

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



October 2019 - Refresh

# Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People 2019-20

## Our Vision for Sheffield

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

## To deliver our vision we will

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

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

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

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

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

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

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

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

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

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

#### **Young Person aged 17**

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

**Sian Beynon, Participation Project Worker, Chilypep**

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

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

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

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

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

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

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

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

#### **Young Person from a Healthy Minds School.**

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

**Emma Aley, Health and Wellbeing Partnership Manager, Sheffield Futures**

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

#### **Young Person from a Healthy Minds School**

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

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

## Contents

1. Introduction.....	4
2. Background .....	4
3. Governance.....	5
4. Future in Mind Funding .....	8
5. Key Stakeholders.....	9
6. What do we know about Sheffield? .....	10
6.1 What do we know about emotional wellbeing and mental health need in Sheffield? .....	14
7. Stakeholder Engagement.....	18
7.1 Engagement and Involvement of Children and Young People .....	19
7.2 Engagement of Parents and Carers.....	24
7.3 Engagement with schools .....	25
8. Key Achievements 2015-19 .....	27
9 Key Updates for 2019-20.....	29
9.1 Community CAMHS Performance and Access: 2014-19 .....	29
9.2 Crisis Care.....	32
9.3 Data, Measuring Impact and Outcomes.....	38
9.4 Health and Justice .....	40
9.5 Developing the workforce.....	42
9.6 Early Intervention and Mental Health in Schools and Community .....	43
9.7 Early Intervention in Psychosis .....	48
9.8 Eating Disorders .....	49
9.9 Perinatal and Infant Mental Health .....	51
9.10 Support for Parents/Carers.....	52
9.11 Support for Vulnerable Children and Young People .....	53
9.12 Transition .....	54
10 Integrated Care System (ICS): Working across South Yorkshire and Bassetlaw to transform children and young people’s mental health .....	56
11 Integrated Working and a Lifespan Mental Health Approach for Sheffield.....	58
12 Joint working with NHS England .....	59
13 2021 and Beyond.....	60
14 Next steps.....	63
Appendix 1: Overview of next steps for priority areas .....	63

## 1. Introduction

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

This strategy is split into a number of different sections; the first part of the document provides background information on our work and sets the context for the programme. The following section provides an overview of our progress so far from 2015-19.

The final part of the strategy outlines our ambition for 2021 and beyond, following this, detail is provided on priority areas of work. Finally, the strategy concludes with next steps.

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

## 2. Background

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

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

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

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

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

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

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

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

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

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

### 3. Governance

At present the delivery of our Local Transformation Plan is overseen by the Sheffield Children & Young People’s Health and Wellbeing Transformation Board. Progress is monitored on a regular basis – children and young people’s mental health is one of the four priorities for the Board. Local politicians have also engaged in the work contained in this strategy, for example the programme has formed part of a number of dedicated scrutiny sessions as part of Sheffield City Council’s Children and Young People and Family Support Scrutiny & Policy Development Committee. The most recent of which took place in March 2019.

Further details of our current working governance structure are provided below.

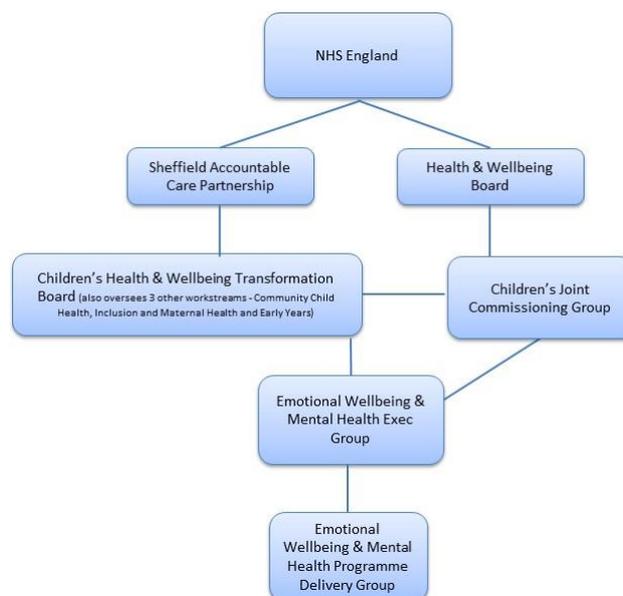


Figure 3.0.1: Sheffield’s Governance Structure

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

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

Finally we have a joint Commissioning Manager post for Children and Young People's Emotional Wellbeing and Mental Health (between Sheffield CCG and Sheffield City Council) – responsible for ensuring progress across the whole programme and that our transformation funding is fully utilised.

### **Future Governance following an 'All Age' model**

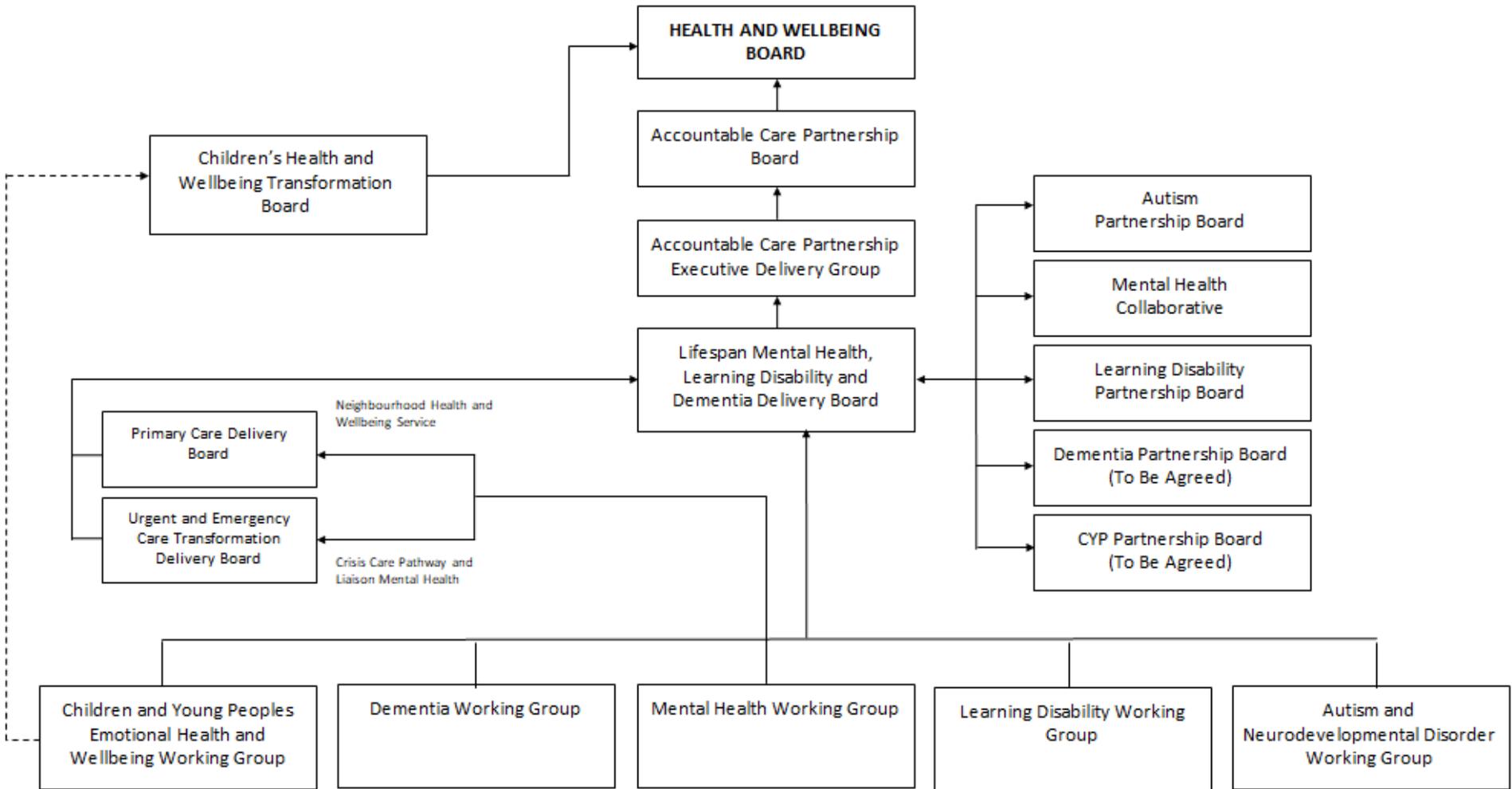
From January 2020 a new Sheffield 'All Age' Mental Health Governance Structure is to be introduced. This is aligning and bringing together both adult and children and young people's governance and accountability with a newly convened joint structure.

In respect to Children and Young People's Emotional Wellbeing and Mental Health, so as to ensure effective transition into the new structure, the local Future in Mind Transformation programme will continue to report directly into the Children's Health and Wellbeing Transformation Board (as outlined above). As such the progress of the LTP will be monitored across 2 key Governance Structures in the interim.

This decision has been made so that members of the Children's Health and Wellbeing Transformation Board will have assurance and confidence that children and young people's emotional wellbeing and mental health is being given the relevant level of priority within the newly convened joint structure.

The new Joint Structure is described below. The Lifespan Mental Health, Learning Disability and Dementia Delivery board will have oversight of our Future in Mind LTP for C&YP, in addition a dedicated children and young people's emotional wellbeing and mental health group will continue to meet to prioritise and maintain a focus on the LTP transformation and operational programme

**Transformation Programme Governance Structure**



**Fig 3.0.2: Sheffield All-Age Joint Governance Structure for Mental Health, Learning Disabilities, Autism and Dementia**

#### **4. Future in Mind Funding**

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

Sheffield CCG has invested an additional £615,000 in 19/20 to augment the Future in Mind funding received from NHS England under local Transformation monies, to bring in line with national spending.

Sheffield as a city recurrently re-invested into the majority of areas where children's mental health transformation funds were previously successfully allocated as part of developing an impactful sustainability plan to continue the investment and progress that has been made from 2015-2018. Those areas that have not been recurrently funded to date will be reviewed annually within further plans working towards increased system sustainability.

#### **Recurrently funded CYP Mental Health services and projects as of 2019/20**

- Door 43
- Wellbeing Café
- Eating Disorder Services
- Engagement of Young People Programme
- Healthy Minds Framework
- Primary Mental Health Worker (PMHW) Service
- Psychological Wellbeing Practitioners (PWP's)
- Reduced waiting times in CAMHS
- Section 136 Health Place of Safety
- STAR Service
- SYEDA Eating Disorder Provision
- Transformation Support Budget

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

## 5. Key Stakeholders

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

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

## 6. What do we know about Sheffield?

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

Between the 2011 Census and the Office for National Statistics (ONS) 2017 mid-year population estimates there has been a 4.7% increase in the population overall. This was not uniform across all age groups however.

The largest percentage change was a 12.9% increase in the 5-11 year old group, followed by a 7.8% increase in older people (65+). Conversely there were percentage decreases in the number of babies and infants (-3.1%) and the number of young people (-2.4%).

	2011	2017	% change
0-4 (babies & infants)	33,917	32,865	-3.1
5-11 (children)	42,181	47,619	12.9
12-17 (young people)	37,093	36,219	-2.4
18-64 (working age adults)	352,382	368,148	4.5
65+ (older people)	86,183	92,938	7.8
<b>Grand total</b>	<b>551,756</b>	<b>577,789</b>	<b>4.7</b>

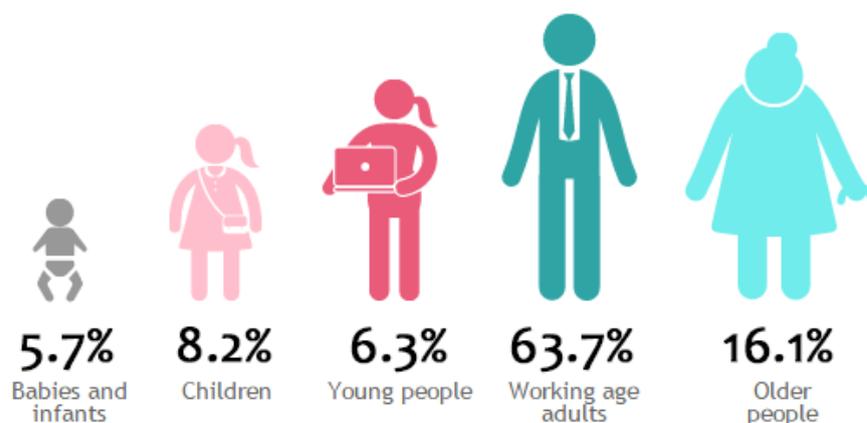


Fig. 6.01: Sheffield Demographic Changes 2011-2017

## Children (5-11 year olds)

There are estimated to be a total of 47,619 children in Sheffield, representing 8.2% of the Sheffield population. This was marginally lower than England average of 8.7%. Numbers of children also vary geographically with Fir Vale neighbourhood topping the list with 1,602 and Crookesmoor the lowest at just 67.

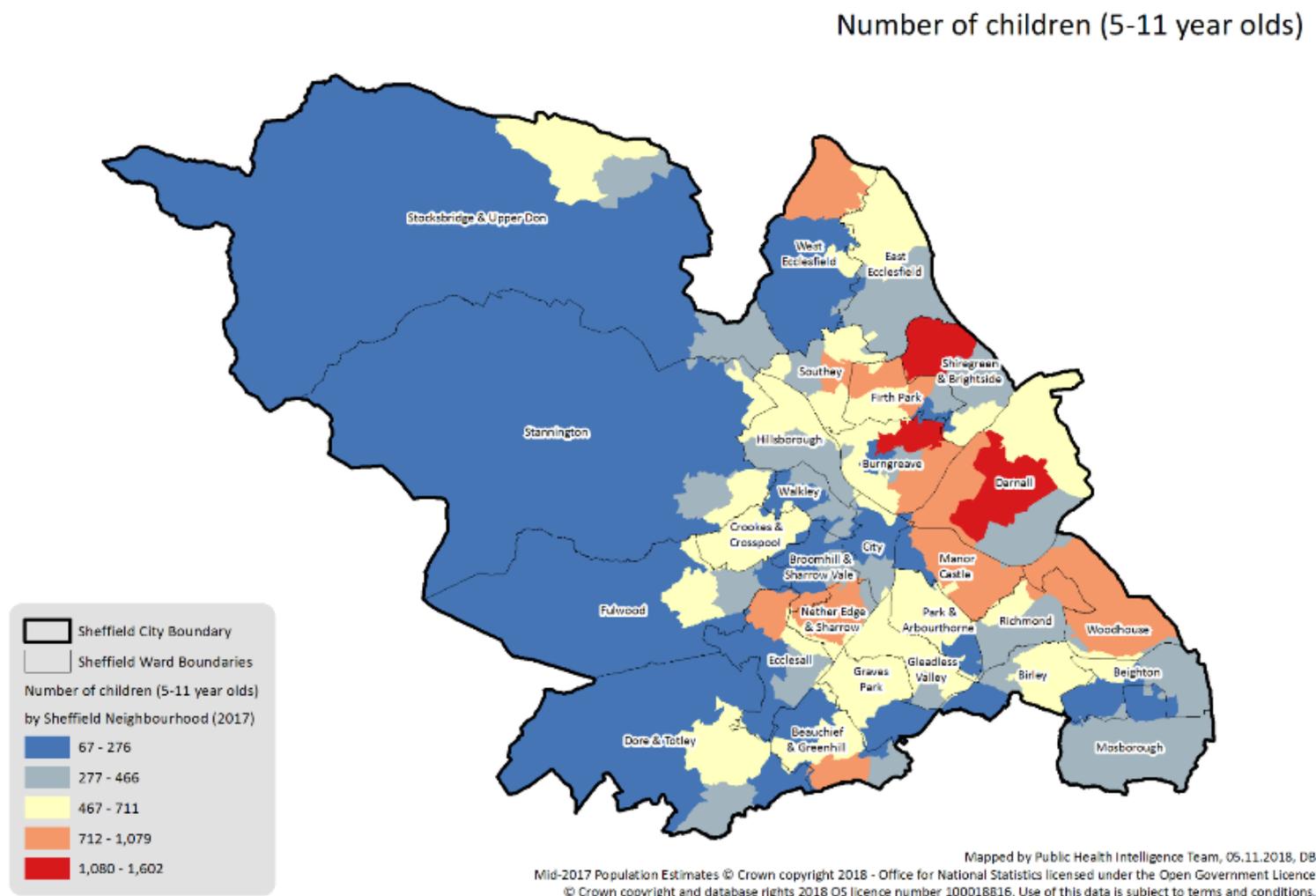


Fig. 6.02: Demographic Spread of Children aged 5-11 in Sheffield

## Young people (12-17 year olds)

There are currently estimated to be 36,219 young people in Sheffield. This represents 6.3% of the Sheffield population and is slightly lower than the England average of 6.6%. Fir Vale again has the highest number of young people with 1,106 and Park Hill the lowest with just 46 young people

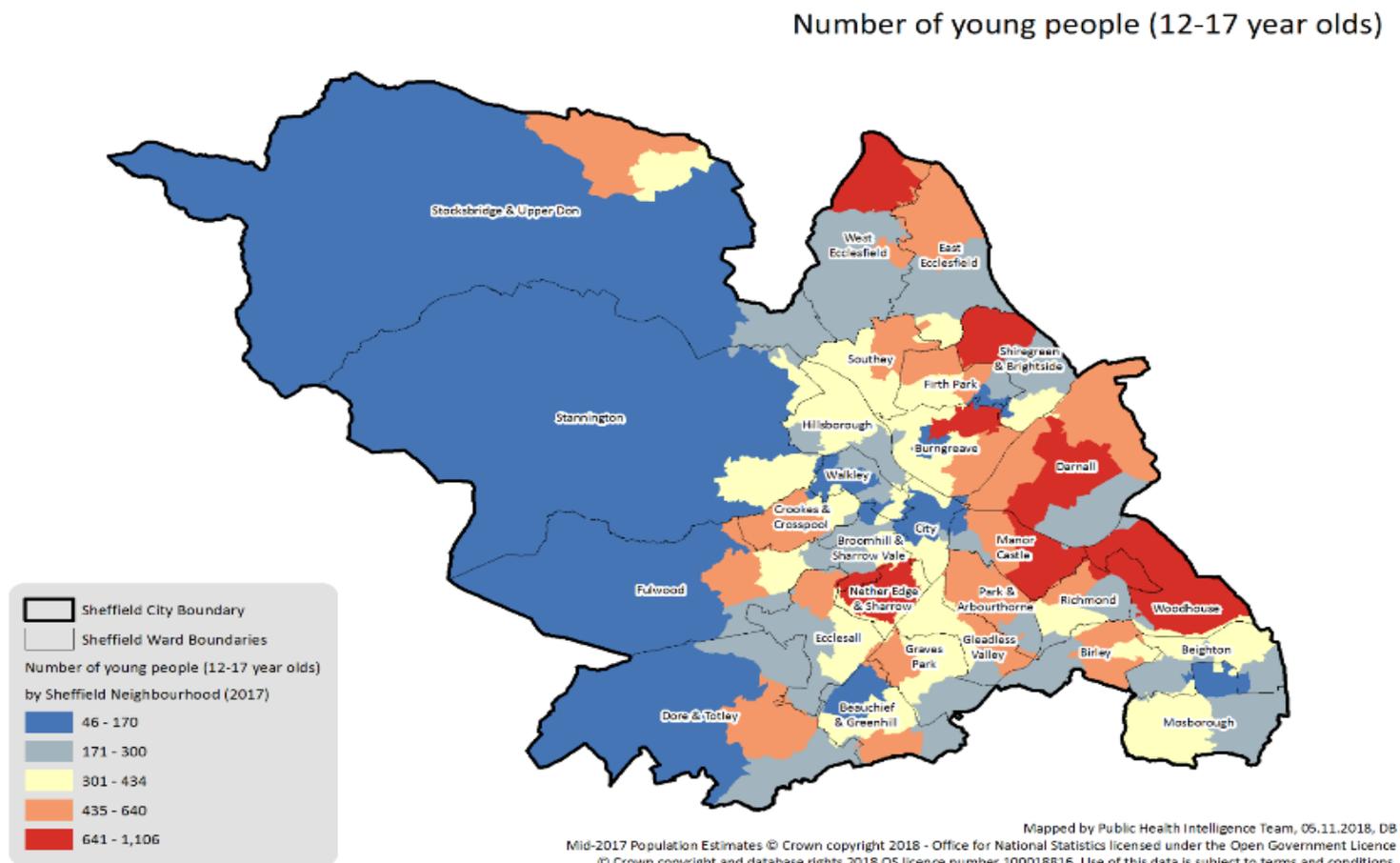
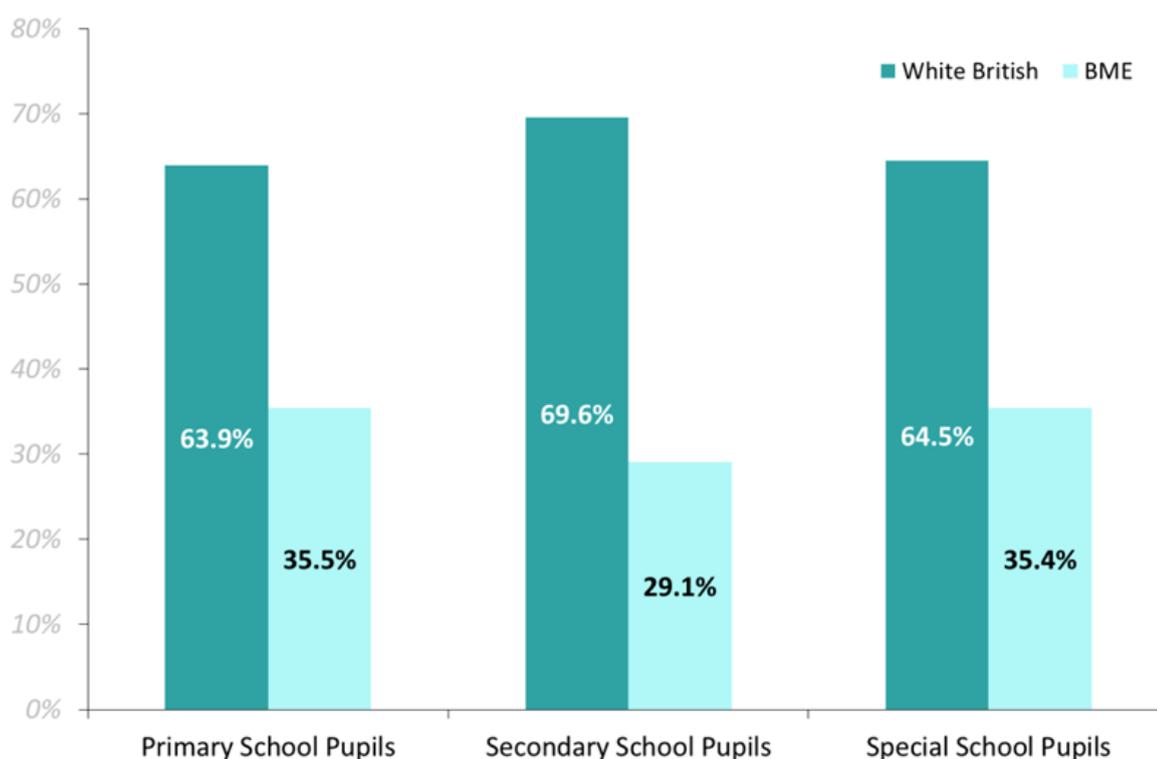


Fig. 6.03: Demographic Spread of Young People aged 12-17 in Sheffield

## Ethnicity

It is important that we tailor our emotional wellbeing and mental health support to best fit and meet the needs of children and young people living in the city. The school census is a statutory data collection which collects information about individual pupils such as free school meal eligibility, ethnicity, special educational needs, attendance and exclusions. It helps us to accurately identify where to target support.

If we look at primary, secondary and special school pupils we see that around 35.5% of all primary school pupils are from a BME background. It is less for secondary school pupils (29.1%). Breaking this down by Sheffield ward shows a wide variation between the various areas within Sheffield. Black and Minority Ethnic primary school pupils accounted for 90% of all pupils within Burngreave ward (over 3,000 pupils). This compares with 6% in the Stocksbridge and Upper Don ward. The level of variation among secondary school pupils was similar. 86% of Burngreave pupils were from a BME background, compared to 4% in Stocksbridge and Upper Don.



**Fig. 6.04: BME Percentages amongst Sheffield Schools**

## Children and Young People's Health and Wellbeing

Our Children's Health and Wellbeing Transformation Board monitors data reported via PHE on a regular basis. The board looks at the trends and changes locally in young people's health and wellbeing via accessing: [Public Health England's Fingertips platform](#)

For comprehensive benchmarking data from Public Health England, please go to:

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people>

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

As part of our JSNA in 2014 we undertook an in-depth analysis of mental health needs in Sheffield including a needs assessment for children and young people (2014). This HNA continues to help shape and structure our approach to mental health and wellbeing in the city. Based on what this tells us, the main priorities for mental health across the life course are:

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

We have continued to undertake regular consultation which consistently reinforces the above priorities. We are also considering a refresh of our Children and Young People's Emotional Wellbeing and Mental Health HNA and discussing this with our Public Health Intelligence Team. At this time we are balancing priorities and considering how much a refreshed analysis would tell us given the data that we now have on children and young people's emotional wellbeing and mental health and the transformation work that is underway as a result of the analysis of this.

Sheffield has a population of 578,000 (2017 census mid-year estimate). Sheffield is ranked as the 48th most deprived local authority out of 152 LAs according to the 2015 Index of Multiple Deprivation ("IMD"), and the 58th most deprived according to the Index of Deprivation Affecting Children ("IDACI").

Demographic challenges across the city have increased, such as a greater proportion of children living in poverty<sup>1</sup>, higher rates of free school meals in both primary (increased from 18.8% to 20.9% between 2015 and 2018) and secondary (increased from 17.1% to 18.1% in the same period) phases, a more deprived IDACI ranking between 2010 and 2015, from 62nd most deprived to 58th most deprived, and increased rates of school-aged children and young people with English as an additional language ("EAL") which have continued to rise each year since 2009 (primary phase increased from 16.6% in 2009 to 23.1% in 2018; secondary phase from 12.2% in 2009 to 18.3% in 2018).

Latest data published in the 2015 IMD suggests that the level of inequality has risen in Sheffield with a 10% increase in the proportion of lower super output areas ("LSOAs") in both the least and most deprived nationally (30.4% in 2010; 33.6% in 2015).

Rates of Children in Need ("CIN") have decreased and are now lower than all comparators (statistical neighbours, regional authorities and core cities) and national levels; rates of children in care ("CIC") and children subject to a child protection plan ("CP") have in the past been lower than those for statistical neighbours and core cities; however, both have continued to increase over the last two years<sup>2</sup>

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<sup>1</sup> Based on 2017 Loughborough University research, 31% of children in Sheffield are currently living in poverty. However, this overall figure masks large differences – for example, it is 7% in Ecclesall ward compared with 51% in Burngreave ward.

<sup>2</sup> CIN rate: decrease from 359.9 per 10,000 (2016) to 370.4 (2017) 313 (2018), CIC rate: increase from 46 per 10,000 (2016) to 50 (2017) 54 (2018) and the Child Protection rate: increase from 31.3 per 10,000 (2016) to 38.6 (2017) 39.3 (2018) data source DfE

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

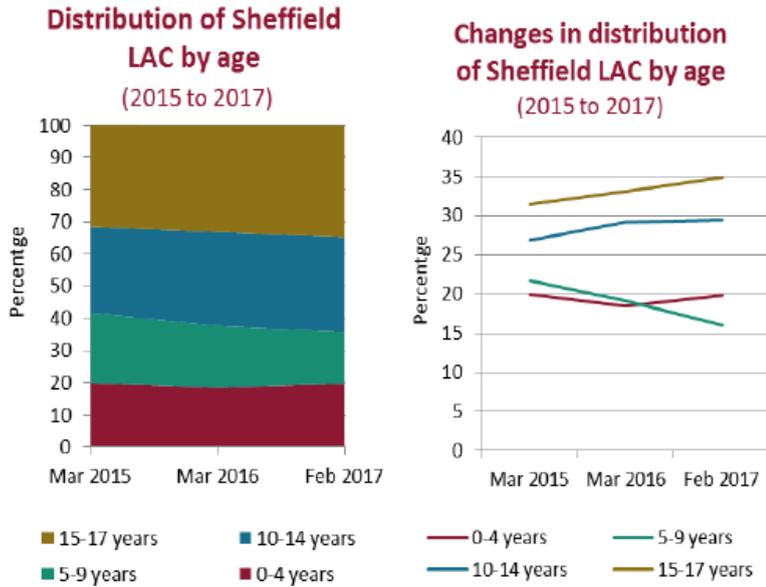
Following a period of increase, the Sheffield birth rate is beginning to level off and the growth in our total population will further slow as a result. Overall, Sheffield's population is expected to increase by around 1% per year over the next 5 to 10 years. This is being factored into our planning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

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

Our 2014 Emotional Wellbeing and Mental Health Needs Assessment, for children and young people, provides comprehensive data on the needs of Sheffield.

Key findings from the needs assessment include:

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



**Figure 6.1.1: Age distribution of Sheffield's Looked After Children**

Sheffield Children's FT is part of a national NHS Benchmarking framework that has been benchmarking CAMHS service for the last two years to understand how local services perform against peers in indicators such as new to follow up ratios, DNA rates, 18 week performance etc. Information from the latest results from 2017-18 data is shown below:

Indicator (per 100,000 population)	National Position (Mean)	Sheffield Position
CAMHS Referrals	2,898	2,457
CAMHS Patients on the Caseload	1,576	1,578
Total CYP Seen By CAMHS	3,806	3,217

**Figure 6.1.2: Average number of CAMHS referrals, patients on the caseload and seen by CAMHS nationally compared to the SC FT position.**

## **Suicide and Undetermined Injury**

Suicide is a major concern for society and a tragedy for the bereaved. Suicide and undetermined injury are a leading cause of years of life lost and one of the main causes of death in men under the age of 45. Suicide is often the end point of a complex history of risk factors, distressing events and adverse experiences, but there are many ways in which services, communities, individuals and society as a whole can help to prevent it.

Locally our Sheffield Suicide Prevention Board is leading this work. The following link provides detailed further information about the prevalence and interventions:

<https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=d15f3c91b7b24eac824daa47dbf3c550>

Sheffield Director of Public Health Annual Reports

The [Director of Public Health Report](#) for Sheffield 2017 'Adding Life to Years and Years to Life' the health priorities for the city and makes recommendations for both the LA and the Council in relation to emotional wellbeing and mental health. Clearly the report references that you have 'No health without Mental Health' and emphasises the transformation that is being delivered through our Sheffield Future in Mind programme to redesign emotional wellbeing and mental health services for children and young people. The 2018 Director of Public Health Report for Sheffield focused on Health and Wealth (2018), explicitly focusing on opportunities for children and young people

<https://www.sheffield.gov.uk/home/public-health/director-public-health>

## 7. Stakeholder Engagement

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



Figure 7.0.1: Sian Beynon from Chilypep, provides top tips on engaging young people at Sheffield CCG's 2017 AGM

### **Children and Young People's Mental Health Protected Learning Initiative: 8<sup>th</sup> October, 2019.**

Sheffield CCG and Sheffield Children's FT hosted a Children and Young Peoples Mental Health Protected Learning Initiative (PLI) for more than 200 GPs and practice staff in October 2019 at Hillsborough football stadium. This was a targeted approach looking at some of the key issues for Children's Mental Health in Sheffield, with the agenda as outlined below:

- Intergenerational Adversity and the impact of Adverse Childhood Experiences (ACES) on children and young people and families, including the lifespan approach to mental health
- Lived Experience of Mental Health
- Workshops on:
  - Gender Identity
  - Eating Disorder
  - ADHD



**Fig. 7.0.2 Sheffield Director of Public Health, Greg Fell discussing Intergenerational Adversity and the impact of Adverse Childhood Experiences at the October PLI**

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

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

### **7.1 Engagement and Involvement of Children and Young People**

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

- Development of the Young Commissioner Programme – enabling young people to be actively involved in a range of transformation areas including the STAR Service, YIACS, and wellbeing café.
- Development of the Let’s Talk Directory.
- Development, launch, and delivery of the #nottheonlyone campaign aimed at reducing mental health stigma.
- Eating Disorder pathway redesign.
- Feedback and consultations with the wider voluntary sector via network meetings.
- Outcomes monitoring – CAMHS
- Production of young people friendly information on mental health services.
- Engagement with LGBTQ Community



Fig. 7.1.1: Young people from Chilypep with staff from Sheffield Children's NHS Foundation Trust

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

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

Children and Young People asked for	What we have done so far
A drop-in service for young people where they could chat about things that worried them and get to know the people running the service especially at night.	We have set up a wellbeing café to deliver this service.
A service that is easy to navigate and access, with greater access for underrepresented groups.	The new service specifications require services to be easier to navigate and access. We are continuing to work with stakeholders to make services easier to navigate and we are ensuring that information in children's mental health is available on the Sheffield Mental Health Guide
A service which is provided up to 25 years	We have expanded our CAMHS service up to 18, and Door 43 operates to the age of 25. A key up-coming priority for mental health in Sheffield is to develop an 'all-age' approach to our commissioning of these services. We will be working with stakeholders over the coming months to define this development.
Contacts and reminders (older young people) to be sent by phone and text.	A text service is now in place through our provider.

Do more work around improving transitions and adults services and services for young people up to 25	We have developed and implemented a transitions specification between children's and adults mental health for transitions at the age of 18. Monthly interface meetings now take place between CAMHS and adult mental health teams. We are exploring the development of weekly/bi-weekly transition interface meetings.
For someone to be available to talk to between the referral to CAMHS and the first and second appointment	As part of changes to CAMHS systems and processes, a consultation line is available to access for young people, parents and professionals. This line is operated by the new Duty Team in CAMHS. We are continuing to explore further support options around this including partnership with the third sector.
Shorter waiting times throughout children and young people's mental health services	Waiting times have reduced for our CAMHS services; however challenges remain, particularly in relation to internal waits which we are working to address.
Showcasing some of our work and a	Chilypep were part of the national visit from NHS England and the Department for Education in March 2017. Chilypep also presented their engagement work at the national mental health conference in London and presented at the 2017 Sheffield CCG AGM.
Single point of contact	A single point of contact is in place for CAMHS.

Table 7.1: What children and young people have said, and what we have done

### ChilyPep Engagement Work 2019-20

ChilyPep have received national recognition for the work they do with young people across South Yorkshire and will continue to undertake a variety of engagement activities with children and young people to shape the Sheffield transformation programme during 2019/2020, including:

- Co-producing a Mental Health Passport via the "My Mental Health Passport" website This was launched on World Mental Health Day in Sheffield on the 10<sup>th</sup> October 2019 and presented to over 200 GPs as part of the Children and Young Peoples Mental health Protected Learning Initiative on the 8<sup>th</sup> October, 2019.

- Youth Matters- STAMP group ran a series of Workshops in April, May and June 2019 and hosted an event as part of the Sheffield Debate Festival in May 2019. This event was made by young people, for young people (14-25), discussing what matters to young people in Sheffield, including talking about mental health and rewriting our Young People's Manifesto for Mental Health. Youth Matter is now an annual event, providing a dynamic space for young people's voices to be heard in changing how we shape mental health care in Sheffield.
- Young People's Manifesto for Mental Health- currently being developed in conjunction with Interchange Sheffield, as referenced above. Expected to be fully developed by early 2020 and will form a key part of the Strategy for 2020-21.

### **LGBTQ Engagement**

In September 2019, Sheffield City Council colleagues and Youth Association South Yorkshire led an engagement event with children identifying as LGBTQ around mental health for children and young people in Sheffield. The findings from this engagement will form part of the improvement to the offer in Sheffield over 2019-20 and 2021 and beyond.

## Our Voice Matters (OVM) Survey-

Our 2018-19 Our Voice Matters (OVM) Survey- Year 10 asked questions on emotional wellbeing and mental health to students in primary and secondary schools. As part of the 2018/19 OVM Survey we asked year 10's about the frequency of negative emotions they might experience. These results fit with our experience from working with young people and schools, and show the importance of the early intervention work we are rolling out as part of this strategy. The increase in year 10's feeling anxious or worried most of the time correlates with increases in this issue seen nationally

### In the last week, how often have you felt...

	Never	A bit	Sometimes	Quite a lot	Always
Sad	257 (21.1%)	430 (35.3%)	248 (20.3%)	207 (17.0%)	77 (6.3%)
Depressed	573 (47.1%)	221 (18.2%)	166 (13.7%)	160 (13.2%)	96 (7.9%)
Anxious	383 (31.4%)	285 (23.4%)	189 (15.5%)	210 (17.2%)	151 (12.4%)
Angry	228 (18.6%)	348 (28.5%)	293 (24.0%)	240 (19.6%)	114 (9.3%)
Lonely	601 (49.2%)	259 (21.2%)	146 (11.9%)	106 (8.7%)	110 (9.0%)

Figure 7.1.2: OVM 2018/19: Year 10 views on negative feelings/ emotional wellbeing and mental health

As part of the OVM survey, Sheffield received 396 ideas about how children may be supported by schools on supporting their mental health in school and what we need to improve or do more of. The 2018/19 qualitative results are still being developed and will be published later in 2019/20; however the results from the 2016/17 survey are below:

### What works well:

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

### What we need to address/do more of:

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

## 7.2 Engagement of Parents and Carers

We know from talking to parents and carers that there a range of issues we need to address, table 2 below shows the issues raised and our response so far to them.

<b>What parents and carers have told us</b>	<b>What we have done in response</b>
Communication: Communication between GP's, CAMHS, parents and children should be improved	New referral processes has been implemented in CAMHS based on a CAPA approach. From early 2019 this has made it easier for agencies to make referrals to CAMHS. A parent participation group has also been set up in CAMHS with Chilypep support.
Waiting times: These should be reduced as it takes too long to access services.	We are continuing to work to ensure waiting times for first and subsequent appointments are as low as possible.
Services for 16-18s: Services for 16-18 should be developed as many disorders are not treated post 16.	We have now expanded our CAMHS service up to 18. The exception to this is our eating disorder services, where Sheffield Health and Social Care NHS Foundation Trust (SHSC) support those aged 16 and over. We are working with SHSC and Sheffield Children's NHS Foundation Trust to ensure they work together as closely as possible to enable young people to have a seamless transition.
The System: The delivery model is regarded as old fashioned and should be modernised to improve access.	Our redesign process is working to modernise our services to make them easier to access, for example SMS messaging for appointments is now being rolled out. We are also developing services in the community to prevent inpatient admission
Information on support available to parents such as workshops should be more easily available.	Both CAMHS and MAST are working to further develop their parent support offer, with high demand seen for these courses.
Schools should be supported to improve their communication and culture on mental health.	<p>We are undertaking a phased rolled out of the nationally acclaimed Healthy Minds Framework across all primary and secondary schools in Sheffield.</p> <p>As of September 2019, Healthy Minds have worked with 115 schools including the Sheffield Inclusion Centre and Norfolk Park Primary special school.</p> <p>Healthy Minds have developed an ongoing offer for all schools that have been involved in Healthy Minds and have 55 more mainstream schools left to reach.</p>

Table 7.2.1 Parent/Carer feedback and our response so far

### 7.3 Engagement with schools

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

What schools have told us	What we have done in response
<p>Children frequently present with issues of low self-esteem. Low self-esteem can be an indicator for a wide variety of mental health issues. With appropriate support, schools would be better placed to provide support to children experiencing low self-esteem, and would be able to help prevent further issues from developing.</p>	<p>The Healthy Minds Framework provides in- reach into school from our CAMHS service to give school staff the support, training and guidance they need to support children in these circumstances.</p> <p>From 2021, Sheffield will have Mental Health Support Teams in place in schools with capacity to reach 16,000 CYP,</p>
<p>Issues affecting the whole family often present in children in school. For example, if one or more parent has mental health problems, this can have an impact on the child at school. Again, with appropriate training, schools would be able to help support children with these issues.</p>	<p>Our Healthy Minds Framework provides the training to address these issues. Our MAST teams also take a whole family approach to support mental health issues.</p>
<p>Understanding the referral process in Sheffield is often a complex issue for staff. Greater clarity and understanding is needed to know what is out there, and what an appropriate referral is.</p>	<p>The in-reach provided from the Healthy Minds Framework aims to improve a school's understanding of the referral process. At the end of January 2019, CAMHS moved towards an open consultation line for referrals – enabling direct access for schools.</p>

Table 7.3.1 Feedback from schools and our response so far



Figure 7.3.1: Hayley Sharman, PSHEE Subject Lead, Tapton School

Next steps for this priority area:

- Development of the Manifesto for Mental Health and incorporation of this into the all-age/lifespan Mental Health Strategy
- Adaptation of Service for LGBTQ+ community and incorporation of this approach into the all-age/lifespan Mental Health Strategy
- Implementation of the CYP Mental Health Passports in Sheffield

## 8. Key Achievements 2015-19

Table 4 provides a snapshot of the key achievements of the programme so far from October 2015-October 2019.

<b>What we were asked to do</b>	<b>What we did</b>
Develop a consistent approach for supporting emotional wellbeing and mental health in Sheffield schools.	We developed, and are rolling out, the Healthy Minds Framework across all seven localities of schools in Sheffield. This framework provides a consistent approach for supporting emotional wellbeing and mental health in schools, and has been recognised nationally as best practice.
Develop innovative services to prevent admissions to inpatient services	We have developed Sheffield's Supportive Treatment and Recovery (STAR) service. This service was launched in August 2017 and provides intensive community support for young people at risk of inpatient admission due to deliberate self-harm. From 2019-20 this service will continue as part of the wider Crisis Response Reconfiguration.
Ensure young people's voices are central to the transformation programme and that a diverse group of young people feel comfortable to share their opinions and experiences by meeting on their own terms	We worked with young people on a range of transformation areas such as STAR, the Let's Talk Directory and the <u>#nottheonlyone</u> campaign as well as development of a Mental Health Passport (to be launched in 2019/20) and a Youth Manifesto on mental Health
Expand the capacity of our primary mental health service and provide opportunities for professionals to receive mental health training.	We expanded our primary mental health worker service by providing additional funding. We provided a range of training opportunities for professionals in Sheffield including mental health first aid and attachment training.
Improve perinatal mental health services	We have developed perinatal mental health support by launching the South Yorkshire wide Perinatal Mental Health Service in 2019 with regional partners including peer support groups hosted by Light Sheffield.

Make sure the Sheffield workforce is part of the children and young people's improving access to psychological therapy (CYP-IAPT) programme.	We ensured our staff are able to access IAPT and our local partnership group was expanded to include Sheffield Futures.
Provide a Community Eating Disorder Service (CEDS) for children and young people.	We implemented evidence based Community Eating Disorder Service for children and young people. The impact of this is shown in the reduction of bed days for children and young people with eating disorders. From 2019 the Children's Eating Disorders provision will form part of an all age provision in Sheffield looking at providing a seamless service into adulthood.
Provide a safe place to ensure children and young people in mental health crisis are not held in police cells.	We secured funding for bespoke S136 place of safety at Becton, launched in August 2017. We also secured funding for an innovative wellbeing café at Door 43 which provides a safe place for young people to go for support.
Provide a suicide prevention pathway for children and young people	We launched a children and young people's suicide prevention pathway in March 2017, with approximately 200 people in attendance. We continue to implement and further develop the pathway.
Reduce waiting times, inpatient admissions, and length of stays.	We are working with NHS England to develop community based home intensive treatment services to prevent admission in inpatient bed as well as the commissioning of preventative services and tools for Children in Sheffield such as Kooth and the Door 43 service at Sheffield Futures.

Table 8.0.1 Key Achievements 2015-19

## 9 Key Updates for 2019-20

### 9.1 Community CAMHS Performance and Access: 2014-19

The table below shows Community CAMHS performance from financial years 2014-15 to 2018-19. Over the course of this period, referrals have increased by 32% and the number of accepted referrals has increased by 31%. This increase in referral rate could be indicative of the increased efficacy of the universal approach within the Children’s Mental Health system in Sheffield whereby there is increased awareness of CAMHS services amongst schools and other allied services working with Children with a Mental Health need.

Data Measure	2014-15	2015-16	2016-17	2017-18	2018-19
Number of referrals	2,512	2,831	2,971	3,003	3,285
Number of accepted referrals	1,816	2,093	2,297	2,242	2,401
% of accepted referrals	72.3%	73.9%	77.3%	74.7%	73.1%
Number of signposted referrals	658	709	638	704	825
% of signposted referrals	26.2%	25.0%	21.5%	23.4%	25.1%
Average waiting time to first appointment (weeks)	14.8	11.6	7.1	12.4	n/a*
Range waiting time to first appointment (weeks)	0 to 36	0 to 21	0 to 17	0 to 22	0 to 30
Number of First Attendances	n/a	2,358	2,676	2,524	2,715
Number of Follow Up attendances	n/a	16,081	16,825	17,521	18,692
Number of Follow Ups per First Attendance	n/a	6.8	6.3	6.9	6.9

\* This data is currently unavailable due to the change to System One within Sheffield Children’s FT and will be refreshed in the LTP update mid-year.

**Table 9.1.1: Community CAMHS Performance: 2014-15, 2015-16, 2016-17, 2017-18, 2018-19**

In 2017-18, the average waiting time for first appointment did increase to 12.4 weeks, this is reflective of our focus during 2018-19 on improving patient flow and subsequent appointment waits in CAMHS. In line with this focus, and to further help manage pathways and waits more effectively, CAMHS have moved to an up to six appointment model as of October 2018.

The aim of this is to improve access to the service and significantly improve patient flow CAMHS – evidence from implementation of the model elsewhere suggests that 50% of referrals will be discharged within six appointments, whilst 50% will need further input.



**Figure 9.1.1: Sheffield Children's NHS Foundation Trust CAMHS Team**

The CAMHS Healthy Minds Team is currently working alongside the duty team and teachers to inform the change. It is likely that an approach will be taken, which means only a member of a school's senior leadership team can make a CAMHS referral – this will align our CAMHS process to the Green Paper on Children's Mental Health, and support our on-going work in schools.

In 2018/19 Sheffield completed the implementation of additional input and resources into CAMHS as funded by NHSE to address waiting times in CAMHS.

CAMHS increased its recruitment and resources into the STAR service and recruited both additional nursing staff and Art Therapist into their services to broaden the range of therapies and interventions offered in CAMHS. Part of the NHSE funding contributed to the 18/19 funding for the trial of the Digital Mental Health pathway and Kooth as preventative services to try and reduce admission and referrals to CAMHS.

In addition to the recruitment in these areas, some of the NHSE funding was used to run Saturday Clinics to improve waiting times and increase the offer of a weekend service to Children and families in Sheffield for CAMHS. These are ongoing until October 2019 and will be reviewed as to their effectiveness.

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

### **(Up to) 6 Appointment Model**

The service has worked hard to redress the balance for families waiting from assessment to treatment by introduction of the 'up to 6 session' clinical pathway in October 2018.

Previously young people and families would receive a first appointment date and then be transferred internally to a treatment pathway dependant on the formulation. Since

the introduction of the Up to 6 Session Pathway, young people and families now receive a first appointment for assessment and then up to a further 5 sessions all within quick succession. These sessions include the initial assessment and then further follow ups which can deliver psychological interventions dependent upon the young person's needs.

## **On Line Psychological Therapy and Counselling Offer**

### **Digital Mental Health Pathway**

SCFT are working with organisations offering digital mental health pathways and online support. This work is to address the waits for ASC/ADHD assessments in the service. The service are working on ensuring the correct governance and supports are in place for families who decide to utilise this new type of service, with the overall plan to commence this online service as part of the wider Sheffield offer in November 2019.

The initial focus is aimed at Autism Spectrum Disorders (ASD) but can be rolled out to other conditions. The aim is that the online organisation will:

- Provide an assessment pathway for CYP to identify presence or absence of neurodevelopmental disorder.
- Provide post-diagnostic support (three sessions) to those identified as having a positive diagnosis of ASD.
- Provide clinical and service user experience outcome measures for CYP's and up to two (2) family members who have taken part in the online services.
- Provide session summaries via the provider's online referral portal. The referral portal can be accessed by the Sheffield Children's staff members who originated the referral and any other suitable nominated members of staff linked to that CYP

Next steps for this priority area:

- Continued focus on systems and processes to improve patient flow (including role of non-CAMHS services).
- Further work to improve mental health services pathways to make services easier to navigate.
- Embedding of digital mental health pathway into CAMHS systems
- Embedding of CAMHS Healthy Minds and links with other areas of prevention in statutory, education and voluntary sectors

## 9.2 Crisis Care

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

- Children and Young People's Suicide Prevention Pathway.
- Mental Health Liaison.
- Section 136.
- Sheffield Treatment and Recovery (STAR) Service Reconfiguration.
- Intensive Support team
- Wellbeing Cafés
- Kooth Online Support

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

In 2019 Sheffield is actively redesigning the STAR service to provide an even more extensive Crisis provision for supporting children and young people in mental health crisis, as outlined below

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

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

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

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

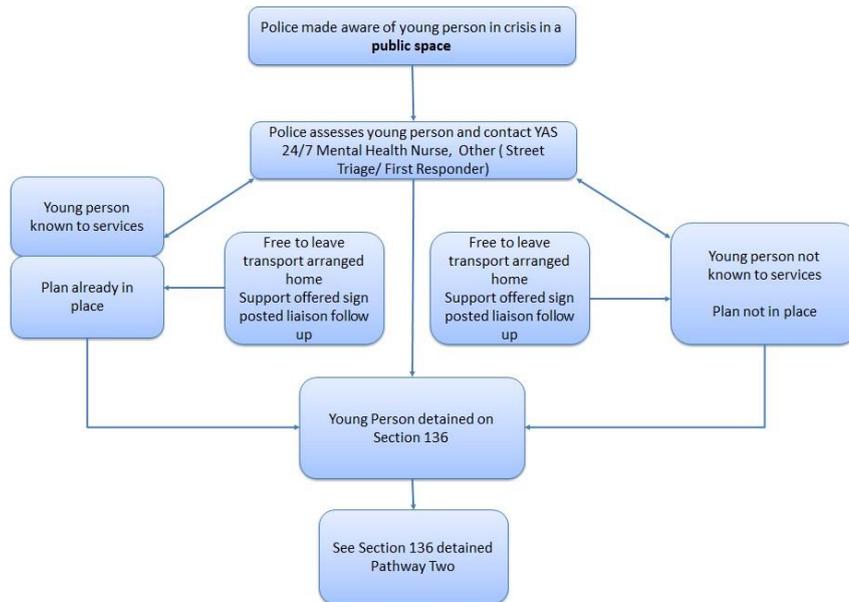


Figure 9.2.1: S136 Pre-Admission Pathway

The popular [Door 43 Wellbeing Café](#) is now operating weekly as part of our transformation of crisis care services. The central Wellbeing Café is based at Star House, as part of the Door 43 service, in Sheffield City Centre and is currently open for one night per week to allow young people to drop-in and get support.

In addition to the central café at Door 43, the Wellbeing café model is now operating in several settings as well as Star House. Currently Sheffield has new wellbeing cafes at Meadowhead School and King Egbert's School (both funded through GP Transformation Fund for that area) as well as Firvale School and Longley Park College (funded through Public Health suicide prevention monies) and Sheffield is looking to expand this model into other schools and community setting across the city in 2020-21.



Figure 9.2.2 Wellbeing Cafe launch poster

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

*Hi,*

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

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

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

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

*Looking forward to next week!*

**Figure 9.2.3: Feedback from a Wellbeing Cafe Volunteer to the Service Manager**

## **Kooth**

In 2019 Sheffield City Council and CCG have also commissioned Kooth which is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use allowing Children to have direct secure access to talk to a Counsellor in an accessible way.

Information from Kooth re: Quarter 2 (July 2019-Sept 2019) is available below, the service having been successfully launched in Sheffield, with 411 new registrations in addition to 537 having registered in Quarter 1.

- 166 individual users accessed 282 chat sessions with 96% stating that they would recommend the service to a friend.
- 237 young people accessed messaging with 1,150 messages being sent.
- 81% of logins across Quarter 2 were returning logins, indicating that previous users were returning to re-use the service.

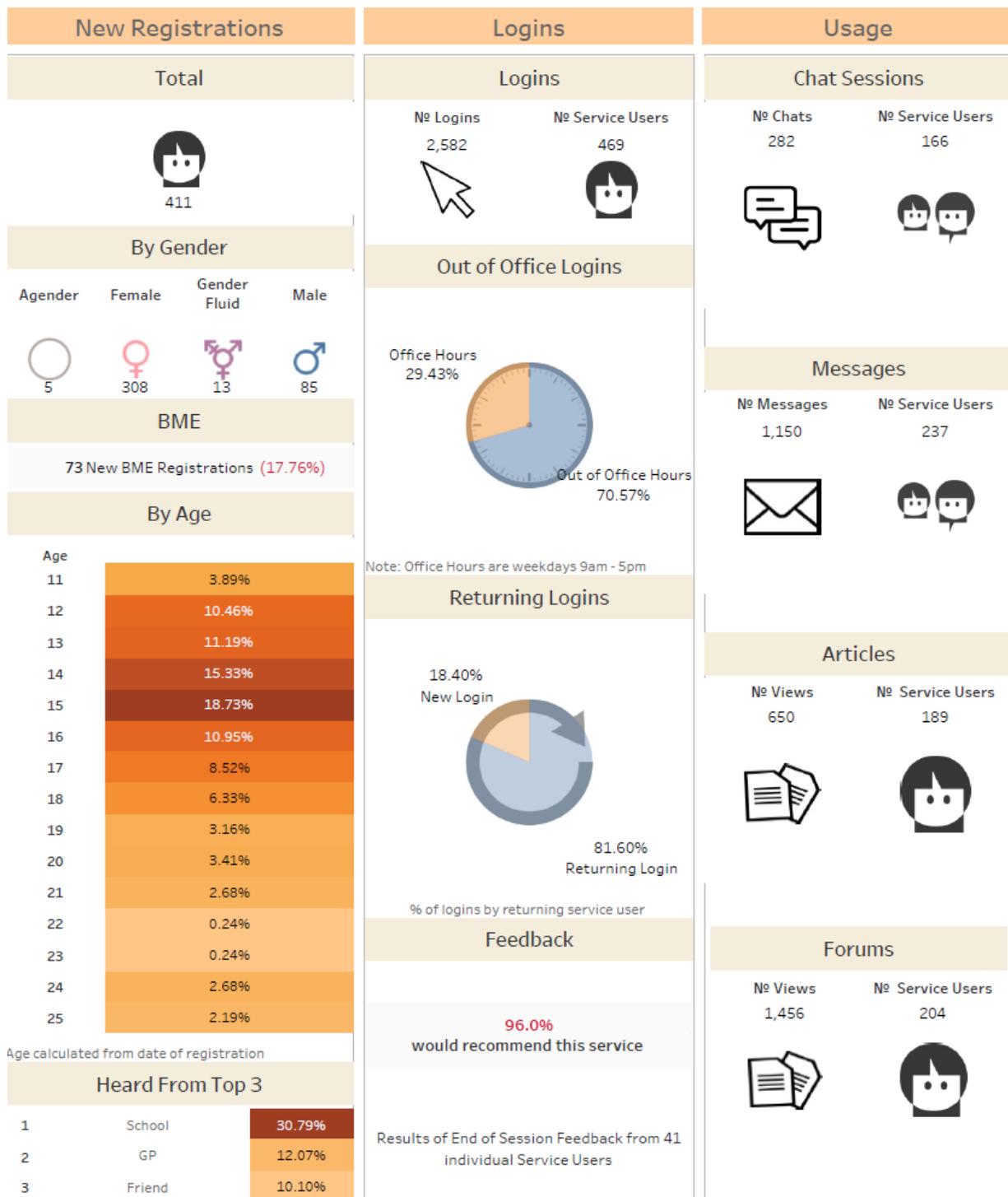


Figure 9.2.4: Data from Kooth for Sheffield from Q2 2019-20

## **Suicide Prevention**

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

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

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

Sheffield has funding from the government through the Integrated Care System for South Yorkshire and Bassetlaw, the first year's funding has contributed to the online counselling pilot for children and young people up to 18 and care leavers up to 25, and this year's is being used to develop and pilot a self-harm prevention programme in a school, college and youth club in an area of Sheffield with high levels of deprivation and diversity.

The model has been co-produced by voluntary sector stakeholders and young people to:

- Train staff and a target cohort of students in self-harm to self-care, including young people as training facilitators
- Train staff to develop a peer support model within the youth setting
- Develop a safe space to talk, using the wellbeing café model
- Provide resources for schools to sustain the model

## **STAR Service Reconfiguration and Intensive Treatment Service.**

Sheffield Children's FT is in the process of reconfiguring its Sheffield Treatment and Recovery Services (STAR) as part of providing a new holistic approach to early intervention and Crisis response relating to Mental Health in Young People, where previously STAR had focussed predominantly on self-harm.

As part of the national New Models of Care approach, the newly configured STAR model would include working collaboratively across the following three key tiers:

### **24/7 Crisis Response Service**

- First response
- Including operating actively with Children referred to the service for up to 2 weeks as a safeguarding and active risk management response to any presenting crisis.

### **Intensive Support Team:**

- Second tier of intervention to acute mental health issues amongst children in Sheffield, working on the following basis:
  - 8am-8pm service provision 7 days per week
  - Aged up to 18 years
  - Referrals from Crisis Response Team and Community CAMHS
  - Average length of service involvement 8 weeks
  - Step up and step down service to hospital inpatient provision
  - Assist transition to community
  - Provide more intensive service provision to help prevent admission
  - Key link between CAMHS inpatient and community services

### **Specialist 136 Suite**

- Existing provision provided at the SCFT Becton Centre, as outlined above.

### **2019-20 Multiagency Review**

In October 2019 Sheffield has secured agreement at executive level to jointly instigate an extensive multiagency deep dive review into the provision of Crisis Services beginning in 2019/2020. This is intended to work alongside the proposed changes to service such as the CAMHS reconfiguration and how Sheffield as a city delivers Crisis Care including for Mental Health of Children and Young People. A full time project manager will be appointed to support this review.

This review will be overseen by a Steering Group constituting Executive Directors from Sheffield CCG, Sheffield Children's Foundation Trust, Sheffield City Council and Sheffield Health and Social Care Foundation Trust to review the work of senior managers within the 4 organisation in an Implementation Group and will feed into the All-Age City Wide Mental Health and Learning Disabilities Delivery Board as part of the new governance structure for Mental Health in the city.

Next steps for this priority area:

- Evaluation and implementation of outcomes and systemic change from multi-agency review
- Reconfiguration of STAR service and implementation of Intensive Support Team
- Embedding and expanding on use of Kooth online resource and links with other services
- Optimisation of Section 136 suite provision.
- Review and refresh the children and young people's suicide prevention pathway across South Yorkshire
- Expansion of Wellbeing Café's in schools and community settings

### 9.3 Data, Measuring Impact and Outcomes

Sheffield very much recognises the importance of the use of quality reporting data through the medium of the Mental Health Services Data Set (MHSDS) in Children's Mental Health services commissioned in Sheffield. Both Sheffield Children's Foundation Trust (SCFT) and the voluntary sector organisation, such as Kooth submit regular data updates through the MHSDS.

In 19/20- a Data Quality Improvement Plan was agreed between the CCG and Sheffield Children's FT, with formal quarterly updates and all reasonable measure to optimise performance as stated under the national Data Quality Maturity Index. Sheffield CCG continues to work progressively with both SCFT and the voluntary sector to improve the quality of data provided.

Sheffield Children's FT moved to the System One platform for case recording and clinical systems in April 2019. This move should not only improve the consistency and reporting quality information but also aligns the SCFT with the majority of GP practices in Primary Care service in Sheffield.

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

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

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

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

#### Healthy Minds Evaluation

One evidence based measure referred to in 2018/19 CYP MH Strategy was the independent review of the Health Minds programme in Sheffield conducted by the University of Sheffield. Outlined below are the key findings and suggested recommendations from the completed evaluation in December 2018:

*"There is substantial evidence that Healthy Minds achieved a major impact in many schools and agencies across the city in a short period of time"*

*"Evidence that it has 'improved the capacity of school staff to support the emotional wellbeing and mental health in schools'" p5*

**Figure 9.3.1: Extract finding from UoS Healthy Minds Independent Evaluation.**

Progress against areas of recommendation from the UoS evaluation is outlined in the Early Intervention section below:

Their recommendations were:

- To extend Healthy Minds across the city
- Ensure effective collaboration between all agencies and services including the sharing of specialist knowledge and examples of good practice
- To involve and consult widely with CYP and communities
- To ensure robust protocols re sharing of information
- Create transparent matters of informed consent
- To create robust monitoring and methods of evaluation

Alongside the evaluation, all schools currently involved with Healthy Minds have completed the Healthy Minds surveys. The response rate for Sept 2017 – July 2019 is outlined below:

- Primary students – 12,142
- Secondary students – 7,169
- School staff – 2,573
- Parents / Carers – 4,892

Next steps for this priority area:

- Continue to improve our reporting to the mental health services dataset including from the VCF sector
- Improve links and usage of data from other service areas such as SEND and social care via the local STP
- Sheffield Healthy Minds to conduct more robust outcome measures on the whole interventions schools introduce with Healthy Minds.

## 9.4 Health and Justice

Health and Justice has been a focus of our transformation work in 2019. This has included some bespoke work directly between our CAMHS provider (Sheffield Children's NHS FT) and Sheffield City Council's Children and Families Team.

Youth Justice Board membership includes active participation from the SY Police, Police and Crime Commissioners, NHS organisations, SY Probation, Community Rehabilitation Company, Community Safety, Sheffield City Council Social Care and Sheffield Futures.

NHS services in Sheffield are a committed partner – there is active representation from health strategically within the youth justice board, and operationally there is direct access to speech and language therapists, CAHMS, substance misuse and general health.

Children and Young people can quickly access a wide range of universal, targeted and specialist services. Specialist provision includes assessment and interventions from psychiatry, young people's substance misuse service and psychology. These services are provided quickly, within a few weeks, and offer an invaluable insight into offending and risk.

Sheffield Futures also provides the Community Youth Teams (CYT) as part of the Youth Offending Service to provide early intervention and prevention for young people at risk of entering the criminal justice system; and delivery of Out Of Court Disposal work. CAMHS Primary Mental Health Workers provide some direct support to the teams, and there is also access to the CAMHS Forensic Team where appropriate.

The recent Youth Justice Service inspection identified:

*“The quality of assessment and planning for children and young people who receive an out-of-court-disposal is outstanding. A youth justice manager is Chair of the Youth Offending Panel, and the panel also includes the CYT manager, a health liaison and diversion officer, a representative from CAMHS, a police officer and the victim worker. We saw evidence that members of the panel appropriately challenge each other when deciding appropriate disposals. This is relevant when the view of the victim is shared and a balance must be found in terms of the disposal. Information from other assessments, including those from speech and language therapists, substance misuse workers and other health practitioners, was used well and provided by the specialists within short timescales”*

**Figure 9.4.1: Quote from Youth Justice Service Report**

On 10th October, 2019 both executive teams from Sheffield City Councils Children and Families Social Care Team and Exec leads in SC NHS FT came together for a facilitated work shop to review 5 joint complex cases which have involved both organisations. This session focused specifically on improving joint working, reviewing where decisions were made and the whole family impact as well as considering how future joint actions could be improved. A number of these cases resulted in secure accommodation for the young people involved. A number of key actions have been identified as a result of this work and an action plan has been drafted to complete key requirements. This includes the establishment of a joint case review team meeting to be held on a monthly basis between social care and acute site and CAMHS reps from Sheffield Children's NHS FT.

Sheffield has robust mental health and speech and language therapy (SALT) offer into our local Youth Offending Team (YOT).

We are currently undertaking a review of SALT across both the local authority and CCG. This is being reported into our joint commissioning group and includes a review of SALT input in to YOT and CAMHS. A new specification is being developed as part of this work in negotiation with Sheffield Children's NHS FT as part of the Trusts Service Development and Improvement Plan.

Next steps for this priority area:

- Review and improve SALT provision in city in relation to Health and Justice
- Embed learning and actions from complex case review workshops

## 9.5 Developing the workforce

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

CAMHS have now successfully recruited to two Training and Workforce Development posts, in place since December 2018.

Training and Workforce Development has developed a CAMHS training curriculum with commissioners in Sheffield City Council as part of the joint work around the SEND agenda in Sheffield and this is currently being delivered. Sessions delivered already are:

- the Introduction to CAMHS Day
- Emotional Regulation and Promoting Resilience
- Working with the Anxious Child

The Training And Workforce Development leads at CAMHS play an active role in the South Yorkshire and Bassetlaw Workforce Collaborative, which is a forum under the South Yorkshire and Bassetlaw Integrated Care System to discuss workforce development going forward in the region and are currently facilitating a cohort on the NHSE Mary Seacole Leadership Programme which is due to end in November 2019 and is one of two cohorts for Sheffield Health and Social Care Foundation Trust, Sheffield Children's Foundation Trust and Rotherham Doncaster and South Humber Foundation Trust.

Next steps for this priority area:

- Embed learning and actions from national and regional best practice on workforce development such as the development of the 7 Step Toolkit by the Yorkshire and Humber Children's Mental Health Clinical Network

## 9.6 Early Intervention and Mental Health in Schools and Community



Figure 9.5.1: Healthy Minds Framework Logo

As of September 2019, Healthy Minds have worked with 115 schools including the Sheffield Inclusion Centre and Norfolk Park Primary special school.

Healthy Minds have developed an ongoing offer for all schools, who have been involved in Healthy Minds and have 55 more mainstream schools left to reach.

### Healthy Minds Development/Improvement plan from the 2018 Evaluation

<p>To extend Healthy Minds across the city</p>	<p>Healthy Minds has been commissioned to reach and continue its offer to all schools in Sheffield</p>
<p>Ensure effective collaboration between all agencies and services including the sharing of specialist knowledge and examples of good practice</p>	<p>Effective collaboration and sharing of knowledge and good practice</p> <p>The Healthy Minds conference in 2018 was attended by 200 delegates from schools and multi- agency services and partners to share the learning from the work</p> <p>Healthy Minds has been integrated into multi-agency strategic thinking across the city on Children’s mental health. Knowledge and findings have been shared locally and nationally including to:</p> <ul style="list-style-type: none"> <li>• National Festival of education,</li> <li>• Westminster seminars,</li> <li>• Global Ministerial summit for mental health</li> <li>• SAYIT conference</li> <li>• NHS Expo Manchester</li> <li>• Association of Chief Nurses Conference</li> </ul>

	<ul style="list-style-type: none"> <li>• CAMHS schools' referrals workshop</li> <li>• Bett Show London Excel</li> <li>• Westminster Forum - Next steps for children's mental health</li> <li>• Parents evening on exam stress</li> <li>• Deaf support service Sheffield</li> <li>• Parental Mental Health workshop on Adverse Childhood Experiences Sheffield</li> <li>• CAMHS parent participation group</li> </ul>
To involve and consult widely with CYP and communities	As part of the HM framework we consult all CYP, staff and Parents / carers within a school community and have over 27,000 surveys completed to best understand the needs of a particular school. We also have Healthy Minds champions in almost every school in order to further access student voice and include them in service developments
To ensure robust protocols re: sharing of information and create transparent matters of informed consent	SCFT has the high standards of practice for sharing of information and informed consent which all Healthy Minds staff are aware of and adhere to.
To create robust monitoring and methods of evaluation	<p>All training sessions with Healthy Minds are evaluated and have received positive qualitative feedback, as outlined in the National Report for 2018-19.</p> <p>Additionally, anecdotal evidence as to the impact of the interventions supported by Healthy Minds for schools to introduce is very positive.</p> <p>The Healthy Minds framework is developed in order to learn from current schools to pass on those ideas to other schools</p> <p>Sheffield Healthy Minds has an ambition to conduct more robust outcome measures on the whole interventions schools introduce with Healthy Minds.</p>

Alongside our work in schools, we have also invested in the Youth Information Advice and Counselling Service (YIACS) – called Door 43. This is provided by Sheffield Futures at Star House in Sheffield City Centre, and enables children and young people age 13-25 to access a range of services from mental health, employment support, housing advice and sexual health as well as much more. The wellbeing café described in the crisis care section is also part of Door 43.

# DOOR43

Figure 9.5.2: Logo of the YIACS Service, now called "Door 43"

Door 43 has continued to develop with the securing of additional investment for 2019/20, with over 900 face to face interventions taking place in the first 10 months of delivery. The caseload of the service also consists of young people largely not known to other services (approximately 80%), meaning the service is meeting one of its original goals of supporting unmet need in Sheffield. The most popular route to access Door 43 is via self-referral (over 50%), however we are seeing increasing referrals from other agencies including primary care and schools. Sheffield now has established links between Door 43 and CAMHS through the Primary Mental Health worker service to enable cases to be escalated as required into CAMHS. Sheffield CCG has developed a new contractual agreement and service specification with the service for 2019/20. This will enable the service to be more effectively commissioned and help manage some of the issues the service has faced, such as inappropriate referrals.

Below is a case study from a young person who used Door 43;

*When I first discovered Door 43 I had recently left sixth form, was at home all day, struggling to get out of bed, let alone leave the house. I had been struggling with my mental health for 2 years, with increasingly low mood, low self-esteem, lack of confidence, confusion about who I was as a person, self-harming behaviour and unsure of my general purpose in life.*

*Whilst having 1:1 sessions my mood continued to drop, I became quite suicidal, I had been feeling this way for a while before, but things were different this time. It quickly became the only option I thought could stop the emotional pain I was in. I needed someone to talk me through things and encourage me to leave the house and Katie was always there to support me through the process of putting on my coat and then shoes, talking me through those simple steps. Door 43 became the only place I could be honest about how low I was feeling, my continuous self-harm and suicidal thoughts... it was a place I felt safe. I can't imagine what could have happened if I didn't have that safe place.*

*Today I am in a completely different place, I have a job, I'm starting back at sixth form in September, I know my purpose in life and for once I feel genuinely happy... most importantly I want to be alive.*

*I honestly believe I wouldn't have been able to get this far in such a short space of time if it wasn't for the incredible support I have received from Door 43. I am not yet fully recovered but I'm working on it and I know I will have the staff at Door 43 to support me through the bad times and celebrate with me through the good times.*

Figure 9.5.3: Feedback from a young person using the Door 43 service

## Expansion of Wellbeing Café Model

In addition to the central café at Door 43, the Wellbeing café model is now operating in several settings as well as Star House. Currently Sheffield has new wellbeing cafes at Meadowhead School and King Egbert's School (both funded through GP Transformation Fund for that area) as well as Firvale School and Longley Park

College (funded through Public Health suicide prevention monies) and Sheffield is looking to expand this model into other schools and community setting across the city in 2020-21.

### Social prescribing in Sheffield (up to 25 years)

Delivered by Sheffield Futures as initially part of a national young people's social prescribing project funded by Department of Health. The lead partner is Street Games based in London and aside from Sheffield Futures, there are three other delivery partners – all based in the South East. The project is being evaluated over 3 years by the University of East London.

Since this project started, Sheffield Futures has also been commissioned by two Primary Care Networks in Sheffield to employ a young person's social prescriber. As such there is a growing young people's social prescribing team embedded in the Door43 model. Whilst this isn't directly funded by Future in Mind monies, it is another related part of the wider young people's EWBMH offer.

### **Mental Health Support Teams**

During early 2019, Sheffield successfully applied to become one of the national Trailblazer sites for the Mental Health Support Teams (MHSTs) in schools.

We will have two MHSTs in the model in Sheffield, in 16 schools. The schools are matched secondary and primary schools from the same locality to provide a platform for city wide engagement in the subsequent programme.

- As they are offering a training opportunity we have only chosen schools who have embedded Healthy Minds successfully and have an established track record of working with professionals in this field.
- The geographical spread covers six of the seven localities and provides the project with the opportunity to work with the full spread of needs in the city.
- The spread also ensures that all types of schools (maintained, academies, academies in MATs) are included so that engagement with processes can be tested in all circumstances.

Our MHSTs will provide:

- Quick access to evidence based mental health interventions for C&YP experiencing mild to moderate mental health conditions delivered by EMHPs as prescribed through the specific training course model provided by Sheffield University.
- Training, support, consultation and reflective practice with Designated Mental Health leads (DMHL) and pastoral staff
- Joint triage with DMHL and multi-agency partners to enable CYP to access the most appropriate level of support
- Early identification of need and referral routes for C&YP with severe mental health needs to specialist services.
- Assessment, formulation and action planning to develop a Healthy Minds Individual Action Plan (HMIAP).
- School based interventions to meet the needs of the most vulnerable C&YP

building on successful local piloted work such as 'The Big Emotions Group' (Dan Siegel) and 'Opening the Door to Conversations' tiered support.

- Integrated multi-agency working in line with the wider local area.
- Collaboration across schools who will contribute to service developments
- Children and young people's voice in designing mental health provision
- The identified schools receiving initial MHST input are from our cohort of schools that have received our CAMHS Healthy Minds Programme.
- Alongside this we will also be reviewing wider strategic developments, such as the Inclusion Gateway, to ensure that the MHST's are delivering to meet need and aligning to our strategic priorities.

We will have a robust interface with our generic CAMHS. The majority of referral requests will come via schools directly into our MHSTs, however if there are appropriate referrals through our CAMHS SPA they will be directed to our MHSTs to ensure continuity and alignment across our services. Our Primary Mental Health Workers located in Door 43, MAST and school localities will also be able to refer as appropriate.

Staff recruited to work in the MHST model will undergo a shadow year of training in 2020 with a view to being fully operational for the 2 teams in January 2021. Training for the Educational Mental Health Practitioners (EMHP) and the accompanying accreditation and academic qualifications are being organised in conjunction with the well-established Mental Health and Psychology courses at the University of Sheffield.

Next steps for this priority area:

- Further development of the Door 43 Service to enable further support for step down of cases from mental health services.
- Improve links between Door 43 and adult mental health services.
- Expansion of Wellbeing Café model into other schools and communities in Sheffield
- Further development of CAMHS support for inclusion processes and special schools.
- Support the development of Sheffield becoming an Adverse Childhood Experiences aware (ACE Aware) city.
- Further rollout of Healthy Minds provision and learning from evaluation
- Sheffield Healthy Minds to conduct more robust outcome measures on the whole interventions schools introduce with Healthy Minds.
- Implementation of MHSTs in Sheffield

## **9.7 Early Intervention in Psychosis**

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

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

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

From the 2019 Independent Deep Dive Report into the EIP service in Sheffield, it was recommended that additional focus was required on family intervention provision, vocational support, smoking and weight interventions. Development of preventative elements such as an At Risk of Mental State (ARMS) pathway in order to improve the EIP service in Sheffield was another area of suggested improvement. These have now been prioritised as areas of workforce and capacity development for 2019-2020.

Next step for this priority area:

- Further improvements to joint working between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust to ensure young people are supported as effectively as possible when presenting with psychosis.
- Clinical focus on family intervention, vocational support, smoking and weight interventions and outcomes
- Development of all age ARMS pathway as part of a phased plan of service improvements.

## 9.8 Eating Disorders

Significant progress has been made over the past year in progressing with designing an integrated Eating Disorders Pathway using an Accountable Care Partnership (ACP) model to bring together our providers to co-produce the new pathway together.

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

Strategically the redesign of Eating Disorder Services is an opportunity to trial different approaches to transformation and to learn lessons ahead of the development of all age mental health in Sheffield.

We have followed a Provider-led collaborative approach working in partnership with commissioners across both the CCG, Sheffield City Council and with service users and carers.

We have successfully designed a new integrated pathway which has developed through consultation and a number of co-production workshops.

Alongside this our 3 key providers Sheffield Health & Social Care Trust, Sheffield Children's NHS Foundation Trust and South Yorkshire Eating Disorders Association (SYEDA) has jointly progressed the following:

A single referral process has been developed:

- A shared triage and an integrated assessment now exists
- We have identified models of good practice from across the country and have hosted a workshop with Gloucester Eating Disorder Service to learn from their model and assist in the finalisation of our pathway.
- Shared interventions; including joint step up and step down, shared visits and appointments
- Joint away day and training sessions including all teams
- We now have a 4th iteration of the pathway following refinement
- Piloting of a new assessment process
- Development of Pathway Manager & coordinator roles

We are moving now to discuss the contractual and commissioning model that the new integrated pathway will fit in.

There is the expectation that the full workforce redesign and integration of the pathway will develop over the next 12-18 months but from the 1<sup>st</sup> April 2020 the following will be in place:

- Joint assessments
- Move to a single point of access
- New governance structure
- Implementation of new a contract model which will include negotiating an

MOU/Alliance Agreement.

- Recruitment to a Service Manager and Pathway Co-ordinator role overseeing implementation of the changes is being considered
- Commitment to greater emphasis on prevention with a bespoke training offer into Primary Care

The development of our Integrated Eating Disorders Pathway will deliver the following benefits:

- An 'all-age' referral pathway providing continuity of care, avoiding unnecessary waiting times and duplication of assessment.
- Reduced waiting times for assessment and treatment
- Early intervention and people seen at an earlier stage
- Improved awareness of eating disorders in schools, GPs and primary care
- Care delivered from more accessible venues and in the home for young people;
- Effective stepped care, ensuring supporting 'step up and step down' in and out of treatment services;
- Collaborative personalised care planning
- Reduced need for in-patient care.

The current configuration of services is continuing to work toward meeting the access and waiting time standard for Eating Disorders. The on-going redesign has delivered immediate benefit for patients through improved relationships between the different services.

The next further steps for this priority area:

- Further progress to first phase pathway: common referral, shared triage and common assessment, shared interventions and agreed outcomes
- Second phase pathway development: Prevention, early help, review of day care and development of home care linked to hospital admission and discharge.
- Further development shared outcome and performance measures to inform investment and workforce redesign.
- Further workforce development: supervision, training, administrative support, case management
- Further system development in relation to comorbidity and colocation
- Further infrastructure development: integrated ICT and recording systems, finance and contract arrangements.

## 9.9 Perinatal and Infant Mental Health

Care pathways for perinatal and infant mental health continue to develop including identification, referral and treatment for women with mild, moderate and severe perinatal mental health needs. The specific needs of vulnerable groups are considered in these arrangements including those experiencing substance misuse, domestic violence or who have experienced a traumatic birth or bereavement

Appointments to key clinical roles have been made to expand the service offer including a Perinatal Mental Health Specialist working as part of the midwifery team, and the recruitment of nursery nurses and a specialist Parent-Infant Psychologist/Psychotherapist in the specialist PNMH team with a focus on bonding and attachment.

There has been a particular focus on training and development during 2019 to support implementation of care pathways and the Institute of Health Visiting Perinatal and Infant Mental Health Training the Trainers' package has been delivered to participants from a wide range of stakeholder services. These champions will go on to deliver a rolling programme of awareness raising for practitioners working across the city with women of childbearing age in the perinatal period.

Other 2019 developments include:

- A Baby Incredible Years parenting programme specifically designed to meet the needs of women with perinatal mental health needs
- A referral pathway and a training programme for Health Visitors to provide Video Interactive Guidance as part of the vulnerabilities pathway
- 7 new peer support groups delivered by Light within Family Centres in Sheffield

Next steps for this priority area:

- Sheffield's Perinatal Mental Health integrated care pathway is continually being expanded to incorporate new services and support

## **9.10 Support for Parents/Carers**

Alongside perinatal and infant mental health, support for parents is a priority for Sheffield. Parents and carers can access the provision by self-referral or professional referral routes.

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

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

Additionally to the above programmes, Sheffield offers parent-led group programmes as part of the Empowering Parents, Empowering Communities approach in Sheffield.

These enable access at a preventative level for parents and carers, whilst intensive bespoke parenting interventions for families in crisis are delivered to prevent family breakdown.

There is also additional work around sleep interventions being progressed as part of the wider Parenting Support offer in the city. These are to be developed further in 2019-2021.

Next steps for this priority area:

- Integration of parenting support as part of an all-age approach to mental health commissioning.
- Progression of Sleep Intervention work
- Progression of Empowering Parents, Empowering Communities programme

## **9.11 Support for Vulnerable Children and Young People**

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

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

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

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

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

### **Transforming Care Programme for Children in Sheffield**

Sheffield CCG has been working collaboratively with colleagues at SCH and SCC to development of robust processes for working under the Transforming Care Programme, including developing a risk stratification/pro-active risk management of people with Learning Disabilities and/or autism at risk of admission and a monthly meeting to rigorously progress safe and timely discharges from the CAMHS inpatient facility at Becton as part of the wider cohort of children in hospital due to mental ill health.

Sheffield is working closely with regional colleagues under the Transforming Care Programme in South Yorkshire around best practice models for transitions cases, accommodation and Autism support. For example we are part of the regional Yorkshire Supported Living Framework, allowing access for adults and transitions-age people, where young people under Transforming Care may want to live independently in a Supported Living setting.

Next steps for this priority area:

- Continued support and joint working with the Inclusion Programme.
- Further work with the looked after children CAMHS team – the Multi-Agency Psychology Service (MAPS).
- Evaluation of personal health budgets for looked after children.
- Embedding of Transforming Care principles such as CETR in the community provision for vulnerable children and young people.

## **9.12 Transition**

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

The Regulation 28 Group is currently in place following a coroner's report in 2017, which identified a number of areas to address relating to transition including greater information sharing and clarification of operational protocols. The group is jointly chaired by Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust with representatives from both services and commissioning.

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

### **CAMHS Transitions 2019**

The CAMHS service has a transitions nurse lead one day a week. This role has evolved as we aim to work closely with Adult Mental Health Services (AMHS). There are now monthly clinical interface meetings where any difficulties in relation to the transition of a young person to adult mental health services are discussed with actions to remove the barriers and allow for a smoother transition.

The joint transitions protocol was revised and approved in October 2018. This protocol was informed by partner agencies and via engagement with children and young people.

In December 2018 two joint audits were undertaken (CAMHS and AMHS). One audit had the purpose of reviewing staff understanding of the revised protocol; the other was to review patient records with the purpose of matching the transition protocol agreement and paperwork with the documentation in the records.

The main recommendation from the audits was to ensure all clinical staff understand the agreed protocol. This ensures that the correct processes take place and enable the transition to be as smooth as possible for young people and their families. The service is currently working on embedding the protocol within the teams, and this will be reviewed in 6 months' time to ensure that it is in place.

Other work being undertaken to address transition includes:

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

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

Next steps for this priority area:

- Improved clinical interface meetings between CAMHS and AMHS to streamline the new transition process.
- Further review of transition issues to identify areas of further development.
- Review of improved transition arrangements using historical case studies.

## **10 Integrated Care System (ICS): Working across South Yorkshire and Bassetlaw to transform children and young people's mental health**

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

- SYB wide IPS employment service commissioned for people with severe mental illness
- Enhanced perinatal mental health service launched in Doncaster, Rotherham and Sheffield
- 24/7 liaison mental health services established in Sheffield and Rotherham
- Approval gained to establish New Care Models for three specialised services through NHS-led provider collaboratives including at Sheffield Children's Foundation Trust CAMHS

### **Additional Areas for Regional Collaboration in 2019**

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

The Amber Lodge project involves the transfer of the Amber Lodge service at Becton in Sheffield from NHS England to a group of local CCG's from South Yorkshire and Derbyshire. Amber Lodge is a regional service which provides high intensity mental health support for 5- 11 year olds with complex needs. A redesign process is now underway collaboratively across the region for the service and is currently out for engagement with regional CCGs, CAMHS services and Pupil Referral Units.

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

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

the area.

The Sheffield Rotherham and Doncaster Perinatal Mental Health Service was launched in 2019 and provides specialist assessment and treatment to mums and their families living in Sheffield, Rotherham and Doncaster. The service is run in partnership between Sheffield Health and Social Care NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust and Sheffield Light, a local perinatal peer support charity.

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

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

Next steps for this priority area as per the ICS Long Term Plan:

- Complete Amber Lodge redesign.
- Continue to deliver on our commitment to invest in and expand access to mental health services for children and young people, expanding community provision.
- Continue to develop specialist community perinatal mental health provision
- Continue to prioritise eating disorders with collaborative commissioning
- Expand timely age appropriate crisis services (24/7) including implementation of Intensive Home Treatment services
- Implement mental health support teams in schools to enable early intervention and offer ongoing support
- Develop a strategic approach to service provision 0-25, including those 18-25 to support transition into adulthood as part of an all age strategy.

## **11 Integrated Working and a Lifespan Mental Health Approach for Sheffield**

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

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

The Transition CQUIN is a payment that our mental health providers will receive from NHS England if they evidence that they are managing transitions appropriately. In order to do this, children's and adult's mental health providers must work together. A joint group between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Trust has been established, and also involves third sector groups such as Chilypep and Sheffield Futures. This process will be monitored under business as usual as part of the 19/20 NHS contract.

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

Next steps for this priority area:

- Definition and progression of Lifespan/ 'all-age approach' to mental health commissioning including development of city wide Lifespan Mental Health Strategy.
- Focus on improving join up at operational level in schools and other settings between different services such as SEND, CAMHS and MHSTs
- Embed partnership approach to commissioning and lifespan pathways for mental health services such as Eating Disorders
- Embedding of transition CQUIN outcomes into services.

## **12 Joint working with NHS England**

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

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

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

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

Next steps for this priority area:

- Improvements in systems and process between inpatient CAMHS and community services such as the now established joint MDT to improve discharge processes for the Becton Centre
- Further analysis of inpatient activity to identify commissioning priorities.
- Further focus on CAMHS transformation and Transforming Care to ensure safe and effective services.

### 13 2021 and Beyond

By 2021 it is our ambition to transform Sheffield's Children and Young People's Mental Health Services by following the principles of Future in Mind.

In order to deliver against this ambition, we need to know what success will look like. The below table provides an overview of the key areas that we need to deliver in by 2021.

<b>How will we know we have been successful in 2021?</b>	<b>What will the evidence be?</b>	<b>Future in Mind Priority</b>
Children and young people will be able to self-refer into services.	A phased approach where self-referral is firstly in place for eating disorders during 2020, before expanding to wider services.	Improving Access
Children and young people will be able to access emotional wellbeing support without having to wait	A robust community offer with access to support in each locality in Sheffield and in each school and a city centre focus through our 'Door 43 model'. Testing a model of direct referral from schools into CAMHS via an identified named member of a schools senior leadership team – developed through our Healthy Minds offer.	Early Intervention and Resilience
Children and young people will be fully embedded into the planning and designing of services.	Continued involvement of 'Young Commissioners' in the planning and designing of emotional wellbeing and mental health support building on the success of work done from 2015-2019 by ChilyPep and other agencies	Accountability and Transparency
Inappropriate referrals to CAMHS will be reduced as a result of work in schools and the re-design of referral processes.	Reduction in % of re-directed referrals from CAMHS. We are already on track through our redesign with this and inappropriate referrals are decreasing.	Early Intervention and Resilience, Developing the Workforce
No young person will have been held in a police cell under S136.	No incidents of a young person being detained under S136 in a police cell.  We are already on track through our redesign of the 136 provision on a South Yorkshire Regional basis.	Care for the Most Vulnerable

<p>Schools and non-school settings will be able to access a children's mental health training programme which joins up with all other developments in the city.</p>	<p>Training offer in place and available to access.</p> <p>Feedback from young people that the training is having a positive impact.</p> <p>Our local Healthy Minds programme and our Mental Health Support Team (MHST) trailblazer is enabling a robust training offer which is well co-ordinated.</p>	<p>Early Intervention and Resilience, Developing the Workforce</p>
<p>Services across health, education and care will work better together to support mental health in the community as a result of our redesign work.</p>	<p>Multi-agency teams across health, social care and education will be working together to support mental health within a locality setting.</p> <p>The point of access will be clear for all professionals working in each locality.</p> <p>Improved joint working supported through executive level planning and regular MDT 'huddles' to explore and manage complex cases.</p> <p>Some examples of learning from complex cases have now been implemented, such as the multiagency discharge planning and prevention meetings under Transforming Care and from CYP MH services.</p>	<p>Improving Access</p>
<p>The Healthy Minds Framework will have been rolled out across primary and secondary schools in Sheffield.</p>	<p>Healthy Minds will be in place in all seven localities, ensuring citywide access to the service.</p>	<p>Early Intervention and Resilience,</p>
<p>The YIACS service will be a fully developed with a range of organisations from different sectors supporting the service.</p>	<p>YIACS will form part of the access route for Sheffield's mental health services.</p> <p>Door 43 is already functioning both centrally in Sheffield and being expanded on a hub/spoke model basis to localities and in Primary Care Network locations in schools</p>	<p>Early Intervention and Resilience</p>

	across Sheffield.	
Waiting times for CAMHS appointments will meet national standards.	Performance monitoring of CAMHS.  Meeting standards for urgent referrals such as eating disorders and early intervention in psychosis.	Improving Access

**Table 13.1 Key Indicators of Future Success in Sheffield Provision of CYP MH Services from 2021.**

## **14 Next steps**

We will continue to progress our transformation plan for children and young people's mental health. In doing this, we will continue to engage and work with key stakeholders to deliver the changes needed. The plan we deliver will continue to be live and will respond accordingly to issues that arise.

Appendix 1 provides an overview of the next steps for our priority areas:

### **Appendix 1: Overview of next steps for priority areas**

#### **Engagement**

- Development of the Manifesto for Mental Health and incorporation of this into the all-age/lifespan Mental Health Strategy
- Adaptation of Service for LGBTQ+ community and incorporation of this approach into the all-age/lifespan Mental Health Strategy
- Implementation of the CYP Mental Health Passports in Sheffield

#### **CAMHS**

- Continued focus on systems and processes to improve patient flow (including role of non-CAMHS services).
- Further work to improve mental health services pathways to make services easier to navigate.
- Embedding of Digital Mental Health/ASC Pathway into CAMHS systems
- Embedding of Sheffield Healthy Minds and links with other areas of prevention in statutory, education and voluntary sectors

#### **Crisis**

- Evaluation and implementation of outcomes and systemic change from multi-agency review
- Reconfiguration of STAR service and implementation of Intensive Support Team
- Embedding and expanding on use of Kooth online resource and links with other services
- Optimisation of Section 136 suite provision.
- Review and refresh the children and young people's suicide prevention pathway across South Yorkshire
- Expansion of Wellbeing Café's in schools and community settings

#### **Data and Outcomes**

- Continue to improve our reporting to the mental health services dataset including data and activity from the VCF sector
- Improve links and usage of data from other service areas such as SEND and social care via the local STP
- Sheffield Healthy Minds to conduct robust outcome measures on the whole interventions schools introduce with Healthy Minds.

## **Health and Justice**

- SALT review completed by Sheffield CCG to include a focus on reviewing the SALT input into YOS.
- Embed learning and actions from complex case review workshops
- Workforce
- Embed learning and actions from national and regional best practice on workforce development such as the development of the 7 Step Toolkit by the Yorkshire and Humber Children's Mental Health Clinical Network

## **Early Intervention and Mental Health in Schools**

- Further development of the Door 43 Service to enable further support for step down of cases from mental health services. Inclusion of Adult Mental Health Practitioners within the Door 43 model.
- Improve links between Door 43 and adult mental health services.
- Expansion of Wellbeing Café model into other schools and communities in Sheffield
- Further development of CAMHS support for inclusion processes and special schools.
- Support the development of Sheffield becoming an Adverse Childhood Experiences aware (ACE Aware) city.
- Further rollout of Healthy Minds provision and learning from evaluation
- Sheffield Healthy Minds to conduct more robust outcome measures on the whole interventions schools introduce with Healthy Minds.
- Implementation of MHSTs in Sheffield

## **Early Intervention in Psychosis**

- Further improvements to joint working between Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust to ensure young people are supported as effectively as possible when presenting with psychosis.
- Clinical focus on family intervention, vocational support, smoking and weight interventions and outcomes
- Development of all age ARMS pathway as part of a phased plan of service improvements.

## **Eating Disorders**

- Further progress to first phase pathway: common referral, shared triage and common assessment, shared interventions and agreed outcomes
- Second phase pathway development: Prevention, early help, review of day care and development of home care linked to hospital admission and discharge.
- Further development shared outcome and performance measures to inform investment and workforce redesign.
- Further workforce development: supervision, training, administrative support, case management
- Further system development in relation to comorbidity and colocation
- Further infrastructure development: integrated ICT and recording systems, finance and contract arrangements.

## **Perinatal**

- Sheffield's Perinatal Mental Health integrated care pathway is continually being expanded to incorporate new services and support

## **Support for Parents and Families**

- Integration of parenting support as part of an all-age approach to mental health commissioning.
- Progression of Sleep Intervention work
- Progression of Empowering Parents, Empowering Communities programme

## **Support for Vulnerable Children and Young People**

- Continued support and joint working with the Inclusion Programme.
- Further work with the looked after children CAMHS team – the Multi-Agency Psychology Service (MAPS).
- Evaluation of personal health budgets for looked after children.
- Embedding of Transforming Care principles such as CETRs in the community provision for vulnerable children and young people.
- Further executive level meetings between SC NHS FT and Sheffield City Council Children and Families to explore integrated working.
- Establishment of a new meeting group to escalate 'stuck' and complex cases across Sheffield CCG, Sheffield Children's NHS FT and Sheffield City Council.

## **Transitions**

- Improved clinical interface meetings between CAMHS and AMHS to streamline the new transition process.
- Further review of transition issues to identify areas of further development.
- Review of improved transition arrangements using historical case studies.

## **Integrated Care System (ICS)**

- Complete Amber Lodge redesign.
- Continue to deliver on our commitment to invest in and expand access to mental health services for children and young people, expanding community provision.
- Continue to develop specialist community perinatal mental health provision
- Continue to prioritise eating disorders with collaborative commissioning
- Expand timely age appropriate crisis services (24/7) including implementation of Intensive Home Treatment services
- Implement mental health support teams in schools to enable early intervention and offer ongoing support
- Develop a strategic approach to service provision 0-25, including those 18-25 to support transition into adulthood as part of an all age strategy.

## **Integrated Working and Lifespan Approach for Mental Health in Sheffield**

- Definition and progression of Lifespan/ 'all-age approach' to mental health commissioning including development of city wide Lifespan Mental Health Strategy.
- Focus on improving join up at operational level in schools and other settings between different services such as SEND, CAMHS and MHSTs

- Embed partnership approach to commissioning and lifespan pathways for mental health services such as Eating Disorders
- Embedding of transition CQUIN outcomes into services.

#### **Working with NHSE Commissioners and Services**

- Improvements in systems and process between inpatient CAMHS and community services such as the now established joint MDT to improve discharge processes for the Becton Centre
- Further analysis of inpatient activity to identify commissioning priorities.

## Acronym Buster

**A&E** – Accident and Emergency

**ADHD**– Attention and Deficit Hyperactivity Disorder

**AMHS** – Adult Mental Health Services

**ASC**- Autism Spectrum Condition

**BME** – Black and Minority Ethnic

**CAMHS** – Children and Adolescents Mental Health Services

**CBT** – Cognitive Behavioural Therapy

**CCG** – Clinical Commissioning Group

**CEDS** – Community Eating Disorder Service

**CQUIN** - Commissioning for Quality and Innovation

**CYP** – Children and Young People

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

**ECM** – Every Child Matters

**EIP** – Early Intervention in Psychosis

**EWBMH** - Emotional Wellbeing and Mental Health

**GP** – General Practitioner

**HMF** – Healthy Minds Framework

**HNA** – Health Needs Assessment

**KPI** – Key Performance Indicator

**LAIT** – Local Authority Interactive Tool

**LGBTQ** - Lesbian, Gay, Bisexual, Transgender and Questioning

**Local Authority/SCC** – Sheffield City Council

**MAPS** - Multi-Agency Psychological Support.

**MAST** – Multi Agency Support Teams

**MHST** – **Mental** Health Support Team

**MHSDS** – Mental Health Service Data Set

**NHS** – National Health Service

**NHS E** – NHS England

**NHS Sheffield CCG** – Sheffield’s Clinical Commissioning Group

**PMO** – Programme Management Office

**PSHEE** - Personal, Social and Health Education.

**PWP** – Psychological Wellbeing Practitioner

**SCFT** – Sheffield Children’s NHS Foundation Trust

**SEND** – Special Educational Need and Disability **SHSC** – Sheffield Health and Social Care

NHS FT **STAR** – Supportive Treatment and Recovery Service **STP** – Sustainable

Transformation Plan

**SYEDA** – South Yorkshire Eating Disorder Association

**UoS** – University of Sheffield

**WTE** – Working Time Equivalent

**Y&H** – Yorkshire and Humber

**YIACS** – Youth Information Advice and Counselling Service

## Glossary

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

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

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

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

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

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

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

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

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

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

**CQUIN** - <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

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

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

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

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

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

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

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

**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://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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