

## 1. Progress in implementing the local transformation plan for children's mental health since the last report to joint health scrutiny (2016)

### Context

Following the publication of Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health and NHS England, 2015) local areas were required to develop a Local Transformation Plan (LTP) which detailed how the local system would transform services in line with the key areas below:

- **Promoting resilience, prevention and early intervention:** acting early to prevent harm, investing in early years and building resilience through to adulthood
- **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
- **Care for the most vulnerable:** developing a flexible, integrated system without barriers
- **Accountability and transparency:** developing clear commissioning arrangements across partners and identified leads
- **Developing the workforce:** ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care

It is now three years since partners developed the local transformation plans for Nottingham and Nottinghamshire. The footprint covered by the plan includes Nottingham and Nottinghamshire local authorities, and services commissioned by NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG. It should be noted that from a Sustainability and Transformation Partnership (STP) perspective NHS Bassetlaw CCG sits within the South Yorkshire and Bassetlaw Integrated Care System (ICS).

Following the development of the Sustainability and Transformation Plan for Nottingham and Nottinghamshire in 2016, the two original (Nottingham City and Nottinghamshire County) local transformation plans were combined to align with this footprint.

The Local Transformation Plan is refreshed every October and includes details of developments over the last year and plans for the following year. The refresh is co-ordinated by Commissioners within the CCG in consultation with wider partners from Local Authority, Providers, NHS England Specialised Commissioning and young people and their families. NHS England provide a 'Key Lines of Enquiry (KLOE)' to ensure that key information is provided within the plan and they assure the plans against the KLOE. Once the plans have been assured by NHS England it is signed off by Nottinghamshire County Children and Young People Mental Health Executive and circulated through CCG governance for information. A paper is also provided to the Health and Wellbeing Board and Children and Young People Committee within the Local Authority.

### Key achievements

Since the LTP was first published, there has been a significant amount of transformation undertaken in order to improve support for children and young people in relation to their emotional wellbeing and mental health. A summary of these are detailed below in line with the key areas identified above.

#### Promoting resilience, prevention and early intervention

The primary mental health team within Nottinghamshire Healthcare NHS Foundation Trust CAMHS has become well embedded in Nottinghamshire, providing case consultation, advice and training to GPs, Healthy Families teams and schools. The team has also worked collaboratively with educational psychology in developing joint guidance for schools around responding to young people who self-harm.

As part of the CAMHS model, a new role of Peer Support Worker has been introduced. The workers have lived experience of mental health problems and recovery, and are therefore able to offer essential emotional and practical support to people experiencing similar challenges whilst building hope inspiring relationships. Within CAMHS they will also play an important role in making mental health support more visible and easily accessible for children, young people and their families.

In the spring of 2018 the Educational Psychology Service within Nottinghamshire County, in collaboration with specialist colleagues from CAMHS produced written guidance entitled 'Young People & Self-harm: Guidance for Schools'. This guidance compliments documents previously made available by the Educational Psychology Service last year, including 'Life is for Everyone: Supporting pupils who present with suicidal feelings; and 'Suicide postvention guidance: responding to a pupil suicide'. In order to support schools further, the Educational Psychology Service and CAMHS delivered training around awareness raising of self-harm and suicide and resources available including how to access support for young people.

#### Improving access to effective support

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.

As of January 2018 Nottinghamshire Healthcare NHS Foundation Trust implemented **self-referral** for all CAMHS services, including specialist services such as CAMHS Eating Disorder Service and CAMHS Crisis Resolution, Home Treatment and Liaison Service. Young people and their parents and carers can now complete an online self-referral form giving them **direct access** to the service without seeing a GP in the first instance. The **Single Point of Access** reviews the referral and ensures the referral is directed to the most appropriate provision. Self-referrers can also contact the Single Point of Access for **advice and guidance** prior to making a referral. The aim of this change was to **simplify** the referral process for young people and their families. Details regarding self-referral can be found on Nottinghamshire Healthcare NHS Foundation Trust's website.

There is a dedicated CAMHS **Community Eating Disorder Service** for young people which includes paediatric input. The service is part of the Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED). 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 2016 new access and waiting time standards for community eating disorders were implemented which mandated that by 2020 95% of young people with a diagnosed eating

disorder will start treatment within 1 week for an urgent referral and within 4 weeks for a routine referral. To ensure that the CAMHS Eating Disorder Service can achieve the access and waiting time standard by 2020 CCGs have committed **additional recurrent funding** to increase the capacity within the service. This will allow the service to remodel and offer a same day 'assess and treat' model to ensure young people start treatment at the earliest opportunity. This additional funding will also allow the service to offer parent and sibling groups which have been piloted during 17/18 and evaluated as successful.

Nottinghamshire County have a recurrently funded **Crisis Resolution and Home Treatment Service** for young people in mental health crisis, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospitals and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis. During 17/18 the CAMHS Crisis Resolution and Home Treatment Service was enhanced to include a **CAMHS liaison** function which is for those young people attending emergency departments in emotional or mental health crisis. The CAMHS liaison function has been rolled out across the two main acute settings, Queens Medical Centre and Kings Mill Hospital, with the aim of **reducing admissions** where safe, and ensuring an appropriate, joined up follow-up support in the community. Early indications are that this new function, which operates from 10am to 10pm, is having an **extremely positive impact**, with young people, parents/carers and hospital staff reporting the difference it is making in terms of timely assessment, and avoiding admissions where safe to do so.

A national priority 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 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. It should be noted that whilst psychosis can affect all ages, it is rare in young people and is not seen until older teenage years. During 18/19 Nottinghamshire Healthcare Foundation Trust have met the access and waiting time standard of 53% of young people should receive NICE compliant treatment within 2 weeks of referral. Due to small numbers we are unable to include exact figures due to data protection.

Transition has been recognised as a priority both locally and nationally. A national CQUIN was developed as part of the NHS contract covering the period 2017-2019. Collaborative work has been undertaken between commissioners, CAMHS and Adult Mental Health teams at Nottinghamshire Healthcare NHS Foundation Trust to **improve transition** for young people moving into adult mental health services. In order to achieve the CQUIN, Nottinghamshire Healthcare Trust have been required to develop a joint process and procedure between CAMHS and adult mental health, undertake a case note audit of those young people who have transitioned and complete transition surveys with young people pre transition. It is the responsibility of Adult Mental Health Services to conduct the post transition questionnaires and evidence within the quarter 2 CQUIN report shows that the required questionnaires are being conducted via survey monkey. Quarterly reports from the Trust are reviewed by the Quality Team within the CCG and Commissioners review progress towards the targets and ensure continued service development to improve the transition process.

A lot of work has been undertaken to build relationships between CAMHS and adult mental health services and improve the transition process. These include the following;

- A **transition protocol** has been developed utilising NICE guidance with regard to the management of transitions from CAMHS to adult mental health.
- A **transition panel** has been created to facilitate the process. This is jointly staffed by CAMHS and adult mental health.
- Each CAMHS team has an identified **CAMHS Transition Champion** and this is being replicated in adult mental health. Each CAMHS Transition Champion reviews case load on a fortnightly basis to identify which young people are reaching 17.5 years old.
- Three transition questionnaires have been developed to monitor transition from young person perspective at three points of the transition process.
- CAMHS Eating Disorder service has appointed a **transition worker** to work specifically with eating disorder patients. This is in addition to the wider transition process.
- CAMHS Intellectual Disability Service has previously established relationships with Adult Intellectual Disability Services and a specific pathway has been developed.

#### Care for the most vulnerable

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.

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. Commissioners are therefore working with Specialised Commissioning through the regional collaborative commissioning group, both to influence the bed types required locally by our young people, but also to ensure that as we enhance our community CAMHS Crisis provision, we have the right skill mix to provide support to young people with evidence based approaches in relation to the particular types of presentations that young people are being admitted with. Part of this work includes improving the pathway between community and inpatient services, particularly for young people with social care needs as well as mental health needs.

In June 2018 NHFT opened the new Hopewood site which is a 'state of the art' mental health facility. NHFT t invested significantly in Child & Adolescent Mental Health and Perinatal provision for patients from Nottingham, Nottinghamshire, and the wider region. The Hopewood environment and workforce model enables the highest standards of care to patients from across the county who may have previously had to travel to a hospital bed far from home. The impact and improved outcomes for young people and for their families will be significant. Although the unit has only been operational from June of 2018, the informal feedback has been positive.

Hopewood Inpatient Facilities are:

- 12 bed Specialist Eating Disorder Unit (Pegasus Ward)
- 12 bed General Adolescent Unit (Phoenix Ward)
- 8 bed Psychiatrist Intensive Care Unit (Hercules Ward)
- 8 bed Perinatal Mother and Baby Unit (Margaret Oates)
- The Lookout Educational Unit

Each Ward provides specialist assessment and treatment covering a broad spectrum of mental health conditions and presentations. Services supporting our dedicated and dynamic Psychiatry & Nursing teams include:

- Psychology
- Dietetics
- Occupational Therapy
- Healthcare Assistants
- Family Therapy
- Creative and Activity Therapies
- Social Work
- Education
- Specialist Community Teams

Hopewood aims to support, young people, and new Mothers through a period of significant difficulty and distressing time for them and their parents/carers.

The site as a whole provides a supportive and containing infrastructure via a more integrated and aligned pathway between inpatient services and community services. The introduction of a senior nurse on site, joint training and supervision opportunities along with rotational offers for preceptorship nurses really does make a difference to the workforce and overall patient care.

Nottinghamshire Healthcare NHS Foundation Trust also provide a new Forensic CAMHS Service for the region (not commissioned by CCGs). This service will support young people with complex needs who have had an offending history and comorbid mental health needs, and those where there is significant risk but who struggle to access services.

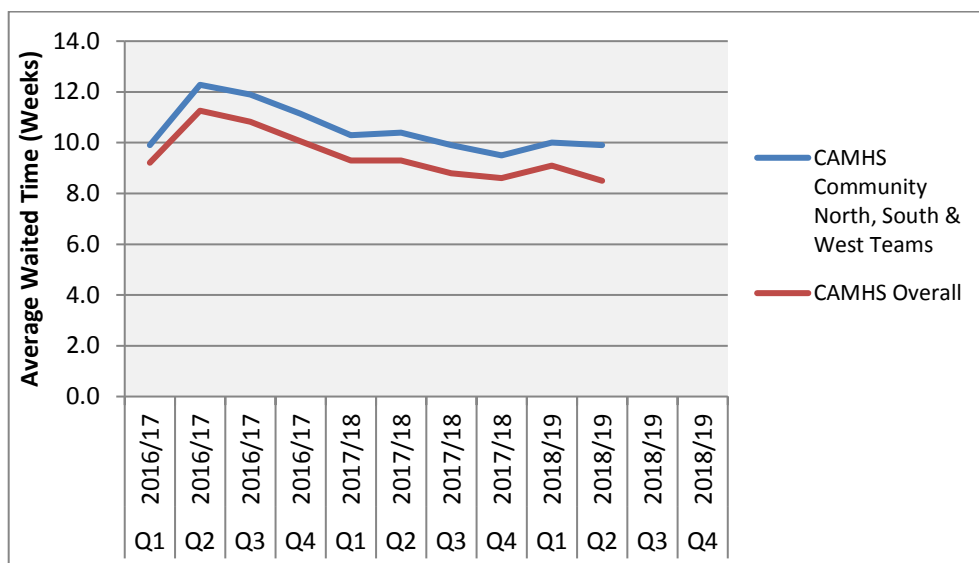
#### Accountability and transparency

**Improving data quality and availability** continues to be a priority and has still been challenging over the past year. It is a requirement that all NHS commissioned services, including non-NHS providers flow data for key national metrics in the Mental Health Services Data Set (MHSDS). CAMHS at Nottinghamshire Healthcare NHS Foundation Trust have been able to flow data through the MHSDS since 2016/17 and work has continued to ensure that data reported locally reflects data reported from the MHSDS. Work will continue over the next year and 19/20 to ensure that 'indirect contacts' flow to the MHSDS so that we are capturing all relevant data.

In line with the requirements of CYP-IAPT, we have **embedded the use of routine outcomes measures** in practice across CAMH services provided by Nottinghamshire Healthcare NHS Foundation Trust. Work will continue through 18/19 to develop systems across all providers to ensure that by April 2019 outcome measures are flowed to the MHSDS as recently mandated by NHS England.

There is currently no mandated waiting time standard for community CAMHS but Commissioners and NHFT are working together to ensure the time children and young people wait for treatment continues to decrease.

**Table 1: Average waited time to treatment for community CAMHS**



#### Workforce development

Nottinghamshire is part of the **CYP-IAPT (Improving Access to Psychological Therapy)** programme (Oxford and Reading Collaborative) and continue to engage with the training provided. Since 2015 members of CAMHS staff participated in a range of training including Cognitive Behavioural Therapy (CBT), Systemic Family Practice and Interpersonal Psychotherapy for Adolescents. Team Leads have also accessed Transformational Leadership training.

NHFT have also recruited to new “recruit to train” CBT and Children and Young People’s Wellbeing Practitioner (CYPWP) posts, initially funded by Health Education England, which aims to address the national workforce challenges. Staff who have been accepted into service on these temporary contracts have been offered permanent posts within the service. The role of the CYPWP within CAMHS is an exciting development, offering low-intensity, evidence-based, short term interventions for children and young people with mild mental health difficulties.

From commencement of CYP IAPT those members trained are:

- Leadership – 9
- CBT – 7
- CBT supervision – 5
- Recruit to Train CBT – 3
- SFP – 5
- SFP supervision – 3
- IPTA - 3
- EEB – 9
- WP’s - 5

NHFT will be advertising a further CBT training post and 3 WP training posts over the next few months.

All of this training has brought a wealth of skill and knowledge to the workforce, and resulted in quicker access to specialist treatment for young people. Sustainability of this training will need to be considered during 18/19 as funding streams will change from NHS England/Health Education England to CCGs.

**What's next 18/19 and 19/20:**

- In order to ensure young people access CAMHS and other provision across the footprint, we need to ensure that we are **promoting our services** as effectively as possible. We will be taking an **STP approach** to engagement and communication so that young people, parents and carers, and other stakeholders are aware of the services available and how they can be accessed.
- Work will continue to develop the **Crisis response** for children and young people. Work is already underway to develop a multi-agency CAMHS Discharge pathway, particularly for those young people who self-harm. A working group has been established including representatives from across community, acute and social care in order to map current pathways and develop a joint policy and procedure across Nottingham City and Nottinghamshire County.
- Further service development will be undertaken with the CAMHS Eating Disorder Service and CAMHS Crisis and Home Treatment Service to ensure that the crisis response and out of hours offer for children and young people with an eating disorder is effective and equitable. This will include a review of current practice.
- The CAMHS Eating Disorder Service will embed the **same day 'assess and treat'** model to ensure that they achieve the **access and waiting time standard**. They will also develop sessions for parents/carers and siblings.
- Further work is required to assess the workforce requirements to deliver the full **core 24** offer by 2020, including considering the interface with existing mental health liaison psychiatry services for adults.
- Nottinghamshire County have been successful in securing funding for NHS England CAMHS Transformation Innovation Project. During 18/19 we will implement **speech and language therapy** which will sit within the CAMHS Head2Head team and work with City and County **Youth Offending Teams**.

The evidence of need is significant for speech and language therapy within CAMHS. The research indicates the high incidence of speech, language and communication needs that are too frequently undiagnosed. Communication problems are often viewed as behavioural and not recognised as communication. Diagnostic overshadowing of communication needs leads to misdiagnosis and mis-management.

Evidences suggests:

- 1 in 10 young children are affected by communication disability. This figure rises to over 60% of young people in contact with Youth Offending teams<sup>[1]</sup>

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<sup>[1]</sup> Bryan et al, (2007) Bryan, K. Freer, J. and Furlong, C. (2007) Language and Communication Difficulties in Juvenile Offender. International Journal of Language and Communication Disorders 42/5. 505-520

- One third of children with developmental speech and language difficulties develop mental health problems with criminal involvement resulting for half of these
- Two-thirds of 7 to 14 years olds with severe behaviour problems have communication needs
- People with autism have lifelong communication impairments around social communication, social interaction and social imagination.<sup>[2]</sup>
- As communication difficulties increase, behaviours that are considered challenging typically increase in frequency, intensity or duration.<sup>[3]</sup>
- 60% - 70% of screened juvenile offenders had specific difficulties with speech, language and communication

The benefits to having SLT within the Head2Head Team:

- Reduced diagnostic overshadowing – at present SLCN are a hidden disability, contributing to slow progress with treatment programmes. CYP adopt unhelpful “coping strategies” and appear to be participating and fitting in with programmes
- Reduced detrimental impact to social, academic and personal development

Alongside the project above we have also been successful in securing funding for another **NHS England CAMHS Transformation Innovation Project** which again will be implemented during 18/19. This project will see a full time specialist clinical psychologist embedded within the Head2Head CAMHS team. This will be a training and consultation model to enable YOT case manager and other working in the **youth justice system** to develop a better understanding of trauma, including the use of trauma informed practice and psychologically informed work to support young people who are already in contact the police and are at risk of continued, escalating offending behaviour. The work of the specialist clinical psychologist will include the implementation of a screening tool to **identify trauma** and training around trauma-informed practice, formulation and risk assessment.

## 2. **Performance against the CCG “must do” areas in children’s mental health (increasing numbers of children’s accessing evidence based treatment, access and waiting time standards for children with eating disorders)**

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

*Providing more high-quality mental health services for children and young people, so that at least 35% of children with a diagnosable condition are able to access evidence-based services by 2020, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.*

Nottinghamshire Healthcare Foundation Trust has been flowing data to the Mental Health Services Data Set (MHSDS) since April 2016 and both commissioners and provider are now confident that data reported via the MHSDS accurately reflects direct and indirect contacts young people receive, with 2 contacts equating to a young person being in ‘treatment’.

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<sup>[2]</sup> Department of Health (2010) Fulfilling and rewarding lives: the strategy for adults with autism in England. NICE

<sup>[3]</sup> Challenging Behaviour: a unified approach (1997) Royal College of Psychiatry, British Psychological Society and Royal college of speech and language therapists

At the end of 17/18 NHS England conducted a one off data collection from all providers to reconcile the year end position in relation to the increasing access target. This showed that Nottinghamshire STP (including Bassetlaw) was achieving a 23% access rate against a target of 30%.

It should be noted that Nottinghamshire Healthcare Foundation Trust do not hold sole responsibility for delivering all activity linked to this measure. There are a number of CCG commissioned services whose activity helps to deliver against this measure. A Recovery Action Plan is in place in order to improve data quality issues not only with NHFT, but our other commissioned providers which will have a positive impact on our access rate.

*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 by 2020*

Since the inception of the access and waiting time standard for community eating disorder teams, Nottinghamshire Healthcare Foundation Trust CAMHS Eating Disorder Service have not been able to achieve the standards. It was identified that the service did not have enough capacity to meet the standards and therefore, as per above, additional funding has been released by CCGs in order to increase capacity. NHFT are currently recruiting to additional posts, once these are in place the service will move to a same day 'assess and treat' model. It is anticipated that by Q4 the CAMHS Eating Disorder Service will be meeting the waiting time standard.

*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*

As per the above number of young people experiencing a first episode psychosis are very small. Due to small numbers we are unable to publish data due to data protection. However, the EIP service, delivered by CAMHS Head2Head, have achieved the target in Q1 and Q2 18/19.

*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.*

As detailed in the report above Nottinghamshire Healthcare Foundation Trust are commissioned to provide a Crisis Resolution, Home Treatment and Liaison service. This service offers out of hours provision (up to 10pm and weekend provision), however we do not yet commission a dedicated children and young people 24/7 service. For young people requiring crisis support outside of these times, they can access adult liaison psychiatry on call within the acute trusts and these young people will then be handed over to CAMHS Crisis team at the most appropriate point.

### **3. Previous, current and planned spend on children's mental health (in line with Five Year Forward View requirements)**

The financial information below relates specifically to investment made by CCGs to Nottinghamshire Healthcare NHS Foundation Trust for the provision of CAMH services. Please note this is not the total spend on CYP mental health provision.

**Table 2: CCG's Previous, current and planned spend on children's mental health provided by NHFT**

<b>CCG</b>	<b>15/16 (£)</b>	<b>16/17 (£)</b>	<b>17/18 (£)</b>	<b>18/19 (£)</b>
Mansfield and Ashfield	1,391,298	1,601,491	1,711,242	1,767,754
Newark and Sherwood	675,694	808,346	878,435	914,451
Nottingham North and East	931,508	1,082,872	1,161,895	1,202,882
Nottingham West	616,462	717,296	769,973	795,939
Rushcliffe	892,483	1,011,580	1,073,211	1,104,310
Bassetlaw	1,166,000	1,196,000	1,232,000	1,270,000
<b>Total spend</b>	<b>5,673,445</b>	<b>6,417,585</b>	<b>6,826,756</b>	<b>7,055,336</b>

#### **4. Specific plans to improve the mental health of looked after children and care leavers**

During 17/18 we have had an independent review of our CAMHS Looked After and Adoption Service to ensure that the model within this service provides an evidence based approach to support young people and their support network. A number of recommendations were made as part of the review including improved data quality and increase in direct work with children and young people, where appropriate, including self-referral for children and young people. A new model of delivery has been developed and a new service specification based on these recommendations which will be implemented within the financial year. The responsibility for commissioning this provision has transferred from the Local authority to the Clinical Commissioning Groups. Clinical commissioning groups are working with NHFT to ensure the team is fully established. NHFT are currently recruiting to the health related posts. It is expected that all posts will be recruited to within the financial year.