

Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People



2017

Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People 2017-18

Our Vision for Sheffield

In Sheffield we want every child and young person to have access to early help in supporting their emotional wellbeing and mental health needs. As a city we want to develop children and young people's resilience and coping strategies. We will transform the quality and availability of our services from early help through to specialist provision. We want services to be delivered in the community, closer to home, targeted to the most vulnerable and for fewer children and young people to require specialist mental health services.

To deliver our vision we will

- Develop our workforce by giving them the guidance and support they need to support children and young people's emotional wellbeing and mental health.
- Ensure that our most vulnerable children and young people, such as those in care or in crisis, get the support they need for their emotional wellbeing and mental health.
- Improve our transparency and accountability by working with children, young people and their families to improve our services.
- Transform access to our emotional wellbeing and mental health services so children and young people are seen as quickly as possible and as close to home as possible.
- Transform our early intervention offer so that children and young people are supported as early as possible.

In Sheffield we know that to deliver our vision, we need people and services from across the city to contribute; no single organisation can deliver our shared vision.

As 75% of mental health illnesses (excluding dementia) start before the age of 18, the importance of delivering this vision cannot be underestimated.

The next page contains the thoughts and reflections from people across the city on children and young people's emotional wellbeing and mental health in Sheffield.

As Cabinet Member for Children Young People and Families, I'm extremely proud that over recent years Sheffield listened to the views of young people and has prioritised and championed improvements in emotional well-being and mental health services for children and young people.

By working with people across different sectors and agencies we strive to provide the best possible support for our children and young people's mental health. With key partners I will continue to drive forward these changes, developing exciting innovative projects as well as delivering citywide transformation in services.

I pledge to continue to be a champion and advocate for Children, Young People and their families and make sure their voices are continued to be heard.

But to be clear – to maintain the progress we're making we need Central Government to commit to continued transformation beyond 2020 and to ring-fence the funding and resources needed to do this.

Councillor Jackie Drayton Cabinet Member for Children, Young People & Families, Lifelong and Community Learning.

One of the next priorities should be to reduce the jargon and technical language and replace it with simpler terms. If young people could understand some of the language then they would participate more and be more passionate about improving mental health services.

Young Person aged 17

The young people I work with often feel like they are the 'wrong level of unwell' and to receive good quality treatment, they need to get worse before they can get better. I'd like to see diverse, creative, stable and engaging early intervention services that young people can pick up when they feel they need a little more help. The priority for these services should be on developing trusting, on-going relationships which do not depend on how unwell a young person is but do focus on improving their wellbeing.

Sian Beynon, Participation Project Worker, Chilypap

We certainly want services to be more responsive and to see wait times for CAMHS reduce below 7 weeks, but this has to be in the context of the right people accessing the right services when needed at the right time.

We need to be building emotional wellbeing and promoting mental wellness society wide and not only tackling mental illness when it is identified.

Dr Steve Thomas, Clinical Director, Mental Health, Learning Disabilities and Dementia, NHS Sheffield CCG

Sheffield is a city that prides itself in the collaborative working amongst all its agencies across the sectors. We believe in the principle of 'Our City, Our Children'.

Our focus is on ensuring that we work preventively in schools to identify early signs of emotional distress, work with children, young people and families to intervene as early as possible where there are significant mental health problems and to work with our partner agencies to support them in helping young people with emotional distress.

By 2020, we hope to see more integrated working across sector boundaries using technology that improves access and reduces stigma of emotional distress in young people.

Dr Girish Vaidya, CAMHS Clinical Director, Sheffield Children's NHS Foundation Trust

When school found out I had a mental health issue they got someone to come and see me every week and check on me. This made me feel safer, with someone listening to me and not judging me.

Young Person from a Healthy Minds School.

The impact of poor mental health on individuals is widely documented, but the effects of which often go hidden or unseen. Early intervention is so important, the pressures young people face can often turn into significant mental health issues later in life if not addressed quickly. Having open access services, such as Door 43 and Wellbeing Cafe means that these young people can be supported quickly and effectively, listened to and signposted to specialist services if required.

Emma Aley, Health and Wellbeing Partnership Manager, Sheffield Futures

In 2020 I would like there to be more people in school who are trained to help people manage, understand and overcome their mental health issues.

Young Person from a Healthy Minds School

By 2020 we need to ensure we have a whole system approach to addressing the needs of mental health and wellbeing for children and young people with radical thinking in relation to early intervention and prevention.

Nikki Milligan, CAMHS Service Manager, Sheffield Children's NHS Foundation Trust

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1. Introduction

This is the third edition of our Emotional Wellbeing and Mental Health Strategy for Children and Young People. The purpose of this strategy is to demonstrate the progress we are making to transform children and young people's emotional wellbeing and mental health services, the challenges we face, and what our priorities are for the next year.

This strategy is split into a number of different sections; the first part of the document provides background information on our work and sets the context for the programme. The following section provides an overview of our progress so far from 2015-17; this includes developments such as the Healthy Minds Framework and the Section 136 (S136) Health Place of Safety.

The final part of the strategy outlines our ambition for 2020 and beyond, following this, detail is provided on priority areas of work, such as eating disorders and crisis care. Finally, the strategy concludes with next steps and priorities for 2017/18.

The publication of this strategy is part of Sheffield's commitment to transforming our children and young people's mental health services for 2020 and beyond.

2. Background

In September 2014, Sheffield Children's Health and Wellbeing Partnership Board commissioned a needs assessment on children and young people's emotional wellbeing. This process formed part of a wider Joint Strategic Needs Assessment, which identified need across the city. Following this, the Board agreed the priorities for emotional wellbeing and mental health of children and young people. These were:

- Development of closer commissioning arrangements between community mental health specialist services and hospital based mental health treatment services.
- Improve specialist community mental health services for children and young people.
- Make sure that Looked after Children in receipt of mental health treatment and other vulnerable children get the care they need.
- Promoting positive mental health and resilience
- The development of early intervention provision and approaches, along with a supporting commissioning approach.

At the same time as this, the *Children and Young People's Mental Health and Wellbeing Taskforce* was established by Central Government. The purpose of the Taskforce was to make recommendations to Ministers, and agree actions aimed at achieving better outcomes for children and young people with mental health problems.

In March 2015 the Taskforce published its report and recommendations: ['Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'](#).

The report identified a number of core principles and requirements, which were considered fundamental to creating a system that effectively supports emotional wellbeing of children and young people. These principles are provided under the following themes:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce

As a result of the publication of Future in Mind, Sheffield completed a self-assessment, which involved assessing ourselves against key recommendations taken from the report. Young people and their representatives; Child and Adolescent Mental Health Services (CAMHS) clinicians and managers; the voluntary sector; commissioners and local authority colleagues all contributed to the self-assessment.

A confirm and challenge event was held to verify the accuracy of the self-assessment, with a range of partners and stakeholders invited. Those present confirmed the accuracy of the results and agreed where further action was required.

The areas highlighted from the Future in Mind self-assessment, and the priorities from our 2014 emotional wellbeing and mental health needs assessment, have been drawn together and form basis for the activity described in this document.

3. Governance

The delivery of this strategy is overseen by Sheffield’s Health and Wellbeing Transformation Board (see appendix 1), with the Board involved in the sign off of this document. Progress is monitored on a regular basis – children and young people’s mental health is one of the four priorities for the Board. Local politicians have also engaged in the work contained in this strategy, for example the programme formed part of a [scrutiny session](#) on supporting children and young people’s mental health in school.

The programme is also supporting the development of Sheffield’s Accountable Care system and will be reporting into these governance structure’s as they develop.

Further details of our governance structure are provided below.

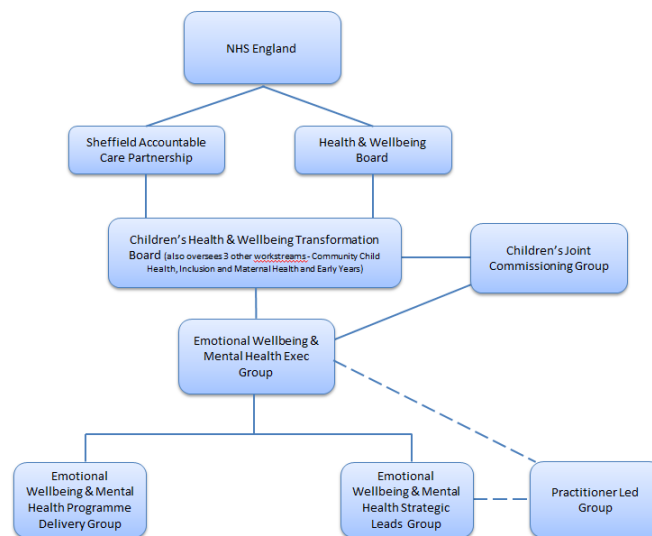


Figure 1: Sheffield’s Governance Structure

To enable the programme to be delivered on a day to day basis, we have established the Emotional Health and Wellbeing Executive Group. This group resolves key strategic issues in the programme, ensures assurance deadlines are met and identifies new areas of work. Membership of the group is diverse, with representation from Sheffield CCG, Sheffield City Council, Sheffield Children's NHS Foundation Trust and the third sector (see appendix 2).

All financial decisions relating to the programme are taken by the Children's Joint Commissioning Group (see appendix 3); this is a joint group between Sheffield CCG and Sheffield City Council with NHS England able to attend for specific issues.

Finally we have two joint posts (between Sheffield CCG and Sheffield City Council) – a Commissioning Manager and Programme Coordinator, who are responsible for ensuring progress across the whole programme and that our transformation funding is fully utilised (see appendix 4).

4. What do we know about Sheffield?

Sheffield is a highly diverse population with around 17% of people from black and minority ethnic communities. Changes in population size, age profile and level of ethnic diversity vary from ward to ward and year to year, making it difficult to forecast future population with accuracy.

Following a period of increase, the Sheffield birth rate is beginning to level off and the growth in our total population will further slow as a result. Overall, Sheffield's population is expected to increase by around 1% per year over the next 5 to 10 years. This is being factored into our planning and delivery of emotional wellbeing and mental health services in the coming years and the activity that is required.

We have benchmarked our position in relation to core cities, statistical neighbours and England, against a number of the protective factors for emotional wellbeing and mental health. Sheffield's population is growing very slowly following a long period of decline. The factors that drive population growth are birth rate and international (inward) migration.

4.1 How do the needs of Sheffield's children and young people compare with England?



The below benchmarking data is taken from The What About YOUth? (WAY) survey conducted in 2016. This survey is a lifestyle study of 15-year-olds in England, collecting data on risky behaviours, health and wellbeing.

The survey was produced by the Health and Social Care Information Centre (HSCIC) with an accompanying profile published on [Public Health England's Fingertips platform](#).

4.2 General Health

- In Sheffield 84.8% of children reported their general health as excellent or good, which is similar to the England average of 85.0%.
- The proportion of children who have a long term illness, disability or condition is similar to the England average.
- 17.0% engage in three or more of the risky behaviours they were asked about, which is similar to the England average of 15.9%.

4.3 Wellbeing

- The Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) measures wellbeing using responses to 14 positive statements to give a score between 14 and 70, where positive answers result in a higher score.
- In Sheffield the mean score is 47.4, which is similar to the England mean score of 47.6.

4.4 Body Image and BMI

- In Sheffield, 53.7% of children reported that they felt their body was 'about the right size', which is similar to the England value of 52.4%.

4.5 Bullying

- Bullying in schools can negatively impact health, educational attainment and can pose a suicide risk.
- In Sheffield 50.4% of children reported they had been bullied in the past couple of months, and 9.6% had bullied others.
- The survey's definition of bullying included physical and verbal bullying, as well as text messages and online activity.

4.6 Diet

- Poor diet is a major risk factor for ill-health and premature death.
- In Sheffield, 47.8% of children reported that they ate the recommended amount of fruit and vegetables each day; at least five portions.
- This compares to 49.6% in Yorkshire and the Humber and 52.4% in England.

4.7 Physical Activity

- The World Health Organization's guideline of an hour of moderate-to-vigorous physical activity per day is met by 14.3% of young people, similar to the England average of 13.9%.
- Good physical activity habits in childhood and adolescence are likely to be carried into adulthood, while lower levels of activity are associated with obesity.

4.8 E-Cigarettes and Smoking

- In Sheffield 5.5% of 15-year-olds are regular smokers, which is the same as the England average of 5.5%.
- E-cigarettes have been tried at least once by 26.3% of 15-year-olds, which is higher than the England average - 18.4%.

4.9 Drinking

- Research has shown that young people who start drinking at an early age are more likely to drink more frequently and in higher quantities than those who start later in life.
- In Sheffield 7.7% of 15-year-olds are regular drinkers, similar to the England average of 6.2%.
- In the last four weeks 17.5% of 15 year olds have been drunk, higher than 14.6% average for England.

To find more benchmarking data from Public Health England, please go to <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people>

4.10 What do we know about emotional wellbeing and mental health need in Sheffield?

- As part of our JSNA we have undertaken in-depth analysis of mental health needs in Sheffield including needs assessments for children and young people (2014) and for adults (2015). These HNAs continue to help shape and structure our approach to mental health and wellbeing being in the city. Based on what these tell us, the main priorities for mental health across the life course are:
 - Promoting wellbeing – a good and positive state.
 - Promoting psychological resilience – skills to cope with stressors and life's problems.
 - Preventing ill health – spotting signs, intervening early with basis interventions.
 - Addressing and recovering from mental ill health – coping, functioning and best possible recovery.

<https://data.sheffield.gov.uk/stories/s/Sheffield-Health-Needs-Assessments/hb5c-7389>

- Our 2014 [Emotional Wellbeing and Mental Health Needs Assessment](#), for children and young people, provides comprehensive data on the needs of Sheffield. Key findings from the needs assessment include:
 - It is estimated that 7000 5-15 year olds in Sheffield have a clinical recognisable mental health disorder.
 - The prevalence data for early years is less clear, but approximately 10% of 0-3 year olds could have a mental health problem.
 - It is estimated that 15,000 Sheffield children and young people live with a parent with a mental health disorder.
 - 40% of Sheffield children experience insecure attachment which is a risk factor for poor mental health.
 - 50% of mental health illnesses (excluding dementia) arise by the age of 14 and 40% of young people experience at least one mental health disorder by the age of 16.
- The age profile of our Looked After Children is increasing, with the number of 15-17 year olds who are looked after increasing by 17% from March 2015-February 2017 (see figure 2).

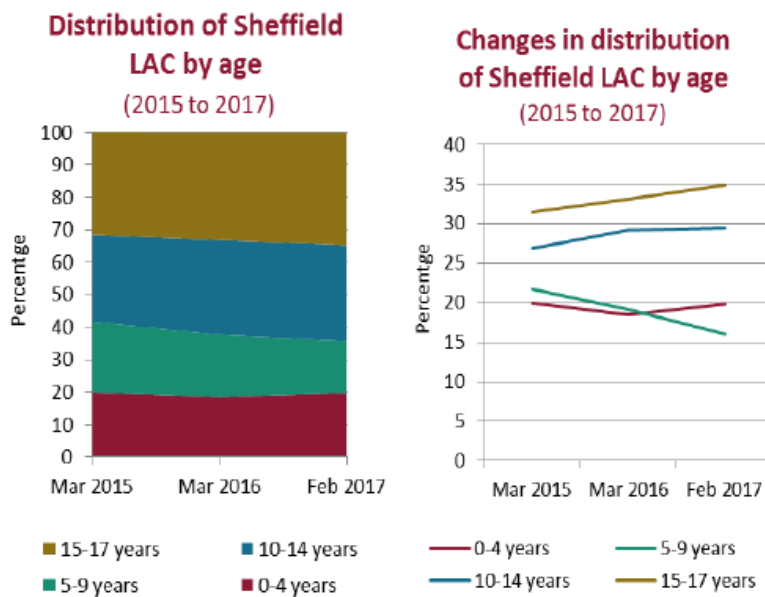


Figure 2: Age distribution of Sheffield's Looked After Children

- Sheffield is a high user of inpatient CAMHS beds in comparison to other areas (see figure 3). The figure below shows that in 2015/16, Sheffield's admission rate of 15.2 per 10,000 under 18 year olds was higher than the England average (11.7) and the average of ten similar areas (12.2).

Rate of admissions for children and young people aged under 18 in CAMHS tier 4 wards - per 10,000 under 18 population

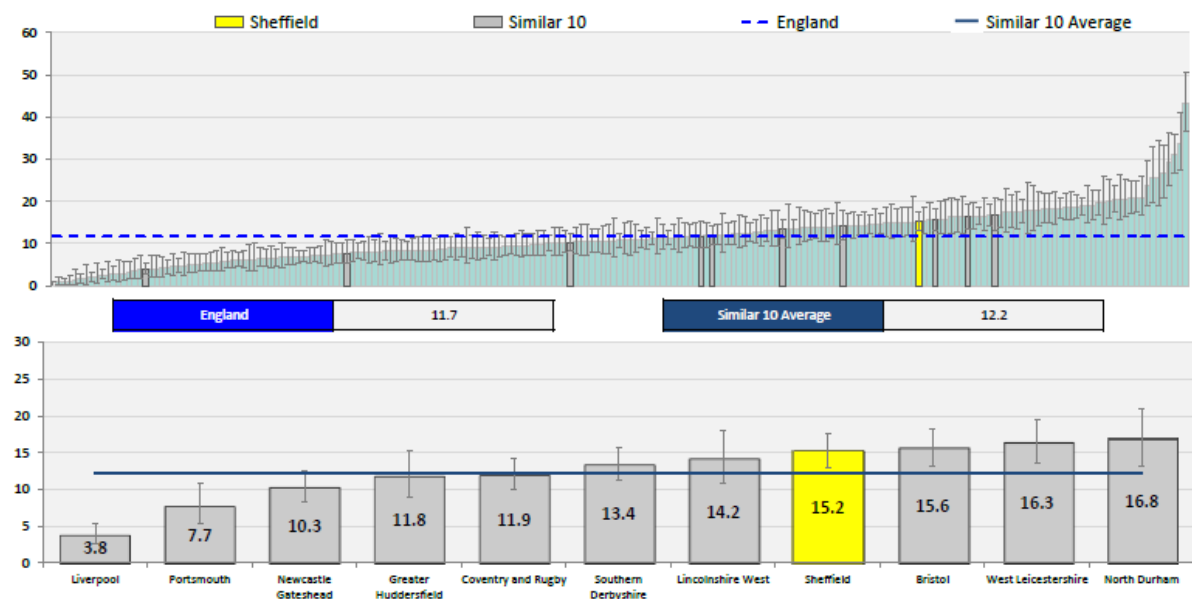


Figure 3: Admissions to inpatient facilities per 10,000 under 18 year olds (Source: NHS England)

- In quarter 4 of 2016/17, Sheffield was higher than the national average for children and young people receiving two contacts from NHS funded mental health services, with 430 children and young people receiving two or more contacts ([Five Year Forward View Dashboard NHS England](#)).
- In quarter 4 of 2016/17, the number of suicides per 100,000 of the population for aged 10 years and above, was slightly worse than the national average. ([Five Year Forward View Dashboard NHS England](#)).
- In quarter 4 of 2016/17, Hospital admissions for self-harm per 100,000 of the population (for 10-24 year olds), was better than the national average. ([Five Year Forward View Dashboard NHS England](#)).
- Our 2016-17 Every Child Matters (ECM) Survey asked questions on emotional wellbeing and mental health to students in primary and secondary schools. The figure below shows year 10 views on how well their school supports emotional wellbeing and mental health (see figure 4). This is a new question for the ECM Survey, will monitor the responses to this question over the coming years.

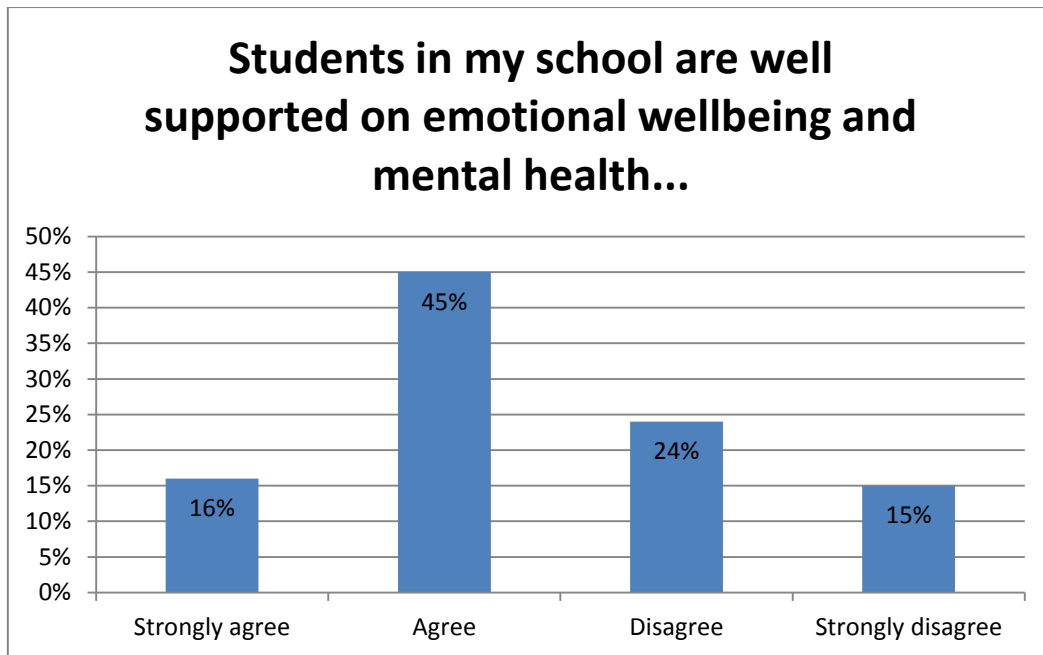


Figure 4 ECM 2016/17: Year 10 views how well their school supports emotional wellbeing and mental health

- As part of the 2016/17 ECM Survey we also asked year 10's about the frequency of negative emotions they might experience. Figure 5 compares responses to this question over three ECM surveys. The table shows that year 10's feeling sad or depressed most of the time remains the same as 2014/15, whilst other negative emotions have increased from 2014/15. These results fit with our experience from working with young people and schools, and show the importance of the early intervention work we are rolling out as part of this strategy. The increase in year 10's feeling anxious or worried most of the time correlates with increases in this issue seen nationally.

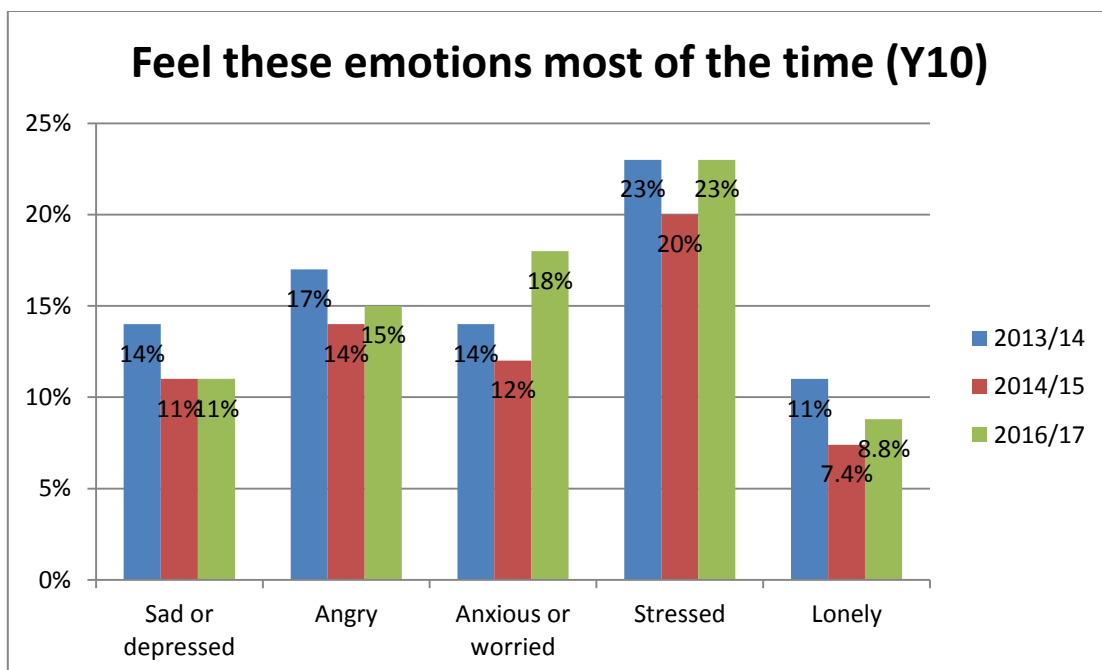


Figure 5 ECM 2016/17: Year 10 views how well their school supports emotional wellbeing and mental health

- As part of the 2016/17 ECM Survey, young people also told us what worked well for supporting their mental health in school and what we need to improve or do more of:
 - **What works well:**
 - Employing trained staff (including learning mentors, nurses, therapists, mental health ambassadors, pastoral managers, counsellors) to speak to students.
 - General support / opportunities to talk.
 - Lessons / Assemblies / Workshops / Sessions
 - Practical support / solutions.
 - **What we need to address/do more of:**
 - Talk to / listen to students (more).
 - Teach about / raise awareness of mental health issues.
 - Be more aware of students' issues / empathetic / sympathetic / show more understanding.
 - Address bullying.
 - Reduce amount of stress / pressure including less homework.
 - Provide practical support / solutions.

- Our local data also shows that in 2012/13 51% of Sheffield children achieved a good level of development that was similar to Yorkshire and Humber (50%), our statistical neighbours (49.6%) and England (52%) (LAIT, 2014). It is possible to isolate data around each of the prime areas. Looking at Personal, Social and Emotional Development Learning goals, we know that Sheffield compares to England as follows:
 - Self-confidence and self-awareness: Sheffield 80.9% compared to England 85%.
 - Managing feelings and behaviour: 97.7% compared to 83%.
 - Making relationships: 81.6% compared to 85%.
 - Through our early intervention and primary prevention work and the emotional wellbeing and mental health pilots that we have running in schools, we are focusing on protective factors and using benchmarking data to evaluate the effectiveness of interventions implemented.

- The [Director of Public Health Report](#) for Sheffield 2017 'Adding Life to Years and Years to Life' identifies the health priorities for the city and makes recommendations for both the LA and the Council in relation to emotional wellbeing and mental health. Clearly the report references that you have 'No health without Mental Health' and emphasises the transformation that is being delivered through our Sheffield Future in Mind programme to redesign emotional wellbeing and mental health services for children and young people.

5. Progress so far: 2015-2017

This part of the strategy provides an overview of the progress that has been made since the first edition of this strategy was published in October 2015.



Figure 6 Steve Rippin (Assistant Headteacher) from Tapton School and pupil Lara Ferguson attending an event at [Buckingham Palace to discuss emotional wellbeing and mental health support in Sheffield](#)

6. Key Achievements

Table 1 provides a snapshot of the key achievements of the programme so far from October 2015-October 2017.

What we were asked to do	What we did
Develop a consistent approach for supporting emotional wellbeing and mental health in Sheffield schools.	We developed, and are rolling out, the Healthy Minds Framework across all seven localities of schools in Sheffield. This framework provides a consistent approach for supporting emotional wellbeing and mental health in schools, and has been recognised nationally as best practice.
Develop innovative services to prevent admissions to inpatient services	We have developed Sheffield's Supportive Treatment and Recovery (STAR) service. This service was launched in August 2017 and provides intensive community support for young people at risk of inpatient admission due to deliberate self-harm.

What we were asked to do	What we did
Ensure young people's voices are central to the transformation programme and that a diverse group of young people feel comfortable to share their opinions and experiences by meeting on their own terms	We worked with young people on a range of transformation areas such as STAR, the Let's Talk Directory and the <u>#nottheonelyone</u> campaign.
Expand the capacity of our primary mental health service and provide opportunities for professionals to receive mental health training.	We expanded our primary mental health worker service by providing additional funding. We provided a range of training opportunities for professionals in Sheffield including mental health first aid and attachment training.
Improve perinatal mental health services	We have developed perinatal mental health support provided by IAPT (Improving Access to Psychological Therapies) and improved referrals from maternity services for families that need support, ensuring they receive appropriate help as early as possible for perinatal mental health.
Make sure the Sheffield workforce is part of the children and young people's improving access to psychological therapy (CYP-IAPT) programme.	We ensured our staff are able to access IAPT and our local partnership group was expanded to include Sheffield Futures.
Provide a Community Eating Disorder Service (CEDS) for children and young people.	We implemented evidence based Community Eating Disorder Service for children and young people. The impact of this is shown in the reduction of bed days for children and young people with eating disorders: In 2014/15 there were 483 bed days, this was reduced to 145 in 2016/17.
Provide a safe place to ensure children and young people in mental health crisis are not held in police cells.	We secured funding for bespoke S136 place of safety at Becton, to be launched in August 2017. We also secured funding for an innovative wellbeing café which will provide a safe place for young people to go for support.
Provide a suicide prevention pathway for children and young people	We launched a children and young people's suicide prevention pathway in March 2017, with approximately 200 people in attendance. We are working to implement and further develop the pathway.
Reduce waiting times, inpatient admissions, and length of stays.	We reduced waiting times from 14.8 weeks in 2014/15 to 7.1 weeks in March 2017. We

What we were asked to do	What we did
	are working with NHS England to develop community based home intensive treatment services to prevent admission in inpatient beds. So far we have seen a small reduction in inpatient bed usage of 1% (prior to new services being implemented) we are aiming to increase this reduction in 2017/18.

Table 1 Key Achievements 2015-17

7. Usage of Future in Mind Funding: 2015-17

In both 2015-16 and 2016-17 we have fully invested our local transformation funding. Decisions on investment are jointly taken between Sheffield CCG and Sheffield City Council via the Children’s Joint Commissioning Group.

The increased number of investment areas in 2016-17, is a result of the planning work which was undertaken in 2015-16. Figures 7 and 8 below show where we have invested our transformation funding.

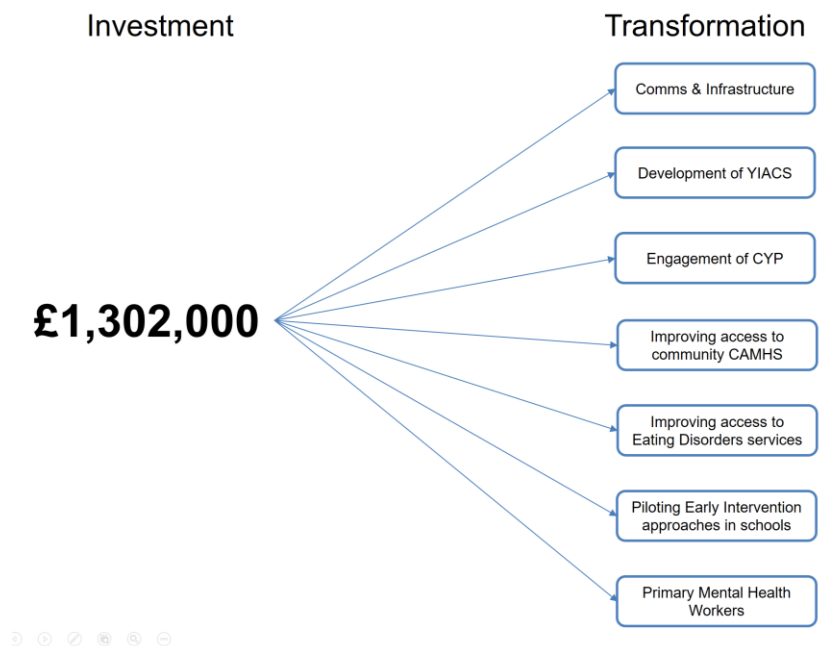


Figure 7 Use of Transformation Funding 2015-16

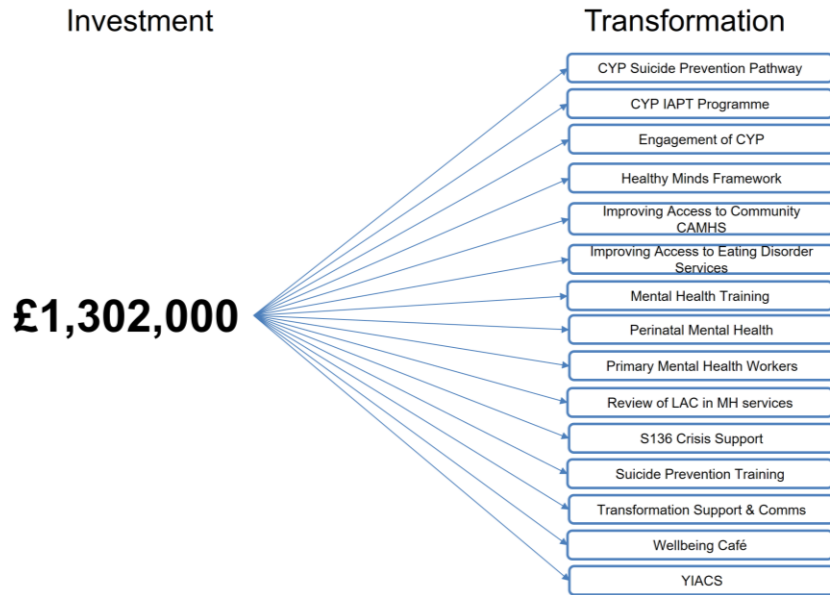


Figure 8 Use of Transformation Funding 2016-17

We will continue to ensure that we fully invest our transformation funding in 2017-18 and report this to NHS England.

8. Community CAMHS Performance: 2014-17

Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. It is unacceptable for children and young people to wait more than 18 weeks to start treatment, except in occasional and exceptional circumstances. The recently developed Service Specification for CAMHS states that;

All non-urgent referrals to be assessed within 18 weeks of receipt of referral with an incremental expectation to reach 14 weeks by March 2018 then 8 weeks by 2019.



Figure 9 Sheffield Children's NHS Foundation Trust Transformation Team

We have analysed the provider information to assess mean waiting times from referral to assessment and from referral to treatment (actual and target) over the last year, from April 2017, we will also review the median waiting time. We know that there are internal waits (waits between first and second appointments), we are working to address this.

Data Field	2014-15	2015-16	2016-17
Number of referrals	2512	2831	2971
Number of accepted referrals	1816	2093	2297
% of accepted referrals	72.3%	73.9%	77.3%
Number of signposted referrals	658	709	638
% of signposted referrals	26.2%	25.0%	21.5%
Average waiting time to first appointment (weeks)	14.8	11.6	7.1
Range waiting time to first appointment (weeks)	0 to 36	0 to 21	0 to 17
Number of First Attendances	n/a	2358	2676
Number of Follow Up attendances	n/a	16081	16825
Number of Follow Ups per First Attendance	n/a	6.8	6.3

Table 2: Community CAMHS Performance: 2014-15, 2015-16, 2016-17

n/a – Not available

- A total of 2971 children were referred to CAMHS services by professionals, their family/carers, or self-referrals.
- 2297 (77.3%) referrals were accepted by CAMHS.
- 638 (21.5%) referrals were signposted to alternative services/provisions as they did not meet the criteria for CAMHS support, this will be analysed.
- During 2014/15 the average waiting time to the first appointment was 14.8 weeks. In 2016/17, this was reduced to 7.1 weeks.

Going forwards, we are forecasting a 5% annual increase in activity with 3066 referrals anticipated into our CAMHS service during 2017/18, and 3219 in 2018/19. This increase in referrals is in line the increasing profile of children and young people’s mental health nationally. We expect access in our CAMHS service to increase, with 76% of referrals accepted in 2018/19 as a minimum, in contrast to 72% in 2014/2015.

This will mean that in 2018/19, the number of children and young people being supported by our CAMHS service will have increased by 36% from 2014/15 – demonstrating our commitment to improve access to the service.

9. Stakeholder Engagement

As part of the delivery of this strategy, we have engaged with a range of stakeholders from the voluntary sector to the statutory sector, from the local area to other parts of the country. Below is more detail on our engagement with three key groups of stakeholders:

- Children and young people.

- Parents and Carers.
- Schools.

9.1 Engagement and Involvement of Children and Young People

Ensuring that children and young people are engaged in our delivery of emotional wellbeing and mental health services has been central to our approach for a number of years (prior to Future in Mind). In 2014 an event was held with Chilypep, Sheffield Futures and Young Healthwatch to get young people's views on what we need to do to improve our mental health services. This feedback was incorporated into the development of this strategy.



Figure 10: Feedback from Children and Young People at the Health and Wellbeing Board November 2014

Over the past two years of our Transformation Plan, young people have helped to shape and deliver the programme. We have achieved this by working with Chilypep; a Sheffield based young people engagement charity. Working with Chilypep has enabled young people to be involved in a range of areas including:

- Development of the Young Commissioner Programme – enabling young people to be actively involved in a range of transformation areas including the STAR Service, YIACS, and wellbeing café.
- Development of the Let's Talk Directory.
- Development, launch, and delivery of the #nottheonelyone campaign aimed at reducing mental health stigma.
- Eating Disorder pathway redesign.
- Feedback and consultations with the wider voluntary sector via network meetings.
- Outcomes monitoring – as part of 16/17 CAMHS (Children Adolescent Mental Health Service) service transfer.
- Production of young people friendly information on mental health services.
- Representation at various meetings including - Improving Access Group, 16/17 CAMHS Steering Group (Transitions), EWBMH Executive Group.



Figure 11: Young people from Chilypep with staff from Sheffield Children's NHS Foundation Trust

Over the course of the transformation process, young people have told us what they would like to see changed or done differently.

Table 3 below shows the feedback received and what we have done.

Children and Young People asked for	What we have done so far
A drop-in service for young people where they could chat about things that worried them and get to know the people running the service especially at night.	The new wellbeing café will provide this service for young people to access.
A service that is easy to navigate and access, with greater access for underrepresented groups.	The new service specifications require services to be easier to navigate and access. Through our young commissioner programme we have worked with young people to redesign how services are accessed. We will continue to undertake more work in this area.
A service which is provided up to 25 years	We have expanded our CAMHS service up to 18, and we are providing a YIACS service up to the age of 25. It remains our ambition to provide children and young people's mental health services up to the age of 25, however further work needs to be undertaken across adults and children's commissioners to make this happen.
Contacts and reminders (older young people) to be sent by phone and text.	A text service is now in place through our provider.
Do more work around improving transitions and adults services and services for young people up to 25	We have developed and implemented a transitions specification between children's and adults mental health for transitions at the

Children and Young People asked for	What we have done so far
	age of 18. Chilypep are also part of the transitions team in Sheffield Children's NHS Foundation Trust.
For someone to be available to talk to between the referral to CAMHS and the first and second appointment	We are currently exploring whether a third sector provider, with CAMHS supervision, could provide support between CAMHS appointments.
Less medicalisation of mental health issues, including reducing the stigma.	The #nottheonlyone campaign was developed and launched to address this issue.
Make more use of creative arts to engage young people	The #nottheonlyone campaign used a range of materials to engage young people, we are currently looking at developing a video to explain our local transformation plan.
Self-referral route	We have not yet implemented self-referral, with are working with our provider to ensure this is in place as a priority in 2017/18.
Shorter waiting times throughout children and young people's mental health services	Waiting times have reduced for our CAMHS services; however challenges remain, particularly in relation to internal waits which we are working to address.
Showcasing some of our work and awareness raising work	Chilypep were part of the national visit from NHS England and the Department for Education in March 2017. Chilypep also presented their engagement work at the national mental health conference in London and presented at the 2017 Sheffield CCG AGM.
Single point of contact	A single point of contact is in place for CAMHS, we are exploring expanding this point of contact to join it up with other providers.
To always ensure materials are young person friendly	We try to ensure our documents have been checked by Chilypep before we publish them. We have asked Chilypep to develop a young people friendly version of this strategy following its publication.

Children and Young People asked for	What we have done so far
To be more open and honest with young people when consulting with us.	We have tried to be more open about the challenges we face and the challenging financial climate we are operating in. We know we need to keep working on this.
To continue to recruit caring workers across mental health provision	Chilypep continue to work closely with our providers to help ensure this happens and young people are involved in recruiting CAMHS practioners.

Table 3: What children and young people have said, and what we have done



Figure 12: Sian Beynon from Chilypep, provides top tips on engaging young people at Sheffield CCG's 2017 AGM

Chilypep have received national recognition for the work they do with young people across South Yorkshire and will continue to undertake a variety of engagement activities with children and young people to shape the Sheffield transformation programme during 2017/18.

9.2 Engagement of Parents and Carers

We know from talking to parents and carers that there a range of issues we need to address, table 4 below shows the issues raised and our response so far to them.

What parents and carers have told us	What we have done in response
Communication: Communication between GP's, CAMHS, parents and children should be improved	We are working with our CAMHS service to improve communication between themselves, GP's and families. CAMHS and

What parents and carers have told us	What we have done in response
	MAST have implemented a new process for managing referrals which ensures families get a joint response from both services. A parent participation group has also been set up in CAMHS with Chilypep support.
Pathways: They are currently too complex and should be simplified to make it easier for children and parents to understand.	The on-going redesign of our CAMHS service is helping to simplify pathways. Whilst the services themselves are improving their internal processes to make the service easier to navigate.
Waiting times: These should be reduced as it takes too long to access services.	In 2014-15, average waiting times for CAMHS first appointments was 14.8 weeks; in 2016-17 this was 7.1 weeks. We are continuing to work to ensure waiting times for first and subsequent appointments are as low as possible.
Services for 16-18s: Services for 16-18 should be developed as many disorders are not treated post 16.	We have now expanded our CAMHS service up to 18. The exception to this is our eating disorder services, where Sheffield Health and Social Care NHS Foundation Trust (SHSC) support those aged 16 and over. We are working with SHSC and Sheffield Children's NHS Foundation Trust to ensure they work together as closely as possible to enable young people to have a seamless transition.
The System: The delivery model is regarded as old fashioned and should be modernised to improve access.	Our redesign process is working to modernise our services to make them easier to access, for example SMS messaging for appointments is now being rolled out. We are also developing services in the community to prevent inpatient admission.
Information on support available to parents such as workshops should be more easily available.	Both CAMHS and MAST are working to further develop their parent support offer, with high demand seen for these courses.
Schools should be supported to improve their communication and culture on mental health.	We are undertaking a phased rolled out of the nationally acclaimed Healthy Minds Framework across all primary and secondary schools in Sheffield.

Table 4 Parent/Carer feedback and our response so far

We will continue to work with parents and carers to ensure their views help shape our transformation. In November 2017 we will be attending a parent/carers organised conference on children and young people's mental health in Sheffield to help make this happen.



Figure 13: Let's Talk Directory Logo

9.3 Engagement with schools

Schools are crucial in ensuring that children and young people are well-supported and go on and live fulfilling adult lives. In delivering our transformation programme, work in schools has been a key area of work, which has been developed in response to their feedback. Below is the feedback received from schools and our response so far.

What schools have told us	What we have done in response
<p>Children frequently present with issues of low self-esteem. Low self-esteem can be an indicator for a wide variety of mental health issues. With appropriate support, schools would be better placed to provide support to children experiencing low self-esteem, and would be able to help prevent further issues from developing.</p>	<p>The Healthy Minds Framework provides in-reach into school from our CAMHS service to give school staff the support, training and guidance they need to support children in these circumstances.</p>
<p>Issues affecting the whole family often present in children in school. For example, if one or more parent has mental health problems, this can have an impact on the child at school. Again, with appropriate training, schools would be able to help support children with these issues.</p>	<p>Our Healthy Minds Framework provides the training to address these issues. We have also commissioned a range of mental health training providers to provide free support to schools, this includes youth mental health first aid, attachment training and suicide prevention training. Our MAST teams also take a whole family approach to support mental health issues.</p>
<p>Understanding the referral process in Sheffield is often a complex issue for staff. Greater clarity and understanding is needed to know what is out there, and what an appropriate referral is.</p>	<p>The in-reach provided from the Healthy Minds Framework aims to improve a school's understanding of the referral process. Improving the wider referral system remains an on-going priority.</p>

What schools have told us	What we have done in response
Self-harm, inappropriate and unwanted sexual behaviour, low mood and attachment issues are issues which present the biggest challenge to teachers.	Our training offer means teachers can access training to improve their capacity to support these issues.

Table 5 Feedback from schools and our response so far

Schools will continue to play a pivotal role in our transformation programme; over the next year we will continue to engage them through our Healthy Minds Framework and wider developments in the city as we seek to embed our early intervention approach to mental health in schools.



Figure 14: Hayley Sharman, PSHE Subject Lead, Tapton School

10. March 2017 National Visit

In March 2017, Sheffield was visited by national leads from NHS England and the Department for Education. This visit was undertaken as a result of the national team being interested in Sheffield’s work, following a review of our quarterly assurance reports, and the development of the Healthy Minds Framework.

The national team visited a number of areas including Tapton School – to learn more about our work in schools, and the YIACS service at Star House (figure 15 below). The team were also briefed on a number of areas of work being undertaken in our transformation programme, including work with young people, eating disorders and Sheffield’s joint commissioning approach between Sheffield CCG and Sheffield City Council.

The team were impressed with the progress made in a number of areas, in particular our work with young people and the joint working between Sheffield CCG and Sheffield City

Council. The national team also provided feedback on areas that we need to improve, such as the implementation of self-referral in our 0-18 eating disorder services – this will be implemented as a priority in 2017/18.



Figure 15: NHS England and Department for Education National Visit Team with staff from Sheffield's Transformation Programme

11. Regional Developments

Through the transformation programme we are also working on a regional basis with other CCG's and local authorities. We have two key regional transformation projects - developing local provision for children with high needs as an alternative to having their care in hospital (Amber Lodge) and developing a place of safety in a health environment prior to mental health assessment as an alternative to a police cell (S136).

The Amber Lodge project involves the transfer of the Amber Lodge service at Becton in Sheffield from NHS England to a group of local CCG's from South Yorkshire and Derbyshire. Amber Lodge is a regional service which provides high intensity mental health support for 5-11 year olds with complex needs. The aim of the project is to transfer the control of the service from NHS England to local CCG's, to enable the service to be further developed around the needs of the local area and enable more young people to be supported in the community instead of hospital.

The S136 project involves the development of a S136 Health Based Place of Safety for young people detained under S136 by the police (in order to prevent the young person from being held on an adult ward or in a police cell). The first phase of this project is complete, with the S136 facility open for young people from Sheffield. The next stage of the project is to expand the facility so that young people across South Yorkshire and Bassetlaw are able to access it. We will be working with other CCG's and Sheffield Children's NHS Foundation Trust to plan this development in 2017/18.

We are also active members of regional groups such as the Yorkshire and Humber Clinical Network and Lead Commissioner Forum. This helps us ensure that we identify areas for regional collaboration and share learning with other areas to enable ours, and others, transformation plans to progress.

Children’s and Young Peoples Mental Health is also part of the Mental Health workstream within the Accountable Care System across South Yorkshire and Bassetlaw. The work stream will be exploring variation and looking for opportunities to provide consistency of care and improve outcomes for our population at system level.

Sheffield is also exploring the development of local Accountable Care as a place based priority, with a work stream on Children’s and Maternity which will align to our existing transformation work to date in Sheffield at the Children’s Health and Wellbeing Transformation Board. We have well engaged Chief Executives and Accountable officers who have agreed Children’s Health and Wellbeing is a priority in Sheffield, children’s emotional wellbeing and mental health is key to the success of this.

12. Our Ambition for 2020 and Beyond

By 2020 it is our ambition to have transformed Sheffield’s Children and Young People’s Mental Health Services by following the principles of Future in Mind.

Our services will be easier to access, closer to home and intervene earlier when possible. The Sheffield workforce from schools and youth settings through to GP surgery’s and hospitals will be better trained and supported for mental health. Our most vulnerable children, such as those suffering abuse/neglect, who are looked after, are involved in youth justice or have high need problems such as eating disorder will have access to transformed mental health services which are able to support them not only in crisis, but before. Finally we will have also embedded young people’s voice into our commissioning, so we continue to design services with young people’s involvement beyond 2020.

In order to deliver against this ambition, we need to know what success will look like. The below table provides an overview of the key areas that we need to deliver in by 2020.

How will we know we have been successful in 2020?	What will the evidence be?	Future in Mind Priority
Children and young people will be able to self-refer into services.	A phased approach where self-referral is firstly in place for eating disorders, before expanding to wider services.	Improving Access
Children and young people will be able to access emotional wellbeing support without having to wait	Developed community offer with access to support in each locality in Sheffield and in each school.	Early Intervention and Resilience
Children and young people will be fully embedded into the planning and designing of services.	Continued involvement of ‘Young Commissioners’ in the planning and designing of emotional wellbeing and mental health support Young People will tell Sheffield what has improved and what hasn’t	Accountability and Transparency
Inappropriate referrals to CAMHS will	Reduction in % of re-directed	Early Intervention

How will we know we have been successful in 2020?	What will the evidence be?	Future in Mind Priority
be reduced as a result of work in schools and the re-design of referral processes.	referrals from CAMHS (21.7% in 2016/17) to below 15%.	and Resilience, Developing the Workforce
No young person will have been held in a police cell under S136.	No recorded incidents of a young person being detained under S136 in a police cell.	Care for the Most Vulnerable
Schools and non-school settings will be able to access a children's mental health training programme which joins up with all other developments in the city.	Training offer in place and available to access. Feedback from young people that the training is having a positive impact.	Early Intervention and Resilience, Developing the Workforce
Services across health, education and care will work better together to support mental health in the community as a result of our redesign work.	Multi-agency teams across health, social care and education will be working together to support mental health within a locality setting. The point of access will be clear for all professionals working in each locality. An offer will be in place to support the Integrated Front Door and Safeguarding Hub handle mental health referrals.	Improving Access
The Healthy Minds Framework will have been rolled out across primary and secondary schools in Sheffield.	Healthy Minds will be in place in all seven localities, ensuring citywide access to the service.	Early Intervention and Resilience,
The YIACS service will be a fully developed with a range of organisations from different sectors supporting the service.	YIACS will form part of the access route for Sheffield's mental health services.	Early Intervention and Resilience
Waiting times for CAMHS appointments will meet national standards.	Performance monitoring of CAMHS, 7.1 weeks for first appointment in 2016/17. Meeting standards for urgent referrals such as eating disorders and early intervention in psychosis.	Improving Access
We will have redesigned our vulnerable children's CAMHS services to embed the principles of Future in Mind in service delivery. This	New model and offer in place with outcomes monitored.	Care for the Most Vulnerable

How will we know we have been successful in 2020?	What will the evidence be?	Future in Mind Priority
<p>redesign will be driven by business intelligence from the schools sector, such as the Primary Inclusion Panel.</p> <p>A central group for the redesign will be children and young people with identified Social, Emotional Mental Health problems who access the Pupil Referral Unit (PRU) or special schools.</p>		

Table 6: How will we know we will have been successful in 2020?

12.1 Key Stakeholders

In order for Sheffield to deliver our 2020 ambition, we need to work with key stakeholders across the city. The system wide transformation we are looking to deliver will require all these groups to contribute to our work and make changes to how they operate. Below is a (not exhaustive) list of key stakeholders:

- [Children and Young People Empowerment Project \(Chilypep\)](#)
- [Family Action](#)
- [HealthWatch Sheffield](#)
- [Interchange Sheffield](#)
- [Learn Sheffield](#)
- [NHS England Specialised Commissioning](#)
- [NHS Sheffield Clinical Commissioning Group](#)
- [NHS Yorkshire and Humber Strategic Clinical Network](#)
- [Sheffield Children's NHS Foundation Trust](#)
- [Sheffield City Council](#)
- [Sheffield Futures](#)
- [Sheffield Health and Social Care NHS Foundation Trust](#)
- [Sheffield School and Education Services](#)
- [Sheffield Teaching Hospital – Jessop Wing.](#)
- [South Yorkshire Police](#)
- [South Yorkshire Eating Disorder Association](#)

12.2 Post 2020 Sustainability Plan

Beyond 2020 we are currently developing a sustainability plan to continue the investment and progress that will have been made from 2015-2020.

This plan will be jointly commissioned by Sheffield CCG and Sheffield City Council, with engagement and support from key stakeholders from across the city.

We are anticipating that the funding situation post 2020 will be made clearer by Central Government during 2017-18; this will enable us to develop and implement a firm plan to sustain progress made beyond 2020.

13. Transformation Areas for 2017-2018

The next section of this strategy reflects on progress made and transformation priorities for the next year across 12 key transformation areas. These areas are as follows:

- Early intervention.
- Supporting vulnerable children and young people.
- Developing the workforce.
- Collaborative and place based commissioning.
- Improving Access to Psychological Therapies for children and young people.
- Eating disorders.
- Data and business intelligence.
- Crisis care.
- Integration across services.
- Measuring impact and outcomes.

13.1 How are we transforming our early intervention support in Sheffield?

As previously covered, we're in the process of rolling out the Healthy Minds Framework (delivered by Sheffield Children's NHS Foundation Trust) to primary and secondary schools in Sheffield, with 45 schools (see appendix 5) taking part in 2017/18. The focus of the Healthy Minds Framework is on providing schools with training and support around mental health to enable them to support young people to remain in school, and to identify those children who would benefit from the support of other services more effectively. The aim of this work is to develop a whole school approach to supporting mental health to help enable children and young people with mental health issues to stay in education and to reduce inappropriate referrals to CAMHS services.



Figure 16: Healthy Minds Framework Logo

The Framework has already been well received in the schools it was initially piloted in;

On behalf of our whole Federation, I'd like to offer our grateful thanks for such an excellent evening of training on an issue which is so crucial for us to get right (or as right as is possible!).

Our teams love the children we serve and a great deal of problem solving and energy goes into trying to understand and improve lives. The clarity by which you expressed what truly counts in our relationships and the checklist of actions which I think could be learnt by heart as a checklist of 'did you remember to...

Welcome all children, make each child feel noticed? Have fun? Etc . are clearly powerful. Some were affirming and others we need to use more often.

A few ideas...I'd love to see these rolled out in parent training and as a 'parent pocket poster' - happy to mock one up if you think it would be useful? I'd also like to look at creating happiness and wellbeing postcards home using your expertise and some thoughts I have too if you want to get together?!

We look forward to learning more about the other sessions you could offer.

Many thanks indeed.

Figure 17: Feedback from Primary Schools on the Healthy Minds Framework

In 2017/18 we will be continuing to roll-out Healthy Minds, we are currently identifying the schools for the 2018/19 cohort.

Our next priority for early intervention in schools is to develop an approach to support children and young people specifically at risk of permanent exclusion or admission to special schools. To deliver this, we will be considering how we improve our support in Integrated Resources, Alternative Provision and our Pupil Referral setting, with the goal of producing a model and business case in 2018.



Figure 18 The Door 43 Team at Sheffield Futures

Alongside our work in schools, we have also invested in the Youth Information Advice and Counselling Service (YIACS). This is provided by Sheffield Futures at Star House in Sheffield City Centre, and enables children and young people age 13-25 to access a range of services from mental health, employment support, housing advice and sexual health as well as much more. The wellbeing café described in the crisis care section is also part of the YIACS; this means the YIACS is able to provide a safe place for young people to go to, as well as early intervention support.



Figure 19: Logo of the YIACS Service, now called "Door 43"

In 2017/18 our priority for the YIACS is to ensure the service continues to develop and that we see collaboration across a range of providers to support and deliver the service. We will also be using the YIACS to test innovative new approaches such as mental health passports and online counselling services. The YIACS service is to be known as "Door 43", the name has been chosen by young people who have co-designed the service.

We are also in the process of redesigning our Primary Mental Health Worker service. This service provides advice, guidance and consultation for professionals in non-CAMHS services on supporting mental health. We're redesigning the service to take into account new developments such as the YIACS and Healthy Minds Framework, as well as Future in Mind itself. We anticipate this redesign will be complete by December 2017.

Perinatal and Infant Mental Health

During the past year we have been working with a local charity, Forging Families to improve information for Sheffield families about perinatal mental health services, in order to improve awareness and access to support.



Developments include:

- Development of an online resource specifically aimed at fathers with resources on attachment, emotional well-being support for fathers and how to support a partner with post-natal depression.

- Production of fridge magnets including details of local helplines to be given to parents after birth.
- A perinatal mental health (PNMH) information pack including details of support available in Sheffield is being produced and will be distributed across the city

Dads' mental health
Dads' mental health matters

Between 1 and 3 out of 10 Dads suffer from low mood, anxiety and post-natal depression. This rises for Dads supporting a partner with PND, or after a traumatic birth,

What are the signs of poor paternal mental health?

- Feeling helpless or hopeless
- Feeling anxious or worried
- Feeling tired or run down
- Sleep problems
- Lack of interest in sex
- Lack of confidence
- Feeling irritable
- Feeling detached

It's time we started looking after Dads!

What can we all do to help?

- Raise awareness.
- Don't just ask Mum how she is doing, ask Dad too.
- Start a community group for Dads and babies.
- If your friend has a baby, ask him how he is doing.

Some things that might help.

- Many, many dads feel the same as you are right now.
- "Tell the truth about your feelings, don't just say 'Yeah, I'm fine mate'". Its ok to ask for help, we all need help sometimes.
- Don't feel guilty about your feelings, its actions that matter.
- Remember your baby still needs you, he just can't tell you yet.
- Cuddle her, have skin to skin, give her a bath, take your baby for a walk
- Talk to a friend, or family, or your GP.
- Eat healthily and exercise.

Dads, you are not alone!

Websites that can offer information
www.reachingoutpmh.co.uk
www.fatherhoodinstitute.org

www.forgingfamilies.org.uk

Figure 20 Materials produced by Forging Families to support father's mental health

Plans for 2017/18 include the following:

- Training for CAMHS workers to increase knowledge and understanding of perinatal mental health including its implications for bonding, attachment and infant mental health, and also how to access relevant services and support.
- Explore how an early attachment service could be established which promotes increased awareness of infant mental health and provides intensive support to vulnerable parents and babies identified as being at risk of disorganised attachment.

Support for Parents

Alongside perinatal and infant mental health, support for parents is a priority for Sheffield.

Sheffield currently delivers a range of parenting support to families, predominantly using two evidence based model which are reported as having amongst the strongest evidence based outcomes. These are the Triple P Positive Parenting Programme and the Webster Stratton Incredible Years models. Both programmes are based on social learning theory and

cognitive behaviour therapy and offer a strong emphasis on relationships and communication between parent / carer and child, and building resilience in children.

The service has adopted a multi-layered model of delivery using an approach that delivers at different intensity across the population. The model works across the continuum of need and draws upon the Triple P and Incredible Years evidence based models. This works on the basis of five levels of support within a minimum sufficiency model which works on the basis of creating access to support at the lowest level of intervention needed. This is supported by a social media campaign to increase awareness of and normalise parenting support across Sheffield. This will be further developed over the coming year.

Stand-alone single session 'Discussion Groups' also enable access at a preventative level for parents and carers, whilst intensive bespoke parenting interventions for families in crisis are delivered to prevent family breakdown.

In the coming year, our sleep interventions for families will be also further developed following a successful joint research programme with the Sheffield Children's NHS Foundation Trust sleep clinic.

Alongside these developments, we will review our commissions for parenting support over the next 12 months, to identify other potential areas of collaboration with the children and young people's mental health programme.



Figure 21 Materials produced by Forging Families to support maternal mental health

Adverse Childhood Experiences

Sir Michael Marmot has clearly evidenced the need to address work in early years & families in order to have the greatest impact on child poverty and life chances (Fair Society Healthy Lives, 2010) and the links to emotional wellbeing and mental health:

'Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.'

As a city we have prioritised early help, intervention and prevention for children, young people and families over the last 10 years.

Most recently through our Children's Health and Wellbeing Transformation Board strategic partners have come together to reference the importance of Adverse Childhood Experiences (ACES) and the negative impact that these can have. We have committed to ensure that emotional wellbeing and mental health is considered within the work that is progressing locally to develop our 'ACE Aware City'.

This includes:

- Hosting a South Yorkshire regional conference in partnership with Collaboration for Leadership in Applied Health Research and Care (CLAHRC) focusing on ACEs in April 2018.
- Taking an ACE approach to identify and quantify across Sheffield families the number who are affected by adverse childhood experiences and the impact on outcomes and life chances.

As part of our transformation of children and young people's mental health services, we will contribute to the development of an 'ACE Aware City' over the next 12 months.

13.2 How are we transforming our mental health support for vulnerable children and young people in Sheffield?

Transformation of mental health services for vulnerable children and young people in Sheffield has been identified as a key priority in our plan, and is going to be a major area of work over the next 12 months. We need to improve the integration and offer for our vulnerable groups particularly children who are looked after or in care.

In 2016/17 we completed a review of our looked after children CAMHS service – the Multi-Agency Psychological Support (MAPS) Service. The review found that the MAPS service is delivering a quality service with a clear theoretical framework that makes a significant contribution to the wellbeing of looked after children. The review also identified the positive work that the MAPS service undertakes in upskilling other parts of the workforce.

However the review also identified a number of issues that we need now to address through this strategy relating to broader vulnerable children and young people's services. Issues identified include:

- The need to improve the strategic vision to enable the MAPS service to work more effectively with other services such as the Virtual School.
- Further work needs to be undertaken to align the different services for vulnerable children and young people provided by NHS and Sheffield City Council and wider providers in the city such as Sheffield Futures.
- The demographic profile, vulnerability and complexity of looked after children is changing which presents challenges to the type of therapy and models of intervention delivered across both Social Care and the NHS
- Links need to be improved between vulnerable children services and other areas such as Youth Justice and Permanence and Through-Care.
- Residential homes and foster carers need greater support for children and young people's mental health as well as those in pre-adoption.
- There are different training offers in the city on issues such as attachment; these need to be aligned to avoid confusion in schools on which training to use.

Over the next 12 months we will be working to address the issues identified in the review through a redesign process. The vulnerable children and young people in scope for this redesign include those in care and on the edge of care, care leavers, young carers, those at risk of permanent exclusion, those suffering abuse/neglect, BME groups who find it hard to access services, LGBT+ young people and children/young people with SEND.



Figure 22: The #nottheonelyone campaign which aims to reduce mental health stigma

It is our aim to develop a mental health offer, with a new model of care, for vulnerable children and young people in Sheffield, which provides support from early intervention to pre-inpatient admission with the aim of trying to prevent issues from escalating, and to enable these young people to stay in education and be prepared for adulthood.

The direction of this work will be informed by our local intelligence, through sources such as the 2014 Emotional Wellbeing and Mental Health Needs Assessment, [Sheffield's Neglect Strategy](#), LDD Complex Needs Assessment, the MAPS review and the Joint Strategic Needs Assessment, as well as national sources such as Future in Mind and the NSPCC's recent review of 2016-17 Local Transformation Plans.

We will work with a range of groups to undertake this redesign, for example the Sheffield Inclusion Programme is working to improve Sheffield's services for children and young people with special education needs and disabilities (SEND). We know that children and

young people with SEND are some of our most vulnerable people, and we are committed to working with the Inclusion Programme to improve the mental health offer for these children and young people.

To help ensure we work effectively with the Inclusion Programme, the five principles of the programme have been supported through our work on children and young people's mental health, as shown in the table below.

Inclusion Principles	How we are supporting inclusion principles through our work on children and young people's mental health
Participation: <i>Children, young people and their families are involved in person-centred discussion and decisions about how they are supported; they are provided with the information, advice and support necessary to enable them to participate and they are engaged with reviewing and co-producing services and provision.</i>	Through our work with Chilypep we are ensuring that young people's voice is central to our programme's priorities. This is achieved through a regular, young person focused participation group, through consultations with schools, colleges and other third sector organisations working with children and young people.
Integration: <i>Services will work together and with families to ensure children and young people get the support they need. Through clear leadership, services will work together to promote children and young people's wellbeing and improve quality of provision from joint planning and commissioning of education, health and social care services. Multi-agency working, including co-located teams focused on geographical localities, will ensure effective and holistic practices.</i>	Our work across the system aiming to draw together professionals across different services. For example our workforce development strategy has been developed by colleagues from health, education, care and the third sector. Furthermore, our primary mental health worker offer is co-located with non-CAMHS teams to help ensure effective support is provided.
Early Intervention: <i>Needs are consistently identified early, communicated well and the right support is provided at the right time for children and young people to achieve good outcomes and achieve their potential.</i>	One of the main goals of our work on mental health is to improve our early intervention support for mental health. This can be seen in our work in schools and other settings.
Personalisation: <i>Through person centred practice we will ensure quality support that is differentiated and personalised to meet the individual needs of each child and young person. We will develop innovative approaches to address needs in a way that best works and ensure that the views, wishes and feeling of families are central to all we do.</i>	The changes we are making to how you access services, such as self-referral, are aimed to making services more personal and easier to access. Our upcoming pilot of personal health budgets will also support this principle.

Inclusion Principles	How we are supporting inclusion principles through our work on children and young people's mental health
<p>Inclusion: <i>We will have inclusive education for all children and young people and the progressive removal of barriers to learning and participation in education and the community. There will be a culture of high expectations of those working with children and young people with Special Educational Needs or Disabilities (SEND) to include children and young people in all opportunities available to other children and young people so they can achieve well.</i></p>	<p>A key goal in our work across early intervention and Community CAMHS is to ensure that the young people we support are able to fully take part in education.</p>

Table 7 Principles of the Inclusion Programme and how they are support in children and young people's mental health

Whilst we undertake this redesign, we are also delivering a number of short term projects over the next 12 months to help support vulnerable children, as described below:

We will be:

- Providing more psychological support in Sheffield City Council's Pre-Adoption Service to provide advice, guidance and support on mental health issues.
- Supporting the development of a psychologist post in Sheffield City Council's fostering teams to provide support to the fostering team around mental health issues during the fostering process.
- Piloting integrated personal commissioning for looked after children with mental health problems to help improve their outcomes; this is part of a national scheme. This will provide a personalised service to a group of looked after children by giving them more control of the service they receive.

We will also be supporting the development of a regional Centre of Excellence for Adoption Support. This project is being led by colleagues from NHS England, and the successful development of the centre will enable coordinated support across education, health and social care for adopted children and their families.

Over the next 12 months we will progress the redesign of our services for vulnerable children and young people. Successful delivery of this will be dependent on a range of factors including, effective engagement and support from key partners, system wide agreement on the outcomes needed, and provision of additional funding outside of what is provided for children and young people's mental health transformation, if required.



Figure 23 Launch of the Door 43 Service

Alongside our vulnerable children and young people’s redesign, we are also working to transform our support for children and young people with learning disabilities/autism and mental health problems, as part of the Transforming Care agenda.



A key goal of Transforming Care is to increase our community provision for children and young people with learning disabilities/autism and mental health problems. To deliver this, we will redesign our community mental health provision to deliver joint models of care with professionals from other services, such as social care. This will enable us to deliver a team around the child approach which aims to prevent a young person from requiring an inpatient admission. The central aim of this is to support a greater number of children and young people to stay as close to home and education as possible, rather than going into high cost placements, which can often be a long way from home.

To assist with this, we will also be developing a “dynamic risk register” for children and young people with learning disabilities/autism and mental health problems. This register will enable us to identify children and young people at greatest risk of needing an inpatient admission, enabling us to take pro-active steps to prevent an admission from being required.

This register will also ensure that those young people who require a Care and Education Treatment Review (CETR) will be supported as quickly as possible.

Our transformation of support for children and young people with learning disabilities/autism and mental health problems is a priority for the next 12 months.

13.3 How are we developing the workforce?

In the past year we have been developing a multi-agency workforce development plan (see appendix 6) for Sheffield. This plan sets out the strategy that we will follow for developing Sheffield's workforce so it better equipped to support children and young people's mental health.

The strategy proposes three levels of training – universal, targeted and specialist.

- **Universal** level will involve a one hour online training module on the basics of mental health and an accompanying resource pack.
- **Targeted** level will involve a two day training offer from our CAMHS service to wider professionals and complimenting training offers from the third sector, such as Youth Mental Health First Aid and eating disorder training. When a professional has completed the two day CAMHS training offer, they will be able to access a range of training sessions on specific topics.
- **Specialist** level is where we will embed our participation in the Children and Young People Improving Access to Psychological Therapies (CYP-IAPT) programme. This will also include higher level training topics such as attachment training.

Now that we have our plan in place, our priority for 2017-18 is to turn the strategy into action, to do this; we will be completing the following tasks:

- Analysis of presenting issues and training needs across the city to enable effective use of targeted training resources.
- Development of a service specification for the CAMHS training offer.
- Development of the one hour online training module.
- Embedding of training needs analysis into day to day business, to enable training to be regularly refreshed and targeted at current needs.
- Mapping of the third sector training offer in Sheffield, with a commissioning strategy written to align our various training commissions across the city.

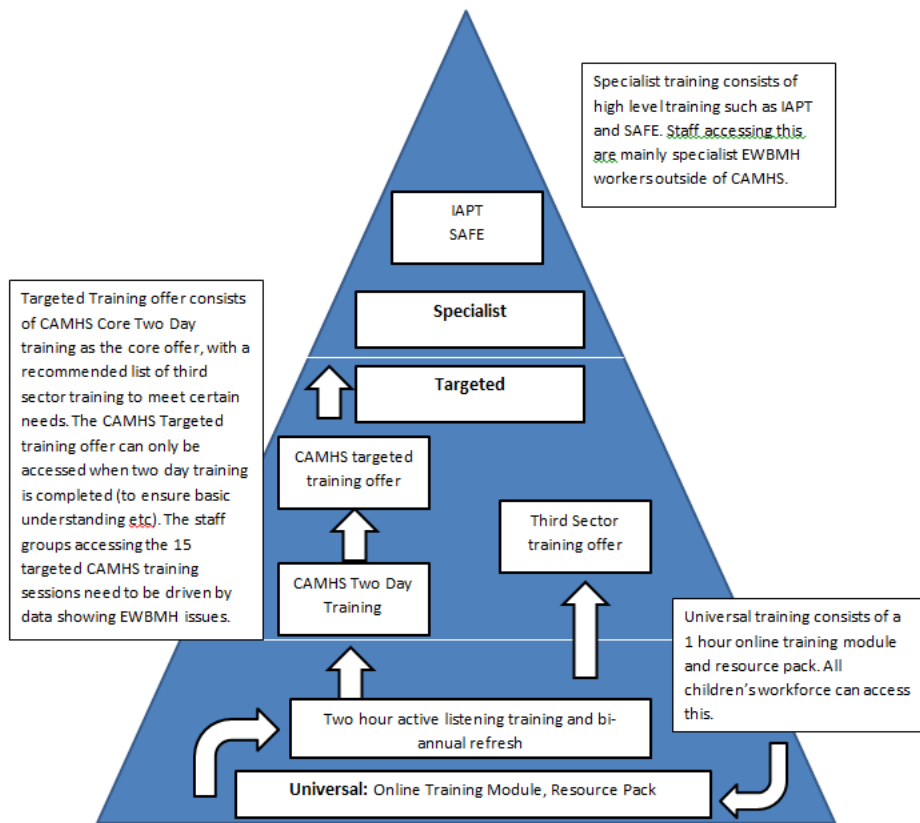


Figure 24: Overview of the Multi-Agency Workforce Development Plan

To help complete the tasks identified, all CAMHS staff have completed a training needs analysis tool in the past six months. The results of the analysis can be matched against the treatment pathways and gaps in service provision, so any future trained is targeted to the presenting needs of the children and young people.

A recruitment process is also underway for a training post in Community CAMHS. This worker will have the dual role of coordinating multiagency training and driving forwards the CAMHS internal training programme.

Alongside the development of our workforce development plan, we have also taken steps to increase capacity in the following areas:

- **CAMHS School Link Pilot (Healthy Minds Framework Roll-out)**
 - The rolling out of the Healthy Minds Framework, developed during the CAMHS School Link pilot, has commenced.
 - The application process for schools has been completed, with 45 schools identified for the next phase.
 - The workforce will increase from the pilot to include 0.6 8B psychologist, 2.4 B7 psychologist and 1 WTE assistant psychologist.
- **Psychological Wellbeing Practitioners (PWP's)**
 - Five PWP's training places were secured (commenced in April 17).

- These PWP's are based in early intervention services and will bring the MAST, YIACS and CAMHS offer together by forming links between these services and supporting children and young people in them.
- The interventions are being closely monitored along with outcomes.
- Discussions are underway between CAMHS services and commissioners with a view to employing trainee's to full time posts in the next financial year (2018-19).

13.3.1 Community and Intensive Mental Health Teams

- **Improved Transition Models**

- In order to improve transitions and work to the CQUIN a working group has recently been formed including AMHS, CAMHS, YIACS and Chilypep.
- A Band 7 nurse has been appointed, one day a week, to lead operationally for transitions across CAMHS, working alongside the Consultant Psychologist as the strategic lead.

- **STAR – deliberate self-harm/intensive work at home and S136**

- There has been a phased approach to the implementation of the new STAR service.
- Recruitment is ending completion and includes a WTE B7 team lead, 6x6 WTE nurses, 0.2 psychiatrist with the service manager from inpatient service over accountable for this services delivery. The intensive home treatment element to the service commenced on 6th June 2017.
- The deliberate self-harm element commenced at the start of July and the S136 provision commenced on 31st July 2017.

13.3.2 Schools and third sector organisations

In 2017-18 we have commissioned a range of training programmes which schools, colleges and third sector staff can book onto. Training is available for free and includes:

- Youth Mental Health First Aid
- Attachment Training
- Flower 125
- Eating Disorders
- Supporting LGBT+ young people's emotional wellbeing and mental health
- Self-harm prevention

Mental Health and Young People: Training Prospectus 2017/2018



This training is commissioned by Sheffield Clinical Commissioning Group and Sheffield City council and is provided free of charge to staff applying from Sheffield education providers and children's services.

Places are limited and will be allocated on a first come first served basis so please book early to avoid disappointment.



Figure 25: Mental Health Training Prospectus Cover 2017/18

13.3.3 Increasing the capacity of the workforce through management

- It is also important to note that adding capacity to the workforce doesn't always require more staff.
- All Community CAMHS staff now have a completed job plan, allowing an overview of full team capacity to see children and young people.
- Clear treatment pathways are also now in place with time limited interventions.
- Finally a bookings team has been developed – we are working towards a full booking and a clinic based system to improve service efficiency to enable the service to work more effectively.

13.4 Collaborative and Place Based Commissioning: Working across South Yorkshire and Bassetlaw to transform children's mental health

Accountable Care System (ACS): Working across South Yorkshire and Bassetlaw to transform children's mental health

A key part of our transformation plan is to work with organisations across South Yorkshire and Bassetlaw to make change happen. There are areas where working together across a larger footprint makes more sense, in South Yorkshire and Bassetlaw Children's Mental Health Transformation is part of the Mental Health work stream within the ACS. We have

developed links to plan more effectively together across this larger footprint for things that make sense to work on together these include:-

- Development of a regional Centre of Excellence for Adoption Support.
- S136 Expansion and models of crisis care.
- Development of our Transforming Care arrangements for Children and Young People
- Development of the Perinatal Mental Health Pathway.

These projects are explained in more detail elsewhere in this strategy, but the approach taken to these areas is to work across the region to deliver better outcomes for our children and young people as it makes more sense to work together across a larger area.

Joint working with NHS England

We continue to work with NHS England to deliver our transformation plan.

A key area of joint working relates to the reduction of inpatient admissions for Sheffield children and young people, particularly those with learning disabilities and/or autism. This is a challenging area of work, as Sheffield is historically a high user of inpatient facilities (further detail on this provided in the background section of this strategy); however we are committed to improving our community provision to reduce our inpatient admissions.

To ensure this happens, we are working with NHS England to identify how we need to reduce the risk of admission, and re-admission to inpatient facilities through re-design of our community services. In doing this, we are also working to ensure that our community services are able to support appropriate and safe discharge as quickly as possible from inpatient facilities.

If we deliver these changes successfully, we should be able to reinvest some of the resource currently used by NHS England for inpatient beds, into Sheffield community services instead.

Place Based Plan Developments

Our [Place Based Plan](#) is published and signed up to from city leaders and clearly supports the delivery of our local transformation plan for Emotional Wellbeing and Mental Health.

This is signed off by our Health and Wellbeing Board who delegate the oversight of our Local Transformation Plan to The Children's Transformation Board.

Collaboration with Health and Justice

We are working with colleagues in health and justice to develop a full regional pathway.

As regional work progresses over the next 12 months we will work to ensure that our local services support these developments as effectively as possible.

Sustainability and Transformation Plan (STP)

This strategy is aligned to the [South Yorkshire and Bassetlaw STP](#) via our [Place Based Plan](#) (which is helping to progress our citywide STP priorities). As referenced above, our Place Based Plan has a dedicated strand on emotional wellbeing and mental health, which this

strategy aligns to. The STP itself also has a large focus on early intervention and providing supporting from early years. One of the STP's main goals is to put "prevention at the heart of what we do", our work on children and young people's mental health is helping to support this goal.

13.5 How are we participating in the CYP IAPT Programme?

Sheffield continues to be an active member of the CYP-IAPT training programme:

- Community CAMHS plans for a systemic trainee and CBT trainee to attend the training starting in January 2018.
- The Community CAMHS partnership with health visitors and local authority services to 0-5 year olds also continues. As a result, a health visitor and local authority employee will also attend the training, alongside a clinician from community CAMHS attending the supervisor training for the 0-5 pathway.
- The CAMHS inpatient unit clinician's in Sheffield are also part of the CYP-IAPT partnership and will release a CBT trainee to attend in January 2018. This will help strengthen links within the CAMHS service.
- Community CAMHS delivery of the Healthy Minds Framework in school will enable learning from CYP-IAPT to be shared with schools as part of the training offer that each school receives.
- More widely, Sheffield City Council's Multi-Agency Support Teams (MAST) also continue to be part of the CYP-IAPT programme with a number of professionals delivering CYP-IAPT based interventions on a daily basis.
- Sheffield CAMHS have commissioned Chilypep for the last 3 years to work with them to embed children and young people's participation as part of their implementation of CYP- IAPT.
- Chilypep are also CYP-IAPT participation partners through CAMHS.
- Four Parenting Specialists are trained in the CYP-IAPT pathway and continue to use these skills in practice to implement evidence based group parenting programmes and intensive one to one work with priority families.
- MAST continues to deliver ALMI (Anxiety and low mood interventions) to young people identified within MAST.
- In the past year, Sheffield Futures, a third sector organisation have also joined the CYP-IAPT Programme.

As government funding for the CYP-IAPT programme ends this year, we are currently planning to continue CYP-IAPT by integrating any training requirements into day to day business. A large number of our Community CAMHS staff are CYP-IAPT trained, so any future training will be determined through analysis of the services' needs and staff planning.



Figure 26 Chilypep stall at Sheffield Hallam University's Health and Wellbeing Day

13.6 What are we doing to transform eating disorders?

In Sheffield, we are working to transform our service offer for people who suffer from an eating disorder. The following organisations providing eating disorder support in Sheffield: the South Yorkshire Eating Disorder Association (SYEDA), Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Riverdale Grange, University of Sheffield and Sheffield Hallam Health Services. All these organisations have been engaged in our transformation programme, and we are continuing to work with them to further develop the eating disorder offer.

2016-17 marked the first year of the new [Access and Waiting Time Standards](#) for eating disorders for children and young people up to the age of 18; with a target of seeing routine cases within four weeks and urgent cases within one week. The aim is for 95% compliance with this standard by 2020. This is the first time that a national target has been set for children and young people's eating disorders access and waiting time standards.

In Sheffield, two providers see cases which are applicable for this performance standard – Sheffield Children's NHS Foundation Trust (who support eating disorders up to the age 16) and Sheffield Health and Social Care NHS Foundation Trust (who support eating disorders for 16-18 year olds - as well as adults).

In the first year of implementation we have seen improved performance across both providers:

- Sheffield Children's NHS Foundation Trust have seen the % of routine cases seen within four weeks rise from 72.22% (quarter one 2016-17) to 90.91% (quarter four 2016-17).
- Sheffield Health and Social Care NHS Foundation Trust have seen the % of routine cases seen within four weeks rise from 40.91% (quarter one 2016-17) to 80% (quarter four 2016-17).

Both providers are on track to achieve the target of 95% by March 2020; it should be noted that the difference in performance between the two providers reflects the different demands the services face. For example Sheffield Health and Social Care NHS Foundation Trust also treat adults with eating disorders; currently there is no requirement for an adult service to meet the one week, and four week targets, for urgent and routine cases. However the service doesn't wish to offer a different access time to different clients so is working actively to achieve the target for all its clients.

In terms of urgent cases, we have seen encouraging performance across both providers. It should be noted that the numbers for these cases is small – nine in the whole of last year. Of these nine cases, seven were seen within one week, and two were seen within two-three weeks. As with routine cases, both providers are on track for 95% compliance by March 2020 for urgent cases.

Throughout 2017/18 and 2018/19 we will continue to monitor performance against the Access and Waiting Time Standard for Eating Disorders, and we will work with our providers to help them achieve the target by March 2020.

As part of our transformation of eating disorder services, we have also been striving to meet NHS England's commissioning guidance, and now have a draft service specification for Community Eating Disorder services in Sheffield, which we are working to finalise and implement. We are also working to introduce and implement self-referral in our Community Eating Disorder teams during 2017-18, to ensure we give young people better access to services and meet the commissioning guidelines. To assist with our transformation of eating disorder services we have also signed up the national quality improvement programme, with our eating disorder practitioners and commissioners participating in the national training programme for eating disorder providers.

Through our membership of the Yorkshire and Humber Clinical Networks we are working with neighbouring CCG's and providers to identify further areas for improvement. For example, we are part of the Yorkshire and Humber Eating Disorder Learning Collaborative, which is enabling providers and commissioners to share problems and solutions as we implement the new access and waiting time standards.

In 2017-18 our priorities are:

- Continued development of collaborative working across our providers (both NHS and non-NHS).
- Continued improvement to meet the 95% access and waiting time standard by March 2020.
- Implementation of self-referral in our Community Eating Disorder services.

- Implementation of the Community Eating Disorder Service Specification.
- Revise the MOU that is in place between Sheffield CCG and SYEDA to reflect new priority areas and activity levels.

We will provide an update against these priorities in our 2018 Emotional Wellbeing and Mental Health Strategy for children and young people.

13.7 How are we using data and what do we need to improve?

Over the past 12 months we have made progress in improving data quality and data collection, for example we now have regular data received from our eating disorder providers on their performance against the national standard. We are also now providing data to the national Mental Health Services Dataset, as well as our local Children's Health and Wellbeing Transformation Board.

This process is enabling us to monitor the impact of our work on the number of children and young people accessing support as well as the recruitment of staff (please see separate workforce and impact sections for further information).

In the next 12 months we will continue to further develop our data collection. We know that we need to improve the data we provide to the mental health services dataset by including data from our non-NHS providers; we will be looking at how we can address this during 2017-18.

We will also be supporting the development of the Yorkshire and Humber data dashboard, with the intention of aligning our local data collection processes to this dashboard. This will enable us to compare our performance against the rest of Yorkshire and Humber more easily.



13.8 How are we transforming mental health crisis care and support for children and young people?

Support children and young people in mental health crisis is a key goal of our transformation plan. To ensure that support for children and young people in mental health crisis in Sheffield is transformed, we are progressing a number of transformation areas:

- Children and Young People’s Suicide Prevention Pathway.
- Mental Health Liaison.
- S136.
- Supportive Treatment and Recovery (STAR) Service.
- Wellbeing Café.

The launch of our S136 facility in July 2017 means we now have a 24/7 mental health crisis offer in Sheffield. Alongside S136, we are also developing our mental health liaison service and STAR service. The model we have developed means that a single team provides support across S136, Mental Health Liaison and STAR. This helps ensure a consistent service offer and efficient use of the resources we have available.

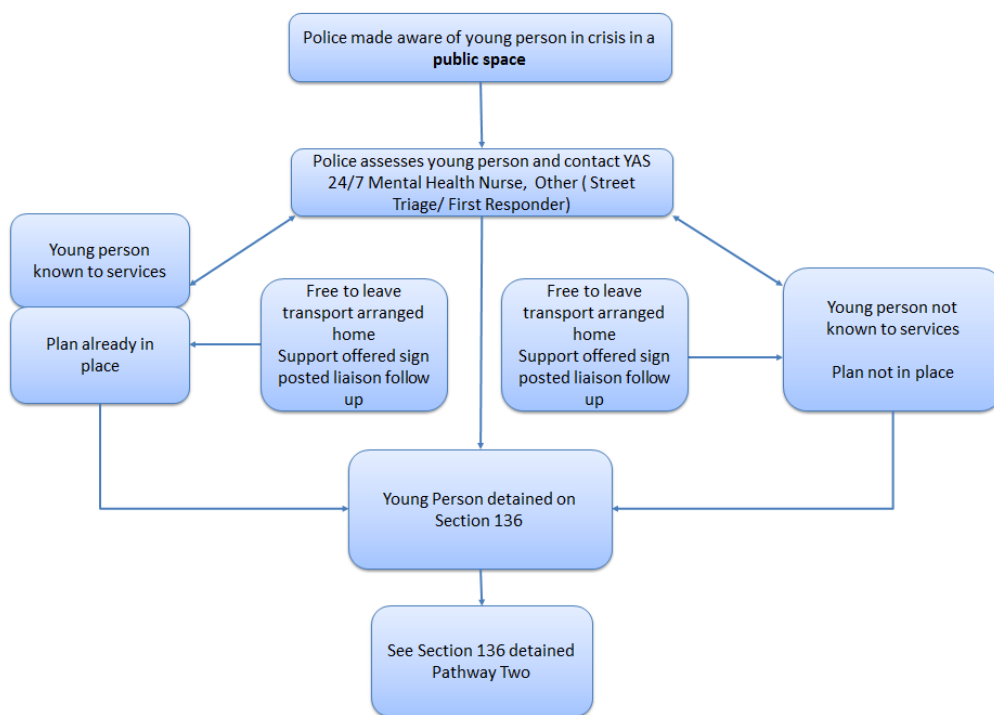


Figure 27: S136 Pre-Admission Pathway

As 16 and 17 year olds in Sheffield attend adult A&E, they are assessed by the Adult Liaison Mental Health service, and if necessary they are either referred to the transitions team (which is an extension to CAMHS), or if the working diagnosis is a first episode psychosis, then to the Early Intervention Psychosis (EIP) service who provide a service to 16-17 year olds.

A service specification has been developed and implemented for these service offers; in the next year we will be further developing our mental health liaison offer following the upcoming publication of national guidance.

In 2017/18 we will also be further developing our S136 facility into a regional provision, we anticipate that this will be mobilised during 2018; however this is subject to agreement with our provider and other CCG's. Before mobilisation can take place, we need to agree how the provision can be accessed across South Yorkshire and Bassetlaw. We also need to ensure that a young person from anywhere in South Yorkshire and Bassetlaw could be quickly supported back to their home if they were detained under S136.

To monitor the success of our crisis care support, we are monitoring a number of key performance indicators (KPI's) including:

- All referrals that are classed as urgent are to be seen within a maximum of 4 hours.
- All CAMHS community referrals to be assessed within a day of receipt of referral.
- To provide access at any time (24 hours, 7 days a week, 52 weeks a year including out of hours) to the S136 Health Place of Safety.

We have also developed and launched a Wellbeing Café as part of our transformation of crisis care services. The Wellbeing Café is based at Star House, as part of the Door 43 service, in Sheffield City Centre and is currently open for one night per week to allow young people to drop-in and get support. The café has been open for a short period of time and has had 30 young people use it over 4 sessions. So far the service has been well-received, with young people mainly attending through word of mouth and recommendations from family/friends.



Figure 28 Wellbeing Cafe launch poster

Below is a testimony from one of the volunteers at the wellbeing café after its opening night.

Hi,

Just to say that I am still buzzing this morning with excitement at the potential outreach/knock on effects of the cafe alongside YIACS.

Last night I was TOTALLY impressed by the moral, vision and camaraderie in the team then to also witness you all engage with and help two young people so quickly and effectively, with such genuine concern was humbling.

So often, as you are all aware, it is the simplest things in life that make or break a person. As the two young people walked out of the door to the taxi, one turned to thank you all and in that split second I saw a person who truly recognised that people ARE there for them/have got their backs, BRILLIANT! I hope that they made the appointment.

There is a massive need and huge potential for YIACS and the Wellbeing Cafe, I feel privileged to be able to play a tiny part in it.

Looking forward to next week!

Figure 29: Feedback from a Wellbeing Cafe Volunteer to the Service Manager

In 2017/18 we will continue to support the Wellbeing Café to develop, and we will also ensure that we link with other Wellbeing Cafés in the city that are being developed, for example Spirit of the Rainbow Heron.

As referenced previously, in March 2017 we launched our [Children and Young People's Suicide Prevention Pathway](#).



Figure 30: Jayne Ludlam (L) and Counsellor Jackie Drayton (R) speak at a stakeholder engagement event

The pathway provides a range of resources for professionals to use to help prevent suicide, and also marked the launch of a training offer which is targeting schools and professionals, with the aim of improving their ability to support mental health crisis.

As part of the pathway's launch and Sheffield's wider suicide prevention initiatives, a [training event](#) for Sheffield GP's was hosted at Hillsborough football ground. Over 150 GP's attended a range of workshops on suicide prevention, including a bespoke session on preventing suicide in young people. Six of the workshops were developed and delivered with young people to over 100 of the GP's present.

Young people were involved in the development of the pathway and produced [a 10 minute video](#) on suicide prevention to help demonstrate the importance of the pathway and the need for professionals to get better support. Going forwards, we will continue to engage and involve children and young people in the services that we develop to support mental health crisis.

Alongside the pathway launch, we have undertaken targeted work to support groups at higher risk of suicide. For example, we have developed a referral pathway into our counselling services for LGBT+ children and young people. SAYiT (Sheena Amos Youth Trust), a local LGBT+ youth support group in Sheffield, are also active partners in the YIACS development; this is helping to ensure that this service meets the needs of LGBT+ children and young people in Sheffield.

In 2017/18 our priorities for Crisis Care are:

- Evaluation of the STAR service.
- Begin development of Section 136 into a regional provision.
- Continue to support the Wellbeing Café and associated developments.
- Continue to roll-out the suicide prevention pathway.
- Further development of our Mental Health Liaison Service following the publication of national guidance.



Figure 31: Sheffield GP's learn about the "Vital 10 minutes" they have in a consultation to help prevent suicide

We will progress transformation work in these areas and provide a further update on progress in the 2018 edition of this document.

13.9 How are we working together and integrating in Sheffield?

We are working in Sheffield to develop local accountable care so we can jointly plan and work together within the resources available at a local level.

A central goal of our mental health transformation programme is to ensure that the different services that support mental health work more closely together and integrate where possible. We know that young people can feel like they are bounced between different services and it can be very confusing.

So far we have taken a number of steps to start to address this issue. For example a key part of the Healthy Minds Framework is aims to ensure that schools, CAMHS and other services, such as MAST and Education Psychology, work more closely together to support mental health. We have also developed the [Let's Talk Directory](#) which provides an easy to access overview of the services available in Sheffield, which anyone can access.

In the next 12 months the implementation of NHS England's Transition Commissioning for Quality and Innovation (CQUIN) framework will lead to further joint working. The Transition CQUIN is a payment that our mental health providers will receive from NHS England if they evidence that they are managing transitions appropriately. In order to do this, children's and adult's mental health providers must work together. A joint group between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Trust has been established, and also involves third sector groups such as Chilypep and Sheffield Futures. The work that this group undertakes should help improve both the transition process between different services and wider joint working.

Sheffield City Council's Peoples Service will also be further developing its locality based early help model over the next year. This approach involves delivering early intervention services across seven geographical clusters in Sheffield. Again, we need to ensure through this strategy that children's mental health services are part of this approach and working with these services – the primary mental health worker redesign and Healthy Minds Framework are integral to meeting this objective. Furthermore, as we improve our approach to supporting vulnerable children, we will be developing so that it aligns to the early help model as required.

If we get this right, this should mean that our services provide a more positive experience for young people and their families, as communication improves and services become easier to access.

13.10 How are we intervening early in psychosis?

In Sheffield, the Early Intervention in Psychosis (EIP) Service (provided by Sheffield Health and Social Care NHS Foundation Trust), supports children and young people from the age of 14.

The service has a number of access routes including Liaison Mental Health and Community CAMHS. As well as providing direct support, the EIP service also provides expert guidance to our CAMHS service to support children and young people on their caseload.

Performance in the EIP Service is closely monitored; this includes performance against the national EIP access target. The EIP Service is working to achieve the target and an action plan is in place to support this. We regularly report the progress of our action plan to NHS England and we will continue to do so.

13.11 How are we measuring impact and outcomes in Sheffield?

In Sheffield we are measuring the impact of our work through both qualitative and quantitative measures.

Our qualitative approach draws on the work we are doing with young people to evaluate and design services, it is their feedback that is the crucial to the future direction of this work. Our services themselves also use pre/post intervention questionnaires to help gauge whether an intervention has supported a young person. Through our participation in CYP IAPT we are also using the techniques developed here to measure the impact of our services. We have also commissioned an external evaluation of the Sheffield Healthy Minds Framework. This is being undertaken by Sheffield University and will use both qualitative and quantitative methodologies to consider the impact and effectiveness of the framework.

In terms of quantitative measures, we use a range of different sources. A key source is the contracts we hold with providers that measure areas such as waiting times, number of referrals etc. We also use other quantitative methods such as the Every Child Matter’s survey which provides us with an annual snapshot on the views of children and young people in Sheffield.

The local data we gather is also given to NHS England, which enables us to measure our performance through national comparison data provided by NHS England, such as in the figure below.

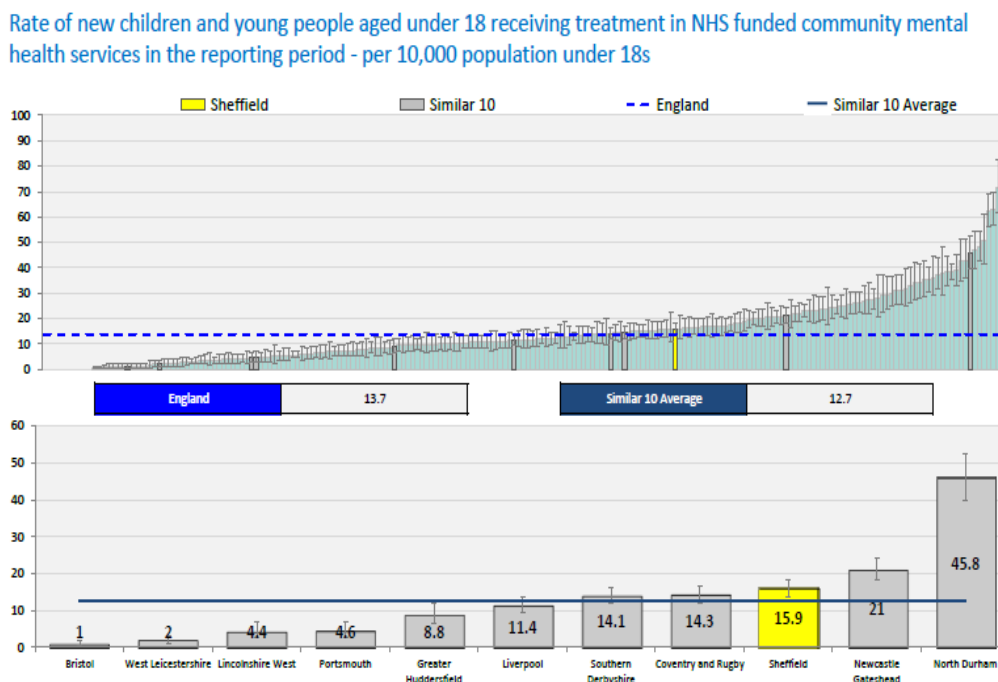


Figure 32: Rate of New children and young people receiving treatment per 10,000 under 18's

The above figure shows that as a result of our investment in Community the number of new children and young people receiving support in Sheffield is above the national average, indicating we are improving the access to our services.

Over the next 12 months we will continue to develop measurement of impact and outcomes in Sheffield. For example we are currently reviewing the data we receive from our CAMHS service to help improve our understanding our services' performance. We will also be collaborating with work areas such as SEND to share intelligence on the outcomes that we are delivering for Sheffield children and young people.

14. Next steps

Over the next year we will continue to progress our transformation plan for children and young people's mental health. In doing this, we will continue to engage and work with key stakeholders to deliver the changes needed. Below is a summary of our priorities for the next 12 months.

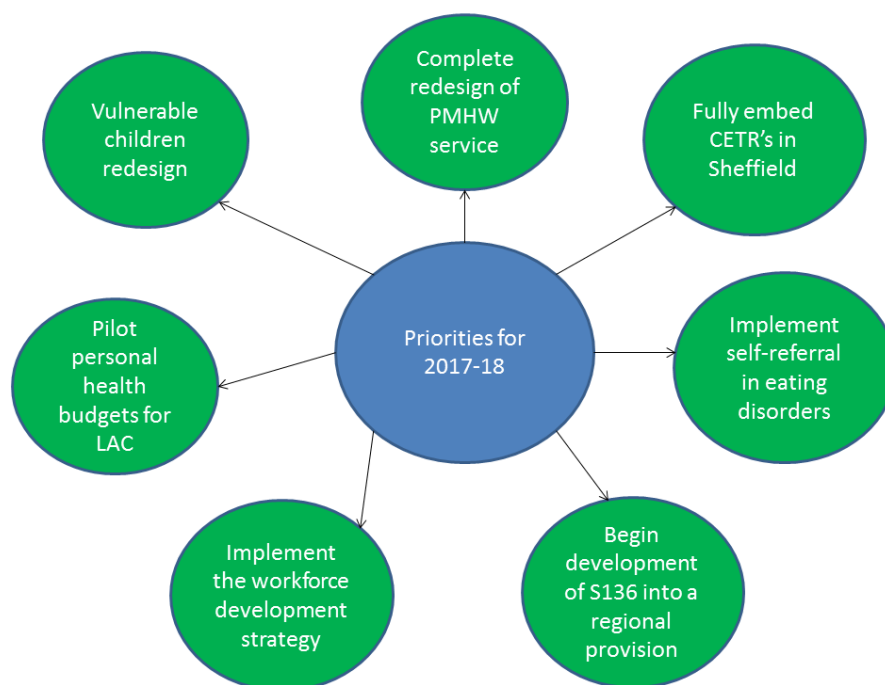


Figure 33 Priority areas for 2017-18

Our focus in delivering these priority areas will be on ensuring that it results in positive outcomes for children and young people in Sheffield. To do this, our commissioning will focus on the outcome that each area can achieve.

For example, our redesign of PMHW Service will focus on reducing inappropriate referrals and increasing the confidence of professionals to support mental health, whilst our vulnerable children redesign will aim to reduce the number of children and young people in inpatient mental health services.

If we successfully deliver changes in these areas, we will have delivered transformational progress for children and young people in Sheffield.

Over the next 12 months we will continue to regularly report the progress of this programme to NHS England, and we will refresh this document in 2018 to reflect progress made during this time.

Acronym Buster

A&E – Accident and Emergency

AMHS – Adult Mental Health Services

BME – Black and Minority Ethnic

CAMHS – Children and Adolescents Mental Health Services

CBT – Cognitive Behavioural Therapy

CCG – Clinical Commissioning Group

CEDS – Community Eating Disorder Service

CQUIN - Commissioning for Quality and Innovation

CYP – Children and Young People

CYP IAPT – Children and Young People’s Improving Access to Psychological Therapies

ECM – Every Child Matters

EIP – Early Intervention in Psychosis

EWBMH - Emotional Wellbeing and Mental Health

GP – General Practitioner

HMF – Healthy Minds Framework

HNA – Health Needs Assessment

KPI – Key Performance Indicator

LAIT – Local Authority Interactive Tool

LGBT - Lesbian, Gay, Bisexual, and Transgender

Local Authority/SCC – Sheffield City Council

MAPS - Multi-Agency Psychological Support.

MAST – Multi Agency Support Teams

MHSDS – Mental Health Service Data Set

NHS – National Health Service

NHS E – NHS England

NHS Sheffield CCG – Sheffield’s Clinical Commissioning Group

PMO – Programme Management Office

PSHEE - Personal, Social and Health Education.

PWP – Psychological Wellbeing Practitioner

SC NHS FT – Sheffield Children’s NHS Foundation Trust

SEND – Special Educational Need and Disability

SHSC – Sheffield Health and Social Care NHS FT

STAR – Supportive Treatment and Recovery Service

STP – Sustainable Transformation Plan

SYEDA – South Yorkshire Eating Disorder Association

WTE – Working Time Equivalent

Y&H – Yorkshire and Humber

YIACS – Youth Information Advice and Counselling Service

Glossary

Benchmark – Comparing performance for your own area with others, to work out where you rank.

CAMHS School Link Pilots – A national scheme funded by the Department of Health, Department for Education and Sheffield Clinical Commissioning Group to test whether putting clinical mental health workers in schools can improve mental health.

Clinical – A term that is used when medically trained staff are involved in area of work.

Children’s Joint Commissioning Group – a meeting that is held between Sheffield Clinical Commissioning Group and Sheffield City Council. Decisions are made at this meeting about all aspects of children and young people’s services.

Chilypep – a charity based in Sheffield that helps young people to have a real voice in the decisions that affect their lives, such as in making services better for young people and helping young people to design these services with adults

Clinical Commissioning Group - These groups are responsible for planning and commissioning (funding) of health services in their local area. There are 209 across the country and one in Sheffield.

Collaborative Commissioning - The act of buying, setting up, monitoring or improving a particular service or services, which is undertaken by two or more organisations working together.

Commissioning – The act of buying, setting up, monitoring or improving services. For example, Sheffield Clinical Commissioning Group and Sheffield City Council commission Children’s and Adolescent Mental Health Services, as they provide funding and monitor how well they are doing.

Community Health Services - health provision that takes place in the community where you don’t have to be admitted or stay over.

Crisis Care - Support for people who are experiencing a mental health crisis and require immediate support.

CQUIN - <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

Early Intervention - An approach to care and support which aims to prevent issues from developing as early as possible.

Emotional Health and Wellbeing Executive Group - This group oversees the work within the Transformation Plan.

Emotional Wellbeing - is a term given to describe a person’s ability to understand the value of their emotions and use them to move their life forward in positive directions. The Mental Health Foundation defines emotional wellbeing as “*A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday*”

life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'

Engagement – Working with people to get their views and develop services.

Every Child Matters Survey – An annual questionnaire in Sheffield which asks primary and secondary aged children about a range of issues such as health, diet and happiness.

Evidence Based Interventions - A treatment which has been tested and has been researched to prove that it works.

Executive Director of Children's Services – The person who is in charge of Sheffield City Council's Children, Young People and Family Services. This is currently Jayne Ludlam.

Future in Mind – A report published by the Government outlining ways to improve emotional wellbeing and mental health services for children and young people. The full report can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Health Inequalities - Term which describes a situation where there are differences in health outcomes across an area. For example one area might have a life expectancy of 60, another might have one of 65 - this is a health inequality.

Health Needs Assessment - A way of trying to find out what an area's needs are around a specific health issue.

In-patient – A person who requires care inside a health building. For example someone who is ill in hospital is an in-patient.

Perinatal/Maternal Mental Health - Term which covers both the mental health of mothers and their infants.

Median - A method of recording an average figure by taking the average from the midpoint of a number of figures. For example the median for 1, 3, 3, 6, 7, 8, 9 would be 6 as it is in the middle.

Pathways – A term for the routes that people take to access services. For example, you might go to hospital by going to see your doctor first. This would be a pathway (Doctor – Hospital).

Piloting – When a service is tested to see if it works or not before a decision is made to make it permanent.

Primary Mental Health Service – mental health services which are provided in a primary care setting, such as GP surgeries. Treatment may include Cognitive Behaviour Therapy, self-care and online tools.

Referral – Term given to sending a person to see a particular service.

Resilience - A term which describes an individual's ability to cope with difficulties in life and maintain a positive mental health state. E.g. the ability to "bounce back".

Outcome Measurements - These measures are usually patient recorded and are regularly recorded the end of each session of treatment, or support, that a patient receives. The purpose of collecting this data is to identify where a service can be improved.

Section 136 - This is the part of the Mental Health Act which allows the police to take you to a place of safety if you are in a public place. They can do this if they think you have a mental illness and are in need of care.

Service Specification - Traditionally a document which describes the pathway, or service, which a commissioner wants to 'purchase' from a provider. Service Specifications are, however, not solely developed by the commissioners and take into account stakeholder engagement, including service users and the provider. Once developed this service specification forms part of the commissioner's contract with the provider, so that the provider can be held to account if not delivering the service which is required (described in the service specification).

Sheffield Children's Health and Wellbeing Transformation Board - This board is attended by key groups from across the city including Sheffield City Council, Sheffield CCG and Sheffield Children's NHS Foundation Trust. The board's role is to oversee key work areas such as Future in Mind and ensure that progress is made.

Sheffield Futures – a Sheffield based organisation providing a range of information for young people including; education, training, employment health, relationships and the environment.

Special Educational Needs and Disability Reforms - These were published in 2014 and aimed to change the way that children and young people with special educational needs and disabilities are supported by education schools, health and social care.

Stakeholders – Term given to people or groups of people who have a particular interest in an area of work. For example, children and young people are stakeholders for children's mental health.

Steering Group – A meeting to oversee the delivery of a service or a project.

Taskforce - A group of people who are working to look at a specific area of policy or need.

Third Sector - Term given to organisations which are non-governmental and non-profit making, these organisations tend to be voluntary.

Tier - A term which describes different levels of service, usually from basic to specialist.

Transition – when someone either moves from one service to another, leaves a service completely or enters a new service having not previously been a part of one. E.g. when there is a change in the service/support someone is getting.

Workstream/Working Groups – A group of people working on a specific area.

Yorkshire and Humber Strategic Clinical Network – an NHS Organisation that work in partnership with commissioners (including local government), to support decision making and strategic planning.

Young Commissioners Programme - This programme is led by Chilypep and aims to train a group of young people so they can help shape and be involved in helping to decide what services are funded and what these look like.

Young Healthwatch – a Sheffield based organisation providing young people with the opportunity to help influence local health and social care services.

Youth Information Advice and Counselling Service - A one-stop shop for children and young people to visit in order to access a range of services. This is part of our Transformation Plan and will be based at Star House, on Division Street in Sheffield.

Appendices

Appendix 1: Children's Health & Wellbeing Transformation Board Membership

- Executive Director, Peoples Service, SCC (Joint Chair)
- Chief Executive, Sheffield Children's NHS FT (Joint Chair)
- Labour Councillor & Cabinet Member Lead for CYPF, SCC
- Assistant Director, Prevention & Early Intervention Services, Peoples Service, SCC
- Chief Inspector Performance, South Yorkshire Police
- Chief Nurse, NHS SCCG
- Clinical Lead, Community Paediatric Service, Sheffield Children's NHS FT
- Consultant Midwife/Supervisor of Midwives, Jessops Hospital, STHFT
- Director of Commissioning, Inclusion and Learning, Peoples Service SCC
- Director of Children and Families, People Services, SCC
- Director of Nursing and Quality, Sheffield Children's NHS FT
- Director of Strategy and Operations, Sheffield Children's NHS FT
- Head of Commissioning, Children, Young People & Maternity, NHS SCCG
- Head of SEN, Peoples Service, SCC
- Health Improvement Principal, PH C&YP, SCC
- Health Improvement Principal, Public Health, CYPF, SCC
- Managing Director, Chilypep, representing VCF Sector
- Nursing Director, Head of Midwifery, STH NHS FT
- Programme Officer, PH C&YP, SCC
- Representative, Healthwatch
- Representative for Student Health & Wellbeing Board
- Superintendent, South Yorkshire Police

Appendix 2: EWBMH Exec Group Membership

- Director of Commissioning, Inclusion and Learning, Peoples Service, SCC (Joint Chair)
- Head of Commissioning, Children, Young People and Maternity, NHS SCCG (Joint Chair)
- Assistant Director for Service for Prevention and Early Intervention, SCC
- Associate Director for Community, Wellbeing and Mental Health Division, Sheffield Children's NHS Foundation Trust
- Chief Executive Officer, Sheffield Futures
- Clinical Director, Community, Wellbeing and Mental Health Division, Sheffield Children's NHS Foundation Trust
- Commissioning Manager, NHS SCCG/ SCC
- Director of Children and Families, Peoples Service, SCC
- Director of Strategy and Operations, Sheffield Children's NHS Foundation Trust
- Head of SEN, Peoples Service, SCC
- Health Improvement Principal, SCC
- Managing Director, Chilypep

Appendix 3: Children's Joint Commissioning Group Membership

- Director of Commissioning, Inclusion & Learning, Peoples Service, SCC (Chair)
- Assistant Director, Prevention & Early Intervention Services, Peoples Service, SCC
- Chief Nurse, NHS SCCG
- Contracts Manager, NHS SCCG
- Director of Business Strategy, Peoples Service , SCC
- Director of Children and Families, CYPF, Peoples Service, SCC
- Finance Manager, CYPF, SCC
- Finance Manager, CYP Finance Business Partner Team, SCC
- Finance Manager, NHS SCCG
- Head of Commissioning, Children, Young People & Maternity, NHS SCCG
- Head of Service, Business Strategy, SCC
- Health Improvement Principal, CYPF Public Health, SCC
- Programme Officer, PH CYP, SCC
- Senior Finance Manager, NHS SCCG
- Senior Finance Manager, Better Care Fund, SCC

Appendix 4 - Managing the Programme

Commissioning Manager

A jointly funded post between Sheffield CCG and Sheffield City Council was recruited to in July 2016. The key objective of the post is to support a long- term plan for the development of CAMHS, and related services, to improve the emotional wellbeing and mental health of children, young people, and families up to age 25 ensuring that appropriate and best practice pathways are in place across all levels of mental health services.

Programme Coordinator

A jointly funded programme coordinator between Sheffield CCG and Sheffield City Council was recruited in July 2016. The key objective of the post is to support the transformation programme by using project management tools and methodology to ensure work is delivered within agreed timescales. The Programme Co-ordinator works closely with project leads to monitor and update action plans, ensuring key milestones are being delivered, alerting commissioners to any issues that may arise, and co-ordinating complex activities to progress work.

Programme Management

The EWBMH programme uses PRINCE2 methodology and several tools are in place to monitor progress across all areas of work. The main tool used to track progress is the programme delivery plan, which highlights key milestones, timescales and progress.

Every part of the programme has key performance indicators in place to track whether a project is delivering transformational change or not. This provides the programme team with a full view over the year, with previous years plans on archive. These are reviewed on a quarterly basis by the EWBMH Executive Group. Examples of KPI's include reduction in the number of inappropriate referrals, % positive feedback from training attendees and access and waiting time standards.

The delivery plan is reviewed on a weekly basis and the dedicated EWBMH Programme Team work closely with stakeholders to monitor progress, and agree appropriate slippage dates when required, in order to keep work on track. By using this approach, any delays in service delivery have been highlighted early and actions have been agreed in a timely manner.

Several risks to the EWBMH programme have been identified and are documented on a programme risk register. The risk register is reviewed regularly and updated in line with the programme delivery plan. Each risk has been scored according to internal PMO guidelines and mitigating actions have been agreed. Any high level risks are escalated to the EWBMH Exec group and also included on the NHS Sheffield CCG organisational risk register. A risk log is also submitted to NHS England as part of the quarterly assurance process.

Key risks to the programme include:

- **Data and Business Intelligence** - Support and capacity needed from a range of services.

- Mitigating action - EWBMH Exec Group to designate and instruct key people to support work
- **Strategic Commissioning** – funding arrangements for Future in Mind post 2020 is unclear.
 - Mitigating action: Sustainability plan for beyond 2020 in development

Appendix 5 - Healthy Minds Schools 2017/18 Cohort

- Acres Hill Primary School
- Angram Bank Primary School
- Arbourthorne Primary School
- Bankwood Primary School
- Beck Primary School
- Birley Primary Academy
- Birley Spa Primary Academy
- Bradfield Dungworth Primary School
- Brightside NI School
- Concord Junior School
- Dore Primary School
- E-Act Pathways Academy
- Ecclesfield Primary School
- Emmanuel Junior School
- Fir Vale School
- Firth Park Academy
- Gleadless Primary School
- Halfway Junior School
- Hartley Brook Primary School
- High Hazels Academy
- Hinde House 2-16 School
- Hucklow Primary School
- Limpsfield Junior School
- Lower Meadow Primary School
- Manor Lodge Primary School
- Mansel Primary School
- Meynell Primary School
- Mundella Primary School
- Oasis Fir Vale Academy
- Oasis Watermead Academy
- Oowler Brook Primary School
- Pipworth Primary School
- Sharrow Primary School
- Sheffield Springs Academy
- Silverdale School
- St Catherine's Catholic Primary School
- St Thomas More Catholic Primary School
- St Wilfrid's Catholic Primary School
- Stocksbridge High School
- Stocksbridge Junior School
- Tinsley Meadows Primary School
- Watercliffe Meadow Primary School
- Wharnccliffe Side Primary School
- Wincobank Nursery and Infants
- Woodseats Primary

Appendix 6 - Workforce Development Plan (plan subject to on-going development)

Healthy Minds Workforce, Training and Development Plan (HMWP)

V 7 June 2017

Introduction

Tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also have benefits across the generations.” (2010, Royal College of Psychiatrists)

In Sheffield we believe that the mental health of children and young people is “everybody’s business”. The prevalence of difficulties amongst children and young people means that prevention, mental health promotion and early intervention is vitally important.

Robust mental health is a corner stone in the development of resilience in adversity and crucially important to children and young people as they negotiate the complex challenges of growing up. Yet statistics suggest one in ten children and young people have a diagnosable mental health problem impacting on their ability to enjoy life, contribute in their communities and fulfil their full potential. Significantly, half of adults with life time mental illness (excluding dementia) first experience symptoms before the age of 14 and three quarters before their mid-20s.

Sheffield’s focus on the transformation of services relating to children, young people and families is on the prevention, early intervention and the capacity to deliver care and support and to prevent and reduce the consequences of problems in later life.

All practitioners who work with children, young people and families can realise this goal and the contribution they can make through their responsibilities, skills, knowledge and experience to promote the emotional wellbeing and meet the mental health needs of children and young people; as it is ‘everybody’s business’.

- We recognise the importance of a strategic approach to meaningful workforce, training and development.
- We will work in collaboration with multi-agency partners to ensure that the opportunities we offer respond to the mental health training and education needs of the children and young people’s workforce.
- This will include a range of high quality learning and development opportunities to meet the varying emotional and mental health training needs of practitioners within the children and young people’s workforce.

The capacity to deliver is focused on ensuring the workforce has the necessary skills and competencies to meet the needs of Sheffield children and young people including:

- Professional development,
- Reflection
- Supervision
- Appraisal

Training, development and education of the workforce is aimed primarily at those practitioners and support staff working directly with children and young people in Sheffield for whom CAMHS is not the principal responsibility in their role (i.e. **they will not usually be working in a specialist CAMHS role**).

This approach has been taken as CAMHS staff will have a separate clinical training plan within their own organisation, and the focus of workforce development in our local transformation plan is to upskill the universal workforce.

Healthy Minds Workforce Training and Development Vision

The 'Developing the Workforce' theme is articulated in the report in the following terms:

- A workforce which is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.
- Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
- Staff who are positive, relaxed, open-minded, unprejudiced, and trustworthy.
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic.
- Their processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions.
- There is consistency in children and young people's views about the workforce qualities and behaviour they would like to see.

We want the workforce to excel in their practice and be able to deliver the best evidenced care, committed to partnerships and integrated working with children, young people, families and colleagues and who are respected and valued as professionals.

Healthy Minds Workforce, Training and Development Plan (HMWP)

The plan covers the period 2017-2020 and is supportive of the Emotional Wellbeing and Mental Health Strategy and Health and Well Being Strategy for Sheffield. The geographical area is co-terminus with the boundaries for Sheffield City Council and Sheffield CCG.

- The HMWP is aimed at practitioners and support staff who are not primarily employed to meet mental health needs i.e. they will usually be working in roles in universal and targeted children's services rather than specialist CAMHS services.
- The HMWP uses the framework of 'Universal, Targeted and Specialist' levels of service to meet the comprehensive mental health and psychological well-being needs of children and young people. The plan includes training offered by CAMHS, Sheffield City Council, SHSCT, and third sector providers.
- The workforce plan has been informed by NICE guidance, CHIMAT resources, the 'Making Every Contact Count' model and includes the Yorkshire and Humber Regional Public Health training competencies framework for prevention and lifestyle behaviour change.

- By undertaking the training, staff will be able to deliver Making Every Contact Count (MECC) brief interventions to the Children, Young People and Families they work with. This prevention work will also reduce pressure on clinical/specialist services by ensure that referrals are appropriate and timely.

The HMWP will:

- Enable skills development and capacity building in Universal and Targeted/Early Help services that support children, young people and their families/carers.
- Ensure staff working in: Universal, Targeted, Early Help and Specialist services feel supported, competent and able to meet the needs of children, young people and their families/carers appropriately.
- Increase the awareness and knowledge of issues affecting children and young people's emotional wellbeing, resilience and mental health
- Increase the numbers of brief interventions undertaken in Universal and Targeted/Early Help services to initiate and support behaviour change or improvement
- Provide a framework for commissioning emotional wellbeing and mental health training.
- Provide staff with information on evidence based approaches which promote protective factors and support children and young people's emotional health in Universal & Targeted/Early Help settings.

Workforce, Training and Development Needs Assessment

Our needs assessment has highlighted changing demographics which will require new ways of working with new processes that will affect everyone.

The financial climate and the challenges this brings means we must ensure we make best use of our clinical and non-clinical workforce, appreciate the value of experience that our diverse workforce currently bring, and recognise the knowledge of the most experienced staff including organisational memory and expertise.

Our workforce, training and development needs assessment had the following key findings:

- Staff who are not primarily employed to meet mental health needs have told us they often feel ill-equipped to provide support to children and young people with emotional mental health.
- Professionals across health, education and social care services want to feel confident to promote good mental health and wellbeing and identify problems early, and this needs to be reflected in initial training, induction and continuing professional development across a range of professions.
- Consultations with young people and parents have told us they often turn to the worker they trust on issues such as emotional health, therefore it is important these staff are confident and informed and able to provide support and signpost, refer and direct children where needed to the appropriate services.

Children and young people have said they want a workforce that is integrated and want to see the following behaviour and qualities;

- A workforce which is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
- Processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions.
- Staff who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy. Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic.

A workforce with the right mix of skills, competencies and experience

To intervene effectively is vital for front line staff to be able to identify and support those at risk of developing mental health difficulties and know when to refer on to specialist services.

Professionals will be trained and developed to be able to:

- Ambitious for every child and young person to achieve goals that are meaningful and achievable for them.
- Committed to partnership and integrated working with children, young people, families and their fellow professionals.
- Excellent in their practice and able to deliver the best evidenced care.
- Identify mental health problems early in children and young people.
- Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.
- Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.
- Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience.
- Refer appropriately to more targeted and specialist support.
- Respected and valued as professionals.
- Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.
- Work in a digital environment with young people who are using online channels to access help and support

Opportunities will offer a variety of training to meet differing levels of required competencies depending on the roles and responsibilities of children and young people's service practitioners, ranging from mental health awareness courses to managing changes in health related behaviour.

The training will be delivered by a range of subject experts in these areas, and are designed to bring together practitioners from across the children and young people workforce in order to promote collaborative inter-professional learning, development and working. For example it is recognised that those that work in residential social care settings and foster carers have particular training needs, and with this in mind we have developed training plan aimed specifically at this staff group.

This plan is for the frontline workforce across all services working with Children, Young People and Families ensuring good mental health is 'everybody's business'. This requires the use of multi-agency and multi-professional training programmes for those involved in children and young people's services. The workforce in targeted and specialist services will need a wide range of skills brought together through the CYP IAPT and ED Curriculum. All staff should be trained to practise in a non-discriminatory way with respect to gender, ethnicity, religion and disability

Training and Development Programme Framework

The training and development programme provides a common point of reference for services. It aims to support service provision to ensure the 'right person, with the right skills to be in the right place' to support individuals, families and communities to address emotional wellbeing and mental health. The framework has been designed to be simple, flexible and add value to current good practice. The framework is based on three levels:

- Universal.
- Specialist.
- Targeted.

The vision of the HMWP is that all professionals working with children and young people will complete the universal training element detailed in the framework, professionals will then complete training in the specialist and targeted levels as appropriate for their role.

To ensure emotional wellbeing and mental health is everyone's business, all staff working with children and young people must know what to do if there is an emotional or mental health concern involving a child or family.

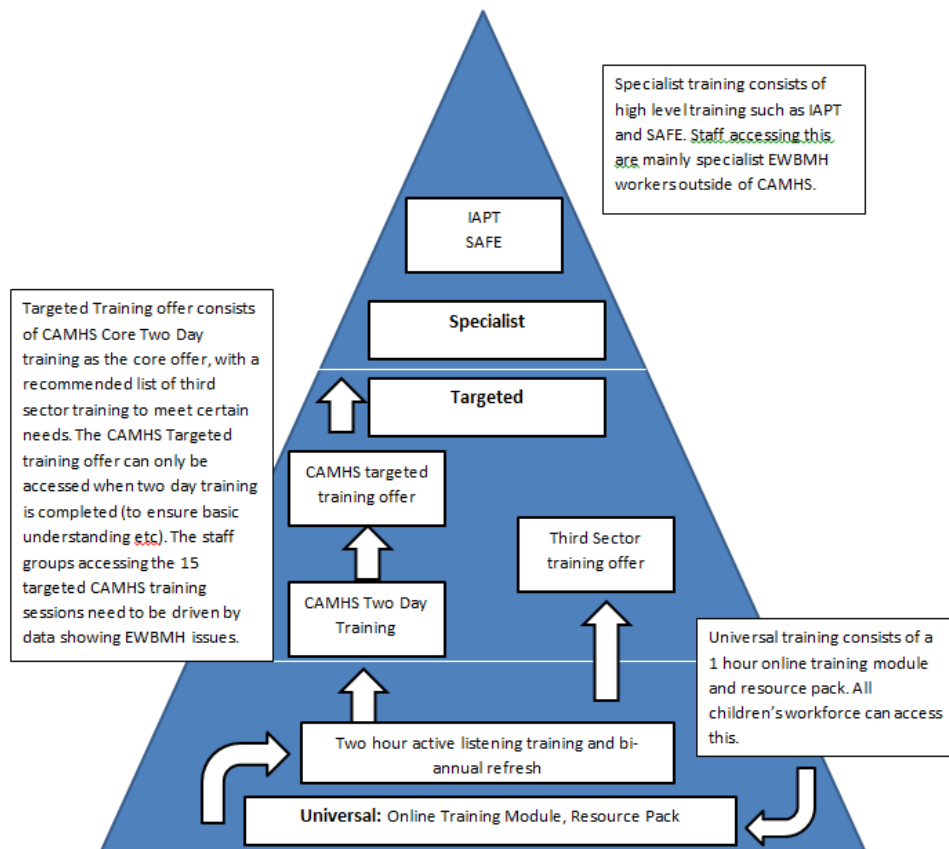


Figure 34 HMWP Diagram

Overview of HMWP Diagram

Universal

Training Content:

- Core online training module – 1 hour.
- Resource pack on emotional wellbeing and mental health.
- Two hour training course with a focus on active listening. This training is to be accessed before the targeted level.

Outcomes:

- Advice and signposting. The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to introduce the idea of lifestyle behaviour change and to motivate individuals to consider/think about making changes.

Staff Groups:

- Children's workforce as defined by Safeguarding.

Commissioning Implications

- Core online training module to be commissioned.

Targeted

Training Content:

All professionals in the targeted to complete:

- Two day CAMHS core training

And/or

- Approved training modules on specific themes including Mental Health First Aid etc, self-harm, eating disorders, suicide etc from the third sector.

The following courses are also available at the targeted level if a professional has completed the two day CAMHS Core Training:

- CAMHS ADHD, Youth Offending and the Looked After Child.
- CAMHS ADHD: Presentation & Management
- CAMHS Attachment and Resilience.
- CAMHS Autistic Spectrum Disorder and the Looked After Child
- CAMHS Autistic Spectrum Disorders: Presentation and Management
- CAMHS Bereavement and Loss in Childhood and Adolescence
- CAMHS Children and Therapy
- CAMHS Eating Disorder Training.
- CAMHS Parental Mental Health
- CAMHS Self-Harm Training.
- CAMHS Skills for Working with Neurodevelopmental problems
- CAMHS Skills for Working with the Depressed Adolescent
- CAMHS Teenager's - What's the Point?
- CAMHS Understanding Neurodevelopmental Problems
- CAMHS Understanding Psychosis in Young People

Outcomes:

- Behaviour change intervention. The worker is able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.
- Behaviour change intervention with programme The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviours and facilitate the individuals to maintain these changes over the longer term.

Staff Groups:

- To be identified – SENCO level etc.

Commissioning Implications:

- Training to be commissioned to meet needs of staff group identified.
- Additional training commissions to be targeted on a locality basis using data from emotional wellbeing and mental health services.

- Approved training modules to be refreshed annually in line with commissioning timeframes to ensure needs identified by services are being met in approved offer.

Specialist

Training Content:

- SAFE Training.
- CYP IAPT.

Outcomes:

- Specialist practice and advance. The worker uses specialist/advanced or lifestyle and behaviour change approaches to support individuals. Workers at this level will also act as a resource for the support, training and education of others. Level 4 would be training in counselling or CBT.

Staff Groups:

- Staff with specific emotional wellbeing and mental health role.

Commissioning Implications:

- Training to be commissioned to meet needs of staff group identified.

Evaluation of impact

All training will include feedback from participants both immediately after the course and also three months later to enable evidence of impact and outcomes on practice to be evaluated. This will also help identify if other training needs to be developed to meet needs.

Quality standards

It is the duty of employers to ensure that those working for them clearly understand their contractual obligations within the employing organisation, and it is the responsibility of employers to facilitate access to training and education which enable the organisation to fulfil its aims, objectives and duties effectively and safely.

It remains the responsibility of organisations to develop and maintain quality standards and quality assurance, to ensure appropriate systems and processes are in place and to embed a culture within the organisation through mechanisms such as staff induction, effective training and education, children and young people experience and feedback, audits, annual staff appraisal (and revalidation of medical staff and nursing staff). It is also important to be aware of the role of external regulators such as CQC, Ofsted in monitoring systems within organisations.

Training Requirements Competencies

This section sets out minimum training requirements. It is acknowledged that some employers may require certain staff groups to be trained to a higher level than described here to better fulfil their organisational intent and purpose.

The emphasis continues to be upon the importance of maximising flexible learning opportunities to acquire and maintain knowledge and skills.