Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group

Derby City Council

DERBYSHIRE County Council
Improving life for local people

Derbyshire County and Derby City

Future in Mind Local Transformation Plan

2015 – 2020

Final Version
30 October 2015

Submitted as a separate document to the linked Eating Disorder Plan

Contents

1. High Level Summary

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding

Q1. Who is leading the development of this Plan?

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

This Plan is for Derby City and Derbyshire County

This plan is led by children, people and their families. They have been integral to our on-going work on mental health and wellbeing and the development of this Plan. Key elements of what they tell us are highlighted in Section 2.

It is submitted on behalf of four Clinical Commissioning Groups (CCGs) divided into two units of planning:

- North Derbyshire Unit of Planning:
  - North Derbyshire CCG.
  - Hardwick CCG.
- South Derbyshire Unit of Planning:
  - Southern Derbyshire CCG.
  - Erewash CCG.

The Plan covers two Local Authority areas:

- Derby City Council with Derby City Health and Well-Being Board.
- Derbyshire County Council with Derbyshire Health and Well-Being Board.

Eating Disorders is referenced within this high level summary, however please note that the detailed Plan for Eating Disorders forms a separate, stand-alone document, which is being submitted in parallel to this Plan.

There is a separate Transformational Plan covering Glossopdale, prepared by Tameside and Glossop CCG. Whilst the Glossopdale community accesses a range of different service resources, there is consistency between this Plan and that of Tameside and Glossop CCG. The plan for the children who reside in Glossop has been commented upon by representatives of Derbyshire County Council and members.

The four Derbyshire CCGs are individually accountable for the commissioning of children and young people's mental health services at local level. This responsibility is discharged through lead commissioner arrangements; in particular the two integrated NHS/Local Authority commissioning roles detailed below.

Since 2013 the four CCGs, two Local Authorities/Public Health teams and voluntary sector partners have developed an innovative approach to improving emotional health and well-being and behaviour for children and young people. This has been managed through the "Integrated Behaviour Pathway Partnership".

Queries about this application can be addressed to:

Dr Isobel Fleming
Service Director, Performance Quality and Commissioning, Children's Services, Derbyshire County Council (leading children's commissioning across Derbyshire County Council and North Derbyshire CCG, Hardwick CCG and Erewash CCG)
Isobel.fleming@derbyshire.gov.uk
Tel: 01629 532211.

Frank McGhee
Director of Integrated Commissioning
Peoples Directorate, Derby City Council (leading children's commissioning across Derby City Council and Southern Derbyshire CCG)
Frank.mcghee@derby.gov.uk
Tel: 01332 642667
Mobile: 07812 301576

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?)

Our plan is underpinned by a whole systems approach. We understand that each part of the system has an integral part to play and that links between education, health and social care are imperative if our vision is to be achieved. We intend to improve outcomes by intervening earlier, preventing needs from escalating and reducing demand for high-cost support.

Our Plan will:

- Invest in additional staff and training to deliver a single, outcomes-focused service specification for eating disorders which will meet the access and waiting time standards.
- Invest across the 'whole-system' including primary care, schools and voluntary sector to build resilience, enable self-care and provide access to early help, reducing the need for high-cost support including inpatient/Tier 4 beds.
- Extend the use of evidence based approaches such as CYP IAPT within the Multi-Agency Teams (MATs), and increase CAMHS support to the MATs.

- Build up investment in 'rapid response' to ensure access to CAMHS 24/7, with more home-based treatment to reduce the need for inpatient beds.

- Increase therapeutic support for children in care, and invest in training to improve access to therapeutic interventions for children and young people who experience sexual abuse/child sexual exploitation.

Some objectives and approaches are specific to either the North or South Units of Planning, reflecting their different starting points and arrangements to enable the shared vision to be realised and building on previous experience.

In the North:

- An initial key priority for the specialist CAMHS will be to work towards becoming 'CYP IAPT ready', in order to join a collaborative. This will involve the use of routine outcome monitoring, improving IT systems and data collection methods.

In the South:

- There will be additional investment in evidence-based parenting programmes.

- As a principle we will use year one to pilot different evidence based integrated delivery models to test 'proof of concept'. This is consistent with our wider CCG children's transformation programme and will inform learning to roll out future developments.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015).

Over the last 18 months, we have developed an innovative partnership across the four CCGs, two Local Authorities and Public Health teams. Our shared vision is that, by 2020:

'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.'

Key achievements to date include:

- Piloting a single point of access to specialist health services (Derby City). Early results show this is speeding up access and reducing demand and duplication.

- A joint set of CCG commissioning intentions and integrated plans with Local Authorities.

- 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.
- 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.
- Service user children and young people's engagement throughout Derbyshire County and Derby City to influence transformation of services.
- Significant investment (£600,000) by CCGs across the South Unit of Planning to extend the CAMHS Liaison Team. This service will be fully functional by January 2016.

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

Please describe the changes, realistically, that could be achieved by then.

By 31 March 2016, we expect to have:

- Co-developed an anti-stigma strategy and action plan, in partnership with young people, and be ready to launch our campaign.
- Held a learning event with schools to share the outcomes from the co-commissioning pilot, including a good practice model.
- Commissioned the development of a good practice 'toolkit' for schools.
- Commenced a programme of training delivery for schools and other universal/targeted services building on national good practice materials e.g Mind Ed
- Developed and tested new resources to build resilience and enable self-care (e.g. Apps).
- Implemented the commissioning of new services to build resilience and provide early help.
- Launched and publicised the new self-harm guidance.
- Widened the strategy for embedding evidence based approaches such CYP IAPT as within MATs.
- Simplified referral processes, enabling children, young people and their families to self-refer to CAMHS. Extended the single point of access across the whole of Southern Derbyshire.
- Identified capacity to provide specialist named support to Primary Care, schools and MATs and introduced a CAMHS advice line for professionals

- Invested in additional training for CAMHS professionals in evidence-based interventions.

- Developed service specifications for 'rapid response' and home treatment services, with recruitment to these teams underway.

- Made significant progress towards commissioning the new Eating Disorders service, with a service specification and a partnership agreement with voluntary sector providers in place.

- Established pilots of different integrated delivery models, to test 'proof of concept' including:

    - schools, GPs, voluntary and community sector, multiagency teams.
    - looked after children.
    - Parenting.

- Extended access to evidence-based parenting programmes (Southern Derbyshire).

This list is not exhaustive. Further details about our ambitions for Year 1 and subsequent years are set out within the Plan, section 1, 'Action Plans'.

Q5. What do you want from a structured programme of transformation support?

Our main interest is that we are able to share information about good practice, developments regionally and nationally, and discuss any issues or challenges that we may face from time to time. Through the East Midlands Regional Commissioning Maternity and Children's Champions Group, we are already linked into a network where we can share information and discuss progress with neighbouring areas. Support will be available through a Clinical Lead for CAMHS, who will be appointed by this regional network. We have also established good links nationally though organisations such as the Child Outcomes Research Consortium (CORC).

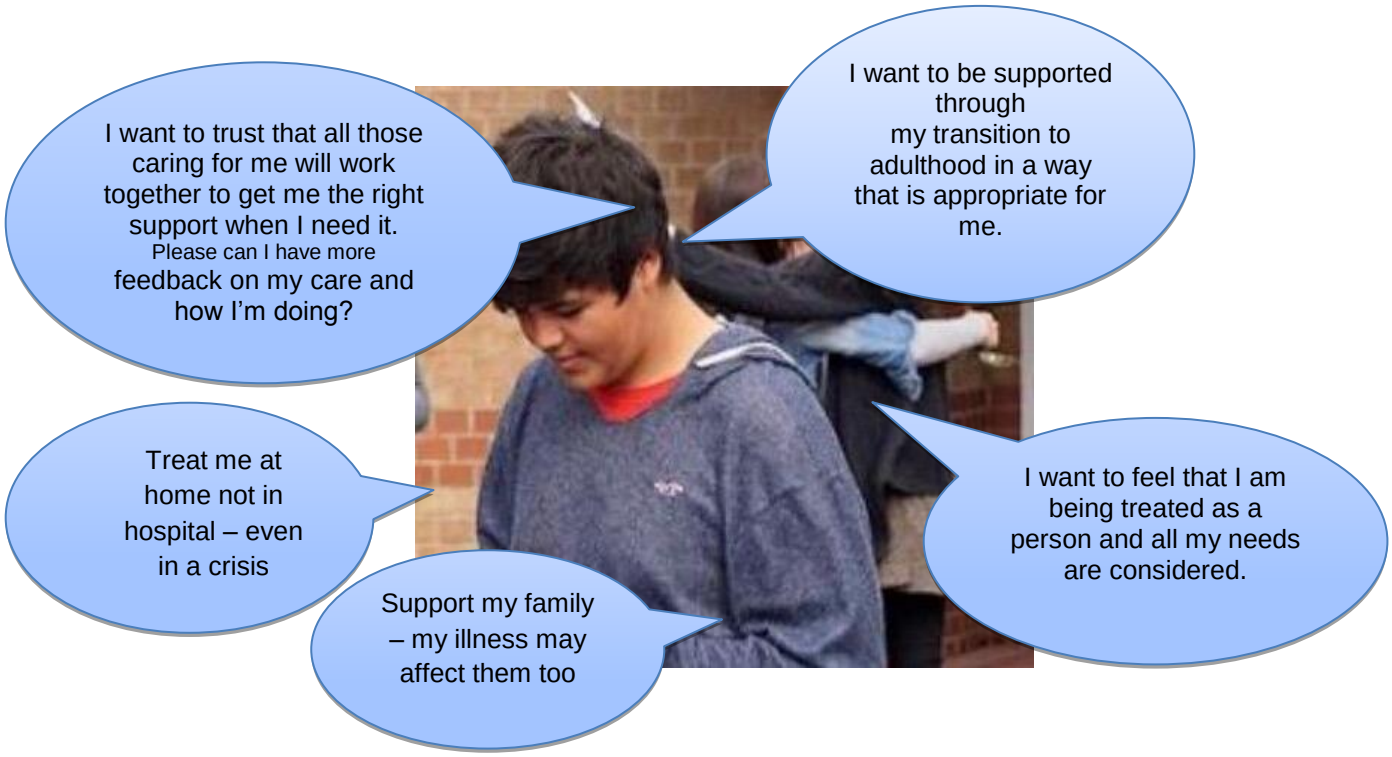
2. What Young People Tell Us

Our children and young people will be at the centre of our transformation.
Our children and young people say they wish that ……

- I only have to tell my story once.
- I want to be able to access information and support in a format that suits me at the time I need it.
- I want to know who to contact and am confident that they will support me to get the right help quickly.
- I want to know that those who care about me will be involved at the right time.
- I want to feel that I am listened to and am involved in decisions about my care.
- I want to feel safe and can trust the people who are helping me.
- I want to trust that all those caring for me will work together to get me the right support when I need it.
- I want to feel confident that the support I get will make a difference to me.
- I want to feel that I am being treated as a person and all my needs are considered.
- Where my care is not working for me I am able to try alternative options.
- I want to know that I can get the help I need whoever I am and wherever I am.
- I want to be supported through the transition to adulthood in a way that is appropriate for me.

(From consultation processes 2013-15)

Some of the priorities young people tell us that matter to them



3. Our Vision and Priorities

3.1 By 2020 our vision across partners is that:

'Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.'

3.2 This plan for transformation of services in relation to mental health and wellbeing of children and young people is underpinned by a whole systems change approach. We understand that each part of the system has an integral part to play and that links between education, health and social care across all ages are imperative if our vision is to be realised.

3.3 The following is based on the feedback from engagement, participation and co-production already undertaken with young people (Section 13) as well as the 5 Year Forward View, the aspirations from Future in Mind, and the principles behind the CYP IAPT programme.

3.4 We want all services and professionals, be they commissioned or provided by the Local Authority, NHS, Education, the voluntary and third sector or are in fact part of a community's social capital to respond positively to the 6 themes identified within Future in Mind.

Over the next 5 years we aim to:

3.5 Improve awareness and understanding and tackle stigma:

- Link up the Youth Councils as well as both specialist CAMHS providers' service user and carer engagement groups, to lead on the development of an anti-stigma campaign which will be delivered within schools and colleges.

- Ensure that CAMHS becomes more 'outward facing' and is more integrated within schools, Primary Care, Multi Agency Teams (MATs), youth offending and social work teams. This will allow other professionals to feel more confident when talking with children and young people around mental health knowing they have support from CAMHS professionals.

- Ensure that all services make active attempts to improve the awareness of mental health and access to services within Black and Minority Ethnic (BME) communities as identified by the Mental Health Taskforce 2015 and recent research (Edbrooke-Childs *et al* 2015).

3.6 Early intervention:

- Develop the 'teaching' of resilience within the school curriculum as well as having an accreditation programme around mental health and wellbeing within schools building on national good practice.
- Ensure development of pastoral care within schools and build on learning from the Accelerating CAMHS Co-commissioning Pilot.
- Ensure development of peer support and those with lived experience around mental health being more included in delivery of service.
- Use technology to better support young people to self-care.

3.7 Improve access to effective support – a system without Tiers

- Adopt 'Thrive' the AFC–Tavistock Model for CAMHS and ensure effective integration of CAMHS within schools, Primary Care, Multi Agency Teams (MATs), youth offending and social work teams.
- Develop a 'menu' for young people to be able to choose what they think will help and personalise this around their individual needs.
- Ensure all CAMHS providers are CYP IAPT compliant, including the acceptance of self-referral. Roll out CYP IAPT training with a strategic approach to targeting training according to need in communities.
- Develop and implement key performance indicators which will enable a rounded picture of the whole system across the areas including waiting times for CAMHS – 4 hours emergency; 1 day urgent and 4 week routine.
- Ensure the availability of personal health budgets for children and young people in relation to their mental health.
- Ensure services monitor and measure outcomes in relation to mental health and wellbeing of children and young people.

3.8 Care for the most vulnerable

- Ensure availability of rapid access provision 24/7.
- Ensure intensive home treatment is an option for those at risk of inpatient admission or those being discharged from inpatient provision, and thereby see a reduction in average length of stay for inpatient care.

- Invest in (Derby City) or ensure current investment (Derbyshire County) for children in care and children and young people who have experienced sexual abuse/child sexual exploitation is evidence and needs based and achieving outcomes.

- Ensure that evidence-based interventions are available for young people with Learning Disabilities and/or neurodevelopmental disorders including support for parents/carers.

3.9 Increase accountability and transparency

- Ensure publication of this plan is available on CCG and Local Authority websites.

- Ensure that Youth Council and CAMHS service user and engagement groups have ongoing input into the development and implementation of this plan as well as local service initiatives.

- Report through newly-developed governance structures which include young people, parents/carers, and all stakeholders (see Section 6.9).

- Develop and implement key performance indicators for the whole system in line with what young people have told us they want and that meet NHS England Access/Waiting time standards.

3.10 Develop the workforce

- Enable all professionals involved with children and young people to have the attitudes, skills and training to respond to mental health and emotional wellbeing issues.

- Develop social capital within each community in relation to accessibility for children and young people around mental health and wellbeing.

- Develop the workforce to achieve an equitable service provision and care pathways from universal to specialist

- In line with CYP IAPT ensure that CAMHS professionals are trained in evidence based practice and adapting intervention around feedback from children/young people and parents/carers

- Commissioners will monitor time/spend on mental health continuing professional development across all sectors.

- Ensure all professionals work together focussed around agreed outcomes.

3.11 Outcomes: What will be different for children, young people and their families?

- Work is well underway to develop an outcomes framework for evaluating health services for children and young people. This project will move services away from an activity reporting model, and improve

  data collection and analysis, and develop evidence-based pathways for children with mental health problems - starting with self-harm and eating disorders.

- Phase 2 will include the development of a full suite of outcome measures as part of this action plan. These outcome measures will reflect what young people say is important to them, as well as a range of other service outcomes and clinical outcomes.

  It is anticipated that the following will be key success measures:

  - Children and young people feel more positive about their emotional health and wellbeing.
  - Children and young people feel that their school and other local services are helping them to be resilient and to cope with life situations.
  - Children and young people know how to access help if they need it.
  - Children, young people and their families feel that they are listened to and involved in decisions about their care.
  - Fewer children and young people are admitted to hospital due to self-harm.
  - Fewer children and young people are excluded from school.
  - More young people aged 16-18 are in education, training or employment.

  The new Outcomes Framework will incorporate, and build on, the Children and Young People's IAPT programme outcome measures and will be further developed in 2015/16.

4. Action plan

Action Plans 2015-16

Outlined below is our plan for 2015/16. This has been developed with local stakeholders.

North and South Units of Planning

Action Plan 2015/16 Future in Mind key transformation **Theme 1**. Improve awareness and understanding, and tackling stigma
Actions **We will…….**
Develop an anti-stigma strategy and action plan, in collaboration with young people and families. This will take account of good practice in other areas, and draw upon the results of the Derbyshire County Year 8 survey of pupils' health and wellbeing to identify priority issues and themes. It will include engagement and consultation opportunities and identification of a service user anti-stigma champion.
Hold a learning event with schools to raise awareness of emotional wellbeing, and share the learning and good practice identified through the Accelerated CAMHS co-commissioning pilot with schools
Develop consistent, accessible resources for families from pre-conception regarding the importance of brain development, attachment and nurturing.

Action Plan 2015/16 Future in Mind key transformation **Theme 2**. Promote resilience, prevention and early intervention
Actions **We will…….**
Offer consultation and support to schools, to strengthen their PSHE programmes to promote resilience.
Develop an Emotional Health and Wellbeing Toolkit for schools/colleges, using learning from the co-commissioning pilot, to raise awareness and provide practical tools and resources to develop pastoral care and support as part of a whole school/college approach.

Develop and test use of new technologies to self-care (e.g. Apps). Pilot an improved menu of early intervention services (e.g. peer support; online counselling)
Maximise the use of staff within universal/targeted services who are CYP-IAPT trained, to provide early access to evidence-based treatment modalities. Develop a strategy and sustainability plan for future CYP-IAPT training of staff within universal/targeted services.
Increase capacity to support the work of other services, including General Practice, Multi-Agency Teams, Priority Families & Family Nurse Partnership, to ensure early access to recognised treatment modalities and effective integrated working.

Action Plan 2015/16 Future in Mind key transformation **Theme 3.** Improve access to effective support – a system without tiers (reduce use of Tier 4)
Actions **We will…….**
Adopt the 'Thrive' the AFC–Tavistock Model for CAMHS . Re-focus specialist CAMHS services to make them more outward-facing and achieve integrated working with Social Care, Education, other NHS services. Introduce an advice line for professionals/parents/young people.
In North Derbyshire, ensure specialist CAMHS is compliant with the principles of CYP-IAPT and has the infrastructure necessary to join a collaborative. In South Derbyshire, continue to embed CYP-IAPT principles and requirements.
Improve referral processes: • Across all areas, put in place a robust process for accepting self-referrals and for monitoring numbers and outcomes. • Embed the Derby City Single Point of Access to Specialist Health Services pilot and extend this way of working across Southern Derbyshire and Erewash. • In North Derbyshire, introduce a single point of access to CAMHS, drawing on learning from the pilot in the Staveley area.
Publish and promote the recently developed Derbyshire Young People's Self-harm guidance. Support the implementation and achievement of the Derbyshire Suicide Prevention Framework.
In Erewash, identify opportunities to align CAMHS developments with the Vanguard project.
Ensure that the Eating Disorder Service is compliant with new access and waiting time standards.
Develop a CAMHS rapid response facility and an intensive home treatment service in North Derbyshire, available 24/7/365.
Building on resources already identified in the South Unit of Planning to extend the CAMHS Liaison Service, develop a crisis/intensive home treatment service (tier 3 plus), 24/7/365, around the individual.

Action Plan 2015/16 Future in Mind key transformation **Theme 4.** Care for the most vulnerable
Actions **We will…….**
Ensure that CAMHS providers monitor and follow up DNAs to identify the reasons for missed appointments and children/families who are vulnerable.
Continue to monitor use of a police cells as a place of safety - this has been made a never event under the Crisis Care Concordat.
Develop KPIs for crisis care: 4 hour emergency waiting times, 24 hour urgent waiting time with intensive home treatment for those at risk of inpatient admission and as step down option for those leaving inpatient services.
Invest in (Derby City) and ensure current investment (Derbyshire County) for Looked After Children is evidence and needs based and meeting outcomes. Ensure that appropriate therapeutic support is available for children and young people who have experienced sexual abuse and/or exploitation.
Enhanced use of evidence-based parenting programme for example with parents and carers who have children with Autism/ADHD.

Action Plan 2015/16 Future in Mind key transformation **Theme 5.** Improve transparency and accountability across the whole system
Actions **We will…….**
Publish the local Transformation Plan on the CCGs', Local Authorities' and other key partners' web pages. With clear signposting providing easy access to the plan. Ensure that regular progress updates are also published and promoted widely.
Implement new governance arrangements to oversee delivery of the Future in Mind plan, as described in the main document. This will increase the engagement of, and accountability to, service users, parent-carers and wider stakeholders.
Work with both specialist CAMHS providers to review and where possible extend current opportunities to engage children, young people and their families in the design and delivery of services.
Increase Commissioning capacity to project-manage the delivery of this plan, support new governance arrangements and ensure rapid progress in key delivery areas.

Action Plan 2015/16 Future in Mind key transformation **Theme 6.** Develop the workforce
Actions **We will…….**
Complete a baseline audit of attitudes, skills and knowledge of staff in children's services (Primary Care, Education, Public Health Commissioned Services, Local Authority Commissioned Services, Paediatrics and CAMHS) and identify gaps and needs. In order to maximise resources this audit will involve working with partners such as Children's Trust and LSCB workforce development groups
Working with partners develop a menu of appropriate training available to services and organisations/groups (building on the existing offer) and promote shared training opportunities particularly for front-line and operational management staff.
Identify named CAMHS leads and plan regular consultation slots with Social Care; MATs; schools and colleges; specialist services.
Develop a CYP-IAPT retention and sustainability plan for both specialist CAMHS providers.
Develop support for professionals in General Practice, Schools and Voluntary sector providers in our localities.

5. Action Plans 2016-20

North and South Units of Planning

Outlined below are our indicative actions for 2016-20. A more detailed long term plan will be developed.

Action Plan 2016/20 Future in Mind key transformation **Theme 1**. Improve awareness and understanding, and tackling stigma.
Actions **We will aspire to …….**
Continue to implement the anti-stigma strategy and campaign in collaboration with young people and families.
Work with schools to use their websites to improve awareness of mental health and risky behaviours.
Make an on-line suite of resources available to raise awareness, tackle stigma and enable self-care.

Develop a 'mental health first aid' accredited training aimed specifically at young people for young people – where to go for help, how to help your friends and understanding mental health. This will utilise and build on existing good practice national materials such as MindEd.
Implement an accreditation scheme for schools and colleges to recognise achievement to reduce stigma and promote/support children and young people's emotional health and wellbeing.
Repeat the Derbyshire Emotional Health and Wellbeing Survey of Young People 2015 with the original cohort (was Year 8 now Year 9) and with the new cohort of Year 8 pupils to measure progress and impact.

Action Plan 2016/20 Future in Mind key transformation **Theme 2.** Promote resilience, prevention and early intervention
Actions **We will aspire to …….**
Review the service offer for early attachment assessment and support across maternity and health visiting, and strengthen integrated working. Implement the targeted ante-natal parenting programme for vulnerable families.
Develop joint multi agency training for the core early years universal workforce – maternity, health visitors and children's centres - to strengthen integration and increase capacity for early assessment and support.
Improve perinatal support for parents especially where there are maternal mental health issues.
Develop and implement a programme of training for school & college staff in basic, evidence based EHWB interventions.
Develop a commissioning model for specialist psychological and family intervention service provision for more complex cases following assessment.
Develop consistent, accessible resources for families from pre-conception regarding the importance of brain development, attachment and nurturing.

Action Plan 2016/20 Future in Mind key transformation **Theme 3**. Improve access to effective support – a system without tiers (reduce use of T4)
Actions **We will aspire to …….**
Develop a local offer comprising evidence-based psychological therapies, pastoral support within school, the voluntary sector offer and social prescribing. Enable young people to access personalised care packages, including personal health budgets, personally selecting from a 'menu' according to their needs.
Develop an all age eating disorder pathway.
Examine baseline spend on inpatient usage following implementation of intensive home care support and the investment in reduction of in-patient care and future opportunity from released resource.
Ensure the availability of integrated pathways for all 'conditions'; underpinned by the Single Point of Access; building on 'Thrive' the AFC–Tavistock Model for CAMHS to provide services where age is not a barrier.

Action Plan 2016/20 **Future in Mind key transformation theme 4. Care for the most vulnerable**
Actions **We will…….**
Review the mental health and well-being needs of vulnerable groups including young offenders including current CAMHS provision to ensure needs are met.
Monitor and review impact of the newly enhanced service for Looked after Children and young people in Derby City and those who have been sexually exploited.
Assess mental health needs of young people identified as at risk of extremism through 'Prevent' teams and develop a strategy to meet need where appropriate.
Identify and review the need and current provision of children and young people with learning disability.
Develop and implement a specific pathway to ensure a standardised approach across agencies pre- and post- admission to Tier 4. As part of this work, we will consider the potential use of Care and Treatment Reviews (CTRs) to prevent unnecessary admissions for young people with Learning Disabilities and/or Autism, and to reduce the length of any inpatient stays.

Action Plan 2016/20 **Future in Mind key transformation theme 5. Improve transparency and accountability across the whole system**
Actions **We will aspire to …….**
Continue to embed and extend the opportunities for children, young people and their families to be involved in decision making and contribute to service reviews and evaluation.
Make sure that clear, understandable information is available for children, young people, families and professionals in a range of different places and formats, so they can find out what services and support are available and how to access support (including self-referral).
Finalise and publish the outcomes framework. Publish regular monitoring information about CAMHS including referrals, waiting times and outcomes.

Action Plan 2016/20 Future in Mind key transformation **Theme 6**. Develop the workforce
Actions **We will aspire to …….**
Implement a rolling programme of training across all organisations and groups including awareness/understanding of mental health issues; basic strategies and evidence-based practice; understanding the menu of services and how to refer.
Put enhanced multi-agency working and skills sharing in operation and monitor outcomes.

6. The Plan

6.1 Scope

This Future in Mind Transformation Plan covers:

- Clinical Commissioning Groups (CCGs) divided into two units of planning:

  North Derbyshire Unit of Planning (NDUoP):

  - North Derbyshire CCG.
  - Hardwick CCG.

  South Derbyshire Unit of Planning (SDUoP):

  - Southern Derbyshire CCG.
  - Erewash CCG.

- Local Authority areas (LA):

  - Derby City Council with Derby City Health and Well-Being Board.
  - Derbyshire County Council with Derbyshire Health and Well-Being Board.

- Child and Adolescent Mental Health services:

  - SDUoP Derbyshire Healthcare NHS Foundation Trust CAMHS (DHFT).
  - SDUoP Derby Teaching Hospital Foundation NHS Trust (DTHFT) provides specialist clinical psychology services.
  - NDUoP Chesterfield Royal Hospital NHS Foundation Trust (CRH) provides an integrated CAMHS and specialist clinical psychology service.

There is a separate Transformational Plan for Tameside and Glossop produced by the Tameside and Glossop CCG. While this community uses a range of different service resources, their Plan and that of Derbyshire are consistent.

Derbyshire County and Derby City has formal links with East Midlands Strategic Clinical Network and actively involved in the EM SCN CAMHS programme of work. North Derbyshire, Southern Derbyshire, Hardwick and Erewash CCGs and Derbyshire County and Derby City LAs also have both identified representatives to support the work of the East Midlands Collaborative Commissioning CAMHS Working Group.

6.2 Local Footprint

The communities of Derbyshire form a complex footprint with a variety of NHS stakeholders. To simplify planning, and to ensure that the CCGs are able to meet the health and well-being needs of the population, commissioners across health, social care, education and Public Health have worked closely to develop this Transformation Plan building on what our key stakeholders, the children of the area, have told us. The collaborative working between CCGs and partners is exemplified by the South Derbyshire Unit of Planning's successful application to become a pilot site for Accelerated CAMHS co-commissioning to explore a good practice model for schools (December 2014). This work continues and will be prioritised in the Action Plan for year one.

Importantly, health and local authority commissioners have also consulted extensively with children and young people, using their messages as important features in service design.

6.3 Assurance

This Transformation Plan will be submitted for national assurance on 16 October 2015. There will be on-going opportunities to work with and engage children and young people and wider partners and stakeholders throughout the implementation and delivery of the 5 year plan. Funding will be available via the Clinical Commissioning Groups once plans have been assured, with a specific allocation for eating disorders. It is expected that any savings made as a result of this transformational change will be reinvested in further Future in Mind actions.

Published allocations for 2015/16, which are set nationally, are as follows:

CCG Name	**Initial allocation for eating disorders and planning in 2015/16** **£**	**Additional funding available for when Transformational Plan is assured 2015/16** **£**	**Minimum recurrent uplift for 2016/17 and beyond if plans are assured Includes Eating Disorder Total by CCG** **£**
South Derbyshire Unit of Planning			
Southern Derbyshire CCG	293,875	735,598	1,029,473
Erewash CCG	55,042	137,776	192,818
North Derbyshire Unit of Planning			
Hardwick CCG	60,397	151,179	211,576
North Derbyshire CCG	157,846	395,105	552,951

6.4 Link to Eating Disorder plan for under 18s

In response to a central government driver to fund a new care pathway for young people with eating disorders, our vision is that under one specification Derbyshire County and Derby City will have an expert Children and Young People's eating disorder service that will reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible**.**

The Eating Disorder Plan has been developed alongside the Future in Mind transformation plan and will cover the pathway for under 18s. It will show linkages to adult pathways. The Plan will be submitted as a separate document.

6.5 Equalities statement

As local public sector organisations, CCGs and Local Authorities in Derbyshire and Derbyshire are required by the Equality Act 2010 to work in ways that ensure equality and inclusion is embedded into all of its functions.

Equality and diversity is important to us because it means trying our best to treat people fairly and with dignity. Our aim is to remove unnecessary barriers for everyone who works for us or uses our services.

As part of this Plan an equalities assessment has been commenced to inform its development. This assessment will evolve as the Plan progresses and to help us ensure that the diverse needs of our population are met.

6.6 Context: The Commissioning Landscape

The communities of Derbyshire form a complex footprint with a variety of NHS stakeholders. To simplify planning, and to ensure that the CCGs are able to meet the health and well-being needs of the population, commissioners across health, social care, education and Public Health have worked closely to develop this Transformation Plan. The collaborative working between CCGs and partners is exemplified by the South Derbyshire Unit of Planning's successful application to become a pilot site for Accelerated CAMHs co-commissioning to explore a good practice model for schools (December 2014). This work continues and will be prioritised in the Action Plan for year one.

Importantly, health and local authority commissioners have also consulted extensively with children and young people, using their messages as important features in service design.

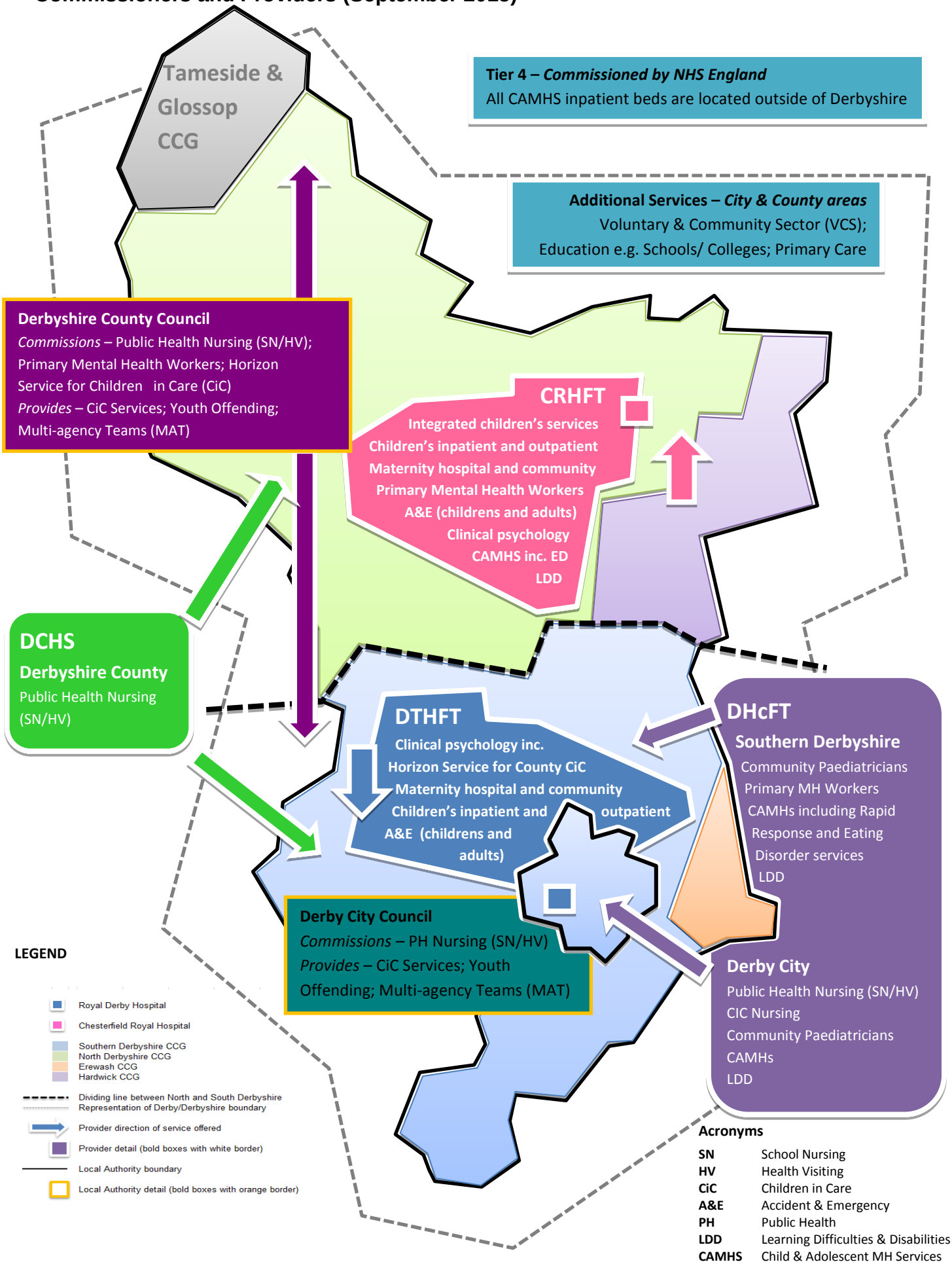
The map below summarises the existing complex commissioner and provider footprint for mental health and well-being services described above. It highlights the complicated geography and therefore our desire for a collaborative way forward.

Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group

Derby City Council

DERBYSHIRE County Council
Improving life for local people

Children and Young People's Mental Health and Wellbeing Services in Derbyshire – Commissioners and Providers (September 2015)



Acronyms

SN	School Nursing
HV	Health Visiting
CiC	Children in Care
A&E	Accident & Emergency
PH	Public Health
LDD	Learning Difficulties & Disabilities
CAMHS	Child & Adolescent MH Services
MH	Mental Health
ED	Eating Disorders

6.7 Collaborative working

Since 2013 the four CCGs, two Local Authorities and Public Health teams have developed an innovative approach to improving emotional health and well-being, and behaviour for children and young people. This has been managed through the Integrated Behaviour Pathway Partnership. Key achievements to date include:

a. The piloting of a single point of access to specialist health services. Early results show this single point of access is speeding up access and reducing demand and duplication.

b. A joint set of CCG commissioning intentions and integrated plans with Local Authorities.

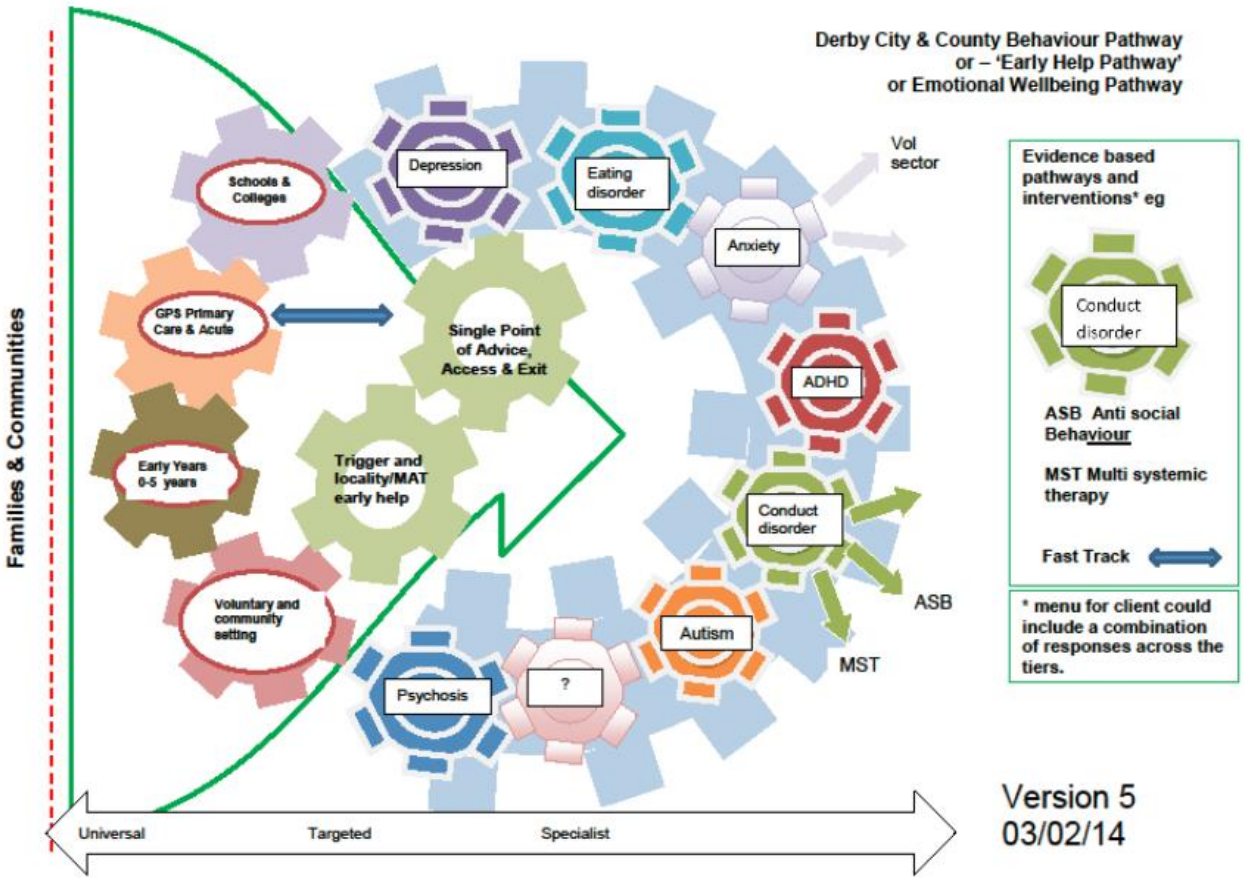
c. Significant work towards developing an outcomes-framework, improving data and developing evidence-based pathways for children and young people with mental health problems, starting with self-harm and eating disorders. Schools pilots – the establishment of a good practice model for emotional health and well-being support in schools as identified by pupils and staff. We also have a vision to have a named point of contact within CAMHS and a named lead within each school responsible for mental health, to develop much closer relationships with them. We have identified schools ready to pilot this.

d. Strengthened partnerships across CCG's and Local Authorities.

e. Children and young people's engagement throughout the Derbyshire County and City to influence transformation of services. A co-produced delivery model involving key stakeholders shown below.

f. Work is well underway to develop an outcomes framework for evaluating health services for children and young people. This project will move services away from an activity reporting model, and improve data collection and analysis, and develop evidence-based pathways for children with mental health problems - starting with self-harm and eating disorders.

Model for delivering specialist health across Derby City and Derbyshire



We have a number of commissioning priorities informed by an analysis of needs of children and young people. These priorities include:

1. Developing a universal offer ingrained in prevention, early identification and intervention, including a school offer that maximises the contribution and impact of schools with partners.

2. Developing Emotional Health and Well-Being skills of schools and universal services to build resilience.

3. Developing evidence based pathways that start and end with community based universal services - priority areas: self-harm, eating disorders, autism, children in care.

4. Development of a commissioned rapid response pathway and intensive community support.

5. Developing an outcomes based approach.

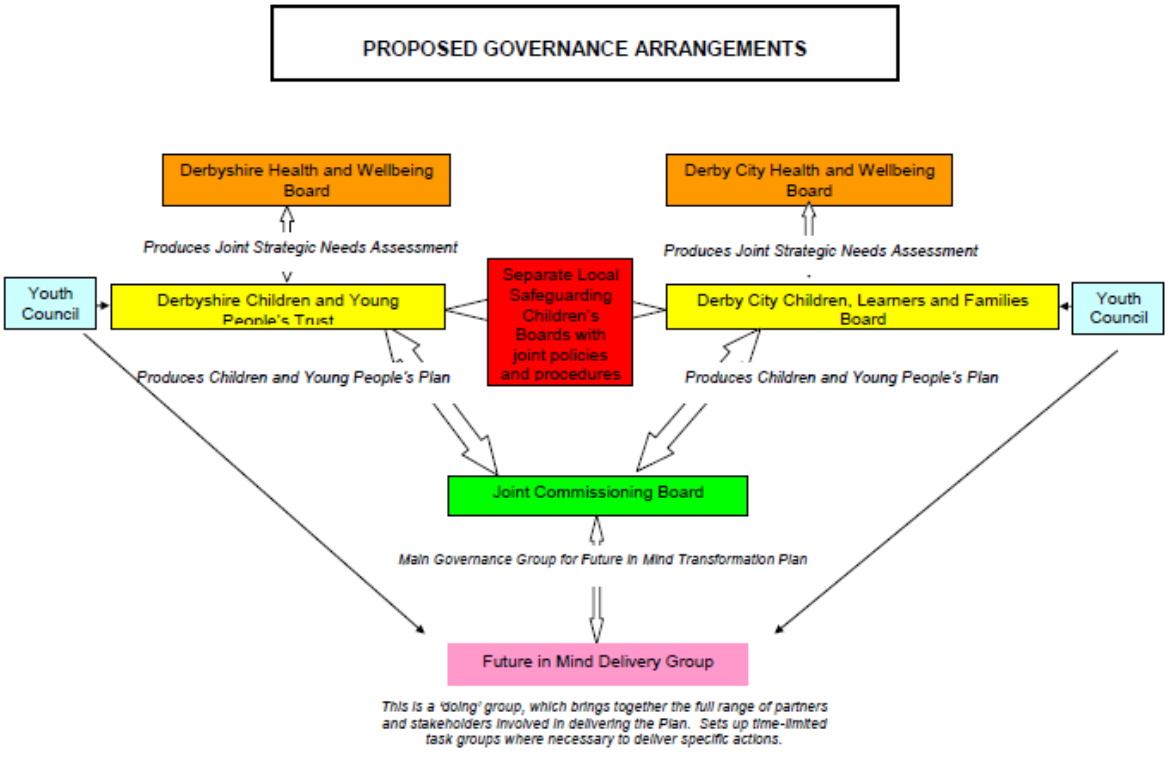
6.8 Governance of this Plan

All commissioning activity requires the right support and governance. It is proposed the existing Integrated Behaviour Partnership Group becomes the Future in Mind Transformation Plan Delivery Group. This will be a 'doing' group of key partners and stakeholders who will come together to co-ordinate and drive forward action to implement the Plan. The membership will be expanded so that it includes as a minimum:

- CAMHS and Adult Mental Health Service commissioners.
- CAMHS providers.
- Young people and parent carers.
- Primary Care.
- Public Health.
- NHS England.
- Educational representatives, including schools and colleges.
- Social Care and Early Help services.
- Voluntary sector partners.

6.9 Proposed arrangements

This programme is part of the Joined up Care Transformation programmes in the north and south units of planning. A Future in Mind Delivery Group will be put in place and report progress information to the transformation programmes. The overall programme will be strategically monitored and reviewed quarterly by the Joint Children and Young peoples' Commissioning Board which sits across the four CCGs and two Local Authorities. The proposed governance arrangements are illustrated in the diagram below:



6.12 Links with wider service transformation programmes

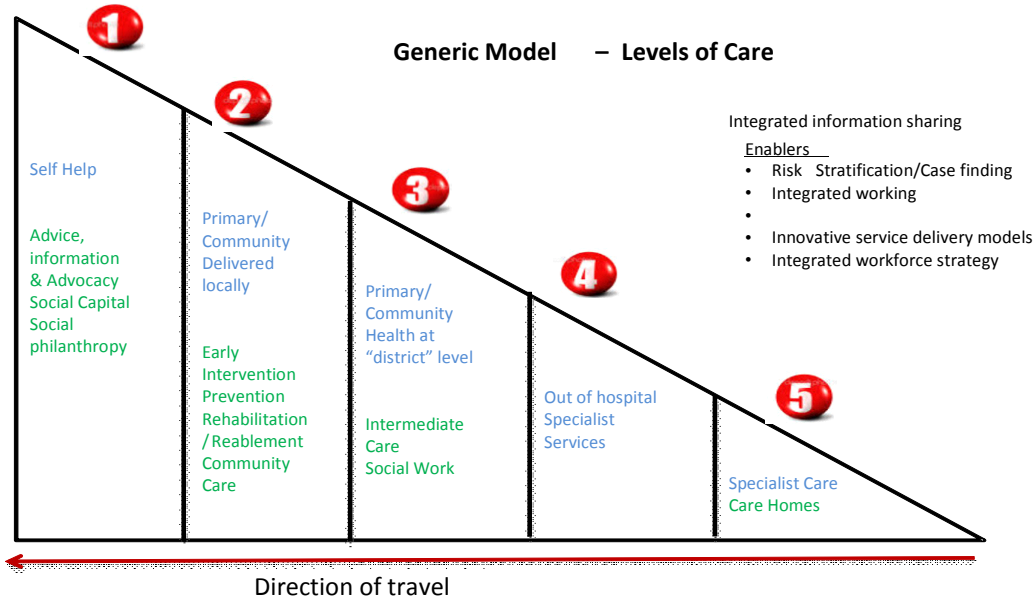
In response to local pressures, wider Transformation Programmes have been established across both Units of Planning. The aim is to work across boundaries to improve outcomes for children and young people by establishing partnerships and better working relationships between all health, education and social care organisations. Specifically we will determine local need, initiate changes needed and address the issues that have previously hindered whole system improvements. It is recognised that transformation will need to be achieved through redesign of existing services and budgets. The allocation of new monies will integrated through shared priorities and action plans.

6.11 Demand management

We aim to manage increasing demand for services and deliver the requirements of the NHS Five Year Forward View, implementing transformational activity to enable a whole system change. The aim is to achieve:

- Shared commissioning priorities.
- Improved outcomes through integration.
- Better value for money/ reduced duplication.
- Integrated commissioning programme.
- Needs led outcome based provision.
- evidence of impact

Model of care delivered across settings



This Transformation Plan forms an integral part of our wider service transformation agenda. The aims and priorities are shared, and through regular reporting we will ensure that the right linkages are made between the programmes as we start to implement this Plan. This will be a key responsibility of the Joint Commissioning Board in its governance role.

Children's Emotional Health and Wellbeing as 1 of the 4 priorities of the Derbyshire Health and Wellbeing Board Strategy – this is a key driver of support to take the agenda forward and the Health and Wellbeing Workshop as a mechanism for consultation.

7. Outcomes based commissioning

Another commissioning activity that will have an impact on the emotional health and well-being of children is the transition from activity based to outcomes based commissioning. This is being developed jointly by commissioners and providers.

The objectives of this work are to:

- Make the most effective use of healthcare resources.
- Achieve the priorities that children and young people and their parents/carers themselves identify as important.
- Reduce inequalities in access to quality and appropriate services.
- Meet the needs of all children and young people including from diverse communities.
- Implement a more flexible and needs oriented service system.

7.1 Phase 1 of the development of the Outcomes Framework has involved significant engagement with providers and clinicians in the identification and prioritisation of outcomes. We have also engaged with children and young people with emotional health and wellbeing needs on the identification of outcomes that are important to them. We are now looking to progress the framework by confirming with service users the outcomes developed in Phase 1 and to include measurable outcomes based indicators, along with a framework for managing performance across a whole service area to achieve our transformation agenda.

7.2 Phase 2 will include the development of a full suite of outcome-measures as part of this action plan. These outcome-measures will reflect what young people say is important to them, as well as a range of other service outcomes and clinical outcomes. It is anticipated that the following will be key success measures:

- Children and young people feel more positive about their emotional health and wellbeing.
- Children and young people feel that their school and other local services are helping them to be resilient and to cope with life situations.
- Children and young people know how to access help if they need it.
- Children, young people and their families feel that they are listened to and involved in decisions about their care.
- Fewer children and young people are admitted to hospital due to self-harm.

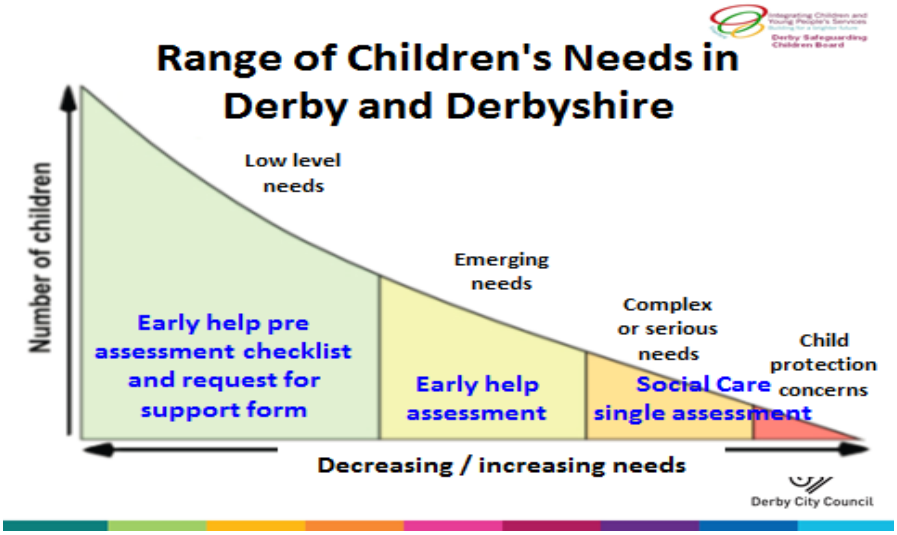
- Fewer children and young people are excluded from school.
- More young people aged 16-18 are in education, training or employment.

The new Outcomes Framework will incorporate, and build on, the Children and Young People's IAPT programme outcome measures and will be further developed in 2015/16.

8. Needs assessment

This Transformation Plan has been informed and shaped by the local needs of children and young people. Our population is diverse and covers a broad geography. A model that depicts the types of interventions required at specific levels and locations is represented in Figure 4.

Figure 4: Range of needs and types of interventions



The Transformation Plan relies upon the information available in a number of documents, including:

- 2013 Health Needs Assessment: Emotional wellbeing and mental health Children and Young people (5-18yrs)[1].
- 2013 Pathway to identify and manage emotional wellbeing, mental health and behavioural disorders in children and young people 0 – 19[1].
- 2014 Derby City and Derbyshire Child Health Profiles[2].
- 2015 Joint Strategic Needs Assessment: The State of Mental Health in Derbyshire. Derbyshire County Council[1].
- 2015 Draft Joint Strategic Needs Assessment: Vulnerable Children and Young People. Derby City Council.
- Children and Young People's Mental Health Services in the East Midlands: East Midlands Community CAMHS Mapping Project 2015[3].
- 2015 The State of Mental Health in Derbyshire. Derbyshire County Council (Public)

[1] September 2015 *http://observatory.derbyshire.gov.uk/IAS/Custom/Pages/health/JSNA.aspx*
[2] June 2015 http://www.chimat.org.uk/profiles
[3] August 2015 http://www.emsenatescn.nhs.uk/resources/?category=Maternity-Childrens

8.1 Need across Derby City and Derbyshire County

Local transformation to improve the emotional health and wellbeing of children and young people requires increased integration and understanding of need within communities at a more local level to better target interventions. Whilst much data is collected to identify the health profiles of children and young people living in the City and County and the prevalence of mental health needs, further work is required to better understand need that is hidden (e.g. children and young people that do not seek help) and the relationship between health inequalities and risk factors and children and young people that are presenting at services for support.

There are 237,200 children and young people (64,600 in Derby, and 172,600 in Derbyshire county) aged 0 – 19 years, accounting for 26% and 22% of the respective populations (2013 ONS mid-year population estimates). Both Derbyshire County and Derby City have a predominately white British population. However, Derby is an ethnically diverse City and therefore, increased consideration should be given to differences in and the impact this may have on our children and young people and the services they access.

8.2 Protective and risk factors for mental health

Factors promoting childhood resilience can be divided into the following categories:

- The physical and emotional attributes of the child.
- The child's family.
- The immediate environment in which the child lives.

Specific groups of young people are at higher risk from developing emotional and behavioural disorders:

- Children in care.
- Young offenders.
- Children living in poverty.
- Children excluded from school.
- Children with physical illness.
- Teenage parents.
- Young carers.
- Children with special educational needs.
- Children with parents in prison.
- Numbers of 16-18 year olds not in employment, education or training (NEET).
- Children who are misusing substances.
- Children whose parents are divorcing.
- Children living with parental mental illness.
- Children who run away from home.
- Children living with domestic violence.

Although not all young people in these groups will experience poor mental health it is important that as groups with a higher risk factor they are recognised in the transformational plan, in particular with early intervention and prevention interventions.

Across Derby City and Derbyshire County data and intelligence is showing Derby City and Derbyshire County children and young people are experiencing the following levels of risk:

8.3 Snapshot of underpinning Risk Factors for our Children and Young People

There are a number of underpinning factors that contribute to increased risk of poor mental health and emotional wellbeing of children.

8.4 Children in Care

The number of children-in-care across the whole of Derbyshire has remained relatively static over the past 5 years[4]. During 2014/15, 470 children were in-care of Derby City Council (81 children per 10,000 population), while Derbyshire County Council had 605 children-in-care (39 per 10,000 population) – see table below. When compared with the national average of 60 children-in-care per 10,000 population, Derby has a significantly higher rate, and Derbyshire has a significantly lower rate. As with the national trend, there has been a steady increase in placements with private provision. This highlights not only the increased challenges presented by these children, but illustrates the growing complexity of their emotional and psychological needs[21].

Numbers and rates of children-in-care (2014/15)

Local Authority	Children in care	Rate per 10000
Derby City Council	470	81 per 10k pop
Derbyshire County Council	605	39 per 10k pop
English average	-	60 per 10k pop

An audit of the emotional and psychological needs of Derby City's children-in-care[5] using the Strengths and Difficulties questionnaires[6] measure of emotional health (65% response from children out of home care) was undertaken in 2014.

[4] Meeting the emotional needs of Derby City's looked after children including post adoption: Needs Assessment, Derby City Council, September 2014.
[5] Meeting the emotional needs of Derby City's looked after children including post adoption: Needs Assessment, Derby City Council, September 2014.
[6] Strength and Difficulties Questionnaire is a part of the data set used by the national Improving Access to Talking Therapies programme - http://www.cypiapt.org/site-files/rom-dec11-03.pdf

The general score for this highly vulnerable population is between borderline and abnormal, and above comparator authority averages. There were more examples of 'extreme' scores and wider gaps between the lowest and highest scores in the 2014 data. While males had a higher average score than females, individual cases of 'extremely' high scores are recorded for females. Whilst there is some service provision to meet this increasing need, further provision is required.

8.5 Children living in poverty

The level of child poverty in Derby City is significantly worse than the England average and the County level as is the rate of family homelessness. Within Derbyshire County, child poverty is significantly better than the England average for children aged under 16 years. The rate of family homelessness is also better than the England average.

Children living in poverty age under 16 years (2012)

Local Authority	% of children aged under 16 years living in poverty
Derby City Council	23.8%
Derbyshire County Council	16.3%
English average	19.2%

Source Child Health Profiles 2015 Derby and Derbyshire www.chimat.org.uk

8.6 First time entrants to the youth justice system

In 2013, there was a higher rate of first time entrants to the youth justice system in Derby City than Derbyshire and this rate was significantly worse than the England average. Derbyshire's rate was significantly better than the England average.

Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction (2013)

Local Authority	Rate per 100,000
Derby City Council	543.4
Derbyshire County Council	349.8
English average	440.9

Source Child Health Profiles 2015 Derby and Derbyshire www.chimat.org.uk

8.7 Educational achievement 2013/2014

The percentage of children achieving a good level of development at reception is slightly higher in Derbyshire than the national average. However by GCSE level areas an educational achievement at GCSE below that of England.

Local Authority	% Children achieving a good level of development at end of reception year	% 5 GCSEs Grade A – C including maths and English
Derby City Council	51.3	50
Derbyshire County Council	61.5	53
English average	60.4	56.8

Source Child Health Profiles 2015 Derby and Derbyshire www.chimat.org.uk

8.8 16-18 year olds not in employment, education or training (NEET)

Both Derbyshire and Derby have seen a reduction in the proportion of 16-18 year olds classed as NEET over the last 4 years. Derby City's rate is significantly worse than the England average and the County rate. Derbyshire County's rate is significantly better than the England average.

Percentage of 16-18 year olds not in employment, education or training NEET (2014)

Local Authority	% of 16-18 year olds NEET
Derby City Council	6.4
Derbyshire County Council	4.0
English average	4.7

8.9 Relationship Breakdown

When looking at relationship break up, Derby City are similar to the England average with 11.7% of adults whose current marital status is separated or divorced. This is lower than the County figure where 12.3% of adults had a current marital status of separated or divorced according to the 2011 Population Census. This is higher than the England average.

8.10 Exclusions from school

In 2014 Derby City had a similar rate of exclusions from Primary School compared to the England average, with Derbyshire County experiencing a significantly higher rate. The opposite is experienced for exclusions from secondary schools, with Derby City having a significantly higher rate and Derbyshire County a lower rate than the England average.

8.11 Exclusions from school 2013/14

	Proportion of primary school children with fixed period exclusions (%)	Proportion of secondary school children with fixed period exclusions (%)
England	1.0	6.6
Derbyshire	1.2	6.3
Derby City	1.0	8.5

Source: *School Census https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2013-to-2014*

8.12 Special Educational Needs & Disability

In January 2015 the number of pupils (in all schools) with statements of special educational needs (SEN) or EHC plans across the whole of Derbyshire was 2724, with 537 from Derby City and 2187 from Derbyshire County[7].

Number of pupils with statements or EHC plans in state funded secondary and Primary Schools[4] January 2015

	Primary School			Secondary School		
	Total Pupils	Number	%	Total Pupils	Number	%
England	4,510,310	61970	1.4	3,184,730	58100	1.8
Derby	23,950	289	1.2	16,054	248	1.5
Derbyshire	61,839	1120	1.8	43,685	1067	2.4

These numbers are rising and will continue to rise over the next 10 years, partially due to better survival rates at birth and partially due to a rise in the size of the population.

8.13 Emotional Health and Wellbeing of Children and Young People

The 1,001 'critical days' from conception to age 2 are key in influencing health outcomes later on in life. As well as the direct impact on the mother, perinatal mental health problems (commonly known as postnatal depression, and consisting of pregnancy and the year after birth) can also affect the attachment between mother and baby, and the mental health of the child and wider family. An estimated 12% of women will require support for perinatal mental health problems. Extrapolating this to the number of births in Derby and Derbyshire provides estimates of 446 women in Derby and 993 women in Derbyshire having perinatal mental health needs.

[7] https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015

The mental health of children (5-16yrs) in England was surveyed in 2004, concluding that 10% of children of the total 5–16 population had a clinically diagnosable mental health problem at the time of this survey (Green et al. 2005). This estimates the following number of children and young people locally:

Children of the total 5–16 population with a clinically diagnosable mental health problem 2004

	Estimated number aged 5-10 yrs with mental health disorder		Estimated number aged 11-16 yrs with mental health disorder		Estimated number aged 5-16 yrs with mental health disorder	
	Boys	Girls	Boys	Girls	Boys	Girls
Derby UA	951	441	1200	927	4170	2853
Derbyshire	2570	1233	3538	2748	11885	8132

Estimated prevalence of mental health disorders amongst young people aged 5-16, using 2013 population data

	Estimated proportion of population aged 5-16 with any mental health disorder	Estimated proportion of population aged 5-16 with conduct disorder	Estimated proportion of population aged 5-16 with emotional disorder	Estimated proportion of population aged 5-16 with any hyperkinetic disorder
England	9.6	5.8	3.7	1.5
Derbyshire	9.3	5.6	3.7	1.5

Source: PHE estimated from 2004 ONS Survey.

Within these totals, 2% of children had more than one disorder. The Child and Maternal Health observatory (ChiMat) uses the survey (Green et al. 2005) to estimate prevalence in populations. The table below shows estimated prevalence against the 2011 population:

Estimated prevalence of mental health disorder against the 2011 population

Type	Rate (% of total 5-16yrs. Population)		Population 5-16 (ONS) 2011	
	Derbyshire	Derby City	Derbyshire	Derby City
Conduct Disorders	5.8%	5.3%	6102	1,850
Emotional Disorders	3.7%	4.3%	3893	1,501
Being Hyperactive	1.5%	1.4%	1578	489
Less common disorders *(eg. eating disorders)*	1.3%	1.3%	1368	454
TOTAL			12,941	4,294

8.14 Self-harm and Suicide

The rate of hospital admissions as a result of self-harm (10 – 24 years) per 100,000 population in 2012/13 is 473.5 in Derby City and 621 in Derbyshire County, which are both significantly higher than the England average of 412. Again there is a disparity across Derbyshire communities, with some districts experiencing higher rates of admissions than others. Between 1 in 12 and 1 in 15 children and young people aged 10 – 24 self-harm equating to between 6087 and 7608 in Derby City and 15662 and 19577 in Derbyshire.

The numbers of suicides reported for young people is very small, but highlights a significant need. Between 2009 and 2013, across the East Midlands there were nine suicides in males and four in females aged 11 to 17 years old. In Derbyshire County from 2010 – 2014 there were 7 deaths recorded in the 10 – 19 age group from suicide and undetermined intent. In 2012, there were 7 recorded suicides among young people (11 – 17 years) in Derby city.

8.15 Key messages from the needs assessment

The work which has been done over the past 2 years to develop and refresh our needs assessment tells us that:

- Addressing the wider determinants of health and increasing factors that promote childhood resilience through universal and targeted services to prevent poor emotional health and wellbeing from the onset is essential given the higher risk of poor mental health experience for children and young people in vulnerable groups.

- This Plan covers a large and diverse geographical area, which is mainly rural and partly urban. There is significant local variation, both in terms of underlying risk factors and levels of need. The intelligence which is available about the needs of local communities will feed through into delivery of the Plan, so that communities with the greatest levels of need will benefit first from the roll-out of new services such as peer support programmes.

- The levels of self-harm and suicide is a key concern across the whole geography. This has already led to some targeted work with schools and the development of new guidance for practitioners in universal services. It has also shaped the development of this plan, in terms of the priority given to:

    - Supporting universal and targeted services including schools and GP practices.
    - Increasing workforce capacity.
    - Ensuring an effective, community-based crisis response.

- Building resilience among young people.
- The majority of children and young people with emotional wellbeing needs (80%) require early intervention and low to medium level support. However, the bulk of spending on services (80%) is at Tiers 3 and 4. There needs to be a re-balancing of support to ensure that children and families are resilient, can self-care, and when needed access the help they need at an early stage to minimise the need for specialist services (2013 Health Needs Assessment: Emotional wellbeing and mental health Children and Young people (5-18yrs).

9. CYP IAPT (Improving Access to Psychological Therapies)

9.1 The two CAMHS providers are at different stages of development with CYP IAPT:

A. Derbyshire Healthcare Foundation Trust - South Derbyshire

Southern Derbyshire and Derby City are a wave 1 CYP IAPT site and part of the North West collaborative. They have developed integrated pathways using IAPT practice across the whole CAMHs service. The trust are currently piloting the Enhanced Evidence Based Practice Training EEBP with 20 staff from the 3rd sector counselling services, Local Authority MATs, school health and social care to target mental health difficulties earlier along the pathways. The outcomes that are generated by IAPT training will be built into the children's national Mental Health Service Data Set (MHSDS). The Patient and clinical outcomes can be used across all CYP services as we are evidencing through their use in both CAMHS and the MATS. Our priority in year one is to develop a strategy and sustainability plan for future CYP-IAPT training of staff within universal/targeted services. This will include a more robust model of identifying the appropriate training needs along the pathways.

B. Chesterfield Royal Foundation Trust - North Derbyshire

Chesterfield Royal Hospital is working to re-design their CAMHS service around the principles of the CYP IAPT programme. They have applied to be part of a CYP IAPT collaborative for 2015/16 and are awaiting a decision on this application. If they are not successful with this application their continued focus will be to become 'CYP IAPT ready' so that in 2016/17 they will be able to be part of collaboration with processes already in place.

9.2 Baseline Demand and Activity Data

This section provides summary activity information from different providers across the city and county. Comparable data has been used where possible. Differences reflect sources and data collection processes.

9.3 Current Key Performance Indicators

The existing key performance indicator for CAMHS in both North and South Derbyshire is whether children and young people are seen within 18 weeks. Across the whole system we want to implement a holistic outcomes framework and work is underway.

9.9 South Derbyshire unit of planning

Derbyshire Healthcare Foundation Trust delivers a CAMHS tier 3 service for all of South Derbyshire residents and also Tier 2 (Primary Mental Health Workers) for clients in the south of county (not Derby City). Clinical Psychology is delivered by Derby Teaching Hospitals Foundation Trust.

Service access and demand data
CAMHS Data 2014-15 - Derbyshire Healthcare NHS Foundation Trust

	12 months 1st April 2014 to 31st March 2015	County South CAMHS*	Derby City CAMHS	County Young Person Service 16-18 (YPSS)	Derby City Young Person Service 16-18 (YPSS)	Derbys CAMHS Liaison	Derbys LD CAMHS	PMHW*	Clinical Psychology
Number of Referrals (all)	1709	872	291	440	269	703	99		**640**
Number Accepted into Service	1208	655	291	438	267	703	95		
Average Waiting Time to Assessment (weeks)	6	6	5	5	5	1	5		54***
Average Waiting Time to Treatment (weeks)	12	11	19	7	8	2	11		
Number of Face to Face Appointments Offered **	12864	10205	4730	3695	2977	1643	937	2242 (attended 1775)	1985
Average Length of Time in Service (Weeks)	26	60	65	32	31	7	47		26
Number of Discharges	259	717	329	414	241	643	69		

*Includes clinical activity of Primary mental health workers PMHWs
** Includes Attended/DNA/Cancelled
***Excludes triage patients and those who need an appointment immediately

* Primary Mental Health (PMHW) work force fulfils 2 primary functions:

- To provide brief intervention to reduce the need for Tier 3 intervention.

- To provide training, advice and consultation to the wider children's workforce in order to ensure those who need provision within a non-mental health setting have access to this.

These services are funded currently by the Local Authority and as a result of cost pressures the funding is currently under review.

9.5 Other evidence of activity

Following a recent mapping of activity in July 2015, demand for services for example in 2014/15 referrals increased or decreased as follows. Mapping work has also been done to identify trends in referrals to a range of services across South Derbyshire Unit of Planning (SDUOP). In 2014/15, referrals increased or decreased as outlined below. This means services need to respond accordingly:

- Special educational needs up 3% in Derby City.
- Multi agency teams MAT up 7% in Derby City.
- Priority (troubled) Families up 50% in Derby City.
- CAHMS Tier 3 – down 16% across SDUOP.
- Looked after children up 5% in Derbyshire.
- Children's A&E Attendance up 4% at Royal Derby Hospital.
- CAMHS Tier 4 up 208% in the last three years across SDUOP.
- 33.2% of all single assessments completed in Derby City during 2014-15 had mental health issues as an assessment factor (Derby City JSNA 2015).

9.6 North Derbyshire unit of planning

Chesterfield Royal Hospital provides the specialist CAMHS service in north Derbyshire. It is split into Tier 2 (Primary Mental Health Workers) and Tier 3 at present. The service has a base in Chesterfield and Buxton. The following looks at the averages across the whole but also breaks down into individual team and/or area.

Service access and demand data

CAMHS Data 2014-15 - Chesterfield Royal Hospital

	12 months 1st April 2014 to 31st March 2015	Chesterfield	Buxton	T2 PMHW	Tier 3
Number of referrals (all)	1709	1212	497		
Number of CYP accepted into service	1208	860 (T2=302)	348 (T2=142)	442	766
Average Waiting Time to Assessment	6 weeks	6wk	7wk	6wk	6wk
Average Waiting Time to Treatment/Intervention	12 weeks				
Total Number of face to face appointments offered	12864	10142	2722	1709	11155
Average length of time in the service	26 weeks	31 weeks	22 weeks		
Number of discharges	259				

The service has been set up in the historic CAMHS Tiered system. The Primary Mental Health (PMHW) work force fulfils 2 primary functions:

- To provide brief intervention to reduce the need for Tier 3 intervention.
- To provide training, advice and consultation to the wider children's workforce in order to ensure those who need provision within a non mental health setting have access to this.

These services are funded currently by the Local Authority and as a result of cost pressures the funding is currently under review.

9.7 Children in Care

Derbyshire County Horizons Service

The Horizons service is currently commissioned for Children in the Care of Derbyshire County Council, those leaving Care and those adopted. A similar service does not presently exist in Derby City and we propose to invest and mirror the service. The aim of Horizons is to provide an emotional well-being service and a range of inputs are provided to meet this aim:

- Consultation in all areas of Derbyshire and the adoption teams, facilitating fast access to advice.
- Monthly reflective practice to contract carers.
- Monthly support group to adoptive parents.

- Monthly key team consultation in all Derbyshire County Council Children's Homes.
- Monthly reflective practice sessions in all Derbyshire County Council Children's Homes.
- Provision of psychological assessment, systemic interventions and highly specialist therapies to referred children and young people.
- A rolling programme of multi-agency training, along with other one-off training events, as requested.

Horizons service **Access and demand data**	12 months from 1st April 2014 to 31st March 2015
Number of referrals (all)	134
Number of children and young people accepted into service	125
Average Waiting Time to Assessment	4 weeks
Average Waiting Time to Treatment/Intervention	4 weeks (First appointment also provides input)
Total Number of face to face appointments offered	1686
Average length of time in the service	11 months (estimate)
Average Number on caseload	34
Number of discharges	65

9.8 Derby City Children in Care

A. Emotional health and well-being support for looked after children

It is recognised that in Derby City there is insufficient provision to meet the emotional wellbeing needs of Children in Care. A business case for further investment has been agreed by Southern Derbyshire CCG. The development of an integrated service for Children in Care is a priority for 2015/16.

B. Emotional health and well-being of youth offenders

Young people subject to youth offending team supervision seldom have single issue health needs, and are reluctant to access services. Their complex health needs make these young people vulnerable as they do not obtain the services necessary for their health and well-being. They are known to be at higher risk of mental health problems[8].

In Derby in 2013, an audit of 100 case records Youth Offending Service assessment tool ASSETs confirmed that a high proportion had complex health needs including those relating to autism/ADHD, low mood, self-harming behaviour, anger, loss, anxiety, trauma, and psychosis.

[8] Hagell A, 2002 The mental health of young offenders. Bright futures: working with vulnerable young people

Reports from the Youth Justice Board (YJB)[9], Probation Inspectorate[10]and the Care Quality Commission[11] have clarified best practice guidance indicates that the health workers should be able to a respond to wide range of needs as well as promoting healthy lifestyles and resilience.

Both Derby and Derbyshire have CCG funded health workers to meet both physical and emotional health needs. It is a priority in this plan from year 2 onward to review health need and the impact of current health provision so that health outcomes are met.

10. Workforce

Internal workforce development is the responsibility of the CAMHs providers to ensure that the skills meet the needs of the service and pathway development. The tables below demonstrate the breadth of professional skills in the workforce and specialist training. It does not include evidence of skills of the wider CYP workforce. The need for further training has been highlighted as gap if real transformation is to take place and universal and targeted services provide early help. This means a Plan priority in year one to develop workforce training strategy for the whole CYP workforce to ensure consistent practice. This will include a specific focus on the roll out of evidence programmes such as CYP IAPT

Lessons emerging from the implementation of CYP IAPT programme in the SDUOP shows the enthusiasm and potential to train and embed evidence based practice within practice. It also highlights the challenges the workforce to adapt and embed new skills into practice.

[9] Core Case Inspections of Youth Offending work: Aggregate findings across four English regions and Wales, HMI Probation, 2011
[10] Let's Talk About It – A review of healthcare in the community for young people who offend, Justin Thacker, Healthcare Commission and HMI Probation, 2006
[11] To get the best results: A joint inspection of Offending Behaviour, Health and Education, Training and Employment Interventions in Youth Offending work in England and Wales – HMI Probation, Care Quality Commission, Ofsted, Estyn and Healthcare Inspectorate Wales

10.1 North Derbyshire Unit of Planning baseline workforce information for 2014/15

North Derbyshire Unit of Planning	WTE	Profession	Specialist Training
T2 CAMHs PMHWs	**5.93**	Social Worker, MH Nurse	Parenting, counselling, CBT IAPT, FT MSc
T3 CAMHS Workforce	**17.41**	Support Worker, Ass. Psychologist Social Worker, MH Nurse Systemic Therapist/MH Nurse, Psychologist, Art Psychotherapy. YOT clinician Clinical Psychologist	CBT Dip, IAPT CBT Supervisor/IPT Prescriber Systemic FT
LD CAMHS Workforce (across both tiers 2 and 3)	**9.9**	Support Worker Assistant Psychologist MH Nurse LD Nurse Clinical Psychologist SLT Consultant Psychiatrist	PBS, Behavioural Training, Proact - SCIPr UK Practice Monitor (linked to LA), NVQ 3 in Care, Foundation Degree for Assistant Practitioners, Makaton, Learning Disability & Mental Health Psychiatry, Epilepsy, ADOS NVQ 3 in Caring for Children and Younger Adults,
Total staff	**33.24**		

Source CAMHs East Midlands benchmarking mapping 2015

10.2 South Derbyshire Unit of Planning baseline workforce information for 2014/15

CAMHS has completed a comprehensive skills audit that will contribute to the overall work force development plan however a larger skills audit is required across the whole workforce to fully implement the integrated care pathways. This will include working with partners including the LSCB and Children's Trusts.

South Derbyshire Unit of Planning	Whole time equivalent Wte	Profession	Specialist Training
T3 CAMHS Workforce all grades	54.06	Consultant Psychiatrists (6.2wte) Clinical Nurse Specialists Specialist CAMHS Social workers CAMHS` Occupational Health Cognitive behavioural Psychotherapy System Family Therapy Systemic Family Practitioners Parenting Therapists CAMHS YOS specialists Play Therapist	Sensory Processing Therapy EMDR Dialectical Behavioural Therapy Specialist forensic assessment Youth worker also see CYP IAPT section below
Clinical Psychology	10	Clinical Psychologists Learning disability nurses, therapeutic social workers, specialist intervention workers Clinical Psychology assistants	
CAMHS LD learning disability team	4.5	Clinical Psychology, OT, Learning disability nursing, psychiatry	Behavioural Training, Proact - SCIPr UK NVQ 3 in Care, Makaton, Learning Disability & Mental Health Psychiatry, Epilepsy, ADOS, DISCO, Sensory processing, positive behaviour support.
Complex Behaviour Service (LD)	9	Clinical Psychology, Specialist workers, Learning Disability Nursing	As above
Disabled Children's Nurses	4	Learning Disability Nurses, school nurse, Support worker	

Source CAMHs East Midlands benchmarking mapping 2015

10.3 Workforce development with CYP IAPT in South Unit of Planning

Derbyshire Healthcare Foundation trust CAMHS is now in its fourth year of the service transformational CYP IAPT programme. The service has been able to engage with both statutory and third sector partners to develop care pathways supported by evidence based interventions that are NICE compliant. The team have been proactive in training practitioners both within CAMHS and partner agencies to embed IAPT practice and strengthen workforce capacity and confidence at all levels. CYP IAPT training and concepts have been particularly welcomed by none CAMHS staff trained to deliver evidence based interventions at the early help stage. A summary of skills within the South Derbyshire workforce is outline below. A priority for the future is to embed and extend CYP IAPT capacity and strengthen supervision to ensure sustainability of impact. The growth of the CYP IAPT has been collaborative between commissioners and providers.

10.4 Outline of CYP IAPT training since 2012 IN

CYP IAPT	Phase	Year	Completed	Professional roles
Enhanced Evidence Based Practice (EEBP)	4	2015	17 in training	School pastoral support, VCS,CAMHS, Priority families, MATs, school health
CYP IAPT Systemic Family Practice Full-time – PG Diploma	3, 4	2014 2015	3 completed 3 in training	CAMHS – Senior Practitioner
Systemic Family Practice Full-time PG Diploma in Eating Disorders	4	2015	2 in training	Troubled Families Team, YOS, T2 CAMHS, MAT
Parenting Therapy Full-time PG Diploma	1 and 2	2012/2013	2	CAMHS Parenting Therapists
Cognitive Behavioural Psychotherapy Full-time PG Diploma	1 to 4	2012/2015	6	CAMHS, CBT, lead nurses
NHS Leadership and Transformational Change PG cert	1	2012	2	CAMHS Clinical Lead/manager
Specialist Supervisors Post-graduate Certificate 2012-2015	1 to 4	2012/2015	4	Psychotherapist, Senior Systemic
Provisional plan for Phase 5 Consolidate and embed existing training, Continue to expand EEBP training across early help workforce.	5	2016	12 EEBP	Multiagency - to be confirmed after recruitment

Source DHCFT June 2015 CYP IAPT training coordinator

10.5 CYP IAPT training vision 2015/16

- To ensure sustainability of IAPT skills and measure impact.
- Continue to expand range of EEBP practitioners and supervisors across the CYP workforce.
- Embed CYP IAPT to pathway developments eg single point to access, role of schools, multi-agency teams.

11. What we spend now

This section includes the baseline spend for 2014/2015 by CCG and Local Authorities in CAMHs and other commissioned services. It does not take into account the significant contribution made by other providers make towards meeting the needs of children and young people including:

- Primary Care e.g. GPs.
- Multi Agency Teams.
- Public health nurses - school nurses/health visitors.
- Safeguarding Social Workers.
- Community Paediatrics (part of block contract).
- Schools contribution towards mental health through pupil premium as schools report this differently.
- Voluntary and community sector, CCG contracts or funding from other source.

11.1 Baseline spend on local services North Derbyshire Unit of Planning 2014/15

Commissioner	Service/ Provider	Cost	Service/ Provider	Cost	Service/ Provider	Cost	Total
North Derbyshire CCG	CAMHS Tier 3/CRH	£1,802,000	CAMHS Tier 3/DHcFT	£13,000	LAC/Horizons	£24,500	£1,839,500
Hardwick CCG	CAMHS Tier 3/CRH	£633,000	CAMHS Tier 3/DHcFT	£77,000	LAC/Horizons	n/a	£710,000
DCC	CAMHS Tier 2/CRH	£156,810					£156,810
						Grand Total	**£2,706,310**

Source CCG and LA budgets

11.2

The above includes CAMHS LD services. However, it does not include any of the spend of the pupil premium or other education based funding on mental health and wellbeing. Over the course of year 1 this will be identified and monitored on an individual (or cluster) school basis to ensure appropriate allocation of this resource in line with the importance of mental health and wellbeing. It also does not include specific CCG contracts within the voluntary sector as differentiating the activity on children/young people and adults has proved too difficult as our voluntary sector services cover all ages.

Resilience Funding NDUOP:

- North Derbyshire and Hardwick CCGs are contributing £97,000 per annum from the mental health resilience funding to extend the Street Triage service, which is an all-age response to crises situations and benefits young people as well as adults.

- Through the mental health urgent care review, we are also looking at bringing together a combined team including the Police Control Room, Street Triage, Adult Mental Health Workers and crisis workers to provide a coherent, inter-professional out of hours response to mental health crises for all age groups, linked to the East Midlands Ambulance Service.

11.3 Baseline spend on local services South Unit of Planning 2014/15

Commissioner	Service/Provider	Cost	Service/ Provider	Cost	Service/ Provider	Cost	
Southern Derbyshire CCG	CAMHS Tier 3/DHFT	4,004,200	Clinical Psychology/ DTHFT	414,000	LAC	50,000	4,468,200
Erewash CCG	CAMHS Tier 3/DHFT	664,400	Clinical Psychology/ DTHFT	28,000			692,400
Derby City Council			Therapeutic Services/ DCC	98,000	LAC	28,607	126,607
						Grand Total	**5,287,207**

Source CCG and LA budgets

11.4 **Resilience** Funding SDUOP:

- Southern Derbyshire and Erewash CCGs are contributing £160,000 per annum from the mental health resilience funding to extend the Street Triage service, which is an all-age response to crises situations and benefits young people as well as adults.

- Through the mental health urgent care review, we are also looking at bringing together a combined team including the Police Control Room, Street Triage, Adult Mental Health Workers and crisis workers to provide a coherent, inter-professional out of hours response to mental health crises for all age groups, linked to the East Midlands Ambulance Service.

- In 2014/15, Southern Derbyshire and Erewash CCGs have invested a further £600,000 from the mental health resilience to extend the CAMHS Liaison service to seven days/week 8am – 11pm with a view of further developing this to 24/7. This service will include additional 'in reach' CAMHS support to inpatients to reduce length of hospital stay The aim of this is to reduce hospital usage in both emergency department and

- admissions and provide brief evidence based intervention to minimise readmission. This service will be fully functional from January 2016.

11.5 Baseline spend on Horizons service for children in care – Derbyshire County only across both Units of Planning

Commissioner	Service/Provider	Cost	Total
Derbyshire County Council	LAC/Horizons	325,000	325,000
			325,000

11.6 Inpatient provision (Tier 4) Finance, Activity and Implications

Currently inpatient (Tier 4) beds for Derby and Derbyshire are commissioned by NHS England. The Midlands and East Region CAMHS Local Transformation Plan (future in Mind) Report (NHES October 2015) summarises the position for residents locally:

- There is no inpatient provision in 'area' so need is met by placing out of the county – either in or out of the region. As a consequence Derbyshire has a strong track record of managing care locally and a lower use of inpatient beds.
- Most of Derbyshire is affiliated with the NHSE Midlands and East hub with links to the East Midlands Strategic Clinical Network. North Derbyshire, due to some patient flow to Sheffield, link to Yorkshire and Bassetlaw hub.
- Most inpatient specialisms can be met within the region if capacity is available. There are no specific eating disorder or Psychiatric Intensive care units, so need is either met by acute units or specialist units at a distance.
- There is sufficient low to medium secure beds in the East Midlands though access can be a challenge due to national demand.

Although the responsibility for commissioning inpatient provision remains with NHSE, the table below shows usage by CCG to highlight activity and cost. This evidence has been used to inform this Plan.

CAMHs inpatient Tier 4 spend (East Midlands Patient CAMHS spend 2014-15 NHSE)

CCG	Tier 4 Spend	Average cost per case*	Numbers of CYP	Range*
North Derbyshire	£1,773,215	£136,401	13	£3407 - £642,413
Hardwick	£49,116	£16,372	3	£9202 - £26384
Southern Derbyshire	£1,956,163	£102,956	18	£5520 -£412,075
Erewash Derbyshire	£8,801	£4,400	2	£4,444 - £4,357
Total Derbyshire	**£3787295**		**36**	

*The range of cost per case reflects the varying need of CYP inpatient beds and variable lengths of stay.

11.7 Our action

- Our priority is to reduce need for inpatient provision and manage need within area where possible building on existing good practice and low usage. We will work with NHSE and other regional colleagues in support of the identification of need for local PICU and inpatient Eating Disorder provision.
- The Plan prioritises our intention to begin developing home intensive service in year one. Step down from CAMHS inpatient provision will be considered as part of this process.
- Current expansion of CAMHS Liaisons services and crisis intervention in SDUOP is in progress and a 24/7 service starts January 2016. This is a priority in plan for NDUOP.
- Learning disabilities/ASD: Work is already underway to review local neurodevelopmental pathways as increasing need is already acknowledged. In Derbyshire County, the existing CAMHS Learning Disability Service is working well in partnership with young people, their parent-carers, schools, Social Care and other agencies. Identifying and reviewing need and current CAMHS learning disability provision is a year 2 priority.
- Across both units of planning, there is existing good practice in preventing admissions to Tier 4. There are strong links with local acute providers, and joint working to make sure that as many young people as possible can be supported at home or in local provision. Although there is a strong track

- record of preventing admissions, we intend to do further work to make sure that there is a standardised approach across the whole area, including consistent engagement and joint working with the Local Authorities' Social Care Teams. We will develop a specific pathway document, with clear standards, that all agencies will sign up to. As part of this work, we will consider the potential for using Care and Treatment Reviews (CTRs) to prevent admissions for young people with Learning Disabilities and/or Autism, and to reduce the length of any inpatient stays

- Workforce planning: The risks of not securing sufficient clinical CAMHS and mental health experienced clinicians will be considered as part of our workforce development strategy. As outline earlier our priority is to strengthen the skills of our early help workforce and meet need as early as possible to minimise demand for specialist services.

- In relation to Eating Disorders, our linked Eating Disorders Plan (see separate document) makes clear our intention to:

- Increase access to intensive home-based support for children and young people with Eating Disorders;
- Strengthen existing good practice and liaison with acute Paediatric wards, in both North and South Units of Planning;
- Ensure access to full, holistic assessment focused on the individual needs of each child and young person, including through Eating Disorder clinics

  The overall ambition is to shorten recovery time; improve patient and carer experience and reduce / shorten hospital admissions, including the use of Tier 4 inpatient beds.

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Where we are now

12.1 Our strengths

Summary of our strengths	
Derbyshire wide	• Strong partnerships and robust governance arrangements • Strong commitment from both Health and Wellbeing Boards/Children's Trust Boards, which had already identified young people's emotional wellbeing as a top priority • On-going engagement with children and young people. • Priority pathway developments on Self harm, Eating disorder, Autism, Children in care • CCG transformation programmes • Development of an outcomes framework
South Derbyshire Unit of planning	• Successful pilot of single point of access (SPOA) to specialist health services in Derby City, and planned extension of SPOA across southern Derbyshire • Co-commissioning pilot with schools has strengthened partnership working with schools in Erewash/Derby City and is identifying good practice models • CCGs have identified significant investment in CAMHs liaison/crisis management to extend service to 8am – 11pm 7 days a week from Jan 16 • CYP IAPT Wave 1 site. Significant progress with service transformation with the implementation of evidence based pathways and training. CAMHS are supporting the recent pilot of CYP IAPT Enhanced Evidence based skills for training for universal and multiagency teams (MATs) and voluntary sector • Well-established voluntary sector services including Relate, First Steps (eating disorders) • CAMHS LD service in Derbyshire county/Complex behaviour team for Derby City • Horizons service for children in care (County) • CAMHS have undertaken a skills audit (SASAT) which is supporting the workforce development and the pathway development • CAMHS have a transformational change programme that has embedded service user participation
North Derbyshire Unit of planning	• CAMHS LD service • Horizons service for children in care (County) • Pilot of single point of access to specialist health services • CAMHS Clinical Leadership Team • Eating disorders service and the integration with paediatrics • DNA rates – evidence provided that DNA rates are around 8%.(national 15% for tier 3 CAMHS)

12.2 Crisis and Urgent Care

At present there is a fragmented system for crisis response dependant on age in Derbyshire, and in CAMHS this varies across Derbyshire. Review of both hospital liaison, community crisis response (linking specifically but certainly not exclusively to police, schools and primary care) are in progress. An intensive home treatment to avoid inpatient admissions has yet to be developed and is a Plan priority.

We are exploring ways to integrate these functions within existing teams and pathways, with and wherever possible to provide “ageless, seamless and practice based mental health services”. Where possible we aim to eradicate the transition from CAMHS to adult services. Our vision is that no child or young person will ‘fit’ into a system that the system will adapt around them and that services will work together so that a child or young person is not isolated.

Consideration as to pooled budgets some aspects of education, health and care will need explored, and this will synchronise in parallel with the EHC and SEND reforms. Work is already underway across the area to develop this in collaboration with education colleagues.

We also wish to be explored with specialist commissioners our baseline spend on inpatient usage so that if CCGs invest in this area, and there is a reduction in this spend, the CCGs realise the cost benefits of these. The separate eating disorder Plan outlines how we will achieve this with eating disorders with the funding available for 2015/16.

Within the next 5 years, we will have 24/7/365 access to CAMHS professionals for those who are presenting in crisis.

Our Crisis Concordat has already made the use of police cells for S136 assessment a never event, as well identified work with the British Transport Police in order to work on safety on the rail way tracks as these were identified as particular outliers for the county in terms of risk. Additionally the Health and Well Being board through the Crisis Concordat is developing, and will monitor the suicide prevention strategy and one aspect of this is a county wide children and young people’s self-harm pathway, offering practical guidance in terms of identification, risk assessment and management to all professionals in the area.

Work with schools

Work with local schools over the last year forms a strong foundation to enhance the school role to meet needs early. Schools have enthusiastic committed to be involved in training programmes and have also applied to be involved in national programmes such as the role out of the national recognised Youth Well Being Directory (www.youthwellbeingdirectory.co.uk)

12.3 Learning from the Accelerated CAMHs co-commissioning pilot 2014/15

South Derbyshire Unit of Planning was one of the eight areas to be awarded funding, by the Department of Health in December 2014 for the Accelerated CAMHs co-commissioning project. The project focused on the role schools have in prevention, early identification and intervention. The aim was:

- Developing a good practice model for schools on EHWB as part of the local offer.
- School offer: building on evidence based interventions.
- Making the most of the pupil premium with schools as co-commissioners.

Phase one of the project was completed in July 2015. Six schools participated: one primary, one junior, two secondary and two pupil referral units from Derby city and south Derbyshire. The outputs were:

- Commitment from schools be better able to support students.
- Interventions that have made the most difference to improved mental health and well-being as defined by students and staff.
- Draft Emotional Health and Well-being resource toolkit based on good practice examples to be further developed and launched as an action for this plan 2015/16 and beyond.
- Draft model of good practice for schools to be further tested in 2015-16.
- Case studies of practice in 6 schools to support schools' evidence with Ofsted inspections.
- Baseline understanding of where the Pupil Premium is invested in participating.
- Secondary schools have released a member of the school support team to participate in the first round of the CYP IAPT Enhanced Evidence Based Practice EEBP training to help provide schools with the skills to deliver early help and low level interventions for anxiety and depression. Training is currently in progress.
- Challenges and areas to inform future development

Outcome of consultation of 56 pupils interviewed in the project showed that the most effective interventions in school were:

- A key adult to talk to.
- Distraction/confidence building activity.
- Support to make friends.
- A safe/quiet/calm space.

The project has started continues and on-going learning will help to inform the development of role of the school in the wider Transformation Plan.

12.4 CAMHS and Schools Link Pilot Scheme (2015)

A further bid was submitted to become a pilot for the NHS England and the Department for Education Child and Adolescent Mental Health Service and Schools Link Pilot Scheme (2015) to improve joint working between school settings and CAMHS. Forty two schools expressed an interest in participating which demonstrates the commitment to develop with work as part of this Plan. Although the bid was unsuccessful this commitment will be harnessed as a priority in our action Plan.

12.5 Year 8 survey

In May 2015 the views of young people in year 8, across all Derbyshire schools, were sought for the Emotional Health and Well-being Survey 2015. The survey was designed to gain the young people's views on issues they might have experienced and any resulting behaviour. The results of the Survey will be available shortly and will be used to inform further developments of this Plan.

12. Engagement that informs this Plan

This Plan has been developed in partnership with a range of key stakeholders who have significantly influenced the focus of priorities and actions. This section summarises the significant input made by stakeholders.

13.1 Children and young people

Over the last two years children and young people have been engaged in making sure that the work of the Integrated Behaviour Pathway Group is designed to meet the needs of children and young people and their families.

From its inception in 2013, the Integrated Behaviour Pathway Group has ensured that the voice of children and young people has been fundamental to informing our model and service transformation. A range of children young people and parents have participated through:

- Co design and planning with stakeholders of our integrated behaviour pathway model 2013 to present including young people, providers and commissioners
- Face to face meeting with senior CCG and LA staff.
- Presentations to stakeholders and conferences.
- Written submissions.
- Talk to Derbyshire Health watch survey July 2015 (see below).
- Consultation on eating disorder service July 2015 Eating Disorder Plan submitted alongside this Plan.
- Telling their stories through voice memos (includes parents).

- CAMHS youth participation group – DVD for use in schools on self-harm.
- Voices in Action Derby Youth Council aged 11 to 19 led their own '1in 10' campaign
- Derbyshire Youth Council has written a response paper to Future in Mind
- Accelerating CAMHS schools project SDUOP 2015 6 schools
- Schools year 8 survey Derbyshire County Council

Key messages from the most recent engagement events reaffirm the robustness of earlier design principles and key messages.

Derby (Voices in Action) and Derbyshire Youth Councils have already recognised the importance of mental health and run their own anti-stigma campaigns that will raise awareness of and promote positive attitudes. They are keen to collaborate with commissioners and providers to further develop this campaign.

The response paper to Future in Mind. Derbyshire Youth Council (Appendix three). This pledges to support children and young people by running campaigns to advertise and promote mental health services to make them more accessible. Matters that are important to them include:

- Stigma.
- conduct disorders.
- anxiety, depression.
- preventing and supporting young people self-harming.

13.2 Engagement with the Third sector

Representatives from the third sector have attended the stakeholder engagement events and have also been consulted as members of partnership governance groups. Key comments include:

- Build on what is working – the SPoA is a strong basis for joint working and improved service delivery.
- The Thrive model makes sense and is consistent with the SPoA where MAT is present and the old Tier 2 and Tier 3 is covered via CAMHS and Relate.
- Focus on Tier 2 and early intervention.
- Third sector organisations that are delivering services can contribute to the delivery of the Transformation Plan
- Consideration of counselling and systemic family counselling
- Use of self-referrals and on-line counselling
- Group work in schools.

13.3 Engagement with key stakeholders

Significant contributions from key stakeholders have been made at engagement events and email comments have been used to identify our priorities and actions for this Plan. There was a lot of synergy between events and partners shared similar concerns, priorities and hopes for the future. Appendix one shows the list of contributors.

13.4 External reviews

Both CAMHS services have been subject to external scrutiny in 2015. The recommendations have been built into the Plan.

13.5 Topic review Elected Members in Derby City March 2015 of CAMHS Derbyshire Healthcare NHS Foundation Trust. Although the report is not yet published recommendations have been included in this Plan**.**

13.6 Healthwatch Derbyshire reviews of CAMHS North Derbyshire and CAMHS South Derbyshire August 2015

The recent report from Derbyshire Healthwatch provides a unique insight into people's experiences of CAMHS in North Derbyshire and South Derbyshire.
Interviews were conducted with 46 service users and carers. Many of the interviews were conducted at CAMHS clinics giving the benefit of being able to talk with participants about their experiences at the point of service delivery.

The following recommendations for CAMHS providers and commissioners will be considered and addressed in the Future in Mind Transformation Plan:

- The referral system and the difficulties highlighted in getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.

- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
- The implications of delayed diagnosis on both the young person, and the parent or carer.
- The unique situation of children in foster care.
- The implications of placing young people in 'out of county' beds.
- The implications of delayed diagnosis on both the young person, and the parent or carer.

Appendix 1

Contributors to the Future in Mind Transformation and Eating Disorder Plans

With thanks to all our contributors to this Future in Mind Transformation Plan. Contributions have been made by a range of key stakeholders including children, through a variety of channels including specific consultation events held across the area.

Children and Young People

50 CYP south Derbyshire accelerating CAMHS schools project	Young people	6 Schools from Derby City and South Derbyshire
Tom	Youth Council Chair	Derbyshire Youth Council
Mitchell	Young person	Derbyshire Youth Council
Rachel	Young person	Derbyshire Youth Council
Rosie	Young person	Derbyshire Youth Council
Voices in Action and Youth Council	Young people	Derby
Young Person's Participation group		Derbyshire Healthcare Foundation Trust DHCFT
Derbyshire Youth Council	Young people	Derbyshire
Shannon Barry	Ex-service user/volunteer	First Steps
Sophie Hurst	Service User	First Steps
Lizzie Meakin	Service User	First Steps

Other stakeholders

David Gardner	Assistant Director Procurement and Commissioning	NHS Hardwick CCG
Rob Harvey	Head of Mental Health and Learning Disabilities	NHS North Derbyshire CCG
Deb Smith	Programme Manager- Integrating Services	Derbyshire County Council
Adam Barrow	CAMHS Service Manager	CRHFT
Stacy Woodward	Commissioning Manager	NHS Hardwick CCG
Yvonne Wright	Health and Wellbeing Consultant	Derbyshire County Council
Bev Miller	Chief Executive Officer Relate Derby and Southern Derbyshire	Voluntary sector
Suzanne Forster	Head teacher	St Giles
Ruth Pownall	Disability and Inclusion Manager	Derbyshire County Council

Dr. Ruth Slater	Senior Educational Psychologist	Educational Psychology Service, Derby
David Gardner	Assistant Director Procurement and Commissioning	NHS Hardwick CCG
Teresa Cresswell	Principal Public Health Manager	Derbyshire County Council
Nick Davey	Assistant Head	Hasland Hall School
Cathy Cleary	Founder and Chief Executive Officer First Steps	Voluntary sector Eating Disorder
Scott Lunn	CAMHS Service Manager	DHCFT
Lesley Wakefield	Commissioning Manager	Derbyshire County Council
Elaine Varley	Senior Public Health Manager	Derbyshire County Council
Dr Robyn Dewis	Acting Director of Public Health	Derby City Council
Jo Kennedy	CAMHS Psychiatrist	DHCFT
Natalie Harvey	Healthcare Worker	Derbyshire County Council
Helen MacMahon	Service Line Manager CAMHS	DHCFT
Carolyn Gilby	Divisional Director Specialist Services	DHCFT
David Tucker	General manager	DHCFT
Pam Hallam	Director Children and Young People's Nework Derby	Voluntary sector
Kelly Gaskin	Clinical Psychologist	Derbyshire County Council
Caroline King	Educational Psychologist	Derby City Council
Fiona Colton	Head of Locality	Derby City Council
Michelle Robinson	Public Health Manager	Derby City Council
Lynn Brunt	CAMHS nurse for Youth offender	DHCFT
Sheila McFarlane	Integrated Commissioning Manager Children and Young People	SDCCG/Derby City Council
Frank McGhee	Director of Integrated Commissioning	SDCCG/Derby City Council
Catherine Eaton	Project Manager Children and Young People	SDCCG/Derby City Council
Health watch	Derbyshire	Independent
Health watch	Derby City	Independent
Mike Garner	Relate Derby and Southern Derbyshire	Voluntary sector
Deane Cooper	Primary Mental Health Worker	CAMHS
Julia Crane	Assistant Head of Service	City YOS
Dave Bond	Youth Offending Service	Derbyshire
Anne Bailey	Clinical Social Worker	CAMHS
Shannon Barry	Ex-service user/volunteer	First Steps

Sophie Hurst	Service User	First Steps
Lizzie Meakin	Service User	First Steps
Marc Thrasivowou	Young Person's co-ordinator – ex-service user	First Steps
Aislinn Choke	CAMHS Consultant	DHCFT
Tina Smith	Commissioner	NHS England
Kath Kearns	Practice Teacher/School Nurse	Derbyshire Community Health Service
Scott Lunn	CAMHS IAPT Lead	DHCFT
Lesley Novelle	Senior Family Therapist CYPIAPT Supervisor	DHCFT
Lucia Whitney	Consultant Psychiatrist	DHCFT
Carolyn Gilby	Divisional Director	DHCFT
Joanna Miatt	Clinical Psychologist	DHCFT
Richard Bowker	Consultant Paediatrician	Derby Teaching Hospital FT
Clare Nichols	CAMHS	Chesterfield Royal Hospital FT CRH
Dr Olga Kapellerova	CAMHS	CRH
Various	Teaching and school support staff	6 Schools from Derby City and South Derbyshire

Response to NHS England Midlands and East Specialised Commissioning Document

This response document aims to provide information to identify how **Derbyshire County and Derby City** meets the requirements identified by NHS England and is provided by the children's commissioners to support the submission which has been approved by local stakeholders and the Health and Wellbeing Board.

Collaborative Working

The NHS England document identifies the importance of collaborative working including the relationship between Strategic Clinical Networks. **Derbyshire County and Derby City** is formally part of the East Midlands Strategic Clinical Network and actively involved in the EM SCN CAMHS programme of work.

In addition NHS England identify a number of forums where collaboration takes place and **North Derbyshire, Southern Derbyshire, Hardwick and Erewash CCGs** and **Derbyshire County and Derby City** LAs have both identified representatives to support the work of the East Midlands Collaborative Commissioning CAMHS Working Group and attended the inaugural meeting of this forum.

CAMHS Local Transformation Plans

NHS England Specialised Commissioning identify in their document the following key themes and issues below arising from commissioning of CAMHS Inpatient provision (Tier 4) and state that it is anticipated that all these areas will be addressed in the Local Transformation Plans. Evidence will be sought during the assurance process.

- Clearly determine within the CAMHS Local Transformation Plans will be the understanding of the Specialised Commissioning requirements per geographical boundary of the Midlands and East Region.

- **Derbyshire County and Derby City** plan covers this in Point 6.1 which identifies **North Derbyshire, Southern Derbyshire, Hardwick and Erewash CCGs** CCG and LA commitment to work with NHS England via the East Midland Collaborative Commissioning CAMHS Working Group to address this issue. Specialist CAMHS in North Derbyshire are CORC members and through their membership are linked into national support and developments. Frank McGhee, Director of Children's Commissioning across Derby City Council and Southern Derbyshire CCG, chairs the regional East Midlands Commissioning Champions Group Dr Isobel Fleming, Service Director for Performance, Quality and Commissioning has joined Derbyshire recently.

- The identification of how CAMHS Crisis and home intervention; Tier 3 plus or similar services will help to address the pressure of CAMHS inpatient services; keep young people within their home communities; reduce the length of stay for those admitted to hospital and enable early effective and safe discharge home.

  Derbyshire County and Derby City plan covers this in Point 11.6, 11.7,12.2.

- Evidence that whatever is being considered will have some impact on rate of admissions currently going into inpatient beds (% expected) or that because the service is well established and working effectively, that this position will remain relatively static.

- **Derbyshire County and Derby City** plan covers this in all of Points 3 and 4. 11.4.11.7

- Consideration of intensive support teams to support ED cases and prevent need for admission but also consideration of in-reach into paediatric wards for those on medical stabilisation – what measures would be in place to evidence the success of this?

- **Derbyshire County and Derby City** plan covers this in the separate Eating Disorder Plan Points 6.3,8.4,24,25

- ED Clinics where full assessment can take place and care planned to suit and accommodate the needs of the individual.

- **Derbyshire County and Derby City** plan covers this in in the separate Eating Disorder Plan Points 8.3, 9.6, Appendix 2 Points 4,11,19

- Crisis intervention 24/7 either by increasing what is there or setting it up, to support young people with a view to managing the crisis and where possible to reducing the need for admission

  Derbyshire County and Derby City plan covers this in Points 11.3, 11.4,11.7

- Learning Disability is an area of significant growth. Given the nature and complexity between health and social care, plans will need to detail how this will this be addressed, as whilst the numbers are relatively small, these young people present significant challenges to the system. Robust and comprehensive community teams are required to provide crisis support, prevent the need for admission and support reduced lengths of stay to those who need to be admitted (taking views of transforming care into consideration).

Derbyshire County and Derby City plan covers this in Action Priority 2 and 4 see pages 32 and 33

- Where emerging themes appear around inadequate LD/ASD/CAMHS community provision, this will need to be addressed given the requirement to develop alternatives to inpatient provision in partnership with Local Authority, CCGs and NHS England. And given the increasing number of young people with autism, what treatment services are available/planned?

  Derbyshire County and Derby City plan covers this in 11.7, 12.1 Action plan 2016-20 Theme 4

- The need to address step down from CAMHS inpatient provision, where often there is a lack of provision in residential settings, day care, intensive community support/wrap around to support discharge.

  Derbyshire County and Derby City plan covers this in 11.7.

- Workforce planning: - risks of not securing sufficient clinical CAMHS and mental health experienced clinicians (evidenced by closure of some CAMHS inpatient beds due to staffing shortages, particularly RMNs).

- **Derbyshire County and Derby City** plan covers this in Point 10.

- A summary of current investment is in Point 11.There has been significant local investment in reducing the need for crisis and inpatient care through resilience funding Point 11.2,11.4.

- The **Derbyshire County and Derby City** plan was submitted to the NHSE on 13 October 2015.

Appendix 3

Derbyshire Healthcare NHS Foundation Trust - CAMHS CYP IAPT Summary as at October 2015

Southern Derbyshire CAMHS C&YP IAPT programme aims to build on the strengths of the existing services for children & young people, whilst working with our partner agencies to build more robust pathways of care and a sustainable CAMHS that is equipped to meet the needs of our young population over the coming years.
The CAMHs strategic vision for clinical integration is the coordination of patient care across conditions, providers, settings, and time to achieve care that is safe, effective, efficient, and patient focused. We aim to ensure dependable linkage between care settings and conforming enhanced coordination, and consistent use of evidence-based practices, patient and clinical outcomes, social media access and service user participation models that improve the care provided to children young people and families.

Below outlines the service transformation developments and operational priorities

Workforce Development: Over 50% of the Specialist CAMHS workforce is now trained in an Evidence based treatment modality and or in specialist assessments.
SASAT - We have recently commissioned a full workforce development skills audit to help inform our workforce strategy and to use the resources we have more effectively across the integrated pathways.

CYP EEBP - Workforce Development - 19 places on the certificate programme for 2015 which include Derby City / Southern Derbyshire – DHCFT Children's Services, Local Authorities, YOS, Voluntary Sector, and non Statutory Sector etc.

Implementation of CAPA (Choice and Partnership Approach)

Care Bundles - that support NICE guidelines, and includes standards around assessment, formulation and treatment. These were developed in partnership with staff and young people.

Parenting Therapy - We have evidenced the effectiveness of CAMHS parenting interventions in support of parents of children experiencing conduct and oppositional behaviours, ASD and ADHD.

Systemic Family Practitioners SFP and EDSFP - We have supported 9 SFP Trainees from Local Authority Multi Agency Teams, third sector and CAMHS. This model of training practitioners outside of the CAMHS service evidences our progress towards a fully integrated workforce.

Cognitive Behavioural Psychotherapy - CBT clinics provide the evidence based treatment for trauma, depression and anxiety disorders including OCD and Body Dysmorphia. Young people have access to CBT skills group which evidences

outcomes to date of 90% improvement of symptoms and goal attainment in all groups.

Single Point Of Access (SPOA) – CAMHS Learning Disabilities & CAMHS City and County Services

The integrated single point of access (SPOA) meetings is now well established between CAMHS LD, Community paediatric services and the complex behavioural services and CAMH's City and County children services.

- Parents and children can be sure of reaching the right service. Referrers find the process is more transparent and easier to navigate. The SPOA supports the development of a step up and step down process in the clinical pathway based on the child's needs.

Routine use of Patient and Clinical Outcome Measures

- We have now operationalised the CYP IAPT Outcomes across all CAMHS Service areas. This will support the collection of the new CAMHS minimum data set.
- We are now achieving 86% of all outcomes completed at assessment and approximately 51% collection of the follow up score which enables us to identify effectives of the intervention and the targeted goals.

Improving Access

- CAMHS has developed self-referral systems to improve access to Specialist CAMHS – The current programme includes Drop in Clinics at Connexions in Derby City for young people 16-18 year olds.
- CAMHs has seen a reduction of 25% in the overall length of time spent in treatment enabling the service to increase the number of children seen.
- The development of a Community Eating Disorder Team (training cases only) – improving the access to evidence based interventions.
- CAMHS Liaison Service (CAMHL) was developed to assess and provide short term interventions for young people presenting to the Royal Derby Hospital following episodes of self-harm.

Service User Participation Programme - The service now has participation groups for young people and parents within CAMHS. They are now routinely part of:

- Recruitment and selection
- Support the implementation of key transformational programmes
- Linking with other service user groups to provide a peer support model of service user participation
- Developing a Peer mentoring programme
- Development of educational videos to help reduce the stigma around mental health.

IT Developments

- CAMHS and IT have developed a bespoke patient data system that supports the clinicians to use the CYP IAPT Routine outcome measures and collect the data required for the CAMHS minimum data set.
- AIM - Young people have been involved in developing an App with the IT department which helps children, families and young people consider their goals, what they would like to change, how and measure progress.
- Young people have accessed training in web design and development and are now working with the IT department in updating the CAMHS web site.

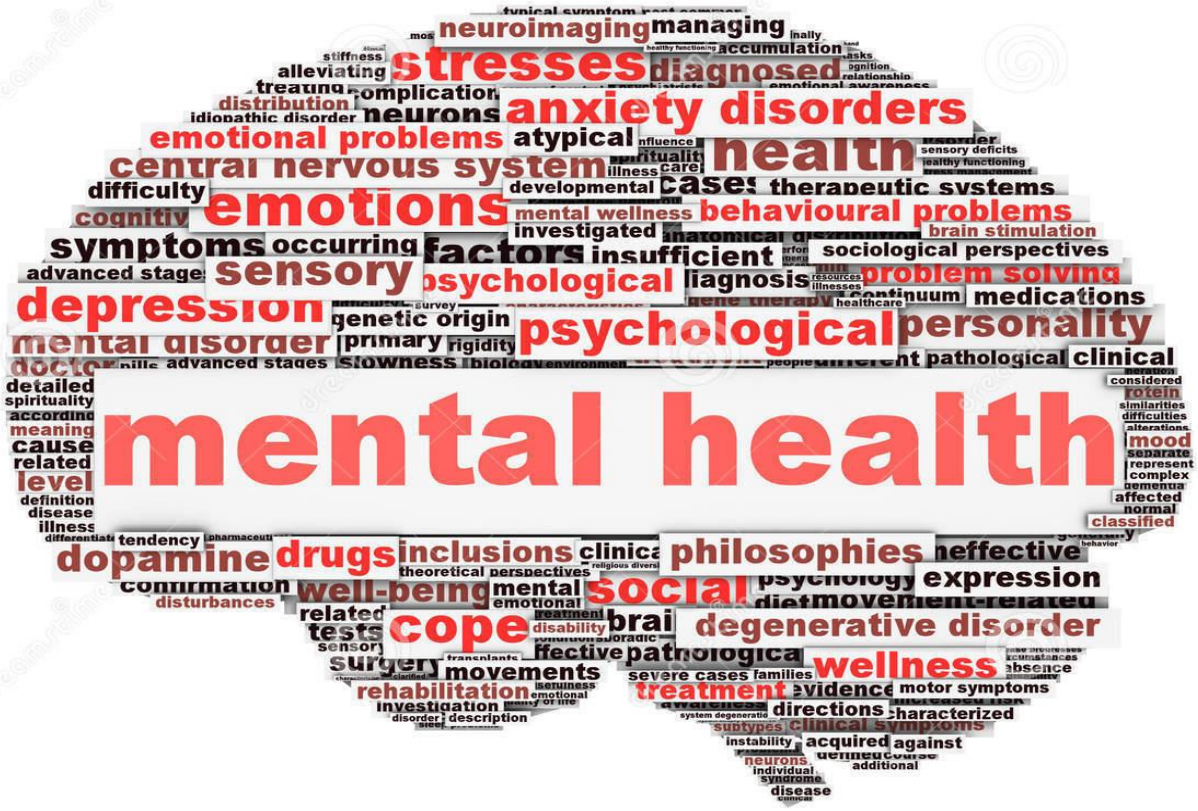
What Next:

- **Sustainability** - supporting model fidelity and the effectiveness of evidence based practice requires a consultation, supervision and training plan that meet the needs of the workforce and the targeted areas of work.
- **Workforce Development Strategy -** To include MindEd / e-learning resources for all who work with children and young people and includes core sessions from the CYP IAPT curricula - available to all practitioners – (CAMHS and Children services).
- **Increase access to evidence based interventions** along the core care pathway.
- **Develop an E Health web portal** that provides information to families and professionals in support of the pathways, including an online self-referral pathway.
- **Embed Parenting Therapy** into CAMHS and link to an overall parenting development strategy across the City and County.
- **Support the implementation of care bundles** and enhanced specialist evidence based interventions across the pathways, by building on the work force strategy.
- **Involve young people and parents/carers** meaningfully and make sure that they are heard when developing services.
- **A culture of shared learning and transparency that facilitates improved outcomes for children and young people.** This will put greater emphasis on the role of supervisors and structures for multi-disciplinary case formulations to assist with identifying the right pathway and supporting clinical practice.
- **Develop the outcomes infrastructure across all CYP services** – to achieve 90% compliance for all our data across all of CAMHS services by December 2016.
- **A single brand across all pathways** to assist referrers, children and families and our partner agencies about what we do, how and why we do it that way and how we know we are getting it right

Appendix 4

Derbyshire Youth Council Report

Mental Health Report Summary: Future in Mind



Written by Thomas Ephgrave on behalf of Derbyshire Youth Council

Introduction

I have written this report based on the Future in Mind report published by the Department of Health a few months ago outlining the future of our children and young people's mental health. This summary outlines key information and statements made in the report and shows how we can try to help as a Youth Council in making a better future for children and young people's mental health. In this report I will take you through the stages from what our vision for young people's mental health is to how we can help as a Youth Council. I believe that this will be beneficial to us as a council as it will allow us to succeed in producing a good, solid campaign for young people in response to the 'Make Your Mark' campaign results last year. Finally, I would like to add that some of the text in this summary has been taken straight from the report and therefore, it is not reworded however, as this is not an exact copy of the report and it is summarised there should be no copyright issues.

Regards Thomas Ephgrave

Derbyshire Youth Councillor for John Port School

Our Vision for Children and Young People's Mental Health

- Parents and carers need to be able to get help so that they can support you through your childhood and into your adult life.
- GPs, midwives, health visitors, teachers and other people who work in schools and with young people should understand emotional and mental health in children and young people - they should also know how to deal with first instances of the signs of mental health issues and where/who to send you too if you are/are showing signs of worry.
- If you are having difficulty, you shouldn't have to wait until you are really sick to get help - early intervention is key and as a youth council if we promote and help prevent these mental health issues, young people will know where to go in the early stages to receive immediate help.
- Asking for help shouldn't have to be embarrassing or difficult and you should know what to do and where to go - as a youth council we can help promote this for young people.
- When you need help not only do you need to be able to find it easily you also need to be able to trust it.
- There are websites and apps that you know you can trust and use to help yourself and find out information on how to get more help - these need to be promoted more proactively by us as a youth council and by other agencies so young people can receive the right support.
- You need to be able to have a choice as to where you can get advice and support and wherever you choose it needs to be a welcoming and familiar such as your school or your doctor.
- All the professionals you meet should treat you as a whole person, considering your physical and mental health needs together.
- You need the opportunity to set your own treatment goals and monitor how things are going.
- When you need help, you want it to meet your needs as an individual and be delivered by people who care about what happens to you.
- You should only have to tell your story once, to someone who is dedicated to helping you, and you shouldn’t have to repeat it to lots of different people.
- All the services in your area should work together so you get the support you need at the right time and in the right place.
- You should get extra help straightaway, whatever time of day or night it is.
- If you need something very specialised, then you and your family should be told why you need to travel further, and the service should stay in touch to get you home as soon as possible additionally, while you are in hospital, we should ensure you can keep up with your education as much as you can.
- If you need help at home, your care team will visit and work with you and your family at home to reduce the need for you to go into hospital.
- If you do need to go in to hospital, the team should stay in touch and help you to get home quickly.
- If you don’t keep your appointments, someone should get in touch to find out what they can do to help, not just leave you to it.

What can we do as a Youth Council to help support mental health for the future?

Promoting resilience, prevention and early intervention:

I believe as a youth council our focus around mental health needs to be:

- Promoting mental health as a whole - the services offered to young people and promoting positive mental health.
- Preventing children and young people easily slipping through the net by creating campaigns that advertise and promote services that are out there for young. people so that they can access them more confidentially and easily
- Improving access to effective support - promoting mental health service and working with agencies with a joined up approach to ensure the best possible access for young people to mental health services.
- A good idea is to have a 'one stop shop' service that will provide mental health support and advice – could we put this/help put this together?
- In our campaign it might be an idea to focus all/some of our work around conduct disorders, anxiety, depression and hyperkinetic disorders as they were the most common diagnostic categories found in a 2004 survey.

The National Vision – can we help?

- Access to crisis, out of hours and liaison psychiatry services are variable – can we help to make sure services are available out of hours?
- Specific issues facing highly vulnerable groups of children and young people and their families who may find it particularly difficult to access appropriate services – we need to help promote services as a Youth Council to help reach this target nationally.
- Services provided need to be focused around the child and their needs not reaching targets – can we help contribute to this or is it up to local authority?
- We need to help simplify structures and access to the service that are out there, whether this be working together with agencies in Derbyshire who work on mental health or looking at other options? - joining up services locally through collaborative commissions approaches between CCGs, local authorities and other partners is where we could start.
- We need to improve public awareness and understanding of what mental health actually means instead of working in the shadows.
- We need to help deliver a hard hitting anti-stigma campaign that will raise awareness and promotes improved attitudes to children and young people affected by mental health difficulties.
- Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child – can we have an input to this or review what is going on nationally/in Derbyshire already to help this be achieved?

Statistics/Facts about Mental Health

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder.
- 7.7% or nearly 340,000 children aged between 5-10 years have a mental disorder.
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder.
- This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder.
- One in ten children needs support or treatment for mental health problems.
- Mental health problems in young people can result in lower educational attainment - for example children with conduct disorder are twice as likely as other children to leave school with no qualifications and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.
- 75% of mental health problems in adult life (excluding dementia) start by the age of 18.
- Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive.
- Less than 25% – 35% of those with a diagnosable mental health condition accessed support
- A lack of clear leadership and accountability arrangements for children's mental health across agencies including CCGs and local authorities, with the potential for children and young people to fall though the net
- Conduct Disorders:
- 5.8% or just over 210,00 children and young people have a conduct disorder
- Anxiety:
- 3.3% or about 290,000 children and young people have an anxiety disorder
- Depression:
- 0.9% or nearly 80,000 children and young people are seriously depressed
- Hyperkinetic disorder (severe ADHD):

    - 1.5% or just over 132,000 children and young people.
    - Children with mental health problems are at greater risk of physical health problems; they are also more likely to smoke than children who are mentally healthy. Children and young people with eating disorders and early onset psychosis are particularly at risk, but it is important to note that many psychotropic drugs also have an impact on physical health.
    - Children with physical health problems also need their mental wellbeing and health supported.

The interface between mental and physical health

- 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007).
- The presence of a chronic condition increases the risk of mental health problems from two-six times (Central Nervous System disorders such as epilepsy increase risk up to six- fold) (Parry-Langdon, 2008; Taylor, Heyman & Goodman 2003).
- 12.5% of children and young people have medically unexplained symptoms, one third of whom have anxiety or depression (Campo 2012). There is a significant overlap between children with LTC and medically unexplained symptoms, many children with long term conditions have symptoms that cannot be fully explained by physical disease.
- Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50%17 and doubles the risk of coronary heart disease in adults.
- People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.
- Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life and affect life chances.
- As 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age
- There are interventions that are not only very effective in improving outcomes, but also good value for money, in some cases outstandingly so, as measured by tangible economic benefits such as savings in subsequent costs to public services.
- The B-CAMHS surveys of mental health of children and adolescents show all forms of mental disorder are associated with an increased risk of disruption to education and school absence.
- Research on the longer-term consequences of mental health problems in childhood adolescence has found associations with poorer educational attainment and poorer employment prospects, including the probability of ‘not being in education, employment or training’ (NEET)
- Social relationships can be affected both in childhood and adolescence and in adult life. Other increased risks include drug and alcohol use
- Bullying is reported by 34-46% of school children in England in recent surveys. A dose-response relationship exists, which means that children who are exposed to frequent, persistent bullying have higher rates of psychiatric disorder. Exposure to bullying is also associated with elevated rates of anxiety, depression and self-harm in adulthood.
- As well as the impact on the individual child and family, mental health problems in children and young people result in an increased cost to the public purse and to wider society. Those with acute conduct disorder incur substantial costs above those with some conduct problems, but not conduct disorder. A study by Friedli and Parsonage26 estimated additional lifetime costs of around £150,000 per case – or around £5.3bn for a single cohort of children in the UK. Costs relating to crime are the largest component, accounting for 71% of the total, followed by costs resulting from mental illness in adulthood (13%) and differences in lifetime earnings (7%).

Issues to address:

- Significant gaps in data, information and system levers.
- Investment levels. The lack of data, information and system drivers have made Child and Adolescent Mental Health services (CAMHS) financially vulnerable.
- The treatment gap.
- Difficulties in access.
- Complexity of current commissioning arrangements.
- Access to crisis, out of hours and liaison psychiatry services are variable.
- Specific issues facing highly vulnerable groups.

Promoting, Preventing and Intervening (early) – these titles are an idea I came up with from looking through the report and could be the basis of our campaign:

- It is crucial that, locally, there is an integrated, partnership approach to defining and meeting needs. A wide range of professionals should be involved across universal, targeted and specialist services.
- There is a strong link between parental (particularly maternal) mental health and children's mental health. For this reason, it is as important to look after maternal mental health during and following pregnancy.
- In our discussions with young people, they emphasised difficulties many of them had faced in discussing their problems with their GP. Many of them also reported that their school was not an environment in which they felt safe to be open about their mental health concerns.
- For GPs, schools and other professionals such as social workers and youth workers often feel as frustrated as the children and their parents. They want to do the right thing, but have not necessarily been equipped to play their part or been provided with clear access routes to expertise and for referring to targeted and specialist support.
- Children, young people and their parents/carers need clearer awareness of what is good mental health and what is poor mental health, as well as better information about how to keep mentally and emotionally healthy.

Resilience, prevention and early intervention for the mental wellbeing of children and young people

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

Much of what is needed can be done now by:

1. Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.

2. Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.

3. Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.

With additional funding, a future government should consider:

4. Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.

5. Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kitemarking scheme in order to guide young people and their parents in respect of the quality of the different offers.

Conclusion

- Children and young people to have better support and care for their mental health.
- Child mental health and wellbeing is everybody's business, where our collective resilience and mental strength is regarded as an asset to the nation in the same way as we prize our levels of attainment, creativity and innovation.
- We can start by doing what we know works, indeed already is working in some areas of the country, but is not being applied consistently.
- It would be a hallmark of our progress if by 2020 we could truly say that England is leading the world in improving the outcomes for children and young people with mental health problems.
- We need to address pressing issues that can either be solved simply with a little time and effort or those that are bigger that may take slightly longer however, if we can begin to make a difference as a youth council in Derbyshire this will hopefully motivate and contribute to the nation to get involved with the promotion, prevention and intervention of mental health.
- We need to have one clear vision for mental health as a nation and if we can start to shape work that works hopefully this can be reflected elsewhere.

Accromyns List of acronyms used in this Plan

24/7	Twenty four hours/seven day service
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnosis Observation Schedule
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CRH	Chesterfield Royal Hospital
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust
CYP	Children and young people
DCHS	Derbyshire Community Health Services
DHcFT	Derbyshire Healthcare NHS Foundation Trust
DHFT (also DTHFT)	Derby Teaching Hospital NHS Foundation Trust
DISCO	Diagnostic Interview for Social and Communication Disorders
DNA	Did Not Attend
EHWB	Emotional Health Well-being and Behaviour
EMDR	Eye Movement Desensitisation and Reprocessing
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
IT	Information Technology
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked After Children

LD	Learning Difficulty
LSCB	Local Safeguarding Children's Board
MAT	Multi Agency Team
MH	Mental Health
NDUoP	North Derbyshire Unit of Planning
NEET	Not in Employment Education or Training
NHS	National Health Service
NHSE	National Health Service England (Specialist Commissioning)
NICE	National Institute for Health and Care Excellence
ONS	Office of National Statistics
OT	Occupational Therapy
PMHW	Primary Mental Health Worker
PSHE	Personal Social Health and Economic education
SASAT	Self Assessed Skills Audit Tool
SDUoP	South Derbyshire Unit of Planning
VCS	Voluntary and Community Sector

Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group

Derby City Council

DERBYSHIRE County Council
Improving life for local people

Appendix 6

Agreed funding allocation for 2015/16

North Derbyshire Unit of Planning (North Derbyshire CCG and Hardwick CCG)

PRIORITY	North Derbyshire CCG	Hardwick CCG
Eating Disorders Service	£189,605	£72,549
CAMHS Urgent Help / intensive home treatment	£253,140	£96,860
Vulnerable children including Looked After Children and CSE/sexual abuse	£27,845	£10,655
Additional Support for Universal Services including General Practice and Schools in Localities	£82,361	£31,512
Total	**£552,591**	**£211,576**

South Derbyshire Unit of Planning (Southern Derbyshire CCG and Erewash CCG)

PRIORITY	Southern Derbyshire CCG	Erewash CCG
Eating Disorders Service	£293,875	£55,042
CAMHS Urgent Help / intensive home treatment	£108,229	£20,271
Vulnerable children including Looked After Children and CSE/sexual abuse	£90,014	£9710
Additional Support for Universal Services including General Practice and Schools in Localities	£179,399	£40,751
Targeted Help - Increasing Early Help/Intervention Capacity for Multi-Agency Teams	£235,830	£44,170
Parenting programmes - ADHD	£58,957	£11,043
Additional Commissioning Support for Future in Mind	£63,169	£11,831
Total	**£1,029,473**	**£192,818**