

Children and Young People's Mental Health TRANSFORMATION PLAN REFRESH 2023



Joined Up Care
Derbyshire



INTRODUCTION

We have made some great progress in delivering our plans for the transformation of Children and Young People's mental health since we published our last plan in October 2022 but we still have lots more to do. This updated plan sets out our refreshed priorities and plans for 2023 and beyond, for full context please refer to our more detailed 2022 plan.

Together with our partners we continue to improve our collaborative offer so that children and young people are able to access emotional and mental health support when they need it most. Additionally, you will notice a golden thread throughout our plan to better understand and address health inequalities through coproduction and data intelligence.

Our work will be overseen by the Children and Young People's Delivery Board which is now firmly embedded in Derby and Derbyshire's Integrated care system with a clear purpose to enable all children and young people to be healthy and resilient and, if support is needed, enables them to plan their care with people who work together, allowing them to achieve the outcomes that are important to them.

We are excited to be taking our plans forward and will continue to strive towards our vision to ensure that:

'Children and Young People are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support, enabling self-help, recovery and wellbeing' - **Derbyshire and Derby City Future in Mind Local Transformation Plan 2019**

Nicola Smith

Assistant Director Children's Strategic Commissioning and Deputy Chair of the CYP Delivery Board.

NHS Derby and Derbyshire Integrated Care Board

Joined Up Care Derbyshire

October 2023



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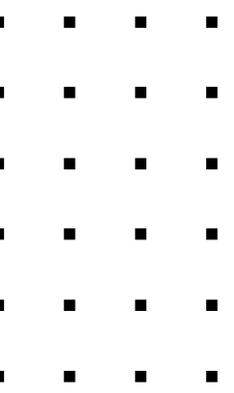
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The following chapters are a refresh of our 2022 **Transformation Plan** which can be accessed [here](#).

The refresh is accompanied by **full appendices** which can be [downloaded here](#) and are referenced throughout.

Each chapter considers:

- What we planned to do,
- Where we have got to and
- Where we want to be in the next 3 years



PARTICIPATION AND CO-PRODUCTION DURING 2022/23

CONTEXT

Evidence shows that the most effective services are co-produced with the people who use them

VISION

A 'System Participation Approach' is being developed with all partners to ensure CYP parents and carers insights feed into system transformation and that opportunities for coproduction are established. (see next slide)

DEFINITIONS

Participation is where children, young people and parents actively feedback on their experience to influence service improvements.

Co-production is a way of working in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

Please see Appendix 2.1 for additional information.



PARTICIPATION AND CO-PRODUCTION DURING 2022/23

WHAT WE HAVE DONE IN 2022/23

Co-production has been at the heart of our transformation work.

- MH2K citizen researchers sought views directly from children and young people through focus groups, workshops and surveys .
- Derbyshire Parent Carer Voice conducted a survey with parents and carers of children with Special Educational Needs and Disabilities (SEND)
- Healthwatch
- My Life, My View's emotional health and wellbeing survey completed through schools
- Hearing the voice of children and young people within the Integrated Care System (ICS) mapping of participation contacts for professionals.

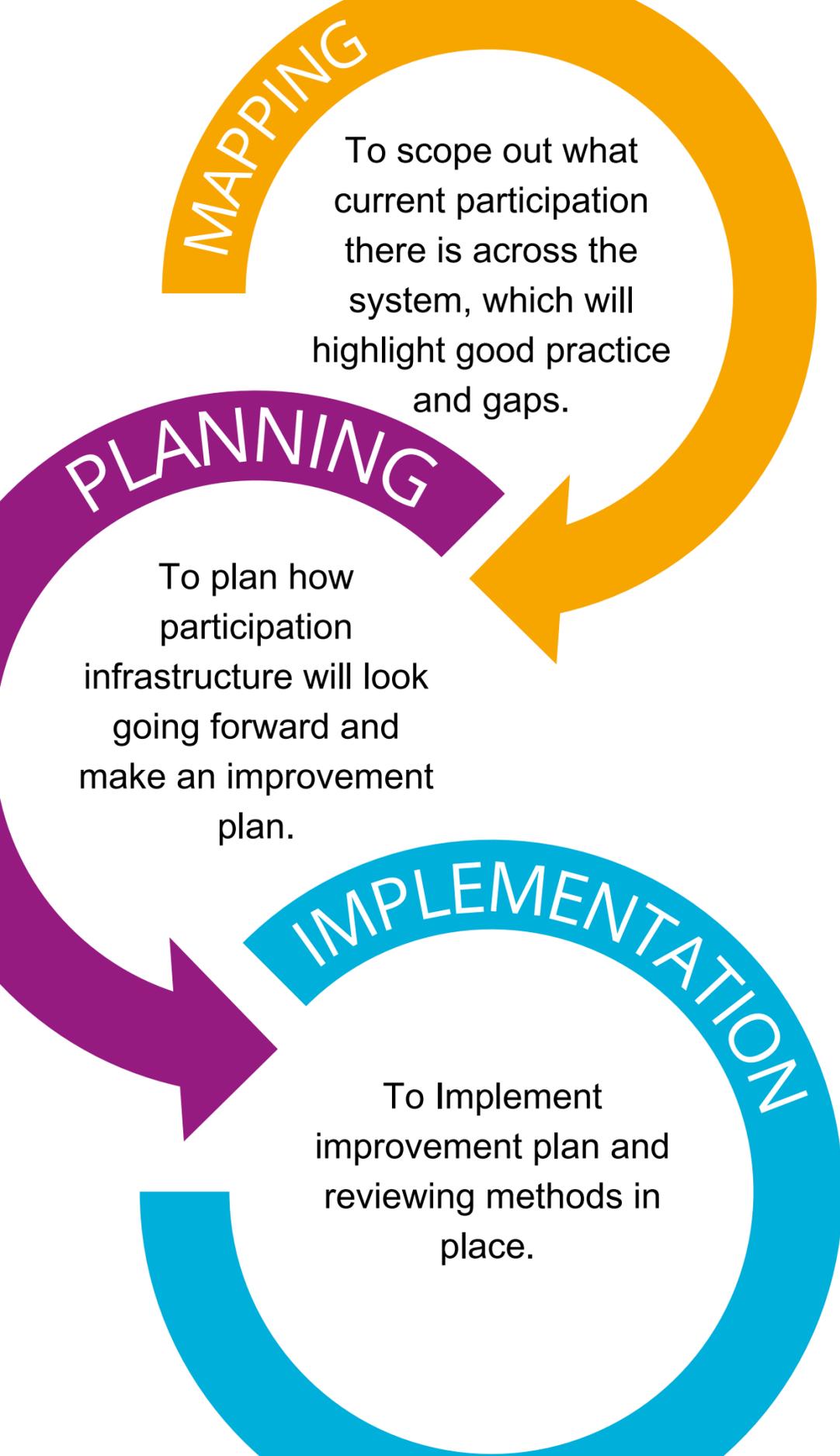
Please see Appendix 2.1 for more information and examples of how participation and engagement has underpinned this

2023 INSIGHTS AND FEEDBACK THEMES

1. Parents and carers feel unsupported
2. Unacceptable waiting times for mental health services.
3. More access to community activities to build confidence and social contacts.
4. More mental health training for staff.
5. Better mental health support for CYP with other health conditions.
6. Health inequalities impacts the emotional and mental health of CYP.

WHERE WE WANT TO BE BY 2026

1. Parents and carers feel supported
2. CYP can access the right care at the right time, however when they do have to wait they feel supported.
3. CYP can access community activities which support positive emotional health.
4. Good training opportunities available.
5. To better understand the emotional needs of CYP with other health conditions. ■ ■ ■
6. To have a proactive offer which addresses health inequalities. ■ ■ ■



SYSTEM PARTICIPATION APPROACH GOING FORWARD

This approach aims to put a long term participation infrastructure in place to look at all different methods of patient and public involvement including:

Patient experiences | Patient and public partners | Co-production

This will ensure patients are at the heart of decision making, build long term relationship and trust within communities and improve strategic co-production methods.

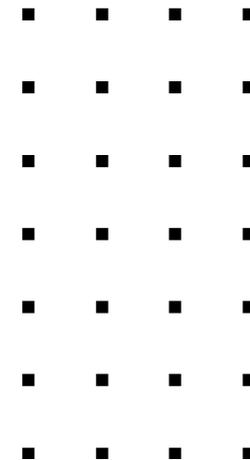
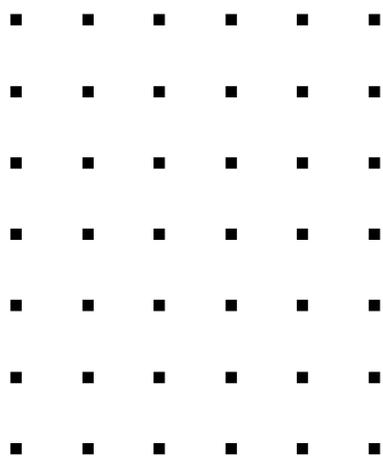
Area	Action
Mapping – Patients experiences (PET)	Scoping out current patient experience routes with stakeholders
Mapping – Patient and public partners (PPP) involvement	Scoping out current patient involvement with current meetings, boards and workstreams
Opportunities to involve – PET	Develop pathways with service providers, Healthwatch's and community groups to feed in patient experiences
Opportunities to involve –PET	To establish responsibly for Patient experiences and how impact would be reviewed
Opportunities to involve – PPP involvement	Identifying current workstreams, boards or meetings could benefit for patient and public involvement
Opportunities to involve – PPP involvement	Development of what role would be, what impact it has etc
Opportunities to involve -Are they any co-production opportunities	Identify co-production opportunities
Opportunities to involve -Are they any co-production opportunities	Develop a co-production pathways so future opportunities have a clear process to following

WHOLE SYSTEM WORKING

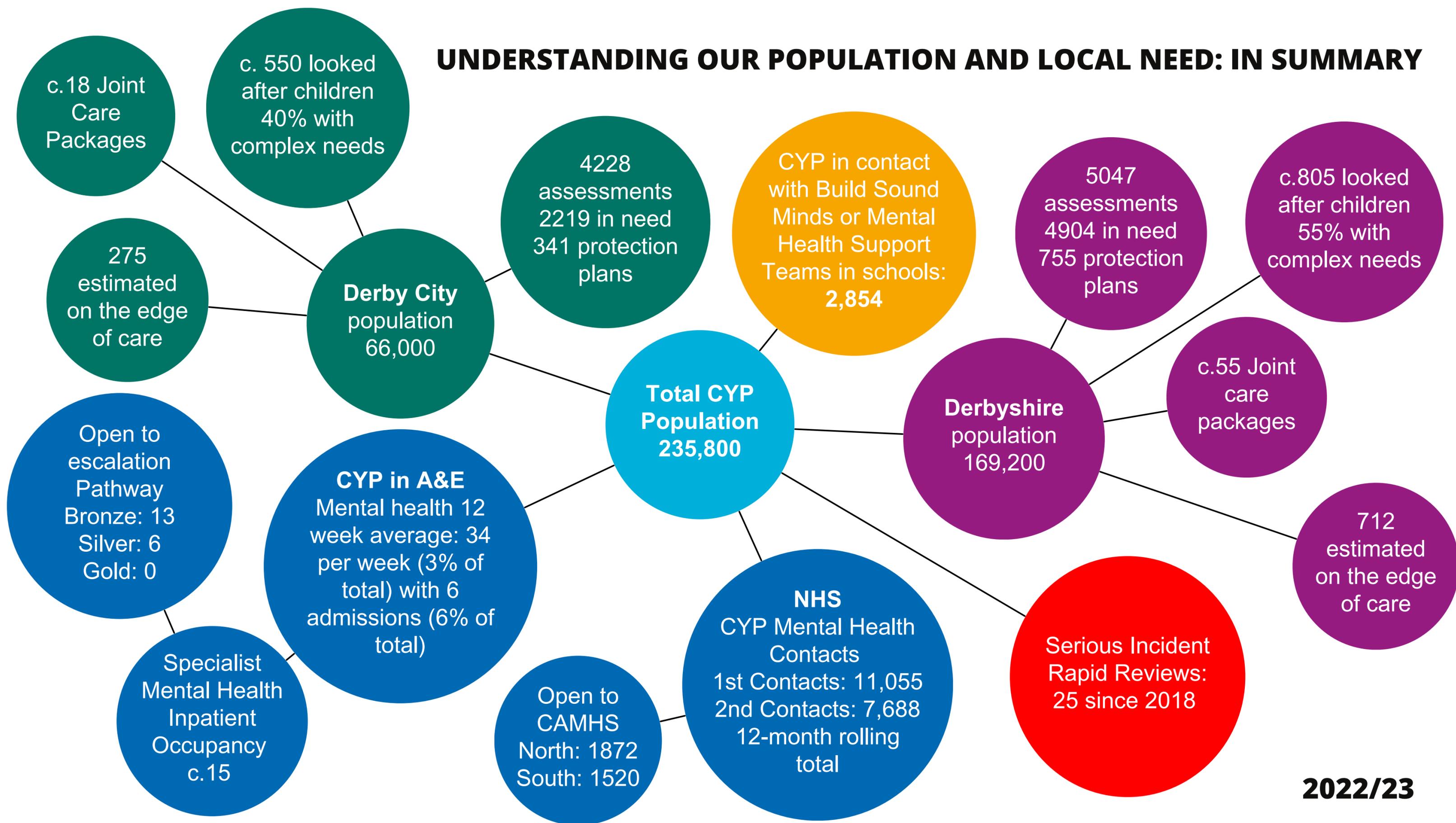
To deliver our vision for Children and Young People we recognise that the NHS cannot deliver change on its own.

Aligned to the **Derby and Derbyshire NHS' Five Year Plan** 2023/24 to 2027/28 we aspire to seamless support across education, social care and health needs, which we recognise is key to children and young people thriving.

We link through our system governance across the ICS, SEND, Safeguarding and other areas to achieve this, ensuring clear scope and thresholds, and avoiding gaps or duplication



UNDERSTANDING OUR POPULATION AND LOCAL NEED: IN SUMMARY



UNDERSTANDING LOCAL NEED – MENTAL HEALTH NEEDS

5,600 were likely experiencing stress, anxiety and depression 8,000 were likely to have had conduct disorders such as ADHD

In 2017 there were an estimated 13,000 school-aged children and young people with a mental health problem in Derby and Derbyshire

In 2022, Children with a diagnosable mental health problem has risen to one in six.

Depression and anxiety is also on the rise in 16 - 24 year olds

In a survey of local 13 – 15 years olds ([My Life, My View, 2022](#)) 35% said they felt depressed or hopeless at some point in the previous two weeks.

33% said feeling worried, sad or upset stops them doing or enjoying things

15% said this makes it hard to do or enjoy anything

Up to 36% of those with a learning disability are likely to have a mental health problem

Close to 45% of children in care are expected to have a mental health problem

Children and young people seeking support for an eating disorder has risen by around 37% since the Covid-19 pandemic

The most common reason for referrals to a our local early intervention and targeted support services is anxiety, at 24%.



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REDUCING HEALTH INEQUALITIES: IMPROVING ACCESS TO SERVICES AND OUTCOMES

CONTEXT

Emotional wellbeing can be influenced by a range of individual, familial, social and environmental factors that can impact on CYP throughout their development. We know that CYP from different backgrounds are likely to experience mental health and mental services differently and therefore different considerations and approaches may be needed to support the diverse communities of Derby and Derbyshire. See [previous plan](#) for a detailed needs assessment.

DERBYSHIRE VISION

We will seek to understand and tackle inequalities to improve outcomes, experience, and access for diverse and seldom heard groups.

We will deliver the CYP Core 20+5 national ambition locally.

Appendix 5.1 shows our regional and local priorities.

OUR PRIORITIES

To embed our understanding of our population diversity and risks at all levels of decision making.

To work with system partners to share understanding and information in a mutually supportive view.

To continue to use this data to inform our decisions locally

REDUCING HEALTH INEQUALITIES: IMPROVING ACCESS TO SERVICES AND OUTCOMES

IMPROVING ACCESS

Nationally, ethnic minority patients are less likely to be referred by a GP for psychological and talking therapies than white patients.

Local young people tell us that some services could appear more welcoming to them, for example, by changing the images and language they use. Some young males tell us they don't like use of hearts and rainbows. Youth-led citizen researchers, [MH:2K](#), found that "academic language and formal language are inaccessible".

Citizen Researchers found that the biggest self-reported barriers to accessing support were: culture (43%), meeting requirements (35%), hidden disabilities (24%) and language (19%).

IMPROVING OUTCOMES

Nationally, evidence shows that people from ethnic minority backgrounds received less and worse mental health care and/or poorer access to services.

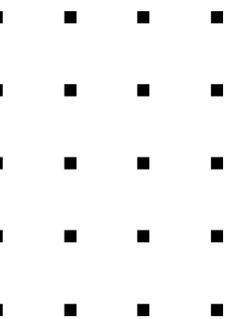
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IMPROVING EXPERIENCES

Citizen Researchers' highlighted the different preferences of demographics and underserved groups. One method will not effectively reach all groups.

We are **working together** with all mental health service providers, **engaging young people from diverse backgrounds**, and improving our **data collection**.

For details on how services are working to reduce health inequalities see **Appendix 5.2**



GROWING A SKILLED AND EXPERIENCED WORKFORCE

CONTEXT

Our aim is to strengthen our understanding and knowledge of the totality of our children and young people's workforce, ensuring that we truly reflect the system wide view of the CYP Mental Health workforce.

Increasing the diversity of our workforce: we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities

Our services will be led compassionately by leaders who place the quality of care at the heart of what they do, who respect and empower people to achieve this together.

OUR VISION

We will have a Joined Up Integrated and Dynamic Children and Young People's Workforce Plan- using the best intelligence and analysis.

Our strategy

- To develop our overarching CYPMH narrative plan which will inform the Integrated Care Boards 'One workforce' strategy and support new models of care: **See Appendix 6.1**
- To increase engagement between partners to undertake workforce planning and development activities
- To improve the skills and knowledge of all CYP professionals to have an improved awareness of CYP wellbeing and mental health, this includes training on Adverse Childhood Experiences (ACES) and trauma informed approaches, making CYP wellbeing and mental health 'everyone's business'.

CHILDREN & YOUNG PEOPLE'S (CYP) MENTAL HEALTH WORKFORCE

PROGRESS DURING 2022/23

- Indicative workforce growth to deliver the CYP mental health Long Term Plan transformation ambitions highlights an additional 71 whole time equivalent (WTE) staff by 2024
- Workforce plan developed in March 2023 describing services, workforce challenges and workforce development options: **please see Appendix 6.2**
- Chesterfield Royal Hospital Foundation Trust (CRHFT) Child and Adolescent Mental Health Services have created and led an innovative recruit to train programme where practitioners have developed expertise over 12 months to become Band 6 Practitioners. The scheme has been taken up regionally and Derbyshire Healthcare Foundation Trust have recruited a cohort.
- Investment in CYP MH services have seen recruitment within our Private, Voluntary and Independent (PVI) sectors providers inclusive of the Education Mental Health Practitioners (EMHPs) and Childrens Wellbeing Practitioners (CWP) roles, with further trainees recruited in 2023/24
- Recruitment to CYP Additonal Roles Reimbursement Scheme posts have not progressed and we are now looking into alternative plans for improving integration with primary care.
- Recruitment challenge as neighbouring ICS's have campaigns to attract this workforce
- Workforce analyst commenced in March 2023, to assist in data collation and refinement for us to better understand the characteristics of our workforce profile

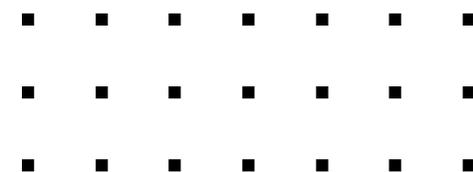
PLANS FOR 2023 ONWARDS

- 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

For more information **see Appendix 6.3**



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IMPROVING ACCESS TO OUR SERVICES

CONTEXT

In line with the [NHS Long Term Plan](#), we have committed to invest and grow mental health services for children and young people (CYP). Our key priorities are to improve access to services, improve CYP experience of services and improve outcomes for those who use these services.

We have 100% coverage of early intervention and targeted support in Derby and Derbyshire with Mental Health Support Teams and Build Sound Minds. We also have a robust digital offer via Kooth and the 24/7 Helpline. There are Child and Adolescent Mental Health Services (CAMHS). In addition there are specialist services, for example eating disorder, early intervention in psychosis and support to CYP under the remit of youth offending services.

Our universal 5-19 year's service offer works in partnership with the services mentioned above to support early detection, intervention and prevention to young people in schools. **See Appendix 7.2**

TARGETS

NHSE have set a target of 14,431 CYP across Derby and Derbyshire to receive one or more contacts by an NHS funded service by March 2024; including 6,583 CYP supported by Mental Health Support Teams (MHST). Our local target is that 2,500 CYP will be seen by Build Sound Minds targeted early intervention service.

LOCAL NEEDS

Across Derby and Derbyshire more than 26,000 CYP have a probable mental health disorder.

Children's mental health services have long waits for routine appointments and this impacts on our ability to improve access. **Please see [2022 TP](#) chapter 4 p31 and chapter 6 p44.**

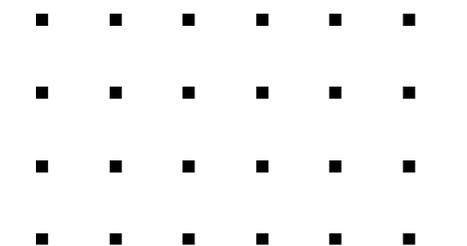
In April 2023 we fell short of our NHSE 'one or more contacts' target, with only 10,535 CYP recorded. Our deep dive into access targets identifies a number of interdependent challenges for the system which we need to address with regards to access and waiting times. **Please see Appendices 7.1 and 7.2**

Young people told us that school and colleges play an important role in accessing mental health support. They recommended that services:

- Provide success stories and motivational messages from young people.
- Increase awareness through social media platforms – increase early intervention by understanding how to reach young people
- Provide more versatility (e.g. a range of 1:1, group support, befriending support) because young people have diverse needs.
- Increase accessibility and lower waiting times by understanding the range of barriers to access support.



IMPROVING ACCESS TO OUR SERVICES



WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

Many of the chapters in our plan contribute to improving access: see sections on **Urgent Care, Eating Disorders, MHSTs, Learning Disability and Autism, Health Equalities, Young Adults.**

- Use insights from improved data quality and availability to drive our strategic aims, plan services and improve access for CYP from minority groups with a particular focus on increasing access for males, black and ethnic minority groups and CYP with a disability or who are neurodivergent.
- Finalise the Mental Health for Education Setting Guidance Document and circulate.
- Continue to increase the reach of CYPMH services, and also reduce waiting times.

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023)

The [Derby and Derbyshire Emotional Wellbeing and Mental Health website](#) has been reviewed by MH2K citizen researchers, is regularly updated to provide information and support about the local offer and includes links to national resources. The local services are set out here: **Please see Appendix 7.3 for more detail on our local offer**

Organisations delivering mental health services, in partnership with experts by experience, have developed an action plan to increase access and improve the experience of CYP.

The Mental Health Education Pathway document is completed and available [here](#).

'Waiting well' initiatives are being trialled to find the best ways to support CYP, parents and carers whilst CYP await treatment.

Pathway events have taken place where staff from different mental health services have come together to make recommendations on how services can work better together and improve processes. **Please see Appendix 7.4** for more information.

IMPROVING ACCESS: WHERE WE WANT TO BE

VISION

The NHSE Long Term Plan is clear in its ambition that by 2028/29 every child or young person who needs a service to address their mental health and emotional wellbeing will have access to appropriate provision.

We aspire to have a 'no wrong door' and seamless pathway approach to meeting CYP mental health needs as part of our graduated pathway and to improve on our current access target for all CYP. We aspire to the THRIVE model

PARTICIPATION & COPRODUCTION

South Derbyshire CAMHS have employed Experts by Experience to inform and support service developments; and support CYP and parents accessing the service.

Public Health have started a Health Needs Assessment (HNA) or a deep dive into the data, experiences, and services for deaf people, and for black people. These two groups are impacted by mental health illness in different ways than other people in the population. As a system, all partners would like to understand why this is and how changes can be made to services to reduce this difference.

CYP MH service providers and experts by experience meet regularly to discuss identified trends using data and how to improve access and outcomes for CYP who are likely to experience health inequalities. This has resulted in a whole system action plan been developed.

Transparency: evidencing impact and using data to inform service development

Our top priority in 2023/4 is to improve access to NHS commissioned services. To do this the whole pathway needs to be examined (**See Appendix 7.1**), including how CYP enter the system, how long they stay on a waiting list, their experience, length of treatment and how they discharge.

That the data from all providers is accurate, robust and being counted on the national Mental Health Services Data Set. More males and more black and ethnic minority CYP accessing emotional and mental health support.

IMPROVING ACCESS: WHERE WE WANT TO BE

PLANS FOR 2023 ONWARDS

Our intention is to meet the 2023/24 NHSE target set for Derbyshire of 14,431 'one or more' contacts.

During 2023/24 we are planning further investments to increase capacity, particularly within core CAMHS. This aims to increase flow and access across the pathway.

When CYP do have to wait for treatment, all services will have a waiting well approach which offers CYP, parents and carers information, support and advice.

Ongoing improvement planning between services with the aim of creating a seamless system, with all services delivered within the Thrive Framework (see [here](#) for an explanation).

Working with partners, including public health colleagues, we will continue to use data to improve our intelligence about access for CYP and reduce health inequalities e.g. for minority groups, CYP with Special Educational Needs and Disabilities

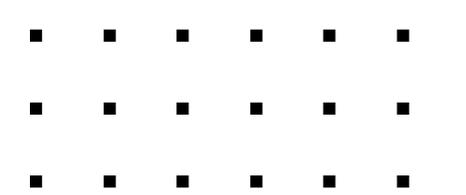
Deliver the Boys and Young Men / Black and Ethnic Minority Action Plan to improve our reach to these two groups which we know are under represented.

Further build our comprehensive 0-25 years offer, with seamless transitions for young adults.

For more information about our priorities and updates on the progress we have made **see Appendix 7.2**

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YOUNG ADULTS



CONTEXT

Young adults historically faced a 'cliff edge' of care. This is due to historical and cultural differences between children and young people and adult services.

NATIONAL HEALTH SERVICE PLAN

The National Health Service plan requires services to improve their response to young adults mental health. There are no specific recommendations regarding a delivery model for young adults but there is a request that co-morbidities are included, for example neurodiversity. Please see **Appendix 8.2** for more detail.

Three cohorts are highlighted;

- 1) Children and young people who transition from children and young people's mental health services and are accepted by adult mental health services
- 2) YP who do not meet the criteria for adult mental health services but have continuing needs and require care
- 3) YP presenting for the first time (including those with pre-existing need but not previously seen by children and young people mental health services)

TARGETS

National – an additional 351 young adults receiving care by March 2024

Local - 200 young adults seen by services by June 2024

LOCAL NEED

In June 2021 we were told that 150 children and young people were held in Child and Adolescent Mental Health Services past their 18th birthday due to no appropriate discharge routes (**Appendix 8.1**)

In a year there has been a 79% increase in calls to the 24/7 Mental Health Helpline and Support Service Crisis Helpline (21/22 1,840 / 22/23 3,300), and over 400% increase to Derby Safe Haven (21/22 39 / 22/23 201).

There are young people aged 16.5 upwards on Child and Adolescent Mental Health Services waiting lists who will not receive a service from Child and Adolescent Mental Health Services prior to their 18th birthday due to long waiting times.

YOUNG ADULTS

WHAT CHILDREN AND YOUNG PEOPLE, PARENTS AND STAKEHOLDERS TOLD US

Our children and young people citizen researchers identified this 'transition' into adulthood services as a difficult time for children and young people *'We feel there should be more support for those making transitions, such as a period of overlap'*.

Child and Adolescent Mental Health Services have told us they worry about children and young people they discharge back to their General Practitioner when they do not meet adult mental health services thresholds

Both Child and Adolescent Mental Health Services and young adults have said they are 'very pleased' with the Young Adults Service pilot

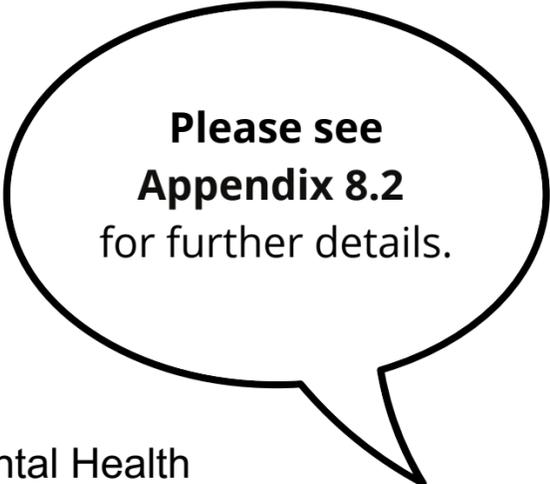
The South Child and Adolescent Mental Health Services Expert by Experience has been a fundamental part of the planning. Meeting young adults needs better. Stakeholders agree that, without this element, the impact would have been much smaller

WHAT WE SAID WE WOULD DO 22/23 DELIVERABLES

- Provide a good quality service for young adults that gives meaningful support and removes the cliff edge of care
- Better support for vulnerable young people 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
- Improved support to parents of young adults during transition periods
- Improve our approach to co-production and development of full participation of young adults, children and young people and families in service design, planning and evaluation
- Improve the skills and competencies of the workforce to meet young adults needs effectively

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023

- We have set up a new pilot service called The Young Adults Service which prioritises three groups of young adults
- Developed a training plan
- Funded experts by experience and support to parents
- Had co-production in all elements of the young adults work
- Brought together three key mental health services, Adult Mental Health Services, Child and Adolescent Mental Health Services and Voluntary and Community Sector provider who have designed, planned and evaluated all aspects of the Young Adults Service



**Please see
Appendix 8.2
for further details.**

YOUNG ADULTS: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

Data was collected prior to implementation which indicated that the Young adults service prioritises the following:

- Better support our children and young people to transition from Child and Adolescent Mental Health Services services to adult pathways / community support
- Support young adults with MH difficulties known to children and young people mental health services who do not meet adult service criteria
- Better support vulnerable young people as they move into adulthood i.e. socially vulnerable, safe guarding concerns, developmentally younger than their age
- Better support young people who are at higher risk of MH issues as they move to adult hood i.e. those with ASD, those who have been through Youth Justice Services and young adult's experiencing gender dysphoria
- The Young Adults Service has been implemented under a Plan, Do, Study, Act approach and co produced with Child and Adolescent Mental Health Services and Adult Mental health services, Experts by experience and the voluntary and community sector. There have been regular meetings to understand requirements.
- A detailed evaluation is currently taking place, the evaluation is currently in draft format but indications are that the service has been successful, the cliff edge of care has been removed and access for young adults has been improved

VISION

Our vision is to meet the needs of young adults and remove the cliff edge of care at age 18

We are aiming to be a national example of good practice with regards to our approach to supporting young adults

In 2023 the ICB will be asked to consider the outcomes of the evaluation and whether or not to mainstream funding for the service. **Please see Appendix 8.3**

PARTICIPATION / COPRODUCTION

Co-production has been strong throughout this workstream and been embedded from the start. For example:

- Expert by Experience included in governance and operational planning
- Expert by Experience involved in developing job specifications and recruitment
- Expert by Experience acts as a conduit collecting others view of service planning, development and outcomes
- Funding has been allocated to Expert by Experience within this workstream
- Expert by Experience has assisted in developing presentations and webinars relating to this workstream

PLANS FOR 2023 ONWARDS

- Secure funding for YAS to mainstream
- Continue to share our approach regionally and nationally as an example of best practice
- Deliver the training plan for working with young adults to improve the skills in our workforce

Please also see Appendix 8.2

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MENTAL HEALTH IN SCHOOLS TEAMS

CONTEXT

Our MHST is embedded into our graduated approach to CYP mental health and are placed in areas where high needs identified via school data and local data.

Within DDICB footprint we have 100% coverage of early intervention and targeted support services, this includes both MHST and Build Sound Minds. BSM deliver where MHST are not currently present. MHST presence is aligned to national roll out. In addition we have Specialist Community Advisors from CAMHS and Kooth (digital support) who both work across the whole pathway but also in early intervention and targeted support (please see Appendix 9.1 for the graduated response pathway)

TARGETS

Minimum additional CYP in contact by MHST by end of 2023/4 - 6,583.

Our local Build Sound Minds Service has a target of contacting and supporting 2,500 CYP per year.

We are working to reduce average waiting times and lists. We await national steer on the required target.

LOCAL NEED

Evidence suggests that, on average, 1 in 10 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.

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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. In Derby City for example the rates of children living in absolute or relative low income are higher than England average. Hospital admissions for children as a result of self harm and mental health conditions are better than the England average (see **Appendix 9.2**).

Public Health data indicates Derby and Derbyshire is an outlier nationally for the % of pupils with Social, Emotional and Mental Health needs and this is identified as 1 of the 5 clinical priorities of the NHS LTP and a regional indicator in the Core20+5 inequalities data. Please see the needs assessment in **Appendix 9.3** for more details.

Our waiting times and waiting lists for CAMHS, Early Intervention and Targeted Support Services are high, and whilst this is not aligned to an NHSE standard we are addressing this.

MENTAL HEALTH IN SCHOOLS TEAMS

WHAT CYP, PARENTS AND STAKEHOLDERS TOLD US

MH2K, citizen researches have listened to their peers and presented to commissioners their findings and recommended the following:

- Clear communication and guidance
- Support through online clubs
- Initiatives to tackle loneliness
- Safe spaces and one to one support

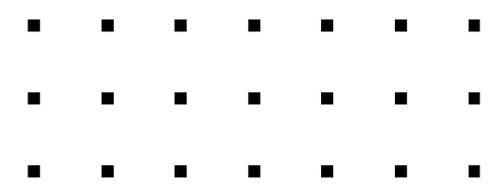


WHAT WE SAID WE WOULD DO 22/23 DELIVERABLES

- Embed the new model / specification of MHST into the service system
- Mobilise wave 8 of MHST and establish wave 8 Centres of Excellence
- Prepare for wave 10 of MHST including choosing Centres of Excellence
- Integrate Glossop into wave 10 MHST and Build Sound Minds delivery
- Expand on the whole school/healthy schools approach to increase population health reach
- Finalise the Mental Health for Education Setting Guidance Document and circulate

WHAT WE HAVE DONE PROGRESS AGAINST DELIVERABLES 2015-2023

- We have implemented waves 2, 4 & 8 and are planning for wave 10 and transferring Glossop into our MHST model
- Increased reach of Whole School Approach (WSA)
- Produced the Mental Health for Education Settings for Education settings [document](#)
- We have increased access to early intervention and targeted support services in Derby and Derbyshire, every locality has access to these services.



WHERE WE WANT TO BE IN THE NEXT 3 YEARS

TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

We have continued to improve our reach to CYP and their families via Build Sound Minds, Changing Lives MHST, Kooth and Specialist Community Advisors. This is evidenced by our local and Mental Health Minimum Dataset (MHMDS) intelligence. There are quarterly performance meetings with Kooth, Build Sound Minds and Changing Lives which allows for an understanding of service intelligence and performance in meeting targets.

PARTICIPATION / COPRODUCTION

Our early intervention and targeted support services ensure they take into account CYP views in delivering services. **Please see Appendix 9.5** for the MHST Engagement and Participation Strategy and **Appendix 9.6** for Build Sound Minds example of participation and feedback.

CAMHS South Services have excellent and robust co-production elements in their services employing both parents and young adults as experts by experience who undertake a multitude of tasks, feedback sessions and involvement projects which strengthens the ability of CAMHS to meet needs.

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VISION

Our vision is to have 100% coverage of early intervention and targeted support services to CYP across the DDICB footprint via our two early intervention and targeted support services. That there are seamless pathways between all our NHS commissioned services so that young people get the right support and the right time.

PLANS FOR 2023 ONWARDS

Complete the review of early intervention and targeted support services as part of our overall offer and commission a service to meet the needs of CYP who are not covered by an MHST.

Review of MHST Centres of Excellence waves 2 and 4 in Autumn 2023.

Rollout wave 10 and complete Glossop transition into our ICS.

Work across the system to increase access, reduce waiting times and improve outcomes for CYP (understand the detail around depression and anxiety) including a keen focus on Early Intervention and Targeted Support Services, which are locally identified as Changing Lives – Mental Health Support Team, Build Sound Minds and Kooth. **See Appendix 9.7**

CHILDREN IN CARE: FOCUS ON CHILDREN WITH COMPLEX NEEDS

CONTEXT

Children in Care (CIC)* have access to all mental health services as any other child does, but due to their specific needs we have also commissioned a specialist service - **The Derby and Derbyshire Emotional Health and Wellbeing Service for Children in Care (DECC)**. This is a trauma informed service, commissioned by the two local authorities and the ICB.

Please see the below DECC leaflets for additional information:

- Information for Care Leavers – **Appendix 10.1**
- Information for CYP – **Appendix 10.2**
- Foster Carer Attachment group – **Appendix 10.3**
- Additional information – **Appendix 10.4**

*please see **Appendix 10.5** for explanation of the term children in care.

This year we have also given a focus to improving the experience of children in care with the most complex needs. We are addressing the system issues in finding the required enhanced placements and packages of support which can be difficult to source and maintain.

LOCAL NEED

Children in care generally have greater mental health needs than other children and 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).

The number of children in care is increasing. For Derby City (June 2023) the number of children in care per 10k population was 107 (under 18) and is higher than the latest available England average (70 per 10k – 2021/22), while in Derbyshire County (68 per 10k – June 2023), despite the increasing trend, it remains lower than both the latest national and statistical neighbour averages (71 per 10k – 2021/22).

Please see **Appendix 10.6** and **Appendix 10.7**.



CHILDREN IN CARE: FOCUS ON CHILDREN WITH COMPLEX NEEDS

WHAT CYP, PARENTS, STAKEHOLDERS TOLD US

Care Leavers tell us that responses to their health and mental health are not always consistent and that the age of transition is a worry (**please see Appendix 10.8**). During co-production exercises about placements for CYP with complex needs, young people told us:

“Being placed in an area they aren’t familiar with isn’t good.” “Exposed to some distressing incidents in hospital. Not much support around that.” “The social aspects to recovery are so important not just the medical perspective.”

WHAT WE SAID WE WOULD DO 22/23 DELIVERABLES

- 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

See **Appendix 10.5** for further details.

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023)

- Review complete for DECC from the Children in Care Review Group
- Work is ongoing for the CIC pathway guidance
- Support to care leavers from DECC has increased
- Derbyshire County Council are seeking to employ a band 7 nurse via the migration fund for UASC / after care
- Derby City have employed a Trauma Informed Navigator predominantly to support Unaccompanied Asylum seeking Children (UASC) and former UASC Care Leavers
- Work started to explore alternative therapy/direct work with UASC to support their emotional needs
- Children in Care Joint Strategic Development group established with multi-agency sign up to principles to improving our placement offer
- Approach agreed to enhancing therapeutic input to specialist health D2N2 beds for CYP with complex needs

CHILDREN IN CARE: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

We use local data to understand how we are meeting CIC needs. The DECC Service has quarterly meetings with commissioners to understand how needs are being met. Data and escalation processes tell us that unfortunately, some children in care with complex needs are having poor outcomes leading to placement breakdown. Additionally placements for some of these children and young people care can be extremely expensive and is not best value for money. Derby and Derbyshire Local Authorities alongside Derby and Derbyshire Integrated Care Board (DDICB) have committed to establish an improved local provision. There is an increase in the number of Unaccompanied Asylum Seeking Children (UASC) who have specific emotional, trauma and mental health needs which require specialist skills and support.

VISION

Children in care (CIC) and care leavers are able to access a responsive graduated offer, including mainstream support and specialist intervention, which meets their emotional and mental health needs.

Our ambition is for children in care with complex health, social care and education needs to feel safe and supported. To have the vulnerable child in the centre, listen to the voice of the child, and wrap around integrated services, including provision of local accommodation and improved outcomes.

PARTICIPATION / COPRODUCTION

There are a number of ways in which children in care and care leavers are consulted in Derby and Derbyshire, there are various groups with children who are in care or who are leaving care are full participants.

DECC ensure that they consult their client group regarding the offer from the service.

We will involve the Children in Care Council and Care Leavers forums (or equivalent) in both Derby City and Derbyshire

We will listen, hear and act upon the lived experience of Children in Care and those Care Experienced to shape service delivery

PLANS FOR 2023 ONWARDS (SEE APPENDIX 10.5)

To improve communications to partners / placement providers about the support available to CYP and staff

Continue to meet the needs of CIC through our graduated approach to mental health and particularly through the specialist services provided by DECC.

To enhance our multi-agency therapeutic parenting model to support children in care with complex needs, initially specifically for CYP utilising the 'D2N2 specialist beds'.

To upskill placement provider staff and multi-disciplinary staff in therapeutic skills through training opportunities and support.

To enhance support for placement providers when CYP are moving from Specialist Child Adolescent Mental Health Services (CAMHS) inpatient admission (step up) or discharge (step down).

Support delivery of the care lever action plan (**please see Appendix 10.9**)

URGENT AND EMERGENCY CARE/CRISIS RESPONSE



**Please see
Appendix 11.1
for further details.**

CONTEXT / NHS PLAN

24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions. With a joined up approach across agencies.

WHAT WE WANT TO ACHIEVE

1. Less children move into crisis episodes.
2. More CYP attending the Childrens emergency departments are assessed and supported.
3. CYP receive care closer to home and in the community.

HOW WE WILL KNOW WE HAVE ACHIEVED THIS

1. Reduction in the % of children attending Childrens Emergency Departments who are admitted to a paediatric unit for a mental health admission
2. CYP assessed with urgent mental health needs receive brief interventions within 72hrs
3. Shorter length of stays & less readmissions to paediatric units and specialist CAMHS inpatient beds.

LOCAL NEEDS FOR CHILDREN AND YOUNG PEOPLE

Children and young people (CYP) with mental health needs under 18 years attending Royal Derby Hospital:

- On average CYP mental health attendances to Childrens Emergency Departments (CED) have increased. In 2020/21 the average attendances per month was 82, in 2021/22 130 then in 2022/23 123.
- On average, CYP mental health admissions each month to the paediatric wards has reduced. In 2020/21 the average admissions per month was 27, in 2021/22 22 then in 2022/23 17.

CYP with mental health needs under 16 years attending Chesterfield Royal Hospital:

- On average CYP mental health attendances to Childrens Emergency Departments (CED) in 2022/23 returned to the same level as 2020/21. In 2020/21 the average attendances per month was 34, in 2021/22 41 then in 2022/23 34.
- On average, CYP mental health admissions each month to the paediatric wards has started to reduce. In 2020/21 the average admissions per month was 18, in 2021/22 18, then in 2022/23 13.

During 2022/23 we have seen the number of new admissions to Specialist Child Adolescent Mental Health (CAMHS) inpatient beds fall to lower than the pre-pandemic numbers, this was 43 CYP in 2019/20 and 29 in 2022/23.

URGENT AND EMERGENCY CARE/CRISIS RESPONSE

WHAT CYP, PARENTS, STAKEHOLDERS TOLD US

‘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.’ (page 58 [2022 Transformation Plan](#))

WHAT WE HAVE DONE IN 22/23

- Listened to CYP who tell us they want a text option to access support in a crisis and researched options
- Expanded our Urgent Care Teams to 7 days 8am to 11pm with staff trained to meet the specific needs of CYP and their carers/families.
- Expanded our Intensive Home Treatment Teams to cover 7 days across all of Derbyshire
- Developed a 7 day Intensive Day offer to enhance ‘wrap around care’ in the home or placement, or by attending a day facility.
- Expanded our Escalation team and strengthened our multi-agency processes to support CYP with multiple complex needs, enabling better coordination of care including with placement providers.
- Developed a ‘Live Dashboard’ with south CAMHS to show their CYP in inpatient beds.
- Equality, Diversity and Inclusion Lead recruited to support CAMHS north to continue the work around inclusion and engagement.
- Public Health, in collaboration with the voluntary sector and multiagency partners, launched a new All Age Derbyshire Suicide Prevention Strategic Framework 2022-25 in the summer 2022
- Specialist mental health posts recruited to on paediatric units.

WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

- Improve access to support via 24/7 online / text chat / crisis alternatives
- Expand our Urgent Care Teams from Monday to Friday 9 to 5pm to 24/7
- To develop 7 day Intensive Home Treatment Teams
- To develop 7 day Intensive Day resource for to support CYP requiring risk support
- To support staff access to information through a ‘Live dashboard’ for CYP waiting or admitted to CAMHS inpatient beds
- Improve support to placements
- Better coordination of care for CYP ‘at risk’ and in complex situations
- Improve the experience of children with mental health presentations on paediatric units

For more detail of progress towards 22/23 deliverables see **Appendix 11.2** and page 53 of the **2022 Transformation Plan**

URGENT AND EMERGENCY CARE / CRISIS RESPONSE: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

USING DATA AND INTELLIGENCE TO INFORM FUTURE DEVELOPMENTS

The average number of calls to the 24/7 Helpline and support service is low for CYP compared to adults, research and CYP feedback has suggested that many CYP do not like telephone-based support lines so we are looking into a text based option. A comprehensive review of demand for crisis assessment overnight has informed our 24/7 offer – with CAMHS Urgent care working 8am to 11pm and on call psychiatry covering overnight. Although the number of new admissions in South Derbyshire has reduced, the length of stay in Specialist CAMHS inpatient beds has increased, with complexity, disordered eating and challenges with finding suitable social care placements given as the reasons.

- We have seen an increase in the number of CYP with autism admitted to specialist CAMHS inpatient beds. We are rolling out our Learning Disability and Autism keyworker offer to support these CYP.
- The proportion of CYP admitted to Specialist CAMHS Eating Disorder Units has increased with these admissions being for CYP with complex eating difficulties, we are developing a pathway and training for staff to better support these CYP.
- Derby City and Derbyshire County Local Authorities and health are working together to improve the amount of placements for CYP with complex needs, and sure up multi-agency support for these CYP and their carers.

PARTICIPATION / COPRODUCTION

Across the Urgent care pathway we are committed to seeking the expert views and the involvement of CYP with lived experience, their families and carers to ensure our developments align to local need and experience. For example CAMHS North are establishing their service user engagement with a view to ensuring Experts by Experience are involved throughout the service including the crisis pathways. Leads on service user involvement have been recruited within the service and they are actively seeking patient/carers feedback.

KEY PLANS FOR 2023 ONWARDS

- To have a 24/7 messaging or text chat facility for CYP to seek support in a time of crisis
- To improve our urgent care offer to CYP with complex eating difficulties, and their families and carers.
- To scope and consider crisis alternatives / safe spaces for CYP to access support in times of distress and risk and to reduce CED attendances
- New Mental health Champions in paediatric units to lead a review and implementation of recommendations against the CYPMH framework in acute settings.
- To improve communications to CYP, parents and carers regarding where crisis support can be accessed when they need it.

VISION

- 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).



EATING DISORDERS

A GRADUATED OFFER

For ages 5+, our local, graduated eating disorder pathway comprises of:

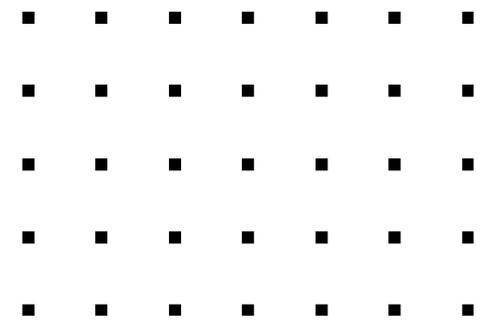
Early Intervention and Prevention Services – Delivered county wide by First Steps ED



Specialist Community Eating Disorder Services (CEDS) – Delivered by CAMHS ED North (Chesterfield) and South (Derby).



Specialist Inpatient Eating Disorder Unit Facilities across East Midlands Region.



LOCAL NEED

Following the Covid-19 pandemic, children and young people accessing support for an eating disorder remain at an all time high. In 2022, referrals to specialist community services had risen by **37%** with the teams treating more patients than ever before. The urgent nature and severity of cases has also increased, with children and young people accessing support later and being more unwell than before. Cases are more varied than they used to be, with a recognised need for those with wider disordered eating, Avoidant Restrictive Food Intake Disorder (ARFID) and others who do not fit within commonly known diagnoses.

WHAT YOUNG PEOPLE, PARENTS AND CARERS TOLD US

In 2022/23, we procured a refreshed and expanded early intervention and prevention service. We engaged directly with young people, their family and carers around what they felt was needed, particularly around improving access, experience and outcomes. Feedback directly informed the shape of the service model. You can find out what people said [HERE](#)

THE NHS PLAN

To boost investment in Children and Young People's Eating Disorder Services to achieve and maintain the access and wait time target by, and beyond, 2021- that **95% of urgent referrals start treatment within one week and 95% of routine referrals within four.**

EATING DISORDERS: WHAT WE PLANNED TO DO AND WHERE WE HAVE GOT TO

WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

- Increase and build on investments in staffing, post-pandemic.
- Develop the integrated crisis and urgent care model.
- Improve urgent care for CYP with eating disorders through CEDS intensive outreach and home treatment.
- Expand eating disorder services availability to 7 days a week.
- Address access inequalities by analysing prevalence data.
- Achieve the access and wait time standard by March 2023.
- Continue providing paediatric inpatient support, including specialist ED play therapy.
- Progress the ARFID pathway and funded clinical training.
- Establish written agreement CEDS and primary care for consistent medical monitoring for CYP with eating disorders.
- Collaborate with East Midlands CAMHS Provider Collaborative to improve outcomes and care integration for CYP.

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023)

- Expanded the provision of a refreshed early intervention and prevention service to see more CYP, earlier in their recovery journey.
- Secured substantive specialist ED Nurse roles and play specialists to provide better paediatric unit care.
- Invested transformation funds to expand eating disorder specialism into the developing crisis and urgent care model
- Achieved the access and wait time standard by March 2023
- Engaged with system partners to outline proposals for an ARFID and disordered eating pathway
- Explored options for a Local Enhanced Service proposal for medical monitoring in primary care
- Established a monthly ED Pathway Group to collaboratively develop the graduated response.

See Appendix 12.1 for more information

EATING DISORDERS: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

See Appendix 12.1 for more information

TRANSPARENCY, DATA AND IMPACT

Both the volume and severity of cases had an impact on specialist community waiting times through 2021/22. To address this, the specialist eating disorder teams revised processes, team structures and recruitment strategies to recover and maintain the access and wait time standard for urgent and routine referrals. By March 2023, the standard was recovered with 100% of urgent cases seen within one week and 100% of routine seen within four. Teams are working to maintain this going forwards

Previous investment used to recruit and integrate with the crisis and urgent care services allowed specialist teams to begin seeing children and young people intensively at a new day service in the south and in their own homes in the north. As a result, since January 2023, we have seen a significant reduction in children and young people with Anorexia Nervosa needing specialist inpatient admission.

Looking forwards, we continue to develop an offer for those with Avoidant Restrictive Food Intake Disorder (ARFID), wider disordered eating and others that do not fall within more commonly understood diagnoses. There is a recognised need for this group, who often require input and expertise that lie outside of common eating disorder treatment models.

VISION

By 2026, Derby and Derbyshire will have an eating disorder pathway fully inclusive of children and young people with eating disorders, disordered eating and wider eating difficulties.

Built on milestones achieved so far, it will be a seamless system of support and transitions, where every child and young person can quickly access the right kind of help at the right time, supporting a range of needs, preventing escalation and facilitating long term recovery in the community.

PARTICIPATION / COPRODUCTION

We recognise and uphold the value of participation in eating disorder services, to ensure they align to local need and experience.

In the early intervention and prevention service, there is a strong ethos of co-production and ongoing involvement of experts by experience.

As we develop new, specific elements of the wider pathway, such as providing for those with ARFID, disordered eating or complex feeding related difficulties, we are committed to seeking the expert opinion and input of people with lived experience, their families and carers.

PLANS FOR 2023 ONWARDS

- Maintain the specialist community access and waiting time standard
- Improve early identification and access through education and training – Primary care, schools, parents and carers.
- Implement a robust and consistent approach to physical health and medical monitoring
- Develop the pathway to include provision for ARFID and wider disordered eating.
- Strengthen integrated working between all component parts of the pathway
- Develop a children and young people's eating disorder communication strategy and plan to deliver key messages where they are needed.

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EARLY INTERVENTION IN PSYCHOSIS: WHAT WE PLANNED TO DO AND WHERE WE HAVE GOT TO

WHAT IS NCAP?

The National Clinical Audit of Psychosis (NCAP) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The programme is funded by NHS England and Improvement.

NCAP aims to improve the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved. **Across Derby and Derbyshire we are 'performing well' or maintaining 'top performing standards' across the 8 NICE approved EIP standards.**

CONTEXT

Delivered by specialist practitioners, the Early Intervention in Psychosis (EIP) service provides prompt access to NICE recommended treatments for people aged 14 to 65 years who experience psychosis for the first time.

The multi-disciplinary approach includes youth and community workers, therapists, psychologists and a strong emphasis on peer support.

CYP are supported to access a range of education and training opportunities.

NHS PLAN

By 2023/24. The Long Term Plan (LTP) ambition for EIP services in England is to achieve improved access to:

- Timely, equitable, and evidence-based support for individuals experiencing early signs of psychosis
- Person-centred and holistic care across integrated services
- Community-based delivery with the involvement of families and carers
- Treatment in line with the EIP access and wait time standard, such that 60% of referrals begin treatment within two week

EARLY INTERVENTION IN PSYCHOSIS: WHAT WE PLANNED TO DO AND WHERE WE HAVE GOT TO

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023)

- Completed in-house Implementing Recovery Through Organisational Change (IMROC) training, team member becoming personal support worker supervisor through October 2023.
- Awaiting budget/business care approval for increased Occupational Therapy staff.
- Clinicians training, more intakes in June. Exploring shared training between CAMHS and EIP.
- National Clinical Audit of Psychosis audit: South & City performing well, North maintaining top standards.
- Pilot assessment team starting Jan 2024 in South & City with part-time clinicians.
- Limited CAARMS (Comprehensive Assessment of At Risk Mental States) training due to availability. We are prioritising ARMS (At Risk Mental States) staff for this.
- New service launched on July 10, 2023, recruiting psychologists and Cognitive behavioural therapy (CBT) practitioners.
- North: School lessons on psychosis, expanding to colleges. South & City targeting universities.
- Youth and Community Workers present, awaiting Occupational Therapist in South & City. Linked with Individual Place Support service.

WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

- Build on the North team's successful peer support initiative by implementing in the South
- Increase Occupational Therapy hours in the South team
- Access additional Meridan Behavioural Family Therapy (BFT) training for Case Managers
- Scope additional funding to support link work and joint training opportunities with CAMHS.
- Improve audit scores and move towards Level 4 compliance
- Implement new assessment protocols to improve efficiency and performance against the wait time standard
- Access specialised (CAARMS) training to support identification of young people at particularly high risk
- Work with education and Mental Health Support Teams in schools to facilitate psychosis education
- Increase access to training and education opportunities for young people

See **Appendix 13.1** for additional information

EARLY INTERVENTION IN PSYCHOSIS: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

PARTICIPATION / COPRODUCTION

The value of lived experience is a strong ethos in our services and we have developed a strong peer support structure in the north to better provide for our patients. We will continue to build on this in the north and look to replicate our success in the south and city service in 2023. Our Youth and Community Worker is undertaking IMROC peer support supervisor training to support this.

We value the contributions of our patient and carers who input into our publications and help to develop patient information. We will aim to broaden this to include service development.

OUR VISION

To provide a high level of clinical care to patients and families, supporting the critical period following a First Episode of Psychosis – our mission is to improve health outcomes for patients across both mental and physical health.

We do this by providing NICE approved clinical interventions such as Cognitive Behavioural Therapy for psychosis, carers support, physical health screening and interventions.

We aim to develop and enhance working relationships between other young people's services and the EIP services

We support our work through continuous team development and training opportunities such as Behavioural Family Therapy training and CAARMS (Comprehensive Assessment of At Risk Mental States) training.

PLANS FOR 2023 ONWARDS

- Create a forum and invite patients and carers to look at service development. We will also involve peer support workers
- Improve our website – co-produce with patients, carers and CAMHS
- Strengthen joined up working through developing shared care agreements between our EIP services and their respective CAMHS teams
- Implement link workers in both CAMHS and EIP
- Continue to network with other children and young people's services to increase awareness of EIP services ARMS/ FEP (First Episode Psychosis)
- Look for health promotion opportunities in the local area for educating children and young people on ARMS/FEP
- Promote ARMS/ FEP to psychiatric professionals/ teams
- In the south we will implement peer support workers in the team
- We will proactively recruit to maintain safe staffing levels
- In the North we will maintain top level scoring on the National Audit of Psychosis (NCAP), 8 standard matrix
- Whilst we are performing well in the south, we are working towards 'Top Performing' in 2023 and onwards.

LEARNING DISABILITIES AND AUTISM / NEURODIVERSITY (LD&A/ND)

NHS PLAN

The whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing.

LOCAL CONTEXT

All of our local care providers are making reasonable adjustments to support children and young people (CYP) with a learning disability and or autism/ neurodiversity. Oliver McGowan has been rolled out across front line services and we are developing specific services to support the emotional and mental health of these CYP.

TARGETS

We aim to have no more than 3 CYP with LD&A / ND being treated in a CAMHS inpatient hospital. Aligned with our Transforming Care Programme (TCP) target.

To deliver the 13 week average waiting time target (NICE guidance) in 3 year's time.

WHAT CYP, PARENTS, STAKEHOLDERS TOLD US

In a survey 30% of families told us if help and support had been available they would not have sought an assessment.

Families want to feel listened to and not judged. They want help, support and signposting locally.

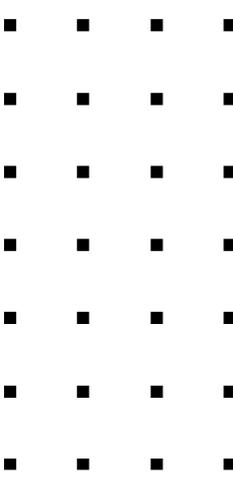
LOCAL NEEDS

The number of children in Derby and Derbyshire estimated to have a learning disability (0-17 years) is 5,361. The number with an autism diagnosis 2,144. National data suggests we should expect 1% of children to 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, it is currently at 27% and our capacity cannot meet demand. We have long waiting lists and waiting times locally.

There has been a fall in the number of CYP with LD and or autism admitted to CAMHS inpatient beds. In 2019/20 there were 11, and in 2022/23 there were 7, as at Aug 2023 this was 2. The majority of these admissions were for CYP with autism. 11% of children in care are reported to be on the autism spectrum

Please see more information on page 24 of the **2022 Transformation Plan**



LEARNING DISABILITIES AND AUTISM / NEURODIVERSITY (LD&A/ND)

WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

Neurodiversity pathway

- Set up ND Community Hubs to offer support pre and post diagnosis
- Commence the Autism in Schools Accelerator model (page 36 22TP) initially in 6 mainstream schools
- Learning Disability and / or Autism Key Working Model, initially working with CYP in CAMHS inpatient
- Emotionally Based School Absence Project 12 month pilot to be reviewed

Transforming Care Programme

- Improve Dynamic Support Register (DSR) processes when CYP experiencing crisis and better integrate with the escalation pathway.
- Move to an all age Dynamic Support Register

See Appendix 14.1 for additional information

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES)

Neurodiversity pathway

- 4 ND Community Hubs set up across Derby and Derbyshire
- Autism in Schools
 - By July 2023 19 secondary and primary schools are involved in the project across Derby City and County
 - In June 2023 3 new work packages commenced i) Wholeschool Education, ii) Parent carer workshops and iii) Understanding Myself
- LD&A Keyworkers commenced in June 2023
- Educational Psychologist Team completing Emotionally Based School Absence Project review

Transforming Care Programme

- Implemented all age Dynamic Support Register processes, formalising notifications and risk assessment for CYP.
- From Q2 2022/23 we are delivering the 3 CYP with LD&/A inpatient target.

LD&A/ND: WHERE WE WANT TO BE IN THE NEXT THREE YEARS

VISION

Our co-produced vision is that: We will have an easily accessible and wide-ranging quality pathway in place that effectively supports CYP with ND needs, their families and carers, within their local communities where possible, towards the goal of living independently and thriving as children and adults.

Our ambition is that all children and young people with LD&A/ND have access to the right support. In achieving this our rate of referrals for assessment will decrease.

To deliver the 13 week waiting time NICE standard.

To maintain no more than 3 CYP with LD&A / ND being treated in a CAMHS inpatient hospital.

Our mental health offers will have the flexibility to make reasonable adjustments for CYP with Learning Disability and Autism and for those more vulnerable there will be access to suitable specialist resources.

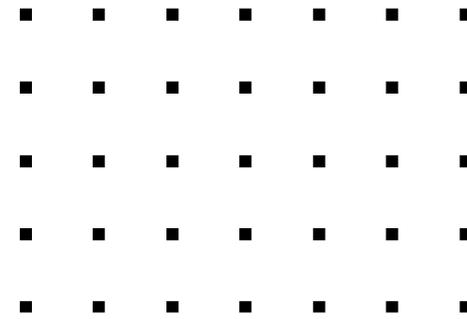
TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

A review of CAMHS activity identified a cohort of young people (CYP) with LD and/or Neurodiversity who, when they turned 18 years, faced a cliff edge of care and were kept on the CAMHS caseload for longer. The Young Adult Service (YAS) pilot is showing positive outcomes for these young adults.

Services are reporting a rise in presentations for neurodiverse CYP who are experiencing symptoms related to eating difficulties, we are working to understand this better through local audits.



LD&A/ND: WHERE WE WANT TO BE IN THE NEXT THREE YEARS



PARTICIPATION / COPRODUCTION

Through strategic partnership workstreams we ensure that we reach out to traditionally unrepresented groups this includes people diagnosed with Learning Disability Neurodiversity, Autism and Autism or Attention Deficit Hyperactivity Disorder (ADHD).

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 mental health problem which includes CYP with Learning Disability and Neurodiversity.

See Appendix 14.1 for additional information

PLANS FOR 2023 ONWARDS

- Embedding the ND Community Hubs and strengthen links with local authority services such as Family Hubs and SEND Information and Advice Services.
- Ensure next step plans are developed aligned to **inequality priorities**.
- To develop clear communication plans to ensure the whole of the Derby and Derbyshire system and families are clear on the help available.
- To continue to develop tools to ensure appropriate referrals for assessments.
- To review and seek opportunities to embed learning from the Autism in Schools project.
- Learning from the Keyworker model will be explored in relation to CYP at risk of placement breakdown
- Learning from Emotionally Based School Absence Project to be reviewed and next steps planned.
- Pending approval, to expand the Young Adult service across Derby and Derbyshire
- To introduce a process for self-referrals to the Dynamic Support Register and improve integration between urgent care services and specialist LD&/ autism services.
- See the section on **Eating Disorders** for more about plans for CYP with eating difficulties

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Start Well: 0 - 5 School Readiness

CONTEXT

The Integrated Care System's strategy is centred around Start Well, Live Well and Die Well. Start well has been aligned to the national School Readiness indicators (**see Appendix 15.1**).

We know that children who live in nurturing and secure environments form healthy attachments and develop the necessary building blocks to start well in life.

In Derby and Derbyshire, children aged 0-5 and their families are supported by a number of different organisations, offering a range of services that support parents in their early years parenting.

This contributes to a range of positive long term outcomes, including positive sense of self, ability to form secure attachments with others, and manage emotions.

Schools assess the personal, social and emotional development of children aged 5, as part of their School Readiness Assessments. In 2022, 1/4 children in Derby and Derbyshire did not have a good level of personal, social and emotional development of at the end of reception.

There are large differences in those who are considered school ready, with children from poorer backgrounds more likely to experience delayed development.

SETTING OUR INTENTIONS

Including the 0-5 offer in the Transformation Plan is a new development.

The intended approach is to:

- Identify the most effective actions to prevent adverse impacts to school readiness indicators.
- Identify the most effective actions to detect early support required to positively impact school readiness indicators.
- Identify the most effective actions to change the course of adverse impacts to neutralise or create positive impacts to school readiness indicators.
- Listen to and work with our communities, staff and voluntary sector partners via Place to implement these actions in a way which:
 - Ensures organisations work in a joined-up way on the Start Well focus area.
 - Ensures children and their families are supported to take responsibility for their own life course trajectory.
 - Ensures the most effective actions to improve life course trajectory are delivered by people with the most appropriate skills.
 - Ensures the actions and interventions which deliver against the Start Well focus are developed to be sustainable.
 - Ensures interventions are developed and provided in a way which means access, outcomes and experiences for people are equitable.



Start Well: 0 - 5 School Readiness

PLANS FOR 2023 ONWARDS

The Start Well key area of focus will systematically undertake the following steps to identify where key improvement opportunities exist to improve school readiness.

- Identify the key questions to prompt thinking as to what we tackle within the School Readiness indicators.
- Identify the questions that will prompt consideration of inequalities within our clinical priorities and our local plus 5.
- Identify current services which are effective in supporting school readiness.
- Extract locality/place-based school readiness data and inequality data.
- Engage with our 8 Place Alliances recognising the need for local solutions to local challenges with the data being used to drive decisions.
- Complete a gap analysis to determine recommendations for resource allocations if required and /or for areas of investment where opportunities present. See Portfolio of improvement projects, Section 8 below.
- Jointly work up delivery plans to address identified gaps / weaknesses in our system response to need and in support of school readiness.
- It is key that above steps put children at the heart and that their views of services and support is equally as important as quality, efficiency, effectiveness (measured through outcomes and outputs) alongside other relevant measures.

LOCAL NEED

Appendix 15.2 details the local position against the national indicators, **Appendix 15.3** summarises why it is important.

TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

- We will know we are making progress by Improvement in key measures to indicate:
- (infra) structural change: integration, staff retention, governance
- Better processes e.g., financial profiles; service use, access and uptake; pathways, feedback from parents, carers and families.
- Improved outcomes e.g., school readiness, milestone indicators such as breastfeeding prevalence, vaccination coverage, healthy weight, A&E attendance and reduced inequalities.

VISION

To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) (measured via School Readiness indicator). In the long-term evidence of delivery will be through improvements compared to England average for the School Readiness national indicators for Derby & Derbyshire.

COPRODUCTION

Engagement sessions have told us that public want solutions to be locally developed and delivered. Going forwards delivery of Start Well will be via Place, co-produced with system partners and families and will be overseen by the CYP Delivery Board as the first point of governance through to the Integrated Place Executive.



- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness



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CONTEXT

Meeting the mental health needs of CYP who come under the care of the Youth Justice Services are a priority group for Derby and Derbyshire Integrated Care Board.

Children and young people known to Youth Justice have access to Kooth and our early intervention and targeted support services, there are specialist Child and Adolescent Mental Health Youth Justice Service nurses to ensure assessments are undertaken quickly and in addition there are psychologists embedding trauma informed approaches within the Youth Justice setting. Liaison and Diversion Teams play a significant role.

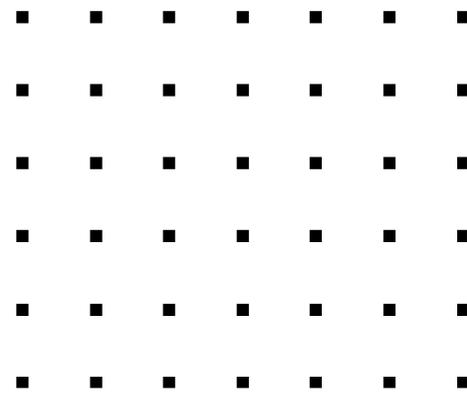
There is an inequity of physical health provision for children and young people known to Youth Justice so there is a need for more robust provision that is consistent across Derby and Derbyshire.

WHAT CYP, PARENTS, STAKEHOLDERS TOLD US

We are told that the mental health offer to children and young people in the Youth Justice Services is good, however there are concerns regarding access to some physical health services, for example speech and language services and physical health nurse services.

LOCAL NEEDS

Locally the Youth Justice Services (YJS) in Derby and Derbyshire report that children and young people who are known to them, often come with unidentified and undiagnosed health issues which include developmental issues, learning difficulties and mental health problems. It is not unusual for the multi-disciplinary team at the YJS to be the first professionals to pick up on these issues and respond.



WHAT WE SAID WE WOULD DO (22/23 DELIVERABLES)

- Ensure that children in the YJS are considered in all system delivery in an inclusive and equal way
- Update the CAMHS and psychology service specifications which include clear outcomes and inequality data sets
- Continue the upskilling of staff through training in adverse childhood experiences, learning disabilities, and neuro diverse conditions.
- Complete a detailed physical health needs assessment of capacity across both areas of provision, YOS and LAC that require similar health assessment, advice, referral and service signposting across the whole ICS footprint
- Develop a service model in partnership with LA colleagues and YOS to meet these needs in the most efficient and resilient way
- Improve the access to early intervention and targeted support services.

WHAT WE HAVE DONE (PROGRESS AGAINST DELIVERABLES 2015-2023)

- It is an ongoing actions that we ensure that children in the YJS are considered in all system delivery in an inclusive and equal way
- We have updated the CAMHS and psychology service specifications which include clear outcomes and inequality data sets
- We will continue the upskilling of staff through training in adverse childhood experiences, learning disabilities, and neuro diverse conditions.
- We will continue to improve the access to early intervention and targeted support services.

**For further details please see
Appendix 16.2**

YOUTH JUSTICE SERVICE: WHERE WE WANT TO BE IN THE NEXT 3 YEARS

VISION

To ensure children and young people under the care of the Youth Justice System are considered in all system delivery in an equal and inclusive way.

TRANSPARENCY: EVIDENCING IMPACT AND USING DATA TO INFORM SERVICE DEVELOPMENT

The psychologists submit an annual report which gives rich information and feedback as to how CYP needs are being met. We also know that our CAMHS service provides a fast track process for assessment. Our early intervention and targeted support services can evidence that CYP from youth justice system use their services.

PARTICIPATION / COPRODUCTION

Derbyshire County Council are going to introduce a Youth Justice Council made up of young people with experience of the service. They will be consulted on health developments.

Partners in the Youth Justice setting have developed a collaborative action plan, which gathers views. This is discussed and updated at regular meetings with experiences and priorities shared. The action plan is reviewed together for ratification.

PLANS FOR 2023 ONWARDS

Going forward there is no further mental health transformation workstreams to undertake, however we will continue to monitor needs and how we meet them as business as usual.

We will ensure we maintain the focus on this cohort of children to ensure equality and inclusivity is maintained.

Our focus now moves onto physical health support for this cohort of children and young people (outside the scope of this plan).

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ACKNOWLEDGEMENTS

This 2023 refreshed plan has only been made possible with the hard work and dedication of numerous partners working tirelessly across 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.

For further detail on any of the chapters please refer to the comprehensive CYPMH Refresh **Transformation Plan 2022** which can be found [here](#)

A full list of partners can be found on page 8 of the 2022 plan, with the addition of Compass Changing Lives, who we welcomed as a new partner in 2023.

Appendices can be found [here](#)

For any enquiries, please contact ddicb.enquiries@nhs.net

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