



Emotional Wellbeing and Mental Health Transformation Strategy for Children and Young People In Sheffield

The Sheffield Vision

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.

Locally we will

- 1. Improve resilience, prevention and early intervention services**
- 2. Improve access to services and support**
- 3. Improve care for the most vulnerable**
- 4. Improve transparency and accountability**
- 5. Develop our workforce**

This is Sheffield's 5 year ambition to transform our Emotional Wellbeing and Mental Health provision. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18¹, it is imperative that this transformation is a success.

To ensure this, we are committed to working together to make changes; this document describes the journey we have taken to date and the areas our plan focusses on. We will ensure that we are improving outcomes and delivering our plan. We will also report to the Children's Health and Wellbeing Partnership Board, who will monitor our progress.

¹ Murphy and Fonagy (2012) *Mental Health Problems in Children and Young People*, Annual Report of the Chief Medical Officer 2012, Chapter 10, P2.

1. 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:

- Promoting positive mental health and resilience
- The development of early intervention provision and approaches, along with a supporting commissioning approach. (Commissioning involves identifying gaps in service provision, and then redesigning services to attempt to meet the need.)
- 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.

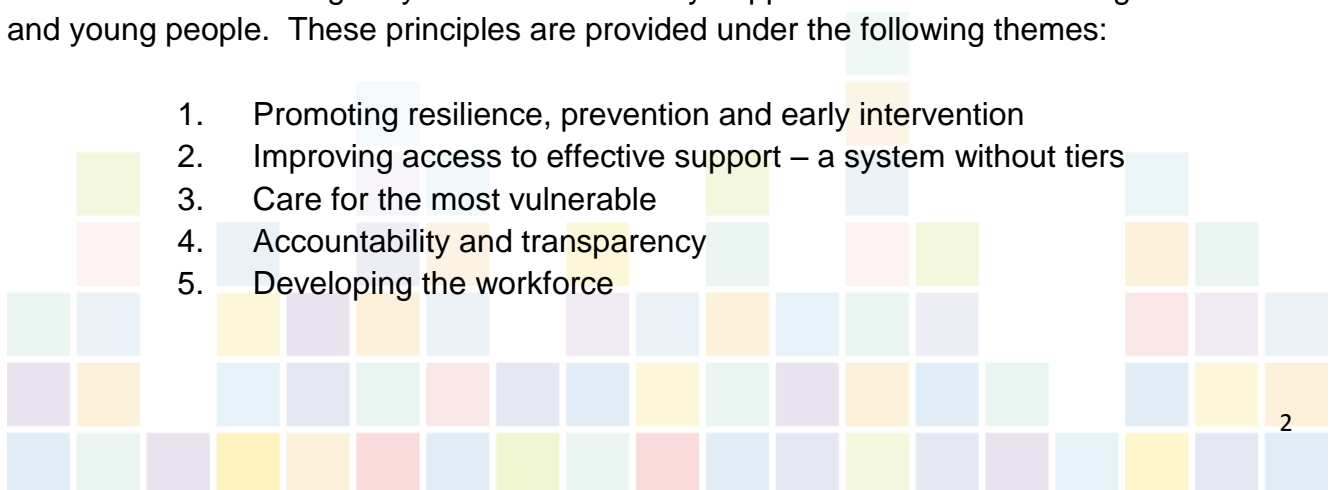
The priorities were borne out of thorough consultation with children and young people, as well as adult mental health commissioners. Children and young people from all parts of the city were included, to ensure our priorities reflected citywide need.

At the same time as this, the Children and Young People’s Mental Health and Wellbeing Taskforce was established by Central Government, to consider ways to make it easier for children, young people, parents and carers to access help and support when needed.

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

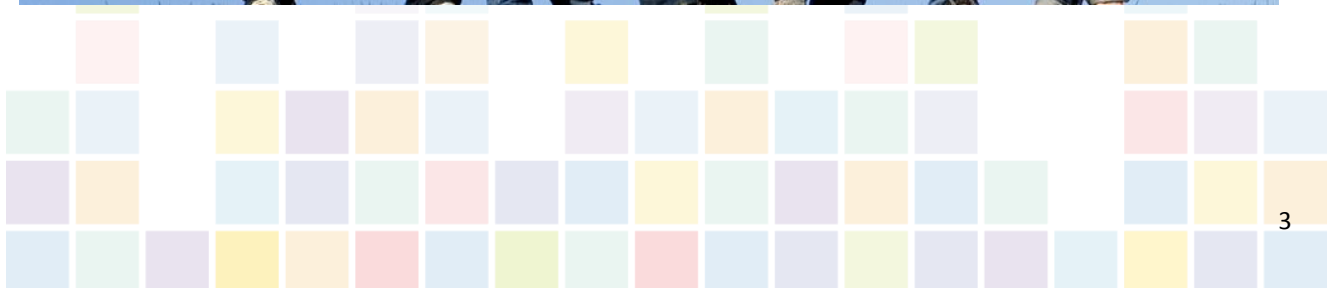


Subsequently, partners in Sheffield completed a Future in Mind self-assessment, supported by our Strategic Clinical Network, which involved assessing ourselves against key recommendations taken from the report (Future in Mind). This involved providing a score for how far Sheffield has reached and implemented recommendations from Future in Mind.

Young people and their representatives, Child and Adolescent Mental Health Services (CAMHS) clinicians and managers, the voluntary sector, commissioners and local authority colleagues contributed to the self-assessment.

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

The original priorities and additional areas highlighted from the local self-assessment have all been drawn together and now form the five strategic priorities within this document and these form the basis to progress local planning around transformation.



2. What Do We Know?

In Sheffield, it is estimated that approximately 7000 children between the ages of 5-15 years have a clinically recognisable mental health disorder. Prevalence data for early years is less clear but it is estimated that approximately 10% of 0-3 year olds could have a mental health problem; this includes emotional disorders, anxiety disorders, conduct disorders and autism.

2.1 Benchmarking

- Sheffield has a high use of inpatient CAMHS beds in comparison to other local areas. In 2014/15, 16.8% of the Yorkshire and Humber Region CAMHS bed days were for Sheffield patients totalling 5,510 bed days.
- Our Health Needs Assessment, which can be found in Appendix B provides benchmarking data, particularly for the protective factors for emotional wellbeing and mental health. 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.
- For example 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.

2.2 Stakeholder Input

Young People in Sheffield Have Told Us:

- Schools are best placed to support young people with emotional wellbeing needs. Personal Social and Health Education should address mental health and further training is needed for teachers.
- They want mentoring from peers and peer wellbeing champions in schools.
- Social media and mobile apps are a good way to get advice, support and self-care. GPs and other health professionals need to know more about them and it should be

easier to find recommended apps. Care Plans or Mental Health Services Passport could be made available on individual apps.

- Bullying continues to be a big issue for young people and schools are not always dealing with this successfully.
- Self-harm is increasingly an issue but there is lack of knowledge and understanding among staff and young people on how to address it.

Figure 1 below is taking from an event held with the Sheffield Health and Wellbeing Board. The purpose of this event was to gather the views of young people to inform the transformation of mental health services. Our transformation plan strives to achieve what young people have told us.

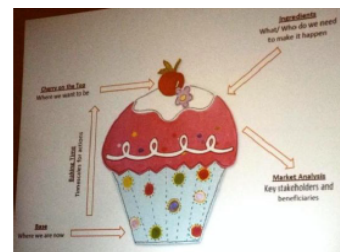
Sheffield Health and Wellbeing Board Event with Chilypep, Sheffield Futures, Young Healthwatch 13 November 2014

What are some of the difficulties young people face?

- They're afraid of being judged and insulted in a context of stigma, negativity and misunderstandings around mental health
- They're passed around from one person to the next, often abandoned
- They have to wait a long time to receive the care and support they feel they need – and at that age, waiting for a year means a whole year of education affected
- They're not taken seriously: services (if they exist at all) aren't tailored appropriately to their needs and age-group; often they have to meet in an office rather than somewhere more comfortable and less intimidating



Foyez Syed @Foyez9 · Nov 13
Looking forward to engaging with @SheffieldHWB as apart of @STAMPSSheffield - hope they take on board young peoples views on #mentalhealth



So what could we do? Some ideas kept coming up again and again:

- Improve working with schools: better support to be available to help young people talk about how they feel, have protection from stigma, and be enabled to continue in education
- Provide someone to help: it's not always about medical support; instead, it's about having one person who is responsible, who advocates, who cares, who listens – this person could be a 'keyworker' or it could simply be another young person who is able to provide support
- Commission better services and a clearer pathway: it's not being unfairly negative to say that services need to improve so there's provision for 16-18 year olds, so that services are more generally age-appropriate, so that waiting times are reduced, so that preventative care and support is available, and so that services are infused with more warmth
- Campaign: We need to give positive stories from young people for young people that promote compassion and understanding

What's next? The Health and Wellbeing Board will discuss and feedback in spring 2015. Thanks to everyone who came!

Figure 1 Feedback from young people about transforming services

To make this transformation plan accessible to both young people and their parents, we have made an infographic (figure 2). This allows anyone to quickly digest what this plan involves and why we are doing it.



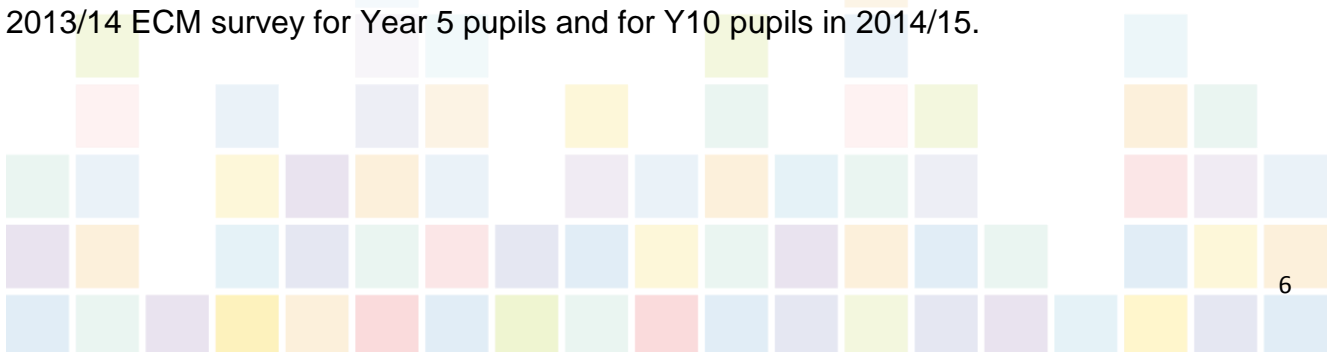


Figure 2 CGG and SCC Infographic on the Transformation Plan



Every Child Matters Survey

Annually in Sheffield we offer all schools the opportunity to participate in our Every Child Matters Survey.(ECM) This provides us with citywide data and insight about how children and young people are feeling and their experiences of emotional wellbeing and mental health. Years 2 (6 & 7 year olds) and 5 (9 & 10 year olds) in primary school and Years 7 (11 & 12 year olds) and 10 (14 & 15 year olds) in secondary schools answer a number of emotional wellbeing and mental health questions. We use this data to target our input and support to schools, as well as to provide us with an understanding of the issues which are important to children and young people. Below are two extracts of results from the overall 2013/14 ECM survey for Year 5 pupils and for Y10 pupils in 2014/15.



Year 5 – Overall Results 2013/14: total 2, 584 completed survey's

Q9 I think I am healthy

2014 (78.7%) Yes
 83 (3.2%) No
 462 (18.1%) I don't know

Q15

I feel happy with the way I look...

1581 (60.8%) Most of the time
 790 (30.4%) Some of the time
 111 (4.3%) Hardly ever
 86 (3.3%) Never

Q16 How often do you feel...

	Most of the time	Some of the time	Hardly ever	Never
Happy	1897 (75.0%)	553 (21.8%)	62 (2.4%)	19 (0.8%)
Sad	208 (9.6%)	958 (44.4%)	833 (38.6%)	159 (7.4%)

Q17 I think I get enough sleep

	Most of the time	Some of the time	Hardly ever	Never
On school nights	1586 (63.8%)	580 (23.3%)	202 (8.1%)	118 (4.7%)
At weekends or during holidays	1027 (44.3%)	773 (33.4%)	331 (14.3%)	185 (8.0%)

Year 10 Overall Results 2014/15: total 1, 060 completed survey's

20. I think I am healthy

670 (63.3%) Yes
 183 (17.3%) No
 205 (19.4%) Not sure

27. I feel happy with the way I look...

425 (40.1%) Most of the time
 395 (37.2%) Some of the time
 158 (14.9%) Hardly ever
 83 (7.8%) Never

28.

How often do you feel...

	Most of the time	Some of the time	Hardly ever	Never
Happy or content	585 (55.9%)	381 (36.4%)	55 (5.3%)	25 (2.4%)
Sad or depressed	109 (10.6%)	395 (38.5%)	405 (39.5%)	116 (11.3%)
Angry	144 (14.1%)	508 (49.8%)	299 (29.3%)	70 (6.9%)
Anxious / worried	125 (12.4%)	365 (36.2%)	350 (34.7%)	169 (16.7%)
Stressed	204 (20.0%)	392 (38.4%)	280 (27.5%)	144 (14.1%)
Lonely	75 (7.4%)	209 (20.5%)	290 (28.4%)	446 (43.7%)

*Question 29 was asked to those who indicated in Question 28 that they did experience negative emotions at least 'some of the time'.

29. Have any of these feelings been so bad that you felt you couldn't cope?

373 (42.5%) Never
 316 (36.0%) Once or twice
 122 (13.9%) On several occasions
 67 (7.6%) Often



Parents have told us:

- As part of a scrutiny process around Sheffield CAMHS, parents have told us how the service should be improved:
 - Communication: Communication between GP's, CAMHS, parents and children should be improved.
 - Pathways: They are currently too complex and should be simplified to make it easier for children and parents to understand.
 - Waiting times: These should be reduced as it takes too long to access services.
 - Services for 16-18s: Services for 16-18 should be developed as many disorders are not treated post 16.
 - The System: The delivery model is regarded as old fashioned and should be modernised to improve access.

Schools in Sheffield have told us:

- 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.
- 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.
- 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.

The funding released for this transformation plan will be partly used to improve the ability of schools to deal with the issues identified above. We need to ensure that there is an evidenced based support offer available in schools and that staff are properly trained and supported using expertise from specialist CAMHS in order to develop a tier less service.

Our local stakeholders have told us that improvements need to be made for young people in transition, more community services are needed and better links with schools need to be established.

2.3 Access and Waiting Times

We have two main specialist health providers for children and young people: Sheffield Children's NHS Foundation Trust (FT), which provides Child and Adolescent Mental

Health Services (CAMHS) and Sheffield Health and Social Care FT, which provides eating disorder and early intervention psychosis for 16-18 year olds.

Action for children, South Yorkshire Eating Disorder Association (SYEDA) and the University Practice also provide some lower level non specialised support into schools and for students. There are also a number of voluntary sector providers involved in delivering early intervention and lower level mental health support to children and young people, in schools and community youth settings.

The median waiting time across CAMHS including 16 years+ has been maintained within 18 weeks across the 15 month period from March 2014 to May 2015 and the maximum waiting time has significantly reduced during this period. However, the percentage of patients waiting over 18 weeks is increasing; the position as at the end of May 2015 shows 25% of patients waiting for more than 18 weeks.

2.4 CYP IAPT and CAMHS

CYP-IAPT

Currently Sheffield is a partnership with the NE collaborative for the CYP-IAPT programme. The Sheffield partnership includes Sheffield CAMHS, the local authority and Chilypep.

The CYP-IAPT programme has achieved the following:

- An increase in partnership working between Sheffield CAMHS and the Local Authority, particularly in relation to supervision of the CYP-IAPT trainees. The supervision has been delivered by Tier 3 CAMHS and this needs to continue in order to ensure that the skills that trainees develop throughout the course are not lost.
- An increase in training staff to deliver Evidence Based Interventions in both Sheffield CAMHS and the local authority.
- An increase in accessibility for Sheffield young people to Evidence Based Interventions.
- An increase in collaboration and partnership working with young people.
- The introduction of Routine Outcome measures across the whole of Sheffield CAMHS, with a plan to roll this out to the Local Authority.

Further investment in the CYP-IAPT programme is needed through our transformation work to ensure that full service transformation takes place within the Local Authority and CAMHS and across the wider system of services and support. For example:

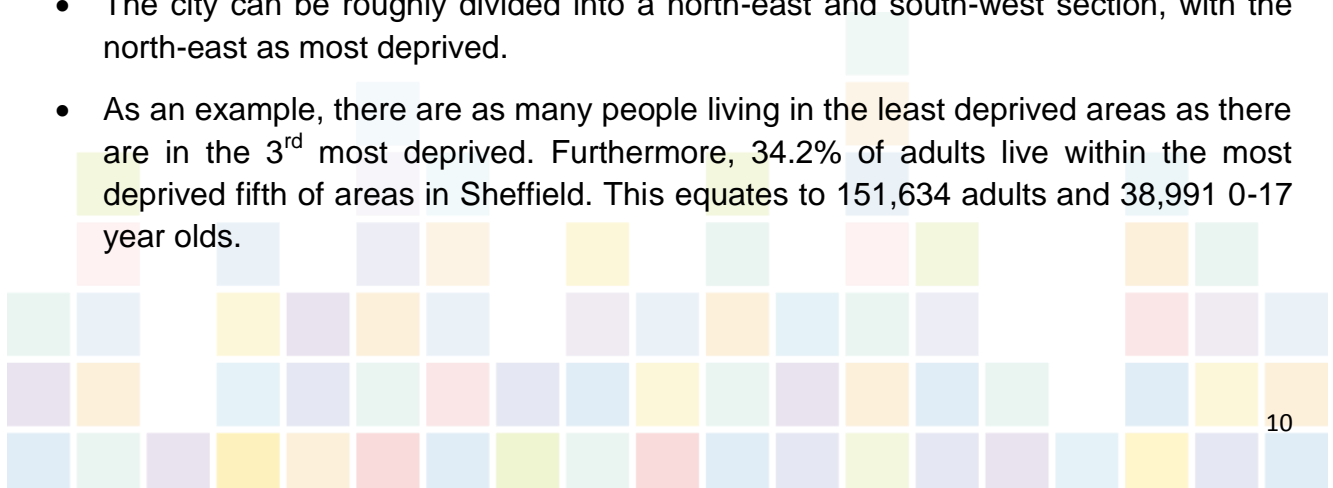
- Further investment in the Primary Mental Health Service, to ensure that effective supervision is given to staff in MAST.
- Further investment in ensuring that trainees reach accreditation in their evidence based training and that accreditation is maintained.
- Further investment in whole service training.

CAMHS

- Current investment in CAMHS stands at around £8.4 million.
- This funding is provided by Sheffield City Council, Sheffield CCG, and NHS England.
- As part of the transformation plan, an investment will be made into CAMHS to reduce waiting times, develop an intensive home treatment service and expand capacity within the Sheffield Eating Disorder Assessment Clinic.
- We will also invest into CAMHS to ensure our response to crisis care is met as set out within the local Sheffield Crisis Care Concordat.
- The wider redesign of emotional wellbeing and mental health services including the early intervention and prevention work, which we are committed to as part of this plan, should also reduce demand on CAMHS over a longer period of time.
- Our overall plan is to move investment from high cost specialist services into community services and enable models of care to be put in place that effectively identify and treat mental health problems as soon as possible.

2.5 Health Inequalities and Higher Risk Groups

- Our Emotional Wellbeing and Mental Health Needs Assessment (HNA), completed September 2014, identifies the health inequalities which exist in Sheffield. It particularly focuses on our population demographics and page 19 of the (HNA) included in the appendix details the level of deprivation we have in the city; our Health Needs Assessment can be found at Appendix B.
- The city can be roughly divided into a north-east and south-west section, with the north-east as most deprived.
- As an example, there are as many people living in the least deprived areas as there are in the 3rd most deprived. Furthermore, 34.2% of adults live within the most deprived fifth of areas in Sheffield. This equates to 151,634 adults and 38,991 0-17 year olds.



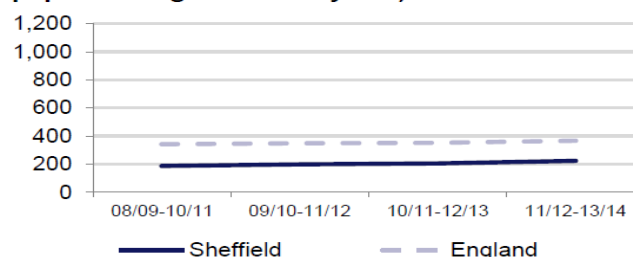
- The HNA also focuses on those groups at higher risk of mental illness and disorder and low emotional wellbeing (page 23). Therefore as a city we are confident of the vulnerable groups that we need to target and where they are located in the city.
- Sheffield is a very ethnically diverse city. Asylum Seekers, Refugees, Immigrants, Roma, Gypsy and Traveller children and young people that are within the city are vulnerable groups who we must ensure receive the emotional wellbeing and mental health support that they need. We know that BME groups are under represented in our CAMHS provision. As a city Sheffield has had an 800% increase in the number of Roma children requiring school places. Pages 32 and 33 of the HNA provide further detail on ethnic minorities and our recognition of them as a vulnerable group requiring support.
- We regularly review CHIMAT data to ensure that we are keeping up to date with local, regional and national data, as well as ensuring that our HNA data is reviewed and updated. The Child Health Profile published in June 2015 (PHE, 2015): www.chimat.org.uk/resource/view.aspx?RID=242403 shows an increase in the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm in 2011/12-2013/14 compared to the 2008/09-2010/11 period. See figure below. This highlights the need for us to ensure appropriate mental health crisis support and intervention is addressed as part of our plan.

Sheffield Child Health Profile: CHIMAT, Published June 2015

Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



*Information about admissions in the single year 2013/14 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

- To help address these inequalities, each of our commissioning options put forward as part of the Transformation Plan has both a citywide and targeted approach. We want to commission services that benefit the city as a whole, including the most deprived areas.

We have a specific focus on working closely with schools across the city. Targeting those in the more deprived areas; 'our target schools' to engage in the Emotional Wellbeing and Mental Health pilots we have been developing. We have proactively recruited schools in the more deprived areas, where we know a higher number of children and young people have low level emotional wellbeing and mental health problems and where CAMHS are/have been receiving high numbers of referrals from. The focus on promoting emotional wellbeing and mental health, using a whole school approach, working with families of schools and on delivering early intervention and prevention is key to our vision.

The CCG and Sheffield City Council has commissioned national social enterprise Catch 22 to undertake a research project to explore the emotional wellbeing and mental health of 11-18 year olds for the following vulnerable groups:

- Children in care
- Children involved in criminal activity
- Children at risk of suicide
- Children not engaged with services (health and/or education)

The research, to be reported in winter 2015, will identify good practice, benchmark Sheffield and make recommendations for future commissioning; this will inform our local priority of improving care for the most vulnerable as part of this Transformation Plan.

2.6 Workforce

- We have mapped our clinical and wider workforce on emotional wellbeing and mental health; see Appendix D.
- Our Transformation Plan aims to embed CYP-IAPT and support delivery of the new access and waiting time targets.
- We plan to develop the workforce within universal and children's settings over a range of professionals to enable better identification, support and skills over a wider workforce.

2.7 Investment

- We have mapped the city's investment into emotional wellbeing and mental health services through the Local Authority and Clinical Commissioning Group; see Appendix D.
- Benchmarking of investment is challenging within community CAMHS due to the historical poor data sets around CAMHS and the way service use is recorded.
- The data we do have does show that Sheffield is a high user of in-patient/ tier four services in comparison to other cities and the transformation plan aims to put community services in place to reduce the need for admissions, improve access to

out-patient care and ensure pre-admission and care and treatment reviews are undertaken in line with transforming care.

2.8 Working with NHS England and Health and Justice Commissioning Teams

Sheffield has a strong track record of joint and collaborative working with NHSE; they are part of our local Children's Health and Wellbeing Board and members of our local Children's Joint Commissioning Group.

Generally across Yorkshire and Humber (Y&H) Mental Health Specialised Commissioning Team works closely with the identified lead commissioners in Sheffield to ensure that specialised services feature in our local planning. This work is done collaboratively through the Children and Maternity Strategic Clinical Network that includes all relevant stakeholders. There are a number of forums across Y&H where collaboration take place, these include for example, the Y&H CAMHS Steering Group, Specialist Mental Health Interface Group and also through individual meetings between NHS England and local commissioners. This way of working ensures that the whole pathway is considered when considering the development of services for children and adolescents.

Specialist Services

The National CAMHS Tier 4 Review identified Y&H as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.

Summary of Current Provision in Y&H

April 2015 – total beds in Y&H 90 (53 general adolescent and 37 other) – some of this capacity provides for population of East Midlands.

Services in Y&H

- Leeds & York NHS Partnership FT (York) - 16 gen adolescent beds, deaf out-patient services
- Leeds Community NHS Healthcare Trust (Leeds) - 8 gen adolescent beds
- Riverdale Grange (Sheffield) – 9 CAMHS Eating Disorder beds
- Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield) – 15 gen adolescent beds, 12 PICU beds
- Sheffield Children's Hospital NHS FT(Sheffield) – 14 beds 14-18yrs, 9 beds 10-14yrs, 7 beds LD none secure 8-18yrs, day-care 5-10yrs.

Provision Required

Across Y&H, consideration into what provision is required has been undertaken, below is a summary position, modelling work regards bed numbers is ongoing and includes consideration of the natural patient pathways for young people from the East Midlands.

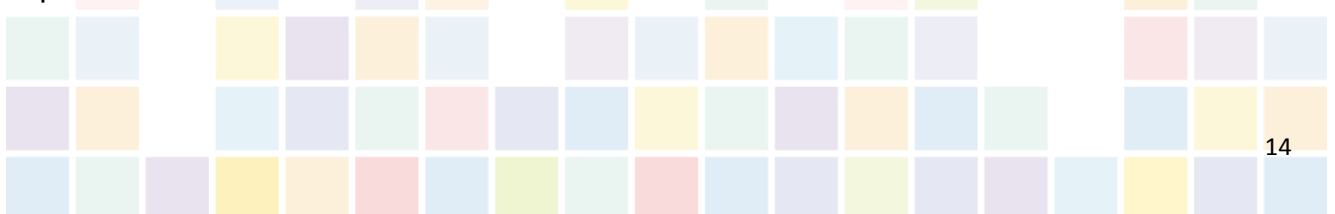
- Adequate capacity regarding general adolescent beds in appropriate geographical locations - current lack of provision in West, North and East of Yorkshire – over provision in the South.
- Access assessment arrangements that reflect location of general adolescent services.
- Eating Disorders – North and South of the hub area.
- PICU – North and South of the hub area, co-located with general adolescent service.
- Children – Y&H central geographical location.
- Low secure -mixed gender – Y&H central geographical location
- Low Secure and none secure learning disability/ASD – Y&H central geographical location
- Other services will continue to be provided on a regional basis, e.g. Medium secure or national basis, e.g., in patient deaf services

Locally our working relationship with NHS England is good. A representative of NHS England also sits on our Improving Access working group that is overseeing the delivery of this priority within our transformation plan which includes development of services to reduce in-patient admissions; see section 5 below.

2.9 Transition

Transitioning between adult and children’s mental health services continues to be a problematic area that both young people and providers have highlighted to commissioners.

In January 2015, a new service was commissioned by the CCG for 16-17 year olds within CAMHS to ensure this age group can access an appropriate service. A detailed evaluation is being undertaken to ensure this is resourced sufficiently to meet needs and to ensure the service model is delivering improved outcomes for children and young people. As part of this work a transition protocol has been developed by adult and children’s mental health services to ensure a clear and effective transition process is implemented.



Despite this work we know that the pathway for transitioning between adult and children’s services continues to be complex and difficult to navigate; this needs to be simplified and will be a big part of our transformation plan over the next five years.

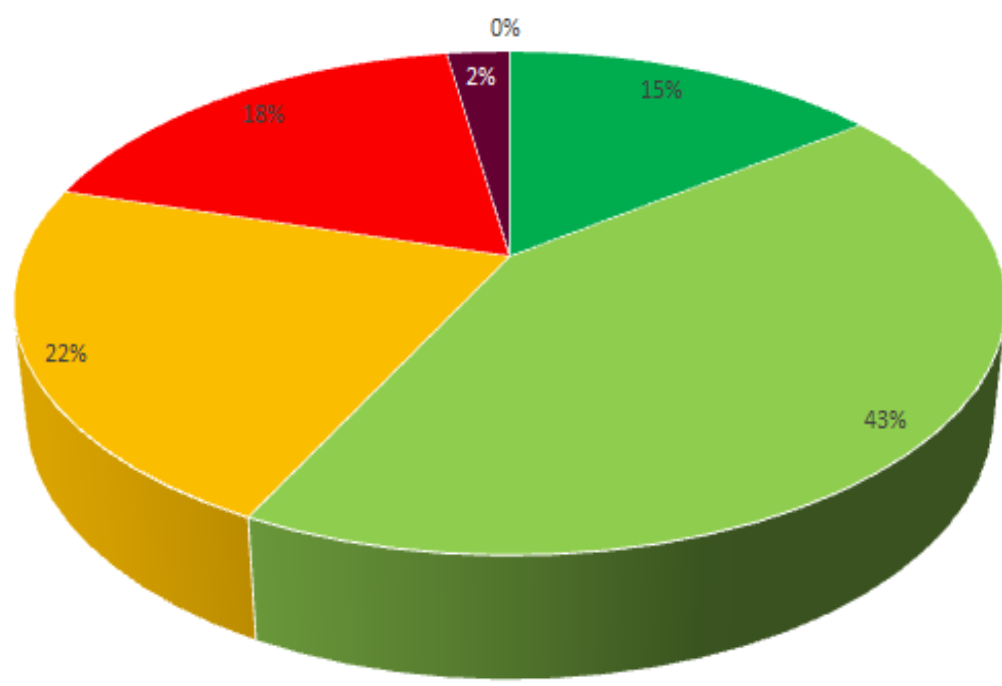
3. Future in Mind Self-Assessment

Completion of the self-assessment exercise has provided Sheffield with a strong steer on which themes need most improvement to deliver best practice in the city. The self-assessment was completed as a piece of joint working between Sheffield City Council, CGG, NHS, 3rd sector and social care colleagues. Results of the assessment have then been reported to the Children’s Health and Wellbeing board.

The following graphs have been taken from the Future in Mind self-assessment and summarise Sheffield’s readiness for implementing the recommended actions.

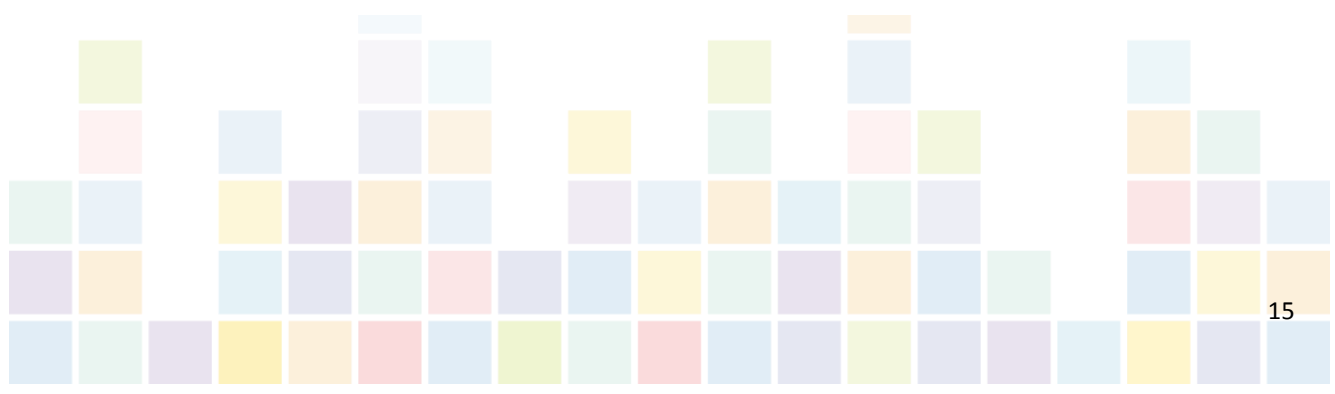
Readiness Status (percentage of recommendations)

- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. Not Ready/ Anticipate Some Barriers to Change

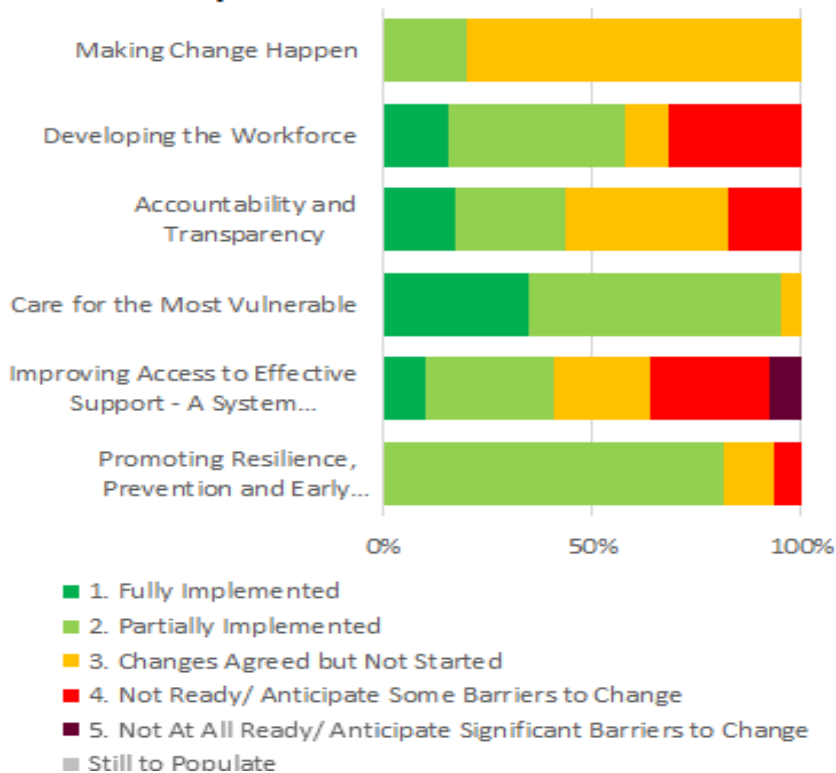


Overall in Sheffield, 15% of the recommendations are fully in place and a further 43% are partially implemented.

40% of the identified actions have not started with 20% requiring significant work to overcome barriers and work through complexities



Readiness by Theme



While work is required on all themes within Future in Mind, progress is particularly needed on developing the workforce, accountability and transparency, and improving access.

We are committed to work together and implement the required changes.

4. Priorities for Change

Sheffield’s priorities for change have been developed by partners following completion of the self-assessment, as well as the analysis of the current data on mental health services for children and young people in the city. The plans will be further developed by working groups with specified outcomes and timeframes that will be monitored as part of the programme dashboard within the Children’s Health and Wellbeing Board. The priorities identified here provide a starting point for implementing change and will be updated as progress is made and outcomes are achieved.

The commissioning intentions are based on delivering evidence based practice, with a focus on demonstrating improved outcomes; further details are provided on the Tracker. Where possible, funding available for 2015/16 will be used to pump prime projects and activities, particularly around early intervention and prevention, while work with clinical providers and stakeholders is undertaken to deliver new service models and pathway from 2016-17 onwards. This will enable the workforce development of the clinical team to be staggered and be flexible in developing around the outcomes of pilot ways of working over the next 12 months.

We then plan to work in partnership to realise the longer term vision of ensuring children and young people have access to the right services and support at the right time by building skills and expertise in alternative settings and through new models of support. We need to achieve this while still ensuring timely access to clinical treatment when needed. This next section addresses what we are going to prioritise and what are we going to do and what success will look like.

4.1 Resilience, Prevention, Early Intervention

We will ensure children have the best in start in life, focusing on maternal mental health and promoting attunement and attachment between mother/carer and baby.

As a City we will design a universal model to be delivered through schools and children/young people's settings that supports the early identification of low level mental health issues. This model will enable a range of professionals to provide support to children and young people, working to offer early help and reduce the demand on specialist services.

Priorities	What will success look like
Effective identification and treatment for women experiencing mental health problems in pregnancy and one year after birth.	<p>Women know what services are available and where from.</p> <p>All women who need it will have access to peer-to-peer support networks and mentoring if they experience low-moderate mental health issues in the perinatal period.</p>
Develop evidence based primary mental health interventions through a school and community based hub model.	<p>Staff in schools, including school nurses provide a robust offer to children and young people around emotional wellbeing, including Personal, Social and Health Education (PSHE). This is facilitated through schools access to training, expertise from our specialist teams and delivery of early intervention EWBMH service in school settings.</p> <p>Families will know how to access Best Start teams.</p>
Work with community health services to identify children with risk factors such as special educational needs	Children at risk of developing emotional wellbeing and mental health problems will be supported by community health services to access early help and support. (This work is linked to Sheffield's implementation of the Special Educational Needs and Disability reforms)

Commissioning Intentions for Resilience, Prevention and Early Intervention – led by Sheffield City Council, mobilisation from January 2016

- Develop Emotional Wellbeing and Mental Health services into schools. We will develop an Emotional Health and Wellbeing Service using an early intervention

model for children with low level mental health problems. This work will have the aim of reducing the number of avoidable referrals to other mental health services. Delivery will commence from February 2016.

- Our intention is to provide a two year extension of the SYEDA Comic Relief Project continuing the employment of two clinical staff and an education worker for direct support for service users. Delivery from February 2016.
- Investment in Primary Mental Health Workers in Multi-Agency Support Teams (MAST) to allow early intervention in low level mental health problems. We will Increase the amount of hours for primary mental health workers allocated to MAST. This will enable MAST to support transitions between children and adults services. Delivery will commence from March 2016.
- Implement recommendations of the review of models for supporting vulnerable young people in the community (YIAC) through recruiting an officer to oversee work. Delivery from January 2016.
- Commission citywide training across the 7 localities of schools on flower 125, mental health first aid, looked after children, EWBMH. This training will be rotated on a quarterly basis, with schools booking on to sessions they want. February 2016 Delivery.
- We will commission the 'Body Project' for use within two secondary schools in Sheffield. This project aims to improve body self-esteem in secondary school pupils, with the aim of reducing eating disorder problems. It will be delivered in King Edwards and High Storrs Secondary Schools, identifying pupils at risk of eating disorders and providing an intervention that prevents them from developing an eating disorder. Delivery will commence January 2016.

4.2 Improving Access

We will develop a pathway for specialist support, enhancing community provision to bring care closer to home.

Priorities	What will success look like
Investigate new models of integrated service delivery based on good practice.	Fewer children and young people will require in-patient care through improvements to mental health services in the community.
	More children and young people access Improving Access to Psychological Therapy (CYP-IAPT) services.
	All children and young people have access to a dedicated, appropriately trained individual in evidence based interventions responsible for mental health in school.

	All schools and GPs have an assigned contact in specialist CAMHS to go to for advice and guidance.
Implement comprehensive access and waiting time standards for CAMHS.	More children and young people access clinical mental health services and waiting times have improved, including services for eating disorder and psychosis.
Appropriate mental health crisis support and intervention in line with Sheffield Crisis Care Concordat including the pathway for section 136 (see Appendix C)	An age-appropriate out-of-hours service including swift and comprehensive assessment is available for children and young people in crisis and all age psychiatric liaison service available in A&E.

Commissioning Intentions for Improving Access – led by Sheffield Clinical Commissioning Group; mobilisation from January 2016.

- Invest in the capacity of the workforce within CAMHS to support the implementation of IAPT and to increase access and reduce waiting times in line with national performance measures.
- Improve access to clinical eating disorder services and reduction in waiting times by investing in our CAMHS eating disorder service and our adult mental health eating disorder service for 16 and 17 year olds.
- Establishment of an intensive home treatment service to bring CAMHS treatment into the community and reduce the risk of inpatient admissions as well as enable swift discharge back to the community.
- Improve crisis response through availability of an all-age psychiatry liaison service and ensure we have a section 136 place of safety for young people.

4.3 Caring for the Most Vulnerable

We will improve the experience and outcomes for the most vulnerable children and young people by removing the barriers to accessing services and developing bespoke care pathways.

Priorities	What will success look like
Improve the experience and outcomes for the most vulnerable children and young people by proactively supporting those at risk, removing the barriers to accessing services and developing bespoke care pathways.	Children, young people and their families have a range of methods and opportunities by which to access emotional wellbeing and mental health support.
	Out-of-area vulnerable children and Looked After Children receive timely and appropriate interventions from CAMHS.
	Children and young people with a learning

	<p>disability at risk of developing emotional wellbeing difficulties will have access to a positive behaviour outreach service.</p> <p>Regular reviews of healthcare packages for children with a learning disability and/or autism will reduce the risk of inpatient admission and ensure the right care is in place in the community. This is part of Transforming Care.</p>
<p>Those who have been sexually exploited or abused will receive a comprehensive assessment and referral to appropriate evidence-based services including specialist mental health service where required.</p>	<p>Children and young people who have been abused can access a service that effectively supports their emotional wellbeing needs.</p>

Commissioning Intentions Section for Caring for the Most Vulnerable – led by Sheffield CCG; mobilisation from January 2016.

- Delivery of a new positive behaviour outreach service for children and young people with a learning disability available in schools and at home.
- Piloting and developing provision for in reach CAMHS supporting vulnerable children within schools and building capacity within schools.
- Further develop our transition protocols and support across children’s and adult mental health services to improve care for this age group.

4.4 Accountability and Transparency

We will develop pathways across all EWBMH services with standards for access, waiting and outcomes reported in a clear and transparent way. We will implement clear governance roles and reporting structures with aligned or pooled budgets.

Priorities	What will success look like
<p>Single and transparent pooled or aligned budgets across health and social care for mental health services for children and young people.</p>	<p>Clear information is published on the mental health services available for children and young people including levels of investment, staffing and waiting times.</p> <p>A single or aligned budget exists across the city for emotional wellbeing and mental health services for children and young people which clearly shows that funding is focused on need.</p>

Service users, families and carers have an equal voice within our governance structure and regular and meaningful engagement opportunities throughout the redesign process	Children, young people and their carers and representatives work alongside commissioners and providers in designing emotional wellbeing and mental health services.
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Commissioning Intentions for Accountability and Transparency – led jointly by Sheffield City Council and Sheffield Clinical Commissioning Group; mobilisation from December 2016.

- Invest in transformation plan infrastructure to improve communications, workstream support and IT. This investment will increase the ease by which information can be clearly published for all stakeholders to see and support consultation processes.
- Enable children and young people to directly support the service re-design and commissioning processes as part of the Transformation Plan through delivery of a three-year Young Commissioners Programme commencing in December 2015.

4.5 Developing the Workforce

We will support all our universal, specialised and paediatric services and commissioners to develop their skills and knowledge in EWBMH needs of children and young people.

Priorities	What will success look like
All universal, specialised and paediatric services and commissioners are supported to develop their skills, knowledge in emotional wellbeing and mental health needs of children and young people and effective ways to engage and support young people	Schools and universal services are better able to identify mental health issues in children and young people and access appropriate support through provision of a joint mental health training programme and delivery of a comprehensive workforce development strategy in line with CYP-IAPT.
	Professionals know how to work in a digital environment and provide advice and support to young people digitally
	City wide roll out of CYP-IAPT within CAMHS and Local Authority staff embedding evidence based practice into clinical and community services.

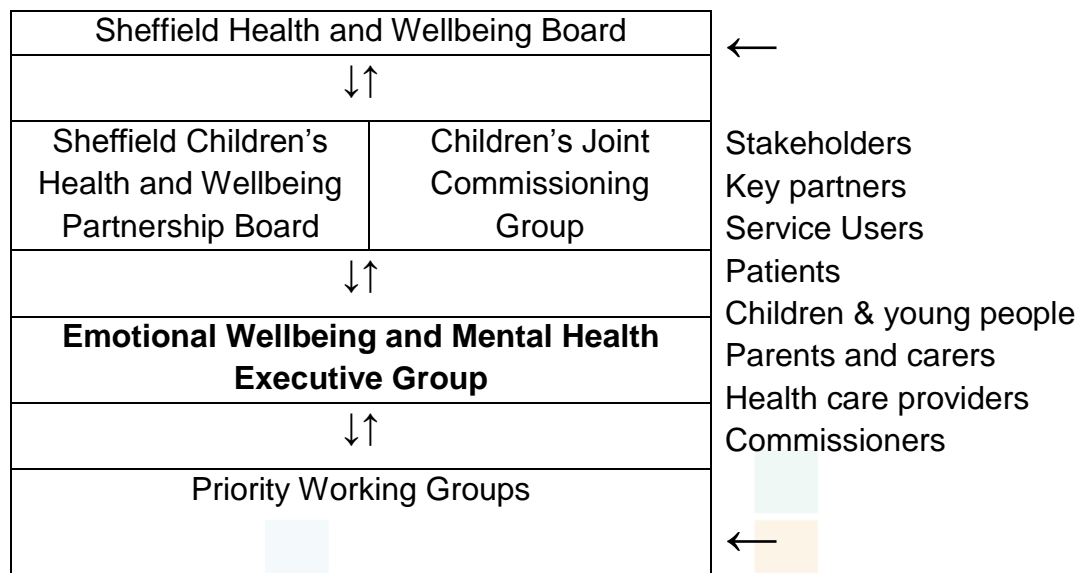
Commissioning Intentions for Developing the Workforce – led by Sheffield City Council; mobilisation from January 2016.

- An evidence based citywide training programme on emotional wellbeing and mental health, with the aim of improving capacity of staff to address low level mental health problems.
- Develop an app that will enable digital engagement of children and young people in Sheffield. This app will provide advice and support on mental health issues. The app will contain links to key providers in the city. January 2016 delivery.
- Roll out of CYP-IAPT within our locally commissioned services to enable evidenced based interventions to be implemented and access improved.

5. Local Governance

The Sheffield Children’s Health & Wellbeing Board has four citywide work streams delivering transformation and redesign of key citywide priorities. One of these work streams is Emotional Wellbeing and Mental Health sponsored by our Executive Director of Children’s Services in Sheffield City Council: Jayne Ludlam; Appendix E provides our Children’s Health & Wellbeing Partnership Board Blueprint. This work stream has overseen the development of a new governance structure to enable implementation of our Future in Mind Transformation plan. We have established an Emotional Wellbeing and Mental Health Executive Group that oversees the delivery of the plan, and reports directly into the Children’s Health and Wellbeing Board, the Children’s Joint Commissioning Group and the Sheffield Health and Wellbeing Board.

Table 1 Governance Structure in Sheffield



The Children’s Health & Wellbeing Partnership Board is developing an outcomes framework for Emotional Wellbeing and Mental Health to ensure a robust monitoring of outcomes and performance.

5.1 Working Groups

Working Groups have been established to lead on action planning and project management, reporting monthly to the Emotional Wellbeing and Mental Health Executive Group. A range of stakeholders and partners are involved throughout this reporting structure. The purpose of these groups is to monitor the implementation of the plan and to address any risks or problems identified during the plans implementation.

Figure 3 below provides an overview of the working groups.

Transformation - Working Group Membership

Improve resilience, prevention and early intervention services	Improve access to services and support	Improve care for the most vulnerable	Improve transparency and accountability	Developing the workforce
MAST Service Manager, SCC	Head of Commissioning, NHS CCG	CYPF Assistant Director Fieldwork Services, SCC	Director of Children's and Families, SCC	Head of Inclusion and Targeted Services, SCC
Health Improvement Principal, SCC	Commissioning Manager, NHS CCG	Clinical Director - CAMHS, SC NHS FT, CAMHS	Head of Commissioning, NHS CCG	Educational Psychologist, SCC
Clinical Director - CAMHS, SC NHS FT, CAMHS	Associate Director - CAMHS, SC NHS FT	MAST Service Manager, SCC	CYPF Commissioning Manager, SCC	Commissioning Manager, NHS CCG
Health Improvement Principal, SCC	Associate Director - Transformation, SC NHS FT	Star House Service Manager, SCC	Health Improvement Principal, SCC	Chief Executive Officer, Sheffield Futures
MAST Assistant Service Manager, SCC	GP Commissioner, NHS CCG	Learning Disability Service Manager, SCC	Participant Coordinator, Chilypep	Clinical Director - CAMHS, SC NHS FT, CAMHS
Clinical Psychologist, CAMHS	Health Improvement Principal, SCC	Primary Phase Lead Looked After Children Advocate, SCC		
Chief Executive Officer, Sheffield Futures	Participation Coordinator, Chilypep			
	Mental Health Supplier Manager, NHSE			

Figure 3 Membership Transformation Plan Working Groups

Each working group comprises of key stakeholders from each priority area. The leads for each group were determined jointly between the CCG and Sheffield City Council through the Emotional Health and Wellbeing Board.

A sub-group of the Emotional Health and Wellbeing Board then determined the membership of each group to ensure that stakeholders from across the city were represented. As part of the Transformation Plan, Chilypep will be commissioned to provide young commissioners who can take part in any of these groups. This will ensure that young people's views are embedded into the transformation process.

6. Next Steps

Working Groups have been established to develop detailed plans to make this change happen. This will include providing clarity of scope and outcomes and timeframes for delivery of change. We will ask the Sheffield Health and Wellbeing Board to review and approve our strategy and will develop a way of monitoring progress. Regular updates will be reported to the Children's Health and Wellbeing Partnership Board.

We will continue to explore opportunities for collaborative commissioning that will have mutual benefit across the South Yorkshire region in relation to crisis care and models of more specialist care. We are also supporting mechanisms locally for providers to work together in developing solutions that deliver transformation. For example, we have established an eating disorder group that will involve our NHS, third sector and private sector providers to look at new models of care that will deliver the access and waiting time standard.

Over the next five years we will implement this transformation plan through a joint programme of transformation supported by a collaborative commissioning approach. Our commitment to this approach can be seen in our recent securing of the CAMHS school link pilots for Sheffield, including the extended pilot for vulnerable groups.

As partners and lead commissioners we (Sheffield CCG and Sheffield City Council) are committed to transforming children and young people's emotional wellbeing and mental health services, to improve outcomes for children, young people and their families across the city.

To do this, we will implement the vision that partners have agreed and invest in new models of service delivery. Whilst this is a big challenge, we will work with children and young people, key partners and the whole of Sheffield, to make this happen.

7. The Key Partners

- Children and Young People Empowerment Project (Chilypep)

- Family Action
- HealthWatch Sheffield
- Interchange Sheffield
- NHS England Specialised Commissioning
- NHS Sheffield Clinical Commissioning Group (Lead Commissioner for CAMHS transformation)
- NHS South Yorkshire and Bassetlaw 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



8. Further Information

If you have any queries or comments about this strategy or would like some more information please email NHS Sheffield Clinical Commissioning Group at:

SHECCG.ChildrensCommissioning@nhs.net

9. Publication

You can find copies of this report published on both CCG and SCC websites.

- CCG: <http://www.sheffieldccg.nhs.uk/our-projects/emotional-wellbeing-and-mental-health-strategy.htm>
- SCC: <https://www.sheffield.gov.uk/caresupport/health/future-in-mind-transformation.html>

10. Supporting Information

Appendix A: Emotional Wellbeing and Mental Health Executive Group: Governance Structure for CAMHS Transformation.

Appendix B: Health Needs Assessment

Appendix C: Sheffield Crisis Care Concordat

Appendix D: Data collection spreadsheet for activity, workforce and investment.

Appendix E: Children’s Health and Wellbeing Board – Blueprint 2015-2020

Date: 16th October 2015

