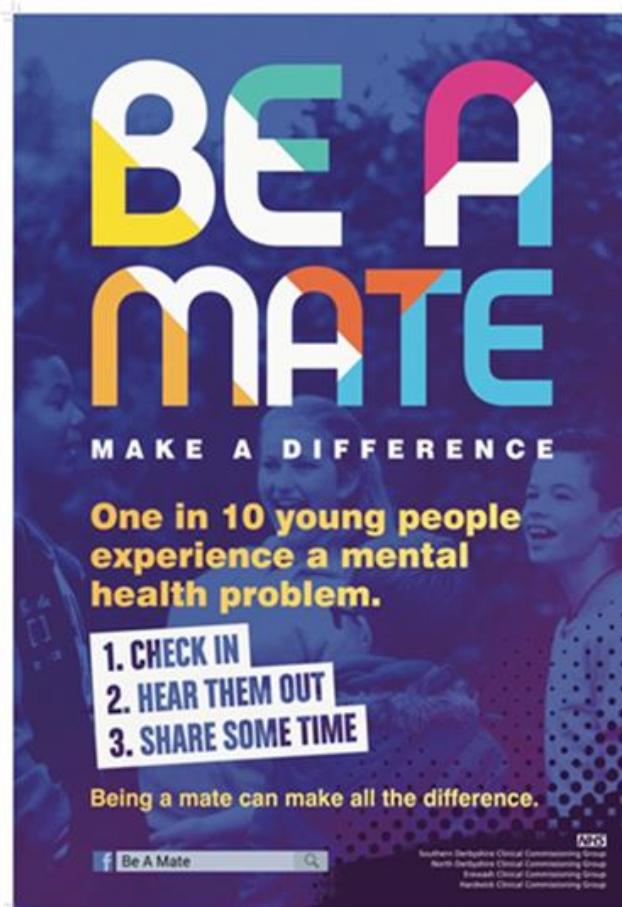


Derbyshire Sustainability and Transformation Partnership Future in Mind Local Transformation Plan Refresh November 2018

Our STP covers; Hardwick, Erewash, North and Southern Derbyshire CCGs and Derbyshire and Derby City Local Authorities

**Joined Up Care
Derbyshire**



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1. Foreword

We are now entering the fourth year of our five year Future in Mind Programme. At this point in the programme we need to ask – what is different, what has changed for children, young people (CYP) and their families? Can we be assured that Future in Mind will have impacted across the system by 2020?

Across Derby and Derbyshire we have exceeded our access targets last year and are providing support to more children and young people who have emotional, psychological and mental health needs.

We have seen the effectiveness of whole school programmes in changing attitudes and starting conversations about emotional and mental health. Stakeholders tell us there is a growing understanding across the system around this issue.

Our ‘Be a Mate’ anti-stigma campaign is also becoming more embedded.

There are examples throughout the plan of what has been achieved so far. However, this year we have faced a number of challenges as a programme which have impacted on our progress. We have had to decline the offer to be a Green Paper trailblazer site this year, although we hope to join in future years.

Whilst we have been realistic in our approach to planning for the coming year in this refresh, we are keenly aware that our programme must deliver real difference for the children and families that rely on the support of our services.

In reality the vast majority of these will not have read or even be aware of this written plan – but our commitment is to ensure that they experience continuing improvements in service provision each year. Our local vision remains:

“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.”

However, we also need to consider how we can support the creation and maintenance of a climate of positive wellbeing for all children and young people, before interventions become necessary at all.

We have refined our five strategic priorities based on our Derbyshire and Derby Children and Young People’s Mental Health and Emotional Wellbeing Health Needs Assessment (2017) and these have been tested and considered by our wide range of stakeholders.

A running theme across the footprint is to consolidate and improve the consistency of our offer across Derbyshire and Derby City.

We also recognise the shift of focus to the impact of interventions and outcomes for children and young people rather than on the activity within the system. In response we are working across the Sustainability Transformation Partnership (STP) to introduce Outcomes Based Accountability (OBA) to enable this.

Finally, we would like to express our thanks to all colleagues and key partners: our CCGs, two Local Authorities, provider organisations, schools, Healthwatch, and especially our children and young people. Without this whole system working the programme would not have

delivered the achievements of this and previous years and would not be able to continue to improve and develop our services.

Dr Isobel Fleming,
Senior Responsible Officer for the Derbyshire and Derby Future in Mind Programme on behalf
of the Future in Mind Board

2. Transparency and Governance

The refreshed Derbyshire Future in Mind Local Transformation Plan (LTP) will be republished on each Clinical Commissioning Group (CCG) and Local Authority websites. It will also be circulated widely to stakeholders, including a summary for children and young people, parents and carers. Our Derbyshire and Derby Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment (2017) is also published on the websites.

Future in Mind is one of the key priority work areas in the Children's work-stream of our Sustainability Transformation Partnership (STP): Joined Up Care Derbyshire, and is within the governance of the STP, covering the same footprint. There is joint commitment across CCGs and Local Authorities (LAs) to deliver the STP. We are also working to align Future in Mind with Local Children's Partnerships to ensure the plans can be implemented at community level.

The 4 Derbyshire CCGs are intending to merge in April 2019, subject to NHS England approval. As part of this reorganisation, joint children's commissioning arrangements are under review.

The LTP includes planned trajectories for finance detailing how the Future in Mind investment is impacting upon the whole system of Children's Services (See Appendix 2 on Page 10).

In compiling the LTP there has been significant ongoing engagement and co-production with a wide variety of stakeholders. Children and Young People were engaged in the development of the Future in Mind Programme. During the last year, engagement on the Programme has included:

- Primary School Heads Conferences
- Schools and providers through the Schools Links Project
- Locality based Schools Events
- Green Paper Consultation Events
- Derbyshire Children's Partnership Board and Youth Council representatives
- A conference on supporting the mental health of students

We have consulted with Local Authorities, Education, NHS services and Community Providers through the Future in Mind Board Meeting (chaired by the Derbyshire County Council Director of Children's Services), both County and City Health and Wellbeing Boards, attendance at Children's Locality Partnership Meetings and Children's STP Board and strengthened links with the Transforming Care Programme Commissioners to increase the collaboration between the programmes.

Areas stakeholders report are working well:

- General consensus that understanding and discussion around mental health is improving
- Improved joint working and collaboration between agencies to support children's need
- Community triage in supporting early intervention
- Place based/locality working from our pilot area, Erewash

A summary of the key feedback for this year's LTP is:

- Have a stronger focus on prevention
- Continue to develop our 'Be A Mate' Anti Stigma ambassadors and champions within communities
- Even earlier intervention, such as with nurseries and in pre-school settings
- Clearer guidelines around job roles to define what mental health training is required for each level, and to offer clearer consistent training to meet this
- More consistency across city and county and guidance on where to go for what support and intervention
- Focus on young people who are out of education and/or post 16
- Focus on vulnerable groups (specifically those who have been abused, those on child protection plans, those who have had Adverse Childhood Experiences and those with other complexities i.e. Autism Spectrum Disorder (ASD))
- Greater focus on transition to adult services/life and those with mixed diagnosis
- Further develop and increase Specialist Community Advisor provision to support signposting, support and advice in schools and primary care

Our Key Achievements in 17/18

- 31% of children and young people with a diagnosable mental health condition have accessed NHS funded mental health services
- We have trained over 1500 'Be a Mate' Anti Stigma ambassadors across schools
- Reduction in CAMHS inpatient admissions
- A sustained reduction in overall bed days
- We have reviewed our proof of concepts and are taking forward a longer term offer to support 'Targeted Early Intervention Services' to address children and young people's mental health
- We resolved the issue of flowing data from non- NHS providers with a plan to flow from September 2018 onwards
- We have been successful in receiving over £400,000 in Health and Justice Funding to improve outcomes for young people who offend

Summary of Key Actions for 18/19

Action	By when
Develop a consistent Parent/Carer support offer	May 2019
Develop a 3 year multiagency Workforce Development (WFD) plan that clearly states how the strategy will be implemented and reflects and consolidates current work	September 2019
Review Eating Disorder Pathway	March 2019
Review Emergency and Crisis care provision	June 2019
Health equity audit scope	August 2019
Whole School approach	Throughout 2019
Mobilise Targeted Early Intervention Offer	Throughout 2019

In last year's plan, we reported that young people and a wide variety of other stakeholders were engaged in the findings of the Joint Strategic Needs Assessment (JSNA) via conferences.

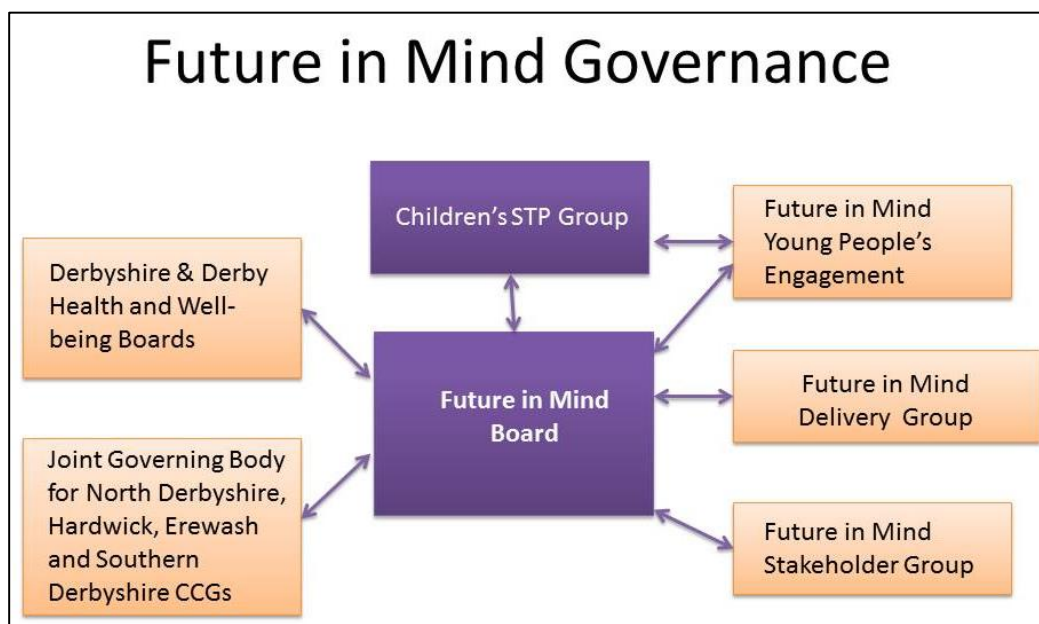
Children and young people, parent/carers and referrer feedback are also captured via all of our Future in Mind funded provision as business as usual. We use the outcome measure: *100% of young people are asked their views on service delivery and there is evidence that these views influence service improvement.*

We are also working closely with the Health and Justice CAMHS Transformation Manager to improve the mental health pathway for Children and Young People in the Criminal Justice System. This workstream is focussing on the needs of very vulnerable children and young people whose mental healthcare requirements can be hard to meet through conventional services. This includes those held within the CYP secure estate, those at risk of entering the secure estate, those in contact with sexual assault referral centres and those that have returned to the community following time spent within the secure estate.

Going forwards into 2019/20 the Future in Mind and Transforming Care Programme (TCP) plans are being reviewed together to ensure increasing join up. The Learning Disabilities, Mental Health and Children's Commissioning Teams are now working together under one directorate which should further enhance collaboration between the programmes, including the Special Education Needs and Disability (SEND) agenda.

We have clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and the LTP clearly evidences outcomes of existing services. See Figure 1.

Figure 1 – Future in Mind Governance Structure



The Future in Mind Delivery group operationally guides the commissioning of the programme.

The Future in Mind Board is made up of a Strategic Director of Children's Services (Chair), Children's Commissioners, Children's Clinical Lead for the CCGs, Clinicians and Managers

from local service providers including Health and Social care, Voluntary and Community services, Education, HealthWatch, Headteachers and the Police. The Board guides the Future in Mind Delivery Group in delivering the Future in Mind vision, promoting an STP wide approach to collaborative working and advising on strategic implications for the development of the programme to the wider system.

This year we will ensure the Safeguarding Children Boards are linked into our Future in Mind Board who are offered assurance on the progress within the plan and demonstrate that children are experiencing a positive impact.

Activities

Year on year targets have been agreed with NHS England (NHSE) for improving access and capacity for evidence based interventions. We have invested in traditional Child and Adolescent Mental Health Service (CAMHS) and community based services to meet these targets and we are measuring the results in collaboration with providers.

Our CYP Mental Health Access target for Derby City and Derbyshire for 2018/19 is 6508 individual Children and Young People supported (a 33.5% access rate). This was increased by NHSE based on our performance against the target in 2017/18. By Quarter 1 of this year, we have achieved a total of 2490 children and young people supported.

We are on track to achieve our 33.5% target in 2018/19. Due to significant reduction in CAMHS inpatient/TCP bed numbers we have received funding transfer from NHSE and this has been used to support community based packages for individual children and young people to reduce admissions.

The Table 1 below shows our estimated prevalence by CCG and across the STP, planned targets and actuals for 2017/18 and planned access rates for 2018/19. In addition to the actuals shown in the table, over six hundred 16 and 17 year olds were seen by our Improving Access to Psychological Therapies (IAPT) services which if counted in the access target would show that Derbyshire is already achieving a 34% access rate.

The CCGs plan to reach the 35% access rate by 2020/21.

Table 1: Mental Health Access Targets

	2b Total number of CYP with a diagnosable mental health condition	Planned CYP access rate 2017/18	2a Total number of CYP receiving treatment by NHS funded community services 2017/18	Actual CYP access rate 2017/18	2018/19 target	Planned CYP access rate 2018/19
North Derbyshire CCG	4623	20%	1510	33%	1480	32.0%
Hardwick CCG	2208	20%	596	27%	707	32.0%
Erewash CCG	1917	32%	715	37%	656	34.2%
Southern Derbyshire CCG	10699	32%	3275	31%	3665	34.4%
Derbyshire LTP Footprint	19447	28%	6096	31%	6508	33.5%

Future in Mind Finance (see Appendix 2)

There has been a year on year increase in the finances allocated through the Future in Mind Programme, traditionally shown against Transformation and Eating Disorder Plans. From 2018/19 onwards, we are allocating the finances against our 5 strategic priorities. In particular we have allocated significantly more funds to the support for parents and carers as it is a key priority. As we work to standardise the offer across the whole STP footprint we recognise that we will need to be even more effective in our use of resource. In addition, funds to complement the programme include:

- £400k of NHSE Health and Justice monies over the next 2 years to improve the health outcomes of young people who offend
- Over £500k for the Derby City Opportunity area for the delivery of plans to improve emotional health and wellbeing within all Derby schools as this is a significant priority identified by schools
- Almost £400k already invested to support improving the mental health of Children coming into care
- TCP Transformation funding for CYP of £200k over 2 years

All CCGs within this local transformation plan are committed to achieving the mental health investment standard throughout the Programme, in order to achieve the priorities around increasing the numbers of children with diagnosable mental health needs able to access evidence-based interventions, improving timeliness of access to community eating disorder services in line with national access and waiting time standards, and providing timely access to urgent and emergency mental health care.

Appendix 2: Future in Mind Finance 2015- 2020

2015/16

FiM Priority	NDCCG	HCCG	ECCG	SDCCG	Derbyshire Total
Eating Disorders	189,605	72,549	55,042	293,875	611,071
Transformation Plan	363,346	139,027	137,776	735,598	1,375,747
	552,951	211,576	192,818	1,029,473	1,986,818

2016/17

FiM Priority	NDCCG	HCCG	ECCG	SDCCG	Derbyshire Total
Eating Disorders	165,865	62,286	64,978	552,000	845,129
Transformation Plan	588,069	220,834	201,328	817,982	1,828,213
	753,934	283,120	266,306	1,369,982	2,673,342

2017/18

FiM Priority	NDCCG	HCCG	ECCG	SDCCG	Derbyshire Total
Eating Disorders	189,605	72,549	55,042	293,875	611,071
Transformation Plan	702,536	240,451	241,958	993,125	2,178,070
	892,141	313,000	297,000	1,287,000	2,789,141

2018/19

FiM Priority	Derbyshire Total
1: To further develop our engagement and support to parents and carers.	139,067
2: To develop further a whole-school approach to prevention and early help.	588,900
3: To develop a new care model responding to children and young people exhibiting complex needs.	1,089,905
4: To increase the workforce offer including blended learning approaches across professional groups	306,739
5: To develop a place-based approach to interventions and care supporting Primary Care, developing the Voluntary and Community Sector, linking to schools, and offering digital interventions.	1,216,346
Other (Programme Support)	230,382
	3,571,339

2019/20

FiM Priority	Derbyshire Total
1: To further develop our engagement and support to parents and carers.	124,667
2: To develop further a whole-school approach to prevention and early help.	625,000
3: To develop a new care model responding to children and young people exhibiting complex needs.	1,524,472
4: To increase the workforce offer including blended learning approaches across professional groups	224,667
5: To develop a place-based approach to interventions and care supporting Primary Care, developing the Voluntary and Community Sector, linking to schools, and offering digital interventions.	1,429,667
	3,928,473

3. Understanding Local Need

The completion of our Joint Strategic Needs Assessment (JSNA) for children and young people's (CYP) mental health in 2017/18 means that our plan has shifted the focus away from the obvious and more towards a strategic focus on priorities reflecting our shared strategic view on needs.

Our JSNA estimates 13,000 5-16 year olds across Derby and Derbyshire have a diagnosable mental health condition. Of those, 5,100 are likely to be suffering from stress, anxiety or depression; approximately 8,000 will have conduct disorders or/and Attention Deficit Hyperactivity Disorder (ADHD); a further 2,200 will experience a hyperkinetic disorder (a more severe form of ADHD).

Figure 2: The scale of mental ill health in Derby and Derbyshire children and young people

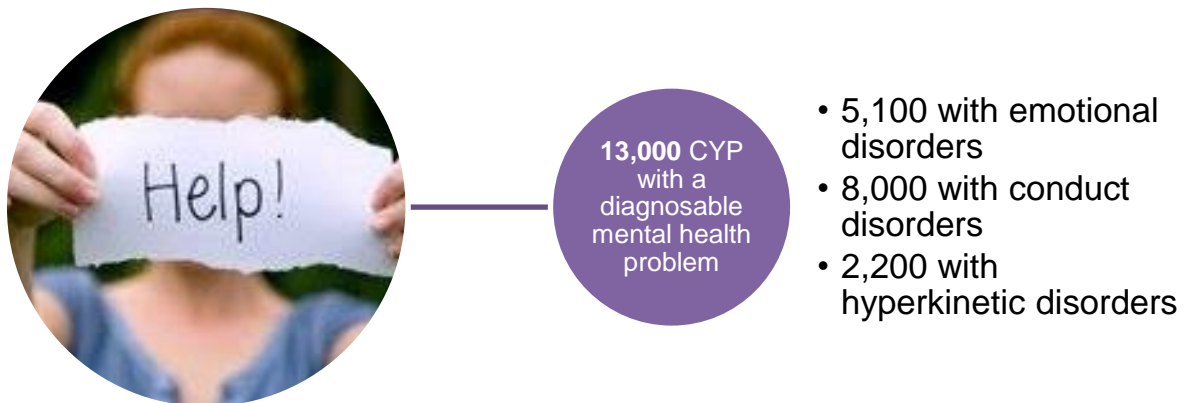


Figure 3: The level of child poverty in Derby and Derbyshire (2015)



Our JSNA can be found here: Children and young people's mental health and emotional wellbeing health needs assessment, Derbyshire and Derby 2017

<https://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/jointstrategicneedsassessment/derbycitycouncil-future-in-mind-health-needs-assessment-2017.pdf>

Population Projections

The number of births in Derbyshire as a whole is expected to increase by 2.1% over the decade up to 2027 (Office for National Statistics, Subnational Population Projections for Local Authorities in England (2014), 2016)

Headlines:

- The resident and registered 0-18 CYP populations of Derbyshire are similar at approximately 220,000 individuals, though there are fractionally more young people resident than there are registered (in part accounted for in the north-eastern High Peak District area where residents in Glossopdale will be included in the resident figures, but excluded if registered with Tameside & Glossop CCG)
- Derby City's CYP population forms the largest proportion of the total resident population at 24.4% (0-18), followed by South Derbyshire District at 22.9%
- The 10-14 year old population forms the largest CYP age group in the Derbyshire Dales area (28.1%), whereas for the other Local Authorities the 0-9 year age group forms the largest proportion
- Erewash CCG's profile is proportionally younger than for the other CCGs, with 27.1% of the total 0-18 group being accounted for by pre-school children
- Southern Derbyshire CCG have more 0-18 year olds registered with it than with the three other Derbyshire CCGs combined – One in two CYP registered in Derbyshire are known to Southern Derbyshire
- At its peak, it is estimated that there will be 469 more births in Derbyshire in 2024 than were born in 2016.

Ten key messages for Commissioners from the JSNA

1. It is estimated that **only one in four children and young people with a diagnosable mental illness will be known to services**. In two of the remaining three cases, parents/carers will be actively seeking help but not finding the right support. In some cases it can take 10 years before a young person receives a referral for the most appropriate treatment. In the final fourth case the child or family may not recognise the early signs or risk impacting upon the young person's mental health, or be too afraid to seek help due to stigma associated with it. Both professional and public stakeholders have said that we **need to do more as a system to destigmatise mental health**, raise awareness, clarity of services and support, and strengthen resilience both in the community and workplaces.
2. The number of births across Derby and Derbyshire are projected to increase over the forthcoming years. This will mean a year-on-year increase in the number of resident and

registered CYP and as such, a heightened demand on services unless a focus is given to risk and protective factors as much as it is to mental health services themselves. In total, it is estimated that there will be an additional 5,500 young people living in the local area over the next decade. **Getting upstream and stemming the flow of these CYP becoming new cases of mental illness in the future must be given equal priority.**

3. **Schools should be a protective setting and teachers, a supportive adult group.** However local data would suggest a correlation between the academic year and increased referral into CAMHS services. Young people will spend a significant amount of time in the school environment and it is important that teachers have the confidence to promote good mental health in their classes. Recent local research and engagement with stakeholders has demonstrated inequality between our schools and their belief in their own abilities to support pupils. **Professionals have suggested that a whole-school approach to prevention and early intervention be adopted**, incorporating training for teachers and support staff, as well as awareness raising amongst pupils as part of Personal, Social and Health Education (PSHE) lessons. **CYP themselves have suggested 'Mental Health Day' in schools**, as well as renewed resource to support them.
4. **One in five Year 7 and 8 children in Derbyshire report bullying, primarily because of race, culture and religion.** Social wellbeing is a key derivative of emotional wellbeing. That is, individuals who have a good relationship with others and do not demonstrate behavioural problems. A precursor to one in five young person suicides is bullying. Cyber-bullying specifically has become a much easier means of bullying in recent years and both professionals and the public have raised concerns throughout this Health Needs Assessment process of the role of new technologies. Protective factors against bullying include: **CYP being able to talk with their parents**; positive perceptions of the school and learning environment; feeling safe in the area that they live and being able to spend quality free time in and around the local area.
5. The Children and Families Act 2014 introduced the biggest reforms to SEND in a generation, aimed at making the system less confrontational, promoting better involvement of parents and increasing focus on outcomes and transition to adult life. In 2017, the third year of transition from historical statements to holistic education, health and care (EHC) plans, an average 70% of children across Derbyshire have not had an EHC implemented. Whilst considerable effort is being made to convert existing cases and ensure new cases have the EHC, this would suggest that **children and young people's needs are not yet being assessed in the most coherent way across all settings**. This is further backed up by looked after children data that suggests a lower than average completion of health assessments, particularly in the city.
6. There is **considerable variation in prevalence of mental illness across Derbyshire**. At CCG level, the estimated prevalence of diagnosable mental health disorders in CYP is greatest in NHS Hardwick CCG (10.2%). At District Authority level, estimated prevalence of conduct disorders in school age children is highest in Bolsover, Chesterfield and Erewash. Bolsover has the highest rate of total mental illness, which maps to Hardwick CCG. Of interest is that the estimated prevalence of common mental health disorders in the Hardwick CCG population aged 16-74 is lowest of the four CCGs (11.9%). This may suggest a greater risk to CYP in this area of Derbyshire, but possibly a more supportive model of care to ensure issues are identified and treated before transition to adulthood.
7. **Prevalence of mental illness is greatest in vulnerable groups and targeted interventions to offer the most suitable support must be available.** Amongst looked after children, for

example, prevalence is expected to be as much as 45%. A higher proportion of these children in Derby and Derbyshire are considered 'of concern' in respect of their emotional and behavioural health. One in three young carers support someone with a mental health condition and are likely to suffer, silently, with emotional difficulties of their own as a result. Across Derbyshire as a whole, there are proportionally more young people providing unpaid care compared with the national average. Black and minority ethnic groups are more likely to be diagnosed with a mental illness but also disengage from mainstream services. Derby City is a particularly diverse city with local estimates suggesting that over 180 nationalities are represented. 55% of lesbian, gay, bisexual, transgender (LGBT) young people report being subjected to homophobic bullying.

8. Areas of concern based on recently reported child outcomes for Derby and Derbyshire include: educational attainment; family homelessness; childhood obesity; 16-18 year old's not in education, employment or training; smoking during pregnancy; breastfeeding; A&E attendances; violent offences. All of these are risk factors for CYP mental health and emotional wellbeing and significant inequalities in outcomes exist in the local area. It is therefore critical to prevent these risk factors and promote protective factors in early, universal settings. **A key component to the success of the FiM programme will be the development of place-based care**, proportionate to the variance in need and outcomes in these new and emerging areas. **Appropriate access to services, particularly in rural areas, must also be given high priority.**
9. Both NHS North and Southern Derbyshire CCGs have higher than average rates of hospital admission as a result of self-harm in young people. However, **overall hospital activity for mental ill health is lower than average** and the CAMHS RISE (Rapid Intervention Support and Empowerment) model in the south of the county continues to have an impact. In Derbyshire, hospitalisation due to substance misuse (including Alcohol) and other risk factors, such as injury, are significantly higher than national average.
10. The rates of children in need, looked after children, new child protection plans, and in the youth justice system are higher than average and increasing, while the proportion of children not "school ready", with a learning difficulty, eligible for free school meals, and on fixed period exclusions (due to substance misuse) are also higher than average. In Derby, **significantly fewer development assessments for pre-school children are up-to-date when compared to the national average.** In Derbyshire, a higher rate of children in need referrals are received compared to the national average.

The JSNA moves our approach to being a whole-system approach bringing partners, children, young people and the current provision together with an even stronger focus on responding better to our children and young people's emotional, psychological and mental health and well-being needs.

Work against the five strategic priorities and progress made is described in Table 2 (page 21) and this highlights our understanding of local needs and identified 'at risk' groups as highlighted in our JSNA.

Below is a summary of priority areas for Derby & Derbyshire in tackling children and young people's mental ill health (Taken from the JSNA page 191).

1. Parental support

Parents and families should be empowered to become more aware of and resilient to mental health in children and young people. Parents should be enabled to gain the skills to self-manage illness in their children before it becomes too severe, with a comprehensive signposting to and support from professionals as needed. A particular focus should be given to those parents of pre-school aged children, and those with an existing conduct disorder.

2. School support

A whole school approach to prevention, supported by evidence-based programmes such as Mindfulness, needs to be developed. As a system we need to work towards a consistent standard of mental health and emotionally healthy schools. Teachers need to be enabled to offer support at a consistent level across Derby and Derbyshire schools, and school aged children given the opportunity to talk about mental health without the fear of stigma amongst peers.

3. Improved access

New and innovative means of supporting children and young people need to be developed. This should include online and telephone based provision, which will help to engage with harder to reach groups and our Black, Minority Ethnic and Lesbian, Gay, Bisexual, Trans communities. Alternative ways of enabling access to support will also facilitate access from communities in more rural localities, where distance to travel to services is an issue.

4. SEND and Transforming Care Programme

Children with complex and comorbid needs, such as those with a learning disability, autism and Attention Deficit, Hyperactivity Disorder (ADHD), require a comprehensive multi-agency and holistic person centred treatment plan in a their local community rather than residential care or tier 4 setting wherever possible. Considerations have been made in the plan to reflect the needs of the local population around increasing support at an earlier stage, particularly around Autistic Spectrum Disorders (ASD). The system will follow the principles of the national Transforming Care Programme.

5. Workforce development

The workforce, both in breadth of number and depth of skill, will be a fundamental enabler to the success of any support offered to children and young people. Underpinned by the principles of IAPT, the Derby and Derbyshire workforce and associated services should be delivered at a scale, reach and intensity proportionate to the levels of need across the area. Importantly they should be consistently offered, so that CYP are not disadvantaged depending on where they live or with which GP practice they are registered, within the Derby and Derbyshire footprint.

6. Peer support

We should build community capacity, specifically the voluntary and community sector offer which should be coherent and Derbyshire wide. Peer support and befriending should be embedded in the voluntary and community offer to children and young people, as these are

two areas that both the evidence base and stakeholders (professionals and public) suggest would work for them.

7. New Models of Care

We will continue to work with NHS England to develop new and alternative models of care - to respond to need differently, with a focus on enhanced community provision and avoidance of CAMHS Tier 4 hospital admission, place of safety models, crisis, outreach models, Care, Education and Treatment Reviews (CETRs), alternative models to support children in crisis including home support and integrated services.

Given the evidence presented in the JSNA as well as the clear messages received from stakeholders, a set of five new strategic priorities were identified and signed off by the Derby City and Derbyshire County Health and Wellbeing Boards and strategic children and young people's partnership boards. Whilst continued work will happen to support all recognised areas of need, these five areas will focus our effort over the remainder of this transformation programme. They are outlined below:

- **Strategic Priority 1:** To further develop our engagement and support to parents and carers.
- **Strategic Priority 2:** To further develop a whole-school approach to prevention and early help.
- **Strategic Priority 3:** To develop a new care model responding to children and young people exhibiting complex needs.
- **Strategic Priority 4:** To increase the workforce offer including blended learning approaches across professional groups.
- **Strategic Priority 5:** To develop a place-based approach to interventions and care supporting Primary Care, developing the Voluntary and Community Sector, linking to schools, and offering digital interventions

What have we done to meet local need

- We continue to transform services based on the JSNA.
- Whilst locality structures differ in Derby and Derbyshire, evidence from consultation with young people and stakeholder in local community partnerships across Derbyshire and Derby have identified emotional health and well as a priority
- The robustness of the JSNA has meant that a Mental Health sub-group of Derby's Opportunity Areas Board, has constructed a successful evidence-based plan to implement mental health support in schools akin to the Green Paper (see section 14).
- The plan is aligning with the local Transforming Care Programme (TCP) and Special Education Needs and Disability (SEND) agenda.
- The SEND Needs Assessment has been considered for both city and county in the development of this plan.
- When FIM services are commissioned they are inclusive, so include the needs of all CYP with SEND.

- TCP funds have been used to fund additional Clinical Psychologist support into Intensive Home Support Teams (IHST) in CAMHS as an “Autistic Spectrum Disorder (ASD) champion” to upskill CAMHS teams around ASD and link in with wider multi-agency teams particularly around the ASD cohort within the TCP. Key to this working is not alienating staff or making them feel de-skilled and working collaboratively.
- There are dedicated Learning Disability (LD) CAMHS services in place to support those with moderate to severe Learning Disability who may also have ASD in addition.
- In the South of the County there is a dedicated CAMHS team, CAMHS Inspired, who case manage young people with ASD, who are experiencing MH problems.
- We have had feedback from our Special School Heads that there are children with complex needs around LD / ASD in the SEND cohort requiring longer term emotional support.
- We continue to commission digital support (currently text-based) for children and young people so support can be accessed through a range of medium
- There are specialist services commissioned for vulnerable groups as identified in the JSNA. Examples are:
 - Children who have been abused- pathway
 - Looked after Children’s Services
 - Young People who offend

This has led to:

- Important links being made between CORE CAMHS, LD CAMHS and Paediatrics.
- Helpful as all under one management team.
- Currently no children in TCP cohort admitted to CAMHs inpatient beds I (green rated by NHSE), a significant achievement.
- More effective outcomes for young people and we continue to gather outcome data on the impact
- A steady increase in number of consultations outside of Intensive Home Treatment Teams (IHSTT) being requested
- IHSTT and CORE CAMHS staff reporting increase in knowledge and skill in ASD

What next:

- Phase 1 of a Health Equity Audit (HEA) will support the targeting of provision to communities who are less likely to take up services, giving us an understanding of the fair use of services and any gaps in provision. We need to scope the breadth of HEA i.e. service or cohort based, time frames and access to information engagement with providers (by August 2019)
- Locality Children’s Partnerships will continue to have emotional health and wellbeing as a priority. We will work with the locality partnerships on utilising the Specialist Community Advisor Role and embedding the Targeted Intervention Offer (throughout 2019)

- Work with the Derby City Opportunity Area Emotional health and well-being programme for schools (throughout 2019)
- We are expanding the early intervention offer to be more consistent and will include meeting the needs of vulnerable children. This will include a range of interventions in different formats including
 - the digital offer for children and young people who are unable to access provision or prefer to access in alternative formats to face to face
 - ensure services are available in local communities in accessible venues.
- Reviewing SEND local offer by March 2019
- Closer working with education and social care to improve education outcomes
- Newly commissioned services will also require providers to ensure engagement and access into services from under-represented groups and those with heightened prevalence – such as those highlighted by the JSNA.
- Further upskill a wider team of staff in understanding of ASD/LD/ADHD so they are better able to support children and young people in the community
- We intend to work with partners to further scope the prevalence of Adverse Childhood Experiences in Derbyshire and support awareness raising (by summer 2019)
- Ensuring that a range of effective interventions is being provided to our local CYP population, across all groups, targeting those with highest need.

Measured through:

- Increased activity through service
- Individually defined outcomes of children and young people
- Admissions to CAMHS inpatient beds and length of stay (with NHSE)

Table 2 - Progress against the 5 strategic priorities

	What have we done	What are we going to do next and by when?
Strategic Priority 1: Engagement and support to parents and carers.	<p>This is an area that needs further consideration across the STP about what is needed for parents and what is practical and helpful for a range of families. This is a whole system responsibility.</p> <p>Identified areas of concern for parents and carers are, how to identify signs of early problems, how to provide early support to reduce the likelihood of problem escalation, how to recognise that your child needs additional support and how to get that additional support.</p> <p>A small number of parent support programmes have been commissioned to learn what will be helpful to parents and carers, including:</p> <ul style="list-style-type: none"> • Incredible Years Webster Stratton • Non- Violent Resistance <p>In Derby City a different approach has been tested, where a CYP Improving Access to Psychology Therapies (IAPT) Systemic Family Practitioner with the support of CAMHS has developed an adapted model to skill up Multi Agency Teams (MAT) in delivering systemic approaches using a range of practical tools.</p>	<p>Review the programmes and determine a consistent offer across Derbyshire- the offer will be available by May 2019.</p> <p>Our CAMHS services are improving their support to parents and carers following a Health Watch report where parents felt uninvolved in the care planning process.</p> <p>Commissioners will include information and advice to parents about how to support their child's mental and emotional wellbeing as a requirement in any future commissioning of CAMHS.</p> <p>Through the commissioning of our Targeted Early Intervention Offer for children below the threshold of CAMHS we will ensure a package a support for parents and carers of children with mental health needs at this level and will expect the service to demonstrate the impact of that support.</p> <p>The Specialist Community Advisor Service will support parents and carers in understanding issues which affect young people's mental health and how to support them.</p>
Strategic Priority 2: A whole-school approach to prevention and early help.	<p>We continue to develop our links to school and whole school approach through a variety of means:</p> <ul style="list-style-type: none"> • Derbyshire emotional and mental health resource pack- distributed to every school in the STP • Mindfulness reached 5441 CYP (see case study in section 4) • Schools CAMHS Link Worker Project 60 schools (with Anna Freud National Centre for Children and Families) • Schools Peer mentoring • Whole School Approach to Emotional and Mental Health Events, 	<p>Our ambitions for 18/19 are to offer a more consistent approach to schools across the Derbyshire footprint. Commissioners are working with Public Health and Local Authority on an 'offer to schools' highlighting the local provision and pathways available and local and national resources to support the further development of a whole school approach</p> <p>Learning from the Opportunity Area Emotionally healthy schools project (Derby starting November 2018) will inform the wider development of a local offer to schools.</p>

	What have we done	What are we going to do next and by when?
	<p>Audit and Action Planning- currently working with 30 schools on auditing how they are doing against a whole school approach and subsequently developing action plans to address any areas requiring improvement.</p> <ul style="list-style-type: none"> • “Be a Mate” Anti Stigma Campaign – see case study in section 15. • Specialist Community Advisors are a model developed in 2017 as a proof of concept to support practitioners working in ‘place’ to support them to support a young person’s mental health, offering training, consultation, empowerment and support. • CYP IAPT Enhanced Evidence Based Practice Training (EEBP) • Wellbeing Practitioners for Children • Collaboration with Derby City Opportunity Area Board to establish a City-wide whole school approach to emotional health and wellbeing 	

	What have we done	What are we going to do next and by when?
Strategic Priority 3: A new care model responding to children and young people exhibiting complex needs.	<p>LTP ambition to reduce inpatient bed use.-</p> <p>Our approach to date has been support those with complex needs in a variety of ways</p> <ul style="list-style-type: none"> • Community based services • Community based eating disorder services (see Eating Disorder section) • Bespoke mental health services for children in care. The services supports CYP who are in care, leaving care, adopted or under a special guardianship order, as well as those who have suffered sexual abuse or display harmful sexual behaviour, by providing evidence based interventions on a one-to-one basis. The Keep (Derby City) aims to support Derby's most vulnerable children and young people in improving their outcomes and building resilience • Meeting the needs of young offenders (See Health and Justice Section) • Urgent care and support -see section 11 • Alternative bespoke package - support for children with complex needs e.g. mental health and ASD/LD 	<p>See section 11</p> <p>Social activities are a key part of new home support services. Chesterfield Royal Hospital has developed links with the Chesterfield Football Club Community Trust on physical/mental health programmes to support people accessing Intensive Home Support.</p> <p>Align our offer across the county and city for the services which respond to complex needs. This will include a review of eating disorder provision and a review of urgent care/crisis services.</p>

	What have we done	What are we going to do next and by when?
Strategic Priority 4: Increasing the workforce offer including blended learning approaches across professional groups.	<p>We have a Future in Mind Workforce Strategy 2017</p> <p>We have funded/promoted a variety of workforce development opportunities in 17/18 including:</p> <ul style="list-style-type: none"> • CYP IAPT Enhanced Evidence Based Practice • Incredible years • Systemic Family Practice • Wellbeing Practitioners for Children • Training from Specialist Community Advisors(SCA) • Training for Voluntary and Community Sector groups • Mental Health First Aid England courses- via Public Health • Advertising E-learning via Mind- Ed <p>This an area that needs further development so that there is a sustainable approach to supporting professionals</p>	<p>Stakeholders told us that they would like</p> <ul style="list-style-type: none"> • To better understand training available across agencies • Clearer guidelines around job roles and what mental health training is required for each level/clearer consistent training offer, links into local provision when signposting/referring onwards <p>Our ambition for 18/19 therefore is to have one clear training offer across the STP that is well communicated and measured on access by September 2019.</p>
Strategic Priority 5: A place-based approach to interventions and care supporting Primary Care, developing the Voluntary and Community Sector, linking to schools, and offering digital	<p>We have a number of different 'proof of concept' models delivering the Targeted Early Intervention provision currently in Derbyshire. Evaluation of these models shows that the services are working well and in great demand and there is now a need for a longer term commitment (for CCGs, providers and CYP and their families).</p> <ul style="list-style-type: none"> • Commenced a pilot of the Early Intervention Community Triage • Co-ordination and development of early intervention pathways • Improving access to evidence-based and community-based services • Improving collaborative practice • Monitoring effectively • Shaping services around the needs of clients • Holistic not tiered service delivery 	<p>Next steps are to commission the 'targeted early intervention offer' covering the whole of the STP area, from 1st June 2019. This will also enable the CCGs to work together to align the offer across the North and South and ensure equity of provision.</p> <p>Appropriate and innovative access to services, particularly in rural areas and when considering vulnerable and diverse groups is crucial through these new developments</p> <p>The Targeted Early Intervention service will be expected to deliver:</p> <ul style="list-style-type: none"> • Improvement/stabilisation in the mental health of children and young people who are referred to the service • Improvement in the support to parents and carers <p>We have an aspiration to increase the Specialist Community Advisor Service to cover the whole STP footprint, providing a SCA in each</p>

	What have we done	What are we going to do next and by when?
interventions.	<ul style="list-style-type: none"> Encouraging consistency with CYP IAPT principles <p>OUTCOME: Young people access School-based interventions, School Health, 3rd sector and specialist services when they need them. The triage highlights gaps in provision which feeds into the commissioning process.</p>	<p>'place' who will be the mental health link in the locality for schools, practitioners, primary care. They will know and share the local offer of support and deliver rolling programmes of training to practitioners.</p> <p>The service will be also proactively in engage with staff working with, and parents/carers of:</p> <ul style="list-style-type: none"> Children and young people from Black, Minority, Ethnic background (BME) Young offenders Children in care and care leavers Children and young people who have a learning and/or physical disability Migrant children and young people Children and young people of mental health service users Substance misusing children and young people Young carers Children and young people who are home educated Children who are not in mainstream education Not in employment, education or training (NEET). Children permanently excluded from school Children with 3 fixed term exclusions As these children are particularly at risk of poor mental health. <p>KPIs will measure training, evidencing their reach to vulnerable groups, evidencing their use by primary care, supporting Locality Children's Partnerships in their approach to mental health and developing a consistent offer for schools which offers a quality assurance standard.</p>

4. Ambition

Our Future in Mind Plan is part of our Joined up Care Derbyshire Sustainable and Transformation plan (STP). Children's mental health is a priority for both our local Health and Well Being Boards. We are working with partners through the children's STP board which includes the local authorities, health, third sector, schools & colleges, primary care and relevant community groups to ensure there is a balance of prevention and support for children, young people and families close to home. We are currently working more closely than ever together across Derbyshire and Derby as a single team to ensure there is more consistency in the way we support children and young people a families around mental health and well-being. Services vary in different areas and for different groups of children. Throughout this plan there are examples of what's worked well through good practice, but there are still service gaps and waiting times vary and are unacceptably long for some children and young people.

Year on year we are building on the strengths of the local programme, learning what works and adapting to changing need. This year we have focused on ensuring the right targeted support for vulnerable children and young people and those with more complex needs in in place.

- For children in care with emotional health needs in Derby after a successful pilot 'The Keep', we are recommissioning a service so that there is a long term service in the future
- We have improved our support for Youth Offender Services (YOS) (section7) and this was recognised positively in Derby City's Youth Offending Service inspection carried in June 2018 which was judged 'good' overall.
- Community Eating Disorder services are delivering to national guidance and successfully seeing children and young people within required timescales
- We have a strong Transforming Care Programme and are one of the few rated (green rated for children and young people). We and have demonstrated that with creative planning and working together we can provide effective support children and young and avoid inpatient admissions. Two new advisors based within both CAMHs services are working with staff to advise and support those working with children and young people with autism. We have made significant reductions in our inpatient numbers of some of our most complex young people who are now being locally supported.
- Derbyshire has had a number of proof-of-concept models which are now in the process of being mainstreamed and will attract on-going funding. An example of learning from our previous work is the consolidation of a tender for a joined up Early Intervention provision which will be implemented in 2019.

We acknowledge that one of the groups with whom we need to work more are our Primary Care colleagues, although these are well represented by our GP children's clinical lead at the Derbyshire Childrens Locality Childrens Partnership and STP. There is also more work to be done with schools, parents and carers. This is a priority next year.

We have worked with colleagues in NHS England specialist commissioning particularly closely with regard to those in our Transforming Care cohort and have made great progress. We are one of the few children's TCP rated green within the country. We have made significant reductions in our inpatient

numbers of some of our most complex young people who are now being locally supported.

Our strongest relationships with NHSE for CYP mental health are via

- NHSE North Midlands DCO (Directorate of Commissioning Operations) (mental health) Transformation Lead, Assurance and Delivery Manager
- Specialist Commissioners/ CAMHS inpatient bed managers for Derbyshire
- Actively part of the East Midlands Clinical Network
- NHSE Health and Justice CAMHS Transformation Manager CYP
- Strong regional and national links for the CYP Transforming Care Programme

We gain advice and consult with our children and young people through a range of formal and informal groups including youth forums and local youth groups.

In 2020 our vision is to have addressed our 5 strategic priorities (See Table 2 on page 21)

As an STP we are introducing Outcomes Based Accountability (OBA) which will enable a whole system approach to tracking outcomes and will contribute to evidencing the impact the programme is having. This will be triangulated with feedback from Health watch, our partners, parents and most importantly our children and young people.

Milestones and clear mechanisms to track progress (including Key Performance Indicators) shown over the next three years - our "Road Map" Section 15 and through Mental Health Access Targets.

Future in Mind as part of the NHS Five Year Forward View for Mental Health

- We have a 7 day (including evening and weekend) urgent care response via our Urgent Care Team and CAMHS Rapid Intervention Support and Empowerment (RISE) and these respond to self-referral as well as referrals from other services and professionals.
- Integrated mental and physical health approach – Derbyshire recognises the key link between mental and physical health, at all stages, from universal to acute. Examples of links between the two include the appointment of a School Nurse who is Mental Health Lead with responsibility for ensuring the upskilling of school nurses regarding children's mental health (County service). Both CAMHS services work closely with the paediatricians particularly regarding children with eating disorders.
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens – The programme promotes 'five ways to wellbeing' and expects all commissioned providers to use this ethos in their work with children and families. The Future in Mind programme has built into the model an expectation that at least 20% of children and young people will be signposted to pro-social activities following intervention to improve their mental health. This recognises the benefits of pro-social activities in sustaining and improving mental health.
- Prevention at key moments in lives. The work to promote a whole-school approach to mental health encourages schools to work together in clusters,

with a secondary school linking closely with the feeder primaries with a focus on supporting the mental and emotional well-being of children at transition. A conference has been held for school and college staff and other practitioners to consider the mental health needs, highlighting resources and practice that can support educational settings.

- Creating mentally healthy communities - work continues to promote anti-stigma, particularly in schools. Public Health have commissioned Mental Health Awareness courses and Mental Health First Aid England courses which continued to be delivered to a wide variety of practitioners.
- Building a better future – we continue to ensure children and young people's lived experience shapes our services.
- Derbyshire STP has met the Five Year Forward View target for adult liaison having 50% of our Acute hospitals fully core 24 compliant and one which has a 24 hour liaison team covering all areas but not at full recommended staffing capacity. The developments of children's crisis teams have been coordinated with adult teams but not integrated as we are developing alternative models of crisis care for young people. There are CYP teams supporting the wards at Chesterfield Royal Hospital as they are also the provider and we also have CYP Teams operating extended hours across the working week and at weekends across both Emergency Departments.

Our 5 priorities target the whole system of care.

- Early prevention and early intervention including universal setting, schools and primary care.

We have made a good start in embedding prevention and early intervention in schools. This has primarily been through developing a whole school approach across the county and informing the mental health programme as part of the Derby City Opportunity Area. We have invested in anti-stigma work and materials for schools, alongside resilience building programmes such as Mindfulness. More schools in Derbyshire are now putting plans into action about how to improve their ethos around mental health. Schools are realising the benefits of what they do themselves.

We have also engaged widely with schools this year to understand what they are already doing to support mental health, where there are gaps and what the solutions are to those gaps; a process which has informed this plan. We recognise many schools are doing vast amounts of work already and the development of some quality assurance and support from CAMHS Specialist Community Advisors will aim to enable more rapid developments in schools.

- Our work through Future in Mind is currently joint with the Local Authorities overseen by joint governance arrangements.
- Our Education Improvement Service have developed a Personal, Social and Health Education (PSHE) curriculum for Primary Schools which has a strong focus on issues which impact mental health and wellbeing including bullying, identity, difference and diversity and exploring emotions. This is particularly important as our engagement with children and young people tells us that children and young people want to have opportunities in the school day to talk about mental health and understand it.
- An agreed priority is to develop a core offer for schools which simply outlines all provision available to schools and children and young people in each area. This is being taken forward through the Opportunity Area (section 14 case study) and in the County with Public Health and Local Authorities, alongside our Specialist Community Advisor Service developing a consistent offer to schools
- We have worked with Local Authorities to train Multi Agency Staff in evidence based interventions so that they can deliver lower level support to

address children's mental health through their Early Help services

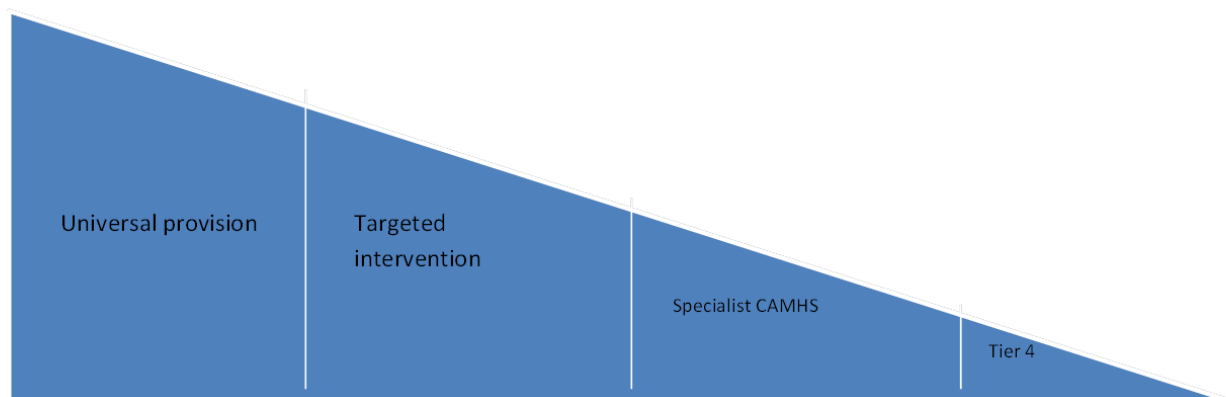
- Some of our parenting programmes and Systemic Family Therapy are delivered by local authority staff to enhance the work that they do.
- Evidence based routine care- Every child has access to universal services regardless of any other condition and we are looking to better support primary care and schools with the Targeted Intervention provision that we are commissioning and through our Specialist Community Advisor Service.
- Crisis care and intensive interventions – During 2018/19 work is taking place to align the specification for crisis care and for intensive home support, to ensure parity and outcomes across the STP footprint, but recognising that there may be differences in delivery models.
- Identifying needs, care and support for groups with particular needs and who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, looked after children, children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary from one area to another.
- Work on this aspect is focused on our third and fifth priorities. We have invested in Joint services for looked after children with our Local Authorities and are currently developing this work further. Our Children's TCP programme has made sustained progress including the development of tools to support children with learning disabilities.
- We are also working closely with the Health and Justice CAMHS Transformation Manager to improve the mental health pathway for Children and Young People in the Criminal Justice System. This work stream is focussing on the needs of very vulnerable children and young people whose mental healthcare requirements can be hard to meet through conventional services. This includes those held within the CYP secure estate, those at risk of entering the secure estate, those in contact with sexual assault referral centres and those that have returned to the community following time spent within the secure estate.
- Inpatient care. There are currently no inpatient beds in Derbyshire. Practitioners working with children and young people who are at risk of admission have developed multi-agency working to reduce the likelihood of hospital admission through the provision of joined up community based care. This has been particularly successful with the TCP cohort, where the number of these children in in-patient care has reduced from 8 to 0 during the year. An exception report was requested by commissioners which provides some key themes. A significant influence on readmission appears to be the family's ability to manage the difficult/challenging behaviour and the support required. Another factor is the Dialectical Behaviour Therapy offered in CAMHS Inpatient facilities, a 26 week course which needs to be completed before discharge can be considered. In response to this, the CAMHS team have been trained to deliver this in the community to prevent admission and re-admission and to support an earlier discharge. Another factor is the theme of education activities. We are looking at how to improve these factors as a system to reduce admissions.
- Specialist care e.g. Children and young people with learning disabilities. Our Learning Disability CAMHS services received good feedback in the recent SEND Peer Review. They provide a core offer to special schools.
- We have also received positive feedback from Multi Agency Teams when referring CYP to Forensic CAMHS, a service Derbyshire is utilising. Local services recently attended the Forensic CAMHS bitesize conferences to find out more about referring to them.

An example of where we have used the best available local evidence to inform commissioning decisions is the use of the ‘wedge’ below,

This year we are commissioning our Targeted Early Intervention Service to provide interventions to children with moderate mental health needs who are below the threshold of CAMHS but above the level of need which universal services can support. This has been a strong theme in our engagement with stakeholders to have a consistent early intervention offer. Mapped against need and service gaps.

The diagram below (figure 4) shows how children’s mental health provision is split across 4 areas of need, the estimated prevalence of Derbyshire children who would require support at each level

Figure 4: Estimated number of under 17 year olds who may experience mental health difficulties



Population	205,734 registered 0-17 population Oct 16			
Estimated prevalence	20,573 (10%)	14,401 (7%)	6,172 (3%)	967 (0.47%)

Plans going forward beyond 2020/21.

Sustainability will be integral part of ongoing FIM planning. The Derbyshire FIM programme is now starting to consolidate those new services that have been introduced as “proofs of concepts” and aligning and regularising provision across the footprint.

The governing bodies of the CCGs have accepted the principle that, while Future in Mind as a discrete funding mechanism ends after 2020/21, the funding for children and young people’s mental health will from then on be included in CCG baselines. This has allowed us to start awarding contracts for services beyond the 2020/21 programme end date, giving our provider partners additional stability and providing longer term sustainability for the commissioned services. There is also a commitment by the Derbyshire CCGs to continue to meet the Mental Health Minimum Investment Standard.

Case study- Derbyshire and Derby City Future in Mind Mindfulness Project- Evaluated in 2018

“I think that Mindfulness is a great way to relieve all the stresses of modern life, especially for children with everyday issues that the world faces like families, parents splitting up, arguments and terror attacks.” A quote from a Year 5 child and participant in the project.

A total of 5441 children and young people from 72 schools have been introduced to Mindfulness via the Mindful Attention Programme (MAP). MAP is a 9 week universal Mindfulness curriculum for children across Years 5, 6, 7 and 8 that aims to provide teachers with an understanding of Mindfulness and the skills to facilitate weekly sessions with their own class. To find out more about MAP visit: <http://www.psychologyforchildren.com>.

From the cohort who took part in the research element and of the 324 children who fell below the average for wellbeing, 306 were retested. 43.8% of the below average group moved into the average/high range.

Children and young people reported improvements in attention and focus and feel calmer.

Staff also reported that Mindfulness had a positive impact on their own wellbeing.

5. Workforce

Workforce development has been identified as a key priority by the Future in Mind Board for 2018/19. Whilst we have local Future in Mind workforce development strategy in place and considerable work has been taking place with commissioners and providers towards ensuring we have an appropriately skilled up workforce, our strategic approach needs consolidating into a clearly defined workforce development plan to take us beyond 2020/21.



Work Force
Development Strateg

Our workforce strategy focuses on enhancing the capability, increasing the capacity of the workforce and increasing understanding around mental health. Stakeholders tell us that they want clear and simple information about what training they need for the job that they do as there is a lot of confusion around what training is appropriate, how to access it and the quality.

From local modelling and service transformation we are currently on track to our CYP Mental Health Access targets both by remodelling the workforce and increasing capacity. It is anticipated the recommissioning of our Targeted Intervention Service will provide a locality based consolidated offer that will contribute significantly to meeting need at an early stage. Also by remodelling our Primary Mental Health Worker role to become Specialist Community Advisors (SCAs), we expect SCAs to provide localised group training sessions as well as consultation and advice to staff and signposting to local services as needed e.g. schools primary care. SCAs also have a role in building skills and confidence in parents and carers as we see them as part of our workforce too.

In preparation for the new 4 week wait for CAMHS, as recommended in the Green Paper, both providers have modelled what staffing is required to meet this target both in terms of capacity and resource. Whilst there was a local decision not to apply to be a Green Paper Trailblazer at this stage, this information gives us a clear indication of what is required in the future moving forward.

In recognition of the increase in presentation of children and young people with ASD and ADHD who are at risk of admission, in conjunction with our Transforming Care Programme (TCP) we have introduced TCP advisors into both CAMHS services to support the wider workforce in working with children and young people with these conditions in the community.

Both CAMHS providers have clear and achievable CYP IAPT training plans that increase the range of skills within their team and also the wider CYP non CAMHS workforce. They work closely together to provide peer support (see IAPT section). We are planning to train more partner staff in Enhanced Evidence Based Practice, Cognitive Behavioural Therapy, and supervision and continue to deliver the CYP IAPT plans as outlined and continue to support backfill.

Our modelling to meet access targets is dependent on our specialist CAMHS being able to recruit and retain staff. It is important to flag that recruitment and retention remains a significant challenge particularly for both core CAMHS providers as staff move to more specialist roles within the services. Our most

recently assessed local CAMHS, Derbyshire Healthcare Foundation Trust was rated outstanding and even this service is struggling to recruit and retain staff. CAMHS recruitment is therefore a risk to the success of our programme and noted as such. We recognise this is a national issue and welcome support on this.

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
To develop and maintain a multi-agency workforce (WFD) plan	Our Future in Mind workforce development (WFD) strategy was developed in 2017 and outlines our intentions structured on the Tavistock & Portman 2014 Thrive Model.	Training through CYP IAPT programme (see IAPT section)	<p>Review the Future In Mind WFD strategy and learning from work to date</p> <p>Develop a 3 year multiagency WFD plan that clearly states how the strategy will be implemented and reflects and consolidates current work</p> <p>Capacity and skills needed to meet Access targets</p> <p>Develop a training offer that includes signposting to quality assured training</p> <p>Consider a general workforce offer for mental health and well- being similar to safeguarding training model</p> <p>Capacity to required meet 4 week wait (Green Paper target)</p> <p>Align with STP workforce implementation group as</p>	<p>Delivery of Access targeted</p> <p>Staff confidence</p>	Sept 2019

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
			appropriate		
To work effectively with schools and colleges	<p>We have participated in the School CAMHS Link worker programme (Anna Freud National Centre for Children and Families) – total 60 schools/colleges plus other agencies</p> <p>Schools across Derbyshire have also attended Mental Health First Aid England Training Courses</p> <p>The development of our Specialist Community Advisor Service will ensure links with schools and colleges and practitioners working CYP and will develop capacity and capability by supporting individual staff to support CYP mental health needs.</p>	<p>Learning from the link worker programme shaped the Derby City Opportunity Area emotional health and well-being proposal</p> <p>CAMHS staff are located in community bases. This colocation with other teams has improved and understanding in mental health.</p>	<p>Work with Opportunity Area Emotional Health and Well-Being project to</p> <ul style="list-style-type: none"> clarify what level of training is realistic and achievable for schools learn from implementation of the designate mental health support role <p>Learn from other schools that have commissioned their own training</p> <p>Develop a simple and clear offer to schools and colleges as above</p> <p>Embed the rolling programme of training.</p>	<p>As above</p> <p>Staff confidence in supporting children and young and know where to get help</p> <p>Increased confidence in practitioners in identifying and supporting CYP mental health</p>	<p>Sept 2019</p> <p>2019</p>
To have the right skills in place	To date additional workforce developments have been planned in joint agreement between providers and commissioners based on	<p>New trainees in CAMHS.</p> <p>Increased capacity in the system</p>	<p>Ensure plan is fully strategic and becomes embedded in the system</p> <p>As part of the review of urgent care/liaison/intensive home</p>	<p>IAPT outcome measures</p> <p>KPIs performance monitoring</p>	<p>March 2019</p> <p>Quarterly throughout</p>

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
	<p>service capacity and need e.g. wellbeing practitioners for CYP, Recruit to Train posts</p> <p>There is no 24/7 crisis service (see urgent care section)</p>		<p>support review, scope workforce required for 24/7 crisis service.</p> <p>Recommissioning of targeted intervention services</p>		2019
To strengthen skills to work with children with specific needs	<p>We have used TCP funds to commission a Clinical Psychologist to support into intensive home treatment team (IHTT) in CAMHS as an “ASD champion” to upskill CAMHS teams around ASD and link in with wider multi-agency teams particularly around the ASD cohort within the TCP.</p> <p>There are dedicated LD CAMHS services in place to support those with more significant levels of needs.</p>	<p>Currently no children in TCP cohort are in CAMHS inpatient Tier 4 beds (green rated by NHSE), a significant achievement.</p> <p>More effective outcomes for young people enabling them to remain in their community wherever possible</p>	<p>Further upskill a wider team of staff in understanding of ASD/LD/ADHD so they are better able to support children and young people in the community</p> <p>We have commissioned Psychological input into Youth Offending Services to support YOS staff in screening for ASD/LD and ACES.</p>	<p><i>IHTT and CORE CAMHS staff reporting increase in knowledge and skill in ASD.</i></p> <p>TCP NHSE admissions of TCP cohort</p> <p>12 hour breeches</p> <p>See health and justice section</p>	<p>To commence Q3 and Q4 2018/19</p>

6. Collaborative and Place based Commissioning

As described in the Understanding Local Need section, areas of concern based on recently reported child outcomes for Derby and Derbyshire include: educational attainment; family homelessness; childhood obesity; 16-18 year old's not in education, employment or training; smoking during pregnancy; breastfeeding; A&E attendances; violent offences. All of these are risk factors for CYP mental health and emotional wellbeing and significant inequalities in outcomes exist in the local area. It is therefore critical to prevent these risk factors and promote protective factors in early, universal settings. In order to achieve better mental health outcomes within defined budgets there must be a 'left shift' of resources from high cost acute care to lower cost services in community settings. The Voluntary and Community Sector and the statutory sector are working closely as partners in Future in Mind to deliver services that meet the needs of our children and young people.

A key component to the success of the FiM programme will be the development of place-based care, proportionate to the variance in need and outcomes in these new and emerging areas. Appropriate access to services, particularly in rural areas, must also be given high priority. Place based care will include delivering a coordinated menu of services which complement one another, and work together to make sure that children and young people receive the right service at the right time for them.

Whilst the role of the STP is clearly acknowledged by the existing Place Alliances, the focus of work to date is the local frailty pathways for adults. For children and young people's services the concept of Place is similar to longstanding locality based working where multi-agency teams work with local communities to meet the needs of children young people and their families

What have we done

For Derbyshire, we see collaborative and place based commissioning as very young person centred. A group to take forward place-based work within the Children's STP is currently being established, and will look to link with:

- Locality Children's Partnerships (LCPs) in the County of Derbyshire; (The Derbyshire Children's Partnership has agreed that the county LCPs would each have FIM as a priority and help us meet our access target by better connecting the provision and assets in their areas.)
- Locality teams in the City of Derby through the support of the Children Family Learners Board where emotional health and well-being is a priority in the Derby City Children and Young People's Plan 2018-2020 https://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/safeguarding/2018-20%20Children%20and%20Young%20Peoples%20Plan%20v12_FINAL_040618.pdf

Our plan is across a wide enough footprint, to support CAMHS inpatient admission prevention and appropriate and safe discharge.

We have commissioned Intensive/Enhanced Home Support Teams to support both children and young people at home/in the community who are at risk of admission to CAMHS inpatient beds, and discharge back to the community from inpatient care.

There has been strong collaboration with the Transforming Care Programme (TCP) to ensure that children and young people with more complex needs such as Autism Spectrum Disorder (ASD) and/or Learning Disability and mental health (TCP cohort) are effectively supported most appropriately. The TCP Children and young people's commissioner has been key in development of the Future in Mind (FiM) plan to ensure

there are strong strategic links between TCP and FIM planning. The TCP CYP steering group is looking at this in more detail.

The Care Education Treatment Review (CETR) process has been significant in helping to prevent some of these admissions and helping to pull services together to support the young people to stay in the community.

An ongoing training programme for staff and the “ASD champion” post in the Intensive/Enhanced Home Support Teams will continue to improve our knowledge and understanding of these young people with complex needs.

What has been the impact

See data tables in Section 11 on length of stay and inpatient admissions.

Whilst 2017/18 saw a reduction in CAMHS inpatient admissions across the footprint, current year figures to the end of Month 5 (August) indicate that may show an upturn again by year end.

More significant however are the reductions in overall bed days that have been achieved over the course of the last few years.

These show consistent, sustained reductions in overall bed days across the footprint since 2015/16.

We note the trend in young people, open to Intensive Home Treatment, who are not receiving education or are receiving a much reduced level and the impact this has on mental health and pressure on the family and carers leading to breakdown and admissions.

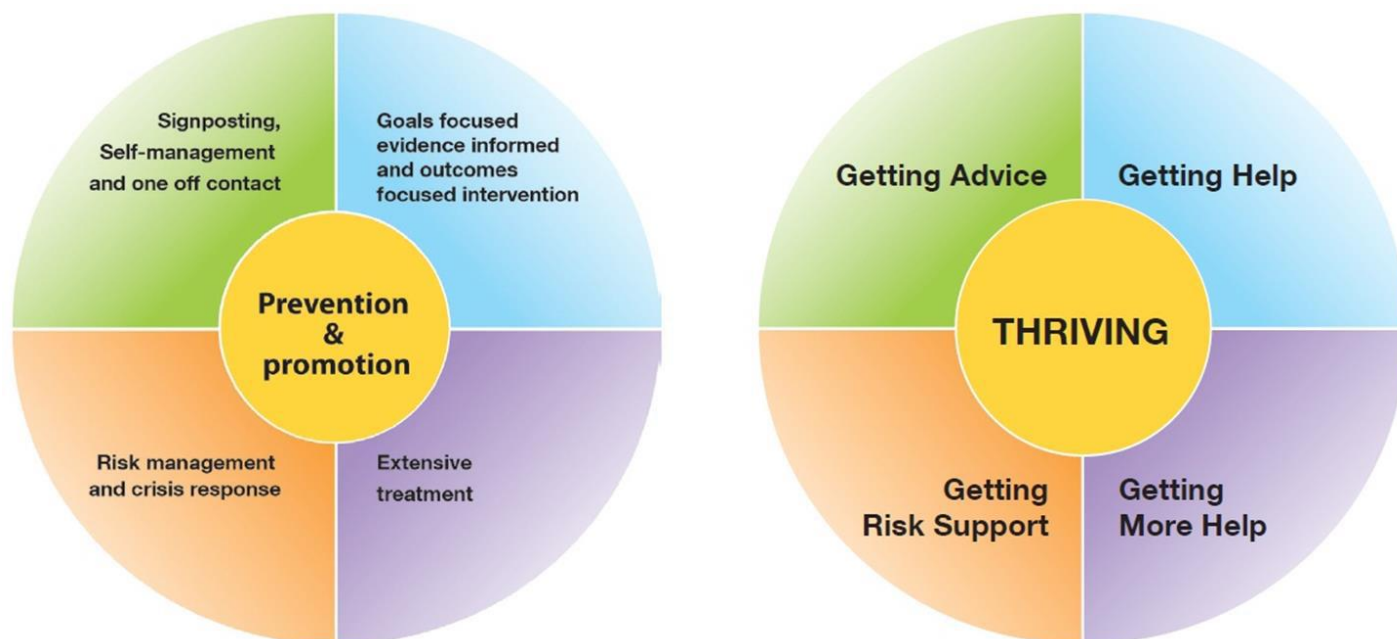
What are we planning to do

We will:

- Establish the place-based work group within the Children’s STP. We will use the group prepare the contributions to place based commissioning plans relating to services to children and young people.
- We anticipate stakeholders in localities working together (education, health and social care) to meet the needs of the children and young people in those localities.
- We will work closely with the Derbyshire Children’s Partnership (DCP) and Children’s Locality partnerships for planning purposes. The DCP has a broad strategic remit:
 - To improve the wellbeing of all children and young people who live within or receive services from Derbyshire; whilst redressing inequalities between the most disadvantaged children and their peers.
 - To ensure that partners are working together effectively both strategically (across the whole of Derbyshire) and locally to achieve this aim.
 - To provide support and, where necessary, challenge to other groups and Boards (for example the seven Locality Children’s Partnerships, Joined Up Care Derbyshire and the Health and Wellbeing Board) to ensure that governance arrangements are robust; children’s and families’ needs are being considered and understood and that outcomes are being
- Ensure the offer defined throughout this whole plan is made available to localities, including services, pathways, workforce offers and parenting support
- Improve engagement with education and social care in discharge planning.

- Improve communication between local community CAMHS services and local commissioners with the specialist commissioners and mental health case managers at NHS England and the local CAMHS Inpatient admissions unit.
- Increase the work undertaken with families to prepare for discharge
- Work with education to ensure that young people receive education.
- Monitor the impact of DBT being delivered in the community and its impact on bed days (DBT course in tier 4 is 26 weeks, preventing the YP being discharged until complete)
- Monitor the numbers of YP who receive crisis services and then go on to be admitted.
- Monitor the number of YP from TCP cohort who go on to be admitted.
- By 2020 we will embed the principles of the Thrive Model for CAMHS see Figure 5 (The Tavistock and Portman NHS Foundation Trust the Anna Freud Centre November 2014) across the system but particularly in Place/localities.

Figure 5: Thrive Model for CAMHS (Anna Freud Centre & Tavistock and Portman NHS, 2014)¹



Principles	How we will embed these locally according to need
Signposting, self-management and one off contact	Universal and targeted prevention Embed principles of 5 ways to wellbeing Build resilience Develop self-help and peer support Upskilling the workforce, schools, public in mental health Be a Mate Anti stigma campaign and community resilience through ambassadors

¹ Wolpert, M., Harris, R., Jones, M., Hodges, S., Fuggle, P., James, R., et al. (2014). *THRIVE: The AFC-Tavistock Model for CAMHS*. London: CAMHS Press.

	Whole school approach to emotional and mental health and developing healthy school communities
Goals focused evidence informed and outcomes focused intervention	Parent/carer support and education Upskilling workforce in delivering low level interventions through CYP IAPT Early identification Targeted evidence based interventions Community Early intervention triage Evidence based practice in community's settings around schools, GPs, localities to meet as much of this need as we can Support to schools and primary care through Specialist Community Advisors Multiagency working with social care, education and partners
Extensive treatment	Clear links to specialist services via Single Point of Access High quality CAMHS / Clinical Psychology services with consistent outcomes Specialist support for those that are particularly vulnerable such as children in care and young people who offend Multiagency working with social care, education and partners at specialist level
Risk management and crisis response	Priority is to move from crisis response to crisis prevention approach, by supporting effective risk management and promoting a more proactive model of targeted support Intensive/enhanced support in own community drawn from CAMHS, underpinned by children or young person's established, multi-agency circle of support; accessing help from voluntary and community sector partners where appropriate. Provision of additional crisis support as required

These will be measured through:

Reductions across footprint:

- Admissions by 20%
- Overall bed days by 25%

Evidence of increasing satisfaction with services through feed-back, service user / family / carer surveys

7. Health and Justice

Last year's refresh highlighted a commitment to continue to embed links between Youth Offending Services (YOS) and community based Future in Mind services, ensuring that young people known to YOS, with poor mental health access effective local services to maintain and improve their emotional and mental health.

Our Mental Health and Wellbeing Joint Strategic Needs Assessment highlights children and young people in the youth justice system as being at high risk of developing mental ill health and issues with emotional wellbeing. Evidence suggests that this group display a higher percentage of mental and physical health issues than the wider child population (nearly a third of all 13 to 18-year-olds who offend have a mental health issue). We have found that the issues that they are facing often lead to offending behaviour which, with earlier intervention, could have been prevented.

There are 2 Youth Offending Services (YOS) across the footprint, Derbyshire County and Derby City. The work outlined below has been across both YOSs so there is a consistency of approach.

In January 2018, a multi-agency workshop was facilitated by NHSE in Derbyshire to look at Mental Health Service Provision for Children and Young People in the justice system with a mapping and gap analysis focus.

The following solutions/recommendations were developed by the event attendees:

- Psychological input to the YOS to provide interventions concerning traumatic experiences.
- Additional psychology input into YOS in conjunction with the CAMHS clinician; similar to the model in another local area, where a Psychologist specialises in Learning Disabilities and neurological disorders. The addition of speech and language therapy interventions could work with the psychology and mental health clinicians, determining when difficulties are arising due to underlying developmental issues.
- Develop the Multi-agency forum so that all relevant agencies are included in the development of one action plan.
- Navigating the different services' regulations along with the different data systems can create barriers to partnership working, so additional work will need to be undertaken to develop the existing multi-agency working protocols to address these issues. The use of secure emails to share information was considered a way forward to ensure sensitive data is protected. The use of video-conferencing could improve attendance and representation at the meetings.
- The involvement of the Liaison and Diversion (L&D) team within schools to promote partnership working with school nurses and establish links with education.
- Education Health and Care Plans (EHCP) and Youth Offending Service reviews to work as one system when both are required: Families are sometimes overwhelmed with agencies who can be addressing the same issue. Criminal activity can be due to unmet needs, including the absence of meaningful activity. This can be absent due to education issues; partnership working between education and YOS by reviewing a young person's

needs using one review would improve this gap.

One outcome has been Derbyshire YOS has seen improvements in this cohort through the Wellbeing Youth Worker Project where 80% of young people stated they had improved relationships, 73% felt better able to manage their mental and emotional health and 93% felt they had a better self-awareness.

Our aim	What have we done?	What has been the impact?	What are we planning to do and by when?	How will we measure the impact and outcome?
<p>To ensure there is are established pathways into MH services for CYP involved with the justice system.</p>	<p>Derbyshire Health Commissioners have made two successful Health and Justice funding bids from NHSE worth over £400k over 2 years. This will deliver:</p> <ul style="list-style-type: none"> Wellbeing Youth Workers to provide person-centred support to young people known to the youth justice system who have / are at risk from poor or deteriorating mental health , using an asset based approach to link them into meaningful activities in their community. Psychological input into the YOS service will ensure screening for Autism Spectrum Disorder (ASD), Learning Disabilities (LD) and Adverse Childhood Experiences (ACES) for young people known to the Youth Offending Service and have dedicated psychology for those needing further support to manage their condition 	<p>Closer working on developing further bids to support collaboration and improve pathways.</p> <p>Young people who are in secure know who their key CAMHS contact is and receive regular contact with them</p> <p>For the Wellbeing Youth Worker Project, the impact has been YP reporting improvements in their mental health, relationships, self-awareness and, feeling safer and improvements in pro-social behaviour.</p> <p>Positive feedback from CYP, families and referrers.</p>	<p>Increase the visibility of partners and their role in the Health and Justice pathway through stakeholder workshops (by December 2018)</p> <p>Continue to work system wide</p> <p>Review the Projects on an ongoing basis (quarterly).</p> <p>Continue to ensure robust service data and share this with the Future in Mind Board and both city and county YOS Boards (quarterly).</p> <p>Continue to work towards the recommendations set out from the workshop (by end March 2019).</p> <p>Continue to share training opportunities across teams which benefit the health and</p>	<p>We will utilise existing staff surveys where possible to assess whether we have achieved an improved knowledge of ASD / LD / mental health and ACES in YOS staff and partners working with young offenders.</p> <p>We will utilise surveys of young people and their families and carers to assess improvements in Youth Offending Team practice in response to young people with ACES /ASD /LD.</p> <p>We will measure the increase in young offenders having access to professional support against a 2017/18 baseline as an indicator that underlying needs are being more effectively identified and addressed.</p>

Our aim	What have we done?	What has been the impact?	What are we planning to do and by when?	How will we measure the impact and outcome?
	<p>appropriately, in order to reduce the likelihood of re-offending.</p> <ul style="list-style-type: none"> It will deliver a trauma informed practice model with enhanced case management based on models used in Lincolnshire and Wales. <p>We have developed a county/city wide service specification for specialist/CAMHS input into YOS which meets the specialist mental health needs of children known to YOS.</p> <p>We have mapped current support services for young people who may be open to YOS to access including substance misuse, bereavement support, counselling, those witnessing domestic violence so that young people can be supported to access the right support to meet their needs.</p> <p>We have made connections with Liaison and Diversion services and going forward plan to strengthen those links.</p> <p>We have also received positive feedback from Multi Agency Teams when referring CYP to Forensic</p>		<p>justice pathway (ongoing).</p> <p>Continue to share best practice with Health and Justice colleagues both regionally and nationally (six monthly).</p> <p>We are re-commissioning our Targeted Intervention Services in 18/19 which will include meeting the needs of children and young people known to youth offending services (2019)</p> <p>We plan to link up further with the police in regard to the pathways and CYP in custody.</p>	<p>Reduction in re-offending behaviours in young people with ASD / LD / MH and ACES will be measured against 2017/18 baseline statistics.</p>

Our aim	What have we done?	What has been the impact?	What are we planning to do and by when?	How will we measure the impact and outcome?
	<p>CAMHS, a service Derbyshire is utilising. Local services recently attended the Forensic CAMHS bitesize conferences to find out more about referring to them.</p> <p>Derbyshire links into the Child Advocate/Independent Sexual Violence Advisors (ChISVAs/ISVAs) provided by SV2 and emotional health and wellbeing services for children who have been abused/victims of sexual violence provided by Safe and Sound and SV2. The CCGs currently fund counselling for young people aged 14-17 beyond the 10-post abuse therapeutic sessions provided by the Regional Paediatric Sexual Assault Response Centre (SARC) service specification offered as part of the SARC pathway for those with more complex needs.</p>			
<p>Case study from Wellbeing Youth Worker Project</p> <p>Steve was referred to the Wellbeing Youth Worker after receiving a 2 Year Detention and Training Order for a Section 18 Wounding with intent. During a fight a knife was used which caused slash wounds to two males that required urgent medical attention. Prior to his release from custody Steve was referred to the Wellbeing Youth Worker to help him integrate into the area by exploring both his leisure interests and employment opportunities. He was helped to join a local gym and a youth group. He quickly gained new friends and began to look at ease in his new area. Additional work was done on breaking links with his former peers on social media. Meeting with a Careers Personal Advisor helped Steve to explore his options and training course. The Wellbeing Youth Worker supported Steve to successfully become an apprenticeship joiner and maintained contact for several more weeks. Steve completed his Licence period without re offending.</p>				

8. CYP IAPT

Commitment to delivering Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) based interventions jointly shared by the 2 CAMHS providers – Derbyshire Health Care Foundation Trust (DHCFT) and Chesterfield Royal Hospital (CRH). Both providers are members of the Midlands Collaborative have participated in the annual review to share good practice and plan for the future. DHCFT is an established collaborative member and facilitates IAPT training for non CAMHS staff. CRH are in their second year of membership.

The section below outlines how both providers have progressed over the last year and plans for the future.

Our aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
To ensure that CYP IAPT principles are embedded across our local services	<p>DHCFT CAMHS</p> <p>Participation- Participation lead appointed to permanent post. Expert by experience Young Person appointed. Parent expert by experience to be appointed in October 2018.</p> <p>Successful in Trailblazer application to young Minds Amplified project. 1 of 12 sites across the country.</p> <p>Awareness – anti-stigma campaign continues with the CAMHS Open Day. Run by CAMHS participation team with parents and young people involved in all of the planning</p> <p>Accessibility – Waiting room areas improved and decorated</p>	<p>Raised the profile and embedded participation in CAMHS service</p> <p>Parent participation identified as our Trailblazer project.</p> <p>Participation group now established</p> <p>Positive feedback from service users about the waiting room</p> <p>Self-referrals now received</p> <p>Increased use of Routine outcome Measures</p>	<p>CAMHS Open Day on World Mental Health Day 10th Oct. Children and Young People's Mental Health in a changing world</p> <p>Feedback to national conference in November 2018 re Trailblazer project</p> <p>CAMHS Open day</p> <p>Continue to improve environments across CAMHS</p> <p>Continue to ensure pathway model offers accessibility to evidence based</p>	<p>Feedback from Open Day and young people and parents in the participation groups</p> <p>Parent Expert by Experience post appointed to</p> <p>Feedback loop from Service Users</p> <p>Feedback from service users and decrease in complaints</p> <p>"You said we did" boards in waiting areas across CAMHS</p> <p>Greater confidence in data accuracy and reliability</p> <p>Increased use of Outcome</p>	<p>November 2018</p> <p>January 2019</p>

	<p>by young people with new furniture. Self-referral now available on the CAMHS website. Pathway model now introduced to offer equity across the whole of South Derbyshire and Derby City</p> <p>Accountability – training ongoing for staff from Anna Freud centre to ensure clinical use of Routine Outcome Measures across all pathways.</p> <p>Supervision Dashboard introduced to help staff monitor outcome measures within a clinical context</p> <p>Evidence-Based Practice – 2 x recruit to train staff employed this year. Move to Pathway model across CAMHS</p>	<p>Review of outcome measures within clinical supervision</p> <p>Increased workforce and access to evidence based intervention.</p> <p>Increased equity across the area via the new Pathway Model</p>	<p>interventions across all localities</p> <p>PARIS recording system continues to be adapted to meet the needs of CYP IAPT and staff being continually trained re updates.</p> <p>Roll out Dashboard across the service</p> <p>4 more recruit- to-train staff planned for next year</p> <p>Continue to develop clinically and operationally led service in line with the Transformation Document</p>	<p>Measures</p> <p>Reduction in waiting times for evidence based interventions</p>	
	<p>CRH CAMHS</p> <p>Participation – designated clinician leading on participation with some time in job plan and some support from Assistant. Psychologist.</p> <p>Young People's (YP) Participation group set up.</p> <p>Routine use of Experience of Service Questionnaire (ESQ).</p>	<p>Refreshed aims and priorities of participation plan.</p> <p>Participation group re-established.</p> <p>YP involvement and contribution to co-production of CAMHS information, Transition</p>	<p>Maintain some protected time in clinicians' job plans.</p> <p>Maintain attendance at regular group meetings. Explore ways to enable this.</p> <p>Submit data for annual Child</p>	<p>Group attendance.</p> <p>Involvement and feedback from group members.</p> <p>Child Outcome Research Consortium (CORC) report.</p>	<p>April 2019</p> <p>June 2019</p>

	Feedback monitored and included in CAMHS Leadership Team meetings.	pathway.	Outcomes Research Consortium (CORC) report. Review this, identify areas for improvement, decide action plan for next 12 months.	Action plan.	
	Service evaluation projects by trainee clinical psychologists using qualitative methodology (with in depth interviews with service users).	Ongoing awareness of specific issues and opportunity to respond to them. Maintains clinicians' awareness of and commitment to	Recommendations reviewed in Quality Governance Group, action plan agreed for each area.	Completion of actions.	
	Evaluations this year – parent training for anxiety in under 10s, Urgent Care Team, use of Goal Based Outcomes (GBO).	High standards of care. Monitoring of any service level issues.	Regular updates of service user / carer feedback.	Rate of feedback and suggestions from service users.	
	"You said we did" feedback posters and leaflets. For parents/carers and YP.	Recommendations for improvements in each relevant area of service.	Plan to ensure all developments involve YP and/or parents/carers in coproduction.	Number of developments which are coproduced.	
	Coproduction with YP of supporting information etc. including our new Website, Moving On questionnaires and documents, Family Therapy leaflets.	Increased awareness of the importance of service user views in shaping the service.	Training day for all clinicians with expert on using goals in therapy.	Increase in use of GBO's. Better integration of GBO's in clinical work.	
	Routine Outcome Measures - GBO's established as measure to be used by clinicians in all CAMHS Teams.	Developments more likely to meet the needs of YP.	Data submitted to CORC for annual report.	CORC report. Action plan.	
	Clinicians' continue to use Strengths and Difficulties Questionnaires (SDQ), Revised Children's Anxiety and Depression Scale (RCADS), Beck Youth Inventories (BYI),	Collaborative goal focussed decision making encouraged and supported. Use of measures gradually increasing.	Fill Clinical Psychology post	Increased use of measures in clinical work and supervision.	
		Improved adherence to Cognitive Behavioural Therapy	Maintain robust CBT	Wait times for CBT.	

	Connors etc. as appropriate. Experience of Service Questionnaire (ESQ) used with all YP/parents/carers Senior Clinical Psychologist Post agreed and advertised with role to lead development of supervision within CAMHS to include effective use of measures. Evidence-based practice - Additional (IAPT) training accessed; Cognitive Behaviour Therapy (CBT) – Supervisor, 1 existing clinician, 2 new Recruit to Train posts (2 years). CBT training workshops delivered for all CAMHS clinicians. Systemic Family Therapy (SFT) – Supervisor, 1 Recruit to Train Post (2 years). SFT workshops delivered for all CAMHS clinicians. Other evidence based developments; Dialectical Behaviour Therapy (DBT) – new DBT Team trained (6 clinicians) Interpersonal therapy (IPT) – 3	(CBT). Contribution to managing wait times for YP to receive CBT. Improved adherence to SFT. Contribution to maintaining ability to offer Family Therapy in the service. DBT pathway now established. Able to offer evidenced based intensive therapy for hard to engage YP at significant risk of self-harm / suicide. 2 clinicians left service. Remaining clinician part time. Limited availability to offer choice of IPT Easier access for YP to Urgent Care Team and Eating Disorder Team Improved access to better info for YP, parents/carers and professionals about CAMHS and how to get appropriate help.	pathway Maintain SFT pathway Further training for 2 team members to be accredited DBT therapists able to offer supervision. Identify clinicians and secure funding for IPT training. Develop clear pathway for YP with Post Traumatic Stress Disorder (PTSD) type symptoms including offer of EMDR. Work with partners to develop a community triage process and then pilot self-referrals through this process. Use website to support self-referral	Wait times for SFT. Wait times for Dialectical behavioural therapy (DBT). Accreditation of therapists. Completion of training. Pathway document signed off by Clinical Leadership Team Quality Group. Process agreed and running. Pilot begins. Website in use as part of self-referral pilot.	Jan 2020 Jan 2020 Jan 2019 Jan 2019 April 2019

	<p>clinicians received training</p> <p>Eye Movement Desensitisation and Reprocessing (EMDR) – 3 clinicians currently training</p> <p>Access – established self-referral for Urgent Care Team and Eating Disorders Team.</p> <p>New website developed.</p>				
<p>To enable staff from all agencies to access CYP IAPT training</p>	<p>Derbyshire Healthcare (DHCFT) CAMHS</p> <p>CAMHS continue to supervise all EEBP trained staff and trainees across the area</p>	<p>Increased access to evidence based interventions for young people not requiring Specialist CAMHS</p>	<p>Continue to offer supervision and Continuous Professional Development (CPD).</p>	<p>Outcome measures feedback and collation of data</p>	
	<p>Chesterfield Royal Hospital (CRH) CAMHS</p> <p>No local arrangements in place regarding supporting CYP IAPT training of staff from all agencies.</p>		<p>CYP IAPT steering group now convened as part of Future in Mind Board</p>		
<p>To ensure staff continue to receive training in evidence based interventions.</p>	<p>DHCFT CAMHS</p> <p>Ongoing discussions within the Midlands collaborative about how this can be achieved moving forward.</p>	<p>Access extra training before March 2019 in EMDR, IPT-A, and other modalities as delivered by the Midlands collaborative (dependent on demand)</p>	<p>Request further training and ensure staff are freed to attend</p>		

	CRH CAMHS CAMHS Training Plan; identifies current skill mix and training priorities for next 3 years.	Able to access and allocate funding for relevant training at short notice.	Further CYP IAPT training places requested. Other funding earmarked for priority training identified in the plan.	More CAMHS clinicians accessing relevant training.	April 2019
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Case Study

DHCFT CAMHS - Supported Safe Speak (Relate - 3rd sector provider) as part of the work force plan, to access psychological therapies training (CYP IAPT CBT) post qualifying in April 2018. This partnership agreement between CAMHS and Safe Speak enabled the skills acquired within this training post to develop an early access pathway, and this model has subsequently also been used to develop systemic practice with the local authority with integrated pathways in to CAMHS. These pathways enable children to gain the right level of service, with the right worker at the right time.

CRH CAMHS - DBT Team and evidence-based pathway. Team clinicians identified and job plans revised. Team training completed Nov 2017 – June 2018. DBT programme now running, providing comprehensive, intensive DBT treatment package adherent to DBT model for YP age 14 to 17.5 who are suicidal/self-harming, have received previous CAMHS intervention and who are emotionally and behaviourally dysregulated. Team caseload 18.

9. Eating Disorders

We have 2 community based eating disorder services, hosted by Chesterfield Royal Hospital (CRH) and Derbyshire Health Care Foundation Trust (DHcFT). Both are compliant with NICE Guidance. As part of the DHcFT pathway, First Steps (a local charity) provide additional support to children and young people and their families at risk of or experiencing an eating disorder.

In terms of performance both services are constantly meeting the 24 hour and urgent 1 week wait target. There have been a small number of breaches due to patient choice of the 4 week access targets, All referrals are actively triaged / monitored by phone within 24 hours of receipt. The latest 12 month rolling performance across Derby and Derbyshire is: Urgent 94.7% (1 week), Routine 87.0% (4 week), we will continue to monitor performance against targets. As these services have been in place for 3 years we plan to review these services over the next 6 months to ensure they are work closely with place as required in the future.

Our services are part of the East Midlands Clinical Network for Eating Disorders and have been accessing the training and development opportunities that are part of that programme. This has enabled the staff of the services to deliver a more consistently deliver evidenced based interventions and develop more effective team working.

Our aim	What have we done?	What has been the impact	What are we planning to do and by when?	How will we measure the impact and outcome?
To deliver an Eating Disorder service that is in line with NICE guidance and meets eating disorder Access and Waiting Time standards that is community focussed	<p>Developed 2 community based eating disorder services through local CAMHs services</p> <p>Services attend regional meetings and liaise with adult Eating Disorder services.</p> <p>There are focus groups with young people accessing paediatrics and CAMHS.</p> <p>However there are elements of that specification that the services are currently unable to meet. Specifically:</p> <ul style="list-style-type: none"> The services do not operate a 7 	<p>Focus has been on delivering interventions to meet national access targets.</p> <p>A fast track referral pathway for young people with eating disorders is in place.</p> <p>Services are accepting self-referrals.</p> <p>Primary care pathway in place with consultation provided to partner organisations.</p>	<p>Continue robust monitoring as part of the commissioning cycle supporting providers.</p> <p>Review the pathways operating across the County including the proof of concepts which engage the voluntary sector in delivery with statutory CAMHS Eating Disorder service to further improve the</p>	<p>We will :</p> <ul style="list-style-type: none"> Continue to track progress against trajectory. Develop specific measures, with children and young people, for measuring the impact of peer support. Measure the number of practitioners who have increased confidence in early identification,

	<p>day a week service (currently 5 days a week)</p> <ul style="list-style-type: none"> • There is no intensive home treatment element of the service • The role of CEDS-CYP in training for other professionals and supporting public health in raising awareness about eating disorders with children, young people, parents and carers is currently limited. 		<p>provision of accessible services.</p> <p>More to single specification that includes clarity on how preventions and early interventions will be delivered</p> <p>Develop a peer support service to mirror that in the South of the footprint to achieve equity.</p> <p>Increase the number of practitioners in the wider children's workforce including social care, schools and the voluntary sector, able to identify early signs of eating disorders and have confidence in providing support and effective early intervention.</p>	<p>support and early intervention.</p> <ul style="list-style-type: none"> • Develop measures for continuous service improvement in both providers.
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10. Data

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
<p>To ensure that all providers of our commissioned mental health services for children and young people flow data into the Mental Health Services Dataset (MHSDS).</p>	<p>We have built in the requirement to flow data into the MHSDS from all NHS commissioned services for CYP Mental Health.</p> <p>We have commissioned our Commissioning Support Unit (CSU) to support non- NHS providers with flowing data and have a timeline for when each provider will flow data.</p> <p>A workshop was held with non- NHS providers on 8th June 2018 to introduce them to the CSU and the process.</p> <p>All non-flowing providers will be supported to flow data. The plans include finding longer term solutions for independent providers to be able to flow data themselves.</p> <p>As one of the first areas in the country to find a solution for non- NHS providers to flow data, we hosted a teleconference with other CCGs to share information on our solution.</p> <p>Our 2 CAMHS providers are both flowing data.</p> <p>We will use the specifications set out by NHS digital around data completeness.</p> <p>We will enforce data quality improvement plans</p>	<p>Number of providers flowing data into MHSDS.</p> <p>In April 18, 1 provider was flowing data. At the time of writing this plan, 4 are flowing data and a timescale for 6 more is in place with dates of September to December 18. This plan is monitored regularly.</p> <p>Progress against access targets measured through MHSDS.</p> <p>Progress against quarterly targets at CCG level and Derbyshire wide level.</p> <p>Increased access demonstrated through 31% of children and young people accessing NHS support and reassurance that more children will</p>	<p>Data quality is being measured via the CSU for the Non-NHS providers and via the CCGs for the NHS providers</p> <p>Flowing data is a requirement of newly commissioned services, including recent improvements to Youth Offending Services, Systemic Family Practice and our Targeted Intervention Service.</p> <p>We will ensure that MHSDS requirement is mandatory in the each provider contract .</p> <p>3 of our 4 CCGs exceeded 17/18 targets. As an overall footprint we exceeded</p>	<p>Continue to use local data whilst providers work with CSU to resolve data flow.</p> <p>Monitor data quality using a method of reviewing what the CSU submission shows, the MHSDS output figures, comparison with local data and the variance.</p> <p>Work with CSU and business intelligence colleagues to collect the monthly and</p>

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
	<p>where required, comparing local data sets with the data flowed into the MHSDS.</p> <p><u>Local data collection</u></p> <p>We will continue to require monthly data submissions from all the commissioned providers until all providers are flowing data into the MHSDS.</p> <p>We will continue to require 3 or 6 monthly detailed reports (depending on allocation of funding) including impact measures, the views of children and young people, and case studies.</p> <p>We will ensure strict contract management to continue to meet the targets.</p>	<p>benefit from access to evidence based support.</p> <p>Through analysis of reports, identify best practice and ensure this is shared across the footprint.</p> <p>The templates collect information on waiting times / outcomes / service</p>	<p>the target with 6096 children supported against a target of 5403.</p> <p>Continue to request and collate monthly data.</p> <p>We have modelled the data from our local data collection to inform commissioning for 18/19 to ensure we have commissioned enough activity to meet the</p>	<p>where appropriate the quarterly data stats so that these can be analysed and collated into overall reports to inform the commissioning</p>
<p>To implement the use of outcomes monitoring for our commissioned mental health services for children and young people</p>	<p>This year we have increased the number of providers using evidence based outcome tools and report on them quarterly through their local reports.</p> <p>All of our commissioned services must use evidence based outcome tools and report on the number of young people who have set a goal and whether they have improved, stayed the same or deteriorated.</p> <p>Our Future in Mind Board approved the following outcome measures which are being used across</p>	<p>We can see at each service level that services are delivering improvements in young people's mental health from evidence from outcomes tools.</p>	<p>Continue to embed routine use of outcomes monitoring.</p> <p>As NHSE releases more information on the outcomes metric to be used in the MHSDS, we will ask our current services to prepare for flowing this.</p> <p>We will ensure the new</p>	<p>We will aim to increase the number of providers using evidence based tools and paired scores</p> <p>Through our data flow solution, we will also request providers to flow</p>

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
	<p>services:</p> <ul style="list-style-type: none"> • 100% of young people are treated with dignity, compassion and respect • 70% of young people state that their mental health has improved as a result of this provision • 70% of young people state that they have improved self-awareness. • 70% of young people state that they have improved relationships • 70% of young people state that they are better able to manage their own mental health and well-being • 70% of young people state that they feel safer as a result of engagement in this project • 20% of young people are proactively encouraged participate in some form of pro-social community activity, such as volunteering, sport, arts activities three months after they have been referred to the service. • 100% of young people are asked their views on service delivery and there is evidence that these views influence service improvement. <p>We have been part of an outcomes pilot with the Child Outcomes Research Consortium (CORC) in measuring outcomes for children and young</p>		<p>outcome 'Of all CYP, aged 0-18, discharged after treatment, how many show reliable improvement in presenting problem following treatment' is reported on in 2019</p>	<p>their outcome data into the MHSDS.</p> <p>We will use the 'outcomes specification' developed through the CORC outcomes pilot as a template with all providers.</p> <p>This will ensure the child's voice is heard and services support the outcomes children and young people are aspiring to.</p>

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
	people and this has been piloted with voluntary and community sector organisations.			
To ensure the regular monitoring of key performance and access data	<p>We use local and MHSDS data to report regularly on access rates at our Future in Mind Delivery Groups.</p> <p>Eating disorder data is monitored regularly and breaches are challenged. The Future in Mind Board has requested regular updates on data including crisis, Eating Disorder and CYP Mental Health Access Target Progress.</p> <p>The recently completed Joint Strategic Needs Assessment when cross referenced with our access data will enable us to more accurately identify need.</p>	Children and young people who require access will receive the provision they need, whatever their background.	<p>We will develop a local children and young people's mental health dashboard in order to demonstrate our progress to Boards.</p> <p>We will analyse the information to identify best practice which can be shared.</p> <p>We will analyse information about the numbers of children and young people from different 'communities' to ensure that those in most need are receiving a service.</p> <p>Capturing the impact of wider mental health support services</p> <p>We will seek ways of capturing information about support for</p>	June 2019

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
			children and young people's mental and emotional health that is not commissioned by the CCGs.	
To ensure the expertise of the local Clinical Network is used to improve our local data collection and reporting.	<p>Commissioners are active members of local clinical networks. Local practice has been shared with colleagues on flowing data into the MHSDS.</p> <p>We have been part of regional workshops and national webinars on flowing data into the MHSDS and regional Future in Mind meetings, where discussion on outcomes have supported the improvements we are making.</p> <p>We have had ongoing support from NHSE in improving our data and reporting.</p>			

11. Urgent and Emergency (Crisis) Mental health Care for CYP

Historically our urgent care and crisis services have been developed through our two CAMHs providers, Derbyshire Healthcare Foundation Trust (DHcFT) and Chesterfield Royal Hospital (CRH), and as such different models have emerged across the footprint based on the way others services around them are organised.

Chesterfield is largely an acute hospital trust and Derbyshire Healthcare are a community based provider and work closely with Royal Derby Hospital (Acute Trust) to support children and young people requiring urgent care.

There is currently some variation in provision in crisis mental health care for CYP across the footprint, so reviewing and aligning our core service offer to provide consistency to meet our population's needs is a key priority for the coming year.

Derbyshire is not a pilot site for the NHS England New Models of Care but we hope to join the programme in future years and will continue to work with NHS England to develop alternative models focussed on enhanced community provision and avoidance of CAMHS inpatient admission.

Those urgent care and intensive home support services which are in place are starting to impact on the use of inpatient CAMHS, most notably on length of stay and therefore overall bed days, as shown in the table below.

Admissions	2015/2016 Total	2016/2017 Total	2017/2018 Total	2018/2019 to month 5
NHS EREWASH CCG Total	1	8	7	8
NHS HARDWICK CCG Total	14	6	8	0
NHS NORTH DERBYSHIRE CCG Total	28	16	23	15
NHS SOUTHERN DERBYSHIRE CCG Total	64	79	41	24
TOTAL	107	109	79	47

Whilst 2017/18 saw a reduction in Tier 4 admissions across the footprint, current year figures to the end of Month 5 (August) indicate that may show an upturn again by year end.

More significant however are the reductions in overall bed days that have been achieved over the course of the last few years.

Bed Days	2015/2016 Total	2016/2017 Total	2017/2018 Total	2018/2019 to month 5
NHS EREWASH CCG Total	1,038	4,895	2,357	512
NHS HARDWICK CCG Total	15,557	4,500	2,399	-
NHS NORTH DERBYSHIRE CCG Total	29,582	11,215	7,226	1,191
NHS SOUTHERN DERBYSHIRE CCG Total	67,138	57,132	14,202	2,081
TOTAL	113,315	77,742	26,184	3,784

These show consistent, sustained reductions in overall bed days across the footprint since 2015/16.

2018/19 figures are year to date and are subject to change as 18 CYP are still currently inpatients.

Our Aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
To have appropriate urgent (crisis) mental health services for CYP and their families	<p>We do not currently have a dedicated 24/7 urgent and emergency mental health service for CYP.</p> <p>The current services are:</p> <p>North of Derbyshire based around Chesterfield Royal Hospital - operating 10am-10pm 7-days a week providing:</p> <ul style="list-style-type: none"> community based urgent care service providing a 4 hour rapid assessment and risk 	<p>The developing urgent care and intensive home support services across the footprint have started to have an impact on the use of inpatient CAMHS, most notably on lengths of stay and therefore overall bed days, as shown in the table above.</p>	<p>With a Derbyshire wide children's commissioning team now in place a priority will be to review the services operating across the footprint so that there is a strong and consistent core offer by June 2019</p> <p>We will use the outputs from this review together with the recommendations arising from the crisis mapping</p>	<p>As a part of the review of services across Derbyshire we will benchmark across the footprint analysing the Emergency Department admissions for young people in crisis.</p> <p>We will continue to work closely with NHSE to monitor the reduction and flow in of inpatient admissions; these are</p>

	<p>assessments in the community,</p> <ul style="list-style-type: none"> • Intensive home support team, working with young people who may be at risk of admission to, or ready to be discharged from specialist hospitals. <p>South of Derbyshire based around Royal Derby Hospital - operating 8am- 11pm Mon- Fri and 8am- 9.30pm at weekends providing:</p> <ul style="list-style-type: none"> • CAMHs RISE crisis liaison service which offers a service to children and young people in urgent need of care due to self-harming or suicidal thoughts. • a recently launched intensive home support service <p>We are part of a regional crisis mapping project through the East Midlands Strategic Clinical Network and have completed an audit earlier in 18/19.</p> <p>We have an established aspiration to move to a 24/7 service by 2020/21.</p> <p>However, we will review the recommendations from the crisis mapping report when published and use these alongside local intelligence to establish need and plan development accordingly</p>		<p>report and other more local intelligence to assess the impact of the services and any shortfalls in the existing models in order to move towards a common service specification for both urgent care / crisis and intensive home treatment services across the footprint.</p> <p>The joint specification will support our aspiration to deliver an accessible urgent care service closer to CYP in their communities and reduce the demand on Emergency Departments, paediatric beds and reduce inpatient admissions.</p>	<p>reviewed on a monthly basis.</p> <p>The services will continue to provide regular monthly statistics of new cases, existing and discharges and the maximum number of weeks CYP are seen by urgent care.</p>
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<p>For our urgent (crisis) mental health provision to be appropriate for disabled CYP, particularly those with Learning Disabilities (LD) and/or Autism Spectrum Disorder (ASD)</p>	<p>Our focus in this area over the last year has been on young people with ASD, as this has been the cohort which has presented the greatest challenge to services locally.</p> <p>Working with colleagues in the local Transforming Care Partnership there has been local investment in a Transforming Care Programme (TCP) Children and Adolescent Mental Health Service (CAMHS) support function. This function is based in the Intensive Home Treatment Team (IHTT) within North Derbyshire / the Enhanced Home Support Service (EHSS), started October 2018, in Southern Derbyshire and provides support and expert advice to other IHTT/EHSS and other CAMHS services who are providing care to children and young people with autism who present with behaviours that challenge, which place themselves or others at risk; or for whom the nature or degree risks might otherwise lead to exclusion, placement breakdown and admission to inpatient services.</p> <p>The “ASD champion” function which has been commissioned as part of the TCP to upskill wider CAMHS teams around ASD as well as to the</p>	<p>The function has not been in place for a sufficient period of time to effectively measure impacts but is expected to contribute to the delivery of the following local outcomes:-</p> <ul style="list-style-type: none"> • Reduction in the number of CYP with ASD and mental disorders/ behaviour which challenges who require inpatient facilities. • Reduction in the length of stay for CYP with ASD within CAMHS inpatient settings. • Improved support to mainstream CAMHS and children’s care services to improve understanding and skills in ASD support and management. • A reduction in the behaviours of CYP with mental health conditions and autism that lead to them coming into contact with the criminal justice system and 	<p>As a part of the review of urgent mental health care services operating across the Derbyshire footprint, we will:</p> <ul style="list-style-type: none"> • Assess the impact and effectiveness of the TCP Children and Adolescent Mental Health Service (CAMHS) support function in helping to deliver the defined local outcomes • Establish the urgent care and IHS services baseline need for support and guidance from specialist CAMHS LD services in making reasonable adjustments to provide crisis care for those CYP with LD 	<p>We will assess 2018/19 performance against 2017/18 baseline for:</p> <p>The number of CYP with ASD and mental disorders / behaviour which challenges who required admission to inpatient facilities.</p> <p>The average length of stay and overall bed days for CYP with ASD within tier 4 inpatient setting.</p> <p>The number of CYP with ASD and mental health conditions / behaviour which challenges that lead to them coming into contact with the criminal justice system</p> <p>We will engage with and seek the views of the staff of mainstream CAMHS and children’s care services to assess the extent to which they feel the support provision has helped them to improve their understanding and skills in ASD support and</p>
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	IHTT has begun to make links in with RISE and urgent care teams around similar upskilling to their teams.	improved support to children and young people with ASD through the criminal justice system.		management.
For all urgent (crisis) mental health provision to have appropriate locally agreed Key Performance Indicators (KPIs)	The service specifications for our urgent care / crisis care services contain the locally agreed KPI's that have been agreed by all providers.	These have allowed commissioners to monitor the progress and performance of the services.	<p>As a part of the review of urgent MH care services operating across the Derbyshire footprint, we will review and update KPI's and access and waiting time ambitions as appropriate.</p> <p>In undertaking the review and moving towards a common service specification for both urgent care / crisis and intensive home treatment services across the footprint, we will undertake appropriate engagement with CYP and their families and account of their experiences and feedback.</p>	Not Applicable

12. Integration- transition to adult and other mental health services

Our aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
For there to be effective transition services from children's to adult and other mental health services	<p>A Transition working group continues to meet and review progress against the CQUIN (Commissioning for Quality and Innovation). This is a group which has coproduced and implemented a plan to improve transition and transfer for young people between services. Members include an expert by experience service receiver, carers, clinical and operational leads from the sending and receiving services in CAMHS and adult mental health services.</p> <p>Work areas includes:</p> <ul style="list-style-type: none"> • Revised policy and protocols. • Clear data and reporting framework. • Developing a discharge readiness tool that informs discharge from CAMHS and transition. Goals and outcomes identified by young people. • Readiness questionnaire co-produced with young people from Derbyshire • Moving on plan process agreed and 	<p>Around 3-5% of open CAMHS referrals are transitioning through to Adult Mental Health Services and data shows improvements are still required.</p>	<p>An implementation plan has been produced by the working group and will drive forward the improvements required.</p> <p>We recently joined a national webinar on the CQUIN which suggested the continuation of the CQUIN beyond this year. Depending on the outcome of this we would build into both CAMHS and adult mental health provider contracts to include a requirement for ongoing monitoring of the number of transitions beyond the end of the CQUIN, including in the quality schedule and that this will be a year on year improvement.</p>	<p>There will be an increase in the average overall experience rating of transition by October 2019</p>

Our aim	What have we done?	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?
	<p>incorporated into revised Transition Policy and transition map.</p> <ul style="list-style-type: none"> • Moving on review form co-produced with young people from both Derbyshire CAMHS. • Partnership agreements in development between CAMHS and external providers who young people are often referred onto/ move onto including third sector providers. These agreements aim to improve the experience of young people moving between services, by developing shared care agreements, co facilitation of interventions and integrated care pathways. • Childrens Transition Strategy <p>CAMHS have added mandatory fields to their IT system so that cases cannot be closed until readiness questionnaires and multiagency planning meetings have taken place.</p>			

13. Early Intervention in Psychosis (EIP)

Requirement	What have we done?	What has been the impact	What are we planning to do and by when?	How will we measure the impact and outcome?
For an EIP service delivering a full age-range service, including all CYP over the age of 14	Derbyshire has an all age service (14 +) adapted from a (policy implementation guide 2000) compliant service. The specification has been re-written to meet the latest standards; additional staff have been recruited.	In terms of benchmarking the service compliance against standards set nationally, including the Five Year Forward View for Mental Health and the CQUIN (Commissioning for Quality and Innovation) for physical health, the service performs well on: <ul style="list-style-type: none"> • timely access • family interventions • Cognitive Behavioural Therapy for psychosis 	Isolate data for CYP accessing EIP service. Make improvements around: <ul style="list-style-type: none"> • Physical Health Checks • Carer focussed education • Well-managed service • Effective treatment 	EIP outcomes
Case Study This case study demonstrate how the Derbyshire Early intervention service can work effectively and in accordance to NICE guidance with young people suffering with first episode psychosis and their carer's. Jenny presented to Paediatric Emergency Department with features suggestive of an acute psychotic episode. She presented acutely, with abrupt changes in behaviour and relationship difficulties. She also has autism. The family were supported by her care coordinator who is trained in Behavioural Family Therapy (BFT). The Derbyshire Early intervention service worked closely with Jenny and her family to support her in to returning to education and encouraged Jenny to engage again in meaningful activities. Youth and Community Support Worker (YCSW) helped her apply for a college place in animal care where she is gaining confidence in communicating with others. She is getting ongoing support from the team.				

14. Implementing Green Paper ambitions

Derbyshire CCGs were invited by NHSE to submit an expression of interest (EOI) in becoming a Wave 1 CYP mental health trailblazer site to test out service models which will deliver the key functions in Transforming Children and Young People's Mental Health: A Green Paper (2017) having met the pre-application selection criteria.

Preliminary work was undertaken to understand what the opportunity would mean for Derbyshire, how the plans would integrate with existing Future in Mind plans and to explore what it would take for Derbyshire to meet the 4 week waiting time pilot.

At present, the CCGs have made the decision to decline the Wave 1 opportunity based on capacity to deliver and the timing of the opportunity, but hope to be involved in future waves of the programme.

Derbyshire could make a very strong application for the trailblazer, building on existing developments within children's mental health:

- Children's Commissioners are developing a Targeted Early Intervention offer for Children's mental health. The Green Paper trailblazer will complement (but not replace) this, allowing support to more of the 14,401 children requiring this level of intervention. As part of this offer there will be a community triage in each place which could support the trailblazer ambition
- The proposal will require a sustained joint working approach with Local Authorities, Schools, Colleges and providers.
- NHSE has recognised positive progress with Derbyshire and Derby Future in Mind plan. The 2017-18 plan refresh was rated as good.
- It would build on ongoing work through the Opportunity Area in Derby City where from autumn 2018 work will begin with schools to improve mental health and resilience to develop emotionally healthy schools across all key stages.
- It will enhance our work around a Whole School Approach to emotional and mental health and recent involvement in the Anna Freud Schools Links Project
- It will build stronger support to parents and carers of children with mental health needs, which was raised in a local HealthWatch report
- It will strengthen our model of Specialist Community Advisors, our mental health leads in each place for children's mental health who work with practitioners who are concerned about children's mental health
- The focus of our work with vulnerable children and those who experience inequality in accessing healthcare and education, who might have more limited contact with mainstream schools and colleges, and will test this through trailblazers. This might include alternative provision or special school children in contact with the criminal justice system and some looked after children, all areas of focus for Derbyshire currently giving the ability to build on existing programmes.
- We have been part of an outcomes pilot with the Child Outcomes Research Consortium (CORC) in measuring outcomes for children and young people and this is a key focus and expectation within the Trailblazer

- There is a lot of enthusiasm in the system in Derbyshire for being part of a future Trailblazer Wave and leading the way on innovation

Case-study: Learning from Derby Opportunity Area (OA) – Improving emotional health and wellbeing

As part of the Opportunity Area initiative the Department for Education, the local programme Board has allocated over £500,000 for the delivery of plans to improve emotional health and wellbeing within all Derby schools as this is a significant priority identified by schools.

This local OA workstream was informed by the joint strategic needs assessment carried out by Future in Mind (FiM) and demonstrates joined up working across the system. It aims to implement much of the activity developed as part of the Green Paper and complement ongoing FiM work.

Starting this Autumn term, all Derby schools will be able to benefit from:

- Leadership training for a senior Designated Lead for Mental Health. Schools will also be provided with grant funding to help them implement the improvement plans they develop during the programme.
- A one-stop website, an Emotionally Healthy Schools Portal, which brings into one place all sources of support and information for schools.
- School placements by university final year undergraduates to provide therapy and student support.
- Materials and resources to help schools as they work with the families that face the most significant mental health challenges.

The project mobilisation is currently underway for this work and schools will be invited to become involved and be offered support later this term.

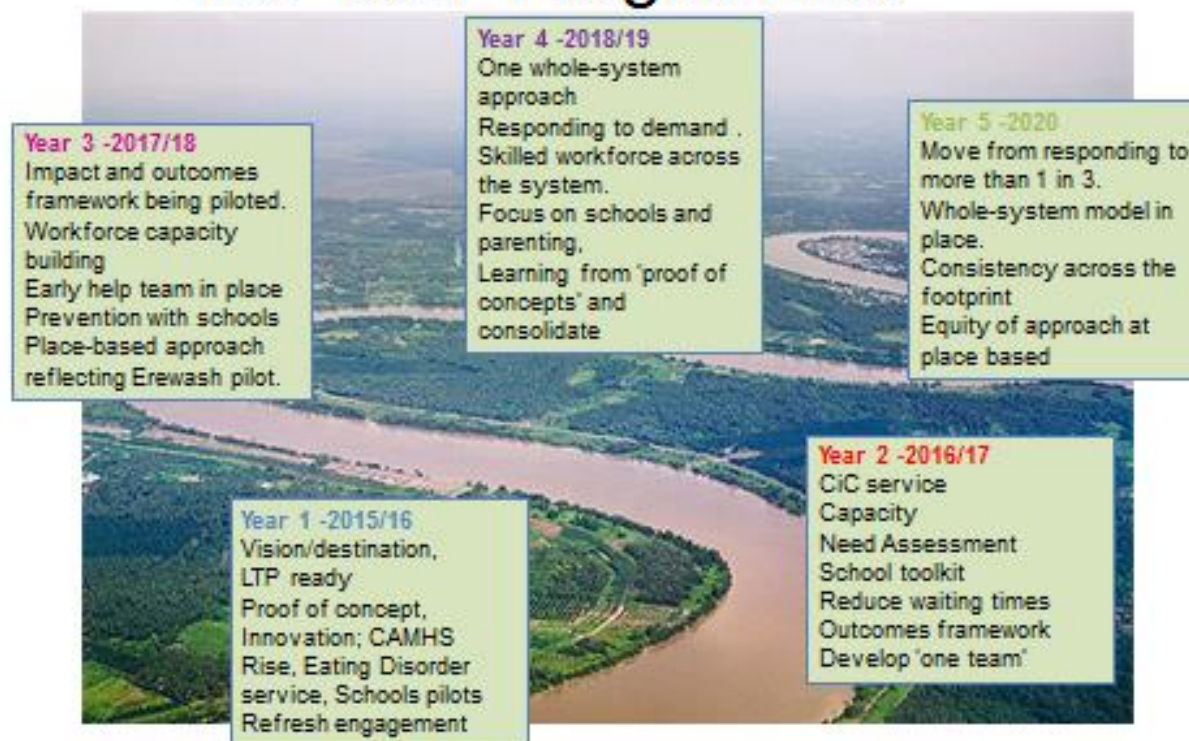
Learning from the OA programme work will feed into the Future in Mind programme and inform how prevention and work around the whole-school approach is rolled out across the county.

15. Other

Ambition and Progress 2015 – 2020.

The local transformation plan (LTP) is a five-year plan of transformation. Our picture of the meandering river below (acknowledging change is not straight forwards) shows a summary of our transformation road map. The Roadmap below the picture provides highlights of the progress and cross references to examples of projects which are innovative and key enablers for transformation. A common theme is our development of and emphasis on commissioning for outcomes.

A 5 Year Programme



ROADMAP 2015-2020		
Timescale	Ambition	Progress and outcomes
Year 1 2015-16	<p>Vision for a full footprint LTP with all partners.</p> <p>Innovate and test out new ideas for service delivery through 'proof of concepts' and building on existing provision, such as CAMHS RISE.</p> <p>Start the culture change towards children emotional wellbeing and mental health by engaging and working with school in our pilots.</p> <p>Refresh engagement with children, young people, families and stakeholders to inform the programme</p>	<p>A full footprint wide vision in place across both Local Authorities and 4 CCGs.</p> <p>Focus on inclusion of outcomes with the proof of concepts and development of specifications</p> <p>The pilot of a single point of access to specialist health services showing faster access to services and reducing demand and duplication.</p> <p>Significant work towards developing an outcomes framework, improving data and developing evidence-based pathways for children and young people with mental health problems, starting with self-harm and eating disorders.</p> <p>Through the accelerated CAMHS co-commissioning pilot (Derby City and Erewash) – the establishment of a good practice model for emotional health and well-being support in schools as identified by pupils and staff. Also a vision for a named point of contact within CAMHS and a named lead within each school responsible for mental health, developing closer relationships with CAMHS with identified schools ready to pilot this.</p> <p>Service user children and young people's engagement throughout Derbyshire County and Derby City to influence transformation of services</p> <p>Significant investment by CCGs across the South Unit of Planning to extend the CAMHS Liaison Team- CAMHS RISE.</p>
Year 2 2016-17	<p>Target service provision at some of our most vulnerable children including those in care.</p> <p>Fully understand the needs of our population across the footprint by undertaking a thorough Needs assessment</p> <p>Moving from working in separate teams to pooling our capacity across 6</p>	<p>Commissioning of the Keep, a New Children in Care service, supporting emotional health and well-being (Derby City)</p> <p>The completion of a Joint Strategic Needs Assessment to underpin our Local Transformation Plan. The progress of our work can be evidenced in the outcomes of the Health Needs Assessment: https://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/jointstrategicneedsassessment/derbycitycouncil-future-in-mind-health-needs-assessment-2017</p> <p>The development of the Emotional and Mental Health: A Resource for Schools: https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/children-and-families/mental-health-and-wellbeing/emotional-and-mental-health-toolkit.pdf was developed with</p>

	<p>organisations (two Local Authorities and four Clinical Commissioning Groups) to working as one team to address the FIM challenges.</p> <p>Production of a School toolkit</p> <p>Develop outcomes frameworks to look holistically at person centred, service and population level outcomes.</p> <p>To focus on the flow through the system by reduce waiting times</p>	<p>schools, distributed to all schools and informs some of the current and planned work of developing a Whole School Approach</p> <p>We commissioned the Child Outcomes Research Consortium (CORC) to work with us and develop a holistic outcomes framework.</p> <p>Commissioning of lower level services to ensure children and young people get the right service at the right time and data to support their impact.</p> <p>New Eating Disorder provision up and running</p> <p>Voluntary and Community Sector- increased capacity</p> <p>CYP IAPT programme</p> <p>Crisis care /intensive home care and support service specification deployment</p> <p>Consolidation of CAMHS RISE service</p> <p>Strong partnership and shared drive</p> <p>Engagement with stakeholders</p> <p>Four conferences to engage stakeholders, share practise and disseminate progress</p>
Year 3 2017-18	<p>Impact and outcomes and pilot work on three distinct groups for the outcomes framework.</p> <p>Build capacity within our workforce to identify and support needs at the earliest opportunity.</p> <p>Develop Early Intervention Offer Place based approach reflecting the successful Erewash pilot</p>	<p>Pilots were commenced for the outcome framework with voluntary sector services, early help teams and for pupils with SEND in special and mainstream schools. Very valuable learning has come out of these pilots as to the practicalities of implementing the approach and the challenges specifically within data collection and interpretation.</p> <p>Although we have effectively enabled awareness raising and training for over 600 practitioners, we recognise that there is still an ongoing need to up skill the workforce and target key resources and skills base at pinch points across the system.</p> <p>Meet the 28% Mental Health Access Target</p> <p>Developed a workforce strategy</p> <p>Training of Wellbeing Practitioners and Systemic Family Practice</p> <p>Developed a place based approach in Erewash for Future in Mind, bringing together stakeholders to work closely together in a solution focused way to maximise resources in the locality. This approach worked closely with schools and emphasised community capacity and focus on building resilience.</p>

		<p>Delivered Intensive Home Support</p> <p>A 60% reduction in inpatient admissions in the North of Derbyshire due to the Intensive Home Support Services.</p> <p>A 40% reduction in admissions to Derby Royal Hospital due to the CAMHS RISE service, our liaison provision.</p> <p>Further investment in Third Sector provision to improve access in “place” (or community settings)..</p> <p>The development of proposals to improve our inpatient response through more local provision.</p> <p>The launch of our Anti-stigma campaign.</p> <p>Further development of our outcomes framework.</p> <p>Delivering on the targets for the eating disorder services.</p>
<p>Year 4 2018-19</p>	<p>Consolidate and improve consistency across the footprint, learning from our previous proof of concepts to helpers in the development of new and innovative approaches to respond to rising demand.</p> <p>Building on our learning from the first three years of delivering programme we know that workforce is a key area and our ambition is to build a skilled workforce across the whole system with a positive multiagency skill mix.</p> <p>Building on successful programs such as our footprint approach to mindfulness we want to do further engagement and enabling work with schools in order to identify and support child emotional well-being and mental health at the earliest opportunity.</p> <p>We want our Derbyshire and Derby city</p>	<p>Meet the 33.5% Mental Health Access Target</p> <p>Have a consistent Parent/Carer support offer</p> <p>Develop the workforce development plan including training in trauma and ACE awareness</p> <p>Offer consistency of provision. A clearly defined offer from Targeted Intervention to Emergency and crisis care.</p> <p>Health equity audit scope</p> <p>Increased evidence based interventions</p> <p>Mobilise Targeted Early Intervention Offer</p> <p>Further develop offer to schools through Specialist Community Advisors, Be a Mate campaign and Quality Assurance framework</p> <p>Increased home support, reduced use of CAMHS inpatient</p>

	<p>parents to feel enabled to support their children and to understand where to seek further advice and support for child emotional well-being and mental health.</p>	
<p>Year 5 2019 - 20</p>	<p>In our final year we want to see a culmination of the different pilots in a definitive work and investment enabling us to move from responding to more than 1 in 3.</p> <p>We want to be able to move from the jargon and rhetoric of the whole system approach to being able to see and evidence a whole system working model in practice which is truly making a difference for children and families.</p> <p>We want to be able to see consistency in service provision and offer across the footprint at a place-based level whilst focusing on enabling change of culture to see more self-support mechanisms in place.</p> <p>Although we have a holistic ambition and vision we also want to temper this with the practical reality of what can be delivered so children and families can see feel and know the difference the future in mind programme has made but without an unrealistic overpromising of a future when no child needs mental health support.</p>	<p>Meeting the 35% access target</p> <p>Achieve vision: 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</p> <p>Outcomes fully embedded</p> <p>Effective and consistent crisis intervention pathway including out of hours</p> <p>Effective CYP mental health support in place in schools</p> <p>Thrive model principles fully embedded</p>

Key Risks to Delivery across the programme

Key Risk/Issue	Mitigating Action	Overall RAG	Target review date	Status
There is a risk that there may not be appropriate capacity within the Communications Teams to support comprehensive communications planning for new developments within the FIM programme	<p>Core commissioners covering both Health and Local Authorities have agreed to appropriately resource the key areas of the programme for their communication teams to support.</p> <p>The FIM work plan will be included in the operational plan for the Communications and Engagement team. The revised CCG structure will be operational in Nov 2018 with appropriate and proportionate capacity to undertake the CCG requirements as set out in the Clinical Commissioning Strategy 2019-2021.</p>	Amber	Dec 18	Open
Capacity within Children and Young People's Commissioning for health remains a risk.	<p>The CCG is committed to the Future in Mind Programme and will be allocating resource.</p> <p>The Future in Mind Delivery Group have prioritised the work that needs to take place this year and identified leads for particular areas of work.</p> <p>The CCGs revised organisational structures were agreed by Governing Bodies Meeting in Common on 1/11/18 and include arrangements for robust children and young people's commissioning including 2 Future in Mind posts.</p>	Amber	Dec 18	Open
The current targeted intervention services are at capacity in some areas - growing waiting lists and emerging unmet need.	<p>Development of the whole school approach to support schools utilise services and alternative service delivery options</p> <p>Recommission the Targeted Intervention services across the footprint to maximise investment.</p> <p>The targeted Intervention Service will increase capacity to support lower level needs.</p>	Red	Feb 19	Open

Potential for demand pressures on Future in Mind Services yet to be quantified from potential changes in the targeted early help services delivered by Derbyshire County Council	Relevant stakeholders are engaged as part of the early help review which also includes a public consultation process which will help shape the future service.	Amber	Jan 19	Open
<p>Recruitment and retention of staff to core CAMHs is a risk in line with national recruitment issues.</p> <p>Temporary contracts contribute to staffing issues.</p> <p>There is a national shortage of Consultant Psychiatrists and an even smaller pool of Learning Disability Psychiatrists.</p> <p>There is higher banding in Adult IAPT, meaning staff leave CAMHS for Adult Services.</p> <p>There is a shortage of appropriately trained band 6.</p> <p>New service developments potentially exacerbate this situation as they recruit from the same pool.</p>	<p>Upskill other staff where possible and maximise Health Education England and CYP IAPT opportunities.</p> <p>A workforce plan that attempts to provide coherence and stability.</p>	Red	Feb 19	Open
<p>Some of the service developments arising from the local FIM programme have relied on other non- recurrent funding streams including:</p> <ul style="list-style-type: none"> Health and Justice (£400k over 2 years until Jan 2020) Opportunity Area (£598k in total over 2 years until summer 2020) Transforming Care Programme (£200k over 2 years ending March 2019) <p>This represents a risk to the maintenance and sustainability of some of the improvements.</p>	<p>Ensure adequate data collection on impact on outcomes for all established services to enable effective justification of continuing investment during the service consolidation process.</p> <p>Ensure that sustainability planning is integral to all future service investment decisions.</p> <p>Evaluations on each of those funding streams will be taken through relevant CCG committees.</p>	Amber	March 19	Open

Case studies

The Derbyshire 'Be a Mate' Campaign

Derbyshire anti-stigma strategy vision

- By 2020 as few people as possible will be stigmatised because of their mental health in Derbyshire County and Derby City.

We want as many people in Derbyshire to be confident talking about mental health and being able to speak about their own, families or friends mental health without judgement. No-one should feel excluded or discriminated against because of their or their family and friends mental health. This strategy will focus on young people, with links to their families and the professionals who work with them.

The 'Be a Mate' anti-stigma campaign has been developed across Derby and Derbyshire through education packages to help tackle mental health stigma for children and young people. The packages cover the effect that stigma has on children and young people, that 'not judging others' for their mental health or for any help they are receiving is a key element of the training, basic mental health awareness, active listening and how to signpost with young people themselves or when to escalate to an adult.

Schools who wish to attend the training advertise the role in school and ask the pupils and staff to fill out an application form alongside a job description. Up to 6 pupils are then chosen to attend the training day. The aim is to listen to the campaign messages and then cascade their learning to the whole school. Pupils and staff are asked to fill in a pre and post questionnaire as part of their commitment and also to submit an action plan and a case study – 6 months after the training. At the end of the project the learning will be celebrated by developing an online resource that shows examples of anti-stigma campaigns across Derby City and Derbyshire.

- The campaign now has more than **1560 Anti Stigma Ambassadors**
- The campaign has generated many positive messages that are cascaded through communities. Our stakeholders are reflecting back that conversations regarding mental health are taking place more often and more positively

Next steps:

Our engagement for the LTP refresh has highlighted that reducing stigma in communities should be prioritised.

We will expand our "Be a Mate" Anti-Stigma Campaign, working with Children's Locality Partnerships to embed in each area with young people leading how this works. We will look at Innovative ways of embedding the campaign such as

- Making it a requirement of applying for certain local grants to be trained in anti-stigma
- Making it a requirement of volunteer passport training to be trained in anti-stigma
- Training fire and police cadets
- Working with brownies, guides and other uniform groups can work towards being Anti-Stigma Champions.

Derbyshire anti-stigma campaign key messages

- We're still people
- We're no different to you
- Speak out and get help
- Help is out there
- Mental health is just as important as physical health
- Support each other.

SUPPORTING A WHOLE SCHOOL APPROACH TO EMOTIONAL AND MENTAL HEALTH

We have been developing close links through our Locality Childrens Partnerships with schools and practitioners working with children and young people, with a focus on improving emotional health and wellbeing.

An event was held with Chesterfield Schools in July 2018 to bring together those with an interest in mental health from each school, alongside support services and providers. It was an opportunity for schools to share best practice, network, understand what each are currently doing, identify gaps and suggest solutions.

The event was particularly useful for sharing resources with schools, including national and local resources.

- 100% of delegates would attend another event like this in the future
- 100% of delegates found the facilitated discussion about what schools are already doing to support CYP useful

Schools who attended are now working on auditing their progress against the 8 principles of a whole school approach and action planning their next steps.

It has also influenced the creation of a document to share with schools on the current offer to schools, including pathways, recommended resources, training opportunities/workforce plans and specific information for support young people with social and emotional mental health needs.

The schools plan to reconvene to share progress later in the year.