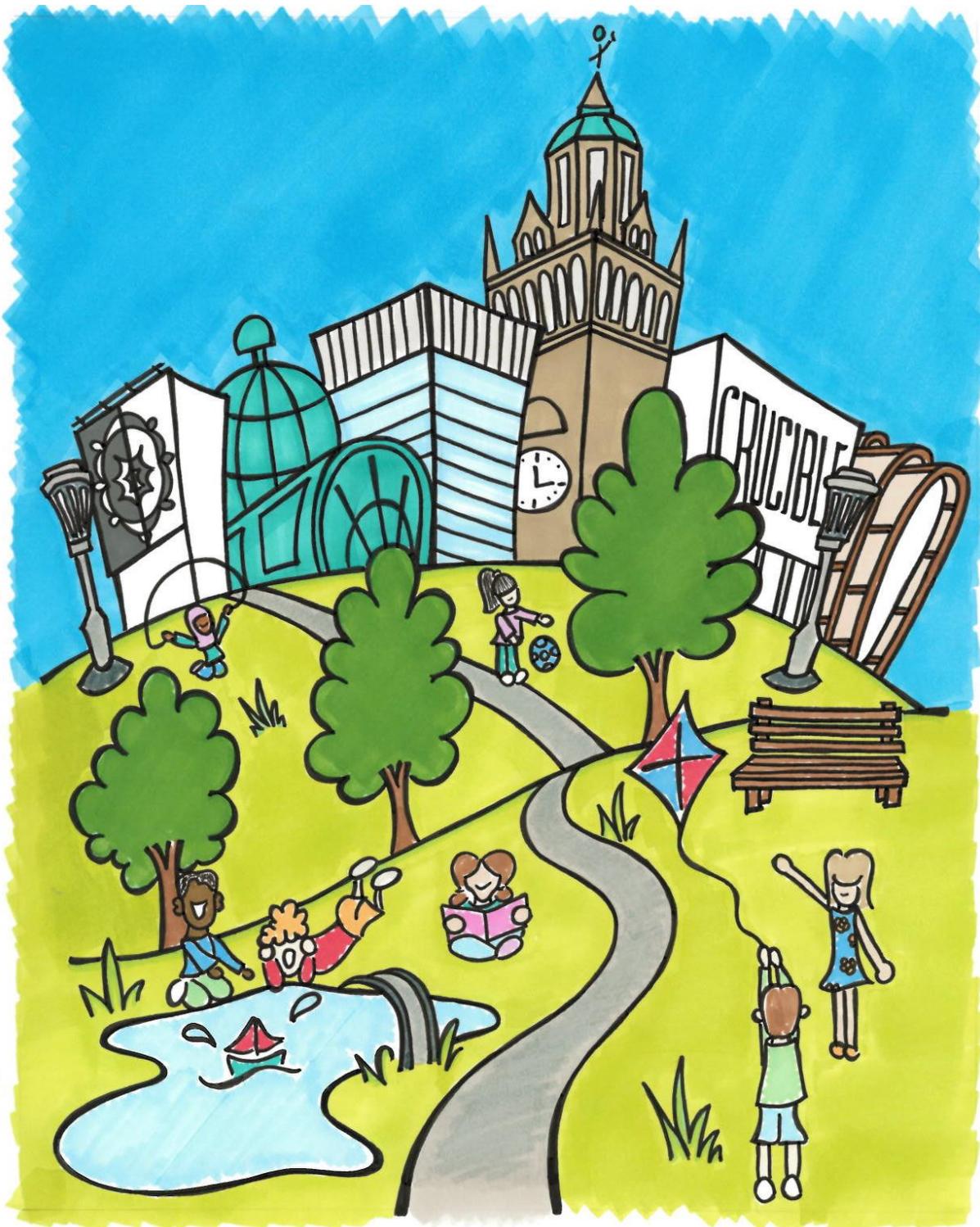


Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People



2018

Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People 2018-19

Our Vision for Sheffield

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

To deliver our vision we will

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

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

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

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

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

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

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

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

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

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

Young Person aged 17

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

Sian Beynon, Participation Project Worker, Chilypap

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

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

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

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

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

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

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

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

Young Person from a Healthy Minds School.

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

Emma Aley, Health and Wellbeing Partnership Manager, Sheffield Futures

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

Young Person from a Healthy Minds School

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

Nicola Ennis, CAMHS Service Manager, Sheffield Children's NHS Foundation Trust

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1. Introduction

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

This strategy is split into a number of different sections; the first part of the document provides background information on our work and sets the context for the programme. The following section provides an overview of our progress so far from 2015-18.

The final part of the strategy outlines our ambition for 2020 and beyond, following this, detail is provided on priority areas of work, such as eating disorders and crisis care. Finally, the strategy concludes with next steps and priorities for 2018/19.

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

2. Background

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

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

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

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

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

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support – a system without tiers

3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce

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

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

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

3. Governance

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

Further details of our governance structure are provided below.

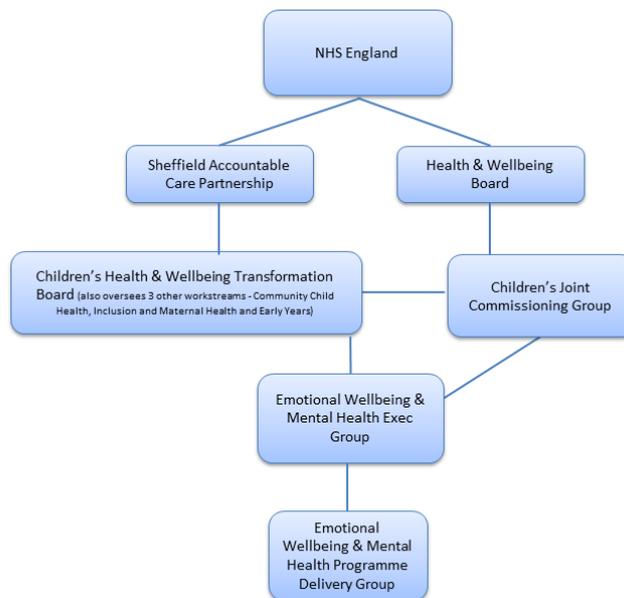


Figure 1: Sheffield’s Governance Structure

To enable the programme to be delivered on a day to day basis, we have established the Emotional Health and Wellbeing Executive Group. This group resolves key strategic issues

in the programme, ensures assurance deadlines are met and identifies new areas of work. Membership of the group is diverse, with representation from Sheffield CCG, Sheffield City Council, Sheffield Children's NHS Foundation Trust and the third sector.

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

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

4. Future in Mind Funding

We have fully invested our local transformation funding that we have received so far for children's mental health. Decisions on investment are jointly taken between Sheffield CCG and Sheffield City Council via the Children's Joint Commissioning Group.

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

This plan will be jointly commissioned by Sheffield CCG and Sheffield City Council, with engagement and support from key stakeholders from across the city. This forms part of the Sheffield Accountable Care Partnership (ACP), through the ACP commissioners and providers are working closely together to further develop and deliver services which deliver the best outcomes for patients. Children and young people's mental health is an essential and growing part of this way of working.

We are currently in the process of agreeing future funding arrangements between partners and we are also working to take into account national developments such as the Green Paper on Mental Health and the 10 year plan for the NHS.

5. Key Stakeholders

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

- [Children and Young People Empowerment Project \(Chilypep\)](#)
- [Family Action](#)
- [HealthWatch Sheffield](#)
- [Interchange Sheffield](#)
- [Learn Sheffield](#)
- [NHS England Specialised Commissioning](#)
- [NHS Sheffield Clinical Commissioning Group](#)
- [NHS Yorkshire and Humber Strategic Clinical Network](#)
- [Sheffield Children's NHS Foundation Trust](#)
- [Sheffield City Council](#)

- [Sheffield Futures](#)
- [Sheffield Health and Social Care NHS Foundation Trust](#)
- [Sheffield School and Education Services](#)
- [Sheffield Teaching Hospital – Jessop Wing.](#)
- [South Yorkshire Police](#)
- [South Yorkshire Eating Disorder Association](#)

6. What do we know about Sheffield?

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

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

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

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



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

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

6.2 General Health

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

6.3 Wellbeing

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

6.4 Body Image and BMI

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

6.5 Bullying

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

6.6 Diet

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

6.7 Physical Activity

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

6.8 E-Cigarettes and Smoking

- In Sheffield 5.5% of 15-year-olds are regular smokers, which is the same as the England average of 5.5%.

- E-cigarettes have been tried at least once by 26.3% of 15-year-olds, which is higher than the England average - 18.4%.

6.9 Drinking

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

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

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

As part of our JSNA we have undertaken in-depth analysis of mental health needs in Sheffield including needs assessments for children and young people (2014) and for adults (2015). These HNAs continue to help shape and structure our approach to mental health and wellbeing being in the city. Based on what these tell us, the main priorities for mental health across the life course are:

- Promoting wellbeing – a good and positive state.
- Promoting psychological resilience – skills to cope with stressors and life's problems.
- Preventing ill health – spotting signs, intervening early with basis interventions.
- Addressing and recovering from mental ill health – coping, functioning and best possible recovery.

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

Our 2014 [Emotional Wellbeing and Mental Health Needs Assessment](#), for children and young people, provides comprehensive data on the needs of Sheffield. This is our most recent health needs assessment and we are giving consideration as to whether an update is required.

Key findings from the needs assessment include:

- It is estimated that 7000 5-15 year olds in Sheffield have a clinical recognisable mental health disorder.
- The prevalence data for early years is less clear, but approximately 10% of 0-3 year olds could have a mental health problem.
- It is estimated that 15,000 Sheffield children and young people live with a parent with a mental health disorder.

- 40% of Sheffield children experience insecure attachment which is a risk factor for poor mental health.
- 50% of mental health illnesses (excluding dementia) arise by the age of 14 and 40% of young people experience at least one mental health disorder by the age of 16.
- The age profile of our Looked After Children is increasing, with the number of 15-17 year olds who are looked after increasing by 17% from March 2015-February 2017 (see figure 2).

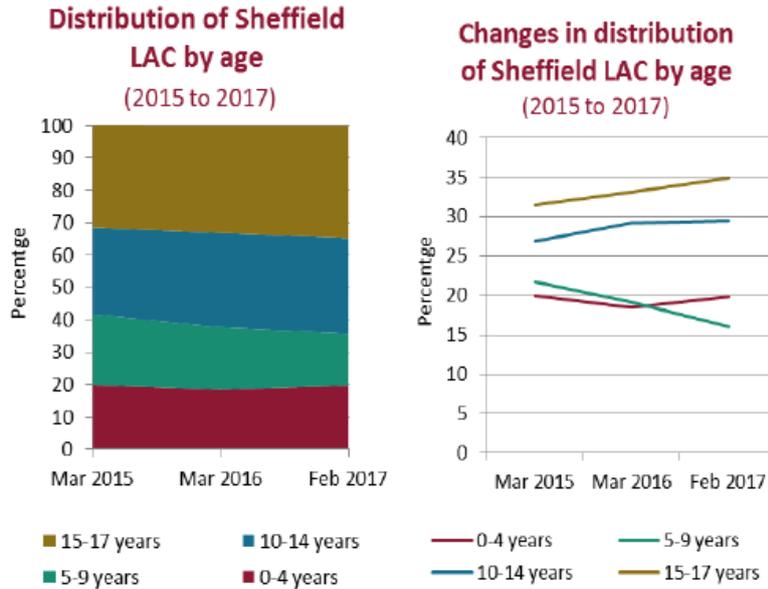


Figure 2: Age distribution of Sheffield's Looked After Children

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

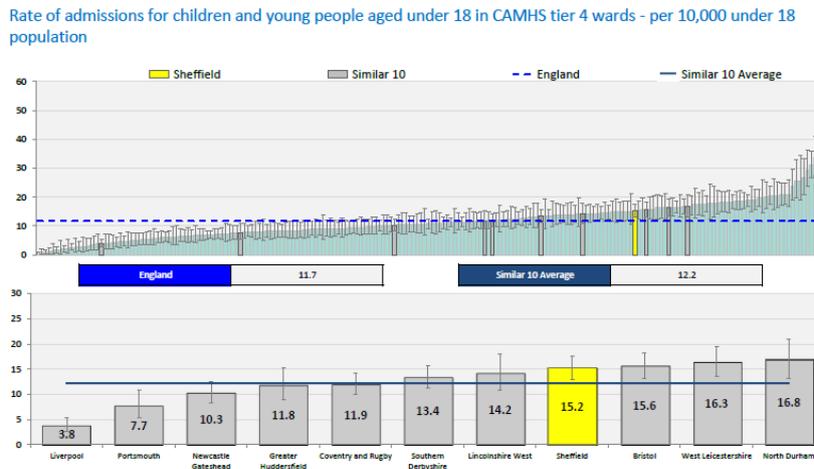


Figure 3: Admissions to inpatient facilities per 10,000 under 18 year olds (Source: NHS England)

Our local data also shows that in 2012/13 51% of Sheffield children achieved a good level of development that was similar to Yorkshire and Humber (50%), our statistical neighbours (49.6%) and England (52%) (LAIT, 2014). It is possible to isolate data around each of the prime areas. Looking at Personal, Social and Emotional Development Learning goals, we know that Sheffield compares to England as follows:

- Self-confidence and self-awareness: Sheffield 80.9% compared to England 85%.
- Managing feelings and behaviour: 97.7% compared to 83%.
- Making relationships: 81.6% compared to 85%.
- Through our early intervention and primary prevention work and the emotional wellbeing and mental health pilots that we have running in schools, we are focusing on protective factors and using benchmarking data to evaluate the effectiveness of interventions implemented.

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

7. Stakeholder Engagement

As part of the delivery of this strategy, we have engaged with a range of stakeholders from the voluntary sector to the statutory sector, from the local area to other parts of the country.



Figure 4: Sian Beynon from Chilypep, provides top tips on engaging young people at Sheffield CCG's 2017 AGM

Below is more detail on our engagement with three key groups of stakeholders:

- Children and young people.
- Parents and Carers.
- Schools.

7.1 Engagement and Involvement of Children and Young People

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

- Development of the Young Commissioner Programme – enabling young people to be actively involved in a range of transformation areas including the STAR Service, YIACS, and wellbeing café.
- Development of the Let’s Talk Directory.
- Development, launch, and delivery of the #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.



Figure 5: Young people from Chilypep with staff from Sheffield Children's NHS Foundation Trust

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

Table 3 below shows the feedback received and what we have done, we continue to review the progress of the actions implemented.

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.	We have set up a wellbeing café to deliver this service.
A service that is easy to navigate and access, with greater access for underrepresented groups.	The new service specifications require services to be easier to navigate and access. We are continuing to work with stakeholders to make services easier to navigate and we are ensuring that information in children’s mental health is available on the Sheffield

Children and Young People asked for	What we have done so far
	Mental Health Guide.
A service which is provided up to 25 years	We have expanded our CAMHS service up to 18, and Door 43 operates to the age of 25. A key up-coming priority for mental health in Sheffield is to develop an 'all-age' approach to our commissioning of these services. We will be working with stakeholders over the coming months to define this development.
Contacts and reminders (older young people) to be sent by phone and text.	A text service is now in place through our provider.
Do more work around improving transitions and adults services and services for young people up to 25	We have developed and implemented a transitions specification between children's and adults mental health for transitions at the age of 18. Monthly interface meetings now take place between CAMHS and adult mental health teams. We are exploring the development of weekly/bi-weekly transition interface meetings.
For someone to be available to talk to between the referral to CAMHS and the first and second appointment	As part of changes to CAMHS systems and processes, a consultation line is available to access for young people, parents and professionals. This line is operated by the new Duty Team in CAMHS. We are continuing to explore further support options around this including partnership with the third sector.
Shorter waiting times throughout children and young people's mental health services	Waiting times have reduced for our CAMHS services; however challenges remain, particularly in relation to internal waits which we are working to address.
Showcasing some of our work and awareness raising work	Chilypep were part of the national visit from NHS England and the Department for Education in March 2017. Chilypep also presented their engagement work at the national mental health conference in London and presented at the 2017 Sheffield CCG AGM.
Single point of contact	A single point of contact is in place for CAMHS.

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

Chilypep have received national recognition for the work they do with young people across South Yorkshire and will continue to undertake a variety of engagement activities with children and young people to shape the Sheffield transformation programme during 2018/19.

7.2 Every Child Matters (ECM) Survey

Our 2016-17 Every Child Matters (ECM) Survey asked questions on emotional wellbeing and mental health to students in primary and secondary schools. The figure below shows year 10 views on how well their school supports emotional wellbeing and mental health (see figure 4).

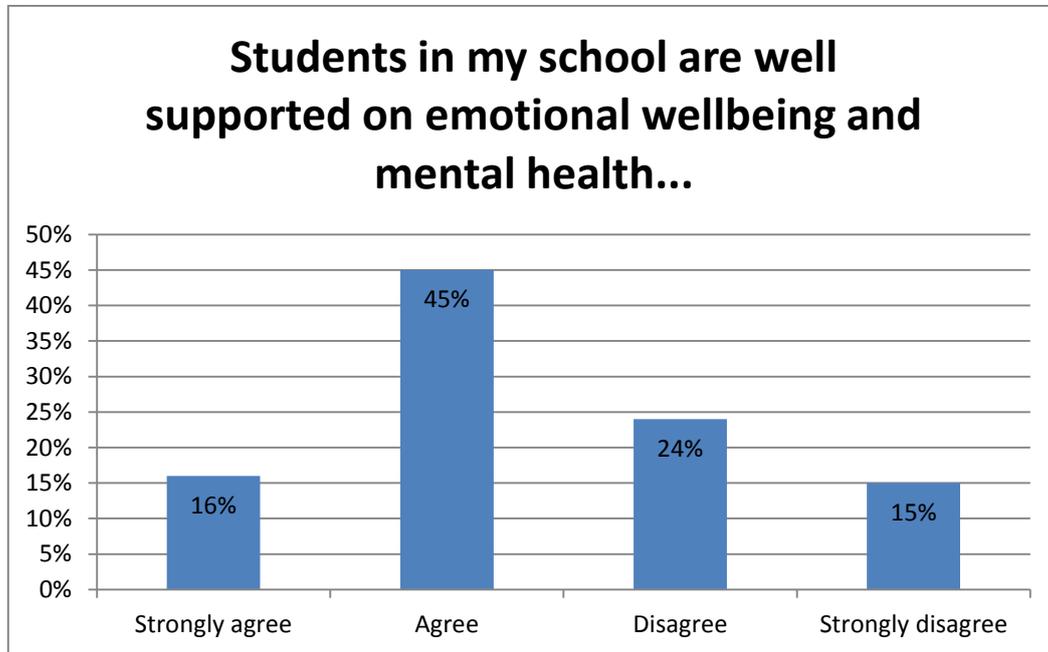


Figure 6 ECM 2016/17: Year 10 views how well their school supports emotional wellbeing and mental health

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

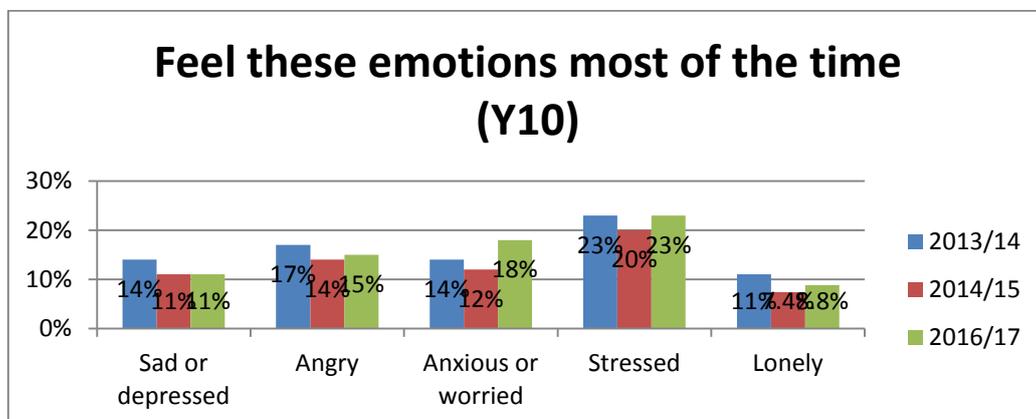


Figure 7 ECM 2016/17: Year 10 views how well their school supports emotional wellbeing and mental health

As part of the 2016/17 ECM Survey, young people also told us what worked well for supporting their mental health in school and what we need to improve or do more of:

What works well:

- Employing trained staff (including learning mentors, nurses, therapists, mental health ambassadors, pastoral managers, counsellors) to speak to students.
- General support / opportunities to talk.
- Lessons / Assemblies / Workshops / Sessions
- Practical support / solutions.

What we need to address/do more of:

- Talk to / listen to students (more).
- Teach about / raise awareness of mental health issues.
- Be more aware of students' issues / empathetic / sympathetic / show more understanding.
- Address bullying.
- Reduce amount of stress / pressure including less homework.
- Provide practical support / solutions.

7.3 Engagement of Parents and Carers

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

What parents and carers have told us	What we have done in response
Communication: Communication between GP's, CAMHS, parents and children should be improved	New referral processes being implemented in CAMHS from early 2019 will make it easier for agencies to make referrals to CAMHS. A parent participation group has also been set up in CAMHS with Chilypep support.
Waiting times: These should be reduced as it takes too long to access services.	We are continuing to work to ensure waiting times for first and subsequent appointments are as low as possible.
Services for 16-18s: Services for 16-18 should be developed as many disorders are not treated post 16.	We have now expanded our CAMHS service up to 18. The exception to this is our eating disorder services, where Sheffield Health and Social Care NHS Foundation Trust (SHSC) support those aged 16 and over. We are working with SHSC and Sheffield Children's NHS Foundation Trust to ensure they work together as closely as possible to enable young people to have a seamless transition.
The System: The delivery model is regarded	Our redesign process is working to

What parents and carers have told us	What we have done in response
as old fashioned and should be modernised to improve access.	modernise our services to make them easier to access, for example SMS messaging for appointments is now being rolled out. We are also developing services in the community to prevent inpatient admission.
Information on support available to parents such as workshops should be more easily available.	Both CAMHS and MAST are working to further develop their parent support offer, with high demand seen for these courses.
Schools should be supported to improve their communication and culture on mental health.	We are undertaking a phased rolled out of the nationally acclaimed Healthy Minds Framework across all primary and secondary schools in Sheffield.

Table 4 Parent/Carer feedback and our response so far

We will continue to work with parents and carers to ensure their views help shape our transformation.

7.4 Engagement with schools

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

What schools have told us	What we have done in response
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.	The Healthy Minds Framework provides in-reach into school from our CAMHS service to give school staff the support, training and guidance they need to support children in these circumstances.
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.	Our Healthy Minds Framework provides the training to address these issues. Our MAST teams also take a whole family approach to support mental health 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 in-reach provided from the Healthy Minds Framework aims to improve a school's understanding of the referral process. At the end of January 2019, CAMHS will be moving towards an open consultation line for

What schools have told us	What we have done in response
	referrals – this will enable direct access for schools

Table 5 Feedback from schools and our response so far



Figure 8: Hayley Sharman, PSHEE Subject Lead, Tapton School

7.5 March 2017 National Visit

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

The national team visited a number of areas including Tapton School – to learn more about our work in schools, and the Door 43 service at Star House.

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.



Figure 9: NHS England and Department for Education National Visit Team with staff from Sheffield’s Transformation Programme

8. Key Achievements 2015-18

Table 1 provides a snapshot of the key achievements of the programme so far from October 2015-October 2018.

What we were asked to do	What we did
Develop a consistent approach for supporting emotional wellbeing and mental health in Sheffield schools.	We developed, and are rolling out, the Healthy Minds Framework across all seven localities of schools in Sheffield. This framework provides a consistent approach for supporting emotional wellbeing and mental health in schools, and has been recognised nationally as best practice.
Develop innovative services to prevent admissions to inpatient services	We have developed Sheffield's Supportive Treatment and Recovery (STAR) service. This service was launched in August 2017 and provides intensive community support for young people at risk of inpatient admission due to deliberate self-harm.
Ensure young people's voices are central to the transformation programme and that a diverse group of young people feel comfortable to share their opinions and experiences by meeting on their own terms	We worked with young people on a range of transformation areas such as STAR, the Let's Talk Directory and the <u>#nottheonelyone</u> campaign.
Expand the capacity of our primary mental health service and provide opportunities for professionals to receive mental health training.	We expanded our primary mental health worker service by providing additional funding. We provided a range of training opportunities for professionals in Sheffield including mental health first aid and attachment training.
Improve perinatal mental health services	We have developed perinatal mental health support provided by IAPT (Improving Access to Psychological Therapies) and improved referrals from maternity services for families that need support, ensuring they receive appropriate help as early as possible for perinatal mental health.
Make sure the Sheffield workforce is part of the children and young people's improving access to psychological therapy (CYP-IAPT) programme.	We ensured our staff are able to access IAPT and our local partnership group was expanded to include Sheffield Futures.
Provide a Community Eating Disorder Service (CEDS) for children and young people.	We implemented evidence based Community Eating Disorder Service for children and young people. The impact of this is shown in the reduction of bed days for children and young people with eating

What we were asked to do	What we did
	disorders: In 2014/15 there were 483 bed days, this was reduced to 145 in 2016/17.
Provide a safe place to ensure children and young people in mental health crisis are not held in police cells.	We secured funding for bespoke S136 place of safety at Becton, to be launched in August 2017. We also secured funding for an innovative wellbeing café which will provide a safe place for young people to go for support.
Provide a suicide prevention pathway for children and young people	We launched a children and young people's suicide prevention pathway in March 2017, with approximately 200 people in attendance. We are working to implement and further develop the pathway.
Reduce waiting times, inpatient admissions, and length of stays.	We reduced waiting times from 14.8 weeks in 2014/15 to 7.1 weeks in March 2017. We are working with NHS England to develop community based home intensive treatment services to prevent admission in inpatient beds. So far we have seen a small reduction in inpatient bed usage of 1% (prior to new services being implemented) we are aiming to increase this reduction in 2017/18.

Table 1 Key Achievements 2015-17

9. Update and next steps for priority areas: 2015-2018

It is a priority to continually review, refresh and evaluate effectiveness of this strategy and the work being delivered. Through our ACP approach we are working to strengthening the joint commissioning which supports this plan, and ensure the programme of work continues to support Sheffield's strategic direction.

This part of the strategy provides an overview of the progress and next steps for each area of this strategy.

These areas are:

- Community CAMHS Performance and Access.
- Crisis care.
- Data and Measuring Impact and Outcomes
- Developing the workforce.
- Early intervention in psychosis.
- Early intervention.
- Eating disorders.
- Integrated Care System (ICS): Working across South Yorkshire and Bassetlaw to transform children and young people's mental health.
- Integrated Working.

- Joint working with NHS England.
- Perinatal and Infant Mental Health.
- Support for Parents.
- Support for Vulnerable Children and Young People.
- Transitions.
- 2020 and beyond.



Figure 10 Steve Rippin (Assistant Headteacher) from Tapton School and pupil Lara Ferguson attending an event at [Buckingham Palace to discuss emotional wellbeing and mental health support in Sheffield](#)

9.1 Community CAMHS Performance and Access: 2014-18

The table below shows Community CAMHS performance from financial years 2014-15 to 2017-18. Over the course of this period, referrals have increased by 19.54% and the number of accepted referrals has increased by 23.45%. At the same time, waiting times have decreased, at the end of 2017/18, 98% of referrals were seen within 18 weeks.

Data Measure	2014-15	2015-16	2016-17	2017-18
Number of referrals	2,512	2,831	2,971	3,003
Number of accepted referrals	1,816	2,093	2,297	2,242
% of accepted referrals	72.3%	73.9%	77.3%	74.7%
Number of signposted referrals	658	709	638	704
% of signposted referrals	26.2%	25.0%	21.5%	23.4%
Average waiting time to first appointment (weeks)	14.8	11.6	7.1	12.4
Range waiting time to first appointment (weeks)	0 to 36	0 to 21	0 to 17	0 to 22
Number of First Attendances	n/a	2,358	2,676	2,524
Number of Follow Up attendances	n/a	16,081	16,825	17,521
Number of Follow Ups per First Attendance	n/a	6.8	6.3	6.9

Table 2: Community CAMHS Performance: 2014-15, 2015-16, 2016-17, 2017-18

In 2017-18, the average waiting time for first appointment did increase to 12.4 weeks, this is reflective of our focus during 2017-18 on improving patient flow and subsequent appointment waits in CAMHS. In line with this focus, and to further help manage pathways and waits more effectively, CAMHS are moving to an up to six appointment model, with incremental change from July to full implementation at the start of October 2018.

The aim of this is to improve access to the service and significantly improve patient flow CAMHS – evidence from implementation of the model elsewhere suggests that 50% of referrals will be discharged within six appointments, whilst 50% will need further input. The up to six appointment model has at its heart a focus on solution focused based therapy and cognitive behaviour therapy (CBT), with the intention of meeting need and offering treatment at the point of assessment. As part of the model, work is undertaken with families to manage their expectations from the start of the process. This model is all about improving the quality of service and reflects our goal to ensure quality improvement processes drive changes.



Figure 11 Sheffield Children's NHS Foundation Trust CAMHS Team

It is important CAMHS help effect change, rather than build a reliance on a specialist mental health service at a young age. Research informs us that key to improving outcomes for these young people are meeting them at their point of need and effecting change quickly. If, however, it is clear a young person will require longer term input from a specific CAMHS pathway, they will be moved to the relevant pathway as quickly as the need is identified.

At the end of January 2019, CAMHS will be moving towards an open consultation line for referrals – this will enable direct access for schools and other stakeholders. Full implementation will take place by the end of March 2019. The CAMHS Healthy Minds Team is currently working alongside the duty team and teachers to inform the change. It is likely that an approach will be taken, which means only a member of a school's senior leadership team can make a CAMHS referral – this will align our CAMHS process to the Green Paper on Children's Mental Health, and support our on-going work in schools.

We have also submitted a bid to pilot four week waiting times in CAMHS as part of the Green Paper trailblazer opportunity. If successful, we will be using the resource to increase capacity in specific areas of CAMHS (such as CBT and art therapy) and also look at developing an online support route for CAMHS to prevent avoidable referrals by allowing quicker access to support.

Finally we continue to work with our CAMHS provider in response to regulatory reports, such as those from CQC, to identify areas of improvement and to drive improvements in patient quality and care. This is particularly pertinent for our work to improve CAMHS waiting times and patient pathways.

Next steps for this priority area:

- Fully embedding the six appointment model in Community CAMHS.
- Open Consultation Line for referrals to Community CAMHS.
- Continued focus on systems and processes to improve patient flow (including role of non-CAMHS services).
- Pilot the four week waiting time for CAMHS if successful in trailblazer bid for additional resource.
- Further work to improve mental health services pathways to make services easier to navigate.
- Continue to streamline services to improve accessibility and use of resources.
- Continue to ensure areas for improvement that are identified by CQC are addressed.
- Further development of the use of qualitative methods such as Experience of Survey questionnaires in the commissioning process.

9.2 Crisis Care

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

- Children and Young People's Suicide Prevention Pathway.
- Mental Health Liaison.
- Section 136.
- Sheffield Treatment and Recovery (STAR) Service.
- Wellbeing Café.

The launch of our Section 136 facility in July 2017 means we now have a 24/7 mental health crisis offer in Sheffield. Alongside Section 136, we are also developing our mental health liaison service and STAR service. The model we have developed means that a single team provides support across S136, Mental Health Liaison and STAR. This helps ensure a consistent service offer and efficient use of the resources we have available.

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

The next key stage in the development of the Section 136 Suite is moving to a regional provision, for further details on this please see the Integrated Care System update.

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

- All referrals that are classed as urgent are to be seen within a maximum of 4 hours.

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

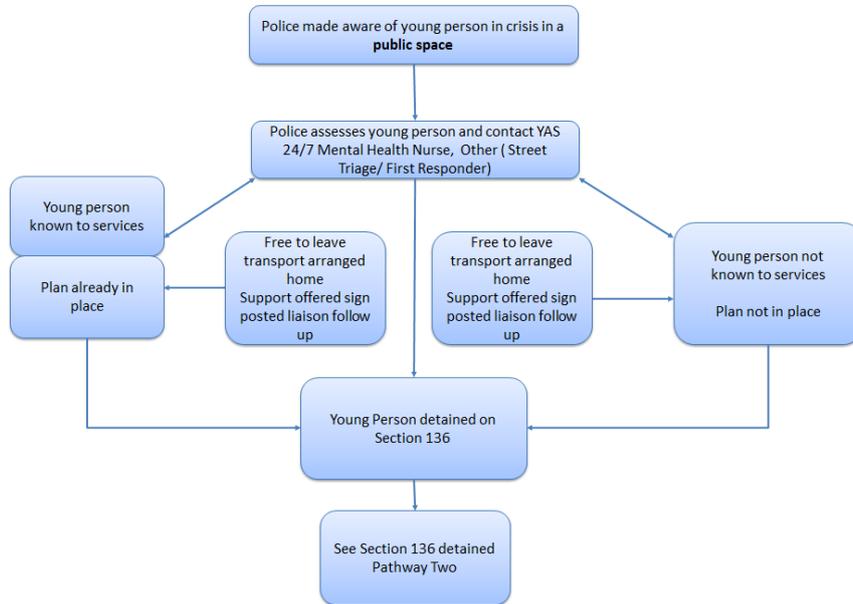


Figure 12: S136 Pre-Admission Pathway

We have also developed and launched a Wellbeing Café as part of our transformation of crisis care services. The Wellbeing Café is based at Star House, as part of the Door 43 service, in Sheffield City Centre and is currently open for one night per week to allow young people to drop-in and get support.



Figure 13 Wellbeing Cafe launch poster

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

Hi,

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

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

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

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

Looking forward to next week!

Figure 14: Feedback from a Wellbeing Cafe Volunteer to the Service Manager

In March 2017 we launched our [Children and Young People's Suicide Prevention Pathway](#).



Figure 15: Jayne Ludlam (L) and Counsellor Jackie Drayton (R) speak at a stakeholder engagement event

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



Figure 16: Sheffield GP's learn about the "Vital 10 minutes" they have in a consultation to help prevent suicide

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

Young people were involved in the development of the pathway and produced [a 10 minute video](#) on suicide prevention to help demonstrate the importance of the pathway and the need for professionals to get better support.

We are about to commence a review and refresh of our children and young people's suicide prevention pathway.

Next steps for this priority area:

- Progress expansion of Section 136 suite provision.
- Review and refresh the children and young people's suicide prevention pathway.
- Develop the business case for expanding the STAR Service into a full home intensive treatment team.
- Further development of the Wellbeing Café.

9.3 Data, Measuring Impact and Outcomes

We are continuing to receive regular data from our eating disorder providers on their performance against the national eating disorder waiting time standard. We are also now providing data to the national Mental Health Services Dataset, as well as our local Children's Health and Wellbeing Transformation Board.

We know that despite some improvements, we need to further improve our activity reporting to the Mental Health Services dataset and this will be a priority over the next 12 months. We will also continue to work with NHS England to improve our understanding of inpatient activity and opportunities for reducing this. This will benefit by patients by as well inform improvements to the quality of the services available locally.

In terms of impact and outcomes, these are measured through both qualitative and quantitative measures.

Our qualitative approach draws on the work we are doing with young people to evaluate and design services, it is their feedback that is the crucial to the future direction of this work. Our

services themselves also use pre/post intervention questionnaires to help gauge whether an intervention has supported a young person. Through our participation in CYP IAPT we are also using the techniques developed here to measure the impact of our services.



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

Next steps for this priority area:

- Review the independent evaluation of Healthy Minds for evidence of impact and to determine next steps.
- Improve our reporting to the mental health services dataset.
- Embed more robust outcome measurement across our mental health commissioning.
- Improve links and usage of data from other service areas such as SEND and social care.

9.4 Developing the workforce

Workforce development has continued to progress over the past year. We are working across the ACP to strengthen the capability of our workforce; to support this we are introducing new technology and management of pathways to support the workforce. Our CAMHS provider and a number of partners continue to be members of the CYP IAPT programme, enabling key staff to be trained in evidence based practice. Sheffield's participation in the transition CQUIN continues to enable workforce development through improved joint working and shared understanding across different services. We have also created the contents of an online training module, and we are now in the process of mapping its implementation. Funding has also been provided to schools to access training in relation to sleep, enabling them to support pupils with sleep issues. The Healthy Minds Framework continues to play a prominent role in the development of the workforce through its input into schools. Finally we have continued to support a traded offer for schools to purchase training, such as Mental Health First Aid and Attachment training.

Next steps for this priority area:

- Recruit a CAMHS workforce lead following delays during 2017/18.
- Develop a CAMHS workforce development specification with the workforce lead.
- Participate in workforce development programmes being progressed as part of the ICS.
- Support further development of the sleep workforce development model.
- Link to areas such as SEND and social care to develop a more effective approach to commissioning training.

9.5 Early Intervention

We are continuing to roll-out the Healthy Minds Framework (delivered by Sheffield Children's NHS Foundation Trust) to all primary and secondary schools in Sheffield, by the end of the 2018/19 academic year we will have covered over half of Sheffield's primary and secondary schools.

The aim of this work is to develop a whole school approach to supporting mental health to help enable children and young people with mental health issues to stay in education and to reduce inappropriate referrals to CAMHS services.

We will be further developing the Healthy Minds model using the independent evaluation of the framework by the University of Sheffield (due for publication in December 2018) and stakeholder feedback.



Figure 17: Healthy Minds Framework Logo

In 2018/19, the Healthy Minds Framework is also being delivered in the Sheffield Inclusion Centre to help support this cohort of young people. CAMHS are also now part of primary and secondary inclusion processes in Sheffield which aim to prevent permanent exclusion wherever possible.

We have submitted a bid as part of the Green Paper trailblazer to develop Mental Health Support Teams in schools. If successful, these teams will be developed from our learning from Healthy Minds and other activity in schools. The teams will provide support to schools across Sheffield and link to inclusion processes.

Alongside our work in schools, we have also invested in the Youth Information Advice and Counselling Service (YIACS) – called Door 43. This is provided by Sheffield Futures at Star House in Sheffield City Centre, and enables children and young people age 13-25 to access

a range of services from mental health, employment support, housing advice and sexual health as well as much more. The wellbeing café described in the crisis care section is also part of Door 43.

DOOR43

Figure 15: Logo of the YIACS Service, now called "Door 43"

Door 43 has developed well in its first year, with other 900 face to face interventions taking place in the first 10 months of delivery. The caseload of the service also consists of young people largely not known to other services (approximately 80%), meaning the service is meeting one of its original goals of supporting unmet need in Sheffield. The most popular route to access Door 43 is via self-referral (over 50%), however we are seeing increasing referrals from other agencies including primary care and schools. We have established links between Door 43 and CAMHS through the Primary Mental Health worker service to enable cases to be escalated as required into CAMHS.



Figure 186 The Door 43 Team at Sheffield Futures

Next steps for this priority area:

- Review of the Healthy Minds evaluation to identify improvement areas.
- Further development of the Door 43 Service to enable further support for step down of cases from mental health services.
- Improve links between Door 43 and adult mental health services.
- Implementation of mental health support teams if successful.
- Further development of CAMHS support for inclusion processes and special schools.
- Support the development of Sheffield becoming an Adverse Childhood Experiences aware (ACE Aware) city.

9.6 Early Intervention in Psychosis

In Sheffield, the Early Intervention in Psychosis (EIP) Service (provided by Sheffield Health and Social Care NHS Foundation Trust), supports children and young people from the age of 16, with Sheffield Children's NHS Foundation Trust supporting children and young people under the age of 16.

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

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

Next step for this priority area:

- Further improvements to joint working between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust to ensure young people are supported as effectively as possible when presenting with psychosis.

9.7 Eating Disorders

During 2017/18 our priorities for transforming eating disorders have adapted and changed. This is as a result of reviewing our Eating Disorders pathway and through listening to service users. We have therefore continued the development of collaborative working across our providers (both NHS and non-NHS).

We have considerably focused on this area and progressed with designing a new 'all age' Eating Disorders pathway aligning adult, children and young people elements into one seamless model. This has been achieved using co-production, including a series of workshops involving service users, parents/carers, providers, NHS England, the voluntary sector and commissioners. A series of clinical sessions have also been hosted to ensure clinical engagement in designing the pathway model.

The intention is to proceed with using an Accountable Care Partnership (ACP) approach to finalise the pathway with providers which will include integrating staff, development of a single point of access (SPA - enabling self-referral), and the inclusion of an early intervention/prevention offer. This will fit with wider plans focusing on the integration of an all age mental health service (outline later in the transformation plan).

To design the Eating Disorders pathway we have identified models of good practice from across the country and are hosting a workshop with Gloucester Eating Disorder Service to learn from their model and assist in the finalisation of our pathway.

We have continued to improve our access and waiting times into ED services, in quarter two of 2018/19, 100% of urgent referrals were seen within one week and 76.19% of routine referrals within four weeks (a 20% improvement on 2015/16, 95% compliance is due in 2020).

Next steps for this priority area:

- Finalise the eating disorder pathway, providing detailed activity modelling and costings. This will include meeting with Sheffield Children's NHS Foundation, Sheffield Health and Social Care NHS Foundation Trust and SYEDA as the current key providers, in order to follow an ACP approach to aligning the organisations roles within the newly designed pathway.

- To further scope improvements across the pathway, particularly in relation medical stabilisation of patients with eating disorders on acute wards and also the development of EIP at the beginning of the pathway.

9.8 Integrated Care System (ICS): Working across South Yorkshire and Bassetlaw to transform children and young people’s mental health

A key part of our transformation plan is to work with organisations across South Yorkshire and Bassetlaw to make change happen. There are areas where working together across a larger footprint makes more sense, in South Yorkshire and Bassetlaw Children’s Mental Health Transformation is part of the Mental Health work stream within the ICS. We have developed links to plan more effectively together across this larger footprint for things that make sense to work on together these include:

- Redesign of Amber Lodge.
- Section 136 Expansion and models of crisis care.
- Development of our Transforming Care arrangements for Children and Young People
- Development of Perinatal Mental Health Services.

The Amber Lodge project involves the transfer of the Amber Lodge service at Becton in Sheffield from NHS England to a group of local CCG’s from South Yorkshire and Derbyshire. Amber Lodge is a regional service which provides high intensity mental health support for 5-11 year olds with complex needs. In the past year Amber Lodge has successfully been transferred from Amber Lodge to local CCG’s. A redesign process is now underway, with a new service specification being developed for implementation from April 2019.

Across the South Yorkshire and Bassetlaw ICS, a task and finish group has been set up to develop mental health crisis care services. This area of work is aiming to develop consistent crisis care support across the region for children and young people. Part of this task and finish group’s remit is exploring the expansion of the Section 136 suite in Sheffield to a regional provision. In order to do this, a number of operational and resource issues need to be resolved, this group is working to address these issues. Other developments linked to this area of work include development of consistent home intensive treatment services and improved step down support for young people in crisis.

As part of the Transforming Care Programme, we have been working with Doncaster, Rotherham and North Lincolnshire to improve support for children and young people with learning disabilities and/or autism. This has included embedding Care, Education and Treatment Reviews into ways of working and improving transition for this cohort into adulthood. Supporting this cohort of young people continues to be a priority for the area.

Further developments are underway to improve perinatal mental health services as a result of a successful bid for NHS England funding made on behalf of Sheffield, Rotherham and Doncaster. The resource will help to expand specialist clinical capacity (including nursing and psychology), and improve the training offer for all staff groups including health visitors and midwives.

A programme of peer support and user engagement has also been agreed which is being delivered by the local voluntary organisation Sheffield Light, and is providing both mothers

and fathers with improved access to a range of peer support initiatives including group support.

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

Next steps for this priority area:

- Complete Amber Lodge redesign.
- Further progress crisis care support across the ICS.
- Further embed Care, Education and Treatment Reviews.
- Expansion of clinical capacity for perinatal mental health across the ICS.

9.9 Integrated Working

A key strand of our emotional wellbeing and mental health strategy is joint and integrated working across agencies to improve support for children and young people. This can be seen in the Healthy Minds Framework which aims to bring CAMHS, Schools and other agencies together in a school setting.

Integrated working has also been promoted through the implementation of NHS England's Transition Commissioning for Quality and Innovation (CQUIN) framework.

The Transition CQUIN is a payment that our mental health providers will receive from NHS England if they evidence that they are managing transitions appropriately. In order to do this, children's and adult's mental health providers must work together. A joint group between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Trust has been established, and also involves third sector groups such as Chilypep and Sheffield Futures.

From a commissioning perspective, we now have an all-age mental health commissioning team (having previously had a separate team for children's and adult's mental health). This team operates across Sheffield CCG and Sheffield City Council. Creating an all-age mental health commissioning team will enable our commissioning across services to be more joined up, leading to better outcomes for service users. The next step in this development, is the adoption of an 'all-age approach' to mental health commissioning. Work is being undertaken to define this approach, a key driver of it is improving our early intervention and transition provision in mental health services.

Next steps for this priority area:

- Definition and progression of 'all-age approach' to mental health commissioning.
- Further development of transition CQUIN.
- Focus on improving join up at operational level in schools and other settings between different services.

9.10 Joint working with NHS England

A key area of joint working with NHS England relates to the reduction of inpatient admissions for Sheffield children and young people.

This is a challenging area of work, as Sheffield is historically a high user of inpatient facilities (further detail on this provided in the background section of this strategy); however we are committed to improving our community provision to reduce our inpatient admissions.

In 2017/18 we observed a 26.2% reduction in inpatient admissions for Sheffield children and young people. This indicates that our work with NHS England to identify the improvements needed in community services is beginning to deliver positive results.

This area of work continues to be a priority in 2018/19 as we look to improve our community services through more effective commissioning and improvements to systems and processes.

Next steps for this priority area:

- Improvements in systems and process between inpatient CAMHS and community services.
- Further analysis of inpatient activity to identify commissioning priorities.

9.11 Perinatal and Infant Mental Health

Further developments are underway to improve perinatal mental health services as a result of a successful bid for NHS England funding made on behalf of Sheffield, Rotherham and Doncaster. The resource will help to expand specialist clinical capacity (including nursing and psychology), and improve the training offer for all staff groups including health visitors and midwives.

A programme of peer support and user engagement has also been agreed which is being delivered by the local voluntary organisation Sheffield Light, and is providing both mothers and fathers with improved access to a range of peer support initiatives including group support.

Other developments include:

- An infant mental health pathway from health visiting to CAMHS has been finalised.
- Social Care champions have been identified to improve identification and management of women with PNMH needs
- A new perinatal mental health peer support service based in Family Centres is being commissioned

Next steps for this priority area:

- A new perinatal mental health peer support service based in Family Centres is being commissioned
- Sheffield's Perinatal Mental Health integrated care pathway is being revised and updated to incorporate new services and support

- The potential to offer a bespoke PNMH parenting programme is being explored by the city council in partnership with the specialist perinatal mental health service.

9.12 Support for Parents

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

Sheffield currently delivers a range of parenting support to families, predominantly using two evidence based model which are reported as having amongst the strongest evidence based outcomes. These are the Triple P Positive Parenting Programme and the Webster Stratton Incredible Years models. Both programmes are based on social learning theory and cognitive behaviour therapy and offer a strong emphasis on relationships and communication between parent / carer and child, and building resilience in children.

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

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

Next steps for this priority area:

- Further support and develop of the sleep intervention programme.
- Consideration of parenting support as part of an all-age approach to mental health commissioning.

9.13 Support for Vulnerable Children and Young People

Transformation of mental health services for vulnerable children and young people is a key part of our plan in Sheffield.

Key focus areas of work have been:

One area of focus has been the Transforming Care Programme where we have been improving our support for children and young people with learning disabilities and/or autism. This has included the implementation of Care, Education and Treatment Reviews (CETR's) and more pro-active management of cases at risk of inpatient admission. We will be further developing our support for this cohort in the next 12 months, with a greater emphasis on prevention and supporting these young people into adulthood.

We have been working closely with the Inclusion Programme in Sheffield, this area of work leads on the implementation of the 2014 SEND Reforms. We have been working to support the four key themes of this programme (listed below) by ensuring our services support these themes wherever possible. For example, Healthy Minds is supporting key theme one – identification and assessment of need.

- *Key Theme 1: identification and assessment of need*
- *Key Theme 2: support, provision and commissioning*
- *Key Theme 3: improving outcomes through high quality partnership, leadership and practice*
- *Key Theme 4: engagement of children, young people and their families and the workforce including good communication*

We have also recruited a psychologist post in Sheffield City Council's fostering teams to provide support to the fostering team around mental health issues during the fostering process.

Finally we have also been piloting integrated personal commissioning for looked after children with mental health problems to help improve their outcomes; this is part of a national scheme.

Next steps for this priority area:

- Further development of support for Transforming Care cohort, looking at prevention, support into adulthood and further embedding of CETR processes.
- Continued support and joint working with the Inclusion Programme.
- Support for Sheffield City Council's *No Wrong Door* approach that is under development.
- Further work with the looked after children CAMHS team – the Multi-Agency Psychology Service (MAPS).
- Evaluation of personal health budgets for looked after children.

9.14 Transition

A key area of focus in our programme is improving transitions for children and young people when they leave CAMHS services. This has been progressed through the Regulation 28 Group and the wider programme.

The Regulation 28 Group is currently in place following a coroner's report last year, which identified a number of areas to address relating to transition including greater information sharing and clarification of operational protocols. The group is jointly chaired by Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust with representatives from both services and commissioning.

Areas of work that the group is undertaking include revising of transition pathways and protocols, auditing of transitions that have taken place and improvements to data sharing processes.

Actions that have taken place so far include updating the CAMHS/AMHS transition protocol, auditing mental health activity at the Northern General A & E and implementing a new information sharing agreement. Monthly clinical interface meetings are also now in place between CAMHS and AMHS.

The improvement in systems and processes at the Northern General A & E is shown in an audit that was undertaken in April 2018. This audit found that 75% of young people (16-17

year olds) who needed mental health services were referred on by emergency department staff (including Mental Health Liaison Team) staff. This equated to 9 out of 12 young people. Of the three who were told to make own future plans two were told by emergency department staff to make contact with GP for future care, which may be appropriate, but the query is whether assessment and future referrals may have been more appropriate. The 3rd patient was told to make own contact with mental health services.

This 75% is an improvement from the 2017 audit where 61.1% of young people were referred on to mental health services when they needed future care.

Other work being undertaken to address transition includes:

- Design and Implementation of ‘Transition Plan’ co-produced with Young People
- Utilise ‘Complex Case Referrals, to offer continued holistic view of the YP needs.
- Ready, Steady, Go transition protocol equivalent & Transition Plan co- designed with Chilypep and Young People
- Transition Data Sharing/Carenotes
- Transition Mandatory Training – 2 adaptation days for CWAMHS
- Transition Champions CWAMHS Areas.

Transition will be continue to be a priority area over the next 12 months and this will form a key part of our move toward an all age approach to mental health commissioning.

Next steps for this priority area:

- Potential implementation of bi-weekly or weekly clinical interface meetings between CAMHS and AMHS to improve the transition process.
- Further review of transition issues to identify areas of further development.
- Review of improved transition arrangements using historical case studies.
- Implementation of mental health passports

15. 2020 and Beyond

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

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

How will we know we have been successful in 2020?	What will the evidence be?	Future in Mind Priority
Children and young people will be able to self-refer into services.	A phased approach where self-referral is firstly in place for eating disorders, before expanding to wider services.	Improving Access
Children and young people will be able to access emotional wellbeing support without having to wait	Developed community offer with access to support in each locality in Sheffield and in each school.	Early Intervention and Resilience

How will we know we have been successful in 2020?	What will the evidence be?	Future in Mind Priority
Children and young people will be fully embedded into the planning and designing of services.	Continued involvement of 'Young Commissioners' in the planning and designing of emotional wellbeing and mental health support	Accountability and Transparency
Inappropriate referrals to CAMHS will be reduced as a result of work in schools and the re-design of referral processes.	Reduction in % of re-directed referrals from CAMHS.	Early Intervention and Resilience, Developing the Workforce
No young person will have been held in a police cell under S136.	No incidents of a young person being detained under S136 in a police cell.	Care for the Most Vulnerable
Schools and non-school settings will be able to access a children's mental health training programme which joins up with all other developments in the city.	Training offer in place and available to access. Feedback from young people that the training is having a positive impact.	Early Intervention and Resilience, Developing the Workforce
Services across health, education and care will work better together to support mental health in the community as a result of our redesign work.	Multi-agency teams across health, social care and education will be working together to support mental health within a locality setting. The point of access will be clear for all professionals working in each locality.	Improving Access
The Healthy Minds Framework will have been rolled out across primary and secondary schools in Sheffield.	Healthy Minds will be in place in all seven localities, ensuring citywide access to the service.	Early Intervention and Resilience
The YIACS service will be a fully developed with a range of organisations from different sectors supporting the service.	YIACS will form part of the access route for Sheffield's mental health services.	Early Intervention and Resilience
Waiting times for CAMHS appointments will meet national standards.	Performance monitoring of CAMHS. Meeting standards for urgent referrals such as eating disorders and early intervention in psychosis.	Improving Access

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

16. Next steps

Over the next year we will continue to progress our transformation plan for children and young people's mental health. In doing this, we will continue to engage and work with key stakeholders to deliver the changes needed. The plan we deliver will continue to be live and will respond accordingly to issues that arise over the next 12 months; this plan will therefore be refreshed as required.

Appendix 1 provides an overview of the next steps for our priority areas for the next 12 months.

Appendix 1: Overview of next steps for priority areas

- A new perinatal mental health peer support service based in Family Centres is being commissioned
- Complete Amber Lodge redesign.
- Consideration of parenting support as part of an all-age approach to mental health commissioning.
- Continue to ensure areas for improvement that are identified by CQC are addressed.
- Continue to streamline services to improve accessibility and use of resources.
- Continued focus on systems and processes to improve patient flow (including role of non-CAMHS services).
- Continued support and joint working with the Inclusion Programme.
- Definition and progression of 'all-age approach' to mental health commissioning.
- Develop a CAMHS workforce development specification with the workforce lead.
- Develop the business case for expanding the STAR Service into a full home intensive treatment team.
- Embed more robust outcome measurement across our mental health commissioning.
- Evaluation of personal health budgets for looked after children.
- Expansion of clinical capacity for perinatal mental health across the ICS.
- Finalise the eating disorder pathway, providing detailed activity modelling and costings. This will include meeting with Sheffield Children's NHS Foundation, Sheffield Health and Social Care NHS Foundation Trust and SYEDA as the current key providers, in order to follow an ACP approach to aligning the organisations roles within the newly designed pathway.
- Focus on improving join up at operational level in schools and other settings between different services.
- Fully embedding the six appointment model in Community CAMHS.
- Further analysis of inpatient activity to identify commissioning priorities.
- Further development of CAMHS support for inclusion processes and special schools.
- Further development of support for Transforming Care cohort, looking at prevention, support into adulthood and further embedding of CETR processes.
- Further development of the Door 43 Service to enable further support for step down of cases from mental health services.
- Further development of the use of qualitative methods such as Experience of Survey questionnaires in the commissioning process.
- Further development of the Wellbeing Café.
- Further development of transition CQUIN.
- Further embed Care, Education and Treatment Reviews.
- Further improvements to joint working between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust to ensure young people are supported as effectively as possible when presenting with psychosis.
- Further improvements to joint working between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust to ensure young people are supported as effectively as possible when presenting with psychosis.
- Further progress crisis care support across the ICS.
- Further review of transition issues to identify areas of further development.

- Further support and develop of the sleep intervention programme.
- Further work to improve mental health services pathways to make services easier to navigate.
- Further work with the looked after children CAMHS team – the Multi-Agency Psychology Service (MAPS).
- Implementation of mental health passports.
- Implementation of mental health support teams if successful.
- Improve links and usage of data from other service areas such as SEND and social care.
- Improve links between Door 43 and adult mental health services.
- Improve our reporting to the mental health services dataset.
- Improvements in systems and process between inpatient CAMHS and community services.
- Link to areas such as SEND and social care to develop a more effective approach to commissioning training.
- Open Consultation Line for referrals to Community CAMHS.
- Participate in workforce development programmes being progressed as part of the ICS.
- Pilot the four week waiting time for CAMHS if successful in trailblazer bid for additional resource.
- Potential implementation of bi-weekly or weekly clinical interface meetings between CAMHS and AMHS to improve the transition process.
- Progress expansion of Section 136 suite provision.
- Recruit a CAMHS workforce lead following delays during 2017/18.
- Review and refresh the children and young people's suicide prevention pathway.
- Review of improved transition arrangements using historical case studies.
- Review of the Healthy Minds evaluation to identify improvement areas.
- Review the independent evaluation of Healthy Minds for evidence of impact and to determine next steps.
- Sheffield's Perinatal Mental Health integrated care pathway is being revised and updated to incorporate new services and support
- Support for Sheffield City Council's *No Wrong Door* approach that is under development.
- Support further development of the sleep workforce development model.
- Support the development of Sheffield becoming an Adverse Childhood Experiences aware (ACE Aware) city.
- The potential to offer a bespoke PNMH parenting programme is being explored by the city council in partnership with the specialist perinatal mental health service.
- To further scope improvements across the pathway, particularly in relation medical stabilisation of patients with eating disorders on acute wards and also the development of EIP at the beginning of the pathway.

Acronym Buster

A&E – Accident and Emergency

AMHS – Adult Mental Health Services

BME – Black and Minority Ethnic

CAMHS – Children and Adolescents Mental Health Services

CBT – Cognitive Behavioural Therapy

CCG – Clinical Commissioning Group

CEDS – Community Eating Disorder Service

CQUIN - Commissioning for Quality and Innovation

CYP – Children and Young People

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

ECM – Every Child Matters

EIP – Early Intervention in Psychosis

EWBMH - Emotional Wellbeing and Mental Health

GP – General Practitioner

HMF – Healthy Minds Framework

HNA – Health Needs Assessment

KPI – Key Performance Indicator

LAIT – Local Authority Interactive Tool

LGBT - Lesbian, Gay, Bisexual, and Transgender

Local Authority/SCC – Sheffield City Council

MAPS - Multi-Agency Psychological Support.

MAST – Multi Agency Support Teams

MHSDS – Mental Health Service Data Set

NHS – National Health Service

NHS E – NHS England

NHS Sheffield CCG – Sheffield’s Clinical Commissioning Group

PMO – Programme Management Office

PSHEE - Personal, Social and Health Education.

PWP – Psychological Wellbeing Practitioner

SC NHS FT – Sheffield Children’s NHS Foundation Trust

SEND – Special Educational Need and Disability

SHSC – Sheffield Health and Social Care NHS FT

STAR – Supportive Treatment and Recovery Service

STP – Sustainable Transformation Plan

SYEDA – South Yorkshire Eating Disorder Association

WTE – Working Time Equivalent

Y&H – Yorkshire and Humber

YIACS – Youth Information Advice and Counselling Service

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

Emotional Wellbeing - is a term given to describe a person’s ability to understand the value of their emotions and use them to move their life forward in positive directions. The Mental Health Foundation defines emotional wellbeing as “*A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.*”

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

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

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

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

Future in Mind – A report published by the Government outlining ways to improve emotional wellbeing and mental health services for children and young people. The full report can be found [here:](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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