



Joined Up Care
Derbyshire



Children and Young People's Mental Health Transformation Plan

2022

Full Version

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FOREWORD

I am delighted to present our refreshed plans for the transformation of Children and Young People's mental health services.

We continue to work closely with children, young people and their families alongside our partners and stakeholders to understand the needs in our population on the basis of data. We continue to embrace co-production as we drive forward these plans and deliver the priorities identified in each area below.

Producing and publishing this plan is a key step in our ongoing improvement journey. We are committed to building on these foundations as we continue to improve our services, experiences and outcomes for children, young people and their families in Derby and Derbyshire, now and in the future.

Andy Smith

Strategic Director of People Services Derby City Council and ICS Childrens Senior Responsible Officer



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EXECUTIVE SUMMARY

Each year Derbyshire is required to publish our Children and Young Peoples Mental Health (CYPMH) Transformation Plan Refresh. This document updates the previously published Future in Mind and CYPMH Transformation plans. It demonstrates progress made since the start of the transformation programme in 2015 and is used as the programmes key reference document. NHSE have provided a revised set of CYPMH Key Lines of Enquiry (KLOE) for 2022/23, in line with the evidence base and learning from 2021/22. This is to support Integrated Care Boards (ICB) to produce clear, transparent and current Local Transformation Plans and we have used these KLOEs to frame our refreshed plan.

At the start of our transformation programme in 2015 Child and Adolescent Mental Health Services (CAMHS) provided the majority of specialist evidence-based treatment to our children and young people with mental health needs. Over subsequent years the scope of the children and young people (CYP) mental health offer has significantly broadened, as the Thrive diagram on [page 33](#) and the chapters in this document describe. The premise of our overall transformation plan has been to expand the CYP mental health pathway to provide a graduated offer that delivers advice, support and treatment to children and young people at the time they need it most, the key aim being to support CYP at earliest opportunity to stem escalation and prevent deterioration in their mental health and wellbeing.

Between 2015 and 2020 there was £1.7M invested in transformation and between 2021 and 2024 the recurrent investment to Children and Young People Mental Health will be £7.8M. The overarching focus of investment, pathway development and wider transformation has been:

1. To improve access to information, advice and support about emotional wellbeing
2. To improve the skills and knowledge of all CYP professionals to have an improved awareness of CYP wellbeing and mental health, this included training on Adverse Childhood Experiences (ACES) and trauma informed approaches, making CYP wellbeing and mental health 'everyone's business'.
3. Create targeted early intervention opportunities, aiming to support CYP to build strategies to self-manage their wellbeing and be able to seek support when they need it. A further aim of targeted early intervention has been to reduce referrals to more specialist CAMHS services.
4. Expansion of the crisis response offer to enable CYP to access support 24/7 when requiring 'risk support'. To also enhance the level and capacity for intensive support 'wrapped around' our 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.
5. Enhance connections between Derbyshire community agencies and specialist CAMHS inpatient services to enable step up and step down at the right time for our CYP.

Although our transformation programme has made significant progress and had successes it is necessary to be transparent and share the system challenges and risks facing us in the years ahead, this is described in chapter 1 Transparency and Coproduction and includes:

- Unmet need
- Increasing demand
- Waiting times
- Workforce
- Placements and packages of care:

Recognising these challenges, has shaped our priorities, aspirations and ambitions which are described across the chapters and summarised in [appendix A](#)

Key areas which have been strengthened since the 2021/22 updates are

- Multi-agency escalation process for CYP with complex needs
- Mental Health Support Teams in schools
- Psychological support to Youth Offending Service
- Pathway guidance for education settings published
- Positive Behaviour Support Service (UHDBFT)
- Neurodevelopmental pathway

Areas of focus and priorities in 2022/23

- Young Adult Service proof of concept in north Derbyshire
- Intensive day resource to support CYP requiring risk support
- Building our 24/7 crisis assessment and intensive support offer
- Improving our understanding about how health equalities will be advanced across CYPMH
- Enhancing our connections with East Midlands specialist CAMHS inpatient services
- Development of a system workforce strategy

Further ambitions for transformation in 2023/24

- Deliver and embed approaches which advance health equalities
- Young Adult Service expansion into south Derbyshire and Derby city
- Initiatives to reduce waiting times for specialist CAMHS, aspiring to meet the waiting time standards
- Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support CYP with the most complex needs
- Agree model for safe spaces and crisis alternatives i.e., crisis cafes

ACKNOWLEDGEMENTS AND CONTRIBUTIONS

- Action for Children
- Chesterfield Royal Hospital NHS Foundation Trust
- Derby and Derbyshire Integrated Care Board
- Derby and Derbyshire Safeguarding Children Partnership
- Derby City Council
- Derby City Public Health
- Derbyshire County Council
- Derbyshire County Public health
- Derbyshire Federation for Mental Health
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Police
- East Midlands CAMHS Provider Collaborative
- Erewash Voluntary Action
- First Steps (Eating Disorders)
- Health and Justice Board Derby City
- Health and Justice Board Derbyshire
- Health and Justice Team (NHS E&I)
- Joined Up Care Derbyshire Childrens Board
- Kooth PLC
- Leaders Unlocked MH2K
- Mental Health, Learning Disability and Autism System Delivery Board
- NHS England and NHS Improvement
- NHS North of England Commissioning Support Unit
- Primary Care
- SEND Board Derby City (Special Education Needs and Disabilities)
- SEND Board Derbyshire
- Specialist Commissioning (NHSE Midlands)
- Transforming Care Partnerships
- University Hospitals of Derby and Burton NHS Foundation Trust

INTRODUCTION

The NHSE Long Term Plan is clear in its ambition that by 2028/9 every child or young person who needs a service to address their mental health and emotional wellbeing will have access to appropriate provision. In 2015, NHSE set an ambition that 35% of children and young people would be able to access mental health services by 2020/21.

Derbyshire exceeded this target by providing an NHS service to 38% of children and young people with a diagnosable mental health condition by March 2021. We are driven to continue to transform our response to mental health needs across our graduated pathway. This is being achieved utilising evidence about local needs, evaluation of current services, review of national good practice and particularly listening to the voice of children, young people, parents and carers. Intelligence will continue to be systematically gathered and used to shape service development and continuously improve service delivery. The NHS Long Term Plan is referenced throughout this document, illustrating clear alignment.

We have worked with MH:2K citizen researchers for several years to better understand the needs and views of children and young people to inform the planning and design of the pathway and also contribute to the commissioning services. Details about their valuable input is included across the chapters. Strategically, Joined Up Care Derbyshire (JUCD) Childrens Board are working with Healthwatch to enhance CYP participation going forward to establish system wide priorities and ensuring alignment to this plan.

Since Derbyshire published the Refreshed Children and Young People's Mental Health Transformation plan in October 2021, partners across the system have continued to work in collaboration to advance our transformation programme. This has been achieved at a time of exceptionally high demand for services, in the context of local (and national) recruitment difficulties and with ongoing challenges from the Covid pandemic. Our success in progressing our transformation programme over the last demonstrates the huge commitment and passion of our CYP mental health workforce.

Key areas which have been strengthened since the 2021/22 updates are

- Multi-agency escalation process for CYP with complex needs
- Mental Health Support Teams in schools
- Psychological support to Youth Offending Service
- Pathway guidance for education settings published
- Positive Behaviour Support Service (UHDBFT)
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Areas of focus and priorities in 2022/23

- Young Adult Service proof of concept in north Derbyshire
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- Development of a system workforce strategy

Further ambitions for transformation in 2023/24

- Deliver and embed approaches which advance health equalities
- Young Adult Service expansion into south Derbyshire and Derby city
- Initiatives to reduce waiting times for specialist CAMHS, aspiring to meet the waiting time standards
- Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support CYP with the most complex needs
- Agree model for safe spaces and crisis alternatives i.e., crisis cafes

The table below summarises the extent of the Derbyshire children and young people's mental health transformation plan, it shows investments made to date, the new services which have been embedded in our pathway, ongoing transformation work underway this year and that which is planned for next year.

New services established through Derbyshire Transformation 2015 to 2024

Year	Transformation investment focus	RAG
2015/16	Specialist CAMHS services in situ north and south	complete
2016/17	IAPT available to over 16 years+	complete
2017/18	Developed capacity in specialist CAMHS services across Derbyshire	complete
2018/19	Developed capacity in specialist CAMHS services across Derbyshire Developed one approach to CAMHS eating disorder	complete
2019/20	Set up Targeted Early Intervention <ul style="list-style-type: none"> • Build sound Minds service Expanded CAMHS Eating Disorder services	complete
2020/21	Initiated Mental Health Support Teams in Schools <ul style="list-style-type: none"> • 2 x Changing Lives MHSTs Universal Digital intervention Derby & Derbyshire Emotional Health and Wellbeing website Expanded CAMHS Eating Disorder services	complete
2021/22	Expanded MHSTs <ul style="list-style-type: none"> • Total 6 x Changing Lives MHSTs Expanded CAMHS Urgent care offer <ul style="list-style-type: none"> • Paediatric unit specialist MH staff • Complex case Strategic Facilitator / System Escalation process Developed Derbyshire wide approach to Crisis Response	complete
2022/23	Expanding MHSTs <ul style="list-style-type: none"> • Total 9 x Changing Lives MHSTs Expanding CAMHS Urgent care offer <ul style="list-style-type: none"> • Crisis assessment • Intensive Home Treatment Team • Intensive Support Day offer 	In progress

2023/24	Expand MHSTs <ul style="list-style-type: none"> • Total 11 x Changing Lives MHSTs Establishing CAMHS Urgent care offer <ul style="list-style-type: none"> • 24/7 Crisis assessment • 7/7 Intensive Home Treatment Team • 7/7 Intensive Support Day offer <ul style="list-style-type: none"> • Crisis alternatives – tbc Access and waiting list initiatives - tbc	Planning / not started
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Our 2022 refreshed plan has only been made possible with the hard work and dedication of numerous partners working tirelessly in the agencies that comprise the Derbyshire children and young people's pathway. Their expertise and compassion for making the difference for our children and young people is what truly drives the transformation that has been, and continues to be, made across the Derbyshire system – we send a big thank you to every one of you.

We are aware that this document is a sizable read! A brief explanation of the document may help the reader to navigate. There are a set of initial chapters (numbers 1 – 6) which provide context, outlining our historical progress, governance, coproduction, investments and partnership working, then a series of chapters (numbers 7 – 14) which outline progress in our priority areas. These chapters provide a range of information related the stage of that project's transformation in 2021/22. This may include specific data about CYP needs, CYP voice, progress made to date, innovations and findings and priorities going forward. To aid the reader links are provided between chapters to aid navigation related to a subject area. [Appendix A](#) also provides a summary of each project's priorities and the plans for 2022/23.

CHAPTER 1

TRANSPARENCY AND COPRODUCTION

1.1 Introduction

In Derbyshire our children and young people's mental health pathway has developed considerably through the hard work of partners working together to deliver firstly the Derbyshire Future in Mind (FIM) plan 2015-2020 and currently the Children and Young People's Mental Health Transformation Plan 2021-2024. The plan continues to evolve and be implemented through multi-agency forums, comprising a wide range of system stakeholders including young people and parents.

1.2 Future in Mind (2015- 2020)

The FIM plan was reported to the SEND (Special Educational Needs and Disabilities) City and County Boards which supported and informed our work particularly in schools. Health and Wellbeing Boards (HWBs) received reports and endorsed the plan. This period saw particular expansion of specialist Child and Adolescent Mental Health Services and the planning of new targeted early intervention services.

Safeguarding Arrangements

During this time there was extensive consultation between statutory and strategic stakeholders, resulting in Derby and Derbyshire Children Partnership agreeing new multi-agency safeguarding arrangements. An inter-agency Governance and Accountability Framework is now in place. This is an agreement that has been signed by each of the statutory partners setting out the legal arrangements to ensure there is effective governance and decision making. The agreement includes the commitment that each statutory partner will carry out their responsibilities, this will ensure the Derby and Derbyshire Safeguarding Children Partnership is effective working to keep children safe from harm. The key partners for the new arrangements are the ICB, Police and the two Local Authorities.

The ICB Assistant Director for Safeguarding Children / Lead Designated Nurse takes a lead coordination role for health when we have local safeguarding children and looked after children inspections, such as the Joint Target Area Inspection (JTAI), and is responsible for progressing the agreed health action plan working closely with the health providers and the ICB children commissioners. The Designated lead and the safeguarding team works closely with Children's commissions to ensure our plans and arrangements for services are safe and effective. The Assistant Director for Safeguarding Children / Lead Designated Nurse reports to the ICB Executive Lead – Chief Nurse for the ICB.

CCG Merger and ICB Establishment

In April 2019 the four former Derbyshire Clinical Commissioning Groups (CCG) formally merged into one single Derby and Derbyshire CCG. The CCG brought Adult Mental Health, Learning Disabilities and Autism and Children's commissioning together into a single Directorate to improve our planning and support taking forward of the NHS Long Term Plan (NHS LTP) to address the 0 - 25 years delivery and improve transitions across services. We specifically appointed a dedicated Programme Lead for Future in Mind (FIM) and city and

county Leads for for Changing Lives Mental Health Support Teams in Schools trailblazer to be developed in association with the Whole School Approach.

The Health and Care Bill 2022 created Integrated Care Boards (ICB) as replacements for Clinical Commissioning Groups, commencing on 1st July 2022. Joined Up Care Derbyshire is the Derby and Derbyshire health and social care partnership for adults and children. Joined Up Care Derbyshire is one of 42 Integrated Care Systems across England. Joined Up Care Derbyshire's priority is to make improvements to the Derby and Derbyshire populations' life expectancy and healthy life expectancy levels in comparison to other parts of the country, and reduce the health inequalities that are driving these differences. This priority is core to our Children and Young People's Transformation Plan.

Derby and Derbyshire ICB includes the previous Derby and Derbyshire CCG population and now additionally includes Glossopdale. We are in conversations with Greater Manchester ICB and the Glossop population to assure them that they will not see changes to services within the 12 months post transition however we are actively working to understand the needs of Glossop CYP and the most suitable pathways for care and will be planning for Glossop within the scope of our transformation programme and seeking CYP views and involvement going forward.

For further detail about our achievements through Future in Mind see appendix B.

1.3 Children and Young People's Mental Health Transformation Plan (2020 - 2024)

We have built on the Derby and Derbyshire Future in Mind transformation plan and changes in system architecture have helped us make positive progress through single governance arrangements and improved system integration through Joined Up Care Derbyshire (JUCD). We have benefited from closer input into our planning from partners and the ability to work towards consistency across our geography. This approach was invaluable during the Covid-19 pandemic. For progress and learning during the pandemic and Covid-19 recovery see appendix C.

The chapters in the document explain in detail the areas we are advancing in line with NHSE long term plan, particular areas of focus this year have been eating disorders, transitions to adulthood, learning disabilities, neurodiversity and crisis response. Derbyshire partners work with the East Midlands Mental Health Clinical Network (EMMHCN) to share and develop our plans.

1.4 Governance

Directors of Children's Services, Directors of Public Health and key strategic health and educational leads oversee the plans governance and implementation (appendix D table of System Leaders and Governance). Our Chair of the Joined Up Care Derbyshire Children's Board (JUCDC) is the Senior Responsible Officer for the work programme, this is currently Derby City Strategic Director for People Services who is a statutory member of the City H&WB Board. As JUCDC chair they are responsible for holding the system to account for the development, implementation, delivery and ongoing review of the plan and will represent

JUCD Childrens Board at JUCD Board, H&WB Board and Mental Health, Learning Disabilities and Autism System Delivery Board (MH,LD&A,SD Board).

1.5 DERBYSHIRE INVESTMENT IN SERVICES

When Future in Mind began in 2015 the vast majority of children and young people's mental health spend was in specialist CAMHS services = £7.3M

The emotional and mental health offer available to our children and young people is much broader now, this is reflected in the investments that have been made across the graduated pathway enabling children and young people to access support earlier.

By March 2024 the total Derby and Derbyshire Integrated Care Board spend on CYP mental health services (excluding learning difficulties) including baseline and all LTP investments will be £16.8M.

Future in Mind Investments 2015 to 2020

Table 1a 2015 to 2020 Child Adolescent Mental Health Service investment – uplifted CAMHS specialist services

£m	2015/16	2016/17	2017/18	2018/19	2019/20
CRHFT	2.2	2.3	2.4	2.5	2.5
DHCFT	5.1	5.7	5.8	6.3	6.5
	7.3	8.0	8.2	8.8	9.00

1.6 CYP Mental Health Transformation investments 2021 to 2024

Future in Mind funding moved to CCG baseline in 2020/21

System Development Funding (SDF) allocations 2020/21 until 2023/24

Spending Review (SR) monies were a 12 month allocation in 2021/22

CAMHS Provider Collaborative awarded Derbyshire total £3m Autumn 2021- March 2024

Table 1b 2021 to 2024 Children and Young People Mental Health - total recurrent investment

£m	2019/20	2020/21	2021/22	2022/23	2023/24
Total Derbyshire pathway	See table 1a	13.5	14.5	15.6	16.8

Table 1c 2022/23 allocations

Full Funding Description National Allocation Name [All allocations substantive except where indicated with a *]	Estimated Funding Notified £000	Commitment
Long term plan growth	2,414	Increase Crisis, Liaison and Intensive Home Treatment team staffing Spending review
Long term plan growth eating disorders	32	
System Development Fund: CYP community and crisis	1,828	Further increase Crisis, Liaison and Intensive Home Treatment team staffing Successful 2021/22 spending review schemes made substantive – eating disorders, discharge, paediatric unit support
SDF: 18-25 young adults (18-25)	583	CYP Transformation Young Adults Service
SDF: MHST 19/20 sites wave 2	1,473	4 x wave 2 Mental Health Support Teams in education settings
SDF: MHST 20/21 sites wave 4	511	2 x wave 4 Mental Health Support Teams in education settings
SDF: MHST 22/23 sites wave 8	162	3 x wave 8 Mental Health Support Teams in education settings
SDF: MHST 23/24 sites wave 10	108	2 x wave 108 Mental Health Support Teams in education settings
SDF: Eating Disorder	88	Early intervention and prevention
SDF: ARRS Primary Care integration	88	Programme management scoping future developments
CAMHS Provider Collaborative Enhancing Intensive Community Support	1,292* (allocation known to be up to 2023/24)	Specialist CYPMH Community workers / Day resource / crisis skills training
	£8,579	

Table 1d Service investments 2015 - 2024

	Service	Commenced
1	Uplift CRHFT and DHcFT Specialist CAMHS	2016 onwards
2	CAMHS Specialist Eating Disorder services investments in 2020/21 and 2021/22 Plus Early intervention / prevention ED service – VCSE	April 2020
3	Specialist Community Advisors (CAMHS) one in each locality across the Derbyshire footprint – providing consultations to professionals and improving access to services / support	April 2020
4	Established Build Sound Minds , targeted early intervention service (Action for Children)	Contract from May 2019
5	Continue to invest in IAPT capacity which can take referrals from 16 years for people requiring a skilled counselling approach	2016
6	Established Kooth (CYP – 11-25 year old) digital offer – universally accessible	Contract from Sept 2019
7	Derby and Derbyshire Emotional Health and Wellbeing website – with dedicated children and young people's section	May 2020
8	New Trauma Informed service for children in care DECC – Derby and Derbyshire Emotional Health and Wellbeing Service for Children in Care (Action for Children) Joint funding between ICB / City and County LA	Delayed due to Covid Sept 2020
Key non – recurrent projects		
9	MH2K Citizen researchers – peer engagement to inform service re-design	2019 - 2023
10	<i>Investment made for additional online targeted interventions during Covid19 – included group and 1 to 1 CBT / counselling</i>	April 2020
New investments plus projects made substantive from 2022		
10	4 x Mental Health Support Teams in schools set up from January 2020 2 more MHSTs commenced April 2021 3 more MHSTs due to start Jan 2023 2 more MHSTs to start Jan 2024 Total 11 MHSTs by 2024	Jan 2020 April 2021 Jan 2023 Jan 2024
11	Urgent Care service / Crisis team Community-based crisis response pathway	Started recruitment and expanding

	To significantly improve our CAMHS 24/7 assessment and brief response plus 7 day Intensive Home treatment Team by March 2023	teams during 2022
12	Day Offer (crisis) – To open two day provision sites one at Derby and one in Chesterfield for CYP in crisis with complex MH needs (Provider Collaborative funding, delivered by CAMHS) To provide enhanced therapy day support plus engagement workers to enhance multi-agency 'wrap around care' for CYP in the community (home or residential care placement)	Due to commence from Sept 2022
13	Complex Case Strategic Facilitator (CCSF) function System function - CCSF senior leadership role to coordinate multi-agency care planning and de-escalation Robust bronze / silver / gold ICP system escalation process Additional CCSF manager starts October 2022	June 2021 Oct 2022
14	CYP Discharge Coordinator 1 x UHDB 1 x CRHFT To coordinate discharge planning for CYP MH needs from paediatric units	Started 2021 UHDBFT substantive from 2022
15	Mental health skilled practitioners to support CYP on CRH and UHDB Paediatric units Specialist Eating Disorder nurses / Play therapists / Positive behaviour support psychology	Started 2021
16	Psychology input to Youth Offending Services	Started 2019 substantive from Sept 2022
12	Young Adult Service 18-25 years New proof of concept model between VCSE and CAMHS north soft roll out commenced as recruit staff To review learning and develop south Derbyshire and Derby city Young Adult Service	2022 north 2024 south

1.7 Coproduction and Engagement

Going forward, we will build on the engagement work completed to date and continue to undertake our approach to co-production, as embedded in our commitment to the [Derby City Coproduction Charter](#). This will ensure CYP, young adults, their parents and carers are equal participants in the development of our plans. Through our work with MH2K citizens researchers and through strategic ICB partnership workstreams we will ensure that we reach out to traditionally unrepresented groups, for example children in care (CIC), for people diagnosed with Autism, ADHD, care leavers, LGBTQ+ and ethnic minorities. Our services also have 'by experience' groups that provide feedback on how services are working. MH2K citizen researchers listened to children and young people to find out what was important to them regarding mental health. This resulted in recommendations for the system and specific services which has been used to inform our transformation plan which is reflected specifically in our chapters relating to crisis response and the digital offer. We also found out via the listening exercise MH2K undertook that family and friends are important in supporting CYP wellbeing and that the response to gender, sexuality and identity is important. Our Transformation Plan takes this into account.

Within the chapters, the voice of children, young people, young adults and parents is included to outline their specific views in relation to the pathway or chapter area, with engagement and coproduction evidenced.

During 22/23 and 23/24 we will be focusing our engagement activities with CYP from a range of diverse backgrounds.

Whilst we do know that amongst our adult population Joined Up Care Derbyshire (JUCCD) have identified black young men as a group who are overrepresented in adult acute mental health services and underrepresented seeking wellbeing and mental health support opportunities, we are not yet clear on representation in the CYP population. Derby has higher than average numbers of people in our deaf community, the Royal School for the Deaf is in Derby City so we know CYP representation will be higher than average too. Mental health issues are known to be more prevalent in this community however access to suitable mental health support is known to be limited and something that JUCCD are keen to address. Prioritising engagement to understand the needs and voice across our diverse CYP population is in line with the NHSE Core20PLUS5 approach. [Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.] This is an approach we are embracing in Derby Derbyshire.

Additionally, we will be seeking to ensure that our engagement activities support our focus on addressing inequalities specifically seeking views and from those communities with a heightened vulnerability to developing a MH problem and CYP with Learning Disability (LD), Autism or Attention Deficit Hyperactivity Disorder (ADHD)

1.8 Transformation progress in the context of current system challenges

Although our transformation programme has made huge progress and successes it is necessary to be transparent and share the system challenges and risks facing us in the years ahead.

At the start of our transformation programme in 2015 Child and Adolescent Mental Health Services (CAMHS) provided the majority of specialist evidence-based treatment to our children and young people with mental health needs. Over subsequent years the scope of the children and young people (CYP) mental health offer has significantly broadened, as the Thrive diagram (see Figure 4a below) shows and the chapters in this document describe. The premise of our overall transformation plan has been to expand the CYP mental health pathway to provide a graduated offer able to offer advice, support and treatment to children and young people at the time they need it most, the key aim being to support CYP at earliest opportunity to stem escalation and prevent deterioration in their mental health and wellbeing.

The overarching focus of investment, pathway development and wider transformation has been:

1. To improve access to information, advice and support about emotional wellbeing

2. To improve the skills and knowledge of all CYP professionals to have an improved awareness of CYP wellbeing and mental health, this included training on Adverse Childhood Experiences (ACES) and trauma informed approaches, making CYP wellbeing and mental health 'everyone's business'.
3. Create targeted early intervention opportunities, aiming to support CYP to build strategies to self-manage their wellbeing and be able to seek support when they need it. A further aim of targeted early intervention has been to reduce referrals to more specialist CAMHS services.
4. Expansion of the crisis response offer to enable CYP to access support 24/7 when requiring 'risk support'. To also enhance the level and capacity for intensive support 'wrapped around' our 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.
5. Enhance connections between Derbyshire community agencies and specialist CAMHS inpatient services (known as tier 4 beds) to enable step up and step down at the right time for our CYP.

Unmet need: In 2015 25% of children and young people with a diagnosable mental health condition were receiving at least 2 contacts with services (meaning that 75% of those in need were not). By March 2022 partners across Derbyshire had been able to provide 49% of CYP 2 contacts with services demonstrating that we are meeting the needs of many more CYP, although also showing that there remains significant unmet need.

Increasing demand: Although Derbyshire partners are seeing more CYP, this is in the context of increasing demand too. There are a number of factors influencing this increase in demand, the success of our programme in raising awareness amongst professionals and with CYP, parents and carers alongside national media coverage has helped to improve understanding about CYP emotional health and wellbeing. Providing universal availability to information and advice promoting access to support offers, services and navigation to referral routes will be a contributory factor to raised demand. Further context of course is the impact of the pandemic which has had a detrimental impact on the emotional health of many CYP and exacerbated symptoms, exacerbated symptoms and increased mental health difficulties. The Young Minds 2021 survey* reported that 67% of 13-25 year olds surveyed believed that the pandemic will have a long-term negative effect on their mental health.

* [Young Minds 2021 Survey](#). Coronavirus: Impact on young people with mental health needs.

Waiting times: In parallel to our CYP mental health pathway transformation and investment in new services we have seen the referrals to all CYP mental health services increase significantly. CAMHS routine services have seen an increase in referrals for CYP requiring specialist therapeutic interventions with high levels of CYP waiting to 'Get More Help'. Additionally, the demand for specialist CAMHS has shifted in recent years with a greater presentation in the urgent care 'Getting Risk Support' element of Thrive. There has also been a rise in complex social issues and trauma impacting on CYP mental health, as well as an increase in comorbid mental health and neurodiverse presentations. High referral levels are also apparent in the Build Sound Minds Service (commissioned under the transformation

programme), which delivers in the 'Getting Advice' and 'Getting Help' element of Thrive. Kooth, our anonymous digital platform is also over performing.

Workforce: In spite of investment, there is a national shortage of suitably skilled staff and Derbyshire has its share of challenges in attracting, recruiting and retaining CYP mental health practitioners.

Each chapter in this document sets out the current plans to address these challenges however system partners continue to seek approaches to further address these concerning issues in order to best meet the emotional and mental health needs of our children, young people and young adults in Derbyshire.

Placements and packages of care: 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 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.

Partners recognising the above challenges, have shaped our priorities, aspirations and ambitions as outlined across the chapters and summarised earlier.

CHAPTER 2

WHOLE SYSTEM WORKING

Our system response to children and young people (CYP) is a multifaceted graduated response to mental health which works across key organisations and support systems, working at the lowest possible level to prevent escalation. We recognise the need and value of early support, self help and support to those professionals who are trusted by children and young people but may not be mental health specialists themselves. We have, where appropriate placed services in specific settings and as close to where children and young people live their lives as possible (for example our Mental Health Support Teams (MHST) and Build Sound Minds deliver predominantly in schools) and we also co-locate some services in Youth Offending Services (YOS) settings. We have specific services for CYP who we know are most at risk, for example YOS and children in care (CIC). We also ensure that CIC placed in our authorities are treated the same as any child from our own locality footprint.

We recognise the complexity of needs for children, young people and their families within our system and have a good view of our population. We have strong system wide links between partners including our Special Educational Needs and Disabilities (SEND) Parent Carer Forums and young people engagement groups to support our decisions.

All our services work in a child centred way that takes account of the personal and societal impacts whether this be sexuality, ethnicity, poverty, care status etc which puts some individuals at greater risk of poor mental health. Clearly, risks are intersectional and some CYP and families will face multiple risk factors.

Our CYP mental health transformation plan has been developed to meet the ambitions of the NHS Long Term Plan and aligns to the operational, workforce and recovery plans submitted to NHSE and wider strategic reforms such as Transforming care, SEND and Youth Justice.

Partners and leaders from across the system work in collaboration to make positive changes for our CYP and to drive forward our plan. Our children and young peoples mental health workstream report directly into the Integrated Care System governance structures through JUCD Children's Board and the Mental Health, Learning Disability and Childrens System Delivery Board. The plan continues to be delivered by multi-agency Project Groups, comprising of system stakeholders, which feed in to the CYP Mental Health Community and Crisis Delivery Group and then report to Joined Up Care Derbyshire (JUCD) Children's Board and the Mental Health, Learning Disability and Autism and Childrens System Delivery Board. JUCDC Board has oversight from Directors of Childrens Services, Directors of Public Health and key strategic health and educational leads.

Our education partners are key members and participants of the system and are either directly involved in, or kept informed of our developments. Education is represented on relevant Steering Groups (for example MHST) and are closely involved in developing pathway guidance (for example The Education Guidance Pathway for Mental Health). We have surveyed schools formally on the operational aspects of MHST and used this to strengthen the service specification and we have received a wealth of information from our education partners via an expression of interest exercise which will have impacts on our future system working, for example schools in rural areas have reported access issues, as a result we are looking to develop improved responses from Build Sound Minds and improve our communications.

The Derby and Derbyshire Safeguarding Childrens Partnership (DDSCP) have taken a keen interest in the system pressures and risks identified across the CYP mental health pathway particularly concerning the raised demand for CYP mental health services and waiting times for CYP to access services. DDSCP have been kept informed of the CYP mental health developments and mitigations, they have shared information through their networks and provided feedback and support to the programme.

CHAPTER 3

UNDERSTANDING LOCAL NEED AND ADVANCING HEALTH

3.1 Introduction

This section highlights our local system's Children and Young People's Mental Health needs. The views of Children and Young people are central to help us determine local priorities and to inform how we can best meet their needs to support them into adulthood and achieve the best outcomes they want for themselves.

This section also explores the data available which we have used to determine our priorities locally, it is across several areas where needs can be different, increased risk factors are known to emerge and our response as a system needs to adapt:

- Children in Care
- Ethnicity
- Learning Disability
- Other Disabilities
- Speech and Language Needs
- LGBTQ+
- Poverty
- Physical Health and Mental Health
- Domestic Abuse
- COVID-19

3.2 Our System's Children and Young People's Mental Health needs

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) Common mental health issues, such as depression and anxiety, are increasing amongst 16-24 year olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. We know that for children aged 5-19 years, mental ill health represents the single largest burden of disease (Institute for Health Metric and Evaluation, 2013) and we also know through both national and local data and research that covid-19 has impacted on CYP. Our own citizen researchers, supported by MH2K, have listened to their peers and presented to commissioners their findings in a report called 'The Hidden Impacts of the Pandemic on Young People'. Young people spoke about isolation and not knowing where to turn to when they need help.

In 2017 our Derbyshire needs assessment estimated that there are 13,000 school-aged (5-16 years) children and young people with a diagnosable mental health problem across Derby and Derbyshire. Of those, 5,100 are likely to be suffering emotional disorders such as stress, anxiety or depression, approximately 8,000 will have conduct disorders such as Attention Deficit Hyperactivity Disorder (ADHD), and a further 2,200 will experience a hyperkinetic disorder – a more severe form of ADHD. Whilst these estimates are largely derived from generalised population expectations, within specific groups the prevalence of mental illness will vary considerably. For children in care the expected prevalence of mental disorders will be closer to 45%, in those with a learning disability it is likely to be 36%, while in those from a household with no working parent it is estimated to be 20%. One in three young carers will

support someone with a mental health condition and will likely experience an issue with their own emotional health. Fifty-five percent of the young LGBT community have reported being subjected to homophobic bullying. Black and Ethnic Minority (BAME) groups are more likely to be diagnosed with a mental illness in the UK, but are one of the most likely to disengage from mainstream services (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).

Additionally, in August 2017 the Derby City Public Health Department ran a local workshop with Voices in Action, they asked two key questions: Why do you think mental health issues are growing in CYP? And What can schools do to promote health and wellbeing? The responses are in the table below:

Why do you think mental health issues are growing in CYP?

- Stereotyping: fitting in; jumping to conclusions; stigma
- Pressure: exams; unstable family life; school; to be the best; fear of failure; attention seeking; behaviour and emotion; life more complicated
- Technology: internet to self-diagnose; social media; online bullying
- Money: poverty; lack of funding for services.

What can schools do to promote health and wellbeing?

- Raise awareness: assemblies; group discussion/debates; class topics; mental health day; personal development; advertise services
- Teachers; knowledge; time; less on students and teachers
- Resources: student counsellors; quiet room; different ways to access; making a change; creating more friendly environments
- Socialising: making friends; clubs; promoting activities.

3.3 Views of children and young people about their mental health

In total 8,790 secondary school pupils from 21 Derbyshire County schools completed the 'My life, my view – Derbyshire Youth Wellbeing Survey' 2021, the report outlines that there is a group of students with poor emotional and mental wellbeing, with important findings being:

- 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

41% of students reported that they felt depressed or hopeless at least sometimes in the last 2 weeks

https://observatory.derbyshire.gov.uk/wp-content/uploads/reports/documents/health/specialist_reports_and_assessments/2021/My_Life_My_View_2021_Report.pdf

3.4 Children in Care

We recognise that children in care and at the edge of care (which includes those placed in our area from other authorities / children on a child protection plan and children in need / unaccompanied asylum-seeking children / children living with connected carers / care leavers) are at higher risk of mental health problems.

3.5 Ethnicity

Many studies have evidenced the links between ethnicity and poverty, with the link being well established. This is important to understand in the context of mental health as links between poverty and mental health are strong.

The 2011 Census data indicated the following % of local population by ethnic group

	Derby City	Derbyshire Dales	North East Derbyshire	South Derbyshire
Asian	12.5%	0.6%	0.8%	2.5%
Black	2.9%	0.1%	0.2%	0.5%
Mixed	2.9%	0.7%	0.8%	1.1%
Other	1.4%	0.0%	0.2%	0.2%
White	80.3%	98.6%	98.0%	95.7%

This indicates the significantly larger population of Asian ethnicity in Derby City and to a lesser extent in South Derbyshire and also the higher diversity of population in Derby City.

3.6 Learning Disability

The number of children in Derby and Derbyshire estimated to have a learning disability (0-17 years) is 5,361, and with an autism diagnosis 2,144, these figures are based on [351,000 children in the UK with a learning disability](#), the data that suggests [1% of children have a diagnosis of ASD](#). We do however expect demand for Neurodevelopment assessments to be in the region of 8% of our population (as advised by clinicians) in response to presenting needs locally.

BMA (September, 2020) <https://www.bma.org.uk/what-we-do/population-health/child-health/autism-spectrum-disorder>

Mencap (2020) <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/children-research-and-statistics>

Communication and mental health are closely linked and can mutually impact in terms of interventions offered.

3.7 Other Disabilities

Our Derby City SEND Insights pack 2019/20 told us that unlike in England on average where Speech, Language and Communication Needs (23%) account for the most common type of primary need, Moderate Learning Difficulties represent the most common need in Derby at 28%. Similarly, to England, Autistic Spectrum Disorder represents the most common type of primary need for those with an EHCP, but the proportion is considerably larger – 37% compared with 29% in England.

In Derbyshire the 2017 SEND needs assessment told us that a high proportion of Derbyshire pupils on SEN Support have a primary need of Moderate Learning Difficulty, compared with the national average (33.8% in Derbyshire). This remains the most common type of need for pupils on SEN support. For pupils with Statements or EHC plans, Autistic Spectrum Disorder is the most common type of need (28.1%).

Our links through local area SEND governance are strong, we are committed to delivering the SEND Strategies in both Derby City and Derbyshire County and have clear direction in the Action Plans that underpin these as well as our Joint Commissioning Strategies.

3.8 Speech and Language Needs

In addition, we are aware that many children and young people with mental health needs have speech, language and communication needs (SLCN) and interaction difficulties.

- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).
- 28% of referrals to a child psychiatric outpatient clinic had a moderate or severe language disorder that previously had not been suspected or diagnosed (Cohen *et al*, 1989).

Furthermore:

- at least 60% of children and young people in touch with youth justice services present with speech, language and communication difficulties (Bryan *et al* 2007). Many of them will also present with mental health difficulties.
- severe and pervasive communication impairment, much of it previously unidentified, has been found in children and young people in residential care (McCool S and Stevens IC 2011).

Communication and mental health are closely linked and can mutually impact in terms of interventions offered.

3.9 LGBTQ+

2020 ONS Data indicates nationally the following sexual identity of 16–24 year-olds:

Heterosexual or straight	87.3%
Gay or lesbian	2.7%
Bisexual	5.3%
Other	1.3%
Don't know or refuse	3.4%

We recognise the need for us to continue to develop our local data capture in the area.

3.10 Poverty

Family composition and poverty are strong determinants of mental ill health in children and young people. The impact of austerity on child poverty, and subsequent link to mental health, is all too clear. In some areas of Derbyshire, the proportion of 0–15 year-olds living in income deprived households is as much as 48%. The cost of child poverty in the UK was estimated to be around £29 billion in 2013, and presently the ambitions of The Poverty Act 2010 will not be fulfilled. (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).

The University of York have recently published (August 2022) which estimates 65.8% of all UK households will be in fuel poverty by January 2023, with 90% of lone parents pushed into fuel poverty.

Clearly there are certain groups in Derbyshire and Derby that will be explicitly impacted by the cost of living crisis, this includes lone parents, those with disabled children and those already on a low income. However, there will also be groups of people that are not normally at risk of poverty who will be pushed into poverty as a result of the cost of living crisis.

3.11 Physical Health and Mental Health Needs

There are strong links between physical health and mental health, physical health problems significantly increase the risk of poor mental health, and vice versa. In adulthood, around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly being depression/anxiety and we know that mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year. The impacts are significant and impact on life expectancy, adults with severe mental illness have a shorter life expectancy than the general population (The Kings Fund).

The JUCD Children's Board is the board responsible for improving paediatric outcomes (with parity given to physical and mental health) in Derby and Derbyshire. Under the direction of the NHSE/I Children's Transformation Programme, which is aligned to the Long Term Plan, our

JUCDC Board physical workstream is initially focused on obesity. Our basis for prioritising this is based on local population data including:

The Derby City Child Health profile identifies: "Levels of child obesity are worse than England. 11.5% of children in Reception and 23.0% of children in Year 6 are obese"

And in Derbyshire County2: " the prevalence of obese reception children in Derbyshire was 10.0% and Year 6 obesity prevalence was 18.1% both significantly better than the England figure, there is however variation within the county." Additionally, there are anecdotal reports (subject to emerging public health evidence) that this has been exasperated during COVID. Prior to COVID we were due to enter consultation on our Strategy on Childhood Obesity across Derby and Derbyshire and we are keen to begin the scoping and modelling the graduated response for children across our system ensuring crucial links are made between the physical and emotional health and wellbeing pathways.

3.12 Domestic Abuse

Domestic abuse in the home undoubtedly impacts on children's mental health; within Derby and Derbyshire the rate of domestic abuse is 31.5 per 1000 19/20 (PHE Fingertips) compared to the England average of 28.0. Emerging evidence informs us that there have been increases in domestic abuse due to covid-19 and major football tournaments are also known to have an impact, so we consider the current real figure to be higher

3.13 COVID-19 Pandemic

Covid-19 still continues to have an impact on CYP, families and services and the cost of living crisis will undoubtedly have an impact, pushing families into poverty that would have not ordinarily been affected and for those who already face challenges the impact will be significant. Covid-19 showed us that referrals increased as did the complexities presented, the cost of living crisis may have the same affect.

CYP spoke to MK:2K citizen researchers in November 2021 about the psychological challenges of the pandemic. The below comments shared by CYP are quantitatively and qualitatively reflected in the increased acuity of presentations, the more intensive and ongoing amount of input required to support CYP with their MH, and anecdotal reporting from provider workforce about the extent to which CYP have suffered due to the period of uncertainty that significantly impacted their daily lives.

'Eighteen months after the first lockdown and after warnings from the mental health sector about the long-lasting mental health impact of the pandemic, the Royal College of Psychiatrists' analysis of NHS Digital data found that 134% more 0–18-year-olds were referred to children and young people's mental health services this year than last year' (Royal College of Psychiatrists, 2021)

[1 Record number of children and young people referred to mental health services as pandemic takes its toll \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

Young people told us they had experienced a dramatic increase in levels of stress. This was due to several factors, which combined led to higher levels of anxiety and worry. These included the pressure of completing schoolwork from home, social isolation and a lack of peer support and the ongoing fear around COVID-19.

“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.”

“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”

3.14 Conclusions

This data presents the diversity of local population and the challenges we face as a system to respond to the mental health needs of our Children and Young People. The impact of COVID-19 has been significant and continues to impact. The other major area of impact is expected to be the cost of living crisis.

We have specific services for CYP who we know are most at risk, for example YOS and CIC. We also ensure that CIC placed in our authorities are treated the same as any child from our own locality footprint.

All our services work in a child centred way that takes account of the personal and societal impacts whether this be sexuality, ethnicity, poverty, care status etc which puts some individuals at greater risk of poor mental health. Clearly, risk are intersectional and some CYP and families will face multiple risk factors.

While some of our services have good data collection relating to protected characteristics others still have improvements to make. All services face challenges in monitoring sexuality status as CYP are often not confident in reporting this.

We will create baselines for services with regards to inequalities and seek to improve reach (where it is required).

Within our system we have a clear process for assessing the Quality and Equality Impact of our decisions through a panel process with representation from experts in engagement and communications with minority groups.

Our commitment to co-production and joint working is embedded through our SEND relationships with partners and established links.

3.16 Priorities

- To embed our understanding of our population diversity and risks at all levels of decision making
- To continue to use this data to inform our decisions locally.

4. WIDER TRANSFORMATION

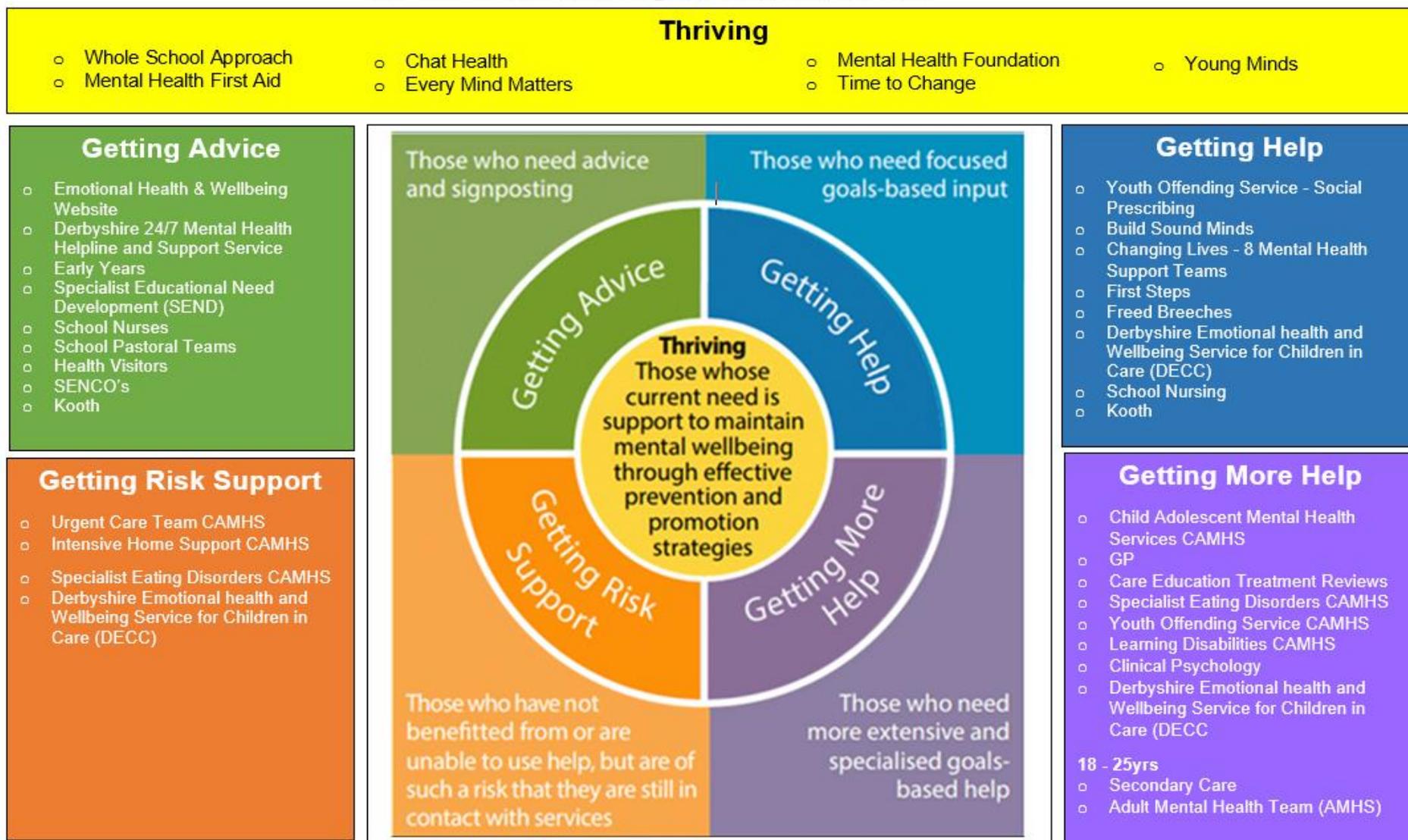
4.1 Thrive Framework

Derbyshire have adopted the principles of the Thrive framework (Appendix E Anna Freud, 2014) to drive our approach and programme expansion. 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 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.

Figure 4 on the following page shows the services available across the CYP mental health pathway. They have been mapped to the Thrive framework to support CYP, parents', carers and professionals to navigate children and young people to the right place, at the right time, to meet children and young people's needs.

Figure 4: JUCD CYP Emotional Wellbeing & Mental Health Offer - Thrive model

CYP Emotional Wellbeing & Mental Health Offer



4.2 Derby and Derbyshire Pathway Guidance

Building on the [Whole School Approach mapping tool](#) developed last year, which encourages education settings to access the Derby and Derbyshire Emotional Health and Wellbeing website and familiarise themselves with the local offers, we have published the [Derby and Derbyshire Pathway Guidance](#).

<https://derbyandderbyshireemotionalhealthandwellbeing.uk/resources/the-whole-school-approach-to-wellbeing-mapping-tool>

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

Our Derby and Derbyshire Pathway Guidance describes all of the services available across the pathway and is written from an education perspective, using language that teachers are familiar with and focuses on approaches and services they are most likely to find beneficial. Although the Pathway Guidance document is informative to all professionals, we have been asked by other sectors of the system to produce similar pathway documents to support access to CYPMH support e.g. for professionals working with children in care and for primary care.

For further details see the [Targeted early intervention services chapter](#) which also outlines evidence based routine care.

4.3 Connections with wider CYP Long term plan transformations

Joined Up Care Derbyshire Childrens Board connects all the NHS Long Term Plan transformation programmes where there is oversight to maximise integration, efficiency and effectiveness in delivery of the plans.

Children and Young People's Transformation Programme for Physical Health

- Our plans to deliver the Children and Young People's Transformation Programme for Physical Health has asthma, epilepsy, obesity and diabetes prioritised. These plans are separately assured monthly by the Regional Team. The plans recognise the mental health needs associated with these conditions and seeks to address them.
- As an example, our Diabetes Transition & Young Adult Care Pilot includes increasing psychological support to these young people.

Special Educational Needs Disabilities pathway

Derby City Local Offer <https://www.derby.gov.uk/education-and-learning/derbys-send-local-offer/>

Derbyshire County Local Offer <https://www.derbyshire.gov.uk/education/schools/special-educational-needs/send/special-educational-needs-and-disabilities-service-send.aspx>

- Learning Disability and Autism roadmap
- Neurodiversity pathway

4.4 Primary care integration

During 22/23 we will be initiating the scoping and planning the mechanisms for CYPMH Additional Roles Reimbursement Scheme (ARRS). The development of ARRS will be driven by the needs of the Primary Care Networks with a focus on addressing inequalities. The aim of the scheme is to improve partnership working and integration between mental health partners and primary care.

4.5 Voluntary Community Social Enterprise (VCSE)

Derbyshire Integrated Care Partnership have recently employed a new VCSE Strategic Engagement Programme Manager who will support the strategic development of VCSE within the CYP mental health programme

The VCSE Strategic Engagement Programme Manager role has been recruited to ensure the VCSE sector is an integrated and active delivery partner within Derbyshire ICS. This will include stimulating and sustaining effective partnership approaches that enable the VCSE sector to contribute to needs identification, priority setting, design, delivery, and evaluation of services.

The initial objective around CYP will be to increase the engagement of the VCSE sector in priorities and explore the opportunities and challenges of a more equal relationship with JUCD. Initially focusing on the crisis offer and 'starting small' to get things right, this will focus on strengthening relationships at both place and across the county to ensure a broad and representative range of VCSE sector voices are included within conversations. It is anticipated that this will 'pave the way' for greater inclusion of the VCSE sector potentially in workstreams such as social prescribing and primary care integration.

Derbyshire Community Directory, is a useful source of CYP VCSE resources: <https://www.communitydirectoryderbyshire.org.uk/>

Community partners are embedding a locality approach to CYP emotional wellbeing.

Derbyshire County Council Public Health have allocated funding to each of the 8 Health and Wellbeing Partnerships to further develop approaches regarding the emotional health and wellbeing of children and young people. The approaches are based on a shared set of principles centred on Anna Freud Thrive model and specifically on Thriving - those whose current need is to maintain mental wellbeing through effective prevention and promotion strategies.

Each Health and Wellbeing Partnership has led engagement work with partners, conversation with communities and local mapping to inform aims, priorities and use of the funding. Each partnership has developed a bespoke plan, but common themes have emerged. These include the value of cross-system partnership working and lack of youth provision and accessible activities.

Investment has enabled a significant flow of funding into local VCSE partners. For example, in Chesterfield Blend (Charity) have been funded to deliver a 2 year programme of community outreach, in Bolsover/North East Derbyshire Direct Education Business Partnership (CIO) and Junction Arts (Charity) have been funded to deliver support and sessions and in Derbyshire Dales a small grants fund is available for local groups to deliver activities.

4.6 Whole School Approach

Derbyshire continues to increase the number of schools engaged and supported through a Whole School Approach: a preventative approach that enables the expansion of mental health awareness, promotion of protective factors, early identification, early intervention and support for the emotional wellbeing of children and young people through a settings-based approach.

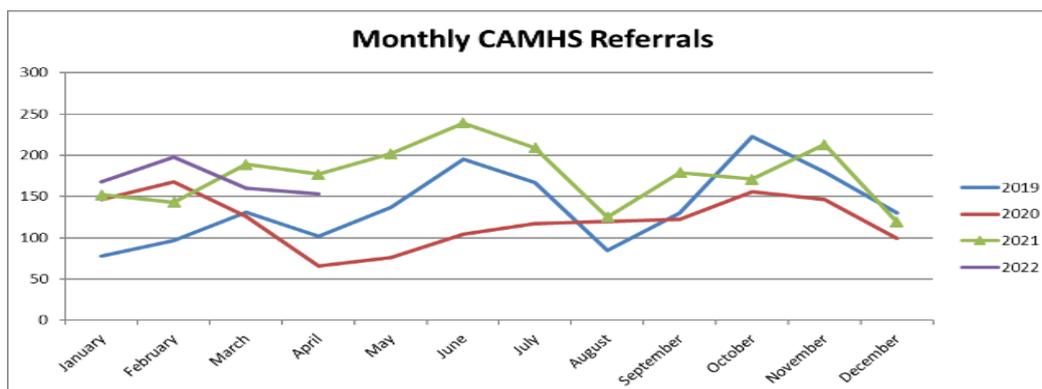
The Whole School Approach (WSA) supports the embedding of an approach that reflects the principles of the Thrive Framework (Anna Freud Centre) alongside the principles of the Whole School Evidence Based Approach (PHE: Promoting children and young people's emotional health and wellbeing A whole school and college approach).

To support WSA, Senior Lead Mental Health Networks for schools have been established to support the Designated Senior Leads role for Mental Health. Additionally, WSA ensures that the offer supports the PSHE Statutory Requirements to further support schools with effective confident delivery of Mental Health via the curriculum, developing creative and innovative teaching materials and projects and opportunities are created to share and celebrate good practice. For further information [see chapter 10 TEIS](#)

4.7 Evidence based routine care

Specialist Child and Adolescent Mental Health Services, offer a range of evidence based therapeutic interventions including Cognitive behavioural Therapy, Non-Violent Resistance Therapy, Dialectical behaviour therapy and Systemic Family therapy. Our targeted early intervention services also provide evidence-based therapies, [see chapter 10 TEIS](#). We have seen increases in the demand for routine care, the reasons for these increases are outlined in [chapter 3 Understanding Local Need](#). Raised demand has resulted in continued increases in referrals for all therapeutic pathways. The data below is from north Derbyshire, however the trends in south and city are very similar.

Table 4a Shows monthly referrals to all CAMHS therapeutic pathways within Chesterfield Royal Hospital FT (source CRHFT)



Average and maximum wait times continue to increase, alongside increased length of stay in CAMHS. This is primarily due to high case load sizes, access to specialist treatments, differential diagnostic assessments, and access to Consultant Psychiatrists. CAMHS staff across the services have been working extremely hard and have increased the number of contacts from pre pandemic activity consistently by 40% or more, with the availability of online appointments contributing to this increase in activity.

Various strategies have been undertaken by CAMHS to reduce waiting times and support CYP whilst on the waiting list, however access to specialist therapeutic intervention is acknowledged to be a system transformation priority for 2023/24.

- Waiting list blitz – addressed longest waits in October 2021 (DHCFT)
- Waiting well parent led drop-in sessions (DHCFT)
- Parent 2 Parent helpline (facilitated by DHCFT CAMHS experts by experience parents) – very positive feedback from parents
- High risk/concern cases being discussed in an MDT Clinical Review Panel
- Group offer being delivered online to offer therapy, parental support and resilience skills. (DHCFT)
- A significant piece of work is being undertaken internally to establish a waiting well policy. A trial project of triaging patients on the waiting list has produced some early positive results for a small number of young people. There are plans to widen the scope of this (CRHFT)
- Waiting list 4-week triage being considered
- Duty access to respond to emerging concerns

4.8 CAMHS Provider Collaborative

Local CAMHS Providers and the Clinical Commissioning Group (CCG) and have continued to work with NHS Specialised Commissioning and regional colleagues on the New Care Models approaches to specialist CAMHS in-patient provision. The East Midlands CAMHS Provider Collaborative, led by Northamptonshire Healthcare NHS Foundation Trust, which came into being in April 2021. Derbyshire specialist clinicians and senior managers are proactively supporting the Provider Collaborative development representing Derbyshire in all associated forums and Boards. As opportunities arise with the Provider Collaborative, we have refreshed our plan for example successfully bidding for £3 million over 3 years (2021 to 2024) to develop an enhanced therapeutic day offer for children and young people to avoid admission to specialist beds or support step down from these beds back into the Derbyshire community. [See chapter 8 Urgent and Emergency care](#)

4.9 Autism in Schools Accelerator

The Autism Schools Accelerator model has been adopted by Derby and Derbyshire Integrated Care Board (DDICB). Initially working with 3 mainstream schools in Derby City and 3 mainstream schools in Derbyshire to improve autism inclusion. This model will assist mainstream schools to improve their approach to CYP with autism, ensure inclusion and achieve better outcomes. A programme of work has been co-designed with parent/carers at schools via parent/carer surveys and workshops to understand parent/CYP issues and find joint solutions via changes to school policies. The delivery includes the use of toolkit to implement the workstream, there will be training, the development of mini parent carer forums, transitions tools, reviews of policy and procedures and an Understanding Myself programme delivered to CYP in primary and secondary schools.

4.10 Learning Disability and / or Autism Key Working Model

A Derby and Derbyshire co-produced Key Working Service for young people aged up to 25 years with complex LD and/or Autism is in development. The Key Working Service will initially work with CYP who are in specialist CAMHS inpatient tier 4 beds or at risk of admission and provide support to parents/carers. The procurement process for this service will begin in March/April 2022/23

A temporary Key Working Strategic Manager (JUCD role) is being appointed to guide the development of the service and lead the work with all partner agencies.

CHAPTER 5

WORKFORCE

5.1 National and regional context

The NHS identified the need for a Workforce Plan as an adjunct to the 2020 Long Term Plan. The global pandemic response of 2020-2022 has seen many changes to the workforce and has created opportunity for innovation which needs to be harnessed. However, some structural deficits have remained, solutions have been partial and we need to now innovate and drive change to enable a more settled and responsive workforce. Nationally there are not sufficient specialist children and young people (CYP) mental health trained staff across disciplines. All areas have funding to invest and competition for staff recruitment is high.

Wellbeing and restorative practice need to be taken into account with changes to flexible working, remote practices all being a part of how we work. Exhaustion is very real, along with change fatigue and this strategy hopes to help mitigate these impacts which will be experienced for some time.

5.2 Progress since last year

- Commencement of a dedicated System Mental Health Workforce Lead
- Ongoing collaborative development of our strategic CYP workforce plan
- Increased engagement across partners to undertake workforce planning and development activities jointly.
- CRHFT and DHCFT CAMHS have both set up inhouse practitioner training programmes
- Action for children have taken up the opportunity for recruit to train posts
- New Peer Worker roles are being developed

Joined Up Care Derbyshire (JUCD) Mental Health workforce plan

During 2022 we produced our Joined Up Care Derbyshire (JUCD) Mental Health workforce plan co-developed with partners and inclusive of Children and Young People (CYP) MH workforce. Our workforce plan provides a comprehensive response in relation to the Mental Health workforce requirements as well as describing the broader workforce and culture activity occurring in JUCD relating to the NHS People Plan, Long Term Plan (LTP) and our approach to recovery after the pandemic. Our plan is aligned to guidance from NHS England and NHS Improvement which describe the NHS's role in developing 'one workforce' for each integrated care system (ICS) and supports our local discussions on creating system-wide arrangements. [Kings Fund, \(23rd February 2022\)](#)

Supporting cultural competency

Our JUCD system priority 'belonging in Derbyshire' has the aim of ensuring that *everyone in the health and social care community feels that Derbyshire is a place where they belong.*

Our four stated priorities in this work are:

- i. inclusive and accountable leadership and decision making
- ii. attracting and recruiting diverse talent
- iii. building authentic connections and understanding

- iv. supporting and valuing people

These People Collaborative priorities ensure that diversity and inclusion is recognised as 'everyone's business'. In 2022/ 23 across JUCD, we aim to focus on civility culture, with inclusion and belonging at its heart.

5.3 Our CYP Mental Health priorities:

- Ensure CYP workforce is addressed through system wide collaborative strategic planning
- Develop a coordinated CYP workforce strategy accountable to the JUCDC Board
- Use investment to expand capacity and skills in the workforce
- Continual professional development that encompasses all of our workforce across our many providers.

5.4 Developing our CYP Mental Health workforce strategy

We aim to develop our strategy building on current workforce data, to include population health management workforce modelling and strategies which aim to retain staff. With a clearer picture of where we are going, we aim to stop funding posts for 12 months at a time and ensure they become permanent within our workforce. Understanding and addressing the training needs of our workforce will be paramount. Developing our strategy will allow greater understanding of opportunities and challenges, embrace innovation in workforce change and target our resources, building a more comprehensive position for the future, inclusive of provision in the VCSE, Local Authorities and the NHS.

5.5 Expanding our workforce

In JUCD the totality of our indicative workforce growth to deliver all the LTP ambitions, is an additional 421.51 whole time equivalent staff, of which circa 71wte will be in CYP services

	Year 1	Year 2	Year 3	Year 4	Year 5
CYP	2019/20	2020/21	2021/22	2022/23	2023/24
	0.00	3.38	22.76	47.11	70.82

Our Mental Health workforce has been modelled based on assumptions of demand, where there is and will be increased levels of referral and investment into mental health services; this will also result in the need for skill mix changes over the next few years.

The workforce plan has focused on addressing the priority areas, aligning to the business and finance plans. Therefore, the plan has a different focus from previous years as the system sets out its ambitious plan in order to retain, recruit and develop a workforce with the right skills to deliver high quality care across all services.

To this end, JUCD is developing new roles and advanced clinical roles supporting the overall aim of providing career development, recognising the need to grow our own workforce and being innovative as a partnership addressing staff recruitment and retention. As part of this we will attract, develop and retain the very best staff and will support their career progression

and development with a multi-professional 'grow our own' approach supported by career development.

5.6 Transformation programme investment and uplift in staffing

The table below shows the planned expansion of workforce across the Derbyshire Urgent Care programme by 2024. Some innovative posts were trialled as fixed term, many of which have been reviewed as successful and agreed as substantive roles going forward.

Table 5 Derbyshire CYPMH Urgent Care staff uplift by clinical team (from 2021 to 2024)

Clinical area	Paediatric Unit based roles	Eating Disorder Urgent Care	LD&A Crisis response	Programme Management	Day offer Intensive Support	Crisis team Assessment and Intensive home treatment	Other	TOTAL
Total number of posts	6	10	4	3	17 split North/South	24	2	66

Table 5a Derbyshire CYPMH Urgent Care staff uplift by geographical area (from 2021 to 2024)

Area	South and City	North	North, South & City	TOTAL
Total Number of New Posts	41	24	1	66

Urgent Care programme recruitment status June 2022

- 5 posts in Job Description review.
- 15 posts either out to advert or are awaiting interview.
- 46 posts appointed.
- **40 of 66 roles in post – 61% of total.** (35 of these 40 posts are new into CAMHS, hence a headcount increase into the CAMHS wider system.)

Specialist CAMHS Eating Disorder services have also had investment to expand capacity since 2020 [see chapter 9](#)

5.7 Mental Health Support Teams (MHSTs) in education settings.

In total, these six MHSTs serve 105 education settings across Derby and Derbyshire, when taking account of feeder schools. We have committed new funding from NHSE which will provide 5 further teams by 2024 leading to 47% pupil coverage across JUCD. New roles of Education Mental Health Practitioners (EMHPs) to provide additional capacity in the system have been trained in 2020 and 2021, with further trainees planned in 2023/24.

The introduction of MHSTs across the system has increased the Derbyshire CYPMH specialist workforce as below:

Table 5b MHST workforce uplift between 2020 to 2024

MHST Wave	Year	No. of Teams	Role		Total number of Clinical staff
			EMHP	Supervisor/Practitioner	
2	2020	4	16	8	24
4	2021	2	8	4	12
8	2023	3	12	6	18
10*	2024	2	8	4	12
Total Additional Clinical Resource by 2025					66

*Wave 10 is due to commence in January 2024

Childrens Wellbeing Practitioner: Within community based targeted early intervention CYP services there is a new role of Childrens Wellbeing Practitioner (CWP) and there is a plan to have a further 6 CWP trainees in Derbyshire from January 2023.

5.8 Widening workforce – Peer Workers – Young Adults

Since July 2021, DHcFT, voluntary sector organisations, local authorities, the Clinical Commissioning Group and those with a lived experience of mental health illness, and their carers, have been working hard to create a new model for the communities in High Peak and Derby City. The new model of care has been named ‘Living Well Derbyshire²’.

Living Well Derbyshire (LWD) is a new way of approaching mental health and how we deliver services. It ensures that support is joined up, focuses on the whole person’s needs and can be easily accessed from the community, aiming to make sure people get the right support, in the right place, at the right time.

Workforce within the LWD teams come from a range of providers and new roles particularly Peer Support workers (PSWs) are integral to these teams. In 2022/ 23 a further 18wte PSWs are planned. We are looking to learn from this by developing a PSW approach across JUCD with Joined Up Careers promoting the opportunities which will be offered through voluntary sector providers.

Our innovative proof of concept Young Adults Service is also recruiting from a range of disciplines specifically to meet the needs of those aged 17.5 to 25 years of age. In addition to these specific roles a training plan will be developed to support the wider workforce in meeting the needs of young adults, [see chapter 7](#)

5.9 Primary Care integration and Additional Reimbursement Roles scheme (ARRS) roles

We want to increase our focus on primary care and improve integration with our CYPMH partners. We plan to work with primary care colleagues to identify gaps and needs, as well as scope and explore how we build on current pathways, resources and approaches to progress primary care integration to the next level. We will expand our GP clinical lead capacity to enable them to become more involved in partnership projects and planning and recruit a project / commissioning manager to coordinate this work.

² Noting name to be confirmed in Derby City

We are exploring how we might best set up CYP MH Additional Reimbursement Roles scheme (ARRS) roles and plan to work up recommendations on how this could be delivered and managed. Commissioning / project management resource will be utilised to work this up alongside our primary care ICB colleagues, GP clinical leads and MH Operational ARRS lead.

We will engage with our PCN partners to establish where our plans will initially target, this will be within the scope of Derby / Derbyshire PCNs.

5.10 Continual Professional Development and Training

Generally, across JUCD there is a plethora of workforce development available to support and develop our existing workforce with the aim to recruit and retain staff. Alongside the expansion of services across our transformation programme we provide mentorship, supervision and training opportunities. This has ranged from system wide upskilling and raising awareness in trauma informed practices to more discreet specialist training e.g. Avoidant Restrictive Food Intake Disorder (ARFID) masterclasses and supervision.

A comprehensive collaborative north and south induction programme is being run for staff joining the Urgent Care teams. This incorporates Enhanced Therapy Resource packs, induction days with speakers / input from experts and interactive sessions to discuss the Day service model. There will be a staggered rotation of staff to enable experience in all elements of the Urgent care services.

Due to the particular challenges in recruiting band 6 specialist nurses, our CAMHS services have established innovative training programmes to actively support newly qualified band 5 practitioners to attain Mental Health Practitioner roles (Band 6). This will help to tackle some of the challenges of filling vacancies, however, this is a longer-term solution and will not have an immediate impact.

- CRHFT CAMHS recruited 7 trainees in September 2022 who, over 6-12 months, will complete a Development Competency Framework created at Chesterfield Royal Hospital (2022)
- DHCFT have appointed a CAMHS training and development post, this is funded by Health Education England (HEE) who will develop in house training, aiming to gain post graduate accreditation for the course. CAMHS training will be focussed on developing a trauma informed attachment style intervention.

Action for Children have taken up the HEE opportunity for recruit to train posts in supervision and upskilling programmes for staff to gain therapy skills accreditations e.g., EMHPs, CWPs and Cognitive Behavioural Therapy practitioners

There are new Peer worker posts being recruited to in the Young Adults service and within the CAMHS service expansion, HEE are providing standardised training to Peer workers.

The Derbyshire CYPMH, Learning Disability and Autism training offer can be viewed on the Derby and Derbyshire Emotional Health and Wellbeing website ([see chapter 12](#)). Additionally, bespoke training is offered to education staff, community organisations and primary care via Specialist Community Advisors and Mental Health Teams in schools ([see chapter 10 TEIS](#)).

5.11 What we plan to do during 2022/23:

- Develop our overarching CYPMH workforce strategy linked to our strategic vision for all Mental Health & Neurodevelopmental services
- Increase engagement between partners to undertake workforce planning and development activities
- Develop a system wide training needs analysis
- Recruit to remaining posts as per investment
- Build the skills and resilience of our workforce through CPD opportunities

CHAPTER 6

IMPROVING ACCESS TO SERVICES AND OUTCOMES

6.1 Introduction

In 2014, the NHS published the Five Year Forward View (FYFV) which set out clear ambitions to significantly improve access to high-quality mental health care for children and young people. Under this plan, the ambition was to improve mental health services so that, nationally, 70,000 more CYP would access treatment each year by 2020/21.

Published in 2019, the Long Term Plan (LTP) saw the NHS build on this ambition, committing to improving access further, so that between 2019 and 2024 an additional 345,000 children and young people aged 0-25 would be able to access support via NHS funded mental health services.

In previous years, performance against this target was reported as an access percentage based on CYP receiving two clinical contacts. In 2020/21, for example, to achieve the access ambition, the target was for at least 35% of CYP with a diagnosable mental health (MH) condition to receive two contacts in NHS funded services. Derby and Derbyshire were able to exceed that target by achieving 38%.

This positive development was in large part due to the successful implementation of Kooth, our digital mental health offer, and the targeted early intervention service 'Build Sound Minds' delivered by Action for Children. As they became established and embedded within the Derbyshire system, both increased the reach and availability of mental health support for CYP. Alongside working with providers to improve understanding and accuracy of data submissions, we entered the 2021/22 year in a strong position.

Looking forward, our aim in 2021/22 was to build on this success by further developing four core areas: Further development of digitally enabled models of care, expansion of the targeted early intervention provision through the roll out of Mental Health Support Teams in schools (MHST), expansion of specialist crisis response and working with all providers to improve the quality, submission, and reporting of data via the Mental Health System Data Set (MHSDS). Though these priorities were considered central to achieving the key access targets, it was also understood that wider system transformation and collaborative working would further support improved access; particularly for smaller cohorts such as children in care and young adults aged 18-25.

6.2 What we have achieved

Through 2021/22 we were able to expand provision across our graduated mental health offer, providing universal early intervention, targeted support and specialist services across the enhanced pathway.

In our universal offer we continued to provide and expand our digital support service delivered by Kooth, which is available for young people from 11 up to the age of 25 and is now well used and established. In addition, we have trialled 100% online delivery model for Cognitive Behaviour Therapy (CBT) for CYP, with the additional benefit of supporting the reduction of waiting times in CAMHS. For further details see see chapter 12 Digitally enabled pathways.

Across schools and colleges, we now have 100% coverage for targeted early intervention via our MHST and Build Sound Minds services. We also have Specialist Community Advisors from CAMHS working across all elements of the CYP mental health pathway and who also deliver within education settings. In CAMHS itself, we have various specialist teams working with CYP up to age 18, whilst the Early Intervention for Psychosis (EIP) and adult Improving Access to Psychological Therapies (IAPT) services provide support for ages 14+ and 16+ respectively. Further details [see chapter 10 TEIS](#)

Throughout the year we have developed our 18-25 provision with a bespoke Young Adults Service that commenced a soft launch in September. The service sits within the Community Mental Health Framework (CMHF) ambition to improve our system response for this cohort and supports the broader access aims of the LTP.

As there will be a focus on higher risk groups within the young adult population, including those with additional learning needs and young people who are neurodiverse, the service will continue to improve access for several specific and particularly vulnerable groups of young adults, providing a high quality, easily accessible service which removes the cliff edge of care for young adults. Further details [see chapter 7 Young adults](#)

Further access improvements have been seen across wider specialist services. For example, children in care and CYP under the care of our Youth Offenders Service (YOS) now have access to trauma informed psychology services that have progressed from pilot initiatives to secure long-term funding. Further details [see chapter 13 H&J](#)

We have worked with our Public Health/Local Authorities, perinatal MH services and other system partners to support under 5s and their parents/carers/families to establish the new Maternal Mental Health Service, which has recently been launched. This service is part of the existing perinatal service and offers psychological support to people who have experienced trauma or loss as a result of their maternity experience. This service is a partnership across the system - for example the training and development needs of partners such as health visitors, voluntary sector providers and IAPT providers have been built into the implementation. Pathways are being established with IAPT providers and other partners to strengthen the offer.

It is important to note that each of these successful initiatives has taken place during a period of exceptional demand following the Covid-19 pandemic. Services from across the CYPMH pathway continue to report raised referral numbers, and the management of waiting times across targeted early intervention and specialist services remains a high priority.

The system has responded in a myriad of ways, adapting processes and resourcing creatively to support access and demand. For example, CAMHS have implemented triage and waiting list initiatives to improve flow in the pathway. In the north of the county, CAMHS have employed locum clinicians to deliver core therapies whilst facilitating greater availability of specialist staff for more complex cases.

Due to these various developments and system work, throughout 2021/22, Derbyshire's 12 month rolling access performance has continued to exceed the national 35% target. Local data shows that in March 2022 we had achieved a 49% access rate for the year. We are pleased to have exceeded the national two-contact benchmark, yet there is more to do to as

we work to develop the pathway and reach more of our CYP in need of emotional and mental health support.

Going forwards, the primary metric for reporting access has changed to a count of absolute numbers against a numerical target, rather than a percentage rate, and is now based on one clinical contact rather than two. Using a one contact metric will allow the system to account for brief intervention approaches, risk management, signposting, and advice, which are critical components of mental health support. Looking at the 2021/22 data under this new measure, Derbyshire exceeded our one-contact target of 10,355 to reach 12,921 CYP across the local footprint.

For Derby and Derbyshire, the continued national Five Year Forward View baseline of 70,000 CYP per year, and the additional 345,000 by the end of 2024, translate into the local activity targets set out in Table 6. below.

Table 6 Long term plan access ambitions (source NHSE)

Table 1.	2021/22	2022/23	2023/24
National: Five Year Forward View baseline	70,000	70,000	70,000
National: Additional Long Term Plan access	186,500	254,000	345,000
Derby and Derbyshire (under 18 – 1 contact measure)	10,355	12,274	14,080

6.3 Priorities

- 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
- To achieve the new national access target for young adults (18 to 25)
- Ensure all services are monitoring and sharing their data on protected characteristics
- Continue to improve data submissions to MHSDS, with a particular focus on protected characteristics and paired outcomes
- To develop a Reliable Outcome Measure (ROMS) dashboard to drive local delivery, demonstrate impact and inform service development and improvement going forward.

6.4 What we plan to do during 2022/23:

- We aim to build on our success and exceed our local target of 12,272 clinical contacts.
- We will continue to grow the Derbyshire offer, increasing our reach to CYP through expansion of MHSTs in schools and colleges through successive waves of implementation and expansion of crisis and intensive support teams
- 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

- We will use these insights to shape and steer the system towards greater inclusivity, meaningful reach and accessibility
- 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

CHAPTER 7

YOUNG ADULTS

7.1 Introduction

Those aged 18 to 25 years face numerous challenges in their transition to adulthood, for example employment, leaving home (or not being able to leave home), managing finances, and concerns about the future. For some these challenges are further exacerbated by limited opportunities offered to them where they live (for example transport/job opportunities/crime) or because they are a young adult embarking on leaving care. For those who experience mental health problems moving from childhood to adulthood can be a very difficult time. We also know that CYP transitioning to adult mental health services also face difficulties, facing what is known as 'a cliff edge of care'. This is recognised as a national problem and includes, lack of care continuity, lack of training and expertise in adult services regarding working with young adults, different thresholds and concepts of what constitutes a mental health disorder between CYP and adult services and different intensity of care provided for young adults by adult mental health services.

Our CYP citizen researchers identified this 'transition' into adulthood services as a difficult time for CYP:

'We feel there should be more support for those making transitions, such as a period of overlap'.

They also suggested peer mentoring as a support structure for CYP moving from children's services to adults (MH2k 2020). However, we are also aware that not all CYP will need to transition to adult mental health services and the transition may be to another type of support structure, but support in doing so is still of importance.

Young adults (YA) have been affected differently to CYP by the Covid-19 pandemic. For some, 6th form and university has not been the experience they imagined, and some will have been affected by job losses or furlough. It will have also affected young adults' ability to access services, and access to many of the support structures, such as schools, university, college, and social care services have been limited or not available during the pandemic.

Not all CYP who attend Child and Adolescent Mental health Service (CAMHS) will need to transfer to adult mental health services. Some will no longer need any additional support, for others there will be a need for ongoing support but not from a mental health service but there will be a number that do require ongoing support, and for those CYP transition should be smooth and not include gaps in service provision due to waiting times in adult services. While services are commissioned on age ranges of under 18s (CAMHS) and over 18s (Adult Mental Health Service - AMHS) the approach is not rigid. There are a number of young adults who stay in CAMHS past their 18th birthday and adult mental health services begin the work of transfer prior to the 18th birthday.

For the purpose of planning and delivering services a young adult is defined as 17.5 to 25 years old in Derby and Derbyshire ICB.

7.2 Needs Assessment

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.

We know that between July 21 to Feb 22 a total of 2,333 calls by young adults were placed to the 24/7 Mental Health Helpline and Support Service.

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

No of Calls	Jul, 2021	Aug, 2021	Sept, 2021	Oct, 2021	Nov, 2021	Dec, 2021	Jan, 2022	Feb, 2022
18 - 25 Years	286	291	316	248	284	316	293	299

The Safe Haven 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 received 137 referrals and saw 95 18 to 25 year olds from 1st January 2021 to 31st January 2022. 18 – 25 year olds represented 28% of the entirety of all users, second only to the 26 – 35 year old age group.

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.

7.3 Concerns and gaps

Our local research has indicated that the key concerns relating to young adults where they do not meet adult mental health services thresholds but need ongoing support are;

1. Young Adults 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

Our approach in Derbyshire is to ensure that we provide a quality service to meet these young peoples needs.

7.4 Achieving effective transitions

In support of effective strategic transition planning there is a Transition Policy which is a joint policy document across our Adult Mental Health Services and both CAMHS Teams which supports effective transition planning. An audit of the Transition Policy took place in 2021 which indicated that improvements could be made regarding transition. At the next review of the policy it will be co-produced by young people, young adults and their families.

Young adults themselves have stated that they want better coordination and better information regarding transitions to other services when they turn 18.

Our vision for young adults 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 outcomes at the lowest possible level by continuing to offer self-help via access to digital mental health support, currently Kooth for under 26 year olds, access to our 24/7 Mental Health Helpline and Support Service, and information via our Derby and Derbyshire Emotional Health and Wellbeing website. Our services delivering for young adults do so using the Thrive model and using trauma informed approaches. All our services use adaptive approaches for the neuro diverse population.

In 21/22 significant planning took place to design a new Young Adults Service (working title). This will be delivered by Action for Children who are currently in the recruitment phase. This will be a pilot project based in Chesterfield in the first instance prior to potential expansion (based on the outcomes of a robust evaluation) to other areas across the footprint. The service will be delivered in 3 phases;

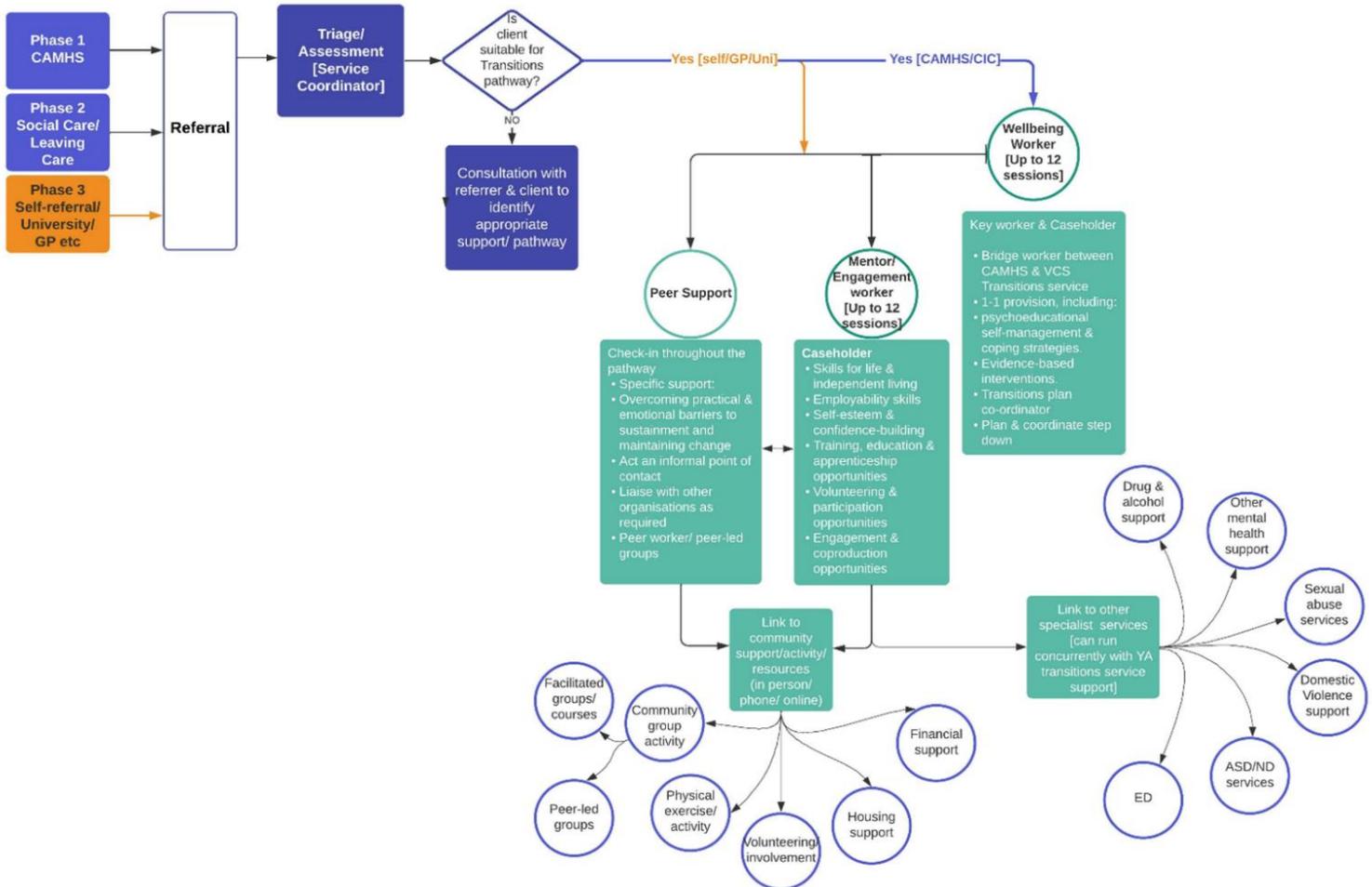
- Phase 1 - North CAMHS – Direct Referrals (Step down from CAMHS)
- Phase 2 - Social Care – Leaving Care – Direct Referrals
- Phase 3 - Self Referrals – GPs, Universities, workplace etc

Referral pathways have been developed, as has inclusion and exclusion criteria. The approach includes shared care approaches with Adult Mental Health Services and CAMHS to ensure that the majority of young adults can access the service, this has developed our joint working approaches with the voluntary, health and local authority partners who have been involved in an Expert Working Group to develop the approach. Our approach has been further strengthened by the participation of an Expert by Experience who is herself a young adult. Because our needs assessment indicated that young adults with ASD are at risk of losing support the Young Adults Service will employ at least one worker who has experience and specialisms in this area of work to ensure that pathways can be developed which support young adults who are neuro diverse. This expertise will be shared across the system.

Our key focus in this work is to ensure that we provide a quality service and support young adults needs, for example there are some young adults that transition to adult mental health services with a diagnosis of ADHD who only attend clinics for medication reviews with no other support in place. The Young Adults Service will ensure that these young people, and others who receive minimal support currently will receive a service going forward. In addition, those young adults who would not normally transfer to adult services, due to not meeting thresholds can also access the new service, meaning the cliff edge of care is removed.

The Young Adults Service is part and parcel of the Living Well approach to service delivery. Please see below for transition pathways;

Young Adults Transition Service - VCS Pathways



Both CAMHS Teams will employ Experts by Experience (EbE) in both North and South of the County (this is a new initiative for the North) who are themselves young adults. The EbE will support our improved approaches to ensuring young adults / CYP and parents are fully involved in service design, planning and evaluation. The EbE will be involved in the review of the current transition policy.

In addition to the above two projects we are also supporting parents groups with a one off grant for them to improve information / guidance / understanding of transitions.

We are also in the process of reviewing our approach to supporting children who are in care and care leavers emotional and mental health. We are working closely with local authority partners on this work to ensure that we have the best approach going forward for one of our most vulnerable groups. While we have a specialist children in care / leaving care service meeting children in care and care leavers needs we are keen to improve the response.

7.5 Evidence of Progress from the Previous Years Plan

In the past year we have;

- Scoped our young adult needs and develop plans through coproduction and partnership working
- Created strong links with adult mental health services and the Living Well Project
- Soft launch of Young Adults Service is underway in north Derbyshire
- PDSA methodology is being used to support the Young Adults Service development
- Contract variations in place for both CAMHS teams to enable recruitment of experts by experience and give support to parents
- The Mental Health for Children in Care review is underway, actions relating to young adults / Leaving care co-hort will be implemented

7.6 Priorities

- Provide a good quality service for young adults that gives meaningful support and removes the cliff edge of care
- Better support our CYP to transition from CAMHS services to adult pathways / community support
- 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
- Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safeguarding concerns, developmentally younger than their age via the new Young Adult Service and Living Well Services
- 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
- 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
- Improved support to parents of young adults during transition periods
- Improve our approach to co-production and development of full participation of young adults, CYP and families in service design, planning and evaluation
- DECC will increase the number of care leavers that have support DECC in 22/23
- Improve the skills and competencies of the workforce to meet young adults needs effectively

CHAPTER 8

URGENT AND EMERGENCY (CRISIS) CARE

8.1 Introduction

The Derbyshire approach is to stem escalation and respond by supporting all Derbyshire CYP at the earliest opportunity. Nevertheless, a cohort of our Derbyshire CYP will require specialist support to meet their mental health needs, when they present to services whilst experiencing crisis. Referrals to urgent and emergency Children and Adolescent Mental Health Services (CAMHS) remain high.

We are committed to providing a personalised, CYP-needs led suite of care as part of the developing graduated CYP Mental Health Urgent Care Pathway, with seamless support for a diversity of ages, gender identities, sexual orientations, races and cultures, for young carers, and those with co-existing needs or conditions.

Our CYP MH teams are aligning more closely than ever with the CYP Physical Health and Neurodiversity teams to ensure that co-existing needs or conditions are incorporated into the care offer. For CYP with Learning Disability and Autism (LDA), there is an integrated Care Education Treatment Review (CETR) process, managed via a Dynamic Support Register to ensure wrap around care. Transition age CYP are also being supported, as described in [chapter 7 'Young Adults'](#), to help avoid any gaps or inconsistencies in provision. We endeavour to offer a 'no wrong door' approach for CYP and Young Adults to access the mental health support they require whilst experiencing crisis.

8.2 Needs Assessment

Local Data

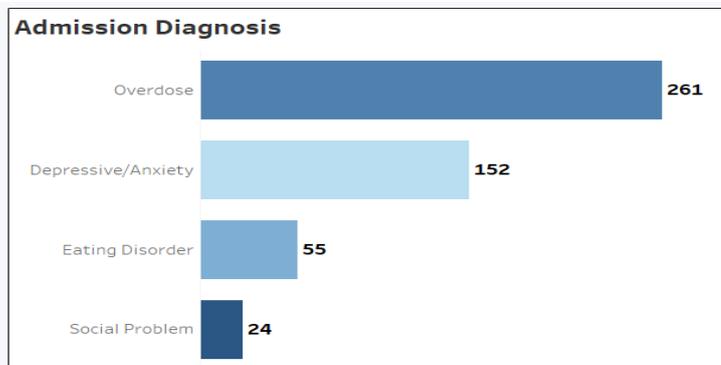
The Covid pandemic influenced referral and presentation patterns to children's emergency departments (CED) and CAMHS. Last year we reported that during the early stages of lockdown in 2020, the CAMHS Hub model contained most of the risk and as a result there were fewer referrals to our services that 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. Now in Autumn 2022, whilst full-year hard data is not yet available we have some local data and anecdotal testimony that referral rates in all categories have continued to rise as the ongoing social isolation effects of the pandemic unwind, disruptions to school attendance and examination systems continue, and the increasing impact of the cost of living crisis places greater financial and relationship pressures on the families of CYP.

Admissions to paediatric units

Data on diagnosis at the point of admission to local paediatric units is shown in the table 8 below:

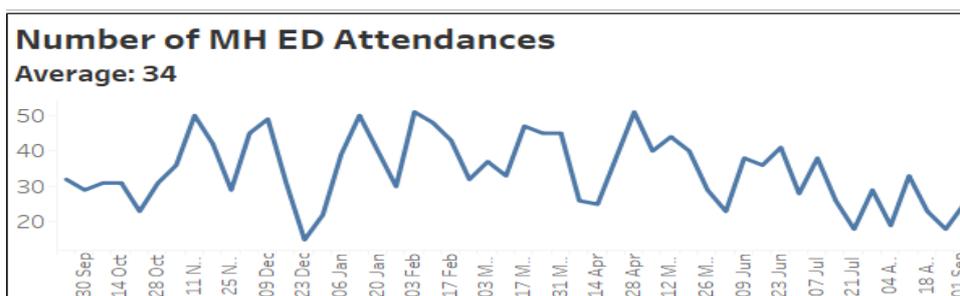
Table 8a – CYP admissions with a unique mental health diagnosis (i.e. without physical health needs) at both Chesterfield Royal Hospital and Derby Royal Hospital combined, September 2021 to September 2022

Source: Information Services Chesterfield Royal Hospital NHS Foundation Trust



- In the 12 month/52 rolling weeks from September 2021 to September 2022, CYP (up to the age of 17 years and 364 days) attending the Children's Emergency Departments (CED) at Chesterfield Royal Hospital and Derby Royal Hospital with a unique presentation of mental health, averaged 3% of total CED attendances, totalling 334 over the year
- This equates to an average of 34 CYP per month. The flow of attendances is depicted in Table 8b below

Table 8b - Number of CYP MH CED attendances, averaged by week, Chesterfield Royal Hospital and Derby Royal Hospital Sept 21 – Sept 22 (Source: Information Services Chesterfield Royal Hospital NHS Foundation Trust)

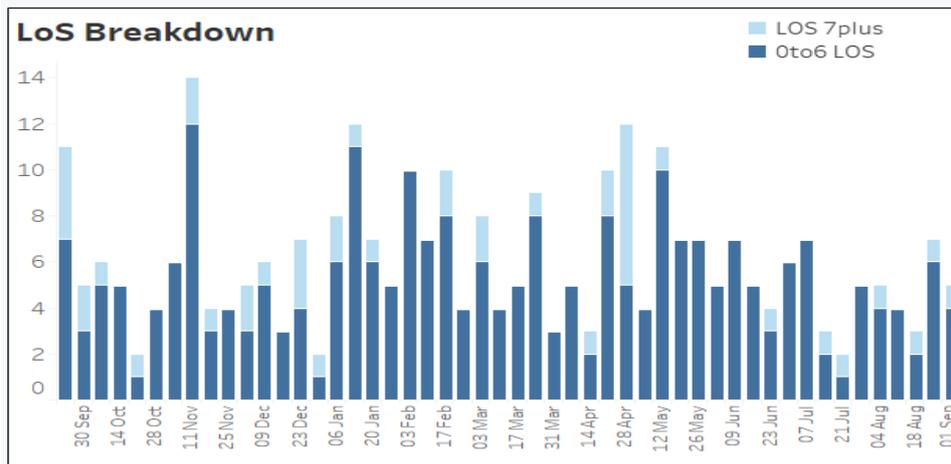


- On average, 6 CYP per week are admitted to our paediatric wards, representing an average admission conversion rate of 18%. As reported in last year's plan, the conversion rate from attendance to admission in 2020-2021 was 33.4%. Whilst this represents good progress there is still significant work to do to achieve our goal which is a conversion rate of 11% by 2023-2024
- Reducing Length of (paediatric unit in-patient) Stay (LOS) by provision of multi-agency wrap around care and support is a high priority and whilst the chart below (Table 8c)

shows that progress has been made there has been a recent resurgence of longer periods of admission.

Table 8c - 12 month data report for Chesterfield Royal Hospital and Derby Royal Hospital, Length of Stay, Sept 21 – Sept 22

(Source: Information Services Chesterfield Royal Hospital NHS Foundation Trust)



The Lighter coloured segment shows stays of 7 days or greater.

Admissions to specialist CAMHS inpatient services

Table 8d admissions to specialist CAMHS 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:
<p>17 new admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ▪ 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. <p>In total 26 admissions, (new and existing)</p> <ul style="list-style-type: none"> ▪ 14 were due to suicidal ideation and actions. ▪ 3 were due to a psychotic presentation and required 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. 	<p>16 new admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ▪ 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 <p>In total 26 admissions, (new and existing)</p> <ul style="list-style-type: none"> ▪ 4 were due to suicidal ideation and actions, ▪ 4 were due to psychotic presentations, ▪ 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. 	<p>22 new admissions to Tier 4 of which:</p> <ul style="list-style-type: none"> ▪ 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 <p>In total 31 admissions, (new and existing)</p> <ul style="list-style-type: none"> ▪ 12 were due to suicidal ideation and actions, ▪ 1 was due to psychotic presentations, ▪ 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.

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

North Derbyshire		
2019/20:	2020/21:	2021/22:
<p>51 Referrals to Intensive Home Treatment Team (IHTT)</p> <p>26 New admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ▪ 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 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 <p>Of the 26 admissions:</p> <ul style="list-style-type: none"> ▪ 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. 	<p>56 Referrals to Intensive Home Treatment Team (IHTT)</p> <p>40 New admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ▪ 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 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 <p>Of the 40 admissions:</p> <ul style="list-style-type: none"> ▪ 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 	<p>51 Accepted to Intensive Home Treatment Team (IHTT)</p> <p>34 New admissions to Tier 4 of which:</p> <ul style="list-style-type: none"> ▪ 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. ▪ 26 of the 34 admissions were informal and 8 young people admitted under the mental health act. <p>Of the 34 admissions:</p> <ul style="list-style-type: none"> ▪ 21 were due to suicidal ideation ▪ 10 required an Eating Disorder placement ▪ 3 were due psychotic presentations

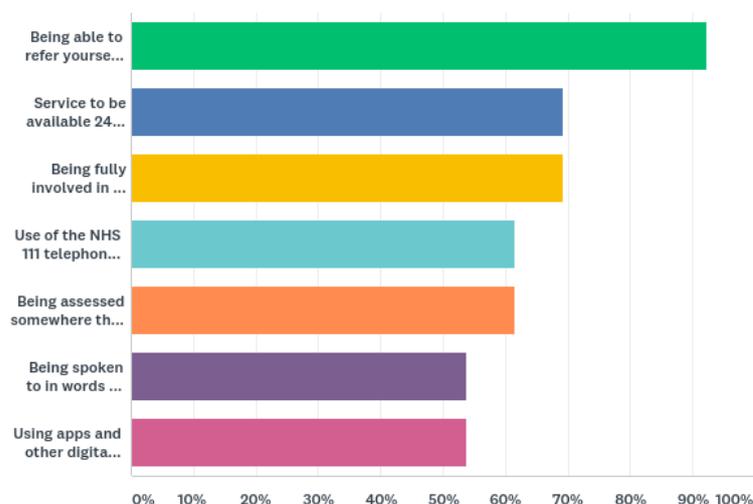
- Overall the number of new admissions for Derbyshire CYP to specialist inpatient CAMHS beds remained the same between 2020/21 and 2021/22 at 56 each year. However, the average length of stay for south Derbyshire and Derby City CYP reduced to 170 days and for north Derbyshire CYP it was less at 145 days
- There has been a rise in admission numbers in the south, it is acknowledged that there is an increase in demand and increase in acuity and complexity of cases.
- Both north and south saw a rise in the number of CYP with LD / and or autism admitted
- The number of CYP admitted to eating disorder specialist beds remains raised in 2021/22 compared to pre-pandemic levels

8.3 What children and young people have told us

We have worked with a range of stakeholders and consulted with CYP and their parents/carers, to ensure that the services are designed and delivered in a way which meets their needs.

In a 2019 study conducted by the then Derby and Derbyshire Clinical Commissioning Group (CCG) tells us that the majority of respondents to a questionnaire about service accessibility in a crisis prioritised the importance of having a point of contact for self referral at all hours.

Figure 8f: Derby & Derbyshire CCG – Urgent, Emergency & Crisis Services – Survey



One young person said:

- *'Service being available 24 hours a day 7 days a week as depression and suicidal thoughts don't stick to work hours. The only other option is to go to A&E and that seemed impossible as I could barely move from my living room to the kitchen so I wouldn't have said anything and not gotten help if I hadn't had gone into crisis when the lines were open.'*

Parent/Carer respondents said:

- *'Since people do not choose when they are in crisis, 24 hour accessibility is essential.'*
- *'Ease of referral and being seen close to or at home when someone is in crisis is important.'*
- *'Support at any time of the night. Confidence support is available for my child when I am not. Had a worker complete home visits when things were at their worst. Support me to voice my concerns and advise me how to deal with it.'*
- *'Support was offered instantly when my son was at his lowest by the crisis team. When I rang them with concerns they came straight out.'*
- *'It saw my daughter when she was in crisis and awaiting an urgent CAMHS appointment which was 6 weeks away'*

There were, however, comments about lack of service availability in 2019 and the impact this had on CYP and their families. Service expansion has been the focal point of the transformation plan in order to increase the number of staff available to support CYP experiencing crisis.

- *‘Your letter states ‘early intervention for children and young people in crisis is vital’. How about giving access to children who need it i.e. suicidal children, instead of discharging them from the urgent health team. There is no urgent support for children in need. ANY SERVICE would be welcome.’*

Another theme was about the general awareness and publicity of services to support a CYP in crisis:

- *‘Making the service generally known to the wider population; we only found out about the service as and when it was needed.’*

CYP were also consulted on specific services – the comments and our responses are shown in the table below

Table 8g Feedback from Young People about crisis response (source MH:2k report, November 2021)

Young people said...	What we did / are doing...
<p><i>Re 24/7 Helpline: “Unless you’ve openly expressed a need for it, you are not made aware it’s out there. It should be made mandatory to hand out the number and information about it, in schools.”</i></p>	<ul style="list-style-type: none"> • MH2K created posters which includes the helpline contact details and a video. • DHFCT comms have promoted the helpline
<p><i>Re Access to help in A&E: “A lot of people have felt like they were overlooked in A&E, they needed a faster response and didn’t feel like that was the right place to be, even though they need immediate help.”</i></p>	<ul style="list-style-type: none"> • The 24/7 helpline provides immediate support from specially trained CYP MH call handlers to help support CYP in crisis. When risk indicates, staff may visit the CYP at home to further assess the situation. • Our urgent care teams aim to respond to Children's Emergency Department (this is A&E for under 18 years) referrals within the nationally set 4 hour target; during operational hours. Out of hours, there is an on-call Psychiatrist available to deliver this service and hand over to the urgent care team the following day. • The plan is to deliver the urgent care team service 24/7, whether the CYP presents at Childrens Emergency Department (CED) or a community referral is made to support CYP in their own environment.

:

8.4 Our vision

In our 2021 Transformation Plan, we made commitments and outlined objectives to enable our Derbyshire Crisis services to meet the needs of our CYP and offer a graduated pathway of care.

The key aims of our Derbyshire Crisis offer are:

- For there to be “no wrong door” so that CYP can easily access 'risk support' when they need it.
- To deliver multi-agency wrap around care for our CYP and their families/carers; building support around our CYP to maintain key relationships and positive networks.
- 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).

Table 8h below shows the vision for Derbyshire by 2024 – much of the offer outlined is already available. We will have one Derbyshire wide CYPMH crisis and urgent care pathway approach to ensure there is a smooth transition between the tiered levels of support so that any internal boundaries between the different elements will be invisible to those accessing crisis mental health assessment, treatment and step down services

Table 8h: Graduated pathway of care for CYP in emotional distress / mental health crisis

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
DDEHWP 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 Mental Health Support Teams in Schools	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 Alternative Respite Provision / Foster Care	Temporary Safe Place in a hospital
Whole School Approach	EHWP 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	

The last 12 months has seen a rapid expansion of the CYP MH pathway. We prioritised a number of key areas and our progress is evidenced below.

The freephone 24/7 Derbyshire Mental Health Helpline and Support Service established in response to the pandemic has specialist children and young people call handlers available to support CYP and their parents/guardian. This service is working as part of a pathway with the CAMHS Specialist Crisis provision to provide a rapid response to a CYP experiencing crisis by working with Helpline staff to determine the most appropriate form of intervention including enable 'out of hours' home visits when necessary. The support line is also available for professionals to seek advice from mental health professionals regarding patient pathways/care where they can call **0800 028 0077**, and for more information visit [DHCFT Derbyshire Mental Health Helpline and Support Service](#)

There is a Derbyshire commitment to sustain the 24/7 Mental Health Helpline and Support Service enhancing the offer to CYP based on the engagement work completed by MH2K and outlined above.

Utilising investments available, our CAMHS services have committed to delivering 24/7 availability of the Crisis Liaison, Assessment and Brief Intervention by April 2024, both in the emergency department and in community settings. The services will provide:

- Triage of urgent / crisis referrals within 1 hour – either via the 24/7 helpline or CAMHS liaison /crisis team
- An Assessment within 4 hours of referral, by CAMHS liaison (CED referrals) or crisis (community referrals) team
- A Brief Intervention, to agree a safety plan and involve other partners where required and when the CYP is ready to engage – typically this occurs within 72 hours of assessment

For most CYP, this support will be sufficient, and they will be followed up within 7 days of presentation by the Urgent Care teams described above.

For others, a more substantial offer is required through Intensive Home Treatment Team and a Day offer .

We plan to expand the transforming care programme approach to all CYP at risk of mental health admission, building our dynamic support register approach.

8.5 Progress in the last 12 months

- **Urgent Care and Intensive Home Treatment Teams** Our CAMHS services have been recruiting to their Urgent care teams to expand their service offer in order to meet the 24/7 crisis response requirements and meet rising demand. The north and south CAMHS delivery model has been developed for 24/7 Crisis assessment at both Childrens Emergency departments and in community settings, these teams will provide brief interventions and work with CYP and parents / carers to create robust safety plans. The north Intensive Home Treatment Team (IHTT) is expanding and a new south IHTT being set up. The IHTT is for those CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a specialist children and young people's mental health community team. Despite investment being available to increase capacity in these services both CAMHS teams have experienced

difficulties recruiting sufficient numbers of experienced and skilled staff to all the necessary posts, this has delayed the safe implementation of extended hours.

[\(see chapter 5 Workforce\)](#)

- **Day Resource** During the Autumn of 2022 there will be a soft launch of a new intensive support day resource. This project is in partnership with the CAMHS Provider Collaborative ([see chapter 4 Wider Transformation](#)). This service will provide additional intensive support for up to six children at any one time who may otherwise require inpatient care (with an offer in both the North and the South of the County). This will be an important addition to the wrap around CYP MH offer to provide the right care, at the right time, in the right place. Accessed via CAMHS urgent care teams this will provide additional support for CYP with complex needs requiring risk support and specialist intervention in times of crisis with specialist support staff & peer mentor involvement, phasing in education at the appropriate time. There will be access to pro social activities, relaxation and the opportunity for building routines. The offer will aid risk support and assist in helping the young person to become intervention or change ready. The Day Resource will not only offer benefits as outlined above to CYP but also offer respite to parents and carers who are often reaching emotional and physical exhaustion during crisis situations. As with the expansion of the Urgent care team described above, sufficient recruitment to the Day resource is an issue. To address this CAMHS urgent care staff will be working flexibly across the Crisis assessment, IHTT and Day resource functions to efficiently maximise the offer to CYP in most need.
- **Workforce training** A comprehensive training programme is being developed by a Joint north and the south CAMHS working group for staff joining the crisis teams and the day resource. Initial draft elements of training have been scoped by the team which will evolve over time and be tailored accordingly to support new entrants training needs and requirements and includes:
 - DBT Essentials, NVR and Suicide Prevention Training
 - exploring setting up joint facilitated team building days.
- **Multi-agency working** A key achievement this year has been the enhancement of our robust system wide model of integrated, multi-agency working. There is now a system agreed escalation process with i) a weekly Bronze Escalation Case Discussion Meeting, where joint working is clarified and actions agreed; ii) Silver escalation actions supported by senior system leaders, cases supported through enhanced MDTs, clinical escalation groups e.g. Clinical Activity Panel for T4 links and ii) Gold Executive Escalation meeting actions escalated to Director for social care, Chief Operating Officers etc. See diagram X below. Led by our Complex Case Strategic Facilitator, there are enhanced MDT meetings for those more complex CYP requiring step up or step down care planning some of whom may be on paediatric units or specialist CAMHS inpatient units. Our Complex Case Strategic Facilitator post was established following ICS learning during the covid-19 pandemic and is now supporting our most complex cases e.g. where cross boundary (geographic and organisational) conversations and care planning are required. This system function has expanded in 2022/23 with the introduction of a Complex Case Strategic Manager. We recognise that cross agency education is a key component of this work and aim to strengthen this element.

Diagram 8i Derbyshire system escalation pathway (Source: JUCD Complex Case Strategic facilitator)



- **Mental health specialist input to paediatric units.** For those CYP with mental health needs who require paediatric inpatient care, they have access to staff with specialist mental health expertise who have joined the ward teams. This includes play therapists, youth workers / assistant psychologists, Positive Behaviour Support psychologists and Specialist Eating Disorder nurses

8.6 System Working

In order to keep our Derbyshire CYP safe, we have multiple partners working collaboratively. This spans across many of our projects, although some key examples of partnership working which form part of our crisis pathway are detailed below.

- We are working jointly with Nottingham ICB and the D2N2 local authorities (Nottinghamshire, Notts City, Derby City & Derbyshire County) to scope 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.
- Public Health, working alongside the voluntary sector, have been at the forefront of leading the refreshed Derby and Derbyshire Self-harm and Suicide Prevention Strategy from Summer 2022. The new strategy reflects embedding self-harm prevention and the inclusion of population health, in addition to previous priorities. The local suicide prevention programme has significantly expanded in recent years, holds wide multi-agency engagement and is successfully working to ensure that suicide prevention is a key local priority collaboratively and separately within partners.
- Specialist suicide bereavement support services have been in place since 2019 with continued successful performance and an expansion to the offer of support. 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.

Strategy: <https://derbyandderbyshireemotionalhealthandwellbeing.uk/suicide-prevention/about-us>

Suicide Bereavement Support:

<https://derbyandderbyshireemotionalhealthandwellbeing.uk/suicide-prevention/suicide-bereavement-support>

8.7 What we plan to do 2022 to 2024

- To continue to improve CYP access to the 24/7 helpline and support service, seeking to establish an online / text chat option
- To continue to recruit to and expand the Crisis assessment/ urgent care and IHT Teams in order to provide 24/7 access
- Increase the alignment of the Crisis and Urgent Care Pathway with the Eating Disorder pathway

- To enhance our step up / step down pathway with specialist CAMHS inpatient units, to further reduce length of stay and support CYP within Derbyshire where ever possible
- 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
- 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
- Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support our most complex CYP
- To have robust Expert by Experience involvement in the coproduction of the step up / step down and crisis pathways
- To establish one robust tier 4 CAMHS data set through a live dashboard which clinicians can use and which has the ability to track trends for strategic monitoring
- 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. This will support the reprofiling of inpatient expenditure into community-based care as well as a pathway data dashboard

CHAPTER 9

EATING DISORDERS

9.1 Introduction

Operating in line with NHS England's commissioning guidance, we have two Community based Eating Disorder Services (CEDs), hosted by Chesterfield Royal Hospital Foundation Trust (CRHFT) and Derbyshire Health Care Foundation Trust (DHcFT). The pathway is further supported by two early intervention and prevention services for eating disorders; First Steps ED and Freed Beeches. The services aim to reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible.

Eating Disorders (EDs) are severe mental illnesses with serious psychological, physical and social consequences, with Anorexia Nervosa (AN) having the highest mortality amongst all psychiatric disorders. People with eating disorders commonly experience additional mental health problems, particularly depression, physical illness, difficulties in intimate relationships and the interruption of educational and occupational goals. In the UK, over 1.6 million people are conservatively estimated to be directly affected by an ED with illnesses typically starting in adolescence and young adulthood.

Children and young people (CYP) can often be deterred from seeking help for an ED due to stigma. Furthermore, a recent worrying trend is emerging that is showing that children are starting to develop eating disorders younger that have the potential to have a lasting impact on their development as they get older. The number of hospital admissions across the UK for young people with eating disorders is rising.

In recognising the potentially highly damaging physical and mental effects of EDs, it is equally important to understand the large emotional and economic burden that can be placed on parents and carers when caring for someone with an ED. People with an ED can be ambivalent about treatment even in the face of a severe illness, placing families and carers in difficult situations. Evidencing this, carers of young people with anorexia have been seen to report that they themselves have shown signs of psychological distress.

In the treatment of an eating disorder, national guidance promotes early identification and intervention to allow swift access to effective, evidence based and outcome focused treatment as being of paramount importance to improve clinical outcomes and increase the cost-effectiveness of services. If untreated, eating disorders such as Anorexia Nervosa (AN) can become more severe and lessen the chance of recovery; with research showing that recovery is less likely if untreated for 3-5 years. In treating eating disorders, research has shown that family-based therapies are effective and promote excellent long-term outcomes. Evidencing this, the relapse rates for those people who have responded well to outpatient family therapy are significantly lower (5-10%) than those for people who have been in inpatient care.

In realising the ambitions for early identification and intervention, cooperation between key stakeholders is vital and requires good relationships between groups such as commissioners, CYP-eating disorder services, GPs and school staff. By cooperating, it is important that, wherever they present, CYP with potential eating disorders are supported by professionals to receive appropriate help and support. A lack of collaboration causes confusion, adds to the burden of children and young people and their parents or carers, and has the potential to delay recovery.

9.2 Priorities

- For specialist and community providers to work together in a more joined up way to deliver effective, evidence-based care and support to better meet rising demand.
- 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)
- Improve and expand support for children and young people with eating disorders in the community, offering earlier interventions.

9.3 What we have already achieved

Nationally and across all areas of our local pathway, we continue to see an unprecedented rise in eating disorder referrals following the COVID-19 pandemic. People seeking help from services in the 2021/2022 year was particularly high. The acuity and urgent nature of referrals has also increased, requiring a greater emphasis on risk management, prioritisation, and clinical safety. This is reflected in the increased number of CYP in paediatric wards, tier 4 beds and those waiting for beds. Additionally, alongside a rise in more familiar presentations, such as Anorexia Nervosa, there has been a notable increase in the prevalence of wider eating difficulties, such as Avoidant Restrictive Food Intake Disorder (ARFID).

As services continue to adapt and respond to the increased demand, performance against the access and waiting time standard has decreased through 2021/22, particularly for routine appointments. Despite this, services are delivering notably higher levels of activity than in previous years and, alongside improved system response through continued pathway development, we expect to recover wait times within the 2022/23 year.

In 2020/21 we already saw significant investment in the Chesterfield Royal Hospital Foundation Trust (CRHFT) and Derbyshire HealthCare Foundation Trust (DHCFT) Children's Eating Disorder Services (CEDs) to recruit additional staff and increase capacity in the services. This included staff for mental health nursing, paediatric nursing, clinical psychology, specialist eating disorder nursing, consultants, and play specialists. Building on this through 2021/22, we have invested additional transformation funds to expand and integrate the eating disorder provision with our developing crisis and urgent care model.

9.4 Urgent care

Embedding specialist expertise into our crisis and liaison offer, Intensive Home Treatment Teams and upcoming intensive day resource, flexible, responsive urgent care for our CYP with eating disorders will be accessible 7 days a week, across extended hours. The vision is for seamless step-up/step-down transitions between community, urgent care, paediatric units and tier 4 services. As we progress through 2022/23, the roles, responsibilities, relationships and shared-care protocols necessary for successful, dynamic integration will be fully outlined.

Further supporting this work is the Complex Case Strategic Facilitation (SCCF) that functions to improve multi-agency and multi-system strategic care planning for all CYP, inclusive of eating disorders. The CCSF brings together complex, timely support for CYP who are particularly unwell and require rapid coordination across services. This, alongside NHS England's tier 4 delayed discharge programme, which seeks to support safe and timely transfer away from tier 4 and back into Derbyshire's community services, will enable responsive wraparound care at every stage of a child or young person's journey.

9.5 Avoidant Restrictive Food Intake Disorder

In addition to the anticipated benefits of working dynamically across systems and services, partners from across the CYP mental health system are convening regularly through 2022/23 to design a new ARFID pathway for Derby and Derbyshire. The pathway will bring together expertise from across services in a multiagency, multi-disciplinary approach, to cater for the varied needs of CYP with ARFID.

Whilst in development, lead clinicians have already accessed national training in preparation, and are now holding initial monthly consultation meetings to support the system response. First Steps ED have accessed wider training and collaborated with experts by experience to co-produce two ARFID psychoeducation workshops for ages 7 – 14 (children) and 15+ (young people into adulthood). Parents of CYP with ARFID can also access a new 4-week Skills for Carers workshop.

With full implementation planned for February 2023, we anticipate that the ARFID pathway will significantly enhance coordination, treatment and outcomes for this previously underserved group and their families.

9.6 Partnership working

These and wider programmes of work are underway with the support and governance of a new Eating Disorders Pathway Group. The purpose is to support delivery of the transformation programme, nurture innovation and improvement, and monitor quality, performance and demand across the pathway. One such item of work includes the development of a Derbyshire wide written agreement between providers in CEDS, secondary care and primary care to ensure a consistent approach to medical monitoring for CYP with eating disorders.

9.7 Early intervention and prevention

Another is a full review of our early intervention and prevention offer. Early intervention is widely accepted principle that underpins favourable outcomes in eating disorders. Access to early help can slow or prevent the course of illness, reduce its length and disruption, increase recovery rates and promote hope and expectancy in those affected. At a time of exceptional demand, the essential role of this kind of service for CYP with eating disorders has never been more poignant, as is the rationale for greater collaboration and joined-up working with our voluntary sector providers.

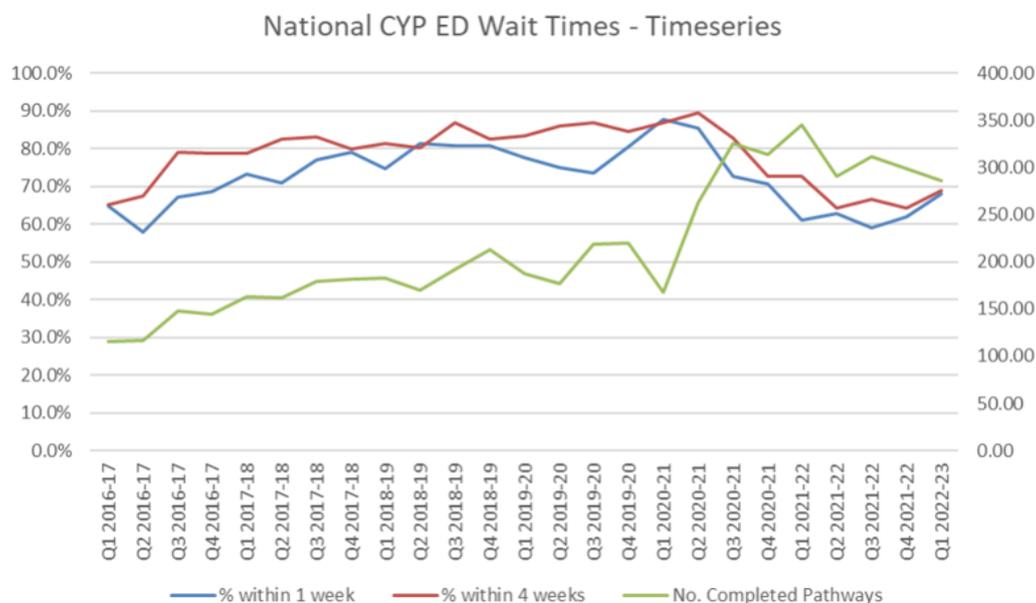
As part of the broader programme of work, refreshing our early intervention and prevention offer will bring greater definition and alignment within the wider transformation context. It is also an opportunity to ensure the provision aligns to the needs and expectation of the public. As such, integral to the refresh was a period of active engagement with the people of Derby and Derbyshire via a survey, focus groups facilitated by First Steps ED, and a workshop delivered by our youth-led, citizen research partners, MH:2K.

9.8 Access targets

In 2021/22 the Derby and Derbyshire Integrated Care System community eating disorder provision dropped below the national access and waiting time standard for CYP with a suspected eating disorder. These stipulate that 95% of urgent cases are to commence a NICE concordant treatment within 1 week of the referral, and 95% within 4 weeks for routine cases. This local drop in performance followed a similar pattern to that observed at a national level.

Graph 9. shows the relationship between national waiting time performance for urgent (red) and routine (blue) cases, and the number of people commencing treatment (green).

Graph 9 National CYP Eating Disorder waiting times Q1 2016/7 to Q1 2022/23 (Source: Strategic Data Collection System)



Locally, robust plans have been outlined to recover performance by the end of March 2023. At time of writing, in Q1 2022/23, the ICS had already achieved 90% access for urgent and 62% for routine; both above the current national benchmark and on an upwards trajectory.

9.9 CAMHS Specialist Eating Disorders

- Referrals to CAMHS specialist ED services have seen up to a 50% increase on pre-pandemic levels. Demand continues to be high and the specialist services have prioritised urgent cases throughout. Investment into ED has focused on extending the offer, however due to the increased complexity and urgent nature of referrals, the additional resource required to treat effectively has lessened the impact of this.
- The CAMHS Eating Disorder services continue to work with the hospital inpatient wards for CYP who have been admitted with eating disorders, providing input and visits to the wards, including meeting parents. There are regular MDT meetings with paediatrics teams and the input from the Eating Disorder services is very valued within the hospitals.
- Our services are part of the East Midlands Clinical Network for Eating Disorders and have been accessing the training and development opportunities that are part of that programme.
- Monthly transition meetings have been established with adult services to ensure smooth transition in care.

9.10 First Steps

- First Steps ED increased their delivery of professional one to one peer support to children and young people (5 to 17 years) by 73% in the 2021/22 year, and counselling and psychotherapy for adults (18+), including Maudsley Collaborative Skills workshops

for parents, carers and older siblings, by 50%. Continuing Professional Development (CPD) training for professionals, body image and psychoeducation workshops in schools, college and universities and a comprehensive weekly recovery self-help programme of peer led groups and creative therapy activities, for all ages including parents and carers

- 795 Derby and Derbyshire professionals have attended one or more of five CPD accredited training sessions delivered by First Steps ED covering eating disorders for all ages and genders, body image and perception, nutrition and mood, compulsive exercise, sport and steroid abuse, and EDs in boys and men.
- 5000 copies of a new research informed Children's Book, coproduced with young people, parents and teachers and academics from University of Derby, about supporting a sibling with disordered eating, were printed for Derby and Derbyshire Primary Schools.
- Following a 2020/21 national campaign about eating disorders in boys and men, First Steps ED collaborated with the University of Nottingham and Kings College Eating Disorder Research Unit, to develop a new training tool. This was subsequently accredited by the Royal College of GPs and received The Times Higher Education Research Project of the Year Award for Arts, Humanities and Social Sciences.

9.11 FREED Beeches

FREED Beeches³ provides one to one support for CYP 14 years and over. FREED Beeches offers a multi-disciplinary approach consisting of psychological intervention alongside Dietetic Support for those affected by an eating disorder. FREED Beeches also offers group interventions. There is support for carers and supporting others as well as family support. FREED Beeches provides eating disorder training and information sessions to professionals such as trainee GPs, Teachers and school nurses. FREED Beeches also has a schools coordinator who provides workshops on body image and self-esteem for school children from year 5 throughout primary school, secondary school and post 16.

² A member of the group chose the name FREED; she described her illness as like being in a cage with a locked door and she needed the key to be FREED.

9.12 What we plan to do during 2022/23:

- Build on investments to increase staffing capacity in the wake of the pandemic by continuing to develop our integrated crisis and urgent care model
- 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.
- 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.

- 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.
- Continue to provide paediatric inpatient support for ED, including with specialist ED play therapy.
- 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.
- 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.
- 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.
-

CHAPTER 10

TARGETED EARLY INTERVENTION INCLUDING WORKING IN EDUCATION SETTINGS

10.1 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 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 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 of their issues around accessing service support for CYP and that in general there is more need.

10.2 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.

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

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.

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;

Table 10 Kooth 2021/22 – Local Data

Item	Activity
New registrations (male / female / gender fluid / A gender)	3581
BAME new registrations	9.79%
Largest age group for new registrations – age 15	554
Where majority of new registrations heard of Kooth - School	645
Average number of log ins per month in 2020/21	353
Total number of logins April 21 to March 2022	35,522
Average number of logs per month in 21/22	428
Number of logs in by females	25,182
Number of log in by males	4,773
Average number of chat counselling sessions	135

Presenting Issues highlighted by young people accessing Kooth chat and messaging:

Top 10 most prominent issues Service Users presented

Q1			Q2			Q3			Q4		
#	Issue	SU	#	Issue	SU	#	Issue	SU	#	Issue	SU
1	Self Harm	88	1	Anxiety/Stress	88	1	Anxiety/Stress	103	1	Anxiety/Stress	114
2	Anxiety/Stress	77	2	Suicidal Thoughts	42	2	Self Harm	78	2	Suicidal Thoughts	86
3	Suicidal Thoughts	76	3	Self Harm	42	3	Suicidal Thoughts	66	3	Self Harm	81
4	Family Relationshi..	37	4	Family Relationshi..	33	4	Family Relationshi..	47	4	Family Relationshi..	50
5	Friendships	36	5	Friendships	31	5	Friendships	37	5	Self Worth	39
6	School/College iss..	33	6	Self Worth	25	6	School/College iss..	35	6	Friendships	38
7	Depression	28	7	School/College iss..	21	7	Depression	29	7	School/College iss..	37
8	Eating Difficulties	26	8	Sadness	19	8	Self Worth	26	8	Sadness	30
9	Sadness	22	9	Depression	19	9	Sadness	24	9	Eating Difficulties	30
10	Self Worth	19	10	Loneliness	18	10	Eating Difficulties	23	10	Depression	29

Additional 2021/22 data:

- 73% of young people who registered on Kooth returned to the platform for support
- 1,293 chat counselling sessions were delivered to 508 unique users
- 18,710 messages were received by 1,805 unique users
- 1,677 articles were viewed by 432 unique users
- 8,811 forums (peer to peer) were engaged and viewed by 635 unique users.
- Kooth contributed 1,001 towards the MHMDS access figure for Derbyshire with 4,861 contacts.

Table 10a Build Sound Minds 2021/22 – Local data

Item	Activity
Numbers of referrals received	3593
Male access (only available for Q3 & 4)	45%
Female access (only available for Q3 & 4)	55%
BAME Access (only available for Q3 & 4)	6%
Largest complexity factor SEN	34%
Second Largest complexity factor ASD	22.0%
Largest referral reason is anxiety (only available for Q3 & 4)	63%

Other key information includes;

Largest referral source is self / parents, schools are also large referrers and primary care also make referrals

The majority of CYP – between 70% to 85% shows improvements via RCADS scoring

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

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

More females than males access services

Table 10b Changing Lives 2021/22

Item	Activity
Numbers of CYP referrals to service	1395
Ratio of males to females accessing the service	M 36% / F 57%
BAME Access	4.1%
Largest complexity factor - ADHD	2.5%
Second largest complexity factors - ASD	2.4%
Presenting issues for child - Anxiety	735 / 54%
Presenting issues for child - Depression	251 / 18%

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

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.

Table 10c 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%

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 but the ambition is to have a fully staffed MHST workforce.

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 21 secondary schools in Derbyshire. The survey found that most young people in Derbyshire seem to be getting through their lives in good order, despite COVID-19, being happy enough most of the time and not risking their health with their lifestyle. But there is a minority of young people who are neither happy nor adopting healthy habits of behaviour.

There is a group of students with poor emotional and mental wellbeing, with important findings being:

- 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
- Worried young people may engage in risky coping strategies, for example, when worried or upset, 9% say they 'hurt myself' (self-harm) 'usually' or 'always', while 5% say the same about cigarettes or vaping
- Risk-taking behaviour is reported by significant minorities: 23% of students responded that they had an alcoholic drink in the 7 days before the survey; 5% smoke tobacco at least 'sometimes'; 8% responded that they use e-cigarettes at least 'sometimes'; 7% of students have ever used cannabis

Children, young people and their families who access our Build Sound Minds services and the Mental Health Support Teams have given positive feedback on the ways it has helped them.

10.3 Evidence of Progress from the Previous Years Plan

In the past year we have;

- Invested in waiting times initiatives for Build Sound Minds
- Produced clear pathway guidance for education settings
- Reviewed the community triage function which resulted in ending the process
- Finalised the service specifications for Specialist Community Advisors
- Undertook a review with schools to understand their wants for the new Mental Health Support Teams Service Specification
- Undertook and completed a full procurement exercise for Mental Health Support Teams
- Undertook a robust expressions of interest / needs analysis for choosing wave 8 schools
- Reinvigorated the MHST Steering Group

10.4 Conclusions

Our needs assessment clearly tells us that demand is increasing for early intervention and targeted support. We also know that we need to consider:

- More females than males access help
- The numbers of CYP identifying as agender, transman / woman or gender fluid is increasing
- BAME populations are well represented
- Schools from rural communities say that overall they have less access to help and that the needs of CYP are increasing
- Improve our understanding and reach relating to physical health and mental health (with a focus on obesity)

- Our reach to CYP with EHCP / SEND and ASD appears to be proportionate

10.5 Priorities

- Monitor the impact of post covid and the cost of living crisis and work in partnership to support CYP and their families
- Continue to work in partnership with schools on all aspects of emotional support, wellbeing, and mental health
- 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
- Continue progress to meet the long term plan ambition for MHST
- Develop a detailed local framework for MHST to further address inequalities
- Integrate Glossop into wave 10 MHST and Build Sound Minds delivery
- Expend on the whole school / healthy schools approach to increase population health reach taking into account the findings from understanding depression / anxiety better
- Ensure schools have the knowledge and skills to support their pupils mental health needs
- Look at how we can increase the number of males accessing information and help
- Continue to improve our reach to BAME CYP
- Continue to monitor our information relating to LGBTQ+ populations and use intelligently to deliver better services
- Continue to improve our reach and support to CYP who have a disability or are neuro diverse
- We need to understand more about the categories of depression / anxiety for CYP and links to physical health

10.6 Changing Lives - Mental Health Support Teams

In 21/22 a full robust tender process took place for MHST in Derby and Derbyshire with a new specification to support future developments. The new specification puts a greater emphasis on integration in schools and includes specific reference to eating disorders, providing early intervention / help and access to more specialised services. MHST do demonstrate fidelity to all three of the nationally prescribed core functions as follows;

- To deliver evidence-based interventions for mild-to-moderate mental health issues;
- Give support to senior mental health leads in each education setting to introduce or develop the whole school approach
- Give timely advise to education setting staff, and liaise with external specialist service to help children and young people to get the right support and stay in education.

Our first priority from September onwards will be to ensure that the embedding of MHST service fits with already existing services (for example Build Sound Minds and Specialist Community Advisors). In July 2022 we completed a detailed expression of interest exercise to choose the next Centres of Excellence for schools to have access to MHST. This process gave us significant local intelligence regarding school needs and as a result we will be reconfiguring our early intervention and targeted support services to ensure that we meet need better. For example, it became very clear that our rural schools currently find it difficult to access mental health services, that some schools had concerns regarding secondary care

visits by pupils for serious mental health episodes and communication while others had clearly demonstrated high levels of need. By continuing to work in partnership with colleagues in education and schools we will begin to have a more prioritised approach based on the school provided intelligence itself. We will also ensure that schools have the opportunity to upskill, in 2021 we produced a School Guidance Document which supports schools in supporting their pupils. Working in partnership with schools has enabled them to use this guidance constructively and to suggest improvements in how we meet needs better together. The guidance document has been very well received and we wish to build on this by providing training for those working in schools to strengthen our approach. We also intend to support schools further in their whole school approach / healthy schools ethos via MHST delivery, the school guidance document and training. All our services who deliver in schools work in partnership with them to understand how they can best meet their needs and integrate in education settings.

A trajectory was established in 2021 which sets out clearly our progress towards the NHS Long Term Plan ambition with regards to MHST. This is monitored by the MHST Steering Group to understand our position and to unblock any challenges that may put achieving this target at risk.

10.7 What we plan to do during 2022/23:

- 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
- Prepare for wave 10 of MHST including choosing Centres of Excellence
- 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
- Finalise the Mental Health for Education Setting Guidance Document and circulate
- Deliver trauma informed approaches training to schools
- 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
- Continue to analyse our approached to understand how we can meet the needs of CYP with specific needs

CHAPTER 11

EARLY INTERVENTION IN PSYCHOSIS (EIP)

11.1 Introduction

The Early Intervention in Psychosis Team delivers to people aged 14 to 65 years who experience psychosis for the first time. The service offers prompt NICE-recommended treatments delivered by specialist practitioners who are trained in CYP Mental Health, CBTp (specialist Cognitive Behavioural Therapy for psychosis) and Family Therapy. Pathway protocols are in place to ensure that the full range of specialist expertise in working with children and young people (aged under 18) with psychosis are available.

There is robust monitoring of the following NHSE standards: i) waiting time (referral to treatment), ii) treatment in line with NICE recommendations and iii) outcomes. Targets are monitored daily within the service to ensure that CYP are seen within the national access and waiting time standard. This requires that 60% of people with a suspected first episode of psychosis start treatment with a NICE recommended package of care within two weeks of referral to a specialist early intervention in psychosis service.

The service employs youth and community workers, therapists and psychologists as part of its multidisciplinary staff team. The service also has lived experience peer support workers and has been successful in developing these roles alongside a new remuneration, recognition and reward policy.

In addition to therapy and interventions, youth and community workers support CYP to access a range of education and training opportunities. Youth workers and support staff undertake Individual Placement and Support (IPS) training to facilitate this, networking and developing positive education links across the geographical area.

11.2 What we have already achieved

- The EIP services in Derbyshire consistently met the access and waiting time standards over a five-year period, between 2016 and 2021. Local intelligence informs us that the standard continued to be met through the 2021/22 year. Through NCAP audits, the Derbyshire provision has been found to be 'performing well' or 'top performing' across the majority of quality domains.
- The EIP teams' workforce plan identified the training and development staff required to continue to meet CYP needs through 2021/22. This included access to Behavioural Family Therapy, CBT for psychosis and Open Dialogue team training
- Following successful integration of lived experience peer support roles in the North team, in 2021/22 a new Remuneration, Recognition and Reward policy and procedure was outlined to develop the roles into paid positions.
- To support the new paid Peer Support Positions, the North service has accessed whole team 'Improving Recovery through Organisational Change' (ImROC) training with additional training to support supervision arrangements.

- The North team received positive feedback following a recent invitation to present at an EIP Network webinar about implementing a successful Peer Support Worker programme.
- There is clarity that for CYP experiencing psychosis the EIP Team take the lead in CYP care and work in conjunction with CAMHS. Whilst shared care protocols are in development, EIP and CAMHS service leads interface through regular communications and individual case reviews. This is further supported by dedicated link workers in the North team whilst, in the South team, the Consultant works across both CAMHS and EIP.
- Implementation of System One, a clinical software system which reflects the NHS vision of a 'one patient, one record', was implemented in May 2022.

11.3 What we plan to do during 2022/23:

- In the South, we will implement peer support workers following success of the North model.
- To support and lead implementation in the South the ambition is to increase occupational therapy hours in the team
- We will access additional Meridan Behavioural Family Therapy (BFT) Training for Case Managers to increase the family intervention offer for service users and their families.
- Due to the extended length of the Meridan BFT training (from 5 days in house training to 12 months), and because there is a limit to how many clinicians can access the training at the same time, training all clinicians will take several years to complete. Whilst the majority of clinicians undergo training, the plan is to create an internal family therapy team to support patients and families.
- We will scope additional funding opportunities to further support link work and joint training opportunities between EIP and CAMHS
- We will work together to further improve audit scores and move towards Level 4 compliance
- We will implement a new assessment team and protocol to improve efficiency and support greater performance against access and waiting time standard
- 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
- We will use this training and secured funding to implement a new At-Risk Mental State (ARMS) care pathway
- We will work with schools, colleges and approach Mental Health Support Teams (MHSTs) to facilitate psychosis education sessions
- New appointed Occupational Therapy and Youth and Community Worker posts will support increased access to training and education opportunities for young people
- We will continue to support and develop new and established Peer Support Workers in their roles

CHAPTER 12

DIGITALLY ENABLED CARE PATHWAYS

12.1 Introduction

Digital technology is a significant part of our everyday lives improving the way we socialise, shop, are educated and work. It also has great potential to improve how the NHS delivers its services in a new and modern way; providing faster, safer and more convenient care.

The NHS Long Term Plan aims to increase the range of digital health tools and services, including for children, young people and young adults. People will be able to seek health information and support online, and choose whether they speak to a doctor on the phone or in person. A wide range of NHS-approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed.

Many children and young people enjoy the entertainment, communication, social connectiveness and educational benefits that access to technology such as mobile phones, tablets and laptops can bring to their daily lives. However, we are mindful that not all children benefit from access to technology, with children from deprived and poorer households less likely to have access to the internet, this may be due to lack of internet connection or they may be sharing them with siblings. Digital exclusion has been worsened by covid lockdowns, and is being exacerbated by the cost of living crisis further widening health inequalities.

In line with the requirements of the NHS Long Term Plan, the Derbyshire digital strategy aims to transform the utilisation of technology to improve mental health care for Derbyshire children and young people by 2023/24. This chapter covers

1. views of children, young people and young adults
2. increasing access to mental health support through digital offers
3. better communication between services through digitally enabled pathways
4. using data to inform how services are set up to meet population health needs
5. every child receiving mental health care will be given the option to access their care digitally

12.2 Priorities

- To continue to embrace the Derbyshire digital strategy in line with the Long term Plan
- Build upon work to date to further develop digitally-enabled pathways for children, young people and those aged 18-25

12.3 What children, young people and young adults have told us about digital pathways

MH2K: Derby and Derbyshire is a powerful model for engaging young people in conversations about mental health and emotional wellbeing. MH2K empowers 14-25 year olds to become 'Citizen Researchers' to: identify the mental health issues that they see as most important; engage other young people in discussing and exploring these topics; work with key local decision-makers and researchers to make recommendations for change. During 2021 MH2K

Citizen Researchers conducted focus groups and research to better understand the views of Derbyshire CYP about digitally enabled care. Here are their key findings and recommendations

1. Young people enjoyed quick and easy activities to help with their mental well-being. Reporting that this can help relieve pressure off services like CAMHS, and encourages young people to seek help for themselves, while waiting for appointments. These include apps, positive wellbeing social media pages, regular fitness and mindfulness exercises etc.
2. Speaking to a mental health professional face to face rather than just online, should be an option for young people. Although there have been many benefits of switching to online communication throughout the pandemic, many young people still expressed a preference for in-person support and felt they gained more from the personal connection.

"Definitely on Snapchat, like interactive adverts that pop up every now and then, so people are aware of it. It could be integrated into people's feeds and advertised on posters in schools, and universities like the lecture theatres."

3. Young people told us that using direct and simple language allowed them to feel comfortable when accessing mental health websites. Small prompts such as 'free', 'safe' and 'anonymous' made it much more likely that young people would follow links to appropriate help.
4. Young people with additional learning needs sometimes struggle to access online services and need further support. They highlighted the barriers they're faced with in terms of accessibility and some of the challenges using the support if impaired or face any barriers e.g. language.
5. Clearer distinction between preventative/ middle ground support, and help at the point of crisis. By differentiating between these two kinds of support, young people will know how to access immediate support when in a crisis.

As a result of their findings, MH:2K Citizen Researchers came together to produce an insightful, powerful film encouraging other young people in Derbyshire to reach out and seek emotional and mental health support when they need it. Their ask is that this short video is used to promote and spread awareness of the services available. This will ensure that young people across the city and county recognise the benefits of accessing help and hopefully encourage them to take proactive steps to make their future brighter. The film is being shared widely across agencies in Derbyshire and is available to view on the Leaders Unlocked YouTube channel [here](#) and on the DDEHWB website [here](#).

12.4 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'.

12.5 Exploring therapeutic input delivered 100% online

In Derbyshire we have trialled a 100% online delivery model to provide i) Cognitive Behavioural Therapy (CBT) to help CYP overcome complex emotional health and psychological difficulties, aid recovery and build resilience for improved wellbeing and ii) Post Diagnostic Interventions (PDI) to help children, young people and their families understand the impact of living with neurodiverse conditions, and provide support through the post diagnosis journey. This was a 12 month interim service commissioned to increase capacity in response to unacceptably long waiting times for routine CAMHS care, however it also offered an opportunity to find out whether there is a place in our pathway for a 100% online therapy offer.

We have experienced mixed results with this 100% online approach. Some CYP reported that the approach was very productive and that it helped their situations. It was considered that for low intensity CBT 100% online worked well. Challenges to the approach included, some families not wanting a 100% online offer, with CYP and families preferring to have some face to face interactions or a 'blended' approach. Additionally, the complexity of many cases on the CAMHS waiting list is too high for 100% online intervention and flexibility is required to see CYP face to face when required.

We will continue to analysis the online approach, to understand the therapeutic outcomes for CYP and whether there is an identified cohort of CYP who would benefit from 100% online interventions and consequently how this may best fit in the pathway.

12.6 Self-management apps

Professionals advise on the use of a range of self-management apps as part of a package of care for CYP and families. Understanding the different apps available and coaching on how to use them can bring the added value to care plans. We have widely circulated the NHSE East Midlands Student Mental Health Toolkit which offers support from across our education networks, suicide prevention teams, and to CYP mental health services. The Student Mental Health Toolkit contains links and information for a number of sources of practical support, training and information tailored to the following cohorts:

- School students
- University and college students
- Parents and carers of young people
- Teachers and education professionals
- CYP mental health professionals

The information shared includes contact details for immediate support for young people and their parents/carers, useful digital tools, self-guided apps, guidance for professionals, and links to suicide prevention training.

<https://derbyandderbyshireemotionalhealthandwellbeing.uk/parent-carer/resources>

12.7 Self-management games

Through Build Sound Minds (Action for Children) we have experience of using digital therapeutic interventions in the form of a game app, Lumi Nova for childhood anxiety providing evidence-based psychoeducation and exposure therapy (active ingredients of cognitive behavioural therapy). Our learning is that as with any digital intervention or service, it took a

fair amount of support for staff to understand the process and how to manage the cases using this technology, however once this was established, Lumi Nova was a positive intervention to offer with between 20-40 young people a quarter using it through the Build Sound Minds service alone.

Using Lumi Nova does require guidance from staff to support the parent and offer regular check-ins with the parent/ young person whilst engaging with usage and health outcomes data provided remotely in real-time. Positive engagement was seen and most young people were reporting a decrease in anxiety and increase in their ability to meet their goals.

However, after a year, referrals to Build Sound Minds were becoming more complex, and although BfB labs the digital provider tried to accommodate with new areas for the therapeutic game to support with, our YP needed more specialist therapeutic support than Lumi Nova could offer.

Partners in Derbyshire remain open to exploring the use of therapeutic digital interventions in the form of 'games' and to find their best fit in the graduated pathway, be it at the earliest point of difficulties emerging, or getting access to support before the 'front door' and preventing difficulties from escalating in severity and complexity.

12.8 Better communication between services through digitally enabled pathways

There is a Derbyshire digital plan which seeks to enable all mental health staff to be able to easily input, access and modify the information they need, at the point of need, via an electronic healthcare record in mental health systems and across physical health records and primary care to support assessment and formulation, care planning including access to crisis care plans clinical monitoring – including the collection of physical and therapeutic observations and follow up interventions transfers of care medicines management and optimisation the routine collection of outcome measures and feedback on clients in real time and for supervisions.

During 2021/22 DHCFT CAMHS moved its electronic patient records onto SystemONE, enabling the sharing of the summary care record between primary care and mental health services and the sharing of tasks between providers, making joined up, integrated care and the bringing together of physical and mental health information at patient level. The transition to SystemONE included the clinical review of all data processes and data flows to rationalise and improve patient safety and care. CRHFT CAMHS have been using SystemONE for some time, all NHS providers are now on SystemONE and can see records, share templates etc

Where voluntary sector providers have information sharing agreements in place and where VCSE workers are based in DHCFT Multi-Disciplinary Teams, they have read only access to mental health information in real time enabling them to plan and deliver care for example children's call handlers triaging calls in to the 24/7 mental health helpline and support service.

12.9 Using data to inform how services are set up to meet population health needs and improve services

There are a number of national and local dashboards available or in development which enable managers to better understand the health needs of the Derby and Derbyshire population. By understanding the local needs resources can be directed to the areas that need them most.

Derbyshire CYPMH Referrals and Access dashboard (produced by North East Commissioning Support Unit)

This dashboard uses the data which all our NHS funded CYP mental health providers upload to the national system. The dashboard uses the referral and access information to show the numbers of children receiving mental health support in different services and in different areas of Derbyshire.

JUCD CYP Mental Health Dashboard - Paediatric Unit data (produced by CRHFT). This dashboard shows the profile of CYP with mental health only presentations at Chesterfield Royal Hospital Foundation Trust (CRHFT) and University Hospital Derby and Burton Foundation Trust (UHDBFT). This enables managers to see weekly data on a number of indicators including attendances at Childrens emergency departments, admissions to paediatric units, admissions by diagnosis, length of stay. This helps managers to understand the pressures in the system and monitor the flow of children moving back into the community.

CAMHS Specialist inpatient dashboard (Tier 4) work is underway to develop a 'live' CYP identifiable information available for key clinicians across the pathway to be able to see where our CYP are waiting for specialist inpatient beds, the CYP who are in specialist beds and those young people ready for discharge.

An additional function we are seeking is to have local up to date specialist bed trend information available for strategic review and decision making. This dashboard will be used in conjunction with the national All Age Urgent and Emergency Care Pathway Pressures dashboard to identify where Derbyshire should focus attention for improving pathways.

12.10 Every child receiving mental health care will be given the option to access their care through digitally enabled pathways by 23/24

Locally providers have started to explore ways for CYP can access their care though digitally managed pathways, secure online chats, and having access to their own health records, they have found that GDPR is complex and needs to be accounted for. There are also difficulties in terms of CYP changing telephone numbers etc. Key to progressing this is understanding what IT access our CYP / families want and how they want it and how it would be helpful to them.

In Derbyshire we are developing our offer of personalised and inclusive care through digitally enabled pathways. This includes a range of self-management apps, digital consultations and digitally enabled models of care. See section 2 above for the range of services

We will continue to explore the expansion of our digital offer through the use of more digital online platforms to assess, see and treat children as well as the use of digital for sharing information and connecting people together.

12.11 2022/23 plan

- To further explore the use of digitally enabled models of care to increase accessibility through digital models, being mindful of feedback from our CYP which has been clear that the majority prefer face to face for one to one interventions for therapy.
- Embed our digital universal service Kooth, within pathways
- The Derby and Derbyshire Emotional Health and Wellbeing Website will continue to develop as the one stop resource for local CYP mental health information, advice, support and training.
- To further explore the use of digital therapeutic games with CYP
- Explore greater use of social media to support access and information Tik/Tok/Facebook/Instagram

CHAPTER 13

HEALTH AND JUSTICE

13.1 Needs Assessment

Locally the Youth Offending Services (YOS) 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 YOS 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 YOS in August 2022 there are 96 cases open to the YOS 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 YOS 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 YOS 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 YOS 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 YOS Psychologists and wellbeing workers can evidence that BAME CYP access their services in the expected percentages given the populations figures in the YOS.

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

The City YOS 2021-22 Strategic Intelligence assessment outlined that of the cases open to the YOS 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 YOS 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 YOS.

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 YOS (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 YOS 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.
YOS CAMHS	This service delivers in a 'Child First' ethos and aims to support CYP who are in the care of YOS, 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 YOS also

	support the wider YOS 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	<p>The Youth Wellbeing Workers also support young people open to the YOS. These workers deliver in a child first ethos with the focus on:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>The Youth Wellbeing Workers also support CYP post order.</p>

The three services hold regular Multi-Disciplinary Team (MDT) meetings to ensure that CYP at the YOS 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 YOS 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)	CAMHS YOS (excludes consultations)
	<i>Note this is from City and South only as North post was vacant</i>	
79	64	<p>4 to 5 cases open at any one time - North</p> <p>33 referrals South and City in 15 months</p>

However, CYP at the YOS 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 YOS 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 YOS 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 YOS 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 YOS 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 YOS 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 YOS and broader Children's Social Care via consultations and attendance at multi-agency meetings.

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

13.2 Evidence of Progress from the Previous Years Plan

During the past 12 months we have:-

- Secured long term funding for the psychologist role in the YOS
- Secured extended funding for the wellbeing workers in the YOS
- Liaison and Diversion are in final stages of a review which includes speech and language provision
- Evidence of the impacts via quarterly performance reports relating to CYPMH delivery
- YOS staff have continued to be upskilled and supported via training and consultation support relating to ACES, LD and ASD

13.3 Conclusions

Overall, we have a comprehensive offer to support CYP emotional and mental health at the YOS, but we also know that we need to improve on the join up of our strategies, link up better with our early intervention and targeted support mental health services so that children at the YOS are thought of in a more equal and inclusive way. We also need to understand more about the reasons behind children with vulnerabilities (for example ASD) entering YOS, this would allow us to deliver better prevention and early intervention services.

13.4 Priorities

- Ensure that children at the YOS are considered in all system delivery in an inclusive and equal way
- Ensure there is join up between the different health strategies by working in partnership
- 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.
- Update the CAMHS and psychology service specifications which include clear outcomes and inequality data sets
- Continue the upskilling of staff through training in ACES, LD and ASD at YOS
- Review of health commissioned Mental Health pathways with the inclusion of Glossop into the Derby and Derbyshire ICS
- Implement the recommendations related mental health from the recent HMIP inspection and Cordis bright needs assessment (unreleased)
- 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
- Improve the access to early intervention and targeted support services
- Seek to improve the alignment of physical and mental health

CHAPTER 14

CHILDREN IN CARE

14.1 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 \(phe.org.uk\)](http://Public%20health%20profiles%20-%20OHID%20(phe.org.uk)))

Table 14 Derby City and Derbyshire County Public Health Profiles Children in Care

Indicator	Period	Derby		Region England				England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Children in care	2021	↑	642	108	64	67	210		24	
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	–	111	65.0	35.9	34.9	115.5		0.0	
Percentage of looked after children whose emotional wellbeing is a cause for concern	2020/21	→	134	42.3%	40.8%	36.8%	60.0%		17.5%	
Looked after children aged 10-15	2021	→	242	119.0	71.2	76.9*	243.3		21.6	

Indicator	Period	Derbyshire		Region England				England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Children in care	2021	↑	899	58	64	67	210		24	
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	–	149	36.6	35.9	34.9	115.5		0.0	
Percentage of looked after children whose emotional wellbeing is a cause for concern	2020/21	→	216	53.7%	40.8%	36.8%	60.0%		17.5%	
Looked after children aged 10-15	2021	↑	332	61.6	71.2	76.9*	243.3		21.6	

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.

Table 14a 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 2020⁴, 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

14.2 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 **Derbyshire Emotional Health and Wellbeing Service for Children in Care (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.

In 2021/22 the service completed a total of 1,853 appointments of which:

- 334 consultations to Derby City and Council staff
- 195 other consultations
- 539 direct therapeutic intervention appointments
- 973 systemic interventions
- 116 sessions of reflective practice
- As of May 2022 there was a waiting list of 14 children for direct therapy

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.

Table 14b 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).

14.3 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.

14.4 Evidence of Progress from the Previous Years Plan

In the past year we have;

- Begun to define and promote the wider emotional and mental health pathway offer available to children in care, families and carers.
- Establish robust pathways between DECC and other services to better integrate DECC within the Derby and Derbyshire system.
- Continued to develop the local support offer to placements, aiming to keep Derbyshire children in area.
- Ensured the wider workforce and foster carers have been supported to support CIC via consultation from DECC.

14.5 Priorities

- Conclude all elements of the Children in Care Review (needs assessment / gap analysis / expert clinical input / options appraisal / recommendations).
- Conclude the Children in Care / Leaving Care pathway guidance for practitioners / foster carers etc.
- Increase the support to care leavers from the Derbyshire Emotional Health and Wellbeing Service for Children in Care (for example reflective practice consultations / group work etc) which will increase the reach of trauma informed practice.
- Improve our understanding regarding inequalities.

APPENDICES

Appendix A 2022/23 Priority areas

CHILDREN AND YOUNG PEOPLES MENTAL HEALTH TRANSFORMATION PLAN SUMMARY

Chapter no.	Chapter	Priorities	What we plan to do during 2022/23
3.	Understanding Local Need and Advancing Health	<ul style="list-style-type: none"> To embed our understanding of our population diversity and risks at all levels of decision making 	To continue to use this data to inform our decisions locally
6.	Improving Access To Services And Outcomes	<ul style="list-style-type: none"> 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 To achieve the new national access target for young adults (18 to 25) Continue to improve data submissions to MHSDS, with a particular focus on protected characteristics and paired outcomes To develop a Reliable Outcome Measure (ROMS) dashboard to drive local delivery, demonstrate impact and inform service development and improvement going forward. 	<ul style="list-style-type: none"> We aim to build on our success and exceed our local target of 12,272 clinical contacts. We will continue to grow the Derbyshire offer, increasing our reach to CYP through expansion of MHSTs in schools and colleges through successive waves of implementation and expansion of crisis and intensive support teams 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 We will use these insights to shape and steer the system towards greater inclusivity, meaningful reach and accessibility 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 Ensure all services are monitoring and sharing their data on protected characteristics

7.	Young Adults	<ul style="list-style-type: none"> • Provide a good quality service for young adults that gives meaningful support and removes the cliff edge of care • Better support our CYP to transition from CAMHS services to adult pathways / community support • Improved support to parents of young adults during transition periods • Improve our approach to co-production and development of full participation of young adults, CYP and families in service design, planning and evaluation • Improve the skills and competencies of the workforce to meet young adults needs effectively 	<ul style="list-style-type: none"> • 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 • Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safeguarding concerns, developmentally younger than their age via the new Young Adult Service and Living Well Services • 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 • 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 • DECC will increase the number of care leavers that have support DECC in 22/23
8.	Urgent And Emergency (Crisis) Mental Health Care For Children And Young People	<ul style="list-style-type: none"> • For there to be “no wrong door” so that CYP can easily access 'risk support' when they need it 24/7. • To deliver multi-agency wrap around care for our CYP and their families/carers; building support around our CYP to maintain key relationships and positive networks. • 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). 	<ul style="list-style-type: none"> • To continue to improve CYP access to the 24/7 helpline and support service, seeking to establish an online / text chat option • To continue to recruit to and expand the Crisis assessment/ urgent care and IHT Teams in order to provide 24/7 access • Increase the alignment of the Crisis and Urgent Care Pathway with the Eating Disorder pathway • To enhance our step up / step down pathway with specialist CAMHS inpatient units, to further reduce length of stay and support CYP within Derbyshire where ever possible • 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 • Continue to ensure that developments focus on CYP from the protected characteristic groups or those considered vulnerable we will ensure this

			<p>will reach out to CYP with Learning Disability, and Autism, those from BAME and LGBTQ+ communities, and young carers</p> <ul style="list-style-type: none"> • Improve collaborative approaches to developing sufficiency in the market for accommodation and packages of care to support our most complex CYP • To have robust Expert by Experience involvement in the coproduction of the step up / step down and crisis pathways • To establish one robust tier 4 CAMHS data set through a live dashboard which clinicians can use and which has the ability to track trends for strategic monitoring • 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. This will support the reprofiling of inpatient expenditure into community-based care as well as a pathway data dashboard
9	Eating Disorders	<ul style="list-style-type: none"> • For specialist and community providers to work together in a more joined up way to deliver effective, evidence-based care and support to better meet rising demand. • 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) • Improve and expand support for children and young people with eating disorders in the community, offering earlier interventions 	<ul style="list-style-type: none"> • Build on investments to increase staffing capacity in the wake of the pandemic by continuing to develop our integrated crisis and urgent care model • 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. • 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. • 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.

			<ul style="list-style-type: none"> • Continue to provide paediatric inpatient support for ED, including with specialist ED play therapy. • 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 • 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. • 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.
10.	Targeted Early Intervention Including Working In Education Settings (MHSTs)	<ul style="list-style-type: none"> • 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 • Ensure schools have the knowledge and skills to support their pupils mental health needs • Expand on the whole school / healthy schools approach to increase population health reach 	<ul style="list-style-type: none"> • 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 • Prepare for wave 10 of MHST including choosing Centres of Excellence • Integrate Glossop into wave 10 MHST and Build Sound Minds delivery • Review waves 2 and 4 MHST to understand what improvements can be made • Finalise the Mental Health for Education Setting Guidance Document and circulate • Deliver trauma informed approaches training to schools • 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 • Continue to analyse our approached to understand how we can meet the needs of CYP with specific needs • Monitor the impact of post covid and the cost of living crisis and work in partnership to support CYP and their families • Continue to work in partnership with schools on all aspects of emotional support, wellbeing, and mental health • Continue progress to meet the long term plan ambition for MHST

			<ul style="list-style-type: none"> • Develop a detailed local framework for MHST to further address inequalities • Integrate Glossop into wave 10 MHST and Build Sound Minds delivery • Expend on the whole school / healthy schools approach to increase population health reach taking into account the findings from understanding depression / anxiety better • Look at how we can increase the number of males accessing information and help • Continue to improve our reach to BAME CYP • Continue to monitor our information relating to LGBTQ+ populations and use intelligently to deliver better services • Continue to improve our reach and support to CYP who have a disability or are neuro diverse • We need to understand more about the categories of depression / anxiety for CYP and links to physical health
11.	Early Intervention In Psychosis (EIP)	To continue developing the service in line with evidence based best practice.	<ul style="list-style-type: none"> • In the South, we will implement peer support workers following success of the North model. • To support and lead implementation in the South the ambition is to increase occupational therapy hours in the team • We will access additional Meridan Behavioural Family Therapy Training for Case Managers to increase the family intervention offer for service users and their families. • We will scope additional funding opportunities to further support link work and joint training opportunities between EIP and CAMHS • We will work together to further improve audit scores and move towards Level 4 compliance • We will implement a new assessment team and protocol to improve efficiency and support greater performance against access and waiting time standard • 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

			<ul style="list-style-type: none"> • We will use this training and secured funding to implement a new At-Risk Mental State (ARMS) care pathway • We will work with schools, colleges and approach Mental Health Support Teams (MHSTs) to facilitate psychosis education sessions • New appointed Occupational Therapy and Youth and Community Worker posts will support increased access to training and education opportunities for young people • We will continue to support and develop new and established Peer Support Workers in their roles.
12.	CYPMH Digitally Enabled Care Pathways	<ul style="list-style-type: none"> • To continue to embrace the Derbyshire digital strategy in line with the Long term Plan • Build upon work to date to further develop digitally-enabled pathways for children, young people and those aged 18-25 	<ul style="list-style-type: none"> • To further explore the use of digitally enabled models of care to increase accessibility through digital models, being mindful of feedback from our CYP which has been clear that the majority prefer face to face for one-to-one interventions for therapy. • Embed our digital universal service Kooth, within pathways • The Derby and Derbyshire Emotional Health and Wellbeing Website will continue to develop as the one stop resource for local CYP mental health information, advice, support and training. • To further explore the use of digital therapeutic games with CYP • Explore greater use of social media to support access and information Tik/Tok/Facebook/Instagram
13.	Health and Justice	<ul style="list-style-type: none"> • Ensure that children at the YOS are considered in all system delivery in an inclusive and equal way • Review of health commissioned Mental Health pathways with the inclusion of Glossop into ICS 	<ul style="list-style-type: none"> • Ensure there is join up between the different health strategies by working in partnership • 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. • Update the CAMHS and psychology service specifications which include clear outcomes and inequality data sets • Continue the upskilling of staff through training in ACES, LD and ASD at YOS • Implement the recommendations related the mental health from the recent HMIP inspection and Cordis bright needs assessment (unreleased)

			<ul style="list-style-type: none"> • 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 • Improve the access to early intervention and targeted support services • Seek to improve the alignment of physical and mental health
14.	Children in Care	<ul style="list-style-type: none"> • Meet the needs of children in care 	<ul style="list-style-type: none"> • Conclude all elements of the Children in Care Review group (needs assessment / gap analysis / expert clinical input / options appraisal / recommendations) • Conclude the Children in Care / Leaving Care pathway guidance for practitioners / foster carers etc • Increase the support to care leavers from the Derbyshire Emotional Health and Wellbeing Service for Children in Care (for example reflective practice consultations / group work etc) which will increase the reach of trauma informed practice • Improve our understanding regarding inequalities

Appendix B What we have already achieved during Future in Mind (2015-2020)

- **Engagement with Children and Young People, Parents and Carers:** We have worked with Citizen Researchers from MH2K, Parent Carers Forums, utilised provider engagement networks and completed surveys to seek the views of CYP, parents and carers in all of our developments ensuring that their feedback drives the approaches we have taken to service commissioning and delivery.
- **Graduated CYP mental health pathway:** We have broadened our emotional health and wellbeing offer to support CYP at earlier opportunities, to support emotional awareness and build strategies to support wellbeing and good mental health. We have invested in targeted early intervention services and universally accessible support through Kooth digital and the Derby and Derbyshire Emotional Health and Wellbeing Website.
- **Innovation and Best Practice:** Innovative digital offers include Kooth, which all CYP and young adults (YA) can access up to their 26th birthday. The offer is for all CYP in Derby and Derbyshire and includes children in the care of Derby City Council and in the care of Derbyshire County Council living in other local authority areas, and young people with Special Educational Needs and/or Disabilities (SEND).
- **The Thrive model:** Is widely accepted by partners and stakeholders as the way of working across our emotional wellbeing and mental health CYP services.
- **Data:** We have a robust upload from all our providers to the Mental Health Services Dataset. Local data collection is specified in each of the contracts with commissioned providers, including activity, referrals made/accepted, waiting times, and numbers of CYP in treatment.
- **Age Range:** NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) has brought together the Children's Team, with Adult Mental Health Team and the Learning Disabilities & Autism /Transforming Care Programme Team, into one directorate, which has facilitated development of an all-age personalised approach to mental health and wellbeing.
- **Alignment with other strategies:** The Long Term Plan requirements is aligned with other strategies and members of the CYP Mental Health Delivery Group are represented on both the County and City Youth Offending Boards, on the Children, Families, Learners Board, on the Corporate Parenting Board and on the Special Educational Needs and Disabilities (SEND) Boards for both County and City.

Appendix C - Progress and learning during the Pandemic and Covid-19 Recovery

2020/21 has been a year like no other for our children, young people, young adults, their parents and carers and our workforce. The pandemic has seen unprecedented disruptions to education, social connections and routine with many CYP receiving education from home during Lockdowns due to schools limiting attendance or closing, then as education recommenced CYP were placed in education 'bubbles' to support social distancing. This upheaval has affected all CYP differently. Impacts include family and social relationships, economic factors with parents furloughed or facing changes to employment, and environmental factors such as limited access to privacy or suitable workspaces. Combinations of these and other factors have shaken the emotional and mental wellbeing of many people.

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. CAMHS services rapidly prioritised their cases using a Red, Amber, Green or 'RAG' rating scale to ensure that those CYP with the highest needs were prioritised for interventions and support, continuing to receive face to face treatment as indicated and with all CYP on the caseload receiving regular check in calls. The waiting list was also reviewed by CAMHS Specialist Community Advisers to ensure CYP safety and to review the most appropriate service to be offered across the pathway. Our targeted early interventions services, along with local Voluntary Community Social Enterprise (VCSE), came together to offer counselling and Cognitive Behaviour Therapy (CBT) support available through a Targeted Intervention Community Triage (TICT). The CCG commissioned an uplift to targeted early intervention capacity through the VCSE between April and September 2021. The CAMHS Specialist Community Advisers have been a crucial point of contact for professionals across localities and schools supporting them to access support for their CYP and make referrals to the most appropriate services.

The Emotional Health & Wellbeing website was launched ahead of schedule as a response to the Covid pandemic. The service provision was included on the landing page which provided information to all service users on the services available to them. This tile has evolved as the pandemic has continued and the information is updated in line with local demands. The Emotional Health & Wellbeing website is 2A compliant and has the 'Recite me' functionality to allow ease of access and inclusivity for all service users. The website includes campaigns and awareness of inclusivity, signposting to local and national resources and sites.

Our communications campaign was enhanced through the commissioning of graphics for use in leaflets, web posts and social media. Information about the Derbyshire CYP wellbeing and mental health offer has been repeatedly shared through various channels including JUCD, local authorities, education and providers.

A Strategic Coordinator role was put in place, as part of the initial temporary Covid response, to facilitate complex CYP discharges. This person conversed at a senior, strategic and system level, to challenge agencies and partners to find routes to locate complex CYP the right care (these CYP were either at risk of admission or in paediatric units awaiting discharge), this post was valued across the system and seen as highly successful. Derbyshire has subsequently recruited a full time CYP Complex Case Strategic Coordinator for 12 months to continue and develop this role and to drive transformational system change by supporting implementation of agreed strategies through delivery of multi-agency care planning for complex cases.

During April/May 2020 referrals to all services dropped considerably. This was a concern as there was a feeling that those in need were not being highlighted or helped to access services. However, as the year progressed, there have been surges in referrals with services across the graduated pathway, feeding back that they are seeing increases in both the numbers and the complexity of cases.

Unfortunately, due to prioritisation of services, some cohorts of CYP did not receive the offer that they had done pre-pandemic; for example, CYP under the care of the City Youth Offending Service (YOS), this was due to a re-call of staff to a central south CAMHS hub that was created to provide care to CYP in most need. During this time, YOS referrals were directed to CAMHS where they were triaged alongside other referrals. As part of the recovery process, CAMHS nurses are now back delivering in YOS settings.

Overall services have coped exceptionally well during this unprecedented year but all report that this has been extra-ordinarily challenging and continues to be so. The blended approach, using a combination of digital online and face to face appointments to see CYP, has demonstrated some 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 likely to continue going forward using an individualised approach as this becomes part of our 'new normal'.

Governance and monitoring reporting were stepped down during the pandemic to aid providers to focus on priorities and service escalation. However, the stepped down data monitoring is likely to impact on future planning as the data is not there to use and the evidence base has been weakened.

Table D Governance for the Derbyshire CYPMH Transformation Plan

The Refreshed plan has progressed through the following governance:

		Meeting date	Reason
1	CYPMH Community & Crisis Delivery group	4th Oct	Group members to review, particularly focusing on the sections relevant to them, to ensure accuracy and add relevant detail
2	MH., LD&A CYP System Delivery Board	6th Oct	To raise with senior system leaders to ensure they know to link in with their representatives at the C&C Delivery Group and JUCDCB regarding plan sign off. For assurance that progress is on track and publication deadline will be met.
3	JUCD Children Board	21st Oct	To seek support from Senior Childrens Leads and partners and sign off the plan
4	City H&WBB	After publication	For information and awareness
5	County H&WBB	After publication	For information and awareness

KLOE 2.4 Whole system working asks *"Have the following relevant partners been involved in developing and delivering the refreshed plan for 2022/23, including information about system roles and responsibilities:"*

All the projects within the 2022/23 plan have previously been signed off through JUCD Childrens Board and taken to MH, LD&A, CYP SD Board with regular updates via highlight reports.

Table 2 lists the roles stipulated in KLOE 2.4 and indicates the groups and boards these people attend. Childrens leaders were requested to review the document and / or liaise with their respective representatives at the Delivery Group to be assured of the documents content. The deadline for feedback was 21st October when it was then taken to JUCDC Board. The final document was then updated ready for sign off by Andy Smith prior to publication.

Role & responsibility	Who	Board person attends 1 = C&C group 2= MH,LDA,CYP SDB 3= JUCDC
ICS Childrens SRO	Andy Smith Strategic Director People Services	Chair JUCDC 2 & 3
ICB CYPMH lead	Zara Jones Exec Director of Strategy and Planning (via Mick Burrows Director MH, LD&A, CYP)	2
H&WBB nominated CYP lead city	Andy Smith Strategic Director People Services	2 & 3
H&WBB nominated CYP lead county	Ali Nobel Director Children's Services (Early Help and Safeguarding) / Carol Cammiss Executive Director Childrens Services	3
Director Children services city	Andy Smith Strategic Director People Services	2 & 3
Director Children services county	Ali Nobel Director Children's Services (Early Help and Safeguarding) / Carol	3

	Cammiss Executive Director Childrens Services	
Director PH city	Siobhan Horsley CYP lead (Robyn Dewis DPH)	3
Director PH county	James Creaghan MH lead Helene Denness CYP lead (Ellie Houlston DPH)	1 & 2 3
Multi-agency safeguarding lead	Michelina Racioppi Assistant Director for Safeguarding Children DDICB	3
Education leads City	Pauline Anderson Service Director- Learning, Inclusion and Skills People Services Directorate Paula Nightingale Assistant Director Children's Strategic Commissioning	3
Education lead County	Helen Wallace Strategic Lead for Inclusion Support Services Schools and Learning	? 3
Specialised Commissioning	Charlotte Tyler Senior Commissioning Manager Alison Kemp Deputy Director MH, LD&A, Specialised Commissioning Richard Ford Transformation & Assurance Lead NHSE&I	2
Health & Justice	Heather Miller Health and Justice Commissioning and Transformation Manager H&J NHSE&I	
Transforming care Partnerships	Faye Rice Managing Director, Delivery, Performance & Transformation DHCFT	1 & 2
Physical health & primary care	Eilise Brogan - GP CYP Clinical Lead Jonathon Higginbotham - GP CYP Clinical Lead Marie Crowley – Sr Commissioning Manager DDICB JUCDC members	3 3
Local Participation groups for CYP and parents	Various – evidenced for individual projects within relevant chapters	
VCSE partners	Amanda Taylor Operational Director Children's Services England Action for Children Martin Stanier VCSE Strategic Engagement Programme Manager Jodie Cooke Mental Health Policy Officer, Erewash Voluntary Action	1 2 & 3, invited to 1 1 & 2
Health Visitors / school nurses	tbc	Reps at 3
CAMHS Tier 4 Provider Collaborative	Charlotte Tyler Simon Harris Director of New Care Models Adam Barrow north Derbyshire rep Hayley Darn south Derbyshire rep	1&3 3

[Appendix E Thrive Model for CAMHS \(Anna Freud Centre and Tavistock and Portman NHS, 2014\)](#)



Getting Advice: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Getting Help: This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of NICE guidance but also where it was less clear which NICE guidance would guide practice.

Getting More Help: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision.

Getting Risk Support: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, or who self-harm, or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.