Public Health Needs Assessment 2014.

³ <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/comprehensiveneedsassessment/CAMHS-Needs-Assessment-2014.pdf>

Estimates of the number of children and young people in East Sussex who may experience mental health problems appropriate to a response from CAMHS (2014) at Tiers 1-4

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Kurtz, Z. (1996).



<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=>

Figure 1: Recent estimates of need in East Sussex

It is not straightforward to compare estimates of need to service activity, but using the data provided in the CAMHS needs assessment these assumptions can be made. For example:

- **Tier 4:** 137 referrals in 2012/13 compared to estimated need of 80. There were 71 inpatient admissions to Chalkhill in the same time period of which 36% (25) were for young people from East Sussex.
- **Tier 3:** 2,433 children and young people were on the CAMHS (T3) caseload at January 31st 2014 compared to estimated need of 1,950
- **Tier 2:** 5,659 children and young people seen by a range of services (Primary MH workers, ESBAS, Early Help Emotional Wellbeing team, YOS over academic year/ financial year / calendar year 2012/13) compared to estimated need of 7,380
- **Tier 1:** no information collected

2.4 PREVALENCE IN EAST SUSSEX

The Figure below shows the estimated prevalence of mental health disorder, emotional disorder, conduct disorder and hyperkinetic disorders across East Sussex CCGs compared with England and our neighbouring partners.

Compared with benchmark

Lower Similar Higher

Not compared

Indicator	Period		England	Sussex and East Surrey	NHS Brighton And Hove CCG	NHS Coastal West Sussex CCG	NHS Crawley CCG	NHS East Surrey CCG	NHS Eastbourne, Hailsham And Seaf...	NHS Hastings And Rother CCG	NHS High Weald Lewes Havens CCG	NHS Horsham And Mid Sussex CCG
Estimated prevalence of any mental health disorder: % GP registered population aged 5-16	2014		9.3*	8.5*	8.4*	8.6*	9.4*	7.8*	9.0*	9.4*	8.0*	7.8*
Estimated prevalence of emotional disorders: % GP registered population aged 5-16	2014		3.6*	3.3*	3.3*	3.3*	3.6*	3.1*	3.5*	3.6*	3.1*	3.1*
Estimated prevalence of conduct disorders: % GP registered population aged 5-16	2014		5.6*	5.0*	5.0*	5.1*	5.7*	4.6*	5.4*	5.7*	4.7*	4.4*
Estimated prevalence of hyperkinetic disorder: % GP registered population aged 5-16	2014		1.5*	1.4*	1.4*	1.4*	1.6*	1.3*	1.5*	1.5*	1.3*	1.2*

Figure 2– Estimated Prevalence compared to the national average

3. TRANSFORMATION PLAN 2015-16 PROGRESS

The **Community Eating Disorder Services** commenced in October 2016. It has been commissioned from SPFT as a Pan-Sussex service but with local provision. The service operates 7 days a week accepting referrals for children and young people aged 10-18 years old for mild to severe disordered eating. This service model has had input from clinicians across the area and a specification has been agreed with the provider.

Perinatal Mental Health Service – the expanded service commenced in January 2016. The East Sussex specialist perinatal mental health service provides coverage across the county, with a dedicated nurse practitioner for each of the 3 CCG areas, a consultant psychiatrist and a parent and psychotherapist. The service will work closely with the recently appointed perinatal mental health lead within midwifery, the health visiting specialist and the obstetrician with a special interest in perinatal mental health.

A learning needs analysis to understand the skills within our existing workforce in Children’s services (including health visitors and school nursing) was completed in October 2016. Recommendations from the analysis will help inform where further training to support children with emotional health and wellbeing can be focused.

Primary Mental Health Worker (PMHW) enhancement – in June 2016 the PMHW team was extended with an additional 4 WTEs liaising directly with GPs in each CCG locality to support referral processes and offer interventions where required. The wider PMHW team continues to offer accessible training and support directly to schools using interventions to engage young

people early.

Children and young people's Paediatric Mental Health Liaison nurses- from April 2016, a paediatric mental health nurse supporting the A&E department has been in place at the Conquest hospital in Hastings and a second post scheduled to commence at Eastbourne District General Hospital. The aims of this service are to improve the quality of care for children and young people experiencing mental problems and or suffering from crisis, to support integrated mental health care with physical health care and to enhance the skills of non-mental health professionals.

Youth Participation – in March 2015, the East Sussex Young Inspectors were consulted on on-line mental health resources for young people. As part of this, the Youth Cabinet and CAMHS Download participation group have worked together to develop information packs for young people and school staff to promote emotional wellbeing and good mental health. The good work from this will be rolled out following wider consultation with schools.

Youth Mental Health Hub - a 'one stop shop' service arrangement has opened in Hastings for young people aged 14-25, bringing together the ESCC Early Help Service, CAMHS, Adult Mental Health Services (AMHS) and local voluntary organisations, with the involvement of young people. This service covers the range of issues that affect young people, including support for young people's emotional wellbeing which will include consultation to staff in universal services and direct work with young people with direct access to specialist services where necessary. See section 7 for more information

Child Sexual Abuse (CSA) Pathway-a referral and therapeutic intervention pathway is implemented to support children and young people who are at risk of or have been subject to sexual abuse to ensure seamless access to appropriate mental health support

The service supports children and their families/carers to ensure a holistic approach is adopted and is aligned to the ESCC Safeguarding structures within the Intensive Family Treatment Service (SWIFT).

This service already sees about 36 new referrals for intervention every 3 months.

4. DEMAND AND ACTIVITY

The most common presenting mental health problems in East Sussex in 2015/16 are: depression/low mood; generalized anxiety; out of control behaviour; self-harm; and peer relationship difficulties (source: SPFT monthly performance report 2015).

We are committed to understanding more about the age and gender profile of those accessing services, the nature of the demand and capacity for CAMHS services and the actual unmet need in East Sussex, as identified in the East Sussex Needs Assessment and analyses undertaken by Public Health ESCC.

In light of the estimated prevalence, improvement in access to CYPMH services in each CCG has been assessed against the national benchmark. The expectation is CCGs should match or exceed the national trajectory at a local level.

4.1 REFERRALS

Table 1 below details the activity triaged, signposted and treated by SPFT, including waiting time targets. In 2015/2016, there were 1645 referrals of which around 30% were signposted to other services outside of specialist CAMHS.

	2015/16
Referrals received	1,645
Monthly Average triaged	137
% referrals signposted not meeting CAMHS threshold	27%
Number meeting CAMHS threshold (eligible)	100
% eligible offered first appointment within 4 weeks	94%
% offered treatment within 18 weeks	99%
% cases meeting 4 hour urgent criteria seen within 4 hours	100%

Table 3: Activity data 2015/2016: Source SPFT performance reports.

4.2 ASSESSMENT

94% of eligible young people in East Sussex received an assessment of their needs by specialist CAMHS within 28 days of the referral receipt.

4.3 TREATMENT

99% of young people who received mental health treatment in CAMHS, did so within 18 weeks of referral receipt. The Figure 3 below shows the trend for new and accepted referrals over a one year period.

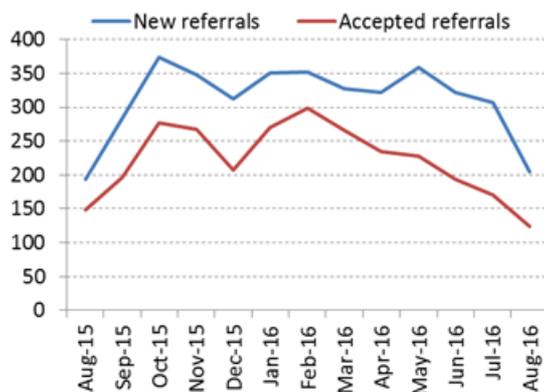


Figure 3: Referrals accepted over a one year period (August 2015-August 2016)

5 IMPROVING SERVICE PATHWAYS

5.1 Crisis Care Pan-Sussex Urgent Help Service and A&E Primary Mental Health

As part of ongoing commitment to young people in crisis, and in line with the Crisis Care Concordat, the ambition remains that no young person will be detained in police custody under Section 136.

To support this ambition, liaison Nurses will operate at Hastings Conquest Hospital and Eastbourne District General Hospital in working hours. Out of hours, the A&E teams can contact Psychiatrists for advice and the Urgent Help Mental Health Service. The ESCC Emergency Duty Service also have a role in assessment and support. The liaison post in Hastings has already seen 51 young people in the period April 2016 -October 2016, with the majority advised to attend the Early Help wellbeing service, provided by East Sussex County Council, following assessment.

The Urgent Help Service (UHS) operates on a pan-Sussex level. An enhancement project is under way to review the UHS to develop a clear and integrated pathway and service model for Sussex based on referral projections and to meet increasing demand.

Nationally, guidance is being developed as part of the Achieving Better Access to Urgent Care Clinical Reference Group (all ages) which points towards a 4-hour target for assessment and inpatient bed if required.

5.2 Youth Justice

The numbers of young people who are first time entrants into the youth justice system are small in East Sussex compared to neighbouring CCGs and the rate is significantly lower than the England average (source PHE Fingertips data). East Sussex commissioners will work jointly with colleagues across the system including NHSE to ensure we have integrated arrangements to support young people who are involved in youth justice services. The table below shows how we compare with the England average and our neighbouring authorities:

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
1.04 - First time entrants to the youth justice system	2014	409	348	281	237	196	294	373	457	448	381	424	351	686	411	386	549	433	332	441	292	227

Table 4: First time entrants into the youth justice system

5.3 Early Intervention in Psychosis

The Early Intervention (EI) Service is for people aged between 14 and 65 years who have recently begun to experience psychotic symptoms (this includes mania and/or depression with psychotic symptoms and drug induced psychosis). The service is also for their families and close friends.

The Early Intervention Service is made up of 6 stand-alone teams across Sussex. Each team is made up of EI clinicians with specific expertise in the recognition and treatment of early onset psychosis. In East Sussex, the teams are based in Hailsham and Hastings.

The service subscribes to a number of overarching principles which govern how the service is delivered:

- By investing in high quality, bio psychosocial assessment and interventions we believe we will be able to maximise our clients' potential.
- Ensuring that all people with psychosis can recover and lead 'normal lives, and that the best way of doing this is by intervening early and by using the EI principles.
- Challenging unhelpful and poorly informed attitudes to psychosis and to educate and increase awareness of the latest evidence base as to what helps.
- Being flexible to meet the needs of clients and their families

The access and waiting time standard

The new access and waiting time standard requires that, by 1 April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care within two weeks of referral.

The standard is 'two-pronged' and both conditions must be met for the standard to be deemed to have been achieved, i.e.

1. Maximum wait of two weeks from referral to treatment; and
2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia – for young people

The Access and Waiting Time to Treatment performance across Sussex since Target came into effect from April 16 and the table below shows compliance against both these targets across Sussex.

Completed Pathways in Month	% Compliance	Target
March 2016	75% Under 14 days	50%
April 2016	63% Under 14 days	50%
May 2016	78% Under 14 days	50%
June 2016	68.75% Under 14 days	50%
July 2016	62 % Under 14 days	50%
August 2016	79% Under 14 days	50%

Table 5: Sussex Compliance against access and waiting for first episode of psychosis

5.3 Hastings iRock Youth Hub 14-25 year olds

In early 2016, an innovative ‘one stop’ service commenced in Hastings for young people aged 14-25. In bringing together the County Council’s Early Help team, CAMHS, AMHS (Adult Mental Health Services) and local voluntary organisations, with the involvement of young people, this integrated service will cover the range of issues that affect young people including support for young people’s emotional wellbeing which will include consultation to universal staff and direct work with young people with direct access to specialist services where necessary. A ‘drop in’ service allows young people who do not need specialist services but are experiencing difficulties which are impacting on their functioning to get help. iRock objectives are:

- Improved access to mental health and social care services
- Improved uptake of appropriate help
- Availability of help in a youth friendly, flexible and accessible way
- Reduction in long term disability associated with severe mental health problems
- Reduction in the impact of mental health on social functioning with improvement in education and employment retention which is intrinsically related to poor mental health
- Reduction in mental health costs by earlier intervention before crisis point is reached
- Reduction in physical health costs related to mental ill health in particular smoking, alcohol abuse and substance misuse.

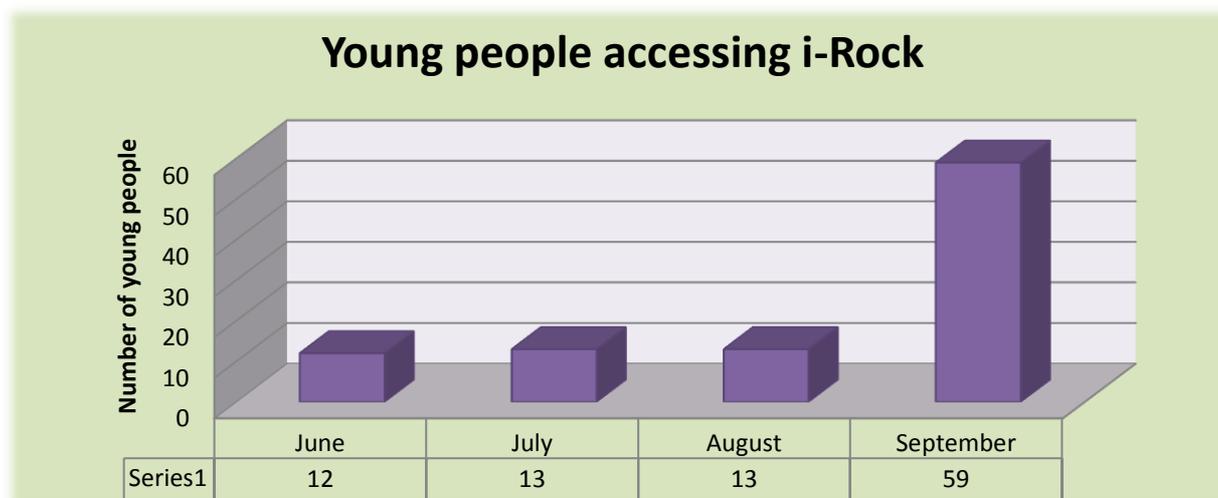


Figure 4: Number of Young People accessing iRock

5.5 Young people in transition between services

Transition is an important part of all our services and in East Sussex our ambition is that by 2020 service users will experience minimal interruption in care and support when moving within and between services. Work between commissioners and providers is under way to ensure that good practice and guidance is embedded in organisational procedures and through workforce development. We are incorporating the requirement for good practice in transition within commissioned contracts and will facilitate learning and development across all the providers we commission, including the community and voluntary sector. Clinical pathways will be developed across the age span, starting with eating disorders, and perinatal mental health, from which lessons learned, will be applied for other pathways

6. FIVE YEAR FORWARD VIEW (FYFV) MENTAL HEALTH 2020/21

The [FYFV for mental health \(July 2016\)](#), sets out that:

The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services (14).

The areas that we are required to take forward over the next 5 years:

	FYFV MH Indicators	Progress in East Sussex
A	Developing and refreshing a CYP LTP in consultation with stakeholders	The CCGs have started the process engaging with key stakeholders including children and young people which has informed this updated. We will continue to build on the work to date
B	A dedicated community eating disorder service is provided, achieving the access and waiting times set out in national guidance, ⁴ and that providers are part of the Quality Network; ⁵	A Sussex wide community eating disorder services for children and young people launched in October 2016 The impact and outcomes of the service will be evaluated as the service is embedded.
C	Collaborative commissioning plan between the CCGs and NHSE on Tier 3 and 4 CAMHS	The CCGs are working with NHSE to develop collaborative commissioning plans around crisis care, youth and justice and inpatient pathways
D	Joint agency workforce plans aligned with the roll out of CYP Increasing Access to Psychological Therapies (IAPT)	East Sussex is part of the wave 3 IAPT programme and we will build on this as well as our wider training needs analysis to develop a workforce plan. This will include aligning to the East Sussex Better Together and Connecting for You strategic workforce groups
E	Ensuring there is a mental health crisis response especially out of normal working hours	East Sussex CCGs have commissioned children and young people mental health liaison service to work in our A&E departments in East Sussex with a pathway to the enhanced urgent help service out of

⁴ www.england.nhs.uk/wp-content/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

⁵ www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqip/projects/childandadolescent/communitycamhsqncq/qncc-ed.aspx

6.1 SUSTAINABLE TRANSFORMATION PLAN (STP)

Across East Sussex and Sussex and East Surrey CYP services have an essential role in supporting whole system resilience and sustainability. The board anticipates the investment agreed in perinatal and eating disorder services will particularly impact by improving 'place based care' i.e. ensuring the right care is available and accessible in line with national guidelines. Both the multi-disciplinary perinatal and eating disorder services are developed on a pan Sussex footprint. This has the advantage of delivering for local need, whilst drawing expertise and resources across Sussex.

6.2 WORKFORCE

A responsive, supported and competent workforce for all children and young people experiencing mental health and emotional distress is key in delivering our ambitions. The training needs analysis for staff employed by ESCC Children's Services who work directly with CYP was completed in September 2016. The analysis from this work has highlighted areas that need investment for training and supervision to enable staff to feel confident about working. A workforce trainer has commenced in post to provide team based mental health skills training to education and early help services.

In improving access to NHS funded mental health services for children and young people, including IAPT, East Sussex is part of wave 3 implementation. To ensure that evidence and outcomes based interventions are embedded across the system, we are working with our NHS provider and partners in a service development improvement programme.

The School Health Service is another important partner in supporting this agenda. Public Health has resourced all school health staff to attend Mental Health First Aid Training to support early recognition and referral, and to deliver appropriate interventions in school based clinics to pupils presenting with low level emotional, behavioural and mental health needs. The service is taking part in the learning needs analysis and is being supported to access foundation mental health modules.

The School Health Service is also working with schools across the county to produce school health profiles using data provided by Public Health and incorporating pupil, parent and teacher voice. This will further help to shape the schools work programme.

6.3 GOVERNANCE

This programme is overseen and assured by a board of CCG, NHS provider and ESCC directors, in turn accountable to the constituency boards and East Sussex Better Together and Connecting4You transformation programmes. The Transformation Board is responsible for overseeing the impact of the various programmes of work including the activity and investment across the system. Programme investment across all services in East Sussex. The board oversees activity, finance and performance.

The Emotional Health and Wellbeing Operational Group function and purpose is to manage the programmes of work within the LTP. Details of the ongoing work programmes from 2016 onwards, delivery against milestones and risks can be found in the plan below.

6.4 LTP PROGRAMME AREAS FOR 2016-2021

1. Raising resilient children in East Sussex (schools); improvements in access to preventative and early evidence based interventions will be delivered and measured.
2. Single Point of Advice (SPOA); to ensure that Children and Young people and their families receive a timely referral response by the right person at the right time.
3. Vulnerable Children and Young People; those who are in youth justice systems; victims of sexual abuse; looked after or adopted, experience additional mental health and emotional distress receive timely assessments and interventions.
4. Evaluation and Outcomes; ensuring that commissioned services deliver the intended outcomes for young people.
5. Workforce; developing plans in support of the workforce across universal and specialist services to provide emotional wellbeing and mental health best practice.
6. Communications and insight (engagement); to inform young people and their families with good information and to try out digital solutions in improving engagement and access to evidence based care.

6.5 Challenges in delivery of our plan include:

- Workforce: Recruitment of key professional roles and new ways of working in delivering improved access to ensure children and young people receive timely care
- Information sharing: System wide data and information sharing to ensure seamless care across all tiers of services.
- Evidence based treatment: Readiness to deliver the CYP IAPT agenda and the Five Year Forward View standards from 2017/18.
- New models of care: Learning in developing new models of care for young people up to 25 year old,

7. OUTLINE REFRESHED TRANSFORMATION PLAN

The plan below demonstrates planned programmes from 2016 onwards and includes currently commissioned services that will be going forwards.

Programme area	Workstream	Projected impact/outcomes	16/17	17/18
Raising Resilient Children in East Sussex	Perinatal MH - Comprehensive offer across East Sussex - Links with universal services Health visitors, GPs and midwives through local perinatal network	<ul style="list-style-type: none"> To continue to support women and families locally and maintain zero levels of inpatient placements out of area where possible Greater support in the community Improved waiting times Timely access to specialist services through the development of clear pathways from universal services 	£125k	£125k
	Supporting whole school approaches to resilience, prevention and early intervention	<ul style="list-style-type: none"> Schools to feel confident in supporting resilience, prevention and early intervention. To generate a common understanding 	£50k	

		<p>across schools and statutory services about roles and responsibilities resulting in the most effective use of resources to support emotional health and wellbeing</p> <ul style="list-style-type: none"> • Reduction in low level anxiety and depression due to increased resilience amongst teachers, and pupils • Sharing and rolling out of good practice • Increase in early identification of pupils with emerging emotional, social or mental health problems • Development of robust pathways to support young people's emotional health and wellbeing 		
	<p>Emotional, Health and Well-being support to CYP</p> <ul style="list-style-type: none"> - Locality link workers /Specialist Support to GPs and Schools - locality/hub model - Structured support and training to schools - MH youth hub 14-25 years (Hastings Pilot) - Links to School Health Service 	<ul style="list-style-type: none"> • Increase in access to early intervention services • Reduction in time children and young people spend with emotional, social or mental health difficulties • Increase in appropriateness of specialist referrals • Reduction in numbers sign posted • Better trained CYP workforce 	£320k	£320k

		<ul style="list-style-type: none"> • Timely access to services (meeting national waiting time targets) • More CYP seen in appropriate settings 		
	Online information and advice for all stakeholders	<ul style="list-style-type: none"> • Link with ESBT and C4Y digital solutions • Timely access to information and advice 	£10k	£10k
	Peer Support	<ul style="list-style-type: none"> • Wider understanding of emotional wellbeing issues across the system • Better support for CYP with emotional health and wellbeing concerns 	-	£5k
	CYP participation and anti-stigma campaign	<ul style="list-style-type: none"> • Co-design with CYP and promote and anti-stigma campaign in schools and on social media/ web • Reduction in experiences of stigma on MH amongst pupils, teachers and parents 	-	£15k
force (train ing and capa	Staff support for IAPT and wider workforce	<ul style="list-style-type: none"> • Improved staff ability to provide evidence-based outcomes focussed 	-	£50k

	training	<p>support to CYP</p> <ul style="list-style-type: none"> Improved outcomes for CYP evidenced by goal based measures 		
	System readiness/Programme Manager	<ul style="list-style-type: none"> Improved programme delivery Programmes delivered to plan and budget 	£60k	£60k
Single point of access	SPOA- single referral route for tier 2 and non-urgent T3 assessments	<ul style="list-style-type: none"> Increase in number of CYP who receive appropriate help at an early stage Timely referrals to specialist services where appropriate Reduction in numbers sign posted Better trained CYP workforce Timely access information, advice and signposting 	£50k	-
Community Eating Disorders	Sussex wide Community ED Service to meet national access and waiting time standard	<ul style="list-style-type: none"> Waiting times for routine referrals to CYP ED services within 4 weeks Waiting time for urgent referrals to CYP ED services within 1 week Reduction in CYP placed out of area Reduction in bed usage 	£301k (Allocation reduced - £11k)	£301k

		<ul style="list-style-type: none"> • Greater support in the community • Timely access to services 		
Vulnerable CYP and Crisis	<p>Support to CYP with Physical and MH needs</p> <ul style="list-style-type: none"> -Develop CFS/ME pathway service -Strengthen and improve ASD/ASC assessment and diagnosis 	<ul style="list-style-type: none"> • Decrease in out of area referrals • Decrease in complaints • Decrease in ASD assessment waiting times • Increase in post diagnosis support for families 	£80k	£120k
	<p>Support to Vulnerable groups</p> <ul style="list-style-type: none"> -SEND,LAC/Adoption CAMHS,CSE/CSA, and groups identified as at risk of vulnerability 	<ul style="list-style-type: none"> • Clear service offer to vulnerable groups 	£100k	£100k
	<p>Supporting CYP in Crisis</p> <ul style="list-style-type: none"> -Paediatric acute liaison in A&E -Raising awareness of self-harm through training following wider consultation with users, carers 	<ul style="list-style-type: none"> • Decrease in inappropriate admissions 	£106k	£150k

	and professional stakeholders			
Communications and Insights (Engagement)	<ul style="list-style-type: none"> • Anti-stigma campaign with CYP and schools • Digital and online advice, guidance and counselling 	<ul style="list-style-type: none"> • Ensure Co-production at all stages of development • Link with ESBT and C4Y communication strategies • Co-design with CYP and promote and anti-stigma campaign in schools and on social media/ web • Reduction in experiences of stigma on MH amongst pupils, teachers and parents 	£15k	£15k
LTP Programme Fund Bids	Single in year bids received for projects LTP to improve outcomes for CYP across services.	<ul style="list-style-type: none"> • Improved access to services • Improved waiting times • Improved patient experience 	£200k	-
	Total		£1,417,000	£1,271,000

8. SUMMARY

The East Sussex Local Transformation Plan (LTP) was first published in December 2015. The East Sussex CAMHS Transformation Programme is overseen by a recently established Board of CCG, NHS provider and Local Authority directors that reports to ESBT and C4Y.

This refreshed plan outlines the success to date and improved collaborative working with partners across the system to improve children's and young people's (CYP) access to services, and to meet increasing demands and pressures by working differently with existing services and developing new initiatives to support children and young people with emotional health and well-being needs.

Our ambition is that the LTP will work as a catalyst in making it easier for CYP and their families to access services when they need help. Therefore the LTP 2016/2017 prioritises resilience programmes for the highly vulnerable; prevention and promotion of mental health and wellbeing to allow early, appropriate support; alignment of referral pathways; and improving access to NHS funded services in line with national standards.