


Nottingham and Nottinghamshire Joint
Local Transformation Plan for Children
and Young People's Emotional Wellbeing
and Mental Health 2016-2024



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Chapter 1) Introduction

It is now eight years since the Nottingham and Nottinghamshire local system developed the first Children and Young People's Local Transformation Plan (LTP). The aim of the Plan is to improve the emotional wellbeing and mental health of the local population of children and young people in Nottingham and Nottinghamshire, through implementing the ambitions of the NHS Long Term Plan (2019) [NHS Long Term Plan » Children and young people's mental health](#), along with locally identified priorities, including COVID recovery plans. The Plan has been reviewed and refreshed annually and this is the 2023/24 update.

The Plan covers Nottingham and Nottinghamshire which includes two local councils; Nottingham City Council and Nottinghamshire County Council and services commissioned by [NHS Nottingham and Nottinghamshire Integrated Care Board](#) (ICB).

This LTP is the delivery Plan for Nottingham and Nottinghamshire's ambitions, informed by the NHS Long-Term Plan (2019), the [ICS strategy](#) and the [ICS Joint Forward Plan](#). It is further strengthened by alignment with other local work including:

- [The ICS All Ages mental health Strategy \(2019-2024\)](#)
- [Nottingham City SEND Strategy \(2023 – 2025\)](#)
- [The ICB wide Suicide Prevention Strategy and Action Plan \(2019-2023\)](#)
- [Nottinghamshire SEND Strategic Action Plan \(2021-2023\)](#)
- [Nottinghamshire Joint Health and Wellbeing Strategy \(2022-2026\)](#)
- [Joint Health and Wellbeing Strategy for Nottingham \(April 2022-March 2025\)](#)

The Plan will be monitored through the governance arrangements outlined in the '[Working Together](#)' section. In addition to monitoring the Plan, the ICS has a performance monitoring process to ensure delivery of National targets.

Context

The impact of the COVID pandemic continues to be felt. During the pandemic, referrals to Eating Disorder services doubled. Community CAMHS (Child and Adolescent Mental Health Services) reported increasing complexity in cases. These results were also found locally but have not been reflected post pandemic. The work outlined in this Plan had been developed in response to these national challenges and the pace of transformation outlined proposed to mitigate risk, has been expedited in direct response to this (NHS England 2022).

What Will be Different as a Result of this Plan?

- There will be additional investment in children and young people's mental health services. This investment will be informed by needs assessments and will be planned in partnership.
- More children and young people will be able to access mental health support via NHS funded mental health support services.
- There will be better services for 0–25-year-olds, including stronger transition arrangements between children's and adult services.
- The Eating Disorder referral to treatment time standards will be achieved and maintained.
- There will be 24/7 mental health Crisis care provision for children and young people which combines crisis assessment, brief response, and intensive home treatment functions and improvements in the local systems response to supporting children and young people who experience a crisis.
- There will be an increasing focus on prevention, self-care and the wider factors and building blocks that affect children and young people's health and wellbeing.
- There will be better links between physical and mental health services.

- All services working with children and young people will be mental health aware.

Overarching Aims

Our overarching aims are for:

- More children and 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 those within the Youth Justice service.
- 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.
- A coordinated system response to children and young people’s mental health and wellbeing.

Finance

The NHS Long Term Plan (2019) committed that mental health services will grow faster than the overall NHS budget with an additional commitment that funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health funding. Nottingham and Nottinghamshire ICB remains committed to achieving this standard of expenditure and, over the course of the NHS Long Term Plan. Local growth exceeds these ambitions. Spend by the ICB is detailed in the table below (please note this combines the totals by the two organisations previously known as Nottingham & Nottinghamshire CCG and Bassetlaw CCG). This shows an approximate 52% increase in spend from 2018/19 to 2023/24.

Table 1 Nottingham and Nottinghamshire ICB spend on Children and Young People’s Mental Health services

ICB	19/20	20/21	21/22	22/23	23/24 planned expenditure
Nottingham & Nottinghamshire ICB	£13,253,000	£15,519,000	£15,802,000	£16,483,000	£19,313,000

Chapter 2) Our Plan Priorities

Roadmap to 2024/25

The ICB and NHS organisations in Nottingham and Nottinghamshire have joined with partner organisations, including local authorities and the voluntary and community sector, to produce a strategy that explains how we are going to improve health and care for local people. This is known as our [Integrated Care Strategy](#).

The overarching ambitions of the Integrated Care Strategy are to;

- Improve Healthy Life Expectancy
- Improve Life Expectancy
- Reduce Health Inequalities

The Joint Forward Plan provides detail of what we are going to do. NHS organisations around the country, together with their partner organisations, are required to write these strategies and plans. Many local individuals, groups and organisations have been involved during Spring 2023 in writing the plan. Joint Forward Plan key areas are as follows;

1. Prevention: Reduce physical and mental illness and disease prevalence
2. Proactive management of long-term conditions and frailty Improve navigation and flow to reduce emergency pressures in both mental and physical health settings
3. Timely access and early diagnosis for cancer and planned care.

The Children and Young People's Mental Health Strategic Partnership Group oversees the development and implementation of the Local Transformation Plan for Children and Young People's Mental Health and subgroups manage implementation and delivery. The information within the following section showcases progress against the Plan. The [road map](#) outlines our future ambitions which demonstrate alignment with the ICS Strategy and Joint Forward Plan.







This year, we will further transform our Community, Crisis, Eating Disorder, Young Adults and Health and Youth Justice service provision. We will continue the rollout of Mental Health Support Teams in Schools (MHSTs) and digital service provision, in response to the pandemic.






We recognise that young people living in Nottingham and Nottinghamshire have different and individual needs. These individual differences may impact on their ability to access services, depending on where they live. We work closely with our Place Based Partnerships (PBP), to ensure that our services are accessible to, and meet the needs of local communities.

The diagram below summarises the priority areas that the Partnership is working on over the life of the Plan.

Table 2 Our Plan Priorities Roadmap to 2024/25

Figure 1- Long Term Plan Key Priority Areas 2019 – 2024/25		2019/20	2020/21	2021/22	2022/23	2023/2024	2024/25
Support for schools and early intervention	Develop a single point of access for all children and young people’s mental health early intervention services						
	Embed the Infant Mental Health service in Nottingham and further strengthen 0-5 mental health support across Nottingham and Nottinghamshire ICS footprint						
	Continue to develop the Nott Alone website						
	Continue the rollout of senior mental health lead training in Nottingham City and Nottinghamshire schools						
	Embed and extend Mental Health Support Teams in Schools coverage across the ICS footprint						
	Developed integrated, all age mental health communications under the NottAlone banner						

	Embed equitable early support across the ICS footprint	
Increasing the number of children and young people who can access services	Continue to develop and implement digitally enabled service models for children and young people	
	Improve the access arrangements for CAMHS so more children and young people have access to services in a timely way, including reducing waiting times	
	Build on our condition specific approach to developing 18-25 services, including improved transition, greater co-production, and alignment with Autism and learning disability pathways	
	Deliver timelier and evidence-based support to young people experiencing first episode psychosis and develop the At-Risk Mental State pathway	
	Continual improvement and transformation of the CAMHS Crisis, Liaison and Home Treatment offer including review of adult Crisis Café provision to inform potential	

	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 and young people’s mental health services.	
	Ensure children and young people’s plans align with those for Special Educational Needs and Disabilities SEND, transforming care and health and justice.	
Developing the workforce	Implement an ICS all age workforce plan, incorporating future capacity planning and engagement with children and young people - Improving Access to Psychological Therapies IAPT	
	Ensure that there is a sufficiently diverse workforce with the right skills to support those aged 0-25	

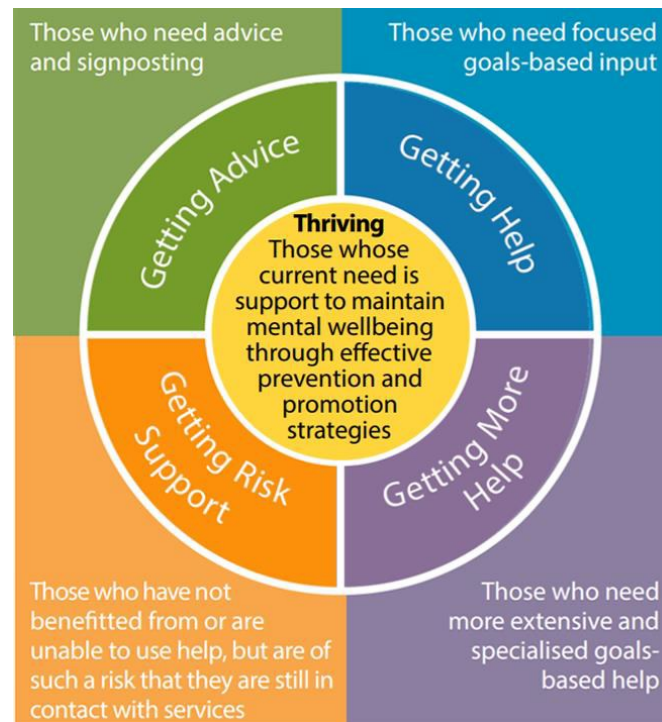
Increase multi-disciplinary capacity and specialist roles within the community to enable needs led support for children and young people



THRIVE Model as a Means of System Change

In Nottingham and Nottinghamshire, service planning has been aligned against the THRIVE model, to ensure we develop evidence-based services that respond to children and young people's needs. A short film describing the model can be accessed [here](#)

Figure 1 Thrive Model



Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A. Munk, S. (2019). *THRIVE Framework for system change*. London: CAMHS Press.

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people, and their families. 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 that was developed by a collaboration of authors from the Tavistock and Portman NHS Foundation.

The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people, and families through five different needs-based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. Emphasis is placed on the prevention and 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, which is fundamental to the approach. In March 2023, the Children and Young People's Strategic Partnership came together to review our current practice against the THRIVE assessment tool. From this work, we have developed a detailed delivery plan which can be found in [Chapter 2](#).

Systems partners will be working with the national Thrive team during the next 12 months to support delivery of ambitions to ensure that THRIVE like practice is embedded across our mental health system.

Chapter 3) Co-production and Engagement

All ICS partners remain committed to engagement, involvement, and participation to ensure the support delivered meets the needs of all children and young people, parents, families, carers and stakeholders. Our ambition is to ensure all future children and young people's mental health services will be co-produced with children, young people and families.

What Have we Done in 22/23?

Neurodevelopmental Website Co-Production Group

A co-production group has recently been established to aid the development of a Children and Young People's Neurodevelopmental website.

This group consists of individuals with lived experience of neurodevelopmental conditions, including both young people and their parents or caregivers. The members of this co-production group are working collaboratively in time-limited task and finish groups.

Currently, efforts are focused on assisting with key aspects to bring the website to fruition. Firstly, the design of the overall content and structure is under consideration to ensure the information provided is easy to comprehend and navigate. Simultaneously, work has begun crafting the initial content that will be featured on the website. As the next step, a user experience review group will be formed comprising members of the target audience. This group will play a role in testing the usability, feel and visual appearance of the website. Their feedback will be used to evaluate how effectively the site meets the needs of its intended users before a full public launch. The insights gathered should help optimise the website to effectively support children, young people and their caregivers dealing with neurodevelopmental conditions.

MH:2K

Work has continued with the Nottinghamshire MH:2K young people's group in Nottingham and Nottinghamshire.

In 2022/23, Citizen researchers carried out work in the following areas:

Mental Health Support Teams in Schools (MHST)

Citizen researchers engaged with pupils in 13 MHST schools and colleges from January – March 2022 and produced a report. Key recommendations from their work included increasing awareness of MHST schools, more focus on confidentiality and privacy, access to safe spaces in school and respect and care. An action plan has been developed based on these recommendations and is informing the on-going development of MHSTs.

Community and Targeted CAMHS

Citizen researchers met with providers and commissioners to inform the Targeted and Community CAMHS Improvement Project work in August 2023. Key recommendations from the meeting included increasing awareness of self-referral into CAMHS, improved single point of access arrangements and greater diversity and cultural competence in the workforce. These recommendations will inform the work of the improvement project and be reflected in the revised service specifications.

CAMHS Crisis

MH:2K carried out a session to gather ideas and suggestions from citizen researchers on improving the mental health crisis care pathway. The main goal was to understand children and young people's experiences with the current system and to identify potential gaps in care.

The research involved learning about a typical journey or experience someone may have during a mental health crisis, including the various services and professionals involved at each stage. The citizen researchers then had conversations with crisis care providers to share positive feedback on what's working well, like home visits to provide reassurance, collaborative team support through the process, and improved after-crisis follow-up care to help break recurring cycles.

The researchers also discussed challenges the current pathway faces, including issues with accessing services due to limited capacity, lack of community services after 8pm, and long wait times for initial assessments. It was identified that some of these challenges related to wider community services and not just CAMHS Crisis.

From this feedback, the researchers developed recommendations such as;

- Reviewing how wait times could be better managed and providing resources during delays
- Developing a "Crisis Pack" with coping tools and safety planning guides, enhancing post-crisis support so it doesn't end abruptly
- Creating interactive online self-help tools, and designing a take-home leaflet on managing distress, building resilience, and accessing further help if needed.

Engaging citizens directly provides MH:2K invaluable insights on improving mental health services. They will carefully consider this feedback while working to enhance crisis care and outcomes for all. Ongoing public consultation and collaboration will be key as partners continue to build a more responsive system centred on people's needs.

CAMHS Eating Disorders

MH:2K and the CAMHS Eating Disorder Team had a collaboration session in 2022 to understand the young persons journey through the pathway and also review the information provided to young people and families who access the service.

In the main feedback was positive in relation to the pathway however it was identified that the service only supports young people with a diagnosable eating disorder and further work was required to share information about where young people could access support for lower-level eating disorders/disordered eating.

The Citizen Researchers provided invaluable feedback in relation to the service information letters, leaflets and care plans. This feedback has been used by the service to improve their documentation to ensure that it is meaningful and useful for children and young people and their families.

Examples of work undertaken within provider organisations are as follows;

Be U Notts

Be U Notts is leading on a CYP coproduction group to steer its service delivery – The 'Be U Crew' is establishing a group of core members and is currently receiving support from Nottingham Trent University internship to help with its development.

Child and Adolescent Mental Health Services (CAMHS) Targeted CAMHS

Targeted CAMHS use several methods to incorporate co-production and youth voice into its services. A Healthy Little Minds stakeholder group meets quarterly with parent representatives to gather regular feedback. Healthy Little Minds has also co-produced resources directly with parents through

a dedicated carers and parents' voice group comprised of those who previously accessed Healthy Little Minds (HLM) support.

The Nottingham City Gender Dysphoria Group contributed to redesigning the Targeted CAMHS logo during discussions with young people around rebranding efforts. Leaflets, literature, and informational materials about CAMHS groups have been co-designed with children and young people and include QR codes based on their suggestion. Roadshow t-shirts were designed by young people as well.

Targeted CAMHS continues to support the Well-Being Empowerment Hub which embeds co-production approaches. Additionally, workforce proposals include designated roles to facilitate further co-production and peer support initiatives. Overall, multiple avenues are utilised to incorporate meaningful engagement from young people and parents within Targeted CAMHS services.

[Nottinghamshire HealthCare Trust](#)

Nottinghamshire Healthcare Trust is undertaking several initiatives to increase family and young people's involvement. A Trust-wide quality improvement is underway to enhance communication with carers, including a CAMHS-specific focus on developing parent/carer and sibling welcome packs.

The Trust also plans to incorporate young person perspectives into new staff training through sharing youth journeys within CAMHS services and detailing involvement, feedback, and participation opportunities.

Additionally, all CAMHS Teams now have designated leads for involvement and participation. A successful peer mentoring program within Mental Health Support Teams represents current young people engagement efforts.

With dedicated leads, targeted projects, and plans to embed lived experience into staff training, the Trust is actively working to expand family and young person participation across its CAMHS services.

Figure 2 Anonymised Feedback to CAMHS Service from Parent

Thank you so much for all you have done for not only for our child. But the rest of family too You have been a shining light when as a family we have been in a really dark place. You have been so caring and kind and have known just how to help. You are a very special person, and we will all be forever grateful for all that you have done to support and guide us.

Figure 3 Anonymised Feedback from Young Person

Too many points of contact, too many people involved in my care it was overwhelming, I had the dietician, the therapist and the advice was inconsistent.

Nott Alone Website

Thanks to initial funding from the Department of Education, the innovative <http://www.Nottalone.org.uk> website was launched in late 2020. This 'one-stop-shop' has provided a useful online resource connecting young people, their parents/carers, and supports professionals to access local mental health advice and services.

Building on this established foundation, plans are now underway - with substantial input from citizens - to expand the NottAlone platform to better serve adults as well, due to be ready at the beginning of 2024. This next phase continues the project's ongoing commitment to co-production, ensuring services continually develop to meet evolving needs. Further information about the website is included [here](#).

Chapter 4) Working Together

As outlined in the introduction, a wide range of partners work to support children and young people's mental health in Nottinghamshire, many of whom have contributed to this Plan.

Nottingham and Nottinghamshire Integrated Care System is a partnership of health, social care, the voluntary sector, and other partners who have come together to plan and deliver services to improve the health of people who live and work in this area. This includes children and young people's mental health.

Place Based Partnerships

Sitting within the Nottingham and Nottinghamshire wide ICS are Place Based Partnerships (PBPs). There are four PBPs in Nottingham and Nottinghamshire, they cover Nottinghamshire South, Nottingham City, Mid Nottinghamshire and Bassetlaw. Membership includes local authority representatives, district councils, community hospitals, GPs, social care, and other providers. These groups are relatively new, and all have identified children and young people's mental health as priority areas for work and will be contributing to help achieve the priorities outlined in [section 1](#).

Examples of how Place Based Partnerships are developing local (place) support for children and young people include:

- Bassetlaw young people's service providers, Point of View Volunteers and Bassetlaw Youth Council, supported by Bassetlaw Mental Health Alliance have worked with children and young people to co-produce a waiting well toolkit, known as the 'Peace of Mind Toolkit' which supports young people aged 11-25.
The magazine-style toolkit is designed to provide a comprehensive resource for young people on waiting lists for mental health support, offering a wealth of information including strategies, local support, and top tips and videos created by young people to help navigate the challenges they face. This was formally launched at Retford Town Hall on World Mental Health Day 2023.
- Nottingham South PBP submitted a bid to the Health Inequalities and Innovation Fund and have been successful in securing funds to develop a green social prescribing offer for young people across the South of Nottinghamshire. This offer aims to improve the mental health and wellbeing of young people, reduce social isolation, increase community engagement, promote sustainability, and provide enterprise opportunities, all of which provide long-term benefits for both the young person and the wider community.
Green social prescribing provides a unique service that prioritises early intervention, promoting health and wellbeing through nature-based activities. All whilst adopting sustainable lifestyle choices, educational opportunities and employability skills. Activities on offer will include bushcraft, boating, foraging, walking, dance and floristry. The provider will work with our local providers to identify young people who would benefit from this approach to improve their emotional wellbeing outcomes.
- Nottingham City PBP, working with Nottingham City Collaborative for better mental health, have been running a series of all age Community Listening Sessions (Let's Talk Mental Health Nottingham City) to hear from citizens about how support in the local area could be improved. Sessions have included 'Cost of Living and Mental Health', 'Physical Health and Mental Health' and 'Workplace Wellbeing'.
- Mid Notts PBP are currently developing a children and young people's mental health forum which will bring together professionals across the system to discuss CYP mental health and emotional wellbeing with aim of improving pathways and support for CYP who live in the Mansfield and Ashfield areas.

Nottingham and Nottinghamshire Adult and Children's Mental Health Executive Partnership Board

This ICS Board promotes and facilitates transformation to improve the mental health of the population of Nottingham and Nottinghamshire and addresses health inequalities, whilst overseeing current system performance. It has overseen the development and delivery of an All Age Integrated Mental Health and Social Care strategy and has endorsed this Plan for Children and Young People and will receive quarterly progress updates.

Suicide Prevention Strategy Group

Nottingham and Nottinghamshire have a Suicide Prevention Strategic Steering Group. The partnership group is responsible for the development and implementation of the local all-age suicide prevention strategy and plans. There is a reporting link between the Suicide Prevention Strategic Steering Group and the Children and Young People's Mental Health Strategic Partnership Group for actions relating to children and young people.

A wider Suicide Prevention Stakeholder Network sits underneath the Suicide Prevention Strategic Steering Group. The Network helps to shape local suicide prevention work and is an opportunity to share good practice, link with other professionals and learn about what is available to help support others. Over 200 workers and organisations across Nottingham and Nottinghamshire are signed up to the Network.

Self-Harm Steering Group

A Nottingham and Nottinghamshire Self-Harm Steering Group was established in 2022. The Self-Harm Steering Group is responsible for working together to deliver on the recommendations from a review of self-harm support in the community.

Children and Young People's Mental Health Strategic Partnership Group

The Strategic Partnership Group includes representatives from the ICB, local authority children's services, education, Public Health, district councils, elected members, local NHS and non-NHS providers and NHS England to ensure a coordinated approach to improving children and young people's mental health.

They are responsible for:

- Reviewing and monitoring delivery of the Local Transformation Plan, including considering the impact on outcomes for children and young people.
- Monitoring any risks and issues and developing plans to address these.
- Ensuring that commissioning of children and young people's mental health services is undertaken in a joined-up way and that commissioning and that commissioning processes are used to improve services for children and young people.
- Ensuring that our Local Transformation Plan links with other plans for children and young people.

The Group currently has several subgroups which report into it; areas include eating disorders, Mental Health Support Teams in Schools, co-production and communications. These sub-groups are focussed on making improvements within key areas of the LTP and have discrete project plans.

The work of the Children and Young People's Mental Health SPG is driven by the following commitment to children, young people, and families.

We know how important mental health support is for children and young people; our aim is to work together to ensure that all children and young people enjoy positive mental health and emotional wellbeing, including disabled young people and those that are most vulnerable in society. We want to reduce the stigma around accessing mental health services and ensure that children and young people have a good experience of the care and support we offer.

- We will value mental health equally with physical health (parity of esteem)
- We will support children and young people to be actively involved in the design, delivery and evaluation of services which support children and young people's mental health
- We will provide clear information about the range of services available, so that children, young people, and families know who does what and how to access help
- We will commission and provide services in a joined-up way, so that money is spent well, on evidence-based interventions
- We will support and encourage the education, training, and development of the local workforce around children and young people's mental health
- We will monitor the effectiveness of services and provide challenge where necessary, so services continue to improve

Learning Disability and Autism Steering Group

The NHS Long Term Plan outlined concerns around waiting times for children and young people with suspected autism to receive diagnostic assessments. To help address this issue, the ICB has developed a pathway roadmap focused on strengthening early support and diagnosis in line with best practice guidelines.

The roadmap aims to facilitate testing and implementation of effective ways to reduce waiting times for specialist services along the concerning behaviours pathway, with a particular focus on the diagnostic assessment element. To oversee delivery of this roadmap, we originally established a Children and Young People's Neurodevelopmental Assessment Task and Finish Group, which reported into our Learning Disability and Autism Steering Group.

This Task and Finish Group has now been replaced with a standing Children and Young People's Neurodevelopmental Assessment Working Group. Reporting into this working group are two additional task and focus groups dedicated to: reviewing our neurodevelopmental pathway and coproducing an online resource about neurodevelopmental issues.

Oversight and governance of our work to support children and young people with learning disabilities and autism is provided through the Learning Disability and Autism Steering Group. This group feeds up to the Learning Disability and Autism Operational Delivery Group, which in turn is accountable to our Learning Disability and Autism Partnership Executive Board.

Chapter 5) Tackling Health Inequalities

Health inequalities are unjust differences in health experienced by different groups of people.

We know that the following groups of children and young people are at greater risk of developing mental health problems and that these have been exacerbated by the COVID pandemic. The following groups may be at risk of poorer mental health and wellbeing outcomes.

- Children who are Looked After by their local authority
- Children on a child protection plan and Children in Need
- Adopted children
- Unaccompanied asylum-seeking children
- Children living with connected carers
- Care leavers
- Children with physical health problems
- Children and young people from a Black, Asian and Minority Ethnic Background
- Children and young people who identify as LGBTQ+
- Children and young people living in poverty
- Children and young people with a disability, including those with a learning disability, autism or with an Educational Health and Care Plans.

Nottingham and Nottinghamshire have strong leadership and a clear direction in place to tackle health inequalities across the ICS.

An ICS wide [Health Inequalities Strategy](#) has been developed to drive forward actions during 2020-2024. The plan includes a framework for assessing the impact on health inequalities as a result of COVID and includes key objectives around:

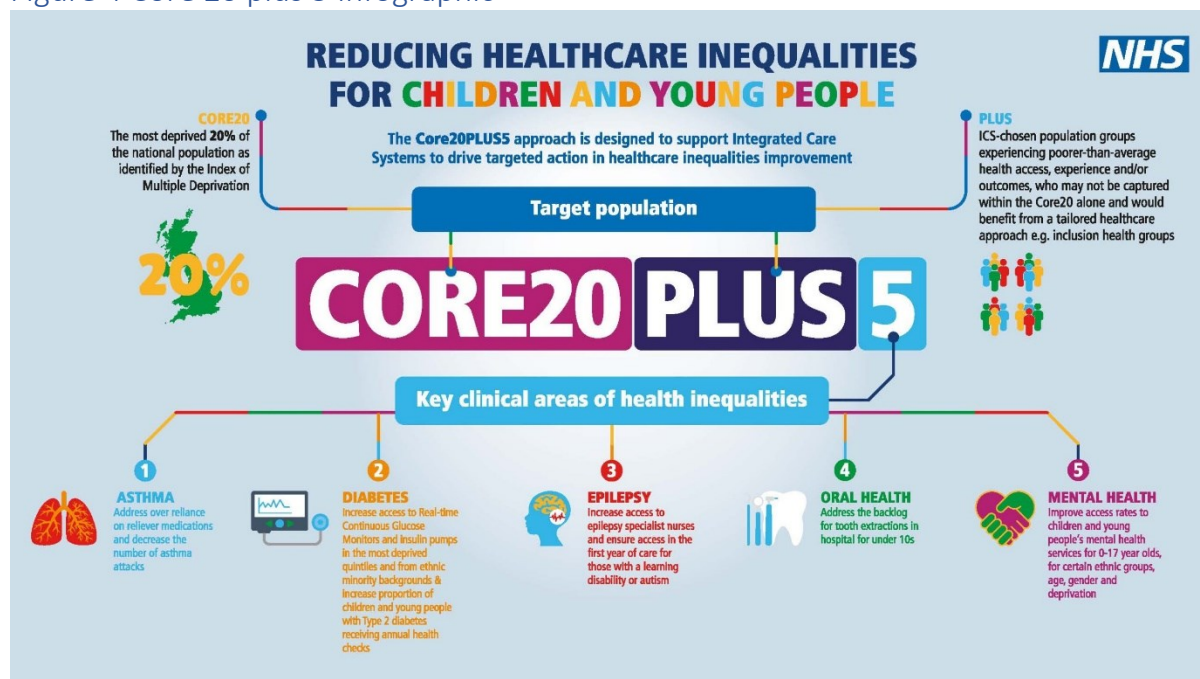
- Recognising the impact of COVID for children and young people (school disruption and access to health & care services) and taking a partnership wide approach to recognising and prioritising return to school and increasing access to services.
- Validating plans to deliver the system's mental health transformation and expansion programme, with a particular attention to advancing equalities in access, experience and outcomes for groups facing inequalities across different mental health pathways.
- Improve the quality and flow of mental health data to allow more robust monitoring of children and young people's experience of accessing services and act where problems are identified.

There have been some recent national and local insights work that we have drawn on in developing and planning our services.

Core 20 Plus 5

[Core20PLUS5](#) is an approach outlined by NHS England (NHSE) to support the reduction of health inequalities at both national and local level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring quick improvement. the infographic below illustrates the approach.

Figure 4 Core 20 plus 5 Infographic



Source: NHS England, 2022

The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people. Five clinical areas have been identified for accelerated improvement: Asthma, Diabetes, Epilepsy, Oral health and Mental health. All these areas are underpinned by NICE guidance.

Commissioning of children and young people’s mental health services is informed by NICE guidance and the relevant NICE guidance helps shape individual service specifications. Incorporating NICE recommendations into our work, ensures that care provided is effective, makes efficient use of resources, reduces inequalities and unwarranted variation.

This chapter includes a focus on work being undertaken across the system with the Core and PLUS population groups including ethnic minority communities; people with a learning disability and autistic people, looked after children/care leavers and those in contact with the justice system.

Children and Young People’s Mental Health Equity Audit

A key recommendation in our refreshed Joint Strategic Needs Assessment (JSNA) chapters is to review access to services for children and young people using emotional and mental health services across the population and ensure systematic barriers are mitigated or removed using the framework outlined in the Advancing Mental Health Equality Framework and the Public Health England Health Equity Assessment Tool (PHE HEAT tool).

To address this recommendation a Health Equity Audit was conducted, with the overall aim to review the equity of access to, uptake of and outcomes for children and young people using emotional and mental health services across the population. The findings of the audit will be used to inform actions to mitigate or remove systemic barriers. This work was undertaken between August 2022 – June 2023.

The audit made a number of recommendations around consistent data collection, understanding the needs of the student population and sharing best practice across providers. The findings of the audit will be used to inform actions to mitigate or remove systemic barriers.

Wider Work

We have developed action plans in response to the co-production work outlined in the co-production chapter, so we can ensure that our services are responsive to the children, young people, and family's needs. We will continue to use evidence from our local needs assessments to inform the on-going programme of involvement which aims to understand potential reasons for and solutions to these inequalities in access, experience, and outcomes.

Nottinghamshire Healthcare Trust will undertake a piece of work focusing on Health Population Needs piloted in Mansfield, the pilot is to better understand the health needs in this local population, impact on was not brought and other factors. We hope that the intelligence from this work will improve the wider service provision, outreach, and outcomes.

Our Next Steps

During 2023/24, we will embed tackling health inequalities throughout the planning and delivery of children and young people's mental health transformation through the following approach:

- Workforce plans will ensure the workforce is reflective of the local population
- Embed continual monitoring of access, experience, and outcomes by key population characteristics in our service delivery and evaluation
- Identify and address inequalities in access, experience, and outcomes from services where they exist, including implementing the health equity audit action plan
- Support our most vulnerable young people to access our early intervention offer, whilst ensuring that services are targeted at those in the greatest need.

Local Context and Prevalence

Trends in a national Mental Health of Children and Young People (MHCYP) survey showed a gradual rise in mental disorders overall up to 2017, largely accounted for by a proportionally large increase in emotional disorders since 2004. Rates of probable mental disorders have increased more significantly since 2017; in 7–16-year-olds from one in nine (12.1%) to nearly one in five (18.0%), and in 17–19-year-olds from one in ten (10.1%) to one in four (25.7%) in 2022.

(Source: [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NDRS \(digital.nhs.uk\)](#)).

Table 3 Population of Children and Young People Aged 7-19 Estimated to Have a Mental Health Disorder

	Male	Female	All
Ashfield	2,893	2,978	5,871
Bassetlaw	2,513	2,581	5,094
Broxtowe	2,341	2,510	4,851
Gedling	2,578	2,579	5,157
Mansfield	2,439	2,488	4,927
Newark & Sherwood	2,621	2,793	5,414
Rushcliffe	2,729	2,905	5,633
Notts County	18,113	18,834	36,947
Nottingham	9,386	11,333	20,719
East Midlands	114,737	121,935	236,672

Sources NHSD (2022) and ONS Census (2021)

Table 4 Population of Young People Aged 20-23 Estimated to Have a Mental Health Disorder

	Male	Female	All
Ashfield	609	1,024	1,633
Bassetlaw	553	882	1,435
Broxtowe	632	1,035	1,667
Gedling	495	833	1,328
Mansfield	513	887	1,400
Newark & Sherwood	585	980	1,565
Rushcliffe	611	1,065	1,676
Notts County	3,998	6,705	10,703
Nottingham	4,465	8,429	12,894
East Midlands	30,131	51,757	81,889

Sources NHSD (2022) and ONS Census (2021)

Notable trends reported by services and from local and national data within Nottingham and Nottinghamshire include:

- National prevalence data shows increasing numbers of children and young people who are estimated to have a mental health disorder.
- Emotional and Mental Health Needs of Children and Young People aged 0-18 (2022)
- Referrals to Targeted CAMHS and Community CAMHS (including Specialist CAMHS services) peaked in 2022 but have now returned to pre-pandemic levels. However, the level of complexity in presentation has increased.
- Requests for support for emotional and mental health support from early intervention mental health services remain high.
- Numbers of children being seen for self-harm by both the Nottinghamshire South and Nottinghamshire North self-harm services have increased considerably; the services have reported an increase in the numbers of both urgent and complex self-harm cases.
- Referrals in relation to behaviour and suspected Autism/ADHD are rising.
- Children in Care are more likely to have had experience of social and environmental risk factors and a number of adverse childhood events (ACEs) than other children. Nationally 45% of children in care were found to have a diagnosable mental health disorder, with mental health problems thought to be even more prevalent in this group (Meltzer et al, 2002; McAuley & Davis, 2009)

The emotional and mental health needs of our local population of children and young people are outlined in our joint strategic needs assessments. Findings and recommendations from the following Joint Strategic Needs Assessments (JSNA's) have informed our Plan.

Nottingham City JSNAs

- Emotional and Mental Health Needs of Children and Young People aged 0-18 (2022)
- Children in Care (2017)
- Substance Misuse (illicit drugs and alcohol) (2022)
- Children and Young People: Special Educational Need and Disability (2016)
- Safeguarding Children (2017)
- Students (2016)

Nottinghamshire County JSNAs

- Emotional and Mental Health of Children and Young People (2021)
- Children and Young People (2013)
- Maternity and Early Years (2016)
- Substance Misuse: Young People and Adults (2018)
- Youth Offenders (2014)
- 1001 days From Conception to aged 2 (2019)
- Self-Harm (2019)
- Domestic Abuse (2019)
- Mental Health (Adults and Older People) (2017)
- Early Years and School Readiness (2019)

To better understand local need, providers are undertaking the following:

- Prioritising a more inclusive workforce organisationally and within CAMHS services
- Including Equality, Diversity and Inclusion whole service approach.
- Developing data recording systems to capture Equality and Diversity Information and improve data collection
- Consideration of protected characteristics in data collection

Supporting The Most Vulnerable Children, Young People and Families

Early Support for families experiencing multiple disadvantages continues to be provided in Nottinghamshire by the Family Service and by the Targeted Family Support team in Nottingham City.

The Family Service is a consent-based service for families at level three of the Pathway to Provision where a child causing concern, or the majority of children are school age will be allocated an Early Help Case Manager within the Family Service who will undertake a whole family assessment and coordinate a multi-agency plan of support.

In Nottinghamshire, families can access the Graduated Family and Parenting Offer. Referrals can be made under one of the following main presenting needs:

- Improving Family Functioning
- Parenting of children and young people exhibiting risk taking behaviours
- Reducing violence and conflict within the home between child and parent
- Improving practical routines and boundaries
- Parenting a child/young person with autism and/or attention deficit hyperactivity disorder.

In Nottingham City the Targeted Family Support Team (TFST) provides support when children and families are experiencing a range of increasing problems that require extensive, multi-agency support to meet the needs of the whole family.

TFST intervention includes support with Parenting and Behaviour, Domestic Abuse, Mental Health issues, Substance Misuse, Child Sexual Exploitation, Child Criminal Exploitation, Health and Education issues (this is not an exhaustive list).

TFST will do this by:

- Working with the whole family, building on their strengths
- Building resilience so families can manage their own difficulties and become less dependent on services
- Helping families to find solutions within their own family network and the wider community
- Working together, with the family and other agencies to complete the plan of work

- Completing direct, 1:1 sessions with children, young people and their parents/carers

The Developmental Trauma and Attachment Team (DTAT)

This is a team of specialist social workers within Nottinghamshire Children's Social Care, who have training in therapeutic interventions appropriate to families where their children are displaying developmental trauma difficulties. The team uses attachment theory to understand the needs of children and young people and a systemic approach in how we work with families and the professionals involved in their lives. The team offers pathway approach consisting of evidence-based interventions that are adult led which supports relational repair and recovery of developmental trauma and relationship with children and young people.

The criteria apply to families who have children and young people up to the age of 18 years and where there is either an open referral to Nottinghamshire children's social care, an edge of care presentation or children and young people who are living in a kinship arrangement with current or previous social care involvement from Nottinghamshire.

LGBTQ+

LGBT+ service

The Nottinghamshire LGBT+ service offer one-to-one and group support for children and young people aged 11-25 providing emotional and practical support. They also offer support to parents and carers of Trans* children. There are no age restrictions on the age of their child. They do not provide medical intervention but can offer LGBT+ specialist counselling.

Nottinghamshire Health Care Trust have a planned walk around at clinical bases re: LGBTQ+ to gather young people's views and implement actions.

Bassetlaw

Talkzone offers free, confidential mental health support and counselling for children and young people, aged 11-25, in Bassetlaw. These services provide a safe space to talk and offer support for children and young people focusing on anger, low moods, confusion, anxiety, loneliness, self-harm, bullying, relationship/family breakdowns, low self-esteem, or issues around sexual orientation or gender identity. Talkzone is an LGBT+ inclusive service and have LGBT+ specialist staff.

There are a number of support groups for LGBTQ+ young people across the ICS. These are the LGBTQ+ young people's service which is based in Bassetlaw, but covers the whole of Nottinghamshire, Outburst in Nottingham City, and Genderphoria in Nottingham City. The first group offers support to LGB, and Trans young people aged 11-25 on a group and one to one basis and runs groups for parents. They also deliver training and are Stonewall accredited.

Nottingham City

Healthy Little Minds 0-5 Infant Mental Health Service have developed referral forms and an assessment package which aims to embrace all family compositions and include variation to traditional gender roles within a family system.

Be U Notts

Be U Notts has linked with the Nottingham Playhouse and October sees the launch of two groups using the arts with therapeutic interventions and social inclusion to promote self-esteem and confidence and build resilience - 'Be Unity' invites Gender diverse CYP and allies to come and join in.

Be Male' invites males 16+ to join us.

Joint Work with Physical Health

- Work is underway to develop physical healthcare standards for community CAMHS to ensure that all young people seen in the community have baseline physical observations and assessments.
- Recruitment of Community CAMHS Specialist Dietitian to improve physical health outcomes for young people in the service and foster strong links with other community services.
- Recruitment of physical health nurse for Early Intervention in Psychosis service
- Be U Notts will be launching 'Be Enabled' later in 2023 supporting CYP with long term illness, life limiting conditions, sensory impairment, and unseen conditions.

Children In Care and Care Leavers

As of March 2021, there were 80,850 Children in Care nationally. In September 2023, in Nottinghamshire (including Bassetlaw) this number was 986, an increase of approximately 24% since 2021 when the number was 790. In Nottingham City the number was 727, representing a slight increase of approximately 6% since 2021 when the number was 685. The NHS has a major role in ensuring the timely and effective delivery of health services to Children in Care (and, by extension, to care leavers) by ensuring effective services are in place, delivered through provider organisations, and through individual practitioners providing coordinated care for children child following national guidance and statutory responsibilities.

What has happened in 2022/2023

Within Nottingham and Nottinghamshire, we have two specialist Children in Care CAMHS teams which comprise of mental health professionals and social workers. These teams assess mental health needs and deliver tailored support to meet the individual needs of both the child or young person, and the people supporting them.

The Nottingham City Children in Care CAMHS team has recently being transformed and additional investment has been received to recruit Occupational Therapy and Speech and Language Therapy workers.

Children in care within Nottinghamshire continue to be able to access the 'You Know Your Mind' programme which allows children in care and care leavers (up to the age of 25) the opportunity to explore creative ways of supporting their own emotional wellbeing and mental health needs through a support plan, funded through a personal budget. During 2022/23, 351 children and young people (in Nottinghamshire) had a personal budget in place and the programme continues to show excellent outcomes.

'You Know Your Mind' has also been rolled out within Nottingham City, though initially to a smaller cohort of young people (those leaving care).

Nottingham and Nottinghamshire ICB have secured some additional investment from NHS England to pilot an 'Integration project' which supports new and innovative ways of meeting need. Locally, we selected children in care / on the edge of care / care leavers as a potential cohort, with an overarching aim of facilitating improvements across Nottingham and Nottinghamshire whilst reducing unwarranted variation for children and young people, families and carers. We have engaged with partners to identify areas for focus which consider work undertaken elsewhere within the system, and through these discussions, have agreed an area of focus of transition and post-18 support for children in care / on the edge of care / care leavers.

What will Happen in 2023/24

The Nottingham City Children in Care CAMHS service review will be completed, and the new service offer will be in place. This will be communicated widely to children and young people, families and professionals.

The You Know Your Mind Programme will be expanded within Nottingham City meaning that all children in care and care leavers across Nottingham and Nottinghamshire will have the opportunity to access a personal budget to support their emotional wellbeing and mental health.

A service review has commenced within the Nottinghamshire County Children in Care service, these will now take place on an annual basis to ensure that the requirements of the service are being met and that a high-quality service is being delivered which facilitates positive patient outcomes. The service review will ensure that any issues or concerns that are identified are recorded and addressed, and that any risks are raised through appropriate management routes. Once complete, any changes will be appropriately communicated with children, young people, families and professionals.

In 2023/24, we will continue to work with our partners to progress the Integration pilot, ensuring that it compliments work already taking place whilst also supporting the aim of reducing unwarranted variation for this cohort of children and young people.

Improving Residential Support and Care

Children and Young People in Inappropriate Settings or with Complex Discharge Needs

In March 2022 the Deputy Chief Nurse for Nottingham and Nottinghamshire (N&N) Clinical Commissioning Group (CCG) identified a requirement for partners to collaborate in overseeing the care and progress of CYP, at that time, in crisis and being cared for in acute medical beds. A daily partnership meeting was established with membership from both local authorities, two acute hospital trusts and Child and Adolescent Mental Health Services (CAMHS).

Following a review, from October 2022, the meeting has been held weekly, for one hour, chaired by the Head of Children's Nursing for the ICB. The Associate Nurse for CYP, Safeguarding and SEND and Designated Doctor for Safeguarding deputise in Chairing as required. In the year 2022-23, 47 CYP were recorded as having been discussed at the weekly meeting. Meetings are held in response to specific escalations, as required. In Spring 2023, further analysis was undertaken to better understand the needs of young people being discussed at the meeting and to identify recommendations these include

- a) Review service availability to support CYP with self-harm and suicidal thoughts who do meet the threshold for CAMHS and consider how it could be expanded/improved to meet the needs of CYP to avoid admission to hospital.
- b) Review inpatient skills and capacity to manage the needs of complex young people whose discharges are delayed and consider whether there needs to be specific beds with trained multi-agency teams to manage those with complex mental health, emotional health or behavioural needs.
- c) Review the services available for 14-17 year olds to support their mental health and those who self-harm.
- d) Review the capability of all services to appropriately meet the needs of CYP with learning disabilities and autism.
- e) Review the provision for looked after children and young people specifically to support their carers in being able to manage their needs in the community
- f) Consider a role in Nottingham and Nottinghamshire to lead and manage escalations for CYP with emotional, mental health or behavioural needs, similar to the role in place in Derbyshire.
- g) Review the HSIB Report from May 2023 and consider relevant actions for the system [Keeping children and young people with mental health needs safe: the design of the paediatric ward - Interim Report \(hsib-kqcco125-media.s3.amazonaws.com\)](https://www.hsib.org.uk/media/125/hsib-kqcco125-media.s3.amazonaws.com)
- h) Prioritise preparation for adulthood and transition from children to adult services, including flexibility of age in all service contracts.
- i) Continue to influence at local, regional and national levels via mental health, learning disability and autism, Looked After Children and safeguarding routes.

The ICB Head of Children's Nursing will have oversight of these actions.

The D2N2 Home Development

It is widely acknowledged in national forums that robust access to sufficient health and care provision for young people in residential care is limited. By agreeing and developing local appropriate pathways for care and support we intend to offer the right support, at the right time and in the right place.

Where children and young people have complex presentations, they may receive care or consultation from the CAMHS Looked After Children and young people (LAC) Teams as outlined above, for some this level is not intensive enough to meet their needs, this results in private providers being commissioned alongside the CAMHS LAC, often as part a Continuing Care package.

In response to this challenge; in October 2021 all the respective Children's services presented (to the then CCG's) a proposal detailing an approach to work together, to jointly commission and/or align commissioning (through a joint delivery approach) across the D2N2 Footprint, (Derby City Council, Derbyshire County Council, Nottingham City Council and Nottinghamshire County Council), with a view to ensuring the system's approach to supporting the needs of children and young people placed within these homes improves.

Following the initial agreement of the approach, the D2N2 consortium worked to develop a specification for D2N2 4 x specialist two bed homes, and a series of workshops took place to identify how effective education, health and care was in their respective delivery models.

The focus is on the development of small 2-bed children's homes for children and young people with complex mental health/challenging behaviour:

- Acute and/or prolonged presentation of emotional/psychological deregulation, poor impulse control placing the young person or others at serious risk, and/or symptoms of serious mental illness that places the individual or others at risk; this will include high-risk, self-harm.
- and/ or
- Challenging behaviour of high frequency and intensity, despite intense multi-agency support, which threaten the immediate safety of the child or those around them and restrict everyday activities (e.g., exclusion from school or home environment).

Regional local authority commissioning is well established in D2N2 via the D2N2 Children in Care Framework with oversight and governance provided by the D2N2 Children in care (CiC Strategic Board) (currently ICB representatives are not part of this Board).

The next steps for the project are for D2N2 to tender via a block contract for the provision (detailed above), which will be linked to the ICBs CAMHS support. The ultimate vision presented for decision is a fully integrated approach whereby all four local authorities will provide an integrated service (single system) to develop a regional solution to support care and clinical needs of the cohort. ICB partners are engaged to understand how the health needs can be met optimally.

Special Educational Needs and Disabilities

The NHS Long Term Plan outlined that children and young people with suspected autism wait too long before being provided with an (diagnostic) assessment. The associated three-year road map facilitates the implementation and testing of effective ways to reduce waiting times for specialist services in line with best practice guidelines. It focuses on the diagnostic/assessment element of the concerning behaviours pathway with a focus on strengthening early support and diagnosis. The majority of diagnostic assessments for children with suspected autism or learning disability are provided by community paediatricians at Nottingham University Hospitals (NUH) for South County and Nottingham City, and Sherwood Forest Hospitals Foundation Trust (SFH) for Mid Notts).

Clinical Psychology posts have been recruited to in Bassetlaw Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBHT) and Nottingham City/South Notts (NUH) and commenced in 2023. Following unsuccessful recruitment to the Central Notts (SFH) post, the job advert, and description are being reviewed the CYP Neurodevelopmental Assessment Working Group to make it more attractive to potential applicants.

As part of the NHS Long Term Plan, Nottingham and Nottinghamshire have developed a Key Worker service who provide children and young people with a learning disability, autism, or both with the most complex needs with a designated Key Worker. The service went live with fully recruited teams in place from February 2023 and support is currently provided to children and young people who are inpatients or at risk of being admitted to hospital. In line with national guidance. This will be extended to the most vulnerable children with a learning disability and/or autism, including Children in Care and adopted children and those in transition between services. The electronic Dynamic Support Register (DSR) is used as an instrument to identify children and young people eligible for the Key Working service and help ensure these cases are reviewed regularly by services.

Neurodevelopmental Website: The neurodevelopmental website is currently being co-produced with professionals, young people, and families with lived experience.

The neurodevelopmental website for children, young people and their families/carers will support the health and wellbeing of people who need information and advice regarding neurodiversity along with advice regarding the referral pathway process. The website will also include information regarding pre and post diagnostic support along with resource support and signposting information to other services.

The project commenced in May 2023 and is anticipated to be completed by March 2024.

[Learning Disability Annual Health Checks:](#)

People with a learning disability aged 14 years and over on their GP practice's learning disability register, are entitled to a free annual health check with their GP practice [Don't Miss Out - Annual Health Checks Mencap](#). The Annual Health Check is a review of the person's physical and mental health and is usually performed by a GP or nurse. This regular check-up helps to provide early identification and treatment of any health concerns before they get too bad. As part of the NHS Long Term Plan there was a commitment to ensure at least 75% of people on the learning disability GP registers receive an Annual Health Check by March 2024. In Nottingham and Nottinghamshire 76% of people on the learning disability GP register received a health check at the end of March 2023, achieving the national ambition a year in advance.

[Care, Education and Treatment Reviews](#)

Care, Education, and Treatment Reviews (CETRs) are for children and young people with a learning disability, autism or both and their families. They happen when the child or young person has been admitted or maybe about to be admitted to a specialist mental health facility or learning disability hospital Care, Education and Treatment Review (CETR) - Learning Disability Matters Learning Disability Matters. The CETR pathway aims to:

- Support people with learning disabilities and / or Autism and their families to be listened to and equal partners in their own care and treatment pathway
- Prevent people with learning disabilities and / or Autism being admitted unnecessarily into inpatient Learning Disability and Mental Health hospital beds
- Ensure any admission is supported by a clear rationale of planned assessment and treatment together with defined and measurable outcomes and a target discharge date.

- Where hospital admission has been deemed necessary, ensure all parties work together with the person and their family to support discharge into the community at the earliest opportunity
- Identify barriers to progress and to make clear and constructive recommendations for how these could be overcome.
- Have a clear plan of action going forward, including timelines and who is responsible for actioning
- Requests for community CETRs are made via the electronic Dynamic Support Register

Education Health and Care Plans (EHCPs)

In Nottinghamshire children and young people with SEND can access support in mainstream schools without the need for an EHCP. This includes access by the child's school to specialist advice and guidance, and where appropriate to additional SEND funding. This includes for children and young people whose primary area of SEND is described as Social, Emotional or Mental Health (SEMH).

In 2023, the SEND Partnership Improvement Programme was established. A priority action for this work is for leaders, NHS Nottingham and Nottinghamshire Integrated Care Board and education, health, and care providers should cooperate to urgently identify, assess and provide for the needs of children and young people with SEND. This includes assessment of needs, timely issuing of EHC plans and holistic oversight of these plans through annual reviews.

Chapter 6) Now and Next Steps

Workforce

We know that delivery of our children and young people's mental health ambitions depends on workforce skills and capacity. We are making progress and are committed to the longer-term investment that this area requires.

Locally, the children and young people's mental health workforce has grown by 18%, but there are several vacancies due to pressures within recruitment. We have worked creatively to fill those vacancies. For example, we have recruited Children's Well-Being Practitioner roles to fill Education Mental Health Practitioner roles in Mental Health Support Teams in Schools.

New roles and training offers are being created with Health Education England and include:

- Senior roles to retain and develop Educational Mental Health Practitioners (EMHP) and Children's Wellbeing Practitioner (CWP) workforce.
- Increase children and young people Social Prescribing Link Workers and Mental Health Practitioners within primary care settings.
- Wider system training on mental health for staff working in accident and emergency departments, acute and primary care settings.
- In addition to this, we are recruiting additional Cognitive Behaviour Therapists, Advanced Clinical Practitioners and Family Therapists.

Local plans for the CAMHS workforce align to the clinical need and Long-Term Plan ambitions. Regular recruitment drives take place and staff retention plans are in place. Lots of the work undertaken within CAMHS is systemic with families. We are investing in training staff in approaches such as Non-Violent Resistance, Systemic Family Practice, Family Therapy and are developing an induction programme including core CAMHS skills such as working with families.

Work is underway to roll out the new roles outlined above in our local children and young people's mental health workforce via our support for schools, our early intervention offers and our work around primary care integration, which is described in the access to services section.

What have we done in 22/23?

In addition to the above, providers have developed new approaches to grow a skilled and experienced workforce.

Career Progression, Retention, and Skill Mix

Nottinghamshire HealthCare Trust

- Development of a bespoke CAMHS new starters induction training offered on a rolling programme (above and beyond the mandatory trust induction) comprising of 5 days of CAMHS-specific training including core skills for working with CYP and specific therapeutic skills.
- Development of a non-clinical Operational Team Lead role and developing Specialist Practitioner roles to include CYP Wellbeing Practitioner as a suitable core profession to assist with recruitment.
- Development of rotational posts and competency packages for career development to assist with recruitment and retention.
- Development of peer support worker roles within Early Intervention in Psychosis service and Community CAMHS South teams. These are young people with lived experience who support other young people with accessing wider community support.

Targeted CAMHS

- A new workforce plan has been submitted to develop a designated Single point of Access SPA team and increase delivery of enhanced evidenced based intervention. Resilience, retention, and progression are key elements of the plan, together with delivering on already identified areas for development.
- CAMHS managers have undertaken leadership training as part of the Transformation and Change, to strengthen system wide, strategic planning.
- Development of collaborative induction processes where existing team members support new team members.

Be U Notts

A social prescriber post has been created within the service and Be U has commissioned a Youth Service model for CYP with mild to moderate self-harm needs with a local CIC (Linked with Nottingham Trent University NTU Psychology dept in research projects and volunteering opportunities.

Be U Notts also works alongside Master of Arts MA counselling students to offer comprehensive placements and opportunities for further development and future employment.

What will we do in 23/24?

- Development of Wellbeing Empowerment Hub which employs a Peer Trainer and Campus Co-ordinator who have their own lived experience.
- Further work to encourage experts by experience to enter the CAMHS workforce.
- Recruitment to specialist roles within CAMHS that have previously not existed or been vacant: e.g. CAMHS Neurodevelopmental Specialist, Community CAMHS Specialist Dietitian, Occupational Therapist, Speech and Language Therapist, Learning Disability and Autism Advanced Clinical Practitioner Trainees.
- Retaining previous CYP IAPT trainees in fixed term posts within a new pathway within the service- CYP IAPT pathway. Looking to secure substantive funding for this pathway by repurposing existing hard to fill vacancies.
- Develop youth led staff training for staff and parents.
- Continue to focus on recruiting a diverse workforce and increasing workforce cultural competency

Suicide Prevention

The Nottingham and Nottinghamshire Suicide Prevention Strategy is an all-age strategy supported by an action plan.

The local Suicide Prevention Strategy is being refreshed and will be finalised and approved by the Suicide Prevention Strategy Group in Spring 2024. The Strategy will reflect key actions from the new national 5-year suicide prevention strategy and will be informed by people with lived-experience of suicidality and bereavement by suicide.

Nottingham and Nottinghamshire ICS were successful in submitting a proposal for Wave 4 Suicide Prevention Funding. The Nottingham and Nottinghamshire Wave 4 Suicide Prevention Programme takes an all-age approach and has been developed based on assessment of local need and health inequalities.

To date the Wave 4 programme has delivered:

- All age training for frontline workers - modules include mental health, self-harm, suicide prevention and suicide bereavement.

- Pilot work focussed on parents and carers of children and young people who self-harm. This is due to end in November 2023, when the Tomorrow Project [Home - Tomorrow Project](#) will collate the findings and learning to be shared across the system.
- Listening projects including listening projects with young people and young adults who self-harm or are at risk of self-harm and listen projects for people of all ages with neurodevelopmental issues. Learning and findings from the listening projects will help to inform the new local Suicide Prevention Strategy and to develop targeted communication campaigns.
- Part of other current Wave 4 pilots includes some self-harm training for organisations/groups who work with children and young people which will be delivered before the end of March 2024 by Harmless.

An all-age approach to suicide prevention and mental wellbeing communications has been taken, this includes:

- Targeted and universal social media campaigns.
- Support for national campaigns such as Mental Health Awareness Week and World Suicide Prevention Day. These include specific communication messages for children and young people.
- Co-produced development of suicide prevention communications campaign resources and development of additional 'Safe to Talk' resources.

A local system for **Real Time Surveillance** is in place to monitor suspected suicide deaths and respond appropriately to reduce any identified risks. Real Time Surveillance takes an all-age approach, and the Child Death Overview Panel is represented at the Real Time Surveillance Working Group with reporting links to the children and young people's Mental Health Commissioner. Through this group, local 'Suicide Cluster Response Plan Guidance' has been developed, including specific guidance relating to children and young people and educational settings and an appropriate governance structure specifically for children and young people.

System wide work has been undertaken relating to suicide prevention for university and college students and includes:

- The establishment of a Further Education and Higher Education Suicide Prevention Working group
- Development of a 'Suspected suicide postvention protocol: Guidance for further and higher education settings'.

0-5 Years

The infographic below highlights the vital importance of intervening at the earliest opportunity to support good emotional and mental health.

Figure 5 Infographic the first 1001 days

Investing in the emotional wellbeing of our babies is a wonderful way to invest in the future.

Giving children the best start in life.

Improving the mental and physical health of the next generation.

Reducing risky and antisocial behaviour and the costs they bring.

Building a skilled workforce to support a thriving economy.

Creating a compassionate society.

The **first 1001 days**, from conception to age two, is a period of rapid growth. During this time **babies' growing brains are shaped by their experiences**, particularly the **interactions** they have with their parents and other caregivers. What happens during this time lays the **foundations for future development**.

Early relationships between babies and their parents are incredibly important for building healthy brains.

I need a **secure relationship** with at least one sensitive, nurturing caregiver who can respond to my needs.

Supporting my parents and other important people in my life to develop this relationship will give me the best start in life.

Stress factors such as domestic abuse and relationship conflict, mental illness, substance misuse, unresolved trauma and poverty can make it harder for my parents to provide me with the care I need. The more adversities that my family experiences, the harder it can be to meet my needs.

Healthy social and emotional development during the first 1001 days:

- Lays the foundations for lifelong mental and physical health.
- Means I feel safe and secure, ready to play, explore and learn.
- Leaves me ready to enjoy and achieve at school, and progress in the workforce.
- Enables me to understand and manage my emotions and behaviours; which means that I can make a positive contribution to my community.
- Gives me skills to form trusting relationships and to be a nurturing parent myself; sowing the seeds for the next generation.

Tackling adversity + supporting early relationships healthier brains + better futures

References and further information can be found on <https://1001days.org.uk/resources>



Nottingham City Healthy Little Minds

Having initially been launched in September 2022, the Healthy Little Minds service, funded by Small Steps Big Changes (SSBC) and delivered in partnership with Nottingham City Council (Early Help and CAMHS) has now been expanded through additional funding through Family Hubs. The Family Hub funding for the Nottingham City Parent Infant relationship offer will mean that more families can access the offer and receive early help to form positive bonding and attachment with their baby.

The first 1001 days in a baby's life are critical; their brain grows and develops at an astonishing rate during this time. A baby's brain is more open to, and dependent on, outside influence than it ever will be again, highlighting the importance of the parent infant relationship. Too many new babies experience complex relationship difficulties with their primary carers and without specialised support these unresolved problems can affect future outcomes. It is estimated that at least 1 in 3 of children in Nottingham City will experience attachment difficulties with their parent or caregiver; highlighting the need for a service locally to provide support for these families.

Support for infant mental health and the parent/infant relationship has not been widely available for families, with approximately 42% of CAMHS services nationally unable to offer specific interventions for children under the age of 2. The Healthy Little Minds team will work working closely with our existing Targeted CAMHS service to bridge the gap in support for this age group.

The team deliver specialist evidence-based services including therapeutic activities in group or one to one sessions to families from 28 weeks of pregnancy up to 2 years. Families are empowered through their involvement in different levels of support, online, home visits and attending groups. Support will vary from signposting, getting help, getting more intensive support and guided referrals into other services. The team will also offer professional consultation and training.

Having a close link to Early Help, families are supported to access Family Hub buildings where they can access sustained support and build their own support networks for when they no longer require the input of Healthy Little Minds.

Nottinghamshire Healthy Families Teams

Health visitors in the Nottinghamshire Healthy Families Programme now deliver Brazelton's new-born observation to all new parents in the early days and weeks after birth. This relationship-building tool equips parents with the knowledge and skills to read, recognise and respond to baby's signs and signals, strengthening the early parent-infant relationship.

To complement this a targeted parent-infant relationship intervention has been commissioned by public health as a pilot and is delivered by two specialist practitioners based in the Healthy Families Programme. These practitioners support parents with identified needs to strengthen their relationship with their baby. Following a holistic assessment, a plan of care is developed with the parent/carer for a bespoke 6-session package of support. This includes support in relation to infant development, emotional health, and wellbeing and emotional availability. The intervention is being evaluated by Public Health Intervention Responsive Studies Teams (PHIRST), the Public Health arm of the NIHR. Parent-infant relationship intervention is aimed at parents of babies under 6 months of age (12 months by exception).

Interventions include:

- To champion infant development e.g., baby cues, emotional cues and responses, states and awareness, attachment, baby brain development, trust, Watch Wait and Wonder, floor play, Love, touch tones, social baby.

- Support emotional health and wellbeing and emotional availability in the context of the relationship between mother and baby.
- Recognise childhood trauma, relationships and support networks.
- Therapeutic and use strength based motivational interviewing communication skills.
- Supported by a menu of interventions.
- Delivered 1:1 in the home. Limited numbers and capacity
- Are evidence-based and draw on learning from the Family Nurse Partnership.

Key outcome measures used are: connection and interaction with baby measured by pre and post intervention. Looking at baby's social and emotional development via ASQ where possible, and the Edinburgh post-natal depression score for those for whom it is relevant.

Funding has been secured for training in infant mental health, aimed at the early year's workforce. The training will be workshop-style delivered across two years aiming to improve infant mental health by equipping the workforce with relevant and knowledge and skills relating to early relationships and interaction, social and emotional development, self-regulation, and the impact of parental mental health.

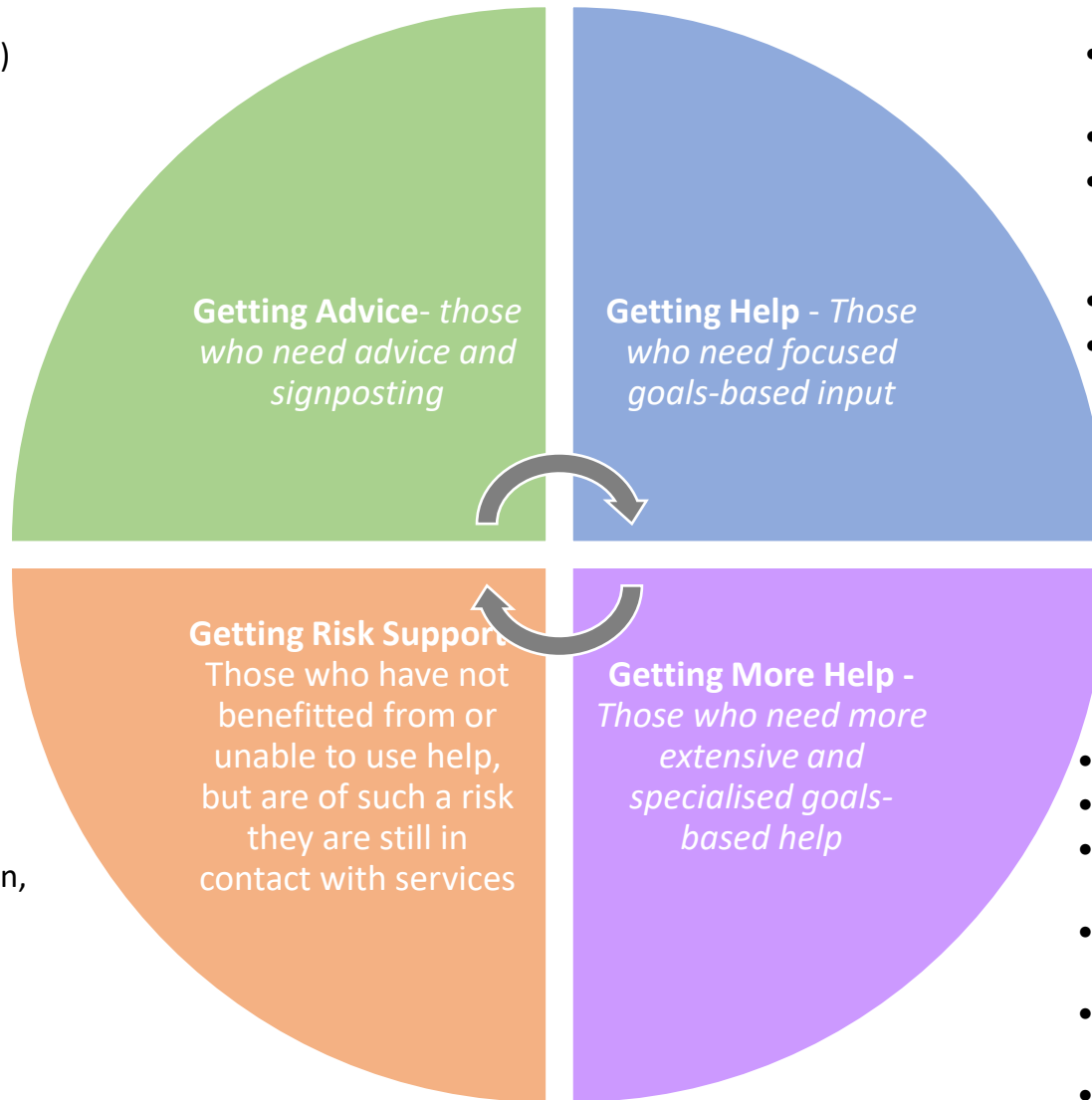
Improving Access to Services

As outlined in Our Priorities chapter, Nottingham and Nottinghamshire service planning has been aligned against the THRIVE model, to ensure that we develop evidence-based services that are based on children and young people's needs. A short film describing the model can be accessed [here](#)

Figures 6 and 7 outline services available to support children and young people's mental health across Nottingham and Nottinghamshire mapped against the THRIVE model.

Figure 6 THRIVE Model Nottingham City

- GPs
- NottAlone
(www.nottalone.org.uk)



- Mental Health Support Teams in Schools
- Public Health Nursing (0-19 service)
- Be U Notts
- Behavioural and Emotional Mental Health Team
- Harmless
- Safe Time

- CAMHS Crisis Resolution, Home Treatment and Liaison

- Targeted CAMHS
- Head2Head
- CAMHS Intellectual Disability
- CAMHS Children in Care Team
- CAMHS Paediatric Neurology
- CAMHS Eating Disorder Service

Figure 7 THRIVE model (Nottinghamshire County)

- GPs
- NottAlone
(www.nottalone.org.uk)



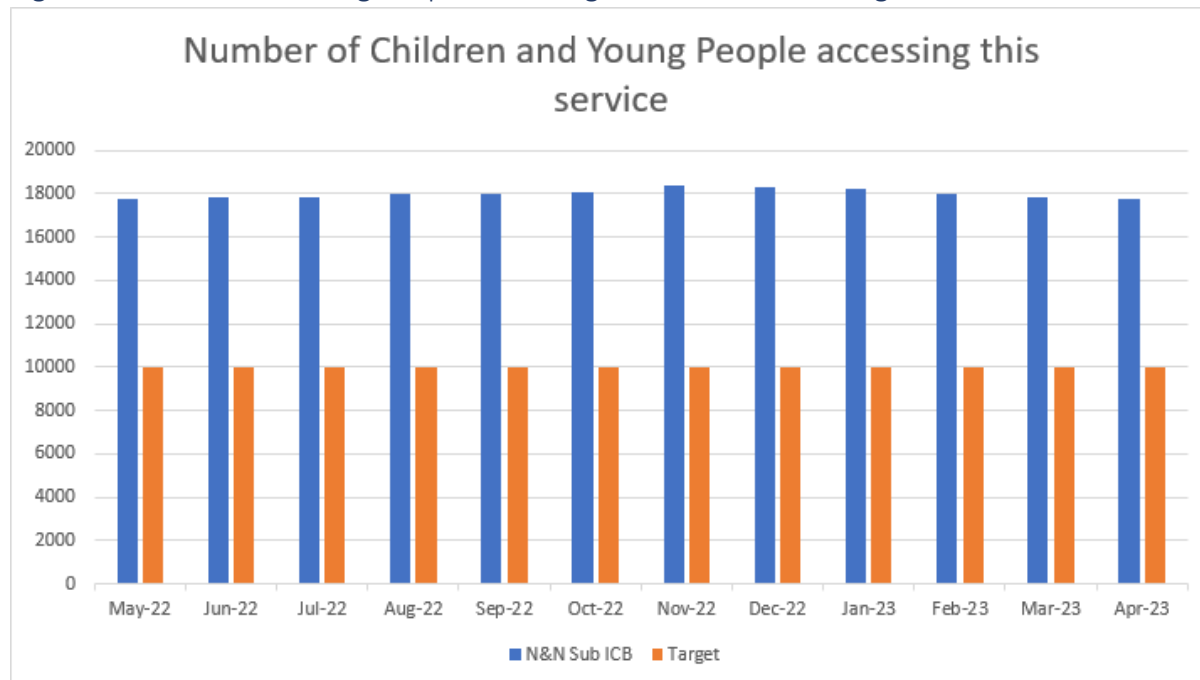
- Mental Health Support Teams in Schools
- Healthy Families Team (0-19 service)
- Be U Notts
- Developmental, Trauma and Attachment Team
- Family Service
- Harmless
- Safe Time

- CAMHS Crisis Resolution, Home Treatment and Liaison

- Community CAMHS
- Head2Head
- CAMHS Intellectual Disability
- CAMHS Children in Care Team
- CAMHS Paediatric Neurology
- CAMHS Eating Disorder Service

In relation to increasing the number of young people accessing support, this is monitored through data flowing to the Mental Health Services Data Set (MHSDS). Figure 8 below shows Nottinghamshire performance against the access target in 22/23.

Figure 8 Children and Young People Accessing Service vs Access Target



Source: Nottingham and Nottinghamshire SAIU ICB Children and Young People’s Access Performance April 2023 data

Mental Health Services in Nottinghamshire have been exceeding the target of 35% of children and young people with a diagnosable mental health condition receiving treatment since April 2021.

Improving Waiting Times and Waiting Well

Nottingham and Nottinghamshire CAMHS have been working together, to develop new ideas to support children and young people accessing support more easily and quickly to ensure their emotional wellbeing and mental health needs are met at the earliest opportunity.

What has happened in 2022/23?

Waiting Well initiatives

Wellbeing Empowerment Hub

Emotional Wellbeing Empowerment Hubs are being fully operationalised and are offering a series of workshops for children and young people with the support of the Nottingham Recovery College. The model is delivered via the role of peer trainer/facilitator who has lived experience, supported by a campus co-ordinator. These workshops are for children and young people who are either are currently on Community CAMHS (County) or Targeted CAMHS (City) waiting list with low level/low risk presenting need, with the aim to reduce the length of time a young person waits for intervention, provide support at the point of need and increase capacity/reduce waits within wider services to support those who require more therapeutic/clinical support.

Workshops run on a 5-week cycle with a final session being a therapeutic ending session with the young person to identify whether goals have been met or if there are any ongoing needs.

Talkzone

Talkzone, provides emotional wellbeing and mental health support to children and young people aged 11-25 across Bassetlaw with staff co-located in Primary Care Networks (PCN's), secondary schools and accessible community venues, providing one to one counselling, One to one mental health and wellbeing intervention and weekly peer support groups. They provide a five-week therapeutic programme for young people on waiting lists.

Single Session Therapy

Single Session Therapy is available to children and young people accessing Nottingham City Targeted CAMHS and Be U Notts and will soon be available to those accessing Nottinghamshire Community CAMHS. This option offers children and young people requiring lower-level support to access a one-off therapy session arranged at point of contact with the service. There is then a follow up call made by a clinician to see if the single session therapy has provided enough support or whether further support is required. The offer has had very positive outcomes where embedded and enabled children and young people to access therapeutic support quickly.

In addition to this, Be U Notts and Nottinghamshire Healthcare Trust have embedded Waiting Well processes across Community CAMHS teams and the Be U Notts service, to ensure that all young people have meaningful clinical contact at 6, 12, and 18- week intervals whilst waiting for assessment or treatment, as part of safety and harm minimisation plans.

Be U Notts and MHST offer interventions for children and young people up to 25 years from community sites and education settings around the area ensuring logistical convenience for children and young people to engage.

Peace of Mind

Since February 2023 Bassetlaw Children & Young People's Mental Health Alliance partners have been co-producing a mental health resource/toolkit 'Peace of Mind', with, and for, Bassetlaw children and young people aged 11-25.

The toolkit is a waiting well initiative aimed at mitigating the impact and risks of increased waiting times for mental health support. The resource will be available in hard copy and digital format and includes lived experience stories, coping strategies and 'top tips' from children and young people that have accessed mental health support, as well as evidence based perspectives on mental health, nutrition, physical health, neurodiversity, self-harm and suicide prevention. The toolkit links and signposts to local services as well as [NottAlone](#) and [Nottshelpyourself](#) websites.

What Will we do in 2023/24?

An evaluation of the Wellbeing Empowerment Hub will commence in November 2023, and this will inform decisions about future funding and development from March 2024.

- We will review waiting well processes and ensure that they remain effective.
- We will further develop our single point of access arrangements for children and young people's mental health, including re-shaping our Community and Targeted CAMHS services to ensure that families can get help sooner via a multidisciplinary team workforce. Nottingham City Targeted CAMHS has already begun work in this area and made progress in the following areas:
 - Process and Function of the team
 - Referrals and duration, including offering joint protocol work with social care, where there are suicidal or self-harm presentations
 - Working collaboratively with partner agencies to triage cases to reduce time required for decision making

- Service user experience – development of call back slots and mini assessments to support allocations to group work.

Working With Primary Care

We know that General Practice (GPs) and mental health clinicians are reporting an increase in children and young people requiring support for their mental health needs. GPs have described the challenges they face in accessing support and advice from mental health services whilst children and young people are waiting to access support, and equally mental health services are often struggling to meet the demand.

To support developments within primary care and ensure young people can access early support within their local community, during 23/24 a social prescribing offer will be piloted in Nottinghamshire South Primary Care Network and Bassetlaw Primary Care Network. This aims to strengthen integration of children and young people’s mental health services and primary care in order to:

- Support children and young people and parents/carers through person-centred care when they present to general practice with identified or suspected mental health issues.
- Understand where to get children and young people’s mental health advice and additional support.

The social prescribing roles, supported by voluntary sector providers, will support teenagers and young adults by providing first contact consultation, assessment within the primary care setting. Through this consultation and assessment, a care plan will be developed, goals and outcomes set and onward referral made where required, for example where a young person would benefit from direct support from a service. Social prescribing supports young people to think about what needs to be put in place to improve their wellbeing which could include linking in with community activities, self-guided help and referral to more specialist services.

The pilots will be evaluated to inform next steps and whether social prescribing within primary care settings adds value to the mental health system and improves outcomes for young people.

18-25

Young Adults - Developing an Offer for Young People Aged 18-25

Nottingham and Nottinghamshire ICS partners have been working together to implement changes to improve the experience young adults have when accessing emotional health and wellbeing support.

Previously services have been commissioned and then provided for specific age groups, these tend to be based on the following age ranges, children and young people aged up to age 17 and then young people aged 18 and above.

The ICS has used national learning and local best practice to make changes within services. The presentation-specific model enables a phased, and test and learn approach to our development of young adult services. This national learning has been further strengthened by our Joint Strategic Needs Assessments which demonstrate the need for improvements in specific areas.

Successes Achieved to Date

- NottAlone Website – describes and provides support materials for young people aged up to the age of 25.

- Specialist Eating Disorder Teams - The Specialist Eating Disorder Teams, employ transition workers to ensure a tailored offer of support and treatment is available for young adults, which ensures a seamless experience of support with continuity of treatment from the service.
- Strengthening the Early Intervention to support young adults - The service Be U Notts service is now fully mobilised. The service ensures children and ensures young adults have timely access to early support via face to face, online or groups. (see more information at <http://www.beusupport.co.uk>) This newly commissioned offer was co-designed with young people and provides early advice and support to children and young people aged 25 and below.
- Pathway development between early support and the new talking therapies provider have begun and will be further developed.
- Development of an At-Risk Mental State Pathway as part of the Early Intervention in Psychosis Model – This service is available for young adults and provides timely assessment and treatment to those considered as at-risk mental state (ARMS). The aim of an ARMS service is to reduce the transition rate to a first episode of psychosis (FEP) and the duration of untreated psychosis (DUP), both of which relate directly to improved recovery outcomes for the individual as early detection and intervention is key.
- Self-Harm Pathway Mapping - Our local work on self-harm ensures our local approach is consistent; our current self-harm pathway is mapped against best practice, and this will inform future pathway developments as we deliver on the recommendations from the work, taking where possible an all-age approach.
- In relation to the above, a new all age Suicide & Self Harm service will be procured, commencing in April 2024. The new service will seek to embed learning from Wave 4 Suicide Prevention Programme, Self-Harm pathway mapping, local Suicide Prevention JSNA and HEA and the national Suicide Prevention Strategy.
- Care Leavers Project - In Nottingham City a Mental Health transition team have been mobilised in the leaving care team. A similar service will be launched in the county in Winter 2023.
- Analysis of the evidence base, legislation or other justification for prescribing that provision is either for to 18+ or under 18 will be undertaken, in order to apprise more flexibility in service arrangements.
- Youth group MH:2K – have provided a recommendations report which have identified the key improvements, requires to improve the young adult experience. This will underpin all further approaches to young adult service model planning. Further workshops with services and universities will implement these recommendations.

Transition to Adult Mental Health

Transition workers in the Community Mental Health Model are now in place. The roles have been undertaking a number of key functions; providing direct support, consultation, mapping existing processes around transitions from young people’s services to adult services, developing a coproduction approach with MH:2K and working with young people and families to improve their experiences.

A Transition Hub is now established with 6 staff. The hub offers 3 levels of support:

- **Transition consultation**-We offer consultation with CAMHS and Adult Mental Health Services (AMHS) to identify appropriate adult pathways, partner organisations and primary providers who can meet the unique needs of young people at transition age, which is 17+. We are trusted assessors, which allows us to assess and negotiate correct pathway for a young person moving forward into adult service providers.

- **Transition escalation issues-** In our capacity as trusted assessors, we offer assessment support and liaison with the MDT CAMHS and AMHS, to negotiate support required, to meet the needs of transitioning and integration of young people into adult services.
- **For complex, high risk young people,** who have multiple agency involvement, we offer direct therapeutic work with young people, during the transition, transfer, and integration into adult services.

The Transition procedure is now embedded, and the Transition showcase has been undertaken with MH:2K, action plans are in development to implement recommendations from the young people. Work is also underway to consider support for parents/ carers. The Transition Care Plan is in draft on RiO, the Nottinghamshire Healthcare Trust information system, next to be piloted across CAMHS.

Nottingham and Nottinghamshire CAMHS Crisis, Liaison and Home Treatment Provision Service Overview

The Long-Term Plan (2019) requires Integrated Care Systems to commission and organise service provision which fulfils the following requirements:

- Provide a 24/7 phonenumber for support for children and young people, families and health and care professionals 7 days a week.
- Provide an urgent response for a young person experiencing a crisis (within 4 hours where required).
- Provide treatment to children and young people to support their health needs when they are within a hospital setting.
- Provide intensive home treatment and support within the community, this support can be up to three times a day.
- Provide training and consultation for health and care professionals.

Nottinghamshire Healthcare Trust are Nottingham and Nottinghamshire's primary provider of the crisis and liaison health and care support. However, to deliver excellent support for children and young people the provider works closely with the three local acute hospitals, local and regional mental health inpatient units, residential homes, social care, education settings, the voluntary sector, NHS England and the police.

The intensive home treatment element of the service has received increased investment from the East Midlands Provider Collaborative to further develop the model (please see Provider Collaborative section for further details).

Workforce

Since the Crisis, Liaison and Home Treatment Service was developed the workforce has significantly increased, now having approximately 40 team members working within it. This includes Consultants, Mental Health Practitioners, Clinical and Operational Leads, Administrative Staff and Clinical Nurse Specialists.

The staffing model includes autism specialists and access to Positive Behaviour Support Staff Trainers who further enhance the skills within the team. The team work closely with other services such as the Eating Disorder and Looked After Teams, ensuring resilience and out of hours elements of care is provided where required.

What has happened in 2022/23?

The service has focused on not only embedding the described model to ensure it is effectively supporting young people in crisis within the community and acute hospital settings but engaging with children and young people and professionals to support further developments. This includes:

- Ensuring 24/7 support is available, including telephone support and assessments.
- Engaging with MH:2K Citizen Researchers to understand how the service can be improved (please see co-production section for feedback)
- Supported the delivery of a 'Children and Young People's Mental Health Multiagency Working and Managing Complexity' event. This was attended by a range of professionals from across health and care and resulted in commitments from the workforce to make improvements to pathways for young people who have complex needs.
- Supported the development of the local 111 option 2 model (see 111 option 2 section for further details).

What are we Going to Do in 2023/24?

We will continue to review the Crisis, Liaison and Home Treatment to ensure we are continually developing the service to meet the needs of children and young people, including working with the wider system to ensure pathways are joined up. Feedback from MH:2K Citizen Researchers and the 'Children and Young People's Mental Health Multiagency Working and Managing Complexity' event will be used to support ongoing transformation.

Key Areas of Focus will Include:

- Reviewing the service against the new NHS England Children and Young People's Crisis Guidance, due Autumn 2023, to ensure we are meeting the key standards of delivery.
- Identifying and developing areas of innovation, such as developing children and young people Crisis Cafés. This will be supported by learning from the adult Crisis Cafés that have been in place since 2022 and learning from other areas.
- Reviewing the current Crisis, Liaison and Home Treatment service workforce to identify any gaps in staffing, such as the important role of Peer Support Workers.
- Embedding the 111 option 2 mental health crisis line from 1st April 2024 (see 111 Option 2 section for further details).
- While most children and young people will receive care in community settings, there are occasions where attendance or admission to an acute hospital setting may be the most appropriate option. NHS England are supporting local systems to establish at least one Mental Health Champion in each hospital setting by Autumn 23/24 to ensure that all children are appropriately supported in paediatric settings. We will be working with Nottingham University Hospital and Sherwood Forest Hospital and wider partners, such as CAMHS Crisis, Liaison and Home Treatment team to develop and embed these roles during 23/24.

Provider Collaborative and Intensive Home Treatment (CAMHS Crisis Tier 3.5)

NHS-led Provider Collaboratives continue to demonstrate the benefits of local collaborative working to drive improvements in patient outcomes and experience. Provider Collaboratives are partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services).

The East Midlands CAMHS Provider Collaborative is led by Northamptonshire NHS Foundation Trust in partnership with Derbyshire Healthcare NHS Foundation Trust, Nottinghamshire NHS Foundation Trust, St Andrews Healthcare, Chesterfield Royal Hospital NHS Foundation Trust and SCHOEN Clinic Newbridge.

The East Midlands Provider Collaborative have three functions: commissioning, enacting the lead provider model and leading the Collaborative for children and young people's mental health tier 4 inpatient stays.

Over the past two years the Provider Collaborative has invested in the local CAMHS Crisis, Liaison and Home Treatment team to further enhance the model of care. This development is known as Crisis Intensive Home Treatment team and the key ambition of this service is to provide intensive support to young people who are at risk of being admitted to an inpatient unit so that they can remain in the community, wherever safe to do so. The team also provides in-reach into inpatient unit to support young people who have been admitted and ensure they can be discharged as soon as possible to continue their treatment within the community.

The model is currently being evaluated to inform next steps and funding for 24/25, however feedback has shown that this model of support has had a positive impact on young people in Nottingham and Nottinghamshire by both preventing admission to inpatient units and ensuring, for those young people who have required an admission, that they are discharged back to the community at the earliest opportunity.

Nottingham and Nottinghamshire ICB continue to work closely with the Provider Collaborative to regularly review the Intensive Home Treatment model and understand how this model can be embedded in the future.

111 Option 2 – Mental Health Crisis

On 30 January 2023 the NHS and the government published a two-year delivery plan for urgent and emergency care (UEC) to help recover UEC services, reduce waiting times, and improve patient experience.

To support this delivery plan, in addition to the core standards and outcomes set for all mental health crisis services nationally, NHS England mandated that all crisis services across the country must support the NHS 111 mental health crisis service (NHS 111 Option 2) by April 2024.

Nottingham and Nottinghamshire ICB has been working with Nottinghamshire Healthcare Trust to develop an all-age model to support the delivery of NHS 111 Option 2. This will mean that from 1st April 2024, any young person in a mental health crisis will be able to call 111 and press option 2 and be connected to their local 24/7 Crisis Assessment Service. This will ensure that young people receive timely support from the most appropriate service. Once this service is available, the current 24/7 mental health crisis 0808 number will no longer be available, however national and local communications will be created to explain this change.

As part of the ongoing development of this offer, we will be engaging with children and young people to understand their experience of the 111 option 2 pathway and understand where improvements might need to be made.

Therefore, given the national direction of travel, it is expected that in the future the majority of crisis calls and referrals will be received via NHS 111 rather than the current 24/7 mental health 0808 telephone number.

Children and Young People's Mental Health Multiagency Working and Managing Complexity Event

The vision for the partnership is to work together across the Integrated Care System to support effective multi-agency planning, commissioning and delivery to ensure children and young people enjoy positive mental health and wellbeing.

The objectives of the event were

- To hear about best practice
- To increase awareness of available provision
- To have protected time with professionals
- To be informed by children and young people
- To reflect on the Midlands Children and Young People Mental health CYPMH Benchmarking Report
- To identify personal commitments and support needs.

The event included presentations on

- CAMHS Crisis Tier 3.5 Model
- Securing a Welfare Bed
- Weekly System Call
- Effective Behaviour Support for Children with Complex Needs
- Managing Complexity in a Hospital Setting
- Role of CAMHS Complex Case Manager
- Co-production on Crisis Pathway

This was followed by tabletop discussions on multi-agency protocols, workforce roles and training needs, and communicating pathways. Participants then provided feedback on their key commitments and support needs.

Event Outcomes

- Commitments included improving multi-agency working, sharing resources, coordinating care, and championing system change.
- Support needs included more joint training, clear process mapping, networking opportunities, consistent workforce development, and local level data, co-production on the Crisis Pathway
- Recommendations were to share feedback, align actions with transformation, and re-establish a crisis sub-group, which will report into the Children and Young People's Mental Health Strategic Group.

Children and Young People's Eating Disorder Provision

Nottingham City and Nottinghamshire County, including Bassetlaw, have a dedicated CAMHS specialist eating disorder service provided by Nottinghamshire Healthcare NHS Foundation Trust, who are part of the Quality Network Community CAMHS – Eating Disorder (QNCC-ED). The service is currently supporting children and young people with anorexia nervosa and bulimia and offers a range of therapeutic support. The service works closely with Paediatricians in Nottingham and Nottinghamshire when young people require hospital admission to support their physical needs. This improves not only the care and support for the young person but empowers and upskills staff delivering care in the hospitals.

Access and Waiting Time Standard

In April 2016 waiting time standards were set for children and young people's community eating disorder services. This means that 95% of young people with an eating disorder should start treatment within 1 week of referral for urgent care and treatment, and within 4 weeks for routine care. As of August 2023, 83% of children and young people referred for routine care started treatment within 4 weeks and 100% referred for urgent care started treatment within 1 week. This is an improvement in access with both routine and urgent since the publication of the last long-term plan, and a recovery action plan is in place to improve this so that by the end of March 2024, 95% of children and young people requiring routine care will start treatment within the recommended timeframe.

What Has Happened in 2022/23?

A review of referrals and workforce capacity within CAMHS Eating Disorder Service was undertaken which resulted in increased funding during 2021/22 and 2022/23. This investment creates the longer-term capacity to meet the increase in referrals, to respond within the waiting time required and enable the service to offer increase support to children and young people and parents and carers. This increased investment has seen improvements in access for both routine and urgent referrals, and as the access and waiting time standard for routine referrals has not been met, a trajectory has been agreed which sees the service meeting the access and waiting time standard by the end of March 2024.

Work has been ongoing to develop the support offer for children and young people with Avoidant Restrictive Food Intake Disorder (ARFID).

Professionals from Primary Care (GPs), CAMHS Eating Disorder Service and hospital settings have come together to develop the support offer for children and young people who require ongoing medical monitoring, for example the taking and monitoring of bloods to support care. This will ensure that children and young people can access medical monitoring close to home at their local GP practice.

A range of eating disorder training has been developed to ensure that the wider workforce, including schools and GPs, have the skills to support children and young people with eating disorders and make sure they are engaging with appropriate support.

The service has facilitated continued protected time within Community CAMHS where joint assessments are required, this has led to improvements in the access and waiting time standards and enabled children and young people to be seen in a timely manner.

The CAMHS Eating Disorder Service have worked with MH:2K to review the journey through the service and review information and documentation provided to children and young people and their families (please see co-production section for feedback).

What are we going to do in 2023/24?

The Avoidant Restrictive Food Intake Disorder (ARFID) service will commence in September 2023 and due to recruitment challenges, is planning a phased delivery. From November 2023, the service will then offer a limited pathway with Occupational Therapy and Speech and Language Therapy input, and from January 2024 the service hope to offer a full pathway, dependent upon successful recruitment.

A recovery action plan has been agreed which sees the service meet the access and waiting time standard by the end of March 2024. The service will continue to work with their space utilisation team to expand access to clinical room availability.

The medical monitoring pathway will be finalised so that children and young people can have their medical monitoring completed close to home within their local GP practice.

The CAMHS Eating Disorder Service will be reviewing their transition pathway to Adult Eating Disorder Services to ensure this is as easy as possible so that care is not disrupted when young people reach 18, and to support this are looking to form part of an all-age eating disorder hub at the Mandala Centre.

Digital Provision

Digital services have been integral to delivery of services since 2020. Digital consultations were mobilised quickly in April 2020 and continue to be used with children, young people and families. These changes are being sustained as the pandemic ends and will be offered to young people as an alternative to face to face appointments. Digital transformation is a key priority across Nottingham and Nottinghamshire, and we are on track to deliver on 100% of mental health providers being able to meet required levels of digitalisation by 2023/24.

Nottinghamshire Healthcare Foundation NHS Trust have a number of digital tools already available such as:

- The ChatHealth text service, which is available to all young people aged 11-19 across Nottinghamshire, aims to offer a simple, flexible way to get confidential support.
- Guided self-help on Silvercloud, our computerised cognitive behavioural therapy (CBT) programme, to manage low mood and / or worry.
- Development of CYP IAPT pathway to take over the work previously undertaken by Healios to provide specific, short-term evidence-based interventions (CBT and IPT-A). NHT are working with the Trust digital team to develop online service provision.
- Recap is a digital platform which enables health and social care workers working within the Trust to send digital information for health, wellbeing and recovery.
- Flo Telehealth a text-based self-care support tool.
- Isla care which offers Community Teams a visual record to allow patients, families, clinicians and care teams, to securely contribute to and monitor a record of how conditions are changing over time.

Nottingham City Targeted CAMHS are also investing in Silvercloud over the next 12 months. It will enable them to provide early intervention and guided self-help support whilst awaiting treatment for therapy. This will complement the Time 4 me and partnership offer and help improve access to mental health psychological therapies provision for children & young people in Nottingham City. It will also support with reducing the wait times to psychological therapies and improve data quality for capturing outcomes.

As part of BE U Notts, Kooth is commissioned to deliver a safe, anonymous, text based digital mental health platform to 11-25yr olds. [Home - Kooth](#).

Video consultations remain an offer for most services where appropriate and clinically safe. An audit of continued use and offer post pandemic as we now recover services is currently underway to evaluate usage.

The Trust's new Digital Strategy was approved in June 2022 and delivery plans are being developed. Collaboration across the ICS is governed through a Digital Collaborative and Data, Analytics, Information and Technology (DAIT) Board and Strategy.

Health and Justice

The mental health and wellbeing needs of children and young people within the Youth Justice System are often not like those of many other children and young people. For example, they may:

- Have a higher likelihood of having been subjected to trauma or severe neglect

- Have experienced high levels of social disadvantage
- Have multi-layered, unmet, and complex needs
- Not be accessing services in a timely manner in the first place, despite high levels of need.

Research undertaken by the national Youth Justice Board in 2019/20 indicates that around 72% of this group of young people have some mental health need. Across Nottingham and Nottinghamshire there are a range of services to support children and young people within the health and justice system.

Within Nottingham City Council and Nottinghamshire County Council there are Youth Justice Services. The statutory aim of the youth justice system is to prevent children from offending (section 37 of the Crime and Disorder Act 1998).

Mental Health Provision

Youth Justice Service

Within Nottingham and Nottinghamshire there is bespoke commissioned provision for children and young people with complex needs. The Head2Head team is a specialist team which forms part of the Nottinghamshire Child and Adolescent Mental Health Services (CAMHS) (provided by Nottinghamshire Healthcare Trust) and works to:

- Provide mental health assessment and intervention for young people who are involved in the Youth Justice System.
- Provide a mental health assessment and intervention for young people who experience mental health difficulties and have substance use needs (Dual Diagnosis).
- Provide assessment and treatment for young people presenting with First Episode Psychosis and 'at risk' mental state.
- Provide mental health assessment and intervention for young people who display Harmful Sexual Behaviour, who present with mental health difficulties or high/complex risk (this element is commissioned by Nottinghamshire County Council Children's Services).

The July 2022 [Commission on Young Lives report](#) highlighted gaps in mental health services for the most vulnerable, including those at risk of offending. Further local needs assessments have highlighted gaps for young people on non-statutory orders in terms of access to early intervention and specialist mental health services.

The Children and Young People's Youth Justice and Mental Health Task and Finish Group was formed in January 2023, and has worked collaboratively and in partnership with service users and partner agencies across Nottingham and Nottinghamshire Integrated Care System. The group has developed an action plan to improve mental health support for children and young people in the youth justice cohort.

This work includes demand estimation based on local data, journey mapping of individual young people, scoping young people who are at risk of offending access to early intervention mental health services and developing a new workforce model in the CAMHS Head-to-Head service for young people at risk of offending.

Services for Children and Young People who Have Experienced Sexual Assault

NHS England and the Police and Crime Commissioner (PCC), commission the [East Midlands Children and Young People Sexual Assault Service](#) (EMCYPSAS) and collectively they respond to sexual abuse and exploitation and how we best meet the needs of this vulnerable group. A number of delivery partners help provide this pathway. The PCC also commissions the children's ISVA (Independent Sexual Violence Adviser) service. It is delivered by Imara and provides information, practical and emotional support and advocacy, including through the criminal justice system.

Nottingham and Nottinghamshire Integrated Care Board along with Nottinghamshire County Council commission a therapeutic recovery service for children who have been sexually abused or exploited. This service is provided by The Children's Society and aims to provide therapeutic services to children and young people, aged 17 and under, who are the victims/survivors of sexual exploitation or abuse and to their parent/s or carer/s to minimise the impact of the abuse on their mental health and emotional wellbeing.

During 2021, partners continued to develop the Sexual Violence Pathway in line with the recommendations highlighted in the [Sexual Violence Needs Assessment](#) undertaken by Lime Culture in 2019. This included an emphasis on the importance of partners working together to support children, young people, and adults.

Work completed has highlighted the need for a system mapping exercise to take place with partners to ensure appropriate and joined up planning and governance at a system level to meet the needs of our population. This piece of work is already underway and will enable the agreement of pathway changes which will better align services, avoid duplication, and provide a pathway of support which offers the best therapeutic outcome for the child/young person and their family.

Schools and Education

Working with Schools and Education

Since 2017, Nottingham and Nottinghamshire have worked to deliver the ambitions outlined in the Transforming Children and Young People's Mental Health Green Paper (2017) and the NHS Long Term Plan (2019), which put schools at the heart of delivery of early intervention for children and young people's mental health and include a commitment to extra resources to achieve this.

The local success in achieving these ambitions has been supported by the development of strong partnership working arrangements between schools, local authorities, ICBs and voluntary sector colleagues. The continued engagement with schools and wider education colleagues continue to drive this work forward.

The COVID-19 pandemic accelerated these developments, recognising the key role that schools and education play as part of our response to COVID and its impact on children and young people's mental health, and continue to play a key role as we move forward with recovery.

Mental Health Support Teams in Schools (MHSTs)

What is an MHST?

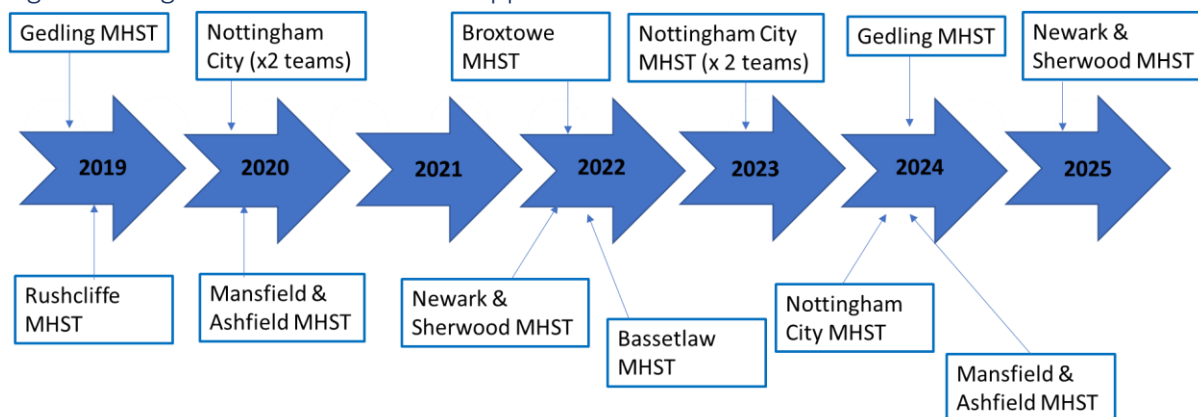
Mental Health Support Teams in Schools are staffed by fully trained NHS professionals who are linked to individual schools or groups of schools. The MHSTs in Nottingham and Nottinghamshire have three core functions.

1. Delivering evidence-based interventions for children and young people with mild to moderate mental health problems.
2. Supporting the senior mental health lead role in each education setting to introduce their whole school/college approach to children and young people's mental health.
3. Giving timely advice to school and college staff and liaising with external specialist services to help children and young people to get the right support to stay in education.

The Nottingham and Nottinghamshire Integrated Care System has been successful in securing funding for the rollout of 14 Mental Health Support Teams across the Nottinghamshire ICB footprint. In

Nottinghamshire. Rushcliffe and Gedling were selected by NHS England as pilot sites in 2018, but since then, local areas have been able to focus the teams in areas with the highest deprivation.

Figure 9 Progress of Mental Health Support Teams 2019 - 2025



From September 2023, there have been 10 fully operational MHSTs in localities across Nottingham City and Nottinghamshire. This equates to approximately 200 schools and 80,000 pupils having access to an MHST. The partnership has also received approval to mobilise an additional four MHSTs between January 2024 to January 2025, which will result in approximately 112,000 pupils and 280 schools across Nottingham and Nottinghamshire, having access to dedicated MHST support. As the teams develop, the focus will continue to be on areas which have higher levels of need.

In total, the rollout of MHSTs represents significant additional investment and increase in workforce in children and young people’s mental health services. Information about which schools are covered by MHSTs can be found here:

- [Nottingham City Teams](#)
- [Nottinghamshire County Teams](#)

What did we do in 2022/23?

- Mobilised an additional MHST in Nottingham City.
- Successfully bid for three additional MHSTs in Nottinghamshire County, which will be mobilised in September 2024 and January 2025.
- Expanded the number of groups sessions within schools to further develop the whole school approach vision.
- Recruited to new Senior Emotional Mental Health Practitioner roles within MHSTs.
- Continue to engage with schools to promote the Senior Mental Health Lead training.

What will we be doing in 2023/24?

- Mobilising two additional MHSTs in Nottingham City.
- Reviewing the MHST offer for further education establishment, particularly in Nottinghamshire County.
- Reviewing how MHSTs can support special schools more effectively to better support the needs of children and young people with SEND.
- Look at how additional roles may support MHSTs and the children and young people accessing them, for instance Peer Support Workers and Youth Workers.
- Review the whole Early Support pathway, including Be U Notts and Healthy Family Teams/0-19 services, to ensure the individual service offers complement each other rather than duplicate.

- Continue to work with NHS England to identify any further funding opportunities to increase the number of MHSTs across the City and County.

NottAlone and Whole School Approach to Mental Health

Following funding from the Department of Education in November 2020, Nottinghamshire has developed the NottAlone website which is a 'one-stop-shop' promoting local mental health advice and help for young people in Nottingham and Nottinghamshire. The NottAlone website launched in September 2021 and has since had over 27,000 views, with the most-viewed webpages for young people being topics such as anxiety and panic attacks, anger, and depression and low mood.

The website and materials were developed in collaboration with children and young people, parents and carers and professionals, to ensure the messaging and look of NottAlone would meet the needs of local young people.

In 2022 the NottAlone website won a National Local Government Award in the Technology Category.

If you are aged under 25, are a parent or carer, or a professional that supports young people, you can find information, advice and where to go to get help locally.

For further information, visit the NottAlone website: www.nottalone.org.uk or follow NottAlone on Twitter, Instagram or YouTube using the handle @NottAlone1.

Alongside the digital work, the NottAlone Project team has developed and deliver the Department for Education (DfE) approved Senior Mental Health Lead training. As of March 2023, 258 City and County schools had taken part in the Senior Mental Health Lead Training.

What is the whole school approach to mental health?

A whole school or college approach means creating a school and college culture and environment where mental health and wellbeing is both promoted and protected, and this applies to all pupils and students, teachers and staff members. There are 8 key principles that make up such an approach, which can be found here [Emotional Wellbeing 8 Principles \(nottalone.org.uk\)](http://www.nottalone.org.uk).

What did we do in 2022/23?

The NottAlone Live 2023 event was held as part of Children's Mental Health Week. This event was held at Nottingham Racecourse and brought more than 1,000 school children and teachers together with the aim of developing young people's confidence and resilience to combat mental health issues..

Mental Health leads from primary and secondary schools across Nottingham and Nottinghamshire were invited to the event and along with pupils heard keynote speaker and TV presenter Ashley John-Baptiste give an inspiring talk about overcoming adversity and the power of positive thinking, drawing on his own experiences of growing up in foster care.

Children at the event were able to take part in a range of workshops with staff from the mental health support team, to learn about subjects such as resilience and bullying. Children also took part in yoga and art workshops, visited the main stage with performers and motivational speakers, and had the opportunity to get information from over 40 stalls from providers of local mental health and wellbeing services.

The event was a huge success and planning will start soon for the next NottAlone Live! For full information about the 2023 event, including feedback from attendees, please see the official press release: [Children's mental health event a resounding success | Nottinghamshire County Council](#)

- Embedded two Whole Schools Approach to Mental Health Leads across Nottingham City and County. The leads have supported with the delivery of the Senior Mental Health Lead training and worked closely with the local Mental Health Support Teams to help develop Whole School Approaches within schools.
- Supported the development of the NottAlone adult's website.

What are we doing in 2023/24?

The NottAlone website will have a refresh to review current content and introduce new modules including social media usage. Following this the site will be relaunched in September/October 2023. The NottAlone adult's website will be developed and launched by the end of 2023/beginning of 2024. The Whole School Approach to Mental Health Leads will be working to:

- Engage more schools in the Senior Mental Health Leads training, which has been extended for a further year.
- Develop a Mental Health Quality Mark and mental health charter which primary, secondary, special schools and other educational establishments can sign up to.
- Offer self-evaluation and action planning support to primary, secondary and special schools as required.
- Develop and disseminate resources to support emotional health and wellbeing, which is inclusive and reflects best practice based on identified need.
- Further strengthen links between schools, local health providers and partner organisations and internal teams that support emotional health and wellbeing in schools.

TETC Tackling Emerging Threats to Children Team

The Tackling Emerging Threats to Children Team (TETC) operates within Nottinghamshire County. The team consists of three School Health Hub Coordinators, an Anti-Bullying and Online Safety Coordinator, a Child Sexual Exploitation CSE coordinator, the Safeguarding Children in Education Officer and the TETC Team Manager. The team works across Nottinghamshire on a locality basis and have connectivity with a range of partners including, school nursing, mental health support teams, the Early Help Unit, Multi-Agency Safeguarding Hub Community Safety, Police, Nottinghamshire Safeguarding Children Partnership and District Councils, and of course, schools and other education settings.

The team's remit includes a wide range of sensitive issues which can be categorised under the headings of; healthy bodies, healthy minds and healthy environments. They are the strategic lead for Relationship Health and Sex Education RSHE. Including emotional health and wellbeing, radicalisation and extremism; child sexual exploitation; female genital mutilation; forced marriage and honour-based abuse; online safety; bullying in all its forms including prejudice-based incidents and hate crime; sexual health and healthy relationships; healthy weight and nutrition; alcohol and substance misuse; smoking & vaping cessation; resilience. The team also continue to keep an eye out for emerging risks and concerns.

The TETC team act as a single point of contact for universal services and focuses on preventative, whole school approaches to all topics within their remit.

Intervention packages

- Policy templates, lesson plans and audit tools to support with all aspects of delivery in relation to the TETC/Health agendas.
- Supported Co-production with young people. The team also continue to offer: Advice, training, and consultancy, including signposting to other tried and tested providers.

- Quality assurance of curriculum resources, external training providers and inclusion of parents and other professionals
- Monthly newsletter providing up to date information, resources and training

Opportunities

The TETC team strive to work collaboratively and have been involved in numerous projects including NottAlone, DFE Senior Mental Health Lead training, RSHE networks, the Anti-Racism Toolkit, Intent Programme and the Identity toolkit for education settings. The TETC team continue to be available to all schools via email and telephone to offer guidance, advice, and support.

Early Intervention in Psychosis - EIP

Children and young people presenting with EIP (aged 14-18) can now access a fully staffed EIP service. It has been commissioned in line with NICE guidelines and is able to meet those standards expected from the service such as;

- Seeing Young People within 2 weeks of referral
- Allocation of Care Coordinator
- Physical health assessment
- Offered Cognitive Behavioural Therapy for Psychosis (CBTp)
- Offered Behavioural Family therapy
- Offered education and employment support
- Offered carer support
- Medical review and prescribing

Recent recruitment has seen the introduction of a Physical Health Nurse, Peer Support worker and a soon to be joining Psychologist.

The introduction of a At Risk Mental State pathway (ARMS) began in January 2023 and is designed to prevent a duration of untreated psychosis (DUP) the interventions are as above but without the use of anti-psychotics. Performance of the team is monitored by an electronic dashboard. Staff are trained in Behavioural Family Therapy, BFT, ARMS assessment and a successful bid for a further CBTp therapist has been agreed.

Chapter 7) Nottinghamshire ICS Children and Young People’s Mental Health and Wellbeing Action Plan Refresh – July 2023 -July 2024

Plan ambition - To develop an end-to-end need led pathway, which builds in a graded response and transition between system partners using the Thrive model

Table 5 Nottinghamshire ICS Children and Young People’s Mental Health and Wellbeing Action Plan Refresh (July 2023 -July 2024)

Behind schedule	
In progress	
Complete	

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
1. Macro systems considerations								
1.1 A locality’s mental health policy is interagency with shared responsibility	1.1a Use existing vision and values statement to develop an ICS system wide policy for mental health that is jointly created by partners from across the system	Children and Young People’s Mental Health SPG	<ul style="list-style-type: none"> The local mental health policy is interagency with shared responsibility. The Children and Young People’s Mental Health SPG membership will include all 	October 2023	Leading system wide transformational change workshop to take place in Qtr. 3	<p>Lack of capacity from key agencies to engage with work.</p> <p>Lack of alignment with interlinking areas.</p>		<p>ICS Strategy/ Joint Forward Plan</p> <p>Nottinghamshire and Nottingham City Early Help Strategies</p> <p>Nottinghamshire and Nottingham City Health and</p>

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
			system partners, including early years services, police, social care and voluntary sector.					Well-Being Strategies
	1.1b Strengthen reporting mechanisms between the Children and Young People's Mental Health Strategic Group and the ICS Mental Health Board, the Transforming Care Partnership and Place Based Partnerships	Nottinghamshire PH Consultant, Senior Public Health Commissioning Manager, ICB Head of Transforming Care for LD and ASD and PH Commissioning Manager	<ul style="list-style-type: none"> Improvements in children and young people's mental health are aligned with work around Learning disabilities and Autism. The pathway includes a focus on young adults aged 18-25. 	October 2023	Quarterly reporting has been agreed between the Children and Young People's Mental Health Executive group and the ICS Mental Health Board	Lack of alignment with interlinking areas.		ICS Strategy/ Joint Forward Plan Learning Disability and Autism Strategy

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
1.2 All agencies are involved in commissioning care (education, health, social care, voluntary sector)	1.2a Align I Thrive framework implementation with City and County Early Help Maturity Model implementation	Nottingham City Head of Early Help/ Group Manager Head of Early Help and Youth Justice	<ul style="list-style-type: none"> C and YP MH strategic development is aligned with wider children's services development 	December 2023		No risks identified		Nottingham and Nottinghamshire Early Help Strategies
	1.2b Develop shared outcomes framework with wider system partners to inform commissioning decisions	Children and Young People's Mental Health SPG	<ul style="list-style-type: none"> System partners have a shared vision of outcomes for children and young people and are responsible and accountable for their deliver 	December 2023		No shared understanding of system issues		ICS Strategy/ Joint Forward Plan Nottinghamshire and Nottingham City Early Help Strategies Nottinghamshire and Nottingham City Joint Health and Well-Being Strategies

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
	1.2c Review current ICB service transformation programme groups to include wider system partners	Children and Young People's Mental Health Programme Lead/ Senior Public Health Commissioning Manager	<ul style="list-style-type: none"> System partners help shape the development and delivery of services. 	December 2023		Transformation plan developed in isolation and not connected to other local plans		<p>ICS Strategy/ Joint Forward Plan</p> <p>Nottinghamshire and Nottingham City Early Help Strategies</p> <p>Nottinghamshire and Nottingham City Joint Health and Well-Being Strategies</p>
	1.2d Develop joint needs assessments of 0-19 provision	City and county 0-19 commissioners ICB commissioners	<ul style="list-style-type: none"> System partners develop a shared understanding of need across the system. 	March 2024		Disconnected pathway for CYP		<p>Nottinghamshire and Nottingham City Joint Health and Well-Being Strategies</p> <p>ICS Strategy/ Joint Forward Plan</p>

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
1.3 Population level preference data is used to support commissioning decisions	1.3a Establish mechanisms for collecting and sharing preference data as part of wider information sharing protocols across all NHS commissioned services.	Children and Young People's Mental Health SPG Programme lead, Public Health Commissioning Manager, provider leads/ SAIU	<ul style="list-style-type: none"> Providers have systems in place to collect preference data. Preference data is routinely used to support decision making and commissioning decisions. 	July 2024		No shared understanding of system performance		Locally identified
Meso systems considerations								
2.1 A comprehensive network of community providers is in place	2.1a Review content of Nott Alone website to ensure it covers all community providers, not just NHS commissioned services.	Nott Alone Steering Group C and YP MH Comms group Place Based Partnerships	<ul style="list-style-type: none"> A full range of community providers is known about and actively signposted to. This includes social prescribing, voluntary sector, local authority services etc. 	On -going		No risks identified		Locally identified

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
	2.1b Providers routinely promote Nott Alone as part of signposting	C and YP MH Strategic Group	<ul style="list-style-type: none"> A full range of community providers is known about and actively signposted to. This includes social prescribing, voluntary sector, local authority services etc. 	On -going				Locally identified
	2.1c Together with CYP and families, develop a system-wide access policy consistent with national rules, including a commitment from providers to a no wrong	C and YP MH Comms group	<ul style="list-style-type: none"> Children, young people and families have a clear understanding of how to access services. Children, young people and families can navigate 	September 2023		Separate contracts and services may act as barriers to the implementation of the model		Locally identified

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
	doorway of working		<p>the system more easily.</p> <ul style="list-style-type: none"> Booking processes are developed that make best use of the available capacity and meet the needs of children and young people. 					
<p>2.2 Evidence based improvement measures such as QI data are used to inform decisions, and this involves multi-agency consideration of data</p> <p>Micro principle 3.4 Outcome</p>	<p>2.2a Agree a system wide approach to collecting outcomes focused data that addresses all THRIVE groups, to inform development of 2.1.</p> <p>Data to be routinely</p>	C and YP MH Strategic group	<p>Outcomes data is used to inform commissioning decisions that lead to improvements in services</p> <ul style="list-style-type: none"> Routine Outcome data is used to support evidence-based improvement measures 	March 2024	Half day QI workshop to be scheduled for Qtr3.	Separate contracts and services may act as barriers to the implementation.		Locally identified

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
data is used to inform individual practice and improve quality	<p>reported to C and YP MH Strategic group via a QI subgroup and to be included in service reviews and feedback to staff</p> <p>Develop informatics that allow reporting on activity and outcomes for each of the THRIVE Framework needs base</p> <p>Outcomes data is used across the system to inform individual practice</p>		within providers.					

Thrive Framework Principle	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Strategic group	RAG Status	Links to existing strategies/ programmes
2.3 Help is delivered using the conceptual framework of five needs-based groupings	2.3a Scope the local ambition for Single Point of Access arrangements for C and YP MH services and integrate with wider Early Help Services.	Nottingham City Head of Early Help/ Group Manager Head of Early Help and Youth Justice	Children, young people and families are able to access services easily.	July 2024	Targeted and Community CAMHS Improvement Project established			Nottinghamshire and Nottingham City Early Help Strategies
	2.3b Develop a shared understanding of the THRIVE framework and develop local definitions of the five needs-based groupings	C and YP MH Programme Lead	Children, young people and families are able to access services easily.	March 2024	Leading system wide transformational change workshop to take place in Qtr. 3			Locally identified

Summary

The Local Transformation Plan for Children and Young People's Mental Health in Nottingham and Nottinghamshire outlines a multi-year, system wide strategy to enable young people to thrive and to have access to timely, evidence-based mental health services, when they need them.

The Plan describes wider system work to help children and young people to thrive, through Whole School Approaches to mental health and wider preventative work, getting advice and support via primary care, Nott Alone and waiting well, getting more help through early intervention mental health support through to getting more help and risk support through specialist CAMHS services and crisis support.

If you would like to further support any of these areas of work, please contact Rachel Clark at Rachel.clark@nottsc.gov.uk