DERBYSHIRE County Council
Improving life for local people

Derby City Council

Southern Derbyshi
Clinical Commissionir

Appendix 2

Derby City and Derbyshire
Integrated Behaviour Pathway supporting Emotional Health and Wellbeing

1. SUMMARY

1.1 This report provides an update on the work completed so far by Derby City and Derbyshire in relation to the development of a shared commissioning priority around an integrated behaviour pathway. In May 2013 the National Collaboration for Integrated Care and Support published a joint statement "Integrated Care and Support: Our Shared Commitment". The collaboration brings together organisations such as: Department of Health, Association of Directors of Children's Services, Care Quality Commission, Local Government Association, and NHS and NICE. It aims by a different delivery model to shift towards integrated and person centred care, in order to improve outcomes and save money by moving resource into preventive and early intervention services.

1.2 Within agreed governance structures for both the City and County and reporting to respective Health and Wellbeing Boards (H&WB), and using a commissioning approach with the child or young person at the centre, a number of stages have been completed to move towards an integrated delivery model.

1.3 Through an integrated commissioning approach with all the key partners a full health needs assessment and service mapping exercise has been completed. The service mapping highlights a significant resource at the top end supporting a small group of children and young people. This information was shared with wider stakeholders in July and October 2013 to inform the design principles for commissioning an integrated assessment model and access to services based on need. A clinical reference group also met in October to inform the new delivery model.

1.4 This report provides a summary of the work to date.

2. Background Information

2.1 This area of work is a shared priority for Derby City and Derbyshire due to its cross cutting impact on a number of high level outcomes such as education, anti-social behaviour and out of home placement. The impact on vulnerable groups is well documented with prevalence rates of mental health disorder much higher than the general population.

2.2 The vision for the work articulated by service users within the joint statement (referred to

in 1.1) is –

'' *I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."*

We have adopted this as a description of what 'good' looks like.

It is known that service fragmentation can lead to a poor experience for the individual and their family, as well as the potential for substantial inefficiency within the health and social care system and for whole populations. There is an expectation to develop new innovative integrated approaches across partners and the whole-systems. There are current flexibilities which will assist in an integrated approach and build upon previous partnership arrangements.

2.3 Using a commissioning process the work has progressed through the following stages so far:

- project initiation and scope for the work
- full health needs assessment involving children and young people,
- service mapping and assessment of the total resource for the pathway
- stakeholder engagement including through an event 2 July and October and analysis of wider stakeholder views
- Regular dialogue with service users on their views
- development of service design principles from the service user, stakeholders and commissioner perspectives.

3. Commissioning Stages

3.1 Project Scope

The project scope was agreed as –

- all targeted and specialist services which aim to improve behaviour and the emotional and psychological wellbeing of children and young people, or who support their parents and carers to do so **Tiers 2 to 4 inclusive.**

- tier 1 universal services are not included within the scope of this commissioning work. However they make a major contribution to the pathway, and have a key role in the early identification of issues, the delivery of low level intervention and in making referrals to targeted and specialist services.

- Users moving into Tier 2 from these services should be considered within the scope.

- the age range is 0 – 19 years but also taking into account their developmental level including their transition to adult services at an appropriate point to meet their on going needs.

Desired Outcome: To improve health and wellbeing reflected in behavior and positive engagement with education and other activities, with an aim that no child is excluded from school due to behaviour. This is an aspirational aim for which the proxy deliverables are:

- Reduction in behaviour issues reported by schools
- Children and young people reporting improved emotional and psychological wellbeing
- Parents reporting increased confidence in managing behaviour

3.2 Needs Assessment Derby City and Derbyshire

The following are key points arising from the needs assessment which need to be taken into account in any changes to the delivery model and to prioritise early intervention

- Derby City has the largest population of 0-19 year olds (26%) with a steady projected increase of young (0-19yrs) population over future years up to 2020; this trend is impacted upon particularly by South Derbyshire District Council area shows increasing trend significantly above county average. Other districts are similar to county trend, with Derbyshire Dales and Erewash showing a decreasing trend in this age group. The highest growth is seen in the 5-9yr age band across county and districts.

- Awareness needs to be raised around specific needs impacting upon children's emotional wellbeing. This area of need can particularly impact upon persistent absences which are highest in Derby City (6.4%), fixed term exclusions which are highest in Erewash (53.2 per 1,000) and permanent exclusions which are highest in Bolsover (2.8 per 1,000).

- Support for vulnerable groups needs to be taken into account, such as children in care and those within the youth justice system. Derby City has the highest rates of children in care across its comparators, the East Midlands and nationally. Derby is higher than Derbyshire in terms of entrants to the youth justice system and is third highest within the region.

- Although in relation to SEN Derby City has the lowest prevalence, it is higher than both its comparator authorities and nationally.

- Self harm is of particular concern in Derby City. Incidence is on an upwards trajectory and is significantly higher than the England average.

- Estimated prevalence of mental health disorders at second tier local authority level shows similar rates to the county average for school age children (5-16yrs), with the exception of High Peak being below the county rate and Erewash being significantly above the county rate across this age band for both genders.

- The estimated need for CAMHS services indicates the need for investment as early as possible – at tiers 1 and 2. Due regard should be given to the rate of conduct disorders being higher than all other disorders at 5.8% in Derbyshire and 5.3% in

Derby City. This should be reflected in levels of service.

- Accurate data on estimated cost per head for CAMHS services is difficult to secure. However it appears Derbyshire is above the average rate for England and in comparison to other regional averages is at the higher end of the cost range. However in Derby City it is significantly below the England average.[1]

3.3 Views of Children and Young People

Using a standardised approach to consultation across the city and county, young people expressed the following key issues important to them in terms of service delivery and improvement. The overarching comment was that -

'**one size does not fit all '**

3.31 Support for children and young people to have better mental health

Young people wanted us to -

- Explain what mental and emotional health is so young people understand that it is okay to ask for help
- Make it 'normal' to talk about issues around mental health
- Have support workers who will stick by them … don't want to know its 'just a job'
- Have more purposeful activities available such as voluntary work to ensure free time is enjoyed
- Have more support around issues such as homosexuality, low self-esteem, bullying and peer pressure
- Have more places to go – somewhere to make friends

3.32 Improvement to services

Young people wanted us to -

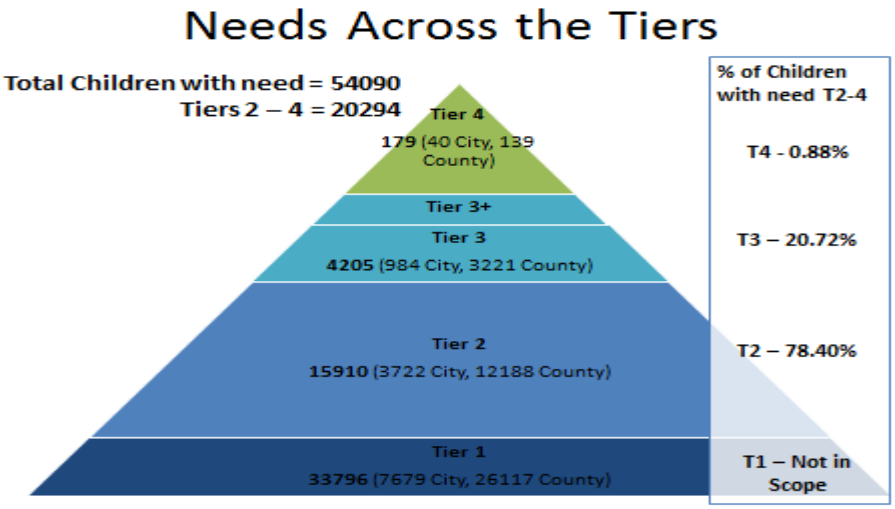
- Promote what is available and make sure it is age appropriate
- Make it easy to access
- Provide better training for support workers
- Make services available when we need them
- Provide more help outside school
- Reduce waiting times
- Have choice of worker following initial meeting
- Vary approaches
- Be sensitive but not patronising
- Explain what services can and cannot do

Service Mapping and spend linked to identified need

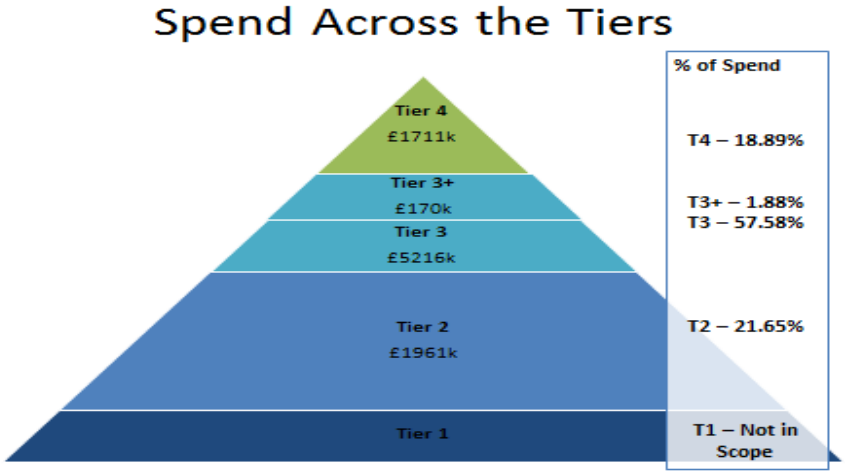
[1] Health Needs Assessment Derby City and Derbyshire: Identifying and managing emotional wellbeing, mental health and behavioural disorders in children and young people

4.

The distribution of need and spend across the tiers is as below -



4.1



The key messages are that -

- 78% of the spend is at Tier 3 and above, whereas 78% of the need is at Tier 2
- 179 children and young people from a total of 20,294 at tiers 2 and 3 use 19% of the total spend
- There is a clear need to redistribute the spend to support prevention and early intervention

Wider Stakeholder View

A stakeholder event took place in July which focused on identified need and looking at a Strengths, Weaknesses Opportunities and Threats (SWOT analysis) of the current pathway. They key headlines identified were –

4.2

- The importance of a 'family' approach
- Assessment and service response based on presenting need rather than a focus on diagnosis
- The consistent use of evidence based approaches, and robust evaluation of outcomes

- Operating a single point of access and an integrated assessment model able to draw on specialist support when required
- Moving back to mainstream services at the earliest opportunity, using the lowest effective tier
- Using innovation to transform services and improve outcomes

4.3

- Being creative about using a variety of media and methods to engage with children and young people and families
- Good communication between commissioners and providers along the pathway to shape and deliver effective services
- Supporting transition between services and cross age boundaries taking into account developmental need.

A second stakeholder engagement event took place in October and a meeting with key clinicians has also taken place. Both meetings have informed the new delivery model.

Service Design Principles and Integrated Assessment Model

Using the information within the overall needs assessment including stakeholder view a number of design principles have been developed as below.
These will inform the development of -

- a single point of access
- an integrated assessment model
- access to specialist advice responsively and within timescales to support at the lowest level of intervention
- a clear pathway which is clear and transparent to all the key stakeholders including children and young people
- a rebalancing of the total resource to meet need effectively and equitably

4.4

What children, young people and their families would see as success	**Implications for delivery**
1. I only have to tell my story once 2. I am able to access information and support in a format that suits me at the time I need it 3. I know who to contact and am confident that they will support me to get the right help quickly 4. I know that those who care about me will be involved at the right time 5. I feel that I am listened to and am involved in decisions about my care 6. I feel safe and can trust the people who are helping me 7. I trust that all those caring for me will work together to get me the right support when I need it 8. I am confident that the support I get will make a difference to me 9. I feel that I am being treated as a person and all my needs are considered 10. Where my care is not working for me I am able to try alternative options 11. I know that I can get the help I need whoever I am and wherever I am 12. I will be supported through the transition to	• Single point of access/information sharing • Use of social media and new technology/choice • Right place right time – universal services having the right training + referral route • Early holistic (MDT?) assessment process • Single agreed person centred plan • Early intervention and early help • Evidence based, solution focused empowerment models • Options available • Skills and training for workforce • Re-balancing resources across the pathway • Equitable needs based resourcing • Needs not diagnosis based • Solution focused model • Exit planning, and de-escalation • Transition planning (statutory

adulthood in a way that is appropriate for me	ages universal age 18, in full time education 19 SEN and Care Leavers 25) • Integrated multi-disciplinary approach

Next stages of the work

The next stages of the work are suggested as –

1. Ensuring User engagement influences decision making including meeting the Strategic Director and Chief Operating Officer of SDCCG.
2. Progress financial and demand modelling of the new delivery model.
3. Agree specification for the new single point of access.
4. Develop connection to the universal settings.

4.5

3. With support from the Institute of Public care (IPC) at Oxford Brookes University advice on the delivery of an integrated assessment model through a single point of access and integrated pathway. The work will take place through a clinical reference group and feed into a further city / county stakeholder group 5 November. This work will need to reflect an integrated approach with existing established processes such as CAF and multi agency working in localities. It will also hinge on a clear definition of what should be provided within universal services including through GPs and schools.

4. Agreeing the service specification and procurement process to fit with the agreed timescales of the pathway being in place by April 2014.

This report has been approved by the following officers:

Legal officer **Financial officer** **Human Resources officer** **Estates/Property officer** **Service Director(s)** **Other(s)**	Frank McGhee, Director of Commissioning, Derby City Council

For more information contact: **Background papers:** **List of appendices:**	