

Nottingham and Nottinghamshire Children and Young People's Mental Health and Wellbeing Plan 2025-2028



A partnership between

NottAlone

NHS
Nottingham and
Nottinghamshire

Integrated
Care System
Nottingham & Nottinghamshire



Nottingham
City Council



Nottinghamshire
County Council

Executive Summary

The purpose of the Children and Young People's Mental Health and Wellbeing Plan is to bring together key partners from across the Integrated Care System to determine and agree the priority areas for improvement in babies, children and young people's emotional health and mental wellbeing across Nottingham and Nottinghamshire. The Plan has been developed by the Children and Young People's Mental Health Strategic Partnership Group.

Since the publication of the last plan in 2023, health commissioned early intervention support for mental health treatment has expanded with further Mental Health Support Teams in Schools (MHSTS) being mobilised. Waiting times for mental health services have reduced and services for our most vulnerable young people have been enhanced.

Our plan is built around three strategic pillars that show what good mental health and wellbeing support should look like in Nottingham and Nottinghamshire.

There are clear reasons for change, including high demand for mental health and wellbeing support, growing health inequalities, and financial challenges that need to be addressed by a system response with all partners working together. The Plan will provide the mechanism for system partners to deliver the change needed, through a commitment to working in a THRIVE like way.



Executive Summary: Strategic Pillars

Strategic Pillar 1: Building resilient and mentally and emotionally healthy babies, children and young people.

We want all children and young people to grow up feeling strong, supported and able to cope with life's ups and downs. That means focusing on prevention, not just fixing problems when they happen; for example via whole school and college approaches that make mental health and wellbeing a normal part of everyday life, support for parents and carers, so families feel confident and informed and access to youth work and community activities that build confidence and resilience and creating spaces where children and young people can thrive, not just survive.

Strategic Pillar 2: Delivering high quality mental and emotional wellbeing support that puts children and young people first.

This means support that meets children and young people's needs, especially the most vulnerable, not one size fits all. The least restrictive options that help children and young people as close to their communities as possible, better outcomes so children and young people feel supported and understood and professionals working together creating a positive culture that puts children and young people at the centre of everything.

Strategic Pillar 3: Increasing access to mental health support in the right place at the right time.

"A no wrong door" approach and improved information sharing among partners with clear pathways to all services and support available. More support in the community and early help to stop problems getting worse, joined up planning and funding, so support for children, young people and families is quicker and more effective.

Our Vision and values

Vision

Our vision is to work together to ensure that all children and young people and their families enjoy positive mental health and emotional wellbeing. We want to stop children and young people being treated badly or unfairly just because they need to access mental health support. We also want to ensure that children young people and families have a good experience of the care and support we offer.

Focus on prevention and on keeping children and young people thriving, by providing support that will be offered at the earliest opportunity and at the time of need.

Commitment to supporting the most vulnerable.

Honesty between services and to children, young people and families.

Commitment to work together to make a positive difference to children, young people and families' lives.



Values

Co-production of services with children, young people and families.

Recognise what works well and build on it, including learning from other areas.

Commitment to work together to make a positive difference to children, young people and families' lives.

Working together with partners and children and young people to develop our goals and principles.

Compassion towards staff delivering services.

Providing good quality services that are cost effective and provide value for money.

Implementing the THRIVE model (1):



As system partners, we are committed to working to the THRIVE model.

This has the following key features:

- **Common Language:** Everyone involved uses simple, clear language to ensure everyone understands the mental health and wellbeing support being provided.
- **Needs-Led:** Support is based on what the child or young person needs, not just on a diagnosis or how severe their condition is. This means creating a plan that everyone understands and knows their role in.
- **Shared Decision Making:** Children, young people, and their families are central to making decisions about their care. Their voices are crucial in choosing the right support.
- **Proactive Prevention and Promotion:** The whole community works together to support mental health and wellbeing, especially for the most vulnerable groups. This includes helping children and young people build on their strengths and planning for safety when needed.
- **Partnership Working:** Effective collaboration across different sectors, with shared responsibility and mutual respect, based on the needs of the child or young person.

Implementing the THRIVE model (2):

- The THRIVE model is all about making sure children and young people get the right help at the right time, with everyone working together to support their mental health.
- Outcome-Informed: Clear goals are set from the start, and progress is measured. If goals aren't met, there's a discussion about why and what to do next. This includes considering all options, even those outside traditional treatment.
- Reducing Stigma: Mental health and wellbeing are seen as everyone's business, meaning that children and young people won't be treated badly or unfairly because they need mental health support. This includes building a culture of open conversations around mental health and wellbeing.
- Accessibility: Support is available quickly and in a way that suits the child, young person, or family, wherever they are in the community.

Key achievements to improve CYP mental health and wellbeing (1):

Putting early intervention and prevention at the heart of our transformation:

- Extending and embedding coverage of Mental Health Support Teams in Schools in Nottingham and Nottinghamshire and embedding whole school approaches to mental health.
- Increasing access year on year to mental health and wellbeing services for children and young people who need them.
- Senior Mental Health Lead Training delivered in Nottingham City and Nottinghamshire schools.

-Further developed and implemented outcomes-based commissioning for children and young people's mental health services.

-Roll out of Healthy Little Minds infant mental health service in Nottingham City.

-Reviewed and shared best practice around tackling health inequalities across service providers.

-Continued to develop NottAlone, the local website for mental health support and provision.

Specialist Provision:

-Worked with the East Midlands Provider Collaborative around developing the 3.5 model.

-Mental Health Champions roles established in Acute hospitals.

-Developed specialist roles with Community CAMHS to support young people with more complex needs.

-Enhanced the multi-disciplinary offer in Crisis Liaison and Home Treatment teams to include autism specialists.

-Commissioned a Behaviour Intensive Community support service for young people with Learning Disabilities and/or Autism.



Key achievements to improve CYP mental health and wellbeing (2):

Youth Justice:

- Expanded the Head 2 Head mental health offer to include increased support for harmful sexual behaviours and speech, language and communication needs.
- Revised the Youth Justice service model to ensure that all children interacting with the service are considered and supported to have better health outcomes (e.g. not just those on statutory orders) and opportunities to support prevention and diversion are utilised.
- Developed Youth Justice and partnership staff's knowledge and understanding of autism and the link with offending behaviour, with a view to sharing effective practice.

Children in care and care leavers:

- Increased the multi-disciplinary offer within children in care teams, including occupational therapy.
- Enhanced the provision of mental health support for care leavers and developed an equitable offer across City and County.

18-25 and transitions:

- Ensured a seamless transition between children and young people and adult Early Intervention in Psychosis and the 'At Risk Mental Health' pathway.
- Ensure preparation for adulthood is embedded within health and care.



Case for Change – Understanding the needs of our local population

Joint Strategic Needs Assessment (JSNA) chapters on the emotional and mental health of children and young people for Nottingham and Nottinghamshire have highlighted key areas for development. This includes that need and demand for mental health and wellbeing services continues to grow among our CYP. The number of CYP estimated to have a mental health disorder has increased and the complexity of presenting needs have also increased.

20,705 CYP aged 0–18 accessed mental health services in 2024/25 (Jan 25).



National modelling indicates 15% of babies could be expected to have disorganised parental attachment, and there is an estimated national prevalence rate of 17% of 0–4-year-olds having a mental health need.



Referrals to CAMHS Crisis and Home Treatment increased during 2023/24 and remained high in 2024/25.



From September 2024, the City mental health improving attendance team (MIAT) has worked with 130 children with emotional barriers to school attendance.



The numbers of primary and secondary school pupils with social, emotional and mental health needs has been increasing.



The number of hospital admissions because of self-harm for CYP aged 0–24 are decreasing, as mental health teams are picking these cases up earlier.



26% of Nottinghamshire women who gave birth in 2019 and in 28% of women in Nottingham City were estimated to experience a perinatal mental health condition.

Case for Change – Mental health and wellbeing



There can be a lack of coordination and integration between different services, which can make pathways to support unclear and cause delays to receiving support.



The percentage of children and young people living in poverty increased from 16.9% in 2022-23 to 18.8% in Nottinghamshire in 2023/24 and 55.2% of the Nottingham population live in the most deprived areas nationally.



Waiting times have improved but in some areas remain too long for access to assessment and treatment.



Social inequalities remain a cause for concern, with deprivation continuing to be a significant factor in health inequalities and mental ill-health in CYP.



Integrated care models that combine mental health services with other health and wider children's services have shown promise in improving outcomes for children and young people.



CYP in care continue to have greater mental health needs than those of the general population and are a particularly vulnerable group.



Support services are not always based in areas that are accessible to CYP or available at times that best suit them, e.g. after school and evenings.



Investing in early intervention can be cost-effective for healthcare systems. By addressing mental health issues early, it can reduce the need for more intensive and expensive treatments later.



There are increasing numbers of neurodivergent CYP.



Finances are a significant challenge for all system partners, which also creates workforce challenges.

Case for Change – Nottinghamshire System and THRIVE

Key messages from the THRIVE workshops (January and March 2024), with representation from across the Integrated Care System

Increased development of patient choice for people with complex needs is required.

Need to create shared risk and a no-blame culture.

Need senior leadership buy-in to I THRIVE way of working.

Workforce challenges make long-term culture change challenging.

All parts of the mental health and wellbeing care and support system (whether delivered by NHS, Local Authorities, independent sector or VCSE services) impact each other in relation to demand, capacity, people's experiences of care and finances. This highlights the need for flexible, integrated care.

Better evidence of outcomes is needed.

What do children and young people who use our services say? (1)

There needs to be improvements to the transition from CYP mental health support to adult support.

Alternative to talking therapies should be available.

Trauma-informed support should be embedded into all services.

There should be support to attend groups.

Support for parents, families and carers should be available to help them understand mental health issues.

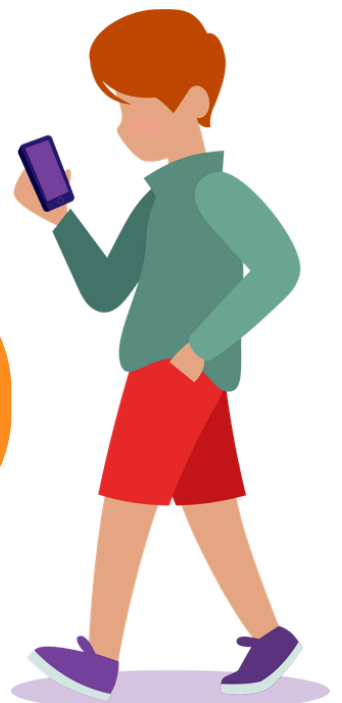
Referral pathways and journeys through services should be clear, easier to navigate and there should be better integration and transitions between services. Single point of access arrangements should be improved so there is a clear route of access for CYP and their families.

Greater public awareness and understanding of what support is available to CYP and their families is needed.

There should be a needs-led approach to service provision.

Coproduction with CYP with lived experiences should be embedded into service design and delivery, and the CYP mental health workforce should reflect the community and include those with lived experience.

Greater promotion of early intervention services and awareness of self-referral to CAMHS is needed.



What do children and young people who use our services say?(2)

More training for professionals should be delivered in conjunction with CYP.

There should be a choice of professionals and venues available when receiving support.

There should be more opportunities available to CYP to build skills and confidence through activities and volunteering.

Young people have expressed that they want opportunities to connect with and be supported by peers.

CYP should be able to have a sense of control and agency over their treatment and treatment plans.

Waiting times and how to access services should be clear and available to the public.

Support should be more flexible and available earlier with shorter waiting times, and in locations and times that work best for CYP, e.g. evenings and community settings.

A quick response to CYP when in crisis is important.



Addressing Health Inequalities

Some people are less healthy than others, and that's not fair.

This can happen because of things like how much money a family has, where they live, what kind of food they can get, or the jobs that parents have. It can also be because of who they are or how they are treated.

These differences mean some people get sick more often, find it harder to get help, or don't feel listened to when they do. But the important thing is: these problems can be fixed. Everyone deserves the same chance to enjoy good mental health and wellbeing.

We want to make sure that everyone gets the same chance to be mentally healthy, no matter who they are or where they live. That's why we're working with lots of different people and organisations to:

- Spot unfair health problems early.
- Think about how changes to services might affect people.
- Take action to help those who are often left out or treated unfairly.
- We want to ensure that services routinely collect data around protected characteristics.
- Ensure that staff have the right training and skills to promote access for all children and young people and systemic barriers are reduced or removed, with particular focus on looked after children, young carers, children with Special Educational Needs and disabilities and LGBTQ+ young people.

To help us do this, we are using a range of tools:

Core20PLUS5 for Children and Young People

This is a national NHS plan that helps us focus on:

- People living in the poorest areas.
- 5 key health issues, including serious mental health problems.

Patient and Carer Race Equality Framework (PCREF)

This is a guide to help mental health services treat everyone fairly, especially people from different ethnic backgrounds.

We are working with all our mental health providers to make sure this happens and share what works with other services too.

Race Health Inequalities Matrix

This is a tool made in Nottingham to help health and care services check how well they are doing at treating people of all races fairly.

We will also use what we learn to help other groups who face unfair treatment – like LGBTQIA+, women, and neurodiverse children and young people.

Three-Year Strategic Plan for Children and Young People's Mental Health and Wellbeing: 2025-2028

An overview of the next 3-years' activity with key milestones.

This Plan contains a high-level overview of the key areas of focus with overarching milestone deliverables that will support system partners to deliver on the vision for Children and Young People's Mental Health and wellbeing. This will be supported by plans for delivery, which will set out the key steps required to move the system to the direction set out in this plan, along with the alignment of any existing groups or initiatives underway to maximise impact. This plan will be reviewed yearly to ensure it remains an active document. Each area of focus and associated activity will be reviewed to ensure continuous quality improvement.

Plans will be monitored against agreed outcomes and system trajectories, using mental health and Children and Young People dashboards, routine outcome measures collected by providers, wider system datasets and qualitative feedback from children, young people and families.

Each Strategic Pillar has been broken down into 3 main areas of focus.

Co-production has been a driving force in shaping this systemwide plan, ensuring that the voices of children, young people, families, and system partners are reflected and embedded within the plan. Through structured engagement, lived-experience insight, and collaborative workshops across partners, the plan reflects what matters most to communities and those delivering services. This approach has strengthened the plan's priorities, challenged assumptions, and ensured that proposed changes are grounded in real experiences rather than organisational perspectives alone. As a result, the systemwide plan is more equitable, practical, and aligned with the needs and aspirations of the people it is designed to serve, creating a shared sense of ownership and accountability across the whole system.



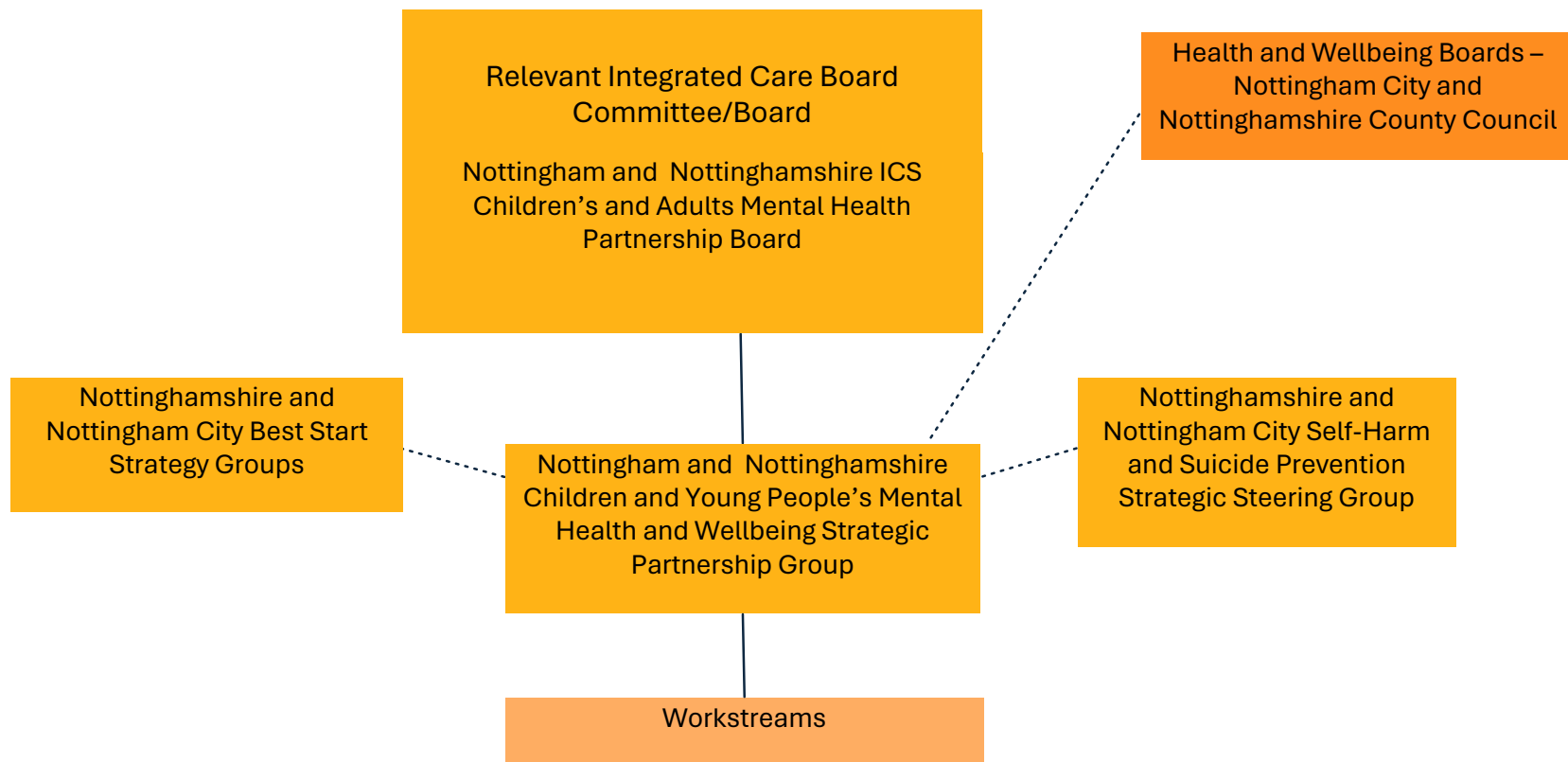
How will we manage the plan?

We're working together across organisations and partnerships to make sure children and young people get the mental health and wellbeing support they need.

Everyone has a part to play, whether it's schools, councils, health services, or families.

The Plan aligns with existing strategies, programmes, and partnership priorities at both local and system-wide levels to ensure maximum impact, including the All Age Mental Health Partnership Board strategic priorities, Safeguarding Children's Partnerships, Nottingham City and Nottinghamshire Best Start Strategies, Nottingham and Nottinghamshire Suicide Prevention and Self Harm Strategy, the Children and Young People's Strategy, the Youth Justice Strategy and the SEND strategy.

Working together at local and system levels is key to our success and ensures we use all our resources effectively.



Strategic Pillars

Three strategic pillars have been developed to deliver on our vision and aims:

Strategic Pillar 1:

Building resilient and mentally healthy babies, children and young people.

Strategic Pillar 2:

Delivering high quality mental and emotional wellbeing support that puts children and young people first.

Strategic Pillar 3:

Increasing access to mental health support in the right place at the right time.

System partners have developed key areas of focus that require collective action and will enable the system to deliver on our vision.

These three strategic pillars have informed the development of the strategic plan and key actions for the next three years as detailed below.

3-Year Strategic Plan: Strategic Pillar 1 (1)

Strategic Pillar 1: Building resilient and mentally healthy babies, children and young people.

Area of Focus (1.1)	Year 1	Year 2	Year 3	Outcomes
Embedding the Best Start 0-5 approach with focus on cross training and holistic support.	- Using NottAlone signposting and information for 0-5 and develop information for parents in adults' section. - Establish a new parental mental health and parent infant relationship steering group with appropriate cross system representation. - Understand the range of interventions for emotional health and wellbeing and parent infant relationships to be taken forward within 0-19 services and Family Hubs. - Support the commissioning of a system 1,001 days e-learning that incorporates introduction to parental mental health/parent infant relationships and is widely accessed. - Work with the Best Start Strategy groups to review equity of Infant Mental Health Offer across City and County.	- Scope focused services for 2-5-year olds. - Review and strengthen whole family approaches taken by all services working with families. - Identify and meet workforce development needs in relation to parental mental health and parent-infant relationships. - Appraise options considering capacity requirements to further develop parent-infant relationship and pilot 0-5 mental health support within the CAMHS pathway.	Review of impact to ensure continuous quality improvement.	- Increased parental confidence in managing their child and young person's mental health. - Earlier identification of mental health issues. - Improved school attendance. - Services make a positive difference to parents, carers, children and young people who access them. - More children reach expected levels of development in relation to social and emotional development aged 2-5.



3-Year Strategic Plan: Strategic Pillar 1 (2)

Strategic Pillar 1: Building resilient and mentally healthy babies, children and young people.				
Area of Focus (1.2)	Year 1	Year 2	Year 3	Outcomes
Encouraging and developing links to community assets.	- Work with Place Based Partnership leads to scope current CYP community assets. - Agree a shared definition of community assets and how they link to youth work and develop vision of offer across Nottingham and Nottinghamshire. - Agree outcomes needed from work.	- Work with partners to secure funding for interventions e.g. community connector roles as part of test and learn approach. - Map the system wide early intervention and prevention provision for 5-19 year olds, including adolescence and pre-adolescence and identify recommendations for improvement.	Review of impact to ensure continuous quality improvement.	- Children and young people report improved mental wellbeing. - Improved school attendance.



3-Year Strategic Plan: Strategic Pillar 1 (3)

Strategic Pillar 1: Building resilient and mentally healthy babies, children and young people.				
Area of Focus (1.3)	Year 1	Year 2	Year 3	Outcomes
Upskilling the wider CYP workforce on mental wellbeing, particularly trauma-informed approaches.	- Ensure learning from Whole School Approach and Senior Mental Health Lead training is shared widely. - Scope the development of trauma informed commissioning approaches. - Develop offer of mental health first aid training for wider children and young people's services.	- Individual organisations to make pledges around how they will improve children and young people's mental health. - Apply learning from wellbeing work with adults to children and young people's services. - Use mental health wellbeing continuum to develop shared understanding of what mental health and wellbeing mean across the system workforce.	- Review progress against pledges and update as necessary. - Review of impact to ensure continuous quality improvement.	- Increased access to children and young people's mental health services. - Children and young people report improved mental wellbeing.
Health inequalities.	- Establish cross system co-production mechanisms across children and young people's services. - Improve data collection around children and young people with protected characteristics. - Ensure that all staff have completed relevant training around reducing health inequalities.	- Develop targeted engagement strategies for under-represented groups in CAMHS at a service level. - Review impact of co-production activity on service outcomes.	Review of impact to ensure continuous quality improvement.	Increased access to children and young people's mental health services.



3-Year Strategic Plan: Strategic Pillar 2 (1)

Strategic Pillar 2: Delivering high quality mental and emotional wellbeing support that puts children and young people first.				
Area of Focus (2.1)	Year 1	Year 2	Year 3	Outcomes
Review of workforce skills and expertise.	- Audit commissioned workforce against relevant guidance, e.g. NICE guidance. Develop strategies to attract, retain, and develop mental health professionals. - Promote a multidisciplinary team approach to collaboration and integration within the mental health system and with wider partners. - Ensure workforce planning aligns with national and regional mental health policies and priorities. - Develop recommendations for senior decision makers: CYP Mental Health Strategic Partnership Group and the CYP Strategic Commissioning Group and individual organisations around cross system workforce development initiatives.	- All commissioners to audit skills of workforce against clinically relevant guidelines and system demands over 12-month period. - Develop action plans to share knowledge via local training routes. - Monitor and evaluate the implementation of workforce initiatives and their impact on service delivery.	- Review of impact to ensure continuous quality improvement. - Develop a system wide workforce plan including retention strategies.	Increased access for children and young people to high quality care.



3-Year Strategic Plan: Strategic Pillar 2 (2)

Strategic Pillar 2: Delivering high quality mental and emotional wellbeing support that puts children and young people first.

Area of Focus (2.2)	Year 1	Year 2	Year 3	Outcomes
Support for children and young people whilst they are waiting for emotional health and wellbeing provision.	- Information on waiting times to be published. - All commissioners/ providers to review waiting well offers against existing evidence-based toolkits and coproduce local waiting well toolkit for CYP, families and professionals, including social prescribing offer. - Senior Mental Health Lead training delivered on how to support CYP whilst they are waiting for services. - Identify best practice from other areas. - Agree next steps for NottAlone and continue to develop the website to respond to emerging need and develop data collection mechanisms.	Embed an aligned system understanding of different waiting well offers and joint approaches where relevant, e.g. joint resources for like-for-like City and County services.	Review of impact to ensure continuous quality improvement.	- Improved children and young people's mental health. - Reduced numbers of young people presenting in crisis in acute hospitals.



3-Year Strategic Plan: Strategic Pillar 2 (3)

Strategic Pillar 2: Delivering high quality mental and emotional wellbeing support that puts children and young people first.				
Area of Focus (2.3)	Year 1	Year 2	Year 3	Outcomes
Provide care based on children and young people's needs, not a diagnosis.	- Develop a case for change to enable a system approach to delivering intensive support team for children and young people with complex needs. - Support MHSTS expansion to ensure incremental increased coverage with ambition of 100% coverage by 2030. - Use extension of MHSTS to promote the Whole School Approach as a route to influence attachment friendly behaviour support policies in schools and reframing reasonable adjustments for neurodevelopmental needs at school. - Work with other areas to ensure equity in approaches to mental health support for looked after children and young people. - Develop an options paper for co-commissioned models of co-production with children and young people.	- Work with LDA commissioners, children's services and providers to develop an equitable offer and practice for children and young people with co-presenting mental health issues and neurodevelopmental issues across the ICS footprint. - Ensure that MHSTS provide access for early emotional wellbeing support for looked after children. - Develop and agreed a shared outcomes framework around children and young people's mental health and wellbeing that is shared across the system. - Further work to refine neurodevelopmental pathways for children and young people, including aligning Partnerships for Inclusion of Neurodiversity (PINS) and MHSTS provision.	Review of impact to ensure continuous quality improvement.	- Reduction in hospital admissions for children and young people. - Reduction in placement breakdowns. - Reduction in referrals to specialist services. - Reduction in out of area placements for looked after children and young people. - Earlier identification of mental health issues. - MHSTS coverage is 100% by 2030.



3-Year Strategic Plan: Strategic Pillar 3 (1)

Strategic Pillar 3: Improving access to care and support in the right place at the right time.

Area of Focus (3.1)	Year 1	Year 2	Year 3	Outcomes
Supporting parents to build resilience and learn how to manage their child's and their own mental health and wellbeing.	- Establish clear pathways from Family Hubs and Families First teams into all mental health and wellbeing teams. - Delivery of Parental Help and Emotional Wellbeing support group for supporting parental mental health in County Family Hubs. - Agree mental health provider links and joint working with Family Hubs and Families First teams. - Undertake system-wide mapping exercise around resources for parents supporting CYP mental health, including a clear view of the existing offer from providers. - Utilise existing co-production with parents to inform service development and undertake additional co-production where necessary. - Learning from MHSTS work with parents to be shared across the system.	- All parents to get information during pregnancy, birth and beyond on baby brain development and importance of maternal regulation. - Develop system guide to your child's emotional development at 0-5, primary and secondary age. - Scope parent peer support worker roles including access to training.	Review of impact to ensure continuous quality improvement.	- Increased parental confidence in managing their child and young person's mental health. - Earlier identification of mental health issues. - Reduced inappropriate referrals. - Improved school attendance.



3-Year Strategic Plan: Strategic Pillar 3 (2)

Strategic Pillar 3: Improving access to care and support in the right place at the right time.

Area of Focus (3.2)	Year 1	Year 2	Year 3	Outcomes
Developing a flexible offer which children and young people can understand and navigate.	- Create a shared access policy across providers for all mental health and wellbeing services. - Work with system partners to undertake an audit of young people's experience of transition from children and young people's to adults' services. - All providers to review opening times for services and ensure that these meet children, young people and family's needs. - Develop a clear description of provider digital offers that can be shared on NottAlone. - Explore Integrated Neighbourhood Team models of provision.	- Continue partnership support for rollout of MHSTS. - Publish waiting times for all CYP mental health services monthly. - Review outputs from transitions co-production work and ensure all recommendations have been implemented. - Implement recommendations from MHSTS evaluation to strengthen current offer and support rollout of future teams.	Continue with rollout of MHSTS.	- Increase access for children and young people to mental health services. - Increased number of young people accessing services within 4 weeks. - Young people and families report improved experience of transitions.



3-Year Strategic Plan: Strategic Pillar 3 (3)

Strategic Pillar 3: Improving access to care and support in the right place at the right time.

Area of Focus (3.3)	Year 1	Year 2	Year 3	Outcomes
No wrong door	- Research areas of best practice and effective single point of access (SPAs) across the country. - Arrange visits for multi-agency professionals over a period of time including leaders and decision-makers. - Establish scope and ambitions for future SPA developments with reference to changes in Pathway to Provision and front door work in the County, current integrated SPA arrangements in the City and Young Futures Hubs. - In line with Integrated Neighbourhood Team (INT) models of care, agree the infrastructure and form and function needed. - Identify and secure system resource to develop and drive the transformation. - Explore opportunities to replicate adult mental health self-booking system. - Strengthen existing joint triage processes across providers to ensure consistent practice across Nottingham and Nottinghamshire. - Signposting materials to support no wrong door and shared with key partners/contact points. - Improve public-facing information to support prevention and self-management. - Explore the evidence base for use of artificial intelligence (AI) in triage.	- Establish information sharing agreements across the partnership. - Develop online self-referral processes that align with NottAlone self-help information. - Required service development/commissioning undertaken. - Align and integrate existing SPA processes. - Strengthened Multi Disciplinary Teams (MDTs) approach to support partnership working for people with most complex needs. - Strengthen existing multidisciplinary team arrangements and agree milestones for the development of INTs.	Review of impact to ensure continuous quality improvement.	- Increase access for children and young people mental health services. - Earlier identification of mental health and wellbeing issues. 

Success Measures

This Plan will be underpinned by delivery plans which will be monitored against agreed outcomes and system trajectories, using existing dashboards and qualitative feedback from children, young people and families. These metrics will enable us to track progress to long term improved outcomes for children and young people. Key success measures include:

Children and young people in inappropriate settings. We will aim to reduce the number of CYP with complex needs in inappropriate settings.

Improved social and emotional development aged 2-5.

Waiting times for assessment and treatment. All services will work towards a national 4-week waiting time ambition, which aims to ensure that CYP will wait no more than four weeks from being referred to receiving help.

Number of children and young people able to access mental health support. The system will aim to continue to increase the number of CYP able to access mental health support.

We will aim to increase the proportion of all children (and specifically those eligible for free school meals) achieving a good level of development at age 2 to 2.5 years and in Reception.

Improved children, young people and families experience of using services across the system.

Reduction in number of children who are not attending school or excluded from school due to mental health and wellbeing issues.

Risks and Issues

Overarching, system wide risks to the delivery of the strategic plan have been identified by the Children and Young People's Mental Health and Wellbeing Strategic Partnership Group. These will be addressed through the programme of transformation and will be managed through programme governance. The risks below and mitigations are owned by all system partners.

Risks	Mitigation
1. Financial challenges across system partners may limit investment in effective mental health and wellbeing provision.	• Develop strong business cases, including cost-benefit analysis for evidence-based provision. • Reducing duplication and clear view of what all system partners are delivering. • Robust evaluation of interventions.
2. Current workforce numbers and skills may be insufficient to meet the increasing numbers of young people presenting with mental health needs, including those who are neurodiverse.	• Provision of early support in schools. • Collaborative working group established to mitigate risks. • Minds of All Kinds website launched. • Adopt learning from wider models both locally and nationally. • Training for mainstream services in meeting the needs of neurodiverse children and young people. • Rollout of the Partnerships for Inclusion of Neurodiversity in schools' programme. • Co-production with children and young people with mental health and neurodevelopmental needs.
3. Requirement for increased productivity may exceed existing system resource.	• Review service delivery models. • Collaborative commissioning between system providers and commissioners. • Develop collective understanding of increased productivity in practice.
4. Increasing need and complexity. Increasing levels of child poverty, particularly in Nottingham City are driving increasing complexity of CYP coming into services.	• Develop better support for parents and carers. • Develop robust intelligence and insight to facilitate robust allocation of resources. • Develop understanding of causes of increasing need.
5. Transition from CYP mental health to adult mental health services can result in some young people unable to access appropriate care.	• Develop all-age pathways. • Appraise bespoke 18-25 models of care.
6. System capacity to do transformation work across the strategic pillars of the plan may impact on the scale and speed of progress.	• Escalation through established governance routes.

Acknowledgements

We extend our sincere appreciation to all partners and stakeholders across the NHS, local authorities, education, the voluntary and community sector whose commitment and collaboration have been instrumental in shaping this plan. We offer particular thanks to the children and young people who generously shared their experiences and insights, ensuring their voices remain central to our collective ambition for improvement.



A partnership between

NottAlone

NHS
Nottingham and
Nottinghamshire

Integrated
Care System
Nottingham & Nottinghamshire



Nottingham
City Council



Nottinghamshire
County Council