

## Appendix 4: Self-assessment checklist for the assurance process

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:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	5.4.4, 5.4.5, 6.4 – 6.8
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	5.2.3, 5.4.1, 5.4.19, 10.2 – 10.6
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	10.1
4. promote collaborative commissioning approaches within and between sectors	Y	5.4.1 – 5.4.19
Are you part of an existing CYP IAPT collaborative?	Y	5.2.4 – 5.2.5
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		N/A
<b>Transparency</b>		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	3.1 – 3.9
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	4.2
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	10.1
<b>Level of ambition</b>		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	1.4, 2.1, 2.2, 5.4.6, 7.1, 8.7, 9.22
2. focused on demonstrating improved outcomes	Y	1.3, 1.4, 2.1, 2.2, 5.4.7, 5.4.8, p23-29, 9.22
<b>Equality and Health Inequalities</b>		
1. Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	8.5, 8.8, 8.10, 9.15
<b>Governance</b>		
1. Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	10.2 – 10.6
2. Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	10.2 – 10.6
<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	Y	Attached

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Please confirm that your plans include measurable, ambitious KPI's and are linked to the trackers	Y	P23 - 29
<b>Finance</b>		
Please confirm that:		
1. Your plans have been costed	Y	
2. that they are aligned to the funding allocation that you will receive	Y	
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

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

**Steve Heath, Care Pathway Advisor**

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