

Joined Up Care Derbyshire



Future in Mind Local Transformation Plan Refresh



November 2019

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Foreword

We are now entering the final year of our five year Future in Mind (FiM) Programme. However children's mental health and wellbeing forms a significant national priority and the year ahead will consolidate progress we have made to date and we will be beginning to plan and deliver on the new CYP transformation Plan.

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

In the plan to date we have focused joint commissioning on whole school programmes (Changing Lives) and in developing targeted early intervention services. This work has resulted in the commissioning of a new targeted early intervention service (Build Sound Minds), an Interactive support from *Kooth* a 24/7 digital platform and also a parent and carer support strategy which now offers *Qwell* a 24/7 digital platform responding to parents and carer requests to access to advice and support themselves at times that they can access it.

The effectiveness of joint working arrangements that have been built up over the last four years have borne fruit in the award of trailblazer funding to Derby and Derbyshire for four Mental Health Support Teams in schools. This exciting national project if it evaluates well will be the beginning of a significant investment programme in mental health in schools.

Of particular benefit this year has been the training provided to hundreds of staff across agencies in trauma informed approaches. This new approach will be built upon in coming years.

Derby and Derbyshire has in common with most areas of the country seen a rise in the numbers of looked after children. Many with complex, trauma related histories. Futures in mind investment has been targeted at delivering a consistent service across the footprint and a new wellbeing and trauma informed service for looked after children jointly developed by the CCG and local authorities is being procured.

There are examples throughout the plan of what has been achieved so far. However we are very much aware that unmet demand is very high and all our developments are steps in a journey not an end in themselves. Whilst we have been realistic in our approach to planning for the coming year in this refresh, we are keenly aware that our programme must deliver real difference for the children and families that rely on the support of our services.

Our local vision remains:

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

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

A theme across the footprint is to consolidate and improve the consistency of our offer across Derbyshire and Derby City. We will continue to review services across the footprint to ensure best practice and innovation are shared and we enable more children to receive effective care regardless of where they live. The Sustainability and Transformation Partnership (STP) - Joined Up Care Derbyshire (JUCCD) will have a particular focus on helping us make changes as a system recognising the interdependencies of different services and the complexity of children's lives. In emerging plans we anticipate more emphasis on 0-25 services, the join between physical and mental health programmes, prevention and the integration with Special Educational Needs and Disability (SEND).

Finally, we would like to express our thanks to all colleagues and key partners: our CCG, two Local Authorities, provider organisations, schools, Healthwatch, and especially our children and young people,

parents and carers. Without this whole system working the programme would not have delivered the achievements of this and previous years and would not be able to continue to improve and develop our services.



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Signed:



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Acknowledgements and Contributions

Grateful thanks are extended to all of the following organisations, both statutory, charitable and voluntary who as formal bodies, lead providers or commissioned services have made their contribution and commitment to this report. Without whom this report could not have been created. Apologies for any organisation that hasn't been listed

- **Chesterfield Royal Hospital NHS Foundation Trust**
- **Derbyshire Healthcare NHS Foundation Trust**
- **University Hospitals of Derby and Burton NHS Foundation Trust**
- **Derbyshire County Council**
- **Derby City Council**
- **Derby City Opportunity Area Programme**
- **Derby and Derbyshire Safeguarding Children Partnership**
- **Derby City Health and Well being Board**
- **Derbyshire Health and Wellbeing Board**
- **Health and Justice Board Derby City**
- **Health and Justice Board Derbyshire**
- **SEND Board Derby City (Special Education Needs and Disabilities)**
- **SEND Board Derbyshire**
- **Health and Justice Team (NHS E&I)**
- **XenZone Ltd (Kooth & QWELL)**
- **NHS England and NHS Improvement**
- **NHS North of England Commissioning Support Unit**
- **Action for Children**
- **Relate Derby and Southern Derbyshire**
- **Whole Systems Partnership**
- **Leaders Unlocked**
- **Treetops Hospice Care**
- **First Steps (Eating Disorders)**
- **Derby Cruse Bereavement Care Children and Young People**

Executive Summary

We are now entering the final year of our five year Future in Mind (FiM) Programme. However, children's mental health and wellbeing continues to be a significant national priority. In the year ahead we will consolidate progress made and will be beginning to plan and begin to deliver some of the requirements in the NHSE Long Term Plan including working with adults services to achieve the ambition of an effective person-centred all age response.

As Future in Mind comes to an end the governance structures have been reviewed and it has been agreed that given that Mental Health and Well-being is one of the four elements of the Special Educational Needs and Disabilities (SEND) Reform, that the future developments in services to improve the mental and emotional well-being of children and young people will be reported through the SEND Boards in both County and City, as well as the Joined Up Care Derbyshire Children's Board.

In 2015 the number of children with diagnosable mental health conditions in DDCCG who accessed services was approximately 25%. Since then the effectiveness of the DDCCG Future in Mind programme has increased the percentage year by year, rising to 35.81% by March 2019 (based on prevalence data from 2004), exceeding the target of 34%. Our ambition is that by 2024 over half those who need a service will be able to access one, and by 2030 services should be available for all in line with the NHSE Long Term Plan. However, alongside the increase in access to services, there has been a marked increase in demand for provision and there remains a significant shortfall in capacity of services at all levels to respond, resulting in unacceptably long waiting times for too many children.

An immediate key challenge is to increase support for self-help. We need to consider how we can support the creation and maintenance of a climate of positive wellbeing for all children and young people, before interventions become necessary at all. The anti-stigma programme 'Be a Mate' has encouraged peer-to-peer support, with 550 young people trained as Mental Health Champions, and work has continued to promote resilience.

DDCCG has commissioned a digital offer (Kooth) which is accessible by Derbyshire and Derby City children and young people aged 11-18, including those Children in Care who are residing out of area, and up to the age of 25 years for care leavers and for children and young people with Special Educational Needs and Disabilities. We continue to work with children and young people who will be key to the evaluation of the service. Parents also told us they wanted easy to access support, so as a proof of concept we have commissioned, QWELL, a digital platform offering advice, support, guidance and some live chat and counselling available for all parents and carers of children in the DDCCG footprint. The contents development of QWELL is being co-produced with parents and carers, and if it evaluates well, it will be continued.

Work has continued to develop the Whole School Approach to mental Health, with 85 schools in Derbyshire and 104 schools in Derby City now signed up with an identified member of staff to support children and young people's mental and emotional well-being. This is being under-pinned by an on-line one-stop-shop for schools in Derby City which we hope to expand for Derbyshire in the next year. During 2019, DDCCG has been successful in securing funding for Changing Lives to develop four schools as Centres of Excellence with Mental Health Support Teams to offer direct support to 2,000 children per year and to offer wider support for other children and parents and other educational establishments in the areas. A provider has been identified and implementation will begin next year.

A DDCCG - wide targeted early intervention service has now been launched 'Build Sound Minds', providing effective community based face-to-face interventions to more than 2,300 children and young people each year.

A team of nine Specialist Community Advisers (SCAs) have been commissioned to be the key contact for GPs in 'Place'. They will also work with a wider range of Practitioners in 'Place' who are concerned about the mental and emotional wellbeing of a child or young person with whom they work. The SCAs will

support, reassure, advise, train and enable the Practitioners to provide appropriate care and effective support to improve the mental and emotional wellbeing of the child or young person causing concern. This will build capacity and capability in within community practitioners in relation to early identification and intervention with children's mental health need. They will also work with Build Sound Minds and representatives from the Local Authorities to facilitate community triage to ensure that children and young people receive the right support from the most appropriate organisation.

A running theme is to consolidate and improve the consistency of our offer across the DDCCG footprint, so all newly commissioned services are available across the DDCCG footprint. Work has already begun to ensure consistency of an improved offer for eating disorders and for urgent care and during the coming year there will be a review of CAMHS with the aim of securing a consistent offer that is responsive to the increasing demand.

Whilst the needs are similar across the whole DDCCG area, the prevalence is linked to a number of factors. DDCCG has commissioned an equity audit to identify key areas which need to be a focus. This audit will be complemented by the establishment of a team of citizen researchers, young people from cohorts which find it hard to access services who receive training and support to engage and consult their peers to inform commissioners of the barriers and solutions, to ensure that all young people feel confident to access services.

DDCCG has secured funding to embed psychology support in the county and city Youth Offending Services which has been complemented by funding from the Police and Crime Commissioners Office for a Speech and Language Therapist. These will provide training and support to case managers within YOS, so that they are better able to recognise and support young people. There has also been some work with the court officials to ensure they are mindful of the different needs and barriers for some of the children and young people in this cohort.

There has been agreement by DDCCG and both the county and city councils for a new Trauma Informed Service for children in care identified as having deteriorating mental health. This new service will be implemented from April next year.

We are hopeful that these services will help us to reduce further the numbers of children requiring Tier 4 provision by providing safe and effective alternatives in the local community. During 2018/19 39 children were admitted to Tier 4, with a total length of stay of 3,116 bed days, this compares with 83 children admitted in 2015/16 with a total length of 6,996 bed days. During 2018/19 there were no admissions of children and young people with autism and/or learning disabilities (Transforming Care Partnership cohort).

All this work has, and will continue to be underpinned by the need for a robust workforce development programme for all those working with children and young people. This year there has been a wide-range of training, including over 1,000 practitioners from all disciplines have attended training on Adverse Childhood Experiences (ACEs) to gain understanding of some of the triggers that might increase the likelihood of poor mental health, and think about ways that children and young people can be supported to overcome and manage these challenges. It is important to flag that recruitment and retention remains a significant challenge particularly for both core CAMHS providers as staff move to more specialist roles within the services. CAMHS recruitment is therefore a risk to the success of our programme and noted as such. We recognise this is a national issue and welcome support on this.

Throughout the previous 4 years of the FiM Plan the four Derbyshire CCG's have committed to and achieved the full uplift to expenditure within operating guidance. Derby and Derbyshire Clinical Commissioning Group (DDCCG) is able to evidence the use of all Future in Mind (FiM) funding to improve the mental and emotional well-being of children and young people (CYP). This includes an on-going commitment to the additional uplift in the CCG baseline budget (as per the Mental Health five year forward view), and to working with other partners, both local authorities and others to try to identify the contributions made to the continuous transformation of CMEWB services for CYP. The planned investment of funding for 19/20 - 20/21 is

2019/2020 Baseline	2020/2021 Uplift	Total 2020/2021
£3,928,000	£429,000	£4,357,000

We are anticipating and planning expenditure in excess of this uplift as national transformational funding for the Long Term Plan becomes clearer. However, this is planned spend within the Mental Health Minimum Investment Standard (MHMIS) and in line with NHS E guidance on increasing spend on CYP.

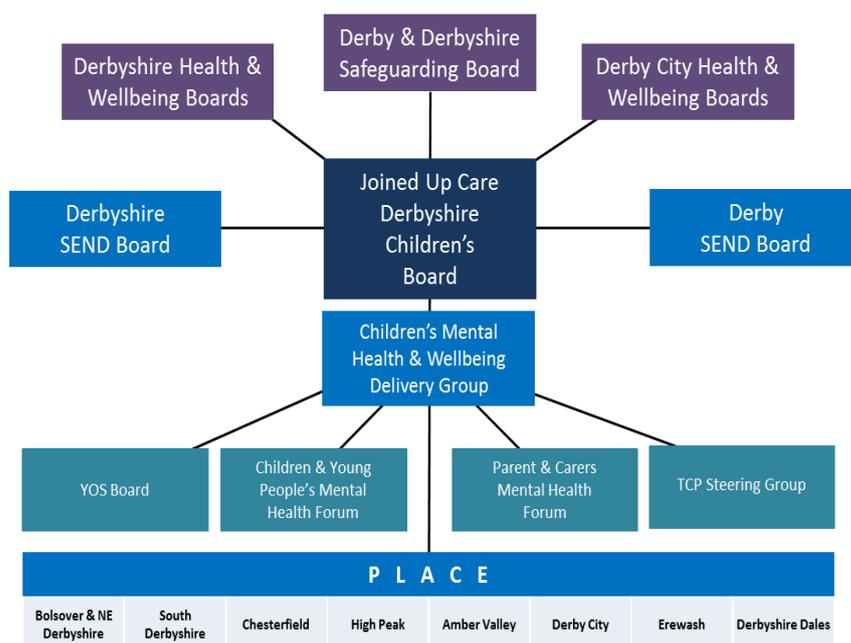
We are keenly aware that our programme must deliver real difference for the children and families that rely on the support of our services. Our commitment is to ensure that they experience continuing improvements in service provision each year. Our local vision remains:

“Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.” (Derbyshire and Derby City Future in Mind Local Transformation Plan)

Transparency & Governance

The Future in Mind Local Transformation Plan (FiM LTP) refresh has continued to be delivered by a multi-agency Delivery Group and Implementation Board comprising of system stakeholders. It has reported to the Joined Up Care Derbyshire (JUUCD) Board. The FiM's plan has been reported to the SEND (Special Educational Needs and Disabilities) Boards and that has supported and informed our work in schools. Going forward we are further integrating with the SEND Delivery Plan reporting and governance with SEND Boards City and County as well as JUUCD. The Health and Wellbeing Boards (HWB's) have received reports and have endorsed the plan. In April 2019 the four former Clinical Commissioning Groups (CCG's) formally merged into one single Derby and Derbyshire CCG. The CCG has brought Adult Mental Health, Learning Disabilities and Children's commissioning together into a single Directorate to improve our planning and support our taking forward of the NHS Long Term Plan (NHS LTP) and address the 0-25 delivery and improve transitions across services.

Children & Young People Mental Health Governance Structure



We have specifically appointed a dedicated programme Lead for Future in Mind (FiM) and a Lead for for Changing Live (Whole School Approach).

We have maintained and built on a single Derby and Derbyshire plan 2015 but with the changes in CCG architecture it has helped us make positive progress through single governance arrangements. We have benefited from closer input into our planning from quality and nursing teams who have fed the outcomes of inspection and quality visits into our planning. A clear benefit had been the ability to work towards consistency across our geography.

Following extensive consultation between statutory and strategic stakeholders Derby and Derbyshire Children Partnership agreed new multi-agency safeguarding arrangements. An inter-agency Governance and Accountability Framework will be in place which is an agreement that has been signed by each of the statutory partners to set out the legal arrangements to ensure there is effective governance and decision

making. The agreement includes the role that each statutory partner has to carry out their responsibilities so that the Derby and Derbyshire Safeguarding Children Partnership is effective and works to keep children safe from harm.

The CCG Safeguarding Children Lead Designated Nurse takes a lead role for health when we have local safeguarding children and looked after children inspection such as Joint Target Area Inspection (JTAI) and is responsible for progressing the agreed health action plan working closely with the health providers and the CCG children commissioners. This designated lead and team work closely with Childrens commissioning teams to ensure our plans and arrangements for services described within this plan are safe and effective. The full plan can be found at the link below

https://www.ddscp.org.uk/media/derby-scb/content-assets/documents/annual-reports-and-governance/Derby_and_Derbyshire_Safeguarding_Children_Partnership_Implementation_Plan_Final_27_06_19.pdf

Through our actions we have seen a reduction in tier 4 use within Derbyshire. The CCG has been working with Special Commissioning (Spec. Com) with new ways of working. We supported the assessment process for the new ways of working provider collaboratives in the East Midlands. As these opportunities develop we will be refreshing our action plan particularly regarding eating disorders, transitions and the Transforming Care Partnership (TCP). The CCG works with the East Midlands Mental Health Clinical Network (EMMHCN) and providers, sharing and developing our plans .

Priorities

- **The Local Transformation Plan (LTP):** is aligned with the Derby and Derbyshire Strategic Transformation Plan and reports through the Joined Up Care Derbyshire (JUCD) Children's Board, which has representatives from all the relevant organisations including providers and commissioners, the Voluntary and Community Sector and HealthWatch. The JUCD Children's Plan includes the delivery of the Derbyshire LTP as one of the key elements. The JUCD Children's Board has now incorporated the Future in Mind as part of the overall developments in Children's Mental and Emotional Well-being (CMEWB). In addition to reporting into the JUCD Children's Board, the developments in children's mental and emotional well-being will be reported through the Special Educational Needs and Disabilities (SEND) Boards in both the City and the County
- **Modelling provision:** The NHS 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 well-being will have access to appropriate provision. In response, Derbyshire has begun to outline a whole systems approach to achieve this, which is outlined in the 'Ambition' section. Access targets will be achieved, and additional intelligence, including from children, young people, parents and carers, will 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

Finance:

Throughout the previous 4 years of the FiM Plan the four Derbyshire CCG's have committed to and achieved the full uplift to expenditure within operating guidance. Derby and Derbyshire Clinical Commissioning Group (DDCCG) is able to evidence the use of all Future in Mind (FIM) funding to improve the mental and emotional well-being of children and young people (CYP). This includes an on-going commitment to the additional uplift in the CCG baseline budget (as per the Mental Health five year forward view), and to working with other partners, both local authorities and others to try to identify the contributions made to the continuous transformation of CMEWB services for CYP. The planned investment of funding for 19/20 - 20/21 is

2019/2020 Baseline	2020/2021 Uplift	Total 2020/2021
£3,928,000	£429,000	£4,357,000

The uplift to FIMs for 20/21 has been taken account of within the planning of the Mental Health Investment Standard for 20/21. We are anticipating and planning expenditure in excess of this uplift as national transformational funding for the Long Term Plan becomes clearer. However, this is planned spend within the Mental Health Minimum Investment Standard (MHMIS) and in line with NHS E guidance on increasing spend on CYP.

This will be confirmed within the a separate Mental Health Investment Standard and Mental Health paper which will be submitted to FRG as soon as final confirmation of budgets has been received from NHSE.

Further detail can also be found within the Ambitions and Eating Disorders sections

- **Workforce Plans:** The Childrens and Young People Mental Health and Wellbeing (CYPMHW) Delivery Group is working with others, including those leading the development and implementation of the JUCD workforce strategy, to identify workforce needs based on SWiPe® a framework for strategic workforce planning.

What we have already achieved

- **Activity:** 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
- **Tracking and Effectiveness of Support:** From April 2019, all commissioned services have been required to submit Reliable Outcome Measures (ROMs) to the Mental Health Services Data Set (MHSDS). Unfortunately the national system does not enable many of the measures that are used to be submitted. DDCCG is keen to track effectiveness and is considering ways in which this could be done without asking providers to duplicate their work
- Five Year Forward View 18/19

Mental Health Five Year Forward View (FYFV) Dashboard			
Overview for Derbyshire STP			
Code	Indicator* - Please see the Metadata tab for further details on the indicators	Reporting period	Indicator value
Children and Young people (CYP) Mental Health			
	% of CYP accessing treatment by NHS funded community services (at least two contacts)		
	% of CYP with eating disorders seen within 1 week (urgent) ⁺	Q4 2018/19	86.4%
	% of CYP with eating disorders seen within 4 weeks (routine) ⁺	Q4 2018/19	90.9%
	Number of bed days for CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards	Q4 2018/19	1,361
	Number of admissions of CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards	Q4 2018/19	12
	Bed days of CYP under 18 in adult in-patient wards	Q4 2018/19	N/A
	Number of CYP under 18 in adult in-patient wards	Q4 2018/19	N/A
	CYP Mental Health CCG spend - excluding learning disabilities and eating disorders	2018/19	£10.3m
	CYP Mental Health CCG spend - eating disorders	2018/19	£835k

NB. The FYFV Dashboard did not include CYP due to data quality issues. Throughout 18/19 to mitigate the data quality issues that arose local data was collected to evidence provider activity. Providers in 18/19 were supported by NECS CSU to generate their access activity in the required format.

Actual local data collection returns indicated a 18/19 total of 7005 (35.81%). This is detailed below on page 49.

- **Age Range:** Derby and Derbyshire Clinical Commissioning Group (DDCCG) has brought together the Children's Team, with the Adult Mental Health Team and the Learning Disabilities/Transforming Care Team, into one directorate, which has facilitated the initial discussions that are already taking place to develop an all-age personalised approach to mental health and well-being
- **Provision in Place:**
Initial discussions have begun to consider how the CYP MHWB work can be reported at 'Place' level, giving ownership to communities of the situation in their own area, and giving local people the opportunity to better engage in developing solutions based on the identified needs
- **Innovation and Best Practice:** During 2019 we have established a number of innovative digital offers
Kooth is an offer for children and young people from the age of 11 years, 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) up to the age of 25 years
- **QWELL** is trailblazing an online equivalent offer of Kooth for Parents and Carers of Young People in Derby and Derbyshire that provides mental health and emotional wellbeing support. The service, that also offers out of hours provision, will provide support that requires no previous referral or diagnosis in an effort to enhance the accessibility of the range of services that we offer following on from the feedback that we have received from parents and carers. Furthermore, we hope that via the Integration and Prevention workers that the contract, we are able to specifically target our engagement with groups including those who we know traditionally find it harder to access services. The ethos of the service shall be to not only provide support to those who need it with the hope of being able to prevent further escalation of issues, but equally to signpost individuals to other relevant organisations should they be required, be they professional or community organisations
- **Engagement with Children and Young People, Parents and Carers:** A review of current structures has resulted in the development of the Children and Young People's Mental Health and Well-being Forum (CYP MHWB Forum) which has already been engaged in thinking about the strategic direction and priorities for 2020/21
- The CYPMHWB Forum will have an agenda that includes governance via agreed Terms of Reference and a Needs Assessment that includes the needs of children under the age of 5 years, as well as understanding through the equity audit and the Citizen Researchers
- This understanding of need will enable the CYP MHWB to identify priorities for service planning, show ownership of knowledge and data and finally make decisions that impact commissioning intentions. Furthermore, the monitoring of service delivery will be shared with the CYP MHWB and they will be involved in evaluation of work

- This Forum will ensure that it is fully representative by including CYP from a broad spectrum of backgrounds and experiences such as those who are Experts By Experience (EBE) have Learning Disabilities, Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder. The group shall participate in bi-monthly meetings, some of which may be virtual, to ensure continuous engagement throughout commissioning processes
- Initial discussions have taken place with the Parents and Carers Forums, which are already, established in both the city and the county as part of the SEND structures, with both being keen to include the CYP MHW bi-monthly as part of their agendas. In this joint work with the Parent and Carers Forums and with the CYP MHWB Forum, it will be important that clear processes for 'real' engagement are developed as opposed to tokenistic engagement, and lead to clear evidence of the impact of these on future developments
- The Citizen Researchers will work with the CYP MHWB Forum and the Parents and Carers Forums to identify priorities and to ensure that the needs of those young people who find it difficult to access services are addressed and that any future service remodelling aligns with the views of CYP
- The findings and views of the CYP MHWB and the Parents and Carers Forums will be a standing agenda item on the bi-monthly CYP MHWB Delivery Group. The Delivery Group will be tasked with ensuring that these form the basis for action and will report back to the CYP MHWB and to the Parents and Carers forums, providing detail on action to be taken, including the commissioning, de-commissioning or re-focusing of service delivery and timescales for reporting back again on the impact of that action
- The Chairs of both Health and Wellbeing Boards, the Chair of the Safeguarding Board, the chair of the SEND Boards and their nominated lead members will be engaged in the CYP MHWB developments and reporting.

What we plan to do next and by when

- Develop an all-age personalised approach to mental health and well-being
- Derbyshire's Changing Lives programme - Mental Health Support Teams (MHSTs) will include consideration of the needs of pre-school children and young people attending colleges, and workforce support for pre-schools will be a focus for the 2020/21 programme
- 2019/20 - Work has already begun to build on the work in the CYP MHWB Joint Strategic Needs Assessment (JSNA), through the commissioning of an equity audit. This will be complemented by the establishment of trained CYP Citizen Researchers who will gather information from their peers, including those not currently accessing services
- There will be a focus in 2019/20 on ensuring that those working with children under the age of five years have the skills to identify need and to support young children and their parents/carers, and will liaise with the Specialist Community Advisers (SCA's) to make sure that any gaps in provision are acknowledged and addressed.

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Understanding the Local Need

Priorities

- The CYP MHWB JSNA referenced in last year's FiM LTP continues to underpin much of our understanding of need associated with risk, protection, vulnerable groups, prevalence and outcomes associated with mental ill health in Derby and Derbyshire
- Health Equity Audit of access, intervention and outcomes associated with our CAMHS provision
- In 2020/21 the priorities will be to:-
 - Continue to support children and young people in the community so that they do not need admission to Tier 4
 - Work with adult commissioners and providers to ensure a joined up approach and to share best practice
 - Develop a system-wide proactive risk register to ensure early identification and reduce the likelihood of problem escalation
 - Further embed partnership working with both local authorities to ensure a joint approach throughout the child's pathway
 - Increase in the use of Personal Health Budgets

What we have already achieved

- Since attending the first Adverse Childhood Experiences (ACE's) conference in March 2019 Derby College has reviewed their approaches to supporting students and staff and from October 2019 they will be embedding trauma awareness into all aspects of College delivery
- A comprehensive JSNA published in early 2018 forms the beginnings of an embedded approach to determining and addressing health inequalities in Derby and Derbyshire associated with access, intervention and outcomes from our mental health services
- Derbyshire Fire and Rescue: New recruit training has been amended to take into account trauma informed issues
- Foster Carers: A whole service approach has been agreed for both Derbyshire and Derby City - using Therapeutic parenting training
- We have remodelled local prevalence rates of mental illness in children and young people based on the new 2018 release of national survey data, and are cross referencing these with known referral patterns, waiting times and CAMHS team support by small area of residence, GP registration, and school of attendance

What we plan to do next and by when

- This year we are concentrating on a Health Equity Audit of access, intervention and outcomes associated with our CAMHS provision
- In 2019/20 we are undertaking a comprehensive health equity audit of access to, and support by, the teams that comprise our CAMHS services in the north and south of Derbyshire. Using our new estimates of prevalence of mental ill health in children and young people at small area geographies, GP practice of registration and by school, we are baselining health inequalities specific to our

commissioned services, including looking at waiting times, access by demographics of the population and rural versus urban settings, to determine what specific action, planning and targeting of particular vulnerable groups we need in order to ensure that our CAMHS provision is equitable to all

- As well as the quantitative approach to analysis, we have also commissioned the national public participation charity *Involve* who, in partnership with the social enterprise, *Leaders Unlocked*, will be working throughout 2019/20 to recruit young people as Citizen Researchers, to engage their peers in the subject of mental health through roadshow events across the Derby and Derbyshire area. The outcomes of this work will feed directly into our planning in order to enhance local delivery of services and specific interventions. We also continue to update a local CYP MH Dashboard with relevant performance and outcomes associated with health, care and educational outcomes that is presented to the Children's Mental Health and Wellbeing Delivery Group to add further insight into delivery.
- Derby and Derbyshire Clinical Commissioning Group working with both Derbyshire and Derby City Local Authorities will commission in January 2020 a new trauma informed service to address the mental and emotional well-being of children in care, care leavers, children who are adopted, and children living with connected persons. The service will also provide for children and young people presenting sexually harmful behaviours whether or not they are in care. The service will be responsible for assessing the mental and emotional health needs of children in care placed out of area, and ensuring that they have the appropriate service in place, and will work with partners to bring them back to Derby/Derbyshire as soon as is appropriate. Commissioning arrangements with external CCGs will enable children in care of other authorities who are living in Derbyshire to benefit from this provision. This is currently out to tender
- To progress the Trauma informed / ACEs Agenda further in September 2019 engagement began with:
 - Derbyshire Information Advice and Support Service (DIASS) - Previously known as Parent Partnership Service
 - Development work with Diocese
 - Newly Qualifies Teacher training programme - to be developed (sustainability)
 - Presentation to Sheffield Hallam University faculty - to amend delivery programme (sustainability)
 - Development with the East Midland Adoption Service
 - Work with First Steps - linked to eating disorders and mental health
 - Public Health - Health, Exercise Nutrition for the Really Young (HENRY) programme to be delivered to Early Years (EY) settings - parents and EY workers to work together when introducing solids

NHS Long Term Plan

While life expectancy continues to improve for the most affluent 10% of our population, it has either stalled or fallen for the most deprived 10%. Premature mortality in Blackpool, the most deprived part of the country, is twice as high as in the most affluent areas. Women in the most deprived parts of England spend 34% of their lives in poor health, compared to 17% in the wealthiest areas. Multi-morbidity is more common in deprived areas, and some parts of our population including BAME communities are at substantially higher risk of poor health and early death. On average, adults with a learning disability die 16 years earlier than the general population - 13 years for men, 20 years for women. People with severe mental health illnesses tend to die 15-20 years earlier than those without.

The following tables illustrate our estimated new numbers of children and young people with a mental health disorder by upper and lower tier Local Authority and CCG

In the comparable 5-16 year old group, these represent a potential increase of 3,500 school aged children (17k in total) with any MH disorder across the Derbyshire STP footprint.

There are potentially up to 6,000 17-19 year olds and 2,000 pre-school children with any MH disorder.

Prevalence estimates have been applied to the Derby and Derbyshire LA populations.

Below shows the number of individuals in each age group that are estimated to experience MH disorders

		2018		
		Derby	Derbyshire	%population
2-4 years	Any Mental Health Disorder	582	1383	5.5%
	Emotional Disorders	101	240	1.0%
	Conduct/Behavioural Disorders	265	628	2.5%
	Hyperkinetic Disorders	51	121	0.5%
	Less Common Disorders	290	689	2.8%
5-16 years	Any Mental Health Disorder	4645	12288	9.5% (5-10) 14.4% (11-16)
	Emotional Disorders	2509	6702	4.1% (5-10) 9.0% (11-16)
	Conduct/Behavioural Disorders	2202	5793	5.0% (5-10) 6.2% (11-16)
	Hyperkinetic Disorders	730	1917	1.7% (5-10) 2.0% (11-16)
	Less Common Disorders	868	2270	2.2% (5-10) 2.2% (11-16)
17-19 years	Any Mental Health Disorder	1663	4268	16.9
	Emotional Disorders	1467	3764	14.9
	Conduct/Behavioural Disorders	78	199	0.8
	Hyperkinetic Disorders	78	200	0.8
	Less Common Disorders	175	450	1.8

The Family Resources Survey is an annual report on the income and living circumstances of households and families in the UK, and collects information on disability. It is important to note that individuals can fall into more than one category, so there will be duplication across the types of impairment.

Applying the national prevalence of impairment by type to the Derby and Derbyshire 0-24 year old populations gives the following figures:

Impairment Type	Derby	Derbyshire	Total
Mobility	1,398	3,428	4,826
Stamina /breathing /fatigue	1,765	4,330	6,095
Dexterity	809	1,984	2,793
Mental health	1,692	4,149	5,841
Memory	809	1,984	2,793
Hearing	588	1,443	2,031
Vision	662	1,624	2,286
Learning	2,648	6,495	9,143
Social /behavioural	3,163	7,758	10,921
Other	1,324	3,247	4,571

We recognise that for key groups of young people, prevalence of mental ill health will vary considerably. The table below clearly demonstrates the expected prevalence of mental disorder for these vulnerable groups

Group	Expected prevalence of mental disorders
Looked after children	45%
Children with special educational need requiring statutory assessment	44%
Children with a learning disability	36%
Children who have been absent from school for more than 15 days in the previous term	17% with emotional disorder 14% with conduct disorder 11% with hyperkinetic disorder
Children with a parent with mental illness	Parent of child with a conduct disorder - 51% have an emotional disorder - 18% have a severe emotional disorder Parents of a child with emotional disorder - 48% have emotional disorder
Children from households with no working parents	20%
Children from families receiving disability benefits	24%
Children from household reference person in routine occupational group	15%
Children with parents that have no educational qualifications	17%
Children living in "hard pressed" areas	15%
Children with household income of less than £100 per week	16%
11-16 year olds from weekly income households of less than £200 per week	20%
Children in stepfamilies	14%
Children from lone parent families	16%

(Source: Joint Commissioning Panel for Mental Health; Guidance for commissioning public mental health services)

There needs to be a whole system response to this information. Derby and Derbyshire Clinical Commissioning Group has now restructured so that commissioners of services address children's and adult mental health needs as part of one directorate. This will enable work to consider how to embed in contracts the requirement for services working with adults to provide information to them about the services available for children and young people, including digital offers. Other services working with vulnerable adults need a similar approach, and there needs to be a clear offer of support available on the Local Offer.

Looked After Children, adopted children, children living with connected carers, care leavers

DDCCG has worked with the County and the City councils to develop and agree a single specification to address the mental and emotional well-being of children in care, care leavers, children who are adopted, and children living with connected persons. The service will also provide for children and young people presenting sexually harmful behaviours whether or not they are in care. The service will be responsible for assessing the mental and emotional health needs of children in care placed out of area, and ensuring that they have the appropriate service in place, and will work with partners to bring them back to Derby/Derbyshire as soon as is appropriate. Commissioning arrangements with external CCGs will enable children in care of other authorities who are living in Derbyshire to benefit from this provision. This is currently out to tender and the trauma Informed new service will be implemented from January 2020. The key outcome targets include;

- 80% of Children In Care (CIC) accessing the Service have improved emotional health and wellbeing at the end of their intervention
- 80% of families/carers/professionals accessing support/supervision or consultation are more confident supporting CIC with emotional health and wellbeing needs

- 100% of CIC, families/carers and professionals are satisfied with the quality of the Service they have received
- Minimum of 70% of children have no unplanned move in the year following intervention
- 20% reduction in the number of children in care placed out of area (25 mile radius)
- 100% of CIC accessing the Service have a trajectory plan in place in relation to their agreed outcomes;
- No more than an average of ten (10) % of CYP over the year disengage from the Services

It is clear in the tender that the commissioners are seeking a service with a good skill mix and a robust triage service to ensure that children and young people who need an earlier intervention are supported to access community based provision.

Vulnerable Group	Derbyshire CC	Derby CC	JUC Derbyshire	Numbers likely to have a MH disorder
Looked After Children	802	763	1565	704
Adopted Children	39	30	69	31
Children living with Connected Carers	52	16	68	52
Care Leavers	372	239	611	373
Disabled Children (range)	9,016 and 11,322 0-24	3,816 and 4,601 0-24	12,832 and 15,923	3,849 – 5,732

Disabled children: Estimates based on the Census 2011 and methodology used by the Thomas Coram Research Unit, Institute of Education, UCL

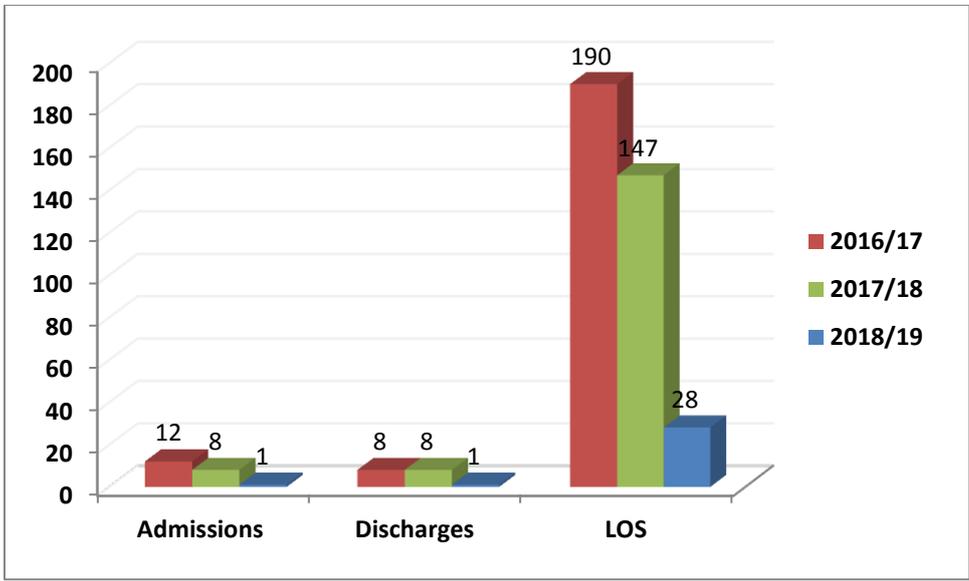
Transforming Care Cohort (TCP)

There continues to be a TCP steering Group across the DDCCG footprint, which considers how to embed training and multi-agency partnership working to support children and young people at an early stage of problem development. A post supporting children with a dual diagnosis of mental health and ASD or LD has been embedded in each CAMHS. These posts have:-

- Provided joint assessments of young people currently accessing CAMHS with a diagnosis of ASD whose level of risk has increased
- Consultations offered to CAMHS staff that had existing children on their caseload with ASD and presenting with an increasing level of need/risk
- Joint working with other agencies i.e. Social Care, Education and third sector
- Participated in the CAMHS complex case panel (MDT) and Joint Solutions meeting when considering transfer/progress into adult services
- Training to CAMHS staff around ASD and associated mental health presentations
- Training to CAMHS staff and SEND leads around the TCP programme, use of CETR's (Care Education and Treatment Reviews), LAEPs (Local Area Emergency Protocol) and PHB's (Personal Health Budgets)
- Delivered Positive Behaviour Support (PBS) training to CAMHS staff and offering support in drawing up PBS plans

The number of CETRs for children and young people between September 2018 and August 2019 was 12.

Impact on the numbers of Tier 4 admissions for children in the TCP cohort

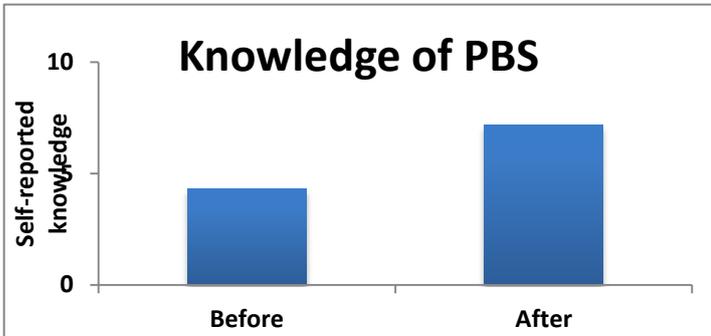


NHS England has been benchmarking Derbyshire’s progress for the overall TCP-YP work against certain criteria. In June 2018 green status was achieved. Derbyshire were the second county to go green out of 18 in the Midlands area which was positive recognition for the progress of the work so far.

In April 2018 there were two inpatients, one in mid-May and then from July onwards Derbyshire as a whole has maintained no in-patients throughout the rest of the financial year.

Two screening tools have been developed, with the first one aimed at learning disability population which has begun to be disseminated. This will be placed on the Local Offer. The second one is being trialled and both tools have been shared at national and local conferences and events.

Example of impact of Positive Behavioural Support (PBS) training for CAMHS professionals:



Staff were asked to rate on a scale of 0-5 (with 0 being ‘not at all’ and 5 being ‘much more confident’) if the workshop had improved their confidence. 100% staff found the training useful and appropriate, 45% staff rated their confidence level post training as 5, 35% staff reported their confidence level as 4 and 20% staff rated their confidence level as 3

Case Study

16 year old male

Key messages

Complex MH/Autistic Spectrum Disorders (ASD) / Sensory needs

Tried to take his own life, presented at local hospital, family struggling, admission to Child and Adolescent Mental Health Services (CAMHS) inpatient bed considered.

Care, Education and Treatment Review (CETR)with his team to review his needs, assess risk, and consider what else could be put in place to improve support at home

Personal Health Budgets (PHBs) that family manage to provide a mentor in the community

Joint work with health and education

Positive behaviour plan

Dialectical Behaviour Therapy

Alternative community provision with respite

Support for family offered

So far the young person has been kept safe in the community and health has improved

Admissions to Tier 4 Beds

Admission Year	Values	Specialty Area				
		CAMHS Acute	CAMHS ED*	CAMHS LD*	CAMHS Low Secure	CAMHS PICU*
2018/2019	No. Patients by ID	29	4	1	3	2
	Sum of LoS	1,811	532	161	467	145
	Avg. LoS	62.4	133.0	161.0	155.7	72.5

ED - Eating Disorder

LD – Learning Disability

PICU - Psychiatric Intensive Care Unit

Count of patients	Specialty Area	Admit Year
CCG		2018/2019
NHS Derby And Derbyshire CCG	CAMHS LD	1
	CAMHS Acute	29
	CAMHS PICU	2
	CAMHS ED	4
	CAMHS Low Secure	3
Grand Total		39

Children and young people affected by Adverse Childhood Experiences (ACEs) and those who have complex needs

Using national research as a basis it is likely that there are approximately 32,250 in Derby City and 82,000 in Derbyshire children and young people with at least one ACE, and approximately 625 in Derby City and 2,266 in Derbyshire who have experienced four or more. The national study reinforces the findings from the initial research, to show that the more ACEs an individual experiences in childhood, the greater the risk of having a lifelong impact on health and behaviour. Although the research highlights ACEs are common and can be across all the population, there is more risk of experiencing ACEs in areas of higher deprivation. Compared to national averages Derbyshire has significantly higher levels of mental and physical health conditions such as; depression, diabetes, coronary heart disease and stroke. Furthermore, the rate of hospital admissions for self-harm at all ages is significantly higher than the England average, as is the hospital admission rate for alcoholic liver disease. Consideration is now being given as to whether some of Derbyshire's considerably higher than expected poor health data can be attributed to ACEs and health inequalities.

As a result of understanding the effect of ACEs on both short and long term mental and emotional wellbeing we have had a particular focus on ACEs in our workforce plan during 2019. (Please see workforce section). This has resulted in a significant impact. Since attending the first conference in March 2019 Derby College has reviewed their approaches to supporting students and staff and from October 2019 they will be embedding trauma awareness into all aspects of College delivery.

We aim to improve practitioner's awareness and apply practical strategies both in and outside of the classroom to retain more students who are classed as Looked after Young People/People in Care. We aim for teachers to reflect on their own inclusive pedagogical strategies to further improve the experience of those young people who have experienced Trauma related issues.'

Head of Behaviour for Learning

Clinicians are working with commissioners to consider how we might scope the ACES in the Derby and Derbyshire, and which tools might be best to evaluate the impact of a trauma informed approach.

At present there are different processes for addressing the mental and emotional health needs of children with complex needs, including a Section 75 arrangement between DDCCG and the county council. The Trauma Informed Children in Care service will address the needs of a number of these children, but will not so readily address the needs of those children with complex needs that are not in care. Work has therefore begun to understand the needs of children whose cases are presented to the complex cases panels in the county and city, as a basis for developing a consistent approach, based on robust assessment of need in order to be able to commission the most effective personalised services focused on improving personal outcomes.

To date over 1000 individuals have attended ACEs / Trauma Informed Services conferences, see Workforce section for more detail.

LGBTQ+

It is acknowledged that there may be particular challenges in accessing services for young people who identify as LGBTQ+.

In respect of LGBTQ+ amongst CYP the Office of National Statistics (ONS) estimates at a national level and applies them to the local Derby and Derbyshire population aged 16-24 years.

We have acknowledged previously that, for example, 55% of the LGBTQ community of CYP are likely to report homophobic bullying, and that bullying is a fundamental driver to mental illness. One in five young people who take their own lives will have reported bullying at some point.

Sexual identity	National 16-24 year old % estimate	Males	Females	Total
		Derby & Derbyshire estimated numbers		
Heterosexual or straight	90.1	53034	45313	98347
Gay or lesbian	2.1	1236	1056	2292
Bisexual	1.6	942	805	1747
Other	0.7	412	352	764
Don't know or refuse	5.4	3178	2716	5894

A number of CETRs have involved young people who identify as LGBTQ+ and who have autism, so in response we have registered with Stonewall and are offering national training to the Children and Young Peoples workforce across Derbyshire and Derby City, Celebrating Difference, preventing and Tackling Homophobia, Transphobia and Biphobia (HBT) Bullying and Supporting LGBTQ+ Pupils with SEND, current courses are already over- subscribed and additional sessions have been arranged.

Profile of Needs

The following spine chart profile images have been sourced from Public Health England's Fingertips tool and present the latest available data associated with prevalence of mental illness in CYP: identification of need; protective factors; adversity; vulnerability; finance. Some of the key headlines for Derby and Derbyshire include that:

- Hospital admissions as a result of self-harm in Derbyshire remain significantly above the national average, particularly for young people transitioning to adulthood. In Derby that rate of admission remains comparable to national average
- There are significantly proportionally more school aged-children in Derby and Derbyshire with social, emotional and mental health needs, compared with the national average
- The percentage of children with free school meal status achieving a good level of development in Derby rose to significantly higher levels than national average in 2018, while in Derbyshire the level remained significantly below national average
- Substantially more children subject to a child protection plan in Derby with an initial category of abuse were known to the local authority in 2018 compared with previous years. In Derbyshire the rate of children in this category has remained consistent, and in both areas above the national average
- Derbyshire has one of the highest rates of children in need due to family stress or dysfunction or absent parenting, and this rose exponentially between 2016 and 2017. In Derby the rates are consistently better than national average
- In 2018 Derby had the highest percentage of pupils with SEND in the region. In Derbyshire the proportion has remained consistent with England average.

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ■ Better ■ Similar ■ Worse Not compared

Quintiles: Low High Not applicable

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↔ No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 ■	2015	9.2*	9.4*	9.8*	9.3*	10.7*	8.7*	9.4*	9.1*	10.6*	9.2*
Estimated prevalence of emotional disorders: % population aged 5-16 ■	2015	3.6*	3.6*	3.8*	3.6*	4.1*	3.4*	3.6*	3.5*	4.1*	3.6*
Estimated prevalence of conduct disorders: % population aged 5-16 ■	2015	5.6*	5.7*	6.0*	5.6*	6.7*	5.1*	5.7*	5.5*	6.6*	5.6*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16 ■	2015	1.5*	1.5*	1.6*	1.5*	1.8*	1.4*	1.5*	1.5*	1.8*	1.5*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24 ■	2013	-	71891*	4321*	10284*	7432*	9832*	10126*	9505*	9055*	10834*
Prevalence of ADHD among young people: estimated number aged 16 - 24 ■	2013	-	76124*	4604*	10898*	7680*	10647*	10653*	10085*	9509*	11478*
Percentage of children where there is a cause for concern	2017/18	38.6	42.5	45.0	45.2	38.5	40.7	44.8	33.6	42.7	48.9
Hospital admissions as a result of self-harm (10-24 years)	2017/18	421.2	436.2	423.4	540.2	272.4	261.1	290.6	725.9	461.0	498.2
Hospital admissions as a result of self-harm (10-14 yrs)	2017/18	210.4	213.1	-	251.1	-	147.5	100.7	305.3	342.2	249.4
Hospital admissions as a result of self-harm (15-19 yrs)	2017/18	648.6	673.2	630.8	805.2	-	408.2	449.9	1131.1	734.3	758.4
Hospital admissions as a result of self-harm (20-24 yrs)	2017/18	406.0	423.6	-	562.3	352.0	230.3	318.6	739.9	319.3	487.8
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age) ■	2018	2.19	2.09	2.30	2.59	2.37	1.60	2.15	2.10	2.54	1.59
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age) ■	2018	2.31	2.12	2.99	2.65	2.36	1.76	1.86	1.79	3.13	1.83
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age) ■	2018	2.39	2.24	2.68	2.68	2.74	1.68	2.29	2.17	2.98	1.71

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Lower ■ Similar ■ Higher Not compared

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
School Readiness: the percentage of children achieving a good level of development at the end of reception	2017/18	71.5	69.8	69.5	70.8	66.4	70.8	69.1	71.3	67.6	69.7	73.0
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	2017/18	56.6	53.8	61.5	51.3	56.6	48.4	52.4	56.1	59.3	49.9	60.0
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2017/18	14.2	14.9	15.9	15.4	14.1	15.0	15.0	12.8	15.3	15.9	14.1
Mean score of the 14 WEMWBS statements at age 15	2014/15	47.6	47.4	47.5	47.0	48.6	47.8	47.6	47.0	47.4	47.3	48.1
Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction	2014/15	63.8	65.2	62.5	65.5	66.1	69.7	66.7	65.1	61.1	63.9	62.6
Educational attainment (5 or more GCSEs): % of all children	2015/16	57.8	55.1	44.8	54.8	50.8	58.9	55.7	54.2	45.0	61.1	70.3
GCSEs achieved (5 A*-C inc. English and maths) for children in care	2015	13.8	10.2	*	*	*	*	*	13.2	*	14.8	*

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Lower ■ Similar ■ Higher Not compared

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↔ No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Children in low income families (under 16s)	2016	17.0	16.6	21.0	15.3	23.0	10.9	16.3	13.6	29.5	15.6	6.5
Children in low income families (all dependent children under 20)	2016	17.0	16.3	21.0	15.0	23.4	10.7	15.9	13.3	29.2	15.2	6.5
Free school meals: % uptake among all pupils	2018	13.5	12.2	15.8	12.7	15.6	7.6	12.5	9.1	22.9	11.4	4.7
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2018	20.2	20.5	20.5	20.0	17.1	24.0	21.1	19.2	22.5	21.6	-
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	21.2	23.7	50.4	37.5	42.5	11.3	5.8	16.7	46.2	13.7	15.5
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18	2018	21.8	23.6	28.8	25.9	29.7	14.6	14.9	25.4	38.7	24.0	9.0
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2018	16.4	15.4	31.3	12.6	22.0	8.2	15.7	16.6	23.4	10.3	-
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years	2018	181.4	153.4	353.8	144.4	213.4	69.1	186.0	124.6	272.6	80.3	177.7
Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	9.3	7.5	3.5*	6.4	8.3	5.7	2.5*	13.9	11.6	6.9	7.8*
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	93.8	99.0	30.0	234.2	72.9	50.1	20.2	119.0	81.3	109.2	86.6
Families out of work: % of households with dependent children where no adult is in employment	2011	4.2	3.8	5.1	3.4	6.9	2.4	3.2	3.5	6.9	3.5	1.6
Family homelessness	2017/18	1.7	1.7	3.8	0.7	0.6	1.3	1.5	3.3	3.2	1.3	-
Children in need due to parent disability or illness: rate per 10,000 children under 18	2018	8.8	9.9	38.9	15.9	6.1	7.2	1.9	7.0	3.1	11.2	9.0
Parents in alcohol treatment: rate per 100,000 children aged 0 - 15	2011/12	147.2	147.7*	276.1	118.6	167.1	139.9	133.7	58.6	183.1	213.8	106.1
Parents in drug treatment: rate per 100,000 children aged 0 - 15	2011/12	110.4	104.8*	112.4	93.0	113.8	62.3	108.3	70.1	237.0	128.0	0.0
Unaccompanied Asylum Seeking Children looked after: count	2018	4480	280	9	34	13	25	31	99	31	30	*

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Lower ■ Similar ■ Higher Not compared

Recent trends: ↑ Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↔ No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Children in care	2018	64	57	82	47	81	40	45	65	91	48	39
Children leaving care: rate per 10,000 children aged under 18	2017/18	25.2	21.6	37.7	16.7	26.0	12.9	21.9	24.6	31.9	17.8	23.2
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18	2018	6.9	3.8	2.8	4.8	4.2	*	1.7	4.6	4.0	6.0	*
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2018	29.7	19.1	35.0	27.2	3.0	16.2	18.6	24.0	21.9	10.4	28.3
Percentage with 3 or more risky behaviours at age 15	2014/15	15.9	15.7	13.6	18.2	7.5	15.8	16.9	15.5	12.3	17.2	17.9
Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils	2016/17	1.4	1.3	1.8	1.1	1.0	0.5	0.9	1.1	2.0	2.2	0.8
Primary school fixed period exclusions: rate per 100 pupils	2016/17	1.37	1.24	1.56	1.28	0.96	0.89	1.18	1.80	1.65	0.89	0.35
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	9.4	9.3	10.2	8.9	8.0	5.9	9.0	8.2	15.9	12.5	4.2
Pupil absence	2017/18	4.81	4.73	5.07	4.63	5.09	4.67	4.86	4.75	4.87	4.47	3.51
Pupils with Learning Disability: % of school aged pupils	2017	5.6	5.7	7.1	5.9	6.3	6.9	7.8	4.8	5.3	3.1	6.9
Pupils with special educational needs (SEN): % of school pupils with special educational needs (School age)	2018	14.4	13.4	17.2	14.7	14.9	12.8	15.6	12.5	14.9	9.3	13.1
Pupils with special educational needs (SEN): % of school pupils with special educational needs (Primary school age)	2018	13.8	12.7	15.5	14.6	13.8	12.2	14.6	11.5	13.9	9.3	11.9
Pupils with special educational needs (SEN): % of school pupils with special educational needs (Secondary school age)	2018	12.3	11.7	16.1	13.0	12.7	11.2	13.6	10.6	13.5	7.4	14.0
Percentage who were bullied in the past couple of months at age 15	2014/15	55.0	56.0	55.3	56.7	49.4	56.2	56.2	57.2	54.7	57.5	60.2
Percentage of regular drinkers at age 15	2014/15	6.2	6.6	4.7	9.0	1.0	7.2	6.5	6.7	3.1	8.2	7.0
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	8.2	7.6	7.7	8.0	4.8	6.9	7.9	8.7	8.2	7.4	9.5
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	2014/15	0.9	0.5	0.9	0.8	0.3	*	0.7	0.3	0.3	0.4	0.9
First time entrants to the youth justice system	2018	238.5	237.2	333.7	152.9	399.5	179.5	104.5	213.3	528.4	298.0	*
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	14.1	14.4	12.5	15.5	11.7	14.5	16.9	13.4	13.1	14.3	18.6
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2017	6.0	6.0	7.8	3.8	7.2	5.3	7.4	5.8	7.0	6.0	2.3

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Quintiles: Low High Not applicable

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0-17 ■	2017/18	8004 ↑	7317 ↓	10105 ↑	6519 ↓	8881 ↑	5677 ↓	6543 ↓	7305 ↓	9842 →	7281 ↓	7356 ↓
Spend (£000s) on Sure Start Children's Centres and early years: rate (£) per 10,000 aged 0-17 ■	2017/18	560 ↓	430 ↓	586 ↓	218 ↓	975 ↓	357 ↓	408 ↓	63 ↓	673 ↓	645 ↓	456 ↓
Spend (£000s) on Children looked after: rate (£) per 10,000 aged 0-17 ■	2017/18	3823 ↑	3535 ↑	5131 ↑	3681 ↑	4213 ↑	2494 ↓	2040 ↓	4217 ↑	5451 ↑	3232 ↓	2361 ↓
Spend (£000s) on Safeguarding children and young people's services: rate (£) per 10,000 aged 0-17 ■	2017/18	1978 ↑	1849 ↑	2672 ↑	1287 ↓	2284 ↑	1253 ↓	1782 ↓	2339 ↑	2142 ↑	1772 ↑	2285 ↑
Planned spend (£000s) on special schools: rate (£) per 100,000 pupils ■	2018/19	10712 ↓	7346 ↓	17038 ↑	8920 ↑	18335 ↑	5320 ↓	5326 ↓	3539 ↓	5842 ↓	5384 ↓	3714 ↓
Planned spend (£000s) on pupil referral units: rate (£) per 100,000 pupils ■	2018/19	1324 ↓	542 ↓	2147 ↓	2464 ↑	- -	283 ↓	- -	- -	- -	- -	- -
Spend (£000s) on Youth justice: rate (£) per 10,000 aged 0-17 ■	2016/17	230 ↓	221 ↓	389 ↑	151 ↓	282 ↓	260 ↑	338 ↑	142 ↓	296 ↓	111 ↓	107 →

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Ambition

Year 3 - 2017/18

Impact and outcomes framework being piloted
Workforce capacity building
Early help team in place
Prevention with schools
Place-based approach reflecting Erewash pilot

Year 1 - 2015/16

Vision/destination, LTP ready
Proof of concept, Innovation; CAMHS Rise, Eating Disorder service, Schools pilots
Refresh engagement

Year 4 - 2018/19

One whole-system approach
Responding to demand
Skilled workforce across the system
Focus on schools and parenting,
Learning from 'proof of concepts' and consolidate

Year 2 - 2016/17

Children in Care Service
Capacity Need Assessment
School toolkit
Reduce waiting times
Outcomes framework
Develop 'one team'

Year 5 - 19/20

Move from responding to more than 1 in 3
Whole-system model in place
Consistency across the footprint
Equity of approach at place based
Respond to NHS LTP 0 - 25 agenda

As a Derby and Derbyshire Joined Up Care system our ambition is to create a community where there is no stigma about mental health, children learn resilience, needs are identified early and they benefit from effective intervention within their local communities to reduce the suffering of deteriorating mental health.

We are keenly aware that our programme must deliver real difference for the children and families that rely on the support of our services. Our commitment is to ensure that they experience continuing improvements in service provision each year. Our local vision remains:

"Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing." (Derbyshire and Derby City Future in Mind Local Transformation Plan)

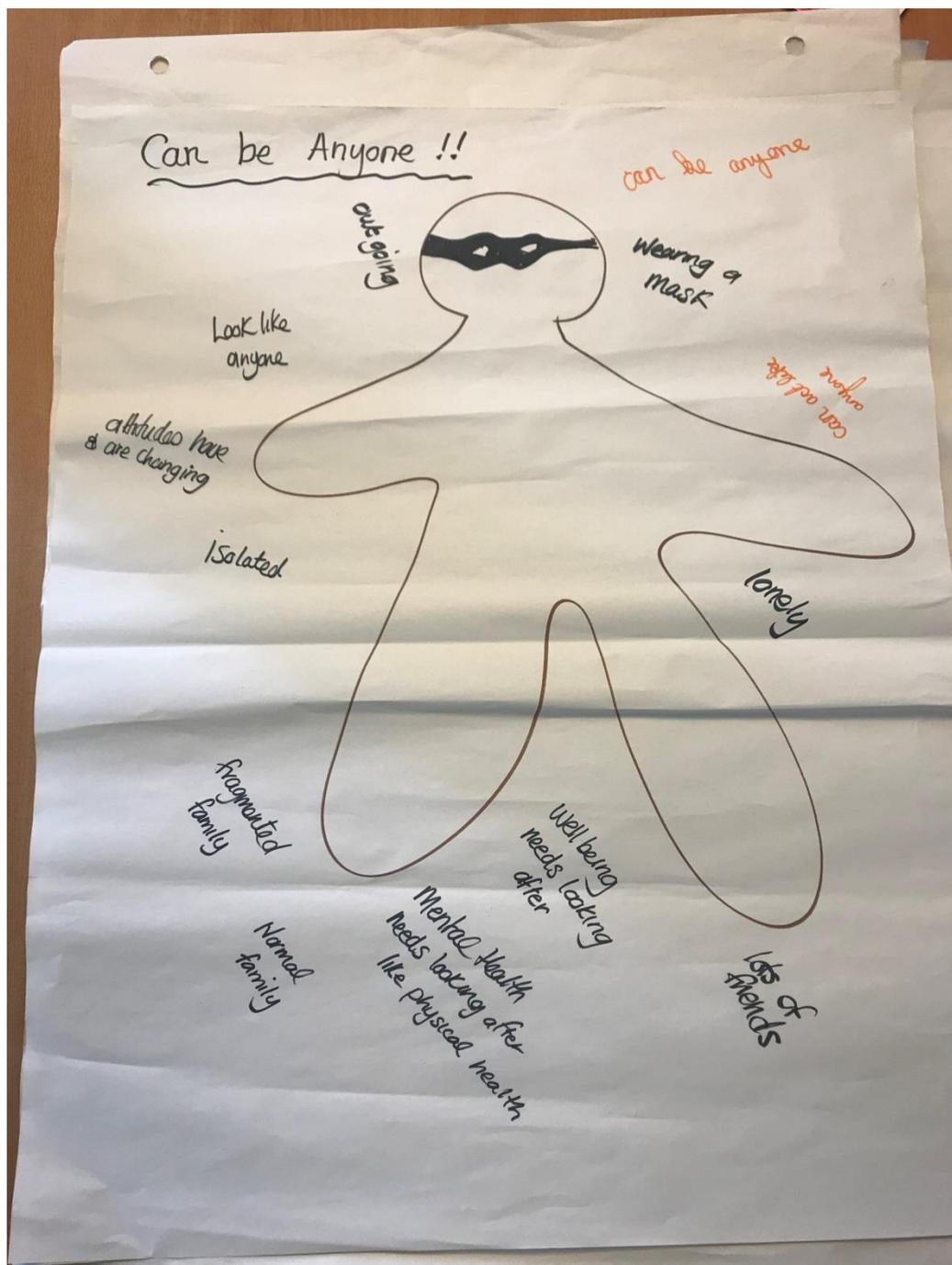
We are passionate about supporting children and young people (CYP) to maintain and re-gain good mental health.

We have an estimated prevalence of approximately 24,000 under 18 year olds, based on 2018 prevalence data, who may experience mental health difficulties and yet in 2018/19 only 7005 of those children

received a service. We don't think that's good enough. We have too many children who have to go outside Derbyshire to access the services they need so we need to strengthen our local offer to increase the numbers of children who have their needs effectively addressed within their local community. We have too much inconsistency across the area because of the different priorities between the previous four CCGs, and we are keen to ensure consistency of offer to all children and young people across the footprint.

In order to achieve what is right for the children and young people of Derby and Derbyshire we have developed an ambitious programme of service developments, based on the requirements in the Long Term Plan.

Children and young people in the Youth Council have been involved in deciding the priorities within the plan. Specific groups of young people, including service users and their parents and carers have had, and continue to have, significant influence in re-commissioning through involvement in the review and the re-shaping of services. The image below was in response to the question: **What does mental health look like?**



What we plan to do next and by when

The focus for 2019/20 will be:-

- A review of Core CAMHS provision, leading to an agreed service specification which ensures a consistent offer across the footprint
- An addition of family based therapy, including intensive support at home, and 24/7 for children with eating disorders
- Development of a new agreed service specification for urgent care, including the requirement for intensive home treatment and for appropriate 24/7 support
- Implementation of the four Mental Health Support Teams to work in educational settings
- Implementation of a new Trauma Informed Service for Children in Care across the footprint
- Work with commissioners of adult services to develop plans for increasing the responsiveness of services for 18-25 year olds and the flexibility of response according to individual needs.

Children and Young People's Access

NHS Long Term Plan

Over the next five years, the NHS will therefore continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people. By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

By 2028/29 all children and young people (aged 0-25 years) who need specialist care will be able to access it easily.

In order to achieve this we will secure accelerated growth in access over the next five years.

2019/20	2020/21	2021/22 (incl. 0-25 years)	2022/23 (incl. 0-25 years)	2023/24 (incl. 0-25 years)
National	73,000	164,000	254,000	345,000
Derbyshire 6,612	6824	6841	6858	6876
Additional Delivery:- Children in Care	+ Trauma informed service for children in care (500)			
Schools	+ MHST mobilisation 400	Implementation of +1,600 (additional wave 2) MHST wave 3 mobilisation +400	Implementation of +600 through MHST (wave 3) MHST (wave 4) mobilisation +400	Implementation of +1,600 through MHSTs (wave 4)
Eating	+ increase of 43 young people	+ increase of 80 young people benefitting from	+ increase of 75 young people	+ increase of 75 young people

Disorders	benefitting from Eating Disorders services	Eating Disorders services	benefitting from Eating Disorders services	benefitting from Eating Disorders services
Urgent Care, Intensive home treatment	increase in home intervention +29 Befriending+100	increase in CYP crisis +400 home intervention +75 Befriending +60	increase in CYP crisis +200 home intervention +50 Befriending +48	home intervention +300 Befriending +48

Eating Disorders	2019/20	2020/21	2021/22	2022/23	2023/24
National Derbyshire	Specialist 125 Step-up step-down 152	140 Step-up step-down 180	200 Step-up step-down 200	225 Step-up step-down 250	250 Step-up step-down 300
Associated Funding	£570,000 £60,000	£900,000 £65,000	£1,285,714 £70,000	£1,446,428 £90,000	£1,607,142 £120,000
ED standards 1 week for urgent referrals 4 weeks for routine referrals	90.9%	95%	95%	95%	95%
Developments in service delivery	Consistent service specification across the area	Intensive Family Based Therapy 24/7 provision	Intensive Family Based Therapy + 18-25 year service 24/7 provision	Intensive Family Based Therapy + 18-25 year service 24/7 provision	Intensive Family Based Therapy + 18-25 year service 24/7 provision

Children and Young People's Crisis and Intensive Home Treatment

CYP & IHT	2019/20	2020/21	2021/22	2022/23	2023/24
National Derbyshire	0-18 years Crisis and Brief response 600 £900,000 Intensive home treatment 94	0-18 years Crisis and Brief response 600 £900,000 Intensive home treatment 125 £825,000 Befriending services 100	0-25 years Crisis and Brief response 1000 £1.3m Intensive home treatment 200 £1.3m Befriending services 160	0-25 years Crisis and Brief response 1200 £1,500,000 Intensive home treatment +50 £1,665,000 Befriending services 208	0-25 years Crisis and Brief response 1200 £1,500,000 Intensive home treatment +50 £1,998,000 Befriending services 256

		£25,000	£200,000	£250,000	£300,000
national	Coverage 30%	35%	57%	79%	100%
Service standards	Initial assessment within 4 hours Direct intervention begins within 24 hours	Initial assessment within 4 hours Direct intervention begins within 24 hours	Initial assessment within 4 hours Direct intervention begins within 24 hours Introduce 111 as single number	Initial assessment within 4 hours Direct intervention begins within 24 hours 111 as single number	Initial assessment within 4 hours Direct intervention begins within 24 hours 111 as single number

Children and Young People’s Mental Health Support Teams

MHST	2019/20	2020/21	2021/22	2022/23	2023/24
National Derbyshire		4 MHSTs	6 MHSTs	10 MHSTs	12 MHSTs
Funding		£1,600,000	£2,400,000	£4,000,000	£4,800,000

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Workforce

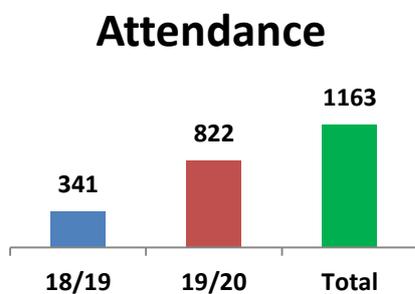
Priorities

- There is increasing demand for mental health services for CYP. We need more staff with the right skills, excellent training opportunities and a greater emphasis on preventative work. We need to progress our understanding of need and the needs of the workforce to deliver timely care interventions across an integrated workforce with health, schools, local authorities, ambulance services, NHS 111 and voluntary and community sector. This must be achieved within the context of great financial challenge. There are approximately 1 million people living in Derbyshire. Approximately 20% of the population are Children and Young People. Public Health England estimates that 12.5% (1:8) of children aged 0 -18 suffer from a clinically significant mental health illness (The Mental Health of Children and Young People in England, December 2016)
- Developing our Future in Mind workforce strategy in place and to ensure we have an appropriately stratified and skilled workforce
- Consolidate our strategic approach into a clearly defined workforce development plan to take us to 2030
- Stakeholders to have clear and simple information about what training they need to do their job
- Commission appropriate volumes of training that is quality assured
- Modelling to meet access targets is dependent on our specialist CAMHS being able to recruit and retain staff

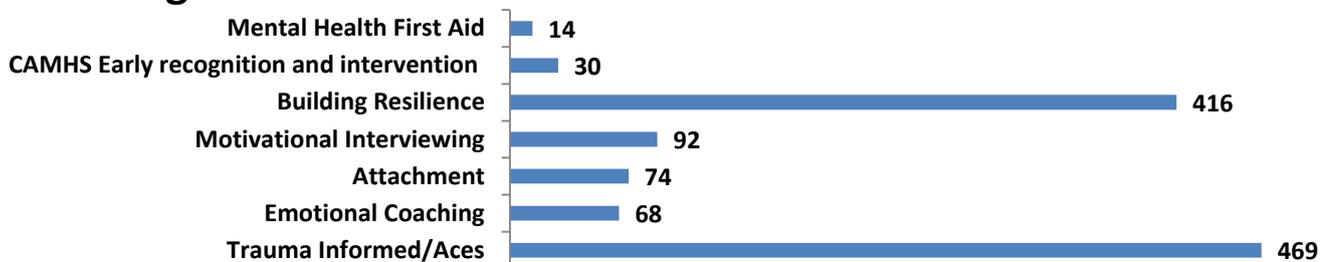
- However recruitment and retention remains a significant challenge particularly for both core CAMHS providers as staff move to more specialist roles within the services. CAMHS recruitment is therefore a risk to the success of our programme and noted as such. We recognise this is a national issue and welcome support on this.

What we have already achieved

- We have established a workforce development group to consider the workforce needs now and in the future
- We have enlisted an HR Consultant, Integrated Workforce Development Team Manager to drive forward a training programme promoting emotional health and wellbeing and trauma informed knowledge
- Training delivered from March 2019 to September 2019



Training



What we plan to do next and by when

- Provide quality training opportunities available for all people working with CYP - including staff and volunteers
- Support more people to choose a career in mental health services for CYP
- Continue to develop effective and trusting working relationships with community services in partnership - engaging them in the promotion of great mental health for CYP
- Listen to CYP and their parents and carers to understand their needs and what matters to them, and involve them in the development and improvement of services and the workforce that deliver those services

- Analyse need through our JNSA, so we can better target our workforce fairly and effectively - ensuring delivery where need is greatest and can do the most good
- We have commissioned *Whole Systems Partnership (WSP)* to assist us in developing an outline strategic workforce plan for an integrated Children's workforce in Derbyshire. They will develop this using their expertise in modelling the health of the population and blending this with Children's workforce data building on experience from other areas. The work will be completed in 6 Stages which are outlined in the attached project plan
The approach will include modelling Adverse Childhood Experiences and will take into account changes to the workforce that have recently been made and those planned to be made across organisations
- Key to this modelling is analysing the JSNA, projecting the population of Derbyshire to 2030, identifying the growth in CYP cohorts of need, whilst at the same time being mindful of the NHS Long Term Plan and the care functions of required to deliver it.

- Develop a workforce plan based on a stratified workforce model

Derbyshire Strategic Workforce Planning			
Stage	Activity	Time Days	Due
1. Groundwork	Scoping & defining the boundaries	3	21/06/2019
2. Cohort Model production	Update and extract the relevant data from our cohort models, including mental health intelligence & ACE in order to revise the underlying population health drivers for future need	4.5	28/06/2019
	Create 8 cohort model extracts matching Derbyshire Place Alliances		28/06/2019
	Analyse and use the Millennium Cohort data and add into the cohort model.	2	28/06/2019
	Triangulate cohort data including access rates with Andy Muirhead	1	11/07/2019
3. Workforce Model production	Identify the workforce intelligence available from James Kershaw (DCHS).	2	05/07/2019
	Outstanding workforce data to be collated and sent to WSP for analysis	2	05/07/2019
	Create outline Workforce Model	4	10/07/2019
	Check outline Workforce and Cohort Models with Working Group including early findings & design Engagement Event	2.5	12/07/2019
4. Engagement event	Engagement event to share and develop framework	2	26/08/2019
5. Developing the plan	Incorporate input from engagement, update data and models	2.5	25/10/2019
6. Refinement and Completion	Working Group input, document finalise and enabling of local team to use the tools.	3	22/11/2019
		28.5	

Workforce Development Plan

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

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
<p>To work effectively with schools and colleges</p>	<p>We have participated in the School CAMHs Link worker programme (Anna Freud National Centre for Children and Families) – total 60 schools/colleges plus other agencies</p> <p>Schools across Derbyshire have also attended Mental Health First Aid England (MHFA) courses</p> <p>The development of our Specialist Community Advisor Service will ensure links with schools and colleges and practitioners working CYP and will develop capacity and capability by supporting individual staff to support CYP mental health needs.</p>	<p>Learning from the link worker programme shaped the Derby City Opportunity Area emotional health and well-being proposal</p> <p>CAMHS staff are located in community bases</p> <p>This colocation with other teams has improved and understanding in mental health</p>	<p>Work with Opportunity Area Emotional Health and Well-Being project to</p> <ul style="list-style-type: none"> • clarify what level of training is realistic and achievable for schools • learn from implementation of the designate mental health support role <p>Learn from other schools that have commissioned their own training</p> <p>Develop a simple and clear offer to schools and colleges as above</p> <p>Embed the rolling programme of training.</p>	<p>As above</p> <p>Staff confidence in supporting children and young and know where to get help</p> <p>Increased confidence in practitioners in identifying and supporting CYP mental health</p>	<p>Nov 2019</p> <p>2019</p>
<p>To have the right skills in place</p>	<p>To date additional workforce developments have been planned in joint agreement between providers and commissioners based on service capacity and need e.g. wellbeing practitioners for CYP, Recruit to Train posts</p>	<p>Increased capacity in the system</p>	<p>As part of the review of urgent care/liaison/intensive home support review, scope workforce required for 24/7 crisis service</p> <p>Recommissioning of targeted intervention services</p>	<p>IAPT outcome measures</p> <p>KPIs performance monitoring</p>	<p>March 2020</p> <p>Quarterly</p>

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
To develop an ACE aware workforce across Derbyshire and Derby City	Launch two multi agency conferences in chesterfield and Derby City	A range of services and partners including FE/HE, DCC, Health, Fire and Rescue and third sector	To further upskill the workforce with key skills and knowledge through a range of further training and cultural awareness change	Monitoring and following up actions identified through evaluations	March 2019 - March 2020
To develop a Health and Wellbeing strategy within the HWB's across Derbyshire and Derby City	Pulled together a cross sector/partnership working group	Sharing of good practice and sharing of activity	Gain approval and support from the multi-agency Board for an ACE/Trauma aware region	Actions and feedback to be shared through this forum to gain senior managers lead	Paper presented September 2020
Single point of contact website development	Researched possibilities and levels of risk/accessibility	Understanding of what is required from a joint website	Research and provide a single website for Derbyshire and Derby City with information signposting and training/legislation	Track the number of 'hits' Follow up hits with annual update from services	Launch November 2019
Plan a range of learning/training opportunities following on from the launch events	Provided a range of training	Awareness and range attendees Derby College SHU Fostering	Plan additional package of training	Change of provision delivery Staff CPD Whole approach Change of language	March 2020
Specialist Community Advisor's (SCA's) development	Train the trainer skills session	Feedback Samantha Jones	Upskill the training team to ensure a quality delivery and support with skills and strategies	Feedback from training	September – March 2020
Mental Health First Aid training	Mental Health First Aid (MHFA) course - 6&7 August 19	Feedback from Specialist Community Advisors	Enable further training - to complement the MHFA course	Development of further courses (not duplication)	Nov 2019
Supporting SCA's training	Monitoring course delivered 10 x 9 courses x 9 SCA's	Supporting the community including schools with skills and knowledge to support MH	Tracking multi agency work across Derbyshire and Derby City	Feedback and number of attendees on courses Referrals?	September 2019 – March 2020

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
Raise awareness of Autism	Delivered a suite of multi- agency courses – across Derbyshire	A wider understanding of ASD	Provide more courses including across Derby City	349 attendees (current) Data evidence / feedback	Ongoing to March 2020
Commission ASD awareness raising from a parental perspective	Delivered a course from Sparkle Sheffield to multi agency workers	A boarder understanding of ASD from a parental perspective	Planning additional sessions – including a session for Foster Carers	Attendance and feed back Flyers of planned courses	September - March 2020
Awareness raising of LGBT+	Pilot course – delivered by Stonewall and partners	Course is currently full – not run yet	Planning additional courses across Derbyshire and Derby City	Attendance/feedback	September - March 2020
To work with Derby College to develop a trauma aware staff and embed within the curriculum	Staff have attended conferences	Not started yet	Planned sessions from the start of the new term	Feedback and attendance Monitoring through the college	September to March 2020
Support Foster carers	Delivered 2 sessions for Foster Carers at their annual conference 21/3/19	Engaged with the Foster Carers- many have attended the recent conferences	Support Foster Carers with further training	Attendance/feedback and information from Foster care team re practice	September 2019 to March 2020
	Accessed Timpson books to give to practitioners	Resource	Share as a resource during training Invite Dr Timpson to attend next conference - attachment	Attendance and feedback from conferences in March 2020	March 2020
Train Foster Carers across Derbyshire and Derby City	Supporting Therapeutic Parenting training		3 x full day courses x 100 people Autumn 2019 Plus Derby city in planning	Increased knowledge and support outcomes for YP and children in their care	September 2019 - March 2020

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
Refresh Workforce data and skill set - audit	Commissioned WSP	N/A – not complete	Will enable future planning for support and training of the workforce at the appropriate level	More effective and efficient planning of training/understanding of the whole workforce	October 2019
Development of a single access website	Researched websites- planned meeting with provider	N/A	Single point of information and signposting for all	Monitor access	December 2019
Follow up Trauma Informed conferences to multi agency- to encourage partnership working and a common language Building resilience	3 conferences in July 2019 - (Dr Suzanne Zeedyk) Postcards to encourage sharing of good practice and stop duplication	An empowered workforce An energy to share and work together Change in practice	Continue to offer a variety of courses – plan additional two conferences Deliver ‘resilience’ film in partnership with Derby College Workforce team to engage with key contacts - work in development	Evaluations Future collaboration	September 2019 - March 20
Early Years	Arranged visit nursery September	N/A no evidence yet	Work with Early Years setting to share good practice	Engagement with settings feedback	September 2019 - December 2019
Follow up Trauma Informed conferences x 2	Booked venues 4 th & 5 th March 2020	N/A	Source key note speakers to support whole children’s workforce	Attendance/evidence of working together	March 2020
First Steps (eating Disorders (3rd sector))	Arranged a meeting to review working together	N/A	Meeting 22 nd Aug 2019	Await meeting	March 2020

Our aim	What have we done	What has been the impact	What are we planning to do?	How will we measure the impact and outcome?	By when?
Derbyshire Fire and Rescue	Emailed to follow up request for training	N/A	Deliver training to new recruits	Awaiting meeting	March 2020
Importance of free play in resilience development	Researching		Run some courses to support Early Years (EY) and all practitioners	Attendance / evaluations	March 2020
Embedded trauma awareness within the new Derbyshire CC Early Help training offer	Meeting held with M Evans	N/A	Map training provision to job new roles	Evaluations/practice	Jan - March 2020 Ongoing for new staff

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Health & Justice

Derbyshire Crisis concordat arrangements have been reviewed this year. Under a multi-agency strategic group led by the Police and Crime Commissioner we are progressing plans for a single point of access. This will be linked to NHS111, based in the Police control room, and will be for both children and adults. Starting with building on the Adult service, currently partially in place, this will be expanded to include children and linked to our urgent care pathways for children being developed. We held a successful stakeholder event in August 2019 and the first stage of the adult expansion will begin in January 2020 with a proof of concept and a full procurement for all ages for 2021.

Through work already undertaken by the crisis concordat neither adults nor children are taken to police stations where MH is the primary consideration. Section 136 is not used to take people of any age to police cells in Derby and Derbyshire. We are however working closely with the Emergency Departments to manage children who may be taken there. Funding has been set aside and plans are in progress as part of new estate work to build a safe place within Derby at the University Hospital of Derby and Burton (UHDB) so that children who may have to wait for a Tier 4 bed will be better supported and or alternative arrangements put in place. At Chesterfield Royal Hospital (CRH) there are integrated admission arrangements to Childrens wards with MH staff support. UHDB are providing flexible use of their wards to ensure Childrens safety. Childrens liaison services are available on both sites to offer appropriate support and guidance on care.

Sexual Assault Referral Centre (SARC)

Derbyshire is part of the East Midlands regional arrangements for SARC - CYP

NHS England, DDCCG and local authority commissioners in region will work together to ensure SARC pathways are working smoothly across Derbyshire and are effectively integrated with core services

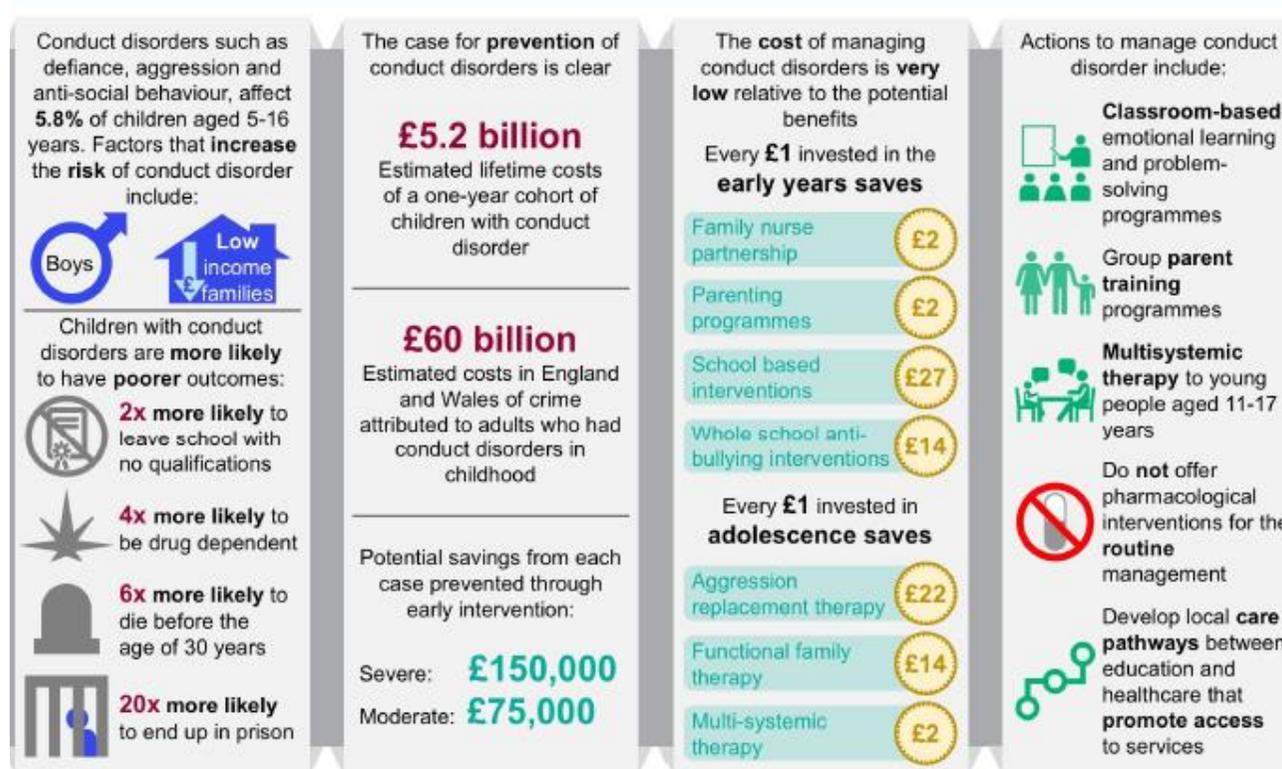
East Midlands Children and Younger Person Sexual Assault Service & Serenity (EMCYPSAS) are commissioned By NHS England to provide a service. There are new facilities in Nottingham which provides the SARC for children and young people in Derbyshire. Our local strategy focuses on developing trauma informed services. We have commissioned new services such as Build Sound Minds (targeted early intervention service) and have tendered for a refreshed Looked After Children service that will commence in January 2020; ensured trauma informed approaches are explicitly supported. The Adverse Childhood Experiences (ACE) conferences held this year provided training for 904 attendees. Including ACEs conferences there have been 1163 attendances at training events in the first six months - March to September 2019.

A recent workshop organised by NHSE identified the need develop a Business Case for a regional outreach sexual health service for under 13s that is sustainable. We are concerned that geography and distance to travel is impacting on take up of these Services .We will work with NHSE to enable local solutions.

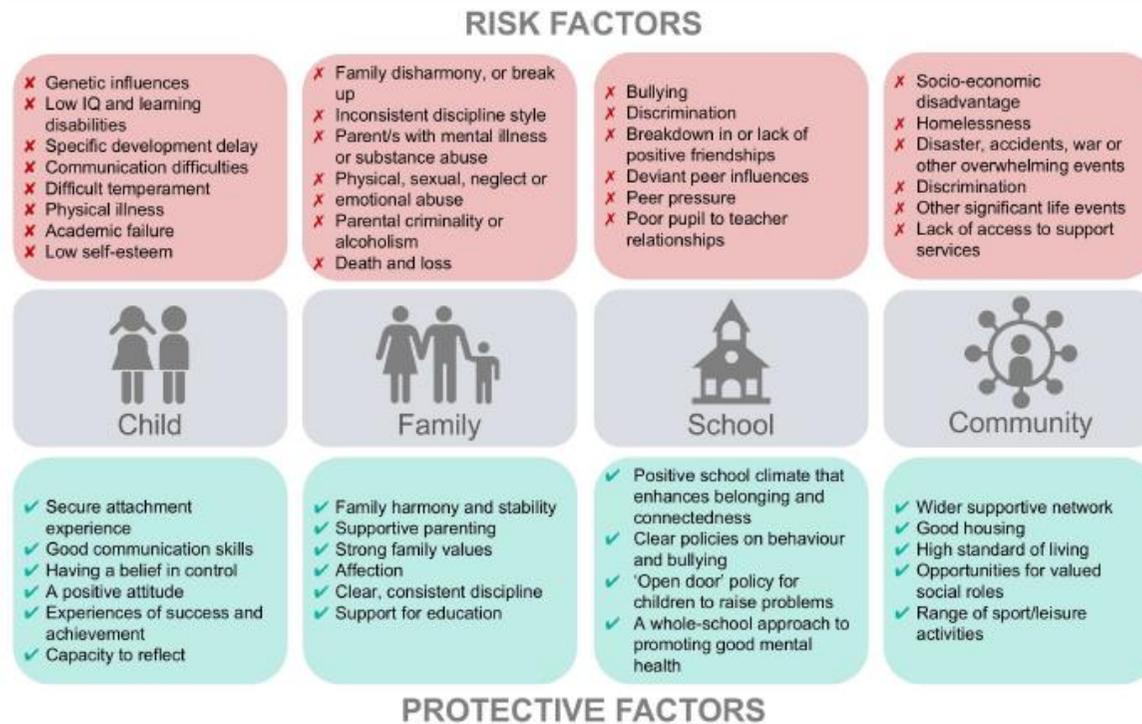
Priorities

- A commitment to continue to embed links between Youth Offending Services (YOS) and community based Future in Mind services, ensuring that young people known to YOS, with poor mental health access effective local services to maintain and improve their emotional and mental health
- 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. We have found that the issues that they are facing often lead to offending behaviour which, with earlier intervention, could have been prevented
- To ensure there are established pathways into MH services for CYP involved with the justice system
- We are using tables below that highlight the impact of conduct disorders and the national estimated costs to the system and the risk, and protective factors to make a difference to young people's lives, to inform our approach to children and young people know to the youth justice system

Conduct disorders



Risk and protective factors for CYP's mental health



Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

What we have already achieved

- Working with the two Youth Offending Services (YOS) across the Derbyshire STP footprint, Derbyshire County and Derby City, to promote consistency of approach.
- Psychological input to the YOS to provide interventions concerning traumatic experiences in conjunction with the CAMHS clinician; similar to the model in another local area, with a Psychologist specialising in Learning Disabilities and neurological disorders
- Psychological input into the YOS service to ensure screening for ASD, LD and ACEs for young people known to the Youth Offending Service and dedicated psychology for those needing further support to manage their condition appropriately, in order to reduce the likelihood of re-offending. This is a trauma informed practice model with enhanced case management based on models used in Lincolnshire and Wales

- The psychologist based in the North of the county has delivered training on ACEs to all staff in the North YOS. This consisted of 25 case managers and 13 Referral Order panel members. All staff attended a one day conference on Building Resilience
- Production of better assessments that incorporate the results of screening and learning around ACE's, resulting in improved direct work with young people affected by ACE's. All staff completed a post training evaluation which evidenced an increased understanding of the trauma recovery model
- A method of gathering data to help analyse the correlation between ACE's and offending
- Positive feedback from all CYP, families and referrers
- The addition of speech and language therapy interventions to work with the psychology and mental health clinicians, determining when difficulties are arising due to underlying developmental issues, funded through the Police and Crime Commissioners Office
- Development of a Multi-agency forum to challenge and support leading to continuous improvement in service delivery
- In the City a robust Health pathway was devised in 2018 and has been fully implemented
 - The pathway supports the delivery of effective, efficient, and responsive care to the young people
 - Strong working links with the KEEP (Looked After Children - LAC) for assessment and intervention with YP with harmful sexual behaviour. We currently have a training plan in place to upskill YOS staff in assessments and targeted intervention
- Derby City YOS has recently undergone a resettlement inspection. This examined the operational work of staff in YOIs and external agencies to help CYP settle back into the community after their release. Derby City has received a positive outcome and was praised on areas of excellent resettlement work including the smooth transition between custody and community. There were also a number of recommendations made in the report that stated that more could be done in regard to education and health care
- Participated in an NHS England Collaborative Commissioning Networks evaluation
This evaluation will inform next steps for the project. There will be a best practice document publically available in February 2020, which we will use as a basis for future developments

What we plan to do next and by when

- Psychologist to commence in the south of the county YOT to introduce the Enhanced Care Model (ECM) to case managers from October 2019
- CAMHS worker to commence in the south of the county YOT by December 2019
- Review criteria for ECM by March 2020
- Carry out QA exercise on all cases with 5 previous offences to help shape refresher training for case managers. QA to monitor if case managers are applying trauma informed practice by Dec 2019
- Continue to review the Projects on an ongoing basis (quarterly) to ensure robust service data and share this with the FiM Board and both city and county YOS Boards (quarterly)
- Gather data to help analyse the correlation between ACE's and offending.
- The involvement of the Liaison and Diversion (L&D) team within schools to promote partnership working with school nurses and establish links with education
- Education Health and Care Plans (EHCP) and Youth Offending Service reviews to work as one system when both are required: Families are sometimes overwhelmed with agencies who can be addressing the same issue. Criminal activity can be due to unmet needs, including the absence of meaningful activity. This can be absent due to education issues; partnership working between education and YOS by reviewing a young person's needs using one review would improve this gap
- To see successful further funding to secure the FIM project and the Youth Well Being Workers
- Future funding to enable local activities to run consistently and smoothly. Incl. the fishing project and sports / self defence programmes
- Specialised staff training in ACES, LD and ASD
- Improved joined up practice with liaison and diversion services

Case Study - FiM Worker - Derby City YOT

I worked with a YP who was bordering on receiving a custodial sentence

He was subject to a Criminal Behaviour Order (CBO) for 2yrs to avoid Derby City Centre

When we met, the YP he had low self- esteem and confidence due to difficulties at home. He was living with a relative in an area of high anti-social activity

We started by meeting weekly to help him participate in positive activities and improve relationships with his family. After a few months with support he began to participate in education. He completed his ASB and the CBO with no extensions. He is currently living back at home and looking for a job.

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Eating Disorders

Priorities

- Additional funding for 2020/21 for Childrens Eating Disorders Service (CEDs) for CYP will be invested in implementing initial response to the NHSE Long Term Plan requirements including establishing a specialist Family Based Treatment (FBT), by expanding the requirements of response within one week for urgent referrals and within 4 weeks for routine referrals for young people up to the age of 25 years, working closely with adult services to ensure that there is flexibility between children and adult services and young people are able to access the most appropriate services for their stage of development, regardless of their chronological age, and ensuring that there is a responsive 24/7 365 days a year service in place up to the age of 25 years.

NHS Long Term Plan

EATING DISORDERS: The NHS is on track to deliver the new waiting time standards for eating disorder services by 2020/21. Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21

What we have already achieved

Chesterfield Royal Hospital activity

CRH CAMHS Eating Disorder Service 18/19			
New Cases	North Derbyshire	Routine	29
New Cases	Hardwick	Routine	5
New Cases	North Derbyshire	Urgent	11
New Cases	Hardwick	Urgent	2
Existing Cases	North Derbyshire	Routine	276
Existing Cases	Hardwick	Routine	9
Existing Cases	North Derbyshire	Urgent	115
Existing Cases	Hardwick	Urgent	17

CRH Waits

CCG	Waits	Urgency	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Mean
NDCCG	Longest Wait (in weeks)	Routine	6.00	3.14	4.57	3.43	4.00	2.57	3.14	2.57	4.14	3.00	3.00	2.00	3.46
NDCCG	Average Wait (in weeks)	Routine	6.00	2.48	3.50	2.62	2.93	1.86	2.86	2.57	2.64	2.36	2.23	2.00	2.84
NDCCG	Longest Wait (in weeks)	Urgent	-	-	0	0.29	0.00	0.86	1.00	0.00	0.00	1.14	0.57	0.00	0.38
NDCCG	Average Wait (in weeks)	Urgent	-	-	0	0.29	0.00	0.64	0.67	0.00	0.00	1.14	0.19	0.00	0.29
HCCG	Longest Wait (in weeks)	Routine	-	-	0	2.57	0.00	0.00	1.29	0.00	2.28	0.00	0.00	3.86	0.98
HCCG	Average Wait (in weeks)	Routine	-	-	0	2.57	0.00	0.00	1.29	0.00	2.28	0.00	0.00	3.86	0.98
HCCG	Longest Wait (in weeks)	Urgent	-	-	0	0	1.00	0.00	0.00	0.00	0.00	0.71	0.57	0.00	0.22
HCCG	Average Wait (in weeks)	Urgent	-	-	0	0	1.00	0.00	0.00	0.00	0.00	0.71	0.57	0.00	0.22

Derbyshire Healthcare NHS Trust

Year	2018									2019		
Eating Disorders	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
First Face to Face	13	18	11	16	7	6	6	14	19	18	10	10
First Other	0	0	0	0	0	0	0	0	0	0	0	1
Total First	13	18	11	16	7	6	6	14	19	18	10	11
Follow Up Face to Face	136	161	199	187	144	155	173	162	114	160	132	137
Follow Up Other	9	32	28	24	16	22	7	26	15	15	13	25
Total Follow Up	145	193	227	211	160	177	180	188	129	175	145	162
Total Attended	158	211	238	227	167	183	186	202	148	193	155	173
Distinct Seen Count	50	55	60	62	54	60	57	57	53	63	53	47
DNA or WNB	9	15	13	11	9	10	4	13	4	7	7	8
% DNA or WNB	5.39	6.64	5.18	4.6 2	5.11	5.18	2.1 1	6.05	2.63	3.5 0	4.32	4.42
No Of Referrals	10	6	13	3	6	3	10	7	7	9	9	2
No of Discharges	2	8	6	10	4	2	12	4	7	2	4	14
Average Waiting Time (weeks)	1.2	1.4	1.1	2.8	1.5	1.5	1.1	2.1	2.6	1.8	2.2	3.2
Max Waiting Time (weeks)	2.7	2.9	3.1	4.1	1.9	2.6	1.9	4.1	5.1	3.9	3.6	5.1
Current Waiting	4	1	6	1	3	2	7	5	4	2	8	3
Average Current Waiting Time (weeks)	1.3	2.3	1	1.6	1.2	3.3	0.5	1.7	1.9	1	1.2	4.1
Max Current Waiting Time (weeks)	2.4	2.3	2.6	1.6	1.6	5.9	1.3	4.3	2.4	1.1	2.3	4.9

- Eating disorders services report on the strong commissioning position of the DDCCG MH team and how we have been supporting providers to achieve the targets
- Some excellent work has already begun in response to a high volume of referrals of young people nearing 18 years who are medically unstable where Adult consultants and ward staff have gone above and beyond to be supportive, usually at very short notice
- Consultation with children and young people, parents, carers and staff. Children and Young People's views from the consultations are being used to inform future commissioning decisions.
- Work is nearing completion on a single service specification for specialist ED services across the DDCCG footprint with clear person centred Multidisciplinary Team (MDT) arrangements. The offer includes step-up and step-down partnership working with the voluntary sector, with clarity about their role in providing longer term peer support, support for parents as well as for children and young people themselves
- One of the strengths of the North Derbyshire model has been the close work between the paediatric pathways for inpatient/outpatients, with skilled play therapists to work across both disciplines following the child as necessary from admission back to home, which appears to have reduced Tier 4 admissions. The service in the south of the county has worked to develop clear pathways and protocols for care of children and young people admitted to hospital with eating disorders, including the provision of link worker from the Eating Disorders Team. This provides support for children/parents who are admitted and input into hospital care plan to support paediatric clinicians and supported the CAMHS RISE (Rapid Intervention Support and Empower) - Urgent Care Team, with assessments where eating difficulties are present and an eating disorder is suspected
- The services are already working in line with the model recommended in the NHSE Commissioning Guidance, offering a range of evidence based interventions in line with Maudsley Model , including NICE Junior Marsipan (**M**anagement of **R**eally **S**ick **P**atients under 18 with **A**norexia **N**ervosa), CBT E (a psychological treatment designed for people with eating disorder psychopathology) , systemic therapy, Radically Open Dialectical Behaviour Therapy (RO DBT), and team members have accessed further training in Eye Movement Desensitisation and Reprocessing (EMDR) and Adolescent Focused Therapy, Anorexia and Autism and Eating Disorders
- Each organisation has robust monitoring arrangements and uses evidence based outcome tools such as Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
- Services are part of the East Midlands Clinical Network for Eating Disorders and have been accessing the training and development opportunities that are part of that programme. This has enabled the staff of the services to more consistently deliver evidenced based interventions and develop more effective team working. Improved information has increased appropriate self-referrals, enabling CYP to positively choose to access timely help
- All services continue to track progress against trajectory and develop measures for continuous service improvement

- The voluntary sector provider has developed specific measures, with children and young people, for measuring the impact of peer support and measures the number of practitioners who have increased confidence in early identification, support and early intervention
- Some have developed training for universal services to increase awareness, enable positive early identification of problem development and effective early intervention to reduce the likelihood of problem escalation. This training is being delivered to parents, including foster carers as well as professionals
- Eating disorders already participate in ongoing training opportunities and conferences where available and regularly access BRED online resources to keep updated amongst others
- Attendance at clinical network meetings are helpful in being able to benchmark our practice against other services and services have close liaison with adult and CAMHS inpatient teams
- Performance regarding wider provision

Service	Achievement
Delivered 1:1 peer support to CYPs	CCG Targets: 311 Sessions to 59 CYPs <ul style="list-style-type: none"> • 410 peer support sessions to 68 unique CYPs under CCG funding • 120 sessions to 20 unique CYP under match funding A total of 530 sessions to 88 CYPs delivered across Derby and Derbyshire
Delivered weekly CYP self-help support groups	51 Peer-Led Groups were delivered to a total of 292 attendees under match-funding
Provided support for parents and carers	CCG Targets: 64 Hours of Support <ul style="list-style-type: none"> • 36 parents/ carers attended our Skills for Carers Workshops 24 hours x 36 delegates • 11 parents were supported by our Online Befriending 80 hours x 11 delegates • 11 parents and carers attended our Self-Help Peer-Led-Groups 52 hours x 11 delegates • A total of 47 individual parents/ carers were supported with 2,316 Hours of Support
Delivered Body Image Workshops in Primary and Secondary Schools	CCG Targets: 32 Awareness Workshops <ul style="list-style-type: none"> • 32 Body Image Workshops to 861 unique CYPs under CCG funding • 31 additional workshops were delivered to a further 840 unique CYPs match funded • A total of 63 workshops to 1701 unique CYPs across Derby and Derbyshire

<p>Delivered training and awareness raising for professionals and Primary Care</p>	<p>CCG Targets: 4 GP groups, 16 Primary Care Practitioners</p> <ul style="list-style-type: none"> • 340 professionals were trained through Eating Disorders CPD training under match-funding, of this total: <ul style="list-style-type: none"> ○ 50 were GPs and Registrar GPs from the East Midlands Medical School, Deanery ○ 150 were Student Nurses ○ 30 were Teachers and School support staff ○ The remaining were local authority staff, public health and counselling practitioners • 766 professionals engaged with First Steps ED events and our staff who delivered Body Image and Eating Disorder employer Workshops and Awareness Raising events during a range of planned timetable events including February's 'Eating Disorders Awareness Week', and May's 'Mental Health Awareness Week which reached the following: <ul style="list-style-type: none"> ○ 80 were Student Nurses from University of Derby and Derby College ○ 60 were Teachers and School support staff ○ The remaining were local authority staff, public health and Mental Health First Aiders
<p>Provided volunteering opportunities through peer recruitment</p>	<p>CCG Targets: 8 Peer Recruitment</p> <ul style="list-style-type: none"> • Over 100 volunteers were trained and recruited during 2018/19 • 11 student placement opportunities were provided to Health and Social Care and Psychology Students from the University of Derby • 2 student placement opportunities were provided to Master Students following completing their medical doctorate seeking work experience with Eating Disorders

- **Impact for Peer Support (measured first session and last session):**

100% of CYPs reported an increase in:

- feeling optimistic for the future
- dealing with problems well
- feeling more confidence
- feeling better equipped to cope with ED
- motivated for recovery
- food is becoming less of a trigger day-to-day

85%* of CYPs reported an increase in:

- feeling more useful
- energy to spare
- feeling close to other people
- interested in new things

*remaining 15% reported no change

Impact for Self-Help group

- 89% of CYPs reported feeling less lonely and more understood by others.
- 100% of service users rated the support 8 or above out of 10. 71% of service users rated the support 10/10

Impact for CPD training for professionals

- Training improved the knowledge of attendees with regards to the different types of eating disorders, including signs, symptoms and possible causes. Before the training, 90 % were not confident and, following the training, 90% were very confident
- The training had a substantial impact on knowledge and insight into support tools used with eating disorder, as before the training 80% of those who attended the training were **not confident**. After the training 55% were reasonably confident and **40% were very confident**

Impact for School Workshops:

- Following the session delivery, 95% of the pupils strongly agreed they had a greater understanding of how the media affects body image and self-esteem following the session delivery. Before the session commenced, only 18% of students felt this way.
- 85% of the pupils either agreed or strongly agreed that they had an understanding of how to improve their own self-esteem and body image after the session, in comparison to only 7% of students before the session

Impact for Skills for Carers

- 90% of carers thought they were a more supportive carer after the session
- 100% of attendees reported improved relationships within the family
- 100% of attendees reported reduced the risk of relationship breakdown

I have also attached a joint award bid which we have agreed to submit with Adults and CAMHS south to promote our strong integrated pathway and collaboration for a third sector care awards later this year. I am also in discussions with HSJ about submitting a further bid for the 2019/20 Partnership Awards with a deadline of November.

What we plan to do next and by when

Eating Disorders - Planned numbers and associated finances

	2019/20	2020/21	2021/22	2022/23	2023/24
National Derbyshire	Specialist 125	140	200	225	250
	Step -up / down 152	Step-up / down 180	Step-up / down 200	Step-up / down 250	Step-up/ down 300
Associated Funding Specialist	£570,000	£900,000	£1,285,714	£1,446,428	£1,607,142
Step up/down	£60,000	£65,000	£70,000	£90,000	£120,000
ED standards 1 wk. for urgent referrals 4 wk. for routine referrals	90.9%	95%	95%	95%	95%
Developments in service delivery	Consistent service specification across the area	Intensive Family Based Therapy 24/7 provision	+ 18-25 year service Intensive Family Based Therapy 24/7 provision	+ 18-25 year service Intensive Family Based Therapy 24/7 provision	+ 18-25 year service Intensive Family Based Therapy 24/7 provision

- Eating disorders are keen to establish new elements including an intensive home based family therapy offer for particular children, development of a 24/7 offer
- Future planning with adult commissioners regarding the 18-25 year olds, is needed in order to ensure that they are able to access provision according to the current standards for 0-18years i.e. 1 week response time for urgent referrals and 4 weeks response time for routine referrals
- Some work with adult services has already begun, with co-working for some young people transferring between services, including for those being discharged from inpatient units back into the community before their 18th birthday. Services have received a high volume of referrals of young people nearing 18 years who are medically unstable, physicians and ward staff have gone above and beyond to support the young person, usually at very short notice. The impact of these changes for children and young people have been very positive, with increased choice for young people and parents, high

quality of care, parents and carers identifying positive impacts of enhanced team working, and high quality safe care in the community resulting in few admissions and reduced lengths of stay

- Services are keen to explore joining the national programme

Dear CAMHS ED Team - Just to say well done on being a finalist at the recent Quality Awards. Great recognition, even if you didn't win this time.

– June 2019

I didn't feel judged at any point and I always felt comfortable talking about the way I felt. – YP
Multi-disciplinary approach was good. Support for us both, excellent, considerate and non-judgemental - Parent

Everyone who has helped me has been very friendly and helpful - YP

The Team are all lovely. CBT was a massive help and the addition of Cheryl to the team was a real asset to the Service - Parent

The counsellors were helpful and I felt that some of what I was going through at the current time was listened to. There was a good amount of help evident during this – YP

Very good listeners - Parent

The best part about my care was that I didn't feel like I was going to an appointment because I was sick. Vicky treated me like a friend but even when I was ill I didn't feel ill. Very excellent service – YP

Really listened. Help was great - Parent

I was really listened to and given lots of advice about different strategies to help me - YP

- There is a national challenge in recruiting dieticians for work with children, and this has been the case locally. The additional funding that is invested will enhance the workforce to enable the initial stages of this development

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Data - Access and Outcomes

Priorities

- Children and Young people access target trajectory 19/20 - 2023/24

	2019/20	2020/21	2021/22	2022/23	2023/24
National		73,000	164,000	254,000	345,000
Derbyshire 6612		6824	6841	6858	6876

- Fulfilment of the requirement to ensure providers are submitting primary and refresh access and Reliable Outcomes Measures (ROMs) data to MHSDS in line with the defined submission schedule.
- To continue to work with NHSE, North of England Commissioning Support Unit (NECSU) and Providers to ensure data quality issues are activity resolved to promote 100% data is entered on MHSDS
- Ensure access activity and ROMs is in line with contracted activity via contract performance meeting
- Maintain a local data return to act as early warning indicator of poor quality submissions
- Continue to work with NECSU to support providers with technical support

What we have already achieved (18/19)

Provider ODS Code	CYP generated number	CYP generated number	CYP generated number	CYP generated number	2018/19 Total
	NORTH DERBYSHIRE	SOUTHERN DERBYSHIRE	EREWASH	HARDWICK	
RXM	18	1709	290	36	2053
RFS	1009			336	1345
RTG	6	1048	89	11	1154
8K177	301	536	206	26	1069
8JC79	38	201	8	16	263
NDC10	148	54	27	18	247
8HR45	137		46	38	221
8K326		132	25		157
8AX27		109	45		154
8K181		83			83
506	22	39	11	7	79
RHA		22	19	19	60
8K335	5	8		16	29
DFC	8	15			23
RNK	9	10			19
RRE		12			12
R0A	11				11
RCU	10				10
RT5		8			8
RT2	8				8
					7005

7005 children equates to 35.81% of those who are likely to have a diagnosable mental health condition across Derbyshire.

What we plan to do next and by when

- Continue to ensure routine data is captured
- Ensure the requirement to consider the ROM's and patient and carer feedback is a focus in all contract performance meeting to facilitate outcomes driving local delivery and demonstrate impact

- Progress the support of providers to successfully upload their access activity and reliable outcome measures to the MHSDS (SDCS-cloud) at the required submission window
- Extend the arrangements with the CSU to support the smaller providers to fulfil their contractual requirement
- Further develop the data quality and assurance of providers

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Urgent & Emergency Care for Children & Young People

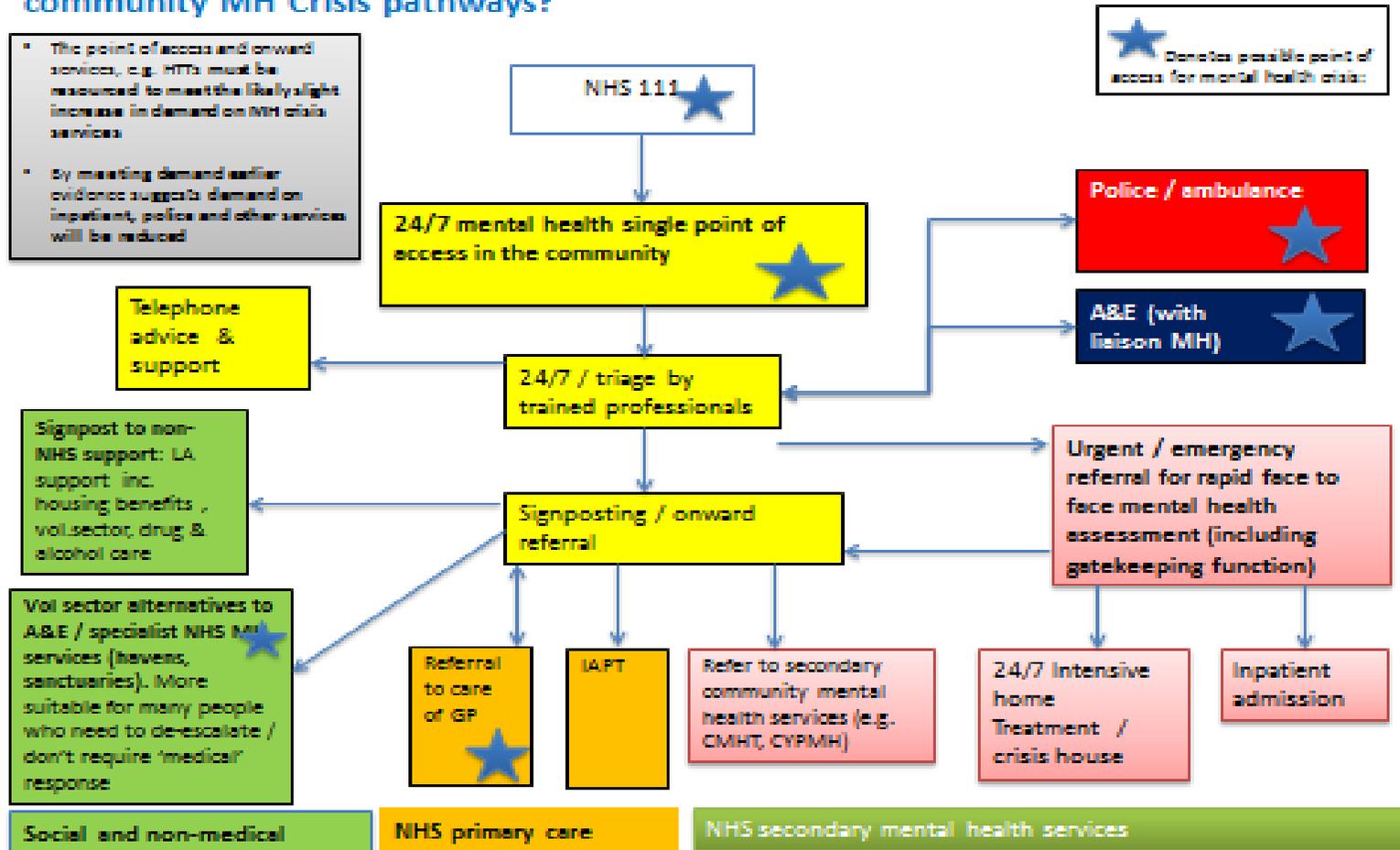
Priorities

- The CCG is working with NHS specialised commissioning to support the regional approach to new models of care. We have seen a reduction in use of tier 4 beds in Derbyshire in the last four years and will build on the work to support community alternatives as part of our urgent care planning and CAMHS Review. We are reviewing the need of children who wait for protracted periods in acute hospitals to look at a safe place within Derbyshire but also how we may mobilise support for alternatives to tier 4 hospital admissions. We will support the development of opportunities for joined up approaches with the adult eating disorder and also the forensic pathways
- Ensure that anyone experiencing mental health crisis can call NHS 111 and access 24/7 age-appropriate mental health community support
- Continue ambition to ensure that all children's community crisis resolution and home treatment services are resourced and operating with high fidelity by 20/21
- Ensure that by 2023/24, 70% of Mental Health Liaison services in acute hospitals meet the 'core 24' standard, working towards 100% coverage thereafter
- All children and young people will have access to 24/7 crisis, liaison and home treatment services by 2023/24
- Increase provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet needs for many people experiencing crisis.
- Increase alternatives to inpatient admission in acute mental health pathways, such as crisis houses and acute day services.
- Improve ambulance response to mental health crisis by introducing mental health transport vehicles (subject to future capital funding settlement), introducing mental health professionals in NHS111/ 999 control rooms; and building the mental health competency of ambulance staff
- Deliver consistency and offer by transforming our current urgent care and crisis services that historically have been developed through our two CAMHS providers, Derbyshire Healthcare Foundation Trust (DHcFT) and Chesterfield Royal Hospital (CRH), and as such different models operate across the Derbyshire/derby STP footprint, principally based on the way other services around them are organised. Chesterfield is largely an acute hospital Trust and

Derbyshire Healthcare are a community based mental health provider and work closely with Royal Derby Hospital (acute Trust) to support children and young people requiring urgent care

- Unify the current variation in provision of crisis mental health care for CYP across the STP footprint as depicted in the image below

Direction for crisis care in NHS Long-term plan: a standard minimum offer for community MH Crisis pathways?



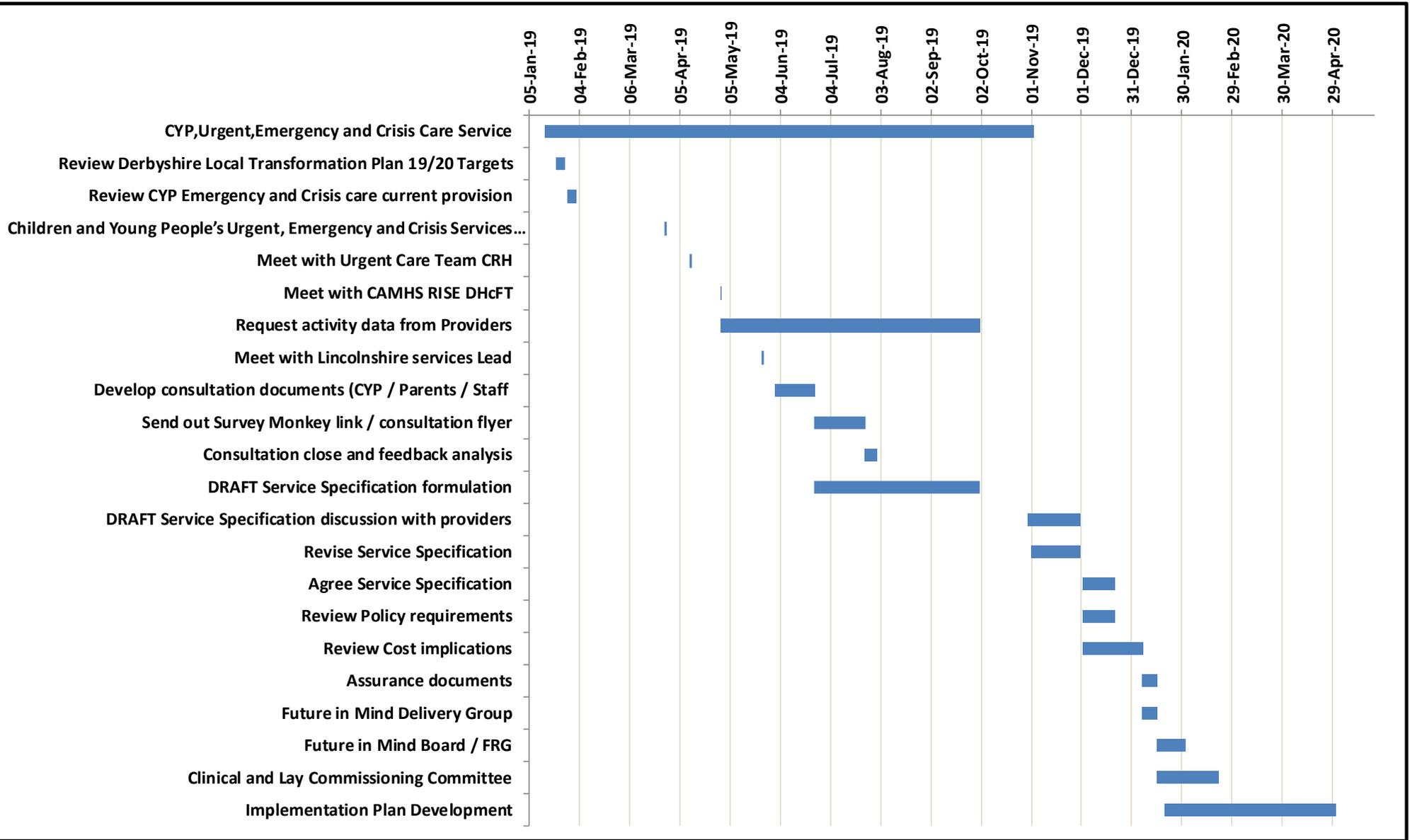
NHS Long Term Plan

Expanding timely, age-appropriate crisis services will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services. Evaluations of urgent and emergency care services for children and young people in Vanguard sites found that, on average, 83% of children and young people referred to crisis and liaison services were seen within four hours. Children and young people who received intensive community follow-on support subsequently made less use of crisis services compared to less integrated services. With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week

What we have already achieved

- Participated and contributed to workshops such as the Crisis Concordat - Access to Urgent Mental Health Care Co-Production Workshop for Derbyshire, with the aim of support the delivery of 24 hour services, which are integrated with other MH systems in the Voluntary Sector, in NHS and Local Authority services, NHS 111, Ambulance services and Police and Crime Commission
- We are engaging with the providers across the footprint to develop a service specification to model delivering 24/7 urgent and emergency mental health services for CYP and their families in line with the 2019/20 planning guidance and the NHS Long Term Plan. The intention is to have one service specification across the whole Derbyshire, unifying the current specifications. We are seeking to make reasonable adjustments to ensure there is appropriate provision for those with LD, autism and / or ADHD in the development of the service specification. The project plan for this is below.

CYP UEC Transformation PLAN WORKING DOCUMENT



- We have undertaken a consultation exercise with staff, CYP and Carers

Q. We want to make the service even better. Please tick all of the following things you think are a good idea:

Answer choices	No. of responses
Being able to refer yourself	12
Service to be available 24 hours a day, every day, all year round	9
Being fully involved in the assessment and care plan	9
Use of the NHS111 telephone number as the first point of contact to refer	8
Being assessed somewhere not too far from home	8
Being spoken to in words you can easily understand	7
Using apps and other digital technology to stay informed	7
Total	13

CYP comments:

- *'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.'*
- *'Self-referral a lot of people struggle to tell their parents or parents don't believe them when they tell them.'*
- *'All important.'*

Examples of comments provided by parents:

- *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.'*
- 'My son is only 16, gay male and was supported and treated very well.'*

Q. If you think one of the above statements is more important than the others, please say which one and tell us why you have chosen it?

Answer choices	No. of responses
Service to be available 24 hours a day, every day, all year round	5
Use of the NHS111 telephone number as the first point of contact to refer	1
Being able to refer yourself	1
Being fully involved in the assessment and care plan	1
Being assessed somewhere not too far from home	1
All important	1
Being spoken to in words you can easily understand	0
Using apps and other digital technology to stay informed	0
Other – Praise for the service	2
Total	12

Q. What do you think the service offers to families and their children?

Theme	No. Responses
Crisis Support & Advice	20
Emergency Crisis Management	6
Urgent Assessment/Treatment	12
Therapy & Counselling	1
Signposting	2
Hard to access services	11
Praise for the service & speed of response	6
Other - Effective but lacking awareness (1) Very poor for MH (1) More publicity/awareness (1)	3

Q. The NHS Long Term Plan for CYP requires commissioners to take the following things into consideration when developing a new specification. Please tick all of the following things you think are a good idea

Criteria	No. of Responses
CYP assessed not too far from home	45
CYP able to self-refer	41
CYP can make use of apps and digital technology	40
Service to be available 24 hours a day, every day, all year	39
CYP fully involved in the assessment process and writing of crisis plans	39
CYP spoken to using simple language	36
Use of NHS 111 telephone number as first point of contact for referral	20

What we plan to do next and by when

- Developing plans for improved access urgent mental health care for all ages across the whole system; providers, Police and Crime, Ambulance services, NHS 111 and people with lived experience
- We will work closely with commissioners of adult services continuing to engage with the providers across the footprint to develop a service specification to model delivering 24/7 urgent and emergency mental health services for CYP and their families in line with the 2019/20 planning guidance and the NHS LTP. The intention is to have one service specification across the whole Derbyshire, unifying the current specifications. We are seeking to make reasonable adjustments to ensure there is appropriate provision for those with LD, autism and / or ADHD in the development of the service specification. It will consider alternative sources of support such as Crisis Cafés, and Safe Havens where possible. The planned service will have no age or diagnosis restrictions. Input from stakeholders within children and adult services from all providers
- In unifying the current variation in provision of crisis mental health care for CYP across the STP footprint we seek to promote changes in pathways to impact on the use of inpatient CAMHS, most notably on length of stay and therefore overall bed days
- Continue with locally agreed KPIs in line with national expectations to for access and waiting time ambitions and the involvement of CYP and their families, including monitoring their experience and

outcomes. In addition to the additional requirements for paired outcome scored for collection and submission to the national SDCS- cloud we will consult and involve CYP, parents, carers and staff

Admissions to Tier 4 Beds

Admission Year	Values	Specialty Area				
		CAMHS Acute	CAMHS ED	CAMHS LD	CAMHS Low Secure	CAMHS PICU
2018/2019	No. Patients by ID	29	4	1	3	2
	Sum of LoS	1,811	532	161	467	145
	Avg. LoS	62.4	133.0	161.0	155.7	72.5

Count of patients	Specialty Area	Admit Year
CCG		2018/2019
NHS Derby And Derbyshire CCG	CAMHS LD	1
	CAMHS Acute	29
	CAMHS PICU	2
	CAMHS ED	4
	CAMHS Low Secure	3
Grand Total		39

NHS Long Term Plan

Increased investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. Every local health system will be expected to use some of this growing community health services investment to have a seven-day specialist multidisciplinary service and crisis care. We will continue to work with partners to develop specialist community teams for children and young people, such as the Ealing Model, which has evidenced that an intensive support approach prevents children being admitted into institutional care

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Early Intervention in Psychosis (EIP)

Priorities

- All services providing EIP care for children and young people should ensure that the staff are competent and have the capacity to work with families and carers and related evidence-based interventions are offered routinely. Services should include competencies around working with families and carers and addressing social care needs, including safeguarding, in their staffing and training and also in their relationship with children's social care

Access to and participation in education and training is a crucial aspect of recovery and fulfilling children and young people's potential as adults

- Services should ensure they have a strong interface with education to provide a personalised educational support plan, including re-integration after periods of non-attendance which may include an inpatient stay
- Dedicated educational, training and employment specialists with a primary expertise in this area should be an integral aspect of service provision
- Improving emotional health and psychological well-being is everyone's business, which means a key element of mental health care is the interface with other services. The service will operate within a well-linked, integrated whole systems approach to mental health service delivery

What we have already achieved

- Previous investment in EIP services in Derbyshire has meant that the service has consistently sustained the national target for the last four years. The service was at Level 3 Compliance from April 2019, this dashboard will be continually monitored to ensure that we continue to achieve the target
- Plans are in place to ensure that SNOMED (a systematically organised computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting) and outcome measures data will be routinely submitted to MHSDS by April 2020
- To support multi-agency working, clear care pathways and formal working agreements are in place to outline how such relationships need to be conducted. Services requiring such agreements include: Crisis Resolution Teams, Children and Young People Mental Health Services and CAMHS, Out of Hours Services (including Local Authority and Health), Adult Mental Health Teams, Youth Offending Teams, Police, Substance Misuse Services, Hospital Services, Learning Disability Services and Community Health Teams. Other services and teams will need to be identified on a locality basis
- Quality Statements: EIP/UNIFY*/MHMDS Compliance monthly showing data match between data sets commissioner report to NHSE monthly. See below

*UNIFY - an online collection system used for collating, sharing and reporting NHS and social care data

NHS Long Term Plan

Between the ages of 16-18, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. We will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds. In addition, NHS England is working closely with Universities UK via the Mental Health in Higher Education programme to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities

Headline	Quality statements	
	Children and young people QS	Adults QS
Maximum waiting time from referral to treatment	Children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment ¹ within two weeks.	Adults with a first episode of psychosis start treatment in early intervention in psychosis services within two weeks of referral.
Psychological therapy	Children and young people with a first episode of psychosis and their family members are offered family intervention.	Family members of adults with psychosis or schizophrenia are offered family intervention.
	Children and young people newly diagnosed with bipolar depression or a first episode of psychosis are offered a psychological intervention.	Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp).
Support for carers and families	Parents and carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia are given information about carer-focused education and support.	Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.
Physical health and healthy lifestyles	Children and young people with bipolar disorder, psychosis or schizophrenia are given healthy lifestyle advice at diagnosis and at annual review.	Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.
		Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.
Medicines management	Children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have their treatment monitored for side effects.	Adults with schizophrenia that has not responded adequately to treatment with at least two antipsychotic drugs are offered clozapine.
Education, employment and training	Children and young people with bipolar disorder, psychosis and schizophrenia have arrangements for accessing education or employment-related training included in their care plan.	Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.
Crisis care	Children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis are offered home treatment if it is suitable.	

¹ The QSI02 Committee reasoned that it was not appropriate to say 'start treatment' within two weeks of being waiting time referred because many children and young people will need to undergo a period of assessment before a from referral to diagnosis can be made and treatment can be started. Please note, however, that the 'Early Intervention Psychosis Access and Waiting Time Standard' is targeted primarily at people 14-65 and treatment will be deemed to have commenced when the person:

- has had an initial assessment, AND
 - has been accepted on to the caseload of an EIP service capable of providing a full package of NICE recommended care, AND
 - has been allocated to an engaged with an EIP care coordinator
- See [chapter 4](#) for further details.

What we plan to do next and by when

- We will be commissioning a service with adult commissioners to deliver the standard across all ages, it is important that there is a strong interface and relationship between children and young people's mental health services and EIP teams, and that expertise in working with young people and their families or carers is an integral part of an EIP service. This extends to training initiatives, supervision and / or consultation and joint protocols. EIP services should also have access to practitioners with expertise in identifying neurodevelopmental disorders in children and young people in the presence of psychosis to facilitate vocational and educational recovery and social functioning
- We will review the service offer ensuring effective delivery for eall CYP from the age of 14 years old extended up to the age of 25 years old
- Ensure that plans are in place to deliver ARMS (at risk mental state') ,provision by 2020/21 in line with national guidelines

- Ensure that plans are in place to deliver all age provision by 2020/21 in line with national guidelines (applicable to Northants only)
- Develop local workforce development plans to deliver training needs, improve workforce recruitment and retention, and support new EIP worker role and peer support role
- Ensure all services are at level 2 (requirement from 18/19)
- Ensure that for Childrens services and transition whose first episode psychosis occurs when they are of transitional age, clarity about what is offered by which service (CAMHS or EIP or both) and when is important. This is to ensure they receive a timely and effective service. Where transition to adult services has to happen during the duration of treatment (usually three years), this should be supported by a transition protocol and reflect a shared decision between the children and young people's mental health service, the young person and the adult EIP team to best address the maturing needs of the young person
- To support multi-agency working, clear care pathways and formal working agreements are in place to outline how such relationships need to be conducted. Services requiring such agreements include: Crisis Resolution Teams, Children and Young People Mental Health Services and CAMHS, Out of Hours Services (including Local Authority and Health), Adult Mental Health Teams, Youth Offending Teams, Police, Substance Misuse Services, Hospital Services, Learning Disability Services and Community Health Teams. Other services and teams will need to be identified on a locality basis.

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CYP Mental Health Services within Educational Settings

Priorities

- Working across the whole Derbyshire footprint
- Increasing the number of Mental Health Support Teams (MHST) across Derbyshire through bidding for more teams on an annual basis
- A whole school approach to prevention and early help.
- Be a Mate Campaign - Anti-stigma Ambassadors
- Changing Lives Trailblazer
- Opportunity Area
- Emotionally Healthy Schools Portal
- Mental health family support materials for schools
- University student placement scheme

What we have already achieved

- Using the Emotional and Mental Health Wellbeing Audit from the Derbyshire Resource we have helped schools to review their current approach to Emotional and Mental Health, allowing them to identify strengths and areas for development. Schools considered the descriptors and recorded how they are currently meeting them. The self- assessed 'RAG' (red, amber or green) rating helped them to identify which areas need more attention in developing a whole school approach.
- 155 Schools have bought into the PSHE (Personal, Social and Health Education) Matters package and have received training. This means that schools are working in line with the new OFSTED framework and PSHE guidance for 2020 which has a strong emphasis on building relationships and health and wellbeing. Staff report feeling more confident to deliver lessons around these areas.
- 85 Schools have completed a school audit and have a named Senior Lead Teacher.
- Schools report being more aware of the MHFA training that is available and everyone who has applied has either received training or has signed up.
- All schools involved in WSA are developing Mental Health policies. Schools report being more aware of the 5 ways to wellbeing and are starting to embed it into school life and promote as part of staff wellbeing.
- The Whole School Approach (WSA) grant has enabled schools to invest in skilling up staff and buying a resource and training which often they find difficult to fund. The grant has allowed schools to take more of a flexible and personalised approach to improving wellbeing with such a variety of requests being made from Forest Schools to improve outdoor learning to investing in a pet for therapy or an artist to improve their inclusion room space.
- We have developed a peer educated training programme for Anti-stigma Ambassadors which is suitable for primary and secondary school pupils to enable them to feel confident to deliver messages around mental health and to be able to support themselves and their peers. Key things:
 - Job description
 - Application process
 - Training event
 - Action plan
 - Impact
- We have held a School council conference in collaboration with Derbyshire Youth Council to develop a youth mental health charter.
- As part of this a Be a Mate social media platform has been created on Twitter & Facebook to share messages and practice. We have also worked with the voluntary sector to share messages within the community.
- This year 550 young people have been trained as Mental Health Ambassadors as part of the 'Be A Mate' programme to strengthen pupil voice. This is becoming embedded as schools are asking for more training for the following cohort of young people. Young people report that now they now understand what Mental Health is and don't just see it as Mental Illness. They report that we all have Mental Health and we need to look after it.
- 25 schools including 95 young people and 30 staff attended the School Council Conference which was in collaboration with Derbyshire Youth Council which focused on improving pupil voice. The schools are currently developing Mental Health Charters with their School Councils and will report back in October so we can share ideas with other schools.

- The social media page - we have posted 174 tweets (was 20 in January) with 144 followers (was 36). Facebook has gathered 118 likes and 127 follows (both up 10% since March when we started posting here). Our posts do best when we connect with national initiatives (#timetotalk) or groups with large followings who retweet us (@highpeakcomarts) which get us a reach of over a 1000 (23000 was our highest).
- We have strengthened relationships with Bolsover Sports Partnership and have worked with the Bronze and Silver Ambassadors to share the 'Be A Mate' message reaching over 200 young people.
- 40 Fire Cadets have been trained to be Anti-stigma ambassadors.
- Working in partnership with Chesterfield Football Club, 25 coaches were trained as mental health ambassadors. This has raised the profile and as a result featured on ITV's Calendar news.
- 101 schools so far have signed up to train a DSLMH, with 44 schools already started on the training. 65 schools were represented at the first DSLMH Network Day, with 75 delegates altogether including NHS and Public Health colleagues.
- An emotionally healthy schools website is being developed to provide schools with an online one-stop shop for all aspects of mental health. www.emotionallyhealthyschools.org
- The existing Special School Mental Health Leads Network will develop and produce specific materials to support schools working with families, where there are special educational needs and mental health support needs.
- The University of Derby have created a new student placement pathway into schools, in order to share techniques with schools and staff to create an emotionally healthy environment. The students will come from a wide range of therapeutic programmes
- Derby Opportunity Area Delivery Plan - (Emotionally Healthy Schools) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675035/Social_Mobility_Delivery_Plan-Derby.PDF
 - The national Opportunity Area programme is supporting Derby City schools to take an evidence-based approach to tackle social mobility and emotional health and wellbeing. It has made grants of up to £25,000 available to projects that improve outcomes for children and young people struggling with these issues
- Derby City
 - Derby is a young city where 7% are of a pre-school age
 - Derby is a social mobility cold spot (Social Mobility Commission, 2017)
 - 20% of young people live in poverty, rising to almost 50% in certain neighbourhoods of the city
 - 25% of the total population are from BME groups, rising to almost 40% of school children. Residents demonstrate a heritage associated with at least 180 different countries. 35,000 residents were born outside of the UK. Being of a BME group increases the risk of mental illness considerably
 - 81% young people receiving Pupil Premium
 - Derby has a higher than average estimated prevalence of mental illness in young people. Approximately 4,600 school-aged children will have a mental health disorder
 - 36.1 people in every 1,000 of a working age, claim benefits for mental and behavioural disorders
 - Derby has a significantly higher number of looked after children aged 0-16 years (56.3 and 93.2 per 10,000 0-16 population, compared with 36.9 and 75.3 in England)

- Derby has a significantly higher number of first time entrants to the youth justice system – 529 10-17 year olds per 100,000, compared with 368.6 in England.
- Derby has a significantly higher proportion of teenage mothers as a % of all mothers, at 1.6% compared with 0.9% nationally
- Rates of protective factors associated with positive mental health in young people are low, including for breastfeeding; dental health (as a proxy for general parental care of young people); school readiness; those in education, employment and training; and use of outdoor space for recreation and physical activity
- Derby is an Opportunity Area due to poor attainment of young people in school as evidenced by consistently low GCSE performance.
- Rates of wider risk factors of poor mental health in young people in Derby are high, including smoking during pregnancy, excess weight in children, fixed term exclusions (including for persistent disruptive behaviour), parents in alcohol treatment and use of drugs in the adult population
- The Opportunity Area Network in bringing health and education services together
- Consistency across the City
- Sharing best practice across the network to bring everyone up together.

What we plan to do next and by when

- Organise celebration events in November 2019 and March 2020 to share practice. Develop and share learning and case studies with partners and providers on the Derbyshire website
- Using the messages from the Green Paper: Advancing our Health Prevention in 2020, Co-creators of their own health. This message will be embedded across the whole strategy by May 2020
- Develop a PSHE Matters resource for parents for them to become PSHE Champions by June 2020
- Develop the Whole School Approach audit tool into either a quality mark in collaboration with Derby/Sheffield University so that schools can look at the journey of continually improving practice. This will support the new OFSTED guidance/framework. This will also include a self-evaluation tool to map current provision by January 2020
- Organise Anti-Stigma Training in all localities working in partnership with 'Time To Change by July 2020
- Develop an Anti-Stigma ambassador passport which is in collaboration with Derbyshire Voluntary Passport accreditation -celebrating progress by November 2019
- Share the Derbyshire Charter with schools and settings. This is to be shared and celebrated in order for students, staff the wider and community to effectively change the ethos in relation to mental health = shared vision by October 2019
- Increase the number of schools, partners and settings following the campaign. Link with workforce development via the WSA and quality mark requirements by June 2020
- Target the 4 Centres of Excellence within the Changing Lives project to identify which community groups exist and how the messages from the campaign can be further disseminated. Link with collaborative and place-based commissioning – voluntary sector and public health links by July 2020
- Install a team within each of the 4 chosen education settings named 'Centres of Excellence' to deliver face to face and group interventions who will also support current pastoral care by October 2019

- To improve the attendance of children and young people in school by identifying and supporting their needs more effectively by July 2020
- Reduce the number of children and young people who request an inappropriate referral to CAMHS by January 2021
- Work closely with education staff to identify their mental health training and support needs and provide training as required by January 2020
- Work in collaboration with university, Local Authority to develop a quality charter in line with the OFSTED Framework and the statutory PSHE guidance by January 2020
- Identify how the MHST resource will be targeted at the pupils with greatest need by July 2020
- Use the information to improve understanding, communication, partnership working and need including Mental Health services by November 2019
- Raise awareness of services available in Place based commissioning by November 2019
- Identify and map which services are currently working with the school and in the community to support Mental Health and Wellbeing by October 2019
- Encourage parents and carers to undertake 360 surveys to assist in shaping the service model by November 2019
- Deliver anti-stigma training to mental health ambassadors in all 3 localities by November 2019
- Invite Cluster leads, Heads, Mental Health Leads and pupils to attend the Changing Lives launch event in order to provide them with information on the project and the support on offer whilst working collaboratively with them to shape the service to suit each Centre of Excellence needs by November 2019
- Employ a project manager who will manage the content of the emotionally healthy website by July 2020
- Install Mental Health Support Teams within a range of education settings. The teams will deliver early targeted interventions directly to children and young people without the need for a lengthy referral process creating ease of access by January 2020
- Develop a quality mark/charter in association with a local university to build upon the WSA audit tool to self- assess and continue with the school improvement journey by July 2020
- Develop an action plan with the centres of excellence based on the audit tool to identify current provision and identify measured outcomes that can be achieved over time as part of a long term sustainable plan including how MHST's will be built into the school systems by April 2020
- Undertake a 360 survey to scope what is happening within the school and the local community by January 2020
- Provide engagement and support for Parents and Carers by March 2020
- By July 2020 it is our ambition to have strengthened the pupil voice in all of the Centres of Excellence

Digital

'Champions of the Shenga' (Build Sound Minds)

Priorities

- Action For Children provide as as part of their Build Sound Minds targeted early interventions service access to provide a digital offer to children and young people

What we have already achieved

- Action For Children as part of their Build Sound Minds targeted early interventions service offer provide children and young people where appropriate access to an online game 'Champions of the Shenga'. This is available for children and young people who could benefit from support in regulating their emotions. The online game trains players to focus their mind through regulated breathing techniques and gives them the skills to manage their frustrations, both in and beyond the game. The game provides children and young people with an easy-to-use, effective way of learning the key skills needed to promote their mental health and wellbeing. A Clinically led RCT has demonstrated improved emotional regulation skills are achieved via gameplay. The game is primarily aimed at children aged 10-14.



<https://www.championsoftheshenga.com/>

Kooth

Priorities

- As well as the introduction of the QWELL service for parents and carers, 2019 has seen the introduction of the KOOTH service in March, an online service looking to improve the emotional wellbeing and mental health of Children and Young People by providing an easily accessible digital offer that directly responds to one of our key aims detailed in the November 2018 iteration of the Future in Mind refresh that sought to introduce the expansion of an early intervention offer accessible to all. In tracking the website's impact, we have been able to see that in the period 1st March-30th June 2019 we have had 691 new registrations, 73.6% of whom are female, 22.1% male, with BME users representing 15.56% of the total users. In exploring where these users have heard about the service, we know that 54.73% of referrals have come from schools and a further 8.8% have come from friend or peer recommendations, thus giving us a good knowledge base to work from moving forward in regard to the marketing of the service. As well the data showing us the routes from which existing users are accessing the site from, we are equally able to appreciate the areas we may like to give more attention to moving forward via the Integration and Prevention workers that work in the community to promote the service. Furthermore, the quarterly reports are now starting to provide us with further information such as the topics discussed by children and young people, the feedback from service users and other metrics, all of which will help inform future service provision moving forward

- To illustrate the impact of Kooth’s work, we can look to a case study that looks at one particular user of the website’s experience:

Case Study

Louise* lives at home with her mum and states that her parents are divorced. Louise spoke to Kooth about her unhealthy relationship with food and how she was finding it difficult to reach out to face to face services as she was reticent for her parents to get involved for fear of feeling as though she is a disappointment and burden to them. Upon engaging with the service, Louise was rated as an ‘Amber’ risk, something that during her interactions with Kooth will be continually assessed and updated as appropriate. During Louise’s engagement with the service she has been able to open up about her struggles, stating she is unsure if she is developing bulimia. Following chats with the service, Louise acknowledged that the doctors would be a good next step for her. Furthermore, Louise has been able to identify a number of goals that could be beneficial for her to work towards that have been documented for Louise to be able to record her own progress, these are as follows:

- Continue Kooth online assessment
- Consider accessing other sources of support
- Improve her relationship with food

Louise has appeared to react positively to her experiences with the website as evidenced by some of the following comments:

“I would recommend counselling to a friend”

“The person helping me was a good fit for me”

“Thank you so much”

“I am very grateful you have taken your time to talk to me today”

**Louise is a pseudonym*

- Improve the emotional wellbeing and mental health of CYP by providing an early response to emotional wellbeing and/or emerging mental health needs
- Improve CYP access to services and support through the use of digital services built around the needs and views of CYP
- Increase early detection of mental health problems so they can be addressed promptly, thus preventing problems from getting worse and requiring a more specialist response
- Improve access to the provision of self-care tools and resources which support CYP and their families to help themselves and build resilience
- Reduce demand on specialist children’s services, particularly CAMHS and social care
- Help managing waiting times for clients waiting for face to face services
- Improve partnership working across the whole child and youth mental health system by working in collaboration with local services and support, building on, complementing and enhancing existing service provision
- Improve the knowledge and capacity of schools to identify and address emotional wellbeing and mental health problems through good engagement and promoting a whole school approach

- Improve access to services for CYP who are vulnerable/disadvantaged and hard to reach by removing some of barriers to meet their needs.

What we have already achieved

- The Kooth Digital service launched across Derbyshire County and City regions on 1st March 2019 and will run for a one year pilot, initially, to measure the impact of usage and increased access for CYPs to emotional wellbeing and mental health support online. The service is currently commissioned to provide 264 counselling hours per month (3,168 hours per annum) which are utilised for counselling sessions and messaging functions
- The Kooth service has been running for five months and we have data available to us for the period covering 1st March – 30th June 2019 which is indicative of the impact so far:
 - There have been 691 new registrations (individual users) with 2,875 log ins (site visits). 46.6% of our users are aged between 13 – 15 years old, and 85.25% of all users are returning users. The most popular time for using Kooth is 7pm - 8pm and Monday, Tuesday and Thursday seem to have higher usage so far
 - **73.6% of new registrations so far are Female, 22.1% are Male, and BME users represent 15.56% of the total**

CHATS		MESSAGES		ARTICLES		FORUMS	
No of Chats	No of Users	No of Messages	No of Users	No of Article Views	No of Users	No of Forum Views	No of Users
290	205	1,127	303	916	297	2,253	298

- So far we are seeing higher numbers of one off users of the messaging and chat services which is indicative of early intervention de-escalating the need for longer term intervention and multiple sessions when needs are met with immediacy via targeted intervention. 74 users have sent only one message, and only 5 users have sent nine or more messages to date. 162 users have had only one chat so far
- The goals being set by our users are indicating that getting professional help, emotional regulation, feeling happier and accessing self-help and self-care are key priorities
- The top three presenting issues for females and males indicate that Anxiety and Stress and Suicidal Thoughts are prevalent, though males identified their number one presenting issue as Bullying, and females has Depression in at second greatest presenting issue
- Users are hearing about Kooth from two key sources currently – 54.73% of referrals are coming from schools – which will be representative of the I&P worker awareness raising, marketing materials, and teacher recommendations – and 8.8% are citing friends, or peer recommendations
- Feedback has been very positive from users, with 97% stating they would recommend the service to a friend and 96% stating they got what they wanted from their visit to the Kooth site.

What we plan to do next and by when

- Provide an online emotional wellbeing and mental health support service 7 days a week, 365 days a year, with counsellors online from 12 noon to 10pm Monday to Friday and 6pm to 10pm at weekends
- Provide an accessible, safe, secure, moderated website with online community features
- Target CYPs within schools and the community with emotional wellbeing and/or emerging mental health problems, many of whom will require a low level/targeted/short-term intervention
- Use agreed method for recording discussions/activities and therapy content, and to link with other services on the delivery pathway
- Through the online counselling service, the website provides:
 - A chat function for a CYP to drop in to speak to a readily available counsellor
 - A messaging function for CYPs to contact the counselling team
 - A schedule function to provide booked sessions with a named counsellor on a regular basis
 - A range of forums, all of which are now pre-moderated, to allow out of hours access and peer support to service users and provide crucial first steps towards getting further therapeutic support
 - An online magazine with full content moderation, creation and editing which includes opportunities for CYPs to share their stories or write articles, all of which is moderated
 - Information, activities and self-care tools and resources on the site for CYPs to download
- Provide data-rich quarterly reports that measure demographics, usage, new registrations, feedback, outcomes, presenting issues and anonymised case studies
- Further develop the role and impact on the ground via our Kooth Integration & Participation Worker to ensure clear pathways are in place for follow on work, signposting and safeguarding and also to work closely with local Mental Health Services and other face to face counselling providers to develop effective service pathways
- Work closely with Local Authority, Social Services and the local Safeguarding Children's Board to implement effective safeguarding policies and procedures in accordance with locally agreed multi-agency safeguarding thresholds
- Provide a trained qualified workforce experienced in working with adults; with counsellors who are registered with an appropriate professional body e.g. BACP or equivalent.
- Undertake regular engagement and integration work with wider trusted stakeholders to promote, educate and build effective working relationships between the services

Through our discussions, we have identified the following potential measures of impact:

- Increased registrations and log ins of CYPs reviewed quarterly
- Increased usage of messages, chats, article and forum views
- Consistent feedback scoring of 80% or more
- Increased referrals through to Kooth via clinician teams and schools as well as the community to show increased awareness of the offer

The Kooth reporting functionality is sophisticated and will allow us to review and track the following data:

- New registrations by gender, area, and age
- Returning log ins and feedback metrics from users visiting the site
- Usage data upon chats, messaging, articles and forums
- Data around where users have heard about Kooth from
- BME and demographic data insights
- Time of log ins including BME specific usage (heat map functionality)
- Most viewed forum and article topics
- COGS Goal progress tracking to chart progress by topic
- Presenting issues of CYP cohort
- Worker hours and signposting referrals to external services

We will also have the following data available to track the engagement and marketing of the service:

- Harvest report by quarter around I&P engagement activities within the community by location, event type and anticipated reach

We have until 29th February 2020 to measure the impact of the service, our next meeting to review the progress of the contract is scheduled soon and the data has been shared already. Future review points to monitor the impact and performance will be scheduled for; October 2019, January 2019 and as required.

QWELL

A new innovative service in response to a service gap and recognising parents and carers are equally in need of support

Priorities

- Following recognition within both the 18/19 and 19/20 Future in Mind priorities that further engagement and support to parents and carers needs to be provided, Derby and Derbyshire CCG has commissioned the QWELL service, an online counselling service available to parents and carers in Derby and Derbyshire. The service, operational from 1 September 2019, endeavours to provide an accessible, immediate and flexible service to parents across Derby and Derbyshire that offers a multifaceted mental health support offer comprising of services such as access to a registered counsellor via either instant messenger or email based interactions, or alternatively through an online forum that allows people to share their experiences, ask any questions, or take part in online discussions that have been specifically set up by the QWELL service that are based upon topics that, from engagement with parents, have been identified as salient issues for parents dealing with mental health problems such as isolation for single parents or the impact of having children upon relationships. As well as this, as referenced in the recent NHS Long Term Plan, published in January 2019, ensuring equality of access to services was a clear goal, something the QWELL service shall aim to achieve by offering a range of out of hours counselling provision by being accessible from 12pm-10pm from Monday to Friday and 6pm-10pm on weekends. Furthermore, the commissioning of the QWELL service has provided us with the help of two Integration and Prevention workers who are able to promote the service in a range of different settings and with a range of different people with the idea that specific groups, who through use of data analysis are identified to typically be more challenged than other groups in accessing services, can be specifically targeted. One particular promotion strategy that has already been identified has been the targeting of health visitors who we know see large numbers of new parents each year. In assessing the impact of this service, the CCG shall receive quarterly reports that shall show the demographics, usage, feedback of the service that will in turn help inform future service provision in a more considered, targeted manner

- Our aim is to reach as many parents as possible to provide an accessible, immediate, and flexible emotional health and wellbeing service, including counselling, to parents and carers across Derbyshire. There is key focus upon increasing access outside of hours and to those parents and carers who may have more complex emotional health needs and require ease of access to services.

What we have already achieved

- We are currently in the mobilisation stages ahead of launch on 1st September 2019. We are designing marketing for the print posters, cards and digital marketing campaign. Contracting is also in progress, and we have already developed parent and carer specific content for the site in readiness for our users. Themes include; parenting, domestic violence, managing mental health at work and coping with loss. Titles include;
 - Four ways to understand your teenage
 - Tips to beat isolation for single parents
 - Five ways to stop work spilling into your personal life
 - How to explain divorce to your children
 - Postnatal depression
 - The impact of having children upon your relationship
- We are also in the process of establishing sufficient pathways to the services and implementing the resource and operational requirements for the contract to commence
- Due to not currently being implemented, it is difficult to assess the true impact of the service at this time.

What we plan to do next and by when

Here is a summary of the service objectives:

- Provide an online emotional wellbeing and mental health support service **7 days a week, 365 days a year, with counsellors online from 12 noon to 10pm Monday to Friday and 6pm to 10pm at weekends**
- Provide an accessible, safe, secure, moderated website with online community features
- Target service users within the parent and carer community with emotional wellbeing and/or emerging mental health problems, many of whom will require a low level/targeted/short-term intervention
- Use of assessment/evaluation tools (CoGS, PHQ9, GAD7) and set clear outcomes with service users. Additional outcomes measures are currently being developed
- Use agreed method for recording discussions/activities and therapy content, and to link with other services on the delivery pathway
- Through the online counselling service, the website provides:
 - A chat function for a service user to drop in to speak to a readily available counsellor
 - A messaging function for service users to contact the counselling team
 - A schedule function to provide booked sessions with a named counsellor on a regular basis
 - A range of forums, all of which are now post-moderated, to allow out of hours access and peer support to service users and provide crucial first steps towards getting further therapeutic support

- An online magazine with full content moderation, creation and editing which includes opportunities for service users to share their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for service users to download
- Provide data-rich quarterly reports that measure demographics, usage, new registrations, feedback, outcomes, presenting issues and anonymised case studies
- Locally recruited and flexible ‘on the ground’ Integration & Participation Worker to ensure clear pathways are in place for follow on work, signposting and safeguarding and also to work closely with local Mental Health Services and other face to face counselling providers to develop effective service pathways
- Work closely with Local Authority, Social Services and the local Safeguarding Adults Board to implement effective safeguarding policies and procedures in accordance with locally agreed multi-agency safeguarding thresholds
- Provide a trained qualified workforce experienced in working with adults; with counsellors who are registered with an appropriate professional body e.g. BACP or equivalent.
- Undertake regular engagement and integration work with wider trusted stakeholders to promote, educate and build effective working relationships between the services

Here is a summary of our implementation plans over the duration of the pilot:



- The Qwell for Parents reporting functionality is sophisticated and will allow us to review and track the following data:
 - New registrations by gender, area, and age
 - Returning log ins and feedback metrics from users visiting the site
 - Usage data upon chats, messaging, articles and forums

- Data around where users have heard about Qwell For Parents
 - BME and demographic data insights
 - Time of log ins including BME specific usage (heat map functionality)
 - Most viewed forum and article topics
 - COGS Goal progress tracking to chart progress by topic
 - Presenting issues of parent cohort
 - Worker hours and signposting referrals to external services
- We will also have the following data available to track the engagement and marketing of the service:
 - Digital marketing campaign insights around; reach, clicks, and likes
 - Harvest report by quarter around I&P engagement activities within the community by location, event type and anticipated reach
- Though KPIs are currently under review initial discussions have identified the following potential measures of impact:
 - Increased registrations and log ins
 - Increased usage of messages, chats, article and forum views
 - Consistent feedback scoring of 80% or more
- Derbyshire Qwell For Parents and Carers launched on 1st September 2019 and the pilot is due to end on 31st August 2021. We will be measuring the impact throughout the duration of the trial at quarterly intervals, though we will have access to monthly data sets and comparable data from previous quarters to track trends and performance. The first meeting will be in October 2019, and our first full set of data will be available in January 2020.

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Build Sound Minds Derby & Derbyshire

Priorities

- The Targeted Early Intervention service will be expected to deliver:
 - Improvement/stabilisation in the mental health of children and young people who are referred to the service
 - Improvement in the support to parents and carers
- The service will be also proactively in engage with staff working with, and parents/carers of:
 - Children and young people from Black, Minority, Ethnic background (BME)
 - Young offenders
 - Children in care and care leavers
 - Children and young people who have a learning and/or physical disability
 - Migrant children and young people
 - Children and young people of mental health service users
 - Substance misusing children and young people
 - Young carers
 - Children and young people who are home educated
 - Children who are not in mainstream education
 - Not in employment, education or training (NEET)
 - Children permanently excluded from school
 - Children with 3 fixed term exclusions

What we have already achieved

- Commissioned Action for Children to provide a targeted early intervention service - Build sound Minds (BSM)
- Action for Children are delivering the Build Sound Minds Derby and Derbyshire service in partnership with the Derbyshire Federation for Mental Health
- BSM provide specialist support for children and young people aged 0-17 who are likely to present emotional and mental difficulties but do not meet the thresholds for more specialist services
- BSM through early intervention we are able to build resilience and reduce the development of more serious emotional and mental health issues, better preparing children and young people for the challenges of life
- Build Sound Minds Derby and Derbyshire as a service commissioned by Derbyshire and Derby City Clinical Commissioning Group. We can therefore accept referrals for any children or young people who are registered with a GP Surgery in the Derbyshire and Derby City CCG area
- **BSM We offer**
 - Psychologically informed interventions with children/young people and families, which is focused and time limited and where a short-term intervention is indicated, as per the NICE guidelines
 - Age appropriate group interventions with children/young people and parents
 - Face to Face and digital interventions where the focus is on positive parenting
 - Digital interventions for children and young people aged 11-14
 - Individual psychological interventions (6-8 sessions)
 - Group psychological interventions
 - Telephone transition support for 15-17 year old
 - Targeted school based programmes and 'Train the Trainer' offer to school
 - Access to a Family Clinic run by a Systemic Psychotherapist
 - Information and advice on signposting local services available to children and families
 - Consultation based support to professionals working with children/young people and families
 - Telephone consultation to other agencies and professionals.

All referrals will be received and triaged by our team to ensure we offer the most appropriate intervention for every child and young person.

BSM Hubs

Team is split into three hubs working across Derbyshire;

- North Derbyshire
- South Derbyshire
- Derby City

Each hub includes Family Support Practitioners, Family Support Workers, Psychologists, Business Support and a Cluster Co-Ordinator. We also have a Children's Services Manager, a Lead

Psychologist, a Senior Business Support Officer and two Systemic Psychotherapists supporting the whole team.

Types of referrals / target population

- Children and young people from 0 - 17 years of age who are registered with a GP in Derbyshire County or Derby City
- Family difficulties - where these are having an adverse effect and the child or young person is showing signs of developing a mental health problem or disorder
- Emotional and behavioural difficulties (Mild to moderate)
- Behaviour problems once physical causes have been considered and the behaviour falls outside what might be considered to be within the range of normal behaviour
- Conduct disorders
- Anxiety, depression, stress and or other mood difficulties
- Adjustment reactions (i.e. managing transition, change)
- Simple phobias
- Self-harm - where this is mild to moderate
- Support with bereavement & loss/separation
- Bullying where this is having a significant impact on emotional wellbeing (direct/indirect/cyber)
- Anger management difficulties
- Relationship difficulties
- Parental need where support in managing and understanding behaviour could be beneficial

Exclusion criteria

The Build Sound Minds Service will not provide direct assistance when:

- Children, young people and their families are currently in receipt of mental health interventions from other agencies (excluding the Kooth service)
- Children and young people presenting with lower level emerging needs and emotional wellbeing issues who could be supported by universal services
- Child or young person is not willing to engage
- Parent/person with parental responsibility does not consent (where child/young person is under 16)
- Referrals where another service would be more appropriate
- Complexity of presentation is not suitable for short term intervention
- The child is in a current mental health crisis*
- Self-harm which is severe in nature and requires urgent medical attention or where there is a risk of death by misadventure
- Substance misuse is the primary presenting problem
- The neuro developmental presentation of the child or young person is severe and enduring and would not be supported by a short-term intervention
- Where the referrer believes a child or young person requires a neuro-developmental assessment and this is the purpose of the referral

* Mental Health Crisis

A situation that a child, young person, parent, carer or any other person believes requires emergency support, assistance and care to prevent an acute and immediate risk to life or mental health.

What we plan to do next and by when

- Formalise contract performance meetings against the service specification
- Build on the current work on a referral pathway, creating a Derbyshire-wide community triage model

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