

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
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	6.15.5, 6.15.6, 6.15.7, 6.3, 6.3.1, 6.3.2, 6.3.3, 6.3.4, 6.3.5 6.2, 6.2.1, 6.2.3, 6.3.4 5.4, 5.4.1, 5.4.2, 5.4.3, 5.4.4, 5.4.5, 5.4.6 3.4, 3.4.1, 3.4.2, 3.4.3, 3.5, 3.5.1 3.1, 3.1.2, 3.1.3, 3.1.4, 3.2, 3.2.1-12 3.3.1-3.3.10
2. 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	Y	6.1.1, 6.1.2 5.5.1-5.5.22 5.7.1-5.7.6 5.8.1-5.8.38 6.16.1-6.16.9
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	4.5.1 4.3.1-5.3.14 4.4 4.6.1-4.6.10 4.2.1-4.2.4 1.4 10.1.1 4.2.2-4.2.4
4. promote collaborative commissioning approaches within and between sectors	Y	1.4 4.1.1-4.1.6 4.2.1-4.2.4 4.3.1-4.3.14 4.4 4.5 4.6 6.16.3, 6.16.5, 6.16.8

Are you part of an existing CYP IAPT collaborative?	N	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N	Not at present but please note the revised CAMHS model is built on CYP IAPT principles. These can be referenced at; 6.1.3 6.1.4 6.13.1 – 6.13.6 1.4 11.3
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	5.1.1-5.1.8 5.2.1-5.2.4 5.3.1-5.3.13
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	7.1.1 7.1.2
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	10.1.3
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	6.11.1, 6.11.2 6.12 6.13.1 6.5.1-6.5.3 6.6.1-6.6.14 6.1.3 6.1.4
2. focused on demonstrating improved outcomes	Y	6.10.1-6.10.3 6.15.9-6.15.17 6.4.1-6.4.7
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	6.7.1-6.7.17 2.4.1-2.4.8
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	4.1.1-4.1.6 1.4 10.1.1
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	1.4 10.1.1

Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	2.1.1 2.2.1-2.2.10 2.3.1-2.3.35
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	9.1.1-9.1.4 9.3.1 9.3.2
Finance		
Please confirm that:		
1. Your plans have been costed	Y	7.1.1 7.1.2
2. that they are aligned to the funding allocation that you will receive	Y	7.1.1 7.1.2
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	7.1.1 7.1.2

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

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

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