

Emotional Wellbeing and Mental Health Annual Report

Item 20i

Governing Body meeting

7 September 2017

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Purpose of Paper	
The purpose of the paper is to highlight the progress made on the delivery of Sheffield's emotional wellbeing and mental health transformation plan for children and young people and update Governing body on the delivery.	
Key Issues	
<p>Progress has made been across the five priority areas: Improving access, intervening earlier, caring for the most vulnerable, developing the workforce and being accountable and transparent.</p> <p>This is evidenced in the report through data showing reduction in CAMHS waiting times, the implementation of new early intervention approaches - such as the Healthy Minds Framework, and the production of a workforce development strategy.</p> <p>The programme continues to face challenges and puts forward ambitious goals for the future including a move away from a tiered system and the transformation of referral management to improve the service.</p>	
Is your report for Approval / Consideration / Noting	
Governing Body is asked to note the report.	
Recommendations / Action Required by Governing Body	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the report and progress made. • Support the continued implementation of the emotional wellbeing and mental health transformation programme in Sheffield. • Continue to support the case for improvement in children's mental health and emotional wellbeing provision in Sheffield. 	

Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ul style="list-style-type: none"> • To improve patient experience and access to care • To improve the quality and equality of healthcare in Sheffield • To work with Sheffield City Council to continue to reduce health inequalities in Sheffield • To ensure there is a sustainable, affordable healthcare system in Sheffield
Are there any Resource Implications (including Financial, Staffing etc)?
No
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p>No – not applicable for annual report.</p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Yes, young people have been involved in the production of this report through our engagement programme with Chilypep.

Update on the Emotional Wellbeing and Mental Health Local Transformation Programme for Children and Young People

Governing Body meeting

7 September 2017

1 Introduction / Background

- 1.1 Sheffield's major service transformation programme is detailed in the Local Transformation Plan (LTP) for Children's Emotional Wellbeing and Mental Health.
- 1.2 In October 2015, all local Clinical Commissioning Group (CCG) areas were required to submit and make publicly available updated transformation plans to be reviewed by NHS England (NHSE)
- 1.3 The Sheffield LTP received an overall assurance rating of fully assured, and was one recognised nationally as good practice.

2. Current Context

- 2.1 Sheffield is now in year 3 of the transformation programme and the focus is on implementation and roll out as well and building in future sustainability.
- 2.2 Many achievements have been made already to improve access, introduce new crisis care pathways and embed emotional wellbeing and mental health within schools as well as provide new earlier intervention provision within community settings.
- 2.3 The enclosed annual report gives a comprehensive update on the programme delivery and the future direction.

3. Action for Governing Body / Recommendations

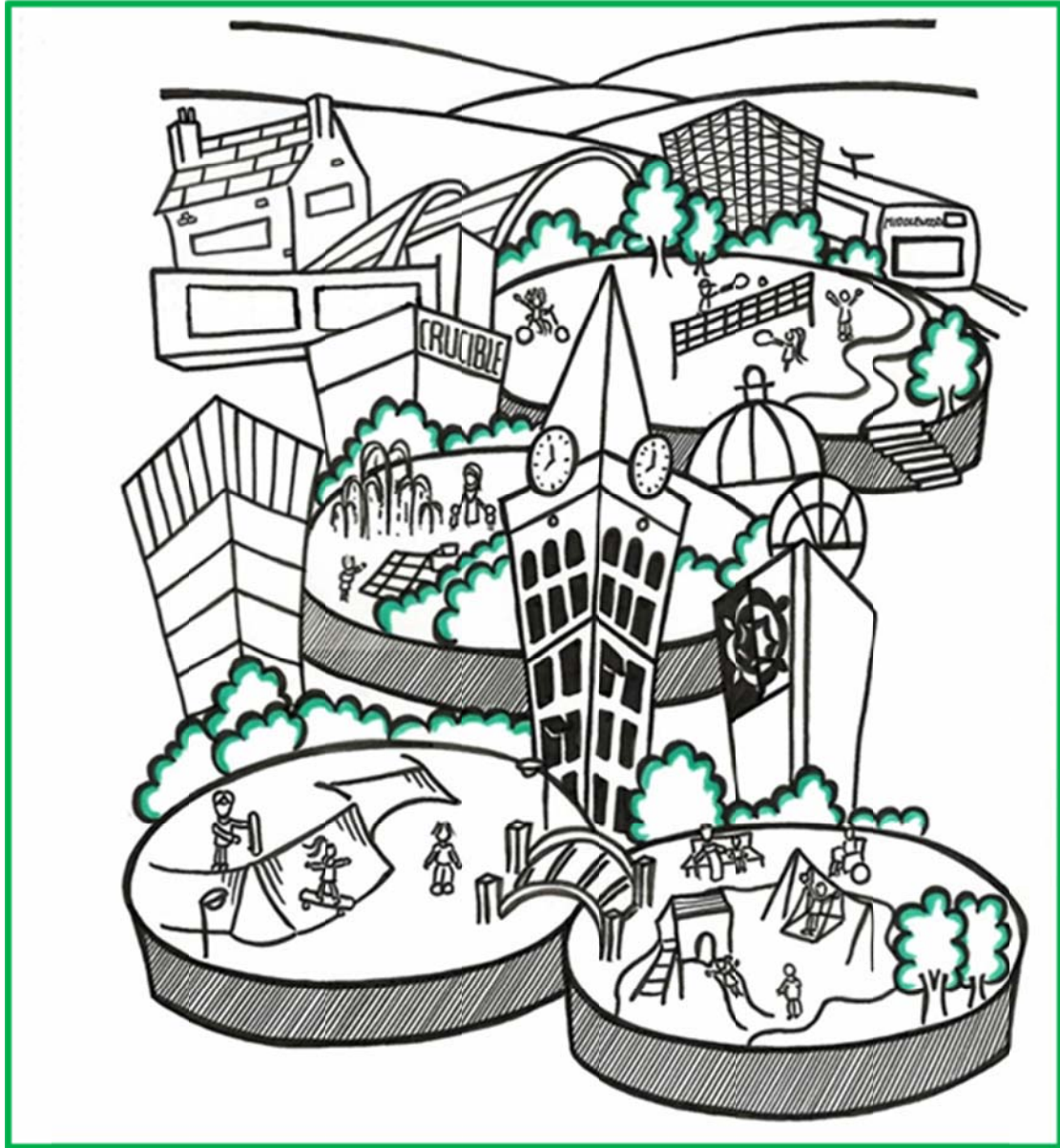
The Governing Body is asked to note the annual report and achievements within the programme to date, and support further implementation and future sustainability.

Paper prepared by: Kate Laurance, Head of Commissioning, Children, Young People and Maternity and Matthew Peers, Commissioning Manager, Integrated Commissioning.

On behalf of: Penny Brooks, Chief Nurse and Nikki Bates, Clinical lead Children, Young People and Maternity.

Emotional Wellbeing & Mental Health Programme

Annual Report 2016/17



July 2017



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Foreword

We are pleased to present this publication of the first Annual Report in relation to the Emotional Wellbeing and Mental Health (EWBMH) Strategy for Sheffield 2015-2020.

This report demonstrates our commitment to openness and transparency. It provides a comprehensive overview of the transformation; our ability to monitor service delivery; evidence of progress; that funding is being spent as intended; how the ambitious EWBMH Strategy for Sheffield (referred to as the Local Transformation Plan - LTP) is a key component of the Sustainability and Transformation Plan (STP).

In 2015, we set ourselves the challenge of developing and delivering improved emotional wellbeing and mental health services for children and young people. The resultant LTP sets out a complex, integrated programme for the development of comprehensive emotional wellbeing and mental health service for children and young people up to the age of 18 years.

Our LTP has five overarching goals:

- To improve access to children and young people's mental health services by reducing waiting times and making them easier to use.*
- To promote and embed emotional wellbeing and mental health resilience and intervene as early as possible.*
- To ensure our most vulnerable children and young people receive the emotional wellbeing and mental health support they need.*
- To enable Sheffield's workforce to support children and young people's emotional wellbeing and mental health as effectively as possible.*
- To be accountable in delivering change and to be transparent about the challenges we face.*

Delivering these goals depends on a number of factors including:

- Engaging and co-producing the transformation with children, young people and their families.*
- Providing a clear vision on the changes needed.*
- Developing and implementing innovative solutions and services*
- Providing effective leadership to drive change.*
- Enhancing and developing existing services in a sustainable manner.*
- Delivering an efficient and joined up transformation programme by working collaboratively with Sheffield City Council (SCC), NHS Sheffield CCG (SCCG), and providers in a range of settings including education, health and the third sector.*

This is a five-year programme of change and our successes to date, which are contained in this report, should be viewed as the start of a longer term transformation process with year on year updated LTP and action plans. This approach will ensure our transformation delivers a lasting and sustainable change for children and young people's emotional wellbeing and mental health in Sheffield.

Dawn Walton: Director of Commissioning, Inclusion and Learning, Sheffield City Council

Kate Laurance: Head of Commissioning – Children, Young People and Maternity, Sheffield CCG.

June 2017

1. Executive Summary

Sheffield's major service transformation programme is detailed in the LTP which was highlighted nationally as one of the top twenty plans in 2015 (a full copy of the report can be found [here](#)). In October 2015, all local Clinical Commissioning Group (CCG) areas were required to submit and make publicly available updated transformation plans to be reviewed by NHS England (NHSE), the Sheffield LTP received an overall assurance rating of fully assured.

The focus for year one (September 2015- March 2016) was to develop the LTP by:

- Implementing the governance framework.
- Developing a Community Eating Disorder Service.
- Evaluating the Healthy Minds Framework.
- Developing a range of innovative service approaches, including the Youth Information and Counselling Service (YIACS).

In year two, the focus was on:

- Developing a range of service specifications.
- Mobilising and implementing the areas of innovation and transformation outlined in the LTP.
- Ensuring a continued focus on improving initial and follow up waiting times.

The LTP is now in the third year of delivery, 2017/18, and the focus in year three will be on:

- Implementing the service specifications developed in year two.
- Further developing effective urgent access.
- Rolling out a number of innovative services including the Healthy Minds Framework and YIACS.
- Developing a post 2020 plan to ensure sustainability.

Key Achievements 2016/17

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 developed Sheffield's Supportive Treatment and Recovery (STAR) service. This will provide intensive community support for young people at risk of inpatient admission due to deliberate self-harm. It will be launched in August 2017.
Ensure young people's voices are central to the transformation programme	We worked with young people on a range of transformation areas such as STAR, the Let's Talk Directory and the #nottheonlyone campaign.
Expand the capacity of our primary mental	We expanded our primary mental health

What we were asked to do	What we did
health service and provide opportunities for professionals to receive mental health training.	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 implemented IAPT (Improving Access to Psychological Therapies) in our perinatal mental health services to improve referrals from maternity services for families that need support, ensuring they receive support 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 section 136 (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 11.6 weeks to 7.1 over the course of 2016/17. We 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.

Other achievements in 2016/17

- Contributed to collaborative commissioning arrangements between NHSE specialised commissioning teams, SCCG example, Amber Lodge, STAR Service.
- Developed a phased approach to securing locally driven sustainable service transformation.
- Developed appropriate and bespoke whole care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people.

- Developed effective and early interventions for emotional wellbeing and mental health difficulties as part of reducing inequalities in other outcomes e.g. education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training, and children and young people in or leaving care.
- Developed joint working and collaborative commissioning approaches within and across sectors to establish clear and coherent care pathways.
- Ensured coherence with local priorities and the child mental health requirements.
- Secured additional NHSE funding in excess of £300,000.
- Worked closely with the Health and Wellbeing Board and partners from across the NHS (including NHSE Specialised Commissioning), SCC, Public Health, Youth Justice and Education in the delivery of the LTP to support improvements in children and young people's mental health and wellbeing.

2 Introduction

This report provides the context the progressing LTP, this is essential in the process of planning for future development of services and identifying challenges that need to be addressed.

This report aims to:

- Describe the development of the major service transformation programme and the re-shaping of services for children and young people with EWBMH needs in line with the LTP for Sheffield (2015-2020). The proposals put forward in 'Future in Mind', the recommendations in the 'Five Year Forward View', National Institute for Health and Care Excellence (NICE), and national, local best practice.
- Provide the background and context to work undertaken in relation to the transformational commissioning of services to improve the EWBMH of children and young people in Sheffield.
- Highlight the progress in relation to transforming EWBMH services for children and young people at a point in time this includes a 'Pen Portrait'.
- Highlight the challenges faced.
- Identify the work to be undertaken in 2017 and beyond. Including but not limited to finance, performance, capacity, future challenges, and risks.

3 Background

Children and young people are a priority group for mental health promotion and prevention, and the 'Five Year Forward View for Mental Health' calls for the 'Future in Mind' recommendations to be fully implemented. The national picture was mirrored locally, in relation to difficulties of access, complex commissioning arrangements, limited crisis response support, and limited support for vulnerable young people.

- Improved rates of access to children and young people's mental health services are essential.
- Early intervention and quick access to good quality care is vital.
- Waiting times need be substantially reduced, including waits for second appointments.
- Inequalities in access need to be addressed and support should be offered while people are waiting for care.

One in ten children has a diagnosable mental health disorder. This ranges from short spells of depression or anxiety through to severe and persistent conditions like self-harm and suicide, which affect the lives of children, young people, families, carers and friends. Furthermore, 75% of mental health problems (excluding dementia) start before the age of 18.

Despite recognition that early intervention can be highly cost effective, a significant treatment gap persists. We know that a number of children and young people with a diagnosable mental health condition do not access support and there are year on year increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems. The LTP seeks to address the inequitable treatment gap by improving access, addressing the difficulties in access and by helping more children and young people each year to access high-quality, evidence based mental health care when they need it by 2020.

3.1 Future in Mind

'Future in Mind' was published March 2015, setting out a series of proposals to implement whole system transformation leading to improved outcomes for children and young people with mental health problems. The report emphasised the need for joined up provision and commissioning. These proposals were endorsed by the 'Five Year Forward View for Mental Health', published February 2016

NHSE agreed that access to the new funds for children and young people's mental health announced in the Autumn Statement 2014 and Spring Budget 2015 would follow the development of LTPs that were required to describe how the national ambition could be translated and delivered locally.

3.2 Local Transformation Plan for Children and Young People's Emotional Health and Wellbeing

In 2015, the Sheffield LTP was developed to reflect the five main themes outlined in the 'Future in Mind' report.

1. Promoting resilience, prevention, and early intervention
2. Improving access to effective support
3. Care for the most vulnerable
4. Developing the workforce
5. Accountability and Transparency

The Sheffield LTP (2015-2020) used key baseline information to identify needs, utilising a variety of data provided by numerous sources, including the JSNA (joint strategic needs assessment), Public Health, Providers and the National Child and Maternal Intelligence Network (ChiMat).

At the start of 2016 the CCG was advised of the baseline funding for the next five years for implementing 'Future in Mind' and the 'Five Year Forward View for Mental Health'. This provided the assurance and confidence for commissioning increased resources to improve the capacity and capability of the LTP.

The LTP was refreshed and updated in October 2016 to outline the progress to date. Revisions were identified using a triangulated methodology; this included a review of activity

data, outcome findings and local need underpinned by feedback from children and young people and other stakeholders.

The LTP is a 'working' document that will be refreshed annually in line with SCCG business planning cycles and delivered through action plans for the five-year programme life span. This approach continues to shape our priorities, which remain aligned to the government report 'Future in Mind' and the 'Five Year Forward View for Mental Health'.

3.3 Involvement of Children and Young People

Children and young people's voice and influence have been embedded throughout the transformation programme and have played a key role in developing and delivering the programme, Chilypep have been commissioned to lead this area of work. They have worked closely with children and young people, service providers, and commissioners to embed young people's voices. During 2016/17, young people have been involved in a range of work 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 #nottheonlyone 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 1 Young people from Chilypep with staff from Sheffield Children's NHS Foundation Trust

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 inform the Sheffield transformation programme during 2017/18.

3.4 Governance and Assurance

To implement our LTP, Sheffield has established a formal management structure. The EWBMH Executive Group meet quarterly and membership includes senior managers across all stakeholders. The work of the board and delivery of the LTP is driven by subgroups for each of the workstreams which meet regularly. The EWBMH Executive Group formally reports to NHS England Children's Transformation Board to provide assurance.

Governance documentation including terms of reference, a risk register, highlight/exception reporting templates, subgroup leads and subgroup priorities are in place. Each subgroup has agreed to a number of overall high-level objectives and key tasks within an agreed action plan, which are overseen by the EWBMH Executive Group to manage interdependencies and to ensure that the focus remains on making a real difference for children and young people across Sheffield

For each quarter, Sheffield is required to submit assurance reports to NHS England; these reports provide a narrative update on the programme, an update on investment and a risk log. Over 2016/17, Sheffield was ranked as assured for the programme. The assurance teams praised Sheffield's work with young people, schools, integrated approach and redesign of specialist services.

The LTP receives executive oversight from multiple perspectives at a locality level through Sheffield Children's Safeguarding Board and Sheffield Health and Wellbeing Board.

4. Leadership and Infrastructure

4.1 EWBMH Leadership

The EWBMH senior leadership team has focused on improving the journey and experience of children and young people. They have provided the vision, passion, tools and resources to implement evidence-based standards and practice.

4.2 GPs

GPs are often the first point of contact by parents or young people, giving them a central role. Some GPs have said they can feel ill-equipped and lacking the confidence to deal with mental health issues in children and young people, and that their current training does not prepare them adequately for this. Clinical Directors and GP Commissioners have provided leadership and valuable insight into how to support and enhance the GP role in children's and adolescents' mental health.

4.3 Commissioning Manager

A jointly funded post with SCCG and SCC was implemented 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, including crisis support.

4.4 Programme Coordinator

A jointly funded programme coordinator between SCCG and SCC was implemented in July 2016. The key objective of the post is to support the EWBMH transformation programme,

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.

4.5 Specialist commissioning Support

Short Term specialist commissioning support was secured to provide expert advice, and to write a number of evidence based service specifications and bids to support the implementation of the LTP.

5. Financial Investment

The new funding for Future in Mind is included in the SCCG baseline to support delivery of the LTP. We are also working collaboratively to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. All financial investment is jointly owned by SCCG and SCC.

A total of £1.3m additional funds have been made available to SCCG for 2015/2016 2016/17 2017-18 on a recurring basis. The table on page 12 shows investment for 2016-17, some slippage occurred in project areas during the financial year. The slippage from these areas was invested in other areas of the transformation programme to ensure we fully used our allocation.

An additional £251,000 was secured from NHS England for the financial year 2016/17 for the purpose of reducing waiting lists. Furthermore non-recurrent funding of £78,520 was also secured from NHS England for the projects outlined below.

Name of Project	Aim of Project	Funding received
CYP Substance Misuse Tool	To further develop the existing online screening tool provided by the START service for young people.	£18,000
Healthy Minds Framework Manual	To produce 50 Sheffield Healthy Minds Framework Manuals for schools participating in the roll out of the Healthy Minds model.	£5,000
Mental Health Passports	To develop an online portal which enables young people to create their own mental health passport to use when accessing mental health services.	£7,200
Perinatal Mental Health	To develop an online resource aimed at fathers and produce an information pack on perinatal mental health (PNMH) support available in Sheffield.	£12,250
Secondary School Website Development	To develop a consistent citywide emotional wellbeing and mental health online resource for secondary school pupils.	£8,000
Suicide Prevention Support	To launch the CYP Suicide Prevention Strategy and raise awareness among the children's workforce of the pathway and resources available.	£6,000
YIACS Training	To support workforce development and resources for the Wellbeing Café, including mental health training and a campaign to reduce stigma around mental health and self-harm.	£19,500
Youth Mental Health First Aid Training	To deliver nationally recognised educational courses to enable attendees to identify and understand mental health issues and to help young people who may be developing a mental health issue.	£2,570

CAMHS TRANSFORMATION PLAN SPENDING PRIORITIES 2016-17

		16-17 Plan £000s	16/17 Expected Spend £000s	16/17 Slippage £000s	Information
	Funding available	1,469			
	SCC Priorities				
	CAMHS School Link Pilots. These involve training CAMHS and schools staff to promote joint working. Includes vulnerable children strand (funding provided by DfE, NHSE and CCG)		160		
	Evidence based primary mental health interventions through a school and community based hub model delivered by Interchange	228	26	0	
	Healthy Minds		42		Based on service starting in Feb, 250 in 17/18
	Investment in PMHW	75	77	- 2	
	Sub total	303	305	- 2	
	SCCG Priorities				
	Increase workforce to implement IAPT	192	192	-	
	Develop a crisis response through section 136 bed	233	-	233	Service to mobilise April 2017
	Extend capacity within the dedicated CAMHS eating disorder assessment clinic for up to 16 year olds.	272	272	-	
	Extend capacity within Sheffield Health and Social care eating disorder service 16-18	30	35	- 5	
	Improve access and waiting times tier 3 includes community eating disorder service and 16-17 year old service development	158	158	-	
	Remaining Allocation to either increase Eating Disorders or reduce internal waits	161	80	81	On basis that need £80k extra for ED but not internal waits
	Sub total	1,046	737	309	
	Joint Priority				
	Transformation support & publicity	120	120	-	
	Sub total	120	120	-	
	Total of Prioritised items	1,469	1,162	307	
	Options for Slippage monies				
	YIACS			192	
	Crisis Café			21	Funding for three years (17/18, 18/19, 19/20)
	MAPS Review			20	
	Workforce Development Plan			20	
	Suicide Prevention Pathway Support			10	
	EWBMH Training			30	
	Sheffield Futures Database - Tier 2 Performance			14	
	Sub total			307	
	Funding remaining			-	

6. Service Transformation

Work to transform services for children and young people in Sheffield through a phased approach is well under way, with improvements already seen:

- Reduced waiting times.
- Reduced inpatient admissions for eating disorders.
- Development of innovative services, including the Healthy Minds Framework and YIACS
- No admissions to a police cell for a child or young person detained under the Mental Health Act.

The aim of the LTP is to empower providers, increase capacity across the city, and up-skill children, young people, their families, and professionals. This should make them more resilient and better informed about available support, including the choices they have and how they can help themselves.

The complex programme of change has required effective leadership across all stakeholders. The providers have managed to juggle transition to the new ways of working and development of services whilst ensuring the quality of services is both maintained and improved, but this has led to some delays in implementation. Their approach has demonstrated that the likelihood of increased potential risk to service delivery during this time of change has been managed and mitigated against where possible.

7. Effective Commissioning

We have developed a collaborative long term joined up commissioning approach, based on openness and trust.

Our effective commissioning has resulted in the following work, which has contributed to the wider transformation programme and has:

- Facilitated a phased approach with key partners to deliver an ambitious and complex programme of system-wide transformation.
- Provided support to make sure all partners agreed a shared vision.
- Changed the emphasis to building resilience, promoting good mental health and wellbeing, prevention, and early intervention.
- Focused on establishing the baseline, building system readiness to deliver longer term, sustainable, system-wide transformation.
- Improved access for children and young people to the right support from the right service at the right time and as close to home as possible.
- Developed clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care.
- Developed a clear joined up approach, linking services so care pathways are easier to navigate for children and young people, including those who are most vulnerable.
- Promoted the culture of developing evidence-based specifications.
- Promoted the development of a workforce to ensure staff have the right mix of skills, competencies, experience, and training.
- Improved transparency and accountability across the whole system.
- Developed a shared action plan to review, monitor, and track improvements with appropriate governance structures.

8. Quality and Performance

We have identified a number of evidence based key performance indicators and we are developing a Quality Dashboard.

The need for reliable and accurate information and access to data demonstrating quality outcomes needs to be more robust. Providers have put in place plans for the collection of the Mental Health Services Data Set (MHSDS). However, there is still a need to improve the system infrastructure and training programmes for clinical, administrative, and managerial staff on how to record and in particular how to routinely collect and analyse data. This analysis needs to be used more effectively by all, not only commissioning and contracting teams.

Up-to-date information about the prevalence of mental health problems and how many children and young people may be affected is essential for healthcare planning. The JSNA undertaken in 2013 provided some reliable information on prevalence of mental health problems which informed strategic decisions and planning; this needs to be updated annually. In 2014, an [EWBMH needs assessment](#) was completed and highlighted a range of issues including high numbers of inpatient referrals, the prevalence of mental health problems in Sheffield and the increasing prevalence of self-harm and eating disorders.

One of our priorities for 2017/18 is to improve the information available to commissioners on EWBMH, to enable commissioning plans to be developed more effectively.

a. Waiting time standards

There are currently no specific national standards for waiting times for CAMHS patients. The exceptions to this are for:

- Patients with psychosis (two weeks)
- Those treated in the community for eating disorders (one week if urgent, otherwise four weeks. First contact must be within 24 hours in an emergency)

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
- No internal waits post 18 weeks

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, this is being addressed.

Sheffield data 2014-17

	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 treatment			
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
Average waiting time to second appointment (weeks)	n/a	n/a	13.2
Range waiting time to second appointment (weeks)	n/a	n/a	0 to 72
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

n/a – Not available

According to the data we received in 2016/17;

- 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 7.6 weeks.

b. Children and Young People Feedback

As highlighted in section 3.3, children and young people have been involved with a number of projects and engagement has been crucial. Through various consultations, children and young people have asked for:

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 easy to navigate and access	The new service specifications require services to be much easier to navigate and access. Through our young commissioner programme we have worked with young people to redesign how services are accessed.
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 aim 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.
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.
Self- referral route	We have not yet implemented self-referral, with are working with our provider to ensure this is in place as a matter of urgency 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.
Single point of contact	A single point of contact is in place for CAMHS, we are exploring expanding this point of contact to early intervention services to join this up further.

9. NHS England and Sheffield CCG, Sheffield City Council Collaborative Commissioning Plans

SCCG, SCC has developed a collaborative commissioning plan with NHSE Specialised Commissioning team.

NHSE are transforming the model of commissioning so general in-patient units are commissioned by localities on a place basis (whether alone, as part of an STP or another group covering a defined geography), to align incentives and ensure that the efficiencies delivered are reinvested in communities.

For the cost of a bed in an inpatient placement (£5,000-£7,000 a week) we are planning to provide more bespoke services in the community which will be a more effective use of resources and funding. The development of our STAR service should reduce inpatient admissions and generate financial savings. The EWBMH team are working with NHSE to negotiate and reallocate some of this funding to prevent or reduce delays and shorten the amount of time that a small number of young people are admitted to inpatient provision.

10. Developing Service Specifications

One of the aims of the EWBMH strategy is to transform and/or develop new services with a shared vision and clear quality requirements through developing robust evidence based specifications. The adopted approach aimed to be supportive and flexible whilst instituting a phased approach to the development of service specifications and delivery included:

- Overarching Service specification
- Eating Disorders
- s136 Health Place of Safety
- Specification for provision of services at Amber Lodge
- STAR Service (includes Intensive Home Treatment Service, Mental Health Liaison

and staffing of s136 provision)

- Transition
- Healthy Minds

A workshop approach was used which proved more productive, less time consuming, and more cost effective than traditional meetings. Some of the work also took place in ‘virtual meetings’ via e mail and telephone conversations, reducing the need for lengthy meetings.

The specifications are evidence based, incremental, and include integrated pathways which adapt easily to meet local needs. They aim to ensure children and young people and their families and carers will experience safe, evidence based, responsive services.

a. Community Eating Disorder Services (CEDS)

The development of an evidence based CEDS is a good example of transformation in practice; it is performing well and recent data suggest that acute admissions for children and young people with eating disorders in Sheffield are reducing. This is due to the excellent staff, additional funding, and the new evidence-based treatment service which is now provided at the earliest possible stage of the illness.

SC NHS FT	2014-15	2015-16	2016-17
Number of referrals	N/A	N/A	43
% of referrals	N/A	N/A	
Number of accepted referrals	N/A	N/A	42
% of accepted referrals	N/A	N/A	97.7%
average length of intervention	N/A	N/A	
Recovery rate	N/A	N/A	

Period	Spells ¹ starting in Period	Spells ending in Period	Bed Days in Period
2014/15	12	11	483
2015/16	14	15	242
2016/17 Q1	3	1	50
2016/17 Q2	2	4	73
2016/17 Q3	2	1	9
2016/17 Q4 ²	0	1	12

This data shows a reduction in both the number of spells³ and the total bed days occupied for 2016/17 compared with 2014/15 and 2015/16.

¹ A “spell”, is defined as a continuous period of time spent as an inpatient within a trust, and may include more than one finished consultant episode.

² Please note: The data for quarter 4 is until February 28th 2017.

The CED services for children and young people is provided by Sheffield Children's NHS Foundation Trust (SC NHS FT) for up to 16 years of age; post 16 years of age the service is provided by Sheffield Health and Social Care Trust (SHSC NHS FT), South Yorkshire Eating Disorders Association (SYEDA) also provide some services. In order to manage the complexity of provision, a single overarching service specification was developed to ensure that 95% of children in need receive treatment within one week for urgent referrals, and four weeks for routine referrals.

b. Amber Lodge

Amber Lodge currently provides intensive, specialist mental health service for primary school aged children (5-11) who are experiencing a range of complex mental health, developmental, emotional, and behavioural issues. The service is focussed on the child and family in a holistic way, providing assessment and therapeutic services both in the home and the community and in a day setting

Once the provision has been transferred to local CCG's, £1.2m of funding will be released to local CCG's including Sheffield. A process to redesign the provision around the transformation aims of local CCG's will then begin, these changes will be implemented from April 2019.

11. Liaison Mental Health

A model for delivery was developed and is incorporated in the STAR specification; we are still awaiting national guidance that was due to be published in December 2016.

It is expected by 2020, all acute trusts will have in place liaison psychiatry services/mental health liaison for all ages appropriate to the size, acuity and specialty of the hospital. In 2015/16 NHS England invested £120m nationally to acute hospitals to establish effective models of liaison psychiatry.

Locally we have developed a model and this is to be implemented in 2017/18; it should be noted we are still waiting for the now delayed national Mental Health Liaison guidance for CYP.

11.1 Urgent Care

One of the golden threads to increasing urgent care provision is to improve access, which is responsive and holds clear arrangements that connect people to the support they need at the right time. With this aim, an early priority has been established to introduce access to 24:7 Mental Health provision and seven-day Community Provision for Children and Young People.

To deliver this priority, a whole system approach was required that included bringing together commissioners across South Yorkshire: The Crisis Care Concordat includes:

- NHS Providers
- The Police
- Ambulance service
- Independent and third sector providers

- Children and young people.

A series of workshops were held to develop community, Out of hours and 24:7 crisis care services for children and young people. As such the CCG have developed and are implementing a 24/7 crisis care support pathway for children and young people providing improved access to services that are responsive and provide appropriate help across all of Sheffield.

11.2 Children and Young People's Suicide Prevention strategy

In 2016/17, we launched our Children and Young People's Suicide Prevention strategy, a piece of work which was originally started in 2015.

The development of our LTP has given us the capacity and resources to complete this piece of work. The children and young people's suicide prevention strategy was developed in conjunction with the local safeguarding board and young people co-produced the strategy. They also produced a video to accompany the strategy. The launch event took place in March 2017 with 200 people from a range of organisations and sectors in attendance. The feedback from the event was positive and we are now working to implement the strategy.

A link to the article containing the strategy and accompanying video is here - <https://www.sheffieldfutures.org.uk/young-people-launch-citys-suicide-prevention-pathway/>

12. Transformation of Early Intervention Services

12.1 Primary Mental Health Worker's in Multi-Agency Support Teams

Future in Mind continues to contribute to the increase in primary mental health workers (PMHW) in the SCC Multi-Agency Support Teams (MAST). Primary mental health workers in MAST allow specialist mental health support to be provided as part of the city's early intervention offer.

As part of our transformation plan, we redesigned our primary mental health worker offer to align it with the other transformation projects including Healthy Minds and locality working.

12.2 CAMHS School Link Pilot and the Healthy Minds Framework

In 2016/17, we completed the CAMHS School Link Pilot and successfully developed our Healthy Minds Framework. The contents of the framework were created through clinical input, the involvement of schools and co-production with young people.

The [national evaluation](#) for CAMHS School Link has been published by Ecorys. This report identified a number of models that were implemented during the pilot, including Sheffield's, which received positive reports. As a result of the work undertaken during the pilot, and the positive national evaluation, we are now rolling out the offer to an additional 45 schools in 2017/18. The framework has been acclaimed nationally and we have attended numerous national conferences, including the national children's mental health conference in March and several National CAMHS School Link conferences to showcase the work undertaken

In Sheffield, we are now rolling out the Healthy Minds Framework that was developed during the pilot. The application process for schools has been completed, with 46 schools identified for the next phase. These schools will receive the offer from either September or January – preparatory work is now underway from CAMHS to do the ground work before delivering the offer. We have also funded an external evaluation of the Healthy Minds Framework, which will be led by the University of Sheffield.



Figure 2 Healthy Minds logo

12.3 Youth Information Advice and Counselling Support (YIACS) Services

In 2016/17, we developed the YIACS model through consultation with numerous stakeholders, children and young people and also secured additional funding to launch the service. We are now in the process of launching the service by turning our plans and consultation into action. The recent [YIACS launch event](#) marked the start of this process.

The *wellbeing café* also forms part of a wider new early intervention offer based around the YIACS offer and demonstrates our citywide goal of enhancing our early intervention offer as part of our LTP.

13. Let's Talk Directory

In 2016/17, we launched our [Let's Talk Directory](#) which provides easy to access information on children and young people's mental health services in Sheffield. The directory was co-produced with young people and was the most popular item on SCCG's website for three months running. The demand for the directory highlights the interest in children's mental health, and reinforces why we need to be successful in delivering our LTP.



Figure 3 Let's Talk Directory Logo

14. Perinatal Mental Health

It is clear that parental mental health prenatally, postnatally, and throughout childhood has a significant impact on a child's outcomes, wellbeing and mental health. An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.

Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that over 50% of parents on their caseload have mental health problems, alcohol or substance misuse issues. The argument for intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Pathways need to be joined up from Perinatal through and into early years (0-5 years) and through the LTP the perinatal infant mental health pathway has been reviewed in line with recent developments including NICE guidance on ante and postnatal mental health.

15. Improving Access to Psychological Therapies

The CYP IAPT programme works with existing CAMHS in the NHS, local authority, voluntary sector and other settings to improve services for children and young people. The aim of CYP IAPT is to improve both the effectiveness of treatment and the experiences of children,

young people and parents. Central to the project is a vision of using routine outcome measurements to improve the quality and experience of services.

A range of shared outcome measures and key performance indicators (KPIs) have been developed to support the development of responsive services. Commissioning better services through shared outcome measures not only encourages collaboration between agencies across the whole system, but also enable the aggregation of data across the system, providing vital information about what is working well, and what needs to be changed at a systems level.

16. Regional Commissioning

In 2016/17, we built stronger links through our attendance at the regional Commissioner Forum and have worked collaboratively on regional projects such as the school competency framework and transitions. It also the longer-term goal of our s136 provision is to be a commissioned South Yorkshire s136 following a STP footprint; once the service is implemented we will progress plans.

17. Transition

Transition is a key priority and we have built on the work previously undertaken. We have undertaken a transition benchmarking exercise and submitted it to the regional NHS England group. We have completed a draft provider transition specification which has been peer reviewed by the Yorkshire and Humber Clinical Network and includes the national CQUIN. We are now in the process of ensuring the specification meets the requirements of the clinical network (in conjunction with Stepping Stone).

18. Workforce Development

There is a comprehensive multiagency and single agency EWBMMH training offer, however there are not enough resources to meet local needs. Nationally and locally there is a gap in skills and staff numbers between the current workforce and the one needed to meet the needs of children and young people each year up to 2020. Workforce issues remain the most significant challenge to the implementation of the changes and developments. There are key concerns regarding the recruitment and retention of staff, and creating a workforce representative of the community served.

A Sheffield Workforce and Training Strategy has been developed in response to the wide range of needs across the workforce which include: universal, targeted, specialist and multidisciplinary support, consultation and face-to-face work within primary care settings teaching, training, consultation and liaison, research and audit.

National funding for workforce development comprises both direct funding to Health Education England (HEE) to commission new training places and deliver the CYP IAPT programme, and funding for provider organisations via CCGs to release staff to attend training courses.

The necessary workforce growth is essential and the SCCG, SCC, HEE and employers all play their part. Separate funding for workforce development is profiled to decrease over time and will be mainstreamed within the CCG baseline. Sustainability needs to be secured.

19. Links to Special Educational Needs and Disability (SEND)

Our LTP is working to support the implantation of SEND reforms through the Healthy Minds Framework and Amber Lodge redesign. We are working closely with colleagues from Inclusion Services in both these areas to ensure that children with SEND are fully supported.

In 2017/18 we will further strengthen our relationship with the SEND programme through the redesign of our vulnerable children's CAMHS services and Learning Disability and Mental Health Service Redesign.

20. 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 4 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 4 NHS England and Department for Education National Visit Team with staff from the Transformation Programme

21. National Priorities: 2017 and beyond

The NHS Operational Planning and Contracting Guidance 2017-2019 has set out three national mandates for CCGs:

- To increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to children and young people's services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19). As part the mandate to increase access to high quality mental health services for children and young people, CCGs are required to commission 24/7 urgent and emergency mental health services that can effectively meet the needs of diverse communities, and ensure submission of data for the baseline audit in 2017.
- To deliver community eating disorder teams for children and young people to meet access and waiting time standards.
- To increase access to evidence-based specialist perinatal mental health care.

Going forward we are committed to the continued whole system approach to improving access to information, guidance, advice and high quality treatment.

22. Going forward we will

- Better understand impact and develop range outcomes which measure social, emotional, educational attainment and recovery.
- Commit to ensuring there is a clear Sheffield offer of the support and services available and guidance on how to access these.
- Continue to involve children and young people and parents/carers in commissioning and service design (as well as providing feedback to services) to help prioritise and identify any gaps and blocks to access, and assist providers in improving services and evaluating change
- Continue to roll out the Healthy Minds Framework.
- Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support.
- Contribute to a reduction in the number of out of area placements.
- Contribute to the reduction in the number of family and placement breakdowns
- Earlier identification of young people at risk of development of severe mental illness such as psychosis, severe eating disorders or severe self-harm
- Ensure there is an effective citywide response to children and young people with urgent and emergency mental health needs.
- Improve data collection, performance monitoring and analysis.
- Improve support for children, young people and their families in early years.
- Move away from the traditional Tiered 0-18 system to an integrated system which could include a range of approaches such as THRIVE.
- Prioritise the redesign of our CAMHS services for vulnerable children, this redesign will recognise that this support is often provided alongside other services such as MAST, education, social care and third sector colleagues.
- Train professionals across statutory and third sectors in child emotional wellbeing and mental health

- Transform referrals for children's emotional wellbeing and mental health to enable children and young people to receive the support they need, as soon as possible.

23. Conclusion

EWBMH is everyone's business, it is not just the responsibility of Sheffield CCG, Sheffield City Council, nor a single provider to effectively meet the emotional wellbeing and mental health needs of children and young people in Sheffield.

Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in 'Future in Mind' but also changes the local model of care incorporating universal, community and voluntary sector provision. The pace and volume of supporting activity to make this happen and the substantial work undertaken within the LTP is building strong foundations for the next phase of work and transformation.

It is clear that to improve and sustain access to services then this requires more than additional funds alone but rather a new, whole-system approach that includes the active participation of all partners and key stakeholders. We need to continue to promote and deliver a view that emotional wellbeing and mental health are part of a wider network of services providing a range of support for emotional and mental health needs, which includes GPs, school nursing, health visiting, social care, adult mental health services, youth offending and third sector provision (to name a few) that is located and accessible within our communities

We are working collectively to create an integrated system where every child and young person in Sheffield receives the best possible consistent care and support, delivered as locally as possible, with services designed in a seamless, integrated manner. This requires us to continue to develop a comprehensive system-wide approach to providing support and care and a range of new and/or refreshed seamless pathways.

Our LTP includes a mix of redesigned pathways, underpinned by the transformational restructure of our specialist services, and additional investment to increase capacity in specific pathways and services such as eating disorders. The new models of care have been co-designed by clinical experts; needs assessment; system redesign; develop evidence based specifications.

Whilst implementing the LTP, the following risks need to be continually monitored and mitigated:

- Ongoing capacity to enable transformation and service restructure within services and ongoing issues with the provision and accuracy of data and the ongoing capacity of SCCG/SCC officers and providers to drive system wide transformation.
- Delays to service implementation due to recruitment difficulties from a limited pool of qualified practitioners;
- Ensuring robust training and engagement for multi-agency practitioners;
- Competing commissioning priorities
- The scale and pace of changes brings challenges in relation to how children, young people, their families and all partners are kept informed and aware of developments and new pathways.

Finally, it is imperative that the commissioning function remains committed to delivering the LTP as set out in 'Future in Mind' and the implementation of 'Five Year Forward View for Mental Health'.

Emotional Wellbeing and Mental Health Programme Team 2016-17

- Kate Laurance – Head of Commissioning – Children, Young People and Maternity, Sheffield CCG.
- Bethan Plant – Health Improvement Principal, Sheffield City Council.
- Matthew Peers – Commissioning Manager, Sheffield CCG and Sheffield City Council.
- Charlotte Burton – Programme Coordinator, Sheffield CCG and Sheffield City Council.
- Pauline Dumble – Interim Commissioning Manager, Sheffield CCG.

June 2017