

NOTTINGHAM CITY AND NOTTINGHAMSHIRE
JOINT LOCAL TRANSFORMATION PLAN
CHILDREN AND YOUNG PEOPLE’S EMOTIONAL AND
MENTAL HEALTH

2016 – 2021

Update October 2017



The Nottingham and Nottinghamshire
Sustainability and Transformation Partnership



Nottingham
City Council

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Introduction

It is now two years since we developed local transformation plans for Nottingham and Nottinghamshire, seeking to improve the emotional and mental health of our population of children and young people through implementing the recommendations of *Future in Mind*. The footprint covered by the plan includes Nottingham and Nottinghamshire local authorities, and services commissioned by NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

Children's emotional and mental health continues to be a key strategic priority within our local partnership plans (Nottingham City Children and Young People's Plan 2016 – 2020 and Nottinghamshire Children, Young People and Families Plan 2016 – 2018), and we remain committed to delivering the *Future in Mind* priorities:

- a. Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
- b. Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
- c. Care for the most vulnerable: developing a flexible, integrated system without barriers.
- d. Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
- e. Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence-based care.

Following the development of the Sustainability and Transformation Plan for Nottingham and Nottinghamshire in 2016, the two original plans were merged to align with this footprint, and this LTP is the delivery plan for the STP's ambitions of achieving the children and young people's elements of:

- Providing specialist mental health care in A and E's by 2020/21;
- Increasing access to NHS commissioned community mental health services for children and young people with diagnosable mental health needs;
- Meeting standards for access to community eating disorder services; and
- Providing community crisis resolution and home treatment services, so that inpatient admissions are avoided where it is safe to do so, and young people do not have to be admitted a long distance from home.

Progress towards achieving these ambitions will be reported to the STP via the Mental Health Reference Group which is to be established. This will ensure that there is more effective senior-level oversight of the transformation plan, and management of programme risks and issues. Progress will also be reported to South Yorkshire and Bassetlaw STP, in recognition of Bassetlaw's STP footprint.

By delivering the priorities within this plan, our aim by 2020 is for:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and young people to experience stigma and discrimination

We will know how well we are achieving these aims, by monitoring the following measures:

- Numbers of schools, colleges and alternative educational providers providing a whole school approach to emotional health and wellbeing
- Numbers of children receiving emotional and mental health support when they, or professionals working with them, feel they need it
- Numbers of children receiving mental health assessment and support in a timely way
- Numbers and percentage of children and young people reaching the goals they set during their mental health support
- Numbers of young people who have an avoidable emergency department attendance due to their emotional or mental health needs
- Numbers of young people who have an avoidable hospital admission due to their emotional or mental health needs
- Numbers of young people who need to be cared for in inpatient provision, being cared for close to home and with as short a length of stay as possible

Where data against these indicators is reportable, it is included within this plan. For some areas such as achievement of goals, this data is still under development, however it is anticipated that this data will be reported by the end of 2017/18 so will be included once it is reportable.

The timeframe for this plan has been extended to 2021, to align with the Five Year Forward View for Mental Health. All local clinical commissioning groups within this plan are committed to maintaining the priority in improving and enhancing our support for children's mental health through this timeframe and beyond.

The needs of our local population

The emotional and mental health needs of our local population of children and young people are outlined in our joint strategic needs assessment (www.nottinghamshireinsight.org.uk). They are also articulated in our initial local transformation plans for children's mental health and wellbeing developed in 2016. The needs assessment will be updated following the publication of the national prevalence survey into children's mental health in 2017. This refreshed needs assessment is going to be key in terms of clarifying current levels of need and making recommendations for commissioners about implications for local services, including gaps, and is expected to be completed by July 2018.

Key national data published in the last year includes the new Children and Young People's Mental Health Fingertips data tool published by Public Health England.

Estimated prevalence of mental health disorders in Nottingham City is 10.6% and in Nottinghamshire is 9.2% compared to an England average of 9.2%. This prevalence data is based on the ONS survey 'Mental health of children and young people', which was undertaken in 2004, therefore the data should be treated with caution as it is 13 years old. Crude rates for hospital admissions for self-harm between the ages of 10 year to 14 years show that Nottingham City has significantly high rates (401.1 per 100,000) than statistical neighbours however is on a downward trajectory. Crude rates for hospital admissions in Nottinghamshire County show that 268.8 per 100,000 children and young people between the ages of 10 to 14 years were admitted for self-harm, which is similar to those of the England average (225.1 per 100,000) and again on a slight downward trajectory.

Over the last year Nottingham City has undertaken a joint strategic needs assessment (JSNA) for children in care. This identified the need to improve the identification of mental health needs of looked after children, by increasing use of the strengths and difficulties questionnaire. In Nottinghamshire County, a life-course JSNA into self-harm is being developed, with input from a wide range of stakeholders including current community mental health, acute and voluntary sector providers and feedback from service users, families and carers. The JSNA is scheduled to be published by the end of 2017 and will include a range of recommendations for commissioners.

Key service data from 2016/7 is summarised in appendix i. It shows that there continues to be significant demand for children's emotional and mental health services, and that there is still the need to increase the numbers of young people able to access the right support, from the right service (statutory or non-statutory) in a timely way. Whilst we have made significant progress in improving the data different services and agencies hold in relation to emotional and mental health, there is still significantly more data quality and analytical work to be done if we are to have a full picture of the support the children and young people are accessing, and critically, the impact it is having on their outcomes. It is currently a challenge to provide accurate trajectories, for example increasing access, due to poor quality historical data, however we aspire to have data quality issues resolved by March 2018 and reportable KPIs reportable from April 2018. As the local transformation plan is an iterative document we will refresh with full data once it is reportable following the end of 2017/18.

Involving children, young people and families

A priority over the last year has been the involvement of children, young people and families in the development of our services for young people with mental health needs. One of the key areas of focus for Nottinghamshire Healthcare NHS Foundation Trust has been involving young people in the development of the new Hopewood Centre, which will be a newly built centre supporting children and young people requiring community or inpatient mental health care. Involvement work has included developing the waiting areas, the signage and the naming of the rooms, and young people have had the opportunity to write messages on the steel structure as the building has been built. The engagement work for Hopewood continues, including seeking views from young people, family members and staff in relation to the development of proposed new wards and co-producing staff training in a collaborative way.

In Nottingham City Targeted CAMHS, the Service User's Group (SUG) has been meeting regularly since September 2016. The group has been involved with the following projects and initiatives:

- An art/photography project with the University of Nottingham called 'What is Recovery?';
- Input into the design of the young people's Passport currently being trialled by Nottingham City;
- Input into the CAMHS collaboration with Childline designed to provide support to young people ending their CAMHS partnership but who need some further support;
- Shaping the design of a research project being carried out by the University of Nottingham into the connection between regular exercise and mental health;
- Shaping plans for future CAMHS group interventions by giving a young person's perspective on what works well/less well in groups;
- Supporting each other with their recovery and sharing experiences of being supported by CAMHS.

Future plans for this group include developing ways to include SUG members on interview panels for CAMHS recruitment, fundraising activities to support the group's further development and planning future activities to ensure the group is able to continue to develop as a cohesive voice of service users in Nottingham City.

As part of routine service reviews with children's mental health services we regularly assess feedback from children, young people, parents and carers, through service user and care experience forms as well as the friends and family test. In addition we are working on whether CHI-ESQ, as part of CYP-IAPT developments, would provide more useful information about families' experiences of services.

As well as involving young people in specific services, we have begun work to ensure that young people shape and inform our wider transformation plan. In May 2017, we held an event for young people to begin to outline what is important to them around mental health. This identified the following areas, which we are working to be incorporate in our plans for 2017-2020.

- Fighting stigma/the impact of social media
- Getting the right support in schools and colleges
- Family support – for parents/carers and siblings
- Telling your story once
- Trans and non-binary education
- 24/7 crisis line/team

The group identified that they would like to be involved in the ongoing development of the transformation programme through a secure online forum, so this is being progressed as a priority.

We are also excited to have become part of the MH:2K project, working in partnership with Involve and Leaders Unlocked. Through the project around 30 local young people representing the diversity within Nottingham and Nottinghamshire will train as citizen researchers, delivering a number of engagement events to engage their peers across the city and county, and to set their own priorities for improving young people's mental health. The project will culminate in a roadshow in May 2018,

which will in turn inform our ongoing work through this plan, to improve children and young people's mental health.

What we know from our local stakeholders

Over 2016/17 we have continued to engage with stakeholders across the city and county through Nottingham City Children's Partnership Board, Nottinghamshire Health and Wellbeing Board and Nottinghamshire Children's Trust and GP Clinical Leads from the clinical commissioning groups (CCGs). Our priorities from last year remain, notably:

- We need to continue to **improve children and young people's access to effective support as early as possible**. Too many children, young people and families and too many professionals report not being able to access any support, or having to wait too long for support to be provided. We need to ensure that services are better joined up so that children don't 'bounce' around the system. This is particularly the case for children where there are behavioural concerns.
- We need to better engage with **schools and colleges** to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support, and to address issues of stigma. We also need to ensure that children in **alternative education provision** and those who are **electively home educated** have access to the same support.
- We need to speed up our work to support the needs of **vulnerable children**, including looked after children and care leavers and refugee and unaccompanied asylum seeking children and young people.
- We need to **further develop our model of crisis response and home treatment** to ensure that children and young people are assessed as promptly as possible, whether in the community or acute settings, including emergency departments.
- We need to **prioritise the development of our whole workforce**, from staff supporting children and young people in universal settings, through to upskilling staff working in mental health services to deliver evidence-based interventions in line with CYP-IAPT. As well as growing capability within our workforce, we need to grow capacity within our workforce.
- We need to prioritise **transition arrangements** for young people who reach adulthood with ongoing mental health needs.

We recognise that we need to engage more robustly with wider stakeholders around our children's mental health transformation planning, and have thus initiated focussed task and finish groups in the city and county focussing specifically on our engagement with schools and colleges, with the aim of informing service planning, delivery and evaluation in relation to children's mental health.

Delivering national priorities

We have been set some national priorities through the Five Year Forward View for Mental Health implementation guidance and NHS Operational Planning Guidance. “Must-do’s” for 2017 – 19 include:

- Providing more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
- Expanding capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral;
- Commissioning community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
- Ensuring delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

This plan demonstrates progress that has already been made against these areas and outlines what still needs to be implemented in order to achieve these local and national priorities. The roadmap in appendix iv. Outlines key actions to be delivered over the life of the plan.

OUR LOCAL TRANSFORMATION PLAN: PROGRESS AND PRIORITIES FOR ACTION (2017/18)

Resilience, prevention and early intervention

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden on mental and physical ill health over the whole life course (Future in Mind, 2015).

Over the last year we have continued to focus on strengthening our early support to children and young people.

In **Nottingham City**, Zippy and Apple's Friends **academic resilience** programmes are being rolled out in 8 primary schools, whilst a further 8 schools have attended Train the Trainer for the Character Curriculum programme being rolled out by the Council's Personal, Social and Health Education Team. A task and finish group has been established to coordinate the approach to supporting schools around emotional health, and a charter is being developed as a means to further embedding whole school approaches to emotional health.

Young people in the city continue to utilise **open access** support, with *Kooth* offering 2568 face to face appointments and 978 online appointments, and *Base 51* offering 994 face to face appointments.

The *CityCare Behavioural and Emotional Health* team underwent a service redesign last autumn in response to feedback from an independent review that was commissioned by NHS Nottingham City CCG. Consequently, the service now has an emphasis on 1:1 specialist support and the ability to offer bespoke packages of care to children and young people with persistent behavioural challenges. There is a greater emphasis on early support (e.g. evidence based **parenting programmes**) being undertaken by universal services; as well as continual upskilling of universal services by parenting practitioners to ensure knowledge is embedded and universal staff feel confident and well supported.

Over the last year, the City has embedded the **New Forrest Parenting Programme (NFPP)**, which is an evidenced based parenting programme for children and young people whose symptoms and behaviours are associated with ADHD. NFPP offers one to one home visit intervention with the parents and the child (8 weeks) or the group based support (6 weeks) with parents. A total of 39 staff from a range of city organisations were trained in NFPP, with 20 practitioners identified to offer NFPP in the City. Outcomes with the programme are extremely positive: 38 families have been completed treatment using this model, and out of these, 26 parents completed pre and post measures evaluating the intervention received. As a group these 26 parents have self-reported clinical improvement in both ADHD symptoms in their child and an overall reduction in the impact and strain their child was having on them and their family (measured by the SNAP and Family strain index clinical questionnaires offered at the start and end of treatment).

In **Nottinghamshire**, *Kooth.com* launched in January 2017, providing online counselling as well as a range of other online emotional health support tools such as moderated forums and self-care tools.

Between January and August 2017, 630 young people registered with Kooth, with 88% returning more than once. 95% would recommend it to a friend.

The Nottinghamshire **Schools Health Hub** was launched in January 2017, and has been collating, quality assuring and promoting emotional and mental health resources to schools via the schools portal. This includes resources focusing on areas such as staff health and wellbeing alongside PHSE resources. Some schools have also accessed direct support in relation to developing a whole school approach to emotional health and wellbeing, and lesson plans designed for students for example around mental health and sleep.

From a developing **resilience** perspective, The **Take 5 at School** Programme has been rolled out to 15 schools in the North and West of Nottinghamshire, whilst in the south of the county, 15 schools are currently being signed up for the **Young Minds** Academic Resilience approach. This commissioning has followed a public health approach, focussed on the areas of highest need according to the IDACI index. The programme has received joint funding from CCGs and the local authority (public health).

Across Nottinghamshire a new, integrated **healthy child and public health nursing programme** for 0-19 years olds has been in place since April 2017. A programme of 'tier one' interventions have been developed in partnership with CAMH services to support children and young people, these include interventions for self-esteem, self-harm, anxiety, low mood, anger management, eating disorders and risk-taking behaviours. Advice and support for parents and carers of children aged 0-11 is available via bookable Healthy Family sessions in community venues, and there are drop-ins in or near each secondary school for young people aged 11 plus. Young people can text their Healthy Family team for advice and support via ChatHealth, and can access interactive information, advice and support via the Health for Teens website.

The **primary mental health** team within Nottinghamshire Healthcare NHS Foundation Trust CAMHS has become well embedded in Nottinghamshire, providing case consultation, advice and training to GPs, Healthy Families teams and schools. The team has also worked collaboratively with educational psychology in developing joint guidance for schools around responding to young people who self-harm. Between October 2016 and March 2017, the team provided 390 consultations and 68 training sessions, reaching 45 secondary schools and 281 primary schools. The team also works collaboratively with the County's Educational Psychology Service, and has developed guidance for schools on self-harm and the impact of anxiety on learning.

In the last year, there has been an STP-wide focus on strengthening the **perinatal mental health** pathway across Nottinghamshire and Nottingham City. Capacity of the Perinatal Psychiatry Service is increasing with additional posts recruited, a rolling training programme for maternity services, GP's, health visitors and psychological therapy services is in development, and an algorithm to support assessment of emotional health and wellbeing in maternity services is being widely consulted on.

Priorities for 2017/18 to further progress this area are:

- Commissioning a **Best Start Children's Public Health Service** for 0-19 year olds with a focus on emotional health and wellbeing, to mobilise from April 2018, in Nottingham City.

- Further embedding **whole school approaches** to resilience across the City and County, and having the outcomes from the programmes independently evaluated.
- Considering the emerging evidence around the impact of **Adverse Childhood Experiences** and considering the implications from a workforce development perspective
- Developing an **emotional health and wellbeing charter** for City schools to work towards
- Working with the County's **outdoor education** team to embed resilience approaches within residential trips.
- Continuing to support and embed the **Small Steps Big Changes** programme in Nottingham City through universal maternal mental health screening, preparing for parenthood and building adult capacity and capability to improve child development outcomes
- **Engaging young people** in the design of resources to support them with emotional and mental health needs.
- Continuing to develop our system-wide approach to working with **schools and colleges** to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support. We also need to ensure that children in **alternative education provision** and those who are **electively home educated** have access to the same support.
- Improving information sharing across the **perinatal mental health pathway** (between providers), implementing direct referral to psychological therapy services, and ensuring there is an agreed, integrated pathway, that identifies and meets the needs of all women in the perinatal period.

Improving access to effective support – a system without tiers

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time (Future in Mind, 2015).

The current service pathway for emotional and mental health support in Nottingham and Nottinghamshire can be found in appendix i. This reflects the different commissioning arrangements in the city and county.

Over the last year, there has been a strong focus in Nottingham City on **simplifying access** into services.

- There is a SPA integration working group which is attended by all disciplines involved in the ongoing development of the behavioural, emotional and mental health pathway. The working group reviews what has gone well, but also reviews areas of integration and joint working that could be improved.
- Currently, the individual service areas are developing referral criteria to enable better signposting within SPA. This also facilitates greater understanding regarding specific service areas.

- Over the past few months a specialist practitioner from specialist CAMHS has been co-located within the SPA to improve access to specialist CAMHS and, in addition, is able to support practitioners with challenging cases.
- There is always a member of the BEH team present in SPA to facilitate integration and a channel of communication.
- Despite the challenges in relation to accessing different data bases which the different organisations have, information sharing agreements are now in place to facilitate a model of integration that allows individuals from different organisations to gather information to ensure that robust assessments can be undertaken which will underpin the programme of care for the child/young person moving forwards.

In addition to strengthening to SPA, new universal practitioner posts have been funded, aiming to improve the interface between CAMHS and universal services, by providing case consultation, advice and support.

Further developments in *Nottingham City Council's Targeted CAMHS* include piloting a 'Next Steps' project with Childline, which is intended to support young people transitioning out of CAMHS, by providing a number of sessions of **telephone support**. This project arose directly from feedback from the Service User Group. Targeted CAMHS is also working with the Universities of East London and Nottingham to trial Time-Limited Adolescent Psychodynamic Psychotherapy (TAPP), a new therapeutic approach specifically designed for young people who may have experienced disrupted attachments, ongoing relationship difficulties, or the impact of traumatic life events.

For *Nottinghamshire Healthcare NHS Foundation Trust CAMHS*, a key area of focus over the last year has been embedding the integrated CAMHS model, and new functions such as primary mental health. As part of the CAMHS model, the new role of **Peer Support Worker** has been introduced. The workers have lived experience of mental health problems and recovery, and are therefore able to offer essential emotional and practical support to people experiencing similar challenges whilst building hope inspiring relationships. Within CAMHS they will also play an important role in making mental health support more visible and easily accessible for children, young people and their families.

Within CAMHS generally there has been a significant focus in 2016/17 on **improving waiting times** and increasing the numbers of young people accessing support. Service data is reported in appendix ii, showing that average waiting times for CAMHS Nottinghamshire Healthcare NHS Foundation Trust range by CCG from 19 to 38 days for referral to assessment and 38 to 77 days for referral to treatment. Our local ambition is to continue to reduce waits for young people to access assessment and treatment. We also have work to do locally on ensuring that data is clearly reported for the numbers of young people **accessing treatment**. Whilst we have commissioned new and enhanced services through the first two years of the local transformation plan, we do not yet have a good understanding of the extent to which this level of service is addressing the need (prevalence levels) within the children and young people's population, therefore an urgent priority for the remainder for 2017/18 is to better understand this by ensuring data across all providers is accurately collected and reported.

The targets for the numbers of new young people expected to be treated across the area covered by this plan as part of the increasing access target are as follows:

	17/18 Plan	18/19 Plan	19/20 Plan
The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	3057	3272	3501

Achieving this increase in access is a key priority within this plan, so progress will be monitored robustly by the CAMHS and CYPMH Executive Groups.

Services for young people with eating disorders

One of the new priorities within *Future in Mind* is the development of robust community eating disorder services. There is a well-established, dedicated *CAMHS Eating Disorder Service (CEDS)* covering Nottinghamshire County, Nottinghamshire City and Bassetlaw, which is a member of the Quality Network for Community Eating Disorder Services for Children and Young People. During 16/17 the service received 145 referrals, 99 of which were accepted for assessment which represents an increase of 15% from the previous year, 32 were offered consultation and 14 referrals were not accepted and forwarded to other appropriate services. The service works closely with the *CAMHS Crisis and Home Treatment Service* who support young people to avoid admission. This enhanced service has been used for at least 9 young people in the last year for 34 face to face sessions.

New access and waiting time standards for community eating disorders were implemented in April 2016. The service has benchmarked against this data and reports that 18% of young people assessed as urgent were treated within the national target of 1week, whilst 58% were treated within the 4 week target for routine care (*small actual numbers therefore not provided in this plan due to data protection*). To provide context, the service assesses 81% of urgent cases within a week and 77% of routine cases within 4; it is treatment targets that are particularly challenging to achieve. Commissioners are committed to working with the Provider to increase capacity within the service in order to enable a timelier response to children and young people, and in order to meet national standards by 2020.

In terms of wider service development, the team are active participants in the CYP-IAPT training and also taking part in the National CAMHS ED whole team training. As part of this the team Consultant has been appointed as a regional mentor by Health Education England and is working closely with three other teams. In the past 12 months, the management structure within the team has changed to have a joint operational management role across both the CAMHS ED team and adult ED team. It is anticipated that this will improve transitions across both teams. A dedicated transition post has

also been developed to improve the pathway for young people who need to transition to adult services.

Early Intervention in Psychosis

The pathway for young people experiencing first episode psychosis in Nottinghamshire is for young people to be supported by Head 2 Head (Nottinghamshire Healthcare NHS Foundation Trust), a specialist service within CAMHS which also works with children and young people up to 18 years old who have emotional and mental health issues and are involved with the criminal justice system and/or use/misuse substances (dual diagnoses). The team provides mental health assessment and intervention. The number of referrals for first episode psychosis are extremely small, and in the most recent quarterly monitoring, 50% received treatment within the required two weeks. Young people are in receipt of care compliant with the relevant NICE Guidelines which are Psychosis and Schizophrenia in children and young people NICE guideline and Bi-polar Disorder, Psychosis and Schizophrenia in CYP NICE Quality Standard. Additional work is required to ensure that young people who experience first episode psychosis whilst already experiencing care from community CAMHS from a comorbid mental health need, also receive timely and NICE concordat treatment. This work will be completed by March 2018.

Urgent and Emergency Care

Our response to young people experiencing mental health crisis continues to be a priority, both strategically and identified by the young people we have engaged with over the last year. The Crisis Resolution and Home Treatment Service, piloted from January 2016, has now been recurrently funded. The team was established for young people across Nottingham and Nottinghamshire in **mental health crisis**, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis. In 2016/17, the team received 793 referrals; 334 for crisis assessments (acute hospital or community) and 459 for intensive home treatment. The team has had a significant impact to date, with 96% of community crisis assessments being undertaken within the target time of four hours, thus providing a much more timely response to young people in mental health crisis. In addition, inpatient mental health admissions for Nottingham and Nottinghamshire patients have reduced from 95 in 2015/16 to 74 in 2016/17, suggesting a positive impact of the intensive home treatment element of the model.

One of the parts of the pathway that it has been identified that improvements could be made, relates to the response to young people attending emergency departments in emotional or mental health crisis. A pilot CAMHS Liaison Function was initiated in May 2017 at King's Mill Hospital as part of the wider CAMHS CRHT model, with the aim of reducing admissions where safe, and ensuring an appropriate, joined-up follow-up support in the community. Early indications are that this new function, which operates from 10am to 10pm, is having an extremely positive impact, with young people, parents/carers and hospital staff all reporting the difference it is making in terms of timely assessment, and avoiding admissions where safe to do so. A funding bid has recently been approved which will enable the service to be mainstreamed, with a similar function being established at Nottingham University Hospitals for young people in the south of the county. This will lead to the recruitment of an additional three permanent CAMHS practitioners. Further scoping work is

required to assess the workforce requirements to deliver the full Core 24 offer by 2020, including considering of the interface with existing mental health liaison psychiatry services for adults.

A further pilot underway at Sherwood Forest Hospitals Trust has seen the addition of youth workers supporting young people on the paediatric ward. Staff and young people have been overwhelming positive about the impact this has had on young people's emotional health.

Transitions

In last year's plan we identified the need to improve the experience of young people transitioning from CAMHS into adult mental health services. Nationally, this had also been recognised as a priority and as such, a national CQUIN was developed as part of the NHS contract covering the period 2017-2019. Collaborative work has been undertaken between commissioners and CAMHS and Adult Mental Health teams at Nottinghamshire Healthcare NHS Foundation Trust to develop the local plan for implementation. This includes transition principles, a process flowchart showing the point at which transition planning needs to start, who needs to be involved in multi-agency discussions and the option to form a transition panel. Further milestones within the plan include pre- and post-transition surveys for young people and developing relationships with other care providers for young people whose transition may be to IAPT providers.

As part of the CQUIN data had to be provided to show baseline information about the number of young people who transitioned during 2016/2017. During this time period 309 transitioned (due to age), out of these 309, 170 transitioned to another appropriate Adult Mental Health Services and 139 were discharged back to GP. During quarter 4 of 2017/18 a case note audit will be undertaken assessing those transitioned during that period. This will assess the level of joint-agency working that has taken place for each young person. Once the results of this have been received we will be able to set a trajectory for improvement. Another case note audit will take place in quarter 2 of 2018/19. We will also use the results from the pre and post transition surveys to set thresholds for user experience of transition. Surveys are due to be analysed from quarter 4 of 2017/18.

Whilst we have made progress over the last year, there is still a lot of work to do to ensure young people receive the right support as quickly as possible. Areas of focus for 2017/18 are therefore:

- Further developing **joint working** between Targeted and Specialist CAMHS in Nottingham City, prioritising the joint workforce development, joint working in the SPA and developing care bundles.
- Implementing **self-referral** within County CAMHS, and for specialist teams within CAMHS.
- Further simplifying **access arrangements** for children and young people in need of behavioural, emotional and mental health support in the County.
- Increasing capacity within the **Community Eating Disorder Service** to ensure that the service can meet the access and waiting time standards.
- Mobilising the new **CAMHS liaison** function as part of the CAMHS Crisis model and evaluating the options for providing an overnight response in line with Core 24 requirements.
- Rolling out the **risk assessment tool** developed by collaborators including NUH and the University of Nottingham for young people who are admitted to paediatric wards with mental health needs.

- Developing a more robust and timely pathway for young people who experience **first episode psychosis** whilst already receiving support from community CAMHS.
- Replicating the framework for improving transitions from Community CAMHS, within Targeted CAMHS and Paediatric services supporting children with Autistic Spectrum Disorder and Learning Disability.

Care for the most vulnerable

Current service constructs present barriers making it difficult for many vulnerable, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need (Future in Mind, 2015).

Caring for vulnerable groups has been a priority in 2016/17, although there is still much to do in order to address health inequalities.

Young people with learning disabilities and/or autistic spectrum disorder

We have worked hard to embed the requirements of the national **Transforming Care** Programme, aimed at providing coordinated support to young people with learning disabilities and/or autistic spectrum disorder and comorbid mental health needs or challenging behaviour in the community where possible. In 2016/17, 4 young people with a learning disability and/or autistic spectrum disorder were admitted to tier 4 inpatient mental health beds following a care and treatment review (CTR). Three community CTRs were held during 2016/17, all of which resulted in the young person being able to remain in the community with additional support. All admissions followed blue light CTRs, meaning that the young person was already in crisis. An audit of these cases is underway to identify any themes and patterns as well as work with community CAMHS and social care partners to further embed the CTR process to promote earlier identification and prevent escalation of need.

We are also working with health and social care partners to improve support for children and young people with learning disabilities and/or autistic spectrum disorder who are currently in 38 and 52 week residential placements. More specifically, we have identified those displaying increasingly challenging behaviour whose placement may be at risk of breakdown and also those with high functioning autism and high anxiety who aren't currently in school.

Children who have experienced sexual abuse or exploitation

In July 2016, Nottinghamshire CCGs along with Nottinghamshire County Council commissioned a therapeutic recovery service for children who have been sexually abused or exploited, which is provided by The Children's Society. The key aims of the service are:

- Provide therapeutic services to children and young people, aged 17 and under, who are the victims/survivors of sexual exploitation or sexual abuse and to their parent(s) or carer(s) in order to minimise the impact of the abuse on their mental health/emotional wellbeing
- Promote the resilience for the child or young person to enhance their prospects of positive outcomes, in particular to reduce the child/young person's vulnerability to further abuse
- Direct young people specialist services if continuing or other needs are identified and to facilitate access through established processes

The Children's Society started to report against key performance indicators from November 2016 when the service was fully mobilised, and between November 2016 and June 2017 45 young people accessed the service, with 80% starting treatment within 4 weeks. During the reporting period 66% of young people completed their support programme with an average of 8 sessions per programme. Alongside the direct work with young people the service provides consultation and advice to professionals in relation to CSE/CSA matters.

In Nottingham City, the Council has strengthened its partnership with the NSPCC over the last year, providing more therapeutic support to children who have been sexually exploited.

Looked after children and young people and care leavers

In September 2017, Nottinghamshire joined a national pilot aimed at improving mental health outcomes for looked after children, by implementing Integrated Personal Commissioning, including integrated personal budgets. A project group has been established consisting of commissioners, social care team managers and CAMHS providers and a project plan has been submitted outlining how Nottinghamshire will offer 25 personal health budgets by March 2018. NHS England has agreed to release a flexible fund of £40,000 to roll out the pilot to the following cohorts:

- Care leavers aged 16-25 at risk of emotional wellbeing or mental health support needs
- Out of area looked after children with emotional wellbeing or mental health support needs with the potential to look at how, as a system, we could prevent out of area placements
- Looked after children who are at risk of entering the secure estate on welfare grounds to look at how we could offer something different to prevent them from entering secure estate or those leaving secure estate to prevent them going back into secure care.
- Looked after children with an Education, Health and Care Plan to help understand how a fully integrated plan/budget could be developed for these young people
- Looked after children placed with foster carers

Young people from across the pilot sites are invited to be involved in engagement events and for Nottinghamshire this will include young people who are part of the Nottinghamshire Children in Care Council and those who are offered a personal health budget through this pilot.

The pilot will continue through 2018/19 to enable commissioners to understand how this could be embedded within current commissioning and contracting processes with the aspiration to be able to offer a personal budget to young people who would normally access wider CAMHS services.

Young people experiencing a Section 136 detention

Work has been continuing through the Crisis Care Concordat and supported by the two local safeguarding children boards, to improve the multi-agency pathway for young people detained under **Section 136** of the Mental Health Act, with the aspiration of reducing detentions, and in particular repeat detentions. A follow up audit was undertaken in October 2017 and the findings from this will inform next steps

Collaborative Commissioning

There is a commitment to ensuring that young people requiring **inpatient mental health provision** are cared for as close to home as possible, with as short a length of stay as possible. Local CCGs have worked with NHS England Specialised Commissioning to develop a dataset so that we can understand the patient flow between CCG commissioned community services and NHS England commissioned inpatient services. This has shown us that in contrast to the previous year, admissions for Nottingham and Nottinghamshire patients have decreased, however average length of stay has increased. This may imply that the more complex patients are being admitted but we have more work to do to fully understand the data. Significant numbers of young people still have to travel out of area for their care however, particularly those who require psychiatric intensive care or specialist eating disorder services. We are therefore working with Specialised Commissioning through our regional collaborative commissioning group, both to influence the bed types required locally by our young people, but also to ensure that as we enhance our community CAMHS Crisis provision, we have the right skill mix to provide support to young people with evidence based approaches in relation to the particular types of presentations that young people are being admitted with. Part of this work includes improving the pathway between community and inpatient services, particularly for young people with social care needs as well as mental health needs.

Our local CAMHS provider, Nottinghamshire Healthcare NHS Foundation Trust is developing Hopewood, a **new, purpose built inpatient unit** for children and young people, with increased capacity, in order to be able to care for more young people closer to home. The unit is scheduled to open in April 2018 and it is anticipated that this will have an extremely positive impact on reducing the numbers of young people out of area.

Nottinghamshire Healthcare NHS Foundation Trust will also provide a new Forensic CAMHS Service for the region, from November 2017. This service will support young people with complex needs who have had an offending history and comorbid mental health needs, and those where there is significant risk but who struggle to access services.

The other collaborative commissioning arrangements that local CCG commissioners have begun to develop over the last year are with Health and Justice Commissioners responsible for **Sexual Assault Referral Centres, Secure Children's Homes, Young Offenders Institutions and Criminal Justice Diversion and Liaison teams**. We are in the early stages of planning a joint project to better support the emotional and mental health needs of those at risk of offending, learning from a successful initiative utilising speech and language therapy to improve communication in our secure children's home, Clayfields.

We recognise that there is significantly more we need to do to improve mental health outcomes for our vulnerable cohorts and are confident that our engagement work with young people through the MH:2K project will help to shape how we approach our work in this area going forwards.

Priorities for us to address in 2017/18 are:

- Deliver improvements to the pathway for children and young people with potential ASD or ADHD in both Nottingham and Nottinghamshire.

- Ensure timely access to appropriate support emotional and mental health needs of refugee and unaccompanied asylum seeking children and young people
- Review current emotional and mental health provision for looked after children and care leavers against the national recommendations due to be published by SCIE in October 2017, and address any recommendations.
- Implement the IPC LAC CAMHS project in Nottinghamshire.
- Improve access to timely mental health support for looked after young people placed out of area by working collaboratively with commissioners across East Midlands.
- Implement the new FCAMHS model.
- Implementing the findings from the multi-agency S136 audit.
- Progress collaborative commissioning plans with NHS England Specialised Commissioning.

Accountability and transparency

Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment (Future in Mind, 2015).

Improving data quality and availability has continued to be a priority and a significant challenge over the last year. It is a requirement that all NHS Commissioned services, including non NHS-providers flow data for key national metrics in the Mental Health Services Data Set (MHSDS). To date progress has been made in terms of Targeted CAMHS at Nottingham City Council beginning to flow data through the MHSDS. CAMHS at Nottinghamshire Healthcare NHS Foundation Trust have been flowing data to the MHSDS during 2016/17 and are now working to ensure that data reported to the MHSDS aligns with locally reported data. Our non-NHS providers do not yet flow data to the MHSDS mainly due to connectivity issues but also due to not being able to comply with MHSDS rules, for example to flow to the MHSDS the young person's NHS number is required as a minimum, however Kooth online counselling do not use NHS numbers due to the nature of the service. Work will continue throughout 2017/18 in conjunction with NHS Digital, to understand the options for non-NHS providers and to join the data flow across providers together to get a clear picture of the experience of children, young people and families and the impact of service provision. Whilst they do not flow to the MHSDS, all non-NHS providers provide local data to commissioners which includes access, waiting time and outcomes.

A performance framework has been developed across the range of services providing emotional and mental health support to children and young people, aligned to the Mental Health Services Minimum Dataset.

In line with the requirements of CYP-IAPT, we have **embedded the use of routine outcome measures** in practice across CAMH services provided by Nottingham City Council and Nottinghamshire Healthcare NHS Foundation Trust. The next phase is for outcome measures, and in particular goal based outcomes measures, to be aggregated so that whole service impact can be assessed. Aligned to this, the intention is to move to outcomes based commissioning for 2019/20.

In terms of commissioning, across Nottingham City and Nottinghamshire, the priority over the last year has continued to be focussing on having **robust commissioning arrangements** in place across the range of emotional and mental health services provided to children, young people and their families. Work is ongoing between local authority and CCG commissioners to explore future commissioning approaches, however this work is in the early stages and will be progressed throughout the life of the transformation plan.

Spend by all local commissioners on children’s mental health increased in 2016/17 from 2015/16, with outturn spend for 2016/17 identified below:

NHS England – inpatient provision (acute, eating disorder, low secure, PICU or CAMHS LD beds):

Spend by Midlands and East Specialised Commissioning

	CAMHS spend via CCG £
NHS Mansfield & Ashfield CCG	1,868,627
NHS Newark & Sherwood CCG	75,497
NHS Nottingham City CCG	2,005,152
NHS Nottingham North & East CCG	30,488
NHS Nottingham West CCG	608,873
NHS Rushcliffe CCG	817,057
Total	5,405,693

Spend by Yorkshire and Humber Specialised Commissioning

NHS Bassetlaw CCG	657,734
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Clinical Commissioning Groups – community emotional and mental health provision:

CCG	Total Spend by CCG £
Mansfield & Ashfield	2,025,000
Newark & Sherwood	1,079,000
Nottingham North & East	1,410,000
Nottingham West	938,000
Rushcliffe	1,280,000
Bassetlaw	1,268,000
NHS Nottingham City CCG	3,744,886
Total	11,744,886

Local Authorities – community emotional health and mental health provision, including for looked after children

Nottingham City Council	£929,829
Nottinghamshire County Council	£917,004

The forecast spend on CYPMH by CCG commissioners in 2017/18 is outlined below.

CCG	Total Spend by CCG £
Mansfield & Ashfield	2,060,000
Newark & Sherwood	1,198,000
Nottingham North & East	1,432,000
Nottingham West	945,000
Rushcliffe	1,307,000
Bassetlaw	1,461,000
NHS Nottingham City CCG	4,258,010
Total	12,661,010

This demonstrates a modest increase in spend for most CCGs. All CCGs within this local transformation plan are committed to achieving the mental health investment standard for 2018/19 through to 2020/21, in order to achieve the priorities around increasing the numbers of children with diagnosable mental health needs able to access evidence-based interventions, improving timeliness of access to community eating disorder services in line with national access and waiting time standards, and providing timely access to urgent and emergency mental health care, in line with Core 24 requirements.

Key priorities in this area for 2017/18:

- Explore having lead commissioning arrangements for children and young people's mental health and wellbeing services and exploring aligned or pooled budgets:
 - We will review and strengthen commissioning arrangements
 - As a partnership explore how budgets can be aligned/pooled to ensure the most effective use of resources, by March 2019
 - Move to outcomes based commissioning utilising goal based outcomes by 2019/20
- Implement a detailed and transparent set of measures covering access, waiting times and outcomes, taking into account new national developments:
 - Fully implement the performance framework for children's mental health and wellbeing, by April 2019
 - Implement processes across commissioned providers and partner organisations to ensure data is reported in line with the Mental Health Services Dataset, discussed and used to make service changes.

Developing the workforce

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves (Future in Mind, 2015).

On 31st March 2017 we published our Nottingham and Nottinghamshire Joint Workforce Development Plan, which outlines how we will achieve this aim, and a Workforce Development Steering Group was established to deliver the action plan. The workforce covered by the plan includes anyone working or volunteering in a role which has the potential to support the improvement of children's emotional and mental health outcomes. It includes statutory, voluntary, community and private sector. It includes staff working in a variety of settings, including early years settings, schools, colleges, children's centres, youth centres, health centres, hospital, family homes, care settings. It includes both those whose core role is to provide emotional or mental health support (e.g. practitioners from a wide range of disciplines working with child and adolescent mental health services (CAMHS)) as well as those who may be able to support children's emotional and mental health but whose primary role is different (e.g. social workers, youth workers, pastoral staff in school).

In order to understand the capacity and capability of our current CAMHS workforce our current providers, Nottinghamshire Healthcare Foundation Trust and Nottingham City Council, are undertaking the Self-Assessed Skills Audit Tool (SASAT) which will be completed by November 2017. The intended outcomes of the SASAT are:

- To determine whether the organisation can meet its identified goals and provide a framework for organisational development
- To enable a targeted analysis of learning and development needs and allow for a more systematic and targeted approach to education and training
- To identify self-assessed skills and knowledge within the team and organisation and provide an understanding of existing skills and knowledge and their usage and any gaps in the necessary skills required
- To provide information that supports dynamic succession planning and targeted recruitment
- To provide the basis for discussion within supervision to support professional development
- To support quality and productivity agenda

A workforce needs assessment survey in relation to the non-CAMHS workforce, including voluntary and community sector, has been produced and circulated to a wide range of partners. Completion of this survey is due November 2017 with analysis by December 2017. This will help us to understand where there is a need to develop capability, through workforce development approaches such as training, shadowing and consultation from professionals, and develop a plan to address the needs identified. In preparation for this the Workforce Development Steering Group has started to develop a training and resource matrix which will outline all the training and resources

available to partners, who it is aimed at, how they access it and any associated costs. Nottingham City has already begun to train the children's workforce, with 72 children's practitioners trained in Mental Health First Aid so far. The training programme will roll out over the next two years to reach practitioners across the children's partnership.

We have taken advantage of the opportunity to have 4 CYP-IAPT Recruit to Train posts (Cognitive Behavioural Therapy and Systemic Family Practice) and 5 Wellbeing Practitioner posts which are being piloted in schools. Further work is required to understand the impact of these posts and consider sustainability planning.

Nottingham and Nottinghamshire are part of the CYP-IAPT programme (Oxford and Reading Collaborative) and continue to engage with the training provided. During 2016, 13 members of CAMHS staff participated in a range of training including Cognitive Behavioural Therapy, Systemic Family Practice, Interpersonal Psychotherapy for Adolescents, Enhanced Evidence Based Practice and Supervisor training. Current planning is for 11 members of CAMHS staff to access CYP-IAPT training in 2017/18 however this is subject to confirmation. There is an opportunity for CYP-IAPT training to be offered to the wider workforce (non-CAMHS), however further consideration of this is required due to the implication of supervisory requirements and backfill. This is an action within the Workforce Development Plan and will be informed by workforce needs assessment survey due to be completed by November 2017.

Sustainability of this training is being considered as funding streams will change from NHS England/Health Education England to CCGs in 2018. It is also noted that the number of training places offered will decrease from 2018. As part of the Workforce Development Plan both Nottingham City and Nottinghamshire County CAMHS providers will undertake the Self-Assessed Skills Audit Tool (SASAT), this will identify any gaps in skills and training which will then inform what training places are required from the CYP IAPT programme. The SASAT is due to be completed by December 2017.

There is a joint Nottingham City and Nottinghamshire CYP IAPT Implementation Group which meets quarterly. There is an action plan in place which covers all CYP IAPT principles and current providers have been benchmarking themselves against each area so gaps can be identified and addressed.

In addition to those priorities outlined above, in 2017/18 we intend to:

- Consider the role of parents and carers in supporting their children's emotional and mental health, and identify opportunities for building their confidence and skill levels.
- Publish a comprehensive training and resource matrix to all partners so they know what training and resources are available to them and how to access them.
- Continue to work with our CAMHS providers to identify areas where additional capacity is required in order to increase access to evidence-based interventions for specific mental health needs, and identify the resources required to create such capacity
- Ensure that we are making effective use of existing capacity through assessment of the capacity utilisation through the choice and partnership approach (CAPA) or other demand management tools available.

- Work with regional colleagues through the Strategic Clinical Network and including Health Education East Midlands to develop strategic approaches to increase capacity where there are hard to recruit posts. Current providers will also be looking at their recruitment and retention plans to see how these could be streamlined and whether current processes inhibit people applying for certain posts.
- Maximise engagement in the CYP-IAPT programme, particularly focusing on increasing the number of non-CAMHS staff able to develop their capability through accessing training in evidence-based interventions.

The Nottingham and Nottinghamshire Workforce Development Plan can be found here: <http://www.nottinghamshire.gov.uk/media/119892/nottinghamshire-workforce-development-strategy-2017.pdf>

Roadmap to 2021

The diagram in appendix v summarises the priority areas that we will be working on over the life of the plan. More detailed planning has been undertaken in relation to the short-term priorities, and as the plan is an iterative, live document, it will develop in accordance with emerging priorities.

Governance

Detailed delivery plans for the city and county elements of this transformation plan are reviewed by the Nottingham City Children and Adolescent Mental Health Executive and Nottinghamshire Children and Young People's Mental Health Executive, who are responsible for:

- Reviewing and monitoring delivery of the plan, including considering the impact on outcomes for children and young people
- Monitoring risks and issues to ensure appropriate mitigating actions are undertaken, or escalate as necessary
- Ensuring that the commissioning of children and young people's mental health services is undertaken in a collaborative and joined up way and that commissioning and contractual mechanisms are utilised to ensure improvements are achieved
- Ensuring that the interdependencies between this strategy and other strategies being implemented in the city are considered and managed. This includes the LD Fast Track transformation programme, CCG led transformation programmes, and the Crisis Care Concordat.

Both Executives include representatives from CCGs, local authority children's services and public health, local NHS providers, NHS England. Nottingham City CAMHS Executive also involves non-NHS providers.

Nottingham City CAMHS Executive reports to the CCG Governing Body, Children's Partnership Board and Health and Wellbeing Board Commissioning Executive Group.

Nottinghamshire CYPMH Executive reports to the county CCG governing bodies, the Children's Trust Board and the Health and Wellbeing Board.

Reports to the above governance boards will include demonstration of spend of additional investment and impact on improved outcomes.

Clinical engagement is undertaken through the Children and Young People's Clinical Network and with GP Clinical Leads for Mental Health and Children at the CCGs.

Governance arrangements will be reviewed in 2017/18 in light of the local accountable care system developments. This will ensure that there is clarity of roles, responsibilities and expected outputs. Additionally, there will be increased accountability and scrutiny of the plan through reporting into the new Mental Health Reference Group which is to be established as part of STP governance.

DRAFT

Appendix i. Annual summary of CAMHS data 2016/17

Nottingham City Specific Services

	Number of referrals into service	Number of CYP accepted into service during year	Average waiting time to assessment	Average waiting time to intervention (assessment to intervention)	Number of active cases as at 31 st March 2017	Total number of face to face appointments offered during 2016/17
KOOTH (face to face)	386	379	2 weeks	8 weeks	117	2568
KOOTH (On line)	1047	1047	0	0	978 + 7977 messages	978
CityCare (Behavioural and Emotional Health Team)	1928	1926	0 (not able to provide as service model changed during the year)	0 (not able to provide as service model changed during the year)	Not available	Not available
Base 51	104	126	2 weeks	5 weeks	124	994
Nottingham City Council Looked After Children CAMH service	114	114	4-6 weeks	4 weeks	143	780
Nottingham City Council Multi Systemic Therapy services	86	127	2 weeks	2 weeks	31	1972
Nottingham City Council Targeted CAMHS	1525	1272	4-5 weeks	5 weeks	747	14336

Nottingham and Nottinghamshire Services

Nottinghamshire Healthcare NHS Foundation Trust Community CAMHS (please note that for Nottingham City this includes specialist CAMHS only, whereas for Nottinghamshire County it includes Integrated Community CAMHS (formerly targeted and specialist CAMHS as well as specialist teams)

CCG	Activity	Total Referrals	Accepted Referrals	Rate of accepted referrals	Avg Waiting Time Referral to assessment (Days)	Avg Waiting Time Referral to Treatment (Days)
NHS BASSETLAW CCG	3738	718	489	68%	32	77
NHS MANSFIELD AND ASHFIELD CCG	7925	1421	962	68%	27	45
NHS NEWARK & SHERWOOD CCG	4333	806	585	73%	28	61
NHS NOTTINGHAM CITY CCG	8620	857	841	98%	19	38
NHS NOTTINGHAM NORTH AND EAST CCG	5406	962	687	71%	35	69
NHS NOTTINGHAM WEST CCG	2605	515	346	67%	23	50
NHS RUSHCLIFFE CCG	5835	626	431	69%	38	66
TOTAL	38462	5938	4340	73%		

NHS England Commissioned Inpatient Mental Health Provision (Midlands and East)

Number of admissions

CCG	Admissions
MID-NOTTINGHAMSHIRE CCGs	15
NHS NOTTINGHAM CITY CCG	28
SOUTH-NOTTINGHAMSHIRE CCGs	23
	66

Average length of stay: 120 days

Total length of stay (occupied bed days): 7917 bed days

NHS England Commissioned Inpatient Mental Health Provision (Yorkshire and Humber)

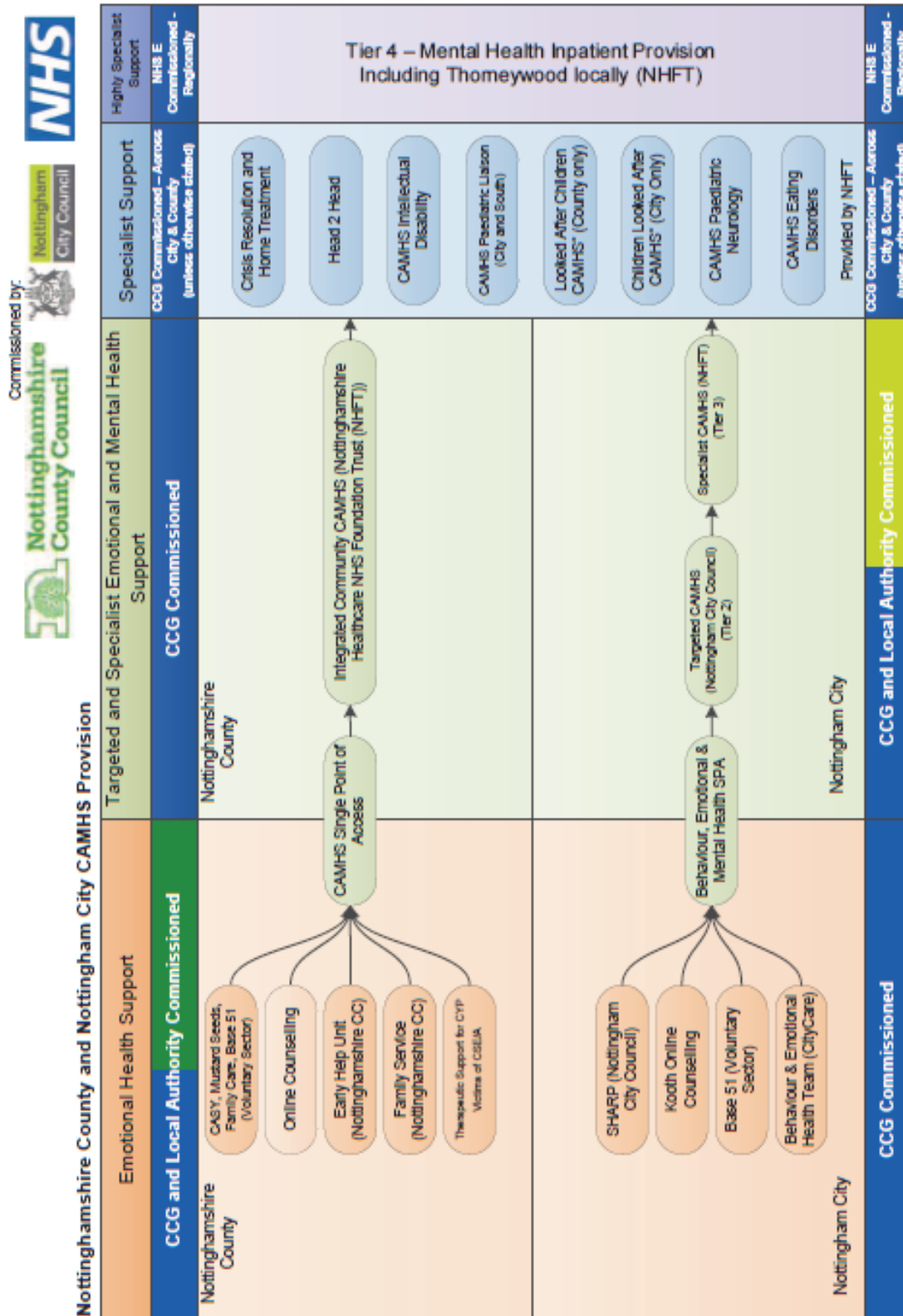
NHS BASSETLAW CCG

Admissions: 8

Average length of stay: 85 days

Total length of stay (occupied bed days): 824

Appendix ii. Children and young people’s mental health pathway



* Looked After Children teams in both the city and county are integrated local authority and NHFT teams.
 - Nottinghamshire's Online Counselling is currently being procured and is not available yet.

Appendix iii. Workforce as at 31 March 2017

Nottingham City specific services

	Total number (WTE) of practitioner/clinical staff	Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (include admin staff and managers etc.)
KOOTH	48.6 WTE	5.25 WTE
CityCare (Behavioural and Emotional Health Team)	4.4 WTE	6.6 WTE
Base 51	1 WTE	10 volunteers
Nottingham City Council Looked after children CAMH service	4 (City) + 23.1	2
Nottingham City Council Multi Systemic Therapy services	10	2
Nottingham City Council Targeted CAMHS	24	9

Services across Nottingham and Nottinghamshire

Nottinghamshire Healthcare NHS Foundation Trust (providing services across Nottingham City and Nottinghamshire County, although in the Community CAMHS teams, only specialist CAMHS assessment and intervention is provided in the City, whereas targeted and specialist CAMHS assessment and intervention is provided in the County).

What About Me	FTE
Senior Management Band 7	1
Prof & Tech Band 5	1
Prof & Tech Band 6	0.6
A&C Band 3	0.8
Total	3.4
Young People's Substance Misuse	FTE
Comm Nursing Band 6	0.45
Comm Nursing Band 7	0.5
Prof & Tech Band 5	2.75
Prof & Tech Band 6	1.89
Total	5.59
CAMHS Looked After Children (County)	FTE

Consultant	0.9
Comm Nursing Band 5	1
Comm Nursing Band 6	1
PAMs Band 7	1
Psychologist Band 7	0.6
Psychologist Band 8c	1
Psychotherapist Band 7	0.5
A&C Band 3	2.1
Total	8.1
Head 2 Head / EIP	FTE
Consultant	0.7
Comm Nursing Band 5	1.2
Comm Nursing Band 6	4.39
Comm Nursing Band 7	5
Comm Nursing Band 8a	1
A&C Band 3	1.67
A&C Band 4	1
Healthcare Assistant Band 3	1
Total	15.96
CAMHS Crisis Team	FTE
Consultant	1.5
Social Worker Bt in LA	1
Comm Nursing Band 6	4
Comm Nursing Band 7	5.7
Comm Nursing Band 8b	1
Psychotherapist Band 8a	0.4
A&C Band 3	1
Healthcare Assistant Band 3	0.8
Total	15.4
CAMHS Adolescent Unit	FTE
Consultant	1
Apprentice A&C	1
Nurse Band 5	12.6
Nurse Band 6	3
Nurse Band 8a	2
Dietician Band 7	0.5
Occupational Therapy Band 7	1
PAMs Band 6	0.2
Psychologist Band 8b	1
Psychotherapist Band 7	0.5
A&C Band 3	0.5
Healthcare Assistant Band 2	8.8
Healthcare Assistant Band 3	2

Environmental Co-ordinator Band 4	1
ASC/HCSW Band 2	1.6
Total	36.7
CAMHS Children Looked After (City)	FTE
Consultant	1
Social Worker Br in LA	1
Comm Nursing Band 7	0.6
Psychologist Band 8b	0.8
Total	3.4
CAMHS Eating Disorders	FTE
Consultant	0.8
Consultant Bt in Other	0.2
Comm Nurse Band 6	3.6
Comm Nurse Band 8a	1
Dietician Band 7	1.3
Psychologist Band 8a	1
Psychotherapist Band 7	2
A&C Band 3	0.8
Total	10.7
CAMHS West Community Team	FTE
Consultant	1
Comm Nursing Band 5	2
Comm Nursing Band 6	4.66
Comm Nursing Band 7	2
Psychologist Band 7	1
Psychologist Band 8a	1
Psychologist Band 8d	0.26
Psychotherapist Band 7	1
Prof and Tech Band 6	3.27
Prof and Tech Band 7	1.3
Prof and Tech Band 8a	0.27
A&C Band 2	1.2
A&C Band 3	3.08
A&C Band 4	0.5
A&C Band 6	1
Healthcare Assistant Band 3	0.4
Healthcare Assistant Band 4	1.6
Total	25.54
CAMHS Neuro Team	FTE
Consultant	0.6
Junior Doctors CT1-3	1
Consultant Bt in University	1.7
AC Bt in University	2.5

Comm Nursing Band 6	4.3
Comm Nursing Band 7	2
Comm Nursing Band 8a	0.4
Occupational Therapist Band 6	0.8
Psychologist Band 8a	0.4
Psychologist Band 8b	0.4
Prof & Tech Band 6	1.53
A&C Band 3	1
Total	16.63
CAMHS SPA Team	FTE
Comm Nursing Band 6	1.2
Comm Nursing Band 7	0.6
Comm Nursing Band 8a	1
Prof & Tech Band 6	0.8
A&C Band 2	1.4
A&C Band 3	1.5
Total	6.5
CAMHS Primary Mental Health	FTE
Comm Nursing Band 6	5
Comm Nursing Band 7	1
Prof & Tech Band 6	4
A&C Band 3	0.3
Total	10.3
CAMHS Young Persons IAPT	FTE
Comm Nursing Bt In LA	1
Comm Nursing Band 6	4.8
Comm Nursing Band 8a	0.1
Psychologist Band 4	2.86
Psychologist Band 7	0.4
Psychologist Band 8a	0.4
Psychotherapist Band 6	0.4
Psychotherapist Band 7	0.2
Prof & Tech Band 7	0.2
A&C Band 4	0.2
Total	10.56
CAMHS North	FTE
Consultant	0.6
Comm Nursing Band 5	2
Comm Nursing Band 6	5.8
Comm Nursing Band 7	2.8
PAMs Band 8a	0.27
Psychologist Band 7	2
Psychologist Band 8a	1.2

Psychologist Band 8d	0.27
Psychotherapist Band 7	1
Prof & Tech Band 6	2
Prof & Tech Band 7	1.3
A&C Band 2	0.45
A&C Band 3	3.73
A&C Band 4	1.5
Healthcare Assistant Band 3	0.4
Healthcare Assistant Band 4	1.6
Total	26.92
CAMHS South	FTE
Consultant	1.5
Junior Doctors ST4-6	1
Apprentice A&C	1
Comm Nursing Band 5	2
Comm Nursing Band 6	10.3
Comm Nursing Band 7	3.8
PAMs Band 8a	0.26
Psychologist Band 7	1.4
Psychologist Band 8a	1.4
Psychologist Band 8b	0.4
Psychologist Band 8d	0.27
Psychotherapist Band 7	1.16
Psychotherapist Band 8c	0.4
Prof & Tech Band 6	2.7
Prof & Tech Band 7	0.4
A&C Band 2	3.13
A&C Band 3	4.54
A&C Band 4	2
Healthcare Assistant Band 3	0.4
Healthcare Assistant Band 4	0.8
Total	38.86
CAMHS Clayfields	FTE
Consultant	0.2
GP Sessions Bt in Oth	0.3
Comm Nursing Band 5	1
Comm Nursing Band 6	2.8
Comm Nursing Band 7	1.8
Comm Nursing Band 8a	1
Psychologist Band 8a	1
A&C band 3	1
ASC/HCSW Band 4	1
Total	10.1

Appendix iv. Risks and Mitigating Action

Risk	Mitigating Action
Challenges in relation to the recruitment and retention of children’s mental health workforce	Monitor through Workforce Development Steering Group and escalate through STP Workforce Board
Funding for children’s mental health is not ring-fenced and local partners including CCGs and local authorities have challenging financial positions.	Regular reports on progress with plan implementation and risks associated with non-investment to relevant governance boards within local authority and CCGs.
Insufficient capacity for scale of transformational change required.	Raise profile of the programme ambitions through reporting to new STP Mental Health Reference Group and gain support to develop children’s mental health champion roles within different services to ensure distributed leadership supports delivery of the programme aims.
Long-term, ongoing issues with data quality and availability mean that there is limited evidence on which to measure impact of plan to date and with which to set trajectories for future improvements.	Use of contractual levels to ensure data developments are prioritised and secure support from relevant agencies such as NHS Digital.

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Appendix V: Roadmap to 2021

Future in Mind Key Actions 2017-2021		2016/17	2017/18	2018/19	2019/20	2020/21
Promoting Resilience, Prevention and Early Intervention	Increase the numbers of children and young people able to take part in the programme to build resilience in schools					
	Further strengthen the perinatal mental health pathway across Nottinghamshire and Nottingham					
	Continue to embed Small Steps, Big Changes in targeted wards in Nottingham City, to promote early emotional health and wellbeing					
	Scope how to best engage with schools and colleges to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support. Implement emotional health and wellbeing charter in Nottingham City.					
Improving Access to Effective Support	Improve the access arrangements for CAMHS so that more children in need of support get prompt access to the right service in a timely way and are able to self-refer					
	Implement evidence based care bundles across the pathway in Nottingham and Nottinghamshire					
	Deliver more timely and evidence based support to young people experiencing first episode psychosis					
	Expand CAMHS CRHT to respond to young people presenting in A&E and deliver a core 24 hour response					
	Implement plan to improve the transition of young people moving from CAMHS to adult mental health, and enhance framework to young people with ASD and learning difficulties					
	The Community Eating Disorder Service to ensure that the service can meet the recommendations within the access and waiting time standards					
Care for the most vulnerable	Deliver improvements to the pathway for children and young people with potential ASD or ADHD					
	Review current emotional and mental health provision to looked after children and care leavers, including refugee asylum seeking young people					
	Implement IPC project for LAC CAMHS					
	Implement a collaborative commissioning plan with NHS England					
Accountability and transparency	Review and strengthen commissioning arrangements, including consideration of aligned or pooled budgets					
	Fully implement performance framework for children's mental health and wellbeing, compliant with the Mental Health Services Minimum Dataset					
	Develop and implement outcomes based commissioning for children's mental health services					
Developing the workforce	Implement Mental Health First Aid in Nottingham City and consider rollout in Nottinghamshire					
	Implement a joint agency workforce plan, incorporating future capacity planning and engagement with CYP-IAPT					