

Joined Up Care Derbyshire



Derbyshire Integrated Care System Children and Young People's Transformation Plan Refresh September 2021



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Foreword

This year has been totally different to any other year for everyone. The pandemic has brought exceptional, life changing challenges for our children and young people and changed the way that many of our services have been delivered. Everyone's experience of the pandemic has been completely individual, and there has been remarkable resilience, thoughtfulness and creativity in the way that many children and young people (CYP) have responded. However, some children and young people have faced tremendous challenges and our communities, schools and services have adapted and been there to offer and provide support.

We have now completed our five year Future in Mind (FIM) Programme. This report reflects and builds on the successes of FIM and outlines the next phase of our transformation plan to progress further and achieve the ambitions in the Long Term Plan. Through the investments made within the FIM programme, we have been able to significantly expand our offer to support the emotional wellbeing and mental health for children and young people across Derby city and Derbyshire. We are pleased to be able to report that by the end of the FIM programme in March 2021 Derbyshire met our national targets. These key national targets are that 95% of CYP with eating disorders were seen within four weeks for routine and one week for urgent referrals; and we exceeded the NHSE 35% access target by providing an NHS service to 37.8% of CYP up to 18 years of age who have a diagnosable mental health condition. Although we are incredibly proud of the hard work our services have delivered in order to achieve this, particularly during the upheaval of the pandemic, we are mindful that there remains a long way to go before we are satisfied that all the children and young people with emotional health needs receive the right support when they need it.

The focus to date has been on expanding the community-based offer of support, particularly enhancing opportunities for CYP to access support earlier and for them to be able to link in to support themselves without there always being a need for referrals. We are now capturing the learning from new ways of working brought in during the pandemic - we have reviewed, and will continue to review, the emotional and mental health needs of our CYP population and will adapt our plans accordingly for the future.

In acknowledgement of the increasing demands on mental health services for CYP, Joined Up Care Derbyshire (JUCD) has been allocated funding to particularly improve the experience of CYP facing crisis and those transitioning from children's to adult services. We are in conversation with our children, young people, their parents and carers to build our 24/7 crisis response together making it accessible and inclusive to all including CYP with mental ill health, learning disabilities, autism, trauma and challenging behaviours. Our 2021 plan explains how we will do this through expansion of our Crisis, Liaison and Intensive Home Treatment Team. Similarly, we are working with young adults to particularly improve the journey for those who may be vulnerable as they enter adulthood i.e. carer leavers, CYP with mental ill health, learning disabilities, autism or those known to youth offending services.

We are also developing our CYP mental health workforce, being mindful that our biggest risk to expansion delivery is availability of skilled workforce and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities.

Working together across agencies and with CYP, their parents and carers, we will ensure we continue to develop our offer inclusively aiming to meet the emotional and mental health needs of all our children and young people across Derbyshire

Signed



Andy Smith

**Strategic Director People's Services Derby City Council
Chair Joined Up Care Derbyshire Childrens Board**

Executive Summary

Our Joined Up Care Derbyshire 2021 plan reflects and builds upon the successes of the Future in Mind (FIM) programme 2015 - 2020 and outlines the next phase of our multi-agency transformation plan to further progress and achieve the ambitions set out in the NHS Long Term Plan. Our progress through the pandemic is captured explaining how we are learning from new ways of working which emerged such as the reconfiguration of teams to support CYP in crisis, the use of more digital online platforms to assess, see and treat children as well as the use of digital for sharing information and connecting people together. We are reviewing the changing emotional and mental health needs of our CYP population and revising our plans for the future in accordance with this. Further analysis of our data and outcomes is an area of focus for the coming year. Agencies are working towards the reporting of NHSE required paired outcome data and resources are being identified to analyse and triangulate data across the pathway to better understand inequalities in our population's needs.

Through the investments made within the FIM programme, we have been able to significantly expand our offer over the last five years to better support the emotional wellbeing and mental health of children and young people across Derby city and Derbyshire.

In 2015 the number of children with diagnosable mental health conditions in DDCCG who accessed services was approximately 25%. We are pleased to be able to report that by the end of the FIM programme in March 2021 Derbyshire met our national targets. These key national targets are that 95% CYP with eating disorders were seen within four weeks for routine and one week for urgent referrals this was met in 2020/21, and we exceeded the NHSE 35% access target by providing two contacts or more by an NHS service to 38.1% (based on prevalence data from 2004) of children and young people up to 18 years of age who have a diagnosable mental health condition.

Table 1 shows that by March 2021 7407 CYP received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS).

Table 1

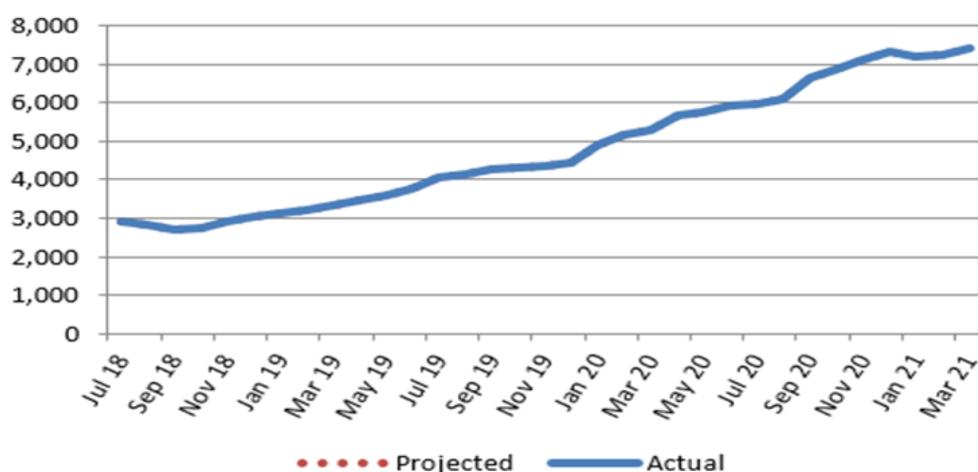
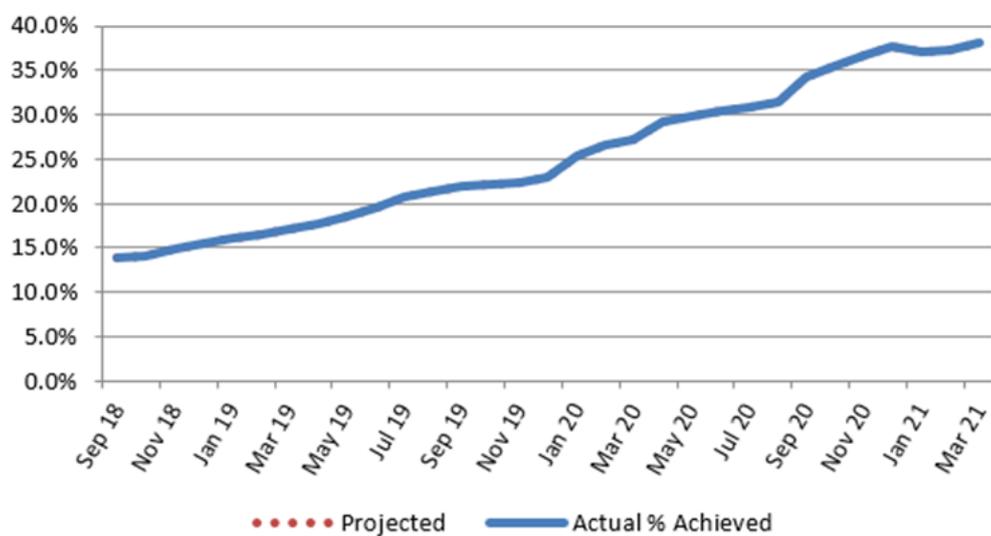


Table 2 shows that by March 2021 38.1% of all children with a diagnosable mental health condition received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS).

Table 2



Although we are incredibly proud of the hard work our services have delivered in order to achieve this, particularly during the upheaval of the pandemic, we are mindful that there remains a long way to go before we are satisfied that all the children and young people with emotional health needs receive the right support when they need it.

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.

The focus to date has been on expanding the community-based offer of support, particularly enhancing opportunities for children and young people to access support earlier and for them to be able to link in to support themselves without there always being a need for referrals.

Some of the key services made available through FIM include:

- Universal access to a digital support platform (Kooth) providing text-based therapeutic support and 24/7 access to moderated online forums where thoughts and feelings can be discussed, and articles can be shared
- The Derby and Derbyshire Emotional Health & Wellbeing Website, a signposting site where local CYP information can be found about emotional health and wellbeing support and how to access it
- Targeted early intervention (Build Sound Minds) 1-1 Cognitive Behaviour Therapy (CBT) for CYP, Systemic Psychotherapy for families, CBT based groups and computer game to help children gain control over their bodies and feelings
- Mental Health Support Teams in six school networks offering brief evidence-based psychological interventions
- Children Adolescent Mental Health Services (CAMHS) Specialist Community Advisors provide consultations to professionals across organisations providing specialist mental health advice, support options, or advice to make onward referrals

- Youth Offending Services have access to trauma informed psychology consultation and enhanced multi-disciplinary meetings. Youth wellbeing worker support Youth Offending Services (YOS) CYP to make positive choices and develop personal skills

Going forward, we are committed to delivering the requirements in the NHSE Long Term Plan. There is further investment to particularly support expansion of our crisis offer making it 24/7, which sits alongside our local strategic priorities to improve our offer between 2021 and 2024:

To enhance our urgent care pathways to ensure CYP get responsive risk support when they need it. This is for all CYP, inclusive of mental health, eating disorder, learning disability, autism, complex behaviours.

We will do this by

- Establishing a 24/7 crisis response pathway with access through the 24/7 helpline and support service
- Expansion of our Crisis, Liaison and Intensive Home Treatment Team
- Growing our offer for children and young people needing 'risk support' by developing more flexible person centred 'wrap around' support
- Enhancing multi-agency care planning for our more complex CYP

To improve communication and navigation so that CYP get to the right support at the earliest opportunity / at the right time.

We will do this by

- Simplifying and promoting the access points for children, young people, parents, carers and professionals to find information, resources and get help
- Coproducing with children and young people materials / messages about local mental health support
- Ensuring that CYP from all backgrounds feel comfortable with, and able to access, an offer that suits them.

To enhance our graduated pathway further, expanding supportive mental health opportunities for CYP based on needs, including initiatives to reduce waiting times for key specialist services.

We will do this by

- Enhancing emotional and mental health awareness and skills through information and training opportunities
- Further developing the offer to meet a wide variety of needs and complexities, reducing any gaps between service thresholds
- Building personalised support for CYP

Developing and supporting our CYP mental health workforce is essential to delivery of these priorities. We are mindful that our biggest risk to this ambitious expansion is availability of skilled staff and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, and recruit to train opportunities to build the specialist workforce.

Our Plan Ambitions for 2021/22

- To continue to use the Thrive framework (Appendix A Anna Freud, 2014) to drive our approach and programme expansion.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To further embed our participation of CYP / parents / carers and move towards greater co-production models.
- To maintain 38% access for CYP 0-18 years with a diagnosable mental health condition receive 2+ contacts from NHS funded mental health services in the preceding 12 months, whilst improving our access rates for our ethnic minority populations.
- To achieve the new national 1+ contact access target for 0-25 years, when this is set.
- To build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning.
- To continue to support our workforce as we emerge from the covid-19 pandemic.
- To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health. [Reduce conversation rate of Childrens Emergency department attendance to admission from 33.4% in 2020/21 to 11% 2018 baseline].
- To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.
- To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults.
- To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/Children in Care/Autism/Gender Dysphoria) and less silo working with appropriately trained workforce.
- To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. In addition we want to respond to suicide clusters with a system approach.
- To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23.
- To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy. We will ensure that the new Maternal Mental Health Service (estimated to commenced in January 2022) links with CAMHS and develops pathway development and joint working arrangements, whereby for example a mother under 18 has needs around her mental health as a result of pregnancy or maternity experience will have needs met.
- To continue to embed links between Youth Offending Services (YOS) and community 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.
- To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds [60% of people (14 - 65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis].

The Joined Up Care Children's Board will be accountable for the implementation of this transformation plan. Delivery groups will be responsible for enacting it using action plans with milestones and timeframes which will drive forward the developments and monitor delivery.

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 that:

“Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.” (Derbyshire and Derby City Future in Mind Local Transformation Plan 2019)

Acknowledgements and Contributions

Grateful thanks are extended to all of the following organisations, 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.

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

Introduction

The 2021/22 Transformation Plan covers our progress to date since the implementation of the Future in Mind implementation plan and what we hope to achieve going forward. We are committed to delivering the requirements in the NHSE Long Term Plan where there is further investment to particularly support expansion of our crisis offer making it 24/7. This sits alongside our local strategic priorities to improve our offer between 2021 and 2024:

To enhance our urgent care pathways to ensure CYP get responsive risk support when they need it, this is for all CYP, inclusive of mental health, eating disorder, learning disability, autism, complex behaviours.

We will do this by

- Establishing a 24/7 crisis response pathway with access through the 24/7 helpline and support service
- Expansion of our Crisis, Liaison and Intensive Home treatment team
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To improve communication and navigation so that CYP get to the right support at the earliest opportunity / at the right time

We will do this by

- Simplifying and promoting the access points for children, young people, parents, carers and professionals to find information, resources and get help
- Coproduce with children and young people our plans, services, materials / messages about local mental health support
- Ensure that CYP from all backgrounds feel comfortable with, and able to access, an offer that suits them.

To enhance our graduated pathway further, expanding supportive mental health opportunities for CYP based on needs, including initiatives to reduce waiting times for key specialist services.

We will do this by

- Enhancing emotional and mental health awareness and skills through information and training opportunities
- Further developing the offer to meet a wide variety of needs and complexities, reducing any gaps between service thresholds
- Building personalised support for CYP

Our Plan Ambitions for 2021/22

Our Transformation Plan ambitions are as follows:

- To continue to use the Thrive framework (Appendix A Anna Freud, 2014) to drive our approach and programme expansion.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To further embed our participation of CYP / parents / carers and move towards greater co-production models.
- To maintain 38% access for CYP 0-18 years with a diagnosable mental health condition receive 2+ contacts from NHS funded mental health services in the preceding 12 months, whilst improving our access rates for our ethnic minority populations.
- To achieve the new national 1+ contact access target for 0-25 years, when this is set.
- To build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning. To continue to support our workforce as we emerge from the covid-19 pandemic.
- To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health. [Reduce conversation rate of Childrens Emergency department attendance to admission from 33.4% in 2020/21 to 11% 2018 baseline].
- To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.
- To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults.
- To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/Children in Care/Autism/Gender Dysphoria) and less silo working with appropriately trained workforce.
- To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. In addition we want to respond to suicide clusters with a system approach.
- To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23.
- To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy.
- Ensure that the new Maternal Mental Health Service (estimated to commence in January 2022) links with CAMHS and develops pathway development and joint working arrangements, whereby for example a mother under 18 has needs around her mental health as a result of pregnancy or maternity experience will have needs met.
- To continue to embed links between Youth Offending Services (YOS) and community 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.
- To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds [60% of people (14-65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis].

Transparency and Governance

Background and context

The Derbyshire Future in Mind (FIM) plan has progressed into the Children and Young People's Mental Health Transformation Plan, which is our response to the Long Term Plan. The plan continues to be delivered by multi-agency Delivery Groups, comprising of system stakeholders, which report to the Joined Up Care Derbyshire (JUCD) Children's Board and the Mental Health, Learning Disability and Autism and Children's System Delivery Board. The FIM's plan has been reported to the SEND (Special Educational Needs and Disabilities) Boards which has supported and informed our work in schools and Health and Wellbeing Boards (HWBs) have received reports and have endorsed the plan. Going forward we are further integrating elements of our plan within the SEND Delivery Plan's reporting and governance with SEND Boards City and County as well as JUCDC Board, with oversight from Directors of Children's Services, Directors of Public Health and key strategic health and educational leads. Our children and young people's mental health workstream will additionally report directly into the Integrated Care System governance structures through JUCD Children's Board and the Mental Health, Learning Disability and Children's System Delivery Board.

In April 2019 the four former CCGs formally merged into one single Derby and Derbyshire CCG. The CCG has brought Adult Mental Health, Learning Disabilities and Autism 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. We specifically appointed a dedicated Programme Lead for Future in Mind (FIM) and city and county Leads for Changing Lives Mental Health Support Teams in Schools trailblazer to be developed in association with the Whole School Approach.

We have maintained and built on a single Derby and Derbyshire Future's in Mind transformation plan since 2015 but the changes in CCG architecture have helped us make positive progress through single governance arrangements. We have benefitted from closer input into our planning from CCG quality and nursing teams who have fed the outcomes of inspections and quality visits into our planning. A clear benefit has been the ability to work towards consistency across our geography. This approach has been invaluable during the covid-19 pandemic.

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 is now 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 key partners for the new arrangements are the CCG, Police and the two Local Authorities.

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 works closely with Children's commissioning teams to ensure our plans and arrangements for services are safe and effective.

Through our previous actions as the four Derbyshire CCGs, we saw a reduction in specialist CAMHS (Children Adolescent Mental Health Services) tier 4 bed use within Derbyshire. The CCG and our local CAMHS Providers have continued to work with NHS Specialised Commissioning and regional colleagues on the New Care Models approaches to specialist CAMHS in-patient provision. The East Midlands CAMHS

Provider Collaborative, led by Northamptonshire Healthcare NHS Foundation Trust, came into being in April 2021. Derbyshire specialist clinicians and senior managers are proactively supporting the Provider Collaborative development representing Derbyshire in all associated forums and Boards. As opportunities develop with the Provider Collaborative, we will refresh our action plan. Areas we particularly expect to develop are eating disorders, transitions and the learning disability and autism. The CCG works with the East Midlands Mental Health Clinical Network (EMMHCN) and CAMHS providers to share and develop our plans.

The NHSE Long Term Plan is clear in its ambition that by 2028/9 every child or young person who needs a service to address their mental health and emotional wellbeing will have access to appropriate provision. In response, Derbyshire has begun to outline a whole systems approach to achieving this which is outlined in the section on 'Ambition'. Five years ago, NHSE set an ambition that 35% of children and young people would be able to access mental health services. In 2020/21 Derbyshire exceeded this target by providing an NHS service to 38.1% of children and young people with a diagnosable mental health condition. We are driven to continue to expand the offer across our graduated pathway. This will be achieved utilising evidence about local needs, evaluation of current services, review of national good practice and particularly listening to the voice of children, young people, parents and carers. Intelligence will 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.

Going forward, we will build on the good engagement work we have completed to date and develop a robust approach to co-production. This will ensure CYP, young adults, their parents and carers are equal participants in the development of our plans with co-production embedded in our future governance structures. We will ensure that we reach out to traditionally unrepresented groups, for example children in care (CIC), for people diagnosed with Autism, ADHD, care leavers, LGBTQ+ and ethnic minorities through our work with MH2K citizens researchers. Our services also have 'by experience' groups that provide feedback on how services are working.

The Derby and Derbyshire Integrated Care System (ICS) must improve the quality of care and support for people of all ages with a learning disability and/or who are autistic and their families. The ambition is to reconfigure how care and support is delivered. It aims to move away from reactive and intensive interventions to preventative and flexible support provided in local communities.

To support this, a 3-year all age Road Map has been developed to articulate the ongoing and planned work to address the challenges and opportunities that the system faces. These include:

- reducing the number of people with a learning disability and/or who are autistic who are mental health inpatients, with a particular local focus on the disproportionate number of those people who are autistic;
- addressing the health inequalities and, as a result, poorer health and wellbeing outcomes that people with a learning disability and/or who are autistic experience, whether lack of access to or the quality of care and support;
- making sure people with a learning disability and/or who are autistic are an integral component of how the ICS is designed and delivered.

Critical to its success in achieving these objectives will be the ability to work effectively across health, social care, education and third sector, making best use of resources by aligning work programmes where there are interdependencies and common goals. This will particularly include:

- Children and Young People's Crisis response.
- Targeted early interventions for CYP mental health.
- Whole school approach.
- Neuro Developmental Pathway design.

Future in Mind Investments 2015 to 2020

Child Adolescent Mental Health Service investment

	2019/20	2018/19	2017/18	2016/17	2015/16
CRHFT	2,461,034	2,455,633	2,405,893	2,284,273	2,215,590
DHCFT	6,523,941	6,273,250	5,827,405	5,664,547	5,112,415
	9M	8.7m	8.2M	7.9M	7.3M

	Service	Commenced
1	Uplift CRHFT and DHcFT core Child Adolescent Mental Health Services	2016 onwards
2	Invest in CAMHS Eating Disorder services in 2020/21 and 2021/22	April 2020
3	Specialist Community Advisors (CAMHS) delivering across the Derbyshire footprint	April 2020
4	Investment made for additional online targeted interventions during Covid19	April 2020
5	Establish Build Sound Minds, the commissioned targeted intervention service	Contract from May 2019
6	Four New Mental Health Support Teams in schools being set up from January 2020 with full service from January 2021 Further 2 MHSTs commenced April 2021	Jan 2020 April 2021
7	Establish Kooth (CYP) and Qwell (parents and carers) digital offer	Contract from Sept 2019
8	Derby and Derbyshire Emotional Health and Wellbeing website launch	May 2020
9	New Trauma Informed service for children in care	Delayed due to Covid Sept 2020
10	Work with stakeholders to develop a community-based crisis response pathway, with NHSE investments of £1.2 million confirmed which will enable us to significantly improve our CAMHS response by 2022/23	June 2020 restarted planning
11	Continue to invest in IAPT capacity which can take referrals from 16 years for people requiring a skilled counselling approach and sees some 600 CYP under 18 a year	Ongoing

CYP mental health transformation plan investments 2021 to 2024

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

System Development Funding (SDF) allocations 2021 until 2023/24

Spending Review (SR) monies are a 12 month allocation in 2021

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

Full Funding Description	Estimated Funding Notified £000	Commitment
National Allocation Name		
System Development Fund: CYP community and crisis	1,154	Increase Crisis, Liaison and Intensive Home Treatment team staffing
SDF: 18-25 young adults (18-25)	344	CYP Transformation Young Adults
SDF: MHST 19/20 sites wave 2 (MHST19/20)	1,473	4 x wave 2 Mental Health Support Teams in education settings
SDF: MHST 20/21 sites wave 4 (MHST20/21)	511	2 x wave 4 Mental Health Support Teams in education settings
Spending Review: Children & Young People's Eating Disorders (CYPED)	207	CYP Transformation Eating Disorder
SR: CYP community and crisis	775	Increase Crisis, Liaison and Intensive Home Treatment team staffing
SR: 18-25 young adults (18-25)	224	CYP Transformation Young Adults
SR: Discharge 10% CYP	149	CYP Discharge Coordinators / Wellbeing workers on paediatric units
CAMHS Provider Collaborative Enhancing Intensive Community Support	706	Specialist CYPMH Community workers / Day resource / crisis skills training
	£5,543	

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

- **Engagement with Children and Young People, Parents and Carers:** We have worked with Citizen Researchers from MH2K, Parent Carers Forums, utilised provider engagement networks and completed surveys to seek the views of CYP, parents and cares in all of our developments ensuring that their feedback drives the approaches we have taken to service commissioning and delivery.
- **Graduated CYP mental health pathway:** We have broadened our emotional health and wellbeing offer to support CYP at earlier opportunities, to support emotional awareness and build strategies to support wellbeing and good mental health. We have invested in targeted early intervention services and universally accessible support through Kooth digital and the Derby and Derbyshire Emotional Health and Wellbeing Website.

- **Innovation and Best Practice:** Innovative digital offers include Kooth, which all CYP and young adults (YA) can access up to their 26th birthday. The offer is for all CYP in Derby and Derbyshire and includes children in the care of Derby City Council and in the care of Derbyshire County Council living in other local authority areas, and young people with Special Educational Needs and/or Disabilities (SEND).
- **The Thrive model:** Is widely accepted by partners and stakeholders as the way of working across our emotional wellbeing and mental health CYP services.
- **Data:** We have a robust upload from all our providers to the Mental Health Services Dataset. Local data collection is specified in each of the contracts with commissioned providers, including activity, referrals made/accepted, waiting times, and numbers of CYP in treatment.
- **Age Range:** NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) has brought together the Children's Team, with Adult Mental Health Team and the Learning Disabilities & Autism /Transforming Care Programme Team, into one directorate, which has facilitated development of an all-age personalised approach to mental health and wellbeing.
- **Alignment with other strategies:** The Long Term Plan requirements is aligned with other strategies and members of the CYP Mental Health Delivery Group are represented on both the County and City Youth Offending Boards, on the Children, Families, Learners Board, on the Corporate Parenting Board and on the Special Educational Needs and Disabilities (SEND) Boards for both County and City.

Progress and learning during the Pandemic and Covid-19 Recovery

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

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

The Emotional Health & Wellbeing website was launched ahead of schedule as a response to the Covid pandemic. The service provision was included on the landing page which provided information to all service users on the services available to them. This tile has evolved as the pandemic has continued and the information is updated in line with local demands. The Emotional Health & Wellbeing website is 2A compliant

and has the 'Recite me' functionality to allow ease of access and inclusivity for all service users. The website includes campaigns and awareness of inclusivity, signposting to local and national resources and sites.

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

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

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

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

Overall services have coped exceptionally well during this unprecedented year but all report that this has been extra-ordinarily challenging and continues to be so. The blended approach, using a combination of digital online and face to face appointments to see CYP, has demonstrated some benefits for both providers and CYP, parents and carers, e.g. more contacts are possible with less travel time and room bookings, convenience for CYP and parents. However, this is balanced with strong feedback from CYP that many CYP prefer face to face appointments over digital due to being able to better establish a rapport with workers and more privacy from family members. This blended approach to appointments is likely to continue going forward using an individualised approach as this becomes part of our 'new normal'.

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

Understanding the Local Need and Health Inequalities

The last Derbyshire Mental Health Needs Assessment took place in 2017, and whilst the needs assessment is four years old it continues to provide a useful analysis of need; however, we are mindful that the Covid-19 pandemic has exacerbated mental health and wellbeing issues for children and young people (CYP). During the early phases of the pandemic data had not been collected routinely. We are now closely reviewing local information as it emerges, including anecdotal evidence, from the pandemic period to better understand the changing needs of your CYP population and plan to undertake further needs assessment in light of Covid.

We know that for children aged 5-19 years, mental ill health represents the single largest burden of disease (Institute for Health Metric and Evaluation, 2013), and we also know through both national and local data and research that covid-19 has impacted on CYP. Our own citizen researchers, supported by MH2K, have listened to their peers and presented to commissioners their findings in a report called 'The Hidden Impacts of the Pandemic on Young People'. Young people spoke about isolation and not knowing where to turn to when they need help. MH2K made a number of recommendations to commissioners as follows:

- Young people asked for clear communication and guidance.
- Initiatives to tackle loneliness.
- Support through online clubs.
- Safe spaces and one to one support.

It is estimated that there are 13,000 school-aged (5-16 years) children and young people with a diagnosable mental health problem across Derby and Derbyshire. Of those, 5,100 are likely to be suffering emotional disorders such as stress, anxiety or depression, approximately 8,000 will have conduct disorders such as Attention Deficit Hyperactivity Disorder (ADHD), and a further 2,200 will experience a hyperkinetic disorder – a more severe form of ADHD. Whilst these estimates are largely derived from generalised population expectations, within specific groups the prevalence of mental illness will vary considerably. For children in care the expected prevalence of mental disorders will be closer to 45%, in those with a learning disability it is likely to be 36, while in those from a household with no working parent it is estimated to be 20%. One in three young carers will support someone with a mental health condition and will likely experience an issue with their own emotional health. Fifty-five percent of the young LGBT community have reported being subjected to homophobic bullying. Black and Ethnic Minority (BAME) groups are more likely to be diagnosed with a mental illness in the UK, but are one of the most likely to disengage from mainstream services (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). Understanding this allows us to have meaningful conversations and make plans across the partnership and address not only root causes but to make changes within services to better serve all sections of the community.

The number of children in Derby and Derbyshire estimated to have a learning disability (0-17 years) is 5,361, and with an autism diagnosis 2,144, these figures are based on 351,000 children in the UK with a learning disability, the data that suggests 1% of children have a diagnosis of ASD.

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

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

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

- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).

- 28% of referrals to a child psychiatric outpatient clinic had a moderate or severe language disorder that previously had not been suspected or diagnosed (Cohen *et al*, 1989).

Furthermore:

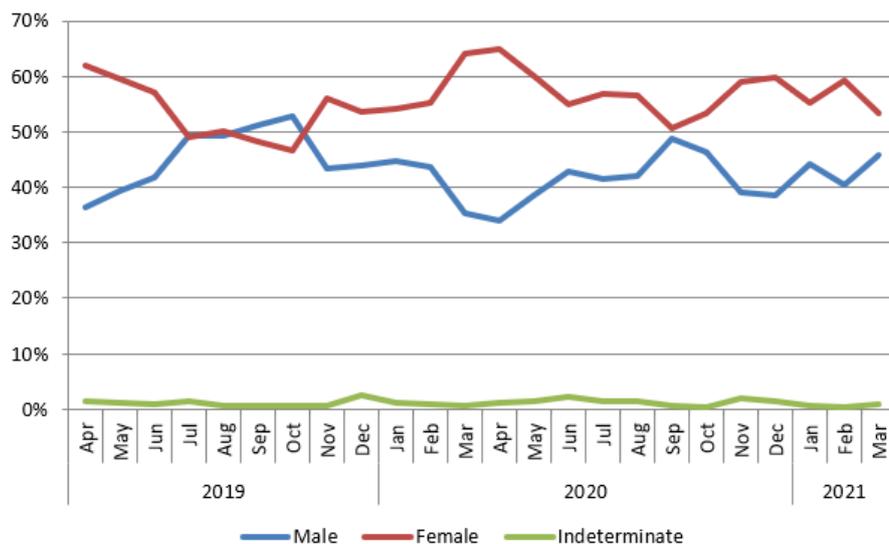
- at least 60% of children and young people in touch with youth justice services present with speech, language and communication difficulties (Bryan *et al* 2007). Many of them will also present with mental health difficulties.
- severe and pervasive communication impairment, much of it previously unidentified,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

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

Family composition and poverty are strong determinants of mental ill health in children and young people. The impact of austerity on child poverty, and subsequent link to mental health, is all too clear. In some areas of Derbyshire, the proportion of 0-15 year olds living in income deprived households is as much as 48%. The cost of child poverty in the UK was estimated to be around £29 billion in 2013, and presently the ambitions of The Poverty Act 2010 will not be fulfilled. However, there is much that we can do locally to support those in need. For example, through working in partnership and as a whole system to tackle some of the root causes, such as education, childcare and housing. Both deprivation and household income place significant burden on children (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). In addition, we know that in 2018 we had 35 per 10,000 children in Derby classed as in need due to a disability and 27.2 per 10,000 in Derbyshire. The percentage of children with a learning disability in school in 2018 was 7.1% in Derby and 5.9% in Derbyshire of the whole school population.

Covid-19 has impacted on access to services. Our local data indicates that when schools were closed there was a drop in the number of referrals. When schools re-opened and referrals resumed, services were faced with increased referrals and complexity. We also know via the MHSDS that while Derby and Derbyshire is now exceeding the national 35% CYP mental health access target, by achieving 38.1% in 2020/21, we also know that this is not uniform across the footprint, some areas are exceeding the target while others are not. By Primary Care Network (PCN) indications are that 11 out of our 15 primary care network geographical areas are not meeting the target. For the most part PCNs footprint access shows that those individuals who are most deprived are not accessing mental health services. There are slightly more males than females accessing services, 41% males to 57% females. The largest group to access services is British at 89%.

CYPMH access by sex (source MHSDS / NECS)



Sex	Previous 12m to Mar 20	Last 12m to Mar 21
Male	43.6%	41.6%
Female	55.3%	57.2%
Indeterminate	1.1%	1.2%

Evidence would suggest that, on average, 1 in 10 (10%) of school-aged children will suffer with mental illness. Across Derbyshire there is evidence of a greater level of vulnerability to mental illness in children and young people than seen nationally. This is highlighted in an array of risk factors that range from poverty to obesity and migration – particularly in Derby city. The association between poverty, physical health and mental illness is complex. There is evidence that the former can lead to poor health outcomes in adulthood, whilst the latter has been linked with a decline in financial circumstances. Obesity also poses a risk factor for poor mental health due to the related psychosocial effects of social isolation, low self-esteem, and bullying. Migration, and its associated difficulties in adjusting to a new environment, inevitably present a further risk factor for mental health problems in childhood (Children and Young People’s Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning, November 2017). As stated previously there are strong links between physical health and mental health, physical health problems significantly increase the risk of poor mental health, and vice versa. In adulthood, around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly being depression/anxiety and we know that mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year. The impacts are significant and impact on life expectancy, adults with severe mental illness have a shorter life expectancy than the general population (The Kings Fund).

As mentioned previously, the JUCD Children's Board is the board responsible for improving paediatric outcomes (with parity given to physical and mental health). Under the direction of the NHSE/I Children's Transformation Programme and aligned to the Long Term Plan, our JUCDC Board physical workstream is initially focused on obesity. Our basis for prioritising this is based on local population data:

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

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

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

The PHE Fingertips tool tells us useful information about our childrens mental health resilience and challenges, key areas are below: (**repressed figure due to being under 5*)

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Estimated number of children and young people with mental disorders – aged 5 to 17	2017/18	-	-	5138	13785	7022	12440	12757	14585	5688	14806	752
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*	3.3*
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*	4.7*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	1.5*	1.5*	1.8*	1.5*	1.8*	1.4*	1.5*	1.5*	1.8*	1.5*	1.2*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	*	71891*	4321*	10284*	7432*	9832*	10126*	9505*	9055*	10834*	502*
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	*	76124*	4604*	10898*	7680*	10647*	10653*	10085*	9509*	11478*	570*
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	34.9	*	52.7	34.6	35.9	44.3	25.8	43.2	43.4	*
Hospital admissions as a result of self-harm (10-24 years)	2019/20	439.2	445.0	503.5	576.8	203.1	255.7	328.8	787.9	365.0	543.8	330.5
Hospital admissions as a result of self-harm (10-14 yrs)	2019/20	219.8	224.9	208.3	259.3	131.8	197.4	121.5	228.3	352.6	303.3	*
Hospital admissions as a result of self-harm (15-19 yrs)	2019/20	684.7	636.8	761.4	785.8	247.4	353.2	499.6	1075.0	478.9	740.8	409.0
Hospital admissions as a result of self-harm (20-24 yrs)	2019/20	433.7	471.6	538.2	671.8	214.8	219.9	364.7	1037.9	279.2	582.2	*
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2020	2.45	2.41	2.19	2.86	2.57	2.28	2.55	2.27	2.74	2.03	2.30
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2020	2.67	2.42	3.32	2.75	2.80	2.12	2.11	2.11	3.58	2.14	1.93
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2020	2.70	2.58	2.83	2.88	3.04	2.21	2.73	2.39	3.30	2.11	2.11
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2019/20	25.8	24.2	25.6	27.9	28.6	23.2	22.7	23.4	24.5	20.7	17.2

Derby and Derbyshire have a significantly higher number of looked after children aged 0-16 years. In 2020 the England rate was 67 per 10,000. Derby had, in the same period, 98 per 10,000 and Derbyshire 56 per 10,000. The percentage of CYP whose emotional health and wellbeing is a cause for concern in 2018/19 is 48.1% in Derbyshire and 39.6% Derby, the England average is 38.6% (PHE Fingertips). It is important to note that Derbyshire is a net importer of externally placed children in care (CIC) into the area. The number of children leaving care aged under 18 per 10,000 is 37.7 for Derby and 16.7 for Derbyshire, where the England average is 25.2 (2017/18 PHE Fingertips). Our children classed as in need for the same time period is 784 per 10,000 in Derby and 524 for Derbyshire (PHE Fingertips). In addition, there are connected carers across the footprint that receive varying levels of support from the local authorities based on particular circumstances and needs of the child.

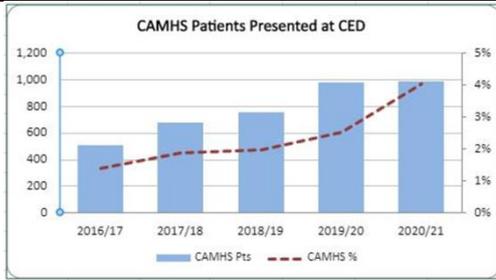
Derbyshire has no Specialist Tier 4 CAMHS inpatient beds across the footprint, rather utilises specialist beds across the region. As a result, we have already developed services to support many children and young people (CYP) in the community to prevent T4 admission. For the Derbyshire ICS, a key priority is to preserve our paediatric services and reduce pressure within Derbyshire on our acute bed provision by ensuring that CYP have access to appropriate services and support outside of the acute ward setting.

Please see below for details regarding our position.

Specialist CAMHS in patient Tier 4 admissions and CYP mental health admissions to Derbyshire Paediatric units

SOUTH DERBYSHIRE (including Derby city)	
2019/2020:	2020/2021:
<p>17 new admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ○ 9 TCP cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 225 days due to high complexity of those going inpatient and challenges with finding suitable social care placements ○ Average distance from Derby is 53 miles ○ Of all the 26 admissions in total for the year (17 new and 9 previously inpatient) – 11 required PICU / Low or Medium Secure, 9 required GAU, 5 were specialist ED units and 1 was a Specialist Deaf unit. ○ Only 5 of these admissions were informal, the remainder were under the MHA. ○ Of the 26 admissions, <ul style="list-style-type: none"> ▪ 14 were due to suicidal ideation and actions. ▪ 3 were due to a psychotic presentation and required the Early Intervention in Psychosis Service. ▪ 5 required an Eating Disorder placement and ▪ 4 were due to risks to themselves or others and required a place of safety / social care breakdown. 	<p>16 new admissions to Tier 4, of which:</p> <ul style="list-style-type: none"> ○ 3 TCP cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 204 days due to high complexity of those going inpatient and challenges with finding suitable social care placements ○ Of the 26 admissions (16 new and 10 previously admitted)- 6 GAU, 9 PICU / Low or Medium Secure, 9 SEDU, 1 specialist ○ Only 9 of the 26 admissions were informal and 16 of these admissions were under the MHA ○ Of the 26 admissions, <ul style="list-style-type: none"> ▪ 4 were due to suicidal ideation and actions, ▪ 4 were due to psychotic presentations, ▪ 10 were under the Eating Disorder Team ▪ 8 were due to risks to themselves or others and required a place of safety / social care breakdown.

CAMHS Paediatric admissions UHDBFT



Year	Other Paeds	CAMHS Pts	Total CED	CAMHS %	CAMHS Admit	CAMHS Admit %
2016/17	35,305	503	35,808	1.40%	59	11.73%
2017/18	35,554	676	36,230	1.87%	195	28.85%
2018/19	37,504	752	38,256	1.97%	209	27.79%
2019/20	37,682	975	38,657	2.52%	271	27.79%
2020/21	23,303	985	24,288	4.06%	329	33.40%

There has been a significant increase in the number and complexity of children and young people presenting to children's emergency services in mental health crisis which has impacted UHDB significantly despite the best efforts of all the agencies involved. The proportion of CAMHS presentations at the Childrens Emergency Department (CED) has increased threefold over the last 4 years.

Even more concerning, the number of CAMHS admissions has increased over the last 5 years to reach 329 in 2020/21.

North Derbyshire

2019/20

51 Referrals to **Intensive Home Treatment Team (IHTT)**

26 New admissions to Tier 4, of which:

- 2 were TCP Cohort (LD/ASD)
- Average length of stay for all admissions in this year is 197 days
- Of all the 26 new admissions for the year 2 required PICU / Low or Medium Secure, 21 required GAU and 3 were specialist ED units
- 20 of the 26 admissions were informal and 6 of these admissions were under the MHA
- Of the 26 admissions:
 - 16 were due to suicidal ideation and actions.
 - 6 required an Eating Disorder placement and
 - 4 were due to risks to themselves or others and required a place of safety / social care breakdown.

2020/21

56 Referrals to **Intensive Home Treatment Team (IHTT)**

40 New admissions to Tier 4, of which:

- 3 were TCP Cohort (LD/ASD)
- Average length of stay for all admissions in this year is 105 days
- Of all the 26 new admissions for the year 2 required PICU / Low or Medium Secure, 32 required GAU and 6 were specialist ED units
- 27 of the 40 admissions were informal and 13 of these admissions were under the MHA
- Of the 40 admissions:
 - 28 were due to suicidal ideation and actions.
 - 9 required an Eating Disorder placement and
 - 3 were due to risks to themselves or others and required a place of safety / social care breakdown

Our service providers across the Derby and Derbyshire footprint take steps to engage with their client groups to understand their experience of provision. This includes the use of surveys and outcomes data which is used to understand improvements for the individual and their experience. In addition, MH2K have undertaken specific surveys that focus on lesser heard voices and the experience of BAME children for example which we plan to continue with. Analysis of our data gives us important insights, for example we are aware that some Primary Care Network areas access services less than others and that these areas are based within our poorer communities, of which some have high population levels of BAME communities. We are aware that we need to analyse our outcomes data in a similar manner, our regular contract management meetings with providers and various partnership network meetings give us the opportunity to look at these areas in detail over the coming year.

Data, Access and Outcomes

The NHS Long Term Plan builds on the previous ambitions of the Future in Mind programme which set out clear ambitions for significant expansions in access to high-quality mental health care for children and young people. In 2020/21 the target was for at least 35% of CYP with a diagnosable mental health (MH) condition to receive treatment from an NHS funded community MH service; Derbyshire exceeded this target achieving 38.1%. The access standards trajectory is set out in Table 1 below. The access standard measures the number of individual children and young people aged under 18 who are in treatment in NHS funded mental health services and have received 2 contacts in relation to the same referral/in a 12-month period.

What we have already achieved

- In 2020/21 DDCCG achieved an access rate of 38.1%, this was 7407 children and young people. This was above the national target of a 35% access rate equating to 6,806 CYP to be seen.
- In 2019/20 DDCCG achieved an access count of 4855 CYP equating to 25% of the 19447 CYP in Derbyshire estimated to have a diagnosable mental health condition. The target was for 6612 CYP to be seen, a figure which represents 34% of the overall total figure of 19447 CYP estimated to have a diagnosable MH condition.

Whilst of course it is disappointing to fall short of the 34% access target in 2019/20, it is important to recognise the context within which this target was missed. A number of new services were commissioned by DDCCG in 2019/20 including the digital mental health offer of Kooth and the Targeted Early Intervention Service 'Build Sound Minds' that is delivered by Action for Children. During the year, as these became more established and embedded within the Derbyshire system, these services were able to increase the number of CYP they were coming into contact with. Additionally, part way through the year, in recognition of the trajectory indicating that the target may not be achieved, work was done with providers via the NHS England Intensive Support Team to ensure that they became more comfortable with both understanding the level of required information to be able to make a successful submission to the Mental Health Services Data Set and equally the process of uploading the information itself. This work combined with the new services in place in Derbyshire has now really started to take shape and is being reflected within the success of the figures for 2020/21. Additionally, we have seen an increase in digitally enabled models of care, through the widely available use of Kooth (universal access to wellbeing support via an App) and use of Attend Anywhere and MS Teams for online 1 to 1 consultations and group interventions. Derbyshire's increasing access rate for CYP can be seen in the charts below.

Table 1 shows that by March 2021 7407 CYP received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS)

Table 1

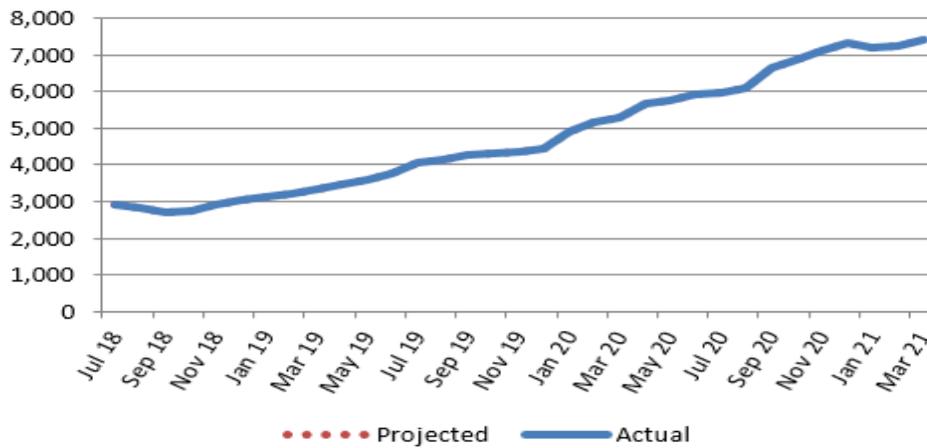
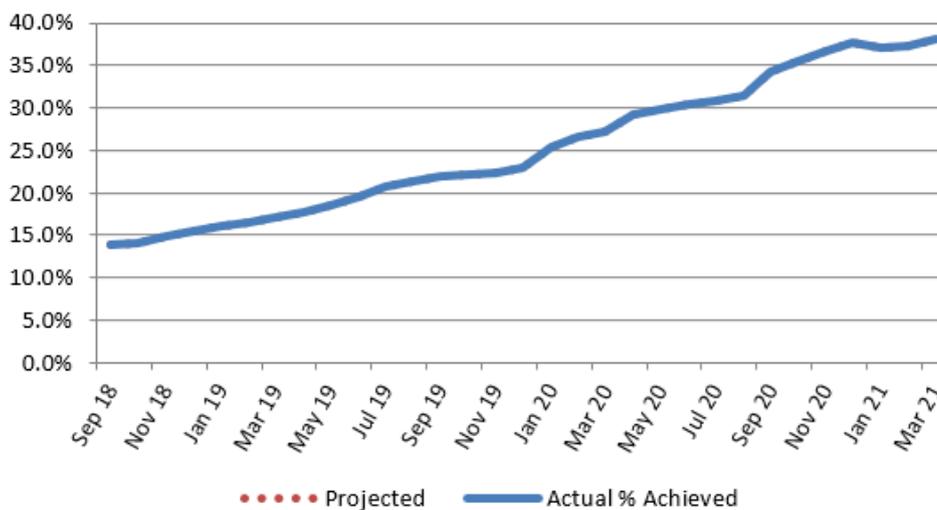


Table 2 shows that by March 2021 38.1% of all children with a diagnosable mental health condition received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS)

Table 2



For the FIM (Five year forward view) commitment, we have monitored how many 0-18 year olds have at least 2 contacts from an NHS funded service.

From April 2021 there is a new headline metric to monitor how many 0-18 year olds have at least 1 contact from an NHS funded service to support the Long Term Plan CYPMH access metric.

Using one contact as the metric will allow for brief intervention approaches, risk management, and sign-posting and advice which are critical components of the CYPMH care pathway to now be counted. This echoes the LTP commitment which measures access to support which might be inclusive of treatment.

We will continue to monitor how many 0-18s have at least two contacts from an NHS funded service to ensure continuity. We expect the number of two contacts will also continue to rise as funding increases.

Long Term Plan Access trajectory (Table 3)

	2019/20	2020/21	2021/22	2022/23	2023/24
Five Year Forward View MH access (National)	63,000	70,000	70,000	70,000	70,000
Long Term Plan access (National)	N/A	73,000	186,500 (164,000 from LTP and 22,500 additional SR)	254,000	345,000
Derby and Derbyshire	6,612	6,806	6980	7,430	8,176

NB: The LTP 1 contact metric starts in 2021/22, the target for this has not been set. The Derby and Derbyshire trajectory will be amended once the one contact target is known

Priorities

- Working with partners to further explore the use of digitally enabled models of care to increase accessibility.
- For all providers to continue submitting primary and refresh access data and Reliable Outcomes Measures (ROMs) data to Mental Health Services Data Set in line with the defined submission schedule.
- To continue to work with NHSE, NECS CSU 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 meetings.
- Maintain a local data return to act as early warning indicator of poor quality submissions.
- Continue to work with North of England Commissioning Support Unit (NECSU) to support providers with technical support. NECSU provider key support to the CCG with data and performance analysis.

What we plan to do during 2021/22

- The priority in 2021/22 remains achievement of the 35% - 2 contact access target – at least 6980 children and young people for Derby and Derbyshire.
- Once the new 1 contact access target is known we will set a local trajectory to achieve this.
- As we increasingly rely upon the MHSDS as a data source from which we can draw analysis and make local conclusions, it continues to be important that the data quality and completeness of MHSDS submissions providers make is as strong as possible and we will continue to support this.
- Additionally, we will demonstrate our progress with CYP accessing more services across the pathway through use of our Derbyshire dashboard.
- To develop a ROMs dashboard to drive local delivery, demonstrate impact and inform service development and improvement going forward.
- Further develop the data quality and assurance of providers.
- To improve our access rates for our ethnic minority populations.
- To level up access rates across our Primary Care Networks.
- To achieve the new national access target for 0-25 years (local target will be applied to this metric once NHSE inform us of agreed national target).

<p>Data Access and Outcomes</p> <p>Ambition:</p> <ul style="list-style-type: none"> • Continue to ensure robust collection of data and use to inform commissioning • Continue to meet the national CYPMH Access standard.
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • To continue to work with NHSE, NECS CSU and Providers to ensure data quality issues are activity resolved to promote 100% data is entered on MHSDS • To continue work on increasing access to services
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Working with partners to further explore the use of digitally enabled models of care to increase accessibility • CYP MH Transformation work will continue to improve capacity in services and access
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • To maintain our 38% 0-18 years access target, whilst improving our access rates for our ethnic minority populations and achieving the new national access targets for 0-25 years
<p>Challenges</p> <ul style="list-style-type: none"> • Staffing and recruitment are ongoing challenges across the whole programme

Workforce, Training and Support

Our Future in Mind strategic workforce plan has been developed with the engagement of key partners, for example education, our community networks and core commissioned services. The focus has been the upskilling of staff across the system to support delivery of timely, supportive, emotional health and wellbeing interventions delivered across the graduated pathway by an integrated workforce working across health, schools, local authorities, ambulance services, NHS 111 and voluntary and community sector. Early support and prevention have been a core theme within our workforce training plan, with the addition of resilience and workforce support, particularly during this difficult year of the pandemic.

We will continue to progress our understanding of the needs of the Derbyshire workforce, particularly accounting for the impact of Covid. Generally speaking, there has been increasing demand for mental health services for children and young people (CYP); however, since the start of the covid-19 pandemic there has not only been an increase in demand but an increase in the complexity of cases presenting, this is particularly true of eating disorders and self-harm. There have been rises in CYP entering crisis and being admitted to general children's wards. We are therefore working with system partners to develop training plans which will equip our staff and the wider workforce to support CYP facing a range of complex issues as one of our priorities.

We are developing our CYP mental health workforce, being mindful that our biggest risk to delivery of transformation investments is the availability of skilled workforce and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities. The system is appointing a workforce lead to particularly drive forward the mental health workforce strategic plan.

Importantly, children and young people from across Derbyshire have told us "There should be more representation in mental health services, showcasing the diversity that is present. That would allow young

people from BAME backgrounds to see professionals that look like them, working in the mental health sector”, ([MH2K Report Derby 2020.pdf](#)). All CYP mental health services that are commissioned in Derby and Derbyshire have robust inclusivity and diversity policies related to their recruitment practices.

It is vital to flag that recruitment and retention remains a significant challenge across CYP mental health, particularly for CAMHS providers; this is a nationally recognised issue. Due to Long-term Plan investments, there are many opportunities for staff mobility i.e. promotion or to move to more specialist roles, although healthy turnover of staff is encouraged, there is strong competition when recruiting to posts. We are looking at innovative ways to 'grow our own' staff through recruit to train opportunities and developmental posts to prevent recruitment being a risk to the success of our programme.

The Emotional Health & Wellbeing website was launched ahead of schedule as a response to the Covid pandemic and has been a useful resource for staff. The website includes information for staff about local services and access to CYP mental health training. During 2020/21 the training offer has been delivered through digital means. This has been well received and enabled staff, parents and carers to participate in training which has both upskilled their knowledge and supported resilience during this very difficult year.

Priorities

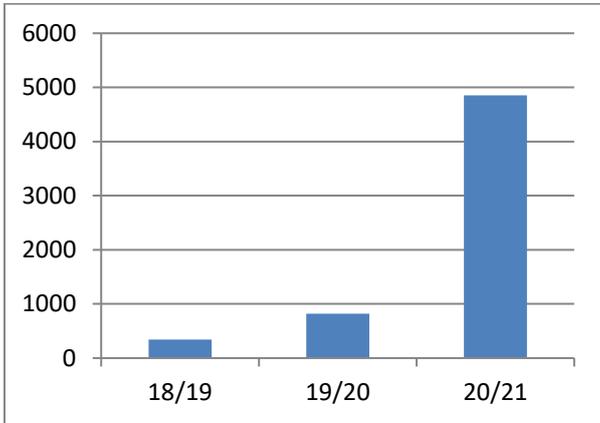
Our key aim is to support our workforce in the recovery from the covid-19 pandemic:

- To build on our Future in Mind workforce training approach to ensure we have an appropriately stratified and skilled up workforce.
- Consolidate a system wide strategic approach to workforce development, recruitment and retention into a clearly defined workforce development plan to take us to 2030.
- To enable practitioners, families and carers across Derby city and Derbyshire to be confident in addressing children’s mental, emotional wellbeing and resilience.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To equip more staff to support CYP with complex needs, particularly those who may be experiencing crisis.

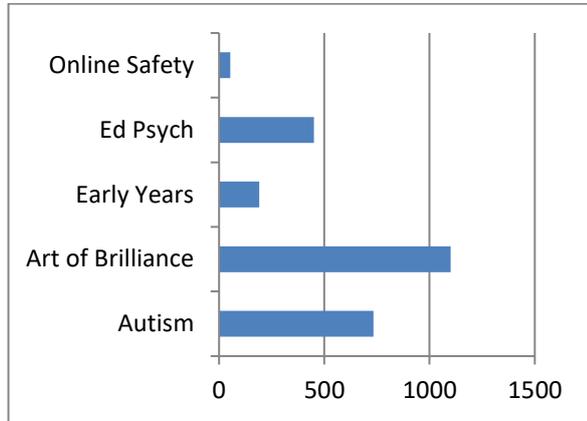
What we have already achieved

The training that has been offered through the website has enabled organisations and individuals to identify and access training/events to support staff and team members for their development and to manage their emotional health and wellbeing. The resources include webinars and podcasts which are accessible and can be revisited on a regular basis.

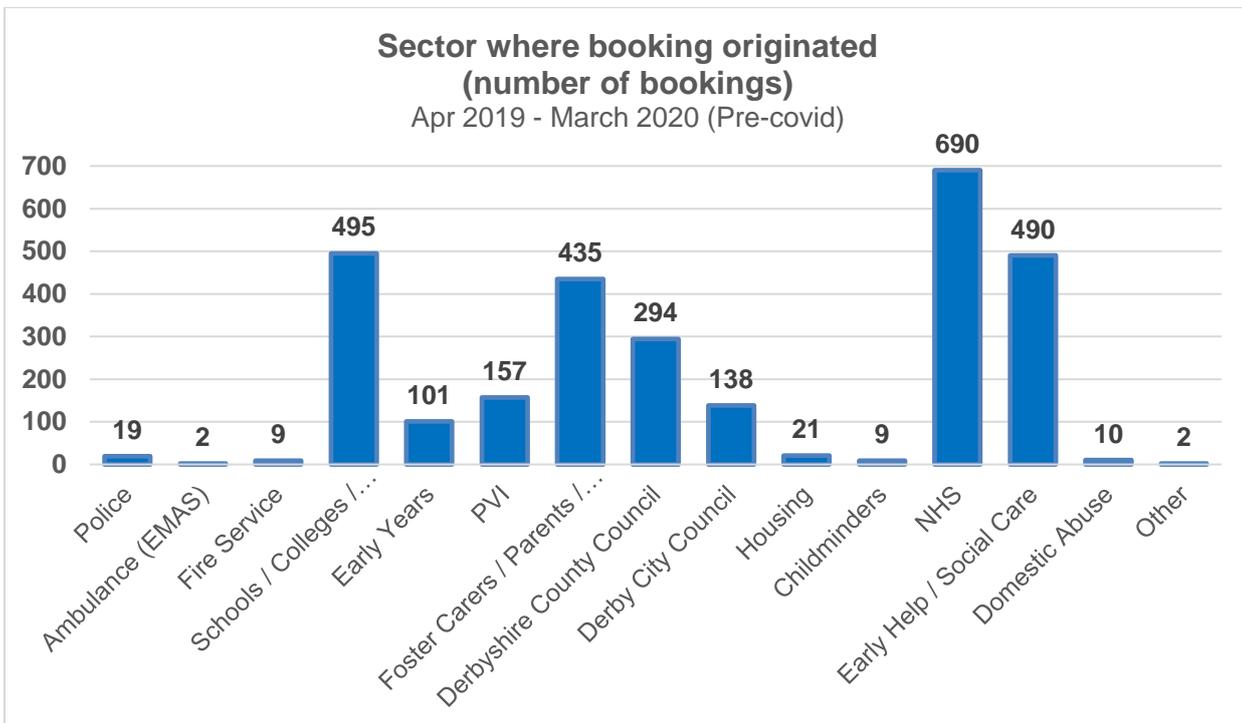
Attendance figures demonstrating year of year growth from 2018/19 - 20/21 as a total

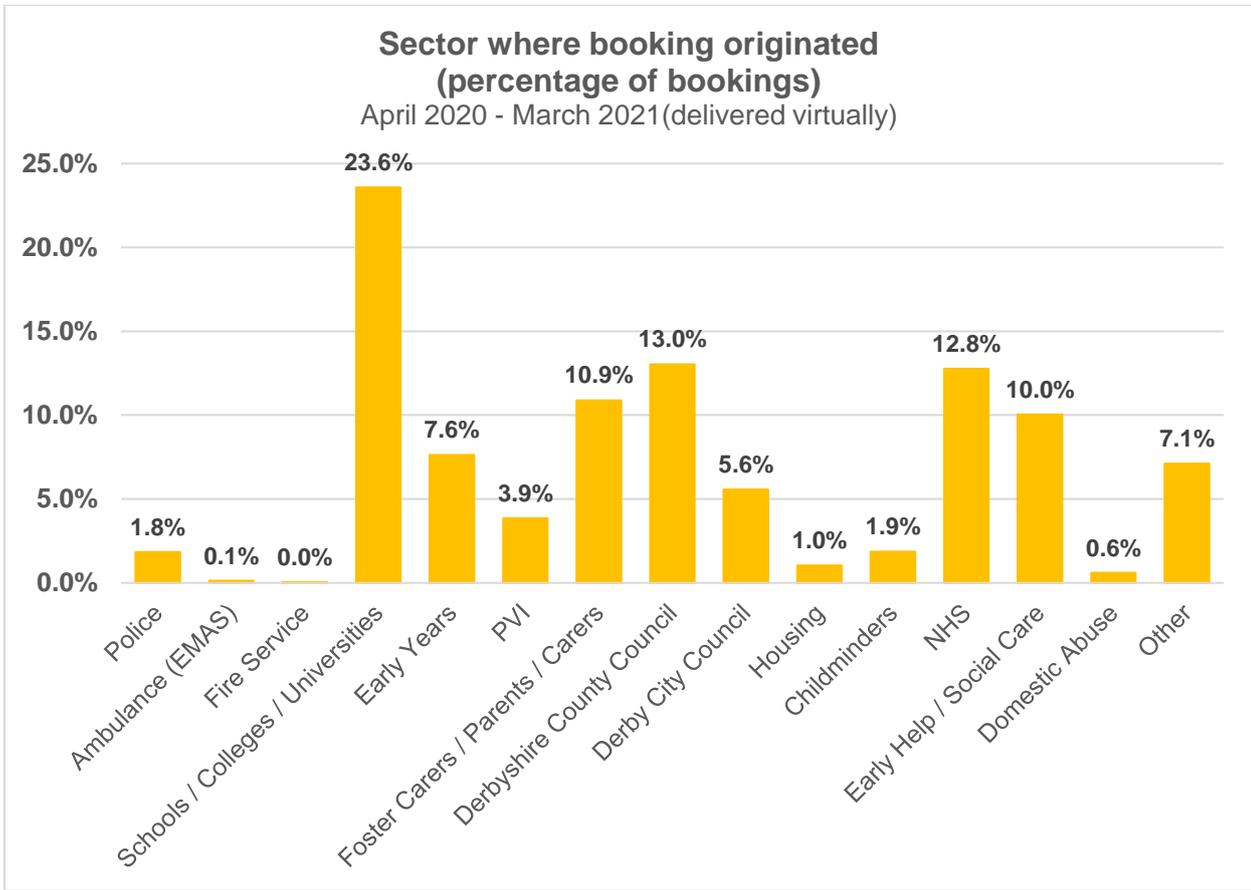


Attendance figures for specific courses

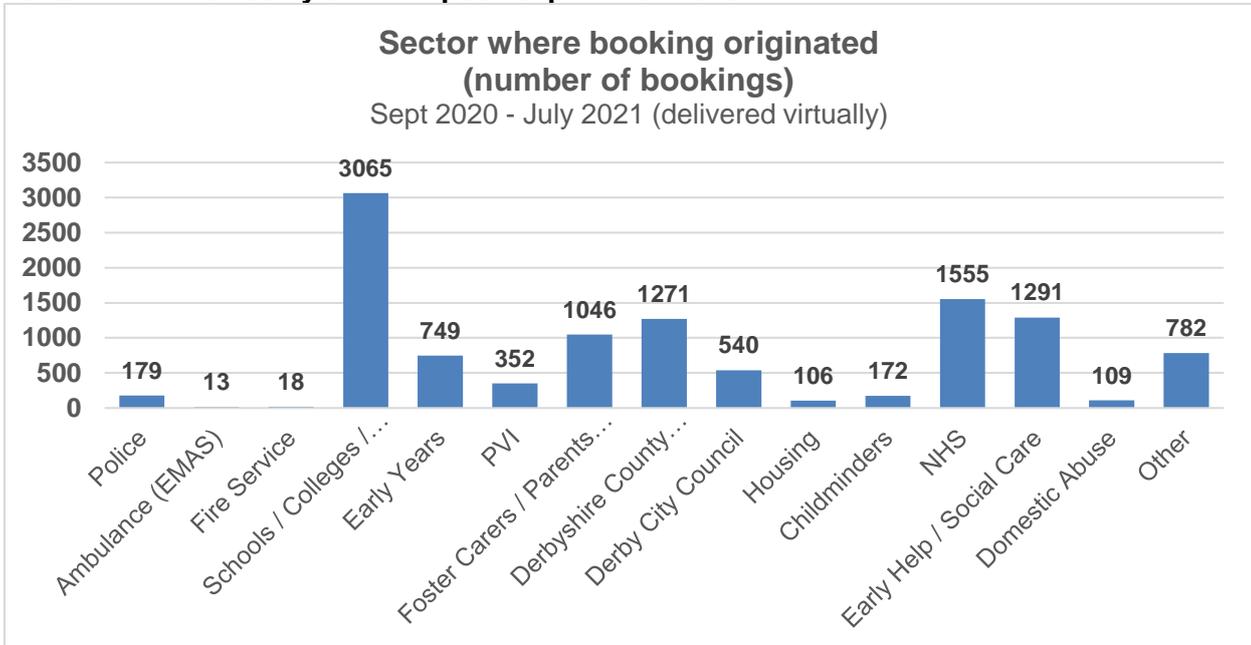


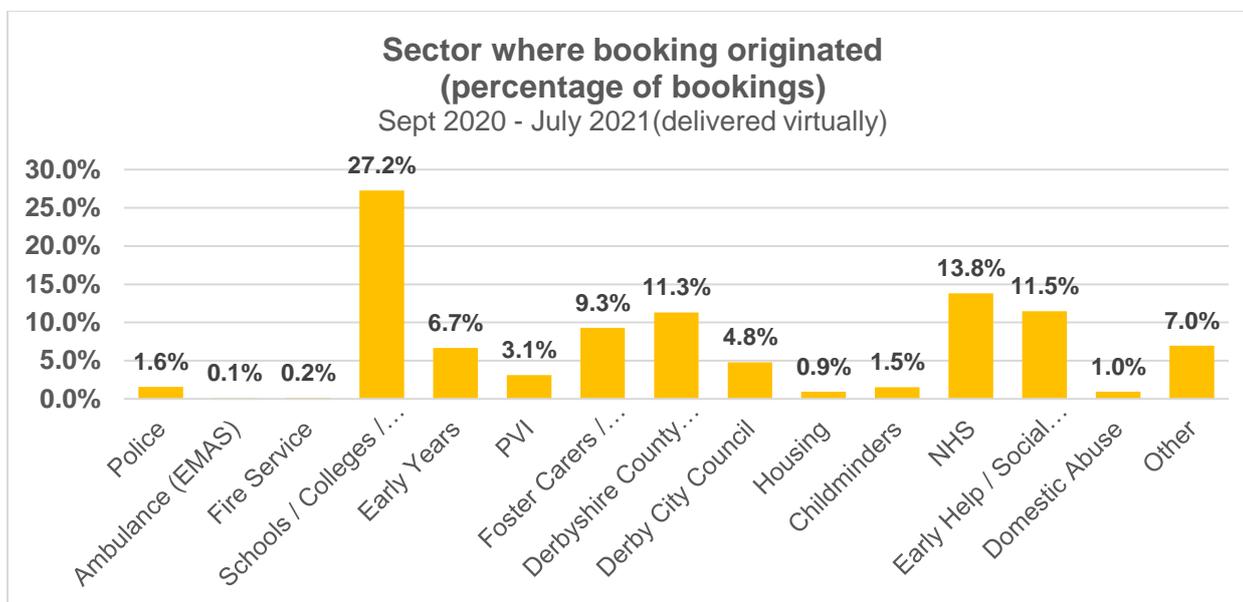
2019/20 attendance by sector pre-pandemic





2020/21 attendance by sector - post September 2020





As the data shows, there has been a rise in attendance following the introduction of the digital offer. The feedback received by attendees evidence that the majority of people prefer online training as it provides easier accessibility and is more environmentally friendly whilst also being more cost effective and has reduced the number of cancellations previously received.

Derby & Derbyshire Emotional Health & Wellbeing Website

We have developed an emotional health and wellbeing website, in response to COVID, which was launched in May 2020, before schedule. The purpose of the website is to support children, young people, parents, carers and professionals providing information and signposting to local CYP emotional health and wellbeing resources. There is information and advice for CYP covering all aspects of emotional and mental health from early intervention to support in a crisis. The website includes campaigns and awareness of inclusivity, signposting to local and national resources and sites.

The website is also a key resource for professionals providing information about how to refer to services as well as information about current training opportunities. This has increased awareness which has subsequently increased training attendance across sectors. The website has a range of resources including podcasts and webinars along with self-help materials and calendars of events. Through the pandemic the website has been a valuable source of support for staff where new resources have been promoted including a specific tile created for Covid-19 information.

The website is a cost-effective signposting service for both statutory and non-statutory provision. It is facilitated in real time with regular management to keep it current and proactive in order to meet the changing needs of the service users and system. The website is continually evolving and work is currently being undertaken in association with VCSE and Local Authority colleagues to include an Autism portal and an adults section, phase 1 of these elements are expected to be completed by September 2021.

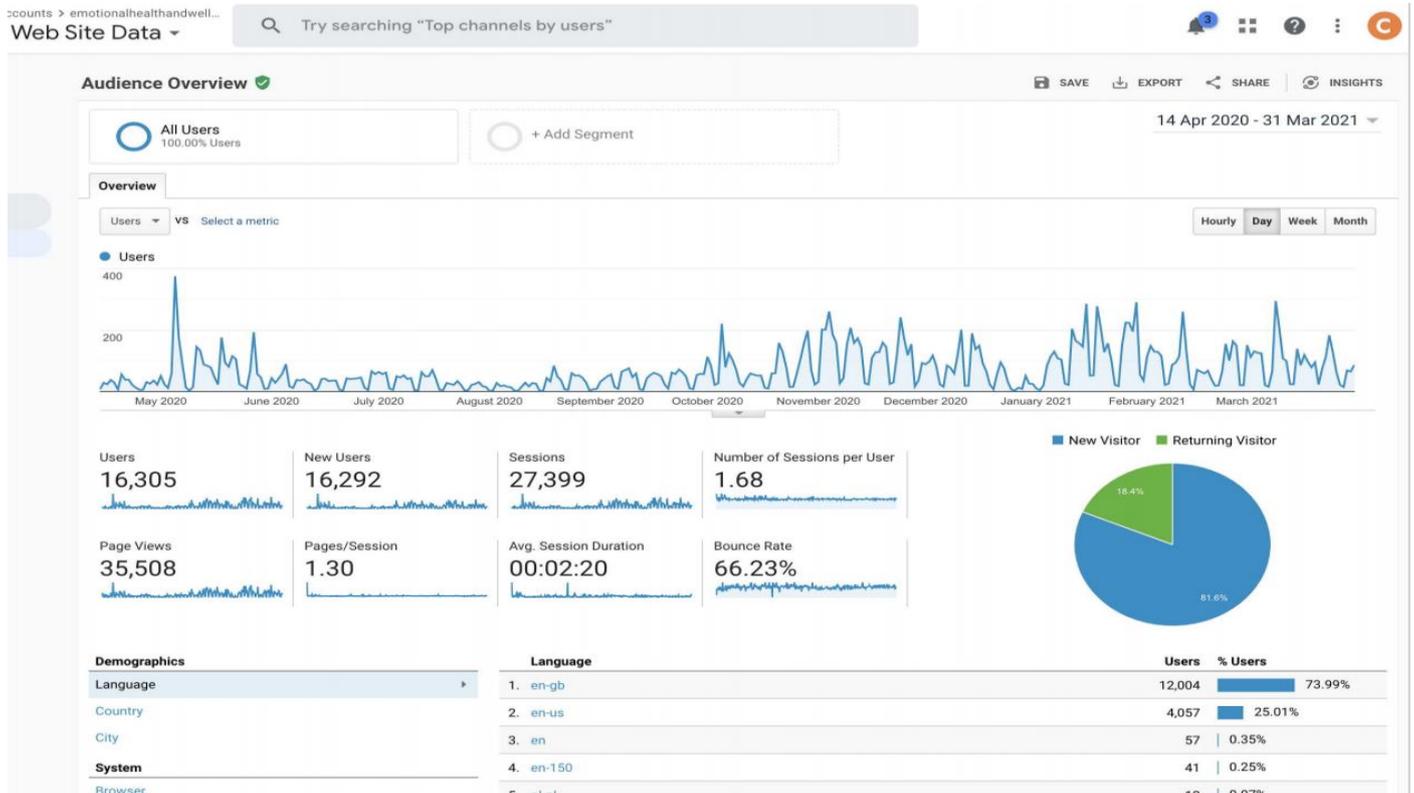
The Whole School Approach mapping tool also features on the website which encourages education settings to access the site and familiarise themselves with the local offers. Using the Thrive model, the toolkit aims to increase the number of emotionally healthy schools to meet with their OFSTED requirements.

The website has been very well received and therefore has attracted further development. Plans are afoot to broaden the scope of the website beyond children and young people's mental health to include:

- All age training and events including online booking.
- Following sessions and training, supportive resources are available through an easy to use login portal.
- All age suicide prevention, including a signposting referral form.

- Autism Training, this is a key development with partner agencies including private, voluntary and independent (PVI) and Community Voluntary Service (CVS).
- Autism Portal – Transforming Care Partnership.

The graph below shows the site analytics for the period 14th April 2020 to 31st March 2021. There have been 16,305 Users, 27,399 Sessions, and 35,508 page views with over 73% of visitors (12,004) being from the UK.



The website can be accessed here: www.derbyandderbyshireemotionalhealthandwellbeing.org.uk

Training and Events 2020/21

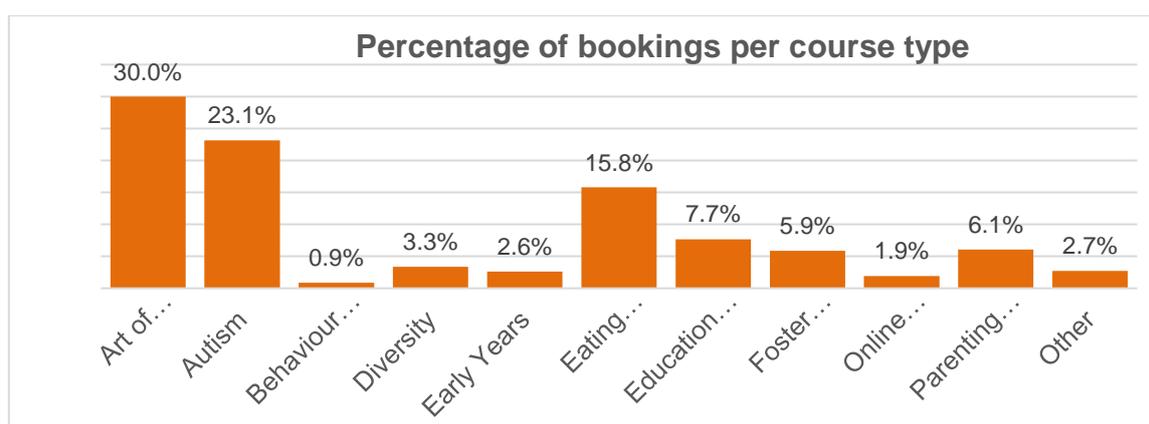
Due to COVID19 and the change in delivery methods, as per lockdown restrictions, implementation of training moved to online and a virtual offer. We have been able to provide a more accessible and a more diverse programme of training to help meet the changing emotional health and wellbeing requirements of the workforce. This has been demonstrated in the number of attendees accessing the training across Derby city and Derbyshire. As part of our learning from what has taken place during the covid-19 pandemic, consideration will be given to future training taking place online.

All training is mapped to the THRIVE and Whole School Approach outcomes:

- 2384 participants have attended the Art of Brilliance sessions which were aimed at front line staff to give them support and reflection time to allow them to consider their own emotional health and wellbeing.
- Conference for Derbyshire foster carers to provide emotional strategies to support them and the CYP in their care on the effects of the Covid pandemic and to provide techniques to aid their coping strategies and self regulation – 495 attendees over a four day period.

- Monthly podcasts available and refreshed with information on emotional health and wellbeing providing challenges to CYP to make them emotionally aware – with additional webinars for Free School Meals children over the Easter period.
- Additional trauma informed sessions with Dr.Suzanne Zeedyke for Derby city and Derbyshire foster carers and Early Year Settings to increase participants awareness of trauma in the early years and how this can affect behaviour and life chances – 371 attendees.
- Derby and Derbyshire schools - Behaviour support sessions with Educational Psychologist linking to motivational interviewing and skills to manage situations whereby a CYP is demonstrating inappropriate actions due to prior trauma and exploring the root cause - 10 sessions delivered with a total of 685 attendees.
- Diversity including LGBTQ (IDAHOBIT day, Stonewall and unconscious bias) to raise awareness and provide solutions to assist parents, Carers and Teachers to support CYP with informed knowledge and understanding - 707 bookings.
- Parents and Foster Carers targetted to attend courses and have access to the variety of training specifically available to their needs.
- First Steps - Eating Disorder provision (variety of early intervention sessions to prevent crisis management).
- Autism offer - selection of e-learning provided by National Autistic Society - 386 licences accessed (Frontline social workers Derby and Derbyshire).
- Skills for Care – e-learning (frontline social workers Derby and Derbyshire) Mental Capacity Act – 200 licences accessed.
- Online safety course delivered to support CYP and Parents/Carers on the dangers of digital risks and the impact ensuring that Parents/Carers have the correct safety measures in place on all equipment – offered to Derby and Derbyshire 180 attendees.
- Nick Barwick, provides a lived experience of a child in care to foster carers/leaving care teams/residential childcare team to enhance their understanding of triggers and change of practice in relating to the CYP– Derby and Derbyshire – 331 attendees.
- Other: this consists of 2 Early Help sessions linked to reducing parental conflict, and the Science of Happiness – from Bristol Uni- Prof Bruce Hood total 344 attendees.

Total numbers of course attendees April 2020 – March 2021 total 8407





What we plan to do next and by when

- Partners to review training requirements in relation to the LTP ambitions and priorities in this local plan
- Expand capacity and capability to meet the need of the local communities and include plans to recruit new staff and train, support and retain existing staff to deliver training between providers
- To map training opportunities available across by partners and look at more ways of sharing access

Workforce and Training
<p>Ambition:</p> <p>To continue to build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning. To continue to support our workforce as we emerge from the covid-19 pandemic to ensure that these needs are met.</p> <p>To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.</p>
<p>What CYP have told us is important to them:</p> <ul style="list-style-type: none"> • Professionals should speak to CYP in a manner that they understand. • 'There should be more representation in mental health services, showcasing the diversity that is present'.
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • Launch of Emotional Health & Wellbeing Website • Increase in wider workforce training attendance • Digital delivery of courses
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Strategically develop training pathways with partners aligning to the ambitions of the LTP • Expand capacity and capability to meet the need of the local communities and include plans to recruit new staff and train, support and retain existing staff to deliver
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Demonstratable improvement of diversity within the workforce which reflects the local community and population served • Recruitment to posts across expanded services
<p>Challenges</p> <ul style="list-style-type: none"> • Breaking down barriers to engage people for recruitment in less represented communities • Retaining trained clinical staff • Recruitment to the number of posts we are investing in

Urgent and Emergency Crisis for Children and Young People

The Derbyshire approach is to stem escalation and respond by supporting all Derbyshire CYP at the earliest opportunity inclusive of mental health, learning disability, autism, eating disorder and complex behaviour.

Our aim is to build support around the child, to maintain key relationships and positive networks. Wherever possible, our children and young people should not be moving to placements / hospital due to lack of support. The table below outlines our graduated offer for CYP experiencing crisis.

DERBYSHIRE BY 2024			
CHILDREN AND YOUNG PEOPLE IN EMOTIONAL DISTRESS / MENTAL HEALTH CRISIS			
Across our graduated pathway our services will be responsive to our CYP – no wrong door / accessible timely support			
UNIVERSAL SELF-CARE OFFER	TEIS AND SPECIALIST COMMUNITY MDT INTERVENTIONS	SPECIALIST / MULT-AGENCY 24/7 WITH 4 HOUR RESPONSE	IN PATIENT CARE
24/7 All Age Mental Health Helpline Line and Support Service			
DDEHWP Website	Core CAMHS Responsive / timely access	Derbyshire wide CYP Crisis and liaison response and Intensive Home Treatment team MH/ED/LD/autism/complex behaviour 24/7 crisis response / assessment CAMHS & Social Care	Derbyshire wide CYP Crisis and liaison response team In-reach / Liaison to paediatric wards / Childrens Emergency Dept.
Digital brief intervention	Targeted Early Intervention Services Responsive timely access Build Sound Minds & Changing Lives Mental Health Support Teams in schools	Multi-agency wrap around care and support Multi-agency meeting / Dynamic Support Register / admission remain in the best interest of the CYP / family Social worker / Case manager Family respite & support Alternative respite provision / foster care	Temporary safe place in a hospital
Whole School Approach	EHWP Trauma Informed Service for CiC	Safe Places Temporary Placements Crisis Cafes Safe Haven 16years + Day offer	T4 CAMHS specialist units
Locality VCSE support services	YOS MDT - High risk CYP	All age 136 suite – appropriately staffed	

Through engagement with our stakeholders, we have agreed that our approach must:

- Improve our offer of community support to children/young people and their carers to help to prevent escalation towards crisis.
- Offer support which recognises that school is a child's community, therefore referral routes and pre and post crisis support need to be school facing.
- Improve multi-disciplinary response to crisis when presented in emergency departments and a crisis care offer that prevents inappropriate attendance in emergency department settings and provides immediate response and supports de-escalation in a more appropriate community setting.
- Provide non-silo pathways and a crisis team which can be responsive to CYP whatever their needs i.e. eating disorder (ED), Learning Disability (LD), Autism, Mental Health (MH) and complex behaviour.

Over the last 12 months (throughout the covid-19 pandemic), Derbyshire has seen a changing picture. During the early stages of lockdown in 2020, the CAMHS Hub model contained most of the risk and as a result there were fewer referrals to our services that provide enhanced support in the home. However, as lockdown continued, there was a notable rise in eating disorder cases, as well as CYP presenting with psychotic symptoms. As schools returned in September, there was another increase in referrals, particularly adolescent females with emotional dysregulation who were a risk to themselves.

We will be responsive to the changes in problems faced by our children and focus our resources accordingly:

- CYP attending A&E and MIU – females particularly, often presenting with self-harm behaviours;
- the rise in the percentage of CAMHS patients in paediatric wards;
- increases in the number and severity of eating disorder presentations;

- complexity of presentation, defined by the Framework for Integrated Care as multiple (i.e. not just in one domain, such as mental and physical health); persistent (i.e. long term rather than transient, including for example learning disability, autism or both); severe (i.e. not responding to standard interventions); and
- framed by family and social contexts.

Priorities

- Ensure that Derbyshire CYP have access to CYP specific crisis support 24/7 by 2024.
- To rapidly expand our CAMHS specialist crisis, liaison and intensive home treatment teams during 2021/22.
- To enhance our community based intensive support, referred to in the Thrive model as 'risk support'. This is the person centred, individualised support required to keep our CYP safe, this complements family and carer support and the specialist clinical and social care offers.
- To work as a system to expand our alternative crisis accommodation/placements, particularly for CYP with behaviours that are complex and that challenge.
- Working with NHS Specialist Commissioning, regional and local partners to improve the flow both into and out of specialist CAMHS tier 4 beds.
- Enhance access to support pre-crisis, ensuring CYP get the right care at the right time and in the right place.

What we have already achieved

The 24/7 mental health helpline and support service provides access to support for people of all ages in Derby and Derbyshire with pathways directly through to specialist clinicians and CAMHS services as required. The support line is also available for professionals to seek advice from mental health professionals regarding patient pathways/care where they can call the freephone number **0800 028 0077** and for more information visit [DHCFT Derbyshire Mental Health Helpline and Support Service](#)

Use of the 24/7 helpline by children and young people was initially very limited; however, this has started to improve since when specialist CYP workers from Derbyshire Federation for Mental Health started answering the phones between 8am and 12 midnight. In May 2021 168 0-19 year olds used the helpline.

MH2K citizen researchers conducted 17 semi-structured interviews alongside activity based workshops to ask young people about how best to promote the helpline and to encourage CYP to use it. MH2K provided a really valuable report describing their findings with recommendations to improve communication and advertising e.g. targeting key adults, social media and not to rely solely on online advertising, to use posters too, to improve the associated website e.g. make the website less complicated and less adult focused, and to offer an alternative text messaging helpline.

Intensive community support is available in Derbyshire, although not currently as robustly and consistently as we would like. We have teams that can support CYP in the community with significant needs enabling them to stay with their family/home foster placements avoiding admissions which would not be in the young person's best interests.

Our Intensive Home Support Services across Derbyshire already provides an interface between T4 inpatients and Community Services and have demonstrated a significant impact by reducing our admissions to T4 CAMHS inpatient beds when compared to our regional neighbours. Table 1 shows the significant reduction in T4 admissions following the inception of the CAMHS EHSS in South Derbyshire, the North Derbyshire Intensive Home Treatment Team (IHTT) has delivered similarly impressive outcomes.

Table 4 Southern Derbyshire Tier 4 Admissions

	2015/16	2016/17	2017/18	2018 Apr- Nov	2018 Nov/ 2019 Apr	2019/20	2020/21	2021 Apr – May
Southern Derbyshire (statistics for 2015-Nov 2018 taken from Future in Mind: Derbyshire Sustainability and Transformation Partnership Nov 2018)	79	93	56	37	8	17	16	3
	No enhanced provision available				EHSS Operational			

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

Our CYP Crisis response plan is a development of the pre-covid urgent and emergency care mental health service implementation plan. In February 2020 a multi-agency workshop took place which brought together expertise from across CYP services to create a CYP urgent and emergency care action plan. This work set out the development areas for preventing escalation and responding to crisis which would support all Derbyshire CYP inclusive of mental health, learning disability, autism, eating disorder and complex behaviour. Additionally it integrates health and social care working. Elements of this work i.e. dynamic risk register have been progressed within our Transforming Care Programme (TCP) and Learning Disability & Autism (LD&A) work streams and the enhancement of the crisis response and intensive home treatment teams have been developed within the scope of the Community and Crisis Response working group. The Blue light services are well engaged with the all age urgent care steering group, this is the forum which is progressing the 24/7 helpline and Safe Haven. Police and ambulance services sit on this forum where they have oversight of the CYP crisis response programme. Increasingly as the CYP crisis response programme develops our police and ambulance colleagues are being invited to join the development conversations.

Specialist Community workers and crisis day resource 3 years funding secured from the CAMHS Provider Collaborative to develop specialist community workers to provide a range of high intensity interventions – which may not be complex in themselves but will help build confidence and engage CYP in everyday activities, building personalised support incorporating reasonable adjustments for example pro-social activities, peer support, support eating, creative / wellbeing activities, education support or physical exercise. Additionally to develop a new day offer based on Crisis Café model offering a safe space in a non-clinical setting. This will offer alternative support and advice in times of crisis with access to specialist CAMHS assessment and care planning with specialist support staff and peer mentor involvement, phasing in education at the appropriate time.

There will be access to pro social activities, relaxation, respite and the opportunity for CYP to build routines. The offer will aid risk support and assist in helping the young person to become intervention or change ready. Any savings in inpatient expenditure realised from this model will be reinvested in the community system.

What we plan to do next and by when

We continue to develop the graduated response which meets all levels of CYP emotional distress and mental health crisis needs. In addition we continue to develop our crisis offer ensuring services are accessible for different groups of children and young people including those from BAME communities, young carers, with Learning Disability and Autism and people from LGBTQ+ communities by 2024.

- Immediate investment and development of the CAMHS Intensive Home Treatment Services across Derbyshire increasing staffing across disciplines.
- Immediate investment and development of specialist community workers and two day resources, one north and one south to enhance provision.
- As a temporary measure, whilst a better community solution is developed, to enhance support and upskill paediatric ward staff.
- Further develop the eating disorder pathway, to be responsive to increased demand and more severe presentations.
- To action the MH2K recommendations, to enhance the 24/7 mental health helpline offer making this more accessible to children and young people.
- Review the impact of our strategic / complex case coordinator in supporting system wide multi-agency care planning for complex cases and expand the model.
- To review the extension of the Derby Safe Haven to include 16 years upwards and develop the approach with the Chesterfield service being planned for 2021/22 to have 16 year remit from the beginning.
- Crisis prevention embedded in schools / CYP community, improve community triage / role of Specialist Community Advisors and capacity within early targeted interventions and specialist therapies.
- Upskill our workforce in trauma informed approaches and positive behaviour support.
- For providers to have a joint approach to workforce, including recruitment, training and some system wide roles.

<p>Crisis Response</p> <p>Ambition:</p> <ul style="list-style-type: none"> • To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health.
<p>What CYP have told us is important to them:</p> <ul style="list-style-type: none"> • 'Service being available 24 hours a day 7 days a week as depression and suicidal thoughts don't stick to work hours.' • 'Self-referral, a lot of people struggle to tell their parents or parents don't believe them when they tell them.'
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • Investment plan agreed to expand Crisis, Liaison and Intensive Home Treatment Team • System supported the introduction of a Strategic Complex Care Coordinator role • Unified Derbyshire wide agreement to the approach to Crisis response model
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Recruit to expand the Crisis, Liaison, and Intensive Home Treatment Team • Develop two crisis day resources, one north and one south and recruit to specialist community worker roles • Agree specifications and contract arrangements for expanded and new services • Improve communications to CYP about the 24/7 helpline and support service

KPIs / Critical success factors

- Reduce conversion from CED attendances to admission from 33.4% 20/21 to 11% (2018 baseline) by 2024.
- We wish to reduce our GAU bed days to the levels of the best performing CCG in the East Midlands, from 255.96 per 10,000 to 232.02 (Nottingham and Nottinghamshire CCG) or lower.
- Reduce PICU occupied bed days from 129.40 per 10,000 FY 19/20 to 94.18 (England average) or lower

Challenges

- Recruitment of specialist trained staff when there are limited CAMHS qualified staff available. We will look to recruit wider skilled workforce i.e. Youth workers providing training and professional development.
- The system continues to operate in escalation due to the pandemic and all sectors of staff under pressure. By recruiting programme management support, we aim to facilitate development at pace.

Eating Disorders

We have two Community based Eating Disorder Services (CEDs), hosted by Chesterfield Royal Hospital Foundation Trust (CRHFT) and Derbyshire Health Care Foundation Trust (DHcFT), and two support services for eating disorders with First Steps and Freed Beeches (14 years+). The services aim to reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible. Eating Disorders (EDs) are severe mental illnesses with serious psychological, physical and social consequences, with Anorexia Nervosa (AN) having the highest mortality amongst all psychiatric disorders. People with eating disorders commonly experience additional mental health problems, particularly depression, physical illness, difficulties in intimate relationships and the interruption of educational and occupational goals. In the UK, over 1.6 million people are conservatively estimated to be directly affected by an ED with illnesses typically starting in adolescence and young adulthood.

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

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

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

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

causes confusion, adds to the burden of children and young people and their parents or carers, and has the potential to delay recovery.

Priorities

- For specialist and community providers to work together in a more joined up way to deliver effective, evidence-based care and support to better meet rising demand.
- A commitment to continue delivering the waiting and access standard to all CYP with a suspected eating disorder in need of treatment (95% routine referrals wait 4 weeks, 95% urgent referrals wait 1 week)
- Improve and expand support for children and young people with eating disorders in the community, offering earlier interventions.

What we have already achieved

During 2020/21 there has been significant investment in the CRHFT and DHCFT CEDS to recruit additional staff to increase capacity in the services. This has included staff for mental health nursing, paediatric nursing, clinical psychology, specialist eating disorder nursing, consultants, and play specialists. We already have an agreed Derby and Derbyshire-wide specification for eating disorder services to provide intensive home support and treatment, we will be enhancing this service offer. To support the increase in disordered eating presentations on our paediatric units during Covid we have invested in Play / Youth workers to support eating and purposeful occupation, recruited specific eating disorder nurses for the ward and increased dietician hours for the multi-disciplinary team.

There has been a significant increase nationally in eating disorders including anorexia nervosa and other food restrictive disorders, and this is reflected in Derby and Derbyshire. Referrals to (CEDS) and demand on the services in 2020 and 2021 has increased, including increasingly complex and high risk cases. Both CEDS have experienced a doubling of the most serious cases during the past year. Services are delivering notably higher levels of activity than in previous years. A rise in cases is also reflected in the increased number of CYP in paediatric wards, tier 4 beds and those waiting for beds.

In 2020-21 the Eating Disorder Services in Derby and Derbyshire met the national waiting and access standards for CYP with a suspected eating disorder in need of treatment to be seen in 1 week for urgent cases and 4 weeks for routine (Tables 5 and 6). Table 5

Derbyshire Urgent Cases: The number of patients started treatment by week since referral					
>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 1 week
39	2	-	-	41	95.1%

Table 6

Derbyshire Routine Cases: The number of patients started treatment by week since referral					
>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 4 weeks
32	69	4	-	105	96.2%

CAMHS Specialist Eating Disorders

- The CAMHS Eating Disorder services continue to work with the hospital inpatient wards for CYP who have been admitted with eating disorders, providing input and visits to the wards, including meeting parents. There are regular MDT meetings with paediatrics teams and the input from the Eating Disorder services is very valued within the hospitals.
- Our services are part of the East Midlands Clinical Network for Eating Disorders and have been accessing the training and development opportunities that are part of that programme.
- Monthly transition meetings have been established with adult services to ensure smooth transition in care.

First Steps

- First Steps ED provides professional one to one peer support to children and young people (5 to 17 years), and counselling and psychotherapy for adults (18+) including Maudsley Collaborative Skills workshops for parents and carers. Continuing Professional Development (CPD) training for professionals, body image and psychoeducation workshops in schools, college and universities and a comprehensive weekly Recovery self-help programme of peer led groups and creative therapy activities, for all ages including parents and carers.
- 795 Derby and Derbyshire professionals have attended one or more of five CPD accredited training sessions delivered by First Steps ED covering eating disorders all ages and genders, body image and perception, nutrition and mood, compulsive exercise, sport and steroid abuse.
- 5000 copies of a new research informed Children's Book on disordered eating were printed for Derby and Derbyshire Primary Schools.
- 2020/21 national campaign focused on eating disorders in boys and men resulting in a new training tool accredited by the Royal College of GPs.

FREED Beeches

FREED Beeches¹ provides one to one support for CYP 14 years and over. FREED Beeches offers a multi-disciplinary approach consisting of psychological intervention alongside Dietetic Support for those affected by an eating disorder. FREED Beeches also offers group interventions. There is support for carers and supporting others as well as family support. FREED Beeches provides eating disorder training and information sessions to professionals such as trainee GPs, Teachers and school nurses. FREED Beeches also has a schools coordinator who provides workshops on body image and self-esteem for school children from year 5 throughout primary school, secondary school and post 16.

What we plan to do during 2021/22

- We will build on the response to rising demand on services exacerbated during the Covid-19 pandemic, using additional investment to increase staffing capacity and for staff training.
- Working with our providers, analytics, and public health colleagues we aim to better understand the specific inequalities in access to eating disorders support across Derby and Derbyshire. We will be using estimates of prevalence of mental ill health in children and young people at small area geographies to inform eating disorder position.
- Continue delivery of the waiting and access standard for all CYP with a suspected eating disorder, 1 week for urgent referrals, 4 weeks for routine referrals.
- Further development of the CEDS intensive outreach and home treatment offer which will be integrated with our CYP crisis and liaison team.

¹ A member of the group chose the name FREED; she described her illness as like being in a cage with a locked door and she needed the key to be FREED.

- Improve our offer for CYP with an eating disorder who require urgent care. We will integrate our eating disorder crisis offer within our Crisis, Liaison and Intensive Home Treatment Team response.
- Paediatric inpatient support for ED will continue, including with specialist ED play therapy.
- Using additional funding to improve avoidant restrictive food intake disorder (ARFID) awareness, diagnosis and treatment. The CCG is investing in additional clinical hours and CPD accredited training for professionals in CYP services.
- Establish a written agreement between providers in CEDS, secondary care and primary care to ensure a consistent approach to physical health checks and medical monitoring for CYP with eating disorders.
- Ensuring access for Derby and Derbyshire CYP with eating disorders to Tier 4 beds, in parallel to improving preventative and more intensive support in the community.
- Engage with the East Midlands CAMHS Provider Collaborative to ensure pathway integration with specialist tier 4 inpatient services. To improve joint working and flow between specialist inpatient care and community teams to improve CYP outcomes and experience of care.
- First Steps ED and partner's 2021/22 campaign will be focused on obesity, diets, nutrition and physical activity in mental health settings.

<p>Eating Disorders</p> <p>Ambition: To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.)</p>
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • Agreement to one Derbyshire wide CAMHS Eating Disorder service specification. • Increased staff capacity in both north and south CAMHS ED teams. • Towards end of the year, started to implement home treatment model (significantly delayed due to Covid). • The CAMHS ED continues to see the majority of CYP on a face to face basis.
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Ensure in patient paediatric units had adequate ED specialist support/training. • Develop and integrate the ED crisis response with the CYP Crisis & Liaison offer. • Fully implement the CAMHS ED home treatment model service specification. • Review community pathway and agree model for integration between CAMHS ED and FREED Beeches / First Steps.
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Access standard being met for 95% of urgent and routine referrals
<p>Challenges</p> <ul style="list-style-type: none"> • Increases in number and severity of ED presentations. • Staffing and recruitment are ongoing challenges, with shortages in specialist eating disorder staff including dieticians, we will look flexibly at workforce opportunities.

Young Adults

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

adults, different thresholds and concepts of what constitutes a mental health disorder between CYP and adult services and different intensity of care provided for young adults by adult mental health services. Our CYP citizen researchers identified this 'transition' into adulthood services as a difficult time for CYP: *'We feel there should be more support for those making transitions, such as a period of overlap'*. they also suggested peer mentoring as a support structure for CYP moving from children's services to adults (MH2k 2020). However, we are also aware that not all CYP will need to transition to adult mental health services and the transition may be to another type of support structure, but support in doing so is still of importance.

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

Not all CYP who attend CAMHS will need to transfer to adult mental health services. Some will no longer need any additional support, for others there will be a need for ongoing support but not from a mental health service but there will be a number that do require ongoing support, and for those CYP transition should be smooth and not include gaps in service provision due to waiting times in adult services.

As of June 2021 we know that approximately 150 young adults remained in the care of CAMHS and that 298 young adults aged 18-25 years called the all age Mental Health and Support Helpline in the month of June (data is not available for 19/20 as the Helpline was not set up at that time). We are also aware that within Derby and Derbyshire young adults aged 20-24 are admitted to hospital because of self-harm in higher numbers than the national average.

Our vision for young adults is a person-centred, graduated approach which will offer prevention and early help interventions through to timely specialist support for more high-risk young adults. We will seek to improve YA mental health outcomes at the lowest possible level by continuing to offer self-help via access to digital mental health support, currently Kooth for under 26 year olds, access to our 24/7 mental health helpline and support service, and information via our Derby and Derbyshire Emotional Health and Wellbeing website. Our services delivering for young adults do so using the Thrive model and using trauma informed approaches. The Early Intervention in Psychosis Team works with young people from the age of 14 years to adults as part of the integrated approach.

Our aim for young adults is for them to experience a seamless transition between our CYP and adult services, supporting those young people who may need an extra helping hand to adjust to adulthood i.e. young people known to CAMHS, YOS or care leavers. Over time our locality MDT / Community Mental Health Teams (CMHTs) will work less in silo and be trained in the specific needs of young adults to be more proficient in approaches to supporting them i.e. trauma informed approaches, links to further education, employment etc. There will be new service protocols for YA, particularly focussed on transitions between CYP MH services and adult services / community offer (support will be based on need / risk, not age) and shared care opportunities will be reviewed. There is also the opportunity to develop Youth Social Prescribers or Youth Worker roles at a locality level as this rolls out into each area. We are upskilling our adult MH workforce to be better able to assist YAs. The approach will also support YAs who enter mental health services for the first time. This model supports the graduated approach to supporting YA across the Derbyshire ICS footprint and aligns to our Mental Health Community Plan (MHCP adults).

Our priorities are to:

- Better support our CYP to transition from CAMHS services to adult pathways / community support support YA with MH difficulties known to CYPMH services who do not meet adult service criteria
- Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safeguarding concerns, developmentally younger than their age
- Better support YP who are at higher risk of MH issues as they move to adult hood i.e. those with ASD / learning disabilities those who have been through YOS and YA experiencing gender dysphoria

Four high level priority groups of young adults have been identified as requiring key attention. There are also challenges of reach due to ICS geography (large rural areas). DHCFT CAMHS currently hold approximately 150 YA post 18 years where extra support is required and where transfer to suitable support is not currently possible which creates inequalities. These YA include:

1. YA with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties
2. YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap.
3. YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services
4. YA on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s

It will also focus on the needs of YA from rural communities, traveller communities, BAME communities, LGBT+, those with learning disabilities, YA leaving care and those known to YOS making reasonable adjustments within the offer to cater for their needs. Communications will reach specifically to these groups of CYP.

CYPMH commissioners attend the adult community mental health framework meetings and adult commissioners have been invited to the young adults task and finish group which has been set up specifically to improve transitions and tackle inequalities for those aged 18 to 25 years of age. We will also work closely with colleagues who are delivering the autism road map.

Young Adults
Ambition by 2024 To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults. To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/CIC/ASD/GD) and less silo working with appropriately trained workforce.
What CYP have told us is important to them: CYP have told us that the transitions from CYP to adult services is difficult.
Progress in 2020/21 2021/22 see Young Adults as a new area of focus in line with the Long Term Plan and Community Mental Health Plan ambitions in adult mental health.
Actions for 2021/22 <ul style="list-style-type: none"> • To ensure covid-19 recovery is on track – that we support our workforce and ensure our providers are able to focus on delivering services to young adults • To scope our young adult needs and develop plans through coproduction and partnership working • To provide training opportunities across our adult workforce for staff to better understand the needs of YA moving into adulthood and develop strategies for how to best support them. • To build on our Mental Health Community Plan YA link worker model, this has been initiated in our CMHP prototype area

<ul style="list-style-type: none"> • To build a young adult offer which will integrate CAMHS with the Mental Health Community Plan, including • Explore potential for peer mentoring opportunities / young adult social prescribers / link workers / Youth Workers to support the work (based on the EIP / YOS Wellbeing Youth Workers models)
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Reduction in the numbers of young adults on CAMHS caseload • Evidence of co-production in our plans • Good transitions from CAMHS to adult MH pathway defined by CYP not having gaps in service due to transferring
<p>Challenges</p> <ul style="list-style-type: none"> • Changing statutory service cultures and approaches to young adults and their care

CYP Suicide Prevention

Within Derby and Derbyshire there is a multi-agency Derbyshire Self Harm and Suicide Prevention Partnership (DSSPP) led by public health, the strategy to prevent suicide is all age and as such includes CYP and young adults. This group has representatives from several key organisations, for example emergency services, CCG CYP MH, local authorities, safeguarding, transport, survivors, VCSE etc. There are robust links to crisis care and crisis helplines. This ensures a broad multi-sector joined up approach to suicide prevention.

As part of its remit, the group has a response to suicide clusters and in such circumstances '*Identifies vulnerable groups and individuals, to target prevention measures*'. Partners have developed and agreed the guidance document '*Identifying and Responding to Suicide Clusters: A Guide for Derbyshire County and Derby City*' which partners adhere to. This is a key element of our suicide prevention approach. The DSSPP have a local version of real time suicide surveillance (RTSS) in place (since January 2021). In the period to 2 August there have been two deaths by suspected suicide in 10-19 year olds out of a total number of suspected suicides of 52. RTSS enables the partnership to respond quickly to any clusters or trends.

Where CYP are identified as a target group, our commissioned services will respond accordingly in close collaboration with the Derbyshire Self Harm and Suicide Prevention Partnership taking account of the inequalities that may impact.

We are aware that there are certain groups of young people who are more at risk of suicide than others, for example children in care and care leavers, females aged 15 to 17 years, LGBTQ+ and student populations (who show different risk factors for older and younger age groups – the younger being linked to bullying and academic pressures – the older age range being linked to work and financial worries). We are also aware of the links between self-harm and suicide and know that Derby and Derbyshire have higher than average hospital admissions due to self-harm 10 to 24 year olds (19-20 PHE Fingertips).

Our services and plans for children in care, our plans for improving services to young adults, our whole school approach plans and crisis plans all explicitly or implicitly contribute to suicide prevention.

We do not have data on the number of suicides and injury of undetermined event for CYP aged 10 to 19 years as the figures are so low they are repressed (please see [Derbyshire Observatory – Life Expectancy and Mortality – Suicides](#) for further details). As a result of the small data set there are no significant trends or characteristics which can be identified at a local level.

Training programmes are led through the DSSPP to ensure that those working with CYP and young adults are equipped to support CYP and know where to go for further help and advice.

In addition, the group analyses real time suicide surveillance data of suspected suicides which assists in the development of prevention plans and responses.

<p>Suicide Prevention</p> <p>Ambition:</p> <ul style="list-style-type: none"> To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. To respond to suicide clusters with a system approach.
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> Suicide prevention training delivered in primary care Suicide prevention training delivered Mental health first aid training expansion Support for media organisations reporting on suicide
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> Following the completion of the Derbyshire Self-harm Review actions will be identified to take forward CAMHS level 1 and 2 suicide awareness training across agencies including education settings
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> Number of education settings receiving suicide prevention training
<p>Challenges</p> <p>No specific challenges are identified.</p>

CYP Mental Health Services within Educational Settings

Since 2019 we have increased our early intervention offers to improve the emotional wellbeing and mental health of Children and Young People, parents, carers and guardians by providing an early response to emotional wellbeing and/or emerging mental health needs through low level, targeted or short-term. Partners across Education, Local Authority and VSCE partners we are delivering evidence based Targeted Early Intervention Services which provide specialist support for children and young people aged 0-17 (25 years for SEND) who are presenting with emotional and mental difficulties but do not meet the thresholds for more specialist services.

Interventions are offered face to face, group work or via digital methods. Promotion of these services is undertaken through newsletters, campaigns, social media and website signposting.

We have 6 Mental Health Support Teams (MHST) across Derby and Derbyshire, the Changing Lives service is provided by Action for Children. The MHST structure has been designed to provide opportunities for career progression and includes a Clinical Psychologist who provides supervision and developmental training to supervisors and senior clinicians strengthening the support whilst also upskilling the teams. The EMHP have the opportunity to not only progress into supervisor and other higher intensity training roles such as a Systemic Family Psychotherapist but as a system we are also working together to develop a strategic workforce plan which will enable EMHP to develop skill sets across different services and progress in further recruit to train roles within the wider system such as CAMHS which will strengthen and develop the Derbyshire workforce.

Supervision is provided via line management, and group and case management supervision. In addition the EMHP also receive case management and CPD from the internal Clinical Psychologist; this model provides a more diverse and substantive approach. Each school network has a non-case holding manager who builds and maintains relationships in schools, plans Whole School Approach activities and drives referrals.

The service works in partnership with the school community and other wellbeing services to develop a whole school approach to mental health and wellbeing. There are three key functions for the MHST are:

1. To deliver evidence-based interventions for CYP with mild to moderate mental health problems.

The Education Mental Health Practitioners (EMHP) deliver mild to moderate interventions for the following

- Training to teachers and parents to support interventions with children.
- Brief interventions for low mood, stress and or other mood difficulties.
- Support feelings around adjustment (i.e. managing transition, change).
- Support for anxiety and worry – Panic, separation anxiety, Simple phobias.
- Sleep hygiene support and advice.
- Problem solving.
- Auditing of school support for emotional wellbeing.
- Consultation to school staff.
- Offer brief parental support for behavioural difficulties.

2. Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach.

A whole school approach mapping tool has been developed to support schools (based on PHE evidence based whole school approach 8 principle to promoting emotional health and wellbeing in schools and college) to further develop how they promote the mental health and wellbeing of their pupils and the school community. The team work closely with the Designated Senior Mental Health Lead (DSMHL) in the Centre of Excellence and at each feeder school. A mapping exercise is completed to identify the principle the school would like to further develop, and the team complete an action plan and provide appropriate support to ensure the actions are effectively implemented, embedded, and sustained.

3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

Each Centre of Excellence has a Partnership steering group. Member representation includes school staff and LA, CCG and Voluntary services that sit within the locality of the Centre of Excellence and feeder schools and provide support for their CYP's mental health and wellbeing. The core purpose of the Changing Lives Partnership group is to deliver a joint working approach between services to provide better mental health and wellbeing support for the children and young people. The group operates as a non-statutory partnership arrangement and aims to establish a shared development agenda and explores key issues, such as:

- The strategic vision for children's mental health and wellbeing including how the Changing Lives Trailblazer fits within this.
- Shaping services to work more effectively together to achieve better mental health and wellbeing outcomes for children, young people and their families.
- Sharing mental health knowledge and evidence-based practice
- Sharing successes and challenges of practice

The Derby and Derbyshire model is a Whole System Approach which aligns to Public Health England 8 principles for promoting a whole school approach to emotional health and wellbeing and the Thrive model.

Priorities

- Continue to expand the whole school approach to prevention and early help across Derbyshire county.
- Review the impact and outcomes of the all centres of excellence.
- Expand the Mental Health Support Teams in line with NHSE investments, we expect three further teams in 2022/23 and two more in 2023/24.
- Review mental health support offer for schools in Derby in order to best meet need.
- Revisit the mental health pathway as a whole and give clear information to schools and localities regarding the offer of help.

What we have already achieved

- The Changing Lives service is accessible to 97 schools across the footprint
- 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, green) rating helped them to identify which areas need more attention in developing a whole school approach

What we plan to do next and by when

- Improve understanding, communication, partnership working and needs including Mental Health Services. Develop a pathway and policy guidance in partnership with health and education. Completed October 2021.
- Review Whole School Approach Mapping Tool in Derbyshire County. The process and model will be reviewed at the end of the year 2021 with steps to expand with Sports Development/ Active Derbyshire due to be launched Jan 2022.
- Changing Lives are working with HEE to obtain additional 12-month Recruit to Train and CWP training places to increase the skilled local workforce.
- Work in partnership with DDCCG, Public Health and Education to develop the Whole School Approach offer across the Derbyshire County footprint using evidence-based projects. Utilising funding received from Public Health which is across 4 years ensuring that the MHSTs are connected and ideas developed alongside.
- Work with partners across DDCCG, PHE, Derby City Education and Public Health teams to scope an appropriate support offer for City, prioritising schools with likely high levels of unmet need and risk factors for poor MH.

CYP Mental Health Services within Educational Settings (Changing Lives)
Ambition: <ul style="list-style-type: none"> • To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23 • Ensure that CYP from all communities e.g. BAME, LGBTQ+ are accessing the MHST (for CYP with an MHST centre of excellence offer available)
What CYP have told us is important to them: <ul style="list-style-type: none"> • Face to face interventions are the preferred option • Engagement with the CYP to shape the service offer enhances their potential to access it
Progress in 2020/21 <ul style="list-style-type: none"> • Due to the pandemic, remote/blended offers of support are in place • Network meetings are in place which brings together system partners including education, VSCE and health for each school with a MHST • Targetted communications are being disseminated termly to parents/carers, CYP and professionals in collaboration with CYP

<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Review the MHST model in anticipation of reprocurement and expansion • Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network • Increase the Whole School Approach to early interventions and connections to the wider CYPMH pathway • Work with partners across DDCCG, PHE, Derby City Education and Public Health teams to scope an appropriate support offer for City, prioritising schools with likely high levels of unmet need and risk factors for poor MH
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Staff are supported with their CPD, career progression and existing staff are retained
<p>Challenges</p> <ul style="list-style-type: none"> • Recruitment to Supervisor posts due to insufficient EMHP training places • Complexity of referrals being received as a result of the pandemic

Whole School Approach

Recent research and evidence show that the whole school approach to promote mental health and wellbeing is one of the most effective ways to support children to improve mental wellbeing and prevent mental health problems. Whole school approaches to wellbeing are sustainable and positively impact the whole school community and many aspects of school life such as behaviour, relationships, attendance and attainment. A ‘mentally healthy’ school is one that adopts a whole-school approach to mental health and wellbeing. A whole-school approach involves all parts of the school working together and being committed. It needs partnership working between senior leaders, teachers and all school staff, as well as parents, carers and the wider community.

A whole-school approach is about developing a positive ethos and culture – where everyone feels that they belong. It involves working with families and making sure that the whole school community is welcoming, inclusive and respectful. It means maximising children’s learning through promoting good mental health and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody. Adopting a whole-school approach to mental health and wellbeing is a process, not a one-off activity. To describe a school as ‘mentally healthy’ involves both planning and ongoing evaluation.

As a key function to support schools with implementing the whole school approach, the Changing Lives Service has developed The Whole School Approach Mapping Tool. This is an evidence-based tool reflecting the key principles that underpin an effective whole school approach to promoting positive mental health and wellbeing. The process of auditing provides schools with an opportunity to reflect upon current provision, celebrate all the good practice already in place and consider which of the eight principles to develop further based on the self-assessment outcomes. The purpose of the tool is to provide a framework of quality standards so that schools can ensure practices are embedded and maintained in the ethos, pedagogy and culture. The tool can be used as part of a continuous journey so that wellbeing remains at the heart of the school community, helping to drive school improvement and change lives as a result.

As part of the whole school approach work, regular consultation with the Changing Lives schools helps to identify their needs and inform how best to meet the needs of the whole school community. During the first year of the trailblazer project, such consultation has informed the development of staff and whole school training resources such as mental health lead training, governor training, positive behaviour support and relationships training, anti-stigma training as well as resources such as guidance policies, newsletters for

each school phase, staff and parents/carers and workshops to provide information and support for parents/carers and families to manage their children's mental health and wellbeing.

Further Whole School Approach information including the mapping tool can be found in Appendix D.

Priorities

- Continue to work across the Derbyshire footprint, prioritising areas where there are inequalities and levels of unmet need.
- Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network.
- Continue to develop the Whole School Approach to early interventions and connections to the wider CYPMH pathway.
- Develop mental health family support materials for schools in Derby city and Derbyshire county.

What we have already achieved

- 155 Schools have bought into the PSHE 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.
- All schools involved in Whole School Approach (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.
- 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.
- We have held a School Council conference in collaboration with Derbyshire Youth Council to develop a youth mental health charter.
- This year 550 young people have been trained as Mental Health Ambassadors as part of the 'Be A Mate' programme to strengthen pupil voice.
- 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.
- 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.
- An emotionally healthy schools website has been developed to provide schools with an online one-stop shop for all aspects of mental health: www.emotionallyhealthyschools.org.
- The University of Derby have created a new student placement pathway into schools, to share techniques with schools and staff to create an emotionally healthy environment. The students will come from a wide range of therapeutic programmes.

CYP Mental Health Services within Educational Settings (Whole School Approach)
Ambition: <ul style="list-style-type: none">• To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23• Ensure that CYP from all communities e.g. BAME, LGBTQ+ are accessing the MHST (for CYP with an MHST centre of excellence offer available)

<p>What CYP have told us is important to them:</p> <ul style="list-style-type: none"> • Face to face interventions are the preferred option • Engagement with the CYP to shape the service offer enhances their potential to access it
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • Due to the pandemic, remote/blended offers of support are in place • Network meetings are in place which brings together system partners including education, VSCE and health for each school with a MHST • Targetted communications are being disseminated termly to parents/carers, CYP and professionals in collaboration with CYP
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Review the MHST model in anticipation of reprocurement and expansion • Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network • Increase the Whole School Approach to early interventions and connections to the wider CYPMH pathway
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Staff are supported with their CPD, career progression and existing staff are retained
<p>Challenges</p> <ul style="list-style-type: none"> • Recruitment to Supervisor posts due to insufficient EMHP training places • Complexity of referrals being received as a result of the pandemic

Targeted Early Intervention

Targeted Early Intervention services are provided by a number of organisations who provide interventions to children with moderate mental health needs who are below the threshold of CAMHS but above the level of need which universal services can support. It is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. The aim is to provide CYP with strategies to manage their mental health and wellbeing early which will reduce the likelihood of problems escalating and reduce the demand for statutory services late on.

The following key services form the Targeted Early Intervention offer in Derby and Derbyshire:

- Build Sound Minds
- Specialist Community Advisors (SCAs) CAMHS
- Changing Lives (Mental Health Support Teams in schools x 6 Centres of Excellence)

These services work collaboratively within the community to ensure that the offer underpins a whole system approach that links education, health and social care to improve outcomes by intervening earlier, preventing needs from escalating and reducing demand for high-cost support. We continue to focus on improving access to effective support using the 'Thrive' AFC–Tavistock Model for integrating services that are 'Place' based within localities.

The Future in Mind programme identified the need for a more graduated pathway of services and prioritised the commissioning of a targeted early intervention service. In June 2019 Build Sound Minds (BSM) commenced. BSM is delivered by Action for Children, the service supports children and young people aged 0-16 who are presenting with emotional and mental health difficulties but who do not meet the thresholds for more specialist services. For those aged 16 to 18 Action for Children deliver in partnership with the Derbyshire Federation for Mental Health.

The Build Sound Minds service offers the following types of support:

- 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
- Digital interventions for children and young people aged 8-14
- Individual psychological interventions (6-8 sessions)
- Telephone transition support for 16-17 year olds (who may not be able to engage with face to face)
- Access to a Family Clinic run by a Systemic Psychotherapist and a reflecting team
- Systemic Psychotherapy with individual families with a Systemic Psychotherapist
- The Blues Programme and Bouncing Back group work programmes
- Friends Resilience Train the Trainer programme for primary school staff.

The Specialist Community Advisors (SCAs) are a key element of support to professionals. The key aim of the service is to provide consultations from statutory, community and voluntary organisations, about the mental health and wellbeing of children and young people. Consultations involve the SCAs providing evidence-based, trauma informed mental health advice, ongoing appropriate support options, guidance, signposting and making on-ward referrals to targeted and specialist services. In addition, the SCAs offer free full and half day training sessions and bespoke related to Childrens mental health to empower and support professionals to extend their range of skills and knowledge in the area.

Changing Lives (Mental Health Support Teams in schools x 6 centres of excellence) and work with CYP and young adults with special educational needs up to age 25 or are a care leaver. The service works in partnership with the school community and other wellbeing services to develop a whole school approach to mental health and wellbeing. The service offers support to CYP who are experiencing any of the following mental health challenges:

- Low mood
- Anxiety
- Simple phobias
- Sleep problems
- Panic attacks
- Worries
- Managing stress
- Changing / transitioning schools
- Changing Lives also offer services to parents.

What have we already achieved

Since the inception of the Future in Mind plan we have strengthened the offer and invested into the system to ensure that there is a plethora of early targeted help as part of our graduated response.

Build Sound Minds have three multi-disciplinary teams that between them cover the whole county, one based in the North, one in the South and one in Derby city. Each team is well integrated into its local area and system, developing close relationships with the schools, Primary Care, CAMHS Specialist Community Advisors, Whole School Approach and the Derby Opportunity Area.

To ensure that there is not unnecessary duplication the BSM team does not deliver in the six educational settings that Changing Lives deliver in or their feeder schools.

The SCAs cover the whole of the Derby and Derbyshire footprint offering a range of training and / or support to the workforce, CYP and their parents and carers.

The aforementioned coverage is a significant change across our footprint, previous to the three services coverage there was a higher demand for CAMHS which was resulting in exasperation of symptoms and lengthy waiting times.

Since the inception of BSM, Changing Lives and the support of SCAs we have seen a shift in referrals to CYP mental health services. In the past GPs were the primary source for referrals, whereas now there has been a substantial increase in schools and parents making direct referrals. This suggests that CYP are receiving help earlier through our targeted, early intervention approach.

During 20/21, over 2400 children, young people and their families in Derbyshire received at least one session of support and over 1500 received at least two sessions of support from Build Sound Minds. Data has shown us that there has been a 28% increase in referrals from April 2020 March 2021.

Due to the three services working in schools, all have been impacted, and will continue to be impacted by the covid-19 pandemic. All services adapted quickly offering digital responses and also provided regular communications on how to support children and young people with managing the emotional health and wellbeing.

In addition to this, BSM worked closely with other providers to set up and staff the Targeted Intervention Community Triage (TICT) service which was set up as a response to the pandemic, utilising the expertise of our Psychologists to provide an online and telephone mental health support offer for children, young people, teachers and other school staff at a time of heightened anxiety and increasing demand compounded by decreasing capacity in CAMHS due to clinical staff self-isolating.

What we plan to do next and by when

- Ensure that BSM are supported to address increased waiting times as a result of the covid-19 pandemic.
- Review progress with the Build Sound Minds service.
- Revisits the mental health pathway as a whole and give clear information to schools and localities regarding the offer of help
- Seek to improve the community triage function across the footprint.
- Feedback and case studies from the service can be found in Appendix C.

Specialist Community Advisors

The Specialist Community Advisors play a pivotal role in early interventions, employed by CAMHS with extensive knowledge regarding the community offer. The role of the CAMH SCA is to act as an interface between early help/first contact services for children and families and Specialist CAMHS with the aims of:

- Supporting and strengthening the provision of early help through building capacity and capability within Community and Primary care staff (Health, Social Care, Education, Youth Justice and Non-statutory sectors), in relation to early identification and intervention with children's mental health need.
- Promoting the emotional health of children, young people and families in the community.
- Enhancing accessibility and equity for children and families, especially those who would not ordinarily have opportunity to seek help from statutory and non-statutory agencies.
- Identifying mental health problems early in their development, developing a coordinated response children's mental health between agencies, for example by developing a Single Point of Access.
- Facilitating appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need.

- Provide face to face support for practitioners and parents, and for children and young people, by developing co facilitated group work programmes targeting social anxiety, keeping safe and cyber bullying, managing exam stress etc. according to the common needs of the children and young people in each locality.

They work closely with education services, other universal services and mental health providers to ensure that CYP have access to providers that can meet CYP aged 5-18 needs.

Targeted Early Intervention
Ambition: by 2022 <ul style="list-style-type: none"> • To understand how we can better meet the needs of CYP via targeted early intervention in all education settings (including universities – see links with young adults) building on previous year's work.
What CYP have told us is important to them: <ul style="list-style-type: none"> • CYP have told us that they want early help, when they have problems, with easy access (including digital access) in a non-stigmatising approach.
Progress in 2020/21 <ul style="list-style-type: none"> • Increased digital interventions and blended offer • Reduction in number of CYP accessing crisis care
Actions for 2021/22 <ul style="list-style-type: none"> • A review of needs and responses across targeted early intervention services (Build Sound Minds / SCA / MHSTs / Localities) • Updated service specifications for SCAs • Procurement for new early, targeted intervention services underway with a view for a provider in place on April 1st 2022.
KPIs / Critical success factors <ul style="list-style-type: none"> • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Reduced numbers of CYP requiring crisis care
Challenges <ul style="list-style-type: none"> • The mental health system is complicated. Ensuring that we communicate access points and key individuals to assist education, primary care and community settings is challenging but important aspect of this work.

Digital

During 2020 /21 our digital offer has expanded as a consequence of the impact of the pandemic. Providers have expanded the availability of digital games and Apps i.e. (Luma Nova, Champions of Shenga), Kooth has seen an increase in activity hours including direct chats, therapeutic messages and non contact time i.e. case notes / clinical governance and safeguarding and all providers have delivered a blended approach with online 1 to 1 consultations and group interventions.

Priorities

- Universal access for all CYP to emotional health and wellbeing support via a digital offer
- Increase access to digital support for CYP who may not engage in other face to face offers

What we have already achieved

The CCG commissioned the Kooth service in March 2019 from Kooth PLC (as was Xenzone Ltd) on an initial proof of concept basis that would be available to all people across Derby and Derbyshire from the ages of 11-18 and up to the age of 25 for people in care.

Following the initial success of the service, this was then expanded to 11-25 for all young adults from April 2020 in recognition of the increasingly prominent all-age agenda that seeks to soften the traditional transition point that people experience moving from children’s services to adult services at the age of 18.

The Kooth service contract runs until December end 2021, resulting in the need for a full procurement to take place in 2021. As demand for CYP MH support increases, it is essential that Derbyshire continues to provide a universal digital service which is easily available 24/7 to offer early interventions and support.

- Engagement and registrations with Kooth have continued to provide a hugely positive benefit to CYP in Derby and Derbyshire. Registrations can be seen in Table 7 below, and logins as one demonstrative aspect of engagement can be seen in Table 8 below.
- 2020-21 saw 3268 new registrations to the Kooth service.
- 2019-20 saw 3298 new registrations.
- There was a significant increase in logins in 2021 demonstrating an increase in usage by registered CYP.
- The feedback collected at the end of sessions regularly indicates over 90% of service users would recommend the service.

Table 7: Kooth April 2020 – March 2021

	Q1	Q2	Q3	Q4	Total/Average
New Registrations	808	639	881	940	3,268
Total Logins	7,626	6,238	7,198	10,113	31,175
Unique Young People	1,060	862	1,107	1,188	3,606
% of Young People Returning	78%	77%	78%	79%	78%
% of logins out of office hours (9am-5pm Monday- Friday)	65%	63%	71%	66%	66%
BAME	8%	7%	10%	13%	9%
% of Young People who would recommend Kooth to a friend	93%	98%	100%	98%	98%

Qwell

As well as Kooth, the CCG also commissioned the Qwell as a proof of concept from Xenzone since September 2019, a service that provides an equivalent service to Kooth for parents and carers. A key focus was on the prevention of mental ill health and the rationale behind the commissioning of the Qwell service was very much in line with that agenda. Therefore, the Qwell service seeks to ensure parents and carers can look after their own mental health and wellbeing to then be better positioned to look after the mental health of their child.

During 2021 engagement with parents and carers and a review of the project indicates that adults are accessing the service for their own mental health needs, rather than needs specific to being parents and carers. Further work is being undertaken to establish the need for an adult digital emotional wellbeing and mental health offer.

Table 8

	Q1	Q2	Q3	Q4	Total/Average
New Registrations	244	230	226	225	925
Total Logins	1,644	1,465	1,422	912	5,463
Unique Adults	266	269	256	258	N/A
% of Adults Returning	81%	76%	79%	69%	76%
% of logins out of office hours (9am-5pm Monday- Friday)	56%	52%	62%	60%	58%
BAME	9%	9%	5%	8%	8%

What we plan to do next and by when

For the current services, the focus is on continuing to ensure that young people are aware of the digital support offer available to them. This work is largely carried out by the Kooth Engagement Leads, whose role it is to provide presentations to young people and professionals, provide digital and physical promotional materials and network to ensure that the Kooth service is embedded in the local offer and network.

Since lockdown, the team have been adapting the method of promotional delivery via digital means in the most engaging manner over the lockdown period. As part of this, schools and services have been provided with time limited pre-recorded presentations that can be shown to staff and/or students at a time that suits the organisation. The time limit on the presentation means that access will only be granted for a period of weeks or months so that out of date information is controlled within the area and that CYP and adults are provided with the most up to date developments on the platforms.

Further work will be happening to engage the 18-25 population by engaging with Derby University, and those young people not in education, employment or training, through Food Banks and targeting male promotion through Fathers Groups, barbers, gyms and the Derby Team Talk project.

For procurement of the new digital CYP service, the contract award will take place in October, followed by the mobilisation stage and then the service will be live from January 2022.

Digital
Ambition: <ul style="list-style-type: none"> To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy
What CYP have told us is important to them: <ul style="list-style-type: none"> Accessible services aimed at CYP
Progress in 2020/21 <ul style="list-style-type: none"> CYP digital mental health service available to all CYP up to 25 years All providers have offered a blended approach to delivery
Actions for 2021/22 <ul style="list-style-type: none"> Continuing to ensure that young people are aware of the digital support offer available to them Procurement of a substantive universal digital offer for CYP, the successful digital service will start in January 2022
KPIs / Critical success factors <ul style="list-style-type: none"> Increasing digital access and usage by CYP

- Choice available

Challenges

- Integration with the rest of the pathway, that the digital service links robustly into the wider local offer

Health & Justice

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

There is a comprehensive offer of support to CYP within YOS. There are currently three commissioned services providing emotional health and wellbeing/mental health support in our Youth Offending Services; this consists of two projects funded via the Health and Justice Board (Psychology Workers and Youth Wellbeing Workers) and CAMHS Nurses who are placed within the YOS. This provides an integrated pathway of support in the YOS with robust links to a range of other services including CAMHS and targeted early intervention services. The integrated approach has been disrupted this year due to Covid-19 as CAMHS Nurses were recalled back into core CAMHS.

The Psychologists work to an 'Enhance Case Management' (ECM) model, which is based on the Trauma Recovery Model, a seven-stage model that matches intervention/support to presenting behaviours and to underlying needs. Not all CYP at the YOS are eligible for the ECM as it is aimed at the most prolific offenders

The ECM model criteria is:

- Have committed 5+ offences in the past two years
- Have a minimum of 4 complex needs after the completion of the screening tool
- Ideally have at least 6 months remaining on their disposal

The Psychologists' focus is as follows:

1. Coordinate and deliver a brief programme of training to develop YOS colleagues' understanding of factors such as trauma and attachment and their potential relationship with offending behaviours.
2. Become part-time members of the YOS teams, offering formal consultation to YOS colleagues around specific cases and ways to approach their support package.
3. As appropriate, either signpost the avenues for direct clinical contacts or consider offering such contacts themselves when identified as being required through consultation.

The psychologist role is wider than YOS. Where a CYP consents to ECM, the psychologist will call a case formulation meeting inviting all professionals working with the CYP. This meeting is used to gather information about the young person to build a shared understanding within the professional network of the young person, to include how difficulties in attachment, trauma experiences, and neurodevelopmental difficulties may have shaped how the young person has developed, their behaviour and their views of themselves and others.

Such an understanding can aid the sequencing of interventions and identify who is best placed to deliver the work. Where YP does not consent case consultation is offered to YOS colleagues.

The Youth Wellbeing Workers also support young people open to the YOS. These workers focus is on:

1. Building positive relationships with CYP and their families.
2. Enabling CYP to be involved in positive activities.
3. Have a clear focus on desistance for CYP.

The Youth Wellbeing Workers also support CYP post order.

Both aforementioned services work together to provide a holistic mental health support service to CYP who are known to the YOS. As a result, they contribute to improvements in quality and effectiveness of a whole system approach. Undoubtedly the covid-19 pandemic has had an impact on the services; in 2021/22 work will take place to strengthen the interdependencies and MDT approach to their work as part of the recovery from the pandemic.

In 2020/21 the Psychology Project and Youth Wellbeing Workers between them show the following activity:

- 409 referrals
- 340 referrals leading to indirect case involvement
- 77 referrals leading to direct case involvement

The CAMHS Nurses provide specialist mental health input into Youth Offending Services, mirroring the Core CAMHS offer, in addition it provides consultation to the multidisciplinary team around the young person enabling YOS staff to provide the intervention required. The nurse supports the accurate identification and support of all YP open to the YOS who have a diagnosable mental health condition; this is via the mental health screening questionnaire.

The service provides in-reach to custodial settings and supports transitions to and from the secure estate, (and to adult services when required), and provides links to Forensic CAMHS and other specialist services, as required, based on the needs of CYP including the Liaison and Diversion Service which offers routine interventions and links to crisis care, if required, to every young person who attends custody (via arrest or voluntary attendance). If a child presents at sexual assault referral centres (SARC) or is referred to social care for concerns relating to child sexual exploitation (CSE) with mental health concerns identified, then referrals will take place in to CAMHS supported by consultation with the Specialist Community Advisors or CAMHS duty. The CAMHS nurse role includes liaison with other services and encourages YP to engage in pro-social activities.

Priorities

- A commitment to continue to embed links between Youth Offending Services (YOS) and community services; to ensure that young people known to YOS access effective local services to maintain and improve their emotional and mental health.
- Embed the MDT approach to mental health within the Youth Offending Services.
- Identify ongoing funding for the Psychology and Youth Wellbeing Workers to ensure that their work continues to compliment YOS.

What we have already achieved

- From April 2019 – March 2020, the cohort of young people involved with Health & Justice had a re-offending rate of approximately 14% which is significantly below the national reoffending rates for young people on community sentences. We hope to maintain or build on this but with the understanding that covid-19 may impact negatively on this ambition.
- Wellbeing Youth Worker Role April 2018 – March 2020: 143 young people across Derbyshire supported directly/indirectly by two workers.
- Psychological input to the YOS to provide interventions concerning traumatic experiences in conjunction with the CAMHS clinician.
- Continue to produce better assessments that incorporate the results of screening and learning around adverse childhood experiences (ACEs). Improved direct work with young people affected by ACE's. All YOS staff completed a post training evaluation which evidenced an increased understanding of the trauma recovery model.
- The addition of speech and language therapy interventions in County, YOS to work with the Psychology and Mental Health Clinicians, determining when difficulties are arising due to underlying developmental issues.

What we plan to do next and by when

- Funding is in place for the Psychologists and Youth Wellbeing Worker roles to continue across the Derbyshire footprint until October 2022. We aim to identify ongoing sustainable funding by April 2022 to continue this work.
- Review opportunities to widen the MDT across the footprint including the addition of Speech and Language Therapy to City and County YOS.
- Continue to review the projects on an ongoing basis (quarterly) to ensure robust service data and share this with the CYPMH Delivery Group and both City and County YOS Boards.
- Continue to upskill staff through training in ACES, LD and ASD.

Health and Justice
Ambition: <ul style="list-style-type: none">• To continue to embed links between Youth Offending Services (YOS) and community services, ensuring that young people known to YOS access effective local services to maintain and improve their emotional and mental health.
What CYP have told us is important to them: <ul style="list-style-type: none">• CYP have told us that they appreciate the Youth Wellbeing Workers input at the YOS which supports them in pro-social activities and emotional wellbeing.
Progress in 2020/21 <ul style="list-style-type: none">• YOS CYP involved with the Health & Justice projects had a re-offending rate of approximately 14% which is significantly below the national re offending rates for young people on community sentences• YOS staff feedback that they felt better informed and able to deal with YOS CYP who had experienced trauma.• The YOS Youth Wellbeing Workers can evidence co-production with the CYP at the YOS they have supported.

<ul style="list-style-type: none"> • 417 cases worked with by the two Health and Justice projects.
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • To ensure covid-19 recovery is on track and that services are supported to focus on work with CYP, the workforce is supported, that blended digital approaches are used going forward. • To ensure that the three YOS MH Services work coherently in an integrated MDT approach. • Identify ongoing funding for the Psychology and Youth Wellbeing Worker NHSE Health and Justice projects currently funded until October 2022. • Evidence mental health outcomes MH for CYP at YOS.
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Maintain or increase the number of CYP at YOS receiving MH interventions.
<p>Challenges</p> <ul style="list-style-type: none"> • There are challenges with CAMHS YOS nurse provision in the South of the county. There have been long gaps where the provision has not been in place. • For the YOS there are challenges presented by having three different mental health providers who have different thresholds and services delivered across the County footprint. • The Psychology and Youth Wellbeing Worker projects are evidencing positive impacts across agency remits, the challenge will be to agree a system approach to secure ongoing funding and evidencing, particularly for the psychologists, the mental health improvements given their consultation approach.

Emotional Health and Wellbeing Service for Children in Care and Care Leavers

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

- Children in care generally have greater mental health needs than other young people, including a significant proportion that has more than one condition and/or serious psychiatric disorder.
- Children in care show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15).
- Conduct disorders are the most common diagnosis, with others having emotional disorders (anxiety and depression) or hyperactivity and 11% are reported to be on the autism spectrum.
- While many children in care have developmental problems, two thirds have at least one physical health complaint, such as speech and language problems, bedwetting, coordination difficulties, and eye or sight problems.
- Further analysis of the ONS survey, also identified significantly higher rates of developmental disorders, such as autism and attention deficit hyperactivity disorder (ADHD), which may have gone previously undiagnosed - developmental and behavioural disorders and mental health problems in children are linked to an increased risk of placement breakdown.
- Locally we know that the percentage of looked after children in Derbyshire whose emotional health and wellbeing is a cause for concern in 19/20 was 52.7%, the England average is 37.4%. Within Derby the figure is so low that Fingertips suppresses the data.

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

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

Considering the above, DDCCG, Derby City and Derbyshire County Council have co-commissioned a service to specifically meet the needs of children in care and care leavers, the Derbyshire Emotional Health and Wellbeing Service for Children in Care (DECC). The service, like all others across the footprint uses the thrive model and delivers at the 'getting more help' and 'getting risk support' levels (Appendix A). It also uses a trauma informed approach to supporting CYP and young adults.

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

Not all the children in these cohorts will need the specialist provision that this service will offer. For some children, a lower level of mental and emotional wellbeing support will be sufficient to address their needs, and this service triages referrals according to need in order to ensure that each child or young person receives the support that they as an individual will find most beneficial. Where it is assessed that the child does not need such specialist interventions, the service will be responsible for providing supportive personalised referrals to whichever service is most appropriate.

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

We have close partnership working with our Local Authority colleagues in children's social care, safeguarding, the children in care team and designated nurses in order to ensure that children who are in care are nurtured. We are working with partners to improve SDQ scores for children in care and reduce the numbers of children who are placed outside the areas. We have a Joint Childrens Commissioning Strategy with Derby City Council and regularly report to the Children, Families and Learners Board.

Children in Care and Care Leavers
Ambition: by 2022 <ul style="list-style-type: none"> To continue to improve the emotional health and wellbeing of children in care and care leavers
What CYP have told us is important to them: CYP have told us that that there should be specific services to meet their needs
Progress in 2020/21 <ul style="list-style-type: none"> Excellent partnership working across the system during the covid-19 pandemic Improvements in the number of Strengths Difficulties Questionnaire (SDQ) score being completed Procurement and mobilisation of a specialist emotional health and wellbeing service for children in care and care leavers Relevant training delivered to foster carers so that they are better able to meet the needs of their foster children due to increased understanding of ACE.
Actions for 2021/22 <ul style="list-style-type: none"> To define and promote the wider emotional and mental health pathway offer available to children in care, families and carers Establish robust pathways between DECC and other services to better integrate DECC within the Derby and Derbyshire system To further develop the local support offer to placements, aiming to keep Derbyshire children in area To deliver ACES / Trauma Informed practice training to practitioners and foster carers so they are better able to meet the needs of CYP
KPIs / Critical success factors <ul style="list-style-type: none"> Improved SDQ scores for children in care bringing the Derbyshire average in to the normal range of 13 and below (Derbyshire average is currently 16.8) More children in care are getting the right emotional and mental health support at the right time in Derbyshire
Challenges <ul style="list-style-type: none"> Increasing numbers of children going in to care and unaccompanied asylum seeking children arriving in Derbyshire who require care

[Early Intervention in Psychosis \(EIP\)](#)

The Early Intervention in Psychosis Team delivers to people aged 14 to 64 years who experience psychosis for the first time. The service offers NICE-recommended treatment promptly by practitioners who are trained in both CYP Mental Health and NICE recommended treatments.

The service employs youth workers, therapists and psychologists as part of its multidisciplinary staff team. In addition, the service has lived experience volunteers.

There is robust monitoring of the NHSE standards: i) waiting time (referral to treatment), ii) that the treatment provided is in line with NICE recommendations and iii) outcomes. The target is monitored daily within the service, all CYP are seen within two weeks. [National Standard 60% of people (14-65 years old) should start treatment with a NICE recommended/approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis.]

Pathway protocols are in place to ensure that the full range of specialist expertise in working with children and young people (aged under 18) with psychosis are available.

What we have already achieved

- The EIP services in Derbyshire have consistently met the national target for the last five years. The service was at Level 3 Compliance from April 2019.
- The service is compliant with all EIP Quality Statements.
- The EIP team workforce plan identified the training and development staff required to meet CYP needs. As a result of the plan staff have accessed training and there has been recruitment of peer lived experience workers (non-paid positions currently).
- There is clarity that for CYP experiencing psychosis the EIP Team take the lead in CYP care but work in conjunction with CAMHS.

What we plan to do next and by when

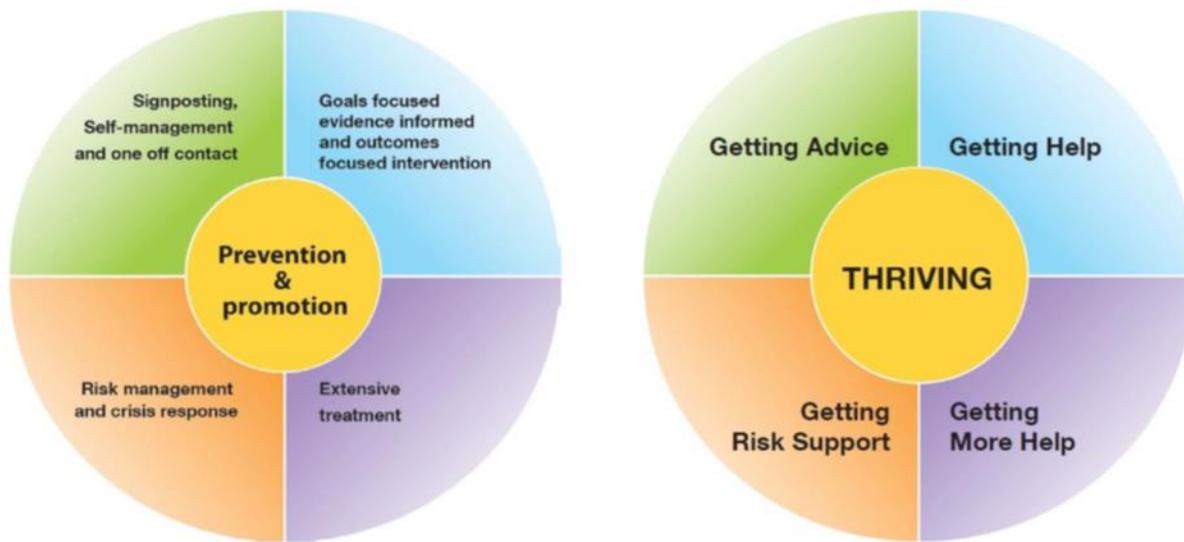
- Plans are in place to ensure system1 is in situ by December 2021, at which point SNOMED will be used.
- Look at how to pay the lived experience peer workers by March 2022.
- EIP and CAMHS are exploring how the pathway for CYP can be better supported, for example an EIP worker based in CAMHS. The outcomes of this work will be known by March 2022.

Early Intervention in Psychosis (EIP)
<p>Ambition:</p> <ul style="list-style-type: none"> • To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds - 60% of people (14-65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis.
<p>What CYP have told us is important to them:</p> <ul style="list-style-type: none"> • CYP asked to be listened to and that the service meets their needs and supports them.
<p>Progress in 2020/21</p> <ul style="list-style-type: none"> • Sustain the national target, the service was at Level 3 Compliance. • The service is compliant with all EIP Quality Statements. • Lived experience peer workers have been appointed.
<p>Actions for 2021/22</p> <ul style="list-style-type: none"> • Plans are in place to ensure system1 is in place by December 2021, at which point SNOMED will be used. • Move the lived experience peer workers from voluntary to paid positions • Further develop the EIP & CAMHS pathway to ensure CYP are better supported in CAMHS
<p>KPIs / Critical success factors</p> <ul style="list-style-type: none"> • Continue to meet the 2 weeks from assessment to treatment target
<p>Challenges</p> <ul style="list-style-type: none"> • There is currently a year's waiting list for staff to begin therapist training for those that wish to expand their skill set.

Appendix

Appendix	Title	Page Number
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C	Targeted Early Intervention Services Case Studies and Feedback	68
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Appendix A Thrive Model for CAMHS (Anna Freud Centre and Tavistock and Portman NHS, 2014)



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

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

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

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

Appendix B – Workforce and Training Feedback

From feedback data:

Accessibility

82% identified that they preferred learning virtually

Time management

66% identified that learning virtually was a better use of time

Sustainability/home environment

49% identified that they preferred virtual learning to support the above

Impact with examples

Reducing Parental Conflict sessions

Family Liaison Worker

Embark Federation

'As a result of your Early Help roadshow this week, it inspired me to contact our Trust Leaders at Embark and they are really supportive and agreed to have our first gathering tomorrow at Aldercar Infants for all of our workers employed in early help over the 12 schools to meet, share working practice and work as a team moving forwards. We have school health attending as I am keen to work on strong face to face relationships however this has not been possible due to Covid restrictions.'

Science of Happiness

Attendees knowledge of the skills and strategies to support self and clients with self regulation and emotional intelligence increased from an average rating of 2.77 to 4.19 at the end of the session, this is an increase of 1.42 rating

'I came away very enthusiastic for how I can use these tips in real life and with my clients,'

Foster Care Conference

'Fantastic conference, content was thought provoking and will make me consider a more person centred approach'

'Always look for the positives in a young person'

SENCo sessions – 5 sessions fortnightly attended – 75 schools attended

'Thank you, very thought provoking'

'I will share the learning with my colleagues back at school'

Acting Head of SEN Derbyshire

'I think they are really good. The balance of being brilliant, self-awareness, self-care and working with children with SEND and how this applied to them and their learning and brilliance is spot on for me. Disappointing that we have a number not attending but we found the same thing with free CPD. Good to see the number of attendees at session 2 was very similar to session 1 which is positive. Personally I liked the opportunity for a little group discussion in session 1 which was not in session 2 but that's a personal view.'

International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT) Session

'knowledge of mental health and the impact on LGBT children'

'Better understanding of the LGBT language and the use'

Holly House special school- Boost club - from attending emotional health and wellbeing sessions – this school has now initiated a monthly parent group for the school

Just a quick update from our first BOOST parents virtual session.

'We couldn't have wished for it to go any better. All the parents (5) were so thrilled to have the opportunity to take part in the introductory session. They all openly spoke about their feelings, hopes and wishes, and all were thrilled to feel wanted.'

Monthly Mindfulness sessions

For the last Friday in every month we have offered a mindfulness session – these have been very well attended with approx 70 attendees each

Art of Brilliance

'This training course is an absolute must for all foster carers , it has inspired me to be a more positive carer'

Early Years Worker

'What a brilliant hour! I've truly had quite a hard year work wise and personally and tonight genuinely made a difference for me. Its made me feel proud of myself for carrying on when I really felt like just giving up and has affirmed the changes I need to continue making to keep myself happy and healthy.'

Appendix C – Early Targeted Intervention Services Feedback and Case Studies

Feedback on the impact on our service has included the following

“A service which can save children’s lives” Quote from young person.

“I’m 100% more happier than I was before starting the Blues programme. My confidence has risen and life feels a lot better. Before coming to these sessions I have been going through it but you have given me the tools to help me get through that. Thank you.” Quote from young person.

“I have loved this programme. It has helped me with mental health issues, and made me feel stronger about myself as a person and not care what people think about me.” Quote from young person.

“It’s great! It helped me control my fears of failing.” Quote from young person.

“I just wanted to say thank you for today and how welcome I have felt. I am glad it is you both doing this and I can’t wait until next week. Being here has calmed me down and helped me understand my emotions.” Quote from young person.

“When I got invited to this 10 week course, I truly thought it would be a waste of time. I believed there would be nothing I would get out of this course, nor would there be anything to learn from and use in my parenting. I have 3 children and was certain they would be teaching me to suck eggs. How wrong was !!! . I was very nervous as I’m sure other people were too but was soon made to feel at ease and quickly realised that I wasn’t alone in my struggles as a mum.

I have honestly brought back and learnt so much from this course. It’s made me think about my every day parenting methods and think from outside the box. Which is something I didn’t even think I needed to do. My relationship with my 7 year old son has improved immensely in the short weeks I’ve been going and I can’t wait to see what else I can take home from it.

I will genuinely be sad when the 10 weeks is up. Not only because it’s completed, but its forced “me time” which as a mum of 3, very rarely happens. If you are in doubt about attending this course, please just give it a go. You will be amazed what you can learn, even if you’re like me and believed it will be a waste of time. Plus the toast and cups of tea are worth it too!” - Feedback from a parent who attended our Solihull programme.

“Thanks again for the time you’ve spent talking to me today, it really has highlighted that I must be doing something right but my methods just need a few tweaks to give M the help that she needs 😊” Quote from a parent.

Case Study

We received a referral for a 14-year-old boy from an advance nurse practitioner. The referral explained that he was struggling with “school-based anxiety” which was in turn impacting him emotionally and academically, and his behaviour at home.

The triage assessment was completed with mum, who outlined the issues at school and explained there had been a breakdown in communication between the family and the school. The young person was diagnosed with ASD in 2017. He likes to be in control of his environment and doesn’t always understand when he can’t be, he struggles socially and calls his mum on a daily basis for reassurance. Mum wants him to have coping strategies to help him and them to cope with everyday life.

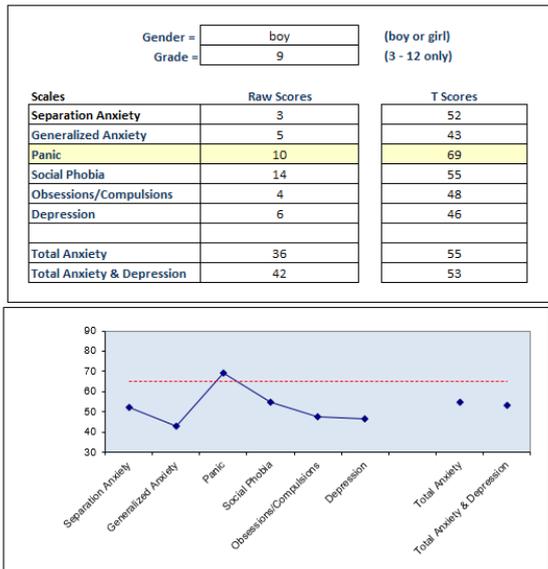
I completed a home visit where I met mum and the young person. Mum again explained that she would like her son to gain tools and have things in place for the future. She wants him to learn how to deal with different situations and be able to move on from things more easily.

Throughout our 1:1 sessions (which took place in school) the young person engaged well and took the strategies on board. The therapeutic relationship was vital as he took time to open up and trust me. Mum had explained that he hangs on your every word and takes everything literally so this was something I was

aware of. We initially looked at the link between our thoughts, feelings and actions. We then looked at strategies to change our negative thoughts and come up with a counter balanced new thought. He practiced this between sessions which helped. Communication between the family and school improved during our sessions too.

At the final home visit we reviewed his progress and discussed the progress seen on the RCADs (See below). Both the young person and his mum were very pleased with the progress he had made. On the feedback form mum commented on my friendly approach and the fact that I took the time to listen. The young person said they would recommend our service to a friend and that he had found it helpful.

Child Pre RCADs



Appendix D - Whole School Approach

Whole School Approach



To develop a rolling programme giving schools the opportunity to apply for a grant of up to £1000 to develop and implement/further develop a whole school approach to identify and address children and young people's emotional and mental health needs.

What do we mean by a whole school approach?

A whole school approach involves planning and progressing aspects of emotional health and wellbeing across all areas of school life. Developments that are coherent, well-coordinated and embedded in school practices are more effective in bringing about change than those which focus on only one or two areas.

The eight principles of a whole school approach include:

1. Leadership and management that supports and champions efforts to promote emotional health and wellbeing.
2. An ethos and environment that promotes respect and values diversity.
3. Curriculum teaching and learning to promote resilience and support social and emotional learning.
4. Enabling student voice to influence decisions.
5. Staff development to support their own wellbeing and that of others.
6. Identifying need and monitoring impact of interventions.
7. Working with parents/carers.
8. Targeted support and appropriate referral.

(The eight principles of the whole school approach is taken from 'Promoting Children and Young People's Emotional Health and Wellbeing - a Whole School and College Approach' published by Public Health England and the Children and Young People's Mental Health Coalition March 2015.)

The Emotional and Mental Health Whole School Audit (pages 5-7 of the link below) was written to help schools to review their current approach to Emotional and Mental Health, allowing school leaders to identify strengths and areas for development.

The Emotional and Mental Health Resource for Schools (see link below) was developed alongside this audit tool to help support and develop an action plan.

[https://www.derbyshire.gov.uk/images/DCC%20Emotional%20and%20mental%20health%20toolkit%20\(2\).tcm44-286729.pdf](https://www.derbyshire.gov.uk/images/DCC%20Emotional%20and%20mental%20health%20toolkit%20(2).tcm44-286729.pdf)

In December 2017, the Department of Health and the Department of Education published "Transforming Children and Young People's Mental Health Provision: A Green Paper" which suggests a whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health and suggests a member of staff from every school has mental health awareness training.

One hundred and eighteen schools applied for grants. The process involved was to audit their provision and in consultation with their whole school community develop an action plan.

The action plan was submitted and checked by a panel to ensure it included offers and up to date information from the local offer. For example, signposting to CAMHS Special Community Advisors and Mental Health First Aid Training etc. The first £500 was released.

'I can't believe we have the money to develop our outdoor space, physical activity and active learning is so important for our early years setting, this money will really help to develop our Forest Schools area and provision, thank you.' Head teacher.

The schools worked on their actions for 6 months and then sent a progress report to highlight and identify what they had achieved and areas for further development. This was highlighted as Red, Amber or Green. The second £500 was then released.

What have we achieved?



The Gardening Project

Forging relationships, bringing a sense of belonging and great enjoyment

Grandparents and children

Reducing isolation and loneliness, increasing physical activity

Increasing student knowledge and practical skills, improving communication and interpersonal skills

Promoting active community involvement in school life

The Atlantis Room

Quiet, calming area

Time out during the school day



Personalised support from the school's learning mentor

Providing emotional support to aid better learning

"I was sad at the beginning but relaxed and felt happy at the end of my time in the Atlantis room." (Y5)
"It helps if you feel stressed or distracted." (Y6)



Empowering Student Voice

Established student Wellbeing Ambassadors

Addressing the barriers to wellbeing

Making the wellbeing messages meaningful to students

Providing more opportunities to 'connect' and 'keep learning'

Creating time away from social media, talking to each other; developing relationships

See the presentation on the link below for more examples of how Derbyshire schools have developed their practice as part of their whole school approach.

<https://dnflorg.sharepoint.com/:v:/g/ICTcurriculumsupport/EY5HHjldjFlIvIH3OboZIEB72hSNsNrIRT2GWcDYFf8KQ?e=T4yowJ>