

NOTTINGHAM CITY AND NOTTINGHAMSHIRE
JOINT LOCAL TRANSFORMATION PLAN
CHILDREN AND YOUNG PEOPLE’S EMOTIONAL AND
MENTAL HEALTH
2016 – 2020



Introduction

It is one year since we developed our local transformation plans for Nottingham and Nottinghamshire, seeking to improve the emotional and mental health of our population of children and young people through implementing the recommendations of *Future in Mind* (Nottingham City Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015 -2020 and Nottinghamshire Children and Young People's Mental Health and Wellbeing Strategy (2015 – 2020)). Children's emotional and mental health continues to be a key strategic priority within our local partnership plans (Nottingham City Children and Young People's Plan 2016 – 2020 and Nottinghamshire Children, Young People and Families Plan 2016 – 2018), and we remain committed to delivering the *Future in Mind* priorities:

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

By delivering these priorities, our aim by 2020 is for:

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

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

- Numbers of schools, colleges and alternative educational providers providing a whole school approach to emotional health and wellbeing
- Numbers of children receiving emotional and mental health support when they, or professionals working with them, feel they need it
- Numbers of children receiving mental health assessment and support in a timely way
- Numbers of children and young people reporting that the interventions they receive are helpful and positive
- Numbers of young people who have an avoidable emergency department attendance due to their emotional or mental health needs
- Numbers of young people who have an avoidable hospital admission due to their emotional or mental health needs

- Numbers of young people who need to be cared for in inpatient provision, being cared for close to home and with as short a length of stay as possible

In 2016/17 we are baselining performance against these measures and will track progress over the life of the plan.

Updating our local transformation plans

When our local transformation plans for children's mental health were originally developed in 2015, they were done as separate plans for Nottingham City and Nottinghamshire, recognising that each area has its own Health and Wellbeing Board, and each has different commissioning arrangements for children's emotional and mental health. Over the last year, the strategic context has changed, with the requirement to develop local, place based Sustainability and Transformation Plans (STPs). Our local STP covers the footprint of Nottingham and Nottinghamshire, with Bassetlaw as an associate to the Nottinghamshire STP, and a partner within the South Yorkshire and Bassetlaw STP. Partners involved in the STP include local councils, clinical commissioning groups, healthcare providers (acute and community), and voluntary and community sector providers. In light of the development of the STP we have decided to join together our local transformation plans for children's mental health in Nottingham City and Nottinghamshire, to ensure consistency of approach. Bassetlaw CCG will continue to be part of our Nottingham and Nottinghamshire LTP, and associates to the wider Nottinghamshire STP, however information will be shared with the South Yorkshire STP, in recognition of Bassetlaw's footprint for STP. Whilst our strategic documents developed in 2015 still stand, as we move forwards we will identify any new actions required together.

This joint transformation plan reflects our shared priorities, and identifies where action to achieve these can be taken together, and where they need to be taken separately, reflecting the diverse needs of the population of children and young people in Nottingham and Nottinghamshire, and the current commissioning arrangements in place.

In governance terms, we will retain existing City and County governance boards to ensure continuing effective planning and delivery, but will review this in 2017, to ensure we are maximising opportunities to work together to better meet the needs of children, young people and their families.

The needs of our local population

The emotional and mental health needs of our local population of children and young people are outlined in our joint strategic needs assessment (www.nottinghamshireinsight.org.uk). They are also articulated in our initial local transformation plans for children's mental health and wellbeing developed in 2016. The needs assessment will be updated following the publication of the national prevalence survey into children's mental health in 2017.

Over the last year we have commenced work on scoping the needs of specific populations of vulnerable children and young people. This includes undertaking a **health equity assessment** of CAMHS access in Nottingham City, and undertaking a **health needs assessment of looked after children and care leavers**. Priority actions within 2016/17 will include implementing the

recommendations arising from this work. A further priority for 2016/17 will be to consider the **emotional and mental health needs of refugee and unaccompanied asylum seeking children** and young people, in recognition of the anticipated increased numbers of who will be accommodated in Nottingham and Nottinghamshire under the Home Office's proposed resettlement schemes.

Key service data from 2015/16 is summarised in appendix i. It shows that there continues to be significant demand for children's emotional and mental health services, and the need for improvements in timely access to services, particularly in Nottinghamshire County. Through the implementation performance framework that has been developed, the next iteration of our local transformation plan will include additional data about children and young people's needs and the extent to which our services are improving outcomes.

What we know from children, young people and families

Over the last year, children, young people and families have been engaged in our transformation activity by individual services, as well as through specific pieces of work such as an Insight Report undertaken by Healthwatch into young people's experience and knowledge of mental health services in Nottingham City.

Key messages for commissioners and providers continue to be around improving access to services for children, young people and families, making it clear what services are available, where, and how to access support.

Developing a more proactive approach to co-producing services with children, young people and their families is a key priority for us in our local transformation planning, with the key priority for 2016/17 being the ongoing development of our services for young people experiencing acute mental health crisis. This work will be facilitated by our local authority Young People's Services, Nottingham University Hospitals NHS Trust Youth Work team, Healthwatch and Nottinghamshire Healthcare NHS Foundation Trust's involvement and engagement team.

What we know from our local stakeholders

Over 2015/16 we have engaged with stakeholders across the city and county through Nottingham City Children's Partnership Board, Nottinghamshire Health and Wellbeing Board and Children's Trust, Nottingham City and Nottinghamshire head teachers and GP Clinical Leads from the clinical commissioning groups (CCGs). We have sought feedback on our local priorities and whether we are focussing on the right areas. We have heard that:

- We need to continue to **improve children and young people's access to effective support as early as possible**. Too many children, young people and families and too many professionals report not being able to access any support, or having to wait too long for support to be provided.
- We need to better engage with **schools and colleges** to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support. We also need to ensure that children in **alternative education provision** and those who are **electively home educated** have access to the same support.

- We need to prioritise the needs of **vulnerable children**, including looked after children and care leavers and refugee and unaccompanied asylum seeking children and young people.
- We need to **further develop our model of crisis response and home treatment** to ensure that children and young people are assessed as promptly as possible, whether in the community or acute settings, including emergency departments.
- We need to **prioritise the development of our whole workforce**, from staff supporting children and young people in universal settings, through to upskilling staff working in mental health services to deliver evidence-based interventions in line with CYP-IAPT. As well as growing capability within our workforce, we need to grow capacity within our workforce.
- We need to prioritise **transition arrangements** for young people who reach adulthood with ongoing mental health needs.

Delivering national priorities

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

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

This plan demonstrates progress that has already been made against these areas and outlines what still needs to be implemented in order to achieve these local and national priorities.

OUR LOCAL TRANSFORMATION PLAN PRIORITIES FOR ACTION (2016/17)

Resilience, prevention and early intervention

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

So far, in 2015/16, the following has been achieved in this priority area:

Developed plans to implement **academic resilience** in Nottingham and Nottinghamshire schools. In north and mid Nottinghamshire this involves rolling out the Take 5 programme, originally piloted in Bassetlaw schools. In south Nottinghamshire a procurement exercise is currently being undertaken, whilst in Nottingham City, a programme based on existing work around the character curriculum is being developed. These plans will be fully rolled out in the academic year 2016/17.

Commissioning **online counselling support** for Nottinghamshire young people aged 11-25 which will mobilise in early 2017; this support has already been available for a number of years in Nottingham City.

Embedded Nottingham City's pilot Behavioural, Emotional and Mental Health Pathway, intended to facilitate easier access for children, young people and their families to appropriate **early support in relation to behaviour and emotional health needs**. This included establishing a pilot team to provide specialist support to these children, including delivering evidence-based parenting programmes. The pilot has recently been independently evaluated, and responding to the evaluation is a key priority. The response will include making access to parenting programmes more consistently available early on in the pathway, with more clearly defined 1:1 support available to families requiring specialist support around behavioural needs.

Established a **primary mental health** function in Nottinghamshire to provide "pre-CAMHS" case consultation, advice and training to GPs and schools. We have recently piloted a similar consultation approach within the City as an extension of the City's Single Point of Access.

Key priorities in this area for 2016/17:

- Further strengthen the **perinatal mental health** pathway across Nottinghamshire and Nottingham City, exploring information sharing across the pathway (between providers), considering assessment tools, resources and self-help materials, training and workforce development and addressing gaps or duplication in provision. This is expected to be completed by March 2018.
- Strengthen **early support around emotional health** available to children. In Nottinghamshire, a new, integrated healthy child and public health nursing programme for 0-19 years olds will be in place from April 2017, including delivery of evidence-based time limited 'tier one' interventions in relation to emotional health and wellbeing in line with NICE guidance (self-esteem, self-harm, anxiety, depression, risk-taking behaviours), provision of advice and support for children and young people aged 11 plus, via drop-in clinics in or near each secondary school, weekly in the areas of greatest need, provision of advice and support for parents and carers of children aged 0-11 within drop-in clinics based

in accessible community venues and an increased focus on measuring outcomes in relation to emotional health and wellbeing. In Nottingham City, emotional health and wellbeing will continue to be a key priority for health visiting and school nursing services under the existing commissioned service arrangements.

- Continue to develop and improve our information for children, young people and families about what they can do in terms of **self-care** in relation to emotional and mental health needs, and how and where to access support. For Nottinghamshire this means the implementation of the County's **Young People's Health Strategy**, and for Nottingham City this means ongoing work to improve web content as part of the **Behavioural, Emotional and Mental Health Pathway**.
- Continue to embed **Small Steps, Big Changes** in targeted wards in Nottingham City, to promote early emotional health and wellbeing.
- Scope how to best engage with **schools and colleges** to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support. We also need to ensure that children in **alternative education provision** and those who are **electively home educated** have access to the same support, by March 2017.

Improving access to effective support – a system without tiers

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

Embedding a system without tiers has been a key priority in 2015/16. The current service pathway for emotional and mental health support in Nottingham and Nottinghamshire can be found in appendix i. This reflects the different commissioning arrangements in the city and county.

So far, in 2015/16, the following has been achieved in this priority area:

In Nottingham City, referrals for emotional and mental health support are made to the Behavioural, Emotional and Mental Health Single Point of Access (SPA), hosted by Nottingham City Council. They are then triaged and allocated to the most appropriate service for assessment, or signposted to a more appropriate service. NHS Nottingham City CCG commissions a range of services to support children's emotional health, including innovative counselling provision (online (incorporating social media) and face to face, Kooth and Base 51), a self-harm awareness raising project (SHARP) and a team supporting children with behavioural and emotional health needs (CityCare). The CCG and local authority jointly fund Tier 2 (Targeted) CAMHS, which is provided by the local authority, and the CCG commissions specialist child and adolescent mental health services from Nottinghamshire Healthcare NHS Foundation Trust. Implementing a system without tiers within Nottingham has involved strengthening the multi-agency triage in the SPA, developing joint assessments and taking a joint approach to workforce development, with shared service development days.

In Nottinghamshire, targeted and specialist CAMHS are commissioned by the six Nottinghamshire clinical commissioning groups (NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) from Nottinghamshire Healthcare NHS Foundation Trust, and since April 2016

capacity has been strengthened and the two teams have been integrated into **one community CAMHS service** with a single access point. The service is configured into three localities, aligned to Nottinghamshire County Council's Early Help and Children's Social Care services.

Across both Nottingham and Nottinghamshire, services are delivered in line with the Choice and Partnership Approach (CAPA), with systems more embedded in some services than others. Work has begun across Nottingham and Nottinghamshire to **develop and implement evidence-based care bundles**. This is one of the key priorities for 2016/17.

Alongside this is the need to further **strengthen access arrangements** for children and young people in need of emotional and mental health support. This includes moving to self-referral in Nottinghamshire's Single Point of Access, and implementing the outcomes from an options appraisal into integrating CAMHS and early help access.

Over the last year, the local **community eating disorder service** for young people has been strengthened by the funded inclusion of paediatric input into the existing multi-disciplinary eating disorders team. The service is part of the Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED), and is awaiting its first peer review in October 2016. The skill mix within the team is in line with the suggested workforce outlined in the Access and Waiting Time Standard document and the service is providing NICE concordant evidence-based practice. In 2015/16, the service received 127 referrals, from which 86 were assessed and 71 accepted for treatment. 54 of the treatment cases accepted had a co-morbid mental health condition, typically mood and anxiety disorders. From April 2016, the service has changed its reporting requirements in line with the access and waiting time standards which set the expectation that young people in urgent need of treatment receive it within a week of referral, whilst young people in need of routine treatment receive it within four weeks of referral. In Q1 of 2016/17, 2 referrals were received of young people receiving urgent treatment. One received this within the required timeframe. In this same time period, 19 young people required 'routine' treatment, and 13 (66%) received this within four weeks. **Performance will continue to be monitored** in order to assess whether additional capacity is required within the team in order to improve timeliness, recognising that the numbers are relatively small and there is insufficient data as yet to accurately benchmark performance.

In January 2016, a pilot Crisis Resolution and Home Treatment Service was established for young people across Nottingham and Nottinghamshire in **mental health crisis**, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis. In the first eight months of operation, the service received 624 referrals, 328 from acute hospitals, 67 for urgent community assessment, 150 for home treatment (some following assessment), and 116 'alert' referrals, for young people already accessing CAMHS support, but whose mental health is deteriorating. 34 of the 116 'alert' referrals went on to receive home treatment. All community assessments have been undertaken within the target time of four hours, and an estimated 33 young people have avoided inpatient mental health admission due to the intensive home treatment received.

The service is currently being evaluated in order to inform the future delivery model. Early indications are that there are significant benefits to children and young people from the extended hours and weekend provision that the team offers, particularly in relation to shared care for looked

after young people and those receiving community support for eating disorders, but also to enable timely discharge for young people on acute paediatric wards. The key challenge already identified is in the numbers of young people presenting to emergency departments and being admitted to paediatric wards. The urgent priority therefore, is to work with the mental health and acute trust providers, to determine the most appropriate model for meeting children and young people's needs in a more timely way within the emergency department (target of one hour response time), in line with the requirements outlined in the Five Year Forward View for Mental Health.

Innovative work has also been initiated within Nottingham University Hospitals NHS Trust, who are leading a cross-system project to develop, pilot and evaluate a new **evidence based and person-centred assessment tool** to enable clinicians in acute hospital settings to assess and manage the safety and wellbeing of children and young people admitted with mental health conditions. This is in addition to a project recently completed, in which a **digital education intervention** for acute hospital registered children's nurses to improve the care of children and young people that self-harm was co-produced with service-users and nurses.

In the initial transformation plans, one of the key priorities was to ensure that no young person detained under **Section 136** of the Mental Health Act, was taken to a police cell as a place of safety. Measures were put in place locally to ensure that this did not happen, and since April 2015, no young person has been detained in a police cell. In May 2016, an audit was undertaken by the Nottingham City and Nottinghamshire Safeguarding Children Boards. This audit looked at the experiences of all young people detained under S136 in Nottingham and Nottinghamshire between April and September 2015. The audit considered the effectiveness of multi-agency support both before and after the S136 incident, as well as the incident itself, and found a number of areas for practice improvement. A task and finish group has therefore been established to implement the findings.

Key priorities in this area for 2016/17:

- A new priority for 2016/17 that has been identified nationally is the improvement of treatment for young people experiencing **first episode psychosis**, as measured through new access and waiting time standards for early intervention in psychosis (EIP) which took effect in April 2016. In Nottingham and Nottinghamshire, this cohort of young people are assessed and treated within the Head to Head Service, which provides NICE compliant treatment for psychosis, bipolar disorder and schizophrenia. Head to Head is a specialist team within CAMHS, providing mental health services to vulnerable young people including young offenders, young people using substances and young people who sexually harm. In 2015/16 there were 15 young people from Nottingham City who met the criteria for EIP and 25 from Nottinghamshire county. It is estimated that approximately 50% of this group were treated within two weeks of referral in line with the access and waiting time standards. For young people already accessing CAMHS support, treatment is provided by the case-holding community team in partnership with Head to Head, and timeliness of interventions under the access and waiting time standard is not currently reported. Work is underway to ensure that this access and waiting time standard can be fully reported for the whole group of young people; this will be completed by January 2017. This will enable an assessment of whether the current delivery model is effectively meeting the needs of this group of young people.
- A new priority for 2016/17, identified by local stakeholders, is the **transition** of young people requiring ongoing mental health support upon reaching adulthood. A benchmarking exercise

has been undertaken to identify the current transition pathways for young people approaching adulthood. The exercise demonstrated that there were some good examples of a clear client journey from CAMHS to Adult Mental Health Services where there are aligned services. For those young people the transition is well planned and joint working takes place for an identified period of time to allow that adjustment into a new service. However the exercise also highlighted and demonstrated that there are actions required for those young people that may not meet the criteria for an adult mental health service. A solution focused task and finish group has been established, with representation from both CAMHS and Adult Mental Health Services, to develop the action plan to inform the pathways for all young people transitioning from the children and young people's mental health services. This will be in place by December 2016.

- Further embed a system without tiers, including the development and implementation of care bundles by March 2017.
- Further evaluation and review of the **Community Eating Disorder Service** to ensure that the service can meet the recommendations within the access and waiting time standards by March 2017.
- Evaluate and further develop the **CAMHS Crisis Resolution and Home Treatment** model to incorporate the 'Core 24' requirements of responding to young people presenting to emergency departments within one hour, by March 2017.
- Further strengthen **access arrangements** for children and young people in need of emotional and mental health support. This includes moving to self-referral in the Nottinghamshire Single Point of Access by March 2017, and implementing the outcomes from the options appraisal into integrating CAMHS and early help access. In Nottingham City this means continuing to strengthen the multi-agency working within the Behavioural, Emotional and Mental Health (BEMH) Single Point of Access.

Care for the most vulnerable

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

So far, in 2015/16, the following has been achieved in this priority area:

Work has started to ensure that our most vulnerable cohorts of young people are able to get the support they need, but we recognise that this area will continue to be a high priority for us throughout the life of our transformation plan. This will ensure that we address health inequalities in Nottingham and Nottinghamshire.

An early priority has been to consider the mental health support to young people with learning disabilities, in line with the national programme '**transforming care for children and young people with Autistic Spectrum Disorder or Learning Disability, and challenging behaviour/mental health needs**'. A risk register for children and young people at risk of admission to an inpatient mental health bed has been put in place within CAMHS, and the Care and Treatment Review process implemented. We know that in 2015/16, 5 young people were admitted to inpatient beds. Whilst the cohort is small, their needs are complex and so we are reviewing our commissioned mental health support in the community, to ensure it is best meeting children and young people's needs.

Through the Behavioural, Emotional and Mental Health evaluation in Nottingham City, and through the work of the Concerning Behaviours Pathway Steering Group in Nottinghamshire, we have started to consider whether our **provision of multi-agency support to children and young people with potential or diagnosed ASD or Attention Deficit Hyperactivity Disorder (ADHD)**, including those with comorbid emotional or mental health needs, is effectively meeting those children's needs. Addressing any identified changes required to improve support will be a priority through 2016 – 2018.

In Nottingham City we have begun to better understand the needs of our vulnerable cohorts by commissioning a **health equity audit** that will be completed by December 2016. This will inform our next steps.

In Nottinghamshire we have commissioned and mobilised a new **therapeutic support** service to **children who have been sexually abused or exploited**. This service, which mobilised in September 2016, is jointly commissioned by Nottinghamshire County Council and five of the Nottinghamshire CCGs.

In both Nottingham and Nottinghamshire, we have identified the need to ensure that we are effectively supporting our **looked after children and care leavers**. For our looked after children this includes ensuring children placed out of area receive effective support as well as those placed in the home local authority area.

A further priority for 2016/17 will be to **consider the emotional and mental health needs of refugee and unaccompanied asylum seeking children** and young people, in recognition of the anticipated increased numbers of who will be accommodated in Nottingham and Nottinghamshire under the Home Office's proposed resettlement schemes.

Collaborative Commissioning

There is a commitment to ensuring that young people requiring **inpatient mental health provision** are cared for as close to home as possible, with as short a length of stay as possible. Local CCGs have worked with NHS England Specialised Commissioning over the last year, to being to develop a dataset so that we can understand the patient flow between CCG commissioned community services and NHS England commissioned inpatient services. This has shown us that whilst admissions and total number of bed days has increased over the last year, average length of stay has decreased (data for 2015/16 is in appendix i). However, significant numbers of young people have to travel out of area for their care, due to a lack of appropriate inpatient provision in the region. We have therefore collaborated with NHS England Specialised Commissioning on their service review process, identifying what types of inpatient provision is required locally, which for our patient needs is eating disorder and psychiatric intensive care unit (PICU) beds.

We have also collaborated with NHS England on the development of the CAMHS Crisis Model, to ensure that pathways and responsibilities are clear, as young people transition between community and inpatient provision. Through the dataset we are developing, we anticipate being able to begin to understand the impact of our community provision on inpatient admissions, discharges and lengths of stay, by 2018. This work will be incorporated into a collaborative commissioning plan, to be completed by December 2016.

Our local CAMHS provider, Nottinghamshire Healthcare NHS Foundation Trust is developing a **new, purpose built inpatient unit** for children and young people, with increased capacity, in order to be able to care for more young people closer to home. This development has involved significant engagement with children and young people currently accessing inpatient provision at Thorneywood, the local adolescent unit.

The other collaborative commissioning arrangements that local CCG commissioners have begun to develop over the last year are with Health and Justice Commissioners responsible for **Sexual Assault Referral Centres, Secure Children's Homes, Young Offenders Institutions and Criminal Justice Diversion and Liaison teams**. This work is in the early stages but one of the priorities for 2016/17 that is being progressed through the Strategic Clinical Network's regional Future in Mind Steering Group, is a detailed mapping of local service pathways, so that we can identify where provision needs to be better joined up.

Key priorities in this area for 2016/17:

- Scope the emotional and mental health needs of refugee and unaccompanied asylum seeking children and young people, by March 2017.
- Complete the review of mental health support to children and young people with learning disabilities by December 2016.
- Deliver improvements to the pathway for children and young people with potential ASD or ADHD by July 2017.
- Review current emotional and mental health provision to looked after children and care leavers by March 2017.
- Implement any recommendations arising from the Health Equity Audit by March 2017.
- Develop a collaborative commissioning plan with NHS England by December 2016.

Accountability and transparency

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

So far, in 2015/16, the following has been achieved in this priority area:

Improving data quality and availability has been a priority locally in 2015/16 and continues to be in 2016/17. A performance framework has been developed across the range of services providing emotional and mental health support to children and young people, aligned to the Mental Health Services Minimum Dataset, however it is acknowledged that there is significant work still required both to make sure that all providers can record and report the necessary data items, and to join the data flow across providers together to get a clear picture of the experience of children, young people and families and the impact of service provision. 2017/18 is expected to be the first year of fully flowing data.

In line with the requirements of CYP-IAPT, we have **embedded the use of routine outcome measures** across CAMH services. The promotion of the use of routine outcomes measures stems from research indicating that clinical staff have, in the past, been challenged in accurately detecting client deterioration. The use of standardised routine outcome measures (such as scaling tools) demonstrates that frequent measurements at the beginning and end of therapeutic sessions, leads to improved outcomes, decreases deterioration rates, and reduces the rates of young people not attending sessions. The young person's point of view is most predictive of outcome and therefore extremely important. Within Nottinghamshire Healthcare NHS Foundation Trust the use of routine outcome measures has been mandatory since September 2015 across many of the teams. These measures are utilised by staff in every face to face encounter and feature within both managerial, clinical and peer supervisions. Nottingham City Council (targeted CAMHS) has also recently begun to incorporate the use of routine outcome measures within clinical practice. Over the next year, as robust data is collated and aggregated, this will provide intelligence as to the perception of young people of both the effectiveness of their interactions with CAMHS, but also their experiences of the interventions.

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

Spend by local commissioners on children's mental health in **2015/16** is identified below:

NHS England – inpatient provision (acute, eating disorder, low secure, PICU or CAMHS LD beds (please note this data is approximated, based on average bed price rather than actual spend):

Originating CCG	Bed Days	Total Cost
Mansfield & Ashfield	956	£553.05K
Newark & Sherwood	640	£340.47K
Nottingham North & East	288	£149.16K
Nottingham West	936	£542.70K
Rushcliffe	1509	£893.60K
Bassetlaw	505	£247.29K
Nottingham	2391	£1.27M
Total	7225	£4.00M

Clinical Commissioning Groups – community emotional and mental health provision:

CCG	Total Spend
Mansfield & Ashfield	£1.88M
Newark & Sherwood	£1.03M
Nottingham North & East	£1.24M

Nottingham West	£828.97K
Rushcliffe	£1.14M
Bassetlaw	£1.20M
NHS Nottingham City CCG	£3.81M
Total	£11.13M

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

Nottingham City Council	£1,16M
Nottinghamshire County Council	£907.37K

Key priorities in this area for 2016/17:

- Explore having lead commissioning arrangements for children and young people's mental health and wellbeing services and exploring aligned or pooled budgets:
 - We will review and strengthen commissioning arrangements
 - As a partnership explore how budgets can be aligned/pooled to ensure the most effective use of resources, by March 2017
- Implement a detailed and transparent set of measures covering access, waiting times and outcomes, taking into account new national developments:
 - Fully implement the performance framework for children's mental health and wellbeing, by April 2017
 - Implement processes across commissioned providers and partner organisations to ensure data is reported in line with the Mental Health Services Dataset, discussed and used to make service changes.

Developing the workforce

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

Workforce Development

In terms of our universal workforce, staff have been able to access a range of training opportunities throughout 2015/16, particularly in Nottingham City, where the Behavioural and Emotional Health Team and the Self Harm Awareness Raising Project (SHARP) have delivered a range of programmes to a wide range of stakeholders, in addition to training provided as part of the Wellness in Mind Strategy. Also in the City, Health Education England funding has been awarded to roll out the Mental Health First Aid programme to partners working with children and young people.

Over 2015/16, we have worked hard to maximise our involvement in the CYP-IAPT Programme in terms of upskilling staff working in CAMH services to deliver evidence-based interventions. All 2015/2016 trainees are on track to complete their qualifications (2 cognitive behavioural therapy (CBT) practitioners, 2 supervisors, 2 leaders and 4 practitioners in systemic family practice). For the 2016/17 cohort applications have been made for 3 CBT trainees, 3 CBT supervisors and 4 leaders, with opportunities also being explored in enhanced evidence-based practice, enhanced supervision, systemic family practice and interpersonal psychotherapy for adolescents. CCG funding has been identified to support backfill for this cohort in 2016/17 and there is in principle agreement to support financial backfill for future cohorts.

In order to ensure that the wider workforce supporting children and young people can access the opportunities that CYP-IAPT provides, a partnership CYP-IAPT Implementation group is being re-established, and is scheduled to meet in November 2016. This will involve stakeholders from across the range of agencies providing services to children, young people and families, including schools and colleges, in order to ensure that staff from all agencies have the opportunity to engage in the CYP-IAPT programme.

Workforce Capacity

In terms of workforce capacity, additional investment was allocated into local CAMHS provision in 2015/16, with the aim of improving access to services including reducing waiting times. The CAMHS workforce as at April 2016, is outlined in appendix iii. The workforce has increased by approximately 42 posts from March 2015 to March 2016, including the pilot CAMHS Crisis Resolution and Home Treatment Service across city and county and additional posts within community CAMHS, particularly in the County. The impact of the additional community CAMHS capacity is expected to be seen in an improvement of waiting times in 2016/17 data, as many posts were not fully recruited to by 31 March 2016. Notwithstanding this caveat, an improvement in waiting times for young people requiring support from Specialist CAMHS can be seen in Nottinghamshire county, where average waits for referral to assessment ranged from 15 to 29 days (by CCG) in 2015/16, compared with a range of 19 to 44 days (by CCG) in 2014/15. Targeted CAMHS in the county continued to provide long waits for children and young people in 2015/16 with average waits for referral to assessment ranging from 46 to 71 days, and waits for referral to treatment ranging from 80 to 136 days. In 2016/17 the integrated CAMHS model was introduced in the county, so going forwards there will be one dataset rather than separate datasets for targeted and specialist CAMHS.

Performance of Specialist CAMHS in Nottingham City significantly improved between 2014/15 and 2015/16, with the average wait from referral to assessment reducing from 27 days to 16 days. In terms of targeted CAMHS, young people in the city continued to receive a timely service in 2015/16, with waits of 4-5 weeks for assessment, then a further 1-2 weeks for treatment. Young people were also able to access timely support through online or face to face counselling. Appendix i contains the full summary of activity, referral and waiting time data.

Ongoing improvement in waiting times including focussing on referral to treatment as well as referral to assessment is a key priority within the transformation plan, and the new data

requirements through the Mental Health Services Minimum Dataset should enable much tighter monitoring of performance and of the impact of additional investment, going forwards.

In terms of the national ambition within the Five Year Forward View for Mental Health to increase the numbers of therapists and supervisors able to deliver evidence-based interventions by 2020, and thus increase the numbers of children and young people able to access evidence-based services by April 2019 (7% increase year on year), consideration is being given locally to how to meet these requirements, including giving consideration to the contribution that the new Psychological Wellbeing Practitioner and Recruit to Train roles can bring to the local partnership. This is being explored across statutory and voluntary sector partners. It is recognised that not managing to recruit and retain an appropriately skilled workforce represents a significant risk to the delivery of our local transformation ambitions, therefore this work is going to be critical in mitigating the risk. A joint-agency workforce plan detailing the plans to deliver the new requirements will be finalised by the end of 2016.

Key priorities in this area for 2016/17:

- Implement Mental Health First Aid in Nottingham City and consider rollout in Nottinghamshire.
- Develop a joint agency workforce plan detailing staffing capacity required to fulfil the requirements of the Five Year Forward View by December 2016, and workforce development needs not met by the CYP-IAPT programme.

Roadmap to 2020

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

Governance

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

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

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

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

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

Clinical engagement is undertaken through the Children and Young People's Clinical Network and the Mental Health Commissioners Clinical Lead Meeting.

Work is underway to develop an appropriate mechanism for ensuring that children, young people and families are engaged in a meaningful way in coproducing both our transformation plans and service specific developments. This plan will be in place by March 2017.

Appendix i. Annual summary of CAMHS data 2015/16

Nottingham City Specific Services

	Number of referrals into service	Number of CYP accepted into service during year	Average waiting time to assessment	Average waiting time to intervention (assessment to intervention)	Number of active cases as at March 31 st 2016	Total number of face to face appointments offered during 2015/16
CityCare (Behavioural and Emotional Health Team)	1463	1463	n/a	3-4 weeks—please note this is referral to intervention time	249	1396
KOOTH (Face to Face)	494	462	1-2 weeks	7-8 weeks	172	2,698
KOOTH (Online)	1,234	1,234	14.6 mins		Number of unique Young People who logged in at least once in 15/16: 1,361	1,097 online chat sessions
Nottingham City Council Looked after children CAMH service	166	166	4-6 weeks	1-4 weeks	202	1347 consultations 650 direct CYP contacts Total: 1997
Nottingham City Council Multi Systemic Therapy services	238 cases presented at EOC panel	51 suitable for MST Intervention	1-2 weeks	2-3 weeks	12	156 on average
Nottingham City Council Targeted CAMHS	1399	1261	4-5 weeks	1-2 weeks (Choice to allocation)	765	1016 (choices) 5366 (1:1 direct sessions on average)

Nottinghamshire Specific Services

Nottinghamshire Healthcare NHS Foundation Trust Targeted (Tier 2) CAMHS

Tier	CCG Name	2015/16 Total Contracted Activity	2015/16 Total Referrals	2015/16 Average waited time days (referral to assessment)	2015/16 Average waited days (referral to treatment)
2	NHS Bassetlaw CCG	3666	495	71	136
2	NHS Mansfield & Ashfield CCG	1227	1047	46	80
2	NHS Newark & Sherwood CCG	3543	641	51	136
2	NHS Nottingham North & East CCG	1136	719	58	98
2	NHS Nottingham West CCG	1990	357	53	89
2	NHS Rushcliffe CCG	860	466	60	98

Nottingham and Nottinghamshire Services

Nottinghamshire Healthcare NHS Foundation Trust Specialist (Tier 3) CAMHS

CCG Name	FY15-16 Total Contracted Activity	FY15-16 Total Referrals	FY15-16 Total Accepted Referrals	FY15-16 Average waited time days (referral to assessment)	FY15-16 Average waited days (referral to treatment)
NHS Bassetlaw CCG	3087	308	291	29	65
NHS Mansfield & Ashfield CCG	4185	436	408	18	47
NHS Newark & Sherwood CCG	2499	244	224	19	45
NHS Nottingham North & East CCG	3319	290	276	19	53
NHS Nottingham West CCG	4383	190	185	15	37
NHS Rushcliffe CCG	3277	216	207	15	50
NHS Nottingham City CCG	7610	692	677	16	44

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

Please note that data below does not cover Bassetlaw patients as they are part of the Yorkshire and Humber Specialised Commissioning footprint. Bassetlaw CCG patient data is at the end of this section.

Number of admissions

CCG	Admissions
NHS MANSFIELD AND ASHFIELD CCG	14
NHS NEWARK and SHERWOOD CCG	8
NHS NOTTINGHAM CITY CCG	39
NHS NOTTINGHAM NORTH AND EAST CCG	4
NHS NOTTINGHAM WEST CCG	13
NHS RUSHCLIFFE CCG	17
	95

Average length of stay

83 days

Total length of stay

6720 bed days

Bed type

Service Type	Number of patients
CAMHS Acute	59
CAMHS LD	2
CAMHS Low Secure	3
CAMHS PICU	14
Eating Disorder	17
	95

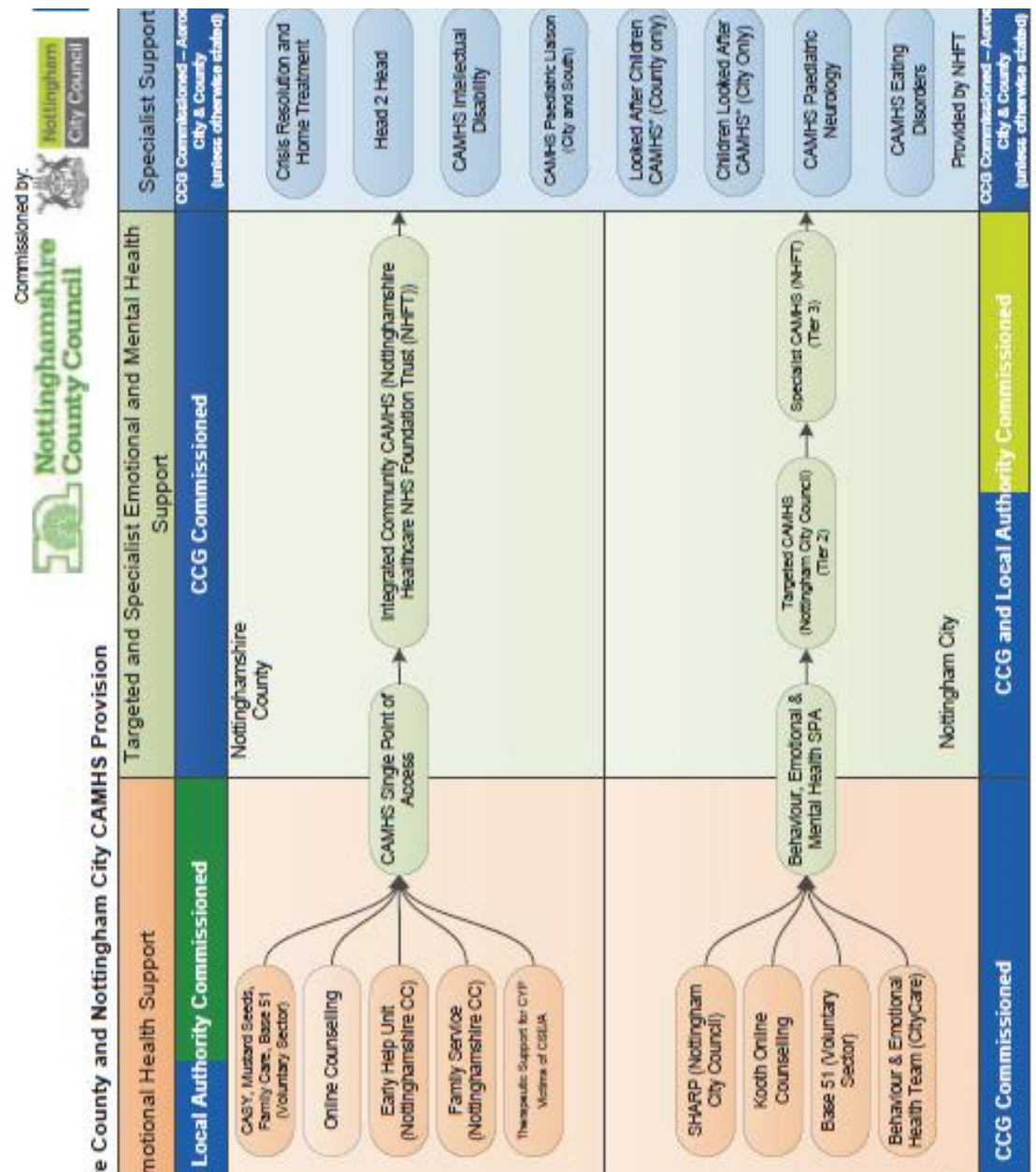
Location of inpatient stay

	Nottinghamshire	East Midlands	Out of Area	>100 miles
Location of inpatient stay	44	13	35	4

Bassetlaw CCG patients

Service Type Desc	Occupied Bed Days	Numb Admissions
CAMHS Acute	391	4
CAMHS LD	84	1
Eating Disorder	21	1
CAMHS PICU	9	1

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



* CAMHS teams in both the city and county are integrated local authority and NHFT teams

Appendix iii. Workforce as at 31 March 2016

Nottingham City specific services

	Total number (WTE) of practitioner/clinical staff	Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (include admin staff and managers etc.)
CityCare (Behavioural and Emotional Health Team)	5.7wte	2.0 wte
KOOTH	4 + 6 Volunteers	0
Nottingham City Council Looked after children CAMH service	6.9	1 1 vacancy - Manager
Nottingham City Council Multi Systemic Therapy services	8.9	1
Nottingham City Council Targeted CAMHS	22.5	9

Services across Nottingham and Nottinghamshire

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

Team	Total No of Staff
<i>Adolescent Inpatient Unit</i>	32.2
Consultant x 1	
Nurse Band 5 x 9.6	
Nurse Band 6 x 2.8	
Nurse Band 8a x 2	
Dietician Band 7 x 0.5	
PAMs Band 6 x 0.2	
Psychologist Band 8b x 1	
Psychotherapist Band 7 x 0.5	
A&C Band 3 x 1.8	
Healthcare Assistant Band 2 x 8.2	
Healthcare Assistant Band 3 x 2	
Environmental Coordinator Band 4 x 1	
ASC/HCSW Band 2 x 1.6	

Community CAMHS North A & C Band 3 x 3.73 A & C Band 4 x 1.8 Community Nurse Band 6 x 6.85 Consultant x 0.5 HCA Band 4 x 0.6 Junior Doctor CT1-3 x 1 PAMs Band 8a x0.27 Prof and tech band 5 x 0.8 Prof and Tech Band 6 x2 Prof and Tech Band 7 x 2.14 Psychologist Band 7 x 3 Psychologist Band 8A x 0.6 Pyschotherapist Band 7 x 1 Community Nurse Band 5 x 3 Community Nurse Band 7 x 1.8	29.09
Community CAMHS South/City A & C Band 2- x 2.72 A & C Band 3 x 4.54 A & C Band 4 x 1 Community Nursing Band 5 x 2.7 Community Nursing Band 6 x 9 Community Nursing Band 7 x 3 Consultant x 1.5 HCA Band 4 x 1.4 PAMS Band 8A x 0.26 Prof and Tech Band 6 x 4.25 Prof and Tech Band 7 x 1.33 Psychologist Band 8B x 1.86 Psychotherapist Band 7 x 0.6 Psychotherapist Band 8C x 0.8 Apprentice A & C x 1	35.96
Community CAMHS West Team Lead x 1 A & C Band 3 x 3.08 A & C Band 4 x 1 Community Nursing Band 6 x 3.86 Community Nursing Band 7 x 1.7 Consultant x 1 HCA Band 4 x 1.71 PAMS Band 8A x 0.27 Prof and Tech Band 6 x 2.47 Prof and Tech Band 7 x 0.33 Psychologist Band 7 x 0.4 Psychologist Band 8A x 1.8 Psychotherapist Band 7 x 1 Community Nursing Band 5 x 2 A & C Band 2 x 1.33	22.95

<i>CAMHS Head2Head Service including Young Persons SMS and WAM</i> <u>Head2Head</u> Consultant x 0.60 Comm Nursing Band 5 x 1.20 Comm Nursing Band 6 x 4.39 Nursing Band 7 x 5.00 Comm Nursing Band 8a x 1.00 A&C Band 3 x 1.66 A&C Band 4 x 1.00 Healthcare Assistant Band 3 x 1.80 <u>YPSMS</u> Consultant x 0.2 Community Nurse Band 6 x 0.85 Community Nurse Band 7 x 1 Prof & Tech Band 5 x 2.18 Prof & Tech Band 6 x 1.78 <u>WAM</u> Senior Manager Band 7 x 1 Prof & Tech Band 5 x 1 A&C Band 3 x 0.8	25.46
<i>CAMHS Eating Disorders Team</i> Consultant x 0.8 Community Nurse Band 6 x 3 Community Nurse Band 8a x 1 Dietician Band 7 x 1 Psychologist Band 8a x 0.6 Psychotherapist Band 7 x 2.5 A&C Band 3 x 0.8	9.7
<i>CAMHS Children Looked After City</i> Consultant x 1 Social Worker Bt in NCityC x 1 Community Nurse Band 7 x 0.3 Psychologist Band 8a x 0.6 Psychologist Band 8b x 0.3	3.2
<i>CAMHS Children Looked After County</i> Consultant x 0.8 Psychology : Trust Grade x 0.5 Community Nurse Band 6 x 1 PAMs Band 7 x 1 Psychologist Band 7 x 1 Psychologist Band 8c x 1 A&C Band 3 x 2.1	7.4
<i>CAMHS Primary Mental Health Team</i> Community Nurse Band 7 x 1 Prof and Tech Band 6 x 4 Community Nurse Band 6 x 5 A & C Band 3 x 0.4 Healthcare Assistant Band 3 x 2	12.4

CAMHS SPA Community Nurse Band 6 x 1.73 A&C Band 2 x 1 A&C Band 3 x 0.4 HCA Band 3 x 1	4.13
CAMHS Crisis Team A&C Band 3 x 1 Community Nurses Band 6 x 4 Community Nurses Band 7 x 5.7 Community Nurse Band 8B x 1 Consultants x 1.5 Psychotherapist Band 8a x 0.4 Social Worker x 1	14.6
CAMHS Young Person IAPT Community Nursing Bt in NCityC x 1 Community Nursing Band 6 x 0.4 Community Nursing Band 7 x 0.2 Community Nursing Band 8a x 0.1 Psychologist Band 8a x 0.4 Psychotherapist Band 6 x 0.4 Psychotherapist Band 7 x 0.2	2.7
Paediatric Liaison Consultant x 1 Family Therapy Band 8A x 1 A& C Band 3 x 1	3
Specialist ASD/ADHD/Neurodevelopment/ID A & C Band 3 x 1.11 Community Nurse Band 6 x 4.6 Community Nurse Band 7 x 2 Prof & Tech Band 6 x 2.6 Consultant x 0.6 Consultant BT in University of Nottingham consultant x 1.7 A & C BT in University of Nottingham x 2.5 Psychologist Band 7 x 1	16.11

Appendix iv. Roadmap to 2020

Future in Mind Key Actions 2015 - 2020		2015/16	2016/17	2017/18	2018/19	2019/20
Promoting Resilience, Prevention and Early Intervention	Commission online counselling in Nottinghamshire	<div></div>				
	Increase the numbers of children and young people able to take part in the programmes to build resilience in schools	<div></div>				
	Further strengthen the perinatal mental health pathway across Nottinghamshire and Nottingham	<div></div>				
	Continue to embed Small Steps, Big Changes in targeted wards in Nottingham City, to promote early emotional health and wellbeing	<div></div>				
	Scope how to best engage with schools and colleges to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support	<div></div>				
Improving Access to Effective Support	Improve the access arrangements for CAMHS so that more children in need of support get prompt access to the right service in a timely way, and are able to self-refer	<div></div>				
	Implement evidence based care bundles across the pathway in Nottingham and Nottinghamshire	<div></div>				
	Deliver more timely and evidence based support to young people experiencing first episode psychosis	<div></div>				
	Develop, evaluate and extend the CAMHS crisis model to respond to young people presenting in A&E	<div></div>				
	Implement plan to improve the transition of young people moving from CAMHS to adult mental health	<div></div>				
	Further evaluation and review of the Community Eating Disorder Service to ensure that the service can meet the recommendations within the access and waiting time standards.	<div></div>				
Care for the most vulnerable	Review services for children and young people with learning disabilities and neurodevelopmental disorders.	<div></div>				
	Scope the mental health needs of refugee and unaccompanied asylum seeking young people	<div></div>				
	Deliver improvements to the pathway for children and young people with potential ASD or ADHD	<div></div>				
	Review current emotional and mental health provision to looked after children and care leavers	<div></div>				
	Implement any recommendations arising from the Nottingham City Health Equity Audit	<div></div>				
	Develop a collaborative commissioning plan with NHS England	<div></div>				
Accountability and transparency	Review and strengthen commissioning arrangements, including consideration of aligned or pooled budgets	<div></div>				
	Fully implement performance framework for children’s mental health and wellbeing, compliant with the Mental Health Services Minimum Dataset	<div></div>				
Developing the workforce	Implement Mental Health First Aid in Nottingham City and consider rollout in Nottinghamshire.	<div></div>				
	Develop a joint agency workforce plan, incorporating future capacity planning and engagement with CYP-IAPT	<div></div>				