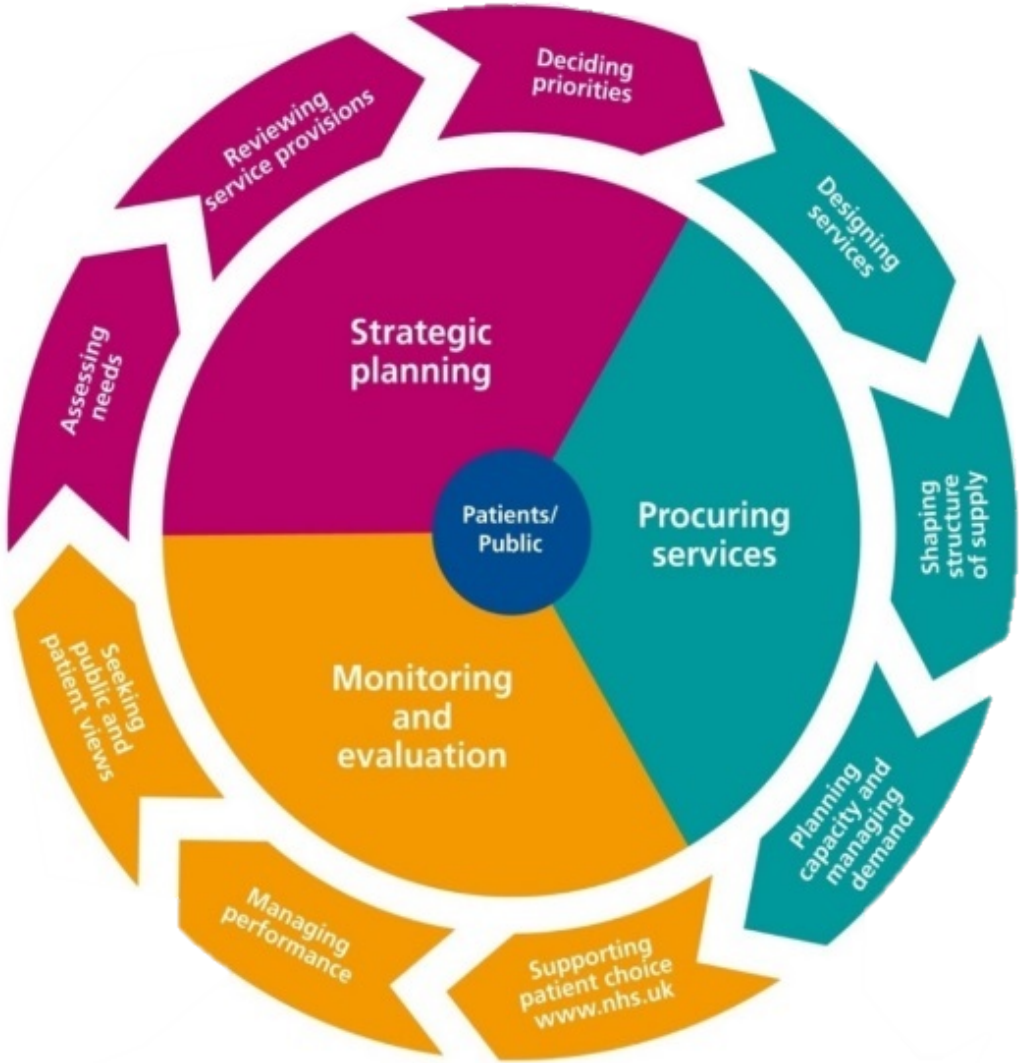
DRAFT

# Devon Children & Young People's Emotional Wellbeing & Mental Health
## Strategic Planning & Priority Setting Summary

March 2025 Version 8

# Purpose




Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

The purpose of this document is to bring together the following strategic drivers, aligned to the strategic planning phase of the commissioning cycle:

- Understanding Emotional Wellbeing & Mental Health
- Voice of Children & Young People and their Families
- Assessment of Needs and Prevalence
- Evidence Based Approaches
- Overview of Current Provision

So that we can begin developing a Devon-wide strategic response through identification of:

- Principles
- Vision & Purpose
- Strategic Objectives
- Strategic Initiatives

# Understanding Emotional Wellbeing & Mental Health

## What is emotional wellbeing?

Positive emotional wellbeing is when people manage emotions well and have a sense of meaning, purpose, and supportive relationships. Young people who have positive emotional wellbeing can regulate their emotions and behaviours and develop positive relationships. They are more likely to have good mental health, and to avoid risky, harmful or antisocial behaviour such as self-harm and youth violence. Emotional regulation is at the heart of many of the challenges currently concerning policy makers. Research shows better self-regulation is strongly associated with mental well-being, good physical health and health behaviours, and socio-economic and labour market outcomes.

However, if a child's emotional environment causes them to feel unsafe or fearful, or if they experience toxic stress in the absence of relationship which can help them regulate or buffer their stress, this will be reflected in their psychological and neurological development and will influence how their brain develops to deal with stress in later life.

## What is mental health?

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

## How is mental health changing?

Changing societal views relating to mental health have brought both positive and unintended consequences. Greater public conversation has reduced stigma and encouraged people to seek help. However, it has also reshaped how emotional struggles are perceived, challenges. Some people think that what might once have been considered part of life's normal ups and downs are now more likely to be identified as mental health problems, others think that the impact of the changing pressures and demand on children and young people are giving rise to increased need.

# Strategic Drivers: Voice of Children Young People, Parents & Staff

## Children & Young People tell us…

- that all young people should be able to **get help when they need it**, at the time they are ready and not waiting until they are at breaking point
- they need **safe, non-judgemental places** and people who are **trauma informed and culturally competent**
- that places to get help should be in their community and offer **flexibility and choice**
- schools need to be more accountable in supporting young people with mental health needs to get help and support
- adults should have more education around how to help with difficult topics
- around half (53%) are unaware of the support available apart from seeking help from their GP

## Parents and Carers tell us…

- 76% of parents believed their child's mental health deteriorated while waiting for support
- they want support in ensuring they have the skills to respond to their young people's concerns and specific mental health training for foster carers
- they want teachers to be properly trained in mental health and understand wellbeing

## Staff tell us...

- young people sometimes have long waits for services that when accessed don't meet the needs of the young person- suitable support should be available earlier in the young person's journey
- expectations of young people and parents can create reluctance in trying other interventions, education of wider emotional health and wellbeing and how this can impact mental health is important
- there are services that work well but these offers aren't always consistent or available across the footprint, such as mental health support teams

# **Strategic Drivers:** Prevalence of Mental Health Conditions

Devon is home to 1.2M people, 2% of England's population, including 223,700 CYP. The incidence of probable mental health problems, based on national prevalence (above right) it is estimated as 24,160 CYP in Devon. However, in Devon Social Emotional Mental Health needs in school pupils are consistently above the regional and national average.

The 2024 Darzi report identifies that (green box):

"it is our mental health that appears to have deteriorated most significantly in the past decade… the rise in need for mental health services is not evenly distributed in the population. For adults, mental health referrals have been increasing at a rate of 3.3 per cent a year . But for children and young people, the rate of referrals has increased by 11.7 per cent a year".

| | Type of Mental Health Problem | | | |
|---|---|---|---|---|
| | Probable | | Probable & Possible | |
| | **Male** | **Female** | **Male** | **Female** |
| **11 -16 years** | 22.3% | 22.9% | 33.7% | 35.5% |
| **17-19 years** | 15.4% | 31.6% | 30.1% | 47.6% |
| **20-25 years** | 13.4% | 30.4% | 29.9% | 44.6% |

## What causes mental health problems?

The brain is our bodies most complex organ containing over 100 billion neurones with over a trillion synaptic connections. It is, therefore, unsurprising that mental illness is complex and difficult to delineate. For any individual, mental illness relates to the unique confluence of variables acting across a lifetime.

Prior to and following birth, babies and young children remain highly malleable and responsive to parental inputs and their immediate environment, they are susceptible to social stressors and their family experience. After the family, school becomes the biggest single influence on a child's mental health. As children enter adolescence and early adulthood there is a period of significant neurodevelopmental change, this coincides with the peak time in the life course for development of mental health problems.

Not all CYP are equally likely to develop mental illness. Our identity, personal characteristics, circumstances or economic status do not give us mental health problems; however, the experience of trauma, health inequalities and marginalisation are associated with increased prevalence of mental health problems. Darzi (2024) notes wider determinants like income, education, work, housing, relationships, families and our natural and physical environment can have enormous impacts on our health. **Many of these are moving in the wrong direction.**

# **Strategic Drivers:** Factors Relating to Prevalence of Mental Health Conditions

**Changing Family Life:**

- Society and family life has changed.
- In 2022 married or civil partnered couple families made up 66% of families, co-habiting couples 19% and lone-parent families 15%.
- The use of formal children care has increased to 47%. of children, aged 0-14 years.

**Economic Status:**

- People from the lowest socioeconomic groups are 2-3 times more likely to develop mental health problems.
- The CYP living in debt are 5 times more likely to be unhappy.
- More than 25% of children from the poorest families said they had been bullied because they couldn't afford school costs.

**Children and Social Care Services:**

- Children in care (CIC) and Children Looked After (CLA) are among the most socially excluded in England and experience profound inequalities.
- CIC are more likely to experience mental health problems than other CYP.
- 65% of CLA are looked after because they were at risk of abuse or neglect.

**Gender & Sexual Orientation:**

- People who identify as LGBTQI+ are 2–3 times more likely than heterosexual people to report having a mental health problem, more likely to have suicidal thoughts, attempt suicide, and report self-harming.
- Marginalised gender and sexual orientation identities have very different prevalence's in different generations.

**Wider Socioeconomics:**

- Mental ill health is the second-largest cause of burden of disease in England.
- A 2020 updated study undertaken by the Centre for Mental Health estimated the annual cost of mental health problems in England to be £119BN.
- Suicide costs c.£1.67 million. In Devon there were 389 suicides between 2018-2020.

**Education:**

- Poor educational attainment and attendance are associated with adverse life and health outcomes.
- Education helps CYP overcome inequality.
- Untreated, mental health disorders create distress, consequences can be long lasting including lower educational achievement and attendance.

# **Strategic Drivers:** Factors Relating to Prevalence of Mental Health Conditions

## The Changing Nature of Mental Health

Nationally rates of probable mental disorders doubled between 2017 and 2023. Mental health issues among young people are becoming more prevalent – and more visible. This shift suggests both a greater willingness to disclose struggles and a changing culture. Most experts agree that the rise in mental health problems are likely to be associated with a range of factors, such as:

**Changes in education:** Perceived pressure to excel at school and extended school hours.

**Changing role of technology:** Overuse of social media and/or negative impacts of social media apps or certain online sites.

**Stigma:** Stigma can prevents people from getting help, and perpetuate inequalities.

**Bullying and cyberbullying:** which can be worse for certain groups of youth such as members of marginalised people.

**COVID-19:** Over the past few years, the mental health effects of the COVID-19 pandemic added to these factors.

**Increased awareness of biological and development:** more is known about the dramatic changes in brain structure and function that shape young people's ability to regulate emotions and adapt to stress.

**Changes in social/cultural life and expectations:** The social and cultural landscape experienced by children and young people has altered profoundly. Family life, expectations of CYP, how CYP chose to identify themselves have all changed significantly in recent generations.

**The rise in mental health problems in CYP is not an isolated issue but a reflection of broader societal change.**

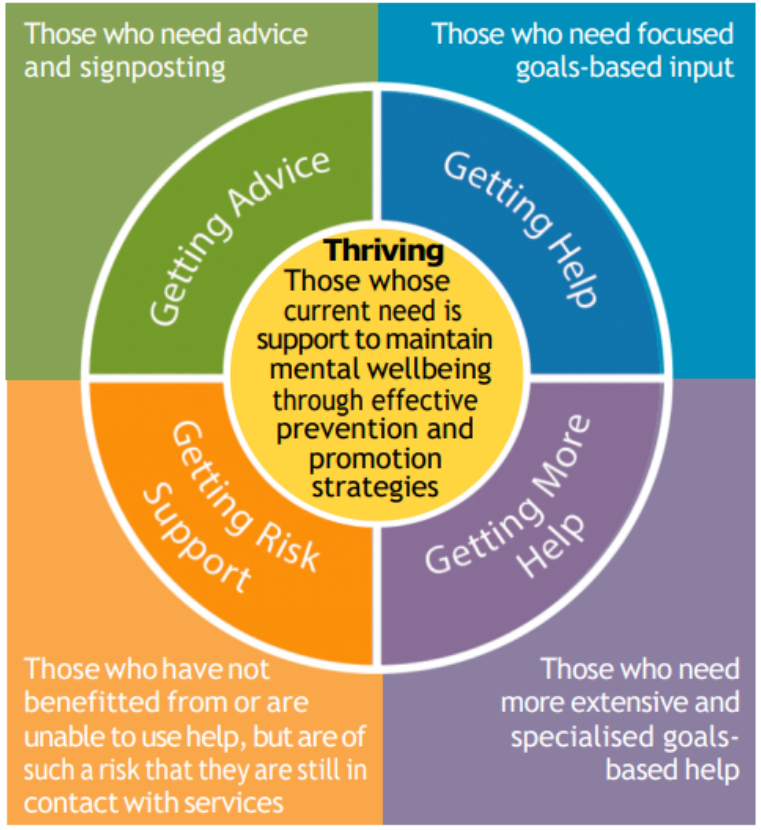
# **Strategic Drivers:** Thrive framework

The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and their families.

It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

The Thrive principles include common language, needs-led, shared decision making, proactive prevention and promotion, partnership working, outcome informed, reducing stigma and accessibility.

When we apply the predicted percentage of needs for each needs-based grouping, as defined by Thrive Elaborated against our population figures for children and young people, this gives us an indication of the number of children and young people with a probable and possible mental disorder that may need support within each of the categories.




| Thrive Segment | % | Type of Mental Disorder | |
|---|---|---|---|
| | | Probable | Probable & Possible |
| **Getting Advice** | 30% | 7,248 | 11,331 |
| **Getting Help** | 60% | 14,496 | 22,662 |
| **Getting More Help** | 5% | 1,208 | 1,888 |
| **Getting Risk Support** | 5% | 1,208 | 1,888 |
| **Total** | | 24,160 | 37,770 |

# **Context:** NHS commissioned services

At present CYP community mental health services in Devon are predominantly commissioned by NHS Devon.

NHS Devon commissions children and young people's emotional wellbeing and mental health services in Devon from the following providers:

- Children & Family Health Devon (CFHD)
- Young Devon and Young Devon in Partnership (YD)
- Livewell South West (LSW)
- Devon Partnership NHS Trust (DPT)
- South West Ambulance Service Trust (SWAST)
- Pete's Dragons

The NHS also commissions, via the South West Provider Collaborative (SWPC), nationally designated 'specialist commissioning' such as specialist inpatient care for children and young people with mental health problems, including eating disorders and low secure care.

NHS commissioned provision, mapped to the THRIVE framework categories are identified on the following slide.

# **Context:** Current NHS Provision

| Area | Thriving | Getting Advice | Getting Help | Getting More Help | Getting Risk Support |
|---|---|---|---|---|---|
| Whole of Devon | | Emotional Wellbeing & Mental Service (YD) | | | |
| | Family Hubs | | | | |
| | Mental Health Support Teams in Schools | | | | |
| | | Children's Wellbeing Practitioners* | | | |
| | | Behaviour Support Team** | | | |
| | | Community Mental Health Services | | | |
| | | CIC Mental Health Service | | | |
| | | | Eating Disorder Services | | |
| | | | CYP In-Reach Discharge Service | | |
| | | | | Crisis Response Services | |
| | | | | Paediatric Wards | |
| | | | | Place of Safety | |
| | | | | Tier 4- Inpatient Care | |
| | | | | Specialist Eating Disorder Services | |
| All Age | | First Response Crisis Line | | | |
| | | SWAST MH Desk & MH Vehicle | | | |
| | | Pete's Dragons- Suicide Bereavement | | | |

# **Context:** Gaps & Challenges

## Capacity, Access & Wait Times:

- Capacity is not sufficient to meet demand or predicted need, particularly in ‘getting advice & guidance’ and ‘getting help’, this leads to longer wait times and increased thresholds to access help.
- “Childhood is precious because it is brief; too many children are spending too much of it waiting for care. It is apparent that the NHS must do better.” Darzi 2024.

## Growth & Change in Nature of Eating Disorders:

- There are three types of eating disorder identified in NHS England’s data, anorexia, bulimia or other. Eating disorders are most common in 17-19 year old women.
- The prevalence of eating disorders has risen significantly over time:
  - in 11 to 16 year olds prevalence increased from 0.5% in 2017 to 2.6% in 2023
  - in 17-19 year olds prevalence increased from 0.8% in 2017 to 12.5% in 2023
- Nationally the use of restrictive interventions such as NG feeding under restraint has increased. Since 2019/20, there has been an 82% increase in admissions for eating disorders and, between 2020 and 2023 the number of restrictive interventions on CYP in hospital rose from c100/1,000 bed days to c400/1,000, for 18-24 year olds there was a modest increase to around c50/1,000. In all other age groups the rate remained below c25/1,000.
- In parallel, national guidance pertaining to specialist provision identifies a need to adjust delivery approach across the pathway.

## Developing Crisis Response Offer:

- At present in Devon crisis assessment and brief intervention for CYP is not available 24/7 as expected by national guidance.
- Nationally, suicide rates are now at their highest levels this century. Some areas in Devon are outliers in terms of the suicide rates and admissions for self-harm.
- National guidance pertaining to specialist provision identifies a need to adjust response to support CYP in crisis and in inpatient care.

## Building Capacity Aligned to i-THRIVE:

- There is a shared national and local ambition to rollout Mental Health Support Teams in Schools to 100% of Devon’s CYP which support ‘thriving’ ‘getting advice & guidance’ and ‘getting help’.
- National investment is no longer ringfenced to support this ambition.
- Devon is preparing to mobilise new provision aligned to ‘getting advice & guidance’ and ‘getting help’.

# **Strategic Drivers and Context:** Summary

***'A deep sense of love and belonging is an irreducible need of all people. In the absence of these experiences, there is always suffering'*- Brené Brown**

Across a broad range of strategic drivers, the pervasive impact of societal change upon the emotional wellbeing and mental health of our CYP is apparent. It is heard in the voices of CYP their families and the professionals who are alongside them; it is seen in the graphs which show prevalence increasing faster than services could grow, and it is felt as we weigh evidence and competing priorities and try to bend services to respond to societal challenges which they were never designed to meet.

## We must fundamentally shift our approach to help children & young people and their families cultivate and maintain good mental health.

This document sets out an approach which more fully responds to the Thrive Framework, underpinned the concepts of 'Radical Help' and collective social capital so that we move towards increasing human, relational and community driven approaches.

We need to shift towards:

- prevention and promotion
- positive, progressive and enabling response which are trauma and shame informed, foster relationships and connection, build on and use collective social capital to support children and young people to build capability, competence and autonomy
- inclusive and equitable outcomes
- increasingly accessible & responsive support

To deliver this we need to change how we work to be more collaborative, work with CYP & Their Families and ensure constant learning, and evolution.

# Strategy Overview

**Vision & Purpose**

We want improved emotional wellbeing and mental health so that more children and young people can live happier and healthier lives with mental health problems prevented, recovered from and/or better managed.

**Strategic Objective 1:**
Building Capacity To THRIVE

**Strategic Objective 2:**
Building Connection & Collaboration across Communities & Education

**Strategic Objective 3:**
Targeted Improvements

**Strategic Initiative 1**
Improve Access, Responsiveness & Equity

**Strategic Initiative 2**
Enshrine the Voice of CYP, Families & Communities

**Strategic Initiative 3**
Strengthen Partnership Working Across Communities & Education

**Strategic Initiative 4**
Improve Specific Responses: CYP in MH Crisis

**Strategic Initiative 5**
Improve Specific Responses: Eating Disorders

**Enablers:** Achieved through a co-ordinated and collaborative, evidence-based offer, delivered flexibly and responsively to needs of CYP across the system, localities and communities.

**Principle 1**
Prevention & Promotion

**Principle 2**
Positive & Progressive Enabling

**Principle 3**
Inclusive & Equitable

**Principle 4**
Accessible & Responsive

**Principle 5**
Integrated & Collaborative

**Principle 6**
With CYP & Their Families

**Principle 7**
Learning, Evolving & Improving

# Emerging Principles

Across Devon there are a number of principles which guide the approaches and provision including locally developed principles and principles from established national models like THRIVE and Radical Help. The principles below align to and consolidate these principles into a single set for Devon ICB. This is envisaged as an emergent position with the ambition that these principles will be superseded by a set of co-produced principles which are owned and recognised by children and young people and their families.

**What we will work to achieve:**

**Prevention & Promotion**

- Building capacity to help CYP thrive, preventing avoidable need and responding sooner in the development of need.
- Exploring alternatives to traditional models of provision.

**Positive & Progressive Enabling**

- Trauma & Shame Informed.
- Relatedness & Connectedness.
- Collective Social Capital.
- Building Capability, Competence & Autonomy.

**Inclusive & Equitable**

- Reducing stigma.
- Ensuring equity of access, outcome and experience.
- Reaching out to the most vulnerable, inc those who may find it hard to engage.

**Accessible & Responsive**

- Building capacity to meet need.
- Reducing wait times.
- Adapting to the needs and wants of CYP and their families and communities.

**How we will work:**

**Integrated & Collaborative**

- Working together for CYP and their families.
- Ensuing clear communications and co-ordination.
- Shared understanding, solving problems together.

**With CYP & Their Families**

- Actively responding to CYP in the context of their family.
- Working with CYP & their families as partners in improving mental health.

**Learning, Evolving & Innovating**

- Responsive to emergent evidence and information.
- Open to exploring opportunities in new modalities (media, technology).

# Strategic Initiatives

**Improve Access, Responsiveness and Equity:**

CYP should grow up able to thrive with good mental health. We need to ensure that we commission more support which prevents the development of mental health problems, responds sooner in their development and aide recovery. If mental health problems develop CYP and their families should be able to get the help they need to meet their needs quickly, without long waits.

To improve this changes are needed to ensure that:

- Capacity is sufficient and balanced across the THRIVE framework.
- CYP don't experience long waits to access help.

To do this we will:

- Mobilise the CYP Emotional Wellbeing & Mental Health service.
- Continue rolling out MHSTS across Devon.
- Implement improvement plans to reduce long waits to access CYP mental health response.
- Seek opportunities to commission services which respond to wants and needs in accordance with our principles.
- Develop a system wide approach to supporting birthing individuals, bring together perinatal, maternal, parent and infant mental health support.

# Strategic Initiatives

**Enshrine the Voice of CYP, Families and Communities:**

CYP and their families are the experts of the own experience, never is this truer than in relation to mental health where there is seldom a diagnostic to reveal a concrete shared reality. So, the quality of our listening, is of paramount importance to the impact we can achieve.

In CYPMH there is already a good foundation of listening and responding but to date our approach has been more sporadic and opportunistic.

To improve this changes are needed to ensure that:

- CYP and family voice is part of our strategic approach and is purposeful for CYP and their families and the system.
- Is part of a wider network of listening across CYP Commissioning.

To do this we will:

- Develop and populate a systematic approach to collating CYP voice feedback which enables cumulative understanding of voice.
- Work with the with wider CYP commissioning team, develop a community/network for listening to CYP and families' voice.
- Co-develop a programme of continuous and one-off actions to engage.

# Strategic Initiatives

**Improve Quality of Specific Responses - CYP in Crisis:**

CYP should be able to access support, care and treatment if they experience mental health crisis as close to home as possible, in appropriate environments, in a timely manner, delivered by appropriate professionals.

Whilst services are divided into specialities delineate mental health, physical health, neurodiversity and social care needs, the experiences of humans, particularly those in crisis, rarely neatly occupy single specialities.

To improve this changes are needed to ensure that:

- Help is sufficient and appropriate to need in terms of capacity, hours of provision, location of provision and staffing.
- There is co-ordination and collaboration between services and partners to respond holistically to the needs of CYP and their families.

To do this we will:

- Continue working to implement national guidance for CYP mental health crisis services working towards expanding the operating hours of CYP mental health crisis provision towards 24/7
- Work in partnership with specialist commissioning to implement new guidance and broader community-based approaches to meeting the needs of CYP in mental health crisis and their families avoiding admission and enabling discharge.
- Work in partnership with local authorities and VCSE partners to promote co-ordination and collaboration.
- Invest in and explore expansion of the in-reach discharge service to support CYP get the help they need in the community.
- With acute partners to ensure in acute settings CYP in crisis are supported through consistent and evidence-based approaches.

# Strategic Initiatives

**Improve Quality of Specific Responses – Eating Disorders:**

In recent years the prevalence and nature of eating disorders has changed with growth in prevalence and emergence of 'other eating disorders' which often relate to avoidant, restrictive or disordered eating, sometimes presenting with other neurodevelopmental conditions.

As demand rose rapidly so did restrictive practice in acute settings alongside a range of different management approaches nationally and locally.

To improve this changes are needed to ensure that:

- Needs are identified and responded to sooner and more consistently
- Support is always delivered as close home possible.

To do this we will:

- Work with partners to optimise pathways, ensure accessibility, early identification and proactive intervention
- Establish a clinical reference group to develop our approach to supporting and managing 'other eating disorders'/ disorder eating.
- Work in partnership with specialist commissioning to implement new national guidance and broader community- based approaches.
- Work in partnership with clinical colleagues from across our system to ensure consistent high-quality support, care and treatment for CYP with eating disorders in acute settings.
- Work collaboratively to ensure effective integrated multi-disciplinary and multi-agency working, including clear escalation process and multi-agency workforce development plan.

# Strategic Initiatives

**Strengthen Partnership Working Across Communities:**

CYP grow in the context of families, schools and communities. There are a wide range of societal changes which are associated with adverse impacts on mental health of CYP. Connection, collaboration and community are part of how we counteract these societal challenges.

Across Devon the NHS and Local Authorities already work in partnership and work has and is taking place to ensure that mutual priorities are progressed collaboratively.

To improve this changes are needed to ensure that:

- We have a clear set of agreed priorities and ways of working with local authority partners in relation to CYPMH.

To do this we will:

- Maintain the positive working arrangements in place to support the implementation of mental health support teams in schools.
- Establish clear and agreed priorities and ways of working with local authority partners aligned to NHS strategic priorities and shared SEND and Safeguarding priorities.
- Develop a broader approach to working with communities and the VCSE which exemplifies the approach to connection and social capital embedded in our principles.

# Strategic Initiatives

**Strengthen Partnership Working Across Communities: Devon County Council**

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# Strategic Initiatives

**Strengthen Partnership Working Across Communities: Torbay Council**

CYP grow in the context of families, schools and communities. There are a wide range of societal changes which are associated with adverse impacts on mental health of CYP. Connection, collaboration and community are part of how we counteract these societal challenges.

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# Strategic Initiatives

**Strengthen Partnership Working Across Communities: Plymouth City Council**

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- Develop a broader approach to working with communities and the VCSE which exemplifies the approach to connection and social capital embedded in our principles.

# Tackling Inequalities: Aligned Strategic Initiatives

**Improve Access, Responsiveness and Equity:**

**Health Inequalities Improvement Plan:** Following the commencement of the CYP Emotional Wellbeing & Mental Health service a Health Inequalities Improvement Plan will be agreed which will set out key actions for the provider to progress in relation to tackling health inequalities.

**MHSTS:** As Devon has rolled out mental health support teams in schools (MHSTS) we have and will continue to prioritise Prioritised Continue rolling out MHSTS across Devon.

**Enshrine the Voice of CYP, Families and Communities:**

**Voice Network:** As we progress with the development of a CYP and families voice network we will work to ensure that partners include representation of groups who experience health inequalities including SEND and Care Experienced CYP.

**Strengthen Partnership Working Across Communities:**

**Age Related Transition:** Through work that has commenced in partnership with Devon County Council under the SEND programme, Devon ICB will work in partnership with system partners to develop improved approaches to supporting CYP with complex needs and/or vulnerabilities approaching age related transition points.

# Measuring Impact

CYP experience improved access to mental health services across Devon with shorter waits and increasing capacity in ‘Thriving’, ‘Getting Advice’ and ‘Getting Help’ by March 2026.

There will be 24/7 community-based mental health crisis assessment and brief intervention for CYP across Devon by March 2027.

The needs of CYP with disordered eating will be described and there will be a consistent clinical pathway, including those who are admitted to acute settings by March 2027.

There will be joint approaches to responding to shared needs and priorities related to SEMH (Safeguarding & SEND) across Devon, Torbay and Plymouth.

There will be a systematic approach to capturing the voice of CYP in across Devon which is maintained and reflected in how plans are developed and prioritised so that improvements are meaningful for CYP and their families across Devon.

# System Next Steps

| | | | |
|---|---|---|---|
| | **Strategic Objective 1:** Building Capacity To THRIVE | **Strategic Objective 2:** Building Community Connection & Collaboration | **Strategic Objective 3:** Targeted Improvements |
| | **Strategic Initiative 1** Improve Access, Responsiveness & Equity | **Strategic Initiative 2** Voice of CYP, Families & Communities | **Strategic Initiative 3** Strengthen Partnership Working Across Communities |
| | **Strategic Initiative 4** Improve Specific Responses: CYP in MH Crisis | **Strategic Initiative 5** Improve Specific Responses: Eating Disorders | |
| **Whole Devon:** | **Across Devon:** Continue working in partnership through the system CYP Emotional Wellbeing & Mental Health Group and CYP JFP Group to implement shared action plans aligned to this strategy. | | |
| **Devon County Council:** | **SEND and Children in Care:** Working with the SEND Transformation Board, Corporate Parenting and Building Inclusive Communities programme area to progress shared priority areas, including supporting development of enhanced age-related transition approaches for care experienced CYP and those with complex needs. | | |
| **Torbay Council:** | **Children's Improvement Board:** NHS and Torbay Social Care partners met in January 2024 to re-commit to collaboratively improving CYP emotional wellbeing and mental health in Torbay. This included establishing shared priorities, principles and ways of working. | | |
| **Plymouth City Council:** | **Healthy & Happy:** NHS Devon, Livewell South West and Plymouth City Council continue to work collaboratively in response to SEND inspections and shared priorities for CYP and families in Plymouth. | | |

# References

Reference List