



Refreshing the Local Transformation Plan - From plan to transformation

Key facts

- Prevalence (2004): 10-20% children and young people with some form of emotional, psychological or mental health needs.
- A standard classroom of 30 students will include 3 with some form of diagnosable mental disorder.
- 75% of Mental health conditions are known about before the age of 18.
- Physical health and mental health are closely linked
 - 12% of YP live with a long-term physical condition - the presence of a chronic condition increases mental health risk x6 fold
- Future in Mind funding aimed to increase reach from 26% to 33% of children and young people needing to access help

Derbyshire county and Derby City's plan for children and young people's mental health and wellbeing 2015-2020



By 2020 our vision is 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.'

For further information:

Kate.Majid@northderbyshireccg.nhs.uk
Lesley.Wakefield@derbyshire.gov.uk
Sheila.McFarlane@derby.gov.uk
Frank.McGhee@derby.gov.uk
Naomi.Compton@northderbyshireccg.nhs.uk

Our commitment to children young people and families

Our plans will be underpinned by a whole systems change approach. We understand that each part of the system has an integral part to play and that links between education, health and social care across all ages are imperative if our vision is to be realised.

We will involve all stakeholders in the development of an anti-stigma campaign which will be delivered within schools and colleges.

We will provide clear information about the range of services available, so that children, young people and families know who does what and how to access help.

Our priorities

Promoting resilience, prevention and early intervention

- Develop the 'teaching' of resilience within the school curriculum
- Ensure development of peer support and those with lived experience around mental health being more included in delivery of services.
- Develop an improved service for children and young people with eating disorders that will reduce the negative impact of their condition and work towards their recovery by providing effective interventions as early as possible.
- Improving resilience of parents and carers

Improving access to effective support

- Improve Integration of CAMHS within schools, Primary Care, Multi Agency Teams (MATs), youth offending and social work teams.
- Develop a 'menu' for young people to personalise their individual needs.
- CAMHS providers will develop a self-referral system for children and young people.

Care for the most vulnerable

- Ensure availability of rapid access provision 24/7 with intensive home treatment is an option for those at risk of inpatient admission.
- Ensure that there is effective support for children and young people who have experienced or are at significant risk of sexual abuse/child sexual exploitation or looked after or youth offenders
- Ensure that evidence-based interventions are available for young people with Learning Disabilities and/or neurodevelopmental disorders including support for parents/carers and young people with learning disabilities and neurodevelopmental disorders

Accountability and transparency

- Develop and implement key performance indicators which will enable a better understanding of all areas including waiting times for CAMHS.
- Ensure that Youth Council and CAMHS service user groups have an active role in scrutiny and development of plans.

Developing the workforce

- Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

Measuring the change.....

By 2020 there will be:	We will know if this has been achieved by:
System wide transformation of the local offer to children and young people underway with LTPs embedding key Future in Mind principles fully integrated into STPs across the country	CCG assurance process A suite evidence based treatment pathways with high level metrics that measure access, spend and progress towards delivery of agreed components in the transformation programme
At least 70,000 more CYP receiving swift and appropriate access to care each year	Monitoring of new national data returns
Completed national roll-out of CYP IAPT programme with at least 3,400 more staff in existing services trained to improve access to evidence based treatments	Assurance of Mandate requirements with HEE
1,700 additional new staff to support improved access to evidence based treatments	Assurance of Mandate requirements with HEE
Evidence based community Eating Disorder services for CYP across the country 95% of those in need of Eating Disorder services seen within 1 week for urgent cases & 4 weeks for routine cases	Mental Health Services Dataset The baseline will be set in 2017 enabling a trajectory to be set
Improved access to and use of inpatient care, having the right number and geographical distribution of beds to match local demand with capacity, and leading to an overall reduction in bed usage.	Data from new national bed management system for Tier 4 will enable monitoring of occupancy and out-of-area placements
Plans to improve crisis care for all ages, including investing in places of safety	Reduction in the numbers of CYP admitted to inpatient beds or police cells Number of CYP receiving NICE concordant care

Progress – Year 1 (a firm foundation)

Eating Disorder Provision

VCS increased capacity

Children in Care service

CYP IAPT programme

Crisis care e.g. Camhs Rise service

Outcomes framework

Strong partnership and shared drive

Engagement and Stakeholders

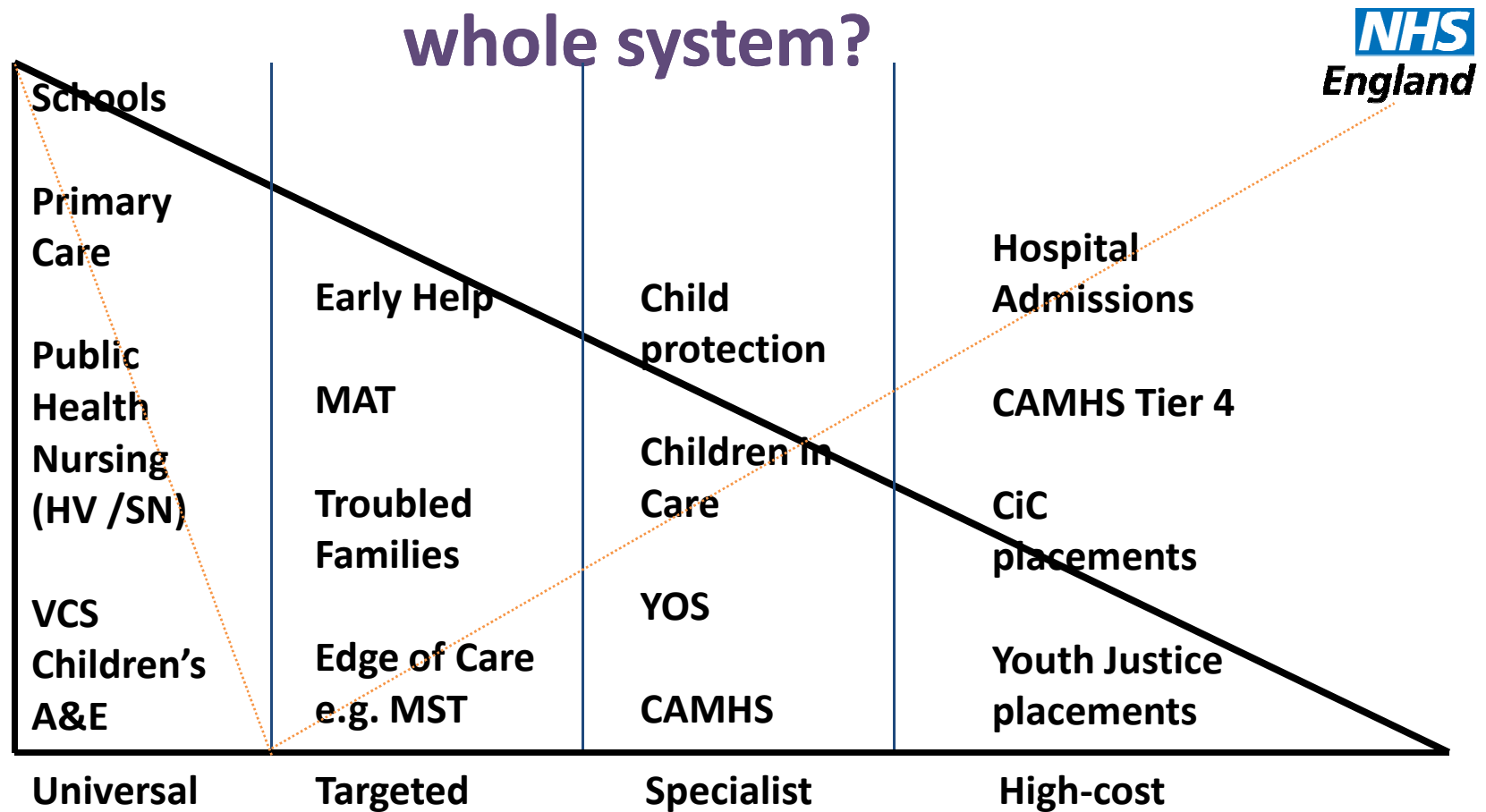
School based pilots and School pack

Anti-stigma campaign

Year 1 More to do

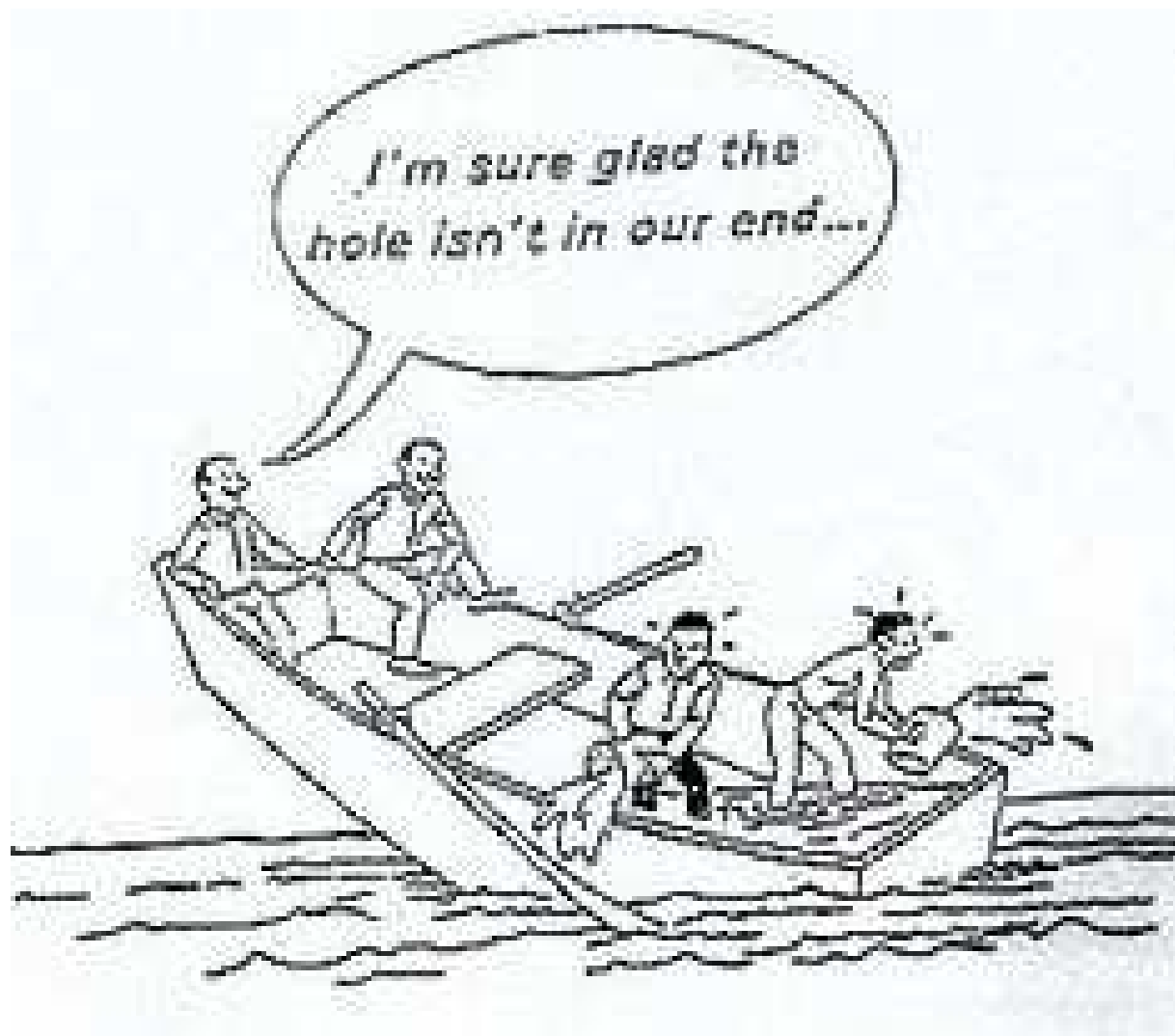
- Consistency across the footprint
- On going 'testing proof of concepts'
- Waiting times and Access
- 'Place' Community Delivery including GP, Schools and VCS
- Early Help/Targeted model
- Vulnerable Groups; CiC, CSE, DV, TCP, Disabilities
- Workforce
- JSNA, Data and Impact

How do we embed Future in Mind across the whole system?



← Earlier response to mental, emotional and psychological need

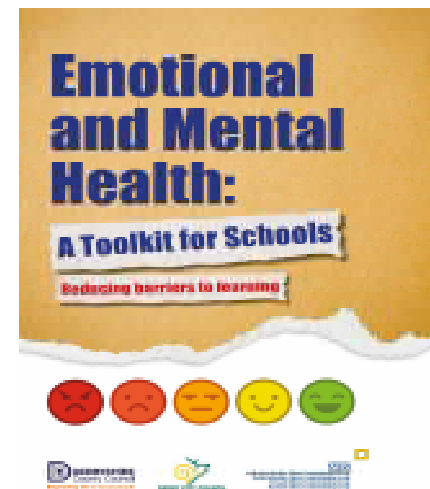
It's a whole system.....



School Pilots-what mattered?

- Key person to talk to
- Time out space
- Distraction activity
- Being included
- Making and keeping friends
- Transition

“Different options are needed as one approach does NOT fit all”



A 5 Year Programme

Year 3 -2017/18

Impact and outcomes framework being used
Workforce capacity building
Early help team in place
Prevention with schools
Locality model being piloted .

Year 4 -2018/19

Whole-system approach
Responding to need rather than demand
Skilled workforce across the system
Solid analysis of impact and outcomes.

Year 5 -2020

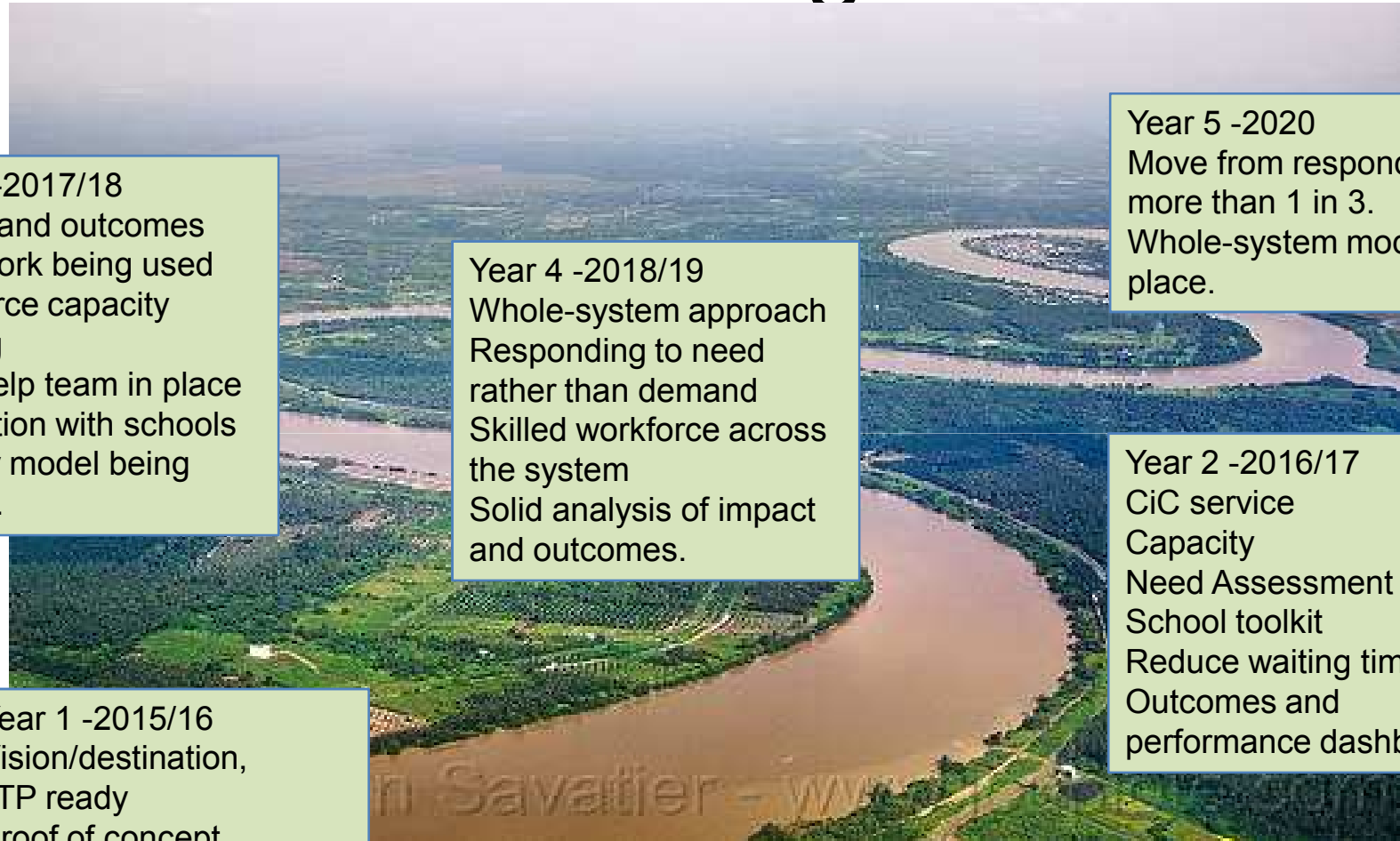
Move from responding to more than 1 in 3.
Whole-system model in place.

Year 2 -2016/17

CiC service
Capacity
Need Assessment
School toolkit
Reduce waiting times
Outcomes and performance dashboard

Year 1 -2015/16

Vision/destination, LTP ready
Proof of concept, Innovation; CAHMS
Rise, ED service, Schools pilots
Refresh engagement



Year 2 Refresh

Better multi-agency co-ordination and shared culture

Community based/home based interventions

Schools-based models

Embed skills across the whole-system workforce

Tier 4 and Spec Comm

Sufficient workforce development

Evaluation, evidence of impact

Data and outcomes

Parenting interventions

Consistency across the footprint

JSNA