

Derby and Derbyshire Children and Young People's Future in Mind LTP 2015-2020

Overview Of Our Journey So Far

Sheila McFarlane Acting Deputy Health of Children's Commissioning
Southern Derbyshire CCG

10 September 2018

A 5 Year Programme

Year 3 -2017/18

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

Year 4 -2018/19

Whole-system approach
Responding to demand .
Skilled workforce across the system.
Focus on schools and parenting,
Consolidate from 'proof of concept
One Approach

Year 5 -2020

Move from responding to more than 1 in 3.
Whole-system model in place.
Consistency across the footprint
Equity of approach at place based

Year 1 -2015/16

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

Year 2 -2016/17

CiC service
Capacity
Need Assessment
School toolkit
Reduce waiting times
Outcomes framework
Develop 'one team'

The challenge – U.K.

1 in 10

Children and young people aged 5-16 years worldwide have a clinically diagnosable mental health disorder

35-50%

Only between 35-50% of people with severe mental health problems receive treatment

17years

It takes an estimated 17 years for treatment options to be translated from research to practice.

50%

Half of all adult mental health problems start before the age of 14.

5%

Children and young people receive less than 5% of mental healthcare funding.

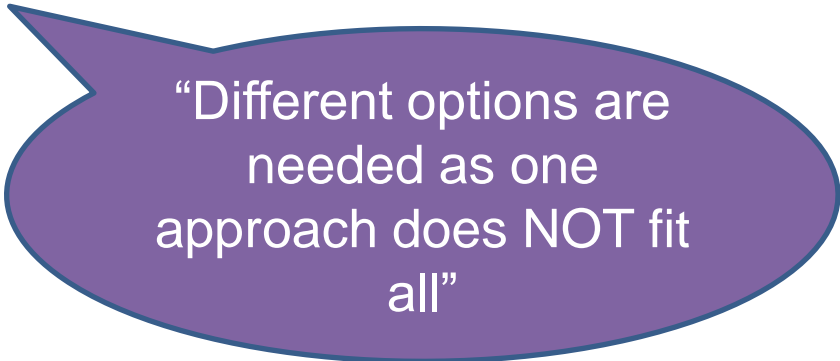
£105b

The wider economic costs of mental illness in England are estimated at £105 billion each year.

Vision

‘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.’

(Derby and Derbyshire Local Transformation Plan, 2016)



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

Key areas of focus for the LTP

- **Strategic Priority 1:** To further develop our engagement and support to parents and carers.
- **Strategic Priority 2:** To develop further a whole-school approach to prevention and early help.
- **Strategic Priority 3:** To develop a new care model responding to children and young people exhibiting complex needs.
- **Strategic Priority 4:** To increase the workforce offer including blended learning approaches across professional groups.
- **Strategic Priority 5:** To develop a place-based approach to interventions and care supporting Primary Care, developing the Voluntary and Community Sector, linking to schools, and offering digital interventions.

What are stakeholders telling us?

- **Children and young people:**

- Feel worried about “being different”, family circumstances, adjusting to adult life, and school/extra-curricular performance;
- 1 in 2 do not feel able to turn to parents or trusted adult for support;
- Bullying about appearance, race, culture and religion reported by 17%;
- Want opportunities to speak openly about MH during the school day.

- **Professionals:**

- Schools should be protective settings but are challenging environments;
- Universal prevention and early intervention is key;
- Need to build resilience, empowerment and the means to self-care.

- **Parents and carers:**

- Unsupported and feel uninvolved in care planning for their children;
- Want to be able to help but do not always know how.

Priority 1: engagement and support to parents and carers.

Embedding evidence based parenting skills in the workforce

- Non Violent Resistance
- Incredible Years
- Systemic Family Practice



The Sit In

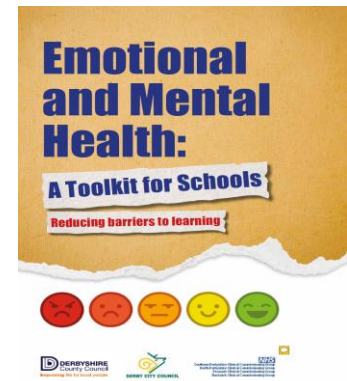
Priority 2: a whole-school approach to prevention and early help

Current

- Derbyshire emotional and mental health resource pack
- CYP IAPT Enhanced Evidence Based Training EEPB MAT teams
- Wellbeing Practitioners x 3
- Mindfulness in selected schools by Sept 18
- Be a Mate Anti Stigma Campaign 47 schools and 235 Ambassadors county wide

Coming soon

- Targeted intervention offer (early help)
- Opportunity Area
 - Schools peer mentoring
 - Schools CAMHs Link Project 40 schools
 - Enhanced support to schools 'Emotionally healthy schools'



Priority 3: To develop a new care model responding to children and young people exhibiting complex needs.

LTP ambition to reduce inpatient bed use from 80 to 20 per year by 2020.

- CAMHS RISE
- Intensive home support team Sept 18
- Community based eating disorder services
- The Keep –Emotional Health Well being Service for children in care
- YOS from April 18 (learning from Erewash pilot)
 - Successful bids to NHSE for Health and Justice £400k over 2 years for the Derbyshire/Derby footprint - Wellbeing Youth Worker and Psychological input into YOS
 - Single countywide specification for mental health to YOS



Priority 4: To increase the workforce offer including blended learning approaches across professional groups.

- Workforce development strategy - system wide capability and embedding evidence practice
- Enabling whole system to be effective in identification support and early intervention eg schools, communities families
- Improving confidence and expertise, resilience and self management
- Supervision and quality support, ensuring fidelity
- Measuring impact and outcomes
- Additional capacity

Priority 5: To develop a place-based approach to interventions and care supporting Primary Care, developing the VCS, linking to schools, and offering digital interventions.

In development

- Place/locality based provision
- Support for existing self help groups
- Targeted intervention offer
- Social activities key part of new home support services
- Learning from Erewash Place based model

Annual LTP Refresh

- What's worked well?
- What do we need to do differently?
- If we could change one thing?