Children and Young People's Mental Health

Transformation Plan Appendices 2023

Appendix 2.1

Participation and Coproduction 2022/23

Definitions:

What is participation?

Patient participation is where patients actively take part in healthcare, including a spectrum of activity from shaping individual care and giving feedback on their experience to working alongside healthcare practitioners to design service improvements. (Vahdat S. et al 2014)

A Co-production Model - Coalition for Personalised Care

What is co-production?
Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. (NHSE)

Introduction

During 2022/23 a number of organisations across the Derbyshire system have completed engagement and participation work looking at the needs of children and young people (CYP). Their reports have been summarised and analysed to identify the key themes relevant to CYP mental health.

We are grateful to everyone who has taken the time to give honest responses about the issues that really matter to them. We value the insight that this gives to enable future services to be developed in a meaningful way. Our response to how we approach resolution to the issues raised within these reports and groups is described throughout our 2023 Transformation Plan refresh.

Participation and engagement themes

	2023 Insights and feedback themes	**Where we want to be by 2026**
1	Parents and carers feel unsupported.	Parents and carers feel supported and know where to access information, advice and help.
2	Unacceptable waiting times for mental health therapies and services.	Our CYP can access the right care at the right time, however when they do have to wait they feel supported.
3	More access to community activities / groups where CYP have positive social contacts and build confidence.	CYP can access community activities and groups which support positive emotional and mental health.
4	More mental health training for staff in schools, primary care, hospitals and residential care.	Good training opportunities available.

5	CYP with physical, SEND or a condition more than 12 months feel they are not getting the mental health support they want	To better understand the needs of CYP with physical, SEND or a condition more than 12 months
6	Health inequalities impacts the emotional and mental health of CYP.	To better understand health inequalities and have a proactive offer across our mental health pathway to reach all our CYP.

Derbyshire Parent Carer Voice - Areas of Concern report 10 March 2023

Areas of concern related to mental health raised by parents and carers

- Service resources mean that interventions fall short of therapeutic goals.
- Mental health issues not treated with same importance as physical needs.
- My daughter discharged from CAMHS but not deemed serious enough for adult mental health team so now not under anyone.
- CAMHS limited resources of treatment and refused to give enough time for SEND patients.
- Long waiting times and exceedingly high threshold for accessing child mental health support.
- CAMHS under resourced and processes and waiting times unacceptable.

What information and support is needed

- Staff trained on how to support low level mental health need to prevent progression - SCAs mental health support teams in schools.
- More access to low and medium level mental health support.

Hearing the voice of Children and Young People within the Integrated Care System (ICS)

A mapping exercise has been undertaken by Joined Up Care Derbyshire (JUCD) Engagement Team to identify across all system organisations who the engagement and participation leads are and their roles. This has been shared widely with partners and professionals.

MH2K Derby and Derbyshire A youth led approach to exploring mental health – 2023 report

Head to this link

The areas explored and findings are:

- **Eating disorders**

MH2K page 4 - EATING DISORDERS PATHWAY: Citizen Researchers informed the shape and development of the procurement and service specification of an early intervention and prevention service for eating disorders. At the Design Days, the Citizen Researchers provided the eating disorders feedback and identified the priorities for the digital pathway subgroup.

MH2K facilitated an eating disorders workshop, involving Citizen Researchers and other local young people. This provided a number of key recommendations from young people, especially drawing on lived experience. These went on to directly shape the service specification itself, as well as influence the design of procurement questions and later evaluation. MH:2K's feedback is now with the successful provider, with a commitment from both them and Derby and Derbyshire Integrated Care Bord (DDICB) to further this and the wider engagement work.

- **Digital services and social media**

Digital services and social media MH:2K provided structured feedback on the Derbyshire Emotional Health and Wellbeing website. Provided a guidance document for professionals who want to engage with a wider audience of young people. Six Citizen Researchers formed a subgroup for the Digital Pathway work and met five times during the project. This group produced two things:

• A strengths and weakness analysis for improving the Children and Young People's section of Derbyshire's emotional health and wellbeing website.

• A Children and Young People's social media guidance document for providers, schools and organisations to help them engage with young people on mental health. These were co-produced, with Citizen Researchers taking a lead and the content presented in their own words.

Website guidance: the sub-group structured its recommendations by Appearance, Tone and Information. Following consultation with the Website and Information Coordinator, the specific recommendations under each of these headings were tagged as easy, medium or long term, so that the website team could create a manageable overall action plan. We are pleased to say the recommendations were well received and the website team is already coordinating their implementation with the Whole School Approach to Mental Health and Wellbeing Lead.

- **Health inequalities**

Health inequalities are a big focus for MH:2K Derbyshire 2023. All the research was designed and carried out by young people and this year they reached their biggest ever audience of nearly **750 young people** across the county! The report was co-produced with Citizen Researchers aged 14 – 25.

The research uncovered the ways young people's gender, ethnicity, sexuality, and personal background combined to affect outcomes. There was also information for mental health professionals who wanted to engage with young people via social media and websites.

The report was packed with insight into how young people access support. Here are some standout insights:

- Young people who said their personal background affected access a lot, experienced the biggest barriers of all survey groups in terms of; money, stigma, reactions of the people close to them, culture, location, requirements, and language.
- Young people with long term health issues face the biggest barriers with time, waiting times, hidden disabilities, and type of learning.
- Young LGBTQ+ people face the biggest barrier in knowing what's available.
- Young people from minoritised communities, reported stigma as their biggest barrier to accessing support.
- Young white people and males report better outcomes than the other demographic groups.

Conclusion MH:2K Derby and Derbyshire has empowered young people across the county to have a meaningful voice on mental health and well-being. **By recording the genuine unfiltered experiences of young people, the project has uncovered the ways health inequalities arise and intersect for them**. **The structured approach and wide reach gives decision makers a reliable evidence base for taking forward the Citizen Researchers' recommendations**. **Accompanying outputs on the eating disorders and digital pathways have given professionals valuable practical tools for improving services.** MH:2K has been a genuinely youth-led process, giving 14–25-year-olds a leading role in: Designing research that uncovers the health inequalities and intersectionality experienced by their peers in Derbyshire; Engaging and encouraging their peers to describe difficult issues and put forward solutions; Sharing lived experience and creating guidance for professionals to directly inform procurement and best practice Working with key local decision-makers and stakeholders to make recommendations for change. The very nature of health inequalities means that they arise when communities are not listened to or understood. That is why the diverse and passionate Citizen Researchers were uniquely placed to make a huge contribution to breaking down that barrier. We are excited to see how partners and decision-makers in Derbyshire take the work on and put the findings and recommendations into action. **The eating disorders and website work has already led to changes in procurement and website design respectively**. None of this work would be possible without MH:2K's wonderful partners in Derby and Derbyshire and their commitment to taking action on the basis of MH:2K's findings and recommendations. Their support means that MH:2K is able to kickstart real change for young people across the region.

Healthwatch Derbyshire: Keeping Well A snapshot of young people's physical and emotional wellbeing. September 2022

Keeping Well – A snapshot of young people's physical and emotional wellbeing (healthwatchderbyshire.co.uk)

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. They are there to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Over 200 young people shared their views on their physical and emotional wellbeing.

The key issues they raised were:
• Desire for information about help and support to stay well. There is a lack of knowledge about trusted sources of accurate and up-to-date information that young people can easily access and understand.
• The need for greater availability and access to exercise opportunities.
• Cost of accessing activities and gyms.

When asked what would improve your physical health, the top three suggestions were:
• Exercise
• Healthy eating
• Both (Exercise & Healthy eating).

When asked what the most important thing was that young people did to stay emotionally and mentally well, the top three responses, in order (from the options given) were:
1. Relaxing - with a hobby; reading, music, nature, helping others, learning new things
2. Eating healthily
3. Regular exercise

Recommendations
Findings to be read and considered as insight to help identify and address priorities for children and young people in Derbyshire. To be used by suitably placed organisations, for implementation as appropriate, across the health and care system.

'My Life My View' Emotional Health and Wellbeing Survey 2022
My Life My View 2022n (derbyshire.gov.uk)

All mainstream secondary schools in Derbyshire are invited to participate. The report was delivered by the Schools Health Education Unit, Exeter since 2019. 13 schools out of 45 took part in the survey and results are based on the responses of nearly 4,000 students. Topics Include: Drugs, Alcohol and Tobacco, Emotional Health and Well-being, Healthy Eating, Leisure, Physical Activity, Safety, School, Relationships and sex.

There is a group of students with poor emotional and mental well-being
35% of students reported that they felt depressed or hopeless at least sometimes in the last 2 weeks
Inequalities: All groups analysed show at least some poorer outcomes
There are three big groups of connections found in the data set: If a student gives a positive response on one positive well-being question, then they are more likely to give a positive response on most of the other. If a student says ‘yes’ to a question about a health-risky behaviour, they are more likely to say ‘yes’ to other health-risky questions. Poor emotional well-being is associated with more health-risky behaviour.
The survey analysed inequalities including areas of deprivation within the young people's year groups.

Appendix 5.1 - Derby & Derbyshire ICB - Core20+5 update

March 2023

Our Position: 5 Clinical Priorities At A Glance within LTP

Our proposed +5 Locally:
SEND, LGBTQ+, Children who are looked after, Ethnicity, Speech, Language and Communication Needs

Our Start Well priority is now a key priority in the ICS strategy and the CYP Delivery Board (system wide representation) is operationalising delivery of the ambition to improve school readiness in children

Location	Hospital admissions asthma (<19 yrs)	Hospital admissions diabetes (<19 yrs)	Hospital admissions epilepsy (<19 yrs)	% 5 year olds with dental decay	% school pupils with SEMH needs
Derby City					
Derbyshire					

Compared to England: Better 95% Similar Worse 95% No data

Locally we are:

1. Benchmarking: local prevalence of asthma and areas of poor air quality with links to higher rates of hospital attendances
2. Action plan which is system wide, with clearly defined deliverables for each organisation including housing and air quality.
3. Piloting the asthma friendly school approach in two identified inner-city schools where asthma prevalence is 5x higher than local average
4. Implementation of the CYP asthma bundle steered by the Derby and Derbyshire CYP asthma network

1. Benchmarking local prevalence of Diabetes in children and young people
2. Linking work around diabetes to that of obesity and community engagement pilot on encouraging moving more in some of our least active communities.
3. Part of the editorial group on best practice for children diagnosed with diabetes
4. Ensuring that areas of deprivation that under-utilise CGMs are understood and clear system wide actions for improvement.
5. Participating in a nationwide CYP pilot at UHDB to improve paediatric transition to adult services.

1. Benchmarking local Audit 12 data and development of action plans
2. Supported national work in the development of the CYP Epilepsy Bundle
3. Creation of CYP system network for Epilepsy
4. Reviewing service specifications to ensure smooth clinical pathways which meet quality standards outlined in NICE refreshed guidance.
5. Understanding where inequalities in health impact children locally and acting on how we can reduce any barriers to care
6. Reducing local variation in access to care, particularly around accessing mental health support and interventions.
7. Targeted interventions and clear pathways of care for children who also have co-morbidity such as SEND and/or ND

In transition from NHSE – led through primary care

1. We continue to roll out Mental Health in schools teams as Wave 10 mobilises, we are also planning for Glossop
2. Our MH2K young people are helping us with focus groups on digital pathways and recommendations for the emotional health and wellbeing website, guidelines for professionals for using digital platforms for messaging and to better reach CYP
3. MH2K focus groups and survey continue to better understand inequalities in our pathways, plans to follow
4. We are rolling out our ND community support hubs and community facing assessment pathways
5. As we plan for the new financial year, we are developing plan to tackle CAMHS waiting lists with a focus on early support and help and community facing alongside Primary Care mental health roles planning.

System working is crucial for success

Appendix 5.2

Advancing Health Inequalities - Priorities and Updates

Item	Progress and Update	Next Steps 2023/24
To embed our understanding of our population diversity and risks at all levels of decision making.	Youth led citizen researchers, MH:2K designed and delivered their peer research. They set out to understand health inequalities, which happen when people's background and characteristics mean they are less likely to access services, have poorer health outcomes or poorer experiences when seeking help.	To continue to use local and national data to inform our decisions locally.
Continue to ensure all services are monitoring and sharing their data on protected characteristics.	All services monitor and share their data on protected characteristics; however data is sometimes missing. Kooth's data can be reviewed according to characteristics such as age, gender and ethnicity and we are encouraging other providers to adopt this approach because of the insight it gives organisations and the wider system.	Continue to ensure all services are monitoring and sharing their data on protected characteristics.
Continue to ensure that developments focus on CYP from the protected characteristic groups or those considered vulnerable we will ensure this will reach out to CYP with Learning Disability, and Autism, those from BAME and LGBTQ+ communities, and young carers.	Some services are actively working within our diverse communities to understand how to best meet needs. For example, Compass, who deliver MHST have set up a targeted group for boys to meet their specific needs. CYP MH service providers and experts by experience meet regularly to discuss identified trends using data and how to improve access and outcomes for CYP who are likely to experience health inequalities. This has resulted in a whole system action plan been developed.	Continue to ensure that services focus on CYP from the protected characteristic groups and those considered vulnerable we will ensure this will reach out to CYP with Learning Disability, and Autism, those from BAME and LGBTQ+ communities, and young carers. Continuously review the action plan on reducing health inequalities.
Work with our providers, analytics, and public health	A range of engagement activities have taken place to gain a better	Support system wide increased understanding of healthy inequalities.

colleagues to better understand the specific inequalities in access to eating disorders support across Derby and Derbyshire. We will be using estimates of prevalence of mental ill health in children and young people at small area geographies to inform eating disorder position.	understanding of the specific inequalities in access to eating disorders support across Derby and Derbyshire. See the eating disorder section for more information. Public Health started a Health Needs Assessment (HNA) or a deep dive into the data, experiences, and services for deaf people, and for black people. These two groups are impacted by mental health illness in different ways than other people in the population. Public Health want to understand why this is and how changes can be made to services to reduce this difference.	
Develop a detailed local framework for MHST to further address inequalities.	Compass have recruited a full time Engagement and Equalities Practitioner. Have developed an Internal Equality, Diversity and Inclusion audit which helps us to RAG rate all areas of the service including recruitment and training. All staff completed mandatory EDI training as part of their induction and further training has been completed depending on needs identified. Two members of staff sit on Compass EDI Board. Attend the ICB task and finish group on involving Black and Minority Ethnic children and young people and boys in our services. EDI is on every team meeting agenda. Complete quarterly returns monitoring ethnicity, and gender of service users and staff and make plans from these returns. One example is we set up a targeted group for boys in	Continue to work towards reducing health inequalities.

	Bakewell and plan to roll this out across the county. From each quarterly return we will now plan to do a Service development improvement plan on what we will do to address areas that need further improvement including equalities. Have produced an Engagement and Participation Strategy outlining how we will include views of children and young people in our service delivery.	
Improve our understanding regarding inequalities that affect children in care.	The DECC service and other key partners meet regularly to improve the experiences of children in care. Through this work a guidance document has been created and shared widely. See the children in care section for more information.	Continue to work closely with partners, CYP and their carers to advance understanding.

Appendix 6.1 - Framework for Developing the Joined Up Care Derbyshire ICS 'One Workforce' Strategy

*** Our current 7 areas of focus will be reviewed and to ensure alignment with the key areas of the one workforce strategy which are relevant to the system as a whole**

One workforce which enables the 'left shift' in care

System drivers informing our one workforce strategy:
- **Integrated Care Strategy**
- **NHS ICB 5yr Forward Plan**
- **NHS Workforce Plan**
- **others…..**

Current State

- Re-confirm Baseline
- Understand and Align Assumptions
- Identify Gaps and Risks
- Understand current performance challenges (e.g. NOF Metrics)
- Understand Changing environment (e.g. no capital funding/ change in physical capacity).

- Understand National requirements/models/ best practice
- Model impact of 'do nothing' vs best practice
- Identify any potential 'quick wins' to address the gap(s)
- Align to Workforce Development Programme (supply)
- Identify 'Fragile' Services
- Understand impact of new models of care e.g. virtual wards

Future State

- Wider engagement/ involvement - workforce planning as a more proactive approach in annual operational planning.
- Build picture of the totality of our workforce – mapping all resources available including reservists (for example)
  Phase 1: NHS Providers and Local Authority Social Care
  Phase 2: Wider NHS and Private, Voluntary and Independent Sector
- Mobilise strategies to close gaps (for example international recruitment, apprenticeships).

- Understand new models of care – Provider Collaboratives and Place requirements (inc Social Care, Primary Care, VCSE)
- Align new models of care with potential use of new/additional roles and skills needed
- Understand barriers/ challenges to implementation
- Identify transformative solutions
- Review feasibility and identify alternative options where necessary

***One Workforce Enabling Programmes**

- Leadership Development and Talent Management
- Workforce Intelligence and Planning
- Resourcing and Recruitment
- Workforce Development and Transformation
- Digital, Data and Information
- Equality, Diversity and Inclusion
- Health, Safety and Wellbeing

Ongoing engagement and involvement (inc. Trade Unions)

A One Workforce Strategy for Joined Up Care Derbyshire, which describes our current workforce in totality, the desired future state based on planning needs and new models of care; in turn responding by setting out the programme of work as a true system enabler for transformative change

Appendix 6.2

Joined Up Care Derbyshire CYP Mental Health Workforce Plan

Author: Karen Scott
Programme Manager MH, LD&A Workforce Transformation

Sponsor:

Version: Final draft

Date: March 2023

1.0 Overview and context

Derby and Derbyshire – population

We are committed to making a positive difference in people's lives by improving health and wellbeing and taking a preventative approach; recognizing that to attain our ambition we need to increase collaboration across health and care services holding our population's health at the heart of all that we do.

We acknowledge that addressing health inequalities has been a priority in mental health for years, as highlighted in the Five Year Forward View for Mental Health (FYFVMH) and the LTP; considering the COVID-19 pandemic, it has become more important than ever. National evidence highlights the groups with the most pervasive mental health inequalities in England in access; experience; outcomes as: Age, Ethnicity, Sexual orientation, Gender, Disability and Deprivation.

In Derby and Derbyshire, we know that:

- 19.7% of the population **of Derby** are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England. 20.4% of the population in Derbyshire have a limiting long-term illness or disability, higher than 17.6% in England. Life expectancy was significantly **worse** for both **men** and **women** compared to England. Healthy life expectancy was significantly **worse** for **men** compared to England. Healthy life expectancy for **women** was **similar to** England
- 2.5% of the population **of Derbyshire** are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England. 20.4% of the population in Derbyshire have a limiting long-term illness or disability, higher than 17.6% in England. Life expectancy was significantly **worse** for **women** compared to England. Life expectancy for **men** was **similar to** England. Healthy life expectancy for both **men** and **women** was significantly **worse** compared to England
- more people in Derbyshire are living longer in poor health due to a combination of increasing life expectancy and decreasing healthy life expectancy and persisting inequalities
- people who live in our more deprived communities or are part of certain groups such as those with severe and enduring mental health or learning disabilities spend more of their lives in ill health
- Emergency hospital admission rates for intentional self-harm in Derby is 274.4, compared to England's rate of 196.0 per 100,000 population
- rate of admission episodes for alcohol-related conditions in Derby is 878 and in Derbyshire is 775 compared to England's rate of 664 per 100,000 population
- Chesterfield has the highest rate of admission episodes for alcohol-related conditions in the East Midlands at 1,015 per 100,000 population
- High rates of suicide in men, where most people who take their own life are not in touch with mental health services

Specifically for our Children and Young people we recognise that:

- It is estimated that **one in six school-aged children** has a diagnosable mental health problem. This is a rise from one in ten in 2004 and one in nine in 2017. (NHS Digital, 2020)
- Children aged 5-16 in Derby City, **have higher than national average** for mental health disorders, emotional disorders, conduct disorders and hyperkinetic disorders

Important findings, where 8,790 secondary school pupils from 21 Derbyshire County schools completed the 'My life, my view – Derbyshire Youth Wellbeing Survey' 2021 outline:

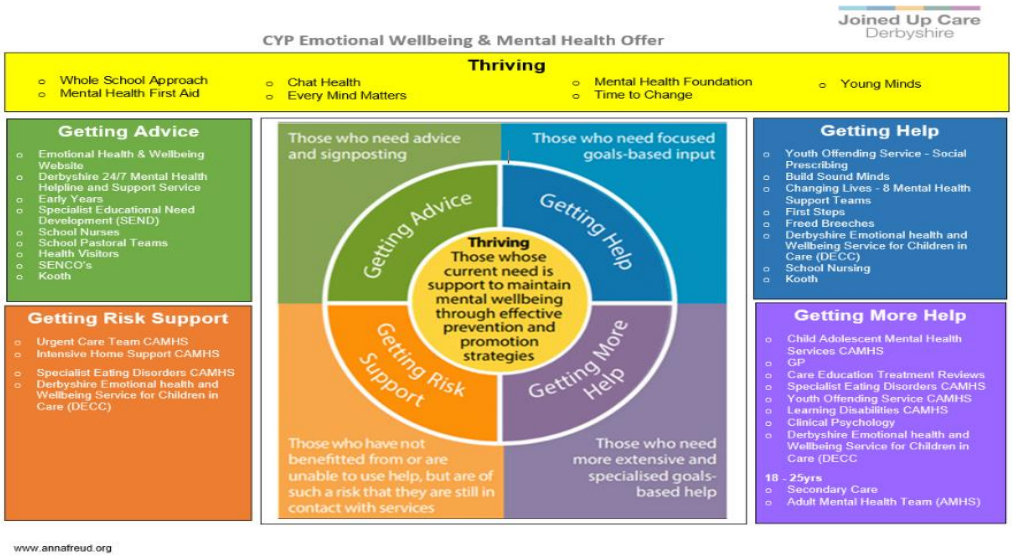
- Up to **41% of students** saying they felt depressed or hopeless at least sometimes in the last two weeks
- **42% of students** said they have experienced at least three of the significant life events either 'this year' or 'last year' e.g., death of someone close, a new family member
- **31% of students** responded that they have been bullied in the last 12 months; **7% said that they have been bullied 'a lot'**
- **15% of students** responded that feeling worried, sad or upset often makes it hard to do or enjoy anything
- **15%** wouldn't know where to get help if they were concerned about a friend's mental health

Population needs and demands are changing, where our mental health service providers are seeing an increase in demand for services and in patient flow, therefore we need a more integrated, flexible, multidisciplinary workforce. Equally a diverse and representative workforce at all levels of the system, and one which is equipped with the skills and capabilities it needs to advance mental health equalities, is fundamental to our ambitions. In relation to impact of the pandemic we recognise that this is varied where a January 2021, Young Minds[1] survey outlined, 67% of Young People surveyed believed that the pandemic will have a long-term negative effect on their mental health. Similarly, as with other health and care services the pandemic has seen an increase in CYP seeking support, coupled with our workforce experiencing higher levels of sickness and absence than pre COVID

Our services

Nationally in 2022 there was renewed commitment to pursue the most ambitious transformation of mental health care England has ever known, with local commitments on delivery outlined in our Mental Health Implementation Plan (MHIP). JUCD refreshed the Children and Young Peoples Mental Health Transformation plan [2] where our progress to date and future direction is articulated, including adopting the principles of the Thrive Framework to drive our approach and programme expansion.

Diagram 1



The Thrive model is widely accepted by partners and stakeholders working across our emotional wellbeing and mental health CYP services. We are striving to work collaboratively within the community to ensure that the offer underpins a whole system approach that links

[1] Covid Impact On Young People With Mental Health Needs | YoungMinds
2 Children and Young Peoples Mental Health Transformation plan Refresh published October 2022

education, health and social care to improve outcomes by intervening earlier, preventing needs from escalating and reducing demand for high-cost support. The Thrive framework reflect the ICS throughout all levels - so that for each quadrant this is not just for health but crucially requires social care. We continue to focus on improving access to effective support using the 'Thrive' AFC–Tavistock Model for integrating services that are 'Place' based within localities. Our Specialist Community Advisors are locality based and provide the expertise to support navigation between the local community offer and specialist services. Within each locality there is a range of community opportunities and offers many supported through Public Health and Primary Care Networks.

The CYP MH workforce is present in many of our Health & Care organisations, the NHS Trusts are, Chesterfield Royal Hospital (CRH), Derbyshire Healthcare NHS Foundation Trust (DHcFT), and United Hospitals of Derby & Burton (UHDB) with significant provision commissioned through the Private, Voluntary & Independent (PVI) sector. From a systems perspective we will have to build and embed an approach which uses our resources and our people to maximum effect across all our providers, recognising the interdependency with the wider Children's and young people workforce in both health and care as well as in Education.

Why we have a plan

Through developing a specific CYP MH workforce plan we aim to encompass the contributions of all our workforce, recognising the rich diversity of support we have in our neighbourhoods, places, and system from self-help groups through to specialist provision.

Indicative workforce growth to deliver the CYP MH LTP ambitions highlights an additional **71wte** staff by 2024. Being mindful that our biggest risk to expansion delivery is availability of skilled workforce, we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities. Working together across agencies and with CYP, their parents and carers, we will ensure we continue to develop our offer inclusively aiming to meet the emotional and mental health needs of all our children and young people across Derbyshire.

This JUCD CYP MH workforce plan will outline,

- the current workforce in our services, seeking to understand the opportunities and challenges
- workforce demand and supply considerations with the changing service model
- options for workforce development through improved understanding of talent and succession plans for the workforce

2.0 Current CYP MH Services & Workforce

The breadth of our current CYP MH services and their workforce are outlined utilising the Thrive Framework (as in diagram 1)

2.1 Getting Advice

Derby & Derbyshire Emotional Health & Wellbeing Website, this toolkit is aimed at professionals, members of the public, children and young people who wish to access local services or just require further information on the services that are available to them. The site incorporates information for Children and young people, Adults, Neurodiversity and Suicide prevention.

Kooth this service is available to young people,11-25-year-old, offering a safe, confidential and anonymous way for young people to access emotional wellbeing and early intervention mental health support without the need of completing a referral. Kooth provides:

- 24/7 365 days a year web-based support for young people.
- Self-help tools including a mood tracker offering users the opportunity to documents their thoughts and feelings
- Online magazine containing a wealth of topic specific resources, from Mental Health specific topics to more general subjects such as holidays, family and relationship. Over 70% of content is contributed by service users, all of which is moderated before being published
- Self- completed Journal & Goal Setting - thoughts and personal goals can be set which are monitored in a safe, moderated environment
- Weekly moderated live forums and static discussions board to encourage the development of peer supported community online
- Activity-hub - support self-expression and healthy coping strategies which stimulate peer to peer discussion

2.2 Getting Help

CAMHS Specialist Community Advisors (SCA's) provide consultations to all professionals from statutory, community and voluntary organisations, about the mental health and wellbeing being of children and young people. Consultations involve the SCA providing evidence-based specialist mental health advice, appropriate ongoing support options, guidance, signposting or support to make onward referrals.

Kooth offers a national online workforce comprising of 250+ BACP accredited Counsellors and Emotional Well-being practitioners to support the 1 to 1 intervention online including Derby & Derbyshire**.** Kooth have a team of dedicated safeguarding and clinical leads.

Through the Live Text Chat, young people have immediate access to qualified counsellors, prioritised on need, with drop-in (responsive) or pre-booked (structured) text chats. This is available from 12 noon until 10pm Monday-Friday and 6pm-10pm on Saturday and Sunday, 365 days per year for children and young people in Derby & Derbyshire.

Furthermore, there is 24-hour Messaging support, allowing young people to message the online team at any time, the online team would than respond back to individual messages within 24 hours.

First Steps Eating Disorders provides support for young people (7-18 years) who suffer with eating disorders and live within the Derbyshire area. Offer Mental Health workshops in schools and also training courses for staff and students.

FREED Beeches offers one to one support for CYP 14 years and over, utilising a multi-disciplinary approach consisting of psychological intervention alongside Dietetic Support as well as group interventions for those affected by an eating disorder.

This workforce also provides support for carers and supporting others as well as family support. They also provide eating disorder training and information sessions to professionals such as trainee GP's, Teachers and school nurses. They also have a school's co-ordinator who provides workshops on body image and self-esteem for school children from year 5 throughout primary school, secondary school and post 16.

Derbyshire Emotional health and Wellbeing Service for Children in Care (DECC)
Following assessment, this Action for Children service offers a provision of a specialist, trauma informed 'Emotional Health and Wellbeing Service for Children in Care, which may include UASC, Children and Young People who have been Sexually Abused, Adopted, Care Leavers, Young People displaying harmful Sexual Behaviour and Children on Special Guardianship Orders (SGO's).

This service provides specific support for Derbyshire's Care Leavers (aged 18-25) that have ongoing needs relating to their mental health but do not qualify for a Service under Adult services thresholds/diagnosis criteria, or where they are having to wait for treatment or where this service might be more appropriate for the individual

The workforce in DECC include, Lead Therapeutic Practitioners (Therapeutic Social Workers or Registered Therapists), Psychologists (including Clinical Psychologists and Educational Psychologists), Therapeutic Practice Managers, Children's Service Manager and Business Support Staff.

Mental Health Support Teams (MHSTs) in education settings.
There are currently 9 MHSTs across 9 school networks across JUCD which were selected for their high MH prevalence, these services are provided by Compass. 2 further teams are planned to start in January 2024.

The teams work with children, young people, and their families who attend one of the Centres of Excellence or a feeder school. The child/ young person must be 5-25 years of age (over 18 only where the young person has SEND needs or is a care leaver) and not deemed to have a high level of risk of harm to themselves. Following assessment, the teams offer Mental Health Support through brief evidence-based psychological interventions, based on the principles of cognitive behavioural therapy (CBT).

In total, they serve 162 education settings across Derby and Derbyshire, when taking account of feeder schools. We have committed funding from NHSE which will provide 2 further teams leading to 47% pupil coverage across JUCD. New roles of Education Mental Health Practitioners (EMHPs) to support additional capacity in the system have been trained in 2020 and 2021, with further trainees starting in 2023/24.

The roles employed in MHST are Children's Wellbeing Practitioners, Mental Health Practitioners, Educational Mental Health Practitioners (trainees and qualified), Trainee CBT workers, Supervising Practitioners (both trainees and qualified), Clinical Operation Manager, Team Leaders and a Service manager and administration. We also have a specialist team which includes a Family Practitioner, an Engagement and Equality practitioner and a marketing and communication officer

Build Sound Minds Targeted Early Intervention Service Following assessment, this Action for Children service offers a range of one-to-one support, group work, telephone support to children, YP and their parents as well as a digital offer to all schools.

- CBT based support for children, YP and parents,

- Systemic Psychotherapy for families,
- Solihull approach group for parents of primary school age children,
- 4-week theme-based groups for parents of primary school aged children,
- 4-week CBT based groups for young people,
- Champions of Shenga computer game to help children focus and gain control over their bodies and feelings

2. 3 Getting risk support

Child and Adolescent Mental Health Services (CAMHS) this workforce provides children and young people with emotional, mental health and behaviour problems access to a range of evidence-based assessments and intervention; inclusive of Cognitive Behavioural Therapy (CBT) Family Therapy Psychiatry. Furthermore, the workforce is inclusive of psychiatrists who can undertake psychiatric assessments if needed and may, on occasion, offer medication as part of a treatment plan.

Our CAMHS services are largely provided from NHS partners in Chesterfield Royal Hospital (CRH) for the North of JUCD with Derbyshire Healthcare Foundation Trust (DHcFT) and University Hospital of Derby & Burton (UHDB) for the South. The roles employed in the NHS include Consultant Psychiatrists, Nurses, Pharmacist, Psychologists, Psychotherapists, Occupational therapists, other Therapists, support workers, Social Workers, and administrative staff.

Our CAMHS services accept referrals for all young people with significant mental health problems and this would include those with Autism and mild Learning Disability. (Moderate and Severe come under the LD CAMHS and equivalent in the South)

Day care services (North and South) Staff have been recruited, with facilities available in the South but being developed in the North.
CAMHS Urgent Care Team in the North provide rapid assessment should someone contact them with serious self-harm, suicidal ideation, or present with acute mental health issues, this service provides out-of-hours support (e.g., evenings and weekends)
CAMHS RISE (Rapid Intervention, Support and Empowerment) in the South this workforce provides a rapid response service for GPs and others in primary care to ensure the best possible support for young people who have seriously self-harmed or are having suicidal thoughts.
CAMHS Intensive Home Treatment Team in the North work with young people who may be at risk of admission to, or ready to be discharged from, specialist hospitals. This workforce offers enhanced support to try and prevent young people needing to be admitted to specialist hospitals by being able to offer more frequent contact in the community, working closely with the Youth Offending Team (YOT).
CAMHS EHSS - Enhanced Home Support Service

2.4 Getting more help

CAMHS Eating Disorders Teams: the multi-disciplinary team of health professionals work to support the improvement of the emotional, physical and social functioning of the young person experiencing eating distress.
Early Intervention into Psychosis (EIPS) is for people aged 14 to 64 who experience psychosis for the first time

Clinical Psychology at UHDB
Positive Behaviour Support Service
The positive behaviour support service work to support CYP in the acute hospitals (Royal Derby and Queens Hospital Burton) who have been admitted onto paediatric wards for reasons around their mental health, challenging behaviour or social issues. The team work

closely with CAMHS, social care and legal colleagues to risk assess and care plan for these CYP whilst they are inpatients. The team provide training to all paediatric staff on mental health and positive behaviour support which has a large emphasis on least restrictive interventions and creating a culture of inclusion, choice and participation for patients. The team also focus on staff wellbeing to help them to care for CYP in distress. The service is staffed by a clinical psychologist, an assistant psychologist, a mental health worker, a mental health educator and specialist eating disorder liaison nurses.

Complex Behaviour Service

The Complex Behaviour Service is a tier 3 plus assessment and intervention service for children and young people aged 0-18 years with an intellectual disability and the most complex behaviours living in Derby City and South Derbyshire. The service sits within the University Hospitals of Derby and Burton NHS Foundation Trust and is part of the Department of Clinical Psychology. We are based in at the London Road Community Hospital and a key objective is to work proactively to enable children to remain with their own families and communities. The Complex Behaviour Service comprises of experienced Clinical Psychologists, Learning Disability Nurses, Specialist Workers, Assistant Psychologists, and admin support. The service provides targeted support at varying levels of intensity depending on the difficulties being experienced by the children and families.

Paediatric Psychology Team

The Paediatric Psychology Team provide assessment, psychological formulation and, where appropriate, intervention with children and families within the context of an acute or chronic health problem. As part of this, consultation, reflective practice and training with staff groups is in place to support their work with patients, to enhance staff resilience and therefore increase the effectiveness of healthcare delivery alongside positive patient-provider relationships. The service ethos is focused upon health promotion, engagement with healthcare, enhancement of wellbeing and facilitating patients' ability to develop in harmony with their own goals and values. The service is staffed mainly by Clinical Psychologists with support from Assistant Psychologists and Trainees.

Youth Offending Team Support

We provide specialist support to Derby and South Derbyshire Youth Offending Services. This is primarily focused on providing consultation to front line workers and some individual case work. This support is provided by a Clinical Psychologist.

2.5 Other services and workforce:

Improving Access to Psychological Therapies (IAPT) in JUCD a range of providers are available to offer group, one to one and CBT therapies for young people aged 16 -18 years.

Primary Care in 2022/23 the opportunity for CYP ARRS roles emerged, where in JUCD we are looking to work with PCNs to facilitate their plans for CYP MH and potential use of ARRS staff roles; exploring how this would work, alongside pathway fit for such a role across our graduated pathway.

3.0 CYP MH Workforce Profile

Our existing and future workforce is found in a range of providers where we are working to develop a system approach to understanding the full profile.

- Private, Voluntary & Independent sector providers
- Local Authority in Derby City and Derbyshire County Councils
- NHS Trusts: Chesterfield Royal Hospital (CRH), Derbyshire Community Health Services (DCHS) Derbyshire Healthcare NHS Foundation Trust (DHcFT) and University Hospitals of Derby & Burton (UHDB)

With the appointment of a JUCD Workforce analyst, specifically focused on CYP this section is to be developed to describe the characteristics of this workforce.

4.0 CYP MH Opportunities, Challenges and Risks

A major challenge that we find ourselves presented with is the risk and complexity of the children and young people we serve is constantly increasing, where the availability of a workforce who have CAMHS/ post-qualification experience is limited; however, this provides opportunity to develop different workforce models as well as the option to develop and train our workforce in a way that meets the needs of the local services. As an example, attracting and recruiting Band 6 clinicians has been particularly problematic, to address locally CRH have developed Recruit to Train posts which is now being adopted in DHcFT and across the East Midlands. Similarly, within Private/ Independent Sector because Kooth have a large national workforce there is ability to cover demand, ensuring that services aren't impacted by staff absence or leave; furthermore, Kooth also have access if required to a pool of bank staff.

Further opportunities and challenges are described below, noting that as this workforce is somewhat depleted, at times the ability to facilitate learning and mentoring opportunities can be delayed which further exacerbates retention of this workforce. Similarly, by developing our workforce through recruit to train, we know that internal applicants will apply which will further deplete the workforce again risking having sufficient capacity to provide appropriately structured supervision and supervised practice opportunities, however by not offering these opportunities we increase the risk of staff leaving for organisations with better opportunities.

Opportunities:

- DHcFT participation team, with the lead parent/ carer peer support worker making huge progress in regard to the offer for parents and carers; with three Young People Expert by Experience (EBE) commencing from February 2023, which presents a fantastic opportunity for increased participation and peer support.
- Kooth have their own internal training to ensure that all staff are trained to a level before working online, if training is available external staff can attend.
- Opportunities to recruit graduate staff into psychology assistant or Clinical Associate Psychologist role as there high numbers who apply for these positions but noting they do have significant training and supervision needs.
- South Day Service, for Band 4 clinicians who do not hold a core profession which has enabled recruitment of staff from more diverse professional backgrounds and these staff are in the process of completing their Care Certificates.
- Attraction and retention of workforce by supporting development, as an example, DHcFT have a number of clinicians who have just completed the Foundational Level Training in DBT which is positive in terms of both their ability to deliver therapies but also in terms of their job satisfaction and chances of being retained as experienced and skilled workers.
- Adoption of new ways of working and increased opportunities for higher levels study to attract clinicians with optimum skill sets and experience, e.g., trainee Advanced Clinical Practitioners (ACP) and non- medical Prescriber (NMP).
- The Rotational Developmental Programme for Band 5 staff that has been developed by CRH which is now being adopted in DHcFT and across the East Midlands
- Development of education, which aims to meet the identified deficit regarding higher level skill, knowledge, and experience within specialist services, DHcFT are in the early stages of developing modules for a post graduate certificate in Child and Adolescent Mental Health Service Delivery, seeking to create clear career pathways for staff, with access to ongoing opportunities for training and development across their careers.
- Investment in CYP MH services have seen recruitment within our PVI providers inclusive of the EMHP and CWP roles, with trainees planned in 2023/24

Challenges:

- Attracting, recruiting staff, particularly problematic in CAMHS is supply of Band 6 practitioners, Psychiatrists and specific posts such as Family Therapy and Dietetics
- Competition for recruitment of staff especially currently as all services are recruiting – which leads to employment of staff with little CAMHS/ post-qualified experience due to the lack of applications from clinicians with more experience
- Sufficient funding and security of funding to deliver alternative workforce solutions is constrained, where several posts have been developed from short term funding, thus requires substantiating to retain the workforce, this is particularly important in areas of high risk and/or need
- Retention of existing staff, ensuring access to development, which is hampered because of the depleted workforce post pandemic, with learning and mentoring opportunities being deferred or delayed, with increased risk of staff leaving the services for organisations with better opportunities.
- Reluctance for staff to move into new roles at this time, potentially concern linked to cost-of-living crises
- Reliance on temporary workforce, such as Locum, Bank and Agency workforce

As we invest in our workforce, we need to consider:

- models of how we undertake training and development, access to funding from HEE for all partners
- develop system role profiles and job descriptions specifically related to the Mental Health workforce e.g., peer support workers, Children's' Wellbeing practitioners
- increasing primary care and generalist skills in our primary care networks, to complement what has been a major move from hospital-based care to more care in the community.

5.0 CYP MH Strategic Actions

Our aim is to strengthen our understanding and knowledge of the totality of our workforce, ensuring that whilst we provide required information in relation to our commissioned provider workforce, we truly reflect the system wide view of the CYP Mental Health workforce.

Specifically, in CYP MH we plan to:

- develop our overarching CYPMH narrative plan which will inform ICB One workforce strategy
- increase engagement between partners to undertake workforce planning and development activities

In relation to the workforce development priority areas our focus is on: -

- recruit and retain to support delivery of workforce growth
- develop a system wide training needs analysis
- build the skills and resilience of our workforce through career development opportunities
- increasing retention of our staff through investing in continuing professional development and supporting development opportunities
- maximising the use of the apprenticeship levy and developing our own training resource
- support service developments across the system for Derbyshire, joining up where possible

Appendix 6.3

Growing a skilled workforce

Through the development of our specific Children and Young People's Mental Health workforce plan we aim to encompass the contributions of all our workforce, recognising the rich diversity of support we have in our neighborhoods, places, and system from self-help groups through to specialist provision.

Indicative workforce growth to deliver the children and young people's (CYP) long term plan ambitions highlights an additional 71 whole time equivalent staff by 2024. Being mindful that our biggest risk to expansion delivery is availability of skilled workforce, we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities. Working together across agencies and with CYP, their parents and carers, we will ensure we continue to develop our offer inclusively aiming to meet the emotional and mental health needs of all our children and young people across Derbyshire.

Our aim is to strengthen our understanding and knowledge of the totality of our workforce, ensuring that whilst we provide required information in relation to our commissioned provider workforce, we truly reflect the system wide view of the CYP Mental Health workforce.

Specifically, in CYP mental health we plan to:

- develop our overarching CYP mental health narrative plan which will inform the Integrated Care Board 'One Workforce Strategy'
- increase engagement between partners to undertake workforce planning and development activities

In relation to the workforce development priority areas our focus is on: -

- recruit and retain to support delivery of workforce growth
- develop a system wide training needs analysis
- build the skills and resilience of our workforce through career development opportunities
- increasing retention of our staff through investing in continuing professional development and supporting development opportunities
- maximising the use of the apprenticeship levy and developing our own training resource
- support service developments across the system for Derbyshire, joining up where possible

Growing a skilled and experienced workforce			
Action	**In our 2022 published plan we said that we would do the following between 2022 and 2024** (page 38 2022 Transformation Plan)	**This is our progress during 2022/23**	**These are our plans for 2023 to 2026**

W1	Develop our overarching CYPMH workforce strategy linked to our strategic vision for all Mental Health & Neurodevelopmental services.	Our Programme Manager for Mental Health, Learning Disabilities and Autism (LD&A) Workforce Transformation led on a collaboration with Joined Up Care Derbyshire (JUCD) partners to develop a JUCD Children and Young People Mental Health workforce plan which outlines • the current workforce in our services, seeking to understand the opportunities and challenges • workforce demand and supply considerations with the changing service model • options for workforce development through improved understanding of talent and succession plans for the workforce	Continue to develop our overarching CYPMH workforce strategy linked to our strategic vision for all Mental Health & Neurodevelopmental services
W2	Increase engagement between partners to undertake workforce planning and development activities	Chesterfield Royal Hospital Foundation Trust (CRHFT) Child and Adolescent Mental Health Services have created and led an innovative recruit to train programme (see W5 below). The scheme has been taken up regionally and Derbyshire Healthcare Foundation Trust have recruited a cohort.	Further cohorts planned across core CAMHS and Urgent care CAMHS teams
W3	Develop a system wide CYPMH training needs analysis	Workforce analyst recruited to progress a system training needs analysis in the later part of 2023/24	CYPMH Training needs analysis to be completed then recommendations to be progressed.
W4	Recruit to remaining posts as per investment	See 2022 Transformation plan to update for details (link TP22 **Urgent and Emergency Care** – Expansion of Urgent Care teams see Urgent and Emergency Care section, action UC2 Additionally innovative pilot roles have been evaluated as successful and made substantive, Escalation Team Manager, Escalation Team administrator, Discharge Coordinators at University Hospitals Derby and Burton Foundation Trust (UHDBFT) and Chesterfield Royal Hospital Foundation Trust (CRHFT). We have also employed a fixed term Research manager to evaluate the Day service see action UC10 and mental health specific roles in our Paediatric units, see action UC13 (please see 2023 U&E progress doc) **Eating Disorders and Eating Difficulties** Child and Adolescent Mental Health Service (CAMHS) Eating Disorder service expansion of intensive home treatment roles Eating Disorder Prevention service – First steps new contract in April 2023 with increased capacity	

		Mental Health Support Teams (MHST) in schools - 3 additional MHSTs set up this year inclusive of the Education Mental Health Practitioners (EMHPs) and Childrens Wellbeing Practitioners (CWP) roles, with further trainees recruited in 2023/24 (please see MHST chapter) **Young Adult Service –** This innovative service has recruited to three new types of role: Peer Support Workers, Engagement Workers Young Adult Wellbeing Workers **Primary Care integration and Additional Reimbursement Roles scheme (ARRS)** We have explored the opportunities for setting up these roles, however recruitment to CYP ARRS roles has not progressed and we are now looking into alternative plans for improving integration with primary care.	
W5	Build the skills and resilience of our workforce through Continual Professional Development (CPD) opportunities.	**Child and Adolescent Mental Health Service (CAMHS) CAMHS north** have run a successful band 5 development programme, to support fast track to band 6 competencies. This training programme has been applauded by the NHSE Midlands Clinical Network and has received national interest regarding the syllabus, learning and outcomes. A second cohort is due to start in September 2023. CAMHS Urgent Care team have completed Assist training, Dialectical Behaviour Therapy (DBT) and Decider training. **CAMHS south** have recruited a training lead to support CPD and training within CAMHS and to start a similar band 5 programme to above **NHSE Midlands Mental Health Crisis Training pack** distributed across providers.	To upskill system partners in Crisis response using the NHSE Midlands Mental Health Crisis Training pack March 2024

Appendix 7.1

Needs Assessment

Progress embedding our graduated offer, including needs assessment update

Nationally, in 2022, one in six children aged 7 to 16 had a mental health problem, an increase from 2017 and 2004 . Applying the mental health prevalence rates to Census 2021 population estimates for those aged 7 to 17 suggests there is approximately 24,000 children and young people with a probable mental health disorder in Derby and Derbyshire.

The vast majority of children and young people (CYP) aged between 5 to 16 in Derby and Derbyshire attend schools. This means that those working in school settings are singularly best placed to identify and intervene when CYP need extra support with their emotional health, wellbeing, or mental health. Children also obviously live in the context of their family and community situations which is covered in greater details in the needs assessment chapter but which has a strong relationship to meeting CYP needs in education settings.

Our schools across the footprint work in diverse communities and settings, we have schools that cater for CYP with special needs, pupil referral units (PRU), academies and local authority supported schools (including the virtual school for Children in Care). We have schools in inner city and rural settings, schools based in areas of high deprivation and others which are based in relatively wealthy areas but which still have children from deprived areas within their catchment area. The challenges schools face catering for their pupils and families needs are vast and very different and it cannot be assumed that only those schools in deprived areas are the only ones with needs. We know from local intelligence that some of our schools in wealthy areas face problems supporting children who have high expectations placed on them and that for some CYP this causes anxiety.

Evidence would suggest that, on average, 1 in 10 (10%) of school-aged children will suffer with mental illness. Across Derbyshire there is evidence of a greater level of vulnerability to mental illness in children and young people than seen nationally. This is highlighted in an array of risk factors that range from poverty to obesity and migration – particularly in Derby city. However, we are mindful that many more families will be facing pressures and at risk of poverty due to the cost of living crisis so these figures are likely to increase.

Our recent expression of interest exercise for Mental Health Support Team (MHST) Centre of Excellent host schools gave us significant local intelligence regarding the mental health and wellbeing of our pupils and the challenges schools face. Rural schools told us about their issues around accessing service support for CYP and that in general there is more need.

Targeted early intervention services and pathway guidance

Because schools play such a significant role in CYP lives we have 100% coverage of access to early intervention and targeted support mental health and wellbeing services which work specifically with schools, namely Changing Lives (Mental Health Support Team) and Build Sound Minds. In addition to this we ensure that schools understand what the mental health system has to offer in its entirety (websites / Kooth / Child Adolescent Mental Health Services (CAMHS) for example) CAMHS Specialist Community Advisors (SCA) are linked to all schools

and offer advice, consultation and training to assist and identify those children in need of support at an early stage and help direct them to the most appropriate sources of support. We have designed an Education Mental Health Pathway for Schools which allows schools to map their own community provision and gives guidance regarding the mental health services. This document gives information on the whole system of care which is in place for meeting CYP mental health needs.

https://derbyandderbyshireemotionalhealthandwellbeing.uk/resources/derby-and-derbyshire-mental-health-pathway-guidance-february-2022

These services give timely advise to schools, pupils and their families for emotional support, wellbeing, and mental health. This means that all children and young people and their families who experience mental health (MH) problems have access to services, but we specifically target via MHST those settings where there is greater risk and virtual schools are included to ensure that children in care have access to early intervention services. Our services offer evidence based therapies, for example systemic family therapy and Cognitive Behavioural Therapy (CBT) informed therapies.

In 2020/21 our four services which work in the early intervention and targeted support arena delivered to a significant number of interventions with children and young people and their families. Kooth is a digital approach only, while the other services use a blended approach of both face to face and digital interventions. The tables below give the highlights of their reach;

Kooth 2022/23 – Local Data

Item	**Activity**
New registrations (male / female / gender fluid / A gender)	2892
BAME new registrations	10.5%
Per centage of new registrations were male	25.7%
Total number of counselling sessions	1195
Total number of users	3988

Additional 2022/23 data:

- The majority of new registrations heard of Kooth at school

Build Sound Minds 2022/23 – Local data

Item	**Activity**
Total numbers of referrals received	2298
Number of CYP accessing at least one session	2811
CYP and Families accessing 1-1	1158
CYP accessing group intervention	112

Parents receiving group intervention	807
Percentage of referrals for BAME CYP (not stated / known accounts for 33%)	12.4%

Other key information includes;

- More females (50.2%) are referred to the service than males (40%) (however, not stated / known accounts for 9.4%)
- Largest referral source is self / parents; schools are also large referrers.
- The majority of CYP – between 73% to 100% shows improvements via The Revised Child Anxiety and Depression Scale (RCADS) scoring.
- The largest age range accessing the services was 5 to 11 years (42%).
- Interventions have been adapted to meet the needs of CYP who are neurodivergent.

Changing Lives 2022/23 – Local Data

This service was delivered by Action for Children until 1 January 2023 when Compass took over the delivery of this service.

For quarter 1, 2 and 3:

Item	**Activity**
Numbers of CYP referrals to service	1,064
Number of CYP accessing at least one session	1,696
BAME referral (not known/ not stated 44.7%)	6.3%
CYP and Families accessing 1-1	1,165
Parents receiving group intervention	73
CYP accessing group intervention	72

Other key information includes:

- Largest referral source is schools, but self / parent are also large referrers.
- The majority of CYP – between 50% to 100% shows improvements via RCADS scoring
- The largest age range accessing the services was 12 to 14 years
- The largest presenting issues for children is anxiety; followed by depression.
- Largest complexity factor – Autism Spectrum Disorder (ASD); followed by Attention Deficit Hyperactivity Disorder (ADHD).
- More females (44.9%) than males (28.5%) access the service ((however, not known/ not stated accounts for 26.3%)
- Schools for MHSTs are chosen based on a robust expression of interest submitted by schools alongside data analysis of need (deprivation scores / Special Education Needs and Disabilities (SEND) / Education Health and Care Plan (EHCP)/ exclusions) by a

panel made up of Derby and Derbyshire Integrated care Board (DDICB), education and public health representatives and over seen by MHST Steering Group – this ensures the roll out targets areas of greatest needs
- Interventions have been adapted to meet the needs of CYP who are neurodivergent.

All MHST deliver a clear joint assessment of need in the education settings they are based within which is carried out in conjunction with school leadership team. All work plans are delivered based on this and commensurate with training and resources.

Specialist Community Advisors 2021/22

Item	**Activity**
North Derbyshire SCA consultations	1419
North Derbyshire Largest presentation reason – emotional dysregulation	27%
North Derbyshire Second largest presentation reason - anxiety	23%

My Life, My View Survey

Finally, our young people themselves have given us information about their mental health needs via the My Life, My View Survey which took place across secondary schools in Derbyshire. For teenagers, the most recent available estimates of the prevalence of emotional wellbeing and mental health difficulties are based on local research undertaken by school health with 13-15 year olds. To view the report summary, click here.

My Life, My View (2022) found that:

- 35% (1283/3629) of students saying they felt depressed or hopeless at least sometimes in the last two weeks"
- 33% (1133/3470) of students responded that feeling worried, sad or upset sometimes stops them doing or enjoying things
- 15% (530/3470) of students responded that feeling worried, sad or upset often makes it hard to do or enjoy anything.
- 78% (2655/3408) of students responded that they worry about at least one of the issues listed (e.g. schoolwork) 'often' or 'all of the time'. Most common worries
    - Exams and tests 48% 1620
    - The way you look 47% 1594
    - Relationships with friends 35% 1209
    - School work 32% 1106
    - Health 26% 896
    - Family relationships 26% 896

Most of these young people who self-reported low mood or anxiety will not have a mental disorder, however, may benefit from early intervention or targeted support.

Access to mental health support through digital offers

Our CYPMH transformation plan has embraced digital technology to expand access to mental health support for CYP 0-25.

Kooth is an online mental health support service available to all children and young people aged 11 to 25 years offering 24/7 access to moderated peer support via online forums where concerns and relevant articles / resources can be shared and discussed on a variety of topics and accredited text-based counselling support from 12pm until 10pm on weekdays and 6pm until 10pm on weekends www.kooth.com

Children in Derbyshire have had access to Kooth since March 2019. Engagement and registrations with Kooth have continued to provide a positive benefit to CYP in Derby and Derbyshire.

Kooth Engagement Leads (KELs) promote the services to young people and professionals, using digital and physical promotional materials and building a network to ensure that the Kooth service is embedded in the local offer.

Further work has been undertaken to engage the 18-25 years population by attending Derby University Freshers fairs and student events alongside the Student Union vice president. Kooth has reached out to those young people not in education, employment or training via the council and the employment service, the Youth Offending service, Youth justice, housing association and apprenticeship training. Many food banks in the south of the county have been provided with training and physical/digital resources with Kooth literature included in relevant food parcels.

The Derby and Derbyshire Emotional Health and Wellbeing Website is a comprehensive signposting site offering a range of information from VCSE, NHS and other organisations where you can find local information about available emotional health and wellbeing support and how to access it. The website provides a one-stop-shop which includes a dedicated section for children and young people and an area with neurodiversity specific information and advice www.derbyandderbyshireemotionalhealthandwellbeing.uk

Online appointments: Services in Derbyshire moved quickly in the first Covid wave digitalising their delivery using Zoom, Attend Anywhere and MS Teams; this enabled many CYP to continue interventions online. The blended approach, using a combination of digital online and face to face appointments to see CYP, has demonstrated benefits for both providers and CYP, parents and carers, e.g. more contacts are possible with less travel time and room bookings, convenience for CYP and parents. However, this is balanced with strong feedback from CYP that many CYP prefer face to face appointments over digital due to being able to better establish a rapport with workers and more privacy from family members. This blended approach to appointments is now embedded ensuring individual needs of CYP are considered as this becomes part of our 'new normal'.

Appendix 7.2

Improving Access

Universal 5-19 years services

Our 5-19 years services make a huge contribution within the partnership in their work around early detection, intervention and prevention to young people in schools. There is lots of local networking happening amongst the 5-19 services which are represented on a local level. 1-1 work takes place in schools and community settings and is an area of the service which has the most impact for young people on an individual level potentially steering them away from specialist services. 5-19 teams also provide group work in schools when appropriate, with measured outcomes. Universal work is undertaken both face to face in schools and virtually. We have dedicated information pages for young people to support with self-care and emotional wellbeing. For CYP in Derbyshire county see Derbyshire teen health & wellbeing and CYP in Derby city https://www.derbyshirehealthcareft.nhs.uk/services/family-health-derby-city

Priorities and Updates

Action	Item In our 2022 published plan, this what we said that we would do between 2022 and 2024	This is our progress during 2022/23	These are our plans for 2023 to 2026
IA1	We aim to build on our success and exceed our local target of 12,272 clinical contacts in 2022/23. (One or more contacts with an NHS commissioned mental health service)	In April 2023, the recorded 12 month rolling access figure of CYP who had at least one contact was 10,535. However, there have been a number of data challenges which have adversely affected this figure, including: data upload issues from North Derbyshire CAMHS; Kooth data not being attributed to Derbyshire; and other services reporting to other NHS dashboards. Based on local provider intelligence we believe that the current access rate figure is in the region of 13,000, although this is not recorded on the	We will continue to work closely with NHSE and partners to ensure data flows accurately to the Mental Health Services Data Set. Our intension is to meet the 2023/24 NHSE target set for Derbyshire of 14,431 one or more contacts. During 2023/24 we are planning further investments, in particular to increase capacity within core CAMHS. This will

		NHSE CYPMH Dashboard. We are working closely with NHSE and partners to identify and resolve these data inconsistencies. Investments during 202/23 across the CYPMH pathway e.g. urgent care, wave 10 MHSTs and Kooth will contribute towards increasing the capacity of services so that more CYP can be supported.	increase flow and access across the pathway and support CYP to receive the right care and the right time.
IA2	To achieve the new national access target for young adults (18 to 25)	The Young Adults Service has been implemented, this meets the NHSE transformational target to have comprehensive 0-25 coverage.	Please see Young Adults chapter for more information.
IA3	To continue to improve CYP access to the 24/7 helpline and support service, seeking to establish an online / text chat option	The Derby and Derbyshire 24/7 helpline and support service is well established. MH2K citizen researchers reviewed the website and recommended short, medium and long term actions to improve access. The Derby and Derbyshire Emotional Wellbeing website has continually been reviewed and updated to provide information and support.	Appraise text chat support options (link U&E care) Continue to maintain the Derby and Derbyshire Emotional Wellbeing website.
IA4	Within eating disorders services, a commitment to achieving the waiting and access standard for all CYP with a suspected eating disorder in need of treatment (95% routine referrals wait 4 weeks, 95% urgent referrals wait 1 week)	The has investment to increase the Eating Disorder offer, and work undertaken to improve the pathway to enable improved access. By quarter 4 2022/2023, we were meeting the waiting time standards.	Continue to meet the access and waiting time standard. See ED chapter for details.
IA5	We will continue to grow the Derbyshire offer, increasing our reach to CYP through expansion of Mental Health Support Teams (MHST) in	Derby and Derbyshire have continued to expand our graduated care offer. This includes: • MHSTs (see MHST section)	See relevant sections for more information.

	schools and colleges through successive waves of implementation and expansion of crisis and intensive support teams	• Crisis and intensive home treatments services (see Crisis section)	
IA6	Embed the new model / specification of MHST into the service system, deliver wave 8, prepare for wave 10 and integrate Glossop into the offer	A new provider of MHST, Compass, is delivering in Derby and Derbyshire and is integrated into the system, wave 8 is in delivery and wave 10 plans well underway. Glossop is transferring to our Integrated Care Board model.	Deliver MHST wave 10; integrating Glossop into the graduated pathway. We will embrace any future MHST waves and align them with our Early Intervention targeted Support offer.
IA7	We will use insights from improved data quality and availability to drive our strategic aims, plan services and improve access for CYP from minority groups .	Organisations delivering mental health services, in partnership with experts by experience, have developed a dynamic action plan to increase access and improve the experience of CYP with a particular focus on males, and black and ethnic minority groups. Neurodiversity Community Hubs have been launched during 2023 which provide specific support to neurodivergent CYP and their parents.	Complete actions; review progress and impact; and identify further improvements. Support and align Community Hubs with existing services. Working with partners, including public health colleagues, we will continue to use data to improve our intelligence about access for CYP from minority groups
IA8	Finalise the Mental Health for Education Setting Guidance Document and circulate.	The Mental Health Education Pathway document is completed, circulated and is available online on the Derby and Derbyshire Emotional Wellbeing website by clicking here.	
IA9	Continue to increase the reach of CYPMH services so we are able to deliver the ambition of the Five Year Forward View and Long Term Plan. Including reducing waiting times.	All mental health services are working together to increase the number of CYP they support. We recognise that CYP often wait to access NHS commissioned mental health services. Although investments have been made to	Services to remain flexible and adaptive to meet the mental health needs of CYP. To develop and establish a seamless pathway for referrals between community services and continue to better integrate

		develop our graduated pathway with increased capacity in early intervention services and urgent care services, core CAMHS continue to see long waiting lists and CYP face unacceptable waits for treatment. 'Waiting well' initiatives are being trialled to find the best ways to support CYP, parents and carers whilst CYP await treatment. Pathway events have taken place where clinicians and staff who work directly with CYP made recommendations for improving processes identifying quick wins and longer term improvement approaches.	our community providers to ensure CYP receive the right care at the right time. When CYP do have to wait for treatment, all services to have a waiting well policy which offers CYP, parents and carers information, support and advice. To seek investment and deliver increased capacity and reduce the waiting times for core CAMHS.
IA10	To develop a Reliable Outcome Measure (ROMS) dashboard to drive local delivery, demonstrate impact and inform service development and improvement going forward.	Derby and Derbyshire Integrated Care Board are working with partners to improve submissions to the Mental Health Services Data Set in order to have a good Derbyshire wide picture of local service outcomes	To progress our ambition to have a robust Reliable Outcome Measure (ROMS) dashboard across our pathway.
IA11	We will work with our youth-led citizen researchers, MH:2K, to better understand barriers to access from a young person's perspective; particularly those from diverse or vulnerable backgrounds	MH:2K have published their latest report in June 2023. Using a variety of methods, Citizen Researchers have provided structured and evidenced recommendations on: • Eating disorders • Digital services and social media • Health inequalities To view the MK2K 2023 report click here.	Working with partners we will seek to ensure that the valuable insights which MH:2K research provides informs system change and delivery. Please see Co-Production and Participation chapter
IA11a	We will use insights [from engagement and MH2k] to shape and steer the system towards greater inclusitvity, meaningful reach and accessbility.	All new commissioned services use this intelligence along with other engagement activities to inform the develop of new services.	Continue to design services based on engagement activity recommendations, such as MH:2K.

IA12	Ensure all services are monitoring and sharing their data on protected characteristics .	Reviewing data is required by all services and part of contract meetings.	Continue to ensure all services are monitoring and sharing their data on protected characteristics .
IA13	Deliver trauma informed approaches training to schools	Derbyshire Public Health are leading the development of all age trauma informed approaches. A Trauma Informed Derbyshire- Strategic Lead has been appointment to lead a consultation, review the current position and make strategic recommendations.	Trauma Informed (TI) Derbyshire Strategic Lead to work with CYP partners to progress the recommendations for a TI strategy including a steering group to plan TI training.
IA14	Continue to integrate the Mental Health Support Teams, Build Sound Minds, Kooth and Specialist Community Advisors.	All services providers meet regularly; share knowledge and expertise; and work closely together as part of the graduated care pathway. Partners are working closely to develop a more seamless pathway to improve flow and access ensuring CYP access the right service at the right time.	To develop and establish a seamless pathway between community services see above IA9

Joined Up Care Derbyshire

Appendix 7.3 **CYP Emotional Wellbeing & Mental Health Offer**

Thriving

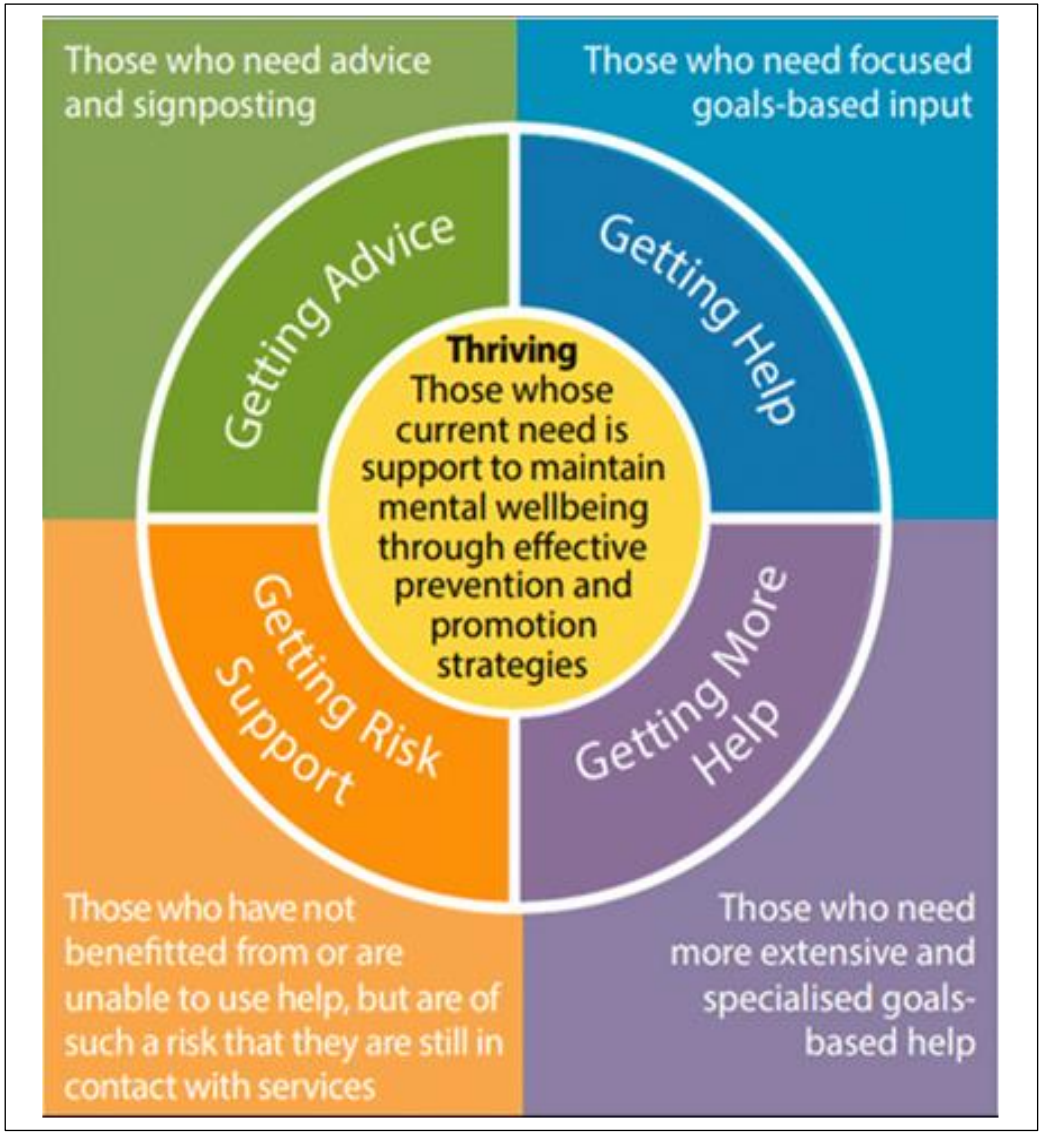
- Whole School Approach
- Mental Health First Aid
- Chat Health
- Every Mind Matters
- Mental Health Foundation
- Time to Change
- Young Minds

Getting Advice

- Emotional Health & Wellbeing Website
- Derbyshire 24/7 Mental Health Helpline and Support Service
- Early Years
- Specialist Educational Need Development (SEND)
- School Nurses
- School Pastoral Teams
- Health Visitors
- SENCO's
- Kooth

Getting Risk Support

- Urgent Care Team CAMHS
- Intensive Home Support CAMHS
- Intensive Day service CAMHS
- Specialist Eating Disorders CAMHS
- Derbyshire Emotional health and Wellbeing Service for Children in Care (DECC)



Getting Help

- Youth Offending Service - Social Prescribing
- Build Sound Minds
- Changing Lives - 8 Mental Health Support Teams
- First Steps
- Derbyshire Emotional health and Wellbeing Service for Children in Care (DECC)
- School Nursing
- Kooth

Getting More Help

- Child Adolescent Mental Health Services CAMHS
- GP
- Care Education Treatment Reviews
- Specialist Eating Disorders CAMHS
- Youth Offending Service CAMHS
- Learning Disabilities CAMHS
- Clinical Psychology
- Derbyshire Emotional health and Wellbeing Service for Children in Care (DECC)

18 - 25yrs

- Secondary Care
- Adult Mental Health Team (AMHS)

Appendix 7.4

North and South Pathways Events - Final

Quick Wins Actions August 2023

Number	North	South
1	All NHS commissioned CYP MH to agree thresholds and definitions (use a common language)	
2	All NHS commissioned CYP MH services to use the same referral proformas with all services logos included so it is seen as a whole system of care	All NHS commissioned CYP services to use the same referral proformas with all services logos included
3	All NHS commissioned CYP MH services to agree a standard operating procedure which states whatever service picks up the referral they will gather information, initial contact and send the referral on to the most appropriate service if required (most experienced staff undertaking assessment)	
4	Make an amendment to the information sharing policy, if not already included – that notes as well as referrals can be passed between services.	
5	Ensure that the NHS logo is on all communications from Build Sound Minds and Changing Lives	Ensure that the NHS logo is on all communications from Build Sound Minds and Changing Lives
6	Explore the feasibility of a bottom threshold (distinguish from safety / ensure for early intervention and targeted support its focussed on emerging mental health needs)	
7	Remove the current practice that CYP on CAMHS waiting lists cannot access early intervention and targeted support services	

	(and groupwork) while waiting, this may be appropriate and helpful to some CYP	
8	The information on the patient information document to be reviewed and amended jointly with all other CYP mental health services	
9	Include FASD in the new ND pathway - COMPLETED	
10	Continue with half day events of bringing services together every 6 months for; -share "good practice" examples of multiagency info sharing. -share good examples of the joint in-depth assessment and the difference it makes to the work flow. -could invite families to share "good experience" of services. -could have small groups in the meeting to build relations among agencies (in line with serious case review recommendations).	
11		Build Sound Minds and Changing Lives to attend the CAMHS Daily Referral Meeting once a week (note not possible without information sharing policy)
12		Changing Lives to provide SPOA with a list of their schools - COMPLETED.
13		Build Sound Minds and Changing Lives to share with SPOA their threshold information – COMPLETED.
		Review and improve system between South SPOA and North CAMHS when handing over referrals

Longer Term Ambitions

North and South Pathways Events

Number	North	South
14	Establish Co-located Mental Health Hubs in community settings to improve access / flow and response. (mirror the Urgent Care provision)	
15	Establish Early Help practitioners attached to schools have some kind of cover during school holidays	
16	Explore the feasibility of a Childrens Services led Neuro Diverse Service	
17	Explore the feasibility of ND assessment, such as Bradfords Local Authority Model - at the referral stage in mental health services.	
18	CAMHS to look at the feasibility CYP being fully assessed close to point of referral.	
19	Explore NVR groups for parents	
20	Explore the feasibility that the majority of CYP access early intervention and targeted support services prior to a CAMHS referral	Consider whether the majority of referrals should attend a early intervention and targeted support service in the first instance, prior to referral to CAMHS and / or ensure more robust support for those CYP on long waiting lists
21		Establish a direct pathway from Build Sound Minds and Changing Lives to the CAMHS Recovery Team

22		Establish robust support for CYP who are on a long wait lists at CAMHS
23		Establish positive stories / information on social media for CYP
24		Use the Early Intervention and Targeted Support procurement of Build Sound Minds to fill gaps in the current system (the perceived gap between early intervention and targeted support and CAMHS / too complex for early intervention and targeted support / not complex enough for CAMHS) Note that the review group does not feel the gap is real, the gap is waiting times, lack of seamless referral system
25		System wide training on self-harm identified and undertaken

Appendix 8.1

Young Adults Needs Assessment and Submission to NHSE

In June 2021 approximately 150 young adults remained in the care of CAMHS. The reason for these CYP being in CAMHS was either their birthday took place prior to treatment ending when no onward referral to adult services was required or because CAMHS did not feel confident in discharging. Where CAMHS were not confident in discharging they chose to continue care to keep the young adult safe and supported.

Young adults (aged 18 to 25) can access the Crisis Helpline in Derby and Derbyshire for support, if required individuals accessing the Helpline may be referred to The Safe Haven Service. This service provides tailored support for people aged over 18 who are experiencing a period of mental ill health or crisis. The Safe Haven which can only be accessed via the Helpline.

We know that April 2021 to March 2022 there were a total of 1,840 calls to the Crisis Helpline, and of those calls 39 were referred to the Safe Haven. In April 2022 to March 2023 there were 3,300 calls to the Helpline with 201 referred to the Safe Haven. This is a 79% increase in call volume and over 400% increase in referrals. Please see the tables below for further information;

Calls to the Derbyshire 24/7 Mental Health Helpline and Support Service (source DHCFT)

2021-2022														
Total Calls by Age Range *Number of Phone Calls*													Total calls in July 21-Aug23	Safe haven referrals
No of Calls	Apr, 2021	May, 2021	Jun, 2021	Jul, 2021	Aug, 2021	Sep, 2021	Oct, 2021	Nov, 2021	Dec, 2021	Jan, 2022	Feb, 2022	Mar, 2022		
18 - 25 Years	219	215	201	195	211	219	163	209	223	213	199	208	1,840	
Outcome of call *Shows the number of calls broken down by*														
Outcome of call	Apr, 2021	May, 2021	Jun, 2021	Jul, 2021	Aug, 2021	Sep, 2021	Oct, 2021	Nov, 2021	Dec, 2021	Jan, 2022	Feb, 2022	Mar, 2022		
Referred To Safe Haven	26	35	41	46	67	65	55	39	24	34	17	22		39
2022-2023														
Total Calls by Age Range *Number of Phone Calls*														
No of Calls	Apr, 2022	May, 2022	Jun, 2022	Jul, 2022	Aug, 2022	Sep, 2022	Oct, 2022	Nov, 2022	Dec, 2022	Jan, 2023	Feb, 2023	Mar, 2023		
18 - 25 Years	205	326	314	274	312	257	266	277	250	292	257	270	3,300	
Outcome of call *Shows the number of calls broken down by*														
Outcome of call	Apr, 2022	May, 2022	Jun, 2022	Jul, 2022	Aug, 2022	Sep, 2022	Oct, 2022	Nov, 2022	Dec, 2022	Jan, 2023	Feb, 2023	Mar, 2023		
Referred To Safe Haven	29	17	14	18	11	12	21	14	14	12	23	16		201
2023-2024														
Total Calls by Age Range *Number of Phone Calls answered by Age of*														
No of Calls	Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023									
18 - 25 Years	278	284	238	290	55								1,145	
Outcome of call *Shows the number of calls broken down by*														
Outcome of call	Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023									
Referred To Safe Haven	11	23	31	23	7									95
												Total	6,285	335

The Early Intervention in Psychosis Team works with young people from the age of 14 years and saw 230 18- to 25-year-old in 21/22, which is a slight reduction from the previous year (-1.3%).

The Derbyshire Emotional Health and Wellbeing Service for Children in Care caters for care leavers.

The Young Adults Service (pilot, in a geographical area) taking its first referral in December 2022. By June 2023 there had been 42 young adults had been assisted by the service. The majority have been from CAMHS for young adults who would not have received any service post CAMHS, while the minority have been referred by AMHS. There are clear indications that the cliff edge of care has been removed in the geographical area the pilot service has been operating in.

As of early July 2023:

- 5% of the caseload had MH difficulties which did not meet adult service criteria and have borderline learning disability / learning difficulties

- 43% of the caseload had a primary diagnosis ASD with social anxiety and / or other mental health disorders (this is only diagnosed so we can assume there are young adults on the caseload with suspected ASD).

- 24% had a ADHD diagnosis with social anxiety and / or other mental health disorders. It is safe to assume that there may also have been other young adults who were undiagnosed with these conditions who found the service beneficial.
- 100% of the caseload are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services. Of these 40% were known to not be in education, employment or training.

- Of the total number of referrals to YAS 50% were identified as having on ongoing medication needs, including for ADHD.

- No young adults have spent less than 24 weeks in service.

<u>Submission to NHSE</u>

In 2021/22, all systems should:

Accelerate progress to provide more aligned care offers for the 'young adults' cohort including: -

Commissioning new services from a range of providers including VCSE

Provide focussed adaptations to improve the extent to which existing services can meet the needs of young adults, including students

Develop specific communications activities

Implement specific co-production activities.

This will support a cohort which has historically faced a 'cliff-edge' in support and is being especially impacted by Covid-19 with a rising prevalence of mental health problems and changes to economy and labour market.

All systems have considerable national funding for all adult mental health service lines in baselines and through additional transformation funding focused on community and crisis mental health priority areas. This funding contributes to improving the quality of care for young adults.

In recognition of the gap in meeting the needs of young adults, we have also identified funds within the 0-25 LTP funding profile to be directed towards young adults. The aim of this extra resource is to support those young adults who currently fall through the gap of services that are not necessarily commissioned to meet their need.

Funding	Allocation
SDF	£ 344,000
Spending Review	£ 224,000

Query	Response
High level priorities for 21/22	
Please give a high level overview of your priorities in 21/22 for this programme and a brief plan of activity. This should include how you plan to address impacts to services following the Covid-19 pandemic and align with your Covid recovery plan. Please refer to the 'Focus in 2021/22' (adjacent) for high level expected priorities. This text is lifted directly from the '21-'22 Delivery Plan.	Our model for Young Adults (YAs 18-25) is a person centred, graduated approach which will offer prevention and early help interventions through to timely specialist support for more high risk young adults. We will seek to improve YA mental health (MH) outcomes at the lowest possible level by continuing to offer self-help via access to digital mental health support, currently Kooth, access to our 24/7 mental health helpline and support service, and information via our Derby and Derbyshire Emotional Health and Wellbeing website. We will enhance our CYP communication strategy through coproduction to include promotion to 18-25yrs including students. Our aim is for young adults to experience a seamless transition between our CYP and adult offers supporting those young people who may need an extra helping hand to adjust to adulthood i.e. young people known to CAMHS, YOS or care leavers. Over time our locality MDT / CMHT teams will work less in silo and be trained in the specific needs of young adults to be more proficient in approaches to supporting them i.e. trauma informed approaches, links to further education, employment etc. There will be new service protocols for YA, particularly focussed on transitions between CYP MH services and adult services / community offer (support will be based on need / risk, not age) and shared care opportunities reviewed. There is also the opportunity to develop Youth Social Prescribers / Youth worker roles at a locality level as this rolls out in to each area. We are upskilling our adult MH workforce to be better able to assist YAs. The model will also support YAs who enter mental health services for the first time. This model supports the graduated approach to supporting YA across the Derbyshire ICS footprint and aligns to our Mental Health Community Plan (MHCP adults). Our priorities are to: - better support our CYP to transition from CAMHS services to adult pathways / community support - support YAs with MH difficulties Known to CYPMH services who do not meet adult service criteria - better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safe guarding concerns, developmentally younger than their age - better support YP who are at higher risk of MH issues as they move to adult hood i.e. those with ASD, those who have been through YOS and YAs experiencing gender dysphoria

	Activities: Scoping, at pace, of our young adult needs through coproduction and partnership working, this will further inform our approach and define skills required and shape required roles. There will be training opportunities across our adult workforce for staff to better understand the needs of YA moving into adulthood and develop strategies for how to best support them e.g. trauma informed person-centred approaches, safeguarding awareness etc. targeting support at YAs identified at higher risk, considering covid-19 impacts i.e. care leavers, job seekers. We will build on our Mental Health Community Plan YA link worker model, this has been initiated in our CMHP prototype area, with wider YA plans evolving and to be phased in over the next 3 years. The YA offer may vary in each locality depending upon coproduction, YA needs, pre-existing resources and networks. We will focus initially on a young adult offer which will integrate CAMHS with the Mental Health Community Plan which could include youth workers / youth social prescribers / CAMHS Specialist Community Advisors for transition / Peer workers with lived experience. Developments will evolve from the MHCP prototype areas across localities; we will initially build an offer that focuses on highest risk YA with the potential to expand reach should further funding become available. KPIs • Good transition from CAMHS to adult MH pathway • Reduce number of 18yr+ remaining in CAMHS services
Equalities	
Please detail: - any known inequalities to access for this programme - any disparities across the ICS geography - how this funding will be used to address these inequalities	Four high level priority groups of young adults have been identified as requiring key attention; there are also challenges of reach due to ICS geography (large rural areas). DHCFT CAMHS currently hold approximately 150 YA post 18 years where extra support is required and where transfer to suitable support is not currently possible. These YAs include; 1. YAs with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties 2. YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap. 3. YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services 4. YAs on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s We will also focus on the needs of YA from rural communities, traveller communities, BAME communities, LGBT+, those with learning disabilities, YAs leaving care and those known to YOS making reasonable adjustments within the offer to cater for their needs. Communications will reach specifically to these groups of CYP.

	Improve our offer for YA experiencing gender dysphoria, we will look into a multi-agency network, including training to better cater for CYP with GD - link to our crisis work stream.
Financial Breakdown	
Please detail how your total investment will be spread across programme priorities, for example, how much funding will you direct towards investing in services for students, services for young adults accessing services for the first time, or young adults who do not meet thresholds for routine adult services.	Non-recurrent funds: Training / Mapping priority need and scope of offer / Coproduction / Project management and design / Development of prototypes / Communications - £173K Delivery offer to meet locality need - Peer support / Specialist Community Advisors for Transition / Student response / Communications - £395K
Details of partners involved in this plan	
Please list the partners/parties who have been involved in the development of this plan, demonstrating co-production within CYP	University Hospital of Derby and Burton FT including Psychology, Complex behaviour service Chesterfield Royal Hospital FT including CAMHS - ED, LD, core, urgent care teams Derbyshire Healthcare FT including CAMHS - ED, LD, core, EHSS, RISE Derby and Derbyshire CCG - CYPMH, ASD and LD, adult MH Derbyshire Youth Offending Service Leaders Unlocked - MH2K Citizen researchers VCSE - Action for Children, Derbyshire MH Federation will be partners in the pathway development
Risks	
Please list any potential risks to delivery and how these will be mitigated, including details of workforce pressures. We are particularly interested to know how you will bring adult and children's services together to make this work a success.	Insufficient local / national workforce to recruit to specialist clinical posts and meet demand for services. Mitigated by working within the JUCD workforce plan which seeks recruitment drives and workforce development for a diverse and representative workforce at all levels of the system. We are building our young adult pathway working with VCSE sector to expand non-clinical roles and looking at digital options for support. In addition, new ways of working identified via the MHCP offers wider opportunities to meet need. Risks relate to insufficient finance to roll out a robust model across all localities. This will be mitigated by any future young adult allocations that would be used to expand the offer. Potentially, insufficient capacity within the ICS to deliver the work programme. Mitigated by monitoring and escalation to CYP Crisis delivery group and MHCP steering group 'phased' approach based upon agreed priorities. Potentially, not robust enough connections between young adult plan and integration with wider transformation plans. Mitigated though oversight by System Delivery Board and weekly catch ups between transformation leads. Programme disruption due to implementation of the ICS. Mitigated though oversight by System Delivery Board. Programme disruption due to COVID-19. Mitigated through monitoring and escalation to CYP Crisis delivery group and phasing priorities.

Appendix 8.2

Young Adults – 2022 Priorities, Updates & Next Steps

Key

Blue – complete

Green – in progress on track

Amber – in progress behind track

Red – not in progress/ significantly behind track

Item / Progress 2022	Progress and Update	Next Steps 2023/24
Provide a good quality service for young adults that gives meaningful support and removes the cliff edge of care	YAS pilot established and removed the cliff edge of care in the geographical area it has been placed in.	Ensure YAS is mainstreamed and expanded
Better support our CYP to transition from CAMHS services to adult pathways / community support	YAS pilot established and removed the cliff edge of care and supported transitions better in the geographical area it has been placed in. The transition policy is in place and used. This will be audited as part of audit cycle.	Ensure YAS is mainstreamed and expanded
Improve support YA with MH difficulties known to CYPMH services who do not meet adult service criteria via the new Young Adult Service and Living Well Services	YAS pilot established and removed the cliff edge of care in the geographical area it has been placed in.	Ensure YAS is mainstreamed and expanded
Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safeguarding concerns, developmentally	YAS pilot established and removed the cliff edge of care in the geographical area it has been placed in. The YAS service has met the	Ensure YAS is mainstreamed and expanded

younger than their age via the new Young Adult Service and Living Well Services	needs of socially vulnerable as indicated in the draft evaluation.	
Better support YP who are at higher risk of MH issues as they move to adulthood i.e. those with ASD / learning disabilities and other high risk groups, for example those leaving care and those who have had recent involvement in Youth Offending Services new Young Adult Service, Living Well Services and Derbyshire Emotional Health and Wellbeing Service for Children in Care	YAS pilot established and removed the cliff edge of care in the geographical area it has been placed in. The YAS service has met the needs of ASD / learning disabilities as indicated in the draft evaluation.	
Increase the support to care leavers from the Derbyshire Emotional health and Wellbeing Service for Children in Care (DECC), for example reflective practice consultations / group work etc, which will increase the reach of trauma informed practice	The service has increased its support to care leavers.	Continue with business as usual
Improved support to parents of young adults during transition periods	CAMHS South have implemented parent EbE CAMHS North are behind schedule on this	Ensure that parents in CAMHS North implement support / EbE.
Improve our approach to co-production and development of full participation of young adults, CYP and families in service design, planning and evaluation	EbE employed in South CAMHS EbE have been involved in all aspects of planning, design and evaluation	Continue with business as usual
Improve the skills and competencies of the workforce to meet young adults needs effectively	Training plan has been developed. Requires implementation.	Deliver the training plan.

Appendix 8.3

Young Adults Service - Evaluation Report

Important Note: *Please note that this evaluation is currently in draft and is being updated. As a result, the green highlight areas will change as the pilot continues.*

1. Executive Summary

The evaluation of the Young Adults Service (YAS) pilot indicates that the cliff edge of care for young adults has been removed and that young adults have been well supported, including the priority groups originally identified as requiring additional help. Pathways from CAMHS to YAS have worked very well.

The service is unique within Derbyshire in that it is a specific emotional health and wellbeing service for young adults discharging from CAMHS and assists them in stepping down and out of service provision in a supported manner. The service caters for those aged 18 to 25 years and gives additional support to young adults who are under the case of Adult Mental Health Services (AMHS).

CAMHS and AMHS have both indicated that the service has brought benefits to them as services, including a small but positive impact on waiting times for CAMHS and there is a suggestion of decreased referrals to Adult Mental Health Services from GPs. Both the Adult Mental Health Service and CAMHS believe young adults have benefitted from the Young Adults Service being in place.

Young adults themselves have also indicated that the service has been beneficial to them.

Due to the startup phase value for money has not been able to be addressed adequately, because there are no comparative services to benchmark against. However, the evaluation does give us some indications of the numbers of young adults who can benefit from a service of this nature, so we are able to understand the financial package required.

The methodology used to design and implement the service has been fundamental to its success. The service specification was co-produced between all key services and an Expert by Experience. The PDSA approach and flexibility of all services to work differently when required and at pace has meant young adults have been at the heart of the process and their needs met.

It is therefore recommended that the Young Adults Service is mainstreamed into the graduated response to supporting emotional health and wellbeing across the whole of Derby and Derbyshire. We recommend lowering the age range of the service to accept 17 years olds and that if funding is secured that the first stage of expansion outside of the pilot is in an area covered by South CAMHS.

2. Introduction

This evaluation assesses whether or not the Young Adults Service pilot achieved what is set out to achieve and what the next steps should be with regards to future service delivery.

The following services and individuals have assisted in this evaluation:

Expert by Experience	CAMHS South
Consultant Psychiatrist	CAMHS North
CAMHS Nurse	CAMHS North
Service Manager	Adult Mental Health Services
Service Manager	Action for Children
Young Adults Coordinator	Derbyshire Federation for Mental Health
Senior Commissioning Manager	Integrated Care Board

3. Background and Aims of the Young Adults Service

The Young Adults Service (YAS) was designed and developed following funding and instructions from NHSE that there should be newly commissioned services from the VCS to meet the needs of young adults, aged 18 to 25 years. This age group have historically faced a cliff edge of care when turning 18 which NHSE wanted to address.

As a result, Action for Children were given a direct award to pilot a new service in a specific geographical location to meet the needs of young adults. The design, development and planning of the model was overseen by the Young Adults Steering Group (which in turn reports to the Community Delivery Group), and a small expert implementation group. Young adults involvement took place throughout via an expert by experience employed by CAMHS South who gave excellent support and important insights.

Our overarching aim of the service was to remove the cliff edge of care for young adults when they turned 18.

The approach to developing the service was quite different to the normal commissioning processors. Due to the timeframes set from NHSE and the fact we wanted to help young adults as quickly as possible it was necessary to use an already established provider, who was part of the system to deliver. As a result, Action for Children were given a direct award to deliver the Young Adults Service (YAS).

The specification for the service was kept reasonably lose, focussing on outcomes rather than how the service should deliver and was informed by the three key services (YAS, CAMHS North, AMHS and an EbE from CAMHS South). A PDSA approach was taken to implementation and regular meetings were put in place to oversee the process. All services agreed the model, pathways, inclusion/exclusion criteria and standard operating procedures. Feedback on the approach has been highly positive, partnerships are strong, issues and problems have been shared and overcome via joint working.

The approach has been recognised as good practice with those involved being invited to deliver at regional conferences and webinars as a result.

The Young Adults Service is a psychosocial, therapeutically informed service that supports young adults from aged 17.5 up to the age of 25 years following discharge from CAMHS or requiring additional support while under the care of Adult Mental Health Services. Young adults can access for a minimum of 24 weeks. For those who are discharged from CAMHS the YAS service supports with onward transitioning. There are 3 elements to the service offer. Peer support work which seeks to sit alongside the young adults journey and is easily accessible even the young adult has discharge from YAS for up to 2 years. Well-being worker offers 12 sessions CBT and other evidence-based interventions to assist young adults with their discharge from CAMHS. The third element of the service is engagement, this can last up to 12 sessions and assists in a very practical way in the community regarding coping strategies. The service explicitly addresses health inequalities with a focus on priority groups.

4. Evaluation Framework and Questions

In the planning phase of the service our priorities, target groups and outcomes were agreed. Additionally, we set out other aspects we wanted to consider as part of the evaluation. It was agreed that the Young Adults Service (YAS) would cater for the needs of 17.5 to 25 years of age. A description of the YAS model is in appendix 1.

Our priorities were to:

- Better support our CYP to transition from CAMHS services to adult pathways / community support

- Support YAs with MH difficulties Known to CYPMH services who do not meet adult service criteria

- Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safe guarding concerns, developmentally younger than their age

- Better support YP who are at higher risk of MH issues as they move to adulthood i.e. those with ASD, those who have been through YOS and YAs experiencing gender dysphoria

Four high priority groups were identified to support in the young adults cohort;

1. YAs with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties

2. YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap.

3. YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services

4. YAs on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s

The outcomes we decided to measure ourselves against were;

- Less young adults receiving interventions aged over 18.5 in CAMHS from baseline June 2022

- Young adults reporting improved transitions (from CAMHS / into their community / adulthood)

In the planning stages of the YAS we agreed we would **consider the following as part of the evaluation;**

- patient experience and outcomes (for example employment / education / relationships)
- system performance
- impact on resources
- value for money

Our evaluation questions were set and agreed at the beginning of the pilot and are in appendix 2. When we came to undertaking the evaluation some additional questions were included which we were interested in understanding. This evaluation literally answers each of the questions we set ourselves so that we understand fully the impact of the pilot.

A PDSA approach was taken to the implementation of the YAS and this evaluation took place 8 months after accepting the first referral (13/12/23). This meant that at the stage of evaluation referrals to the service had only taken place from North CAMHS and Adult Mental Health Services to YAS with YAS being in stage 1 of its implementation. Originally the pilot wanted to test referral processors from Leaving Care Teams and Primary Care (stage 2 & 3) but at the time of this evaluation this had not been tested, and mindful that the contract is due to end in June 2024 there are ethical considerations regarding further expansion at this time.

It therefore must be recognised that the timeframe for evaluation was not ideal, however due to governance and commissioning processors the evaluation timeframe could not be pushed back any further.

5. Did We Meet Our Aims and Objectives?

1. Was the cliff edge of care removed?

Very clearly, yes – the cliff edge of care was removed. A large number of young adults referred from CAMHS to the YAS would have been discharged to their GP if YAS not been in place, all would have experienced the cliff edge of care. As a result of YAS the cliff edge of care was fully removed. Furthermore, YAS supports young adults under the care of Adult Mental Health Services who have transitioned from CAMHS due to a diagnosis of ASD or ADHD who would normally only be seen for medication reviews, some of the young adults are neuro diverse.

CAMHS North described the process of transitioning young adults to YAS as easy, flexible and robust. Furthermore, CAMHS staff stated that previous to the Young Adults Service being in place there were often concerns about some of the young adults they had no choice but to discharge, this has been removed with the introduction of the service.

During the PDSA approach there have been discussions regarding lowering the age range of YAS from 17.5 to 17. There are clear benefits of this in terms of freeing up capacity elsewhere in the system, namely CAMHS who have significant waiting lists currently. However, during the pilot period there were also targets attached to this work stream from NHSE which would be in danger of being missed if the age range was lowered.

Strengths of the model were highlighted as;

- Excellent planning and analysis of age ranges coming up to 17.5 age
- Excellent communication between services
- Smooth transitions as a result of planning, communications and introductions
- YAS aided young adults into an age-appropriate service for support and a step down
- Escalation processes established between YAS and AMHS
- CAMHS were able to release capacity in their caseloads

2. Were the needs of young adults with the following characteristics met?

a) YAs with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties

Of the total number of referrals to YAS 5% were identified as having a borderline learning disability / learning difficulties who did not meet the criteria for AMHS.

b) YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap.

The total number of referrals to YAS included 43% with an ASD diagnosis and 24% with an ADHD diagnosis with social anxiety and / or other mental health disorders. It is safe to assume that there may also have been other young adults who were undiagnosed with these conditions who found the service beneficial.

c) YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services

Of the total number of referrals to YAS 100% were identified as socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services. Of these 40% were not in education, employment or training.

d) YAs on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s

Of the total number of referrals to YAS 50% were identified as having on ongoing medication needs, including for ADHD.

Strengths of the model were highlighted as;

- No young adults who were referred to YAS were declined. This was a result of escalation agreements between YAS, AMHS and CAMHS, furthermore the exclusions criteria was minimal
- The most vulnerable young adults, as identified by CAMHS services as facing a cliff edge of care were given access to a service and supported
- Despite the evaluation taking place at a time prior to the expansion of YAS to take referrals from social care, all the young adults accessing the service were socially vulnerable.

3. Should self-referrals be part of the model if it is to continue?

This aspect was discussed during April / May 2023 as part of the PDSA approach to implementing YAS. It was felt at that time that it would be unwise to accept self-referrals. The reason for this was that the service did not receive significant amounts of funding and self-referrals could impact in such a way to take services away from the four priority groups identified. It was also felt that if self-referrals were accepted then the model of the service moves away from its original aim which was to remove the cliff edge of care.

4. How many additional young adults, aged 18 plus were assisted by the service?

In a period of 6 months the service assisted an additional 42 young adults. These can be broken down as follows;

CAMHS = 33 1/8/23

AMHS = 9 1/8/23

In supporting discharges from CAMHS the number of CYP aged 18.5 and over in CAMHS decreased.

The young adults at AMHS in most cases had minimal support from adult mental health services, in the main attending medication reviews. In addition to the referrals, AMHS stated they received good support from the service at MDT meetings.

Strengths of the model were highlighted as;

- The service undoubtably reached young adults as intended
- YAS were able to support young adults in AMHS even if a young adult was not referred

5. What do young adults say who have used the service?

Young adults report that they liked the step away from children's services and that YAS feels age appropriate to them. Young adults have also reported that they liked the combination of wellbeing and engagement elements of the service. Below is a quote from a young adult who accessed the service.

"I've never felt as welcome at a place before in my life, I feel like I'm connected to the workers on a deep level. I feel fully understood"

6. What does our expert by experience say about the service?

The development, design and development of the Young Adults Service has been supported by CAMHS South Expert by Experience. The Young Adults Service has undoubtably benefitted as a result as it has meant young adults voice has been heard throughout the planning stage. In addition, the Expert by Experience has assisted in job descriptions and interviews. As time goes on the expectation is that young adults who use the Young Adults Service itself will become more involved in feedback and development of the Young Adults Service.

7. What do CAMHS say about the service?

Overall CAMHS reported that they had confidence in the service and that importantly it removed the cliff edge of care. A large number of the young adults referred to the service from CAMHS would have normally been discharged to their GP with minimum support. CAMHS felt that the service had genuinely helped young adults, and also them as a service. Referrals from CAMHS to AMHS were smooth and supported the young adult.

Below are some quotes from CAMHS staff;

"I have met two different workers from YAS. They were both extremely kind, patient, and thoughtful when meeting the young person. They communicated clearly and were very person-centred in the way that they focused on the wishes and needs of the young person.

'The building is great, lots of nice touches that demonstrate care and respect for the young adults that they are supporting'.

'It was a great relief to know that whilst CAMHS were unable to support the young person past 18, they will continue to receive support which will help them achieve their full potential as young adults."

"My experience of referring to YAS was that the initial process was very positive. The service was flexible and quick in setting up a joint meeting, the worker seemed very knowledgeable and she arranged an appointment with the young person in the meeting so I felt quite confident about discharging the young adult."

Transitioning young adults to YAS. I am really impressed with the staff the services offered. Service is in tune with young people's needs, is flexible & compassionate'.

The YAS is an opportunity to protect our CAMHS young people from being lost from services at the end point of CAMHS. I think it's vital that young people have been involved in the development of this service to make it their own.

CAMHS North Derbyshire

8. What do AMHS say about the service?

Adult Mental Health Services also found the service helpful but the referral numbers were less than from CAMHS.

'*YAS have been part of our MDM which has been really useful and although only a few referrals so far we also value the support and advise they give'*

Adult Mental Health Services

9. What improvements should be made / what needs to change to bring more help to young adults?

The pilot operated under a PDSA approach and there were regular meetings between CAMHS, AMHS and YAS throughout the pilot. This was undertaken to ensure that any changes required to meet needs were taken swiftly and that true partnership approaches to developing the model were maintained. The only fundamental change to the service model

was to remove the self-referral element, this was taken on the grounds that it would take the service model away from its intended purpose of removing the cliff edge of care. Other than that, the PDSA approach has not suggested that there should be any fundamental changes to the model but it needs to be recognized that due to the timeframes, expanding into social care and GP referrals has not been considered. If funding is secured post pilot it is felt that geographical expansion must take place first under phase 1 only (referrals from CAMHS and AMHS) and that the first area is that which CAMHS South serves.

10. Does the young adults service provide value for money?

Unfortunately, there is no validated formula or benchmarking process available to assess whether YAS is value for money. Furthermore, the evaluation was undertaken when YAS was in relative infancy and when start up costs would be higher than expected, meaning a unit cost approach to understanding value for money would not be appropriate. Several qualitative factors have been considered within other sections of this evaluation which suggest the Young Adults Service has had a positive impact for young adults and the wider system which could be used as evidence of value for money. In summary, these are;

- The Young Adults Service has removed the cliff edge of care and provides age-appropriate step-down services from CAMHS
- Young adults value the support given by the service and the non-clinical setting
- Early indications suggest referrals from primary care to adult mental health services have decreased while the young adults service has been in existence

Therefore, in terms of quality, the service has met needs and impacted positively on young adults themselves and the wider system. As a result, this element of the evaluation will consider likely demands and required capacity if the service is mainstreamed.

The capacity rate of YAS as it currently stands caters is 90 young adults on the caseload at any one time. Currently young adults spend a minimum of 24 weeks in the service, with rapid access back into the service if required.

Data suggests that there are usually between 11 and 25 young adults over 18.5 years of age in CAMHS South (May 2022 to April 2023). These are all young adults who do not meet the AMHS criteria and for which CAMHS South had concerns so are reluctant to discharge.

We also know that there are between 26 and 42 CYP each month aged 17.5 to 18.4 with a diagnosis of ASD. For individuals with an identified learning disability there is always between 6 and 9 CYP aged between 17.5 to 18.4 (May 2022 to April 2023). We do not know how many CYP with ASD or learning difficulties are included in 11 to 25 aged over 18.5 years of age.

However, the above seems to suggest that there are young adults within CAMHS South who could benefit from a referral to the Young Adults Service. Looking at the figures we have estimated this to be in the region of 50 to 60 per year, although it may be more.

The average number of referrals per month from CAMHS North Chesterfield pilot has been 8 per month. If this was replicated across the whole of the service, it is likely there would be in the region of 10 referrals a month.

We therefore think that the young adults service should support around 180 to 200 individuals per year across the DDICB footprint. As a result, we think that the current caseload of 90 at anyone time is about right.

The relatively low footfall across a large area does present challenges in delivering operations and keeping the service cost effective. For example, it may be that the service incurs high milage costs or base costs to meet young adults across a large geographical area. This will

need to be factored into the future model and any provider delivering will need to look at how delivery can take place in the most cost-effective way.

However, given what we know at this time we propose no changes to the funding envelope as it currently stands in the pilot at £284,000 per year.

Additional question 1 - What do parents / carers say who have used the service?

The service has received positive feedback from parents, please see below for details;

"I have been so happy with the way the transition worked. We were worried that X would be left with nothing as she does not meet criteria for AMHS. She does not seem ready to be left with no support and we are so grateful to have support so flexible. "

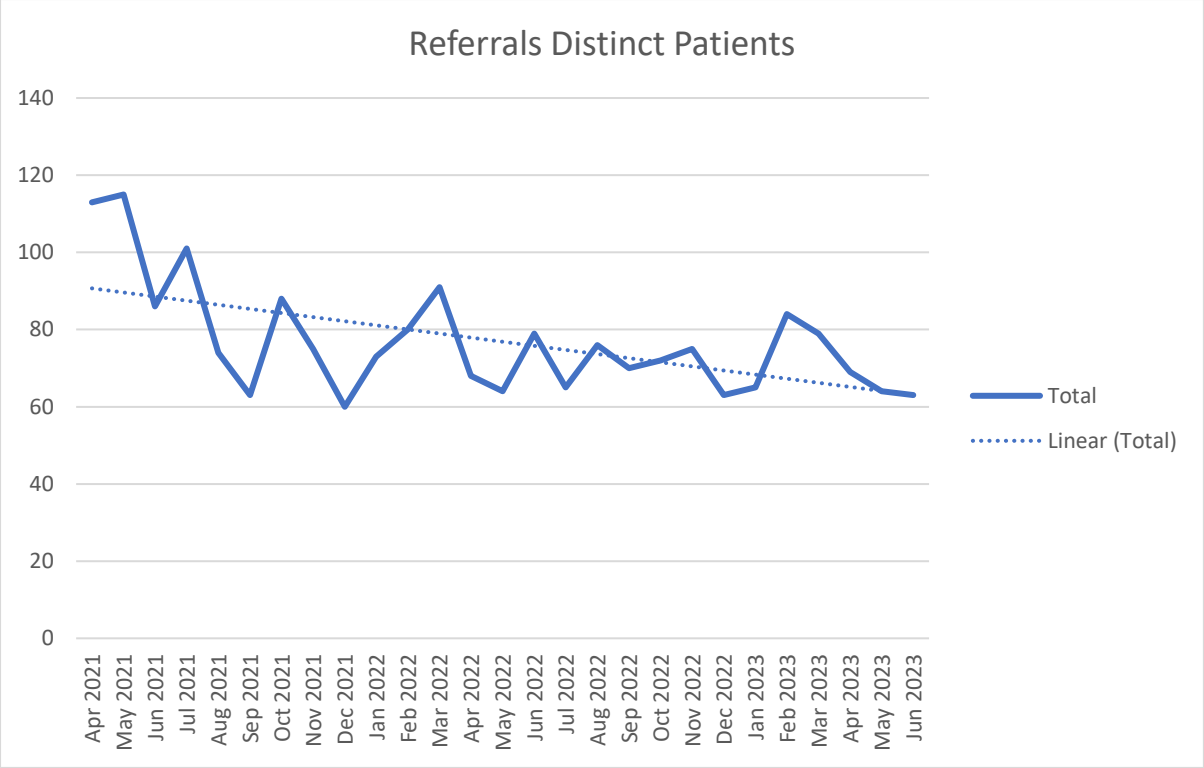
"X was only seen by CAMHS for a short period of time due to being on a waiting list for a while. It is great they are now able to carry on having support through transition into further education. "

"We feel X still has work to do around making routines of coping strategies as they move to university, the fact you can work alongside that move and engagement can support with accessing university and highlighting appropriate support teams is invaluable".

Additional question 2 – Has there been a decrease in GP referrals to AMHS for young adults during the pilot?

One of our assumptions regarding the Young Adults Service was that by having the service in place young adults would feel supported and so there would be less demands on GPs and as a result less referral activity from GPs to Adult Mental Health Services.

Since April 2021 overall there has been a decrease in referral activity from Chesterfield GPs to Adult Mental Health Services, but as can be seen in the graph below there are times when referrals increase and then decrease. However, since Feb 2023 the referral activity from Chesterfield GPs have only decreased. We would need a longer time frame and further scrutiny to understand whether or not this was a result of the Young Adults Service, but there may be a correlation between GP referral activity and the Young Adults Service.



11. Should the young adults service be mainstreamed or is there a better way of using the financial resource?

This evaluation has so far considered the Young Adults Service itself and whether it met the aims and objectives it set out to. However, this evaluation also needs to consider those findings in the context of wider options. Two key options were considered;

1) Do not continue with Young Adults Service
2) Mainstream the Young Adults Service and expand across the whole geographical footprint of Derby and Derbyshire (phased approach)

Option 1 - Do not continue with Young Adults Service

If option 1 was enacted the cliff edge of care would return in the pilot area and continue for all other young adults across the DDICB footprint. There would also be a number of young adults in receipt of support which would be removed with no alternatives to refer to.

Option 3 - Mainstream the Young Adults Service

If option 3 was enacted it would see the expansion of the Young Adults Service across the DDICB footprint, this would mean the cliff edge of care would be removed for all young adults and that young adults receive an age-appropriate service. There would be a positive impact on CAMHS capacity, and in turn waiting lists and there may be a positive impact on primary care. The expansion could happen at pace due to the learning from the pilot but be phased.

6. Conclusion

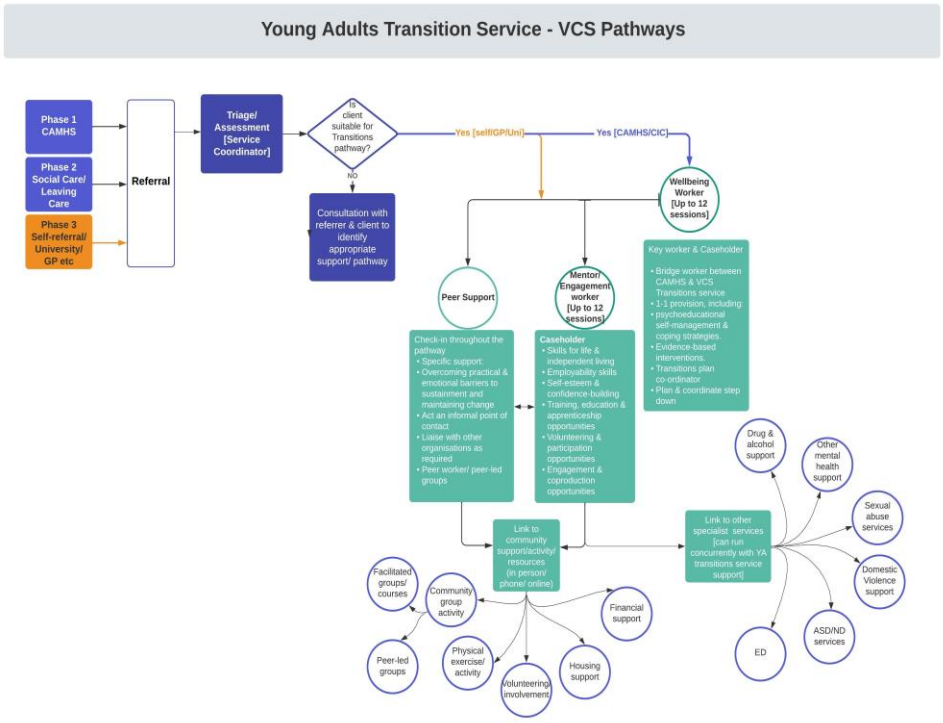
This evaluation has found that the Young Adults Service has achieved the aims and objectives it set out to during the pilot period. The cliff edge of care has been removed, with young adults being supported in an age-appropriate step-down service. Removing the cliff edge of care means young adults are better supported and there are less demands on primary care and less referral activity from primary care to adult mental health services.

A key component to the success of the pilot has been excellent partnership working and the inclusion of experts by experience from the inception.

As a result of this evaluation the recommendation is that the Young Adults Service should be mainstreamed. In practice this would mean undertaking a tender exercise to find a suitable provider to deliver the service for the long term.

YAS Appendices

YAS.Appendix 1 Current YAS Model



YAS.Appendix 2 Evaluation Questions

1. Was the cliff edge of care removed?
2. Were the needs of young adults with the following characteristics met?

YAs with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties

YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap.

YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services

YAs on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s

What was the % access rate of the four groups above into the service?

3. Should self-referrals be part of the model if it is to continue?
4. How many additional young adults, aged 18 plus were assisted by the service?
5. How many referrals from CAMHS?
6. How many referrals from AMHS?
7. How many referrals from other sources? Named and number
8. What do young adults say who have used the service? (feedback / survey / interview)
9. What does our expert by experience say about the service? (feedback / survey / interview)
10. What do CAMHS say about the service? (feedback / survey / interview)
11. What do AMHS say about the service? (feedback / survey / interview)
12. What improvements should be made / what needs to change to bring more help to young adults?
13. Does the young adults service provide value for money?
14. Should the young adults service be mainstreamed?

When we came to the actual evaluation itself we included some other questions we wanted to cover in assessing the services effectiveness, these were;

Additional question 1 - What do parents / carers say who have used the service?

Additional question 2 – Has there been a decrease in GP referrals to AMHS for young adults during the pilot?

Additional Question 3 – Has there been a decrease in crisis presentations

Unfortunately, data was not available to answer this question

Appendix 9.1

DERBYSHIRE BY 2024 SERVICES FOR CHILDREN AND YOUNG PEOPLE IN EMOTIONAL DISTRESS/MENTAL HEALTH CRISIS Across our graduated pathway our services will be responsive, accessible and timely – **"no wrong door"**			
24/7 All Age Mental Health Helpline and Support Service			
UNIVERSAL SELF-CARE OFFER	**TEIS AND SPECIALIST COMMUNITY MDT INTERVENTIONS**	**SPECIALIST/MULTI-AGENCY 24/7 AVAILABILITY WITH 4 HOUR RESPONSE**	**IN-PATIENT CARE**
DDEHWB Website	**Core CAMHS** Responsive & timely access	**Derbyshire-wide CYP Crisis and liaison response & Intensive Home Treatment team** MH / ED / LD / Autism / Complex Behaviour 24/7 crisis response / Assessment CAMHS & Social Care	**Derbyshire-wide CYP Crisis and liaison response & Intensive Home Treatment team** In-Reach / Liaison to Paediatric Wards / Children's Emergency Dept.
Digital brief intervention	**Targeted Early Intervention Services** Responsive & timely access **Build Sound Minds & Changing Lives**	**Multi-agency wrap-around Care & Support** Multi-agency meeting / Dynamic Support / Admission remain in the best interest of the CYP / Family Social Worker / Case Manager Family Respite & Support	Temporary Safe Place in a hospital

Appendix 9.1

	Mental Health Support Teams in Schools	Alternative Respite Provision / Foster Care	
Whole School Approach	**EHWB Trauma informed Service for CIC**	**Safe Places** Temporary Placements Crisis Cafes Safe Haven 16 yrs+ Day Offer	T4 CAMHS Specialist Places
Locality VCSE support services	**YOS MDT** For High Risk CYP	**All age 136 suite –** appropriately staffed	

Appendix 9.2

Hidden impacts of the pandemic on young people

MH:2K and Leaders Unlocked

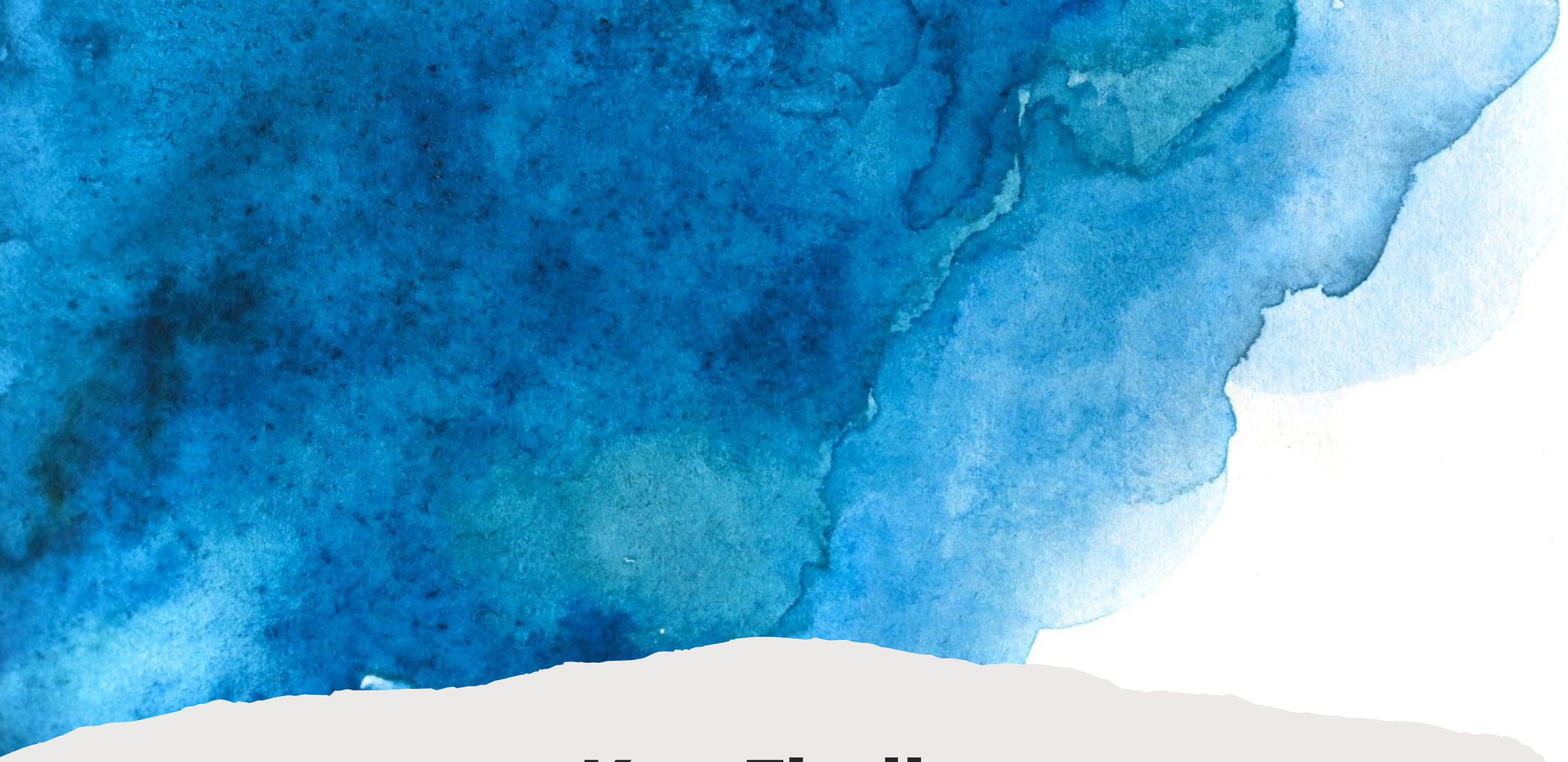
Introduction & aims

The MH:2K Citizen Researchers took part in a workshop to discuss the **hidden impacts of the pandemic** on young people (YP)

The **aims** of the workshop were to:

- To discuss how the pandemic has **affected** young people
- To discuss their **concerns** about the future
- To identify **recommendations** for supporting young people returning to 'normal' life

LEADERS UNLOCKED



Key Findings

LEADERS UNLOCKED

Top 5 hidden impacts of the pandemic

- **High stress levels**: This was due to pressures to complete school work from home, social isolation, and the fear around the virus.
- **Time management and routine:** Losing the structure of a school day/ timetable has lead to young people lacking motivation to keep doing school work.
- **Lack of support person/access to information**: Reduced support from trusted adults that aren't just their parents e.g. teachers, coaches, support workers. A lack of resources that they are usually provided with at school.
- **Eating habits**: Young people identify under-eating due to prioritising commitments, 'forgetting to eat' or due to financial reasons, and overeating due to boredom.
- **Financial strain**: An increase in job losses among young people and their parents/carers has caused tension, stress and increased anxiety among young people.

LEADERS UNLOCKED

High stress levels and uncertainty

- Young people are **uncertain** as to what is going to happen in the **future** and so, a lot of **anxiety** is **building** up for them around this. They are even worried about getting back into social settings again.

"I think everyone will be scared to take their masks off and see other people. It will be worrying"

- They also **worry** about the **long-term impacts** of the pandemic on **the economy.** For example, taxes increasing, the country being in debt and the cost of living increasing.

"I think as things open, and everything will be back to normal, we need to be eased back into it."

LEADERS UNLOCKED

Uncertainty about how to support others and stigma

- It is important to recognise that not all young people have had their own struggles in the pandemic but, they have experienced **worry** and have found it a **challenging** to see how others have been impacted. They feel they haven't been 'equipped' with **knowing how to support their peers.**

- There is still **stigma** around mental health, so seeking support or providing support to others, has been a continuous issue for young people before and during the pandemic.

"It's hard to see your peers struggling with their mental health".

"Those in the services should never underestimate someone's needs or problems – they usually think the feelings are disposable and that it's 'just a phase' because I'm a teenager."

LEADERS UNLOCKED

Impact on familial relationships and independence

- It has been a difficult time for those who are not living at home. Some have had to **move back home** to be closer to their parents as **living alone** or with few people has been **challenging**.
- Others have had **difficulties** in watching those who live in their household experience COVID-19 or have been infected by it personally.

"It made me realise how much I missed them. I went through a period of not talking to my family as it was very painful"

"It was difficult to talk to people as it is a reminder of not being able to see them and there is so much uncertainty with when we can be with our loved ones"

LEADERS UNLOCKED

Impact on confidence and social life

- Being in lockdown has made young people **less sociable** due to having to complete schoolwork and the mock exams approaching. This could be due to the **lack of routine.** It may be difficult when they are back in school to re-adjust.

- Due to the lack of time and ability to socialise, many young people feel they have **lost their confidence** over the course of the pandemic.

- This makes them feel increasingly **anxious** about returning to **social situations.**

"I was quite a confident person before the pandemic, and I would throw myself into any situation. I always wanted to be out and to socialise with people, but I have become anxious at the thought of being in social situations and being around people."

"I haven't been able to talk to my friends as much because I have been focusing on my work."

LEADERS UNLOCKED

Lack of empathy and understanding

- There seems to be a **lack of empathy and understanding** of how the pandemic has impacted young people.
- They have not been in an environment where they can **focus** as well as they would in school and, has been a **difficult** for the young people to complete their work.
- In addition with the variety of other factors continue to impact young people, they seem to not be understood or recognised by teachers or **support networks**.

"Some teachers fail to realise the amount of work that we could do during lockdown."

Other factors: mental wellbeing, uncertainties about future opportunities and employment, loss, financial worries (themselves or their parents/guardians), social isolation and health concerns.

LEADERS UNLOCKED

Interruption to education

- Some young people **missed** out on the opportunity to do their **exams** last year and some are also not able to do it this year. This means a huge gap between finishing school in May/June to September.

- Those who are in year 12 are **struggling** to **adjust** with the **leap from school to further education** and the change in environment from school to sixth form/college or even work.

- Not a lot of people felt that they were being supported during their studies and now are **worried** about how they will **perform** in their **exams**.

"I went to a new school last year, so it was hard to get back into the motivation to continue studying, and it still is difficult. I had a lot of time away from my studies, due to not being able to do my GCSE exams."

"I am a year 13 student and it really impacted my education as we had to learn the content ourselves through year 12."

"We haven't been taught our courses, as we didn't have any zoom calls. It was all just looking through PowerPoints and it wasn't helpful for me or my peers."

LEADERS UNLOCKED

Career diversion

- The pandemic has made young people **reflect** on the different **career options** that are available. As well as the different ways in which work opportunities are developing.
- They worry that some **jobs** may soon be seen as **"pointless"** if the pandemic continues or if there are changes to the working world in the future.
- This could reflect that they are **lacking support** for providing them with advise for their career

"I am changing my career as the pandemic has made me think about the loss of jobs in catering. I now want to be a mental health counsellor, specifically a family therapist."

LEADERS UNLOCKED

Recommendations for schools and professionals

LEADERS UNLOCKED

Clear communication and guidance

1. **Communicate with students** and ask students what they need? E.g. When do you feel you'll be ready to do exams again? Do you need any additional support with anything?

2. Provide young people with **clear guidance** on the different services they can access for specific support.

3. Councils should also actively find out what people need, and then communicate with that **student's school on their behalf.** It's the council's responsibility. Students didn't know what procedures were in place regarding staying safe

"It would be good if there was a video made or a map for new students of what the layout of the school is or, some information on where to go for support"

"Make us aware of the rules in place before we go back to education or work, if we don't know the rules how can we follow them."

"You could always give young people a card of what services there are available to help them with their problems"

LEADERS UNLOCKED

Develop initiatives to tackle loneliness

1. Make time and spaces to **socialise** a **higher priority** alongside academic time. This will aid to **tackle** the **loneliness** and **isolation** created by the pandemic.

2. Set up a **buddy system** at school, integrating young people with those they wouldn't otherwise connect with. Allow and actively encourage young people to spend time **nurturing friendships.** Young people are expected to go straight from school to revising at home, there's not a lot of time to stop and say, "How are you?" and **check in with people**.

"We need time to adjust back into school and to have the chance to talk to friends about it in person"

"Holidays could be shortened or the school day could be extended by 30 minutes to give us the time to talk and catch up on what we've missed out on"

"There needs to be more support in schools and colleges, they could get the older students to help the new students when going back to school or starting school. Peer support could be useful to help provide the new students with some tips."

LEADERS UNLOCKED

Provide support through online clubs

1. Create **groups and clubs online** which have a focus, but also aid interaction among peers e.g., **revision clubs** online where YP can interact with each other in an informal and useful way or, start **youth clubs online** so that young people can start socialising again. This could be done on Microsoft Teams or Zoom.

2. This could also be achieved by running **workshops** to get young people to engage in discussions around their own mental wellbeing.

"Set time aside for group conversations in a workshop, PSHE or registration. This is to open up a discussion and open the eyes of the teachers and other supporting adults

"Most schools can't do afterschool sessions… so teachers could open up the chance to talk to their bubble of students after school in case the students are confused about anything."

"A lot of people have been experiencing mental health issues as a result of the pandemic"

LEADERS UNLOCKED

Provision of safe spaces and one-to-one support

1. Allow young people to have the opportunity to talk about how the pandemic has impacted them.

2. Provide professional one to one **regular phone calls** with young people, especially **people from different backgrounds,** finding out how things are at home, how are they coping, what extra support might they need?

3. **Financial support** for young people needs to be prioritised. In some cases, **bursaries haven't been received** on time, this can have a knock on affect on young people's mental health.

"I felt I was being let down by my teachers by not being able to open up about the impacts of the pandemic, it was put on my personal records for talking about my thoughts and feelings. We shouldn't be punished or prevented from talking about it."

"One-to-one sessions on Zoom or Teams with a professional would place less pressure on teachers, to be students primary point of contact if they're struggling at school."

"When we would speak too much about COVID, we would be told off or told to grow up and get on with the work."

LEADERS UNLOCKED

Examples of support

- **Kooth website** – An online mental wellbeing community. Access free, safe and anonymous support.
- **Shout Text Service** (text SHOUT to 85258) - free, confidential, 24/7 text support service. It's a place to go if you're struggling to cope and need mental health support.
- **Derbyshire Mental Health Helpline and Support Service** - Call 0800 028 0077 - this is a freephone number and calls from landlines or mobiles should be free. The support line is open 24 hours a day, seven days a week.
- **Cruse Bereavement Care** - Call: 0808 808 1677 (Monday to Friday, 9am to 5pm)

Many can be found on the NHS Website: https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/nhs-services/children-young-people-mental-health-services-cypmhs-children-information/

Appendix 9.3

Needs Assessment Early Intervention and Targeted Support including MHST 2022 / 2023

Needs Assessment

The vast majority of CYP aged between 5 to 16 in Derby and Derbyshire attend schools. This means that those working in school settings are singularly best placed to identify and intervene when CYP need extra support with their emotional health, wellbeing, or mental health. Children also obviously live in the context of their family and community situations which is covered in greater detail in the needs assessment chapter but it is recognised that family / parental mental health influences childrens mental health.

Our schools across the footprint work in diverse communities and settings, we have schools that cater for CYP with special needs, pupil referral units (PRU), academies and local authority supported schools (including the virtual school for Children in Care). We have schools in inner city and rural settings, schools based in areas of high deprivation and others which are based in relatively wealthy areas but which still have children from deprived areas within their catchment area. The challenges schools face catering for their pupils and families needs are vast and very different and it cannot be assumed that only those schools in deprived areas are the only ones with needs. We know from local intelligence that some of our schools in wealthy areas face problems supporting children who have high expectations placed on them and that for some CYP this causes anxiety.

Evidence would suggest that, on average, 1 in 10 (10%) of school-aged children will suffer with mental illness. Across Derbyshire there is evidence of a greater level of vulnerability to mental illness in children and young people than seen nationally. This is highlighted in an array of risk factors that range from poverty to obesity and migration – particularly in Derby city. However, we are mindful that many more families will be facing pressures and at risk of poverty due to the cost of living crisis so these figures are likely to increase.

However, assessing the emotional wellbeing and mental health needs of children and young people is challenging because all mental health is on a continuum and therefore fluctuates. In addition, it is greatly influenced by a variety of factors, such as social and economic factors, family breakdown, educational difficulties, experience of trauma etc. and estimates of prevalence of specific child and adolescent mental health disorders are often broad and relate to the full range of clinical severity.

For early years children, the percentage of children (aged 4/5 years) at the end of foundation stage in 2021/22 who were accessed as not at expected level for their personal, social and emotional development (PSED) which includes, self-regulation; managing self; and building relationships in Derby was 18.7%; and Derbyshire, 16.8%. However, there is significant variation depending on a children's ethnic group, eligibility for free school meals, and SEN status.[3]

[3] Source: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/c3d89101-82da-48e0-9ee8-550d6e905bc4

For teenagers, the most recent available estimates of the prevalence of emotional wellbeing and mental health difficulties are based on local research undertaken by school health with 13-15 year old's. *My Life, My View* (2022) found that:

- 35% (1283/3629) of students saying they felt depressed or hopeless at least sometimes in the last two weeks"
- 33% (1133/3470) of students responded that feeling worried, sad or upset sometimes stops them doing or enjoying things
- 15% (530/3470) of students responded that feeling worried, sad or upset often makes it hard to do or enjoy anything.
- 78% (2655/3408) of students responded that they worry about at least one of the issues listed (e.g. schoolwork) 'often' or 'all of the time'. Most common worries
    - Exams and tests 48% 1620
    - The way you look 47% 1594
    - Relationships with friends 35% 1209
    - School-work 32% 1106
    - Health 26% 896
    - Family relationships 26% 896

Most of these young people who self-reported low mood or anxiety will not have a mental disorder, however, they may benefit from early intervention or targeted support. Applying the mental health prevalence rates to Census 2021 population estimates for those aged 7 to 17 suggests there is approximately 24,000 children and young people with a probable mental health disorder in Derby and Derbyshire.[4]

In Derbyshire, it is estimated that there are between 6747 and 9450 CYP aged 0-17 with special educational needs and/ or disabilities (Thomas Coram Research Institute methodology) and 17,567 pupils children with special educational needs (SEN) attend schools; which is approximately 15.6% of all pupils in Derbyshire . Moderate learning disability is the most common type of need for pupils for SEN support, accounting for 25.8%; social, emotional and mental health needs is the second most common type of need, accounting for 19.9%. Most children with EHCPs attend mainstream schools, with approximately 32% attending Special Schools. [5]

The latest data from the Department for Education (DfE) show that pupils with SEN and EHCP's have a significantly higher rate of persistent absence from school,[6] also pupils with Social, Emotional and Mental Health needs (SEMH) have the highest rate of exclusions and that pupils with Specific (SPLD) and Moderate Learning Difficulties (MLD) and Autism (ASD)

---

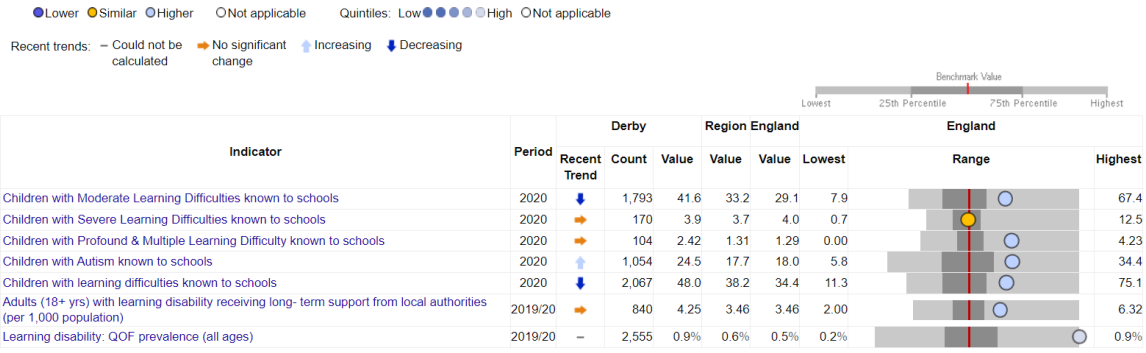
[4] Calculation based on population counts for children aged 7-17 from ONS. Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland. 2021. Date accessed: 11/07/2023. Link and mental health disorder prevalence rates for children aged 7-16 and young people aged 17-19 from NHS England. Mental Health of Children and Young People in England. 2022. Date accessed: 13/072023. Link

[5] SEND Needs Assessment Executive Summary - March 2021 (derbyshire.gov.uk). Available: https://observatory.derbyshire.gov.uk/wp-content/uploads/reports/documents/health/specialist_reports_and_assessments/2021/SEND_Needs_Assessment_Exec_Summary_March_2021.pdf

[6] Department for Education, (2023), Pupil attendance in schools. Available: https://explore-education-statistics.service.gov.uk/find-statistics/pupil-attendance-in-schools

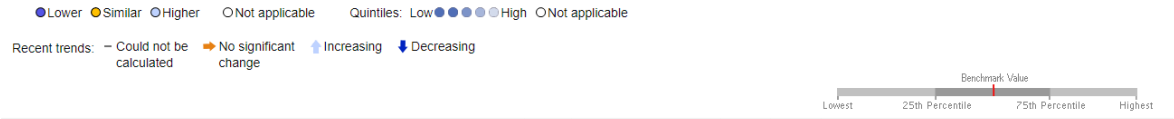
also have high rates.[7] While the potential drivers for exclusion are numerous and layered, the importance of SEND and SEMH needs in particular should be noted. This is significant not only due to the detrimental impact on learning but also the loss of additional benefits attending school brings, such as peer support, opportunities to access support, involvement in extracurricular activities.

Public Health England profiles indicate that in Derby City (2020/21) there is a higher than the England average number of CYP with autism known to schools and the trend is increasing, there are also more children with server learning difficulties, profound and multiple learning difficulties and learning difficulties. Please see below;



Indicator	Period	Derby			Region England		England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Children with Moderate Learning Difficulties known to schools	2020	↓	1,793	41.6	33.2	29.1	7.9		67.4
Children with Severe Learning Difficulties known to schools	2020	→	170	3.9	3.7	4.0	0.7		12.5
Children with Profound & Multiple Learning Difficulty known to schools	2020	→	104	2.42	1.31	1.29	0.00		4.23
Children with Autism known to schools	2020	↑	1,054	24.5	17.7	18.0	5.8		34.4
Children with learning difficulties known to schools	2020	↓	2,067	48.0	38.2	34.4	11.3		75.1
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 1,000 population)	2019/20	→	840	4.25	3.46	3.46	2.00		6.32
Learning disability: QOF prevalence (all ages)	2019/20	–	2,555	0.9%	0.6%	0.5%	0.2%		0.9%

For Derbyshire County Council (2020/21) there is a higher than the England average number of CYP with autism known to schools and the trend is increasing, there are also more children with moderate learning difficulties and learning difficulties. Please see below;



Indicator	Period	Derbyshire			Region England		England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Children with Moderate Learning Difficulties known to schools	2020	↓	3,767	35.0	33.2	29.1	7.9		67.4
Children with Severe Learning Difficulties known to schools	2020	→	301	2.8	3.7	4.0	0.7		12.5
Children with Profound & Multiple Learning Difficulty known to schools	2020	→	162	1.51	1.31	1.29	0.00		4.23
Children with Autism known to schools	2020	↑	2,115	19.7	17.7	18.0	5.8		34.4
Children with learning difficulties known to schools	2020	↓	4,230	39.3	38.2	34.4	11.3		75.1
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 1,000 population)	2019/20	→	2,210	3.41	3.46	3.46	2.00		6.32
Learning disability: QOF prevalence (all ages)	2019/20	–	5,177	0.6%	0.6%	0.5%	0.2%		0.9%

Derby has the second highest number of Deaf and hearing impaired adults in the country (only London ranks higher), this is thought to be due in part to individuals settling in the area having attended the Royal School for the Deaf; therefore many parents who access this service may have particular communication needs. The data indicates that 399 people per every 100,000 population aged 18-64 are registered Deaf or hard of hearing in Derby. This is significantly higher than rates in Derbyshire (126 per 100,000) and the national average (173

[7] Department for Education, (2023) Permanent exclusions and suspensions in England: 2021 to 2022. Available: https://www.gov.uk/government/statistics/permanent-exclusions-and-suspensions-in-england-2021-to-2022

per 100,000). [8] The number of Deaf and hearing impaired children is unknown, however, there are approximately 120 CYP on roll aged between 3 and 19 who attend the Royal School for the Deaf Derby (RSDD). All of these pupils have Education and Health Care Plans for hearing impairment.[9] In addition, to an unknown larger number who attend mainstream education. In England, 3% of Deaf CYP attend special schools for Deaf children and only 1 in 5 Deaf children have an Education, Health and Care plan.[10]

Since the COVID-19 pandemic, we also know that there has been a more recent, significant rise in people seeking help. The complexity, acuity and urgent nature of referrals has also increased, creating pressure across the system and greater emphasis on risk management, prioritisation, and clinical safety.

Targeted early intervention services and pathway guidance

Because schools play such a significant role in CYP lives we have 100% coverage of access to early intervention and targeted support mental health and wellbeing services which work specifically with schools, namely Changing Lives (Mental Health Support Team) and Build Sound Minds. In addition to this we ensure that schools understand what the mental health system has to offer in its entirety (websites / Kooth / CAMHS for example) CAMHS Specialist Community Advisors (SCA) are linked to all schools and offer advice, consultation and training to assist and identify those children in need of support at an early stage and help direct them to the most appropriate sources of support. We have designed an Education Mental Health Pathway for Schools which allows schools to map their own community provision and gives guidance regarding the mental health services. This document gives information on the whole system of care which is in place for meeting CYP mental health needs.

Derby-Derbyshire-Mental-Health-Pathway-Guidance-April-2023.pdf

These services give timely advice to schools, pupils and their families for emotional support, wellbeing, and mental health. This means that all children and young people and their families who experience MH problems have access to services, but we specifically target via MHST those settings where there is greater risk and virtual schools are included to ensure that children in care have access to early intervention services. Our services offer evidence-based therapies, for example systemic family therapy and CBT informed therapies.

Our four services which work in the early intervention and targeted support arena delivered to a significant number of interventions with children and young people and their families. Kooth is a digital approach only while the other services use a blended approach of both face to face and digital interventions. The tables below give the highlights of their reach;

Kooth 2021/22 and 22/23 – Local Data

Item	Activity 21/22	Activity 22/23
New registrations (male / female / gender fluid / A gender)	3581	2976
BAME new registrations	9.79%	12%

[8] Office for Health Improvement and Disparities Fingertips, (2017) (NOMIS, 2017)
[9] https://www.rsdd.org.uk/
[10] National Deaf Children's Society, (2021). Information about deaf children and young people in the UK. Available: https://www.ndcs.org.uk/media/6809/dcyp-in-the-uk-info-sheet.pdf

Largest age group for new registrations	554 age 15	539 (age 13) 576 (age 14) 537 (age 15)
Where majority of new registrations heard of Kooth - School	645	1,253
Average number of logs per month in 21/22	428	404
Number of logs in by females	25,182	21,928
Number of logins by males Number of log ins agender / non binary	4,773 1,723	3,047 2,510

Kooth contributed 1,001 towards the MHMDS access figure for Derbyshire ICB in 2022/22 and 1100 in 2022/23.

Build Sound Minds 2021/22 and 2022/23 – Local data

Item	**Activity 21/22**	**Activity 22/23**
Numbers of referrals received	3593	2298
Male access (only available for Q3 & 4 in 21/22)	45%	40%
Female access (only available for Q3 & 4 in 21/22)	55%	60%
BAME Access (only available for Q3 & 4 in 21/22)	6%	8%
Largest complexity factor SEN	34%	15%
Second Largest complexity factor ASD	22.%	11%
Largest referral reason is anxiety (only available for Q3 & 4 21/22)	63%	24%

Other key information includes;

Largest referral source is self / parents, schools are also large referrers and primary care also make referrals. This has been the case for over 2 years.

The majority of CYP – between 70% to 85% shows improvements via RCADS scoring in 21/22, in 22/23 this increased to between 77% to 88%.

The largest age range accessing the services was 12 to 14 years, this has been the case for over 2 years.

Interventions have been adapted to meet the needs of CYP who are neuro diverse

More females than males access services

Changing Lives - MHST 2021/22 and 2022/23

Item	Activity 2021/22	Activity 2022/23
Numbers of CYP referrals to service	1395	1350
Ratio of males to females accessing the service	M 36% / F 57%	M 30% /F 60%
BAME Access	4.1%	11%
Presenting issues for child - Anxiety	735	733
Presenting issues for child – Low mood / Depression	251	343

The largest complexity factor in 2021/22 was ADHD, in 2022/23 this changed to ASD.

Other key information includes;

Largest referral source is schools, but also includes self / parent and primary care referrals

The majority of CYP – between 70% to 85% shows improvements via RCADS scoring in 2021/22, In 22/23 (up to Q3 only) the improvement was between 60% to 74%.

The largest age range accessing the services was 12 to 14 years.

More females than males access services.

Schools for MHSTs are chosen based on a robust expression of interest submitted by schools alongside data analysis of need (deprivation scores / SEND / EHCP/ exclusions) by a panel made up of ICB, education and public health representatives and over seen by MHST Steering Group – this ensures the roll out targets areas of greatest needs.

Interventions have been adapted to meet the needs of CYP who are neuro diverse.

All MHST deliver a clear joint assessment of need in the education settings they are based within which is carried out in conjunction with school leadership team. All work plans are delivered based on this and commensurate with training and resources.

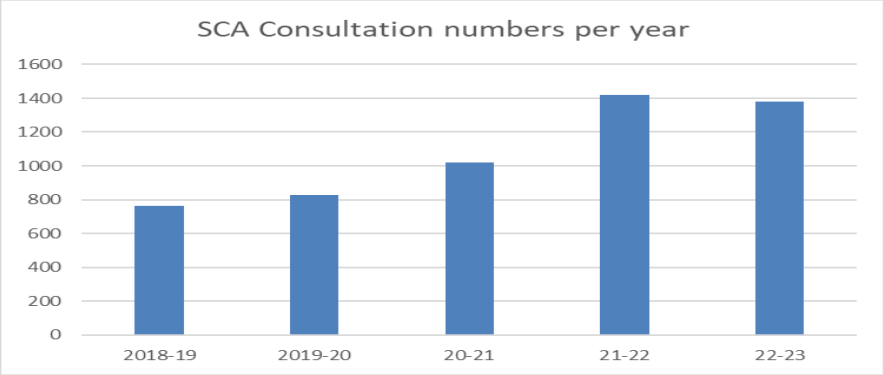
In Q4 22/23 there was a change in provider for MHST.

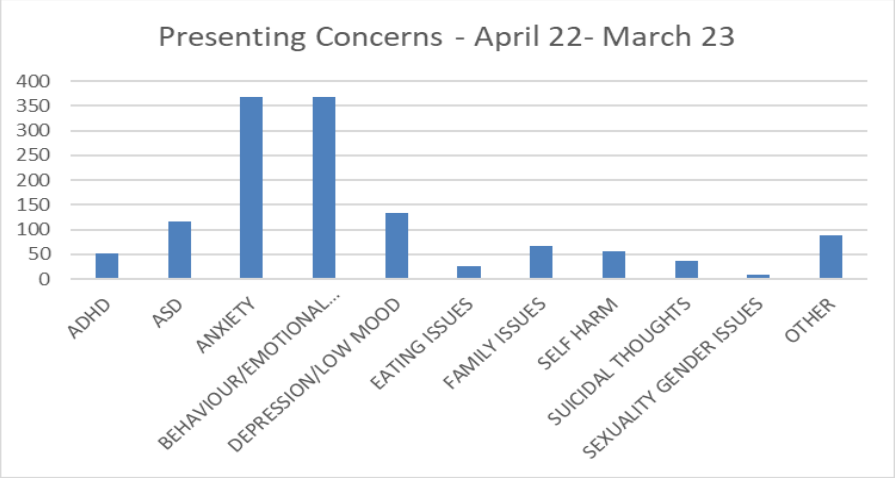
Specialist Community Advisors

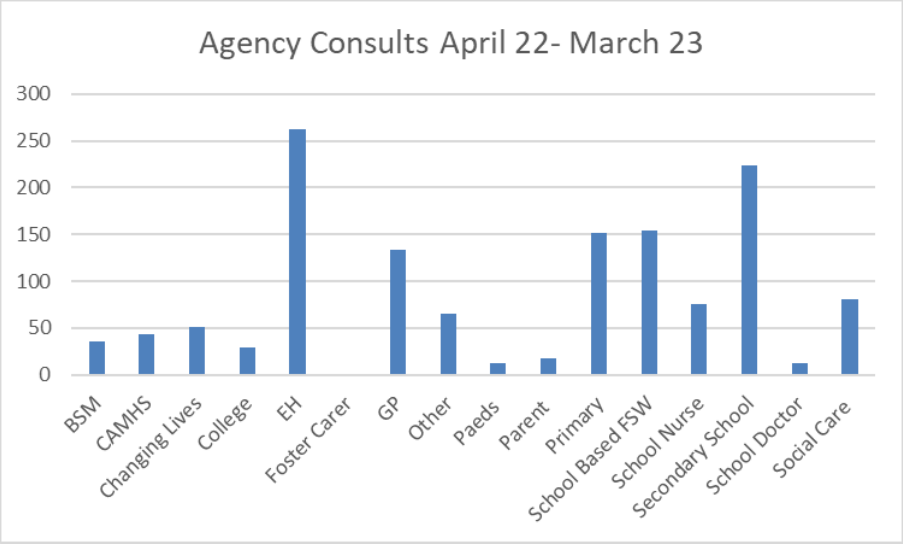
Item	Activity 21/22	Activity 22/23
North Derbyshire SCA consultations	1419	1379
North Derbyshire Largest presentation reason – emotional dysregulation	27%	
North Derbyshire Second largest presentation reason - anxiety	23%	

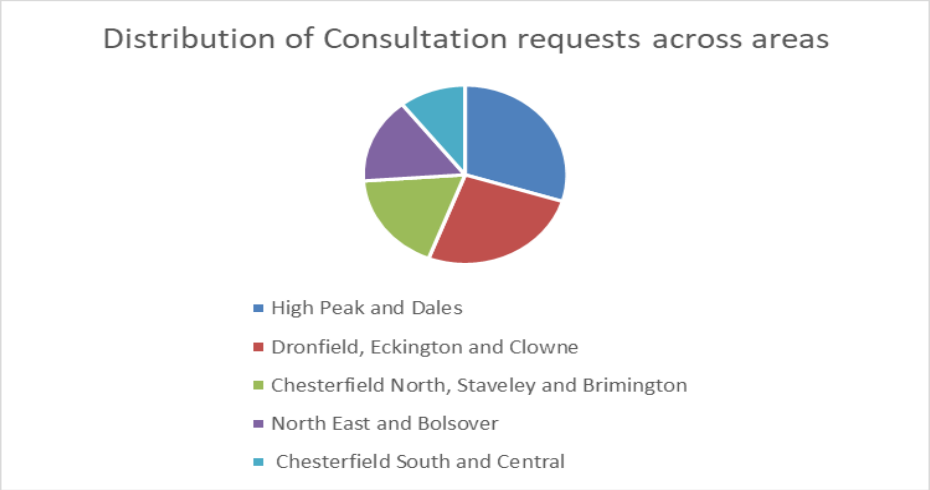
In 22/23 27.8% of consultations were for Anxiety and Behaviour/ Emotional Regulation

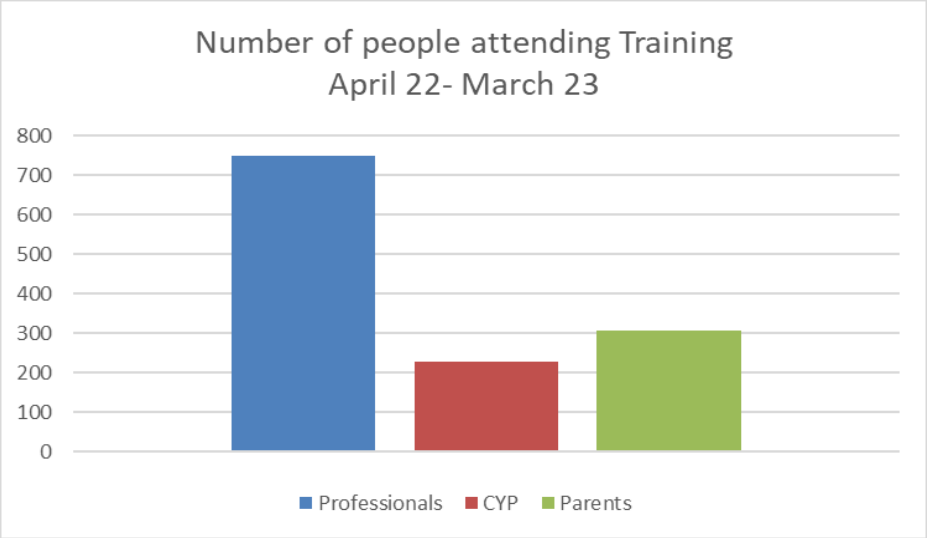
Please see below for further details regarding the SCA offer in the North of the County.











The Specialist Community Advisors in the South of the County and Derby City delivered 623 consultations between April 22 and Mar 23. The SCAs assist with daily referral activity to CAMHS and offer consultations where appropriate, they also local authority led Vulnerable Children's Meetings in order to share information / offer advice & guidance. The team have worked hard at streamlining the demand for consultation to reduce wait times and improve outcomes.

Workforce

Recruiting and maintaining the workforce remains a challenge in some work programmes, for example our MHST suffer similar challenges to the national picture in terms of recruiting Education Mental Health Practitioners and supervising practitioners but the ambition is to have a fully staffed MHST workforce. The recruitment of SCAs in South Derbyshire has also been a challenge with the service delivering on 33% of the establishment in the past year.

Appendix 9.4

MHST – 2022 Priorities, Updates and Next Steps

Key

Blue – complete

Green – in progress on track

Amber – in progress behind track

Red – not in progress/ significantly behind track

Item / Priority 2022	Progress	Next Steps
Monitor the impact of post covid and the cost of living crisis and work in partnership to support CYP and their families	On-going	Business as usual
Continue to work in partnership with schools on all aspects of emotional support, wellbeing, and mental health	On-going	Business as usual
Embed the new model / specification of MHST into the service system with an emphasis on the existing services that deliver in schools, avoiding duplication and ensuing gaps are filled	Complete	
Continue progress to meet the long term plan ambition for MHST	On-going. Additional services have been bought from Kooth. Expansion of MHST has taken place.	Ensure Kooth data is attributed to DDICB Further expansion of MHST planned System approach to access, waiting times, step down and discharge planned and agreed
Develop a detailed local framework for MHST to further address inequalities		Specialist audit tools developed and used by Changing Lives to assess where

		improvements can be made regarding reach to underserved groups.
Integrate Glossop into wave 10 MHST and Build Sound Minds delivery	In progress – Glossop will be supported by MHST	MHST wave 10 delivered in Glossop New contract for 'Build Sound Minds' to include Glossop
Expend on the whole school / healthy schools approach to increase population health reach taking into account the findings from understanding depression / anxiety better		Business as usual
Ensure schools have the knowledge and skills to support their pupils mental health needs		Business as usual
Look at how we can increase the number of males accessing information and help	T&F Group formed to look at this – system approach	
Continue to improve our reach to BAME CYP	T&F Group formed to look at this – system approach	
Continue to monitor our information relating to LGBTQ+ populations and use intelligently to deliver better services		Business as usual
Continue to improve our reach and support to CYP who have a disability or are neuro diverse		Business as usual
We need to understand more about the categories of depression / anxiety for CYP and links to physical health		This has not been progressed and will come into the work as a system looking at access, waiting times, step down and discharge.
Embed the new model / specification of MHST into the service system		
Mobilise wave 8 of MHST and establish wave 8 Centres of Excellence		

Re-focus Build Sound Minds following the expansion of wave 8 with a focus on rural schools	Rural schools have been approached and told of the offer	Included in the new 'Build Sound Mind' specification
Prepare for wave 10 of MHST including choosing Centres of Excellence		In progress
Integrate Glossop into wave 10 MHST and Build Sound Minds delivery		
Expend on the whole school / healthy schools approach to increase population health reach		
Review waves 2 and 4 MHST to understand what improvements can be made		Review in take place Autumn 2023
Finalise the Mental Health for Education Setting Guidance Document and circulate		
Deliver trauma informed approaches training to schools	Public Health leading on a piece of work to deliver this.	Delivery planned in 23/24 and 24/25
Continue to integrate the Mental Health Support Teams, Build Sound Minds, Kooth and Specialist Community Advisors		
Undertake analysis of the outcomes for our BAME populations		This is part of the T&F group
Continue to analyse our approached to understand how we can meet the needs of CYP with specific needs		Business as usual

Appendix 9.5

Children and Young People's Engagement and Participation Strategy 2023

Strategy for engagement and participation

Purpose and rationale

Changing Lives – Derby and Derbyshire changed provider in January 2023 to Compass who have over 35 years' experience of delivering community health and wellbeing services.

The core principles of our model are underpinned by i-thrive, creating system-wide capacity for more children/young people/families (CYPF) to access the right care, first time.

We currently have nine locality skill mixed mental health support teams across Derby and Derbyshire, along with an additional specialist team who lead on behalf of the wider team in the areas of:

- Consultation & co-production
- Developing resources
- Workforce training
- Best practice
- Networks
- Upskilling MHST staff

We are lucky to have in role an appointed team member to lead on the development of participation and engagement however we recognise that this is a shared responsibility across all our teams, and the strategy will build upon the good practice already in place within our Mental Health Support Teams (MHST).

What is participation?

Participation is a process where children and young people are listened to and can influence decisions about their lives which may affect them.

Participation of children and young people is one of the General Principles of the Convention on the Rights of the Child (UNCRC). Article 12 of the convention - "the child's right to be heard" is a fundamental belief for children's participation. Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

Children and young people's participation is also one of the five key principles of the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT programme)

and as a mental health service for children, young people, and their families we are committed to build upon local knowledge across all communities within the Derby and Derbyshire area to collate multiple perspectives to help shape our service.

The plan will also integrate the values and ethos of Compass.

Our vision

All people have their health and wellbeing needs identified early, before problems escalate and people are given the right care and support, at the right time, by the right professional.

Our mission

Where everyone gets the same access to early help, irrespective of background and circumstances, so they can realise their talent and reach their true potential.

Ethos

- **With integrity**
  Treating others with decency, fairness and being honest in all that we do.

- **Valuing each other**
  Respecting the needs, skills, diversity and views of each person, irrespective of status.

- **Being solution focused**
  Responding flexibly and adapting quickly to current and emerging needs.

- **Consistent and reliable**
  Always delivering on our commitments.

Principles of engagement and participation

Compass Changing Lives acknowledge that the children and young people within our wider communities are diverse, and that participation and engagement methods will need to be adapted to meet the needs and abilities of all the children we work with, particularly when working with children and young people who have special educational needs, disability, learning differences or language barriers.

The engagement and participation strategy sets out how to achieve this, to ensure that we have the right systems and support to enable effective collaboration. The strategy aims to empower children and young people to participate in decision-making across a range of areas, it will help improve opportunities for children and young people to be heard and have more influence over the decisions which affect their lives.

We will endeavour to use a range of participation methods through the voice of the child and young person through shared decision making and by expert by experience:

- at an individual level
- within education environments and/or community settings
- within more formal group settings/forums and meetings

Model of engagement and participation in practice

NHS England sets out a framework for understanding different forms of participation. The ‘Ladder of engagement’ is useful to consider when planning the types of engagement required for different areas of work.

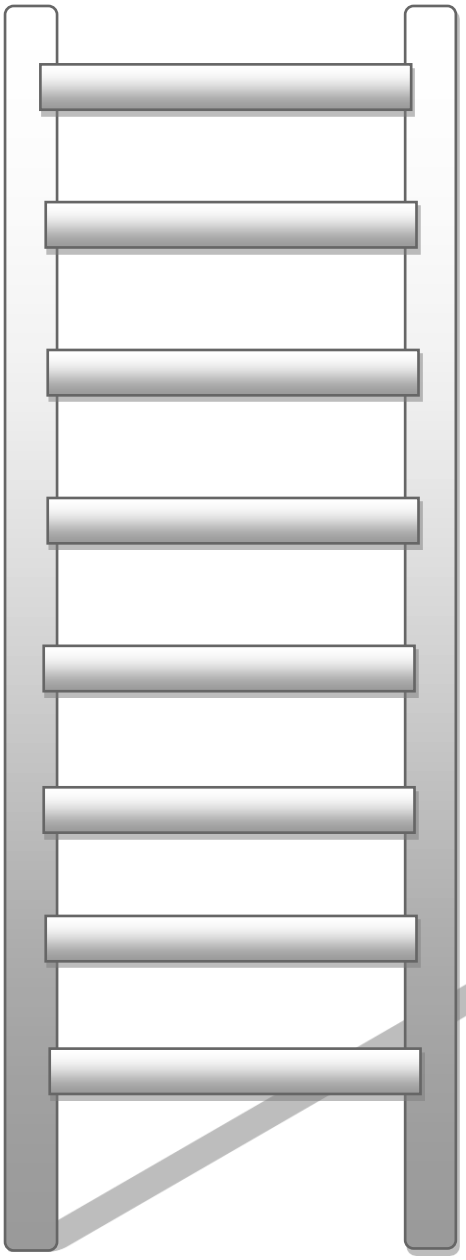
Devolving	Placing decision-making in the hands of the community or individuals
Collaborating	Working in partnership with communities and individuals in each aspect of decision-making including the development of alternatives and identification of preferred solutions.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are constantly understood and considered for example, partnership groups, policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and/ or decisions for example surveys, panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, and solutions. For example, websites and newsletters.

based on the work of Sherry Arnstein (1969)

Roger Hart's ladder of children's participation is adapted from Sherry Arnstein's "ladder of citizen participation" (1969) which related to citizen involvement in planning processes in the United States. Hart's model (1992) has eight rungs and two main zones he calls 'Non-Participation' and 'Degrees of Participation'. The top five rungs, in **the 'Participation'** zone all represent different but valid forms of participation while the three lowest rungs are all designated as **"non-participation".**

Ladder of Young People's Participation

The top five rungs, in **the 'Participation'** zone all represent different but valid forms of participation while the three lowest rungs are all designated as **"non-participation".**



8 Young people's initiative, decisions made in partnership with adults

7 Young people's initiative and leadership

6 Adult's initiative, joint decisions

5 Adults make decisions, young people are consulted and informed

4 Young people are assigned tasks and informed how and why they are involved in a project

3 Participation for show – young people have little or no influence on their activities

2 Decoration – young people help implement adults' initiatives

1 Manipulation – adults use young people to support their own projects and pretend they are a result of young people's inspiration

Compass Changing Lives will strive to increase the levels of participation with children, young people and their families using these models alongside the ethos and values of Compass.

Action plan – 2023 - 2025

Objective	Action	By when	Lead	Support
Embedding participation and engagement throughout the Compass Changing Lives team.	Success from the MHST's is shared and reflected through newsletters, social media, and website. Specialist themed leads raising awareness for specific vulnerable groups. Standing item on whole team meeting agenda	January 2023 March 2023 May 2023	Lucie Mountain Shared response across the team Chantelle Ross	Shared response across the team ↓
Children, young people and/or parents/carers are involved in decisions and plans that affect them. Any leaflets, websites or communications aimed at children, young people and/or parents/carers are developed in partnership with them. • **at an individual level** • **within social environments / community settings** • **within more formal group settings/forums and meetings** **Gaining feedback on any new co-development**	To develop a welcome pack in conjunction with children and young people and/or parents/carers through focus groups, variety of activities and participation surveys to gain their voice. To engage with children and young people and their families to develop the Changing Lives brand, logo and marketing material. To extend to: • Website branding • Service promotion • Social media • Leaflets	September 2023 Plan September 2023	Mel Johnson	Tracey Carey-Meyrick Lucie Mountain MHST's through existing wellbeing/MH ambassadors/youth forums in schools
Connect and build relationships within the schools we work with, local groups, professionals, organisations, multi-faith groups and communities to create joint working relationships for future participation work.	Increase engagement and reduce barriers: attend joint working groups, partnership events/training and local events ensuring information about Compass is shared and gain meaningful feedback to help shape the service.	January 2023 and review Autumn 2023	Mel Johnson	Shared response across the team through link sessions, community events and duty.

Recruitment: **Children, young people are involved in, and views listened to and considered within the recruitment and appointment of staff within Compass Changing Lives**	✚ Recruit children and young people volunteers to the service. ✚ Children, young people and/or carers are trained and supported to do interviews with existing interview panel. ✚ CYP are involved in writing a question for interviews. ✚ Feedback and evaluation after the interview process.	Planning stage September 2023	Chantelle Ross Tracey Carey-Meyrick	
Establish a parent support network	✚ Identify parents through existing interventions or community partnerships to develop a Compass parent support network	Planning stage Autumn 2023	Ellie Hayes	Tracey Carey-Meyrick
Through our existing mental health ambassadors in school and recruited volunteers we will establish peer champions and a shadow board to lead on representation at every level and build upon what is already in place and help address barriers for vulnerable and protected groups.	✚ Children and young people to attend and contribute to strategic and locality steering groups. ✚ Establish MHST local leadership team	Planning Autumn 2023	Mel Johnson Tracey Carey-Meyrick	Chantelle Ross

References:

- https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf
- https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-plann-part1.pdf
- Sherry R. Arnstein, 'A ladder of citizen participation', Journal of American Planning Association, Vol. 35, No 4, July 1969, pp. 216 - 224.
- Hart, R. A. (1992). *Children's participation: From tokenism to citizenship* (No. inness92/6).

Appendix 9.6

Build Sound Minds

Examples of participation / feedback from parents and CYP that has shaped BSM

- CYP and parents asked for a place based service - being able to access services in school, online or in the community where suits their needs – BSM made this part of their core offer

- CYP / parents asked for multiple interventions to suit different presentations – BSM made this part of their core offer

- Access to interventions in evenings for working parents – BSM made this part of their core offer three evenings a week

- CYP are part of the recruitment process – assisting with job descriptions and being present on interview panels for recruitment

- CYP asked that group work took place in close age rangers (e.g. not putting 12 year old with 16 year olds) – BSM made this part of their core offer

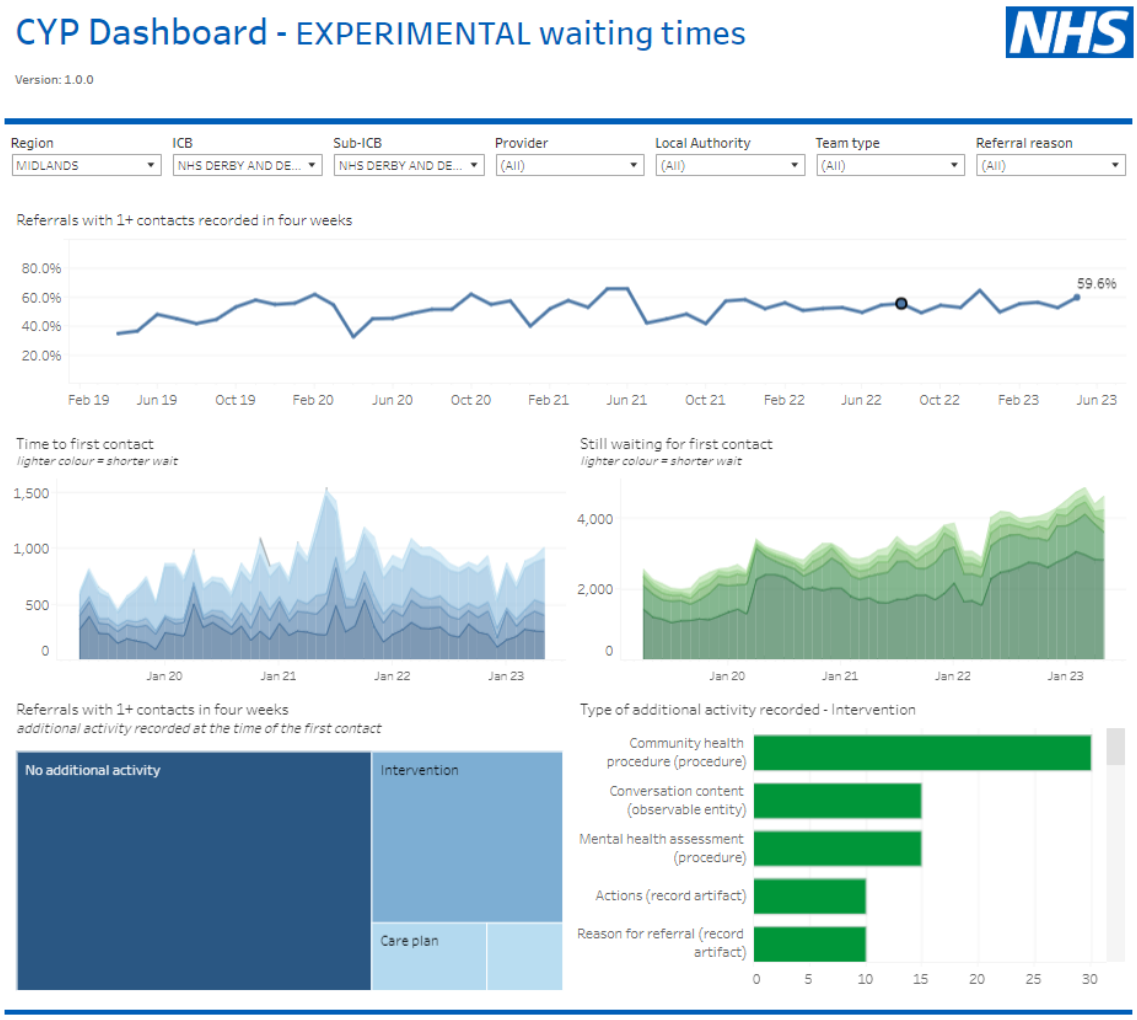
- CYP & parents asked for a representative workforce – BSM are proud to have this in place with 15% staff are from black, Asian, minority ethnic backgrounds and 8% staff are male

Appendix 9.7

Current Position Waiting Times DDICB CYP Mental Health Commissioned Services

02/08/23

Derby and Derbyshire ICB May 2023



As of May 2023:

59.6% seen within 4 weeks DDICB (when records began Feb 21 this was 34.7%)

63.6% seen within 4 weeks Eng

Referrals Waiting for Contact

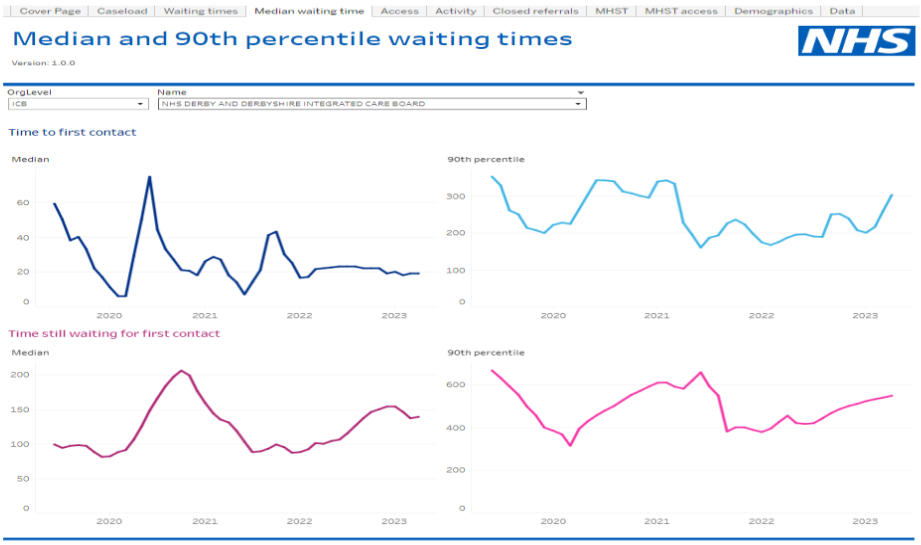
Item	Eng	DDICB	
Referrals still waiting for a first contact over 12 weeks	141,700 (63.4%)	2,815 (61.4%)	
Referrals still waiting for a first contact 4 to 12 weeks	44,375 (19.8%)	775 (16.9%)	
Referrals still waiting for a first contact 2 to 4 weeks	16,270 (7.3%)	310 (6.8%)	
Referrals still waiting for a first contact less than 1 week	9,915 (4.4%)	370 (8.0%)	

Time to First Contact

Item	Eng	DDICB	
Time to first contact 12 weeks and over	12,090 (19.3%)	260 (25.9%)	
Time to first contact 4 to 12 weeks DDICB	10,305 (16.4%)	145 (14.3%)	
Time to first contact 2 to 4 weeks DDICB	6,115 (9.7%)	105 (10.3%)	
Time to first contact 1 to 2 weeks DDICB	5,665 (9.0%)	100 (10.1%)	
Time to first contact less than 1 week DDICB	28,100 (44.8%)	395 (39.3%)	

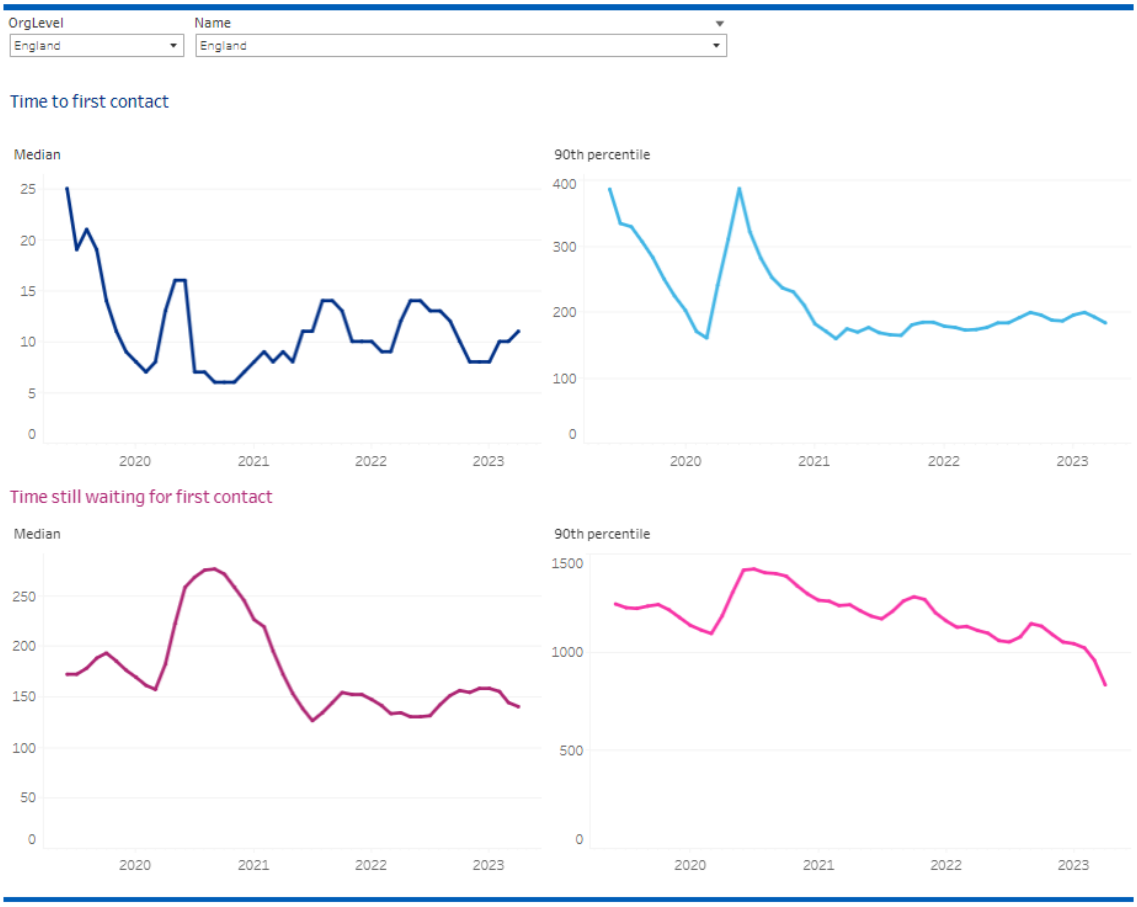
Derby and Derbyshire ICB – April 23

Median and 90th Percentile



Median and 90th percentile waiting times

Version: 1.0.0



April 2023 Rolling quarter ending:	**Eng**	**DDICB**
Median Referrals receiving a first contact	**184,330**	**2385**
Median time to first contact (days):	**11 days**	**19 days**
Median Average referrals waiting for a first contact:	**227,997**	**4685**
Median time waiting (days):	**140.0**	**139**
90th percentile Referrals receiving a first contact:	**184,330**	**2385**
90th percentile 90th percentile time to first contact (days):	**183.0**	**302.6**
90th percentile Average referrals waiting for a first contact:	**227,997**	**4,685**
90th percentile time to first contact (days):	**183.0**	**549.0**

DDICB Provider Information Waiting Times – NHS Platforms – May 2023

Provider	Access – Rolling number receiving at least one contact in the last 12 months – May 2023	%
Action for Children	Time to first contact less than 1 week Time to first contact 2 to 4 weeks Time to first contact 4 to 12 weeks Time to first contact over 12 weeks	45.9% 4.6% 7.8% 45.9%
Changing Lives (Dec 22)	Time to first contact less than 1 week Time to first contact 2 to 4 weeks Time to first contact 4 to 12 weeks Time to first contact over 12 weeks	20.8% 56.6% 13.2% 0%
Changing Lives (Jan onwards)	Time to first contact less than 1 week Time to first contact 2 to 4 weeks Time to first contact 4 to 12 weeks Time to first contact over 12 weeks	26.0% 21.9% 19.8% 14.6%
Chesterfield RHFT	Time to first contact less than 1 week Time to first contact 2 to 4 weeks Time to first contact 4 to 12 weeks Time to first contact over 12 weeks	Last data Sept 2021
Derbyshire HFT	Time to first contact less than 1 week Time to first contact 2 to 4 weeks Time to first contact 4 to 12 weeks Time to first contact over 12 weeks	36.0% 7.9% 18.5% 30.5%
Kooth	n/a	

Local Data Q4 22/23

Changing Lives 62% seen within 4 weeks / 38% waiting more than 4 weeks

What is the data telling us?

That our referrals with 1 plus contact seen within 4 weeks has improved from Feb 21 at 34.7% to May 23 to 59.6%?

We are currently behind the England figure of 63.3% (May 2023)

Time to first contact is some way behind the national figure. Similarly the number of first contacts seen in a week is better than DDICB

Median waits to first contact are worse in DDICB than England's figure which is 8 days longer

Our 90th percentile is worse than England average

THE DECC

A Derby & Derbyshire Emotional Health and Wellbeing Service to support the needs of children in care

45 Queen Street
Chesterfield
S40 4SF

42 Leopold St
Derby
DE1 2HF

01332 505484

DerbyshireEHWCIC@actionforchildren.org.uk

Safe and happy childhood

Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives.

THE DECC

Information for Care Leavers

A Derby & Derbyshire Emotional Health and Wellbeing Service to support the needs of children in care

Who are we?

Action for Children is a charity that helps and supports children and young people, and their families.

The DECC is a team of people who have experience in working with, and supporting, children and young people, and Care Leavers, who have had difficult life experiences. Many of the young people we support will also have care experience. We also support those caring for children and young people. We believe that your Leaving Care Worker and others supporting you are so important in helping you to feel cared for, listened to, and good about yourself. We want to make sure that those supporting you feel confident in being able to do this as best as they can.

Where do we offer support?

Our meetings are likely to be only with those who are supporting you; however, if you would like to meet with us and hear about what we are doing, we will do our best to make that happen. Sometimes we meet with people virtually, over Microsoft Teams. At other times we might meet at one of our rooms in Derby or Chesterfield or in a community building. We will try to do what works best for everyone.

How might we help?

We can all struggle to make sense of how we feel at times. It can also sometimes be difficult for those supporting you to know how best to do this. We provide support to people supporting Care Leavers. We can help them to understand some of the thoughts or feelings you may experience, and give them ideas about what they can do to help you. We hope that if they feel more confident in understanding and supporting your needs, this should make things better for you too.

Who else will be involved and informed?

You are reading this leaflet because we would like to work with your Leaving Care Worker and/or others supporting you. We need your permission to do this, and you can also let us know who you might like to be involved. You are free to withdraw your consent at any time.

The information we receive will be kept confidential within this group of people. However, if we have concerns that you or others have been harmed or are at risk, we must pass this on.

THE DECC

A Derby & Derbyshire Emotional Health and Wellbeing Service to support the needs of children in care

45 Queen Street
Chesterfield
S40 4SF

42 Leopold St
Derby
DE1 2HF

01332 505484

DerbyshireEHWCIC@actionforchildren.org.uk

Safe and happy childhood

Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives.

THE DECC

Information for Children and Young People

A Derby & Derbyshire Emotional Health and Wellbeing Service to support the needs of children in care

Who are we?

Action for Children is a charity that helps and supports children and young people, and their families.

The DECC is a team of people who have experience in working with, and supporting, children and young people who have had difficult life experiences. Many of the young people we support will also have care experience. We also support those caring for children and young people. We believe that your parents or carers are so important in helping you to feel cared for, listened to, and good about yourself. We want to make sure that they feel confident in being able to support you as best as they can.

Where do we offer support?

Sometimes we meet with people virtually, over Microsoft Teams. At other times we might meet at one of our rooms in Derby or Chesterfield, outside or in a community building, or at home. We will try to do what works best for everyone. Our meetings may only be with your parents or carers; however, if you would like to meet with us and hear about what we are doing, we will do our best to make that happen.

How might we help?

We can all struggle to make sense of how we feel at times. It can also sometimes be difficult for your parents or carers to know how best to support you. We provide support to the parents or carers of looked after children and some children who are not in care. We will help them to understand what you might be thinking or feeling, and give them ideas about what they can do to help you. Because they are with you a lot of the time, if they feel more confident in supporting you, this should make things easier for you too.

We might also work with you too, supporting you with your feelings, thoughts or changes that might be happening in your life. You would be asked what you think about this first.

Who else will be involved and informed?

We might also work with other people who support you, such as your social worker, and we will keep the important people updated. If you are over 16, you can decide who is involved and kept updated, depending on who the important people are to you.

If we were to meet with you, we will always ask if it is ok to share information with your carers or social worker. However, if we feel you or others have been harmed or are at risk, we must pass this on, but we will explain how this will be done.

Feedback from our Foster Carers

"It has empowered us! It has deepened our awareness and understanding of developmental trauma. The interactive activities were bespoke to our children which was excellent. We felt heard, listened to and supported. It felt like there were many 'lightbulb' moments, even though much of this information we already knew. We felt we could speak openly without judgement."

"Although I had attended parenting groups before the delivery of this one allowed for a deeper and more bespoke exploration on how attachment and trauma directly impacts our children. It focuses with child at the heart of the learning. We now feel more confident and like the learning is embedded and makes sense now. We strongly recommend this group to all foster carers"

"This course has been amazing. It has given me the confidence and the tools to help me improve myself and the children I look after."

"We felt lost going around in circles, but now we've been given the map we need. We still have to walk the walk, but now we're going in the right direction"

"We were so close to calling time, but now the good far outweighs the bad. If I could recommend anything it would be for people to come and see you guys and do this course"

Action for Children– The DECC

Therapeutic Service for Children in Care

42 Leopold Street
Derby
DE1 2HF

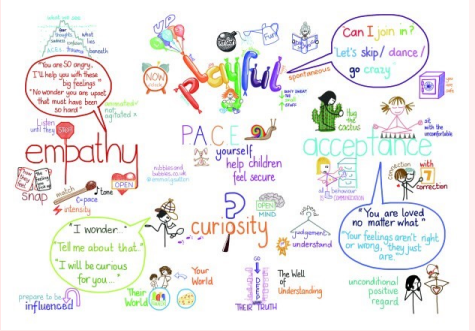
45 Queens Street
Chesterfield
S40 4SF

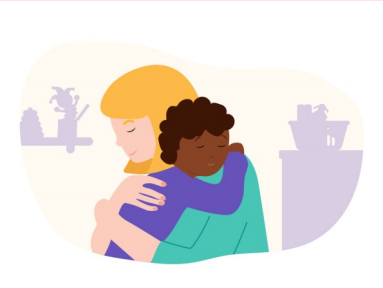
Duty Line: 01332 505484
DerbyshireEHWCIC@actionforchildren.org.uk

The DECC

Foster Carer

Attachment Group





Attachment Group Programme Summary

The group programme is based on Kim Golding's "Foundations for Attachment" programme. It aims to support foster carers to understand and feel more confident practicing therapeutic parenting.

Each session comprises a combination of group reflection, discussion and activities designed to bring to life key information around the impact of developmental trauma on children and the principles, practice and challenges of therapeutic parenting.

Participants will be supported to contribute to group discussions and reflect on their own experiences of parenting. Facilitators will create a safe and confidential space to support participants to reflect upon the underlying needs of the children in their care and how these may be displayed in their presentation. The group sessions can help carers to explore some obstacles to them feeling connected to their children and consider new ways to build connection.

Summary of sessions

Session 1
Understanding the Challenges of Parenting
This session allows for the facilitators and group members to connect and chat with each other, building relationships.

Session 2
Attachment Styles, Attachment History and Blocked Care
This session supports carers' understanding of the survival function of attachment before thinking through the dynamics of the main attachment styles in relation to themselves (and their child).

Session 3
Impact of Trauma and Shame
This session will help carers understand the physiological, psychological and social impact of developmental trauma and to apply this to help them better make sense of the needs of their children.

Session 4
Therapeutic Parenting
This session introduces the key concepts within therapeutic parenting and allows carers to start thinking about and trying PACE (Playfulness, Acceptance, Curiosity, Empathy) based conversations. Carers are supported to explore the challenges they may experience in using PACE.

Session 5
PACE and Behavioural Support
This session supports carers to deepen their confidence in holding an attitude of PACE.

Session 6
Self Care
This session brings the carers back to themselves and how to look after themselves in order that they can effectively look after their children.

A referral can be made specifically for our attachment group.

Please request a referral form using our service email address :

DerbyshireEHWCIC@actionforchildren.org.uk
or call our duty line to discuss further 01332 505484.

The DECC

Derby & Derbyshire Emotional Health and Wellbeing Service to support the needs of children in care

Information leaflet for professionals

Derby and Derbyshire CIC

What is 'The DECC' and who is it for?

The DECC is a specialist service commissioned by Derbyshire County Council, Derby City Council and Derbyshire ICB, to support the trauma and attachment needs of Children in Care, where these are impacting on their ability to access daily life.

The service team includes staff with a range of qualifications, skills and expertise, which includes Clinical Psychologists, Therapists and Social Workers.

Interventions offered are informed by a range of psychological and therapeutic models, but primarily underpinned by the DDP (Dyadic Developmental Practice/Psychotherapy) model.

Overall purpose and vision

1. to support and scaffold local services to enhance and develop the care environment that is provided for children, through the development of therapeutic parenting and trauma informed practice.

2. To provide tailored direct interventions for the Carers, Social Workers and other professionals involved with children in their care, as well as providing therapeutic direct support for children, alongside therapeutic parenting support.

DUTY LINE :

01332 505484

9am and 5pm
Monday to Friday
Available for referrals and signposting advice

Services available :

How to access:

An annual programme of ***Training Events,*** open to foster carers, residential workers, social workers and other professionals. We can also consider additional requests for bespoke training for whole teams, which would be individually priced.

Enquire about places by calling

01332 505484 **or**

DerbyshireEHWCIC@actionforchildren.org.uk

Attachment-focused Group work for carers offering a therapeutic intervention for carers of children presenting with complex emotional needs, which focuses around the individual needs of referred children.

Complete Referral Form for the child and send to

DerbyshireEHWCIC@actionforchildren.org.uk

Bookable one-off ***consultation sessions*** open to social workers, and others in the child's network; to discuss and seek advice regarding concerns they might have about a Child in Care or Care Leaver's emotional wellbeing or behaviour.

We also offer consultations with a clinical and forensic psychologist, which are available to professionals who are concerned about a child aged 0-18, who may be displaying Harmful or Problematic Sexual Behaviours.

Complete a consultation booking form and send to

DerbyshireEHWCIC@actionforchildren.org.uk

A slot for the child's network will be organized once this has been received/ accepted.

Medium term trauma and attachment based therapeutic work involving children and young people, their carers and the professional networks supporting them and providing an attachment and trauma based intervention;

A series of up to 6 Consultation sessions to support a child/young person's involved professionals in developing their trauma informed and therapeutic parenting approaches, or in delivering prescribed work or set interventions;

Complex case work where risk/need is high and circumstances are unstable involving children and young people, their carers and the professional networks supporting them;

A WRAP Service which offers intensive, therapeutic wrap-around support for children and their carers to transition to family based living, including forward to fostering and reunification to birth family.

STEPS FOR ACCESSING SERVICE

1) Complete Referral Form and send to

DerbyshireEHWCIC@actionforchildren.org.uk

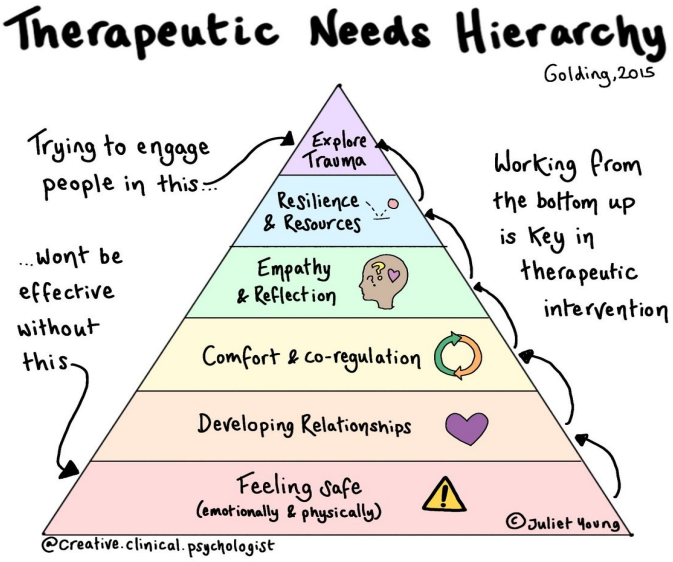
2) Referrals received by last Tuesday of each month will be considered by the managers and psychologists to make clinically informed recommendations.

3) Referrals Prioritisation Panel will take place on 2nd Thursday of each month. Attended by representatives from each local authority, where decisions about referral outcomes and made jointly.

Often we may suggest that Consultation or Attachment Group is an important and useful first step in our involvement with individual children.

This can be useful for supporting those around the child to build the foundations for their trauma recovery journey, in line with Kim Golding's Therapeutic Needs Hierarchy/ Pyramid of Need. More information available:

https://ddpnetwork.org/library/ddp-pyramid-of-need-and-assessment-grid/



CORE ELIGIBILTY— Direct Services :

Children in the Care of Derbyshire/Derby City Council, living within Derbyshire boundary. ***Children placed in Derbyshire by other local authorities can also be accepted, pending funding agreement.***	**Children subject to a SGO, where social care were involved in making the placement, and the Adoption Support Fund has been explored.**

CORE ELIGIBILTY— One off bookable consultation :

All of the above, plus….		
Children in the Care of Derby/Derbyshire and living with 25 miles of the		
Children who have experienced sexual abuse (incl. those not in care)	**Children displaying harmful sexual behaviours**	**Children who have left care and are receiving Leaving Care support.**

Things to consider when making a Referral...

Although service provision sits within the THRIVE model, we will also consider the following when prioritising referrals for specific interventions :

- What is the child's view and perspective around the help they need/want? Have they consented to the referral?

- How likely is this child to benefit from this intervention at the current time?

- What other opportunities are their to enhance therapeutic parenting approaches within the child's placement/ network?

Service / Intervention	How Referrals will be prioritised	Ways of working and length of intervention
Short term interventions : **Series of up to 6 consultation sessions** **Attachment-focused Group work for carers** THRIVE : Getting more help ***= 20% of direct caseload***	Where support is required to achieve permanence or placement stability for the child. Direct work involving child not appropriate, or where focus on supporting empathy/understanding within the network, or parenting skill/sensitivity most appropriate target for intervention.	Focus is improving understanding of behaviour, psycho-educative, developing therapeutic parenting, regulation, symptom management. Allocated to : Lead Therapeutic Practitioner or Clinical Psychologist. **Up to 6 months**
Medium term trauma and attachment based therapeutic work THRIVE : Getting more help ***= 40% of direct caseload***	Placements agreed as long term. Carers committed to the dyadic approach. Child with complex needs impacting on their daily life, but who are likely to benefit.	DDP/Theraplay informed. Allocated to : Lead Therapeutic Practitioner or Clinical Psychologist. **Up to 12 months**
Complex case work where risk/need is high and circumstances are unstable THRIVE : Getting more help/risk support ***= 20% of direct caseload***	Children with a complex trauma history, where there is risk of placement breakdown or there have been multiple placements and children require longer term therapeutic support. N.B. Children in residential care – direct work will be considered when the RP and consultation offer isn't proving sufficient support/resource.	Responsive to circumstances, intervention could include: Regular network consultations One to one work DDP informed work with YP and carer. Allocated to : Lead Therapeutic Practitioner or Clinical Psychologist. **12 months +**
WRAP Service THRIVE : Getting more help/risk support ***= 20% of direct caseload***	- Child has a care plan for a placement transition— e.g. residential step down to foster care, or return home plan.	Transition wrap-around support – DDP informed to develop attachments and build stability. Allocated to : Young Person Practitioner and Lead Therapeutic Practitioner (co-worked) **12 to 18 months**

The DECC

Key Documents

Consultation Booking Form

Referral Form

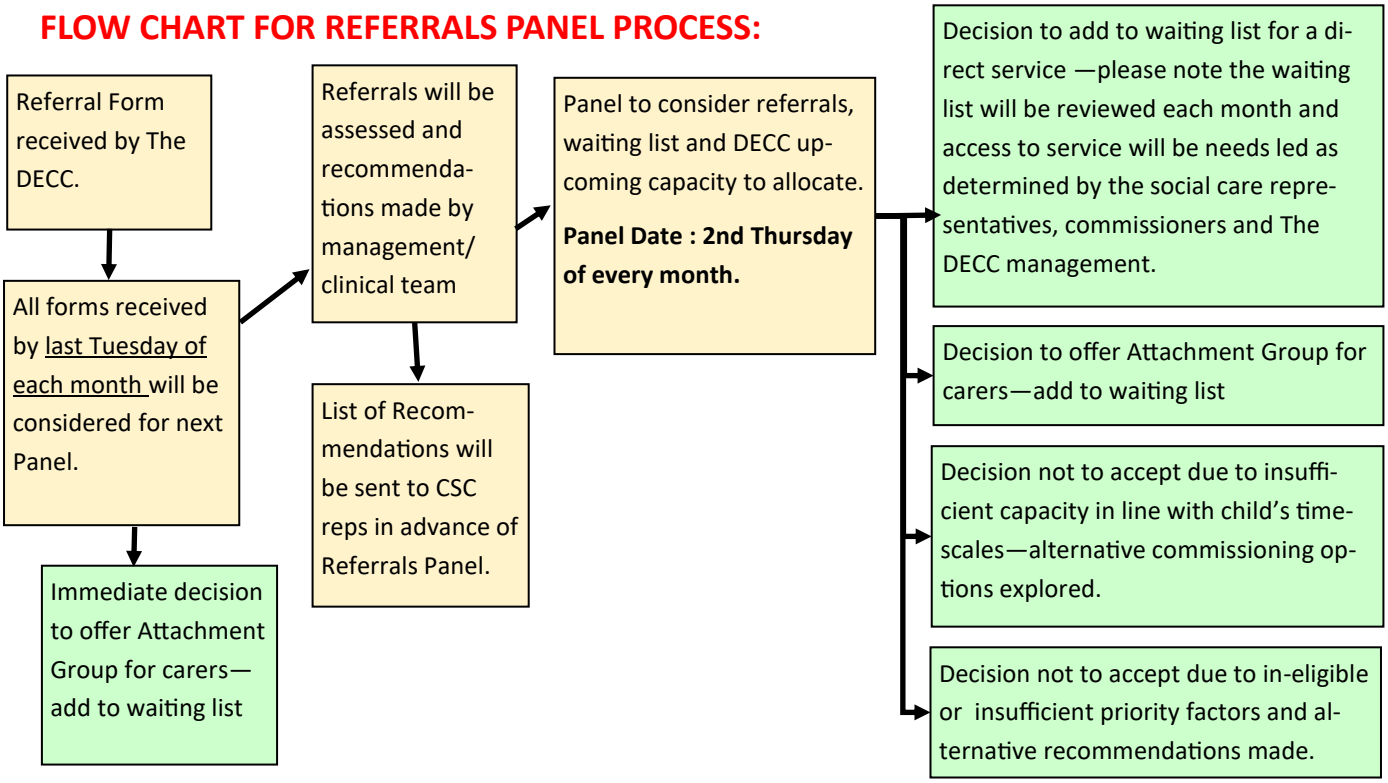
CIC OOA Assessment and Treatment Agreement

Please request these by emailing:

DerbyshireEHWCIC@actionforchildren.org.uk

DUTY LINE : 01332 505484

FLOW CHART FOR REFERRALS PANEL PROCESS:



Understanding the Monthly Prioritisation Panel Process

The Purpose is to ensure that our finite direct service resource is used in the most appropriate way and in line with local authority and commissioner priorities.

Panel will be made up of key decision makers, including CSC representatives from Derbyshire County and Derby City Councils, The DECC management team and other relevant agencies as appropriate.

The waiting list will be reviewed each month and decisions made with commissioners on a needs led basis, therefore waiting times may vary. The impact of 'waiting' on the child's wellbeing will be a paramount consideration each month and networks should continue to seek ways to meet the child's needs due to waiting times for allocation within the DECC.

If you are unsure where to refer a child for support this website may also be helpful :

www.derbyandderbyshireemotionalhealthandwellbeing.uk

Derby & Derbyshire Emotional Health & Wellbeing
Transforming Health and Wellbeing for Everyone

Appendix 10.5

Children in Care – Progress against 2022 priorities and Next Steps

Please note that Children in Care is a term used in Derby and Derbyshire to describe looked after children. It is used within this 2023 Transformation plan to include those leaving care and unaccompanied asylum seeking children.

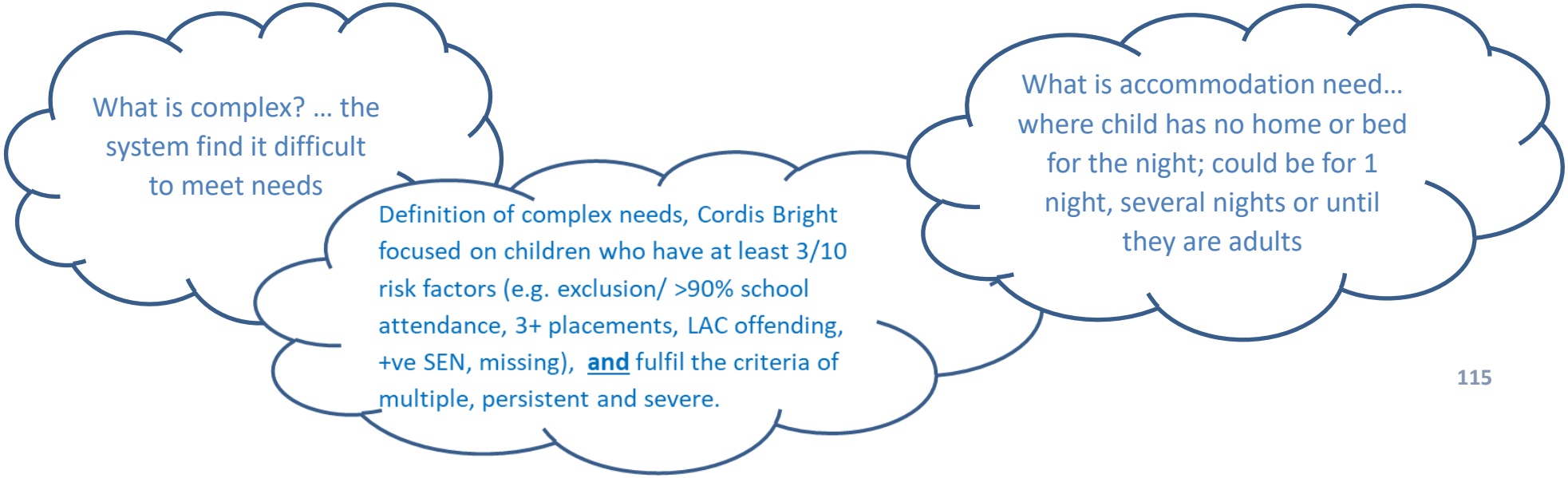
Children with complex needs

Context.

A number of projects and actions in our 2022 plan focus on improving the experience of children with complex needs. This year we have brought these key actions together into one section which focuses on improving the emotional and mental health of this cohort who are very often looked after by the local authority, and therefore are children in care (CIC).

There is a national recognition that there are insufficient registered specialist support placements available to meet the demand for CYP with complex needs which will often include a combination of mental health, behavioural, social, trauma and vulnerability related needs. The timely access to quality, safe placements and packages for Derby and Derbyshire CYP with high-risk support needs is a concern. This limited availability of placements for CYP with the most complex needs brings additional impacts which require careful management such as safeguarding risks for the CYP; flow through services where other CYP may be waiting longer for care and staff wellbeing where they are supporting CYP in environments which are not best meeting the CYPs needs.

In Derbyshire the working definition of complex needs is:



Cordis Bright is a consultancy company who completed a needs assessment of Derby, Derbyshire, Nottingham and Nottinghamshire children with complex needs who are looked after or on the edge August 2022. Their definition of complex is based on the NHS Framework for Integrated Care: Community (2020) which considers the needs of those children who are at risk of entering the welfare, youth justice or mental health inpatient estate. It focuses on services working together in a more integrated way and intervening early to best meet and deliver the needs of children with the most complex needs. It defines complex needs as multiple (i.e., not just in one domain or issue); persistent (i.e., long term rather than transient); severe (i.e., not responding to standard interventions); and framed by family and social contexts (i.e., early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences).

Supporting the mental health of children and young people (CYP) with complex needs			
Action	**In our 2022 plan, this what we said that we would do between 2022 and 2024**	**This is our progress during 2022/23**	**These are our plans for 2023 to 2026**
CCN1	Crisis response / System challenges: (see page 19 of 2022 Transformation plan) To enhance the level and capacity for intensive support 'wrapped around' our children and young people (CYP) when they are needing 'risk support' through access to specialist mental health expertise whether the CYP be in the community, residential placement or on a paediatric unit.	See Urgent and Emergency care section. Our enhanced Urgent Care services offer 7 day step up, consultation, respite and support for CYP with packages and placements when required. Additionally, focused work has progressed with Nottingham Integrated Care Board and the D2N2 local authorities (Nottinghamshire, Nottingham City, Derby City & Derbyshire County) to plan how we can commission packages and residential placements to best support CYP with complex needs with the aim of keeping these CYP closer to home, their families and support services who know them. This includes exploring options to commission 'D2N2 specialist beds' with health, education and social care intensive support	To enhance our multi-agency therapeutic parenting model to support children in care with complex needs, initially specifically for CYP utilising the 'D2N2 specialist beds'. March 2025 To enhance our multi-agency and multi-disciplinary staff skills, training opportunities and support. To develop specialist health

		which can support children with the most complex needs. In recognition of the challenges in securing placements for children and young adults who are leaving hospital or other care providers Derby and Derbyshire Integrated Care Board (DDICB), Derby City and Derbyshire County Local Authorities are hosting 2 market engagement events, supported by the Care Quality Commission (CQC), Ofsted and the Care Home Association (CHA). The events are to hear what the challenges are from current providers, to encourage new providers into Derby and Derbyshire and encourage more providers to be dual registered. We will be using this feedback to create the system offer - a package of support for providers that will support staff training, formulation of wrap around care to prevent breakdowns in the future and a greater use of the escalation pathway by care providers much earlier to prevent a crisis and readmission.	resource additionality for the D2N2 beds. March 2025
CCN2	Crisis response vision: (See pages 60 & 100 of 2022 Transformation plan) Wherever possible, our children and young people should not be moving to placements or into hospital due to lack of support (e.g. due to home or placement breakdown).	See U&E care section: expansion of our enhanced Urgent Care services 7 day offer to stem escalation and support mental health needs. In November 2022 senior leaders across Derby and Derbyshire collaborated at a Partnership Day which focused on the whole system response to CYP with an accommodation need, the majority of these CYP being children in care with complex needs. The day explored how through joint working, different working practices and resource allocation the system could better shore up the offer to placements and subsequently deliver better care to these CYP and reduce breakdown of care.	Communications to partners and providers about access to CAMHS Urgent Care for crisis assessment / intensive support.

		A Partnership Day resulted in improved relationships between partners, a multi-agency work plan was created with a high level commitment to prioritise the work. Wider awareness is building of the system multiagency escalation pathway (link to UC 2023) which is a useful mechanism to support and possibly prevent breakdown of placement, through clear coordination of support and possibly sourcing additional support where required.	
CCN3	Children in Care (See page 94 of 2022 Transformation plan) ONS survey, also identified significantly higher rates of developmental disorders, such as autism and attention deficit attention deficit hyperactivity disorder (ADHD), (which may have gone previously undiagnosed), developmental and behavioural disorders and mental health problems in children in care linked to an increased risk of placement breakdown.	In June 2023 the new Learning Disability & Autism (LD&A) Keyworker service commenced to support CYP identified on the dynamic risk register as at risk of admission. The LD&A keyworker service aims to reduce pressure on tier 4 Children and Adolescent Mental Health Services (CAMHS) inpatient hospital beds; the need to use out of area placements and prevent placement breakdown. For further information please see 2023 LD&A	Please see LD&A plans for 2023
CCN4	Crisis Response (See page 66 of 2022 Transformation plan) Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support CYP with the most complex needs	Two provider engagement events are planned - see action CCN1 There has been a needs analysis undertaken of this cohort of CYP and based on the recommendations - an action plan has been devised and is being implemented. The actions already in place are:	Upskilling placement provider staff in therapeutic skills training see action CCN1 above, this may be via an urgent and emergency care system wide training programme March 2025 To improve communication around Tier 4 admission and discharge

		• Engagement with OFSTED to support conversations and working in partnership with providers. • Joint Market position statement- to support new providers in working with the local authority and encourage offers of placements for CYP. • Piloting a dedicated worker in the Childrens Placements team, to have a specific focus on our Tier 4/ Complex needs cohort. This aims to allow that worker to build relationships with providers and partners involved in discharge arrangements, knowledge of the process around discharge and contribute to a smoother, more timely discharge. • Childrens Continuing Care Panels to be initiated as an appropriate funding for further discussion around 117. • LA attendance at the Commissioning for Individuals panel, to ensure oversight and representation where funding decision making is taking place. • definition of complex needs to be agreed across the system as identified within the cordis bright report. Further work around building relationships with new homes being developed is ongoing by arranging visits and meetings.	via information / data sharing protocols. To review the Tier 4/ Complex needs pilot role in the Childrens Placements team and consider the impact of having this specialist role with a complex need's focus. To identify new pathway referral process for CYP with complex needs cohort.

Appendix 10.6

CHILDREN IN CARE: Needs Assessment

Children in Care are at more risk of mental health disorders than those who are not in care. Within Derbyshire the expected prevalence is around 45% (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). We also know that children in care are at risk of self-harm and suicide due to the higher risk of mental health problems, hence why this group is considered in our suicide prevention plans. Please see below for further details:

- Children in care generally have greater mental health needs than other young people, including a significant proportion that have more than one condition and/or serious psychiatric disorder.
- Children in care show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15).
- Conduct disorders are the most common diagnosis, with others having emotional disorders (anxiety and depression) or hyperactivity and 11% are reported to be on the autism spectrum.
- While many children in care have developmental problems, two thirds have at least one physical health complaint, such as speech and language problems, bedwetting, coordination difficulties, and eye or sight problems.
- Further analysis of the ONS survey, also identified significantly higher rates of developmental disorders, such as autism and attention deficit hyperactivity disorder (ADHD), which may have gone previously undiagnosed - developmental and behavioural disorders and mental health problems in children are linked to an increased risk of placement breakdown.
- Locally we know that the percentage of looked after children in Derbyshire whose emotional health and wellbeing is a cause for concern. In 20/21 it was 42.3% in Derby and 53.7% in Derbyshire (PHE Fingertips)
- Locally the number of care leavers (approaching age 18) in 21/22 stood at 95
- Derby City's Strengths and Difficulties Questionnaire (SDQ) average score is: 15.2
- Derbyshire County's SDQ average score is: 15.1

The Looking after Children longitudinal study of children and young people who remained in care for at least a year found that:

- 72% of those aged 5 to 15 had a mental or behavioural problem.
- Nearly 20% of children aged under 5 on entry into care showed signs of emotional or behavioural problems.
- Those with a higher number of risk factors may gain greater benefit from positive parenting than children with fewer risk factors.
- Children in care have greater difficulty in accessing mainstream Child and Adolescent Mental Health Services (CAMHS) because they may not have the more traditional 'diagnoses' which fit referral criteria, and a CAMHS review reported that there was a shortfall of professional staff with the skills and confidence to deal with mental health issues in relation to Looked After Children.

Please see below for key information relating to children in care for Derby City and Derbyshire County from Public Health Profiles (Public health profiles - OHID (phe.org.uk)

Derby City and Derbyshire County Public Health Profiles Children in Care

Indicator	Period	Derby			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in care immunisations	2022	–	433	94.0%	85.0%	30.0%		100%
Children leaving care: rate per 10,000 children aged under 18	2017/18	➡	225	37.7	25.2	9.3		160.6
Children in care	2022	–	627	107	70	218		26
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2018	–	187	31.3	16.4	60.5		0.0
Average Attainment 8 score of children in care	2021	–	716	19.4	23.2	14.2		38.3

Indicator	Period	Derbyshire			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in care immunisations	2022	➡	616	96.0%	85.0%	30.0%		100%
Children leaving care: rate per 10,000 children aged under 18	2017/18	➡	256	16.7	25.2	9.3		160.6
Children in care	2022	–	909	60	70	218		26
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2018	–	193	12.6	16.4	60.5		0.0
Average Attainment 8 score of children in care	2021	–	1,151	17.4	23.2	14.2		38.3

Our mental health data for children in care and care leavers shows Derbyshire have a lower number of looked after children aged 0-16 years, in 2020 the England rate was 67 per 10,000 and 70 per 10,000 in 2022, Derbyshire had 56 per 10,000 in 2020 and 60 per 10,000 in 2022. The percentage of LAC whose emotional health and wellbeing is a cause for concern in 19/20 is 52.7% and in 20/21 this was 50% in Derbyshire (no significant change), the England average is 37.0% (21/22). It is important to note that Derbyshire are net importers of externally placed CIC into the area. (PHE Fingertips – latest data release).

Adding to our knowledge regarding children in care, Cordis Bright have recently been commissioned to undertake a needs assessment looking specifically at children with complex needs, which includes children in care, care leavers and those on the edge of care (this cohort includes children in need and children with a child protection plan). The Cordis Bright Needs Assessment tells us the following.

Cordis Bright Needs Assessment Complex Needs

	Derbyshire County	Derby City
National - Number of CIC with complex needs	648	314
Local - Number of CIC with complex needs	152	199
National – number of children with complex needs on edge of care	328	127
Local - number of children with complex needs on edge of care	192	50

Cordis Bright used the evidence base to estimate the number of children in care with complex needs based on the Children's Commissioner (2020) research 'toxic trio' risk factors (parental mental ill health, domestic abuse and substance misuse). Cordis Bright estimated that;

- Derby City: of the 698 children experiencing the toxic trio, 314 are looked after children (LAC)
- Derbyshire County: of the 1,439 children experiencing the toxic trio, 648 are LAC

When Cordis Bright used data from the Department for Education on the total number of looked after over the course of 2020[1], this suggested that:

- In Derby City, about 40% of looked after children have complex needs.
- In Derbyshire County, about 54% of looked after children have complex needs.

For children on the edge of care, Cordis Bright estimated;

- Derby City: 127 children with complex needs are on the edge of care
- Derbyshire County: 328 children with complex needs are on the edge of care

Mental health support for Derbyshire Children in Care

Derbyshire ICB, Derby City Council and Derbyshire County Council have co-commissioned a service to specifically meet the needs of children in care and care leavers, the **D**erbyshire **E**motional Health and Wellbeing Service for **C**hildren in **C**are (DECC). The service, like all others across the footprint uses the thrive model and delivers at the 'getting more help' and 'getting risk support' levels. It uses a trauma informed approach to supporting CYP and young adults.

The purpose of the DECC is to provide a high quality, evidence-based and integrated service for children, young people and their families and carers that promotes emotional health, wellbeing and resilience. Avoiding having to move from where they live is a high priority for our children and young people to ensure development and sustainment. The service is commissioned to include UASC - Unaccompanied Asylum-Seeking Children, Children and Young People who have been Sexually Abused, Adopted, Care Leavers, young people displaying harmful sexual behaviour and Children on Special Guardianship Orders (SGOs) and children placed in Derby and Derbyshire from other Local Authorities. All these children will have experienced adverse childhood experiences (ACEs) and will therefore need trauma informed practitioners, who understand how to work with them most effectively. Some of these children and young people will also have additional needs such as autism or learning disabilities.

Not all the children in these cohorts will need the specialist provision that this service will offer. For some children in care, a lower level of mental and emotional wellbeing support will be sufficient to address their needs, and this service triages referrals according to need to ensure

that each child or young person receives the support that they as an individual will find most beneficial. Where it is assessed that the child does not need such specialist interventions, the service will be responsible for providing supportive personalised referrals to whichever service is most appropriate.

This is an innovative service which meets the emotional health and wellbeing of children and young people who are in the care of Derby City Council or Derbyshire County Council. DECC work with carers to improve placement stability and to reduce the number of children in care who must be cared for outside the area in specialist 'therapeutic' homes or admitted to tier 4 inpatients. Moving children away from their own community often has a detrimental impact on their mental and emotional wellbeing and makes it difficult for them to achieve good outcomes. This is particularly difficult for children with poor mental health and learning disabilities and/or autism.

Please see below table for activity in 2021/22 and 2022/23.

Item	**2021/22 Activity**	**2022/23 Activity**
Consultations to Derby City and Council staff	334	287 (58 offered but not taken up)
Other consultations	195	x
direct therapeutic intervention appointments	539	931
systemic interventions	973	1133
sessions of reflective practice	116	149 (a further 22 offered but not taken up)
Training days delivered to Derby and Derbyshire CIC professionals and carers	14	21
Total appointment offered	1,853	2,366
Waiting list information	As of May 2022 there was a waiting list of 14 children for direct therapy	As of 1st April 2023 there was a waiting list of 8 children for direct systemic intervention *(as of 1st July wait list was 4)*

While Derbyshire has specialist children in care services, children in care also access early intervention services and Child and Adolescence Mental Health Service (CAMHS).

North Derbyshire

Between April 2021 and December 2021 (9 month period) CAMHS North identified the following CIC / or care leavers open to their caseload (please note that these children may be the same CYP), but it gives an indication that there are around 30 CIC/care leavers open to the service on a monthly basis.

CAMHS North CIC / or care leavers open to their caseload

Item	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Child in Care	29	30	30	30	31	29	32	31	32
Subject to CPP	7	8	8	3	3	9	17	18	18
CIN	14	16	16	3	3	17	20	23	21
Care leaver	17	18	17	17	17	17	13	14	13

On average, CAMHS North Derbyshire held a caseload of around

- 30 Children in Care per month, with 32 in December 2021
- They had 8 Children subject to a Child Protection plan on their caseload between April and June, and this reduced over the summer months however there was a spike in activity for this cohort and from October 2021 there were 18 CYP under their care/waiting for a service.
- Child in Need numbers showed a similar caseload pattern; there was around 15 CiN between April and June, a drop to 3 over summer and then an increase from September to 17 CiN, with the December figure at 21.
- There was a relatively static caseload of an average of 16 Care Leavers on the caseload throughout the 9 months.

CAMHS North Derbyshire are undergoing a data review; however, current information available shows that their caseload of CYP under CAMHS support or awaiting a service were a monthly average of:

- 30 new or ongoing Children in Care
- 12 Children subject to a Child Protection Plan
- 15 CiN
- 16 Care Leavers

South Derbyshire and Derby City

In the 12 month period from April 2021-March 2022, CAMHS South Derbyshire received 58 referrals from Children in Care, Looked After Children, CiN and Care Leavers. Of those:

- 16 referrals to CAMHS RISE, with 135 hours of intervention delivered
- 15 referrals to Early Access, with 129 hours delivered.
- 1 referral for Eating Disorders, with 3 hours of intervention within the month for that CYP, who was discharged the following month.

- 26 referrals for Supported Care, with 1,747 hours of activity including first appointment and follow ups (with some recorded activity likely to be for CYP already held by this service pre April 2021).

Conclusions

Both national and local data shows clearly that children in care, those on the edge of care and leaving care are a vulnerable group for which between 40% (Derby City) and 54% (Derbyshire County) have complex needs. Our approach to children in care is continually improving but we need to continue this via better communications, clarity on the pathways and better understanding of inequalities within this group.

Appendix 10.7

Derbyshire	Jun-23

No. of DCC Children in Care	1025

	Aged under 5 yrs	Aged 5 years & over
Placed in Derbyshire	90	396

	Aged under 5 yrs	Aged 5 years & over
Confidential/ Incomplete	2	19

Placed outside Derbyshire	518

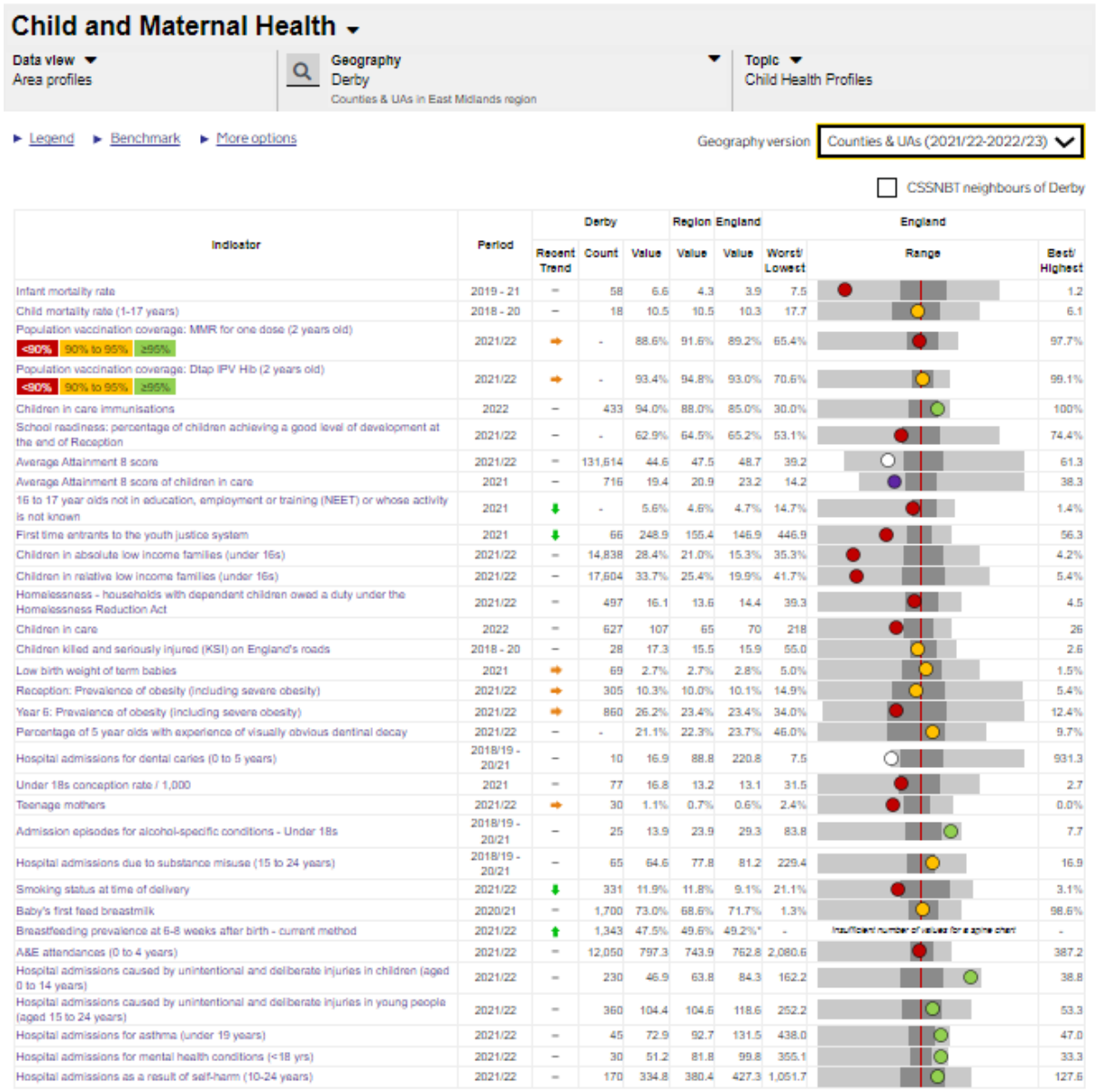
	Aged under 5 yrs	Aged 5 years & over
Children placed by other LAs in Derbyshire	74	444

Admission in Month by Locality	
Admissions	**In the Month**
Disabled Children Teams	7
High Peak & North Dales	5
Chesterfield	9
North East and Bolsover	12
Amber Valley	0
Erewash	6
South Derbyshire & South Dales	2
Out of Area	6
Unknown	0
Total	**47**

Children in Care by Age Group	
Age Group	**In Care as at end of month**
Under 1	33
1 to 4	133
5 to 9	192
10 to 15	389
16 & Over	278
Total	**1025**

Appendix 10.8

Fingertips Data



Child and Maternal Health

Data view: Area profiles | Geography: Derby (Counties & UAs in East Midlands region) | Topic: Child Health Profiles

▸ Legend ▸ Benchmark ▸ More options

Geography version: Counties & UAs (2021/22-2022/23)

CSSNBT neighbours of Derby

Indicator	Period	Derby			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2019 - 21	–	58	6.6	4.3	3.9	7.5		1.2
Child mortality rate (1-17 years)	2018 - 20	–	18	10.5	10.5	10.3	17.7		6.1
Population vaccination coverage: MMR for one dose (2 years old) <80% 80% to 95% ≥95%	2021/22	→	-	88.6%	91.6%	89.2%	65.4%		97.7%
Population vaccination coverage: Dtap IPV Hib (2 years old) <80% 80% to 95% ≥95%	2021/22	→	-	93.4%	94.8%	93.0%	70.6%		99.1%
Children in care immunisations	2022	–	433	94.0%	88.0%	85.0%	30.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	–	-	62.9%	64.5%	65.2%	53.1%		74.4%
Average Attainment 8 score	2021/22	–	131,614	44.6	47.5	48.7	39.2		61.3
Average Attainment 8 score of children in care	2021	–	716	19.4	20.9	23.2	14.2		38.3
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2021	↓	-	5.6%	4.6%	4.7%	14.7%		1.4%
First time entrants to the youth justice system	2021	↓	66	248.9	155.4	146.9	446.9		56.3
Children in absolute low income families (under 16s)	2021/22	–	14,838	28.4%	21.0%	15.3%	35.3%		4.2%
Children in relative low income families (under 16s)	2021/22	–	17,604	33.7%	25.4%	19.9%	41.7%		5.4%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2021/22	–	497	16.1	13.6	14.4	39.3		4.5
Children in care	2022	–	627	107	65	70	218		26
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	28	17.3	15.5	15.9	55.0		2.6
Low birth weight of term babies	2021	→	69	2.7%	2.7%	2.8%	5.0%		1.5%
Reception: Prevalence of obesity (including severe obesity)	2021/22	→	305	10.3%	10.0%	10.1%	14.9%		5.4%
Year 6: Prevalence of obesity (including severe obesity)	2021/22	→	860	26.2%	23.4%	23.4%	34.0%		12.4%
Percentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	–	-	21.1%	22.3%	23.7%	46.0%		9.7%
Hospital admissions for dental caries (0 to 5 years)	2018/19 - 20/21	–	10	16.9	88.8	220.8	7.5		931.3
Under 18s conception rate / 1,000	2021	–	77	16.8	13.2	13.1	31.5		2.7
Teenage mothers	2021/22	→	30	1.1%	0.7%	0.6%	2.4%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	25	13.9	23.9	29.3	83.8		7.7
Hospital admissions due to substance misuse (15 to 24 years)	2018/19 - 20/21	–	65	64.6	77.8	81.2	229.4		16.9
Smoking status at time of delivery	2021/22	↓	331	11.9%	11.8%	9.1%	21.1%		3.1%
Baby's first feed breastmilk	2020/21	–	1,700	73.0%	68.6%	71.7%	1.3%		98.6%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2021/22	↑	1,343	47.5%	49.6%	49.2%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0 to 4 years)	2021/22	–	12,050	797.3	743.9	762.8	2,080.6		387.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2021/22	–	230	46.9	63.8	84.3	162.2		38.8
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2021/22	–	360	104.4	104.6	118.6	252.2		53.3
Hospital admissions for asthma (under 19 years)	2021/22	–	45	72.9	92.7	131.5	438.0		47.0
Hospital admissions for mental health conditions (<18 yrs)	2021/22	–	30	51.2	81.8	99.8	355.1		33.3
Hospital admissions as a result of self-harm (10-24 years)	2021/22	–	170	334.8	380.4	427.3	1,051.7		127.6

Derby City – Key summary

Lower than England average for school readiness

NEET higher than England average but on a downward trend

First time entrants to YJS higher than England average but on a downward trend

Higher than England average absolute and relative low income

Derbyshire

Indicator	Period	Derbyshire			Region	England	England		England
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
ıfant mortality rate	2019 - 21	–	79	3.6	4.3	3.9	7.5		1.2
hild mortality rate (1-17 years)	2018 - 20	–	51	11.7	10.5	10.3	17.7		6.1
opulation vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2021/22	→	-	95.7%	91.6%	89.2%	65.4%		97.7%
opulation vaccination coverage: Dtap IPV Hib (2 years old) <90% 90% to 95% ≥95%	2021/22	→	-	97.3%	94.8%	93.0%	70.6%		99.1%
hildren in care immunisations	2022	→	616	96.0%	88.0%	85.0%	30.0%		100%
chool readiness: percentage of children achieving a good level of development at the nd of Reception	2021/22	–	-	64.4%	64.5%	65.2%	53.1%		74.4%
verage Attainment 8 score	2021/22	–	383,617	47.2	47.5	48.7	39.2		61.3
verage Attainment 8 score of children in care	2021	–	1,151	17.4	20.9	23.2	14.2		38.3
6 to 17 year olds not in education, employment or training (NEET) or whose activity is ot known	2021	→	-	2.4%	4.6%	4.7%	14.7%		1.4%
irst time entrants to the youth justice system	2021	→	68	95.3	155.4	146.9	446.9		56.3
hildren in absolute low income families (under 16s)	2021/22	–	24,171	17.9%	21.0%	15.3%	35.3%		4.2%
hildren in relative low income families (under 16s)	2021/22	–	29,640	22.0%	25.4%	19.9%	41.7%		5.4%
omelessness - households with dependent children owed a duty under the omelessness Reduction Act	2021/22	–	950	10.6*	13.6	14.4	39.3		4.5
hildren in care	2022	–	909	60	65	70	218		26
hildren killed and seriously injured (KSI) on England's roads	2018 - 20	–	51	12.4	15.5	15.9	55.0		2.6
ow birth weight of term babies	2021	→	131	1.9%	2.7%	2.8%	5.0%		1.5%
eception: Prevalence of obesity (including severe obesity)	2021/22	→	740	9.6%	10.0%	10.1%	14.9%		5.4%
ear 6: Prevalence of obesity (including severe obesity)	2021/22	↑	1,885	22.4%	23.4%	23.4%	34.0%		12.4%
ercentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	–	-	16.2%	22.3%	23.7%	46.0%		9.7%
ospital admissions for dental caries (0 to 5 years)	2018/19 - 20/21	–	110	75.8	88.8	220.8	7.5		931.3
nder 18s conception rate / 1,000	2021	–	136	10.9	13.2	13.1	31.5		2.7
eenage mothers	2021/22	→	25	0.4%	0.7%	0.6%	2.4%		0.0%
dmission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	165	35.7	23.9	29.3	83.8		7.7
ospital admissions due to substance misuse (15 to 24 years)	2018/19 - 20/21	–	245	103.3	77.8	81.2	229.4		16.9
moking status at time of delivery	2021/22	↓	834	11.8%	11.8%	9.1%	21.1%		3.1%
aby's first feed breastmilk	2020/21	–	3,740	69.9%	68.6%	71.7%	1.3%		98.6%
reastfeeding prevalence at 6-8 weeks after birth - current method	2021/22	→	3,102	43.6%	49.6%	49.2%*	-	*Insufficient number of values for a spine chart*	-
&E attendances (0 to 4 years)	2021/22	–	28,335	742.6	743.9	762.8	2,080.6		387.2
ospital admissions caused by unintentional and deliberate injuries in children (aged 0 14 years)	2021/22	–	1,025	81.3	63.8	84.3	162.2		38.8
ospital admissions caused by unintentional and deliberate injuries in young people ged 15 to 24 years)	2021/22	–	1,025	131.4	104.6	118.6	252.2		53.3
ospital admissions for asthma (under 19 years)	2021/22	–	140	87.7	92.7	131.5	438.0		47.0
ospital admissions for mental health conditions (<18 yrs)	2021/22	–	155	102.3	81.8	99.8	355.1		33.3
ospital admissions as a result of self-harm (10-24 years)	2021/22	–	665	547.0	380.4	427.3	1,051.7		127.6

Derbyshire – Key summary

Lower than England average for school readiness

NEET higher than England average but on a downward trend

First time entrants to YJS higher than England average but on a downward trend

Higher than England average absolute and relative low income

Appendix 11.1

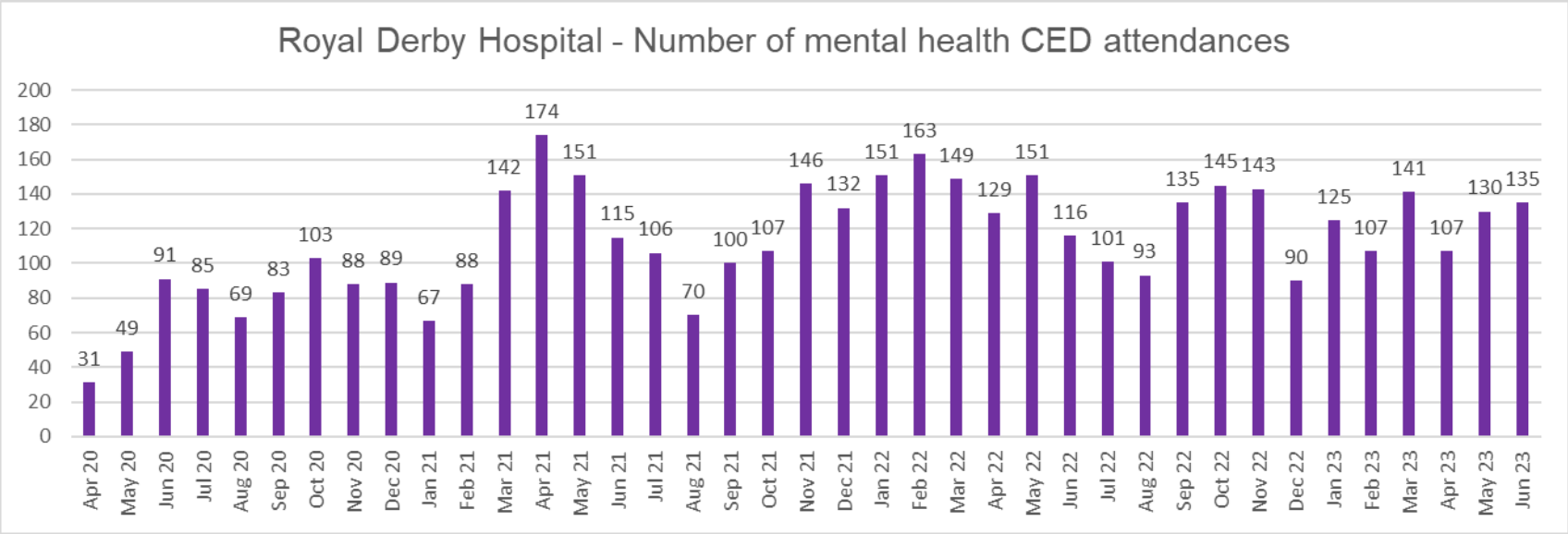
Needs Assessment CYPMH Urgent and Emergency Care – September 2023 update

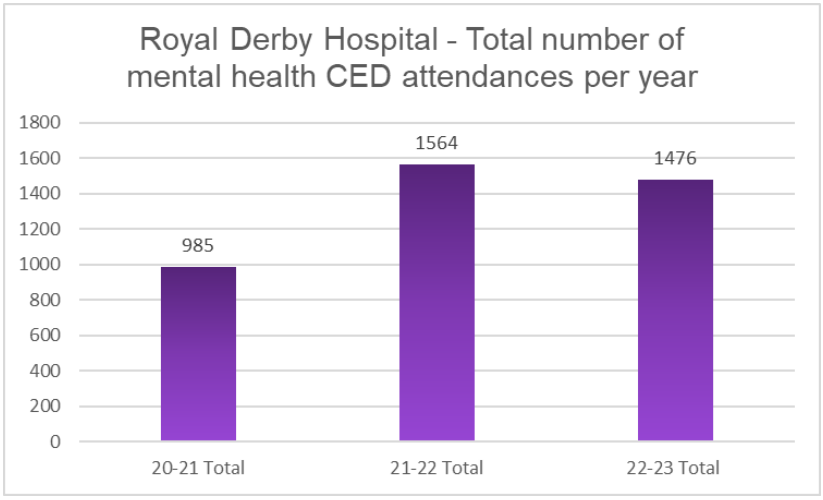
Local Data

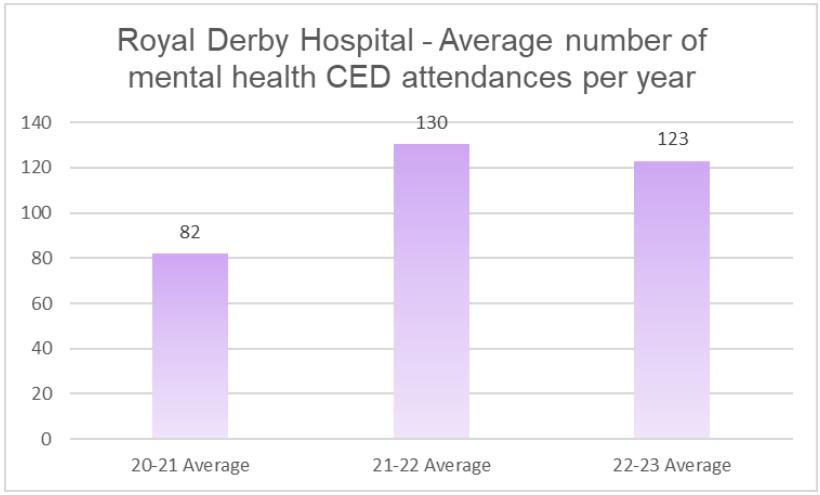
The Covid pandemic influenced referral and presentation patterns to children's emergency departments (CED) and Child Adolescent Mental Health Services (CAMHS). Previously, we reported that during the early stages of lockdown in 2020, the CAMHS Hub model contained most of the risk and as a result there were fewer referrals to our services that provide enhanced support in the home. However, as lockdown continued, there was a notable rise in eating disorder cases, as well as CYP presenting with psychotic symptoms. As schools returned in September 2021, there was another increase in referrals, particularly adolescent females with emotional dysregulation who were a risk to themselves. By Autumn 2022, local data and anecdotal testimony was telling us that referral rates in all categories had continued to rise as the ongoing social isolation effects of the pandemic unwound, disruptions to school attendance and examination systems continued, and the increasing impact of the cost of living crisis placed greater financial and relationship pressures on the families of CYP. By September 2023 we have started to see the numbers fall in unique mental health admissions to paediatric units (where mental health is the primary need and there are no outstanding physical needs requiring a hospital admission) Specialist CAMHS inpatient units and to the Intensive Home Treatment service (north). However the context for this is an increase in complexity of presentation. It is also noted that the average number of calls to the 24/7 Helpline and support service is low for CYP compared to adults.

Children Emergency Department mental health attendances and Paediatric Ward admissions

Royal Derby Hospital - Children's Emergency Department mental health attendances trend <18yrs (April 2020 – June 2023)







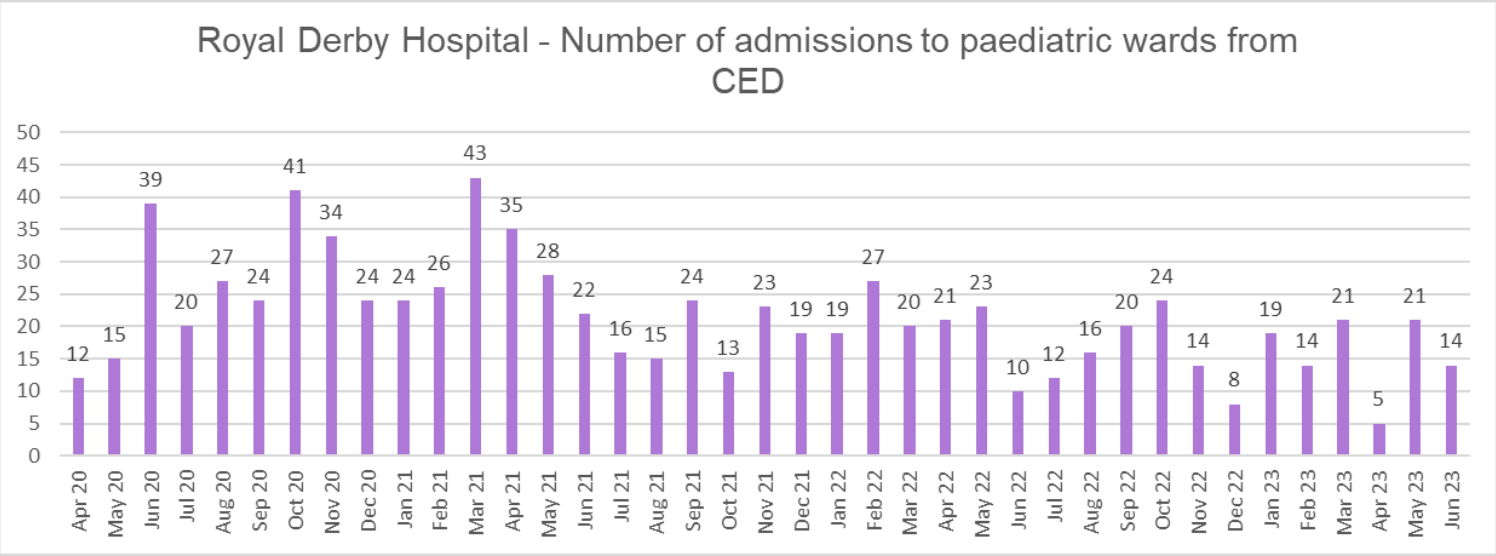
Source: Information Services University Hospital Derby and Burton NHS Foundation Trust

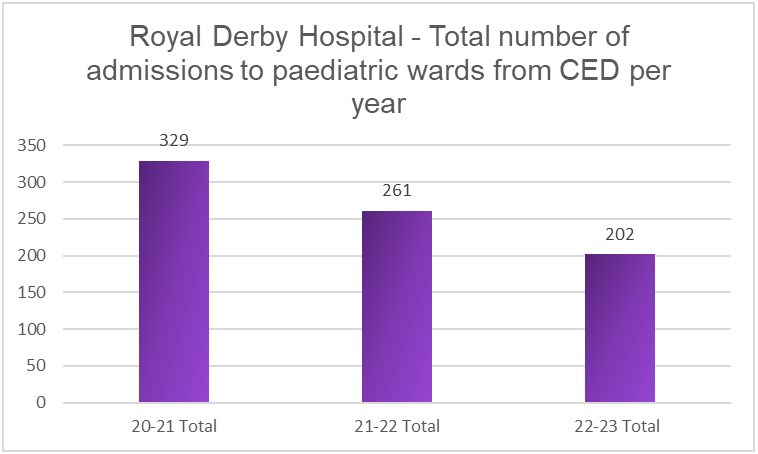
From April 2020 - June 2023, there were a total of 4397 mental health related attendances to Royal Derby Hospital's CED. This is an average of 115 attendances per month. This data is for young people under 18 years old.

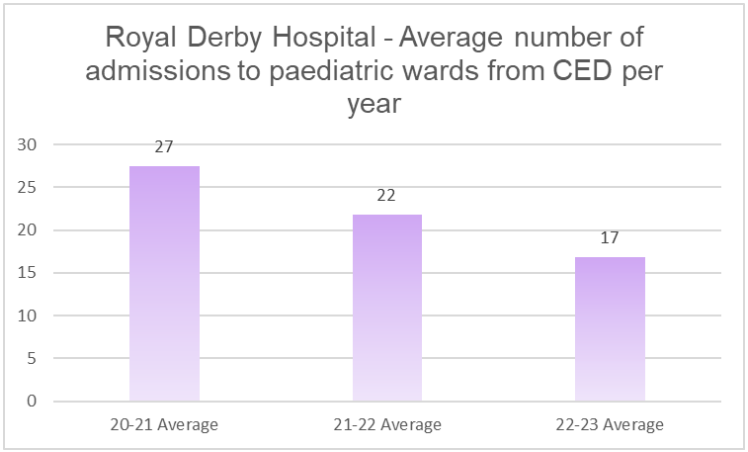
In April 2020 - March 2021 there was a total of 985 attendances and an average of 82 attendances per month. In April 2021 - March 2022 there was a total of 1564 attendances and an average of 130 attendances per month. In April 2022 - March 2023 there was a total of 1476 attendances and an average of 123 attendances per month.

Royal Derby Hospital - Number of subsequent admissions to paediatric wards (Puffin and Dolphin Wards) from CED

Unique mental health admissions to Royal Derby Hospital paediatric wards <18 years







Source: Information Services University Hospital Derby and Burton NHS Foundation Trust (<18yrs)

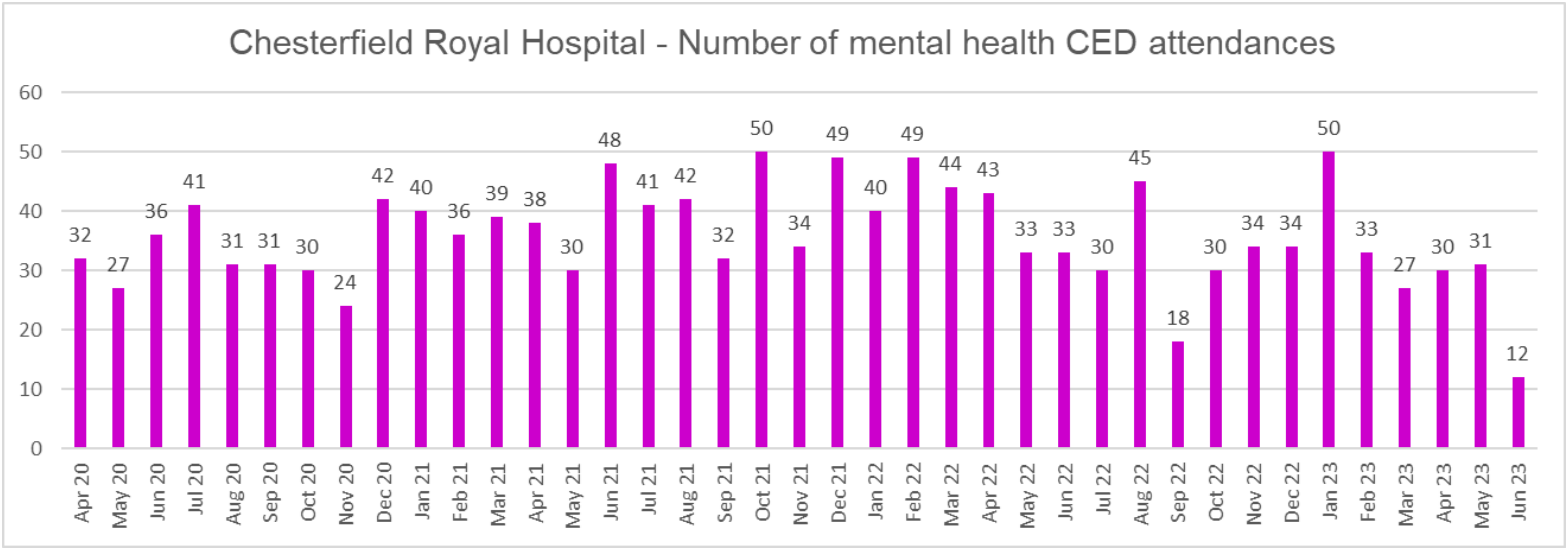
From April 2020 - June 2023, there were a total of 832 unique mental health admissions to paediatric wards following a mental health related attendance at Royal Derby Hospital's CED. This is an average of 22 unique mental health (MH) admissions per month. This data is for young people under 18 years old.

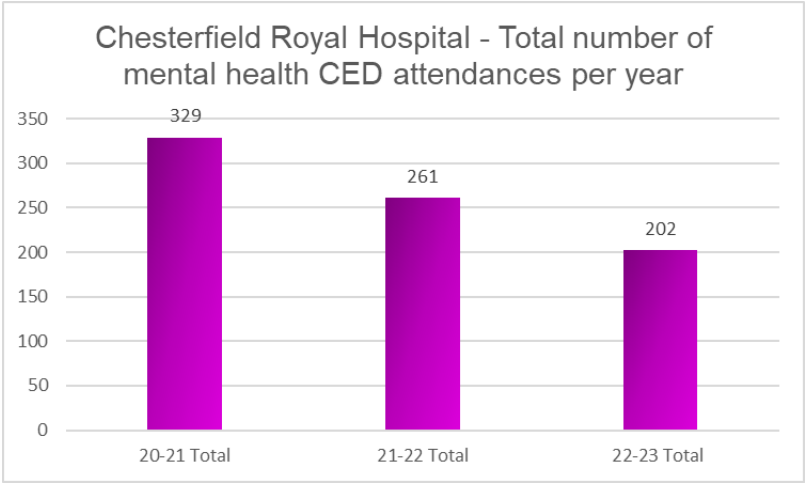
In April 2020 - March 2021 there was a total of 329 unique mental health admissions and an average of 27 unique MH admissions per month. In April 2021 - March 2022 there was a total of 261 unique MH admissions an average of 22 unique MH admissions per month. In April 2022 - March 2023 there was a total of 202 admissions and an average of 17 admissions per month.

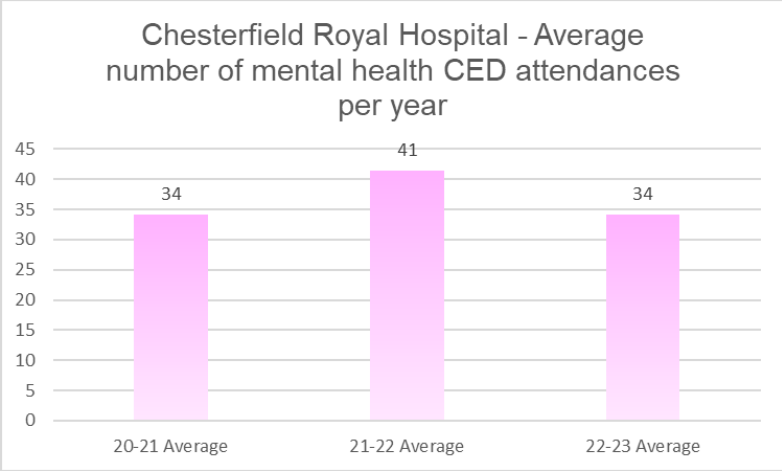
This data suggests that although the number of young people attending CED has not changed over the 3 year period, the number of young people who are subsequently admitted to a paediatric ward has decreased.

Chesterfield Royal Hospital - Children's Emergency Department attendances trend (April 2020 – June 2023)

Chesterfield Royal Hospital Children's Emergency Department mental health attendances trend <18yrs (April 2020 – June 2023)







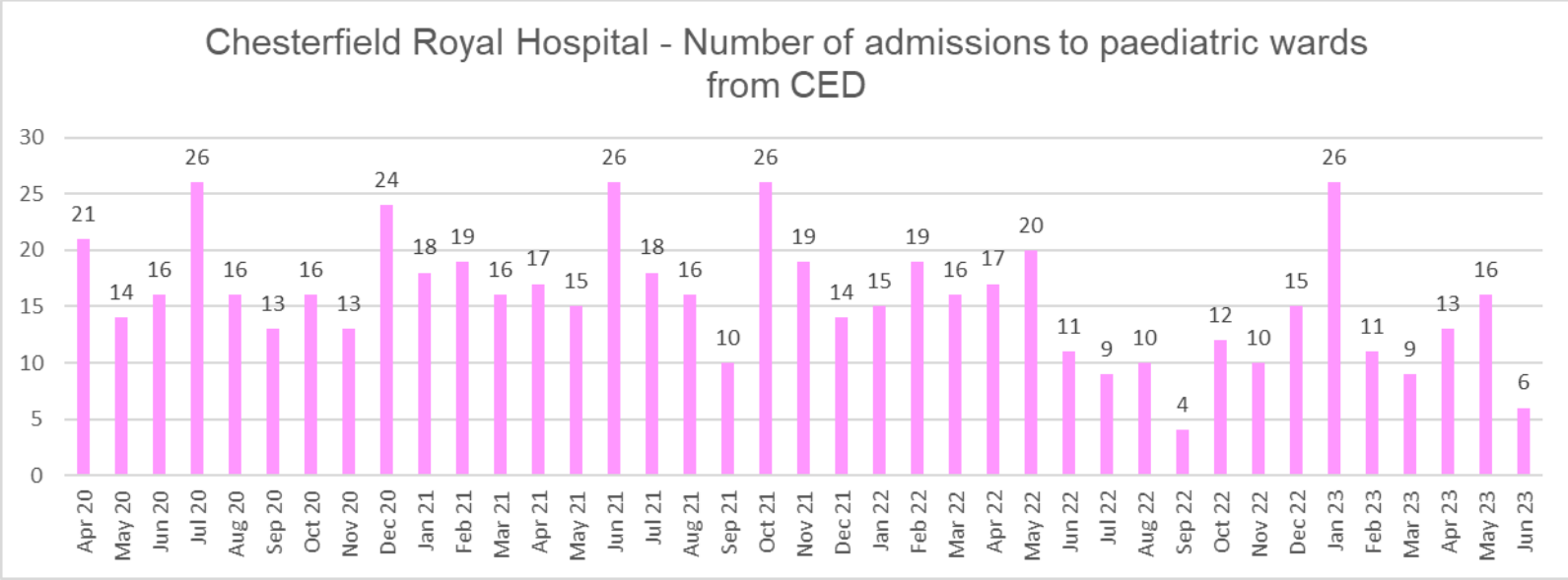
Source: Information Services Chesterfield Royal Hospital NHS Foundation Trust

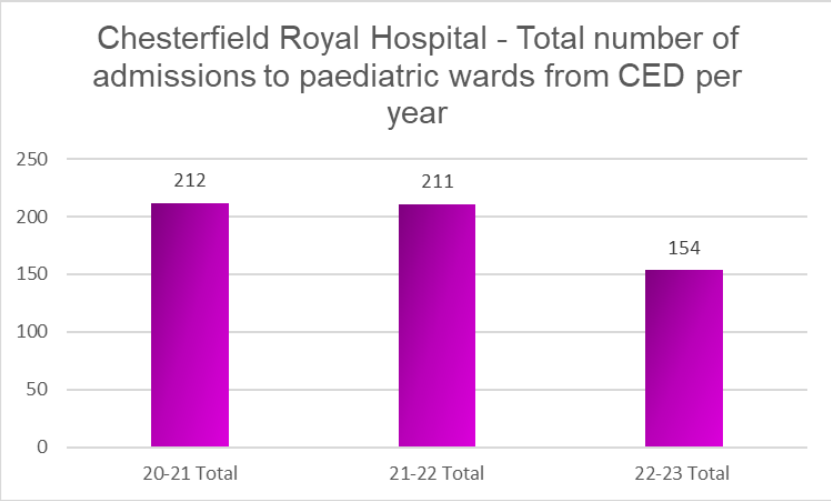
From April 2020 - June 2023, there were a total of 1389 mental health related attendances to Chesterfield Royal Hospital's CED. This is an average of 36 attendances per month. This data is for young people under 18 years old.

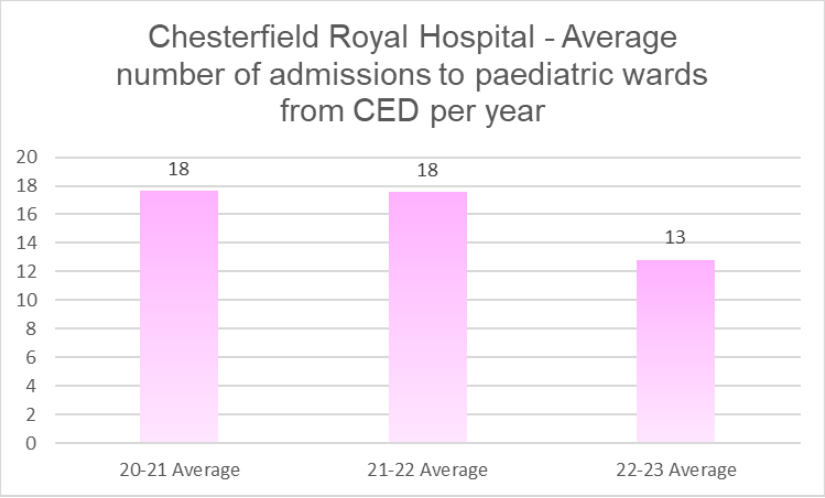
In April 2020 - March 2021 there was a total of 409 attendances and an average of 34 attendances per month. In April 2021 - March 2022 there was a total of 497 attendances and an average of 41 attendances per month. In April 2022 - March 2023 there was a total of 410 attendances and an average of 34 attendances per month. There does not seem to be a significant difference between the years.

Chesterfield Royal Hospital - Number of subsequent admissions to paediatric wards (Nightingale ward) from CED

Chesterfield Royal Hospital Paediatric Unit unique mental health admissions <18yrs (April 2020 – June 2023)







Source: Information Services Chesterfield Royal Hospital NHS Foundation Trust

From April 2020 - June 2023, there were a total of 612 unique mental health (MH) admissions to paediatric wards following a mental health related attendance at Chesterfield Royal Hospital's CED. This is an average of 16 admissions per month. This data is for young people under 18 years old.

In April 2020 - March 2021 there was a total of 212 unique MH admissions and an average of 18 unique MH admissions per month. In April 2021 - March 2022 there was a total of 211 unique MH admissions and an average of 18 unique MH admissions per month. In April 2022 - March 2023 there was a total of 154 unique MH admissions and an average of 13 unique MH admissions per month.

This data suggests a slight decrease in the number of young people being admitted to paediatric wards.

Demand overnight for a CAMHS Crisis assessment

A review has been undertaken of the demand for a Child Adolescent Mental Health Service (CAMHS) crisis assessment between 11pm and 8am (hours outside of the CAMHS Urgent care team) to ensure an appropriate level of service is in place.

The average number of Childrens Emergency Department (CED) Mental Health attendances per month were found to be:

- 33 between 10pm and 8am at UHDBFT (April 2021 to November 2022).
- 6 between 10pm and 8am at CRHFT (October 2022 to April 2023).

CAMHS audited CED attendances to understand when these CYP would be medically fit and whether urgent care team (UCT) assessment would impact the young person's journey e.g. by preventing an admission to a ward.

CRHFT / north CAMHS data shows that on average each month

- 6 young people could have been assessed in CED overnight to prevent an admission onto a ward.
- 6 could have been discharged during the night shift

DHCFT / south CAMHS reported that during May 2023, there were 16 MH CED attendances overnight, 3 of which could have benefitted from an assessment and subsequently moved from CED sooner had an assessment been available.

The current 24/7 approach and overnight offer via on call psychiatry was agreed as acceptable and proportional, acknowledging that there will be a small number (average approx. 0.3 per night) of CYP who would benefit from an urgent care team crisis assessment between 11pm and 8am but that safe and acceptable alternatives via medical psychiatry are in situ. The offer is proportionally relevant at night regarding brief interventions due to the system network and agencies not being available.

Admissions to specialist CAMHS inpatient services

Table 8d admissions to specialist CAMHS inpatient beds (tier 4) for CYP from South Derbyshire and Derby City. (Source DHCFT internal data)

SOUTH DERBYSHIRE (including Derby City)			
2019/2020:	**2020/2021:**	**2021/2022:**	**2022/23:**
17 new admissions to Tier 4, of which: ▪ 9 TCP cohort (LD/ASD) ▪ Average length of stay for all admissions in this year is 225 days due to high complexity ~~of~~ and challenges with finding suitable social care placements ▪ Average distance from Derby is 53 miles ▪ Of all the 26 admissions in total for the year (17 new and 9 previously inpatient) – 11 required PICU / Low or Medium Secure, 9 required GAU, 5 were specialist ED units and 1 was a Specialist Deaf unit. ▪ Only 5 of these admissions were informal, the remainder were under the MHA. In total 26 admissions, (new and existing) ▪ 14 were due to suicidal ideation and actions. ▪ 3 were due to a psychotic presentation and required	16 new admissions to Tier 4, of which: ▪ 3 TCP cohort (LD/ASD) ▪ Average length of stay for all admissions in this year is 204 days due to high complexity and challenges with finding suitable social care placements ▪ Of the 26 admissions (16 new and 10 previously admitted)- 6 GAU, 9 PICU / Low or Medium Secure, 9 SEDU, 1 specialist ▪ Only 9 of the 26 admissions were informal and 16 of these admissions were under the MHA In total 26 admissions, (new and existing) ▪ 4 were due to suicidal ideation and actions, ▪ 4 were due to psychotic presentations,	22 new admissions to Tier 4 of which: ▪ 5 TCP cohort (LD/ASD) ▪ Average Length of stay is 170 days due to high complexity challenges with finding suitable social care placements ▪ Of the 31 total admissions (22 new and 9 previously admitted) - 8 GAU, 11 PICU / Low or Medium Secure, 9 SEDU, 3 specialist In total 31 admissions, (new and existing) ▪ 12 were due to suicidal ideation and actions, ▪ 1 was due to psychotic presentations,	09 new admissions to Tier 4 of which: ▪ 1 TCP cohort (LD/ASD) ▪ Average Length of stay is 235 days due to high complexity, disordered eating, challenges with finding suitable social care placements. ▪ 5 GAU, 1 PICU / Low or Medium Secure, 3 SEDU In total ** admissions, (new and existing) ▪ 2 were due to suicidal ideation and actions, ▪ 4 were under the Eating Disorder Team, 2 movement between ED team and

the Early Intervention in Psychosis Service. ▪ 5 required an Eating Disorder placement and ▪ 4 were due to risks to themselves or others and required a place of safety / social care breakdown.	▪ 10 were under the Eating Disorder Team 8 were due to risks to themselves or others and required a place of safety / social care breakdown.	▪ 10 were under the Eating Disorder Team 8 were due to risks to themselves or others and required a place of safety / social care breakdown.	Recovery Team with complex ED cognitions, behaviours, trauma and attachment ▪ 1 Complex presentation 2 were due to risks to themselves or others and required a place of safety / social care breakdown.

Table 8e admissions to specialist CAMHS inpatient beds (tier 4) for CYP from north Derbyshire. (Source CRHFT internal data)

North Derbyshire			
2019/20:	**2020/21:**	**2021/22:**	**2022/23:**
51 Referrals to **Intensive Home Treatment Team** (IHTT) 26 New admissions to Tier 4, of which: ▪ 2 were TCP Cohort (LD/ASD) ▪ Average length of stay for all admissions in this year is 197 days ▪ Of all the 26 new admissions for the year 2 required PICU / Low or	56 Referrals to **Intensive Home Treatment Team** (IHTT) 40 New admissions to Tier 4, of which: ▪ 3 were TCP Cohort (LD/ASD) ▪ Average length of stay for all admissions in this year is 105 days ▪ Of all the 40 new admissions for the year 2 required PICU / Low	51 Accepted to **Intensive Home Treatment Team** (IHTT) 34 New admissions to Tier 4 of which: ▪ 4 were TCP cohort (LD/ASD) ▪ Average length of stay for all admissions in this year is 145 days. ▪ Of all the 34 admissions this year 2 required PICU/low or medium secure, 23 required GAU, and 9 specialist ED units.	42 Accepted to **Intensive Home Treatment Team** (IHTT) 18 New admissions to Tier 4 of which: ▪ 6 were TCP (LD/ASD) ▪ Average length of stay for all admissions in this year was 77 days. ▪ Of all the 18 admissions this year,2 required PICU/low or medium secure, 11 required

Medium Secure, 21 required GAU and 3 were specialist ED units ▪ 20 of the 26 admissions were informal and 6 of these admissions were under the MHA Of the 26 admissions: ▪ 16 were due to suicidal ideation and actions. ▪ 6 required an Eating Disorder placement and ▪ 4 were due to risks to themselves or others and required a place of safety / social care breakdown.	or Medium Secure, 32 required GAU and 6 were specialist ED units ▪ 27 of the 40 admissions were informal and 13 of these admissions were under the MHA Of the 40 admissions: ▪ 28 were due to suicidal ideation and actions. ▪ 9 required an Eating Disorder placement and ▪ 3 were due to risks to themselves or others and required a place of safety / social care breakdown	▪ 26 of the 34 admissions were informal and 8 young people admitted under the mental health act. Of the 34 admissions: ▪ 21 were due to suicidal ideation ▪ 10 required an Eating Disorder placement ▪ 3 were due psychotic presentations	GAU and 5 required specialist ED units ▪ 2 of the 18 were informal admissions and 8 were under the Mental Health Act. 8 young people have nothing noted. Of the 18 admissions ▪ 9 were due to suicidal ideation. ▪ 7 required an Eating Disorder placement ▪ 2 were due to psychotic presentations

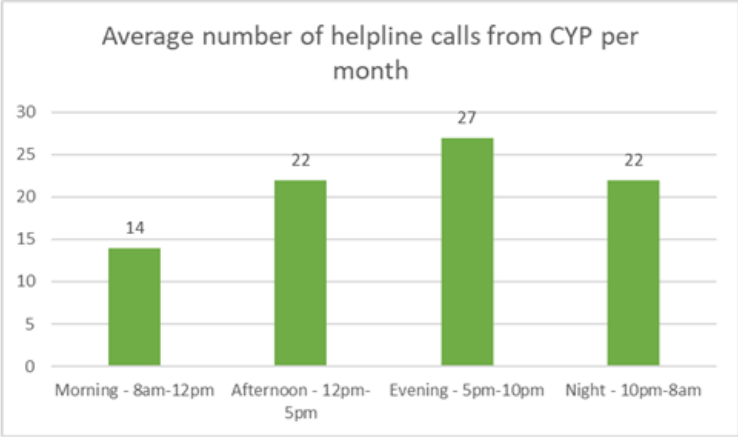
- During 2022/23 we have seen the number of new Specialist CAMHS inpatient (tier 4) admissions fall to lower than the pre-pandemic numbers. The number of new admissions for Derbyshire CYP to specialist inpatient CAMHS beds was 43 in 2019/20, 56 in 2020/21, 56 in 2021/22 and 29 in 2022/23. Although South Derbyshire have seen fewer new admissions between 2019/20 (17) and 2022/23 (9), the average length of stay has increased from 225 days to 235 days, with high complexity, disordered eating and challenges with finding suitable social care placements given as the reasons. In the same time period North Derbyshire have seen a steady fall in average length of stay from 197 days in 2019/20 to 77 days in 2022/23.
- South Derbyshire have seen a reduction in the number of admissions for CYP with LD & or Autism
- North Derbyshire have not admitted any CYP with a learning disability for a number of years. There has however been an increase in the number of CYP with autism admitted.

- There has been a rise in the proportion of CYP admitted to eating disorder specialist beds between 2019/20 and 2022/23, it is noted that the majority of these admissions relate to non specific eating disorders or complex eating difficluties / comorbidities.

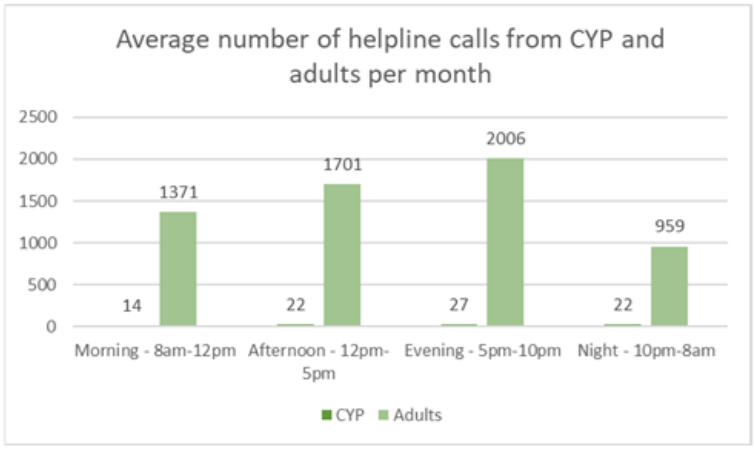
Advice and Support

24/7 Helpline and Advice Service:

- This data is from April 2022 to March 2023.
- In a month there is an average of 85 calls from or about a young people 17 years or younger.
- The majority of these calls are in the evening between 5pm-10pm.
- On average, there were 22 calls a month from 10pm to 8am.



- When compared to adults, there are far fewer calls from or about a young person.
- The average number of calls from adults a month is 2801 (compared to 85 from/about children and young people).
- This might be because research has suggested that CYP do not like telephone-based support lines.



Appendix 11.2

	Urgent and Emergency Care		
Action	**In our 2022 published plan, this what we said that we would do between 2022 and 2024**	**This is our progress during 2022/23**	**These are our plans for 2023 to 2026**
UC1	To continue to improve CYP access to the 24/7 helpline and support service, seeking to establish an online / text chat option	We have listened to children, and young people (CYP) who tell us that many CYP in a time of crisis would be more likely to seek help via anonymous messaging. We are researching the text chat options available to understand how this will best meet the needs of our CYP and also fit alongside the Derbyshire 24/7 all age helpline and support service.	To source a 24/7 messaging or text chat facility for CYP to seek support in a time of crisis by June 2024
UC2	To continue to recruit to and expand the Crisis assessment/ urgent care and Intensive Home Treatment Teams in order to provide 24/7 access.	Both our north Children and Adolescent Mental Health Service (CAMHS) at Chesterfield Royal Hospital Foundation Trust (CRHFT) and south CAMHS at Derbyshire Healthcare Foundation Trust (DHCFT) Urgent care teams have increased their staffing levels to be able to offer a crisis assessment and brief interventions between 8am and 11pm (from Autumn 2023) Our teams are staffed with people trained to meet the specific needs of CYP and their carers/families, with staff have completed relevant training such as Assist training, Dialectical Behaviour Therapy (DBT) and Decider training. Overnight there is availability of psychiatric medical assessment and brief interventions with a referral to the CAMHS Urgent Care team to pick up from 8am. We are concerned that this may fall short of the ask and expectations which CYP, parents and carers expressed they wanted. Demand for a specialist CAMHS assessment overnight is low, which makes staffing such an offer not viable. Our offer via Childrens Emergency Department (CED) is considered robust, safe, proportionate and appropriate however we commit to continue to explore alternative ways to enhance the support available to CYP and parents out of hours. Both north CAMHS (CRHFT) and south CAMHS (DHCFT) have recruited staff with specialist expertise to expand their Intensive Home Treatment (IHT) Teams to cover 7 days a week providing flexible hours i.e. evenings and weekends as required, in line with NHSE guidance.	For our expanded CAMHS Urgent Care and Intensive Home Treatment Teams to be fully embedded as mainstream services by March 2024 To regularly appraise the needs of CYP experiencing crisis, particularly overnight, to ensure an appropriately resourced offer remains in situ, ongoing with annual review. To look after our staff and ensure they are well supported to provide their specialist support in complex and often challenging situations, ongoing with annual review.

Appendix 11.2

UC3	Increase the alignment of the Crisis and Urgent Care Pathway with the Eating Disorder pathway	Our CAMHS Eating disorder teams have staff dedicated to working with CYP presenting in high risk and requiring urgent support. These specialist staff link with the urgent care teams and the paediatric units to offer specialist advice to staff, ensure continuity of care and support the CYP to transfer back into the community. The CAMHS ED team will also provide intensive support to CYP in the community or when appropriate within the Intensive Day offer. Please see the 2023 ED chapter	To improve our urgent care offer to CYP with complex eating difficulties Please see the 2023 ED chapter
UC4	To enhance our step up / step down pathway with Specialist CAMHS inpatient units, to further reduce length of stay and support CYP within Derbyshire wherever possible.	Our **Urgent Care Services** now offer a range of interventions which enhance our step up / step down pathway working alongside partner agencies to enhance support and care around the CYP when they most need it. - **Crisis assessment and brief intervention** for children and young people in crisis and/or presenting with significant risks related to their mental health. Key aim to identify suitable strategies and support to stem escalation. Up to 72 hr involvement (see action no. 2 above) - **Intensive home treatment teams** offer specialist intervention which reduces length of stay in hospital by enabling discharge or prevents admission to CAMHS inpatient T4 beds or paediatric units to improve the quality of life of the CYP and to keep them safe in the community. Multiple contacts each week with average 2 weeks duration. (see no. 2 above) - **South CAMHS: 7 day intensive Day Service** offer provides up to daily support from their base at Temple House where CYP with significant and or complex needs can receive individualised support via 1 to 1 and or groups for a number of weeks. - **North CAMHS: 7 day Enhanced Therapy Service** see CYP with significant and or complex needs up to daily in their own homes or placement, on the paediatric wards, and at the 'The Den' for some groups. This may be for a number of weeks. Our Urgent Care services have strong links with CAMHS inpatient facilities within the East Midlands. Each CYP has a named CAMHS case manager who will lead and / or support multi-agency care planning. We must acknowledge here that our Day service funding is uncertain post March 2024. An evaluation of the impact of the Day Offer, as an integral element of all our urgent care services, is under way to inform a business case and next steps.	To regularly appraise the needs of CYP experiencing crisis, listening to the voice of CYP, parents and carers to ensure our offer evolves with changing needs, ongoing with annual review. To develop an urgent and emergency care system wide training programme to encourage consistency of skills with support for staff via consultation across teams and agencies. March 2025 To enact the CAMHS Provider Collaborative and Derbyshire ICS decisions made in response to the day service evaluation and recommendations, March 2024. See action no. 10 below

Appendix 11.2

		Escalation processes / pathway We have further strengthened the role of the Complex Case Strategic Facilitator, recruiting additional posts to form an Escalation Team to support and embed our system wide multi-agency escalation pathway. Our escalation process encompasses a whole system partnership approach and facilitates complex care planning for CYP with multiple complex needs requiring step up or step down between a range of environments e.g. home, local paediatric unit beds, specialist CAMHS inpatients or residential placements. This robust process and joint working is enabling more CYP to receive individualised support and care in the most appropriate environment when they need it most.	To review lessons learned from the escalation process and work within the system space to enhance joint working, sharing of expertise, and build partnerships to support our CYP.
UC5	To scope and develop crisis alternatives / safe places / safe spaces for CYP to access support in times of distress and risk and to reduce CED attendances.	Two Safe Havens have been commissioned during 2023 to provide support to adults, one in Derby and one in Chesterfield. We are in the process of reviewing necessary safeguarding, training and access policies to expand this Safe Haven offer to include 16 and 17 year olds. Initial scoping of crisis alternatives/safe spaces is underway to understand the best fit for CYP in Derby/Derbyshire.	To scope and develop crisis alternatives / safe places / safe spaces for CYP to access support in times of distress and risk and to reduce CED attendances March 2026
UC6	Continue to ensure that developments focus on CYP from the protected characteristic groups or those considered vulnerable we will ensure this will reach out to CYP with Learning Disability, and Autism, those from BAME and LGBTQ+ communities, and young carers	Our services are committed to and able to make reasonable adjustments. CAMHS north urgent care teams have been involved in the recruitment of a new Equality, Diversity and Inclusion Lead for Chesterfield Royal Hospital Foundation Trust (CRHFT) who will be starting in post. This post will help shape and continue the work around inclusion and engagement. Learning Disability and / or Autism Key Working Model, keyworkers will initially be working with CYP in Specialist 4 CAMHS inpatient beds or at risk of admission and provide support to their parents/carers. For more information about key working, the Emotionally Based school absence project, Care Education Treatment Review and Dynamic Support Register developments see here (please see the LD&A chapter) Also see the health equalities section here	Continue to ensure that developments focus on CYP from the protected characteristic groups or those considered vulnerable. We will ensure this will reach out to CYP with Learning Disability, and Autism, those from BAME and LGBTQ+ communities, and young carers.

Appendix 11.2

UC7	Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support our most complex CYP.	Derby and Derbyshire Integrated Care Board (DDICB), Derby City Local Authority and Derbyshire County Local Authority are working together to engage with providers of care packages and placements to find ways to sure up multi-agency support, particularly for some of our children in complex situations, to ensure our children receive stable supportive care. Plans are underway across Derby, Derbyshire, Nottingham and Nottinghamshire to develop specialist beds Refer to the children in care complex needs section CCN4 (please see Children in Care chapter 2023)	Actions can be found here (please see Children in Care chapter 2023)
UC8	To have robust Expert by Experience involvement in the coproduction of the step up / step down and crisis pathways	Our Research Manager is engaging with CYP and parents via surveys and interviews to seek views on their experiences across urgent care services. CAMHS North are in the early stages of better establishing their service user engagement with a view to ensuring Experts by Experience are involved throughout the service including the crisis pathways. Leads on service user involvement have been recruited within the service and they are actively seeking patient/carer feedback.	To continue to have robust Expert by Experience involvement in the coproduction of the step up / step down and crisis pathways
UC9	To establish one robust Specialist CAMHS inpatient data set through a live dashboard which clinicians can use and which has the ability to track trends for strategic monitoring.	Our Complex Case Strategic Facilitator with Information Management and Technology colleagues have developed a 'Live dashboard' for multi-agency representatives to be able see the progress of CYP awaiting an inpatient bed, or waiting discharge from a bed. This data is then anonymised and being used to provide insightful monitoring trend data. The process is in place with south CAMHS initially.	To expand our Live Dashboard to north CAMHS and develop our trend reporting to have comprehensive picture for all Derbyshire CYP accessing CAMHS inpatients beds.
UC10	To employ a Research Project Manager to support services to create a comprehensive data report which will provide a local evidence base, comparable with the national picture, for our NHS-led Provider Collaborative Day Offer.	Our Research Manager is in post, they are working with CAMHS services to support data inputting and data collection which will inform the Day offer evaluation. CYP service user and parent feedback is also being sought.	Day service evaluation to completed Sept 2023 Further day service analysis to support a business case Feb 2024 See action 4 above

Appendix 11.2

UC11	Ensuring continued expansion to local suicide prevention programme including suicide bereavement support services providing timely and appropriate support to families and staff in place.	Public Health, working alongside the voluntary sector and multiagency partners, remain at the forefront of leading an All Age Derby and Derbyshire approach to Self-harm and Suicide Prevention with a new Derbyshire Suicide Prevention Strategic Framework 2022-25 launched in summer 2022. The local suicide prevention programme continues to expand, is increasing wide multi-agency engagement and is successfully working to ensure that suicide prevention is a key local priority collaboratively and separately within partners. There has been specific focus on outreach work with funded programmes engaging groups, clubs and organisations that children and young people attend to have an improved focus on mental health and wellbeing. Further engagement work has led to increased awareness and competencies, plus access to postvention support, for the workforce across Joined Up Care Derbyshire. Specialist suicide bereavement support services have been in place since 2019 with continued successful performance and an expansion to the offer of support. The Tomorrow Project deliver support to anyone affected by a death by suicide including children, young people, families and schools. For more information about the strategy and support offer, visit the dedicated suicide prevention section on our Derby and Derbyshire Emotional Health and Wellbeing website for use by Derbyshire residents of all ages.	Engagement with VCSE and community groups to progress MH2K citizen researcher recommendations around developing the offer supporting CYP mental health – December 2023
UC12	CYP, parents and carers are informed about where to access crisis support when they need it	Joined Up Care Childrens Board have identified the need for Children and Young People communication strategy. Resource has been identified to progress this and a strategy is being drafted. MH2K citizen researchers developed posters and created a video to encourage their peers to seek support DHCFT have released communications about the 24/7 helpline via instagram and twitter	Improve communications to CYP, parents and carers regarding where crisis support can be accessed when they need it. Communication strategy for 2023 to 2026 to be developed and implemented.
UC13	Paediatric unit experience for children with mental health presentations is improved.	A number of mental health specialist posts have been successfully trialled in our paediatric units to provide a better experience to our CYP on paediatric wards. The following posts have all been successfully evaluated and been made substantive during 2022/23 • Specialist eating disorder nurses - 2 at University Hospitals Derby and Burton Foundation Trust (UHDBFT) • Positive behaviour support psychology team - UHDBFT • Discharge coordinators - 1 at UHDBFT and 1 at CRHFT	Partners to review Derbyshire position against NHSE guidance: Supporting children and young people (CYP) with mental health needs in acute paediatric settings: A framework for systems.

Appendix 11.2

		• Play therapists – CRHFT • Youth workers / assistant psychologists – 1 at UHDBFT and 1 at CRHFT	Following this review to make recommendations and a plan to further enhance CYP experience.

Appendix 12.1

	Eating Disorders Graduated Pathway – 2022 Plans, Progress and Plans for 2023 - 2026		
Action	**In our 2022 published plan, this what we said that we would do between 2022 and 2024**	**This is our progress during 2022/23**	**These are our plans for 2023 to 2026**
ED1	Build on investments to increase staffing capacity in the wake of the pandemic by continuing to develop our integrated crisis and urgent care model	Our Children and Adolescent Mental Health Service (CAMHS) Eating Disorder (ED) teams were able to largely resolve staffing and recruitment challenges seen in 2022/23 and begin implementation of the intensive support offer in January 2023. Urgent out of hours assessments are facilitated by the wider crisis and urgent care team. These teams operate 8am until 11pm (from Autumn 2023) with urgent psychiatric medical assessment available overnight. Please see Urgent and Emergency Care Appendix for additional information.	Develop the integrated crisis and urgent care community treatment model to work effectively with an expanded cohort of children and young people (CYP) with Avoidant Restrictive Food Intake Disorder (ARFID), wider disordered eating and complex eating difficulties.
ED2	Specifically, we will further improve our offer for CYP with an eating disorder who require urgent care through development of CEDS intensive outreach and home treatment offer. This will be integrated with our CYP crisis and liaison teams Provide for more CYP with eating disorders, 7 days a week, across extended hours	CAMHS ED teams are now offering intensive support to CYP with eating disorders in the community, at the new day service in the south and intensive home treatment in the north. The aim is to treat intensively in the community wherever possible, avoiding specialist inpatient admission. There are initial indications of positive impact across Derbyshire, where eating disorder admissions have reduced significantly since January 2023.	Build on progress to fully embed the intensive support options as an integrated ED component of the wider crisis and urgent care model by March 2024.

Appendix 12.1

ED3	Work with our providers, analytics, and public health colleagues to better understand the specific inequalities in access to eating disorders support across Derby and Derbyshire. We will be using estimates of prevalence of mental ill health in children and young people at small area geographies to inform eating disorder position.	During the 2022/23 procurement of the early intervention and prevention service for eating disorders, the ICB undertook a comprehensive engagement initiative. Part of this was to understand health inequalities and access barriers for this particular cohort. Insights informed the shape, direction and ethos of the service specification, including a requirement to undertake three key prevention initiatives, the third of which was to engage with specific community groups where an eating disorder inequality is indicated (e.g. the LGBTQ+ community). Other, more specific data points are still to be fully explored as part of the wider health inequalities initiative. For example, whilst anecdotally we understand there to be a rise in cases, we need a better, data driven understanding of the prevalence of neurodiverse CYP experiencing eating related difficulties.	Progress the early intervention and prevention community initiative through 2024, tying this into the wider ED communications strategy (in development) and drive access for underrepresented groups. Work with system partners to devise a robust methodology for scoping the number of neurodiverse CYP with eating related difficulties in 2024.
ED4	Recover delivery of the access and waiting time standard by the end of March 2023, such that all CYP with a suspected eating disorder access a NICE concordant treatment within 1 week if urgent and 4 weeks for routine referrals.	CAMHS ED and Derby and Derbyshire Integrated Care Board (DDICB) collaborated on a comprehensive recovery action plan to achieve the standard by end of March 2023. Both teams achieved this within the time frame and have now moved in to a maintenance phase.	The key priority is to maintain the Q4 2023 recovery long term. The technical guidance for the access and wait time standard is being updated in 2023 to better account for groups that do not fit within more commonly known diagnoses. Publication of the guidance is likely to have an impact on the shape of the wider ARFID and disordered eating/eating difficulties pathway, though it is largely unclear at this stage. The view is to align to the upcoming guidance and any changes as they emerge.

Appendix 12.1

ED5	Continue to provide paediatric inpatient support for ED, including with specialist ED play therapy.	This support has continued throughout the period with the specialist ED nurse positions at UHDB gaining approval for substantive funding.	Ongoing evaluation of the roles was agreed at system level with a view to ensure seamless integration with the CAMHS ED teams. It is envisaged that the roles will develop over time, to ensure they are responsive to need as it emerges and evolves.
ED6	Fully design and progress the development of the new ARFID pathway through an agreed implementation plan ensuring that the 2021/22 funded clinical training is rolled out to stakeholders in preparation.	The ARFID Planning and Steering Group have developed a draft pathway and are now looking to engage wider stakeholders around need and best fit. Due to expected developments in the national eating disorder commissioning guidance, it is likely that the pathway will undergo further development through 2023. The group are also identifying and working with partners to outline system training opportunities.	Over the next three years, the ARFID, disordered eating, eating difficulties and complex feeding threads will be drawn together in a comprehensive, inclusive offer. Following implementation of the core components of the pathway, it is envisaged that it will mature through an ongoing development process.
ED7	Continue development of a written agreement between providers in CEDS, secondary care and primary care to ensure a consistent approach to physical health checks and medical monitoring for CYP with eating disorders.	The medical monitoring pathway is in development and we are now looking to outline a public engagement initiative in Q3 2023.	Over the next three years the medical monitoring pathway will be well established with ongoing review as outlined in the agreement. Learning opportunities and ongoing development will ensure the pathway is able to respond and adapt to emerging need
ED8	Engage with the East Midlands CAMHS Provider Collaborative to ensure pathway integration with specialist tier 4 inpatient services. To improve joint working and flow between specialist inpatient care and community teams to improve CYP outcomes and experience of care.	Alongside development of the CAMHS crisis and urgent care model, the expanded CAMHS ED resource and implementation of intensive support options have added an additional layer between routine CAMHS ED and the inpatient provision. Specialist ED staff link with the urgent care teams and the paediatric units to offer specialist advice to staff,	Continue to engage proactively with system partners/the East Midlands Provider Collaborative to further embed and mature the integrated model. Through ongoing review and learning opportunities, we will seek to improve efficiencies, joined up working and flow between the CAMHS ED teams and CAMHS inpatient provision

		ensure continuity of care and support the CYP to transfer back into the community. The CAMHS ED team also provide intensive support to CYP in the community or when appropriate within the Intensive Day offer.	

Appendix 13.1

Early Intervention in Psychosis Service

What we said we would do – 22/23 Deliverables	What we have done – progress against deliverables 2015 – 2023
In the South, we will implement peer support workers following success of the North model.	Team preparation training took place, focusing on Peer Support Worker roles (previously IMROC training, now in-house/trust provided). A team member will supervise/support peer support workers after completing training in October 2023.
To support and lead implementation in the South the ambition is to increase occupational therapy hours in the team	Waiting for budget approval and a business case for additional staffing.
We will access additional Meridan Behavioural Family Therapy Training for Case Managers to increase the family intervention offer for service users and their families.	Clinicians are undergoing training, with 2 per intake. Explored expanding intake opportunities in June.
We will scope additional funding opportunities to further support link work and joint training opportunities between EIP and CAMHS	Discussing a shared agreement/training between CAHMS and EIP teams. Addressing North/South teams' differences separately.
We will work together to further improve audit scores and move towards Level 4 compliance.	North team achieved 'top performing' standards, South & City improved NCAP audit results to 'performing well'
We will implement a new assessment team and protocol to improve efficiency and support greater performance against access and waiting time standard	Planning a 6-month pilot assessment team starting January 2024 in South & City, involving part-time clinicians overseeing referrals and assessments.
To support identification of young people at particularly high risk, we will access Comprehensive Assessment of At-Risk Mental States (CAARMS) training for all staff	Clinicians engaging in CAARMS training when available, priority given to ARMS staff due to relevance.
We will use this training and secured funding to implement a new At-Risk Mental State (ARMS) care pathway.	Launched on July 10, 2023, with recruitment ongoing for psychologists and CBT practitioners. South & City focusing on university/college engagement
We will work with schools, colleges and approach Mental Health Support Teams (MHSTs) to facilitate psychosis education sessions	North team continue to provide lessons in schools to year 9 pupils on ‘what is psychosis’, support school health promotion events. ARMS service to provide this to college students/ health promotion opportunities South & City – ARMS looking to access university and college. Both teams fostering relationships with other services/stakeholders,

	promoting FEP/ARMS through various sessions and collaborations.
New appointed Occupational Therapy and Youth and Community Worker posts will support increased access to training and education opportunities for young people	Youth and Community Workers established in both teams, with further OT provision pending in South & City. Linking with Individual Placement Support service for training and educational opportunities.
We will continue to support and develop new and established Peer Support Workers in their roles.	North team progressing peer support with OT-assisted Peer Support Workers. South & City waiting for Youth and Community Worker to complete IMROC supervisor training for peer support implementation.

Appendix 14.1

Supporting the mental health of children and young people with Learning Disability and / or Autism or Neurodiversity

Context.

A number of projects and actions in our 2022 plan include improving the experience of children and young people with Learning Disability and / or Autism or Neurodiversity (LD&A/ND). This year we have brought these key actions together into one section to focus our approach to improving the emotional and mental health of this cohort and demonstrate how we are trying to address the health inequalities which this cohort experience.

It is well recognised that children with Learning Disability and / or Autism or Neurodiversity (LD&A/ND) may have an increased susceptibility to poor wellbeing and mental health. The Derby and Derbyshire Learning Disability and Neurodiversity Transformation programme is developing a graduated offer for these children and young people (CYP). The projects and services below focus on improving access to meaningful support for our children with LD&A / ND and for their parents, families and carers. As they develop these services are integrating with the wider CYP mental health pathway offer.

Neurodiversity Assessment Transformation Programme

Phase 1 of the overall Neurodiversity Diagnostic Transformation programme involves the creation of a community based, practitioner led assessment hub with targeted triage/waiting list team in both North and South and the prototype testing of a new model for adults, used as proof of concept to support discussion on use of the currently utilised adult attention deficit hyperactivity disorder (ADHD) budget in future years, alongside improved value from the current autism spectrum disorder (ASD) offer. Phase 2 of the programme includes proposals to address the adults waiting list exploring a model aligned to Phase 1

Neurodiversity Wrap Around Community Hubs

Phase 3 of the Neurodiversity Assessment Transformation Programme has worked alongside system partners, including experts by experience to create Community Hubs for CYP who are pre or post diagnosis, and their families and carers. Pre diagnosis support is for people who require advice, information and early support but have not been referred for a formal assessment. The hubs will wrap around the core assessment pathway, providing a wide range of advice, information, support and other activities in an environment that helps people to feel safe and part of a wider network. One of the aims of the hubs is to support the emotional wellbeing of children, young people, their families and carers. There is also the opportunity for professionals to signpost to the hub for advice and information, along with other services such as, the special educational needs and disabilities SEND advice line and the neurodiversity portal on the Derby and Derbyshire Emotional Health and Wellbeing website, and Derby City and Derbyshire County local offers, rather than referring straight onto the assessment pathway.

Autism in Schools

The Autism in schools project focuses on improving transitions between schools, year groups and classes by tailoring support packages around 'highly anxious autistic children and young people'. The needs led support packages will cover school adaptations, support for families and support for CYP with short, medium, and long-term outcome measures designed to improve engagement at school of autistic CYP and provide better support to schools and families.

- The 3 work packages provided by the project are:
  - Whole School Education
  - Parent carer workshops
  - Additional course units for Understanding Myself

Learning Disability and / or Autism CYP Keyworker Service

The overall aim of the Keyworker service is to ensure better care and support for autistic CYP or CYP with Learning Disability, and their parents/carers and to reduce pressure on tier 4 Children and Adolescent Mental Health Services (CAMHS) inpatient hospital beds and the need to use out of area placements. The service will be intrinsically linked to the Dynamic Support Register (DSR) process, initially with those in the cohort rated red and/or amber being allocated Keyworker support. The service will work in a person-centred way and Keyworkers will play a key role in supporting CYP to facilitate a safe and sustainable discharge or prevent escalation of their needs/avoid crisis or further crisis. As the service develops, it will expand to work with those in the cohort rated at a lower level on the DSR (lower amber/green) or be known to the criminal justice system, children leaving the care system or known to other specialist services. The Keyworker service commenced in June 2023 alongside a Keyworking Strategic Manager who will support the system mobilisation and development of the service.

Emotionally Based School Absence Project

This is a 12-month pilot that commenced in September 2022 to support children from across the Joined Up Care Derbyshire (JUCD) footprint who have a sustained absence from school because of a psychosocial problem. The aim is to support children so they do not escalate into crisis or require tier 4 CAMHS inpatient admission, they can return to education with a person-centred plan that includes an identified Trusted Person. There are set criteria that schools use to identify children who they present to a monthly panel chaired by the Project Lead, a Senior Educational Psychologist.

Dynamic Support Register / Care Education Treatment Reviews

We have robust processes in place through our Dynamic Support Register and well established Care Education Treatment Review processes to ensure that wherever possible our Children and young people with learning disability and autism receive safe, good and sufficient support in the community. For more information and national guidance, please visit this website.

Supporting the mental health of children and young people with Learning Disability and / or Autism or Neurodiversity			
Action	**In our 2022 published plan, this what we said that we would do between 2022 and 2024**	**This is our progress during 2022/23**	**These are our plans for 2023 to 2026**
LDA1	Autism in Schools: Commence the Accelerator model initially in 6 mainstream schools Further detail can be found in the 2022 plan on page 36	By July 2023 19 secondary and primary schools are involved in the project across Derby City and County In June 2023 delivery commenced of the 3 work packages 1. Whole School Education, 2. Parent carer workshops 3. Additional course units for 'Understanding Myself' Examples of the activities in the work package are transition videos and holding steering group meetings with schools. Feedback from year 1 has been utilised to guide the delivery plan for the second year and enhance the implementation. Staff in Derbyshire schools are completing Autism Education Trust (AET) anxiety training and delivering this to wider staff members, with good feedback. Working closely with parent/ carer forums and specialist teams in both city and county to incorporate workstreams, reduce duplication and overall enhance the educational experience for CYP and their parents/ carers.	The current work programme will continue into the next school year 2024/25 To review and seek opportunities to embed learning and / or seek further funding (approx. £20/£30k) to continue to work with schools in the following school year 2025/26 To seek opportunities for staff in Derby schools to received AET anxiety training.
LDA2	Learning Disability and / or Autism Key Working Model: Initially working with CYP in Tier 4 CAMHS inpatient beds or at risk of admission and provide support to parents/carers. Further detail can be found in the 2022 plan on page 36	Keyworking is part of the NHS 10-year plan. Within this the priorities are identified as those young people aged between 0 – 25 that are at risk of hospital admission or already in a mental health hospital, this is our initial focus. • Contract has been awarded to Affinity Trust and mobilisation has commenced from August 2023. • Staff now 90% recruited and training complete. • Policy and procedures in place	Ongoing review, learning and development of the Keyworking model for the priority group. 2023/24 Learning from the model will be explored in relation to CYP with a diagnosis of LD and or Autism at risk of placement breakdown. 2024/25
LDA3	LD&/ or Autism Key Working Model: A temporary Key Working Strategic Manager (JUCD role) is being appointed to	• Keyworker Strategic Manager has been recruited and is now in Post with DHcFT	N/A

	guide the development of the service and lead the work with all partner agencies. Further detail can be found in the 2022 plan on page 36		
LDA4	Emotionally Based school absence project, 12 month pilot to be reviewed	Support and reasonable adjustments for the psychosocial needs of CYP absent from school. The service supports a number of CYP who are neurodiverse, but not exclusively.	Working with the Educational Psychologist Team at Derbyshire County Council to look at next steps / evaluation December 2023
LDA5	Young Adults Service pilot: Better support YP who are at higher risk of MH issues as they move to adulthood i.e. those with ASD / learning disabilities and other high risk groups. Further detail can be found in the 2022 plan on page 48	Young Adult Service (YAS) pilot established and removed the cliff edge of care in the geographical area it has been placed in. The YAS service has met the needs of ASD / learning disabilities as indicated in the draft evaluation. More details can be found in the Young Adults section The pilot evaluation recommends that the YAS is mainstreamed and expanded to cover all Derbyshire. This proposal is currently being progressed through system governance.	To implement learning from the YAS pilot
LDA6	Care Education Treatment Review (CETR) process, managed via a Dynamic Support Register (DSR) to ensure wrap around care.	Good progress is being made on delivering the requirements of the new national Dynamic Support Register guidance. Since January 2023 Derby and Derbyshire Integrated Care Board (ICB) has moved to operating an All-Age Dynamic Support Register (DSR), adopting the more formal processes utilised for the Adult DSR. The primary changes made to improve the process have been: ▪ JUCD All Age DSR now takes place weekly – Discussing individuals currently being cared for in the community and regarded as at risk of admission to hospital. – Discussions about CYP who are in inpatient beds take place bi-weekly through an exchange of email updates. This cohort of people will be referred to as RAG BLUE in line with NHS England's latest DSR CETR policy and guidance. ▪ There is a dedicated CYP discussion separate from the adult discussions, to facilitate discharge or avoid admission.	To introduce an effective process for both adults and CYP / families to make self-referrals / notifications to the DSR. This will bring greater involvement of the individual / family and be more responsive by 2024 A new CYP Case Worker to be in post who will take on oversight of CYP on the DSR and liaison with partners by 2024. To improve integration between urgent care services and specialist learning disability and autism services

		These discussions now include a broader range of professionals including Derby City and Derbyshire County social care and Local Authority commissioners involved in placement searches. Our Urgent & Emergency care section includes details on our escalation process which supports CYP with LD&A/ND.	
LDA7	Health equalities. Continue to ensure that all developments focus on CYP from the protected characteristic groups or those considered vulnerable, we will ensure that we reach out to CYP with Learning Disability, and Autism Further detail can be found in the 2022 plan on page 25 and in the health equalities section of this 2023 plan	Our 2022 Transformation plan demonstrates that across our projects we have a focus on the specific needs of CYP with LD&A/ND. This year we have decided to collate this work together and have this dedicated section to showcase the progress that has been made. Going forward we will ensure that the work undertaken through the Neurodiversity programme and the CYP mental health programme are fully integrated to provide a seamless offer to our CYP. Further information can be found in the health equalities section	Actions can be found in the health equalities section of this plan.
LDA8	Children in care with complex needs section (please see 2023 Children in Care and complex needs section)	We have a priority area of work focused on supporting our CYP with complex needs, for many of these CYP an element of this complexity is their LD or neurodiversity.	Actions can be found in the Children in Care and complex needs section of this plan.

Appendix 15.1

School Readiness Indicator

- Source: https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results

Derby (62.9%)

Derbyshire (64.4%)

…both performed worse than England (65.2%) in the 2020-21 assessments.

Indicator 2021/22	Percentage of children with a good level of development		
	Derby	Derbyshire	England
	62.9%	64.4%	65.2%
White	63.9%	64.8%	66.3%
Mixed/multiple ethnic groups	66.4%	65.1%	67.0%
Asian/Asian British	61.5%	63.6%	64.9%
Black/African/Caribbean/Black British	66.4%	59.3%	60.6%
Other ethnic group	67.9%	51.5%	55.3%
Unclassified	42.2%	55.7%	49.6%
Known to be eligible for free school meals	50.8%	47.3%	49.1%
Not known to be eligible for free school meals	67.1%	69.8%	68.8%
No identified SEN	69.6%	69.6%	70.9%
All SEN	22.8%	22.4%	18.8%
SEN support	26.6%	25.2%	22.9%
EHC plan	6.8%	1.9%	3.6%
Unclassified	20.9%	36.2%	27.6%

Summary

Indicator	Derby Year	Derby Value	Derby Recent trend	Derbyshire Year	Derbyshire Value	Derbyshire Recent trend
1.1 Children achieving a good level of development at the end of Reception (%)	2021/22	62.9	–	2021/22	64.4	–
1.2 Children with free school meal status achieving a good level of development at the end of Reception (%)	2021/22	50.8		2021/22	47.3	
2.1 Under 18s conceptions (rate per 1,000 women aged 15-17 years)	2020	15.3	↓	2020	10.3	↓
2.2 Children aged <16 years in relative low income families (%)	2020/21	22.2	↓	2020/21	13.4	↓
2.3 Children aged <16 years in absolute low income families (%)	2020/21	17.4	↓	2020/21	10.0	↓
2.4 Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	2021/22	16.1		2021/22	10.6	
2.5 Children aged <18 years in care (rate per 10,000)	2022	107.0		2022	60.0	
2.6 Deprivation score (IMD2019)	2019	26.3		2019	18.4	
3.1 Low birth weight of term babies (%)	2021	2.7	–	2021	1.9	–
3.2 Breastfeeding prevalence at 6-8 weeks after birth (%)	2021/22	47.5	↑	2021/22	43.6	–
3.3 Population vaccination coverage: MMR for two doses (aged 5 years) (%)	2021/22	80.9	↓	2021/22	93.4	–
3.4 Population vaccination coverage: Flu (aged 2-3 years) (%)	2021/22	51.6	↑	2021/22	63.5	↑
3.5 Prevalence of overweight (including obesity) in Reception (%)	2021/22	21.7	–	2021/22	22.8	–
3.6 Primary school aged pupils with special educational needs (SEN) (%)	2018	15.5		2018	14.6	
3.7 A&E attendances in children aged 0-4 years (rate per 1,000)	2021/22	797.3		2021/22	742.6	
3.8 Children aged 5 years with experience of visually obvious dental decay (%)	2018/19	27.4		2018/19	17.1	
4.1 Children receiving a 12-month review (%)	2021/22	95.1	–	2021/22	93.4	↓
4.2 Children aged 2-2½ years receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	2021/22	92.6	↓	2021/22	95.4	↑
4.3 Uptake of FSM in nursery and primary school aged children (%)	2021/22	24.3		2021/22	20.6	
4.4 Children attending early years childcare at a provider with a matched Ofsted inspection rating of "good" or "outstanding" (%)	2022	89.9		2022	91.9	
4.5 Children aged 2 years registered to receive government-funded early years provision (%)	2022	71.4		2022	70.4	
4.6 Children aged 3 and 4 years registered to receive government-funded early years provision (%)	2022	94.2		2022	92.9	

Compared to England: Worse | Similar | Better

Why it is important…

School readiness at age five has a strong impact on future educational attainment and life chances

Children who don't achieve a good level of development aged 5 years struggle with:

which impacts on outcomes in childhood and later life:

- Insight from Derby Health Inequalities Partnership community engagement describes a need to break inter-generational cycles of poor health.
- The evidence base is strong: Investing in quality early care and education is one of the most cost-effective measures that can be taken, with every £1 invested saving taxpayers up to £13 in future costs (Centre for Research in Early Childhood, 2013). Investment is more effective the earlier it happens as, for every £1 spent on early years education, £7 would have to be spent in adolescence to have the same impact (Public Health England, 2015).

Appendix 16.1

Youth Justice - Needs Assessment

Locally the Youth Justice Services (YJS) in Derby and Derbyshire report that CYP, who are known to them, often come with unidentified and undiagnosed health issues which include developmental issues, learning difficulties and mental health problems. It is not unusual for the multi-disciplinary team at the YJS to be the first professionals to pick up on these issues and respond. The Mental Health and Wellbeing Joint Strategic Needs Assessment highlights children and young people in the Youth Justice System as being at high risk of developing mental ill health and issues with emotional wellbeing. Evidence suggests that this group display a higher percentage of mental and physical health issues than the wider child population. Nearly a third of all 13 to 18-year-olds who offend have a mental health issue.

For CYP who are involved in the criminal justice system we know:

CYP who are from a black ethnic background are over-represented nationally; In England and Wales the data suggests that black ethnicity CYP are over represented in the criminal justice system. First time entrants to the criminal justice system stand at 85% male to female ratio with 82% aged between 14 and 17 years. Asian children accounted for 6% of children receiving a caution or sentence in 20/21, which along with the previous year was the highest proportion for that group in the last ten years. There were 21% fewer Asian children who received a caution or sentence compared with the previous year. The proportion of children cautioned or sentenced who are Black has been increasing over the last ten years and is now five percentage points higher than it was in the year ending March 2011 (12% in the latest year compared to 7% in the year ending March 2011). Please see the following link for more details; Youth_Justice_Statistics_2020-21.pdf (publishing.service.gov.uk)

Local data tells us there are more males than females, ASD diagnosis may be over represented and CYP are victims of domestic abuse;

Within Derby City YJS in August 2022 there are 96 cases open to the YJS of which 10 (10.4%) are females and 86 (89.5%) males. Of the 96 cases there are 9 who have been diagnosed with ASD. 19 CYP have been identified as being victims of domestic abuse (there is domestic abuse in the home).

Within Derbyshire South YJS in August 2022 there were 65 cases open, of these 11 are female (17%) and 54 male (83%). 26 (40%) have the “Complex Need - Domestic abuse” Life Event recorded 5 (8%) have an ASD diagnosis.

Within Derbyshire County North YJS in August 2022 78 cases open, 14 (18%) are female, 64 (82%) are male. 31 (40%) have a Complex Need – Domestic abuse life event. 8 (10%) have an ASD diagnosis.

The YJS also have the County Team which works across the whole of Derby and Derbyshire and have workers based in both north and south of the county. The team work with out-of-court cases (Youth Cautions, Conditional Cautions and Diverts) and tend to take CYP who have committed first-time/low level offences. This team had 57 cases open in August 2022 of which 13 (23%) are female, 44 (77%) male, 26 (46%) have a complex need – domestic abuse life event. 1 (2%) has an ASD diagnosis.

The YJS Psychologists and wellbeing workers can evidence that BAME CYP access their services in the expected percentages given the populations figures in the YJS.

CYP at the YJS are offered a priority fast track to neurodevelopmental assessments (where autism spectrum disorders may be diagnosed).

The City YJS 2021-22 Strategic Intelligence assessment outlined that of the cases open to the YJS during the period, 35 (21%) have identified SEND needs and have a confirmed EHCP in place. During the period the 38 Young People identified with SEND needs committed 67 offences. Most offences 42 (88%) are at the lower end of the scale indicating unsophisticated offending behaviour. As a result of committing these offences 16 (46%) of the 35 young people received a court intervention. The main type of SEND need identified is speech, language & communication difficulty.

Of the cases open to the YJS during the period, 7% have been identified as having mental health issues. This compares with 10% the previous year. The top areas of concern were: Significant Symptoms of Over Activity (20%), Feeling Sad (20%), Risk/Concern Young Person Mental Health (16%).

Cordis Bright have recently been commissioned to deliver a comprehensive need assessment relating to children with complexities who are in care or on the edge of care. The document is currently in draft version but has significant learning points for meeting the needs of complex children, which in some instances includes children accessing the YJS.

We have a comprehensive mental health offer to CYP who are involved in the criminal justice system.

We have three specific emotional health and mental health services that support CYP in the YJS (which includes those transitioning to and from the secure estate); a psychology service, specific and ringfenced CAMHS input and emotional health and wellbeing workers. Please see the below table for a brief explanation regarding the service delivery;.

Service Name	Service Detail
Psychology	This service delivers in a 'Child First' ethos and aims to support the wider YJS team to gain better and deeper understanding regarding adverse childhood experiences, assisting them to work in a trauma informed manner which ultimately assists CYP in their care. They provide a psychology-led approach to multi-agency case formulation and intervention planning. This, in turn enables youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people, including those with ND needs / learning disabilities. As a result, the psychologist's role is mainly indirect work with CYP, rather than direct face to face interventions, albeit there are occasions when this does take place.
YJS CAMHS	This service delivers in a 'Child First' ethos and aims to support CYP who are in the care of YJS, providing swift access to assessments and access to therapies / interventions via core CAMHS as required. They undertake direct work with CYP to assess mental health need and provide evidence based informed interventions. CAMHS YJS also support the wider YJS team to gain better and deeper understanding regarding adverse childhood experiences, assisting them to work in a trauma informed manner which ultimately assists CYP in their care.

Emotional Health and Wellbeing Worker	The Youth Wellbeing Workers also support young people open to the YJS. These workers deliver in a child first ethos with the focus on: 1. Building positive relationships with CYP and their families. 2. Enabling CYP to be involved in positive activities. 3. Have a clear focus on desistance for CYP. This role offers a preventative role and step-down option for children with emerging mental health needs or those who have received targeted intervention and need support to sustain positive changes made through a clinical intervention. The Youth Wellbeing Workers also support CYP post order.

The three services hold regular Multi-Disciplinary Team (MDT) meetings to ensure that CYP at the YJS accessing services have the right care at the right time and that for CYP with complex needs an appropriate support package is in place. They also liaise as necessary with forensic CAMHS, Liaison and Diversion Team, Crisis Care Teams and SARC. The regular MDT ensures there is a regular communication channel which allows for interaction between all services involved with a child and who can assist in supporting their mental health.

The three services currently delivering specifically to YJS to support CYP mental health show the following contact rates.

Referrals Emotional Health and Wellbeing Workers 21/22 (excludes November)	**Referrals Psychologists 21/22 excludes November)** *Note this is from City and South only as North post was vacant*	**CAMHS YJS (excludes consultations)**
79	64	4 to 5 cases open at any one time - North 33 referrals South and City in 15 months

However, CYP at the YJS also have access to our universal, early intervention, targeted and specialist mental health services (please see CYP MH Services working with educational settings Chapter 10 for more detail – this includes Build Sound Minds, Mental Health Support teams and Kooth) and for those CYP in YJS who are also children in care there is additional support via the Derbyshire Emotional Health and Wellbeing Service (please see chapter 14 for children in care). The offer of support to CYP at the YJS is part of our commissioned integrated pathway which also includes special recognition of one of our most vulnerable groups.

Liaison and Diversion Team

In addition to the specialist emotional and mental health services, CYP also have access to the Liaison and Diversion Team which offers routine interventions and links to crisis care, if

required, and is available to every young person who attends custody (via arrest or voluntary attendance). This service regularly liaises with YJS staff and mental health services. While they do not offer crisis care they will refer to crisis teams where required. The team will be delivering the 'Reconnect Service' which will provide liaison and continuity between the secure estate and community. The YJS CAMHS Team also continue to work with young people transitioning to and from the secure estate – this ensures a seamless transition and continued overview.

The team is also formulating a business case to ensure that speech and language issues can be catered for within the team.

The service is aimed at those who come into contact with the criminal justice system because they have committed, or are suspected of committing, a criminal offence and:

- may be acutely or recurrently mentally ill and need to be assessed under the Mental Health Act
- may have anxiety, behavioural and/or emotional dysregulation
- have a history of contact with mental health services
- have a learning disability
- have an issue with substance misuse
- have other relevant vulnerabilities.

Within the YJS there is a dedicated multi agency monthly meeting to discuss all cases of CYP who are in custody. The purpose of this is to ensure all individual needs are being met by the secure estate and that there is effective planning for release to support rehabilitation. All health staff play an essential role in this process. Where a YP has been receiving any emotional mental health services in custody, the health hub ensures a seamless transition from custody to community. The psychologist has also played an instrumental role in the upskilling of staff, and effective intervention regarding neurodevelopmental issues, learning disability / difficulties and head injury.

If a child presents at sexual assault referral centres (SARC) or is referred to social care for concerns relating to child sexual exploitation (CSE) with mental health concerns identified, then referrals will take place in to CAMHS supported by consultation with the Specialist Community Advisors or CAMHS duty.

Forensic CAMHS

The Forensic CAMHS Team is also part of the pathway and ensures that there is collaboration with community teams to help the young person: Forensic CAMHS provide advice, consultation, specialist assessment and support to services and teams working with young people in the community who exhibit risky behaviours or who are already in the youth justice system and have or display signs of mental health difficulties. Forensic CAMHS support both the YJS and broader Children's Social Care via consultations and attendance at multi-agency meetings.

Children are part of families, and so the YJS itself works with parents and carers, which in turn is supported by the psychologist role due to its approach to trauma.

Appendix 16.2

Youth Justice – 2022 Priorities, Update & Next Steps

Key

Blue – complete

Green – in progress on track

Amber – in progress behind track

Red – not in progress/ significantly behind track

Item / Progress 2022	Progress and Update	Next Steps 2023/24
Ensure that children at the YOS are considered in all system delivery in an inclusive and equal way		Continue with this as business as usual
Ensure there is join up between the different health strategies by working in partnership		Continue with this as business as usual
In 2021/22 we established long term funding for the psychologists via health budgets, while the emotional health and wellbeing workers have had their funding extended to March 2023 it is a priority to establish these posts as permanent.	Psychology posts are now permanent	NFA
Update the CAMHS and psychology service specifications which include clear outcomes and inequality data sets		Continue with this as business as usual
Continue the upskilling of staff through training in ACES, LD and ASD at YOS		Continue with this as business as usual

Review of health commissioned Mental Health pathways with the inclusion of Glossop into the Derby and Derbyshire ICS		Carry over action
Implement the recommendations related mental health from the recent HMIP inspection and Cordis bright needs assessment (unreleased)		Continue with this as business as usual
Work with colleagues to improve the response to supporting speech and language therapies		
Embed the approach to ensuring smooth transitions from secure estate to community via the Liaison and Diversion Team		Continue with this as business as usual
Improve the access to early intervention and targeted support services		Embed reciprocal referral systems in NHS commissioned health services to strengthen easier access for YOS CYP
Seek to improve the alignment of physical and mental health		