

Agenda item 6

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2017

Report of Strategic Director Children's Services

**DERBY AND DERBYSHIRE CHILDREN AND YOUNG PEOPLE'S FUTURE
IN MIND NEEDS ASSESSMENT, AND THE REFRESH OF THE LOCAL
TRANSFORMATION PLAN**

1. Purpose of the report

To update the Board on the development and next stages of the Future in Mind Health Needs Assessment and the refresh of the Local Transformation Plan.

2. Information and analysis

"For children aged 5-19 the single largest burden of disease is due to mental health conditions" (Institute for Health Metrics and Evaluation, 2013).

The 2015 report of the Children and Young People's (CYP) Mental Health Taskforce Future in Mind (FiM), jointly chaired by NHS England and the Department of Health, established a clear direction and key principles about how to make it easier for CYP to access high quality mental health care when they need it.

In October 2015 Derby City and Derbyshire County Councils, and the four Derbyshire Clinical Commissioning Groups (CCGs) submitted a single FiM Local Transformation Plan (LTP). This plan outlined the actions that the local units of planning would jointly undertake to support improvements. The LTP is reviewed by NHS England, and the next refresh is required in October 2017.

The LTP established the Derby and Derbyshire FiM Core Commissioners and Stakeholder Groups. These groups represent the four Derbyshire CCGs, Derby City and Derbyshire County Councils, and partners from across the NHS, Public Health, Local Authority, Youth Justice and Education sectors. FiM has become a workstream of the Children and Maternity Sustainability and Transformation Partnership (STP) Delivery Group.

The vision of the single shared LTP is that, 'children and young people are able to achieve positive emotional health by having access to high quality,

local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.’

In order to achieve the local ambition, it was agreed that a comprehensive Health Need Assessment (HNA) should be produced as a platform and driver for local service transformation, with a view to making it a part of a cycle of monitoring, evaluation and continuous improvement. This assessment will form a substantial chapter of both the Derby and Derbyshire Joint Strategic Needs Assessments (JSNA).

The HNA is presently being concluded and a number of themes and issues have emerged that include:

- As a system we are likely only to be engaging and supporting one in every four children and young people with a mental illness
- Evidence suggests that one in every ten school-aged children will suffer a mental illness, but that this will vary across vulnerable groups. For example, prevalence of mental illness in looked after children will be as much as 45%, and in the youth justice system as many as 1 in 5 (with some national estimates being as high as 80%)
- An estimated 13,000 CYP are currently experiencing mental ill health across Derby and Derbyshire
- Bullying remains a significant issue for CYP, with appearance, race, culture and religion dominating reasons behind it
- Schools are an important setting for CYP, but teachers do not always feel trained and able to support individuals with issues of emotional wellbeing
- Eligibility for ‘Pupil Premium’ is associated with deprivation, which is associated with poor outcomes for CYP. So in knowing which schools have greatest uptake of the premium we have a means of targeting interventions effectively
- There is inequity in referrals into and waits for Child & Adolescent Mental Health Services (CAMHS) services by geography, though the services themselves, including CAMHS RISE in the south of Derbyshire, continue to support good outcomes
- Parents of adolescents are the most unsupported of all groups of parents, yet they are likely to play one of the more significant roles from crisis through to recovery.
- A summary of both qualitative and quantitative analysis undertaken as part of the HNA process reveals the following key challenges for the local system:
 - Priority CYP with a diagnosable mental illness include those with conduct disorders, emotional disorders and eating disorders
 - Priority vulnerable CYP include: those providing care; re-offenders; those with a learning disability; self-harming; LGBTQ young people; pre-school children; BME groups

- Priority risk factors for poor mental health, include: excess weight; unstable families and domestic violence; smoking during pregnancy; homelessness; child poverty; use of drugs and alcohol; stigma and awareness; bullying (including cyber bullying); access to services.
- Priority protective factors for good mental health, include: being school-ready; good educational attainment; breastfeeding; being physically active and opportunities for positive social activities; parental attachment; positive and consistent school/teacher support; integrated health, care and education system.

As well as significant data collation and analysis, the process has also involved a number of stakeholder engagement events, including at Children's Families and Learners Board in July 2017 and Voices in Action Youth Council in August 2017.

Key areas distilled from the HNA to inform the refresh of the LTP, include:

- To develop further the support offer to parents, to empower families to become more aware of and resilient to mental ill health in CYP, with a particular focus on conduct disorders.
- To develop further a whole-school approach to prevention and early intervention, including training for teachers and opportunities for CYP to comfortably and confidently talk about mental health during the school day.
- Transforming care of CYP with complex and comorbid needs, such as those who have a learning disability coupled with self-harm and behavioural difficulties, or eating disorder with autism, through intensive home-treatment.
- Developing the workforce, both in breadth of number and depth of skill, aligned to national FiM targets. This will be underpinned by the principles of Improving Access to Psychological Therapies (IAPT).
- Building community capacity, specifically in the voluntary and community sector (VCS), which should be coherent and Derbyshire-wide. A peer support, befriending scheme, online and telephone based provision for CYP needs to be embedded in the VCS offer.
- Continuing to work with NHSE to develop new and alternative models of care to respond to need differently, with a focus on enhanced community provision, the development of safe places and avoidance of higher cost CAMHS hospital and Tier 4 admission where less appropriate.
- To work alongside the development of 'place-based' commissioning to strengthen our support to CYP in their local area, including through Primary care, Public Health Nursing, Early Help and Schools.

The LTP is refreshed on an annual basis. We have gone through a consultation process regarding the health needs assessment which is then informing the priorities within the LTP. This work has been undertaken by a

team of staff, working together, across the CCGs and Local Authorities and covering the STP footprint.

3. Background Papers

The NHS England and Department of Health's publication, Future in Mind, can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

The NHS England 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing' guidance document can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

The Derby and Derbyshire current and approved Local Transformation Plan can be found here:

https://www.derbyshire.gov.uk/images/Agenda%20item%209-%20Future%20in%20Mind%20update_tcm44-272471.pdf

4. Links to the Health and Wellbeing Strategy

The FiM assurance process requires the local LTP to be jointly signed off by Health and Wellbeing Boards and the NHS England Specialised Commissioning local team. The FiM plan supports the Health and Wellbeing Strategy priority to support the emotional health and wellbeing of young people.

Key drivers for the quality of the LTP should be the JSNA and Joint Health and Wellbeing Strategy. Health and Wellbeing Boards should ensure that both documents address children and young people's needs effectively and comprehensively.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the development, key themes and next stages of the HNA.
2. Agree to the priorities listed as the strategic shift within the refreshed LTP.
3. Agree to receive the final HNA and LTP in December 2017 and for the Chair to agree the refreshed LTP on behalf of the Board.

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