

NOTTINGHAM AND NOTTINGHAMSHIRE
JOINT LOCAL TRANSFORMATION PLAN FOR
CHILDREN AND YOUNG PEOPLE'S EMOTIONAL
WELLBEING AND MENTAL HEALTH

2016 – 2022

September 2021 Refresh



**Integrated
Care System**
Nottingham & Nottinghamshire



Nottingham
City Council


Bassetlaw
Clinical Commissioning Group

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Chapter 1 - Key achievements, Transparency and Governance

Celebrating Success below shows at a glance some of our Local Transformation Plan highlights of 2020/21

Exceeded
access target
for number of
children and
young people
accessing NHS
commissioned
services

Number of new
Education
Mental Health
Practitioners
recruited to
Mental Health
Support Teams

15

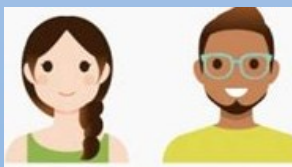
Number of
schools with
access to a
Mental Health
Support Team

154

CAMHS Eating Disorder Service were part of a national ARFID pilot and are now developing multiagency pathways for this group

Number of
young people
engaged with
over COVID
period

300



Number of Looked
After Children and Care
Leavers with a Personal
Budget to support their
emotional wellbeing
and mental health

333

Number of
schools and
colleges
engaged with
Well-Being to
Education
Return
webinars

247

Introduction

It is now six years since local partners developed the first annual Children and Young People's Local Transformation Plan (LTP) for Nottingham and Nottinghamshire. 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 recommendations of Future in Mind, the NHS Long Term Plan (2019) along with locally identified priorities including COVID recovery plans.

The area covered by this Plan includes Nottingham and Nottinghamshire local authorities and services commissioned by NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and Bassetlaw CCG, covered by Nottingham and Nottinghamshire's Integrated Care System.

This Local Transformation Plan is the delivery plan for Nottingham and Nottinghamshire's ICS ambitions, informed by the Long-Term Plan (2019). It is further strengthened by local work including:

- [The ICS All Ages Mental Health Strategy](#)
- [Nottinghamshire SEND Strategic Action Plan \(2021-2023\)](#)
- [Nottingham City SEND Strategy \(2018 – 2023\)](#)
- [The ICS wide Suicide Prevention Strategy and Action Plan](#)

Nottingham and Nottinghamshire system partners are collectively committed to:

- Ensuring there is additional investment in children and young people's mental health services.
- Promoting access to support via NHS-funded mental health support services.
- Developing new models of care for 0-25-year olds, including stronger transition arrangements within children and adult's health and social care commissioning.
- The Eating Disorder referral to treatment time standards are achieved and maintained
- 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
- Increasing support for prevention, self-care and the wider factors that affect people's health and wellbeing
- Implementing an approach that focuses on the individual (physical and mental health).
- Equipping a mental health aware workforce.
- Establishing a truly integrated system for children and young people.
- Ensuring a robust response to the COVID pandemic.

By delivering the priorities outlined in this plan, our overarching aims are for:

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

Governance

The Children and Young People's Mental Health & Emotional Health Joint Partnership Executive have strategic oversight of the plan.

They are responsible for

- Reviewing and monitoring delivery of the plan, including considering the impact on outcomes for children and young people.

- Monitoring the risks and issues to ensure appropriate mitigating actions are undertaken or escalated as necessary.
- Ensuring that commissioning of children and young people's mental health services is undertaken in a collaborative and joined up way and that commissioning and contractual mechanisms are utilised to ensure improvements are achieved.
- Ensuring that the interdependencies between the Plan and other strategies being implemented are considered and managed.

Figure 1 below illustrates the current governance structure of the Children and Young People's Mental Health and Emotional Health Joint Partnership Health Executive

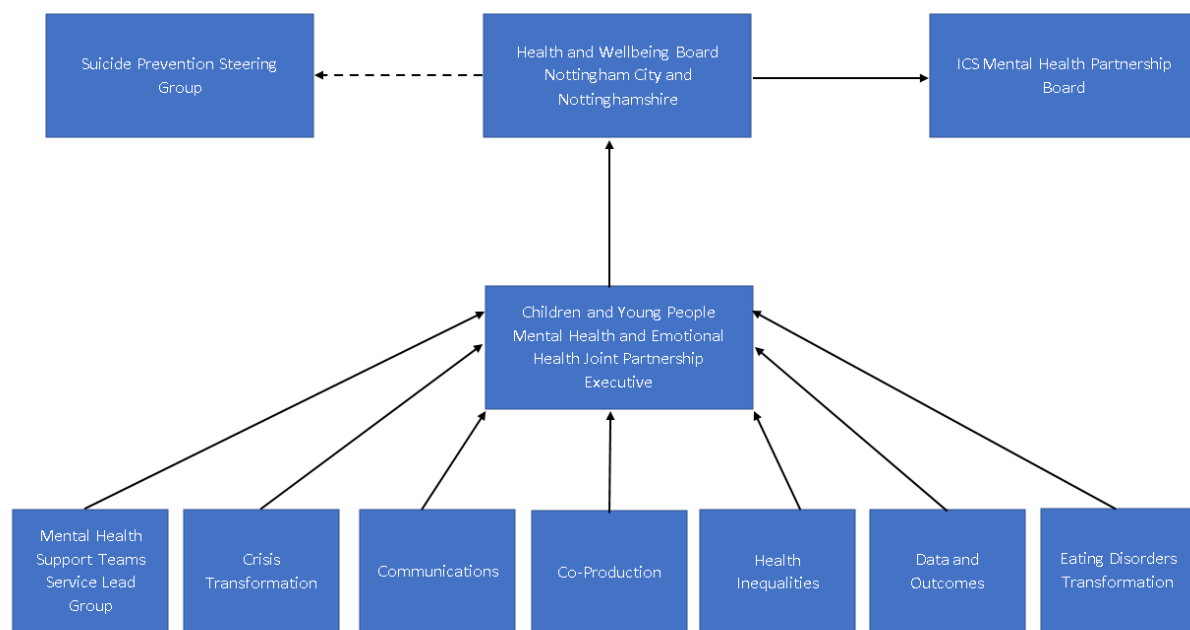


Figure 1 Governance structure

The Children and Young People's Mental Health and Emotional Health Joint Partnership Executive reports on a quarterly basis to the Nottingham and Nottinghamshire ICS Mental Health and Social Care Partnership Board and ensures the Local Transformation Plan informs and aligns to the All Ages Mental Health Strategy. The Group also provide updates to Nottinghamshire Safeguarding Children Partnership, SEND Accountability Board, Nottinghamshire Help and Protection, Local Authority Childrens' Senior Leadership Teams, Nottingham City Partnership Board, the Children and Young People's Clinical Health Network and Perinatal Mental Health and Nottingham City and Nottinghamshire's Health and Wellbeing Boards, as requested. This ensures there is effective senior-level oversight of the transformation plan and management of programme risks and issues.

The Executive includes representatives from CCGs, local authority children's services, education, Public Health, district councils, elected members, local NHS and non-NHS providers and NHS England in order to ensure a coordinated, whole system approach to improving children and young people's mental health.

In response to the recommendations around strategy improvement derived from system optimisation work we have reviewed the governance of the Children and Young People's Mental Health Executive,

to ensure that non-NHS partners have a stronger voice and to develop stronger links with the Integrated Care System (ICS).

The Group currently has a number of subgroups which report into it. These sub-groups are focussed on making improvements within key areas of the LTP and have their own project plans that are reviewed by the Executive on a quarterly basis.

The Children and Young People's Mental Health and Emotional Health Joint Partnership Executive have been actively involved in the refresh of this Plan and the Action Plan (Appendix One). Workshop activity took place in November 2020 and May 2021 and key areas for improvement were identified, which are reflected in the Plan.

Vision and Values

Up until 2021, the Children and Young People's Mental Health and Emotional Health Joint Partnership Executive has been working to deliver the ambition below

Our commitment to children, young people and families:

"In Nottinghamshire County and Nottingham City, we believe that mental health is everyone's business and that agencies need to work together to ensure that all children and young people enjoy good mental health and emotional wellbeing, including those that are most vulnerable in society. We will achieve this through an emphasis on prevention, early identification and intervention using evidence-based approaches that present good value for money. Where a mental health problem or disorder is identified children and young people will have access to timely, integrated, high quality and multidisciplinary mental health services that are accessible and responsive to individual need."

- 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 monitor the effectiveness of services and provide challenge and scrutiny, as we strive for continuous improvement
- We will support and encourage the education, training and development of the local workforce.

As part of our workshop activity in May 2021, we reviewed our vision and values statement. We have agreed to co-produce a new vision and values statement with children, young people and families in Autumn 2021.

Finance

The 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. The level of growth in baseline expenditure was outlined in the LTP ambitions tool; Nottingham and Nottinghamshire CCG and Bassetlaw CCG remain committed to achieving this standard of expenditure

and, over the course of the LTP, have a cumulative growth in expenditure that exceeds the ambition tool. Commissioners will continue to review services with a view to continuing to meet the Long-Term Plan expectations for children and young people

Spend by all local commissioners on children and young people's mental health services over the previous 3 years are detailed in the tables below. Bassetlaw CCG's figures have been presented separately. The tables show an increase in spend from 18/19 onwards with an approximate 18% increase in spend in 20/21 compared to 19/20 across Nottingham and Nottinghamshire (N&N) CCG.

Table 1: Nottingham and Nottinghamshire CCG spend

ICS	18/19	19/20	20/21	Planned spend 21/22
N&N CCG	£11,317,000	£11,829,000	£13,956,000	£14,566,000

Table 2: Bassetlaw CCG Spend

CCG	18/19	19/20	20/21	Planned spend 21/22
Bassetlaw CCG	£1,374,000	£1,424,000	£1,563,000	£1,570,000

Table 3: Local Authority Spend

	18/19	19/20	20/21
Nottingham City Council	£786,219	£906,931	£777,081
Nottinghamshire County Council	£792,480	£1,059,183	£1,112,437

Table 4 below gives details from the 21/22 CYP Mental Health Transformation Funding Plan for Nottingham and Nottinghamshire CCG. This outlines the Service Development Funding and Spending Review funding advised as part of the 21/22 planning process for children and young people's mental health services.

Nottingham and Nottinghamshire CCG continue to invest to increase CYP mental health expenditure as a proportion of overall mental health spend in recognition of the importance of this area. Funding will ensure community and crisis care are developed, eating disorder services are responsive, the offer for young adults is developed and discharge planning (from acute hospitals) is improved.

Table 4

Service Development Funding	Allocation	Planned Spend
Mental Health Support Teams in Schools	£2,066,989	£2,066,989
CYP Community & Crisis	£1,248,000	£1,248,000
18-25 Young adults	£373,000	£373,000
Spending Review additional investment		
Children & young people eating disorders	£224,000	£224,000
CYP Community & Crisis	£838,000	£838,000
18-25 young adults	£242,000	£242,000
Discharge	£162,100	162,100

Engagement

All system partners remain committed to engagement, involvement and participation to ensure support delivered meets the needs of all children and young people, parents and carers and stakeholders.

During 2020/2021, a number of engagement activities (as detailed below) have been undertaken including focussed work on the use of social media, improvements in early intervention and importantly the impact of COVID 19. Nottingham and Nottinghamshire and Bassetlaw CCGs have maintained funding for youth engagement group MH:2K who have continued to develop local Citizen Researchers to support with engagement work.

Following on from previous MH:2K engagement work, providers have been embedding recommendations in service delivery and continue to work with Citizen Researchers directly to support ongoing change. However, it should be noted that Covid-19 has had an impact on children and young people's involvement during 2020- 21.

MH:2K Nottingham & Nottinghamshire - A youth-led approach to exploring mental health

About MH:2K

MH:2K is a powerful model for engaging young people in conversations about mental health and emotional wellbeing in their local area. It empowers 14-25-year olds to:

- Identify the mental health issues that they see as most important;
- Engage other young people in discussing and exploring these topics;

- Work with key local decision-makers and researchers to make recommendations for change.

Its design builds on good engagement practice from within and beyond the youth mental health field. Specifically, MH:2K features: End-to-end youth leadership: MH:2K's youth-led approach means it is grounded in the reality of young people's lives. Young people decide its focus, co-lead its events, and determine its findings and recommendations.

Peer-to-peer engagement: By empowering young people to reach out to their peers, MH:2K creates a safe and engaging space for participants. By involving key figures in the project from its start, MH:2K builds trust, enthusiasm and commitment for MH:2K, and the implementation of its recommendations.

About MH:2K Nottingham and Nottinghamshire

In 2016-17 Oldham became the first local area to run MH:2K, supported by Oldham Council, Oldham Clinical Commissioning Group, and a Wellcome Trust People Award. In 2017-18, the success of the project led it to expand to four more areas: Birmingham, Central Lancashire, Nottingham and Nottinghamshire, and North Tyneside. Following the success across these 5 areas of the UK, MH:2K Nottingham and Nottinghamshire has been re-commissioned to work with Nottinghamshire in 19/20 and 20/21.

MH:2K Nottingham and Nottinghamshire is delivered by social enterprise Leaders Unlocked, in partnership with Nottinghamshire County Council, Nottingham City Council, Nottingham and Nottinghamshire and Bassetlaw CCGs. In 20/21, MH:2K Nottingham and Nottinghamshire engaged with 300 local young people with diverse life experiences. They worked closely with a group of young people with different life experiences, including those who have personal experience of mental health. Participation from harder-to-reach and under-represented groups was an integral part of the process. MH:2K Nottingham and Nottinghamshire used a proven engagement model grounded in the principles of youth leadership and on-going decision-maker and researcher engagement.

MH:2k work for April 2020 to March 2021

Citizen Researchers worked together during mini design days to develop a survey to hear about the impact of COVID on mental health. During the meetings, the Citizen Researchers discussed what types of questions should be included within the survey including the impact on mental health of the first lockdown, sleep pattern changes, access to services or resources and how can young people be better supported.

Following sign off by the Citizen Researchers, the survey was launched for a month, where they targeted organisations including schools, universities, and young people's services. Over the month, over 160 responses were received. Once the survey was successfully sent out, the Citizen Researchers completed a data analysis of the responses and developed a presentation. The presentation was presented to partners, organisations, and professionals to show the results from the survey. Key findings included:

- 70% of the young people surveyed felt their mental health had declined during the first lockdown.
- 75% had not sought any formal support during this time. The main reasons cited for this was that they didn't feel that they needed support, or they did not feel digital support would be beneficial to them.

- When asked about how their mental health could be supported at home, young people tended to cite more informal support such as a template for a daily routine, telephone calls and activities that they could do, rather than formal treatment services
- 60% of young people said that they would like to see more information about mental health services on social media. The findings of the MH2K COVID workshop have also been used to help shape our CAMHS social media presence which is described in more detail in our digital chapter.
- During the summer, MH:2K worked with Nottingham and Nottinghamshire and Bassetlaw CCGs to complete engagement with young people from across Nottingham, Nottinghamshire, and Bassetlaw. This engagement focused on talking to young people about Early Intervention regarding mental health support. The Citizen Researchers worked together to develop the questions to ask the young people during the engagement focus groups. MH:2K completed 3 focus groups to engage with 16 young people from Bassetlaw, Nottingham, and Nottinghamshire. After the focus groups, MH:2K presented the results back to a CCG leads meeting to inform them of the discussions from the focus groups.
- In October, MH:2K planned and presented their showcase. During this event, the Citizen Researchers shared their key findings and recommendations from their roadshow events that took place at the start of the year. These key findings and recommendations were developed for Parents and Carers, Professionals and Support Services to make them aware of what young people are saying regarding Mental Health and most importantly what they believe could be done to improve the situation.
- At the start of December, MH:2K were involved in the first planning meeting for the new Mental Health Website for Nottingham and Nottinghamshire - Nott Alone. To inform the content of this website, MH:2K were involved in engaging young people. MH:2K developed the survey for the engagement to get the ideas from young people and shared this out to their friends and family. Within 2 weeks, they engaged with over 45 young people. The results provided a good base to start the work on the website. Between February and March 2021, MH:2K have been involved in 2 design days. During these meetings they have provided opportunities for the Citizen Researchers to present their findings from the website survey and share their ideas on the results. The meetings have also allowed for conversations to focus on layout, colour scheme and resources that should be included.
- Between April 2020 and March 2021, MH:2K have continued to be involved in the development of mental health services with a young people's involvement group. These meetings have allowed for young people's voices to be heard through attending a Nottinghamshire Healthcare Trust Board meeting. Within the group, MH:2K have been involved in several activities including a question and answer session with health provider leads developing a new appointment letter and welcome pack for young people who are entering services for the first time.

During the COVID period, the leaflets, posters and short films developed by MH:2K proved to be a valuable resource in delivering wider system messages about mental health services being open for business. The leaflets and posters are being updated and will be brand aligned with the Nott Alone website.

Below are the links to the MH:2K short films on:

- [Depression](#)
- [Eating Disorders](#)
- [Anxiety](#)
- [Obsessive Compulsive Disorder](#)

Below are some reflections from the Citizen Researchers about their own personal achievements with MH:2K:

“I’ve done stuff like MH:2K before but what I didn’t expect, was the feeling of connection. Being around people who are similar to me in some way has been really good. I feel like I’ve been able to make a connection with a lot of people which is something I can often find difficult.”

“MH:2K has made me feel like I have a voice and that we can change the way people view mental health for the better and it has helped me with my own mental health. I have met some amazing people along the way. I have never been so comfortable and felt accepted by everyone, it really makes you feel like you’re part of a team.”

Below are some reflections from the Citizen Researchers about the importance and impact of MH:2K:

“MH:2K has been such a great opportunity for me! I’ve loved being able to voice my opinions and have a say in how local services/schools can improve their support for young people with their mental health.”

“Participating in MH:2K has changed my outlook on our human ability to activate change. It’s so easy nowadays to feel insignificant and like you are powerless, but from the feedback we received, it feels like our opinions finally matter.”

The findings from the MH2K report were shared at a virtual stakeholder event in November 2020 and have informed the development of our 2021/22 Delivery Plan (please see Plan Ambitions section),

Nottinghamshire Healthcare Foundation Trust Engagement

Through focus groups, consultation and online surveys, young people continue to work collaboratively with CAMHS to inform the development of services. COVID 19 has had a significant impact on involvement, experience and volunteering in 2020, however work is in progress and developments have been made in using technology.

Nottinghamshire Healthcare Foundation Trust (NHFT) has an Involvement, Experience and Volunteering (IEV) Strategy in place to ensure that children and young people are involved at all levels. In addition to the NHFT team, CAMHS has a dedicated lead with peer support workers having involvement and engagement as a significant part of their role. Each team is requested to have an involvement and carer link to strengthen the communication and work with teams.

Young People Experience

CAMHS has experienced a reduction in feedback about services and this mirrors the reduced response rate in the Trust as a whole. SMS text messaging is being developed across CAMHS as a way we can hopefully increase children and young people’s feedback. In addition, a focused piece of work took place using questionnaires to help understand the experience of young people in the first lockdown of the pandemic.

Volunteering

The impact of COVID 19 has been significant on volunteering in the Trust and young people have been unable to continue volunteering throughout the pandemic as the Involvement Centre and Volunteering Team have had to cease their support in this area temporarily. The Trust does however have a number of young people interested in volunteering in CAMHS and they are currently supporting with involvement work until such times as they can undertake the training / meet face to face again.

Involvement

Although COVID 19 had a significant impact upon involvement, the Trust are now getting young people involved using digital software. A Participation Group has now started, and young people are supporting an art mural competition and reviewing training for the Primary Mental Health Teams.

Prior to lockdown, the work around LGBTQ+ continued and young people and carers were involved in co-producing an action plan from the engagement work that had been undertaken.

The lockdown has however provided an opportunity to reflect upon the systems and processes within CAMHS around participation and work is underway to strengthen these. The Trust are keen to establish involvement at senior levels and ensure more training is available to young people who wish to get involved. The Trust have been working alongside the IEV team to look at defining participation and volunteering to ensure the right support and training is offered dependent upon the role being undertaken.

Recovery College

Work to develop the Recovery College was unfortunately delayed due to COVID 19. The Trust is now in a position to resume this work using Microsoft Teams digital software and plans to translate the workshops into virtual courses. Going forward, as the pandemic allows, the Trust will be able to offer young people face to face or virtual options and hope to be offering courses in the summer term of 2021. The Trust has young people identified who would like to be part of the co-production process.

Peer Support

The Trust was successful in employing a cohort of peer support workers who have lived experience of using CAMHS themselves and parents and carers of young people with lived experience. They have recently been working to re-establish this network of specialist workers to enhance the engagement between young person/ carer and CAMHS Services. The peer support team have been active during the COVID pandemic and more specifically supporting with the wellbeing of young people directly over video calls. The team has been essential in supporting and promoting emotional wellbeing for staff and have been linking colleagues into mindfulness sessions held within the Trust. They understand and acknowledge that the mental wellbeing of the staff from Nottinghamshire Healthcare NHS Trust is essential when working with young people and their families.

Nottingham City Council Targeted CAMHS and SHARP:

Nottingham City Council continues to ensure that participation is a key objective within the implementation of the five key service improvement principles of CYP Improving Access to Psychological Therapies (IAPT). Targeted CAMHS have been working with Young Minds to embed participation within the service and is currently working with partnership agencies to ensure children, young people and families have involvement in service design and delivery and have a voice in decisions and actions related to them. This work is overseen in a working group whose aims are to take forward our three goals:

- Feedback
- Community Engagement
- Co-production, design and delivery

The service then pulls together the findings and recommendations from MH:2K, Young Minds and children/young people's improving access to psychological therapies to ensure that the service has embedded a model of participation and co-production.

Ongoing collaboration with MH:2K and the current feedback from the group has allowed for the continued development and decision making of our Nottingham City Instagram page. *(Please see CMPMH Digital Section for Nottingham City Council Social media update and Links).*

Other alliances within the community help to aid Targeted CAMHS involvement in order to gain the voices of CYP and the engagement from them. Examples of this are, The Contemporary Young Persons Group 15-25 Collective, Young Leaders, Helping Kids Achieve Charity and Tricky to Talk Campaign by Nottingham Forest and the Police.

The Nottingham City CAMHS Roadshow has developed from the 'Teens 4 Truth' (a young person participation group). The Roadshow has been present in the community during the summer of 2020 and has connected with community organisations and charities that support young people. The Roadshow Team engage with CYP in the community and in schools around what they would like to see from a mental health service and gain the views on how to shape the service and how to reduce stigma. Alliances with CAMHS Roadshow include schools, police, army cadets Nottingham Forest, Helping Kids achieve. The Roadshow will continue to engage CYP in line with relevant risk assessments during the pandemic. A virtual roadshow is also being planned.

The Targeted CAMHS Newsletter is published twice annually, (spring/summer & autumn/winter editions) to communicate and tackle the misconceptions of CAMHS, to promote mental health and wellbeing using an anti-stigmatising approach. The newsletter includes articles from children and young people and professionals on a range of topics related to mental health. An audio edition was produced for winter 2020, focussing on staying connected with the community.



The Your Voice campaign community participations days were unable to commence due to the cancellation of all festivals in 2020. Targeted CAMHS has attended festivals in Nottingham City in order to reduce stigma around mental health, increase public awareness of CAMHS and gain the voice of our community.

Children and Young People Early Intervention Report NHS Nottingham & Nottinghamshire CCG

In Nottingham and Nottinghamshire, services are commissioned to provide early support and intervention for mental health and emotional wellbeing to children people, as well as training for professionals. Commissioners are looking at how to improve this pathway by understanding the views of children and young people, parents and carers and stakeholders.

The Nottingham and Nottinghamshire CCG conducted engagement with children and young people, parents, carers and professionals such as GPs, teachers and health professionals to understand experiences and report on what support has been like for them at the early intervention stage. These insights will help when developing services and pathways.

Engagement was conducted using a variety of methods including online surveys, virtual focus groups and telephone interviews. A total of 85 young people, 116 parents and carers and 217 professionals engaged in the online surveys not including those who participated in focus groups and telephone interviews. The full report can be found [here](#):

Findings included:

- The need for greater awareness of early intervention services.

- The need for immediate access to support with no thresholds.
- More flexible support is needed in terms of appointment times and tailored support.
- Greater, non-judgemental support for parents and carers.
- Greater communication and involvement with carers.

Healthwatch - In 2020, Healthwatch Nottingham and Nottinghamshire undertook detailed research into young people's experiences of accessing self-harm services. [Experiences of Self-harm Services | Healthwatch](#). The report included recommendations on information, training and service provision. These recommendations have been used to inform the self-harm pathway work described in the Plan Ambitions chapter and the communications strategy.

Future Plans

In response to the recommendations in the Involvement and Participation strand of the Optimisation Report, the Children and Young People's Executive Group will establish a routine way for CYP and their parents/carers to be involved in the ongoing development of the CYP mental health system. This will include taking a strategic, longer term approach to commissioning co-production work, ensuring that it includes commitments around co-production and young adults for 2021/22.

Gedling Borough Council

Like MH:2K, Gedling Borough Council also consulted with young people in 2020 to learn more about their concerns and priorities. Our survey received 238 responses which had a lot of common themes with the MH:2K findings around mental health and emotional wellbeing, and some additional local insight

Around three years ago, the Council's Leadership created Portfolio Holder and Policy Adviser roles within the Cabinet specifically for Young People and Equalities, to reflect the high priority the Council places upon improving services to young people.

Gedling also has a dynamic Youth Council, which is working collaboratively with the Portfolio Holder and Policy Adviser on an action plan to address points raised in the survey. A dedicated Young People's Instagram is planned, which would need to be designed and populated as a cross channel function, reflecting County and Children and Young People Mental Health Board CYPMHB service links, safety and wellbeing information.

A key element in the emerging action plan is for the Council, and the Youth Council, to Engage with the Children and Young People's Mental Health Executive Emotional Wellbeing and Mental Health Transformation Plan.

Youth Council members have agreed to draw up a series of 'mission statements' to inform the aims and aspirations for services to young people against which services can be shaped/ scrutinised / held to account, i.e. 'Gedling Young People needing emotional wellbeing or mental health support will be able to access an appointment within x weeks....'

Chapter 2 - Health Inequalities

Nottingham and Nottinghamshire has strong leadership and a clear direction in place to tackle health inequalities across the ICS footprint. This focus on health inequalities has been strengthened in response to COVID.

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-19 and includes key objectives around:

- Recognising the impact of COVID-19 for children and young people (school disruption and access to health & care services), take a system wide approach in recognising and prioritising return to school and remobilising.
- Accessibility to services as part of restoration (this includes recognising the increased pressure on certain services due to increased demand as a result of COVID-19), taking a planned approach across Integrated Care Partnerships (ICPS)
- Validate 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 disproportionalities in access and experience and take action where problems are identified.

From a **Nottinghamshire County Council's** perspective, the Children and Families Department has a departmental Equality Work Group in place. The Group has a detailed action plan which covers strategy and policy, workforce, quality of services and work with partners.

Nottingham City Council has developed a City wide Black and Minority Ethnic Group Health Inequalities Action Plan in response to COVID-19. A key commitment in this Plan is to ensure that a health inequalities report will now be produced to go alongside any changes to council policies or services. Local CAMHS services have also developed a proposal linked to this which is outlined in Appendix 5.

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

- The [Public Health England Mental Health and Well-Being surveillance report](#) has been used to inform our COVID response and to alert partners to the disproportionate impact of the COVID-19 on those already facing multiple disadvantage.
- Research review undertaken in 2019 to inform best model to increase BAME access to community mental health services
- LGBT+ research project commissioned and reported in 2020
- ICS 'Inequalities in COVID-19 restoration and recovery plan'
- In autumn 2020, the ICS has recently undertaken a Nottingham and Nottinghamshire Mental Wellness COVID-19 Rapid Assessment: A Population Health Management and Inequalities approach to Mental Wellness COVID-19. [PowerPoint Presentation \(connectednottinghamshire.nhs.uk\)](#)

Our next steps

During 2021/22, we will embed tackling health inequalities throughout the planning and delivery of Children and Young People's mental health transformation through the following approach:

1. Build on existing good practice in co-production outlined in the Transparency and Governance and workforce sections and embed this across the Transformation and LTP programme. We will continue to use evidence from our local needs assessments to inform the on-going programme of service user, carer and public involvement which aims to understand potential reasons for and solutions to these inequalities in access, experience, and outcomes.
2. Workforce plans will ensure the workforce is reflective of the local population.
3. Working with the VCSE to support the ambitions of the transformation and through an alliance incorporating grass roots and smaller VCSE organisations.
4. Work with the Population Health Management Team and use the approach to support planning.
5. Embed continual monitoring of access, experience, and outcomes by key population characteristics in our service delivery and evaluation.
6. Identify and address inequalities in access, experience, and outcomes from services where they exist.
7. Improve the quality of data collected regarding protected characteristics including by handheld electronic devices for patients.

A recent deep dive by the Nottingham and Nottinghamshire CCG contracting team revealed that there is currently inconsistency in the data collected and reported by providers in relation to protected characteristics. Providers will be supported to improve the reporting of this data this year.

This is supported via the refreshed [Nottinghamshire Joint Strategic Needs Assessment](#) JSNA Emotional and Mental Health of Children and Young People, 2021 which highlighted that we need to ensure that all our services consistently capture data across all protected characteristics and that this is used to inform specific pathways for these groups.

A data subgroup convened in June 2021 to provide on-going support to providers, ensuring sustained MHSDS submission and continued data quality improvements with increasing focus on outcome data reporting.

The needs of our local population

Local Context and Prevalence

Table 1: Estimated numbers of children and young people in Nottinghamshire County split by any mental disorder, any anxiety and any depression disorder (5 – 25 years) Source *Mental Health of Children and Young People NHS Digital (2018) and Health and Social Care Information Centre via NHS Digital using Adult Psychiatric Morbidity Survey 2014*

	5-10 years			11-17 years			18-25 years			5-25 years		
	Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All
Any mental health disorder	3163	3000	6163	3372	3208	6580	3030	8150	11180	9565	14258	23823
Any anxiety disorder	1502	1850	3352	1602	1978	3580	1757	2168	3925	4861	5996	10857

Any depressive disorder	527	575	1102	562	615	1177	969	1243	2212	2058	2433	4491
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(inc Bassetlaw)

	5-10 years			11-17 years			18-25 years			5-25 years		
	Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All
Any mental health disorder	3663	3491	7154	3915	3738	7653	3533	9406	12939	11111	16635	27746
Any anxiety disorder	1739	2153	3892	1860	2305	4165	2049	2502	4551	5648	6960	12608
Any depressive disorder	610	669	1279	653	716	1369	1130	1435	2565	2393	2820	5213

Table 6: Estimated numbers of children and young people in Nottingham City split by any mental disorder, any anxiety disorder and depression disorder (5 – 25 years)

	5-10 years			11-17 years			18-25 years			5-25 years		
	Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All
Any mental health disorder	1497	1416	2913	1516	1419	2935	3687	10105	13792	6700	12940	19640
Any anxiety disorder	711	873	1584	720	875	1595	2138	2687	4825	3569	4435	8004
Any depressive disorder	250	271	521	253	272	525	1180	1541	2721	1683	2084	3767

The above data must be interpreted with caution, however, as these are estimates of point prevalence (or the number of individuals who may have a disorder at any one point in time). The period prevalence of these disorders will normally be higher. It must also be noted that the Mental Health of Children and Young People (MHCYP) is focussed primarily on 5-17-year olds and many emotional wellbeing and mental health needs will continue to impact on Nottinghamshire services across the life course. For example, PHE data suggests that the number of 16-24-year olds with a 'potential eating disorder' in Nottinghamshire may be more than 10,000, although some concerns are reported about the quality of this data. The data in the tables also relates to those children and young people with a diagnosable mental health condition and does not describe the number of children and young people with low level emotional wellbeing needs.

Trends in the MHCYP survey show a gradual rise in mental disorders overall, largely accounted for by a proportionally large increase in emotional disorders since 2004. Data broken down by diagnoses on a regional and national footprint can be found [here](#):

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

- Referrals to Targeted CAMHS and Community CAMHS (including Specialist CAMHS services) are increasing
- School nurses are seeing increasing number of children and young people who are experiencing emotional and mental health problems
- 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 ASD/ADHD are rising
- 'Any mental health disorder' is considerably higher in the 18-25 female population, however this is not reflected in access data for local services
- Prevalence of young people experiencing a depressive disorder doubles in the 18-25 population compared to 11-17-year olds.
- 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 JSNA's have informed our LTP:

Nottingham City

- Emotional and Mental Health Needs of Children and Young People aged 0-18 (draft 2019 refresh)
- Children in Care (2017)
- Children and Young People Substance Misuse (2016)
- Children and Young People: Special Educational Need and Disability (2016)
- Safeguarding Children (2017)
- Students (2016)

Nottingham City are also developing a Health Impacts of COVID JSNA chapter, which will be published later this year, and this will include a section on children and young people's mental health

Nottinghamshire County

- Emotional and Mental Health of Children and Young People 2021
- JSNA 2013: Children and Young People
- 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)

Nottinghamshire Emotional and Mental Health of Children and Young People JSNA recommendations

	Recommendation	Lead(s)
1.	Review access to services by minority groups and ensure systemic barriers are mitigated or removed using the framework outlined in the Advancing Mental Health Equality Framework.	Clinical Commissioning Groups, Nottinghamshire Healthcare Trust (NHT), Third Sector providers
2.	Commissioning should be planned as integrated multi-agency services, ensuring that services meet the needs of the 0-25 age group.	Integrated Care System's (ICS), Public Health, Clinical Commissioning Groups (CCGs)
3.	Expand universal and selective parent education and training programmes to support preventative work around mental health and wellbeing.	Local Authority (LA), PH, CCGs
4.	Ensure that mental health and emotional wellbeing are considered in all policies relating to both staff, service users and pupils.	LA, ICS, Schools/Colleges/Academies
5.	Embed a whole family approach to tackling children and young people's mental health needs, including qualitative work with parents.	PH, LA, CCGs
6.	Undertake research into the mental health needs of young carers across the county: their prevalence and their needs.	LA Childrens Services
7.	Invest resources to evaluate effectiveness of digital interventions locally and ensure that any beneficial changes identified from the rapid switch to digital /remote models of care are sustained beyond the COVID-19 emergency response period, in line with regional guidance from NHS England.	CCGs, PH
8.	Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing.	Third sector, PH, Primary Care Networks (PCNs)
9.	Consider regular collection of wellbeing data for children and young people locally.	LA
10.	Work with schools and wider partners to provide equitable access to prevention and early intervention mental health initiatives delivered at schools, focusing strategically on areas in proportion to the level of need and where the risk factors are most prevalent i.e. areas of high deprivation.	PH, LA, CCGs
11.	Undertake further work to understand the impact of COVID-19 on children and young people's mental health and identify appropriate steps to address these.	PH, LA, CCGs
12.	Continue to work with providers to improve the quality of data submitted to the Mental Health Services dataset.	PH

Children and Young People's Mental Health and Emotional Health Joint Partnership Health Executive is the owning group for the JSNA and will ensure that the recommendations are implemented and reflected in relevant plans.

A key recommendation in the document is to review access to services by minority groups and ensure systematic barriers are mitigated or removed using the framework outlined in the Advancing Mental Health Equality Framework and the PHE HEAT tool. This includes undertaking an equity audit, ensuring

that services routinely collect data around protected characteristics and ensuring that the workforce have appropriate training and skills. Consideration will also be given to developing specific pathways for these groups. This work will be overseen by the Health Inequalities sub- group of the Children and Young People's Mental Health and Emotional Health Joint Partnership Health Executive

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 spectrum disorder and/or Attention Deficit Hyperactivity Disorder

Nottingham City Council employ Early Intervention Workers within their integrated CAMHS Single Point of Access. Family support worker posts have been re-modelled from a traditional family support role to allow support for families as quickly as possible from point of contact with SPA in the service. Early Intervention Workers contact young people and families quickly and directly, to complete assessments, clinical screening measures, deliver Single Session Therapy (SST) and offer evidenced based self-help materials to support them. Should further intervention or partnership work be required to meet CYP needs, the Early Intervention Workers have a vital role in scaffolding them whilst they are waiting to be seen for the most appropriate treatment or support. This again helps regulate waits, ensures CAMHS remains in contact with children, young people and families and monitors any change in presentation which may require a revised plan of care to be established as soon as possible.

Domestic Abuse

Our Third Sector providers offer Hands are not for Hurting across the ICS footprint. Hands Are Not for Hurting being a 12-week group treatment programme for women and their children who have experienced domestic abuse.

Through group treatment, which includes support from their mothers, children can begin to resolve the trauma that they have experienced.

They do this through telling their experiences and receiving validation by adults and peers they can trust. The aim of the programme is to create a safe space for children and provide them with the opportunity to disclose, process and understand the violence and abuse that they have witnessed.

Commissioners are also working to ensure that mental health providers receive training around the new requirement for children to be treated as victims of domestic violence in their own right and how it will impact on their services.

Children's programme

The programme helps build a child's self-esteem by focusing on helping them deal with their emotions relating to the abuse and understand that what happened was not their fault. This is done by using a variety of resources. The key concept is for children to have their experiences validated and explore a variety of issues. Including: responsibility, positive problem solving, dealing with conflict, understanding feelings and safety planning.

Mother's programme

This runs one session ahead of the children. The aim is to provide a safe and supportive environment to help prepare mothers for issues raised in the children's group and help them understand their child's behaviour better (relating to their experiences of abuse), gain confidence to support their children and strengthen the relationships between mother and child. We empower women by giving them the strength, tools and skills to support their children through the journey to recovery.

Child Sexual Exploitation (CSE) and Child Sexual Abuse (CSA)

National research and government reports evidence that CSE and CSA exists in all communities and that victims and survivors require appropriate support. It continues to be an area of concern and to have a high profile national and within Nottingham and Nottinghamshire. This has been highlighted by the number of high-profile cases such as Rotherham and Oxfordshire reported in the media and subsequent reports into failings around those cases, along with the local independent Inquiry into Childhood Sexual Abuse (IICSA).

It is difficult to quantify the true prevalence of CSE/CSA. This is due to obtaining reliable information on the extent of sexual offences because of the under-reporting of these incidents. Despite the effort of police forces and other agencies to improve their response to victims of sexual violence, figures on sexual offences are heavily influenced by the willingness of victims to report.

A study conducted by the NSPCC in 2011, which reviewed 28 CSA prevalence studies, showed rates across the studies ranging from 1.1% to 32% for lifetime experiences of childhood sexual abuse. Whilst estimates of lifetime prevalence of child sexual abuse vary considerably among reports, even less is known about rates of past year child sexual abuse, which is crucial for assessing the immediate need of the local population and for establishing appropriate paediatric services for supporting victims of sexual abuse.

Using the prevalence information from the NSPCC survey (2011) and the Mid-Year Population Estimates for 2019 we can estimate the number of children and young people across Nottingham and Nottinghamshire who experience contact sexual abuse in the last year as 299 children aged 10 years under and 1,401 children and young people aged 11 to 17 years. A further 8,720 children are estimated to experience non-contact sexual abuse which should still form the basis of assessment by social care.

Nottingham and Nottinghamshire CCG and Bassetlaw CCG along with a range of partners across the system, including NHS England and the Police and Crime Commissioner, commission a range of services, both medical and therapeutic, to support children and young people who experience CSE and/or CSA. Further information on these services can be found in the Health and Justice section of the plan.

Looked After Children and Care Leavers

The number of Children in Care (CiC) continues to rise. As of 31 March 2020, there were 80,080 nationally, an increase of 2% since 2019 (previous increase of 4% in 2018).

In Nottinghamshire County (including Bassetlaw) this number was 916, a significant increase of 5% on 2019 when the number was 869 (an increase of 9% compared to 2018). In Nottingham City the number was 656, representing an increase of 4% on 2019 when the number was 629 (an increase of 3% compared to 2018).

Over a 5-year period there has been an increase of 18% in Nottingham City and Nottinghamshire County.

There are a number of governance and strategic arrangements in place to manage the needs of children in care. There is currently a Designated Nurse for Children in Care employed by Nottingham and Nottinghamshire and Bassetlaw CCs who is supported by the Safeguarding Practitioner within the CCG Safeguarding team since September 2020. There are also two Designated Children in Care Doctors, one covering the previous areas of the mid County and the other the South and City.

The Nottingham and Nottinghamshire CCG governance arrangements for Children in Care are monitored through the Nottingham and Nottinghamshire CCG Safeguarding, SEND and Looked After Children Assurance Group. This group monitors progress on national and local guidance and strategic priorities.

The NHS has a major role in ensuring the timely and effectively delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivered through provider organisations, and through individual practitioners providing coordinated care for each child following national guidance and statutory responsibilities (Promoting the health and well-being of looked after children 2015)

In relation to emotional and mental health of children in care, there are two specialist Children in Care CAMHS teams. These teams multi-disciplinary, multi-agency teams comprised of social workers (provided by Nottingham City Council and Nottinghamshire County Council) and health professionals (provided by Nottinghamshire Healthcare NHS Foundation Trust).

The purpose of these teams is to assess mental health needs and promote the psychological wellbeing and placement stability of children and young people who are looked after or adopted. Evidence based support is tailored to meet the individual needs of the child or young person and their network taking into account the views and skills of the child/young person and their family/foster carers.

Care is delivered through a blended model of consultation, family-based interventions and attachment focused trauma based therapeutic support, including:

- Fostering attachments groups
- Therapeutic parenting
- Theraplay
- Dyadic Developmental Psychotherapy
- Systemic Psychotherapy
- Distress Tolerance Groups

The teams can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication.

The Nottinghamshire County CAMHS Looked After and Adoption Team continue to evolve and develop their service, including:

- Development of a family therapy clinic starting May 2021
- Non-Violent Resistance (NVR) training for the team to enable them to deliver support to adoptive parents and foster carers to develop their skills in supporting their child/young

person. This is particularly helpful for those young people who have complex behaviours or on a criminal justice pathway and could potentially reduce the need for Head2Head of Forensic CAMHS support.

- Development of a Dialectical Behaviour Therapy (DBT) group for children and young people and parents/carers
- Recruitment is underway for an Occupational Therapist (OT) to further enhance the skill mix of the team
- Establishing a national Children in Care team led meeting to share service improvement ideas, opportunities for training and research.

The Nottingham City CAMHS Children in Care service is currently undertaking a service development review, led by commissioners, to develop a joint visit for children in care in Nottingham City and assess whether the service is effectively meeting looked after children and young people's mental health needs. This includes benchmarking the current service against best practice guidance, review of capacity and demand and enhancing the interface between health and social care. The review is scheduled to conclude by the end of June 2021 and findings will inform a recommendations report for service development.

Since April 2018, the **You Know Your Mind (YKYM) Project** has been operating across Nottinghamshire County and Nottingham City, supporting looked after children aged 0-17 and care leavers aged 18-25 who are experiencing poor or deteriorating mental health.

Through a 'Different Conversation', the child or young person is empowered to determine what they think will genuinely improve their mental health outcomes and make every day a 'good day'. By offering children and young people the choice and control over their mental health support, personalised and non-clinical support arrangements have been commissioned for over 300 children and young people, including community-based activities (access to boxing clubs, karate classes, horse-riding, fishing equipment, local gyms), expressive arts (photography kits, music recording equipment, drum lessons, arts & crafts materials) and 'safe spaces' (wendy houses, treehouse, sensory tepee).

A formal evaluation of the project was undertaken between January and June 2020 by Nottingham Trent University. The full report can be found [here](#)

The report's key findings are listed below:-

- There is **clear strategic support** for the KYM project at a senior management level, reinforced by frontline staff.
- Senior managers **advocate greater embeddedness of KYM** within existing health & social care provision for young people with mental health needs
- KYM can **prevent the need for more specialist (& costly) interventions** from already pressured CAMHS and Adult Mental Health (AMH) Services.
- KYM **offers an alternative** to funneling children and young people into mental health services
- KYM provides support to young people in line with a mental health promotion agenda, **to intervene early and prevent distress escalation** to a point of crisis
- The KYM support plans **provide a structure for the ongoing monitoring** of how well the young person is doing and whether they are making progress in managing their mental health and wellbeing
- The **different conversation, active involvement of the young person** in their support plan and **being listened to** are the most important inputs that characterise support offered through KYM
- 91% of young people report feeling listened to in developing their support plan and really value this

- Typically support plans consist of **indoor, outdoor, learning, or a mix** of one or more types of activities:
 - Males are more likely than females to opt for outdoor activities.
 - Females are more likely to choose activities related to learning.
 - Care leavers are more likely than LAC young people to choose an indoor activity.
 - Mixed activities as part of a support plan contribute to higher costs but are offset by benefits to young people.
- The young person's **age does not significantly influence the cost** of the plan.
- **Ongoing monitoring** of the support plan, undertaken during direct work with young people plays an important role - gives the key worker a reason to check in.
- The project also made a significant difference to those young people needing to access CAMHS services. Pre - accessing YKYM: **63.5%** of the young people included in the project identified as having experienced CAMHS input. This reduced to **26.9%** of young people receiving support from CAMHS post a YKYM intervention.

The ongoing design and delivery of the project has been informed by a local Participation Group of children and young people, as well as local 'You Know Your Mind' events to encourage young people to try new, positive activities that promote positive mental health outcomes. The pilot has been extended to continue in Nottinghamshire County and we're working to develop the offer in Nottingham City.

Nottinghamshire Children in Care Service improvement Forum (SIF)

The SIF was established in December 2016 and meets quarterly. It is a multi-agency Looked After Children system-wide forum with agreement and commitment from both Nottingham City and Nottinghamshire County local authorities, health providers and the membership also includes the statutory Designated Doctor and Nurses. The objective of the forum is for partners to hold to themselves to account in meeting and improving the health needs of looked after children. An action plan is overseen by the Children in Care health commissioners and designated professionals. The SIF has highlighted their effective multiagency partnership work to the City and County Safeguarding Boards and the County LAC Partnership Boards and has included reference to their current audit activity.

The SIF has also agreed to focus on system-wide changes to enable health providers to meet the statutory timescales of health assessments as a key priority in 2020/21, acknowledging that to achieve this it must be a partnership approach.

A piece of work was undertaken in 2019/20 to improve the number of Strengths & Difficulties Questionnaires returned by the local authority to inform statutory Routine Health Assessments (RHAs) and to support children and young people's emotional mental health and wellbeing.

Additional health improvement activity during 2019/20 has included:

- The implementation and on-going review of the Out of Area (OOA) process (pathway)
- The audit of the documentation used for the care leavers health summary
- quality assurance audits undertaken of Routine Health Assessments (RHAs) by the Designated Nurse (Mid and South) for Children in Care and completed six monthly
- The implementation of a joint health/local authority Decliner Pathway (when young people decline statutory health assessments)
- development of the revised Key Performance Indicators (KPIs) to enable comparable health data and performance from all providers across the County

- designated professionals contributed to the design and delivery of Nottinghamshire
- Safeguarding Partnership multi-agency training ‘awareness raising around Looked After Children’
- designated professionals supporting with the Nottinghamshire General Practitioners
- (GP) Practice Learning Time (PLT) events
- designated professionals have been influencing locally, regionally and nationally for
- equity of access to health services for looked after children whether placed in area or
- out of area.
- the Designated Nurses are currently reviewing how information is shared between health and the local authority in relation to residential care (private and local authority),
- especially in relation to children placed into Nottinghamshire from other areas. They
- have reported on this with some key recommendations which are being taken forward in partnership with the both local authorities and the Police

Developing Trauma Informed approaches

We know that our most vulnerable children are likely have experienced trauma or are at the greatest risk of being traumatised. This, in turn, impacts negatively on their mental health. With this in mind, we recently developed a joint bid across the Nottinghamshire and Derbyshire area to develop our trauma informed approaches across a 10-year period. Whilst we were not successful with the full bid, we have since been offered the opportunity to work with Cordis Bright, to undertake a Health Assessment for those young people with complex needs or on the edge of care. This will include a profile of need, service mapping, reach and take up, outcomes and equity, resources and efficiency, strengths and areas for improvement. We will use this needs assessment to inform future service planning and developments for this cohort.

LGBTQ+

In 2017, Nottingham City CCG (now part of Nottingham and Nottinghamshire CCG) commissioned a piece of research into improving the mental health outcomes of Nottingham’s LGBTQ+ population. This research has just been published and makes a number of recommendations, which will be form part of the action plan for the Health Inequalities subgroup of the C and YP Mental Health Executive.

Nottinghamshire Healthcare Trust have undertaken significant piece of work is taking place using the collaborative partnership model to have an in-depth look at how people who identify as LGBTQ+ experience CAMHS. Young people and their carers are supporting this process and the work has involved sharing their experiences, gathering feedback from others, developing a plan as to next steps, joining us at a walk around, and supporting PRIDE. Actions are soon to be identified and there are plans to extend this work into supporting all minority groups.

There are a number of support groups for LGBTQ+ young people across the ICS. These are the LGBTQ+ young people’s service in Bassetlaw, Outburst in Nottingham City and Trans4Me 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 also runs groups for parents. They also deliver training and are Stonewall accredited. These support groups have continued to be delivered virtually during the COVID period.

Work with schools

Nottinghamshire County’s Tackling Emerging Threats to Children team have helped to establish or are leading specific working groups focused on improving anti-discriminatory practices with an aim to educate, empower and support meaningful change to racial injustice and LGBT inclusivity. The team are currently co-producing with the Educational Psychology Team a toolkit and suite of resources- ‘Equality is everyone’s business’ which schools will be able to use to support their own equality work.

Care has been taken to ensure that within the document information and resources in relation to the impact of racism on mental health have been included. Similarly, our trans inclusivity working group will also be working to ensure that the specific needs of gender questioning pupils are effectively addressed, with one of the explicit intentions being to improve the emotional health and wellbeing of this group of learners.

Nottinghamshire County Council Tackling Emerging Threats to Children Service signposts schools to the above groups and also encourages the use of online support service KOOTH. The service also offers consultations to schools to support social transition of Trans & Non-binary pupils and will liaise with the Tavistock & Portman Gender Identity Clinic where necessary as well as other local services. The service also run training for school staff.

The Nottinghamshire school health coordinators are also working on a data project which will be based upon the original public health school profiles but within localities, including data focusing on mental health, physical health and youth justice. The profiles will aim to support schools to understand the needs in their communities and provide evidence of topics which they need to address within their education settings.

Nottingham City CAMHS also worked with Nottingham City Educational Psychology Team to rollout the “You’ve Been Missed” campaign in September 2020, in order to support the return of the most vulnerable young people to school after the lockdown. This, along with other work undertaken in the City is described in more detail in the Education chapter.

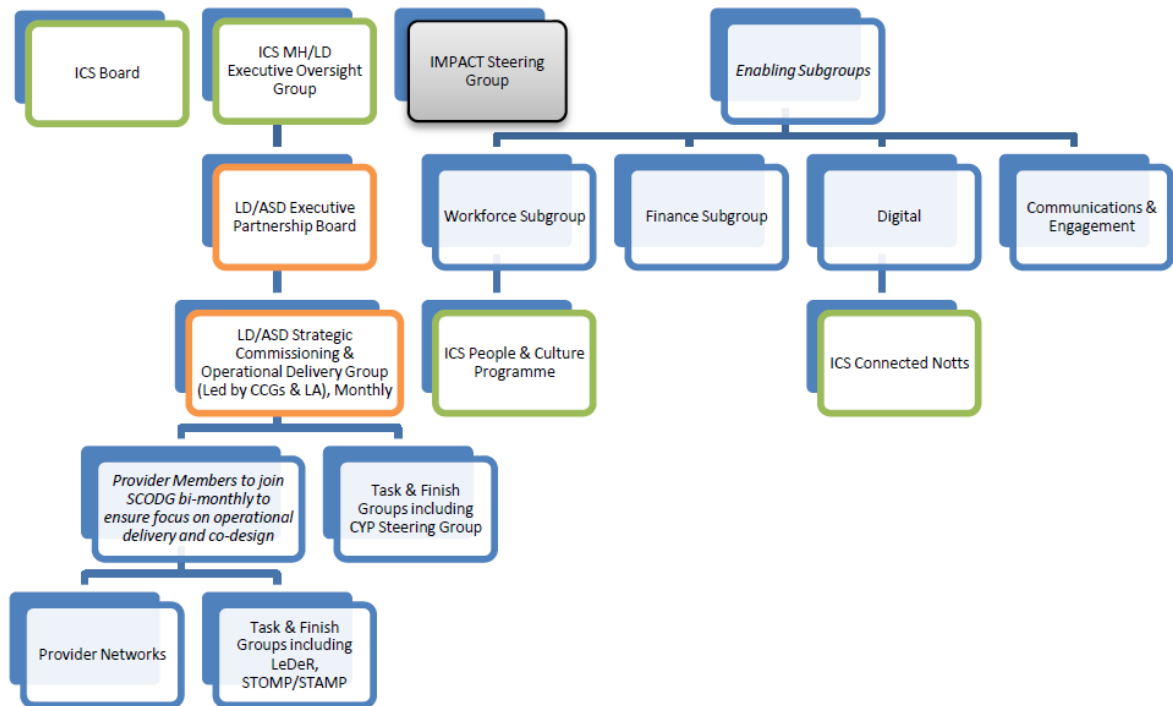
Special educational needs and disabilities

Young People with learning disabilities and/or autistic spectrum disorder

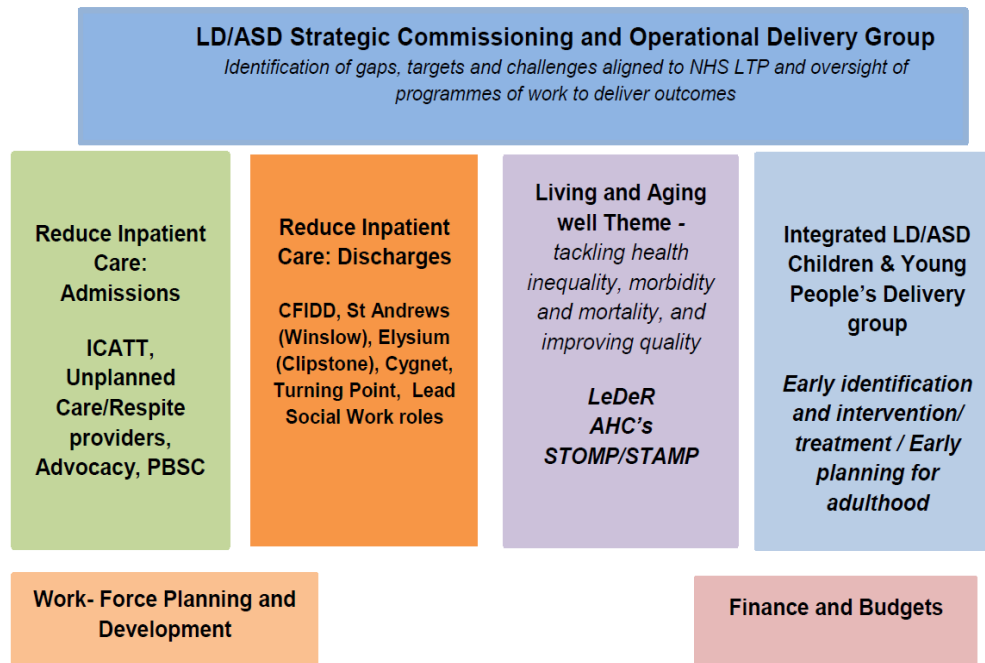
The Nottingham and Nottinghamshire Partnership for Learning Disability (LD) and Autistic Spectrum Disorder (ASD) covers the populations of the City of Nottingham and Nottinghamshire County (including Bassetlaw).

This Partnership footprint is also in place to ensure integration of mental health service planning for children and therefore aligns and supports this Local Transformation Plan. The Executive Board has strategic oversight of the transformation programme and its associated risks, the operational detail of which is overseen by the Operational Delivery Group.

Figure 1- The LD/A Partnership



The Operational group determines the direction and agreed action of four main themes/action groups. The Children and young people's specific developments are progressed via a Children and Young people's Steering group, which has a number of task and finish groups, including diagnostic support and keyworker developments.



The system has just submitted its three-year road map for improving the local response for children and young people with LD/A.

Plans in place include.

Early intervention (EI)

- **Strengthening the EI pathway and the work of the two commissioned services Behavioural emotional mental health team (BEH) and Small Steps (SS).**

In Nottingham City, the Behavioural and Emotional Health pathway focusses on identification, clarification, and early intervention. It draws together a range of services that work alongside mental health teams to support young people and families. BEH support those children and young people who present with presentation which indicates neurodiversity. In Nottinghamshire County, the service Small Steps provides early support and intervention to families of children and young people displaying behaviours that concern or challenge. Commissioners are working with the services and partners to decrease the time waiting for early support.

- **Website-** Children, young people, and their families and carers have highlighted to us that navigating the autism pathway within Nottingham and Nottinghamshire can be challenging. An Expression of interest has been developed to access funding to facilitate the creation of a website for autism, which would act as dedicated online pathway which is linked to the Nottingham and Nottinghamshire local offer. Partners are working together to look at how this work can dovetail with the development of the Nott Alone Children and Young People's Mental Health website, which is outlined in the Education chapter.
- **Keyworker role-** In Nottingham and Nottinghamshire, we are developing and scoping how the Key Worker role will operate once it is mandated in 2022 as part of the NHS Long Term Plan. The Key Worker roles, once established, will provide children and young people with a learning disability, autism, or both with the most complex needs with a designated Key Worker. This

support will initially be provided to children and young people who are inpatients or at risk of being admitted to hospital. This will then be extended to the most vulnerable children with a learning disability and/or autism, including looked after and adopted children and those in transition between services. Currently there are two funded posts dedicated to embedding the role in preparation for expansion.

Pre assessment, assessment and diagnosis and follow on support

In 2020 and 2021 we have seen pressures in these early support services and are working to implement recovery plans to reduce waiting times.

As children and young people move through the diagnostic pathway, we have heard their views about fragmentation of care. This was also identified by a recent system visit with NHS England and Improvement. In Nottingham and Nottinghamshire community paediatric teams often lead the diagnostic assessment process. This year and next year we will strengthen the multidisciplinary working between community paediatrics and CAMHS to improve the assessment quality and experience for young people. There will be investment available to trial new ways of working and integration via the Road Map monies.

Working with community paediatrics and CAMHS to test integrated working and develop a clear offer, to ensure holistic plans are in place and reviewed for children and young people.

We have strengthened the capacity within the teams that inform the assessment of children and young people who have, or who display behaviours that may be indicative of ASD/ADHD, and are working to manage waiting times at this stage of the pathway. Where required we will also take action to reduce waits in the assessment stage. By investing in additional staffing, we are working reduce waiting times and improve the quality of assessments thereby enabling children, young people and their families to receive more timely support.

Emergency and crisis support

The Partnership is working to enhance the local crisis care team as part of the planned transformation in 2021/22 to ensure it can meet the needs of CYP with LD and A and that the team are upskilled with expertise to better meet their needs.

The partnership is also appraising options for commissioning provision different for the group, bridging health and care responsibilities. An unplanned care bed will be procured in June 2021. This will provide a short-term alternative to a hospital admission.

During the COVID-19 pandemic, community and inpatient CETRs and LAEPs have continued, however this has been done through virtual meetings. This has had a positive impact on attendance at CETRs which has provided a greater level of information about the young person in order to formulate support plans. This learning will be carried forward to make sure CETRs are offered in a way that all can access easily.

In 2020/21 15 Care, Education and Treatment Reviews and 7 Local Area Emergency Protocols (LAEP) took place across Nottingham City and Nottinghamshire. Of these, young people with a learning disability and/or autistic spectrum disorder 7 were admitted to a tier 4 inpatient mental head bed with the other children and young people managed within the community.

Work continues to ensure the Care, Education and Treatment Reviews process is embedded across health and social care to promote earlier identification and prevent escalation of need. Relationships

have improved across agencies with case discussions taking place between health and social care outside of the Care, Education and Treatment Reviews process. Nottinghamshire Healthcare Foundation Trust produce a weekly risk register which is sent to commissioners so we are aware of any young person with CAMHS who may require a Care, Education and Treatment Reviews and ensure a CETR is organised when requested.

Education Health and Care Plans:

Since the onset of COVID-19, there has been a significant increase in request for EHC assessments, in the first term of school; the rationale behind this is being investigated. Contributing factors are thought to be concerns from parent/carers and SENCO's who feel that the needs of this cohort cannot be met in this current climate.

As part of the pandemic DFE guidance, SEND Risk assessments are required to be undertaken by the education setting, these should have a multi-agency focus and include parent/carers. The purpose of these assessments is to identify those who are most vulnerable. High risk cases are notified to the LA and then taken to the safeguarding partnership Board if deemed necessary. The assessments were to determine vulnerability and whether more appropriate for CYP to remain in school or at home during the pandemic. It is required that these assessments are continually reviewed to ensure the needs are the CYP are being met and supported appropriately and this does include health needs. A Health escalation pathway has been developed to support this.

Physical Health

Active Notts, is our local active partnership. Their purpose is to connect and enable opportunities for people to be physically active as part of everyday life.

They have undertaken some insight work within schools focused on physical activity and identified 3 priority areas to take forward. One of those relates to tackling inequalities to increase physical activity levels among the most inactive CYP and one of the target groups is CYP experiencing mental ill health in 2021. As part of this, they will be working with Education Mental Health Practitioners to pilot work to increase their confidence in using physical activity as a means of supporting children and young people and to encourage conversations around physical activity as part of treatment. If this pilot is successful, it will be rolled out more widely across the mental health workforce.

All MHST staff will also receive training in supporting the mental health needs of children with long term physical health conditions.

Our ICS Clinical Services Strategy includes a commitment to take a whole family approach to wellbeing and a healthy start in life across the ICS, particularly for childhood obesity.

Chapter 3 - Local Transformation Plan: progress and priorities for action (2021 – 2024)

Roadmap to 2024

The diagram in appendix 3 summarises the priority areas that the partnership are working on over the life of the Future in Mind and now the Long-Term Plan (2019). The Children and Young People's MH Executive oversees the implementation of this Plan and subgroups manage more detailed planning in specific areas for transformation relating to Long Term Plan ambitions. The plan is an iterative, live plan, it develops in accordance with emerging priorities. The information within the following section showcases progress against the road map and outlines our future ambitions.

This year, the local roadmap has been shaped by the local response to COVID-19, additional investment secured via the CCG for 2021/22 and our commitment to working as a more integrated partnership following the optimisation review undertaken from NHS England and Improvement.

This year, we will further transform our community, crisis, eating disorder, young adults and discharge provision and our plans for expenditure are outlined in this chapter and in the eating disorder and crisis chapters. We have also accelerated our rollout of Mental Health Support Teams in Schools and our digital transformation in response to the pandemic.

In relation to ongoing investment, all CCGs within this Local Transformation Plan are committed to achieving the mental health investment standard through to 2023/24.

In addition to this, the THRIVE model described on page 39 has been used to inform our system delivery plan. A workshop took place in June 2021 and asked system partners to consider what we need to do to develop **a truly end to end needs led pathway**, acknowledging there is a graded response and transition required between system partners. As part of this, partners undertook a system mapping exercise using the THRIVE model and considered the following questions:

- **Where are the gaps?**
- **What would enable fluid movement between each stage?**
- **What does each organisation/partner need to do now, considering our current position and future position?**

The feedback from this exercise has been used to inform and develop delivery plan actions, which is attached as Appendix One. Please note that the Children and Young People's Mental Health Executive sub-groups have action plans in place which address wider Long-Term Plan ambitions.

It is acknowledged that with any large-scale transformation programme there will be a certain level of risk. We have identified our current risks below and how we plan to mitigate against them if they arise.

Table 1. Risks and mitigation

Risk	Mitigating Action
Challenges in relation to the recruitment and retention of children's mental health workforce	<ul style="list-style-type: none"> • Recruitment and retention will be reported via contracting processes to ensure early identification of any issues within the workforce. • There will be significant additional investment in the CAMHS workforce • The Workforce Development Steering Group will work with the ICS Mental Health Board to meet workforce trajectories. • Providers will continue to strengthen their recruitment processes to ensure recruitment takes place in a timely way and attracts the right candidates. • Links will be made with schools, colleges and universities to promote working within children and young people's mental health services, in particular, embedding the new Education Mental Health Practitioner (EMHP) role in schools. • Ensuring recruitment of a diverse workforce to meet the needs of the population. • Explore the opportunities to build on remote working and digital delivery to recruit staff from a wider geographical area.
Insufficient capacity for scale of transformational change required	<ul style="list-style-type: none"> • Raise profile of the programme ambitions through reporting to relevant Integrated Care System groups, including Integrated Care Partnerships, Primary Care Networks and the Mental Health and Social Care Partnership Board. • Continue to strengthen the governance around Children and Young People's Mental Health. • Significant additional investment in CYP Mental Health Services.
Long term ongoing issues with data quality and availability means that there is limited evidence on which to measure impact of plan to date and with which to set accurate trajectories for future improvements.	<ul style="list-style-type: none"> • Recommendations around data, informatics and outcomes from the Optimisation review will be implemented. • This work will be overseen by the data subgroup of the Children and Young People's Mental Health Executive.
Continued rise in demand for services and ongoing investment to meet need.	<ul style="list-style-type: none"> • Use the recommendations from the productivity section of the Optimisation report to ensuring there is a good systemwide understanding of capacity and demand throughout. • All commissioned providers with a role in children and young people's emotional wellbeing and mental health will be contract managed to ensure all parts of the system are providing the agreed level of support required to in order to meet the needs of children and young people's needs. • Continue work to develop strong partnership wide bids and secure opportunities to pool resource.

	<ul style="list-style-type: none"> • Further develop the communication strategy to include a “many providers, one system” approach to communication. Ensure children, young people and their families and carers know what services are available with clear criteria and thresholds published so they can access support at the right time, in the right place. • Further work to develop user led, end to end pathways for accessing support. This should include a clear access policy and clear communication around waiting times for services. • Further analysis of data to understand the size of post COVID-19 surge up until 2025 and capacity and demand work. • Significant additional investment in CYP Mental Health Services.
Key changes in Adult and Children’s Mental Health do not align to a 0-25 model	<ul style="list-style-type: none"> • Continue to engage with new ways of working on a local and regional model to agree local models of delivery. • Strong partnership working between 0-18 and adult commissioners and service providers with oversight of ICS board will ensure progress is made.
Mental Health Support Teams currently only cover 150 schools across the ICS footprint. This may result in inequities in service	<ul style="list-style-type: none"> • Continue to support engagement from schools with Well-Being in Education Return programme • Continue to provide support to schools with embedding whole school approaches via the Emotional Health and Well Being Charter work, ELSA’s, senior mental health lead networks and the Primary Mental Health team and Schools Health Hub. • Funding has been secured to develop further MHST coverage to 50% of schools by 2024/25.
Digital exclusion from services as a result of COVID-19	<ul style="list-style-type: none"> • Providers are developing blended model of face to face and digital delivery and screening for digital exclusion as part of assessment processes. • Developing personalised models of care which take into account digital poverty • Ensuring that digital exclusion is considered as part of safeguarding processes.

Appendix 4 describes our whole system model for providing mental health support across Nottingham City and Nottinghamshire.

In Nottingham and Nottinghamshire, service planning has been aligned against the THRIVE model, to ensure that we develop evidence-based service models which promote needs-based care. Figure 3 outlines the model.

Figure 3 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 key principles are:

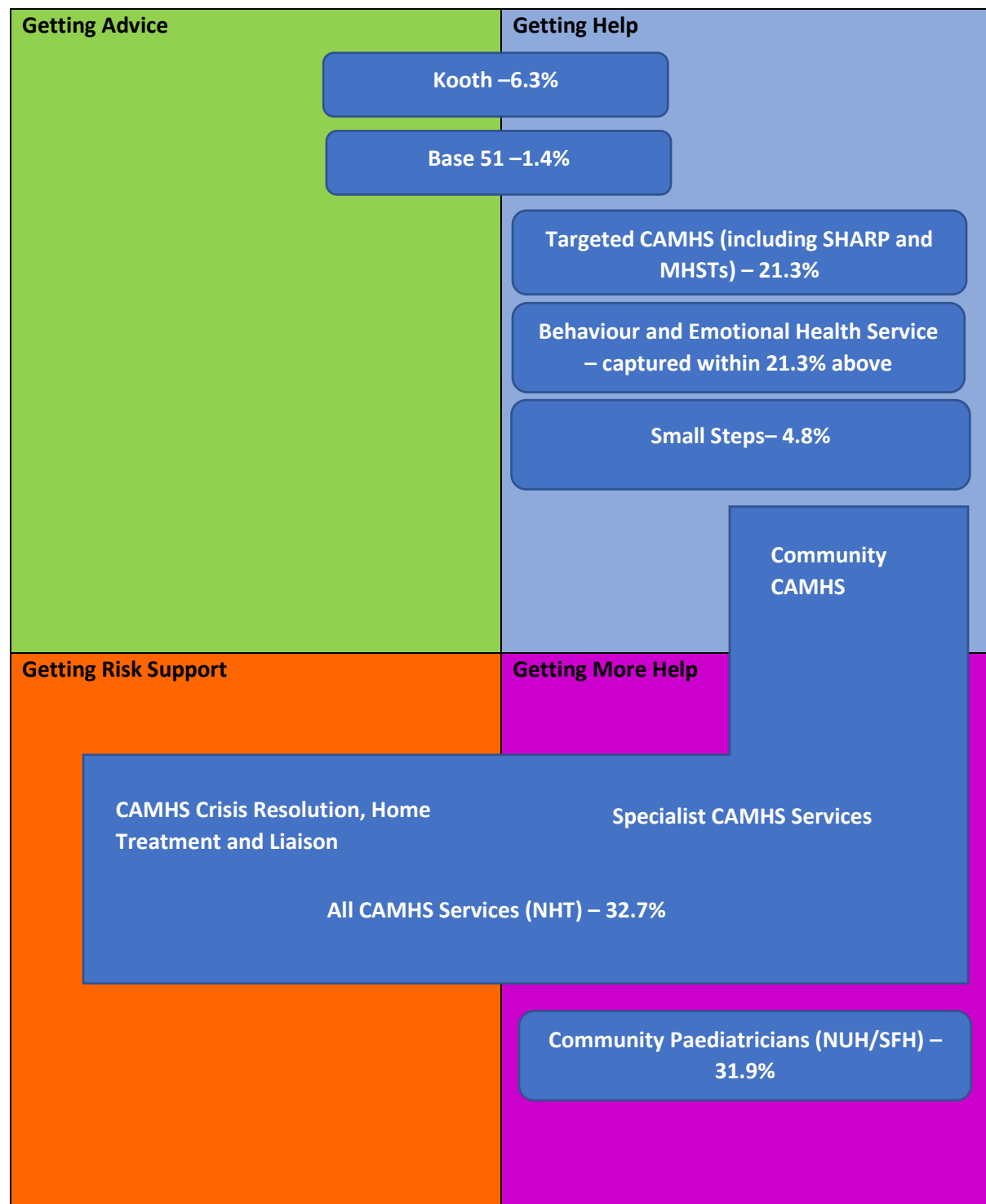
1. **Common language:** The conceptual framework, and groupings: *Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support*, supports a shared language and understanding across the system
2. **Needs-led:** Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need at any one point, what the plan is and everyone's role within that plan. Fundamental to this is a common understanding of the definitions of the needs based on groupings across the local system
3. **Shared Decision Making:** Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based grouping for a given child or young person.
4. **Proactive Prevention and Promotion:** Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strength including safety planning where relevant.
5. **Partnership working:** Effective cross-sector working, with shared responsibility, accountability and mutual respect based on the five needs-based groupings.
6. **Outcome-informed:** Clarity and transparency from outset about children and young people's goals, measurements of progress movement and action plans, with explicit discussions if goals are not achieved.
7. **Reducing stigma:** Ensuring mental health and wellbeing is everyone's business.
8. **Accessibility:** Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

Across Nottingham and Nottinghamshire, the access target for 2020/2021 was to support 6976 new young people into emotional wellbeing and mental health services. This represents 35% of the children and young people population with a diagnosable mental health condition. This target was exceeded with a system achievement of 51.5%. Using access data, submitted to the Mental Health Services Data Set by providers, we have mapped local access against the THRIVE model. Table 2 shows services mapped against the THRIVE model

Table 2: Children and Young People Emotional Wellbeing and Mental Health Services mapped against THRIVE model

<p>Getting Advice</p> <ul style="list-style-type: none"> • Kooth • Base 51 • Talkzone (Bassetlaw only) • Healthy Families 	<p>Getting Help</p> <ul style="list-style-type: none"> • Kooth • Base 51 • Mustard Seed • Safe Time • Targeted CAMHS including: <ul style="list-style-type: none"> ○ SHARP ○ Mental Health Support Teams • Community CAMHS including: <ul style="list-style-type: none"> ○ Mental Health Support Teams ○ Primary Mental Health Team ○ Mustard Seed • Nottingham City Council Behaviour and Emotional Health Service • Family Action - Small Steps • Harmless • Family Service (Nottinghamshire) • Targeted Family Support(Nottingham City) • Healthy Families • Talkzone(Bassetlaw only)
<p>Getting Risk Support</p> <ul style="list-style-type: none"> • CAMHS Crisis Resolution, Home Treatment and Liaison 	<p>Getting More Help</p> <ul style="list-style-type: none"> • Specialist CAMHS including: <ul style="list-style-type: none"> ○ CAMHS Eating Disorder ○ CAMHS Looked After Children ○ CAMHS Intellectual Disability ○ CAMHS Paediatric Neurology ○ CAMHS Paediatric Liaison ○ CAMHS Head2Head • Nottingham University Hospital Trust – Community Paediatricians • Sherwood Forest Hospital Trust – Community Paediatricians • FREED Beeches (Bassetlaw only)

Table 3: Children and young people access by Provider mapped to THRIVE model (2020/21 actual access performance)



Work has been undertaken across services to align job plans with CAPA and capacity and demand work. The Optimisation Review highlighted differences in models used for job plans across the system and services will be exploring opportunities to align these further.

The information in Table 3 shows that the majority of the capacity is within '**Getting Help**' and '**Getting More Help**' stage of THRIVE with limited capacity within '**Getting Advice**'. The 'Getting Advice' section of the THRIVE model promotes early intervention and prevention.

During 2020/21 commissioners undertook a review of the emotional wellbeing and mental health early intervention/early support services who provide support at a **getting information and getting help stage** commissioned by Nottingham and Nottinghamshire CCG. This included services offering a range of support including online counselling, traditional face to face support, and training and consultation to professionals. This review found themes that indicated an improved emotional wellbeing early support service was required. These themes included:

- Waiting times – a number of the commissioned services had extremely long waiting times, which impact on access. This ranged from instant access to 20 weeks referral to treatment.
- Consultation – GP take up of consultation in the County was limited and suggested the current model may not be meeting need.
- Support for parents and carers – there is very limited support for parents/carers at an early intervention stage
- Inequitable offer – the provision across Nottingham City and Nottinghamshire County varies significantly with the current collective resource not meeting the needs across the ICS equitably.
- Clinical outcomes – there are no standardized clinical outcomes used to measure service effectiveness.

Following the review, it was agreed that a new **Emotional Wellbeing Early Support, Training and Consultation service** would be commissioned. Commissioners ensure that children and young people, parents and carers and professional were involved in the development of the service from the start with a number of engagement and co-production events. The feedback from this heavily influenced the development of the service specification. The full engagement report can be found here: [Understanding experiences of the children and young people's emotional wellbeing and mental health early intervention and training pathway](#)

The new service is set to mobilise by April 2022 and will support children and young people aged 0-25 with low to mild emotional wellbeing needs as well as providing support for parents and carer and professionals across Nottingham City and Nottinghamshire County. In line with the Thrive model the service will fall into the categories of 'Getting and Advice and Guidance' and 'Getting Help'. The service will offer support via range of means including online, drop-in, face to face and virtual and will be delivered in community bases across the ICS to ensure care is close to home. The service is currently going through a procurement exercise to find a lead provider, who will work with the voluntary sector to deliver all the elements of the service.

System Optimisation

In November 2020 Nottingham and Nottinghamshire CCG and partners undertook a System Optimisation Programme, led by NHS England/Improvement. The process reviewed how the local mental health system supports children against 10 'good practice' domains:

- Strategy and Sustainability
- The Model
- Access & Waits
- Practice based on best available evidence
- Workforce
- Involvement and Participation

- Productivity
- Outcomes
- Data and Informatics
- Culture

Following virtual workshops with all providers, a findings report was produced along with a system maturity tool outlining area for improvement.

The findings report highlighted areas of best practice across Nottingham and Nottinghamshire, including:

- The collaborative way services and teams come together to ensure the needs of CYP are met is excellent practice and shows an embedded system culture which is rare nationally
- There is a clear focus, at all levels, on the needs of CYP and parents/carers ensuring organisational boundaries were secondary and the focus and culture remained needs focussed
- Front line staff described both the opportunities to develop services and play a part alongside the support to manage complex cases
- There is a collective desire to support the wellbeing of those who worked in services
- There was a lot of evidence from all providers of a commitment to ensuring clinicians received quality supervision both for their therapeutic modality and to support managing complexity and flow.
- There were many examples of how the voice of young people has influenced services, these included Nottinghamshire Healthcare NHS Trust review of the offer to those identifying as LGBTQ+ and the MH:2K project. Those working in service spoke about how outputs of MH:2K resulted in tangible improvements to the delivery of services.
- There are effective relationships between system partners which was clearly built over many years and felt robust.
- The Targeted CAMHS SPA arrangements and CYP led early contact arrangements were highlighted as outstanding.

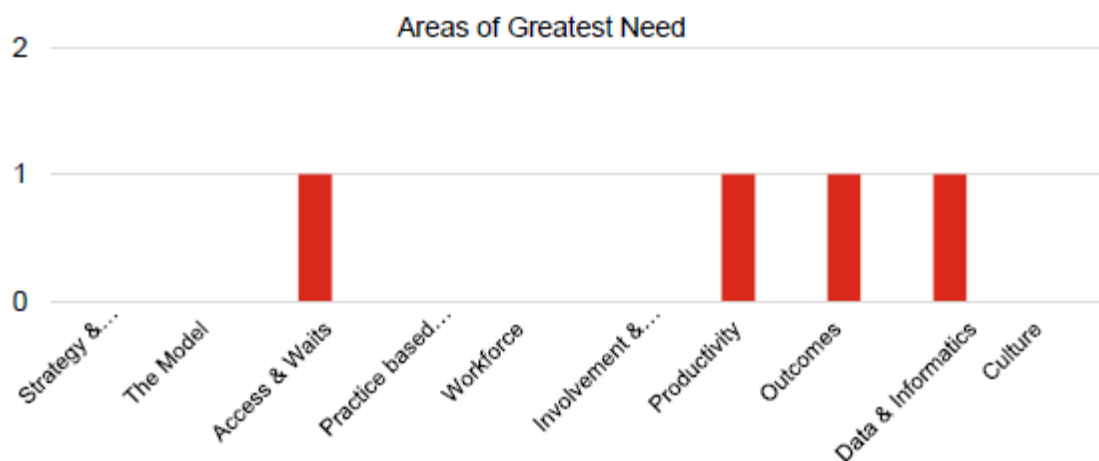
The spider gram below (graph 1) shows comparisons between the 10 domains in the level of maturity. The outer ring being the areas with best practice and those closer to the centre having greater opportunities for improvement.

The areas of greatest need, graph 2, shows all areas where the score was 'nothing', where there have currently been no actions to address that element. These are the areas with greatest opportunity for improvement.

Graph 1: Level of maturity



Graph 2: Areas of Greatest Need



Work has already begun to respond to the recommendations in many areas. The Children and Young People's Mental Health and Emotional Health Joint Partnership Executive group is responsible for ensuring the delivery of recommendations which require a cross system response and are reflected in the delivery plan in Appendix One. Subgroups of the executive will be responsible for delivering on other key areas, such as data and informatics, outcomes and participation and remaining recommendations will be owned by existing forums focused on these areas.

Accessing support

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). Throughout 20/21, a significant amount of work has been undertaken to both rectify issues with data quality and in performance against the access standards, which has resulted in providers exceeding the access target.

Increasing access is monitored through data flowing to the Mental Health Services Data Set (MHSDS). All providers are now flowing into MHSDS. The data showed the number of young people accessing treatment in 2019/20 converted to an access rates of 29.1% against the target of 35%. In 2020/21, this increased to 51.5% in March 2021, against the same target of 35%.

Table 4: Access performance based on MHSDS data

CCG	% Based on March 2020 MHSDS data	Based on March 2021 MHSDS data
Nottinghamshire CCG	29.1%	51.5%
Bassetlaw CCG	24.5%	24.5%

The Best Practice example below indicates how we are working to improve access to services for children and young people.

Implementation of Single Session Treatment : Nottingham City Targeted CAMHS

The primary aim of Single Session Therapy is to provide help at the point of need rather than at the point of availability.

It is anticipated this will have a positive impact on waiting times. CAMHS Practitioners continue working therapeutically in their own modalities (e.g., CBT, Core, IPTA, systemic etc.) when delivering this intervention. The one-day masterclass on Single Session Therapy was delivered by Professor Wendy Dryden, a well-known and well-respected CBT Therapist. This enabled the service to offer an alternative to a choice assessment for those young people for whom SST would be an appropriate intervention. The Goals of SST are to:

- To help the client get 'unstuck'
- To help the client take a few steps forward which may encourage them to travel the rest of the journey without professional assistance
- To help the client address a specific issue

Providers are currently reviewing the effectiveness of embedding SST, and their data reports that to date 40% of CYP who are offered SST do not require further treatment. This means that they have successfully treated 40% of CYP who would have otherwise still been waiting for a CAMHS assessment. Providers are contacting young people 3 weeks after their initial SST session to review how they are doing, and they are supported to access support if they need it.

Data Quality

Data and informatics and outcomes were highlighted as an area for improvement in the Optimisation report in Appendix 2. Figures 3 and 4 below show recommendations from the report

Figure 3 Data & Informatics

Domain Nine: Data & Informatics

Good Practice Indicator: Quality data is being recorded, flowed and used to ensure clinical quality is maximised



Recommendations

- Document data recording rules related to key definitions such as treatment
- Develop a system-wide MHSDS improvement forum/group to support each other in raising standards and completeness
- Implement informatics sign off for the CYP reporting process in each provider
- Implement operational and clinical sign off of CYP MH data before submission in each provider
- Feed published MHSDS data back to CYP teams in a meaningful format linked to activity and outcomes standards
- Implement a monthly process to check published data and post-deadline extracts against local data. Use any discrepancies to inform DQIPS
- Implement DQIPs across the system to monitor improvement
- Document the process for MHSDS extraction and reporting in each provider
- Develop system priorities for DQ improvement, potentially aligned to equalities work
- Implement system-level reporting of these key indicators across all providers
- Building on examples in place in different providers, develop dashboards in each service to support clinical supervision, operational management and data quality improvement – including subsequent waits
- Model a culture of using data to inform decisions at all levels in the system

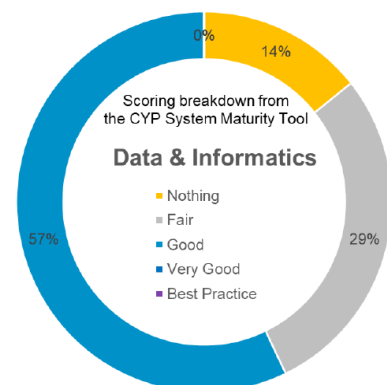


Figure 4 Outcomes

Domain Eight: Outcomes

Good Practice Indicator: Outcomes drive commissioning and service development at a strategic and operational level. Routine Outcome Measures (ROMs) are used in clinical practice to identify needs, interventions, evaluate the efficacy of treatment and help determine endings



Findings

- The scoring in the CYP System Maturity Tool reflects the strong culture of using outcomes with CYP and families but lack of underpinning technical support and use at system level
- We heard evidence that a outcomes are part of the culture of delivery in CYPMH services in Notts and Nottingham.
- There is limited outcomes KPI in provider contracts and outcomes are not monitored or used systematically
- Outcomes are not currently used in any way to inform commissioning or target improvement
- Most providers reported some way to record outcomes electronically
- We heard that none of the EPRs apart from Kooth did this well with widespread retrospective and paper entry
- None of the systems apart from Kooth provided integrated and timely feedback on outcomes to CYP and families
- The trust flow some outcomes data to MHSDS although there was some disagreement about the level of data completeness. Others providers are not reporting currently.
- There has been no sign-off or checking of outcomes data in any provider or the CCG, this is now being considered.



Scrutiny of data and the recommendations of the Optimisation work have enabled us to identify the next steps listed below

- Establish regular provider & CCG data meetings to drive Data Quality and reporting improvements
- Embed accurate outcome recording and reporting as a system-wide data quality priority
- Implement informatics sign off for the CYP reporting process along with operational sign off of CYP MH data before submission in each provider. Feed published MHSDS data back to CYP teams in a meaningful manner.
- Implement a monthly process to check published data against local data at a provider and system level. Any discrepancies to inform DQIPs
- DQMI - Identify areas for potential improvement and potential support required to achieve LTP Ambitions at a provider & system level
- Outcomes - Identify areas for improvement and potential support required to achieve LTP Ambitions at a provider & system level
- SNOMED CT - Identify areas for improvement and potential support required to achieve LTP Ambitions at a provider & system level

These actions will be overseen by the Children and Young People's Mental Health Executive Data subgroup.

Referrals , activity and waiting times

Overall, all providers are reporting increases in referrals and activity over the period , with young people presenting with a higher level of need. We will continue to monitor these in 21/22 to further understand the impact of COVID-19.

Nottinghamshire Health Care Trust

20/21 has seen a significant increase in referrals and activity. At the end of Qtr. 4 20/21, the average waited time was 5.1 weeks for referral to assessment and 6.6 weeks for referral to treatment.

Nottingham City Targeted CAMHS

In Quarters 3 and 4 19/20, the service saw a significant increase in referrals. Referrals decreased in Quarter One 20/21 as a result of lockdown. Referrals have continued to increase since then.

At the end of Quarter 4 20/21 the average waiting time was 10.4 weeks for referral to assessment and a 15.8 weeks referral to treatment. It should be noted that at this time the service was experiencing a recruitment freeze which impacted on capacity.

COVID Impact

During the COVID-19 pandemic services Targeted CAMHS were unable to see children, young people and families routinely face to face due to the government restrictions and the closures of buildings. Referrals also dropped in the first lockdown However, they responded quickly to develop virtual delivery and a comprehensive on -line communications strategy which is outlined in the digital offer chapter.

Mitigations

- Our strategy to respond to the increased demand was to train the whole workforce in single session therapy- (SST) see below
- Social media offer developed and continues to grow
- A blended offer of therapy

- Online referral routes and self-referrals
- Campaigns to highlight mental health issues and impact of COVID-19
- Pre-session questionnaire to talk to CYP about risk and the way they want to engage
- Covid-19 risk assessment
- Walk and talk therapy introduced
- Virtual workshops offered
- Universities x2 digital workshops- expanding age range (18+) due to impact of concerns of suicidal behaviours in 18+ students
- Winter fund non-recurrent funding used to trial having practitioner to work with SPA to pick up the self-harm referrals and do undertake safety planning and processing of the pre-screening work in SPA to support the capacity challenges
- The coming together of health, social care and education in a weekly meeting focussing on the needs of CYP collaboratively leading to the implementation of the nottinghamyouvebeenmissed campaign and work
- Virtual groups for parents around self-harm support

Reducing waiting times

We have received funding from NHS England to improve our waiting times for services. Figure 5 explains what we are doing and why.

Figure 5 Waiting times in children and young people's mental health services



Waiting times in children and young people's mental health services



What are we doing?

Working with 12 pilot sites to work out:

- How to define waiting times
- How we could measure this
- How much this would cost
- How quickly we could do this



We want to answer these questions to create a recommendation for a standard to be used across the country

Why waiting times?

Young people, parents and carers often have to wait a really long time for help, meaning:

- Some children and young people's needs got worse while they were waiting and this might have been avoided
- Sometimes it is really scary or isolating for children, young people, parents and carers.
- By the time they get help they can feel very frustrated.

What else do we need to think about

How long you wait is important, we also want to make sure young people, parents and carers are:

- Listened to,
- Given clear advice about support or treatment options available,
- Have a choice in what help they receive, when and where
- Be treated as equals by the service or people providing their care
- Know what to do if things change or for better or worse

Why we need young people, parents and carers help

To understand how people using services in pilot sites felt about the focus on waiting times:

- What was most meaningful or helpful?
- What has been unhelpful?
- How was your experience having a focus on waiting times?
- What could have been better?



How this will help

Working with young people, parents and carers we can work out:

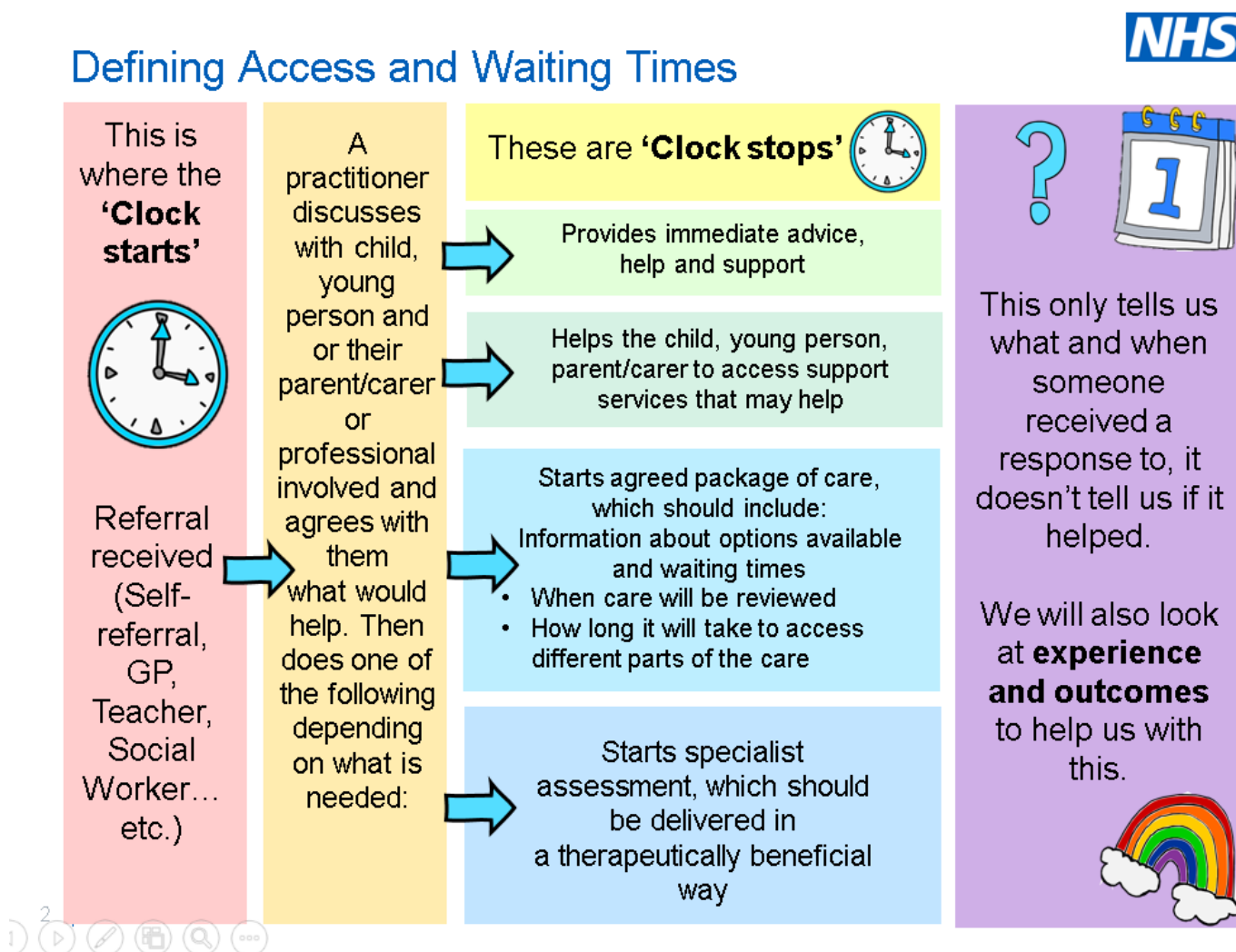
- Things we are still unsure of
- How many people should be seen in what time frame
- Provide guidance to services about how should they approach reducing waiting times
- Work out how to make our guidance accessible

How we'll feedback

We will feedback all comments to the NHS England/Improvement Children and Young People's mental health team to help with their recommendation.



Figure 6 Defining Access and Waiting Times



We will use our funding to employ an improvement team to undertake end to end pathway mapping review spanning an entire episode of using services to ensure that we improve at every stage, including reducing waiting times.

The review will complement and maximise planned expansions of CAMH services locally, ensuring the planned investment leads to sustainable service transformation and improved care quality, experience and outcomes in the long-term

Our plans for supporting children and young people with a learning disability and autism are laid out in the Health Inequalities chapter.

0-5 Provision

Health visitors across Nottingham (Best Start Children's Public Health service) and Nottinghamshire (Healthy Families Programme) champion social and emotional development. The antenatal review focuses on emotional preparation for birth, parent-infant relationship, care of the baby, parenting and attachment, using techniques such as promotional interviewing.

After birth, a new birth and 6-8-week review from health visitors also use promotional interviewing techniques to assess maternal mental health and offer a range of support to new parents. These teams

also deliver the 1 year and 2-2.5-year health and development review to assess a child's progress with the aim of optimising child development and emotional wellbeing, reducing health inequalities and promoting school readiness.

Health visitors continued to deliver care across the pandemic using a blended approach of face to face contacts, telephone and digital platforms to support all children, young people and their families. In Nottinghamshire, a new confidential text messaging service, Parentline, was launched to offer advice and support for parents and carers of 0-5's. In Nottingham City, the service has launched a TextHealth messaging service as a new way for young people to get advice and support about health-related issues, including emotional health, relationships, self-harm, bullying and alcohol. Young people aged 11-19 years can now send a text or start a direct webchat with a member of the Public Health Nursing Service, so that their questions and concerns can be addressed much more quickly. This has been particularly important during the pandemic, where school drop-ins have not been practical.

In Nottinghamshire Healthy Family Teams have rolled out the evidence-based social and emotional Ages and Stages Questionnaire (ASQ) to all families at the 1- and 2-2.5-year health and development reviews which strengthens the Healthy Family team review of social and emotional development. Pathways from health and development reviews into children's centre services and support were strengthened to ensure children and families can access appropriate support. Children's centre services in Nottinghamshire work to four key outcomes:

- Children achieve a good level of development, are ready for school and are supported to close the attainment gap
- Parents are job ready with increased aspirations for themselves and their children
- Children and parents have improved emotional health and wellbeing
- Children and parent's needs are identified early, and the risk of harm is prevented

Nottinghamshire's children's centre's services work on a 1:1 basis with families with identified needs in relation to their child's development, environment, health or wellbeing and also deliver a range of programmes and groups which includes breastfeeding support groups, parents health and emotional wellbeing group, support for children at risk of language delay, support for parents to play and interact with their children, and parenting support groups, amongst others. It is important to note that the delivery of some services e.g. group-based support have been affected by the COVID-19 pandemic though services have worked innovatively to engage and support all families with identified needs. In Nottinghamshire Small Steps are commissioned to deliver early support and evidence-based interventions to families of children displaying behaviours that cause concern or challenge, and the service works with children from as young as 3.

A joint strategic need assessment (JSNA) of the 1001 days from conception to age 2, widely recognised as a critical period of development, was completed. This highlighted that a child's physical, social, emotional, and brain development from conception to the age of 2 is shaped by a number of key factors: good maternal mental health, parent-infant interaction: sensitive and attuned parents, secure attachment, healthy pregnancies and the protection and promotion of health in infancy, as well as the quality of the home learning environment. The JSNA made a number of recommendations which included the development of a multi-agency Best Start strategy to help ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years.

In Nottingham City, Small Steps Big Changes, funded through the National Lottery Community Fund's A Better Start Programme continues to commission a programme of services that support early child development across 4 wards in Nottingham City, designed to give every child the best start in life. In Autumn 2020, they re-designed their website [Homepage | SSBC \(smallstepsbigchanges.org.uk\)](https://www.smallstepsbigchanges.org.uk), to

promote the entire SSBC offer to parents and professionals. New sections of the website are designed to encourage positive child development and promote key public health messaging.

Over the last two years the Best Start Children's Public Health service has worked closely with the Nottingham City Council Early Help Team to develop and deliver a more integrated programme of support to families with children aged 0-5years old. This integrated approach will continue to develop over the coming years to ensure the children's workforce is delivering as effectively and efficiently as possible.

Aspirations/plans for the future:

Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances. In Nottinghamshire a new Best Start strategy launched in 2021, aiming to ensure that every child in Nottinghamshire has the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity. The strategy sets out ten ambitions for Nottinghamshire, covering the period from conception to 5. Recognising that loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a baby's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others, the strategy includes an ambition to ensure that babies and their parents or carers have good early relationships. Between 2021 and 2025 we aim to:

- Equip a wider range of practitioners with the knowledge and skills to support bonding, attachment and the early parent-infant relationship and understand the role of this in baby brain development
- Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to face interactions from birth onwards
- Routinely assess parent-infant interaction in the first few weeks of baby's life
- Implement evidence-based interventions that support the development of good early relationships across the 1001 days
- Deliver targeted support to parents experiencing, or at risk of experiencing, challenges with the early parent-infant relationship
- Champion early childhood mental health – the healthy social, emotional and behavioural development of young children – and act early to support emerging needs

Early relationships are important for building healthy brains and have an immeasurable impact on social and emotional development. From a baby's perspective, their environment is made up almost entirely of the relationships with their parents or carers. The quality of this environment influences the development of their brain and social behaviours in a way that forms a foundation for their future experiences, and the way they will be equipped to respond to them. Secure, responsive relationships between a baby and their parent is essential for healthy brain development. This relationship reassures a child that their needs will be met, which helps them regulate their emotions and supports resilience into adulthood. Good early relationships help a growing brain to become socially efficient and support emotional, behavioural and intellectual development:

- In Nottinghamshire, Healthy Family teams will begin delivering parent-infant assessment to all new parents using the evidence-based Brazelton new-born observation tool in 2021-22, following training for health visitors which is currently planned for the Spring of 2021.
- In Nottingham City, a new parent-infant relationship team has been commissioned by Small Steps Big Changes. The new team will sit alongside Targeted CAMHS and will support the parent-infant relationship to ensure positive long-term impact on the emotional well-being of

babies and infants. The team will be specialist and multidisciplinary, with three main objectives:

- to drive change and champion advocacy for infant mental health.
- to support existing services with training, assessment tools, supervision (from psychologists) and consultancy.
- to deliver specialist evidence-based interventions including therapeutic work through group or 1:1 activities.
-

The team is aiming to be fully operational from September 2021.

Plans for 2021/22 include

- Developing clear actions around championing early childhood mental health as part of the Best Start strategy delivery
- Scoping provision of mental health support for under-fives across the system, as part of developing end to end user led pathways.

Young Adults

Developing an 18-25 pathway

The ICS has used national learning and local best practice identified at our 0-25 partnership event to inform our local model. The condition-specific model enables a phased and test and learn approach to our development of young adult services. This work begun in the Eating Disorder teams, with the addition of transitions workers, which informed the Adult Mental Health Transformation Funding plan, which builds on this via the inclusion of Transition workers in the CMH model working with CAMHS to facilitate access to the 18 + and Personality Disorder pathways.

To build on our condition specific approach, the CYP Transformation Plan will ensure improvements in the following areas:

Strengthening the Early Intervention to support young adults: ensuring young adults have timely access to early support, online, group settings and face to face.

Outputs:

- Increased availability of early support for young adults.
- Pathways developed between early support and IAPT.

Co-production, population health management and training: ensuring as pathways change, co-production is embedded throughout, pathway changes are informed by population health management intelligence and training is available to support a change in remit to meet the needs of young adults.

Outputs:

- Identification of areas of greatest areas of need to inform priority transformation within young adults.
- Workforce skilled to meet the specific needs of young adults
- Service changes developed with young adults and co-produced.

Transition- Further expansion of roles to strengthen transition to primary and secondary mental health services, ensuring those most vulnerable CYP are transitioned with expertise and adjustments.

Outputs:

- Increased joint working between CAMHS and Adult Mental Health and IAPT providers
- Specialist workers embedded within Adult Mental Health community teams, providing specific young adults support to best meet their needs.
- Bespoke offer for young people who are care leavers.

To build on our condition specific approach, the CYP Transformation Plan will ensure improvements in the following areas:

Strengthening the Early Intervention to support young adults: Ensure young adults have timely access to early support, online, group settings and face to face support.

Co-production, population health management and training: ensuring as pathways change, co-production is embedded throughout, pathway changes are informed by population health management intelligence and training is available to support a change in remit to meet the needs of young adults.

Transition- Further expansion of roles to strengthen transition to primary and secondary mental health services, ensuring those most vulnerable CYP are transitioned with expertise and adjustments.

Work with universities – develop direct pathways between Nottingham universities well-being services and Adult IAPT providers

Access to Adult Mental Health at 17.5 years old- a transition policy is in operation between community and adult mental health services within Nottinghamshire Healthcare Trust. This is being expanded to ensure pathways are developed across each quadrant of THRIVE.

Pathways – embed transitions in CMH model working with CAMHS to facilitate access to 18 + pathways around PD, EIP and community

Development of an At-Risk Mental State Pathway – This new offer will be available for young adults with an at-risk mental state. This new model of care will be tested in Quarter 2 2021/22

Self-Harm Pathway mapping – mapping our current self-harm pathway against best practice and this will inform future pathway developments

Progress against work is overseen by the Community Transformation Plan and CCG LTP Interfaces group, which takes an all approach to mental health and meets monthly.

Provider Collaborative and New Care Models

Nottingham and Nottinghamshire CCG are engaged with newly established Provider Collaborative which has been set up to deliver new care models across the East Midlands. More detail around this work can be found in the Urgent and Crisis care chapter. Some areas are being invited to express interest in delivering a crisis plus system. The aim of a crisis plus service is to provide intensive support and care within the community and to prevent hospital admissions. Lincolnshire currently operates this model and Nottingham and Nottinghamshire have expressed an interest in mobilising a model that would provide this enhanced level of care in Nottingham and Nottinghamshire.

Forensic CAMHS provision is laid out the in the Health and Justice chapter.

Chapter 4 - Developing the Workforce

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

To be able to deliver the improvements and transformation detailed throughout this plan requires an effective, skilled, and sustainable workforce to ensure as a system we can improve outcomes for children and young people now and in the future. Across Nottingham and Nottinghamshire there is a diverse workforce spanning a range of sectors from health, local authorities, education and voluntary sector and covers a range of professionals including doctors, nurses, teachers, social workers, community workers, counsellors and volunteers.

A diverse workforce leads to many opportunities to engage with and improve the emotional wellbeing and mental health of children and young. The Thrive framework focuses on the need have the correct skills, aptitude and abilities when working with children and young people rather than a specific group of professionals/workforce. However, as is the case nationally, recruitment has been challenging over the years across all providers and therefore further work is required to understand the local workforce across the whole system and address any gaps. Work on this has started with workforce proposals being developed across Targeted and Community CAMHS to ensure the appropriate workforce is in place to deliver seamless care and support.

On an ICS level, we have contributed to the Mental Health Aggregated Workforce Submission and also working with HEE to submit more detailed census information around our children and young people's mental health workforce across the system. This will be used to benchmark our services against other areas and further inform system wide developments.

Within Nottingham and Nottinghamshire Joint Workforce Development Plan has been in place which outlined how we will achieve the aim of increasing capacity and capability across the various partners and stakeholder in line with Future in Mind recommendations. The workforce section outlined in the plan includes anyone working or volunteering in a role which has the potential to support the improvement of children's emotional and mental health outcomes. It included statutory, voluntary, community and private sector. It included staff working in a variety of settings, including early years settings, schools, colleges, children's centres, youth centres, health centres, hospital, family homes, care settings. It included both those whose core role is to provide emotional mental health support (e.g. practitioners from a wide range of disciplines working with child and adolescent mental health services (CAMHS)) as well as those who may be able to support children's emotional and mental health but whose primary role is different (e.g. social workers, youth workers, pastoral staff in school). The plan has now reached the end of its delivery timeframe and achievements can be seen below.

Achievements delivered from Workforce Development Plan (2015 – 2020):

- Capacity within services has been reviewed routinely during the life of the Plan to ensure capacity meets demand and also where increased investment has enabled this, in particular CAMHS Eating Disorder Service, CAMHS Crisis Resolution and Liaison and the CAMHS Looked After and Adoption Service.
- Where appropriate, services have utilised capacity utilisation models such CAPA to ensure effective use of existing capacity

- Commissioners and providers have remained engaged with the East Midlands Clinical Network who have provided support around workforce, particularly strategic approaches to recruiting too hard to recruit posts. This has been in conjunction with Health Education England, particularly in relation to the development of the Wellbeing Practitioner and Recruit to Train posts.
- Providers continually review recruitment and retention policies and are now using a range of recruitment opportunities compared to the traditional routes used historically.
- Nottingham and Nottinghamshire has remained engaged with the CYP Improving Access to Psychological Therapies (CYP IAPT) training programme with providers identifying staff year on year who would benefit from training. Details of this can be found below.
- Training for non-CAMHS staff has taken place including Mental Health and Schools Link Programme, Mental Health First Aid (Nottingham City) and training delivered by our commissioned providers SHARP and Primary Mental Health.
- Mental Health support Teams – we now have MHST coverage in each locality across Nottinghamshire ICS and have secured funding for five additional teams to be rolled out by 2024/25.

It has been recognised that workforce development needs concerted attention and following the publication of the NHS Long Term Plan commissioners are looking at how we develop a new system wide workforce development plan, incorporating the aspirations of the Nottingham and Nottinghamshire ICS All Age Mental Health Strategy and the recommendations within the NHSE/I System Optimisation report. In order to achieve this, it is essential that workforce development plans are developed from an 'all age' perspective and has appropriate oversight to implement and deliver change.

NHS England/Improvement – System Optimisation:

As mentioned previously in this plan, Nottingham and Nottinghamshire CCG and partners undertook a system optimisation programme with health providers and partners led by NHS England/Improvement. The programme reviewed a number of 'good practice' domains, which included workforce. The system maturity tool scores the system in relation to each domain. Figure 1 shows the scoring for the workforce domains.

Figure 1: Scoring breakdown from the CYP System Maturity Tool - Workforce



Table 1 below outlines the findings and recommendations in relation to workforce.

Table 1: Workforce findings and recommendations- where are we now?

Findings	Recommendations and our next steps
<ul style="list-style-type: none"> There is a strong and capable clinical leadership from organisations working across Nottingham and Nottinghamshire The workforce strategy for CYP is part of a wider all age structure and there is an opportunity to really harness the collaborative system thinking and work together to share skills teaching and training so all can benefit from the collective skills and expertise Front line staff described the opportunities to develop services and play a part alongside the support to manage complex cases There is a collective desire to support the wellbeing of those who work in services which was endorsed by staff There are clear expectations of staff, and there is evidence of strong and supportive line management systems being in place. However, there is no system wide job planning although recognise most providers have some system in place. There was a lot of evidence from all providers of a commitment to ensuring clinicians received quality supervision both for their therapeutic modality and to support managing complexity and flow 	<ul style="list-style-type: none"> Using the collective resources to have a shared ICS wide CYP mental health training strategy would further embed best practice and shared understanding/consistency with an additional benefit of sustainability for all providers and resilience of the system The addition of psychiatry support to the Nottingham City team would support their ability to hold cases and this would improve experience of CYP who often report disliking changing practitioner/services once they have shared their story. Consider the competencies for the whole system, those you would want all people working in CYP mental health to have and those required for more specialist roles.

<ul style="list-style-type: none"> • There are training opportunities in all service which could be developed to ensure improved system wide competency approach, so all staff have equivalent core skills and understanding • The strong and capable leadership affords the workforce a confidence to manage complexity 	
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These findings and recommendations will be used to develop the Nottingham and Nottinghamshire workforce strategy.

What has engagement told us about workforce:

A key finding from the MH:2K engagement project was that all staff should be able to work with young people with emotional wellbeing and mental health needs and communicate appropriately. This is echoed in findings from the Mental Health Services and Schools Link Programme where some colleagues working in schools felt that whilst they want to support children and young people, they did not have the necessary skills to do so.

Some of these issues have been addressed partly by the development of the Mental Health Support Teams but also supported by our Primary Mental Health Team who offer training and consultation to schools, GPs and Healthy Families Team. It is essential that professionals working across the wider system have a basic level of understanding of emotional wellbeing and mental health and the skills to communicate effectively with young people. This continues to be a priority and is a key feature of the CYP Emotional Wellbeing Early Support, Training and Consultation Service which will go live in April 2022.

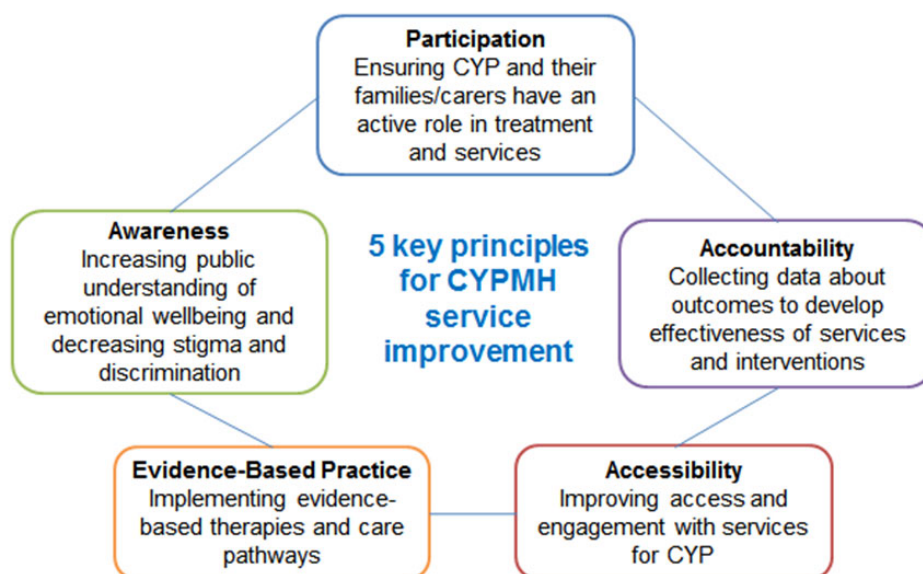
During 2021/22 commissioners plan to work with the ICS Mental Health Board to develop an approach to creating an 'all age' workforce strategy.

Programmes in place to support workforce transformation

Children and Young People Improving Access to Psychological Therapies (CYP IAPT):

The Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT) is a change programme for existing services delivering CYP mental health care. It aims to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence-based therapies through system-wide service improvements.

The programme works with existing services that deliver mental health care for children and young people across the system (provided by NHS, Local Authority, Voluntary Sector, Youth Justice) and aims to create, within teams, a culture of full collaboration between child, young person and/or their parents or carers by embedding the following principles:



Providers and partners across Nottingham City and Nottinghamshire County have made continuous improvements to service delivery and pathways to ensure they are meeting the 5 core principles shown above and therefore improving the experience and outcomes of those young people accessing services.

Nottingham City and Nottinghamshire County are part of the Regional CYP IAPT Learning Collaborative at Reading University, the table below shows some of the positive improvements made over the last 7 years in relation CYP IAPT:

Principle	Successes
Participation	<p>Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council have a number of young people participation and engagement groups and parent groups who come together to discuss areas such as service delivery, service improvement and communication. This has been extended further to include sibling groups.</p> <p>Nottinghamshire Healthcare NHS Foundation Trust are now including young people in the recruitment process and young people are invited to take part in interviews for new staff members. This has been a positive experience not only for the young people but the interviewees.</p> <p>From a wider stakeholder perspective, the MH:2K programme has been and continues to be an invaluable participation programme which is beneficial not only to young people involved but stakeholders from Local Authorities, schools and voluntary and community sector. The voice of the young person is now firmly established within all of our plans and providers are linking with citizen researchers as part of their service development.</p>
Accountability	<p>There continues to be a strong focus on outcome measures during 21/22 and will be monitored through the newly developed data sub-group, attended by commissioners and providers.</p> <p>All of our CYP mental health providers are now using routine outcome measures to monitor progress of young people. These include Session Rating Scores, Outcome Rating Scale and Goals Based Outcomes.</p>

	Our providers are now configuring their systems to ensure that outcomes data can flow to the MHSDS.
Accessibility	<p>All of our CCG commissioned CYP mental health providers across Nottingham City and Nottinghamshire County offer self-referral either directly from the young person or by parent/carer if under a certain age. This ensures that young people have easier and timelier access to services.</p> <p>Services are also starting to extend their hours of operation, with some service offering 'out of hours' appointments where required in order to children and young people and their parents/carers are able to attend appointments.</p> <p>CAMHS Crisis Resolution and Liaison now offer a 24/7 model as well as the implementation of two mental health helplines delivered by Nottinghamshire Healthcare NHS Foundation Trust and Turning Point in response to COVID-19.</p> <p>Kooth online counselling continues to improve access by offering support 24/7 365 days a year. The numbers of young people accessing Kooth has increase year on year which is very positive.</p>
Evidenced Based Practice	Nottinghamshire Healthcare Foundation Trust and Nottinghamshire City Council have participated in the Evidence Based Training Programme offered as part of CYP IAPT. Whilst it is positive that staff within Community CAMHS and Targeted CAMHS continue to engage with the evidence-based training, we have yet to engage wider partners in these training opportunities. We are currently exploring the option of CAMHS Social Workers engaging with the training programme.
Awareness	<p>A communication strategy is now in place to ensure that children, young people, families and professionals are aware of the range of services available and referral criteria/thresholds. This will not only promote relationships between professionals and stakeholder but al ensure that children and young people receive the right treatment, at the right time, in the right place.</p> <p>The MH:2K programme has allowed us to have more open and honest discussions with children and young people about emotional wellbeing and mental health. The programme has been extended for another year and the Citizen Researchers have developed information leaflets for young people to understand services available and also developed mental health awareness videos available on YouTube</p> <p>MH:2K Citizen Researchers have also helped commissioners to develop the Emotional Wellbeing, Training and Consultation Service and have delivered focus groups looking at the impact of COVID-19.</p>

Training and Continued Professional Development

CYP IAPT

As mentioned above Nottinghamshire Healthcare NHS Foundation Trust CAMHS and Nottingham City Council Targeted CAMHS continue to engage with the CYP IAPT training programme.

Over the years a large section of the CAMHS workforce has engaged with a variety of evidence-based modalities, supervision and leadership training.

Over the past 2 years:

- Supervision training: 3 CBT therapists from Targeted CAMHS and Community CAMHS have undertaken supervision training which builds capacity for ongoing supervision of trainees. All of these supervisors have completed the necessary training to also offer low intensity supervision to CYP Wellbeing Practitioners.
- Leadership: 2 service leads from Community CAMHS are currently undertaking the leadership training
- 2 members of staff have undertaken IPT-A training and have been retained in Targeted CAMHS
- 4 members of staff have undertaken EEBP training and have been retained in Targeted CAMHS
- 1 supervision has undertaken parenting training
- 6 Recruit to Train CBT trainees have been recruited. Two of these staff members have been retained within Community CAMHS with three actively looking for posts within the service as their contracts are still ongoing.
- 2 Recruit to Train staff have undertaken parenting training and sit within the Targeted CAMHS service
- 9 Wellbeing Practitioners have been recruited. Two have been retained with one working within the Nottingham City SHARP team and the other having a contract within the Community CAMHS team. Unfortunately, there has been limited ongoing posts for the Wellbeing Practitioners to apply for.

CYP IAPT Training 2021

Nottinghamshire Healthcare NHS Foundation Trust have recruited:

- 2 CBT Recruit to Train posts on fixed term training contracts which will convert to substantive Band 6 posts within the community teams upon completion of their training
- 2 SFP Recruit to Train posts with 1 further place out to advert. As above, these staff are currently on fixed term contracts which will convert to substantive Band 6 posts within the community teams upon completion of their training
- 5 CYP Wellbeing Practitioners
- 3 places for the low intensity supervision training

Nottingham City Targeted CAMHS have recruited:

- 2 CYP Wellbeing Practitioner posts
- 2 Parenting Recruit to Train posts
- 2 places for the leadership training

Key successes:

- There has been increased conversion of training posts to substantive Band 6 posts last year within Nottinghamshire Healthcare Foundation NHS Trust.
- There is an increased number of staff trained and embedding CYP IAPT principles within the service
- Targeted CAMHS have been able to retain the majority of CYP IAPT trained colleagues using existing vacancies

Key challenges:

- There has been issues with losing CYP Wellbeing Practitioners due to substantive posts not being available, leading to a loss of low intensity practitioners
- There is a lack of funding from Health Education England for ongoing training across all modalities which poses a cost pressure to the system if training is to continue
- Targeted CAMHS currently do not have a CBT trainee due to not being able to retain practitioners once they have trained as posts do not currently exist in the structure

- Health Education England have shared that they cannot fund the existing staff CBT training for 2021. This will have a significant impact on Targeted CAMHS CBT provision.

Recruitment and the issue of retaining staff following training will be addressed as part of the wider transformation work being developed to look at how these posts can support the wider system.

As well as training taking place for CAMHS staff, Nottingham and Nottinghamshire have been involved with the Mental Health and Schools Link programme since 2018.

Mental Health and Schools Link Programme

Nottingham and Nottinghamshire have continued to roll out the Mental Health Services and Schools Link Programme during 2019/2020 and 2020/2021, facilitated by the Anna Freud National Centre for Children and Families. Due to the COVID-19 pandemic the workshops moved to virtual workshops.

The programme is a ground-breaking initiative to help CCGs, other service providers and Local Authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower professionals and support staff by brokering contact, sharing expertise and developing a joint vision for children and young peoples' mental health and emotional wellbeing in each locality.

Across Nottinghamshire County 205 schools, colleges and alternative provisions have taken part in the programme, along with a range of professionals from across services including CAMHS, 0-19 services, Family Service, Social Care and Youth Justice. Within Nottingham City schools linked to Mental Health Support Teams have also taken part in the programme during 2021.

During 2021/22 the Anna Freud Centre have adapted the offer and will roll out virtual sessions. There will be a focus on Nottingham City schools and colleges who have not yet had the opportunity to take part in the programme.

As part of the programme action plans have been developed which will be included in the wider CYP Mental Health Executive delivery plan.

Emotional Wellbeing Early Support, Training and Consultation Service

The new Emotional Wellbeing Early Support, Training and Consultation Service, which is due to go live on 1st April 2022, will offer training in emotional wellbeing and mental health. Training will be delivered across Nottingham City and Nottinghamshire County to:

- GPs
- Schools and further education establishments
- 0-19 services
- Social Care

The aim of this is to upskill the wider workforce to enable them to offer support to the children and young people in their services.

Mental Health First Aid

Mental Health First Aid continues to be delivered to professionals across Nottingham City. Funding has been secured to roll this training out to professionals within Nottinghamshire County to enable the children's workforce to be trained as Youth Mental Health First Aiders. This was due to take place during 2020, however due to COVID-19 this has been delayed and will now take place during 2021/22. Once the initial training has been undertaken, the ambition is that the training will be cascaded to 200 staff within the first year and a further 200 in the second year. This will have a significant impact on

the capability of the wider workforce in managing young people with emotional wellbeing and mental health needs.

Staff Wellbeing

It is recognised, particularly during the COVID-19 pandemic, that staff wellbeing is an important area of development to ensure our workforce remains healthy and able to continue to support children and young people and their families.

As part of the Mental Health and Schools Link Programme, there is a session around staff wellbeing, focussing particularly on school staff. A range of resources are available on the Anna Freud National Centre for Children and Families website to support staff wellbeing.

The Wellbeing in Education Return programme and Mental Health Support Teams in Schools have also focused on supporting staff wellbeing in schools as a key part of improving children and young people's mental health.

The **safety and resilience of our staff** was a top priority for the system during the COVID-19 response.

Key actions put in place included;

- Health and Wellbeing support offer in place for all staff across partner organisations. All staff have access to the Trust's Well-being hub via Connect - <https://connect/health-and-wellbeing> Links are provided to a range of support, both internal to Trust and available via partner and external organisations.
- Full PPE whilst onsite
- Risk Assessments completed with staff at high risk from COVID-19 and additional safety measures put in place and support offered where indicated.
- Staff who were shielding were taken into account when creating duty rotas to ensure they were supported and not asked to do anything that placed them at risk.
- All staff have been trained for responding to critical incidents.
- Once the vaccine became available to healthcare providers, staff were prioritised based on whether they were working face to face and if they had an increased risk of vulnerability to COVID-19. Within services approaches such as:
 - Staff have had monthly supervisions around well-being to ensure that they were coping well during lockdown.
 - Reflecting groups developed within the team to offer a safe space for staff to talk about challenges.
 - Team "coffee catch ups" for informal spaces for people have been invaluable to enable people to ask for immediate support. Offer included informal staff catch-ups, chats, lunch hangouts and yoga sessions were implemented to help staff stay connected and not feel alone during lockdown.
 - Introducing positivity section of team meeting- to break up business and clinical risk sections
 - All young people seen have done a COVID-19 risk assessment to ensure that the children and young people, their family, and the practitioner are all safe.
 - Leadership teams have met weekly to ensure that everyone stays connected, difficulties are problem solved and services were maintained throughout COVID-19 restrictions. Weekly team meetings with staff were also held to ensure that they were aware of updates and restoration and recovery planning. Daily check-ins with staff were held from March to August.

- Enabling staff to work remotely ensuring they have all necessary equipment

Workforce diversity

As an ICS System approach to People and Culture is in place. A joint plan is in place and is aligned to the NHS national People Plan. Key priorities include – A Happier Workforce, and Equality, Diversity and Inclusion.



Key achievements:

- Weekly HR Directors collaborative in place with representation across the system during the COVID-19 response.
- Collective work on workforce planning, collaborative staff bank, embedding new ways of working, and support for staff.
- Community CAMHS (S) - Innovative ways of supporting trainees virtually: joint meetings with education providers/ trust, trainee forums, supervision of supervision.
- Workforce development training – have been able to access significant clinical skills training and developing internal clinical induction skills sessions.
 - Appraisal – to establish training needs and interests.
 - NHT Clinical Director has undertaken work to increase the relevant CPD opportunities for CAMHS staff.
 - Training for delivering interventions online was provided by Reading University.
 - Children and Young people IAPT Training.
 - Use of measures to assess skills e.g. CTS-R (CBT) or SAGE, LASS for quality of supervision
 - Resources and aides to working digitally was provided for all staff.

- The service has worked collaboratively to offer a successful virtual recruitment event, that creatively offered prospective candidates a real insight into the various roles on offer within the Service, whilst maintaining safety for all.
- Robust recovery and restoration plan
- Consultation offered by SHARP around risk assessment and management.
- Team Days were used to hold training for staff with colleagues in the Community CAMHS team attending to cover CRISIS criteria, Community CAMHS interventions and how to refer and specific difficulties and how to refer such as eating disorders.
- Access to Clinical supervision and case management, as well as access to a supervisor for any questions daily
- Monthly wellbeing supervision is in place across the system.

Diversity and inclusivity

During COVID-19 Listening to staff and learning from this has been key to our approach. (forums and networks above)

Key learning from these conversations includes:

- Being more aware of the increased risk faced by the Black, Asian and Minority Ethnic communities and how this may impact on CYP and their families.
- Increased awareness around engagement and what some of the fears may be for people at high risk, e.g. BAME children on CP plans and them not attending school due to parental fear and anxiety.
- BAME advisory group created as a response to these discussions.
- BAME staff, among those with other health inequalities, were prioritised for receiving the vaccine when appointment booking was made available to the service.
- Increasing awareness of inequalities and more conversation around the Black Lives Matter Movement and the impact that the death of George Floyd and subsequent cases have had worldwide.

As a result of this we ensured;

- We were flexible and understanding of how the pandemic affected many people and recognising that some staff may have suddenly found themselves isolated, lacking in usual support, juggling work and childcare. Recognising and responding to individual differences.
- Take into account the needs of staff with responsibilities across their jobs, university, and home life and supporting where necessary if conversations were required with their place of study so everyone was supportive and aware of challenges.
- Where required an assessment of needs and a Stress Action Plan has been developed to support staff who have experienced MH difficulties during the pandemic. Actions have varied including reducing caseload, working in the office if required and safe to do so with risk assessment, increasing supervision and contact with other staff.
- Staff were signposted to support.
- Activities developed and offered via MS Teams such as Yoga, virtual office spaces and coffee breaks etc.
- Increased awareness of the loneliness experienced by some staff by not only working from home but not being able to see family, especially if distanced from them.

Workforce Data – Service Level:**Table 2 Nottingham City Specific CCG funded services** – the figures below reflect total number of staff in post as of 31st March of each year

	Total number (WTE) of practitioner/clinical staff						Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (including admin staff and management etc)					
	15/16	16/17	17/18	18/19	19/20	20/21	15/16	16/17	17/18	18/19	19/20	20/21
Kooth (Face to Face)	4 + 6 volunteers	48.6 (across service)	8	7	7	7	0	5.25	0	0	1 (East Midlands)	1 (East Midlands)
Kooth (online)			45 (across service)	60 (across service)	150 (across whole service)	150 (across whole service)			24 (across service)	79 (across service)		
Behaviour and Emotional Health Team	5.7	4.4	3.5	3.8	Not known	4.5	2	6.6	3	1.49	Not known	3
Base 51	Not known	1	2 paid 1.3 volunteer	2	2	2	Not known	10 volunteers	Not known	0.2	0.2	0.2
Nottingham City Council Targeted CAMHS (inc SHARP)	22.5	24	24	34	31.2	56	9	9	9	9	10	8
Nottingham City Council Mental Health Support Team	N/A	N/A	N/A	N/A	14	16	N/A	N/A	N/A	N/A	2	2
Nottingham City Council Children in Care Service	6.9	4	7	7	7	7	1	2	2	2	1.5	1.5
Nottingham City Council Multi-Systemic Therapy	8.9	10	5	5		14	1	2	0.5	1.1		2

Table 3 Nottinghamshire County Specific CCG funded services – the figures below reflect total number of staff in post as of 31st March of each year

	Total number (WTE) of practitioner/clinical staff						Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (including admin staff and management etc)					
	15/16	16/17	17/18	18/19	19/20	20/21	15/16	16/17	17/18	18/19	19/20	20/21
Kooth online	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Base 51	0.5	0.5	0.5	0.5	0.8	0.8	0.2	0.2	0.2	0.2	1	1
Safe Time – The Children's Society	N/A	2.2	3	3	3	3	N/A	0.2	0.2	0.2	0.2	0.2

Small Steps – Family Action	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A		
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Table 4 Nottingham and Nottinghamshire CCG funded services - the figures below reflects total number of staff in post as of 31st March of each year

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

	Total number (WTE) of practitioner/clinical staff						Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (including admin staff and management etc)					
	15/16	16/17	17/18	18/19	19/20	20/21	15/16	16/17	17/18	18/19	19/20	20/21
CAMHS SPA	2.73	3.6	3	2.86	4.59	3.66	1.4	2.9	3	3.9	3.9	3.9
CAMHS Primary Mental Health Service	12	10	10	9	9	9	0.4	0.3	0.3	0.3	0.3	0.3
CAMHS West Community Team	17.54	19.76	24.15	21.34	21.6	19.79	5.41	5.78	6.72	6.92	6.71	7.71
CAMHS North Community Team	23.56	21.24	22.82	20.54	19.74	20.74	5.53	5.68	4.47	6.68	5.7	5.7
CAMHS South Community Team	27.7	29.19	29.3	26.46	26.46	28.32	8.26	9.67	10.1	11.56	12.27	12.27
CAMHS Crisis including Liaison	13.6	14.4	18.63	18.43	25.47	22.03	1	1	2.8	2	3	2
CAMHS Eating Disorder Service	8.9	9.9	11.82	11.72	11.72	11.72	0.8	0.8	1	1.5	1.5	1.5
CAMHS ID and Neuro Team	15	15.53	15.2	12.63	10.74	12.74	1.1	1	3.5	2.5	1	3.5
CAMHS Paediatric Liaison	2	2	2	2	1.4	1.4	1	1	1	1	0	0
Head2Head Team	13.99	13.29	7.7	11.57	12.67	10.8	2.66	2.67	3	3.5	4.2	2.97
CAMHS Looked After and Adoption Team (County)	5.3	6	6	6	6.2	6.2	2.1	2.1	2	2	2	2
CAMHS Looked After (City)	5.3	6	6	6	3.35	3.35	0	0	0	0	0	0
Mental Health Support Teams	N/A	N/A	N/A	N/A	8	17.53	N/A	N/A	N/A	N/A	1	5.5
Total	145.52	148.31	151.9	145.95	160.94	167.28	29.66	32.9	37.89	41.86	41.58	47.35

Planned increase 21/22:

Following a review of services and benchmarking against guidance, during 21/22 there will be a significant increase in investment resulting in increased workforce within Targeted CAMHS, Community CAMHS and CAMHS Crisis Resolution and Liaison across Nottingham City and Nottinghamshire County. Nottinghamshire will also be mobilising a further two Mental Health Support Teams in 2022. The table below outlines the WTE increase for each service – please note these figures are approximate as transformation plans are still being developed:

Table 5: Increased workforce 21/22

Service	Whole Time Equivalent Increase	Funding
Targeted and Community CAMHS	46.40 WTE	£4,041,519
CAMHS Crisis Resolution and Liaison	20.70 WTE	
CAMHS Eating Disorder Service	8.40 WTE	£410,150
Mental Health Support Teams	41 WTE (excluding trainees)	Aligned to funding from NHS England
Total WTE increase	91.5 WTE	

Chapter 5- Health and Justice

The mental health and wellbeing needs of children and young people within the youth justice cohort 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

Table 1 shows number of children and young people cautioned or sentenced across Nottingham City and Nottinghamshire between 2013/14 and 2019/2020.

Table 1 Number of children and young people cautioned or sentenced

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Nottingham	460	423	341	320	276	249	222
Nottinghamshire	427	439	323	244	321	291	198
Total	887	862	664	564	597	540	420

(Source: Youth Justice Board, January 2021)

Across Nottingham and Nottinghamshire there are a range of services to support children and young people within the health and justice cohort.

Within Nottingham City Council there is the Youth Offending Service and within Nottinghamshire County Council the Youth Justice Service. Key activities for these teams include:

- Assessing the likelihood of re-offending and the risk of causing harm, and planning and managing interventions to reduce these risks
- Strengthening protective factors against further offending
- Ensuring that children and young people on the youth justice pathway have access to the full range of services to help their life chances
- Ensuring that interventions with children and young people understand the victims and communities affected by their offending
- Identifying children and young people at risk of becoming involved in offending, and ensuring that evidence-based interventions are provided

Both Nottingham City and County Council have Youth Justice Partnership Boards which work to ensure Children and Young people receive the most appropriate support, with an aim to of preventing offending and re-offending. Whilst children and young people are within the Youth Justice System Commissioners and health providers work to ensure children and young people needs are met.

Nottingham and Nottinghamshire also have a **Violence Reduction Unit** (VRU). The aim of the Unit is to bring together specialists from health, police, local government, probation, and community organisations to tackle violent crime and the underlying causes of violent crime. Intervening early helps to prevent issues emerging and is the best way to ensure children, young people, families and communities in Nottingham City and Nottinghamshire County thrive. The work is underpinned by evidence of what works, and by working system wide as a partnership, expand the evidence base as well as create new evidence bases where none currently exist.

The VRU takes a public health approach to reducing violent crime, focusing on what will make a difference to whole populations, communities and groups. This means looking beyond the statistics

about incidents of crime and its causes to research and evidence that explains why people behave in certain ways and what contributes to this behaviour. Interventions are aimed at building community resilience to violent crime and changing social norms.

The VRU are currently delivering a number of projects to support children and young people:

- ***Mentors in Violence Prevention*** – the programme utilises the power of the role-model. Supported by teachers and community partners, peer trainers are equipped with skills and knowledge to work with young people around different issues including CSE, bullying, control, alcohol and consent.
- ***The Evolution Project*** – extends the Base 51 therapeutic counselling offer to young people affected by serious violence, including next day access to drop in counselling, response to trauma and ongoing therapies.
- ***The GROWTH Project*** – a crime reduction initiative within BAMER communities that is delivered by Al Hurraya. The project provides workshops, counselling, on-to-on and group mentoring for young people most at risk of involvement in serious crime.
- ***Targeted Youth Outreach Project*** – this project is run by Breaking Barriers Building Bridges. Under this model their youth workers go to key areas in Nottingham City Centre and engage with groups of young people at risk of involvement in violence.

Mental Health provision- Health and Justice

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

1. Provide mental health assessment and intervention for young people who are involved in the criminal justice system
2. Provide a mental health assessment and intervention for young people who experience mental health difficulties with co-morbid substance use needs (dual diagnosis)
3. Provide assessment and treatment for young people presenting with First Episode Psychosis and 'at risk' mental state
4. 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).

From a youth justice perspective, the service provides mental health assessment intervention to young people up to the age of 18 who are open to the City and County Youth Offending Service and who are on an order (including conditional caution) and experiencing a mental/emotional health difficulty. The service offers assertive outreach, with the young person being given choice of venue (risk permitting), to encourage engagement. The service also undertake pre-sentence reports to inform sentence planning and court reports, along with advice and information to custodial health care settings, where young people have received a custodial sentence.

During 2019/2020 and 2020/21 a pilot project, funded by NHS England Health and Justice, was undertaken. This funding was used to pilot speech and language therapy and clinical psychology within the CAMHS Head2Head team working in partnership with City and County Youth Offending Services, in order to improve outcomes for children and young people on the youth justice pathway. The aims and outcomes of these pilots can be seen in the tables below:

Table 2: Aims of the Health and Justice Projects

Aims	
Speech and Language Therapy	Clinical Psychology
Measure and evaluate the skills and knowledge within the Youth Offending Services around identifying and supporting young people with speech, language and communication needs (SLCN) and/or SEND and identify any further skills gaps or training.	Deliver a training and consultation model to enable Youth Offending Service to develop a better understanding of trauma, including the use of trauma informed practice and psychologically informed work to support young people who are already in contact with the police and are at risk of continued, escalating behaviour.
Evaluate the impact of SLCN screening tools and staff training, including how this contributes towards improved outcomes for this group of young people.	Implement a screening tool to identify trauma.
Identify areas of improvement and development against the Youth Justice SEND self-evaluation framework	Deliver training around trauma-informed practice, formulation and risk assessment.
Deliver consultation with staff and direct 1:1 work with young people with high levels of need or complexities.	

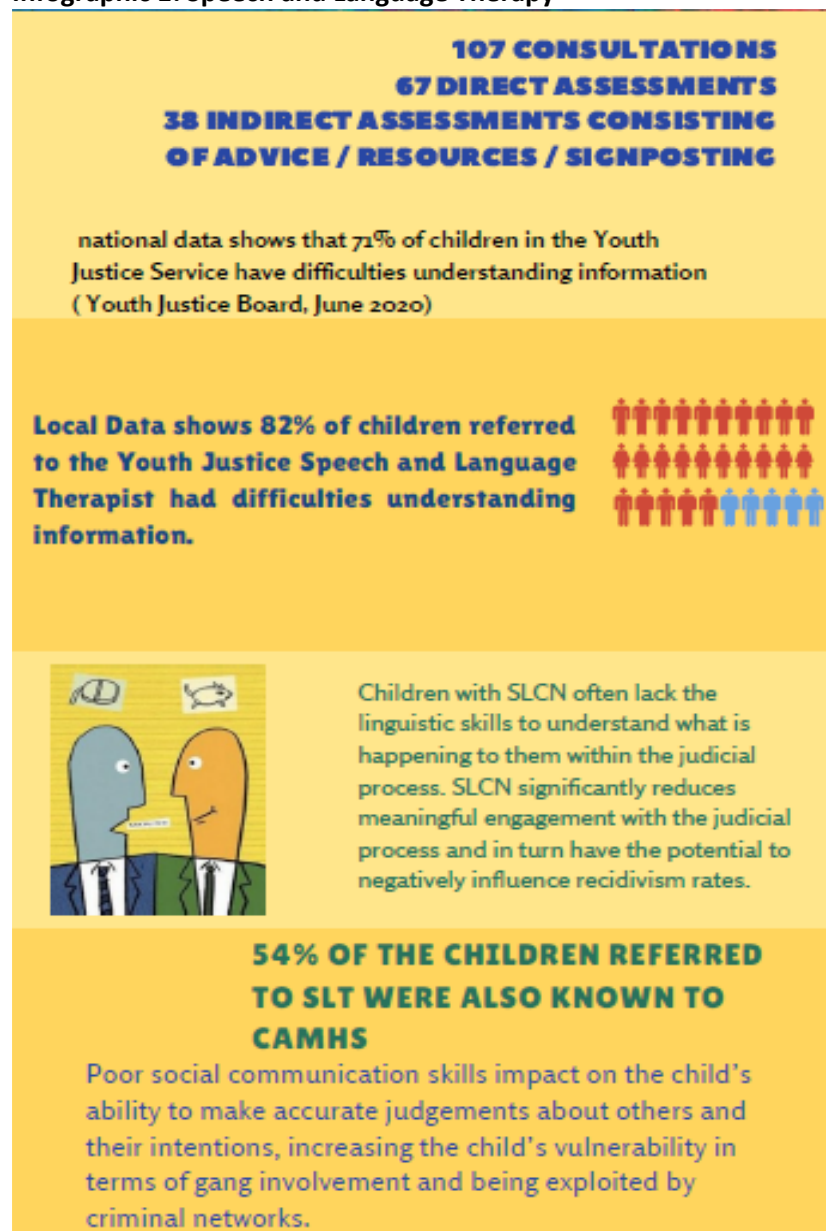
Table 3 Outcomes of the Health and Justice Projects

Speech and Language Therapy	Clinical Psychology
<ul style="list-style-type: none"> • Young people entering the YOT will have their SLC needs assessed and identified at an earlier point to enable reasonable adjustments to be made and interventions identified in a timelier way. This will ensure: <ul style="list-style-type: none"> ○ Young people receive more inclusive support ○ Better identification of emotional/mental health needs 	<ul style="list-style-type: none"> • Agreed guidelines and protocols in relation to identifying trauma and supporting young people in dealing with their experience.
<ul style="list-style-type: none"> • Increased identification of need will lead to: <ul style="list-style-type: none"> ○ Reduced reoffending ○ Improved emotional wellbeing and mental health ○ Prevention of escalation to NHS England commissioned health and justice services 	<ul style="list-style-type: none"> • Agreed pathway for young people who have offended and where significant trauma is identified as having an impact on their offending behaviour.
<ul style="list-style-type: none"> • Young people will have a better experience of care due to increased knowledge and skills within the YOT 	<ul style="list-style-type: none"> • Better identification of trauma amongst the youth offending population which will lead to reduced offending, improved emotional wellbeing and mental health, reduced school exclusions and the prevention of escalation to NHS England commissioned health and justice services.

<ul style="list-style-type: none"> • Commissioners across the system will have a better understanding of SLC need within the population to further inform service development for this cohort of young people 	<ul style="list-style-type: none"> • Better understanding of the prevalence of trauma amongst the youth offending population to inform service development and future commissioning intentions
<ul style="list-style-type: none"> • YOT workforce will feel skilled and knowledgeable specifically around: <ul style="list-style-type: none"> ○ SLCN interventions ○ Implementing individualised communication support plans ○ Development of materials and resources to support young people with communication difficulties 	<ul style="list-style-type: none"> • Provision of effective support for those who may have experienced trauma but do not meet the threshold for emotional and mental health services.
<ul style="list-style-type: none"> • There will be a multi-agency approach embedded and SLCN strategy and clinical pathway developed to better co-ordinate health, justice and education provision. This will ensure: <ul style="list-style-type: none"> ○ Young people with SLCN will have improved access to the right support at the right time ○ Better coordination of services ○ Improved relationships and communication 	<ul style="list-style-type: none"> • Improved engagement with young people who have experienced trauma, with young people reporting a more positive experience of support.

The infographic below shows key outputs and findings from both projects.

Infographic 1: Speech and Language Therapy



Infographic 2: Clinical Psychology



Following the Speech and Language Therapy and Clinical Psychology pilot, partners across the system have been working together to understand how the learning and best practice can be embedded. This has led to a wider review of the Head2Head team to ensure the service has the appropriate capacity and skill mix to meet the needs of not only children and young people within the Youth Justice cohort, but also needs of the other groups of children and young people accessing the service.

In order to ensure this practice is embedded at a system level, the **VRU**, working in partnership with the **Police and Crime Commissioner, and Nottingham and Nottinghamshire Youth Offending services**, have developed a bid which has been submitted to the Youth Endowment Fund (YEF) and currently being reviewed. If successful, this will enable a full-time Speech and Language Therapist to sit within each Youth Offending Service in Nottingham City and Nottinghamshire County, working with youth justice workers in the diversion teams. The outcome of the bid will be known shortly.

Within Nottingham and Nottinghamshire, **we also have the East Midlands Community Forensic CAMHS**. This is a multi-disciplinary service providing advice, consultation, specialist assessment and support to services and teams working with young people in the community who exhibit risky behaviour or who are already in the youth justice system and have or display signs of mental health difficulties.

East Midlands Community **Forensic CAMHS** (FCAMHS) is a multi-disciplinary service. The service provides advice, consultation, specialist assessment and support to services and teams working with young people in the community who exhibit risky behaviours or who are already in the youth justice system and have or display signs of mental health difficulties.

The service does not case hold and only accepts referrals where the young person is actively supported by Child and Adolescent Mental Health Services (CAMHS) or social services.

The East Midlands Community Forensic CAMHS team is provided by Nottinghamshire Healthcare NHS Foundation Trust in partnership with Saint Andrews Hospital. The team officially went live in January 2018. The service works with children and young people up to the age of 18 who live in the East Midlands area, including: Nottinghamshire (excluding Bassetlaw), Derbyshire, Leicestershire and Rutland, Lincolnshire (Excluding North and North East Lincolnshire), Northamptonshire and Milton Keynes. FCAMHS also works with people referred by Rainsbrook Secure Training Centre, Oak Hill Secure Training Centre, Clayfields House Secure Childrens Home and Lincolnshire Secure Unit.

During the COVID-19 Pandemic we have continued to actively engage with referring agencies across the region to ensure services are aware of FCAMHS and its role, remit and what services are offered to the multi-agency team, the young person and their parent/carers. In order to continue to deliver a service under the COVID-19 restrictions we switched to a virtual model of service delivery continuing to offer multi-agency consultations via MS Teams and undertake assessments virtually or in person in line with PPE guidance. This has proven to be a successful model with referrals increasing by 34% during the pandemic. We are currently developing an action plan for service post pandemic. The team have also delivered training to other agencies via MS Teams.

FCamhs are aware of the ongoing need to engage stakeholders/referring agencies, but with our increased referral rate and workload this presents challenges. With this in mind we have linked with Nottinghamshire Healthcare NHS Foundation Trust Communication's Department who have agreed to help us create a promotional video for stakeholders regarding FCamhs.

As part of the process of engaging with stakeholders East Midlands Community FCAMHS have held two Bitesize Conferences, one on Leicestershire and the other in Milton Keynes. Both of these events were well attended and well received. They were attended by staff from social care, Youth Offending Services, CAMHS, School Nursing, education and Prevent. The aim of these events was to tell people about the service, how to refer and what the process is post referral. Within the event 4 bitesize examples of the training FCAMHS offers to other professionals was delivered.

Table 4: Forensic CAMHS referral data for the East Midlands

	Apr -20	May-20	Jun -20	Jul -20	Aug -20	Sep -20	Oct -20	Nov-20	Dec -20	Jan -21	Feb -21	Mar-21
Number of referrals received by the team	14	17	17	14	6	20	19	23	20	19	18	18
Number of referrals leading to formal indirect case involvement only	11	9	11	13	6	17	16	15	15	15	16	16
Number of referrals that lead to formal direct case involvement	5	6	5	2	1	3	4	8	5	4	2	2
Number of cases with ongoing mental health involvement as part of the integrated care plan	61	67	77	78	82	88	90	94	102	104	111	117
Number of cases receiving feedback from referrer or other professional	12	9	13	8	5	12	13	14	10	3	4	6
Number of cases receiving a minimum of satisfactory feedback from referrer or other professional	12	9	13	8	5	12	13	14	10	3	4	6

Each county has been represented within the referrals that FCAMHS has received. The majority of these referrals have been appropriate and led to formal consultation/formulation meetings. Following on from these meetings a number of these young people have been offered specialist assessment. These assessments have included forensic risk assessments, speech and language assessments, autistic spectrum disorder assessments, cognitive assessments and second opinions. Several of the referral received by FCamhs have led to SAVRY assessments (Structured Assessment for Violence Risk in Youth) and AIM3 assessments (re: harmful sexual behaviour).

East Midlands FCamhs continue to build links with other regional FCAMHS teams, particularly West Midlands, East of England and Yorkshire and Humberside. They lead in hosting the cross regional peer group development and supervision forum. Colleagues within the East Midlands Team have taken leading roles in the FCamhs Team Leaders Forum and the FCamhs Psychology Forum. We also actively participate in the FCAMHS National Network.

The team is also participated in the national FCAMHS service evaluation conducted by NHS England in partnership with the Anna Freud Centre. The report has now been published with positive findings.

Child Sexual Exploitation (CSE)/Child Sexual Abuse (CSA)

Nottingham and Nottinghamshire CCGs along with Nottinghamshire County Council continue to commission a therapeutic recovery service for children who have been sexually abused or exploited, which is provided by The Children's Society. The current contract is due to end August 2021 and

following a procurement exercise The Children's Society will continue to deliver this service for a further 3 years, and following the identification of a commissioning gap within Nottingham City the remit of this service has extended to include therapeutic support for children and young people in Nottingham City.

The key aims of the service are to:

- Provide therapeutic services to children and young people, aged 17 and under, who are the victims/survivors of sexual exploitation or sexual abuse and to their parent(s) or carer(s) in order to minimise the impact of the abuse on their mental health/emotional wellbeing.
- Promote resilience for the child or young person to enhance their prospects of positive outcomes, in particular to reduce the child/young person's vulnerability to further abuse.
- Direct service users to specialist services if continuing or other needs are identified to facilitate access through established processes
- Ensure children and young people and their parents/carers experience a seamless experience between the range of commissioned services available and can access support in the right place at the right time.
- Ensure the service is tailored to meet the needs of all children and young people with specific adaptations made for those children and young people within protected characteristic categories where appropriate.

The Children's Society are also part of wider stakeholder strategic partnerships that are looking at sexual abuse and exploitation and how we best meet the needs of this vulnerable group and provide consultation and advice to professionals.

Across the wider system there is also the **East Midlands Children and Young People Sexual Assault Service (EMCYPAS)** commissioned by NHS England and Police and Crime Commissioner. This service is for anybody under the age of 18, who has experienced sexual abuse. The Nottingham/Nottinghamshire branch of the EMCYPAS is based at Queens Medical Centre and offers specialist provision to attend to the medical care and holistic support needs of children and young people, as well as young adults up to the age of 24 who have a learning disability. This service is supported by a voluntary organisation, Notts SVS Services' who provide crisis worker support which helps young people feel as comfortable and reassured as possible during forensic medical examination. Notts SVS Services' along with Imara, an independent specialist service that supports children, young people and their safe family members following a disclosure or discovery of child sexual abuse ,provide therapeutic support for young people aged 13 and above after they have attended the SARC.

Alongside EMCYPAS there is also the Children's Independent Sexual Violence Advisors (CHISVA's), commissioned by the Police and Crime Commissioner. The aim of the Service is to enable victims and survivors under 18 to cope with the effects of sexual violence and to recover from the harm they have experienced.

During 2021, partners will continue to develop the Sexual Violence pathway for children and young people to ensure children and young people access the appropriate service to meet their needs. This will include recommendations highlighted in the sexual violence needs assessment undertaken by Lime Culture in 2019 which supported the system to work together to support children and young people and adults. The full report can be found here: [Sexual Violence Needs Assessment LimeCulture October 2019 \(pcc.police.uk\)](https://pcc.police.uk/sexual-violence-needs-assessment-lime-culture-october-2019)

Police Custody

NHS England and NHS Improvement's Long-Term Plan vision for children and young people with complex needs in the community

Health and care partners across Nottingham, Nottinghamshire, Derby and Derbyshire (D2N2) are working together to provide additional support for the most vulnerable children and young people with complex needs in the community. Those children and young people present with what can be described as high risk, high harm behaviours and high vulnerability.

Nottinghamshire (including Bassetlaw), Nottingham City, Derbyshire and Derby City are neighbouring areas with many commonalities, in both geography and population demographic.

Analysis of indicators of need for children and young people in the East Midlands, shows both Nottingham City and Derby City, have higher numbers of ACE related indicators, high numbers of children who are in care, fixed period exclusions and admissions to youth custody than both regional and national peers. Whilst Derbyshire and Nottinghamshire do not have the high levels the cities have, they have similar challenges and geographically surround the cities.

The Partnership will focus on children and young people who are looked after and on the edge of care. Children who are looked after have been selected given they have around a fivefold increase of mental health conditions (Ford et al 2007), are more likely to use specialist CAMHS than those who are not looked after (CQC, 2017) and when within the youth justice system are also much more likely to have a mental health problem along with children and young people on the edge, or leaving care.

By working across the D2N2 geography we will be able to serve the needs of this group of children more effectively and efficiently due to;

- Improved system working for the many children who are placed in the neighbouring area for; fostering, residential support, tier 4 inpatient admission.
- Better use of financial resources through economies of scale in training, procurement and contributions in kind each organisation will bring.
- Maximising expertise across the sector including mechanisms already in place for co-production with children and young people.
- Rapid roll out of innovation already "piloted" in another part of the D2N2 partnership – cross fertilisation of ideas.

Our vision is therefore to improve our response to looked after children and those on the edge of care by embedding a trauma informed and aware approach across our organisations and understand this is a long-term aspiration, which will not be accomplished through any single approach, technique or checklist. Our approach will be assets based. We will lead a systems approach to trauma awareness, that acknowledges that societal and structural factors including poverty, inequality and racism are as important as individual factors in contributing to trauma.

Our Focus

The Partnership has worked to understand and undertake analysis to define the cohorts for priority within the framework. Table 5 shows the numbers of children and young people for priority. These groups will be at the centre of the framework alongside a proactive upskilling and embedding of trauma informed and aware practice from an early intervention perspective. We want to move to an approach of understanding 'what's happened to you' rather than asking 'what's wrong with you' as

part of a child and young person centric approach, avoiding children and young people having to repeat their story to every agency and professional.

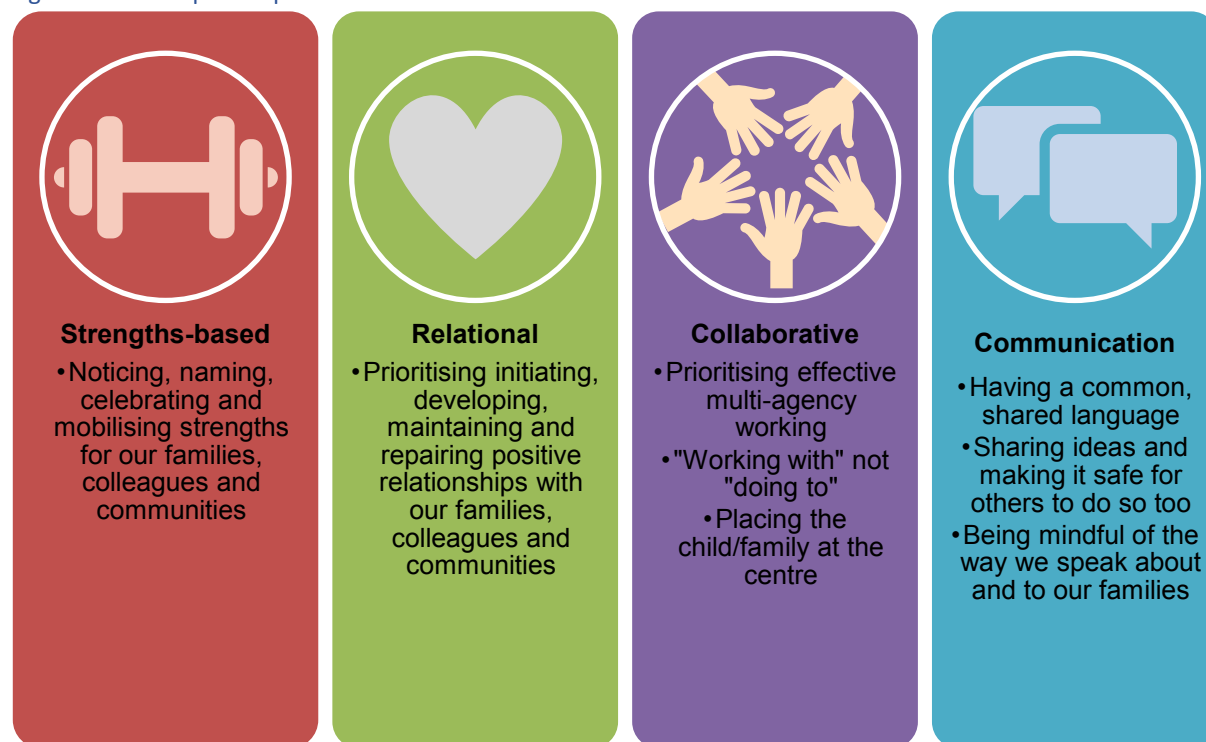
Table 5- The Partnership's priority cohorts

	CYP Looked after	CYP in need	CYP protection plan
Nottinghamshire County Council-	986	999	704
Nottingham City Council	673	1394	620
Derbyshire County Council	890	3565	971
Derby City Council	644	1448	434
Total	3193	7406	2729

Data as of 20.01.21

The principles that the Partnership will work to adopt are reflected in Fig 2.

Fig 2 - Partnership Principles



Our next steps to help develop this work we are working with the organisation Cordis Bright to undertake system mapping, this will help us better understand the areas of best practice across the area, where there are opportunities and help inform our prioritisation.

Collaborative working

In Summer 2021 a **Joint Commissioning Visioning Event** to bring together health and care commissioners across Public Health, The Provider Collaborative, CCG and Children's services in response to a growing awareness that there is a small very complex group of children who are

experiencing very poor outcomes. They often have mental health or emotional difficulties or learning disabilities and move between health and care settings.

The remit of the event was to explore what can be done differently and to remove the organizational boundaries in the local response and explore the future pooling of resources and different ways of working to collectively improve system knowledge and understanding of resource to deliver better outcomes for children, young people

A provider event followed shortly after where they were invited to share their views and answer three key questions.

Q1. What are your thoughts on the commissioners view of the challenges? Can you identify additional barriers/challenges to supporting this group?

Q2. What opportunities are there to improve joint working on an operational level? What opportunities are there? Who are key stakeholders?

Q3. What do we think a good Tier 4 step down provision into the community looks like? Any examples of current good practice?

The findings of this event and any post event feedback is being coordinated and the commissioning leads will further develop their plans based on this feedback. Young people will be involved in the next step of this process, to ensure they are at the forefront of this work.

Chapter 6 - Eating Disorders

Eating disorders are serious mental health problems. They can have severe psychological, physical and social consequences. Children and young people with eating disorders often have other mental health problems (e.g. anxiety or depression) which also need to be treated to get the best outcomes.

It is vital that children and young people with eating disorders and their families and carers can access effective help quickly. Offering evidence-based, high quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.

In 2014, the Government announced additional funding would be available to support the development of dedicated community eating disorder services for children and young people across England. In recognition of rising referrals, the NHS Long Term Plan has committed to a further increase in funding in 2019/2020 and 2020/2021. Locally, this increased fund has been used to recurrently fund and grow the CAMHS Eating Disorder Service.

CAMHS Eating Disorder Service

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 commissioned to support children and young people with anorexia nervosa and bulimia and offers a range of therapeutic support from a multi-disciplinary workforce which includes, occupational therapy, dietetics and paediatric input. For children and young people with low/mild presentation of disordered eating and co-morbid mental health need, they will receive their support from Community CAMHS service with consultation provided by CAMHS Eating Disorder Service where required.

The CAMHS Specialist Eating Disorder Service have historically had strong and positive relationships with paediatric wards in Nottingham and Nottinghamshire and continue to work closely with staff when young people require an acute admission for physical stabilisation, providing in-reach support where appropriate to ensure continuity of care. This improves not only the care and support for the young person but empowers and upskills staff delivering care on the wards.

Nottinghamshire Healthcare NHS Foundation Trust is also the provider for the Hopewood Inpatient Unit which has 12 eating disorder beds. The CAMHS Eating Disorder service works closely with local young people admitted to the inpatient unit to support effective and timely discharge back to the community and to improve outcomes for children and young people.

In April 2016 new access and waiting time standards for community eating disorders were implemented which mandate that by 2020/21 95% of young people with an eating disorder would receive NICE compliant treatment within 1 week of referral for urgent care and treatment and within 4 weeks for routine care and treatment to enable children and young people to have the best possible outcome and recovery.

To meet the access and waiting time standard, commissioners have worked with the service to develop a same day assess and treatment service model. In 2019 Nottingham and Nottinghamshire CCG increased investment into the service by £125,416 per year, enabling the service to operate this new model from April 2019. Following a review of performance data in 2021, it was identified that there was a number of data quality issues which are now resolved. Data, reported in Table 1, shows the service was able to meet the waiting time standard and the main reason for underperformance being clinical capacity. As of Q4 2020/21 86.6% of routine referrals started treatment within 4 weeks and 72.22% of urgent referrals started treatment within 1 week, against a target of 95%.

Table 1: CAMHS Eating Disorder performance against the Access and Waiting Time Standard

Notts ICS	Routine achievement	Distance from National Target (95%)	Change from previous quarter		Urgent achievement	Distance from National Target (95%)		Change from previous quarter	
Q3 20/21	91.03%	↓ 3.97%	N/A		63.64%	↓	31.36%	N/A	
Q4 20/21	86.6%	↓ 8.4%	↓	4.43%	72.22%	↓	22.78%	↑	8.58%

A workforce benchmarking exercise has been completed showing a capacity and skill mix gap within the workforce required to not only meet demand, which is increasing following the COVID-19 pandemic, but also provide a full multi-disciplinary approach. In response to this, Nottingham and Nottinghamshire commissioners have further increased recurrent investment, totalling £410,150, which will enable the service to increase their workforce capacity to ensure care is delivered to children and young people timely (in line with the national standards), and provide evidence-based treatment delivered by an appropriately skilled multi-disciplinary team. The additional posts include:

- Speciality doctor
- Community support workers
- Occupational Therapist
- Community Nurse
- Eating Disorder Therapists
- Increased Dietician input
- Psychotherapist
- Increased Psychologist input

A further £224,000 non-recurrent investment has been agreed to improve and develop medical monitoring pathways and a pathway for those children and young people with Avoidant Restrictive Food Intake Disorder (ARFID), who currently do not meet the criteria for the CAMHS Eating Disorder Service.

Whilst further development is required to meet the access and waiting time standard, a positive element of the CAMH Eating Disorder Service is the transition support worker. The transition support worker is embedded within the teams across CAMH and Adult Eating Disorder Service. This model allows young people the option of retaining their key worker post 18 or start the next stage of their treatment with a worker from the adults' community eating disorder team. The transition worker remains in contact with the young person for at least 6 months post transition to ensure that the process is seamless, and the young person feels supported. Due to the success of this model, Nottinghamshire Healthcare NHS Trust are now developing similar models of transition for wider services including CAMHS Looked After Children teams.

Avoidant Restrictive Food Intake Disorder (ARFID)

In September 2019, Nottinghamshire ICS was successful in bidding to extend the current CAMHS Eating Disorder offer to include young people with Avoidance Restrictive Food Intake Disorder (ARFID). ARFID can have a significant negative impact on the person's physical health as well as their psychological wellbeing. Children and young people may fail to gain weight as expected and their growth may be affected. They may not get essential nutrients needed for their health, development and ability to function on a day-to-day basis and may be severely nutritionally compromised. Being limited in terms of what they can eat often causes people to experience significant difficulties at home,

at school, at college, and when with friends. Many people with ARFID find it difficult to attend social occasions and establish new relationships as eating occasions are often part of this process. ARFID presentations appear more prevalent among children and younger adolescents (4-14-year olds) as well as those with autism, anxiety, and ADHD and a range of co-occurring medical conditions.

It is increasingly acknowledged that there is a gap in services for children and young people with ARFID, or suspected ARFID, with referrals being inconsistently made into a wide range of services, to include speech and language therapy, hospital and community dietetics, community paediatrics, acute paediatrics, standard community CAMHS, neurodevelopmental, and community eating disorders services.

Children and young people and their parents and carers are often turned away as their presentation is not deemed to fit existing referral acceptance criteria of the service in question. Furthermore, as ARFID requires multi-disciplinary assessment and intervention due to the co-occurrence of both physical and mental health aspects of its presentation, many existing services are not configured to fully meet the needs of this patient population. This results in a gap in care and difficulty for the child, family and GP services to access appropriate care.

The pilot intended to support and evaluate adjustments to the existing Children and Young People's Community Eating Disorders Service to provide care for children and young people presenting with ARFID. This included support for training each Team's identified 'ARFID champion' and assisting member of staff, guidance around data collection and participation in a national evaluation. The national evaluation was due to be published in May 2020 however due to the pandemic this has been delayed, however local evaluation has taken place. It should be noted that under 5's were not included as part of this pilot.

Key findings from the pilot:

Following the pilot phase, a local findings and evaluation report was produced to feed into the national findings. Local evaluation shows:

- There is a clear demand for an ARFID pathway. The mapping exercise undertaken indicated that existing services do not offer a comprehensive multi-disciplinary approach and young people with avoidant and restrictive eating may be located within different services with no clear and specific remit for treatment. Families offered specialist assessment and treatment within the ARFID pilot have valued the expertise and clarity around diagnosis.
- A specialist ARFID pathway would ideally be located within the CAMHS Specialist Eating Disorder Service. This would be helpful during the assessment process where there may be ambiguity around diagnosis.
- The pilot identified that several therapeutic approaches appeared to be beneficial to this group of children and young people. Further exploration and evidence of their benefit in ARFID will need to be explored further.
- The pilot demonstrated the complexity of this group of children and young and a pathway requires a comprehensive multi-disciplinary team to meet the young people's psychological and physical needs. It has also been identified nationally that a high percentage of young people with ARFID also have a diagnosis of ASC/ADHD.
- Due to the emerging evidence for diagnosis and treatment of ARFID, parents and carers would welcome peer support groups.

It has been recognised that there is an increasing number of referrals being made for young people with ARFID and currently we do not have a commissioned service to manage these young people, although currently Community CAMHS offer support, with consultation provided by CAMHS Eating Disorder Service. These children and young people are also being seen within the acute sector e.g.

paediatrics. It is acknowledged that the support required to manage these children and young people requires a multi-disciplinary approach across the health system, therefore commissioners have established an ARFID steering group, attended by partners across the health landscape. During 2021/22 the steering group will be working to develop an ARFID pathway to ensure children and young people can access appropriate support in the right place at the right time. It has been highlighted within the steering group that there is gap around children and young people with ID and ARFID as a result of ASD. This will also include training for wider health professionals to increase knowledge and understanding of ARFID across the system.

Physical medical monitoring:

An area of challenge for Nottingham and Nottinghamshire CCG is the provision of physical medical monitoring for children and young people with an eating disorder. This challenge is also seen within adults requiring physical monitoring. This has been raised as an issue across the region and nationally with only a few areas currently having a commissioned pathway in place. Historically, physical monitoring has been provided within primary care by GPs with advice and guidance provided by CAMHS Eating Disorder Service. However, following review of the primary care offer, it has been established that this provision is above the core offer and due to the increasing demand on primary care during and following the COVID-19 pandemic, this is no longer sustainable for primary care to deliver. It should be noted that CAMHS Eating Disorder are not commissioned to deliver physical monitoring, therefore there is a commissioning gap.

Work is progressing to develop the physical medical monitoring offer and as this has been raised as an 'all age' issue, children and adult commissioners are currently working together to ascertain whether an all age pathway can be developed. A number of options are currently being reviewed including shared care arrangements with primary care, increased paediatric input to the CAMHS Specialist Eating Disorder Service or developing the new Specialist Healthcare Assistant or Health Improvement Workers to offer medical monitoring within the community. The pathway will be developed and mobilised during 21/22 and clearly communicated across the system and to children and young people and their families.

Impact of COVID-19:

Nationally and locally the COVID-19 pandemic has affected children and young people's emotional wellbeing and mental health, but this is seen particularly in children and young people with an eating disorder. Locally it is reported that some children and young people who, prior to the pandemic, were on a positive recovery trajectory had regressed due to lockdown restrictions and now require more intensive support. Also, due to children and young people not being able to attend school or having limited contact with other services, early identification of an eating disorder or progression of symptoms have not been recognised and therefore children and young people are now presenting to services with a higher acuity than previously seen. Not only is this detrimental to the young person's health and recovery, but it also puts increased pressure on services.

Local data shows that there has been a 51% increase in referrals and 34% increase in activity during 2020/21 compared to 2019/2020:

Graph 1: Number of referrals to CAMHS Specialist Eating Disorder Service

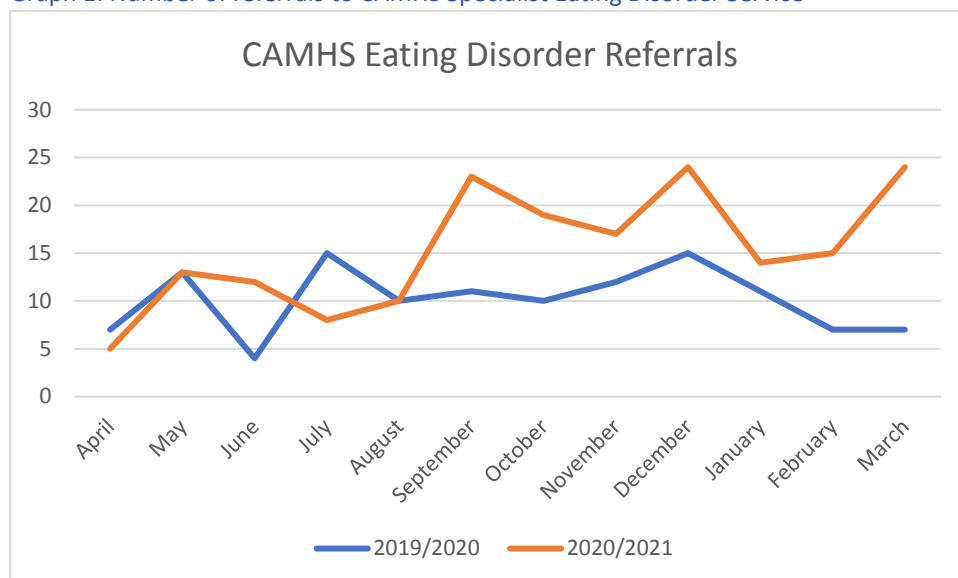


Table 2: Activity (contacts) delivered by CAMHS Specialist Eating Disorder Service

Year	Number of contacts	Increase from previous year
2019/2020	3475	
2020/21	4670	+ 34.4%

During the initial phase of COVID-19 CAMHS Specialist Eating Disorder Service implemented a new service model to ensure they could continue to support children and young people. This included offering digital/virtual solutions such as telephone calls, video calls, text messages and emails. The service continued to offer face to face appointments to support children and young people who were deemed high risk. Whilst digital solutions are appropriate for some children and young people, it has been recognised that this is not suitable as a long term solution, particularly for children and young people with eating disorders who require physical monitoring such as weight monitoring, as this has been reliant on self-reporting by the young person or their parent/carer.

Services have also been impacted by staff health and wellbeing during the COVID-19 pandemic which has reduced capacity within the team.

Whilst there hasn't been any increased investment or workforce during 2020/21 within the CAMH Specialist Eating Disorder Service there will be significant investment in 2021/22. Commissioners and the Service will continue to work together throughout 2021 to monitor demand and develop the service offer and model to ensure children and young people can access timely support and have access to a range of specialist support such as dietetics, occupational therapy and paediatrician input, along with family support.

Bassetlaw commission Freed Beeches to provide tier 2 eating disorder services for people aged 14 and upwards with a mild to moderate eating disorder. FREED-Beeches provide an informal and accessible route for people to seek advice and information about eating disorders or concerns about their relationship with food. They facilitate early intervention to prevent the escalation of symptoms and

chronicity of eating disorders in patients who access the service. They provide immediate physical and psychological assessment for patients who present with mild to moderate eating disorder symptoms with links to specialist services.

Chapter 7 - Nottingham and Nottinghamshire Crisis Services

Expanding timely, age-appropriate, comprehensive Crisis and Intensive Home Treatment Services improves the experience and outcomes for children, young people and their families and carers. It also reduces pressures on emergency departments (ED), paediatric wards and ambulance services and will reduce admissions to children and young people's mental health Inpatient Services. Nottingham and Nottinghamshire is committed to ensuring children and young people have access to early support, help 24 hours a day, 7 days a week, in their own community close to home, and when they need support have timely access to the right support, whether that be intensive home treatment, assessment and treatment in an acute hospital or an admission to obtain specialist support.

The Long-Term Plan (2019) outlines the fixed deliverable to ensure by 2023/24 England has 100% coverage of 24/7 crisis provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions. It also outlines the flexible deliverable to ensure by 2023/24 systems have a comprehensive offer for 0-25 year-olds which considers; the needs of 0-5 year olds, those moving between services in transition, those with physical health problems, learning disabilities, autistic spectrum disorder (ASD) and other vulnerabilities and join-up programmes to support them.

The 2020 Crisis Guidance for children and young people's mental health services is less prescriptive than the guidance for over 18's. This is partly due to the later development of children and young people's models of care nationally and therefore local areas are advised to explore different urgent and emergency mental health service models of care for children and young people enabling whilst ensuring a comprehensive age appropriate service 24 hours a day, 7 days a week. Models vary throughout England, with some services delivered from children and young people's mental health services, some operate as part of an all-ages model. These models are not mutually exclusive, and a comprehensive system of urgent and emergency mental health care may include aspects from different models, but it is important they respond to the 3 types of urgent and emergency clinical priority types which systems must respond to.

National guidance published in July 2018 set out **the following clinical priority types**:

1. **Routine:** where an urgent or emergency face to face response is not required, for example where telephone advice is sufficient, or the person is signposted to another service.
2. **Urgent:** situations that require a face to face response, are serious, where an individual may require timely advice, attention or treatment, but it is not immediately life-threatening.
3. **Emergency:** an unexpected, time-critical situation that may threaten the life, long-term health, or safety of an individual or others, and requires an immediate response.

A review of the service model and local need in Nottingham and Nottinghamshire has identified the additional workforce which we need to build capacity and capability within the team, in order to transform the provision throughout 2021/22 and develop a truly integrated 24/7 crisis care and liaison model.

In order to transform the team a costed plan has been agreed between Nottingham and Nottinghamshire ICS commissioners and Nottinghamshire Healthcare NHS Foundation Trust the provider of the service.

The 21/22 value for the service is £719,655, with the increase in investment this year of £1,009,851 Nottinghamshire the total value will be £1,729,506.

Table 1) The current fully established CAMHS Crisis and Liaison Team

Role	Band	WTE
Consultant		0.50
Ops/Clinical Lead	Band 7	2.00
CNS	Band 7	3.73
Nurse	Band 6	7.00
HCA	Band 3	1.8
A&C	Band 3	1.00
A&C	Band 2	1.00
TOTAL		17.03

Table 2) 2021/22 Workforce growth

Role	Band	WTE
Consultant		1
Ops/Clinical Lead	Band 7	2.20
CNS	Band 7	7.73
Nurse	Band 6	21.0
HCA	Band 3	1.8
A&C	Band 3	1.00
A&C	Band 2	1.00
TOTAL		35.73

Mental Health Practitioners will have core skills such as RGN, Social worker and occupational therapy. It will also include increasing the specialist skill base of the team in interventions such as DBT, CBT and NVR; the NVR approach will support parenting which is often a need seen within the team. Band 7 roles will incorporate additional leadership to support the growth of the team and pathway development across the acute and community settings. Many of the distress calls are from parents and supporting them to positively parent can help reduce the distress and challenging coping strategies that their young person is presenting with. The aim would be for one of these roles to work towards systemic therapy training to further increase the knowledge and skill of working with complex families in distress. We have seen shortage in qualified systemic therapists from recruitment in other teams so would look at a recruit-to-train option for this.

Band 6 practitioners* will receive training in liaison psychiatry and Crisis resolution and home treatment through the Maudsley in 21/22 and will be supported in developing DBT and CBT skills via internal or external training also. Further development of medical and administrative roles will support the MDT offer and function of the team. Recruitment is planned to take place during 2021/22.

Key Outcomes across the pathway

Phoneline-

- 24/7- CYP, families and carers able to call 111 or locally known number and be directed to support
Right support, first time. (From triage- able to identify how timely assessment is required)

Acute setting-

- A 24/7 crisis, home treatment and in reach to the acute setting
- Able to respond to acute (1 hour) from referral to assessment (in the ED setting)
- Able to assess and respond/discharge, transfer within 4 hours
- Able to respond to hospital ward referrals and offer discharge support and advice

Community

- Able to assess and respond/, transfer within 4 hours
- Intensive home treatment the service is available 7days per week across extended hours and can offer frequent support contacts - at least 2-3 per week up to multiple occasions per day in the persons home or an appropriate community setting.

Wider

- Improved understanding of the wider workforce - hospital, social care, CAMHS, GP workforce (training)
- Evidence of co-production – Service user and carer feedback will be used to develop the model during 21/22

Leading to a:

- Reduction in avoidable Psychiatric hospital admissions
- Reduction in length of stay when hospitalisation is required
- Increased stability in the lives of service users and their carers/family in collaboration with other services
- Improved social functioning by referring/signposting to relevant service.

In 2020/21 the initial phase of transformation begun with the been undertaken this year to further enhance the response available to children and young people in line with the 3 clinical priority types.

Routine priority

Achievements to date

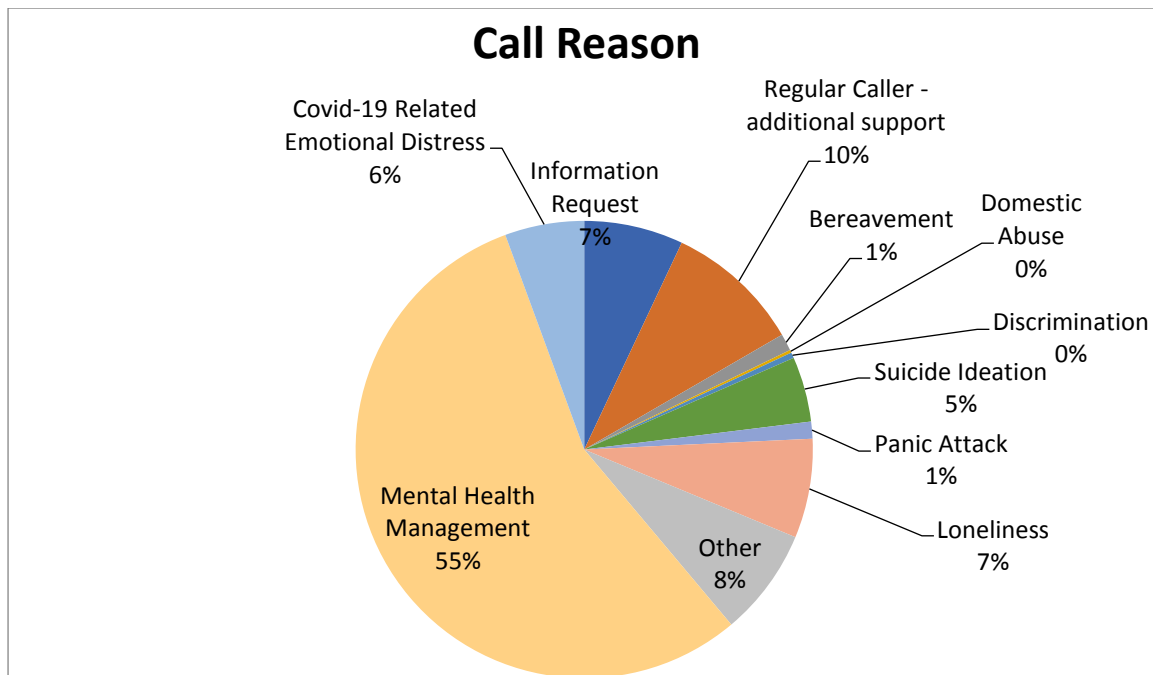
- The crisis telephone support line has now been enhanced to enable 24/7 routine crisis support for young people. Young people can access the service via a number of access points.
- the local CAMHS crisis line is promoted through many methods to encourage use.

Next steps in 2021/22

- the all age crisis line provided by Turning Point- if CAMHS specialist input is required they will be warm transferred.
- 111. If a young person calls 111, they are warm transferred to the crisis team.
- Review the experience of CYP who utilise the Turning point helpline.

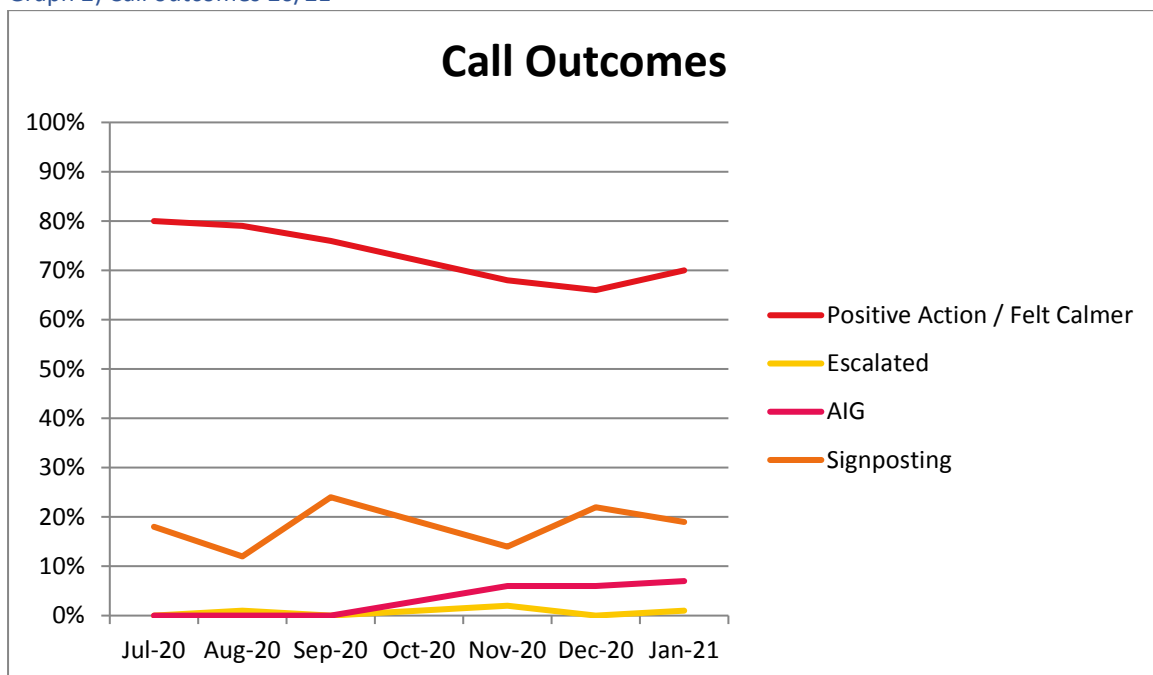
Recent analysis of the Turning point helpline shows the reason for the calls;

Graph 1) Turning point helpline Call reason in 2020/21



The table below shows the outcome with the majority of calls, ending with the person feeling they had a positive experience and improved outcomes. Currently very few CYP use this line and therefore work is scheduled to ensure CYP know and can access all lines of support available to them.

Graph 2) Call outcomes 20/21



AIG – Advice, Information and Guidance

- **Urgent**

Achievements to date-

- The crisis team's capacity has increased, in order to strengthen the capacity available to provide home treatment within the community. The requirement for the additional team was informed by NHS England Winter monies which was evaluated, the funding provided additional short-term capacity and has been extended and is set to further increase.

Next Steps in 201/22

Develop the intensive home treatment offer, ensuring children and young people have access to responsive crisis care and evidence-based home treatment.

- **Emergency**

- **Achievements to date** - The teams currently in-reach into the acute settings (Kings Mill Hospital and Nottingham University Hospital) when a referral from the acute ward is made. This currently differs to the adult liaison model where they are based at the acute hospital. The adult team is much smaller, and this is part due to the demand. During COVID-19 the team was able to virtually in-reach through the use of technology.

Next Steps 2021/22

Develop the offer and training with the Emergency departments and the acute hospital wards to ensure timely assessment and liaison when a young person presents in the Emergency department.

Adult Crisis Liaison Teams

Nottinghamshire Healthcare Trust provide both the adult and 0-18 (CAMHS) Crisis and Liaison Services. The adults team have a separate Community Crisis Team which operates within the community. The liaison function at Queens Medical Centre and Kings Mill Hospital provide a response in the emergency department (ED) and to the wards. The adults provision operates **24/7**. The adult liaison service is commissioned to core fidelity. The investment in children and young people's services in 2021/22 will ensure greater parity in provision. When developing the CAMHS model an appraisal of other service models was undertaken, however blended models (Children and young people and adults) tend to operate in rural areas, therefore to ensure the needs of children and young people in Nottingham and Nottinghamshire were met a dedicated children and young peoples (and then separate adults team were selected). It should be noted that both teams are provided by Nottinghamshire Healthcare NHS Foundation Trust.

CAMHS Crisis Liaison

The original liaison team was established in 2016 A pilot liaison function was trailed at KMH and then expanded to QMC. The service was commissioned to respond to Emergency department referrals and focussed on following up children and young people who have been admitted to wards with mental health presentation. When initially commissioned the level of demand for the liaison element of the service was unknown but a review of capacity and demand has shown that a team consisting of 3 Nursing posts across 2 Acute hospitals operating 7 days a week (covering 10-10 weekdays and 10-8 at weekends days was not able to be sustained and the service reverted to an 'in reach model'. This investment will ensure the team remain based within the acute hospitals, providing timely assessment to children and young people.

Key Performance Indicators (KPIs)

Work is underway between commissioners and the health provider to develop reporting metrics which capture the activity described below. The KPIs for CAMHS crisis liaison are set to finalised by the end of July 2021. They will include.

Phoneline-

- 24/7- CYP, families and carers able to call 111 or locally known number and be directed to support.

Right support, first time. (From triage- able to identify how timely assessment is required).

Acute setting-

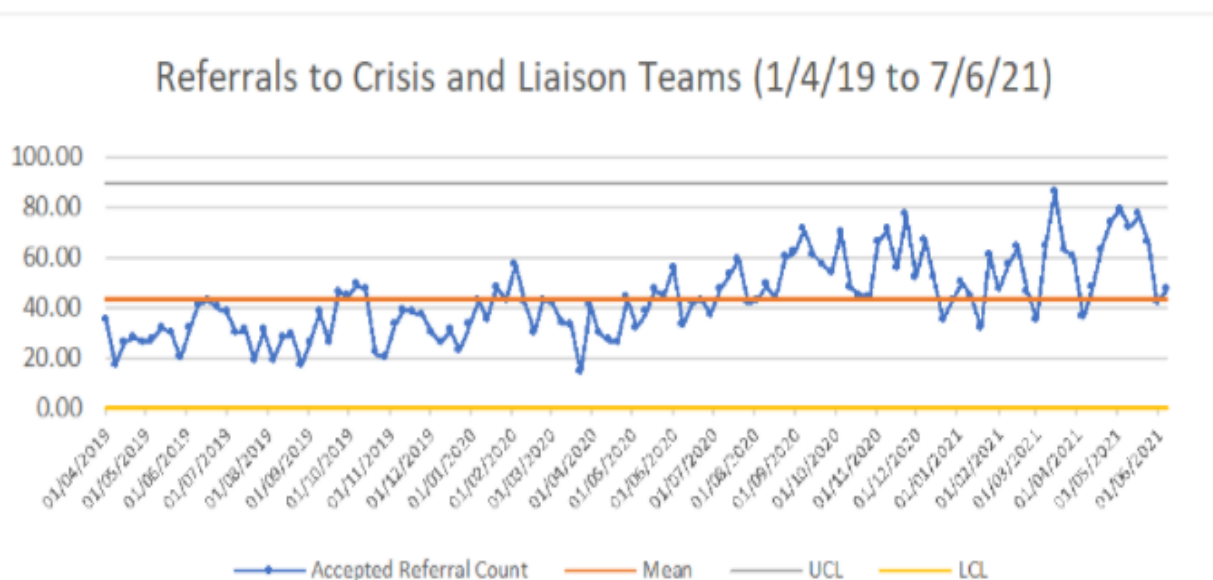
- A 24/7 crisis, home treatment and in reach to the acute setting.
- Improved understanding of the wider workforce - hospital, social care, CAMHS, GP workforce (training)
- Able to respond to acute (1 hour) from referral to assessment (in the ED setting)
- Able to assess and respond/discharge, transfer within 4 hours
- Able to respond to hospital ward referrals within 24 hours

Community-

- Able to assess and respond/, transfer within 4 hours
- six weeks home treatment in duration (typical median 2 weeks). The service is available seven days per week across extended hours and is capable of offering frequent support contacts - at least three times per week up to multiple occasions per day in the persons home or an appropriate community setting.

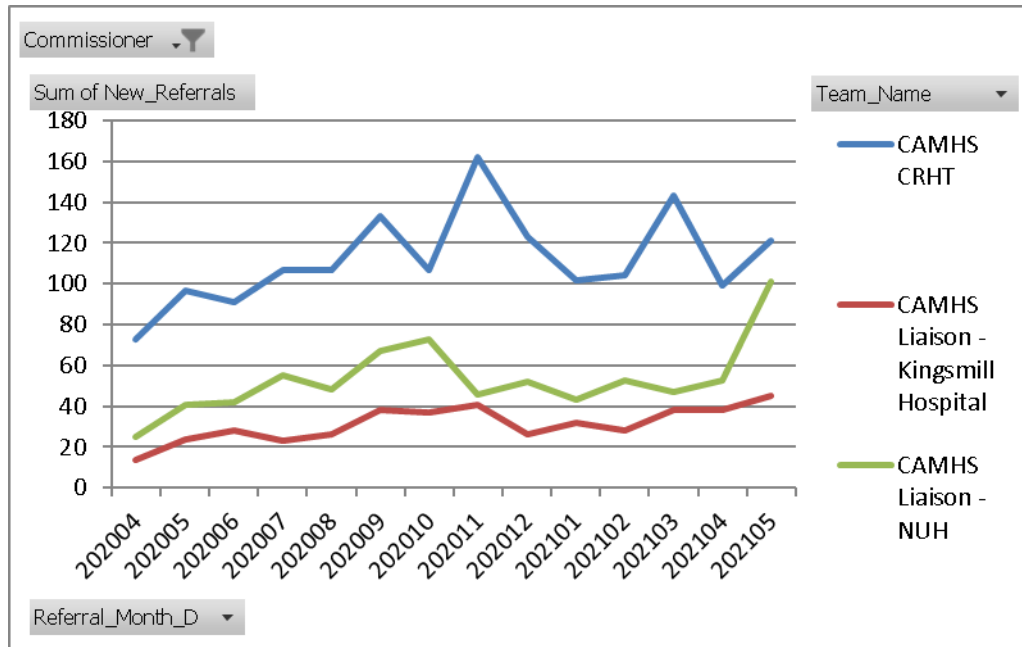
Crisis and liaison demand have generally increased over the last 12 months, while admissions rates have remained at similar rates to 2019/20. The existing resource is currently struggling to meet to the growth in demand and provide the required level of clinical input for the needs that are presenting.

Graph 3) Referrals to Crisis and Liaison Teams 1/4/19 to 7/6/21



Analysis of activity April 2020- May 21.

Graph 4) CAMHS Crisis Resolution and Home Treatment Service CAMHS Liaison Kings Mill NUH
New Referrals



The community crisis team (CRHT?) referrals spiked in November 2020 and March 2021 but have otherwise been relatively consistent in the 100 to 120 per month? range since May 2020.

Kingsmill acute hospital activity – There has been a gradual increase though 2020 which has flattened out in 2021.

NUH – Increases seen from April – Oct 2020 before dropping down during Nov 2020 – April 2021. Though there has been a significant spike in activity in May 2021.

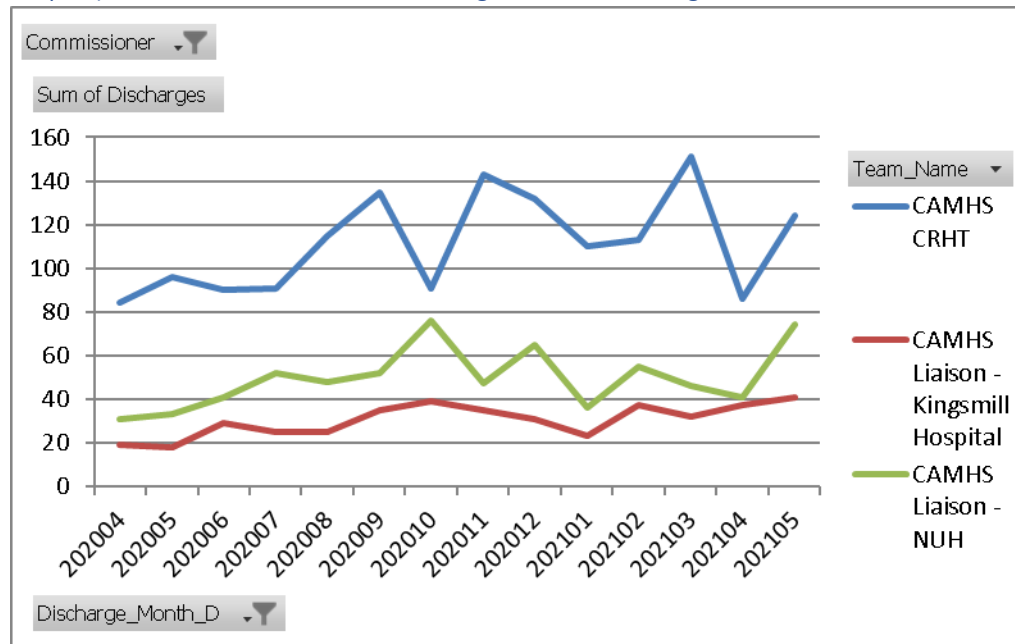
Appointments (Activity)

The crisis home treatment team has variable activity month on month, in – April – Jul 2020 there was an increase with this then dropping in August. Then rising to a peak in November and falling consistently since then with the last 3 months.

Kingsmill – Activity has increased from April 2020 but remains fairly consistent.

NUH activity has increased from April 2020 to a peak in Oct 20. It then Lowered since October, before spiking in May 2021 again.

Graph 5) CAMHS CRHT CAMHS Liaison Kings Mill NUH discharges



Information about Section 136 provision can be found in the Health and Justice chapter.

Reasonable adjustments

The staffing model includes an ASD specialist role within the team to offer direct intervention and also to enhance the skills and knowledge of the other clinicians in the team. PBS trainers within the CAMHS service support the enhancing of these skills within our crisis and home treatment team.

The team has strong working relationships with our CAMHS Eating Disorder team and are able to support with out of hours elements of care planned by the specialist team in order to prevent avoidable admissions. As the CAMHS Eating Disorder team is enhanced there may be options for further training and joint working options to further enhance these skills within the crisis team too.

New Care Models

In the East Midlands, a collective of mental health providers (NHS and independent sector) led by a Lead Provider are working in partnership to look at opportunities to work together to provide specialised mental health services for the East Midlands population, with a view to improve and standardise services. The key principles of the model are to ensure it is:

- Clinically led, with improved patient experience and outcomes at the centre of their approach
- Financially and clinically responsible for their patient population, which will span a number of CCGs
- Able to pool financial risk across the partnership, allowing resilience to volatility in demand, having the flexibility to make savings and reinvest in community and step-down services to improve the whole pathway and reduce reliance on the most specialised services
- Responsible and accountable for the placement and care of a cohort of patients
- Accountable to NHS England for the decisions made and the quality of care provided
- Supported by appropriate governance, contract, and decision-making processes, with NHS England involved in collaboration at a strategic level

The Provider Collaborative has invited Nottingham and Nottinghamshire to submit a proposal to further enhance the local crisis offer. With a specific ask to ensure the existing service is enhanced to:

- Improve quality, patient and family experience and outcomes
- Listen to young person and parent/carer feedback and needs
- Build upon the successful outcomes from the Lincolnshire Community Pilot, Derbyshire model and previous winter monies pilot schemes
- Reduce clinical variation, ensuring inclusivity and equity of care
- Create a 'Tier 3.5' enhanced service/team as an alternative to inpatients admission
- Undertake bio-psycho-social holistic model not a medicalised model
- Provide local intensive home treatment services, MDT led, bespoke packages of care and working together across multi-agency providers and local commissioners
- Prevent hospital admissions, OOA admissions, reduce length of stay and escalation
- Accelerate health and social care integration
- Ensure specific pathway outcomes for LD and autism (iPBS team) and complex ED – clinically led sub-groups.

Bassetlaw will be part of the South Yorkshire and Bassetlaw Provider Collaborative which will be in place from October 1st, 2021 and is developing clinical pathways.

Impact

The implementation of the model will enable the delivery of holistic and evidence-based models of care and support improved care quality and patient experience.

National benchmarking data shows that the Nottingham and Nottinghamshire ICS has below average length of stay (LoS) for in patients at 44 days compared to national average of 67 days, while the admission rate is 8.22 per 10,000 population compared to a regional average of 12.01 and a national average of 9.55. Based on learning from the Lincolnshire model on which the proposed model is based, in the longer term we would aim to achieve reductions in both areas, though given current baseline performance, this may not be at the same rates seen in Lincolnshire.

Based on recent increases in activity across the children and young people pathway, the plan for year's 1 and 2 would be to maintain the current admission rate and LoS acknowledging the increased demand. The plan for year 3 would be developed during year 1 as the impact of the service is better understood however, based on the plans to provide more proactive care we would anticipate a reduction in the admission rate and requirement for PICU beds in year 3 as the service becomes embedded.

Chapter 8 - Early Intervention Psychosis (EIP) services

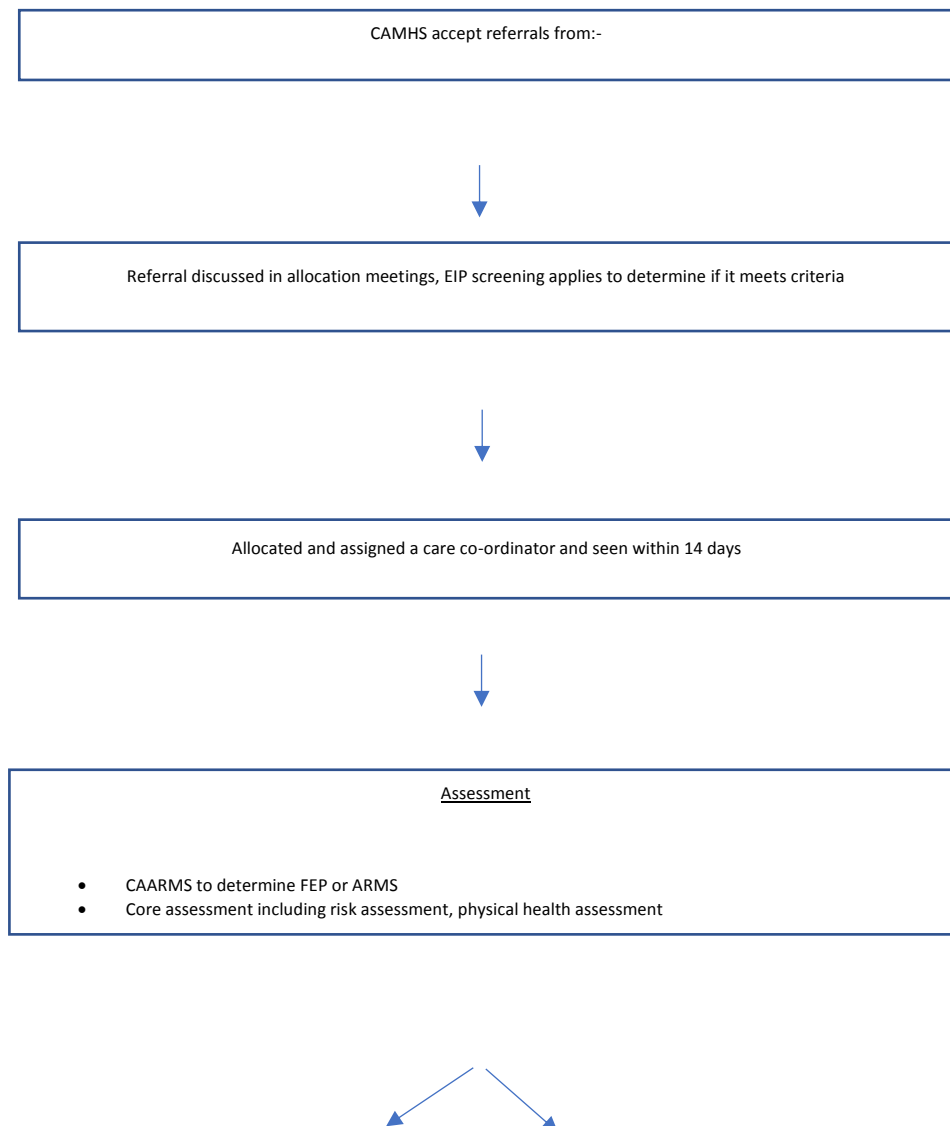
Early Intervention Psychosis (EIP) services

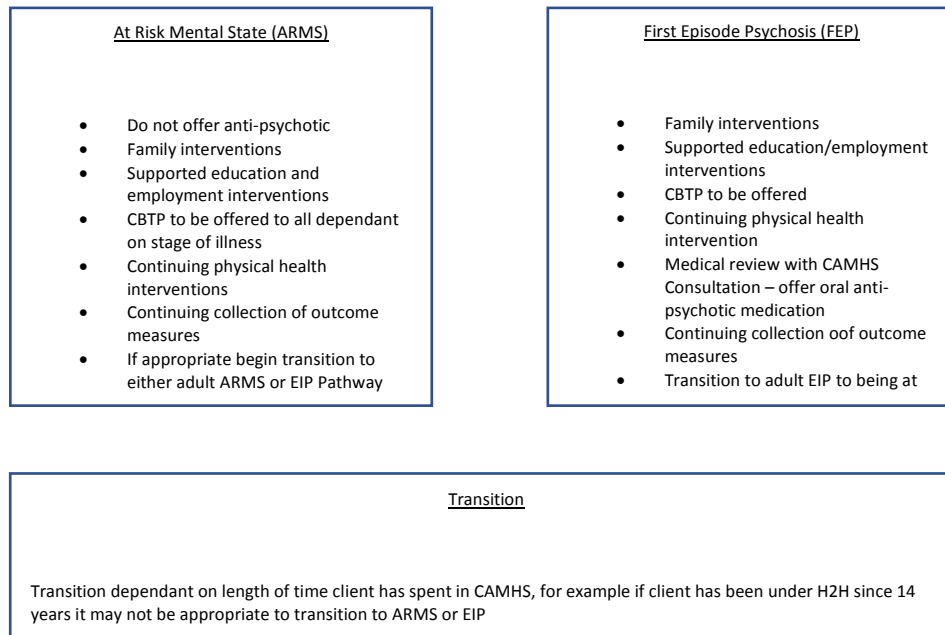
Early Intervention Psychosis (EIP) services within Nottinghamshire support people experiencing a first episode of psychosis aged 14-65 ensuring timely access within two weeks of referral and the delivery of evidenced-based NICE recommended interventions.

Since April 2020, there have been 48 EIP cases open at any since point and 29 new referrals. In the same time period, there have been 5 At Risk Mental State consultations and three ARMS referrals.

The pathway for young people experiencing first episode psychosis in Nottinghamshire is for young people to be supported by Head 2 Head (Nottinghamshire Healthcare NHS Foundation Trust), a specialist service within CAMHS which works with children and young people up to 18 years old who have emotional and mental health issues are involved with the criminal justice system and/or use/misuse substances (dual diagnosis). The team provides mental health assessment and intervention.

Figure 1 CAMHS EIP PATHWAY





The Head 2 Head team is separate to the adult EIP team, with clinical leadership for EIP across both teams from the Strategic Clinical and Transformation Lead for EIP. There is a joint working protocol for those transitioning. As part of Community Mental Health (CMH) Transformation and developments around young adults, Transition workers will be embedded in the CMH model, working with CAMHS to facilitate access to 18 + services and this includes supporting the transition of care from the CYP EIP service to adult EIP service.

The EIP team consists of:

3 x Clinical nurse specialists one of which is a learning disability nurse

1 x specialist mental health worker (CBTP/social worker)

4 X CPNS

All of the above act as care co-ordinators

1 x SALT

1 x Consultant Child and Adolescent Psychiatrist

Three CPN's have been recruited and are due to start work in September 2021.

Transition for EIP and ARMS clients from the CAMHS H2H team to adult EIP/ARMS pathway is the responsibility of the CAMHS care co-ordinator to begin this process. Transitions should begin 6 months prior to the CYP's birthday with the expectation that there will be some joint working between the services to ensure smooth transfer of care and reduction in client anxieties.

The EIP Transformation Steering Group is well established and covers all ages, including representation from both CYP and Adult services and commissioners with a joint transformation plan. Transformation has been ongoing as part of the NHS Long Term Plan and will enable the achievement of a level 3 NICE concordance (Performing Well) by end of Q2 2021/22.

An integrated At-Risk Mental State (ARMS) pathway is being tested in 2021. CYP EIP staff have been trained in Comprehensive Assessment of At-Risk Mental States (CAARMS) in May 2021. The pathway is being tested from Q2 2021/22 to enable the team to use the CAARMS assessment and identify ARMS cases. A review of the data and development of the proposed resource requirements is planned for Q3 to enable the delivery of the ARMS standards in line with guidance. CBTp can be offered to cases in CAMHS and staff will begin Behavioural Family Therapy training in August 2021.

An EIP dashboard has been developed to enable live data within the service against the NCAP standards, using the EIP SNOMED codes. This enables internal monitoring of the standards (referral to treatment waiting time, that treatment accessed is in line with NICE recommendations and routine measurement of outcomes) and also data flow to commissioners and planning in relation to transformation. Significant work has been undertaken to ensure that the NICE standard interventions are being recorded.

The table below shows the results of the 2019/20 NCAP audit for the Head2 Head service and June 2021 local data which highlights the improvements made to improving and recording NICE recommended care for EIP. Nottinghamshire have recently participated in the national EIP CYP survey and will review the recommendations of the survey to inform further local developments.

Table 1 2019/20 NCAP audit and June 2021 performance against the standards for CAMHS Head2Head

NICE Standard	NCAP audit 2019/20 rating/first NCAP audit for Head2Head	June 2021 local data
Access	Level 4 Top Performing	Level 4 Top Performing
CBTp	Level 2 Needs improvement	Level 2 Needs improvement
Family Interventions	Level 3 Performing Well	Level 4 Top Performing
Supported Employment and education programmes	Level 1 Greatest need for improvement	Level 4 Top Performing
Carer focussed education and support	Level 1 Greatest need for improvement	Level 3 Performing Well
Physical Health	Level 1 Greatest need for improvement	Level 3 Performing Well
Outcome measures	Level 1 Greatest need for improvement	Level 2 Needs improvement

Next steps:

1. Test the ARMS pathway
2. Review the recommendations from the national EIP CYP survey to inform further local developments.

3. As part of system transformation plans, actions are being developed to ensure services are culturally appropriate to address disparities in access and experience of BAME people with psychosis

Chapter 9 - Working with schools and education

Since 2017, the Nottingham and Nottinghamshire partnership have worked to deliver on the ambitions outlined in 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 robust governance arrangements involving key partners. The continued engagement with schools and wider education colleagues continue to drive this work forward.

The onset of the COVID-19 pandemic has accelerated this development, recognising the key role that schools and education play as part of recovery.

Mental Health Support Teams (MHST) in Schools

The Nottingham and Nottinghamshire Integrated Care System has been successful in securing funding for the rollout of 12 Mental Health Support Teams across the Nottinghamshire ICS footprint. Bassetlaw also secured funding for an additional team from South Yorkshire and Bassetlaw ICS. In Nottinghamshire, when areas were invited to express interest in the Trailblazers, they had to meet specific criteria, which meant that deprivation was not considered. The development of the teams has been phased from Wave 2, based on prioritising areas with higher levels of deprivation. Data around numbers of children on child protection plans, numbers of school exclusions, numbers of children on free school meals and numbers of looked after children were used to inform this.

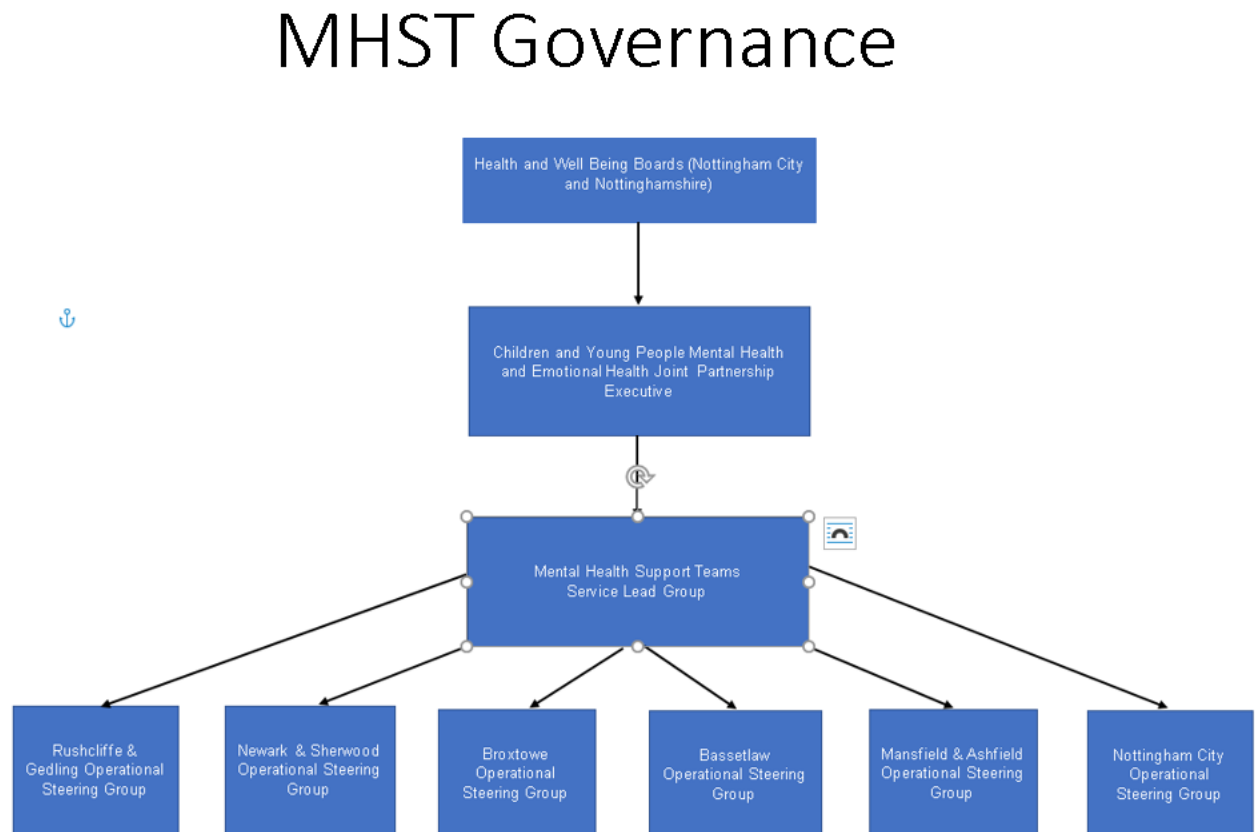
In Bassetlaw, the focus of the teams has been on secondary schools, as primary schools are already being supported by the Take 5 resilience programme.

Table 1 MHST roll out Plan

Wave	Coverage	Training and mobilisation period	Fully operational
Wave One	Nottingham North and East (One MHST) Rushcliffe (One MHST)	January 2019- December 2019	December 2019
Wave Two	Nottingham City (Two MHSTs) Mansfield and Ashfield (One MHST)	September 2019- August 2020	November 2020
Wave Four	Newark and Sherwood (One MHST) Nottingham West (One MHST) Bassetlaw (One MHST)	January 2021- December 2021	January 2022
Wave 6	Nottingham City (One MHST)	January 2022	January 2023
Wave 7	Nottingham City (One MHST)	September 2022	September 2023
Wave 8	Nottingham City (One MHST)	January 2023	January 2024
Wave 9	Mansfield and Ashfield	September 2023	September 2024
Wave 10	Locality to be confirmed	January 2024	January 2025

A governance structure (see figure 1) has been established for the Mental Health Support Teams in Schools. Operational Steering Groups feed up to the ICS wide MHST Service Lead Group.

Figure 1 MHST governance



From January 2021, there has been MHST coverage in each locality across Nottingham City and Nottinghamshire. This equates to approximately 150 schools and 64,000 pupils having access to an MHST. The partnership has also received approval to mobilise an additional five MHST between January 2022 to January 2024, which will result in approximately 50% of 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 health inequalities.

The MHST in Nottingham and Nottinghamshire deliver the three core functions required;

1. **Delivering evidence-based interventions** – All staff are undergoing training at Reading and Northampton Universities to use predominantly Cognitive Behavioural Therapy evidence-based protocols within their work and are closely supervised in their application. MHSTs continue to provide ongoing Continuous Professional Development and training opportunities locally for Education Mental Health Practitioners. In Nottingham City, we have funded Trainee

Well-being Practitioner roles that will help with succession planning and develop workforce for future waves.

Local training is utilised to further skill the EMHPs to deliver low intensity support for additional difficulties, such as ERP for early onset OCD and increasing awareness of long- term conditions that children have and the impact this has on mental health and wellbeing.

2. **Supporting the senior mental health lead role** –MHSTs have facilitated and hosted training with the regional Department For Education representative and have established a Mental health Lead Support Network to meet termly in addition to a steering group with participation from a number of stakeholders across health, care and education, to ensure there is an opportunity for school staff to influence the service model, design and delivery. Providers build opportunities locally for EMHP career progression within MHSTs and the wider children and young people’s mental health workforce.
3. **Giving timely advice to schools** – There are allocated key workers (Education Mental Health Practitioners/Recruit to Train Cognitive Behavioural Therapists) with each school and they are beginning the process of developing relationships and building the reputation of the service. There is a clear referral process in the trainee phase. In the County, all referrals are screened by the CAMHS Single Point of Access to ensure appropriateness of referral and escalation to more specialist services if this is more appropriate whilst schools begin to understand more of our remit and make the appropriate referrals. We are also working alongside the Tackling Emerging Threats to Children team to look in the longer term to see if we may be able to do some co-facilitation of groups that may support YP to stay in school. In Nottingham City, there is a dedicated MHST referral email address and all referrals are screened by supervisors and allocated to EMHPs, CBT therapists and Systemic Family Practitioner as appropriate. Referrals in the Integrated SPA for CYP from MHST schools are also screened and allocated to MHST teams if it is the appropriate service.

Needs assessment

Commissioners used data around deprivation and eligibility for free school meals in informing which targeting of schools for MHST support. This approach was further refined through discussion with education colleagues about levels of need in particular schools, considering the number of children with SEND and numbers of Looked After children. The fully operational teams support special schools and have links with alternative provision.

Achievements

The MHST Book of Brilliance outlines some of the improvements that the MHSTs have secured for professionals, young people and families.

Quotes from parents

'It is like a light bulb has been switched on in my head. I have never been able to understand my son, and I am now suddenly able to understand why he might be behaving this way. Thank you so much. You have really changed how things will be for this family, now I have some idea how I can prevent some of these meltdowns and support my son properly. Thank you so much for all your time.' Quote from a parent

'I found the therapist was very approachable and really listened to our concerns. She was able to make suggestions straight away and if necessary, would seek advice to help answer questions'

Quotes from young people

The most helpful part of this was knowing that I wasn't going to be judged about what I said and that I wasn't going to be seen as 'doing it for attention'. Going through ways to cope/ deal with the de-pression or anxiety were also helpful as it has shown me which ones will and won't work

I just wanted to thank you for helping me get through school in year 11 because I got my GCSEs back today and I got straight 9s. I know I couldn't have done this without your support and I just wanted to say thank you again because I can go to sixth form and hopefully the university of my choice.'

Quote from schools

'This service works with students who need low level interventions which are usually tolerated until they become medium or high intensity which is too late. The areas covered are most common areas of mental health which have the biggest impact on daily life and functioning of children. The speed of interventions is fast, so student receives the help needed much quicker and are better able to establish healthy ways of managing their mental health. For the pastoral team, reassurance and guided expertise which we are proud to pass on to parents. This provides validation which has not been present before. We really are appreciative of the service and only hope this continues'.

Schools with an MHST report much greater awareness of support for children and young people's mental health and have found it easier and quicker to refer to services. The staff support element of the work that the teams have delivered as part of the response to COVID-19 has particularly valued. Staff and young people have also valued having a named contact within school who is known to them.

The MHSTs have also been used as a vehicle to establish the Mental Health in Schools network meetings. As well as forums for sharing best practice, these network meetings have been used to provide group supervision to staff around individual cases.

Parents, carers and young people reported high levels of trust in the Education Mental Health Practitioners and CBT therapists and found them easy to talk to. Both parents and carers and young people report that the therapy offered has made a positive difference to their mental health and well-being. Parents and carers also reported feeling that interventions from the team had improved their parenting capacity.

Coproduction and co-design

Recommendations around schools from the 2020 MH:2K report have been used to shape and develop the MHSTs. The MHSTs have a separate team identity from other mental health services. MHSTs ran a competition for young people to submit logo designs for the teams. The winning design was then developed into the team logo with a designer.

Youth group MH:2K were commissioned to train MHST school pupils as Citizen Researchers in January, this work was paused due to the third lockdown, but will resume in September 2021.

MHST response to the COVID-19 pandemic

The onset of the pandemic created additional challenges in the rollout of the teams due to schools being closed. The team adapted their offer in the following ways to address this.

- Adapting the service throughout the pandemic by offering remote telephone and video sessions in home and/ at school to continue to ensure therapeutic interventions can be delivered.
- Virtual 1:1 sessions with individuals and group sessions of for children, young people and parents and carers were established and continue to be delivered. Workshops have focussed on transition, staff well-being, worry management and emotional resilience.
- Regular Mental Health Lead network meetings and Steering Groups have been set up via Microsoft teams.
- Staff have still offered face to face appointments were deemed clinically relevant or in the CYP best interest.
- Regular communication with schools has continued during the lockdown period.
- Teams have undertaken co-ordinated communications through social media and websites to raise the profile of the services and to ensure that families are aware that mental health services are open for business.
- MHSTs have supported the rollout of the Well-Being in Education Return training and the rollout of virtual Mental Health in Schools Link workshops. 19/20 teams have supported Nottingham City Council's You've Been Missed campaign which is outlined above.
- 19/20 teams have also participated in Nottingham City Council outdoor summer schools and roadshows to raise awareness of the service.
- The service has changed its operating hours to offer pre and post school hours sessions.

Nottinghamshire Healthcare NHS Foundation Trust have been innovative in creating and successfully developing an educative video about the Service and function of an MHST. This video has shared with stakeholders, and in education settings as a means of successfully sharing information during the pandemic. All MHSTs have utilised CAMHS social media outlined in the digital provision chapter to ensure that families know how to access their services, even when schools are closed.

- Work is being undertaken to engage with Adult IAPT providers to address the issue of school staff stress as a result of COVID-19. The purpose of the work is to build the resilience of school staff mental and emotional health, as part of a whole school approach to improving children and young people's mental health.

Planning for the future

Despite significant challenges presented by COVID-19, the 2019/20 teams became fully operational in November 2020. 3 additional teams started their mobilisation phase in January 2021 and are on track to become fully operational in January 2022.

We have also received approval to mobilise an additional five Mental Health Support Teams between January 2022 to January 2024. We will be working with partners to develop more blended models of delivery and develop multi-disciplinary teams.

An MHST Maturity Model tool was completed in April 2021. This has provided a useful tool for reviewing progress for the teams and has enabled an action plan for improvement that will be delivered during 2021/22.

We will be working with regional and national teams to develop approaches to capturing whole school approach activity on the Mental Health Services Dataset, to ensure that all MHST activity is captured.

The MHST will be evaluated by Nottingham Trent University later this year. This external evaluation will ensure commissioners have teams and to provide future recommendations and considerations which will form future commissioning intentions.

Wellbeing in Education Return

The programme sets out to strengthen schools' approach to supporting children and young people's mental health and to embed whole school approaches. Locally, this programme is led by Educational Psychology Services within each local authority, with input from commissioners and health providers. A multi-agency steering group has been established to oversee the development and delivery of this programme. Training has been offered to all schools focussing on supporting children and young people's mental health during the pandemic via two webinars. 245 schools across Nottingham and Nottinghamshire engaged with the training and gave very positive feedback.

Partners have also worked to co-produce the "Nott Alone" website with children, young people and families, a website around Children and Young People's Mental Health informed by an existing successful Mindmate model, this website will provide information, support and signposting around all aspects of children and young people's mental health. It is due to be launched in September 2021.

Partners are now working together to develop an expression of interest in becoming approved providers for the Designated Mental Health Lead in Schools training, which will commence in September 2021. This will ensure a consistent approach to the rollout and delivery of the training and strengthen the development of whole school approaches.

City specific support for schools

You've been missed

Nottingham City Council provide the Targeted CAMHS and Mental Health Support Teams. They worked closely with Educational Psychology Teams in summer 2020, to deliver the Nottingham 'You've Been Missed' campaign. The aim of the work was to support children and young people to return to school in September 2020, following the first lockdown. Work included running outdoor summer schools and developing podcasts that addressed the worries that children and young people may have about returning to school and also tips to address these. There was also a dedicated telephone helpline established for parents and carers, where they could ring with any concerns, they may have.

Nottingham City has developed an **Emotional Health and Resilience Charter**. This was established in 2017 by a partnership of local services who work with schools supporting children and young people with their mental health and emotional wellbeing. Schools are invited to sign up to the charter to demonstrate their commitment to a **Whole School Approach** in promoting positive mental health for pupils and staff. Schools audit their provision and set actions for development and are supported by local services to implement their actions. Currently 30 schools are signed up to the charter. The charter process is part of the Roots to Inclusion programme available to Nottingham schools, which is an evidence-based toolkit. There is a broad evidence base which supports that teaching staff adopting effective and structured school self-evaluation improves outcomes for children.

Staff in schools are also benefitting from **Youth Mental Health First Aid (MHFA) training**. Research from University College London has evidenced that this as an effective programme. A total of 22 training events have been delivered to date, with 226 participants attending. Feedback has been

extremely positive, with participants stating they found an increase in their confidence to support children in need and to refer on to other agencies when necessary. Schools are also able to access the Adult MHFA training courses to help them support the emotional wellbeing of colleagues.

The Emotional Health and Wellbeing Consultants for the City facilitate termly network events for schools to share their practice and resources. Currently, 163 teachers from 68 education settings across the city have identified Emotional Health and Well-Being support as a key area of need. The team are continuing to strengthen the schools' Emotional Health and Wellbeing Leads Network across the City. It has been agreed to extend this work until August 2022.

Due to the COVID-19 pandemic and subsequent visitor restrictions, the consultants have continued to support schools through a digital offer of on-line resources and consultations. The most recent event took place on zoom and focused on 'coping with unexpected endings and loss'. The teachers were able to share their experiences of working from home and ways of supporting their colleagues and pupils remotely. The network events have also provided an opportunity to support colleagues develop their mental health

SHARP

The service intervenes early to help reduce escalation of self-harm/suicidal behaviors. For early intervention to have a greater impact, the service looks beyond traditional health services and work in partnership with our schools, both primary and secondary, ensuring pastoral care is prioritized as much as academic attainment.

As part of the prevention model, SHARP offer self-harm clinics to all City secondary schools - identifying self-harm early, stabilizing behaviours, assessing the level of risk and ensuring the most appropriate support. SHARP currently run 26 clinics in Nottingham City, last year 87% of young people seen in clinics did not require further support from CAMHS or other specialist services but received appropriate support from universal services with the support of consultation from SHARP. SHARP clinics help prevent crisis, the young person is equipped with strategies to manage their self-harm and suicidality.

SHARP have built strong links with Nottingham Secondary schools and offer various training sessions focusing on self-harm, suicidality, mental health, gender variance and the impact of substances. They have developed two workshops for young people called 'Exam Stress-LESS' and 'Riding the Wave', to date SHARP have delivered more than 30 sessions and the feedback from students has been very positive - specifically about how practical and useful our resources are. By working in partnership with education settings, they can ensure effective prevention, assessment and intervention and continue to improve youth mental health.

SHARP have continued to support education, health and Social Care, offering virtual school clinics and various training sessions for professionals. SHARP have continued to offer face to face therapeutic support to individuals who have been identified with a level of risk and are struggling to manage their self-harm. SHARP also offer Joint Protocol risk assessments, these are unique to Nottingham City, a joint home visit between CAMHS SHARP and Social Care within 48 hours of any referral where there is a presentation of self-harm/suicidality and safeguarding concerns. SHARP also facilitate all Self-harm Follow-ups for any child or young person who has been assessed as medium/low risk after presenting at hospital with self-harm/suicidal behaviours. SHARP also continue to support parents/carers by offering free virtual workshops raising awareness around self-harm (1) and gender variance (2).

SHARP - the Self-Harm Awareness & Resource Project, a mental health service for children and young people based in Nottingham City, England have developed a [YouTube channel](#)

County specific support schools

The Tackling Emerging Threats to Children team (TETC) operates within Nottinghamshire county. The team consist of school's health hub co-ordinators, working across Nottinghamshire on a locality basis. The team have connectivity with a range of partners including, school nursing, primary mental health workers, 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 include a wide range of sensitive issues including: 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; emotional health & well-being; healthy weight and nutrition; alcohol and substance misuse; smoking 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 focus on preventative, whole school approaches to all topics within their remit. In respect of emotional health and wellbeing, the team have responded to some of the key stressors which school staff, children and parents and carers have been subject to due to the global pandemic and other global events such as the murder of George Floyd. This has involved working closely with other teams in the Education, Learning and Skills Division, to develop training and resources linked to the wellbeing recovery programme, and other bespoke pieces of work. The team have helped to establish/are leading specific working groups focused on improving anti-discriminatory practices with an aim to educate, empower and support meaningful change to racial injustice and Lesbian Gay Bisexual transgender inclusivity. The team are currently co-producing with the Educational Psychology Team a toolkit and suite of resources- 'Equality is everyone's business' which schools will be able to use to support their own equality work. Care has been taken to ensure that within the document information and resources in relation to the impact of racism on mental health have been included. Similarly, a trans inclusivity working group will be working to ensure that the specific needs of gender questioning pupils are effectively addressed, with one of the explicit intentions being to improve the emotional health and wellbeing of this group of learners.

The team continue to offer:

- Advice, training and consultancy, including signposting to other tried and tested providers
- Quality assurance of curriculum resources, external training providers and intervention packages
- Policy templates, lesson plans and audit tools to support with all aspects of delivery in relation to the TETC/Health agendas.
- Co-production with young people and parents and other professionals

The TETC team have remained flexible throughout the pandemic and have continued to provide support and signposting to schools. The team have:

- Provided consultation to schools via phone/Microsoft Teams/email
- Hosted and co-facilitated webinars on consent, RSHE, staff wellbeing, the COVID-19 return to schools' recovery plan, professional wellbeing, radicalisation and trans awareness, online safety and anti-bullying

- Created a YouTube channel with co-produced content for schools to use in support of their own wellbeing work
- Created RSHE curriculum maps with quality assured resources for schools to successfully implement within their educational setting, with a specific section on health and wellbeing
- Regularly updated the school's portal with resources, information and guidance to support professionals throughout the pandemic
- Producing newsletters which are sent to Nottinghamshire schools and partners. The newsletters have focused on RSHE, Anti-racism, Mental Health, Anti-bullying and articles which support the wide TETC remit
- Supported, advised and provided input for steering groups including the CAMHS Trailblazer project, district council wellbeing, FGM & Forced Marriage, as well as the Violence Reduction Unit- each with an eye to the implications for mental health and developing practice
- Quality assured policies e.g. anti-bullying, safeguarding

Whilst the COVID-19 pandemic continues, the TETC team remain adaptable and plan to recommence co-production work with children and young people via digital channels and face to face when it is safe to do so.

The school health coordinators are also working on a data project which will be based upon the original public health school profiles but within localities, including data focusing on mental health, physical health and youth justice. The profiles will aim to support schools to understand the needs in their communities and provide evidence of topics which they need to address within their education settings.

The Educational Psychology Service have also produced a resource for schools around building resilience during times of crisis, in response to the pandemic, which has been widely shared.

Primary Mental Health Teams

The Primary Mental Health team within Nottinghamshire Healthcare NHS Foundation Trust CAMHS continue to work with GPs, Healthy Family Teams and schools across **Nottinghamshire County** providing case consultation, advice and training. Feedback from the system has been **extremely positive** and by offering case consultation we have seen an increase in the number of appropriate referrals received by CAMHS.

The Primary Mental Health Team continue to function through 20/21 offering training to wider partners and consultation to schools. The team have also supported the rollout of the Wellbeing in Education Return training.

Chapter 10 - Children and Young People's Digitally Enabled Pathways

The Long-Term Plan (2019) outlines an ambition for 100% of mental health service providers to meet a required level of digitisation by 2023/24. The onset of COVID-19 has resulted in services expediting their plans for a transition to digital models of service delivery. The information below outlines how providers are working towards achieving the LTP ambition and responding to the COVID-19 crisis.

At an Integrated Care System level, this transformation has been overseen by the Data Analytics, Information and Technology Board, with a refreshed strategy on Public Facing Digital Services 2021 - 24 in place.

The local Data, Analytics and Information Technology Strategy [Our plans & priorities - Nottingham & Nottinghamshire ICS - Nottingham & Nottinghamshire ICS \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/our-plans-priorities-nottingham-nottinghamshire-ics) aims are to develop a public facing digital services offer which will improve the digital literacy of the workforce and offer to service users. The refreshed model includes:

- Technology Enabled Care
- Digital and Social Inclusion
- Personalisation and Empowerment
- Co-production and Design

A key component of this work is the rollout of the **Notts NHS App** across health and care services. With a view to ensuring the app becomes embedded as a tool for service users. There is also a commitment to develop digital tools to manage personal health records, secure communication and management of appointments.

To support the system work, Nottinghamshire Healthcare NHS Foundation Trust have developed an informatics strategy validation and review exercise in 2020 as part of its digital strategy plan to support the system objectives.

The review identified priorities to focus on, such as technology enabled smarter working and digitised health records. The review acknowledged the pandemic had been transformational in increasing digital literacy and adoption of technology platforms and that the pandemic had resulted in a focus increased pace of change. Key improvements achieved include;

- Accelerated rollout of Microsoft Teams to all colleagues
- Introduction of tools of patient video consultations
- Handheld devices and rollout of digital nursing observations app in mental health settings
- Free Wi-Fi for patients on all Trust sites

This work has been further underpinned by projects including.

- Development of a Trust wide Electronic Prescribing Medicine Administration System
- Digital whiteboards and bed management
- Silver cloud
- IESO On -line CBT
- On-line chat and AI tools
- Flo Simple Telehealth

Future planned developments include: -

- Updating the portfolio of technology devices and functionality to enable smarter working
- Develop tools that can provide an online offer and obtain feedback from service users and carers
- Adopt the NHS APP as the single front door for service users

This portfolio of work is managed by Nottinghamshire Healthcare NHS Foundation Trust's Digital Information Programme Board and all will be evaluated.

Nottinghamshire Healthcare NHS Foundation Trust has also established a **Digital Exclusion Task and Finish group** which reported to Digital Information Programme Board in May 2021. The group undertook a literature review and workshop activity with system partners to inform the following recommendations:-

- Quality - Approve a best practice, evidenced based procedure for quality of digital pathway provision that reassures clinical colleagues with expected levels of outcomes. Complimentary delivery models and patient choice and clear view on those cohorts where face to face is the only option.
- Performance and Data - Each clinical pathway to have data to target specific cohorts
- Digital- The provision of devices to be approved with clear service model of support. To decide whether devices are loaned or provided to keep if the patient meets the criteria. Also, the funding model for device provision and opportunity to do this at ICS level.
Partnerships- To explore funding models for above and links with other organisations.
- People Our Workforce - To provide digital training support for all staff around confidence in providing digital offers.
- Partnerships - Ensure we are engaged and included with the with multi -agency working group or other appropriate membership to take forward this agenda.

Young people from Nottingham and Nottinghamshire took part in the **NHS England Midlands Digital Engagement Project**. The findings and guiding principles from this work have been shared across the system and will be used to inform future digital developments, including the Nottinghamshire County Council Corporate Digital Inclusion Strategy.

Health commissioners also undertook research with local young people around their mental health and COVID-19 in July 2020. As with the Digital Engagement Project, young people's views of accessing mental health support digitally, were mixed. A number of young people cited access to self-care information and resources to manage lockdown as being useful. Others stated that they found digital support difficult to access and that there was a need for combination of face to face and on-line support, suggested that a mixed service offer is required going forward in Nottingham and Nottinghamshire.

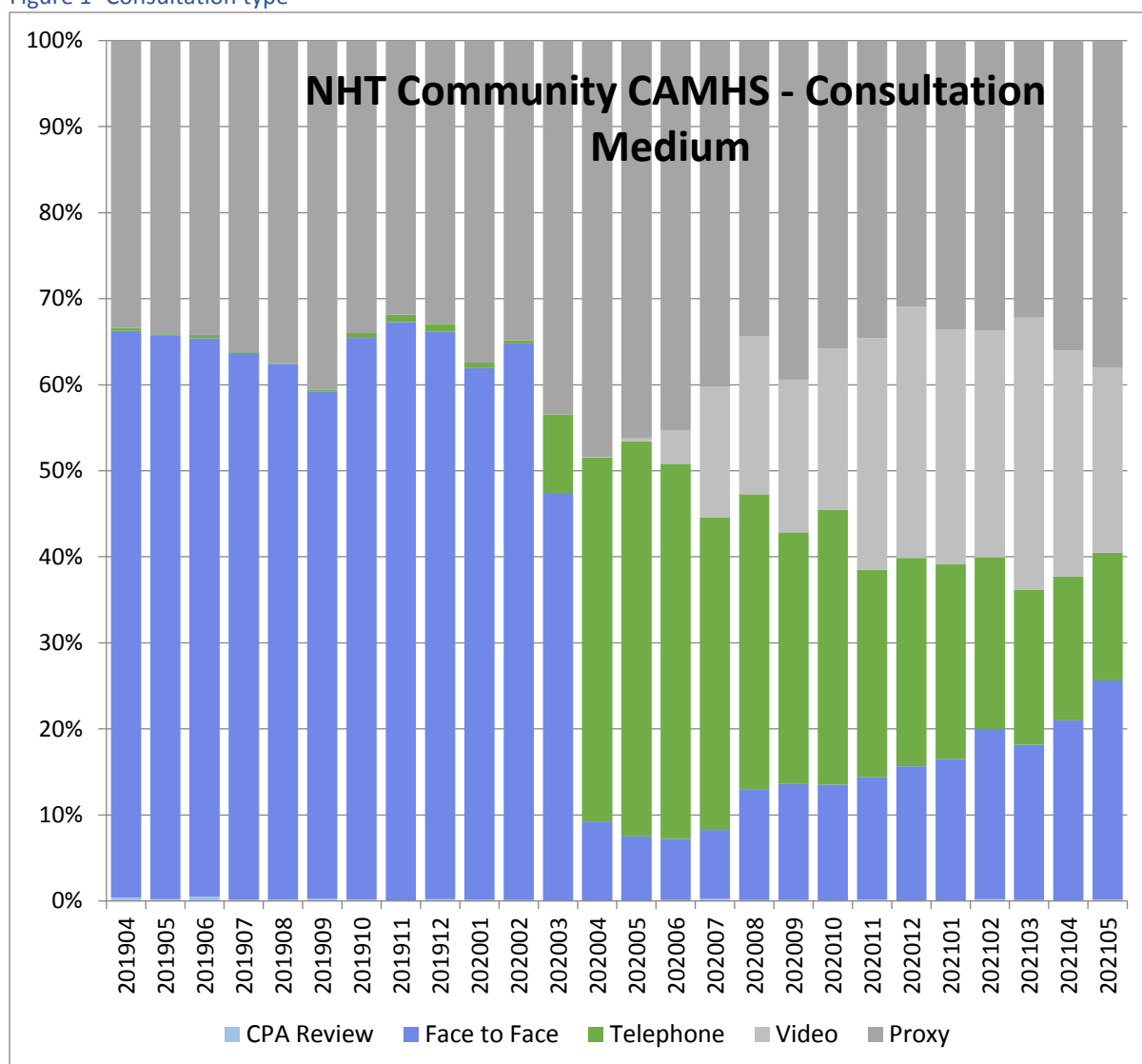
Services in place

During the periods of time throughout the COVID- 19 pandemic, providers have been unable to see children, young people and families routinely in a face to face environment, due to government restrictions. However, they have quickly responded by ensuring that they offered children and families a full virtual offer of support. This has included upskilling the workforce to ensure that they were confident in delivering digital services.

Nottinghamshire Healthcare NHS Foundation Trust offer included Microsoft Teams appointments, telephone appointments and assessments and a wider menu of on-line workshops and webinars for young people and parents and carers and wider professionals. They are also delivering online mental health interventions and information via Silvercloud and RECAP.

Figure 1 below shows that there was a shift from face to face to telephone and video contacts starting in March 20. Face to Face contacts have started to increase this year with Telephone contacts reducing. Video contact numbers seem to be being maintained.

Figure 1- Consultation type



KOOTH, the online provider has sent schools pre-recorded presentations around mental health that they can share with pupils as well as providing live, on-line presentations. They have also given schools access to their Swivle platform so they can access promotional material, with up to date information about KOOTH services, that can be shared with children and families.

In addition, *Targeted CAMHS* services (who deliver services in Nottingham City) have developed podcasts and YouTube clips that families, carers and children and young people could access for support for a wide range of presenting needs. This is part of a wider strategy to develop child and

young person's offer for services social media presence as part of ensuring that children and young people are aware of services and how to access them.

Exceptions for cases where there was a critical urgent/acute reason were made. For these cases, face to face sessions were offered (using a rota of staff who are able to do face to face work), as well as for Joint Protocol cases, which are in the main home visits.

Base 51 also developed a virtual youth centre platform, which provided young people with a safe space to access counselling and wider support through the NGY youth worker team.

Services have undertaken evaluation with young people and families to understand their experience of using digital services and have used this to inform the digital element of the restoration and recovery work outlined below.

Restoration and Recovery

The rapid switch to digital provision has provided a number of benefits. Feedback from providers

Your appointment		Your Choice	
<p>CAMHS stands for Child and Adolescent Mental Health Services. We are part of the NHS, and help children and young people up to the age of 18 who have problems with their thoughts or feelings.</p> <p>We support you the way you want to be supported. Mix it up or keep it the same—each appointment is up to you.</p>			
<p>How do you want to get to know us?</p> 	<p>Join an online Q&A Open Door event</p>  <p>We can meet you at your school.</p>	<p>Visit a drop-in clinic: Time 4 Me, SPA offer</p>  <p>Get to know us at a café meet up</p>	
<p>Where would you want to talk to us?</p> 	<p>We can support you:</p>  <p>Online or on the phone</p>	<p>On a Walk and Talk</p>  <p>Face to Face at one of our clinics or health centres</p>	
<p>How would you want to talk to us?</p> 	<p>Using a PC, laptop, or smartphone</p>  <p>On a mobile phone or telephone</p>	<p>Outside somewhere comfortable to talk</p>  <p>At one of our clinics you can travel to</p>	
<p>You can contact us yourself, or ask your parent, school, or GP for help referring you to us.</p> <p>www.urlgoeshere.co.uk</p> <p>011 5876 4000</p>			

indicates that they were able to see more young people as travel time was reduced. Professionals also found it easier to participate in multi-agency meetings. Parents, particularly those with young children, reported that they found digital support more accessible than having to travel to a venue for a face to face meeting.

Providers plan to retain a blended therapy offer in order to give children and young people more choice about whether they wish to access services face to face or on-line. In Nottingham City, they are piloting the your appointment your choice system.

Nottingham City's Targeted CAMHS single point of access now screens all referrals for digital exclusion puts the appropriate measures in place to ensure that young people are able to access digital services.

Providers will continue to develop and improve the on-line training offer, increase social media presence and further develop online podcast platforms.

The Small Steps service continued to offer initial assessments on a telephone basis, unless professional judgement requires a face to face approach.

SHARP, the Nottingham City Self Harm service has continued work with City secondary schools offering virtual SHARP clinic sessions to young people who have identified at risk of self-harm. It has also continued to run Trans4Me, a weekly group for young people who identify as gender variant, via an online group.

Below are some of the resources developed by our Nottingham and Nottinghamshire health teams. These resources have been shared via the Children and Young People's Mental Health Communications Group so are available to children, young people and families across the Integrated Care System.

Social Media: Connecting with Children and young people in the community and gaining their views:

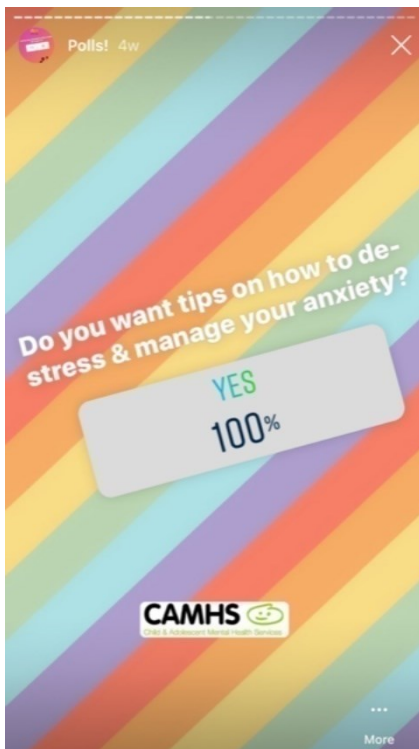


Figure 2) CAMHS Social Media

services have developed a social media presence with the views and voices from CYP within the service, MH2K and CYP using social media. The current social media presence in the City is through our Instagram Page: **camhsnottinghamcity** and our **CAMHS You Tube Channel**.

Nottinghamshire County CAMHS also have an Instagram page **camhsnottinghamshire**

Instagram has enabled connection with children and young people and with the wider community. They can also vote on what they want to see more of on the page. IGTV is used to show the podcast series of 40 audio and video podcasts that have been developed by Targeted CAMHS with collaboration from the MHST team and the City's Education Psychology service. The series aims to support children and young people, their care givers and education staff. This collaboration has also led to other joint ventures and campaigns such as;

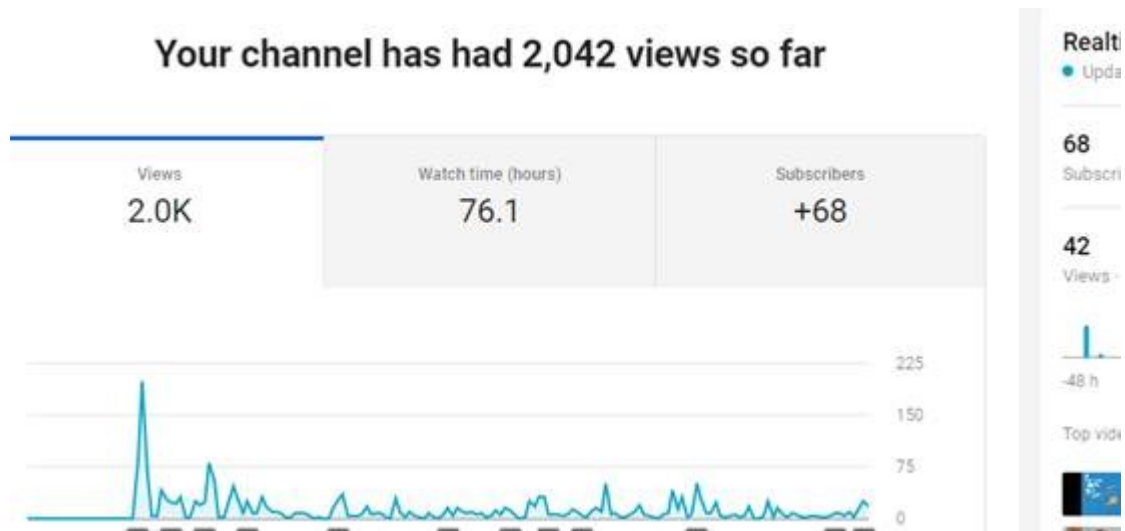
#NottinghamYou've been missed and the National Project Wellbeing Return to Education.



Figure 3) CAMHS Social media

Figure 4 below outlines the YouTube channel's success to date, with a clear increase demonstrating that social media communications by local health services are gaining more views and followers.

Figure 4) CAMHS YouTube channel usage



Examples of Podcasts available on Nottingham City CAMHS YouTube Channel and IGTV are:

[Introduction to CAMHS](#)

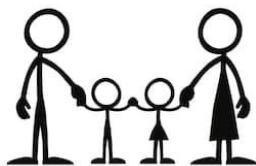
[Introduction to SHARP](#)

[Sleep – have you got enough charge](#)

[Single Session Therapy](#)

[SHARP – Let's talk about suicide](#)

Aimed at CYP/Parents:



[Staying connected](#)

[5 fingers, 5 senses – \(grounding technique\)](#)

[Just 5 more minutes – impact of gaming -](#)

How you doing – videos:

[Healthy Body Healthy Mind \(Bio reg\)](#)

[Problem Solving](#)

[Coping skills](#)

[Worry Management](#)

Mood Management

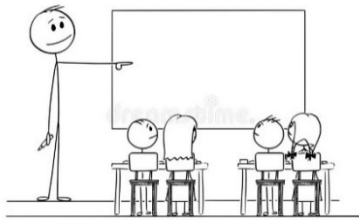
Aimed at Parents:

[Just 5 more minutes – impact of gaming](#)

[Conflict resolution](#)

PACE – to be uploaded

Parenting anxiety – to be uploaded



Aimed at Professionals:

[Trauma informed practice](#)

[5 fingers, 5 senses – \(grounding technique\)](#)

[Amazing me \(info\) primary school](#)

[Me: Source \(info\) secondary school](#)

How you doing – audio:

[Biological Regulation](#)

[Problem solving](#)

[Mood Management](#)

[Coping Skills](#)

[Worry Management](#)



#NottinghamYouveBeenMissed podcasts (suitable for all)

[Intro](#)

[What you said \(survey feedback\) -](#)

[Friendships](#)

[Anxiety](#)

[Routine](#)

[Health Worries](#)

[Emotionally based school avoidance](#)

[Power of Language \(growth mindset\)](#)

SHARP You Tube Channel

SHARP have developed a [YouTube channel](#)

Wider digital resources

A place to call my own (APTCOO)

In Bassetlaw, A Place to Call Our Own (APTCOO) have been providing a virtual offer of support and face to face where it has been safe and appropriate.

[APTCOO in Bassetlaw | Aptcoo](#)

Autumn/Winter audio edition of City [CAMHS Newsletter](#)**Chat Health Service**

The Chat Health text service is an easy way for young people to confidentially ask for help about a range of issues. They can also find out how to access other local services including emotional support or sexual health services.

The texting service, available to young people across all of Nottinghamshire, aims to offer a relevant, accessible method of contact and a flexible way to provide support.

Young people aged 11-19 can receive confidential advice on a wide range of issues such as bullying, emotional health and wellbeing, sexual health as well as illnesses. The service will allow young people in the area to send messages to a dedicated number which will be delivered to a secure website. Once there, texts will be responded to by the Healthy Families Team within one working day.

Chapter 11 - Suicide Prevention

The Nottingham and Nottinghamshire Suicide Prevention Strategy is an all age strategy supported by an action plan. The action plan has been reviewed against NHSE Midlands Region COVID-19 Suicide Prevention Toolkit Risk Assessment and Guidance' and new actions added to the plan.

The local Suicide Prevention Action Plan is being refreshed and is currently out to consultation with the Suicide Prevention Strategy Group. A new action will be added to the plan to 'review the extent to which our local suicide prevention action plan addresses Suicide Prevention for Children and Young People against the NHSE Midlands Suicide Prevention Children and Young People Rapid Evidence review'.

Bassetlaw links with both the Nottinghamshire and South Yorkshire and Bassetlaw ICSs. Bassetlaw is also part of the SYB ICS Suicide Prevention Steering Group. This is an all age agenda for preventing suicide. There are sub-groups including bereavement support and real time surveillance. Nottinghamshire providers and Public Health are represented at the SYB meetings and Bassetlaw is represented at the Nottingham and Nottinghamshire groups. There is public engagement work and co-production around services for people with lived experience of bereavement by suicide in Bassetlaw.

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. Through the Wave 4 Programme a commitment has been made to better understand health inequalities in relation to suicide prevention and a health equity audit will be undertaken. Over the next three-years, the Wave 4 Programme will deliver:

- Training and upskilling across the system, including statutory services, commissioned services, Community and Voluntary Sector and communities
- Communications and public awareness universal and targeted campaigns
- Targeted support for high risk groups
- Enhancing the local Real Time Surveillance System

In June 2021, Public Health and CYP Mental Health Commissioners met with the NHSE Midlands suicide prevention lead to review local need in relation to CYP and suicide prevention and identify areas for further development.

A mapping of all-age suicide crisis support services has been undertaken by Nottinghamshire County Council, Nottingham City Council and Nottingham and Nottinghamshire CCG. A mapping of the all-age self-harm pathway is currently in progress. This information will be used to support future service planning.

A local system for **Real Time Surveillance** is in place that includes deaths relating to CYP and the Child Death Overview Panel is represented at the Real Time Surveillance Working Group that meets monthly to review suspected suicide deaths with reporting links to the CYP Mental Health Commissioner. Through this group, local 'Suicide Cluster Response Plan Guidance' has been developed, including specific guidance relating to CYP and educational settings and an appropriate governance structure specifically for CYP. The guidance has been signed off by the local Suicide Prevention Strategy Group and the I

Monitoring of data and a literature review relating to CYP paracetamol overdoses has been undertaken and CYP facing communications relating to overdose is being considered.

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

- Development of a Further and Higher Education Suicide Prevention Network – currently being established
- Strengthened links between Universities and Nottinghamshire Healthcare Trust, including proposed development of training for Universities
- Development and distribution of a student mental wellbeing support leaflet
- Planned focus group with male university students over the summer

Suicide awareness guidance for frontline workers, the community and voluntary sector and the public has been developed and distributed through CYP networks.

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

- Social media campaigns
- Support national campaigns such as Mental Health Awareness Week and World Suicide Prevention Day. These include specific communication messages for children and young people.
- Development of additional 'Safe to Talk' resources
- Development of an all-age mental health directory of services in the early stages of the pandemic

Links to the ICS

The Nottingham and Nottinghamshire Suicide Prevention Strategy Group is a multi-agency group responsible for the local Suicide Prevention Strategy. The Suicide Prevention Strategy Group reports into the Nottingham and Nottinghamshire ICS Mental Health and Social Care Board, the Nottinghamshire Health and Wellbeing Board, the Nottingham City Health and Wellbeing Board and has established reporting links with the CYP Mental Health Executive.

The Terms of Reference for the Suicide Prevention Strategy Group (SPSG) have recently been reviewed and will be taken to the ICS Mental Health Board for sign off in July 2021.

The revised ToR is intended to give a clear focus to a smaller strategic group of partners across the Nottingham and Nottinghamshire ICS footprint and Bassetlaw. The SPSG will be responsible for the development and oversight of the local Suicide Prevention Strategy and Action Plan and to drive forward delivery. The SPSG will also be responsible for managing the Wave 4 Suicide Prevention Programme locally, including oversight of budget, assurance and reporting to NHSE. The governance structure will remain the same with the SPSG directly reporting into the ICS Mental Health and Social Care Board, and both City and County Health and Wellbeing Boards. There is a dotted reporting line into the CYP Mental Health Executive.

As part of the refocusing of the SPSG, a wider Suicide Prevention Stakeholder Network will also be established, to bring together a range of statutory services, commissioned services and the community and voluntary sector to share good practice, learning and undertake system wide developments. This recognises that everyone has a role to play in suicide prevention and the value of working in wider

partnership around this agenda. The Suicide Prevention Stakeholder Network will report into the SPSPG.

APPENDIX 1 Nottinghamshire ICS and Bassetlaw Children and Young
People's Mental Health and Wellbeing Action Plan Refresh
September 2021 – September 2022

Plan ambition - To develop an end to end needs led pathway, which builds in a graded response and transition between system partners

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
1. Strategy and governance								
1.1	Co-produce a new vision and values statement with children, young people and parents/carers	Rachel Clark/Gary Eves/Louise Lester	<ul style="list-style-type: none"> There is an inspiring vision and values statement which is shared throughout the organisations who support CYP mental health. Children, young people , parents and carers understand and share the vision and values of the Children and Young People's Mental Health Executive 	October 2021	Work is planned with the CCG engagement team to take this work forward	No risks identified		MH2K Reports 2018 and 2020

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
			<ul style="list-style-type: none"> The vision and values statement is outcome focused The vision and values statement is owned across the system and used to drive service improvement 					
1.2	Strengthen reporting mechanisms between the Children and Young People's Mental Health Executive and the ICS Mental Health Board and the Transforming Care Partnership Board	Louise Lester/Katharine Browne/Theodore Philips	<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 2021	Quarterly reporting has been agreed between the Children and Young People's Mental Health Executive group and the ICS Mental Health Board	No risks identified		Optimisation Maturity Model tool
2. The model and culture								
2.1	Embed the Thrive model for system delivery of CYP-	CCG/providers/local authority	<ul style="list-style-type: none"> There is a model implemented which is aligned 	On -going	The Thrive model informs and shapes children and young	Separate contracts and services may act as barriers to the		MH2K Reports

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	MH so all can have a common language and understanding and there is a many providers, one system approach		<p>to the following principles: Common language, needs-led, shared decision making, proactive prevention and promotion, partnership working, outcome-informed, reducing stigma, and accessibility</p> <ul style="list-style-type: none"> • The model supports the achievement of access target and ensure appropriate use of local resource. • Reduced silo working and a more holistic , person centred model of care • Children, young people and 		people's commissioning processes	<p>implementation of the model</p> <p>Current emphasis in the system on referrals may act as a barrier to smooth transition between levels of support</p> <p>Wider system partners may find THRIVE language too health focused</p>		<p>2018 and 2020</p> <p>Optimisation Maturity Model tool</p>

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
			families experience a seamless service					
2.2	Together with CYP and families, develop a system-wide access policy consistent with national rules, including a commitment from providers to a no wrong door way of working	Rachel Clark/Rachel Towler/Anna Masding	<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 the system more easily and have multiple entry points for support. Booking processes are developed that make best use of the available capacity and meet the needs of children and young people 	December 2021	The Nottingham City Integrated SPA function supports joint working	Separate contracts and services may act as barriers to the implementation of the model		<p>Optimisation maturity model</p> <p>NHS Long Term Plan</p> <p>LTP Planning Submission 20/21</p>

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
2.3	Agree system expectations of waiting times on all pathway stages, building on learning from the Adult Severe Mental Illness pathway work. Ensure that waiting times expectations are made clear to families at the point of booking .	NHT/NCC/CCG	<ul style="list-style-type: none"> Children , young people and parents and carers are able to access services which are helpful to them in a timely way 	March 2022	Nottinghamshire has joined the four week wait pilot	No risks identified		Optimisation maturity model LTP Planning Submission 21/22 NHS Long Term Plan Four week wait pilot
2.4	Ensure that the THRIVE model principles , access policy guidelines and waiting times expectations are reflected in policies and SOPs in each provider	CCG/ Anna Masding	<ul style="list-style-type: none"> Children, young people and families experience seamless transition between services 	September 2022	Work will begin on this in September	No risks identified		MH2K 2018 and 2020 reports NHS Long Term Plan
2.5	Agree cross system digital approaches based on evidence-based interventions,	Providers	<ul style="list-style-type: none"> There is a consistent menu of evidenced based digital 	March 2022	Providers have established menus of digital interventions as a	No risks identified		NHS Long Term Plan

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	including an agreed definition and understanding of a digital front end		interventions across services		response to COVID-19			MH2K 2018 and 2020 reports ICS Digital Strategy
3 Communication with children, young people and families								
3.1	Ensure that the development of the Nott Alone website is joined up with development of Autism local offer website	Charlotte Reading/ Charles Savage	<ul style="list-style-type: none"> Children, young people and families are able to access information ,advice and support in a joined-up way 	December 2021	Relevant CCG commissioners are linked into the Nott Alone steering group	No risks identified		MH2K 2018 and 2020 reports
3.2	Develop single branding for all CAMHS services, based on the many providers, one system approach, drawing on learning from Liverpool CAMHS model	Rachel Towler, Anna Masding/Gary Eves		September 2022	Work will commence on this in the autumn	No risks identified		MH2K 2018 and 2020 reports
3.3	Progress joint working between the County Early Help Unit and	Rachel Clark, Rebecca Keating , Lucy Peel , Nichola	Children, young people and families receive appropriate,		<ul style="list-style-type: none"> Support for greater joint working secured from local 	Need permission from CCG and LA to establish a merged access function based on need		MH2K report 2018 and 2020

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	CAMHS SPA to simplify access, learning from approaches used in the City.	Reed, Anna Masding	timely access to support.		<p>authority senior leadership</p> <ul style="list-style-type: none"> Plan on a page with risks and mitigations to be developed <p>Meeting with MH CCG leads and safe guarding leads has taken place.</p>	<p>for emotional/behavioural/ mental health needs.</p> <p>Ensure that Bassetlaw contract is in scope with this work</p>		Optimisation Maturity Model
4. 18-25-year olds								
4.1	Establish an owning group to regularly review the interface between adult and children and young people's mental health services . Agree reporting requirements for this group	Katharine Browne, Kate Burley, Rachel Clark	<ul style="list-style-type: none"> There is accountability for progress in this area 	On -going	Owning group established and dates for year set	Owning group established and dates for year set		LTP Planning Submission 21/22

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
4.2	<p>Further expand roles to strengthen transition to primary and secondary mental health services, ensuring those most vulnerable CYP are transitioned with expertise and adjustments.</p> <p>Outputs:</p> <ul style="list-style-type: none"> • Increased joint working between CAMHS and AMH and IAPT providers • Specialist workers embedded within AMH community teams, providing specific young adults support to best meet their needs. 	CCG, NHT, local authority	<ul style="list-style-type: none"> • Young people will experience their transition experience as positive. 	March 2022	<ul style="list-style-type: none"> • A transition policy is in operation between community and adult services within NHT • CAMHS Eating Disorder service and the LAC CAMHS teams have appointed transition workers to work specifically with these specific vulnerable groups. This is in addition to the wider transition process. • CAMHS Intellectual Disability Service has previously established relationships with Adult Intellectual Disability Services and a specific 	No risks identified.		LTP Planning Submission 21/22

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	<ul style="list-style-type: none"> Bespoke offer for young people who are care leavers. 				pathway has been developed.			
5. Accountability								
5.1	<p>Develop and implement a performance framework for children's mental health and wellbeing, covering access, waiting times and outcomes, in order to drive continuous improvement.</p> <p>Consider how datasets from other areas including community paediatrics and voluntary sector</p>	Rachel Clark	<ul style="list-style-type: none"> Robust information available to assess provider performance and inform future commissioning plans 	July 2021	<ul style="list-style-type: none"> Updated reports to be provided to the C and YP Exec group 	No risks identified		Optimisation Maturity model Tool

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	services can be incorporated.							
5.2	Build on existing good practice to ensure establish routine way for C and YP and their parents and carers to be involved in the on-going development of C and YP MH services	Rachel Clark/ NHT/NCC	<ul style="list-style-type: none"> C and YP and parents/carers can participate meaningfully in mental health governance and development of services 	On -going	<ul style="list-style-type: none"> MH2K Citizen Researchers commissioned to work with Nottinghamshire until July 2021 Regular meetings between young people and NHT CAMHS Trust Board established Co-production work with young adults identified in Planning tool 	Work with MH2K is currently being commissioned on individual pieces of work. Need a longer-term strategy for sustaining this work.		Optimisation Maturity model Tool
6. Workforce								
6.1	Contribute to the CYP element of a shared ICS wide all ages mental health workforce strategy to further embed best practice.	NHT/NCC	Development of an all age workforce strategy including: <ul style="list-style-type: none"> Planned capacity vs need Retention Training Wellbeing 	December 2021	Will be highlighted with ICS Mental Health Board in September quarterly report			NHS Long Term Plan System Optimisation Model

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
6.2	Develop a system wide view of competencies required to work in children and young people's mental health	CCG/NHT/MCC	<ul style="list-style-type: none"> Appropriately skilled workforce across the system with a clear understanding of any gaps in skill mix to inform future recruitment 	September 2022	This will be addressed as part of 5.1.	No risks identified		System Optimisation Model
6.3	Increased MDT capacity and specialist roles within the community to enable needs-led support for CYP and increased, timely access.	Rachel Towler/ Katharine Browne	<ul style="list-style-type: none"> CYP and families have access to a range of support to meet their needs at the earliest opportunity Improved outcomes for CYP and families 	March 2022	A detailed business case has been developed to address this	No risks identified		LTP Planning Submission 21/22
6.4	Offer training on ARFID presentation and treatment to upskill the wider workforce (Nichola Reed/NHT	<ul style="list-style-type: none"> Clear understanding of ARFID across the whole system Defined ARFID system pathway to ensure CYP 	March 2022	CAMHS Eating Disorder Service took part in the national ARFID pilot.	No risks identified		LTP Planning Submission document 21/22

Ref	Action	Lead	Outcome	Timescale	Progress to date	Risks or issues requiring attention of the CYPMH Executive	RAG Status	Links to existing strategies/ programmes
	CAMHS and non CAMHS)		receive the most appropriate support		<p>Mapping of ARFID presentations has been completed.</p> <p>ARFID Steering Group in place.</p> <p>Funding identified to support training.</p>			

APPENDIX 2 – SYSTEM OPTIMISATION REPORT FINDINGS

Each domain has been reviewed and has highlighted best practice and recommendations which are described below.

Domain One: Strategy and Sustainability

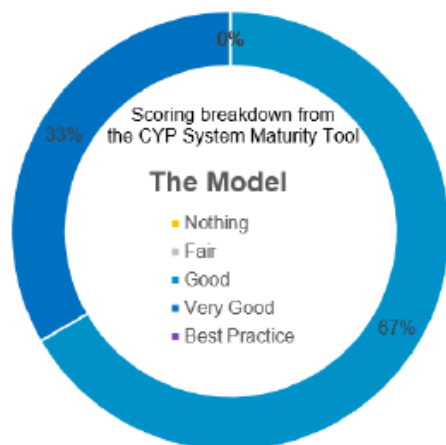
Good Practice: Seamless, system wide collaboration which is represented in a joined-up vision and clear sustainable investment across the locality



Findings	Recommendations
<ul style="list-style-type: none"> Structure has clearly worked well in many ways as overall system thinking is strong and effective Local Transformation Plan is aligned with relevant national standards There is a CYP MH Executive Board across the ICS, although this is somewhat health-dominated Limited delivery information is used in the executive board, although an action plan is reviewed Clear governance structure at ICS level from a Mental Health Board, however links between ICS and CCG/LA structures were not well-developed Strong senior leadership in all organisations, although external returns such as MHSDS are not routinely signed off at this level Investment in CYP mental health services is in line with the mental health investment standard and clearly documented 	<ul style="list-style-type: none"> Reinstate and refine, where appropriate, a structure of governance meetings across the ICS which feed into the single CCG, provider and ICS structures Review ICS/CCG joint working, especially around key areas such as CYP workforce development Review governance of the CYP MH Executive Board to ensure non-NHS partners are given an equal voice

Domain Two: The Model

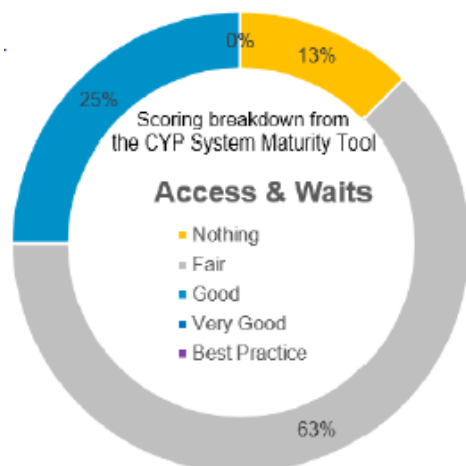
Good practice indicator: A coherent ICS wide model for delivery of CYP mental health in place which is based on CYP IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation



Findings	Recommendations
<ul style="list-style-type: none"> • Embedded collective approach to delivering CYP mental health, which is driven by a collective desire to meet the needs of CYP in Nottingham and Nottinghamshire • There is not a consistent framework to understand the delivery of CYP mental health, however there are intentions to adopt THRIVE and this would be useful to further embed the system working. • There has been a deep dive in Nottinghamshire Healthcare NHS Trust into the experience of those identifying as LGBTQ+ which included detail from the first letter to the information about the building. This was acknowledged as good practice. • The needs of those who are on the autistic spectrum or have ADHD are not as smooth or as joined up as the responses to other needs. • The Early Intervention offer across the county is not consistent and that this could result in some children being missed if their parents don't engage in the offer provided. • It would be useful to systematically share good practice across the system so that it can be adopted across the whole ICS 	<ul style="list-style-type: none"> • Agree a model/conceptual framework for system delivery of CYP mental health so call can have a common language and understanding • Improve the way the offer for CYP mental health is driven and monitored from the ICS to strengthen both the current good practice and to increase consistency for all CYP across the footprint. • Review of protected characteristics in order to assess if all groups are suitably represented.

Domain Three: Access and Waits

Good practice indicator: Support to CYP who have concerns regarding emotional or mental wellbeing is easy to access, responsive and requires minimal waits



Findings	Recommendations
<ul style="list-style-type: none"> There is a collaborative approach in the way services and teams come together to ensure CYP get to the best destination in Nottingham City. This is excellent practice and shows an embedded system culture which is rare nationally. There is not a consistent approach to activity expectations across providers, and those in place are not aligned to the access standard Activity KPIs are not reflective of e.g. ethnicity in the population, although a draft 0-25 JSNA is being developed There is not an access policy in providers or the system Most providers reported Standard Operating Procedures in place except Base 51, although most acknowledged that they could be improved and updated Some use of telephone-agreed appointments to offer choice but overall emphasis on CYP and families to call in after receiving a letter There are waiting time standards, but they vary across providers Providers tell families waits may be long, but current waits are not shared with families or around the system. There are waiting list reports in all providers but lack consistency. 	<ul style="list-style-type: none"> Ensure activity expectations are aligned to local need and system 0-25 required access Together with CYP and families, develop system-wide policy guidelines consistent with national rules Ensure that these system expectations are reflected in policies and standard operating procedures in each provider Develop pathway maps which include treatment options and decision points As part of the access policy review, ensure booking processes make best use of available capacity and meet the needs of CYP and families Based on a transparent understanding of all waits and a shared definition of treatment, agree system expectations for waiting times at all pathway stages. Make realistic waiting time expectations clear to families at the point of booking Ensure that correspondence with CYP and families/carers includes routes to escalate their concerns Ensure all providers have live reports covering all pathway stages, based on shared definition of treatment and taken from a centralised EPR(?) Based on agreed waiting time milestone, implement regular review of breach reasons in each provider at a system level to support improvement and joint working

<ul style="list-style-type: none"> • There are reports of Referral to Treatment breaches within providers. There is no policy in place to strengthen this. • There is good co-working but no structure to review thematically. 	<ul style="list-style-type: none"> • Implement an ICS level breach review process to allow provider escalation of key issues and thematic review of common bottlenecks to support improvement and joint working.
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Domain Four: Practice based on the best available evidence

Good practice indicator: The local offer including the assessments and interventions are available to CYP and their families and are evidence and best-practice based.



Findings	Recommendations
<ul style="list-style-type: none"> • The links developed between system providers were excellent, this emerging pathway should now be documented and tested to ensure the seamless steps to the best offer for CYP accessing support in Nottingham and Nottinghamshire • Pathways within organisations are clear and there are emerging pathways between system partners • There is a clear challenge around the neurodevelopmental pathway which requires system review • There is a clear focus on the needs of the CYP accessing services and a desire to provide a balance between intervention and positive risk-taking. • There are staff with specialisms aligned to suitable CYP treatment options, these included CBT, family therapy and IAPT roles. • Pathway mapping was not described across the whole system however Nottinghamshire Healthcare NHS Trust are continuing to develop the SPA function for county through a review of non-value adding steps 	<ul style="list-style-type: none"> • Develop truly end to end needs led pathways which reflect a graded response and transition between system partners – with clear criteria for steps to ensure the journey of CYP is smooth • When reviewing pathways, actively consider if the steps are required, this approach is enhanced significantly by having those with lived experience involved as then the impact of added steps can be heard • Utilise the role of pharmacists to ensure robust procedures around medicines, including shared care arrangements and transitions • Develop a system owned improvement plan to progress the needs of those requiring diagnosis for a neurodevelopmental condition and support post diagnosis.

<p>and pathway mapping which is good practice.</p> <ul style="list-style-type: none"> • NMPs are in place, with a training plan and supervision structure • No evidence of shared care agreements around ADHD which can be capacity releasing • Dashboards have been developed and case management feels embedded through the robust supervision approaches, however there is no breach analysis or PTL's (?) to monitor total length of treatment, dosage and expected discharge. 	
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Domain Five: Workforce

Good practice indicator: The CYP mental health workforce has sufficient expertise to deliver pathway and plans for sustainability have been addressed

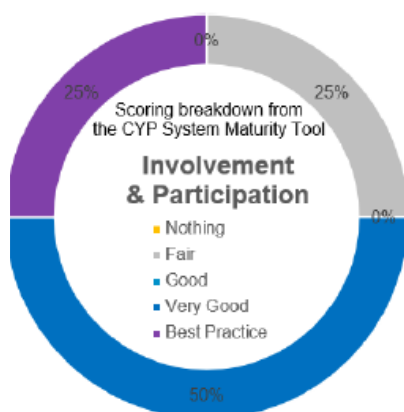


Findings	Recommendations
<ul style="list-style-type: none"> • There is a strong and capable clinical leadership from organisations working across Nottingham and Nottinghamshire • The workforce strategy for CYP is part of a wider all age structure and there is an opportunity to really harness the collaborative system thinking and work together to share skills teaching and training so all can benefit from the collective skills and expertise • Front line staff described the opportunities to develop services and play a part alongside the support to manage complex cases • There is a collective desire to support the wellbeing of those who work in services which was endorsed by staff • There are clear expectations of staff, and there is evidence of strong and supportive 	<ul style="list-style-type: none"> • Using the collective resources to have a shared ICS wide CYP mental health training strategy would further embed best practice and shared understanding/consistency with an additional benefit of sustainability for all providers and resilience of the system • The addition of psychiatry support to the Nottingham City team would support their ability to hold cases and this would improve experience of CYP who often report disliking changing practitioner/services once they have shared their story. • Consider the competencies for the whole system, those you would want all people working in CYP mental health to have and those required for more specialist roles. •

<p>line management systems being in place. However, there is no system wide job planning although recognise most providers have some system in place.</p> <ul style="list-style-type: none"> • There was a lot of evidence from all providers of a commitment to ensuring clinicians received quality supervision both for their therapeutic modality and to support managing complexity and flow • There are training opportunities in all service which could be developed to ensure improved system wide competency approach, so all staff have equivalent core skills and understanding • The strong and capable leadership affords the workforce a confidence to manage complexity 	
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Domain Six: Involvement and Participation

Good practice indicator: There is equitable and meaningful involvement and participation of children, young people and their parents/carers



Findings	Recommendations
<ul style="list-style-type: none"> • There is a clear drive to embed coproduction, most notably the MH:2K project which really engaged young people. Staff within services spoke about how the outputs of MH:2K resulted in tangible improvement to the delivery of service in Nottingham and Nottinghamshire. This is great practice. • There remain recommendations in the MH:2K report about delivery style which still need to be addressed to ensure all CYP have a positive experience of using the offer from Notts CYP mental health system 	<ul style="list-style-type: none"> • Continue to respond to the recommendations from the MH:2K project • Establish a routine way for CYP and their parents/carers to be involved in the ongoing development of the CYP mental health system • •

<ul style="list-style-type: none"> • The MH:2K project and reports demonstrate both the drive to include young people in service design and the wonderful contribution and insights their experiences bring. • Posters and communication produced as a result of MH:2K project are positively regarded, are clear and as they are co-produced are likely to be effective. • No evidence of clear governance structure to connect the CYP mental health system across the ICS which would provide an ongoing opportunity for CYP and parents/carers to be routinely involved in decision making. • Many examples of how the voice of young people has influenced services, these included Nottinghamshire Healthcare NHS Trust review of the offer to those identifying as LGBTQ+ and the MH:2K project. • 	
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Development Seven: Productivity

Good Practice Indicator: Productivity is reviewed and maximised to ensure efficient delivery and use of resources



Findings	Recommendations
<ul style="list-style-type: none"> • There is substantial work to be done in aligning system goals such as short waits and meeting access with the required levers, KPIs and associated reporting • There are multiple KPIs across providers which are not aligned with each other or with strategy, and no KPIs for access • Most providers have job plans. Monitoring varies but all providers are tracking 	<ul style="list-style-type: none"> • Agree at system level key priorities including access/activity, waiting times for every pathway stage, mean sessions and outliers, clinical outcomes and completeness, waiting lists sizes and CYP beyond their intended discharge date. • Ensure that these are reflected consistently in-service specifications

<p>something. Job plans have not been linked to Demand and Capacity plans.</p> <ul style="list-style-type: none"> • Some structured demand and capacity work is underway now in the trust but this has not happened in other providers and not at system level. Demand has not really been measured. • Buildings used are not all fit for purpose and young people do comment on this regularly, particularly in Nottingham City. • Some good examples of quality improvement such as CYP journey mapping in the trust and a shared ownership of improving services across the system. • Waiting list sizes are not reviewed systematically and sustainable levels are not understood • Waiting times standards have not been agreed and there are no recovery plans to improve. 	<ul style="list-style-type: none"> • Reflect these in each provider with drill-down to team and clinician level • Reflect on the differences between the CAPA model used in the City and the job plans used in other providers • Strengthen activity monitoring to ensure it is aligned to clinical hours delivered/planned and not just caseload. • Aggregate the output of job plans to understand the true capacity within each provider and across the system • Based on learning from the current trust work, develop a system-wide demand and capacity approach across providers • Use outputs from this work to inform future commissioning, training and service development plans • Develop a system-wide estates strategy including the voice of CYP and carers • Calculate sustainable waiting list sizes for each pathway stage • Where applicable, develop timed plans to reduce waits and identify resource to deliver
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Domain Eight: Outcomes

Good Practice Indicator: Outcomes drive commissioning and service development at a strategic and operational level. Routine Outcome Measures (ROMs) are used in clinical practice to identify needs, interventions, evaluate the efficacy of treatment and help determine endings



Findings	Recommendations
<ul style="list-style-type: none"> • There is a strong culture of using outcomes with CYP and families but lack of underpinning technical support and use at system level • There is evidence that outcomes are part of the culture delivery in CYP mental health 	<ul style="list-style-type: none"> • Include KPIs for outcomes completeness in provider contracts • Report outcomes completeness at system or provider level • Once completeness is sufficient, develop reports to use lower outcomes to identify

<p>services in Nottingham and Nottinghamshire</p> <ul style="list-style-type: none"> • There is no outcome KPIs in provider contracts and outcomes are not monitored or used systematically • Outcomes are not currently used in any way to inform commissioning or target improvement • Most providers reported some way to record outcomes electronically, however none of the Electronic Patient Record's, apart from Kooth, did this well with widespread retrospective and paper entry. • None of the system apart from Kooth provided integrated and timely feedback to CYP and families • The trust flow some outcomes to the MHSDS although there is further clarity required about the level of data completeness. Other providers are not reporting. • There is no sign of checking of outcomes in any provider or the CCG. 	<p>pathways/areas for improvement or development.</p> <ul style="list-style-type: none"> • Develop consistent reports in each provider to show at-a-glance outcomes completeness at clinician, team and pathway level • Ensure that the need for improvement to functionality/usability of Electronic Patient Record systems for CYP outcomes is on appropriate risk registers in providers and in the CCG • Embed accurate outcomes recording and reporting as a system-wide data quality priority (see domain 9 informatics).
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Domain Nine: Data & Informatics

Good Practice Indicator: Quality data is being recorded, flowed and used to ensure clinical quality is maximised



Findings	Recommendations
<ul style="list-style-type: none"> • There has been a recent successful focus on access reporting but lack of underpinning strategy and systematic approach to data quality • All providers have an Electronic Patient Record system and data quality approaches 	<ul style="list-style-type: none"> • Document data recording rules related to key definitions such as treatment • Develop a system-wide MHSDS improvement forum/group to support each other in raising standards and completeness

<ul style="list-style-type: none"> • None of the providers reported a process to sign off CYP data • There has been some scrutiny of MHSDS accuracy in the trust but nothing systematic or regular is in place • Most providers flow some activity data to MHSDS although there is little assurance of accuracy, outcomes are not generally reported and no Data Quality Improvement Plan (DQIP) is in place. • There is a good range of data and activity reports in Base 51 in particular • There is a broad self-service reporting system in the trust but no focus or active improvement process • There was no evidence of consistent monitoring of waiting lists beyond first assessment • Informatics support and relationship were responsive in all providers • There is not a systematic use of data to support service improvement but there are some good examples 	<ul style="list-style-type: none"> • Implement informatics sign off for the CYP reporting process in each provider • Implement operational and clinical sign off of CPY mental health data before submission in each provider • Feed published MHSDS data back to CYP teams in a meaningful format linked to activity and outcomes standards • Implement a monthly process to check published data and post-deadline extracts against local data. Use any discrepancies to inform Data Quality Improvement Plans. • Implement Data Quality Improvement Plans across the system to monitor improvement • Document the process for MHSDS extraction and reporting in each provider • Develop system priorities for data quality improvement, potentially aligned to equalities work • Implement system-level reporting of these key indicators across all providers • Develop dashboards in each service to support clinical supervision, operational management and data quality improvement – including subsequent waits • Model a culture of using data to inform decisions at all levels in the system
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Domain Ten: Culture

Good Practice Indicator: There is a person first empowering culture which embraces collective ownership, positive risk taking and innovation

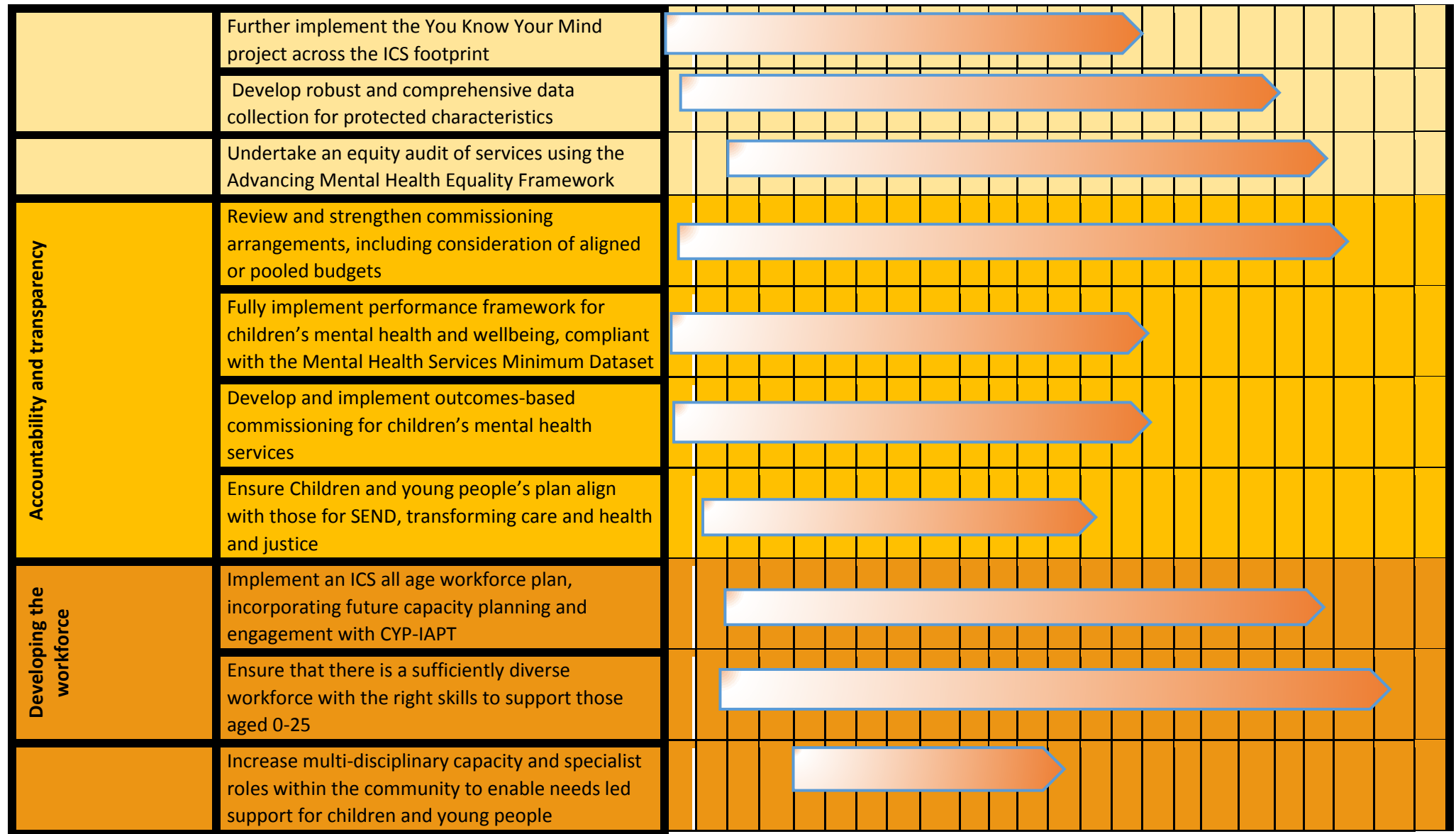


Findings	Recommendations
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<ul style="list-style-type: none"> • Many examples of clear and strong leadership with a clear focus on the needs of children and young people • There is not a consistent framework to understand the delivery of CYP mental health. Intentions to adopt THRIVE were noted and this would be useful to further embed the system working • There are multiple KPIs across providers which are not aligned with each other or with strategy. The needs led focus seems to have ensured quality, however this should be monitored in a more systematic fashion to ensure this is robust • There is a clear focus, at all levels, on the needs of CYP and parents/carers using services ensuring organisational boundaries were secondary and the focus and culture remained needs focused. • There is clear collective desire to support wellbeing of those who work in services which was endorsed by colleagues involved in the workshops • Many examples of good practice from the providers which would be helpful to systematically share so improvements can be adopted across the whole ICS. • There are effective relationships and trust between system partners which has clearly built over many years as this felt robust • A concern is that the collective leadership is based on the collaborative style of leadership of a number of key leads so would be a risk of being lost if there were any personnel changes. 	<ul style="list-style-type: none"> • Consider how quality improvement can be part of a continuous learning cycle to build on the good practice across the ICS • A concern is that the collective leadership is based on the collaborative style of leadership of a number of key leads so would be a risk of being lost if there were any personnel changes.
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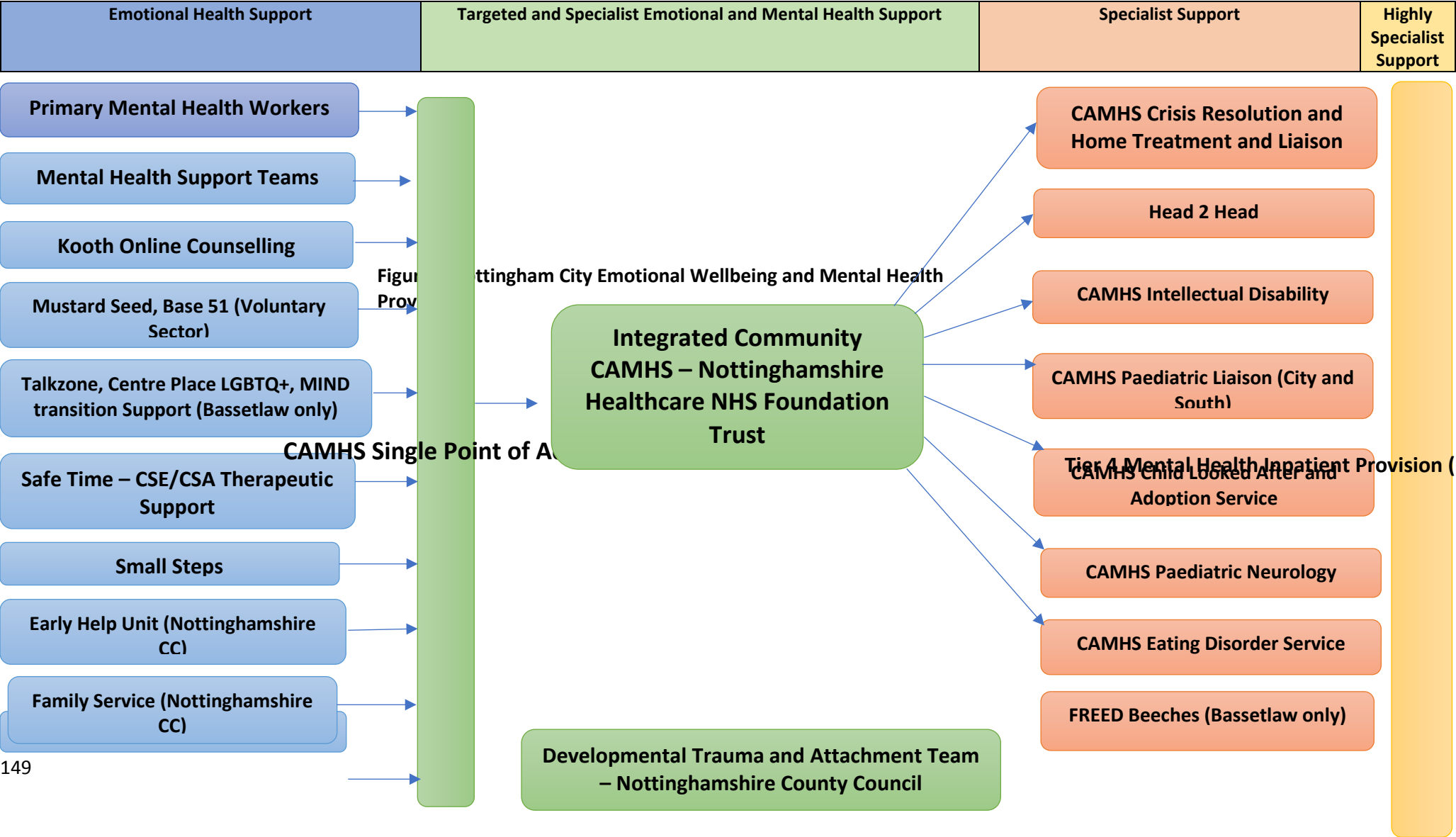
APPENDIX 3 Future in mind and LTP 21/22 chart

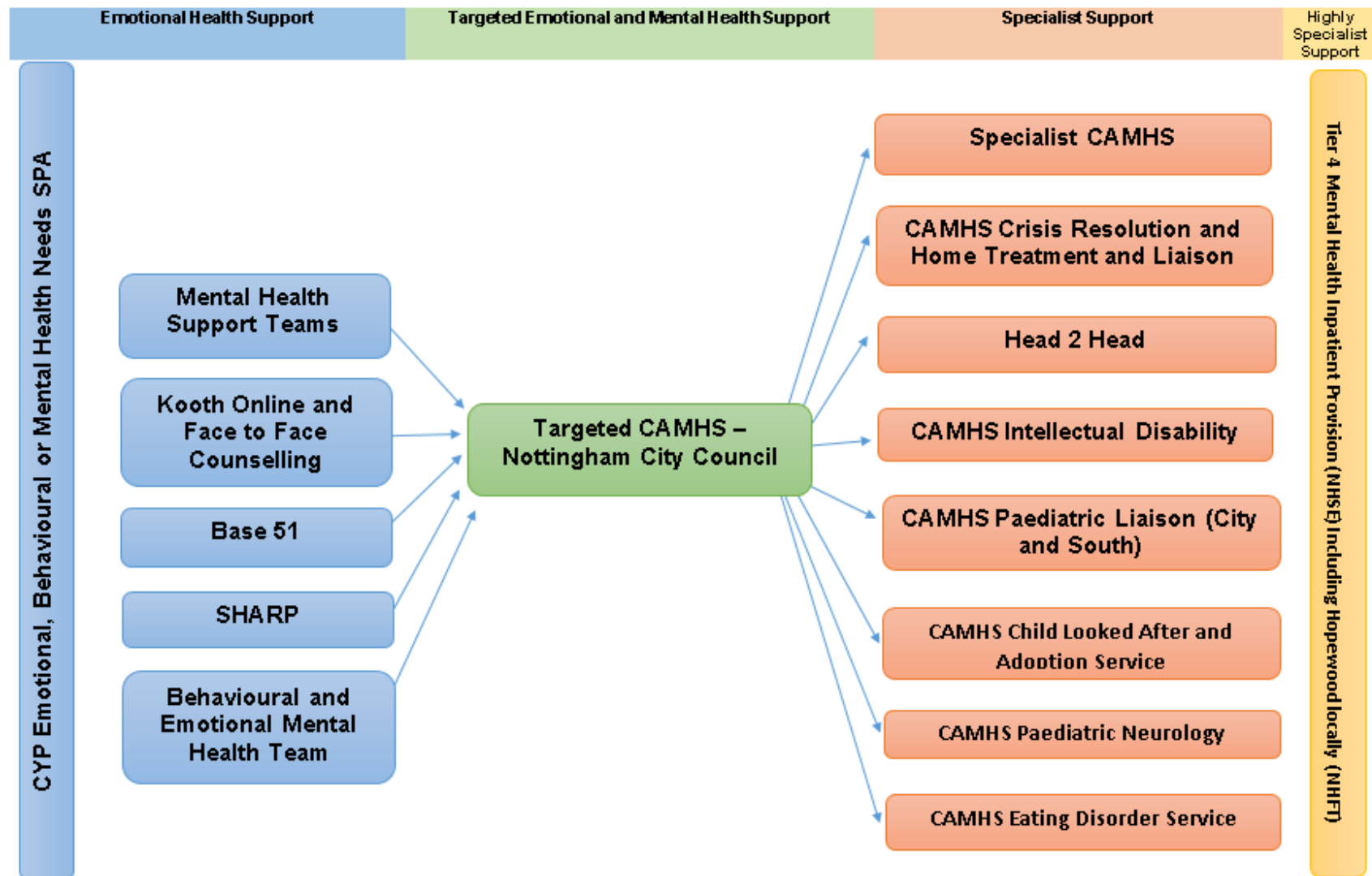
Future in Mind and Long-Term Plan Key Actions 2019 - 2024		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25				
Support for schools and early intervention	Increase the numbers of children and young people able to take part in the programmes to build resilience in schools	<div></div>									
	Embed the Infant Mental Health service in Nottingham and further strengthen the perinatal mental health pathway across Nottingham and Nottinghamshire ICS footprint.	<div></div>									
	Embed Small Steps, Big Changes in targeted wards in Nottingham City, to promote early emotional health and wellbeing (Karla Capstick)	<div></div>									
	Continue to rollout the Education in Well-Being Return Programme and the Emotional Health and Well-Being Charter work	<div></div>									
	Embed and extend Mental Health Support Teams in Schools coverage across the ICS footprint and Bassetlaw	<div></div>									
	Build on the existing communications strategy to ensure comprehensive, integrated all age messaging around mental health	<div></div>									
	Rollout the emotional well- being and support service across the Nottingham and Nottinghamshire ICS footprint	<div></div>									
	Continue to develop and implement digitally enabled service models for children and young people	<div></div>									
Increasing the number of children and young people who can access services	Improve the access arrangements for CAMHS so that more children and young people have access to services in a timely way, including reducing waiting times.	<div></div>									
	Build on our condition specific approach to developing 18-25 services , including improved	<div></div>									



APPENDIX 4 Figures 1 and 2 outline system model for delivering mental health support in Nottinghamshire

Figure 1 Nottinghamshire County Emotional Wellbeing and Mental Health Provision





APPENDIX 5 BAME Access & Inclusivity Proposal

Focus: How Nottingham City BEMH services can develop a more culturally competent approach to service delivery and access. What this would require is to formally set up a BAME inclusivity & access Task & Finish group to set an agenda for 2021. At present we feel this would be best organised & coordinated internally with a view to expand and capture the voices of CYP & families once we have a clear agenda and time-table.

BAME Access & Inclusivity Task Group	Public opinion has influenced within the CAMHS workforce discussion and action to challenge social injustice issues that service users experience when accessing mental health services. This has resulted in formation of a BAME access and inclusivity task group to bring forward recommendations of how Nottingham City CAMHS services can be adapted to be more visible and accessible within BAME communities. A team comprising of CAMHS & MHST team members from the BAME community has fortnightly meetings to formulate a vision with recommendations and action plan for CAMHS leadership Team to implement.	
Data analysis	Conduct a piece of work with CAMH Business Analyst to gather data in the last 5 years of BAME referral and engagement rates to identify any themes or trends that appear to both promote and put barriers for engagement.	Achieve by 31st Aug 2021
Capturing the voice of Communities	Implement an ongoing forum to constantly capture the wishes and feelings via established ties with community leaders/representatives. - Helping kids achieve - Pass move grin - FYA notts – fearless youth association - Truth Mental Health	Establish Monthly 1 hr virtual meetings
Improve access	Screening processes and SPA referrals criteria to be temporarily adjusted for positive discrimination to progress BAME referrals to a choice assessment. Updating ethnicity categories on Forms to have a broader selection for families to identify.	Achieve by 31 st August 2021
Addressing Disengagement	Putting in place a follow up plan using local ties with community leaders/ representatives to encourage engagement with mental health services where disengagement occurs.	Achieve by 31 st October 2021

Workforce development	Promote a culture of cultural competence within the CAMHS workforce by using a blend of training and inviting community leaders/representatives to share with the workforce BAME community perspectives and attitudes towards mental health services.	Arrange 2 hr virtual meetings once a quarter
Outreach & Collaboration	<p>Provide outreach support that looks at delivering mental health 1st AID training and how to refer into CAMHS within centres of influence in the city such as community hubs, youth centres, faith groups, sporting venues, children centres etc.</p> <p>Use existing CAMHS social media platforms to Target BAME communities in encouraging access and engagement</p>	Achieve by 31 st October 2021