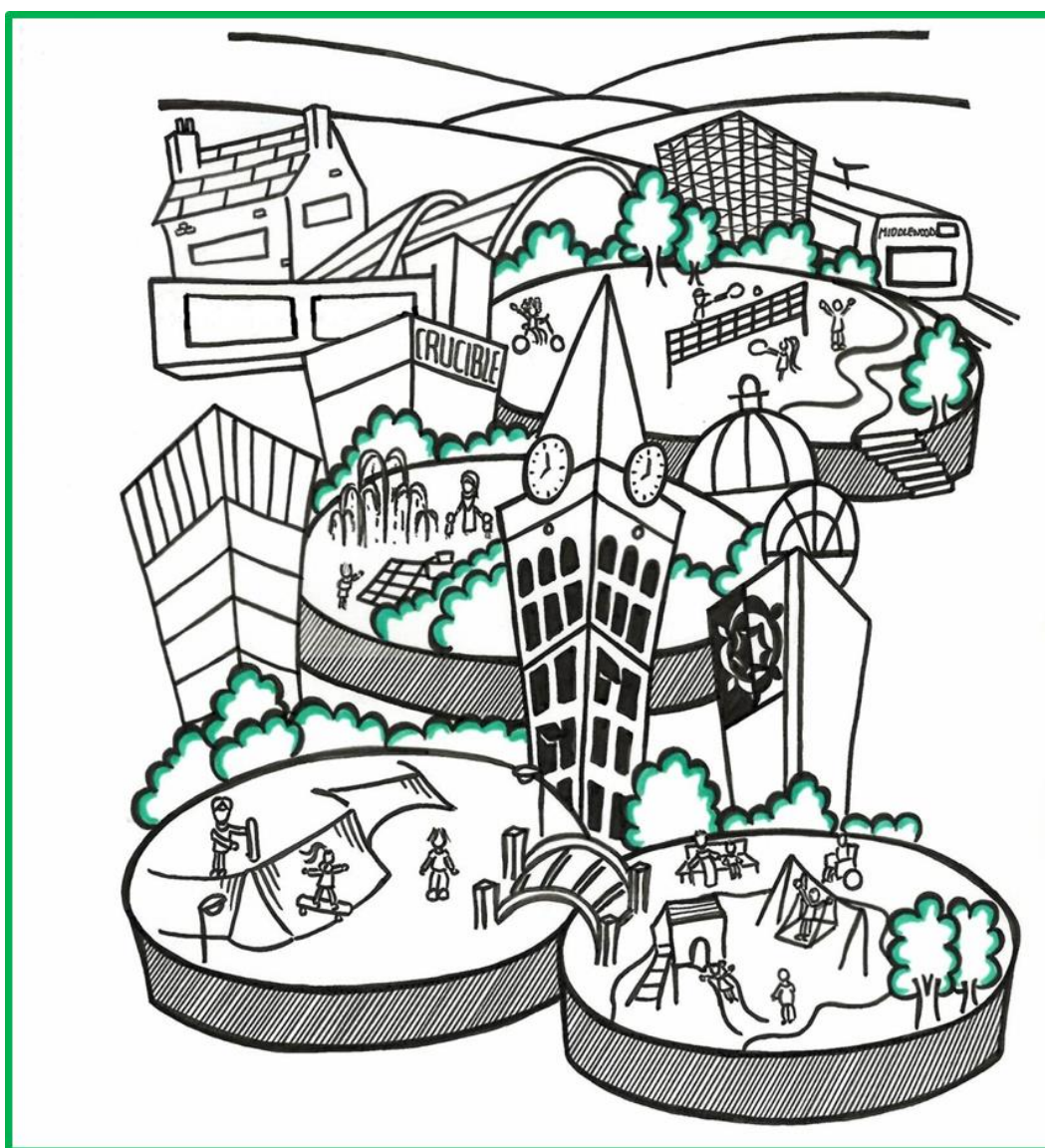


Sheffield's

Emotional Wellbeing and Mental Health Strategy for Children and Young People



October 2016

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

The Sheffield Vision

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

Locally we will

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

Foreword from Jayne Ludlam, Executive Director of Children, Young People and Families, Sheffield City Council.

"This strategy represents Sheffield's five year ambition to transform our emotional wellbeing and mental health provision for children and young people. Delivering this transformation is vitally important because, as we know 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18^[1]. As you read this document, I hope you can see the ambition of our plan and the journey we have taken to date. In the past year since this strategy was first published, we have made progress in a number of areas.

For example, we have trialled an innovative approach to supporting good mental health in schools through the Healthy Minds framework in 10 pilot schools. This pilot has received national recognition and we are now in the process of expanding this offer to other schools in the city. We have also made progress in other areas, such as the securing of government funding to develop bespoke facilities to support children and young people experiencing a crisis, and the training of young commissioners to enable young people to help shape the development of new services. We want to provide services that are

accessible to young people and build all our capacity and ability to support children and young people.

However, we are only one year into our transformation, and we know there is still much more we need to do to develop and transform our services. During 2016/17 we will see a number of new developments including a new suicide prevention pathway for children and young people, the continued expansion of the Healthy Minds model, and the development of improved service pathways in our specialist services.

Whilst delivering these changes will be challenging; the collaboration, enthusiasm and commitment that I've seen in the past year from colleagues across the city, gives me confidence that we will be successful in delivering this transformation."

Jayne Ludlam, Executive Director Children, Young People and Families, Sheffield City Council.

Foreword from Kate Laurance, Head of Commissioning - Children, Young People and Maternity, Sheffield Clinical Commissioning Group.

"Our plans are simple and practical, children and young people need to be able to access treatment as soon as possible when their problems emerge, rather than waiting until they are in crisis. Professionals need to be clear about where they can go to get the services and support throughout the city, and the pathways and local offer needs to be clear for everyone. We need to join up our local system of services and support and ensure our experts in mental health treatment enable our wider support services to understand how to identify and support emerging emotional wellbeing needs.

We have made some impact on reducing waiting times, and in this year commissioned services to reduce waiting times by investing more in our specialist community services, but we still need to do more and in many cases we think children need even earlier access to services and support.

Where a wait for the right clinical care is required, information and support (including self-help and peer support options, and online support) for parent/carers as well as children and young people will be available during the wait. We also want to explore if other interventions might help while waiting for access to specialist services.

More early intervention and support is now available especially in schools, they have a valuable role to play in this, and specialist training for school staff and other frontline professionals has begun.

There are now more options for children and young people to get involved, and their input is vital in redesigning local provision to meet the changing needs in our local population. We work with, Chilypep, STAMP, Sheffield Futures and other organisations such as the

Young Commissioner Programme, who work with us on the development of new proposals on care models, we plan to continue and expand this, so the voice of our children and young people can continue to play a leading role in delivery of our local ambition.

We have developed with young people proposals for a different care model if you are in a crisis and we are now considering how this could be provided across the city. We have also worked with young people to develop proposals for providing a care and treatment service in a community setting as an alternative to going to hospital and we are now discussing how we could test this new model.

In addition we have been discussing other service areas that are currently provided in a hospital setting and exploring whether more of these could be provided in the community whilst providing support for children to stay within their local community or school where that is the most appropriate place for them to be. NHSE have worked with us discussing this with local young people and we are hopeful that we can change some of our ways of offering health services supporting children and young people to be within their local communities as an alternative to being in hospital.

We are re- looking at how we engage with parents/carers. We know that not all young people want their parents/carers to be involved and it can be a barrier for them in terms of accessing care; we are therefore looking at a more flexible approach which promotes independence but also keeps young people safe. Involvement is important to parents/carers so we need to balance this with the needs of both children and young people..

We must continue to harness the energy and local talents of our fantastic local experts which include clinicians, children and young people, parents and families, schools, communities and the voluntary sector to deliver the change we need.”

Kate Laurance, Head of Commissioning - Children, Young People and Maternity Portfolio, Sheffield Clinical Commissioning Group.

Contents Page

	Page number
1. Background	7
2. What do we know?	9
2.1 Benchmarking	9
2.1.1 Areas of Good Practice and for Improvement	10
2.1.2 Good Practice	10
2.1.3 Areas of Improvement	12
2.1.4 Summary of Areas of Good Practice and Require Improvement	12
2.1.5 Summary of Areas of Improvement	13
2.2 Stakeholders-what have people told us?	13
2.2.1 Children and Young People in Sheffield have told us	13
2.2.2 Involvement of Young People in the Transformation Plan	15
2.2.3 Young People's Involvement for 2016/17	16
2.2.4 Digital Access	18
2.2.5 Every Child Matters Survey	18
2.2.6 Parents have told us	19
2.2.7 Schools	20
2.2.8 Wider Stakeholders	20
2.2.8.1 Sheffield Children and Young People's Health and Wellbeing Transformation Board	20
2.2.8.2 Future in Mind Transformation Plan Stakeholder Engagement Event	21
2.2.8.3 Case Study: Stakeholder Engagement in the Development of the Youth Information Counselling Service (YIACS)	22
2.2.8.4 Communication of the Transformation Plan	23
2.3 Access and Waiting Times	24
2.4 CYP IAPT and CAMHS	25
2.5 Health Inequalities and High Risk Groups	26
2.5.1 Catch 22	30
2.5.2. Children with Special Educational Needs and Disabilities (SEND)	31
2.6 Workforce	33
2.7 Investment	34
2.8 Working with NHS England and Health and Justice Commissioning Teams	35
2.8.1 Co- Commissioning Tier 4 Services	36
2.8.2 Mental Health Specialist Commissioning Team	37
2.9 Transition	38
3. Future in Mind Self Assessment	38

4. Priorities for Change	40
4.1 Resilience, Prevention, Early Intervention	41
4.1.1 Aim of the Group	41
4.1.2 Commissioning Update	43
4.1.3 Additional Areas of Work	46
4.1.3.1 Parenting	46
4.1.3.2 Sleep	47
4.1.3.3 CAMHS School Links Pilots	48
4.2 Improving Access	48
4.2.1 Aim of the group	49
4.2.2 Commissioning Update	52
4.2.3 Additional Areas of Work	53
4.2.3.1 Section 136 Place of Safety	53
4.2.3.2 Eating Disorders	53
4.2.3.3 Crisis Café	55
4.3 Caring for the most Vulnerable	56
4.3.1 Aim of the Group	56
4.3.2 Commissioning Update	58
4.4 Accountability and Transparency	58
4.4.1 Aim of the Group	59
4.4.2 Commissioning Update	60
4.5 Developing the Workforce	61
4.5.1 Aim of the group	61
4.5.2 Commissioning Update	62
5. Local Governance	63
5.1 Working Groups	64
5.2 Programme Team	67
6. Next Steps	67
7. Key Partners	68
8. Further Information	68
9. Publication	68
10. Supporting Information	69
Acronym Buster	70
Glossary	71

1. Background

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

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

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

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



Figure 1 Young people from Chilypep with CAMHS clinicians

The purpose of the Taskforce was to make recommendations to Ministers, and agree actions aimed at achieving better outcomes for children and young people with mental health problems. In March 2015 the Taskforce published its report and recommendations: *'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'*.

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

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

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

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

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

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

In October 2015, the previous version of this document was submitted as part of Sheffield's bid to secure Future in Mind transformation funding. In November 2015, Sheffield received confirmation that its bid had been successful, with funding made available from January 2016. Since then, Sheffield has been working to progress its transformation.

A year on from submitting Sheffield's bid; we have refreshed this document to demonstrate the progress made so far, the new areas of work, the challenges faced and the priorities for the next year.

2. What do we know?

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

2.1 Benchmarking

The health and wellbeing of children in Sheffield is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 23.5% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. 8.3% of children aged 4-5 years and 19.5% of children aged 10-11 years are classified as obese. The hospital admission rate for alcohol specific conditions and substance misuse is lower than the England average. In 2014, 262 children entered the youth justice system for the first time. This gives a higher rate than the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16-18 not in education, employment or training is higher than the England average.

In comparison with the 2009/10-2011/12 period, the rate of young people aged 10-24 years admitted to hospital as a result of self-harm is higher in the 2012/13- 2014/15 period. However, the admission rate for self-harm in the 2012/13- 2014/15 period is lower than the England average. Nationally, levels of self-harm are higher among young women than young men.

- Sheffield has a high use of inpatient CAMHS beds in comparison to other local areas. In 2014/15, 16.8% of the Yorkshire and Humber Region CAMHS bed days were for Sheffield patients totalling 5,510 bed days.
- In the first quarter of 2016-17, Sheffield had an access rate of 1 per 100,000 for tier 4 CAMHS beds amongst males (highest rate in the North of England was 3.8, the lowest 0.5), and 2.8 per 100,000 for tier 4 CAMHS beds amongst females (highest rate in the North of England was 7.8, the lowest was 0.5).
- Sheffield is the third largest city in England (outside London) with a total population of 563, 750 people. Our Emotional Wellbeing and Mental Health Needs Assessment, which can be found in Appendix B, provides benchmarking data, particularly for the protective factors for emotional wellbeing and mental health.
- We have benchmarked our position in relation to core cities, statistical neighbours and England, against a number of the protective factors for emotional wellbeing and mental health. 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.

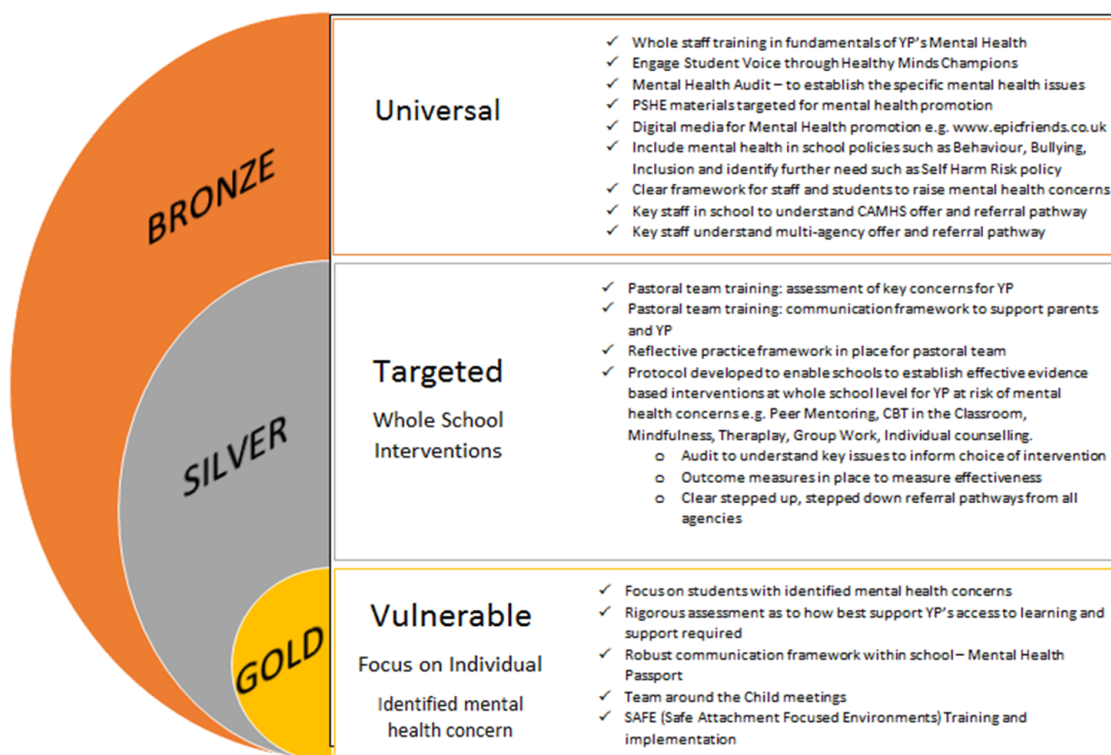
- Sheffield has a highly diverse population with around 17% of people from black and minority ethnic communities. This is likely to increase further over the coming years. Changes in population size, age profile and level of ethnic diversity vary from ward to ward and year to year, making it difficult 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.
- 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.

2.1.1 Areas of good practice and areas for improvement

In Sheffield we have a number of areas we have excelled in in terms of good practice and a number of areas that require improvement, this section highlights some of these areas.

2.1.2 Good Practice

Our CAMHS School Link pilot has been successful, with the testing of the Healthy Minds Framework giving the city a model for early emotional wellbeing and mental health intervention in schools.



We have also done a large amount of work engaging children and young people in the development and delivery of our plan, with Chilypep undertaking a lead role in ensuring our transformation has children and young people's views at the heart of it (please see Appendix F for more). We believe the recruitment of Young Commissioners by Chilypep will help ensure this.

Figure 3 Values of the Young Commissioners

and the conditions they are available to support. This was commissioned as a result of feedback from children, young people, parents, carers and schools who said it was unclear what services were available. The directory has been well received and has been the most downloaded item on Sheffield CCG's website for the past two months with over 1700 downloads.

In delivering the transformation, Sheffield CCG and Sheffield City Council have developed a strong working relationship between themselves and with other organisations. This has helped to ensure that the transformation has focussed on need across the city and has engaged with a range of stakeholders. The strength of the relationship between Sheffield CCG and Sheffield City Council can be seen in the joint programme team (section 5.2), who work for both organisations.

2.1.3 Areas for Improvement

In terms of improvement, we need to do more in the next year to engage parents and carers in the transformation. We haven't worked as closely with parents and carers as we would have liked so far and this area of engagement feels weaker than our work with children and young people.

As a city we also need to ensure that pace of change is sustained, and in some areas increased, so that children, young people and their families begin to feel the effects of the transformation more quickly. To do this, we need to continue to improve our working relationships across the city and ensure our workstreams continue to progress work and meet their deadlines.

As a local area we also need to become more proactive at publishing information. Whilst we have met the requirements of NHS England, we do feel we could do more to ensure that we are putting information into the public domain outside of the usual reporting requirements.

Finally, a key area of work that we need to progress further and improve is how children and young people access services. We know that the system can be confusing and it isn't always clear where to go to for support. Whilst we have published the [Let's Talk Directory](#) to help with this, there is much more work to be done in this area, so we can make services easier and more straightforward to access. This is an area of work which we want to engage the whole city in, as it is in everyone's interests to make the system as straightforward as possible for children, young people and their families to access.

2.1.4 Summary of Areas of Good Practice and Requiring Improvement

Summary - Good practice

- CAMHS School Link Pilot.

- Engagement of children and young people.
- Publication of the [Let's Talk Directory](#).
- Joint working between Sheffield CCG and Sheffield City Council.

2.1.5 Summary of Areas for Improvement

- Engagement of parents and carers.
- Sustaining and increasing the pace of change.
- Proactive publication of information relating to the programme.
- Making the process of accessing services more straightforward and easy to understand for children, young people and their families.

In the next year we will work to address these areas for improvement (and others), and also ensure that our good practice is continued and improved further.

2.2 Stakeholder Input, what have people told us?

2.2.1 Children and Young people in Sheffield have told us:

- Bullying continues to be a big issue for young people and schools are not always dealing with this successfully.
- Counselling isn't necessarily the best solution for mental health problems in school; a better approach would be to improve the communication and culture of the school to support mental health issues more effectively.
- Problems with friendship, sleep and bullying are major sources of emotional wellbeing and mental health issues.
- Schools are best placed to support young people with emotional wellbeing needs. Personal Social and Health Education should address mental health and further training is needed for teachers.
- Self-harm is increasingly an issue but there is lack of knowledge and understanding among staff and young people on how to address it.
- Social media and mobile apps are a good way get advice and support self-care. GPs and other health professionals need to know more about them and it should be easier to find recommended apps. Care Plans or the Mental Health Services Passport could be made available on apps.
- Young people want mentoring from peers and peer wellbeing champions in schools.

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



What are some of the difficulties young people face?

Foyas Syed (@Foyas) · Nov 13
Looking forward to engaging with @Sheffield-W3 as apart of @STAMPsheffield
- hope they take on board young peoples views on mental health

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

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

Figure 4 Feedback from young people about transforming services

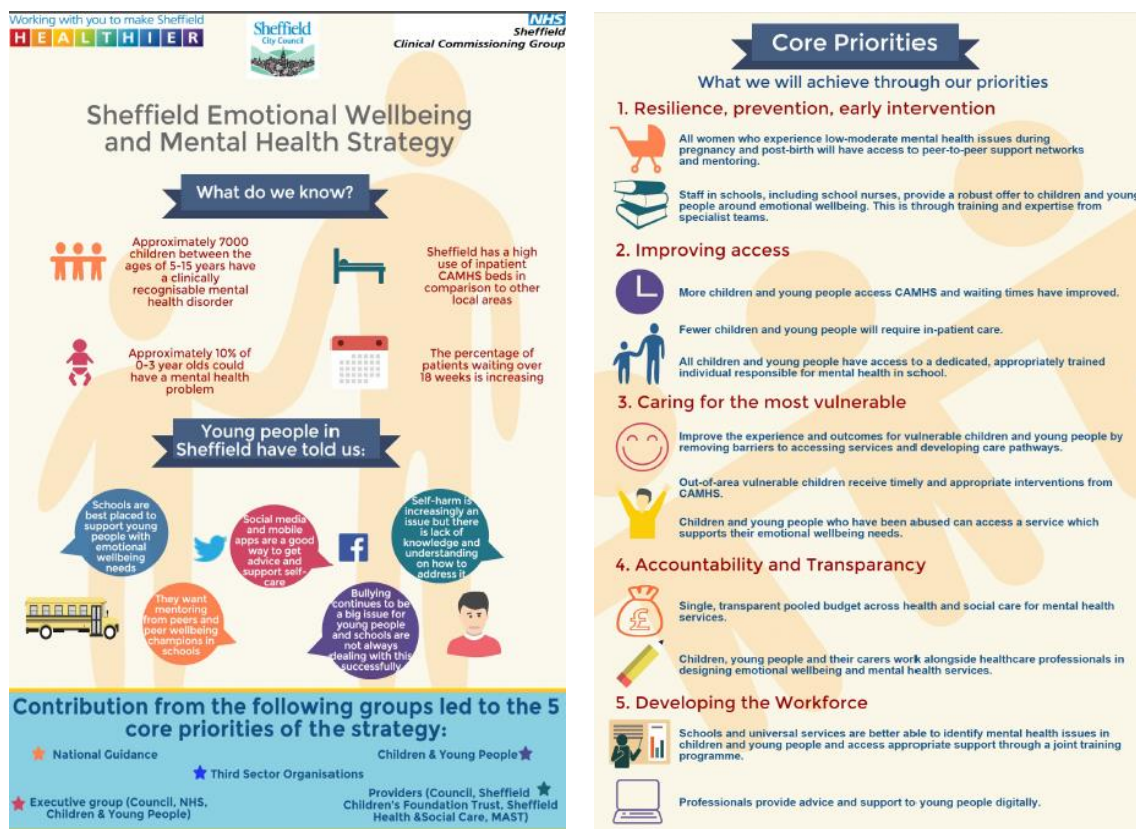


Figure 5 CGG and SCC Infographic of the Transformation Plan

2.2.2 Involvement of Young People in the Transformation Plan:

For the past year we have been involving young people in the development and delivery of our Transformation Plan. Young People have been involved in a range of areas and this involvement has been facilitated by Chilypep, a Sheffield based young people engagement charity.

Young people have been involved in a range of areas including the Crisis Cafe, the development of a new suicide prevention pathway, delivering mental health awareness sessions in school, helping design the Home Intensive Treatment Service and participating in regional and national mental health forums.

Below is a wordmap showing the key areas of work that young people have been involved in, this was created using their feedback.

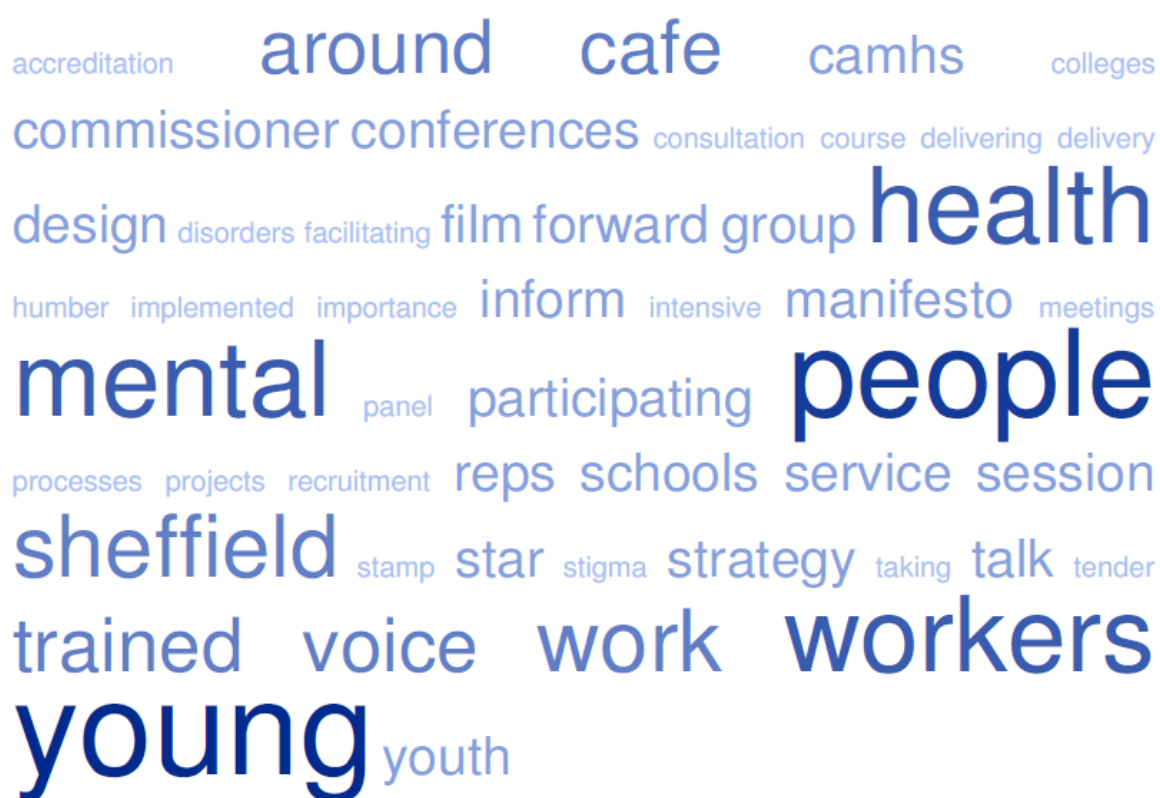


Figure 6 Most frequently mentioned words in young people's feedback on the work they have been involved in.

The feedback in figure six is positive and the appearance of words such as voice, strategy and inform shows that young people have been directly involved in our work. However there is more to do, locally we need to consider how we make sure that young people's voices are further embedded in our commissioning decisions.

We want to get to a position where children and young people are not only having their say and being consulted, but are actively shaping the development of services and our future commissioning plans. Whilst we have achieved a lot in getting toward this goal, there is much more work to do.

2.2.3 Young people's involvement for 2016/17

As part of our refresh, we have also asked young people who have been involved so far what they would like to do in the next year, and what we could do to improve their involvement.

Young people have told us they would like to:

- Do more work around improving transitions and adults services and services for young people up to 25
- Make more use of creative arts to engage young people
- Showcase some of our work and awareness raising work

We will work with Chilypep to ensure that young people are able to work on the identified areas over the course of the next year. In particular we know that transition is a very important issue for children, young people and their families. Our Improving Access workstream will continue to progress this area of work, with Chilypep's involvement continuing in both the Improving Access workstream and transitions sub-group.

Young people have also told us how we could improve our work with them, they have told us:

- To always ensure materials are young person friendly
- To continue to recruit caring workers across mental health provision
- To be more open and honest with young people when consulting with us

We will work to address this feedback; in particular we want to further engage young people in the finances of the Transformation Programme. This will give young people better information about what we are consulting about, and will enable us to have a more open and honest conversation about the plan.

Finally, young people have also told us what they have enjoyed in the past year:

- I really enjoyed being able to travel around and work with other young people, giving me chances to see bits of England I wouldn't have seen otherwise. I have enjoyed being able to chill and laugh, I also enjoyed being able to express and get support with cognitive things such as my artistic side.
- I have enjoyed the interview training and the opportunities to represent young people's voice on a young people's interview panel within CAMHS at Centenary and Becton for new posts for practitioners.
- I enjoyed the Move Forward launch and Event to showcase our campaign film around the importance of education around mental health.
- I enjoyed taking part in the Youth Mental Health First Aid Training.
- All the work I have taken part in around Future in Mind has enabled me to have more confidence as an individual and is something I am proud of.
- I enjoyed the Young Commissioners Training and understanding commissioning processes.



Figure 7 Young Commissioners in training

We will continue to work with young people over the next year as we roll-out the Young Commissioner Programme. The involvement and engagement of young people in our plan is crucial to its success, and we will continue to do this.

2.2.4 Digital Access

Children and young people and many parents and carers are digitally literate and have told us they wanted services to make better use of digital technology. For us to develop this effectively, we need to ensure that our work is informed by the views and preferences of children and young people. Young people have said they like websites that have in depth resources on conditions and treatments and they would like to be able to talk on line to a professional if they knew it was a safe and confidential site/portal. We are looking at a range of options to enable children, young people, parents and carers to access high quality, reliable online information and support.

2.2.5 Every Child Matters Survey (ECM)

The ECM Survey is an annual Sheffield survey which asks the views of pupils in years 2, 5, 7 and 10 on a range of topics and issues. The survey takes place in a good number of schools, but not in all, as this is an optional activity (in 2014/15, 69 schools were involved – around 80 have already registered for the 2016 survey which takes place from October – Christmas 2016).

Questionnaires are tailored to each age group so the most in-depth questions are asked to Year 10s. Questions for Year 5 in primary school touch on the subject of emotional wellbeing and mental health (how often do they feel happy / sad) but this topic is covered in greater depth in the questionnaires for secondary age young people, in particular Year 10s.

The Year 10 questionnaire asks what, if anything, helps young people to deal with difficult feelings such as sadness, depression and anxiety. Examples include talking to someone, exercising and socialising with friends, amongst others.

Analysis of the 2014/15 survey found that there was a clear link between emotional wellbeing and sleep. For example, young people who said they regularly got less than 6 hours sleep on school nights were more than three times as likely to say that they felt sad or depressed most of the time (this does not prove a causal relationship but shows there is a clear link between the two factors). Lack of sleep was also linked to a range of other negative outcomes for example in relation to attitudes to school and substance misuse.

This year, in recognition of our Transformation Plan, and to further improve our understanding of young people's emotional and mental health issues, the 2016 ECM Survey for Year 10s asks more in-depth questions, in particular around sleep and resilience / coping strategies. The 2016 ECM survey also asks additional questions about factors that could impact on sleeping habits (overuse of technology, going to bed too late, worrying about things, etc.).

The results of the 2016 survey are not available to be included in the publication of this refresh, but we will be using them when they are ready in spring 2017 to inform how we progress our transformation.

2.2.6 Parents have told us:

- Communication: Communication between GP's, CAMHS, parents and children should be improved.
- Pathways: They are currently too complex and should be simplified to make it easier for children and parents to understand.
- Waiting times: These should be reduced as it takes too long to access services.
- Services for 16-18s: Services for 16-18 should be developed as many disorders are not treated post 16.
- The System: The delivery model is regarded as old fashioned and should be modernised to improve access.
- Information on support available to parents such as workshops should be more easily available.
- School's should be supported to improve their communication and culture on mental health.

In response to parent's feedback we have been working with our providers to reduce waiting times and improve communication between different services. The Healthy Minds Framework, which we have developed as part of our Transformation Plan, has a key element which aims to improve the communication and culture of schools in relation to mental health. Over the next year we will continue to work with parents in response to their

feedback, we are also currently investigating new areas of work for parents to be involved in.

2.2.7 Schools in Sheffield have told us:

- Children frequently present with issues of low self-esteem. Low self-esteem can be an indicator for a wide variety of mental health issues. With appropriate support, schools would be better placed to provide support to children experiencing low self-esteem, and would be able to help prevent further issues from developing.
- Issues affecting the whole family often present in children in school. For example, if one or more parent has mental health problems, this can have an impact on the child at school. Again, with appropriate training, schools would be able to help support children with these issues.
- Understanding the referral process in Sheffield is often a complex issue for staff. Greater clarity and understanding is needed to know what is out there, and what an appropriate referral is.
- Self-harm, inappropriate and unwanted sexual behaviour, low mood and attachment issues present the biggest challenge to teachers.

Over the past year we have been piloting different approaches to supporting emotional wellbeing and mental health in school, in response to what schools have told us. We are now in the process of moving into the next phase of the Healthy Minds Framework by increasing the number of schools receiving the service. We have also commissioned free to access training on mental health for all seven school localities for this academic year and we are seeing a positive response to this training.

Over the next year we will continue to progress our work with schools by working closely with them and other teams and organisations such as Learn Sheffield, the Inclusion Service and the Multi-Agency Support Teams.

We will continue to engage and work with all our stakeholders over the course of the next year to ensure that our transformation is led by local needs and delivers the services required.

2.2.8 Wider Stakeholder Involvement

2.2.8.1 Sheffield Children and Young People's Health and Wellbeing Transformation Board

Our local Health & Wellbeing Children and Young People's Partnership Board has been reviewed and renamed to reflect the focus of the board in instigating significant service

redesign and transformation across citywide priorities including emotional wellbeing and mental health. Membership of the board includes partners and stakeholders from across the statutory and voluntary sector.

The Health & Wellbeing Children and Young People's Partnership Board has held a meeting with our local 0-19+ Partnership Board. The Transformation board facilitated a joint board meeting with the 0-19 Partnership in order to share the citywide joint priorities, explore any potential gaps and engage partners in understanding and agreeing the local priorities. There was consensus at this joint meeting on the 21st September 2016 with all the priorities identified in relation to the transformation of emotional wellbeing and mental health services and the focus of our local transformation plan.

Gaps identified for future focus include:

- An opportunity to link emotional wellbeing and mental health more widely into Museum Sheffield, and the role that the arts and culture can have in improving emotional wellbeing and mental health. This includes developing stronger links between Museum Sheffield (in particular Weston Park Museum), Sheffield Libraries and Sheffield CAMHS, with a focus on the arts and how the museum can support therapy and self help for children, young people and families.
- A more focused link between emotional wellbeing and mental health and employment and those young people not in education, employment and training (NEET).
- Explore greater parental/carer engagement and consultation, particularly for those young people with low level mental health needs, who may have started to access the newly designed and developed school based services.

2.2.8.2 Future in Mind Transformation Plan Stakeholder Engagement Event

In February 2016, Sheffield CCG and Sheffield City Council hosted a stakeholder engagement event at Sheffield Town Hall. The event was attended by nearly 100 people, with representatives from the statutory sector, voluntary sector, service users and national organisations such as NHS England.

The event itself was facilitated by Brian Lawson, the purpose being communicating the planned approach for the Transformation Plan, and to also give people the opportunity to contribute ideas that could be taken forward as part of the plan.

A range of ideas were suggested by attendees and there was also a great deal of discussion on the best ways to instigate change and overcome barriers between different organisations. Suggestions from stakeholders included more pro-active communication, the importance of schools and the need to bring specialist health services into the

community. These suggestions have been included in our plan and we are continuing to look at how other ideas put forward could be promoted as part of our transformation.



Figure 8 Jayne Ludlam (L) and Counsellor Jackie Drayton (R) open the February Stakeholder Event

2.2.8.3 Case Study: Stakeholder Engagement in the Development of the Youth Information Advice Counselling Service (YIACS).

The development of the YIACS model is a collaboration between Sheffield Futures (SF), a range of health providers, the local authority, counselling providers, both Sheffield universities and a range of voluntary sector organisations across the city.

Collaboration has proceeded through key multi-agency stakeholder groups, including:

- Young people's participation groups
- Strategic Leads
- Operational Managers
- Staff Teams
- Parents and carers will be consulted as the model develops

A Young People's YIACS involvement group has also been established with young people from multiple representative groups across the city, co-ordinated by SF Involvement Team, supported and working closely with Chilypep. The methodology included a range of young people's involvement, focus groups, and online questionnaire's to ensure that young people's voice remains at the heart of the model development. Furthermore, a series of

workshops have been conducted with groups of young people across the city, led by students from Sheffield University to develop the principles and design of the appropriate environment of new services. The results of this will be collated and shared in November 2016.

Interchange, SF, and Chilypep have also been successful in becoming a pilot site for a Youth Access Quality Improvement Project that will involve young people in defining the quality standards of YIACS services nationally.

A multi-agency steering group is now well established, with workshop exercises undertaken to explore, scope and define the YIACS model and has focussed on developing physical, virtual, and local service delivery offers. A multi-agency action plan is now in place following this, drawing on the expertise and resources of Star House Tenant organisations (including Youth Justice, Permanence and Throughcare, Interchange, Sexual Exploitation Service, SF) Community Youth Teams, health and wellbeing provision and a vast array of voluntary sector organisations.

The draft proposed model, and informal Expression-Of-Interest process will be sent out in early November 2016, to invite a range of wider agencies to deliver as part of the model on a voluntary basis to ensure holistic support, early intervention and seamless referral pathways between services for young people. This will allow the model to be refined, and key elements or joint working arrangements agreed prior to operational delivery in April 2017.

Further work needs to be done to agree and finalise the involvement of CAMHS and Adult Mental Health Services (AMHS) to ensure a clear mental health offer and robust pathways are in place as part of the YIACS model. Sheffield Futures is also exploring the potential to join the CYP IAPT partnership to allow for closer joint working, access to funding through Health Education England and ultimately improved access to effective wellbeing support based at our existing city centre hub for young people.

2.2.8.4 Communication of the Transformation Plan

Over the past year we have developed our communications in order to keep stakeholders informed and engaged in the Transformation Plan.

To ensure coherent and consistent communication we have developed a joint communication plan between Sheffield CCG and Sheffield City Council for Future in Mind, which has been approved by our Emotional Wellbeing and Mental Health Executive Group.

We are fortunate that our CCG and City Council communication teams have a close working relationship and are keen to promote the programme jointly. Our recent joint press release on the Healthy Minds Framework to mark World Mental Health Day is an example

of this. To read more about this please go to <http://www.sheffieldnewsroom.co.uk/sheffield-takes-lead-role-in-supporting-emotional-wellbeing-and-mental-health-in-schools/>

As a programme team we have also forged links with the City Council's Inclusion Team to promote the Transformation Plan through their "Inclusion and Locality Working" bulletin. This bulletin goes out on a monthly basis to around 450 people in schools, health and the local authority. We have used the bulletin to promote Future in Mind content such as the [Let's Talk Directory](#) and the free training available for schools.



Figure 9 Logo of the Let's Talk Directory

In response to feedback from schools and young people which said it wasn't clear what mental health services were available, Sheffield CCG and Sheffield City Council commissioned the [Let's Talk Directory](#). This directory lists the various organisations available to support mental health conditions in Sheffield and has been well received with 1,771 downloads to date. In the next year we will update the directory in response to the feedback we have received.

2.3 Access and Waiting Times

The first phase of our plan was to bring children's mental health in line with physical health. To do this, we commissioned our services to be able to see children and young people within 18 weeks, as this is the longest time they should wait.

As of end of September 2016, 12% of patients were waiting 18 weeks or more for their first appointment. This is an improvement from the position at the end of May 2015 (referenced in the 2015 Transformation Plan), which showed that 25% of patients were waiting more than 18 weeks for their first appointment.

Whilst this is encouraging, 12% is still too high and we are working with our providers to reduce the number of patients waiting over 18 weeks. To do this, we know we need to develop a range of provision and interventions that reduce the need for specialist mental health treatment, or provide a different way to offer treatment and support away from a traditional clinic based model. The on-going development of our Supportive Treatment and Recovery Service (STAR) is an example of how we are developing models of care away from the traditional model.

As well as providing non-traditional clinical support, we also need to improve access further for those children and young people who do need specialist care from mental health services, to ensure they get the support they need as quickly as possible. We are doing this by increasing capacity in our specialist services, and working with our providers to simplify the pathway that patients use to access services.

Over the next year we will continue to work with, and invest in, our clinical services to improve access and develop innovative ways of working. Alongside this, we will also continue to invest in early intervention and workforce development to help prevent children and young people from needing specialist services.

2.4 CYP IAPT and CAMHS

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

The CYP-IAPT programme has achieved the following:

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

- The introduction of Routine Outcome measures across the whole of Sheffield CAMHS, with a plan to roll this out to the Local Authority.

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

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

CAMHS

- Current investment in CAMHS stands at around £11.2 million
- This funding is provided by Sheffield City Council, Sheffield CCG, and NHS England.
- As part of the transformation plan, we are investing in CAMHS to reduce waiting times, improve access and expand capacity within the Sheffield Eating Disorder Assessment Clinic.
- We have also invested in CAMHS to ensure our response to crisis care is met as set out within the local Sheffield Crisis Care Concordat.
- Our investment in early intervention and prevention work should also reduce demand on CAMHS over a longer period of time. In the next year, the next phase of the rollout of the Healthy Minds Framework should help deliver this.
- The overall plan for our transformation is to move investment from high cost specialist services into community services and enable models of care to be put in place that effectively identify and treat mental health problems as soon as possible.

2.5 Health inequalities and higher risk groups

- Our Emotional Wellbeing and Mental Health Needs Assessment (HNA), completed in September 2014, identifies the health inequalities which exist in Sheffield. It particularly focuses on our population demographics and page 19 of the HNA,

included in the appendix details the level of deprivation we have in the city. Our Health Needs Assessment can be found at Appendix B.

- The 2016 Director of Public Health Annual Report 'A Matter of Life and Healthy Life' <https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html> recognises the importance of good mental health and wellbeing and how it protects our overall health and increases healthy life expectancy.
- The gap in life expectancy between the most and least deprived men in Sheffield is around 10 years while it is almost 7 years for women. The gap in healthy life expectancy is not just geographically based; there is a similar gap for people with serious mental illness and those with a learning disability. Children and adults in the more deprived parts of the city suffer a greater burden of ill health, disability and early death than those who are born and live in the less deprived areas. Stepping up our actions to prevent premature death, disability and ill health in our more deprived and vulnerable communities represents economic sense as well as being the right thing to do. This is why our transformation of emotional wellbeing and mental health services will focus specifically on changing service delivery and ensuring improvements are made in the areas of greatest need.
- The city can be roughly divided into a north-east and south-west section, with the north-east being most deprived. These wards have the poorest health outcomes and are where lifestyle risk factors are concentrated.
- As an example, there are as many people living in the least deprived areas as there are in the 3rd most deprived. Furthermore, 34.2% of adults live within the most deprived fifth of areas in Sheffield. This equates to 151,634 adults and 38,991 0-17 year olds.
- The HNA also focuses on those groups at higher risk of mental illness and disorder and low emotional wellbeing (page 23). Therefore as a city we are confident of the vulnerable groups that we need to target and where they are located in the city.
- Sheffield is a very ethnically diverse city. Asylum Seekers (including unaccompanied children), Refugees, Immigrants, Roma, Gypsy and Traveller children and young people that are within the city are vulnerable groups who we must ensure receive the emotional wellbeing and mental health support that they need. We know that BME groups are underrepresented in our CAMHS provision. As a city Sheffield has had an 800% increase in the number of Roma children requiring school places. Pages 32 and 33 of the HNA provide further detail on ethnic minorities and our recognition of them as a vulnerable group requiring support.

- Given the evidence above and the persistent health inequalities that exist in Sheffield, the cities Health and Wellbeing Board has considered a refreshed approach to tackling health inequalities. On the 9th June 2016 the Health & Wellbeing Board considered the parameters of a proposed new approach across the city, drawing on the evidence base to reduce health inequalities and those population groups where a focus would have the greatest impact. This refreshed approach will consider the following:
 - High priority groups where effort should be most overtly directed towards those populations where the health and wellbeing need is highest. There is recognition and local commitment to prioritise include:
 - Early Years (addressing attunement and attachment)
 - People experiencing mental health issues (children, young people and adults)
 - Children, young people and adults with learning disabilities and special education needs (SEND)
 - The most socio-economically disadvantaged communities

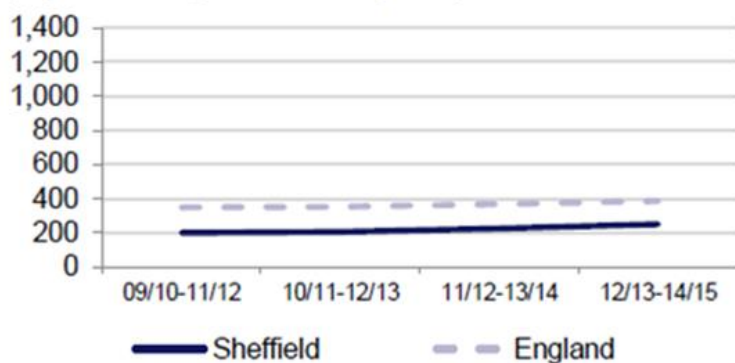
The refreshed approach in Sheffield to tackle health inequalities aligns the medical and social model by combining short, medium and long term interventions with the need for change at population level scale. Actions with a likely long term return include Children and Young People's work focusing on emotional wellbeing and mental health (Future in Mind). Our transformation plan priorities now form the refreshed local approach to tackling health inequalities and will be monitored by the Health and Wellbeing Board to determine their impact on reducing health inequalities, as well as improving children and young people's emotional wellbeing and mental health services.

- We regularly review CHIMAT data to ensure that we are keeping up to date with local, regional and national data, as well as ensuring that our HNA data is reviewed and updated. The Child Health Profile published in March 2016 (PHE, 2016): http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=S* identifies young people's mental health. In comparison to the 2009/10-2011/12 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2012/13-2014/15 period. The admission rate in the 2012/13-2014/15 period is lower than the England average. This highlights the need for us to ensure appropriate mental health crisis support and intervention is addressed as part of our plan.

Young people's mental health

In comparison with the 2009/10-2011/12 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2012/13-2014/15 period. The admission rate in the 2012/13-2014/15 period is lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

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



*Information about admissions in the single year 2014/15 can be found on page 4

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

Figure 10 Sheffield Child Health Profile: CHIMAT, Published March 2016

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

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

To help address inequalities we are also promoting "Making Every Contact Count" (MECC). We are looking at improving the public health capability of professionals working with children, young people and their families/carers by introducing the, Making Every

Contact Count (MECC) core principles to address health inequalities. MECC aims 'Healthy Conversations' working title. We will routinely initiate conversations with children, young people and their parents/carers to discuss underlying or linked health issues with which they are presenting and promote healthy lifestyles. We will also agree four key areas; dental health, immunisation, play and exercise and healthy eating and provide training and information for staff.



2.5.1 Catch 22 Report

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

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

The report, published in winter 2015, reported the following **key recommendations**:

Jointly commissioning and delivering services, taking a needs-led, whole-system approach with specific outcomes, making it a requirement of all children and young people contracts to demonstrate specific targets/outcomes in relation to emotional wellbeing and mental health.

- Through the Transformation Programme we are undertaking a joint commissioning approach through our Children's Joint Commissioning Group who oversee the commissioning of the transformation programme to meet this recommendation.

Building a more collaborative, multi-agency approach to training and workforce development opportunities founded on common standards and core skills.

- The emphasis of our programme is a collaborative, multi agency approach, which can be seen in the varied backgrounds of our work stream membership. Our workforce group has focused its work across professional boundaries, with the goal of having a common approach to mental health training and support.

Further developing and promoting services that support prevention, early intervention and diversion, including in schools and working with Building Successful Families cohorts.

- Our Early Intervention and Resilience work stream has led the development of several early intervention approaches. This work stream has membership from the council's multi-agency support teams who work with the Building Successful Families cohorts.

Developing a multi-agency approach to preventing suicide to include self-harm and links to other factors, e.g. social and economic life circumstances.

- The Care for the Most Vulnerable work stream is developing a suicide prevention pathway for Sheffield to directly address the above recommendation.

Developing a strategic and joined-up approach to transitions, including through establishing a multi-agency transition forum.

- The Improving Access sub-group has a specific group which has the remit of examining transitions, with multi-agency membership. Our Care for the Most Vulnerable work stream is also looking at transitions for vulnerable cohorts of children, again with a multi-agency membership.

2.5.2 Children with Special Educational Needs and Disabilities (SEND)

In Sheffield there are 11,035 pupils in school at SEN Support level and 1,904 pupils in school with statements/EHC Plans. In total there are 2,203 statements/EHC Plans across the 0-25 age range, which equates to 2% of all children and young people in Sheffield.

To support these children as part of Future in Mind, we are working to ensure that our Transformation supports the principles of Sheffield's Inclusion Strategy which is being implemented in Sheffield. These principles mirror those set out by the Department for Education, and reflect the requirements of the Children and Families Act 2014:

Participation – children and young people are supported to participate fully in good or outstanding education and training; and they and their families are able to engage actively in the design, development and review of services.

Integration – services work together through co-located multi-agency teams based in geographical localities, delivering support through a single assessment and planning pathway; supported by clear leadership; strong, flexible central services; aligned budgets; and effective commissioning.

Early Intervention – needs are consistently identified early and support is provided quickly, focused on ensuring children, young people and their families make good progress and achieve positive outcomes.

Personalisation – using key working approaches we will ensure that: the views, wishes and feelings of children, young people and families are always taken into account; person-centred approaches to planning and assessment will enable them to be actively involved in decisions about their lives; and packages of help and support will be tailored to individual needs and aspirations.

Our Transformation Plan is supporting these principles of participation through our engagement of children, young people and their families in the development and delivery of the plan. For example, the development of our Home Intensive Treatment service has been designed with young people's involvement, who renamed it - STAR (Supportive Treatment and Recovery Service). The STAR service will provide support, work to prevent the need for admission and support reduced length of stays. The STAR should also enable tier 3 and 4 CAMHS to work better together to support transition into and out of specialist inpatient settings. Young people will be involved in the evaluation of the STAR service.

We are also working with a range of services to ensure integration where possible. For example our work on eating disorders has brought together a number of providers from across the city to examine how pathways can be aligned to ensure a better experience for children, young people and their families. To find out more about our work on eating disorders, please go to section 4.2.

As within the Inclusion agenda, early intervention is a principle which runs through our transformation programme. Our work in schools in particular aims to intervene early wherever possible and we are working with Sheffield City Council and local schools to ensure that the early intervention offer for mental health in schools is joined up with the early intervention offer for inclusion. This should ensure that any child, who requires mental health support, and support from other services to help them engage successfully in school, will receive a joined up offer.

Finally, the delivery of the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) in Sheffield supports the principle of personalisation. As this programme was developed for young people; it puts an emphasis on user participation in treatment, service design and delivery in order to deliver a more personal service.

The (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. The programme aims to create, across staff and services, a culture of full collaboration between child, young person and/or their parent or carer. It does so through initiatives such as improving service user involvement in the development of services, self-referral and giving managers and service leads improved skills in change, demand and capacity management.

2.6 Workforce

- We have mapped our clinical and wider workforce on emotional wellbeing and mental health; see Appendix D.
- Our Transformation Plan will aim to bring our workforce in line with the IAPT specification and support delivery of the new access and waiting time targets.
- We plan to develop the workforce over a range of professionals to enable better identification, support and skills over a wider workforce.

We have continued to progress our CYP IAPT work in the city and we are currently looking at how we can take advantage of the opportunity presented by Principle Wellbeing Practitioners in 2017. There will be a multi-agency group meeting in November to identify how these workers could be used to help transform the workforce.

In transforming our workforce, we are also joining up with areas outside of the Future in Mind Programme. For example, Health Visiting and School Nursing are currently undertaking a service redesign. The Future in Mind team is a part of this process and we are working with others to ensure that the redesigned service aligns with the workforce requirements of Future in Mind.

Over the past year, our workforce group have been developing a Future in Mind workforce strategy. In developing this, the group has agreed two key principles:

- That our understanding of what constitutes the workforce should be broad and inclusive.

- That a Child Protection model which presumes mental health and well-being is everyone's concern is appropriate.

The work of the group has focused on identifying the levels of knowledge required for different levels of the workforce, in order to support mental health. The below figure is the draft proposal for the model. This is due to be presented to the Emotional Health and Wellbeing Executive Group in December. Further details of the progress of our workforce work stream are in section 4.5.

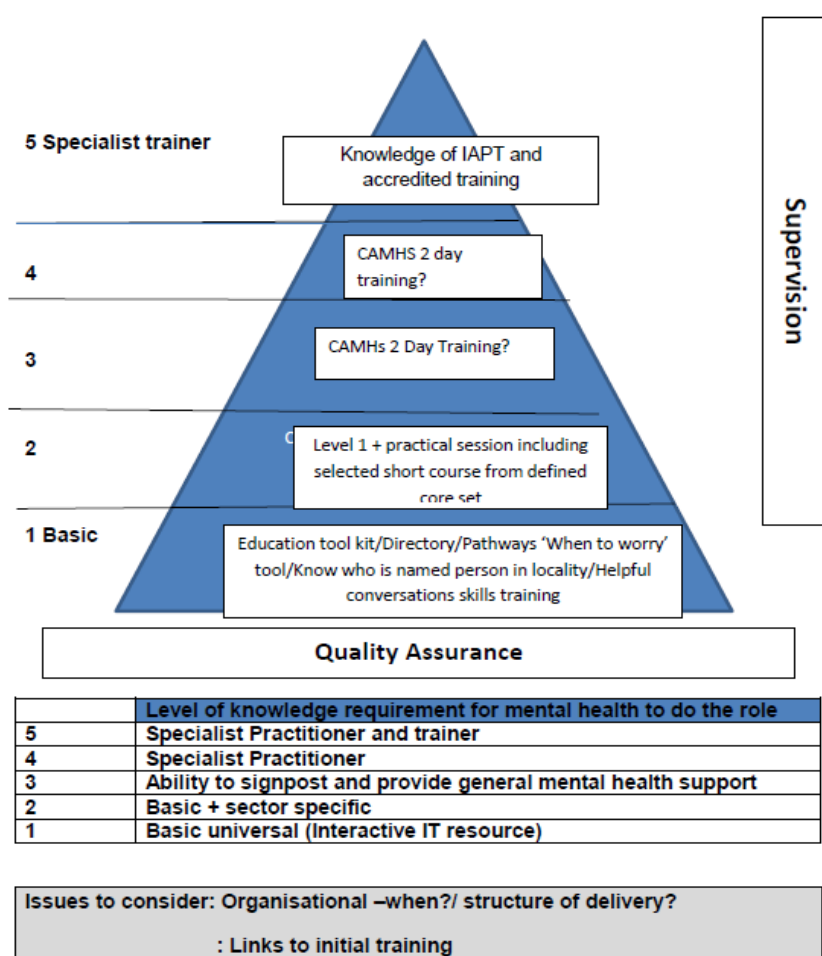


Figure 11 Draft workforce development model

2.7 Investment

- We have mapped the City's investment into emotional wellbeing and mental health services through the Local Authority and Clinical Commissioning Group; see Appendix D.
- Benchmarking of investment is challenging within CAMHS due to the historical poor data sets around CAMHS and the way service use is counted.

- The data we do have does show that Sheffield is a high user of in-patient/ tier four services and the transformation plan will aim to put services in place to reduce admissions and improve out-patient care, as well as pre admission reviews in line with transforming care.

So far we have invested in a range of mental health provision from early intervention to clinical services. The focus of our investment in early intervention has been in both schools and the community, with an emphasis on raising awareness, providing training and engaging non-health services in supporting mental health.

Our clinical investment has focussed on increasing capacity within our children's mental health services to improve access and reduce waiting times. We have also used the investment to push forward the delivery of clinical services differently. For example, we are the process of developing a Home Intensive Treatment Service, which would deliver care which is normally accessed via inpatient admission, in the community.

2.8 Working with NHS England and Health and Justice Commissioning Teams

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

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

In the past year, Sheffield has worked closely with the Children and Young People's Mental Health and Maternity, Yorkshire and Humber Strategic Clinical Network and has helped shape the direction of regional work through its membership of the Strategic Clinical Network Steering Group. Sheffield is currently involved in the following areas of work:

- Yorkshire and Humber Eating Disorder Network.
- Development of a Yorkshire and Humber school competency framework.
- Benchmarking of transitions protocols in Yorkshire and Humber.

- Supporting the development of regional data packs on children's mental health.
- Participating in webinars and sharing best practice.

We are hoping that our membership of the Clinical Network will allow Yorkshire and Humber to further develop a more robust and collaborative commissioning approach between specialised NHS England mental health commissioners and CCG commissioners, to ensure we commission whole systems pathways of care in CAMHS and adult services.

2.8.1 Co-commissioning Tier 4 services

The overall vision is that children and young people will be treated as close to home as possible, supporting children and young people to stay in the community when safe and appropriate, but also ensuring access to specialist inpatient care when required. This requires a multi-agency approach to commissioning. We recognise that changes in one agency or one part of the system can affect demand and delivery in another. This interdependency can create risks if not properly considered, but it also brings with it the opportunity to work together to better meet the needs of Sheffield children and young people and achieve wider system efficiencies. We are developing integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care.

The National CAMHS Tier 4 Review identified Yorkshire and Humber as one of the two areas nationally that was experiencing the most significant capacity issues in relation to access to Tier 4 beds. We know that a relatively high number of Sheffield children and young people are admitted to Tier 4 beds and this is not always local. We are therefore committed to reducing the need for children and young people to be admitted to a Tier 4 unit, especially out of Sheffield.

We have identified with NHS England the baseline finance and activity in relation Sheffield children and young people who access Tier 4 (those directly commissioned by NHS England); opportunities to realign some services and care pathways have been identified, however, this will take time. Our planning includes a joined up approach across the whole care pathway and with other local CCGs.

We are co-commissioning with NHS England and other local key stakeholders (colleagues responsible for other children's health services, as well as Sheffield City Council as well as the education and the voluntary sectors) to develop step up and step down support, which will aim to keep inpatient admissions to a minimum for as short a length of stay as possible. We are also reviewing our Tier 4 out of hospital services, which include ASD and LD for children aged 7-11 years, to identify further transformation opportunities which will enable us to provide more specialist care in the community and closer to home.

The CCG will also be working with SC (NHS) FT during 2017 to develop and implement new referral, assessment and treatment pathways for Neurodisability services including autism and ADHD. This will clarify the links and role of CAMHS in the process and will use the new locality hubs model which is in development.

2.8.2 Mental Health Specialised Commissioning Team

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire. The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers selected as the first-wave sites, working towards a go-live date in October 2016, to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- Improve access to community support
- Prevent avoidable admissions
- Reduce the length of in-patient stays
- Eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area. It is envisaged that the development of the LTP is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce

the need for admission. In order to improve the quality and outcomes for children and young people, we will work closely with identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of the variation that currently exists across YH to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. The aim is to develop greater understanding of patient flows and the functional relationship between services. This will be achieved working with commissioners and providers to support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness. The work will be carried out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

2.9 Transition

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

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

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

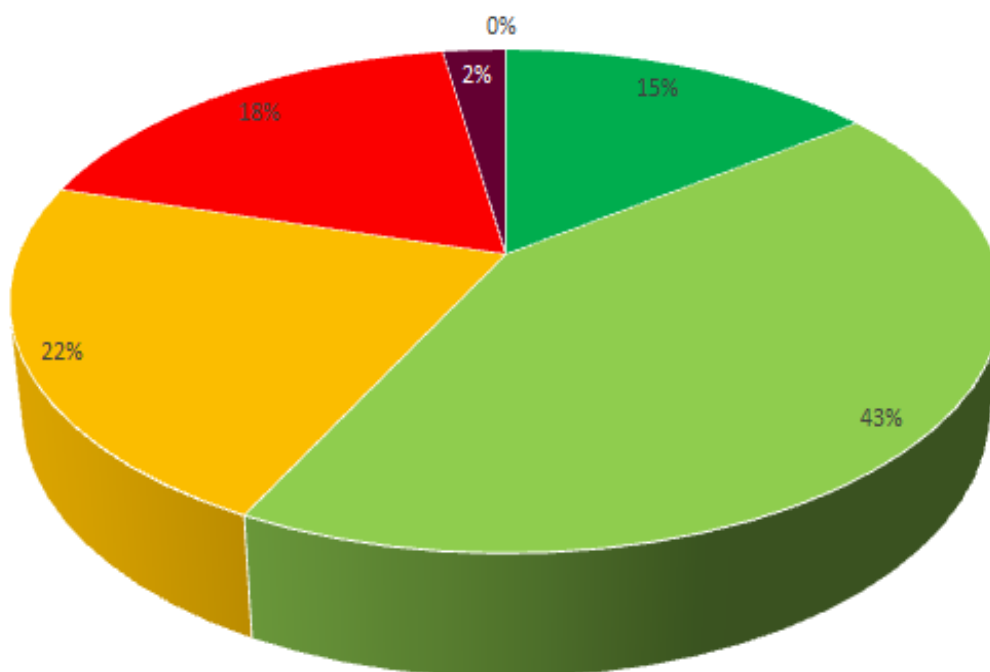
3. Future in Mind Self-Assessment

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

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

Readiness Status (percentage of recommendations)

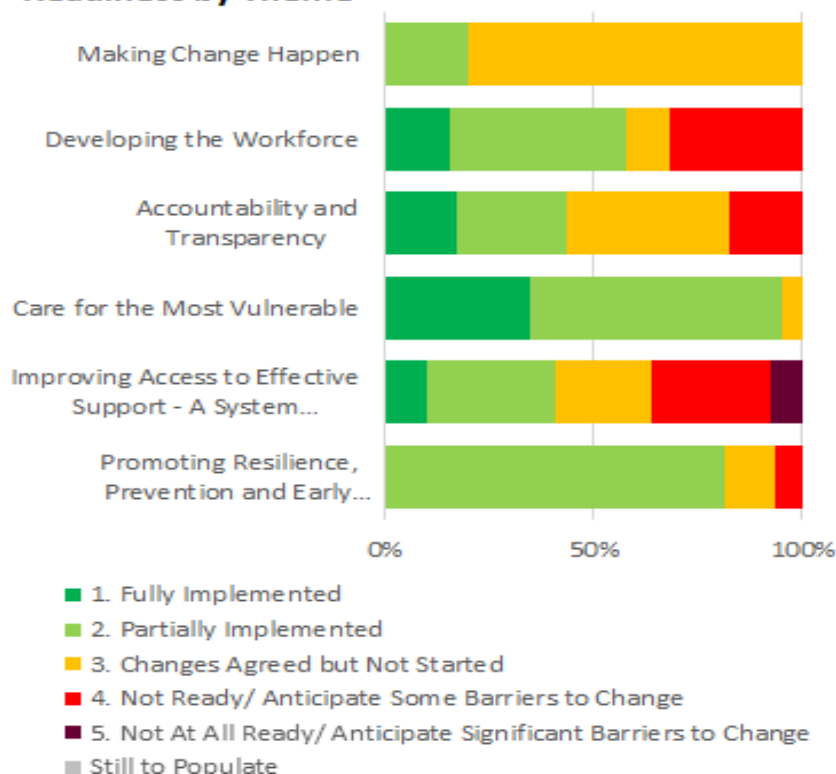
- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. Not Ready/ Anticipate Some Barriers to Change



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

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

Readiness by Theme



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

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

4. Priorities for change

Sheffield's priorities for change have been developed by partners following completion of the self-assessment, as well as the analysis of the current data on mental health services for children and young people in the city. The priorities identified here reflect the work we have achieved in the last year, and also new areas of work which have developed over the course of the year. Each working group has been progressing their priorities, whilst also identifying new areas of work as the transformation progresses. This approach has seen the incorporation of new areas of work such as the CAMHS School Link pilots and suicide prevention into the priorities of work streams.

Our commissioning intentions are based on delivering evidence based practice, with a focus on demonstrating improved outcomes. In the past year we have been using the funding to pump prime projects and activities, whilst also undertaking intensive work with various stakeholders to develop and deliver new service models and pathways. In the next year we will see the delivery of these new service models and pathways progress, as we invest in new ways of working.

We will continue to work in partnership to realise our vision of ensuring children and young people have access to the right services and support at the right time by building skills and expertise in alternative settings and through new models of support. We need to make sure we achieve this while still ensuring timely access to clinical treatment when needed. This next section addresses what work we have prioritised, the progress made, next steps and new areas of work.



Figure 12 Young people hosting a mental health awareness stall

4.1 Resilience, prevention, early intervention

“The resilience, prevention and early intervention work stream currently has two areas of work as a focus.

The first is the CAMHS school link pilot which aimed to support staff within schools to have a greater understanding and improve support for the emotional needs of children and young people. A model of good practice has been identified through this pilot which will develop the workforce, support prevention and early intervention, and offer a clear referral pathway to CAMHS. The priority now is to develop the sustainability of this model and agree how this can be rolled out to all schools across the city. The timescales and structure for rolling out this model are currently being developed.

The second area of work is perinatal and infant mental health. This work aims to develop a perinatal and infant mental health strategy and integrated care pathway for the city. This is a new focus for the group and we will be linking with the early years best start leads meeting to develop and implement this area of work.”

Nicola Shearstone, Head of Service, Multi Agency Support Teams, Sheffield City Council – Work stream Lead.

4.1.1 Aim of the group

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

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

Priorities	What will success look like	Achievements	Next Steps
Effective identification and treatment for women experiencing mental health problems in pregnancy and one year after birth.	Women know what services are available and where from.	Our perinatal mental health pathway has been finalised and developed.	We have submitted a local and regional bid to the NHSE Perinatal Mental Health Community Services Development Fund to further develop and enhance our

	<p>All women who need it will have access to peer-to-peer support networks and mentoring if they experience low-moderate mental health issues in the perinatal period.</p>	<p>Through a range of interventions delivered through our Best Start strategy peer support is provided. This includes the recently commissioned Volunteering Service in Early Years which offers peer support and mentoring for women experiencing low level mental health issues.</p>	<p>community pathway model and improve quality.</p> <p>Through our integration of 0-19 yr Healthy Child Programme services we will be carefully considering the role of Health Visitors to support mentoring and peer support arrangements. This will involve reviewing the role of HVs linking with midwifery and their focus antenatally in supporting parents EWBMH after giving birth, including supporting attunement and attachment between mother and baby.</p>
<p>Develop primary mental health interventions through a school and community based hub model.</p>	<p>Staff in schools, including school nurses, provide a robust offer to children and young people around emotional wellbeing, including Personal, Social and Health Education (PSHE). This is facilitated through schools access to training, expertise from our specialist teams and</p>	<p>Considerable progress has been made in developing school based EWBMH services for C&YP. Locally the lack of universal, school based services was identified as a significant gap in our transformation</p>	<p>A business case and proposal has been presented and approved by the Sheffield Children's Joint Commissioning Group to secure resources to expand the CAMHS School Link pilot across the city. This</p>

delivery of early intervention EWBMH service in school settings.	plan submission. During 2016/17 work has progressed at a range of levels to test and pilot service models. The conclusion has been a commitment to expand a school based offer which has been evaluated to assess effectiveness. Further detail is given below. The plan is over the next 2-3 years to have a Sheffield Healthy Minds Framework and CAMHS school link model available in all local schools.	expansion is being delivered in phases across the city via school localities. A service specification has been written and we are currently exploring the most appropriate service model. An event is to be held by Learn Sheffield to engage schools and involve them in the 'roll out' process.
--	---	---

4.1.2 Commissioning Update for Resilience, Prevention and Early Intervention

Develop Emotional Wellbeing and Mental Health services into schools. We will develop an Emotional Health and Wellbeing Service (EWBMHS) using an early intervention model for children with low level mental health problems. This work will have the aim of reducing the number of avoidable referrals to other mental health services. Delivery will commence from February 2016.

- We have piloted an emotional wellbeing and mental health offer provided by a voluntary sector organisation across 40+ schools. This service delivered one to one support, group work and counselling for children and young people with low level mental health problems.
- The above service has been externally evaluated by the University of Sheffield and

the findings have informed the expansion of our Sheffield CAMHS school link pilot as outlined below.

- We have developed our Sheffield Healthy Minds Framework which is delivered through the Sheffield CAMHS School Link programme. This model develops resilience and a culture of positive emotional wellbeing and mental health in school settings. Supporting schools to deliver a 'whole school' approach to emotional wellbeing and mental health. During 2016/17 the CAMHS school link programme will be expanded to a further 3 localities in Sheffield, resulting in the model being offered in 60+ schools across the city. This will include 'in reach' from CAMHS into schools.

Our intention is to provide a two year extension of the SYEDA Comic Relief Project continuing the employment of two clinical staff and an education worker for direct support for service users. Delivery from February 2016.

- Work has progressed with 4 secondary schools and workshops have been delivered to a number of Year 8, Year 9 and Year 10 pupils involving over 600 pupils.
- Over 74 sessions/workshops have been completed including training delivery reaching 1375 participants.
- Professional training on Understanding Eating Disorders has been delivered to staff from Sheffield University, Sheffield Homestart, Sheffield College and Sheffield Girls High.

We will invest in Primary Mental Health Workers in Multi-Agency Support Teams (MAST) to allow early intervention in low level mental health problems and Increase the amount of hours for primary mental health workers allocated to MAST. This will enable MAST to support transitions between children and adults services. Delivery will commence from March 2016.

- We have increased capacity in our primary mental health worker team.
- During 2016/17 we have commenced a review of the primary mental health worker roles. This includes the respecification of the service and alignment with our local CAMHS School link and Healthy Minds Framework offer. The focus is to ensure that the Primary Mental Health worker role links and enhances the delivery of the Healthy Minds framework in schools, providing increased capacity and access into CAMHS for those children and young people identified as vulnerable and requiring additional support from the CAMHS team.

Implement recommendations of the review of models for supporting vulnerable young

people in the community (YIACS) through recruiting an officer to oversee work. Delivery from January 2016.

- The Sheffield Youth Information, Advice, Counselling and Support Services (YIACS) model is well under development.
- A YIACS manager has been recruited and Sheffield Futures has been identified as the provider to lead this area of service development.
- Consultation on the proposed service model has taken place with young people and a steering group has been established.
- Service elements of the YIACS model are in delivery including the establishment of sexual health clinic within the 'one stop shop' offer for young people to access at Star House in the city centre. This service has been operational since the summer and includes links and access to CAMHS for those young people requiring additional support.
- Our YIACS implementation action plan is being taken forward and the following service provision that will exist as part of the model includes:
 - Evening and weekend drop ins (including telephone and online support)
 - Peer support and buddying
 - Access to face to face and digital counselling
 - Low level/brief intervention and mental health support provided via the YIACS worker
 - Access to psycho educational groups
 - Supported referrals/joint working with statutory and acute care provision
 - Supported referrals/joint working with a variety of VCF and specialist support
 - A range of health clinics including sexual health, health promotion information and advice clinics.
 - Supporting access, activities and projects that support wellbeing including access to weight management and health and wellbeing services.

The commission of citywide training across the seven localities of schools on flower 125, mental health first aid, looked after children, TAMHS Toolkit Refresh. This training will be rotated on a quarterly basis, with schools booking on to sessions they want. Delivery February 2016.

- This training has been delivered across a locality basis in order to offer schools access to each of the training sessions.
- The sessions have been well received and have been co-ordinated with CAMHS

so as to link with our wider CAMHS core training model.

- Those schools involved in the CAMHS school link programme have supplemented the model with accessing these additional training sessions and built the training into the CAMHS in reach model within school.
- To date approximately 32 professionals have attended the training
- An emotional wellbeing and mental health training sub group has been established to jointly co-ordinate training delivery and to ensure alignment with the workforce work stream.

We will commission the 'Body Project' for use within two secondary schools in Sheffield. This project aims to improve body self-esteem in secondary school pupils, with the aim of reducing eating disorders. It will be delivered in King Edwards and High Storrs Secondary Schools, identifying pupils at risk of eating disorders and providing an intervention that prevents them from developing an eating disorder. Delivery will commence January 2016.

- The model and delivery of this intervention is being adapted following experience of recruiting, delivering and running the programme in 2 secondary schools.
- A pilot programme is running in King Edward VII School focusing on Year 12 and Year 13 students.
- A decision has been taken to incorporate the delivery of the programme into school based wider PSHE work due to findings from the evaluation of the work and the need to ensure that the delivery is sustainable.

4.1.3 Additional areas of work

4.1.3.1 Parenting

Sheffield currently delivers a range of parenting support to families, predominantly using two evidence based models 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 intensities 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.

The aim is to empower and support parents and carers, building skills for sustained successful outcomes.



Sheffield has adopted a mixed model of evidence-based parenting delivery in order to best respond to the multiple and changing needs of families. In addition to the two main programme suites we have added programmes that cater for specific target groups such as the You and Me Mum programme for parents who have experienced Domestic Abuse. This supports Future in Mind by enabling access at the earliest point and working with parents to promote emotional wellbeing. In addition, the delivery of a ‘population’ based approach seeks to effect a cultural change in the perception of parenting as a universal offer that supports and places value on parents in their role.

The development of Sheffield’s parenting support offer will continue to be linked with our Transformation Plan. To help ensure this happens, we have included representatives from the development of the parenting offer in our work streams.

4.1.3.2 Sleep

Over the next year, Sheffield will be delivering a pilot looking at sleep and the impact this has on a range of social and health issues. The pilot will focus specifically on two cohorts of young people, those with ADHD and those who are looked after.

Whilst this pilot sits outside of the Future in Mind programme, we will be ensuring that the learning from this pilot is shared with the transformation programme, so we can address the issue of sleep as part of our plan over the coming years.

4.1.3.3 CAMHS School Link Pilots

For the past year, Sheffield has been one of 22 pilot sites for the CAMHS School Link Pilot, which is jointly funded between the Department of Health, Department for Education and Sheffield CCG.

The aim of the pilot has been to test whether putting CAMHS staff into school settings can improve a school's ability to support children's mental health, and CAMHS ability to work with schools and other providers such as MAST.

In Sheffield, the pilot has been taking place in 6 primary schools and 4 secondary schools and we have been testing a framework for mental health support which Sheffield has developed - the Healthy Minds Framework. This framework is split into bronze, silver and gold levels.

The bronze level provides universal mental health support from CAMHS such as whole school training; the silver level supports targeted work which is aimed at the needs of the individual school, whilst the gold level is for the most vulnerable children. At gold level, a CAMHS worker will undertake clinical work in school with children who have been identified jointly with the school as requiring support. At bronze and silver level, the CAMHS worker does not deliver clinical work in school, but instead helps the school to develop their strategies to support mental health and intervene early where required.

The delivery of the pilot has been successful in Sheffield, with the team speaking at numerous national events and sharing the learning from the pilot with other areas. We have also received positive feedback from pupils, teachers, parents and professionals on the progress of the pilot. As you can see in the table in section 4.1, we are now in the process of rolling out the Healthy Minds Framework to a wider number of schools.

4.2 Improving access

"This group has focussed on the key priority areas listed below and in addition to improving access, waiting times including waits between referral, first appointment and starting treatment.

- *Eating Disorders*
- *Mental Health Liaison in A&E*
- *Intensive Home Treatment Services*
- *Crisis Care: section 136 and Crisis Café*
- *Day care for 5-11 year olds*
- *Improving Access to Psychological Therapies*

- *Transition*

We are committed to improving access to services and support and reducing the time children and families have to wait for the services and support they needs, although we have a long way to go we have made some progress in developing new services and support that work towards this goal. Access to responsive services, with a particularly focus on reducing waiting times is highlighted consistently as a national and local concern.

The same standards of access to treatment will be in place as children and young people with physical illness and there will be the same focus on recovery, this is termed parity of esteem. To make parity of esteem a reality by 2020, we are reforming access, waiting and treatment times through changing how we work, investing in training, new service models and spending more on services and support to ensure children access the care they need quicker.”

Kate Laurance, Head of Commissioning Children, Young People and Maternity, NHS Sheffield – Work stream Lead

4.2.1 Aim of the Group

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

Priorities	What will success look like	Achievements	Next Steps
Investigate new models of integrated service delivery based on good practice.	Fewer children and young people will require inpatient care through improvements to mental health services in the community.	<p>We have reviewed care pathways and identified some services that can and would be better placed in the community.</p> <p>There is proactive follow-up of children, young people or their parents who do not attend (DNA) appointments.</p>	<p>We are developing a Home Intensive Treatment Service called STAR; young people at STAMP were actively involved.</p> <p>We are exploring whether Amber Lodge could be transferred from NHS England to local CCG's to enable this provision to</p>

		further support local transformation plans.
More children and young people access Improving Access to Psychological Therapy (IAPT) services.	We have trained additional staff and increased the capacity of the IAPT services. More Children and Young People are being seen.	We are looking at new ways of working and how to increase IAPT further. Improved skill set of the workforce; professionals working with children and young people are able to respond to a broader range of needs; workforce with right skills and competencies to complement existing experience
All children and young people have access to a dedicated, appropriately trained individual responsible for mental health in school.	We have tested this through the CAMHS School Link pilot which been a success.	Roll-out of the Healthy Minds Framework to more schools.
All schools and GPs have an assigned contact in specialist CAMHS to go to for advice and guidance.	We have piloted a specialist contact in CAMHS for schools via the CAMHS School Link pilot.	Roll-out of the Healthy Minds Framework to more schools. Further work with GP's to improve links between themselves and

			CAMHS.
Implement comprehensive access and waiting time standards for CAMHS.	More children and young people access CAMHS and waiting times have improved, including eating disorder and psychosis services.	We have introduced the access and waiting times standards for eating disorders and psychosis. We have introduced waiting times for all services and put in place plans to achieve these, this includes monitoring these closely.	Achieve Parity of Esteem which is the principle by which mental health must be given equal priority to physical health, waiting times and treatment. It was enshrined in law by the Health and Social Care Act 2012. We will further develop and implement waiting time standards for CAMHS; this includes reducing the wait between referral and first and second appointments.
Appropriate mental health crisis support and intervention in line with Sheffield Crisis Care Concordat and including section 136 (see Appendix D)	An age-appropriate out-of-hours service including swift and comprehensive assessment is available for children and young people in crisis and an all age psychiatric liaison service available in A&E.	We have developed a Health Place of Safety- section 136 and are planning a Crisis Cafe see section..... We have reviewed the current liaison provision at the local A&Es and identified a need to provide a liaison service within the local A&E departments.	Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat A crisis Café will be operational from 2018. We are developing an A&E model for

4.2.2 Commissioning Intentions Update for Improving Access

Invest in the capacity of the workforce within CAMHS to support the implementation of IAPT and to increase access and reduce waiting times in line with national performance measures. We will ensure we have the staff to train and deliver NICE concordant psychological therapies to children and young people (Recruit to Train RtT).

- We will expand the children and young people workforce by 2020 and review skill mix annually. More staff will need to be employed to meet the additional demand and we will maintain the retention of existing staff. This will include staff trained and supervised by more experienced staff and developing new roles and better support for GPs. We will support the implementation of the new role of Psychological Wellbeing Practitioners (PWP) who will deliver 'low intensity' mental health interventions to children and young people.

Improve access to clinical eating disorder services and reduction in waiting times by investing in our CAMHS eating disorder service and our adult mental health eating disorder service for 16 and 17 year olds.

- We have enhanced the existing eating disorder services and developed a new service for under 16 year olds. We will review the pathways and continue to explore ways of improving the services including intensive home treatment.

Establishment of an intensive home treatment service to bring CAMHS treatment into the community and reduce the risk of inpatient admissions as well as enable swift discharge back to the community.

- A scoping exercise to identify the need including an options appraisal for the optimum model for delivering intensive home treatments to CYP with complex need to reduce in in-patient admissions, reduce length of inpatient stay, improve choice and provide care closer to home has been undertaken. A model has been developed and discussions are taking place to agree the plans and funding.

Improve crisis response through availability of an all-age psychiatry liaison service and ensure we have a section 136 place of safety for young people.

- A specific A&E liaison service for children and young people under 16 years will be

implemented at Sheffield Children NHS Foundation Trust. An all age Mental Health Liaison service will be available at Northern General Hospital Sheffield.

4.2.3 Additional areas of work

4.2.3.1 Section 136 (S136) Place of Safety provision for young people under 18 years

We are delighted to announce that Sheffield Crisis Care Concordat were successful in securing capital funding from the Department of Health (DOH) to develop a discrete Sheffield based Health Place of Safety provision for young people under 18 years detained under Section 136 of the Mental Health Act 1983? Date by the police. This will provide a safe, effective and much needed local provision and ensure:

- No young person is detained in a police cell unless absolutely necessary.
- Improved service user and carer experience.
- More rapid access to specialist care.
- Improved facilities and built environment.
- Timely access to treatment with the young person waiting the minimum time possible.

We are confident that our plans to improve crisis care including s136 are underpinned by a collaborative approach as we recognise that the s136 solution in isolation is not an effective way of managing urgent mental health care. There are a number of actions required to support those young people who require a crisis response and possible assessment and treatment. We plan to develop crisis prevention services including a Crisis Cafe and are committed to work together to improve the system of care and support that aids recovery.

4.2.3.2 Eating Disorders

We are committed to investing the Future in Mind funding allocation for Eating Disorders to support for the under 18 population (500,000) in Sheffield. Under one service specification, Sheffield NHS CCG will have an expert Children and Young People's (C&YP) Eating Disorder Service that will reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible.

We have developed a range of bespoke responses and actions required to meet the access, waiting times, treatment and referral standards. In partnership with our service users, wider stakeholders and with support from NHS England, we have identified steps to improve early identification with an emphasis on plans to skill the workforce, increase capacity and reduce inpatient admissions. We are also working to ensure that eating

disorder assessments and care are suited to the needs of the individual.

We have developed an integrated pathway with the Adult Eating Disorder Team to ensure there is a smooth transition from the children and young people eating disorder service, to the adult service with an aspiration to become an all age service. The integrated pathway supports a combined model based on co-production. We anticipate seeing approximately 62 referrals by 2017-2018 across the two NHS eating disorder community services in Sheffield, provided by Sheffield Children NHS Foundation Trust and Sheffield Health and Social Care Trust. With investment in early detection and prevention, we anticipate a reduced dependency on inpatient beds by 2020 and an increase in the number of children and young people accessing the service in primary care and community settings. These children and young people will be supported by education staff, third sector workers and Multi-Agency Teams with professional supervision and support from our specialist eating disorder service.

We have commissioned an eating disorder service from SYEDA to provide early intervention on issues such as body image, develop peer education, peer support, skills for carers and liaison with schools and to provide support of young people being seen in the Children and Young People's Eating Disorder Service.

We have ensured that the IT systems and data collection capability is fit for purpose to track key performance indicators and outcome measures.

We are developing a culture to promote self-esteem and build resilience in children and young people to feel more confident with their appearance to prevent eating disorders- This will be supported by the role of the voluntary sector.

We are currently reviewing the plans for eating disorder and have organised three multiagency workshops to further develop services and a Sheffield Eating Disorder Specification. To ensure waiting and treatment times are achieved, children and young people have access to evidence-based treatment models. Integrated partnership arrangements are compliant with national and local quality and performance. It will interface with Sheffield specification for child and adolescent mental health services: Targeted and Specialist levels (Tiers 2/3).

We are strengthening the needs assessment to include data on age, gender and ethnicity of service users.

We are increasing community capacity to support evidence based home treatment to children and young people enabling them to be closer to home, reduce social isolation, improve outcomes and reduce dependency on Tier 4 admissions. There will be the opportunity to provide flexible arrangements across the City.

We will further develop the joint training plan across Sheffield to include GPs on service standards, pathways and outcomes.

We are exploring the need to provide a supportive eating disorder treatment for some milder presentations. This would be provided in a primary care setting with treatment by trained eating disorder staff, who will oversee treatment and provide consultation and supervision as part of the commissioned service.

We are reviewing inpatient paediatric (under 16 years) stays at Sheffield Children's NHSFT and adult (over 16 years) stays at Northern General Hospital, where medical stability needs to be strengthened before discharge home to a community/home treatment reducing dependency on Tier 4 referrals.

We are developing with Chilypep and key stakeholders a communication plan with detail on how young people can access services with families and carers being supported. This includes a focus on those who are vulnerable and new to the City.

We are updating the benefits realisation plan with providers, the focus is on the benefits of investment and NICE evidence based care on reducing dependence on inpatient beds, financial benefits to service by earlier detection and prevention reduction in the numbers of young people presenting with an eating disorder and service user satisfaction.

4.2.3.3 Crisis Café

An exciting and innovative project is taking place to develop a Crisis Café (working name). For many young people, a crisis is not the beginning of their journey it comes at the end of a long line of emotional and mental health issues, and interactions with public and voluntary sector services. We know that young people's needs are frequently inter-related and require joined up responses to meet their emotional, social and health needs. Young people, who have experience of emotional and mental health problems, have asked for a Crisis Café-a calm and safe place to go. By providing a safe place, we are also hoping to prevent avoidable admissions by giving young people a place to access support if they think they are at risk of a crisis.

Sheffield Futures secured capital funding through a Department of Health bid to improve access to crisis care. In response to the request of young people, the plan is to develop a Crisis Café a calm and safe space for young people with mental health and emotional well-being difficulties - based in Sheffield city centre by 2018. The Crisis Café is being developed as an integral part of the Youth Information Advice Counselling and Support (YIACS) service model. The YIACS model is being co-developed with young people with experience of emotional and mental health issues, including the Chilypep STAMP group. A young people's steering group, led by Sheffield Futures Involvement Team, is also

ensuring that the project is co-developed and co-evaluated with young people's voice at its heart, and will ensure service user consultation, involvement, and feedback is undertaken to shape the service.

4.3 Caring for the most vulnerable

"The Caring for the Most Vulnerable Work Stream is made up of senior representatives from Sheffield City Council Children, Young People & Families Services; Sheffield Children's NHS FT (CAMHS); and Sheffield Health & Social Care Trust. The group is chaired by Gail Gibbons – CEO, Sheffield Futures. Additional members are invited to attend as required.

In summer 2016, the group refreshed its priorities. These include developing and implementing the Sheffield Children & Young People's Suicide Prevention Pathway; developing and implementing the Mental Health Transitions Pathway for children in care and care leavers; and developing and implementing the Mental Health Transitions Pathway for children and young people with a dual diagnosis (mental health and learning disabilities).

To date, the group has focused on Priority 1 with a view that the suicide prevention pathway will be fully implemented by end of March 2017. Consultation with all stakeholders – including young people and parents, is taking place. For Priority 2, a full needs assessment for this cohort is due to commence shortly. This will be complete by March 2017 and will inform the agreed and implemented transitions pathway which will be developed over the following 6 months. For Priority 3, links with cross-over areas of work are currently being identified. This will inform the scope of the work plan for this group over the next 12 months.

Key challenges across all three priorities include ensuring capacity to complete the agreed work plans; and ensuring clarity around roles and responsibilities to ensure work streams are aligned thus avoiding any duplication. Plans are in place to address identified challenges."

Gail Gibbons, CEO Sheffield Futures – Work stream Lead

4.3.1 Aim of the Group:

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

Priorities	What will success look like	Achievements	Next Steps
Developing and implementing the Sheffield Children &	Sheffield will have a clear prevention pathway in place to prevent suicide	Multi-agency group has met to write pathway.	Complete write up of the suicide prevention

Young People's Suicide Prevention Pathway.	in Children and Young People.	<p>Links have been made between the children's suicide prevention pathway and adults.</p> <p>The draft suicide prevention pathway is currently being written and consulted on.</p>	<p>pathway.</p> <p>Complete consultation with children, young people and their families on the proposed pathway.</p> <p>Ensure the pathway links to services such as YIACS as appropriate.</p> <p>Implement and raise awareness of the new pathway by March 2017.</p>
Developing and implementing the mental health transitions pathway for children in care and care leavers.	Children in care and care leavers who have mental health conditions will have a seamless, well supported transition from children's mental health services into adults services, or out of services all together.	The work stream has prioritised the development of the suicide prevention pathway. However, the work has been planned, with a needs assessment to take place shortly.	<p>Undertake needs assessment of this cohort of children.</p> <p>Use needs assessment to identify where support for cohort is needed and decide next steps using this information.</p>
Developing and implementing the mental health transitions pathway for children and young people with a dual diagnosis (mental health and learning disabilities).	Children and young people with mental health conditions and learning disabilities will have a well-supported and seamless transition into adult services or out of services all together.	The work stream has prioritised the development of the suicide prevention pathway. However, links with other areas of work in the city are currently	<p>Ensure that the aims of the work are clear and build on, rather than duplicate, existing work.</p> <p>Use agreed aims to decide the next steps of the</p>

been identified to work.
avoid duplication.

4.3.2 Commissioning Update for Caring for the Most Vulnerable

Delivery of a new positive behaviour outreach service for children and young people with a learning disability available in schools and at home.

- A business case for this service has been presented to the Children's Joint Commissioning Group. A service specification is now under development following the presentation of this business case to allow this service to begin delivery. The Positive Behaviour Outreach Service will provide an alternative to inpatient provision for children with a learning disability.

Piloting and developing provision for in reach CAMHS supporting vulnerable children within schools and building capacity within schools.

- The gold level of the Healthy Minds Framework is specifically designed to support vulnerable children in schools. This part of the pilot is currently being delivered with positive results so far, and the gold level will be part of our roll-out of the Healthy Minds Framework.

Further develop our transition protocols and support across children's and adult mental health services to improve care for this age group.

- Transitions is an area of work which is being progressed by several parts of our transformation programme. The sub-group of Improving Access is looking at general transition protocols between children and adult mental health services. The Care for the Most Vulnerable work stream is focussing on specific areas of transitions for cohorts of more vulnerable children, such as dual diagnosis and those in care. We have also been working with Chilypep to help improve our understanding of the issues encountered by children and young people in transition, and what actions we need to take to resolve these issues. These findings have been informing our priorities and Chilypep are also part of the work streams to ensure that children and young people's voice is part of our work.

4.4 Accountability and Transparency

"Being accountable and transparent is a key part of any transformation programme. It is important that stakeholders are able to engage in the development of services and that services provide clear information on what is available to service users and their families. Over the past year we have implemented a clear governance structure through the

Children's Health and Wellbeing Transformation Board and we have involved children and young people in the development and delivery of this. We have also ensured that we have met the requirements of NHS England to publish data on our performance.

As part of a work stream review which took place in July 2016, the decision was taken to integrate this group's functions into the Emotional Health and Wellbeing Executive Group. This decision was taken because all of the sub-groups members attended the Executive Group, and being accountable and transparent formed part of the Emotional Health and Wellbeing Executive Group's remit".

Dawn Walton, Acting Director of Children, Young People and Families Services, Sheffield City Council and Kate Laurance, Head of Commissioning - Children, Young People and Maternity Portfolio, Sheffield CCG. (Previous co-chairs of the group)

4.4.1 Aim of the Group

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

Priorities	What will success look like	Achievements	Next Steps
Single and transparent pooled budget across health and social care for mental health services for children and young people.	Clear information is published on the mental health services available for children and young people including levels of investment, staffing and waiting standards.	The transformation team has complied with the information publication requirements of NHS England.	Continue to ensure that Sheffield complies with NHS England in the publication of data. Further develop pooled budgets across Sheffield CCG and Sheffield City Council.
	A single budget exists across the city for emotional wellbeing and mental health services for children and young people which clearly shows that funding is	Sheffield CCG and Sheffield City Council have jointly managed the Future in Mind budget to ensure that it is focused on areas of most need.	Sheffield CCG and Sheffield City Council to continue to work in partnership to manage the budget. Development of an Integrated

	focused on need.		Commissioning Unit with shared staff between Sheffield CCG and Sheffield City Council to deliver transformation work across a range of services.
Service users, families and carers have an equal voice within our governance structure and regular and meaningful engagement opportunities throughout the redesign process.	Children, young people and their carers and representatives work alongside commissioners and providers in designing emotional wellbeing and mental health services.	We have worked closely with young people on the development of a number of services in the past year, including the YIACS and Home Intensive Treatment Service.	<p>Continue to work closely with young people and their families in the development of services.</p> <p>Ensure our new Young Commissioners have a role in the transformation programme.</p> <p>Work more closely with parent groups to engage them in the delivery of the plan.</p>

4.4.2 Commissioning Update for Accountability and Transparency

Invest in transformation plan infrastructure to improve communications, work stream support and IT. This investment will increase the ease by which information can be clearly published for all stakeholders to see.

- We have invested in a programme team to deliver the transformation and we now have dedicated staff to deliver the plan.
- We have developed our communication approach through a joint communication plan and use of the Inclusion and Locality Working bulletin. We have also published useful information such as the [Let's Talk Directory](#) to allow people to easily see which services are available.

Enable children and young people to support the service re-design and commissioning processes as part of the Transformation Plan.

- We have involved young people in a range of project areas (see appendix F).
- We have provided an acronym buster and glossary with our refreshed plan to make it easier for young people to access and understand.

4.5 Developing the Workforce

“Enabling the Sheffield workforce to develop the skills and knowledge needed to support children and young people’s emotional wellbeing and mental health is a key part of delivering a successful transformation programme. It is important we give our workforce the support and training they require, so that our children and young people have the best support possible.

Over the past year, the Workforce group has focused on the development of a citywide training model for Sheffield. The aim of this piece of work is to identify the different levels of training required for professionals who work with children and young people, to allow them to support emotional wellbeing and mental health effectively. In developing this model, we have agreed that the workforce should be regarded as broad and inclusive – we’re not limiting ourselves to just mental health professionals. We took this decision as we believe it’s important that anyone who works with a child or young person knows how to either provide, or signpost to, emotional wellbeing and mental health support if it is needed. In doing this work we have also become more aware of the pressures facing our clinical services as a result of the shortage of mental health clinicians which has been seen nationally. This shortage shows how important it is that we increase capacity across the workforce to support emotional wellbeing and mental health.

In the next few months we will be presenting our draft model to the Emotional Health and Wellbeing Executive Group to enable us to move into the next stage of our work. We recognise this is an area of our plan that we need to strengthen, and this is a priority for 2016/17”.

Tim Bowman, Head of Inclusion and Targeted Services, Sheffield City Council - Work stream lead.

4.5.1 Aim of the Group

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

Priorities	What will success look like	Achievements	Next Steps
All universal, specialised and paediatric	Schools and universal services are better able to identify mental health issues	Conceptual model for training delivery agreed. Objectives	Specify objectives for all levels.

services and commissioners are supported to develop their skills, knowledge in emotional wellbeing and mental health needs of children and young people and effective ways to engage and support young people.	in children and young people and access appropriate support through provision of a joint mental health training programme and delivery of a comprehensive workforce development strategy.	for the universal level of the model and content specified. Level 1	Develop content of universal and level 1 training.
	Professionals know how to work in a digital environment and provide advice and support to young people digitally.	We have begun the process of developing a business case to develop an app which would support professionals to work digitally.	Expedite the process of our work on digital engagement and explore additional options for digital transformation.
	City wide roll out of IAPT within CAMHS embedding evidence based practice into clinical services.	IAPT has continued to be rolled out across the city. Our IAPT lead is also the lead for the Yorkshire and Humber region.	Identify whether principle wellbeing practitioners could be used to support transformation further.

4.5.2 Commissioning Intentions for Developing the Workforce

An evidence based citywide training programme on emotional wellbeing and mental health, with the aim of improving capacity of staff to address low level mental health problems.

- We have commissioned a training offer for all seven localities of schools providing Youth Mental Health First Aid, Flower 125 and Attachment training.

Develop an app that will enable digital engagement of children and young people in Sheffield. This app will provide advice and support on mental health issues and contain links to key providers in the city. January 2016 delivery.

- We have begun the process of developing a business case but progress has not been as quick as first envisaged. We are aiming to deliver the business case in the next few months, whilst also signposting to existing apps which are available already.

Roll out of CYP-IAPT within our locally commissioned services to enable evidenced

based interventions to be implemented and access improved.

- Roll-out of CYP IAPT has progressed well in the past year. The new principle wellbeing practitioner offer presents an opportunity to further enhance this offer; we are in the process of scoping how this could be delivered.

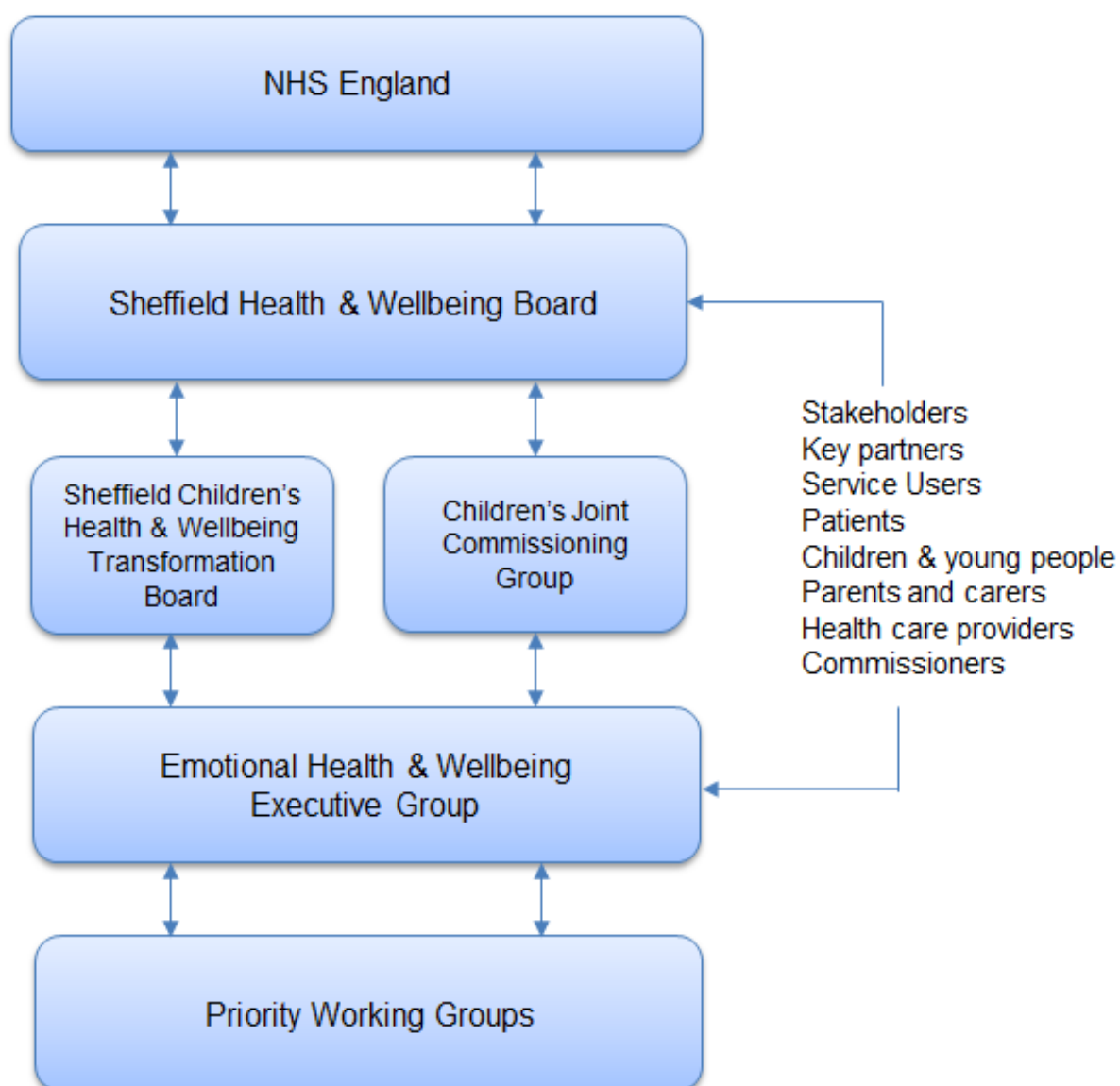
5. Local Governance



Figure 13 Young People's interview panel

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

Table 1 Governance Structure in Sheffield



5.1 Working Groups

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

The table provides an overview of the working groups.

Emotional Resilience and Early Intervention		Improving Access	Caring for the Most Vulnerable	Workforce and Development
Schools Group	Early Years Group			
Health Improvement Principal, SCC	Health Improvement Principal, SCC	Head of Commissioning – Children Young People & Maternity, NHS SCCG	Chief Executive Officer, Sheffield Futures	Head of Inclusion and Targeted Services, SCC
Associate Director - CAMHS, SC NHS FT	Associate Director - CAMHS, SC NHS FT	Commissioning Manager, NHS SCCG	Associate Director - CAMHS, SC NHS FT	Principal Educational Psychologist, SCC
Senior Clinical Nurse Manager, SC NHS FT	Senior Clinical Nurse Manager, SC NHS FT	Commissioning Manager, NHS SCCG	Assistant Director, Children's Services, SCC	Assistant Director of Lifelong Learning, SCC
Assistant Service Manager, SCC	Quality and Performance Manager, SCC	Associate Director - CAMHS, SC NHS FT	Head of Safeguarding, SHSC	Assistant Service Manager, SCC
Commissioning Manager, SCC	Early Years Inclusion Manager, SCC	Clinical Director - CAMHS, SC NHS FT	Commissioning Manager, SCC	Commissioning Manager, NHS CCG
Senior Programme Manager – Targeted Services, Sheffield Futures	Assistant Service Manager, SCC	Associate Director - Transformation, SC NHS FT	Assistant Director Provider Services, SCC	Consultant Clinical Psychologist, SC NHS FT
Assistant Service Manager, SCC	Commissioning Manager, NHS SCCG	Health Improvement Principal, SCC	Locality Team Manager, SCC	Clinical Director - CAMHS, SC NHS FT
Commissioning Manager, NHS	Service Manager, SCC	Participation Coordinator,	Associate Designated	Clinical Psychologist,

Emotional Resilience and Early Intervention		Improving Access	Caring for the Most Vulnerable	Workforce and Development
Schools Group	Early Years Group			
SCCG		Chilypep	Nurse, SCC	SC NHS FT
Head of Service – Multi Agency Support Team, SCC	Health Improvement Principal, SCC	Mental Health Supplier Manager, NHSE	Head of Commissioning – Children Young People & Maternity, NHS SCCG	Chief Executive Officer, Sheffield Futures
Principal Educational Psychologist, SCC	Head of Service – Multi Agency Support Team, SCC	Head of Service – Multi Agency Support Team, SCC	Commissioning Manager, NHS SCCG	
Clinical Psychologist, SC NHS FT	Clinical Psychologist, SC NHS FT	Senior Contracting Manager, NHS SCCG	Educational Psychologist, SCC	
		Director of Children, Young People and Families, SCC	Service Manager, SCC	
		Chair of Special School Heads Partnership/Head of Becton School	Head of Service – Multi Agency Support Team, SCC	
			Senior Business Analyst, SCC	

Table 2 – working group membership

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

A sub-group of the Emotional Health and Wellbeing Board then determined the membership of each group to ensure that stakeholders from across the city were

represented. As part of the Transformation Plan, Chilypep have been commissioned to provide young commissioners who can take part in these groups. This approach has helped ensure that young people's views have been embedded into the transformation process.

5.2 Programme Team

During the summer of 2016 an Emotional Wellbeing and Mental Health Programme Team was recruited. The dedicated team consists of two commissioning managers and a programme co-ordinator. The team oversee the progress of 26 project areas across the four work streams and work closely with work stream leads to ensure work is progressing in a timely manner and is delivered on time. The programme team report to the Emotional Wellbeing and Mental Health Executive group on a quarterly basis.

6. Next Steps

Our working groups will continue to progress the transformation and report progress to the Emotional Health and Wellbeing Executive Group.

Over the next year we will continue to explore opportunities for collaborative commissioning that will have mutual benefit across the South Yorkshire region. We will also continue to support mechanisms locally for providers to work together in developing solutions that deliver transformation. Emotional wellbeing and mental health is also a priority in our Sheffield Place Based Plan, this will help ensure that our transformation continues to progress.

We will also continue to implement this transformation plan through a joint programme of transformation supported by a collaborative commissioning approach. Our commitment to this approach can be seen in the variety of organisations and professions which are involved in our working groups (section 5.1).

In addition we will work hard to address the areas of improvement that have been identified in this document and through our regular assurance process with NHS England. We are committed to transforming children and young people's emotional wellbeing and mental health services, to improve outcomes for children, young people and their families across the city.

The first year of the transformation programme has been encouraging and challenging. We have seen numerous positive developments and new ideas take off, and we are beginning to see changes take effect on the ground.

We will continue to work with people across the city, region and nation to deliver our transformation and overcome the barriers to change we face, in order to deliver the children and young people's mental health services that families need.



Figure 14 Chilypep #NotTheOnlyOne Mental Health Campaign Stall

7. The Key Partners

- [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](#)

8. Further information

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

SHECCG.ChildrensCommissioning@nhs.net

9. Publication

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

- CCG: <http://www.sheffieldccg.nhs.uk/our-projects/emotional-wellbeing-and-mental-health-strategy.htm>

- SCC: <https://www.sheffield.gov.uk/caresupport/health/future-in-mind-transformation.html>

10. Supporting Information

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

Appendix B: Health Needs Assessment

Appendix C: Sheffield Crisis Care Concordat

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

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

Appendix F: Chilypep plan on a page

Appendix G: Catch 22 Report

(Date: 31st October 2016)

Acronym Buster

A&E – Accident and Emergency

ASD – Autism Spectrum Disorder

BME – Black and Minority Ethnic

CAMHS – Children and Adolescents Mental Health Services

CHIMAT - The Child and Maternal Health Intelligence Network (formally the Child and Maternal Health Observatory)

CTR – Care and Treatment Review

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

ECM – Every Child Matters Survey

EWBMH - Emotional Wellbeing and Mental Health

HNA – Health Needs Assessment

LAIT – Local Authority Interactive Tool

Local Authority/SCC –Sheffield City Council

MAST – Multi Agency Support Teams

MECC - Making Every Contact Count

NEET - Not in Education, Employment and Training

NHS – National Health Service

NHS Sheffield CCG – Sheffield’s Clinical Commissioning Group

PICU - Psychiatric Intensive Care Unit

PSHE - Personal, Social and Health Education.

SC NHS FT – Sheffield Children’s NHS Foundation Trust

SHSC – Sheffield Health and Social Care NHS FT

SYEDA – South Yorkshire Eating Disorder Association

Y&H – Yorkshire and Humber

YIACS – Youth Information Advice and Counselling Service

Glossary

Aligned or Pooled Budgets – Sharing money across two or more organisations to deliver services.

All-age psychiatry liaison service - This is a service that helps assess and treat patients who may be experiencing a mental health problem whilst in hospital. The services acts as a link between mental and physical health

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

Best Start - The name of Sheffield's plan to support children and young people in their early years (up to the age of five).

Blueprint - A document which provides an overview of a particular area of works priorities and plans.

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.

Care and Treatment Reviews - Care and Treatment Reviews aim to stop people being admitted into Learning Disability and Mental Health hospitals when they don't need to be there. The review is for people with a learning disability who are at risk of entering a specialist hospital, or who are already in one. The review looks at what could be provided to prevent someone from going into hospital, or what can be done to ensure the hospital stay is as useful to them and as short as possible.

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

Care Plans – A plan that is made in partnership with a clinician/worker and patient/individual to set out their care and treatment.

Child Health Profile – This provides an overview of child health in local areas in order for local authorities and health services to improve the health and wellbeing of children and tackle health inequalities.

Yorkshire and Humber Children and Maternity Strategic Clinical Network - A group of professionals working across children's health in Yorkshire and Humber. The group aims to bring together work from across the region, support local work, and if possible agree how Yorkshire and Humber views these issues/will work around these issues.

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

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

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.

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."*

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.

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

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

report can be found here:

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

Health Inequalities – A 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.

Hub Model - A model of service provision in which a service operates around one central base or "hub".

Inpatient -A person who requires care inside a health building. For example someone who is ill in hospital is an inpatient.

Maternal Mental Health – A 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.

Mental Health Service Passport (Hospital Passport) – a passport style document highlighting clinical information key personal information and preferences. The aim of this document is to reduce the number of times a service user/patient has to repeat this information to hospital staff. A copy of the hospital passport can be found here <http://www.sheffieldccgportal.co.uk/pressv2/index.php/information-for-patients/item/hospital-passport>

Out-of-area - This refers to something which is outside of the Sheffield area, usually a form of health service.

Outreach Service - This usually involves a specialist inpatient service working outside of a hospital and closer to a person's home, but it can apply to any service which works outside of its normal environment.

Paediatric Services - Services for children, usually up to 18 but this can vary in different areas.

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.

Protocols – These are usually documents or rules which professionals follow to do their job.

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”.

Routine Outcome Measures - 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.

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 Hospital. The board's role is to oversee key work areas such as Future in Mind and ensure that progress is made.

Sheffield Crisis Care Concordat – A group of local organisations (including Sheffield City Council, South Yorkshire Police and Sheffield based NHS organisations) that work together to improve support for people in crisis. The four main areas of focus for the group are; access and support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis

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.

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

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.

Transformation Strategy/Plan - This is the plan that Sheffield is using to transform children's mental health services over five years.

Transforming Care - This was published in 2012 as a result of the Winterbourne View scandal, with the aim of changing social care provision to ensure that something like Winterbourne View doesn't happen again.

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.

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.