

# Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

Guidance and support for local areas



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### Document Status

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**Guidance to support the development of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing**

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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# 1 Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

*“There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked.*

*Fortunately that is now changing. However, in taking action there are twin dangers to avoid. One would be to focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand, over medicalising our children along the way. The opposite risk would be to diffuse effort by aiming so broadly, lacking focus and ducking the task of setting clear priorities. This document rightly steers a middle course, charting an agreed direction and mobilising energy and support for the way ahead. I'm pleased to give it NHS England's full support”.*

Simon Stevens *Future in Mind*<sup>1</sup> March 2015

## 1.1 Purpose of this document

- 1.1.1 This document provides guidance for local areas - CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors - on the development of Local Transformation Plans to support improvements in children and young people's mental health and wellbeing.
- 1.1.2 The recent report of the Children and Young People's Mental Health Taskforce *Future in Mind*, jointly chaired by NHS England and the Department of Health establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.
- 1.1.3 This guidance and the programme of support that goes with it are designed to empower local partners to work together to lead and manage change in line with those key principles through the development of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

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<sup>1</sup> [Future in Mind](#): promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)

1.1.4 This document should be read alongside *Future in Mind*. It:

- sets out the strategic vision for delivering improvements in children and young people's mental health and wellbeing over the next 5 years (section 2);
- outlines a phased approach to securing locally driven sustainable service transformation and includes details of how the extra funding announced in the autumn statement (December 2014) and Budget (March 2015) will be used to support this work (section 3);
- provides guidance to support local areas in developing their Local Transformation Plans through a planning process that can be tailored to meet the individual needs and priorities of different local areas (section 4); and
- provides information on the assurance process and programme of support that will be available (section 5).

It also includes:

- a template to capture high level summary information from Local Transformation Plans (Annex 1);
- a self-assessment checklist for the assurance process. This will support the allocation of further funding (Annex 2); and
- a tracking template to monitor and review progress (Annex 3)
- details of financial allocations to CCGs (Annex 4).

## **1.2 Equality and health inequalities**

1.2.1 Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of this wide ranging transformation programme to improve children and young people's mental health and wellbeing, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it and

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- given regard to the need to reduce inequalities between individuals in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

1.2.2 NHS England is committed to developing access and waiting time standards in mental health services across the whole life course. These must be implemented so as to ensure reduced inequity in access and improve outcomes for all who require care. Children and young people are benefitting in the first year from the first ever waiting time standards in Early Intervention in Psychosis. Access standards for Eating Disorder for children and young people will be implemented from 2017/18.

1.2.3 Effective and early interventions for mental health difficulties can be an important part of reducing inequalities in other outcomes e.g. education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

1.2.4 *Future in Mind* recognised that commissioners and providers across the whole system need to work together to develop appropriate and bespoke whole care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people, ensuring those with protected characteristics such as learning disabilities are not turned away in line with Transforming Care [[DN Hyperlink](#)].



## 2 Delivering Improvements in Children and Young People's Mental Health and Wellbeing

### 2.1 The Strategic Vision for 2020

- 2.1.1 The recent report of the Children and Young People's Mental Health Taskforce *Future in Mind*, establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care when they need it.
- 2.1.2 The autumn statement (December 2014) and Budget (March 2015) announcements of extra funding to transform mental health services for children and young people allow us to move forward at scale and with pace. The announcements align with recommendations set out in the *Five Year Forward View*<sup>2</sup> and are designed to build capacity and capability across the system so that by 2020 we will make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes.
- 2.1.3 NHS England is working closely with key partners to develop a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in *Future in Mind* and the recommendations in the *Five Year Forward View*.
- 2.1.4 More of the same is simply not an option. Unless we make some real changes right across the whole system, getting serious about prevention and moving investment upstream opportunities to build resilience in our children and young people, promote good mental health and intervene early when problems first arise will continue to be missed and unacceptable variations in quality of care and outcomes will persist.
- 2.1.5 But a better future is possible - with the right changes, the right partnerships and the right investment decisions we know how to get there.
- 2.1.6 NHS England will signal its high level ambitions and priorities for development of measurable outcomes across the life course in the five year strategy to be published by the Mental Health Taskforce in September 2015.

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<sup>2</sup> [Five Year Forward View](#) NHS England, October 2014

## 2.2 Children and young people have told us about the changes they want to see

2.2.1 Children and young people have told us how they want things to change<sup>3</sup>. They want:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- to know where to find help easily if they need it and when they do to be able to trust it;
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP, it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
- as experts in their own care, to have the opportunity to shape the services they receive;
- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

## 2.3 Key principles underpinning service transformation at the local level

2.3.1 *Future in Mind* describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

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<sup>3</sup> [Future in Mind](#), Department of Health and NHS England 2015

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- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

2.3.2 The report sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at local level through robust action planning and engagement with all Health and Wellbeing Board partners and NHS England Specialised Commissioning to develop publicly available agreed **Local Transformation Plans for Children and Young People's Mental Health and Wellbeing**.

2.3.3 Guidance to support local areas in developing their Plans which will require sign off by the Health and Wellbeing Board and by the NHS England Specialised Commissioning local team as part of the assurance process is set out in Section 4.

### 3 Making it happen - a phased approach

3.1.1 Working closely with key partners, NHS England is developing a phased approach to deliver an ambitious programme of system wide transformation to improve children and young people's mental health and wellbeing over the next 5 years.

3.1.2 Our intention is to;

- **Mobilise and support local areas** to make sure all partners agree a shared vision and plan of what needs to happen locally with sound governance, engagement and commitment to joint working arrangements in relation to children and young people's mental health. We know some local leaders are ahead of the curve, already thinking about how to apply *Future in Mind* and moving swiftly towards developing and assuring their local offer;
- **Secure a strong initial focus on establishing the baseline, building system readiness to deliver the longer term sustainable system wide transformation envisaged in *Future in Mind*.**

3.1.3 In May [we asked CCGs](#) to initiate intensive work with local partners, across the NHS, public health, children's social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future aligning with the overarching principles and ambition set out in *Future in Mind*.

3.1.4 Whilst some of what needs to be done can be done now – requiring a different way of doing business rather than significant further investment - there is also some additional funding to support longer term system wide transformation and within that some specific deliverables in 2015/16. These specific deliverables include the development of evidence based community Eating Disorder services for children and young people.

3.1.5 An element of the new monies has been allocated with this guidance. Release of further funding will be dependent on the development and assurance of Local Transformation Plans.

3.1.6 The scope of Local Transformation Plans should cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable, making it easier for them to access the support they need when and where they need it (see section 4). They should include existing improvement initiatives such as the [Crisis Care Concordat](#). That said, Transformation Plans will also need to include an initial focus on some key deliverables for which the additional funding has been given.

3.1.7 Key objectives for this additional funding are to:

- **Build capacity and capability across the system** so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
- **Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)** so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- **Develop evidence based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
- **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year;

- **Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme testing it over 15 CCGs.**

3.1.8 The new funds announced are in addition to resources already available to local communities including through the NHS, local authorities, public health and education. CCGs will also be able to draw on the funds agreed to deliver Parity of Esteem between mental and physical health.

3.1.9 Within this envelope, we need to be as ambitious as possible so that by 2020 we have laid the foundations for sustainable system wide service transformation to improve children and young people's mental health and wellbeing including for the most vulnerable such as looked after children, adopted children or those who have learning difficulties, closing the treatment gap so that more children and young people with concerns about their mental health can access timely and high quality care coordinated with other support they are receiving.

## **4 Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Initial Action for Local Areas**

### **4.1 Overview**

- 4.1.1 Delivering the national ambition for 2020 will require strong local leadership and ownership and effective joined up working arrangements across the NHS, Public Health, Local Authority, Youth Justice and Education sectors.
- 4.1.2 This section of the guidance summarises key actions for local areas to develop and progress their emerging vision for improving the future mental health and wellbeing of their local children and young people. It is supported by a planning template, self-assessment checklist and programme of focussed support to secure a consistent, coherent approach.

### **4.2 Transformation Plans: Scope and Content**

- 4.2.1 We understand that every local area is different. What is included in the Local Transformation Plan should be decided at local level in collaboration with children, young people and those who care for them as well as providers, commissioners and other key partners including local Health watch. Some high level baseline information will be required in a standardised format from every area to get the process started.
- 4.2.2 We recognise that the timescales to develop plans are tight and that local areas will be at different development stages. We expect Transformation Plans to be living documents that local areas will wish to review and develop in year and within the mainstream planning process from 2016/17 onwards.
- 4.2.3 Plans should:
- cover the whole spectrum of services for children and young people's mental health and wellbeing from prevention to interventions, for existing or emerging mental health problems, including in patient care and transitions between services;
  - address the full spectrum of need including children and young people who have particular vulnerability to mental health problems for e.g. those with learning disabilities (LDs), looked after children and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited;

- align with LD Transformation Plans in LD “fast track” areas ;
- clarify local leadership and governance arrangements for children and young people’s mental health and wellbeing to secure a whole system approach to delivery at local level;
- demonstrate evidence of joint working and collaborative commissioning approaches both within and across sectors to establish clear and coherent care pathways;
- describe the working arrangements with collaborative commissioning oversight groups in place between NHS England specialised commissioning teams and CCGs and with NHS England Health and Justice teams who have direct commissioning responsibility for the Children and Young People’s Secure Estate. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres;
- set out the steps towards agreeing a clear role for schools and colleges locally including providing locations for delivering accessible services;
- ensure coherence with local priorities and the child mental health requirements in the existing 15/16 joint planning guidance; and critically
- set out clear metrics so that success can be measured and be transparent.

4.2.4 The reduction of inequalities in access and outcomes is central to the whole transformation work programme. Local commissioners are reminded that they should make explicit in their plans how they have taken into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

### **4.3 Working with Health and Wellbeing Boards**

4.3.1 CCGs will need to work closely with their Health and Wellbeing Board partners including local authorities to develop an agreed local plan across all agencies with strong input from children, young people and those who care for them.



- 4.3.2 Key drivers for the quality of any local offer should be the local Health and Wellbeing Board's Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy. Health and Wellbeing Boards, supported by the local government-led health and wellbeing system improvement programme and Public Health England, should ensure that both the JSNA and the Joint Health and Wellbeing Strategy address children and young people's needs effectively and comprehensively. Arrangements should make appropriate links to the statutory requirements around joint commissioning, local offer and individual Education, Health and Care plans for children and young people with SEND.
- 4.3.3 The assurance process will require Transformation Plans to be signed off by the Health and Wellbeing Board. We recognise that some HWBs may not meet within the timeframe required by this guidance. We suggest that a representative from the HWB is nominated to take responsibility for signing off the Plan. This could include the Chair of the HWB, the Director of Children's Services, the Director of Public Health, lead member for children's services or the portfolio holder for health.

#### **4.4 Working with NHS England Specialised Commissioning**

- 4.4.1 CCGs will need to work with their local Specialised Commissioning teams and collaborative commissioning oversight groups. Plans submitted should reflect the overall vision that children and young people would be treated as close to home as is possible, supporting children and young people to stay in the community when safe and appropriate but also ensuring access to specialist inpatient care when required. NHS England should ensure that the baseline finance and activity includes that commissioned directly by NHS England. We recognise that realigning the system will take time, but will look to see that planning includes a joined up approach across the whole care pathway indicated by Transformation Plans including content agreed with and signed off by a representative of the local Specialised Commissioning Team.

#### **4.5 Developing a comprehensive and transparent local offer**

- 4.5.1 Transformation Plans will need to demonstrate commitments to:

##### **Transparency**

- with local commissioning agencies giving an annual declaration of their current investment and the needs of the local population across the full

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range of provision for children and young people's mental health and wellbeing;

- providers declaring what services they already provide, including staff numbers, skills and roles, activity (referrals received, referrals accepted), waiting times and access to information;

Please note: the annual declaration should relate to the 12 month period ending 31<sup>st</sup> March 2015.

### **Service transformation**

- sign up by all partners, commissioners or providers, to a series of agreed principles covering; the range and choice of treatments and interventions available; collaborative practice with children, young people and families and involving schools and colleges; the use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision;

### **Improving the data and IT infrastructure**

- in a devolved system good data is essential. Robust service planning is based on good information and requires access to data demonstrating outputs and outcomes;
- data set development is underway to combine the current Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS). This new data set will include the specifications for providers of eating disorder services to use to measure referral to treatment pathway activity and outcomes for the assessment and treatment of children and young people;
- the Information Standards Notice which mandates the NHS and system suppliers to make the relevant changes was published on 16 July 2015. Providers are mandated to begin collecting the relevant data no later than 1 January 2016;
- services commissioned by the NHS should put in place plans for the collection of the MHSDS. These plans will need to include both changes and improvements to system infrastructure and training programmes for clinical, administrative and managerial staff on how to record the data and in particular how to routinely collect/use clinical outcome data and other

feedback and monitoring in treatment sessions to the benefit of their clients. Research shows that where outcome measures are collected used and fed back to clients in treatment sessions, outcomes improve. The adult IAPT programme now has data returned on over 95% of cases of anxiety and depression returned, allowing commissioners the opportunity to see levels of recovery and reliable change and commission accordingly;

### **Monitoring improvement**

- Development of a shared action plan and a commitment to review, monitor and track improvements with appropriate governance structures.

## **4.6 Key action for local areas**

4.6.1 Local areas need to develop their Transformation Plans and complete the high level summary Template and self-assessment checklist attached at Annex 1 and 2. Our aim is to ensure planning activities are coordinated to build a shared local vision for a 5 year programme of transformation to improve children and young people's mental health with buy in from all key stakeholders. It will also allow a focus for planning teams and senior decision makers to build maturity across the local area.

## **4.7 Specific deliverables in 2015/16**

4.7.1 Transformation Plans should cover the full breadth of local service provision for children and young people's mental health and wellbeing. They will also need to reflect a clear focus on specific deliverables for which additional funding has been allocated in particular Eating Disorder Services for children and young people.

## **4.8 Developing best evidence based community Eating Disorder services for children and young people**

4.8.1 Joint commissioning guidance<sup>4</sup> from NHS England and the National Collaborating Centre for Mental Health (NCCMH) published alongside this document defines best practice model of care and waiting and access standards for Eating Disorder services for children and young people. Local Transformation Plans should include details of how local areas will enhance or

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<sup>4</sup> Access and Waiting Times Standard for Children and Young People with an Eating Disorder : Commissioning Guide: NHS England and NCCMH, July 2015

develop their community eating disorder services in line with the new guidance and if any capacity is freed up by the new community teams how it will be redeployed to improve crisis and self-harm services. CCGs and providers will need to plan together to commission services/teams across the appropriate population footprint to deliver timely access to an evidence based service that includes self-referral pathways.

#### **4.9 Working with schools: joint training pilots**

- 4.9.1 *Future in Mind* emphasised the importance of schools in supporting children and young people to develop resilience and good emotional and psychological health. Schools play an important role in the lives of our children and young people and teachers can often be the first professional to raise concern.
- 4.9.2 There are a number of professionals in school settings who are well placed to offer support, from SENCOs, Educational Psychologists, school nurses, school counsellors and pastoral care staff. *Future in Mind* proposed that local child and adolescent mental health services develop links to schools through named contacts with the aim of making mental health support more visible and easily accessible, and to improve communication.
- 4.9.3 We are aware these arrangements are already in place in many local areas and would encourage this development universally. To assist further, DfE and NHS England are jointly commissioning a pilot training programme and are making available funds to 15 CCGs, each working with up to 10 local schools, to test the training and concept further.
- 4.9.4 Local areas who have applied to take part in the pilot should reference this in their returns

#### **4.10 Participation in the Children and Young People's Improving Access to Psychological Therapies service transformation programme (CYP IAPT)**

- 4.10.1 Community services in the NHS, voluntary sector and based in local authorities in CAMHS partnerships covering 68% of the 0-19 population are already working with the CYP IAPT programme. These local area partnerships of commissioners and providers work with the CYP IAPT programme to deliver greater access to a choice of evidence based, outcomes focussed interventions delivered in collaboration with children and young people. These CAMHS partnerships are already able to request further training and support,

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and new partnerships able to access the current CYP IAPT Learning Collaboratives have the opportunity to join the programme in 2015-16.

### 4.10.2 Local Transformation Plans should identify if local services are part of the CYP IAPT programme or intend to join in 2015-16.

In summary, Local Transformation Plans should demonstrate they:

- have been designed with, and are built around the needs of, CYP and their families;
- are based on the mental health needs of children and young people within your local population;
- provide evidence of effective joint working both within and across all sectors including NHS, public health, LA, social care, youth justice, education and the voluntary sector;
- include reference to other improvement initiatives such as the Crisis Care Concordat;
- include evidence that plans have been developed collaboratively with NHS England Specialised and Health and Justice Commissioning teams;
- promote collaborative commissioning approaches within and between sectors
- clarify status within the CYP IAPT programme
- include the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015;
- include spend on services directly commissioned by NHS England on behalf of the CCG population;
- will be published on the websites for the CCG, Local Authority and any other local partners;
- are based on delivering evidence based practice and focused on demonstrating improved outcomes;
- make explicit how you are promoting equality and addressing health inequalities;
- will be monitored by multi-agency boards for delivery supported by local implementation / delivery groups to monitor progress against your plans, including risks;
- include baseline information for April 2014-March 2015 on referrals made, accepted, and waiting times;
- include workforce information, numbers of staff including whole time equivalents, skills and capabilities;
- include measurable, ambitious KPIs;
- have been costed and are aligned to the funding allocation that you will receive;
- take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem).

A self assessment checklist is attached at Annex 2

## 5 Assurance of Local Transformation Plans

### 5.1 Bespoke Assurance Process for 15/16

- 5.1.1 All Local Transformation Plans will be assured by NHS England, led by Directors of Commissioning and Operations (DCO's). The process will be backed by a programme of regional and national support, including with assurance support from PHE Regional Offices.
- 5.1.2 In year one because this activity falls outside the normal planning cycle, a "one off" bespoke assurance process has been designed to ensure that the necessary preparatory work takes place in 15/16 to establish Plans with clear baseline information and a shared ambition across all local partners for future years.
- 5.1.3 We recognise that in some areas, agencies started joint detailed work following the publication of Future in Mind in March 2015, and the subsequent letter to the system in May from Bruce Keogh and Richard Barker so will already be developing plans at pace locally. For these areas, there will be the opportunity to submit plans for assurance with a first wave deadline of 18th September. For other areas that require further time, the main deadline for plan submission will be 16th October.
- 5.1.4 The assurance process is designed to align with the current CCG assurance process with the tracking templates forming the basis of monitoring and discussion. The intention is to integrate within the mainstream planning framework from 2016/17 onwards and will require CCGs working closely with their local Health and Wellbeing Board partners, NHS England Specialised Commissioning and other key agencies including education to refresh their plans and to monitor improvements. These are living documents.
- 5.1.5 **In year one, the assurance process is based on the submission of:**
- **Local Transformation Plans together with a high level summary (using the form at Annex 1);**
  - **the completed self-assessment checklist (Annex 2); and**
  - **completed tracking templates which will be used to evidence and monitor progress (Annex 3).**

5.1.6 The lead CCG submitting the Plan and associated documentation on behalf of the local Health and Wellbeing Board and wider partners will need to confirm that the Plans cover and evidence:

- compliance with the core principles and ambition described in *Future in Mind* and reflected in this guidance;
- arrangements for engagement and partnership working including with children, young people and those who care for them;
- sign off by the local Health and Wellbeing Board represented by the HWB Chair, DCS, DPH, Lead Member for children and young people or the portfolio holder for health;
- sign off by the local NHS England Specialised Commissioning team:
- transparency about service provision and levels of investment, baseline information and ambitious stretch targets. CCGs and local partners must publish their Local Transformation Plans making sure these are clear and accessible to all;
- commitment to delivering a choice of best evidence based, outcomes focussed and values based interventions;
- governance arrangements including monitoring of progress and risks; and
- sound financial planning.

## **5.2 Assessing where you are now: baseline information**

5.2.1 As part of ensuring that the proposed Plan is credible and supported by evidence that demonstrates sufficient resource and leadership is in place to make it happen, the assurance process will require CCGs and their local partners to establish and make publically available initial high level baseline information on workforce, activity and spend, key local performance indicators (KPIs) and desired outcomes. Local areas will need to outline how their plans will deliver in line with the national 2020 ambition to increase capacity and capability across the whole system.

5.2.2 A financial tracker template to monitor how the additional monies are being spent alongside how CCGs are working together in line with the new commissioning guidance for Eating Disorder is attached at Annex 3.

5.2.3 The purpose of the initial assurance process is to ensure that plans are sufficiently developed to secure the delivery of service transformation. The intention in future is that the documents produced in support of the narrative plan then form the basis of monitoring to ensure that plans are delivered subject to refresh and development through the planning and assurance cycle.

5.2.4 The key assurances we will seek nationally are that:

- Local Transformation Plans are published and made widely available;
- children, young people, those who care for them and all local partners have been involved in developing the Plans;
- the additional money is being spent for the purposes intended;
- locally determined KPIs are being met.

5.2.5 There are three possible outcomes to the initial assurance process:

- if the plans meet the assurance criteria in full, CCGs will receive all the funds allocated as shown in Annex 4;
- if Transformation Plans need minor clarification or amendment, the CCG will be asked to resubmit showing that the clarification and amendments have been made and funding will be allocated;
- if Plans are not aligned to the requirements set out in this guidance , further funding will not be released until the plans are satisfactory. A support mechanism will be put in place to support these CCGs in developing their Plans.

### **5.3 Allocation of additional funds**

5.3.1 CCGs will be allocated a share of the new monies based on the standard CCG allocation formula. In the first instance, CCGs will receive their share of the money allocated for Eating Disorders with the publication of this guidance. As set out in section 5.1, confirmation that the Eating Disorders monies are recurrent and release of further funds will be conditional on the assurance process.

### **5.4 Timelines**



5.4.1 The headline timelines for developing Local Transformation Plans and the allocation of extra funding for improving children and young people's mental health and wellbeing is summarised in the table below.

1.	Publication of Transformation Planning and Eating Disorder commissioning guidance with initial allocation of Eating Disorder Monies	w/c 3 August 2015
2.	CCGs working closely with HWBs, local partners and NHS England Specialised Commissioning to develop their Local Transformation Plans	from August onwards and by no later than 9 <sup>th</sup> October 2015
3.	First window for submission for assurance at regional level	18 <sup>th</sup> September 2015
4.	Second window for submission for assurance at regional level	16 <sup>th</sup> October 2015
5.	Assurance process completed and further funding released.	By first week November 2015
6.	Transformation Plans published locally	October to November 2015
7.	Transformation Plans inform 2016/17 CCG commissioning intentions	Q3 and Q4 2015/16
8.	Review and development of Transformation Plans embedded in mainstream planning processes across local agencies	From 2016/17 onwards

## 5.5 Resources to support implementation

5.5.1 Alongside the development of locally driven transformation plans, a national cross sector programme is being developed with key national partners in support of these efforts including work to tackle stigma, improve access to information, build the capacity, capability and confidence of both the specialist and wider workforce and to improve data and information.

5.5.2 NHS England will be working closely with National Collaborating Centre for Mental Health (NCCMH) and with other key partners such as the HSCIC, Public Health England, Health Education England, the Local Government Association and Association of Directors of Children's Services, Monitor, the NHS Trust Development Authority and the Care Quality Commission to ensure effective system support and alignment.

### Regional resources to support transformation planning and implementation

5.5.3 Part of the funding allocation will be “top-sliced” to support CCGs to develop their plans for service transformation. It will also support regions in their preparatory work and enable them to establish regional assurance teams. .

5.5.4 Regional networks coordinated by NHS England have been advised that preparedness work should comprise the following key elements:

- raising awareness of the requirements of the Transformation Plans and the importance of strong joint working arrangements for delivering improvements in children and young people’s mental health outcomes;
- engagement with all stakeholders including children, young people and those who care for them;
- bringing together local experts and establishing quality improvement networks, ensuring effective linkage with strategic clinical networks and existing networks in other partner organisations;
- understanding baseline performance and undertaking a gap analysis;
- supporting commissioners and providers to be ready for the new data collection requirements of the MHSDS;
- supporting local workforce development planning;
- supporting those areas that are not part of the CYP IAPT programme to join the transformation programme; and
- using data and information on particularly vulnerable groups such as looked after children, care leavers and those at risk or in contact with the Youth Justice System to make sure those with complex and multiple needs are considered at all levels.

For more information, please contact your NHS England DCO team.

## 6 Annex 1: Local Transformation Plans for Children and Young People’s Mental Health

Please [use this template](#) to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

### Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary

**Q1. Who is leading the development of this Plan?**

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

**Q2. What are you trying to do?**

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people’s mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?) Please tell us in no more than 300 words

**Q3. Where have you got to?**

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

**Q4. Where do you think you could get to by April 2016?**

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

**Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words**

Plans and trackers should be submitted to your local DCOs with a copy to [England.mentalhealthperformance@nhs.net](mailto:England.mentalhealthperformance@nhs.net) within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to [england.camhs-data@nhs.net](mailto:england.camhs-data@nhs.net) for analysis and to compile a master list

## 7 Annex 2: Self assessment checklist for the assurance process

Please [complete the self-assurance checklist](#) designed to make sure that Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

**PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text**

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
<b>Engagement and partnership</b>		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
a. Have been designed with, and are built around the needs of, CYP and their families		
b. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector		
c. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,		
d. promote collaborative commissioning approaches within and between sectors		
Are you part of an existing CYP IAPT collaborative?		
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
<b>Transparency</b>		
Please confirm that your Local Transformation Plan includes:		
a. The mental health needs of children and young people within your local population		
b. The level of investment by all local partners commissioning children and young people’s mental health services		
c. The plans and declaration will be published		

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on the websites for the CCG, Local Authority and any other local partners		
<b>Level of ambition</b>		
Please confirm that your plans are:		
a. based on delivering evidence based practice		
b. focused on demonstrating improved outcomes		
<b>Equality and Health Inequalities</b>		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities		
<b>Governance</b>		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery		
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks		
<b>Measuring Outcomes (progress)</b>		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process		
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers		
<b>Finance</b>		
Please confirm that:		
a. Your plans have been costed		
b. that they are aligned to the funding allocation that you will receive		
c. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)		

.....  
 Name, signature and position of person who has signed off Plan on behalf of local partners

.....  
 Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

## **8 Annex 3: A tracking template to monitor and review progress**

[Download here](#)

## **9 Annex 4: Details of financial allocations to CCGs**

[Download here](#)

## **10 Annex 5: Useful resources**

[Future in Mind](#)

[Tier 4 Review](#)

[NHS England Tier 4 Service Specification](#)

[NHS England Model Targeted and Specialist Services \(Tier 2/3\) service specification](#)

[NHS England Model Transition Specification](#)

[DfE Guidance on Behaviour](#)

[DfE Guidance on Counselling](#)

[Transforming Care](#)

[Crisis Care Concordat](#)

[Chimat: Youth Justice](#)

[Chimat: CAMHS](#)