

**NOTTINGHAM CITY AND NOTTINGHAMSHIRE
JOINT LOCAL TRANSFORMATION PLAN
CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND
MENTAL HEALTH**

2016 – 2021

October 2019



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Executive Summary

Future in Mind (NHS England and Department of Health, 2015) provided Nottinghamshire and Nottingham with the challenge and mandate to develop a whole-system approach to emotional wellbeing and mental health in order to deliver fundamental culture change to better support children, young people and families. The commitments in the NHS Long Term Plan (2019) around children and young people's health further strengthen this drive for closer working across the system.

This Local Transformation Plan for Nottinghamshire's Integrated Care System (ICS) and Bassetlaw sets out the imperative and vision for achieving fundamental positive change by 2021, so that every child, young person and family are given the tools they need to grow their emotional wellbeing and resilience, and ensuring that those needing specialist support, get it when they need it.

To deliver this vision, we have focussed on how children and young people's emotional wellbeing and mental health support should be provided across the whole-system. Our plan has been informed and shaped by the views of local young people and families.

Key priority areas for work for 2019 to 2021 are:

- Improving access to support around mental and emotional health for more children and young people through the rollout of Mental Support Teams in Schools and implementation of Nottinghamshire and Nottingham's communications strategy.
- Improving transition and increasing the support available to young adults through developing a comprehensive 0-25 service
- Increasing access to support for Looked After Children and Care Leavers via a responsive and dedicated service
- Reviewing delivery models in urgent and crisis care, to ensure it is consistent with regional and national models of best practice and using this learning to further improve local care models.

In this plan, Nottinghamshire and Nottingham, demonstrate a more mature understanding to the challenges in delivering enduring change and the risks to the LTP programme itself. The plan outlines the strategic changes to governance and demonstrates how we are working to sustain transformation beyond 2021 and ensure CCGs and ICS partners fulfil their requirements under the NHS Long Term Plan.

This plan also celebrates the fantastic work that has taken place in Nottinghamshire and Nottingham City, examples of this include ensuring where urgent treatment is needed, young people have access to support. This can be seen in the eating disorder service where 100% of children and young people received their urgent treatment for help with an eating disorder within one week. Another example of this is shown through the personal budget for care leavers and looked after children, where young people have been empowered to make decisions about their care.

Overall, this plan is a summary of a very complex area of work and seeks to provide evidence and assurance that the programme is responding to the challenge with transparency and dedication to improving outcomes for our children, young people, young adults and their families.

Introduction

It is now four years since partners developed the Children and Young People's local transformation plans (LTP) for Nottingham and Nottinghamshire. The aim of the plan is to **improve the emotional and mental health of our population of children and young people** through implementing the recommendations of *Future in Mind*. 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 an Integrated Care System perspective NHS Bassetlaw CCG sits within the South Yorkshire and Bassetlaw ICS.

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 and Young People Departmental Strategy 2018 - 2021) 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 and 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.

This LTP is the delivery plan for Nottinghamshire's ICS and South Yorkshire and Bassetlaw's ICS, within it includes the ambitions of the Long Term Plan (2019), ensuring achievement of the following for children and young people:

- Increased investment in children and young people's mental health services
- An additional 345,000 more children and young people will have access to NHS-funded mental health support services through CAMHS, community mental health services, as well as through support in schools and colleges by 2022/23. Further analysis is currently underway to understand what this means from a local perspective.
- Creating a comprehensive mental and physical health model for 0-25 year olds to avoid difficult transition into adult services at 18 years old
- New services for children with complex needs which are not being met, including children who have been subject to sexual assault
- The 95% children and young people's Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions

- Children and young people’s mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services and health and justice.

Progress towards achieving these ambitions is reported to Nottinghamshire and South Yorkshire and Bassetlaw ICS Boards. In Nottinghamshire the Mental Health ICS Board produced an All Ages Mental Health Strategy (Attachment One). The strategy is being refreshed to reflect Local Transformation Plan priorities and work programme, with focus on those aged 0-25. This ensures there is effective senior-level oversight of the transformation plan and management of programme risks and issues.

By delivering the priorities within this plan, our aim by 2021 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.

Nottinghamshire 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
- The number of children and young people accessing support from Mental Health Support Teams in Schools
- 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 and percentage of children and young people reaching the goals they set during their mental health support
- A reduction in the numbers of young people who have an avoidable emergency department attendance due to their emotional or mental health needs
- A reduction in numbers of young people who have an avoidable hospital admission due to their emotional or mental health needs
- An increase in the number of young people who are cared for in inpatient provision, receiving this care close to home and with as short a length of stay as clinically appropriate.

The timeframe for this plan has been extended to 2021, to ensure delivery of the must do’s within the Five Year Forward View for Mental Health, now succeeded by the Long Term Plan (2019). All local clinical commissioning groups included within this plan are committed to improving and enhancing support for children’s mental health through this timeframe and beyond.

The needs of our local population

Local Context and Prevalence

Prevalence and incidence of mental disorders is difficult to determine for several reasons, particularly for those conditions which fall below diagnostic thresholds for specialist support, or in cases where stigma prevents children and young people discussing their needs. However, the national Mental Health Children and Young People Survey (NHSD, 2018) allows age and sex based weighting of prevalence data by local area. Tables 1 and 2 show the estimated number of children and young people between the ages of 5 and 19 who have a mental disorder at any point in time. Over 17,000 of the almost 140,000 five to nineteen years old in the country are thought to be dealing with a mental disorder across the country, with the total split evenly between boys and girls. However, when the type of disorder is taken into account, differences between the sexes are clear (see table 2). Girls are much more likely to experience emotional disorders (peaking at age 17-19, where over one in five girls experience anxiety) and boys are more likely to experience behavioural or hyperkinetic disorders (e.g. ADHD – Attention Deficit and Hyperactivity Disorder). Eating disorders amongst girls are comparatively less common overall (peaking at 1.6% of all 17-19 year old young women) and autistic spectrum disorders (ASD) are more likely to occur in boys (1.9%) than girls (0.4%).

Table 1. Estimated numbers of children and young people with any mental disorder in Nottinghamshire and Nottingham (ages 5-19)

	All those aged 5 to 19 years		
	Male	Female	All
Ashfield	1419	1392	2811
Bassetlaw	1235	1222	2456
Broxtowe	1188	1136	2324
Gedling	1293	1227	2520
Mansfield	1170	1144	2314
Newark and Sherwood	1328	1300	2628
Rushcliffe	1336	1280	2616
Notts County	8968	8700	17669
Nottingham	4124	4117	8239
East Midlands	54461	53339	107795

Sources: NHSD (2019); ONS MYE 2018

Table 2. Estimated numbers of children and young people with mental disorders in Nottingham (aged 5-19)

Condition	5 to 10 years old			11 to 16 years old			17 to 19 years old			5 to 19 years old		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Any mental health disorders	1515	771	2288	1519	1423	2942	994	2437	3354	4124	4117	8239
Emotional Disorders	568	422	991	751	1076	1834	759	2281	2958	2013	3195	5192
Anxiety Disorders	543	400	943	658	957	1622	603	2067	2591	1773	2893	4651

Depressive Disorders	45	28	73	173	380	557	309	666	955	456	903	1353
Bipolar Affective Disorders	-	-	-	6	-	6	-	27	27	6	27	33
Behaviour Disorders	825	376	1203	787	494	1277	99	55	157	1905	1073	2988
Hyperactivity Disorders	323	90	414	340	73	408	149	0	157	855	193	1057
Pervasive Developmental Disorder (PDD)/ Autism Spectrum Disorder (ASD)	309	45	355	188	64	250	92	0	97	626	131	763
Eating Disorders	7	6	13	24	95	121	0	163	154	36	223	257
Tics/Other less common disorders	200	74	274	88	42	128	40	86	123	353	188	543

Sources: NHSD (2019); ONS MYE (2018)

Table 3. Estimated numbers (and percentage) of children and young people (aged 5-19) with a mental disorder in Nottinghamshire at any one time by type of disorder and sex

Type of disorder	Male	Female	All
Emotional	4378 (6.2%)	6762 (10%)	11133 (8.1%)
Anxiety	3857 (5.4%)	6113 (9.1%)	9975 (7.2%)
Depressive	991 (1.4%)	1909 (2.8%)	2902 (2.1%)
Behavioural	4143 (5.8%)	2267 (3.4%)	6407 (4.6%)
Hyperactivity (ADHD)	1860 (2.6%)	408 (0.6%)	2266 (1.6%)
Other less common disorders	1848 (2.6%)	1071 (1.6%)	2918 (2.1%)

Sources: NHSD (2019); ONS MYE (2018)

The above data must be interpreted with caution, however, as these are estimates of point prevalence (or the number of individuals who may have a disorder at any one point in time). The period prevalence of these disorders will normally be higher. It must also be noted that the Mental Health of Children and Young People survey (MHCYP) is focussed primarily on 5-19 year olds and many of the problems outlined above will continue to impact on Nottinghamshire services across the life course. For example, [PHE data](#) suggests that the number of 16-24 year olds with a 'potential eating disorder' in Nottinghamshire may be more than 10,000, although some concerns are reported about the quality of this data.

Trends in the MHCYP survey show a gradual rise in mental disorders overall, largely accounted for by a proportionally large increase in emotional disorders since 2004 (see table 4, below). However, for reasons of comparability, this chart does not include ages over 16, where prevalence is much higher for emotional disorders.

Graph 1: Recent trends in estimated number of school-age children (5 to 15) experiencing mental ill health 2013 – 2019

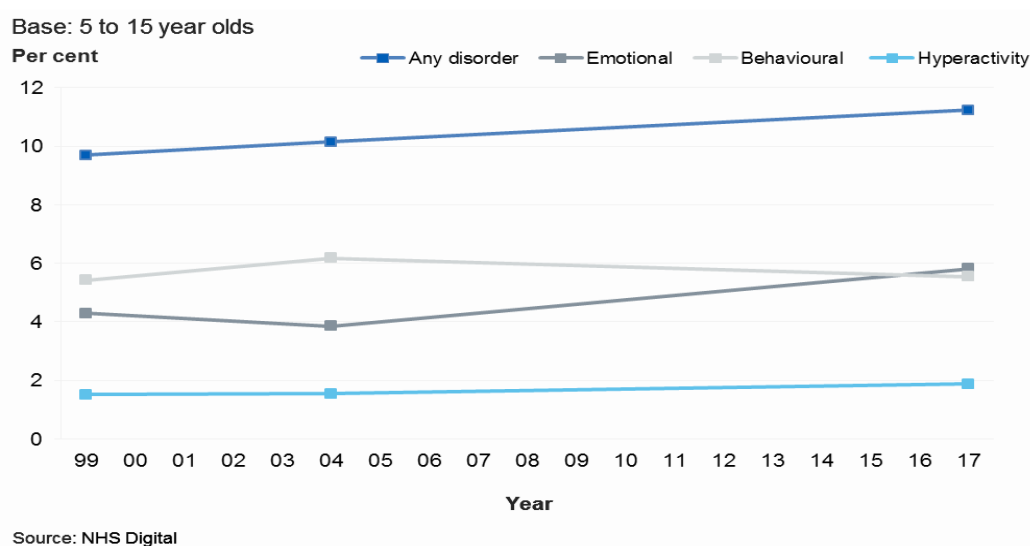


Table 4. Nottinghamshire out-turn for risk and protective factors from the Public Health Outcomes Framework

Risk Groups	Date	Number	Rate
LAC	2017/18		48/10,000
LAC under 5	2017/18		28.7/10,000
Percentage of looked after children where there is a cause for concern	2017/18		48.9%
Unaccompanied asylum seekers	2018	30	
Young offenders (10-18)	2016/17		3.1/10,000
Young people providing unpaid care (16-24)	2011		4.9%
NEET	2017		6.0%
Long term illness and disability aged 15	2014/15		14.3%
Domestic Abuse	2017/18		17.5/ 1,000
Parents in drug treatment	2011/12		128 /100,000
Children in low income families (under 16s)	2016		15.6%
Hospital admissions as a result of self harm (10-24 yrs)	2017/18		498 / 100,000
Hospital admissions for mental health conditions (0-17 yrs)	2017/18		76/100,000
School pupils with social, emotional and mental health needs (all school age)	2018		1.7%
Protective factors			
Breastfeeding at 6-8 wks	2017/18		38.8%
School readiness: percentage of children achieving a good level of development at the end of reception	2017/18		69.7%

Educational attainment (5 or more GCSEs)	2015/16	61.1%
Pupil absence	2017/18	4.5%

Source: *PHE Children's Mental Health and Wellbeing Dashboard* [\[link\]](#)

Table 4 shows the Nottinghamshire profile for risk groups and protective factors drawn from the national fingertips dashboard. The proportion of our young people providing unpaid care is higher than in other rural areas of the region, but this data is eight years old now, and needs to be updated. While the proportion of looked after children is broadly comparable to the national picture, a relatively high number of our Looked after Children (LAC) are affected by poor emotional wellbeing (48.9% compared to 38.6% nationally).

Absenteeism is lower than the national rate and educational attainment is higher and school readiness in the county is slightly lower than the national average.

Table 5. Factors that influence children and young people's mental health in Nottingham City (Public Health Outcomes Framework)

Indicator	Year	Nottingham	England
Children in low income families (under 16s) (%)	2016	29.5	17.0
Family homelessness (%)	2017/18	3.2	1.7
Breastfeeding prevalence at 6-8 weeks after birth (%)	2017/18	47.3	42.7
School readiness: percentage of children achieving a good level of development at the end of reception (%)	2017/18	67.6	71.5
Educational attainment (5 or more GCSEs) (%)	2015/16	45.0	57.8
Average Attainment 8 score	2017/18	41.6	46.7
School pupils with social, emotional and mental health needs (all school age) (%)	2018	2.98	2.39
Pupil absence (%)	2017/18	4.87	4.81
Children in care (rate per 10,000 population aged under 18 years)	2018	91	64
Unaccompanied asylum seeker children (count)	2018	31	4480
Children leaving care (per 10,000 children aged under 18)	2017/18	31.9	25.2
First time entrants to the youth justice system (rate per 100,000 population 10-17 year olds)	2018	528.4	238.5
Young people providing unpaid care (16-24 year olds) (%)	2011	4.9	4.8
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%)	2017	7.0	6.0
Percentage with a long-term illness, disability or medical condition diagnosed aged 15 (%)	2014/15	13.1	14.1
Domestic abuse-related incidences and crimes (per 1,000 population) (includes Nottinghamshire)	2017/18	17.5	25.1
Violent crime (including sexual violence) (per 1,000 population)	2017/18	33.4	23.7

Parents in drug treatment (per 100,000 children aged 0-15)	2011/12	237.0	110.4
Hospital admissions as a result of self harm (10-24 yrs) (per 100,000 population)	2017/18	461.0	421.2
Hospital admissions for mental health conditions (0-17 yrs) (rate per 100,000 population)	2017/18	89.8	84.7

Source: *Public Health Outcomes Framework 2019*

The data shows that the risk factors associated with poor mental health are significantly higher in a number of key areas in Nottingham.

Children in care are more likely to have had experience of social and environmental risk factors and a number of adverse childhood events (ACEs) than other children. Nationally, 45% of children in care were found to have a diagnosable mental health disorder, with mental health problems thought to be even more prevalent in this group (Meltzer et al, 2002; McAuley & Davis, 2009).

The emotional and mental health needs of our local population of children and young people are outlined in our joint strategic needs assessments. Findings and recommendations from the following JSNA's have informed our LTP:

Nottingham City (<http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/>):

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

Nottinghamshire County (<http://www.nottinghamshireinsight.org.uk/research-areas/jsna/>)

- Emotional and Mental Health of Children and Young People (draft 2019 refresh)
- JSNA 2013: Children and Young People
- Maternity and Early Years (2016)
- Substance Misuse: Young People and Adults (2018)
- Youth Offenders (2014)
- 1001 days -From Conception to aged 2 – 2019
- Self Harm -2019

The updated ICS wide JSNA is being produced for Emotional mental health and wellbeing of children and young people JSNA chapter is still in draft format, the following have been identified in relation to local need:

- Increasing referrals to Targeted and Specialist CAMHS particularly for those who are self-harming
- An overall increase in the complexity of cases presenting both at Emergency Departments and CAMHS
- School nurses are seeing an increasing number of children and young people who are experiencing emotional and mental health problem

- Numbers of children being seen for self-harm by both the Nottinghamshire South and Nottinghamshire North self-harm services have increased considerably; the services have reported an increase in the numbers of both urgent and complex self-harm cases
- Referrals in relation to behaviour and suspected ASD/ADHD are rising.

Proposed key recommendations made within the draft JSNAs are:

- Tackle social stigma and raise societal and professional awareness through continued work on the parity of esteem agenda
- Commissioning should be planned as integrated multi-agency services, ensuring that services meet the need of the 0-25 age group
- Further develop universal and selective parent education and training programmes to support preventative and mitigating outcomes
- Ensure that mental health and emotional wellbeing are considered in all policies
- Build capacity in EIP and CAMHS to meet growing demand
- Undertake qualitative work with parents to understand their needs and to explore gaps in our understanding around early years mental health
- Undertake research into young carers across the county: their prevalence and their needs
- Review access to services by minority groups and ensure systemic barriers are mitigated or removed
- Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing
- Consider regular collection of wellbeing data for children and young people locally

There are no local surveys which collect information and data on the emotional health and wellbeing of children and young people who live in Nottingham and Nottinghamshire therefore national prevalence data is used and estimates are calculated for the local population.

Key recommendations in the Nottinghamshire Self Harm JSNA included:

- Focus on emotional distress/ increasing resilience in children and young people, building current resilience programmes in schools
- Develop trauma/ACE informed practice across health, care and education system and youth services
- Develop a system wide, all ages pathway recognising self-harm as a primary presenting need

In response to this, as detailed in our Early Intervention and Prevention chapter, we are taking the following actions:

- Extending our academic resilience programmes and have a dedicated resource in Public Health to rollout ACE informed practice across the system
- develop a multi-agency pathway for self-harm, informed by the experiences of children and young people, that will feed into a wider, all ages pathway
- Focus on Self Harm in the Suicide Prevention Strategy and Action Plan, further embedding the all-ages approach.

Formal sign off is planned for Spring 2020.

Local Service Data

Key service data spanning the life of the LTP including 2018/19 is summarised in appendix i In brief it shows there continues to be significant demand for children's emotional and mental health services

and that there is still need to increase the numbers of young people able to access the right support, from the right service (statutory or non-statutory) in a timely way.

Local Next Steps

Whilst Nottinghamshire have made significant progress in improving the data different services and agencies hold in relation to emotional and mental health, there is still further work to do around data quality and data from the wider system e.g. education, if we are to have a full picture of the support the children and young people are accessing, and critically, the impact it is having on their outcomes.

Since the inception of the Mental Health Services Data Set (MHSDS) a significant amount of work has taken place to ensure all providers, are able to flow accurate data in relation to waiting times and access. All providers are now able to flow data to the MHSDS and there is ongoing work to ensure that this data is reflected accurately in national reporting. It is expected that MHSDS reporting will be accurate for all providers by quarter 4 2020, therefore giving an accurate picture of local access. All providers are now able to provide local data which is monitored through appropriate contracting routes. Performance against increasing access targets continue to be monitored locally and assurance fed up through the ICS to NHS England with a detailed Recovery Action Plan (RAP) in place outlining how, as a system, we are working to increase access and reach national targets.

As of April 2019, providers have been flowing outcomes data to the MHSDS in shadow form. NHS England and NHS Digital are currently compiling this data in order to publish an outcomes matrix from April 2020 which will show number of children and young people with a reliable improvement in their outcomes following therapeutic intervention. Nottinghamshire Healthcare NHS Foundation Trust are already flowing outcomes data to the MHSDS and our other providers are currently working with NHS Digital to ensure they are ready flow by April 2020.

Engagement with children, young people and families and stakeholders

What has happened during 18/19:

Partners across the system are committed to ensuring co-production of services with children, young people, families and carers. This chapter outlines the broad range of activity which has taken place to enable this to happen.

Nottinghamshire Healthcare NHS Foundation Trust (NHFT)

Through focus groups, consultation and online surveys, young people continue to work collaboratively with CAMHS to inform the development of services.

NHFT have an Involvement, Experience and Volunteering Strategy in place to ensure that children and young people are involved at all levels, in addition to the NHFT team, CAMHS have a dedicated lead with peer support workers having involvement and engagement as a significant part of their role.

The Friends and Family Test Score is the proportion of patients who are extremely likely or likely to recommend a service. In the selected period of time it was 93% (based on 141 responses.)

Service quality rating was 92% (based on 111 responses.)

Routine outcome measures are used as part of supervision , to ensure that families experience of treatment informs service delivery

Volunteering

NHFT are developing volunteering in CAMHS and all of our volunteers in CAMHS now have lived/living experience of the service). Recently NHFT recruited five young volunteers and they are supporting with a range of projects and ideas (young people / carer led). These include supporting projects the Eating Disorders Service has with a young people working group and a parent working group. The service has also developed a meet and greet role for the Pebble Bridge waiting area and first appointments. Finally, the service been involved in the development of a cognitive behavioural therapy (CBT) anxiety support volunteer: who shares their experience with young people young people new to the group.

Staff and Service development

NHFT are developing and strengthening the involvement in team away days, service days and training. Peer support workers, young volunteers and young people are supporting in promoting the value of

involvement and sharing their own experiences. Feedback from an away day in September where two volunteers shared their experiences was received as being 'so incredibly powerful'.

Involvement

NHFT have been striving to promote volunteering, participation and involvement in CAMHS with the aim of offering every young person the opportunity to get involved. A leaflet about involvement opportunities has been co-produced and feedback from young people is positive:

"Involvement has enabled me to gain confidence and still feel involved in CAMHS after I have been discharged."

"I started volunteering a couple of years ago for different CAMHS projects. It's only through working together that we can break down stigma and challenge culture. Young people's views are such an important part of planning future services to make sure they are the best they can possibly be. Young people want to be listened to. There is a lot of work to be done, but it's such a valuable thing to be able to give some time to, working towards a better service fit for the future"

Examples of involvement have been the ongoing development of information and support for siblings and carers, involvement in staff interviews, taking photos of the therapy dogs for the CAMHS hounds of Hopewood Instagram, young people leading and participating in patient community meetings on the wards, improving ward round, trauma informed care, developing a dream garden at Lindsay close, developing work and joining the parade at the light night festival, supporting PRIDE and supporting MH:2K engagement.

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

Recovery College

Work is underway to develop a young person recovery college for the young people who use CAMHS. The process is collaborative and is being supported by the Trust Recovery College for the first term.

MH:2K Project – A youth led approach to exploring mental health

MH:2K is delivered by a partnership of the charities 'Involve' and 'social enterprise Leaders Unlocked'. The service is a powerful model for engaging young people in conversations about mental health and emotional wellbeing in their local area. It empowers 14-25 year olds to:

- Identify the mental health issues that they see as most important
- Engage their peers in discussing and exploring these topics
- Work with local decision makers and researchers to make recommendations for change.

Originally commissioned in 17/18, the project has been extended until April 2020

The following actions have taken place Since October 2018:

Recruitment of new cohort of Citizen Researchers

At the beginning of the project, the service produced a recruitment pack (application form, FAQs document, visual flyer) for young people to apply to become Citizen Researchers. The service circulated this widely to local partners across education, voluntary and statutory sectors.

In order to attract a diverse range of applications, the service proactively reached out to young people in diverse settings across the city and the county, including those from harder-to-reach or underrepresented groups. This outreach process included peer-led outreach, which was planned and carried out by last year's Citizen Researchers. It also included visits to community groups (such as Outburst LGBT and YMCA) and working with the Local Advisory Group members from a range of services (such as CAHMS).

Citizen Researchers – membership and diversity

As a result of the recruitment process, the service recruited 19 new Citizen Researchers to join MH:2K, and retained a further 13 from last year – giving a total of 32 Citizen Researchers.

The diversity of the group includes:

- 41% Black, Asian and Minority Ethnic (BAME)
- 28% male, 63% female, 9% Third Gender
- 19% LGBTQ+
- 3% transgender
- 19% LLDD

Local Advisory Group

The MH:2K Local Advisory Group continues to meet. This is a group of key stakeholders from city and county who are actively involved in guiding and advising on the project over its lifetime.

The service held the two meetings of the Advisory Group on 20th May and 16th July 2019 at County Hall. These meetings focused on briefing Advisory Group members on the project, getting their input into the recruitment and the priorities for this year. Two Citizen Researchers attended each of these meetings to give a young person's perspective and provide an update from the Citizen Researcher perspective.

Design Days

The service has delivered two 'Design Days' with the Citizen Researchers to date. The first of these, on 20th July 2019, focused on forming the team, sharing knowledge from the project's first year, and co-creating the vision for this year.

The second Design Day on 21st August 2019 focused on developing creative ideas for the development of three resources to raise awareness and challenge stigma among young people:

- Information Leaflet: A user-friendly leaflet containing key information about services for mental health and well-being in the city and the county
- Poster Series: A series of bold posters with stigma-busting statements combined with portrait photos of diverse young people. These will be used in print (e.g. in schools and colleges) and shared on social media platforms
- Short Film: A short film made up of distinct sections highlighting myths vs realities for different MH Conditions; Anxiety, Depression, OCD, Eating Disorders, BPD and Schizophrenia.

All of the above resources will be used at the MH:2K Roadshow and distributed on social media platforms. They will also contain signposting information for young people to access support.

MH:2K social media accounts

Citizen Researchers told the service they wanted to set up social media accounts for the project. The service has now created accounts for the projects on the main social media platforms identified by the young people. Their staff will be administering and moderating these platforms with the assistance of the young people.

Wider stakeholder work

The work of the citizen researchers has also informed a number of areas of service planning

- 20th March, Children's Partnership Board meeting: Two Citizen Researchers gave a brief presentation about the project
- 21st March, Future in Mind Action Planning workshop: Three Citizen Researchers presented their findings and recommendations from 2017-18, and then joined breakout groups with professionals to inform the action plan .

Citizen Researchers attended the Trailblazers Workshop on 24th September to present findings and recommendations to school leaders, and get involved in inform the service model

- Work is also planned in relation to the following events/ initiatives:
- Citizen researchers are working with professionals around the concept and delivery of 'care bundles' (these are packages of different evidence-based interventions).
- Citizen Researchers will lead a rollout a series of roadshows in Autumn 2019 and Spring 2020, Urgent and Crisis Care will one focus area of these roadshows

Nottingham City Council Targeted CAMHS and SHARP

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

- Feedback, Community
- Engagement and Co-delivery
- Co-production and to pull together the findings from MH2K, Young Minds and children/young people improving access to psychological therapist.

The working group members are from CAMHS, GP Safeguarding Lead, Bluecoat Beechdale, Windmill L.E.A.D Academy, Health Watch and Al-Hurraya (peer led service which supports Black Asian and Minority Ethnic Communities (BAME)). They are also working with young people and parents to engage them in their group. To date they have been working on early intervention and reducing stigma through information on school's TV display screens, currently being piloted at Bluecoat Beechdale. They are continuing to build links with community services and developing guidance for schools when working with CAMHS to ensure that MH2K, as the children and young people voice findings are embedded.

The Teens 4 Truth come together to support each other, do lots of amazing project and consult with Targeted CAMHS and SHARP to co-design services to fit their needs.

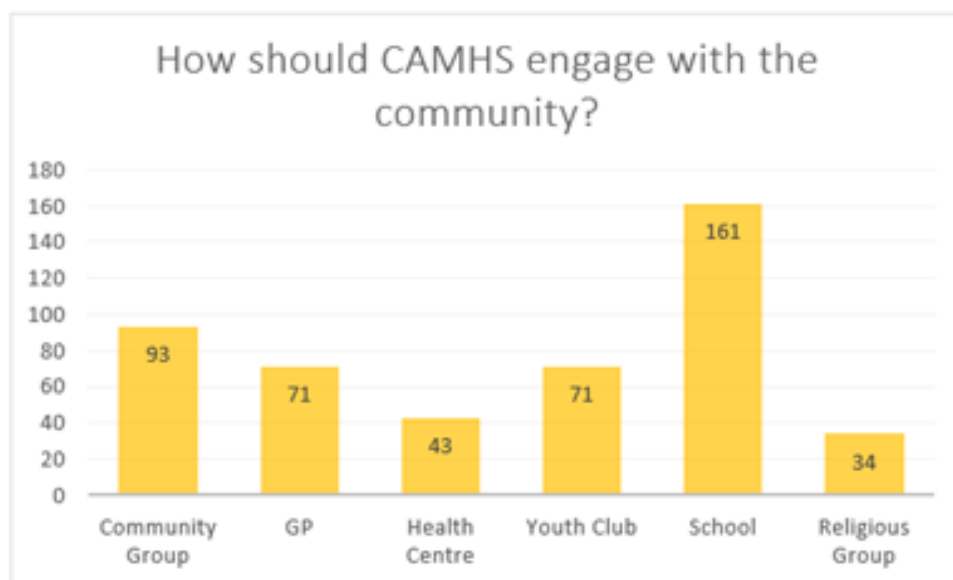
The CAMHS Newsletter is published twice annually, (spring/summer/autumn/winter editions) to communicate and tackle the misconceptions of CAMHS, to promote mental health and wellbeing using an anti-stigmatising approach. The newsletter includes articles from children and young people and professionals on a range of topics related to mental health.



The Your Voice campaign participations days have increased and this summer. Targeted CAMHS have attended festivals in Nottingham City in order to reduce stigma around mental health, increase public awareness of CAMHS and gain the voice of our community. Over the summer they have heard the voices of 372 people. The **Your Voice campaign** feedback detailed below and will help with informing and continued development of the Targeted CAMHS.

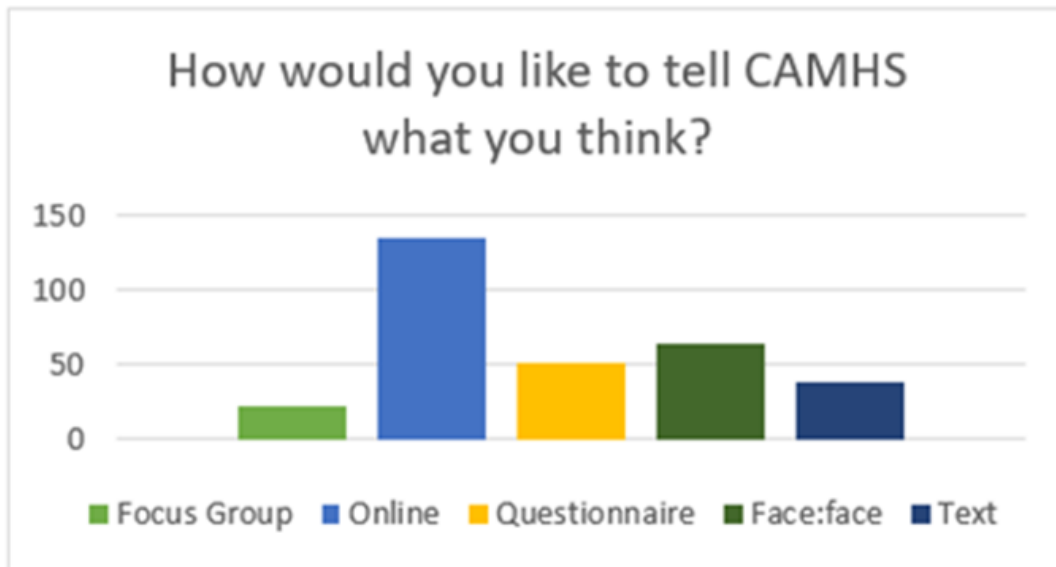
More recently the team have supported to co-design of leaflets that promote a 'you said we did' approach and also leaflets to promote self-referral via text.

Graph 2: CAMHS Engagement



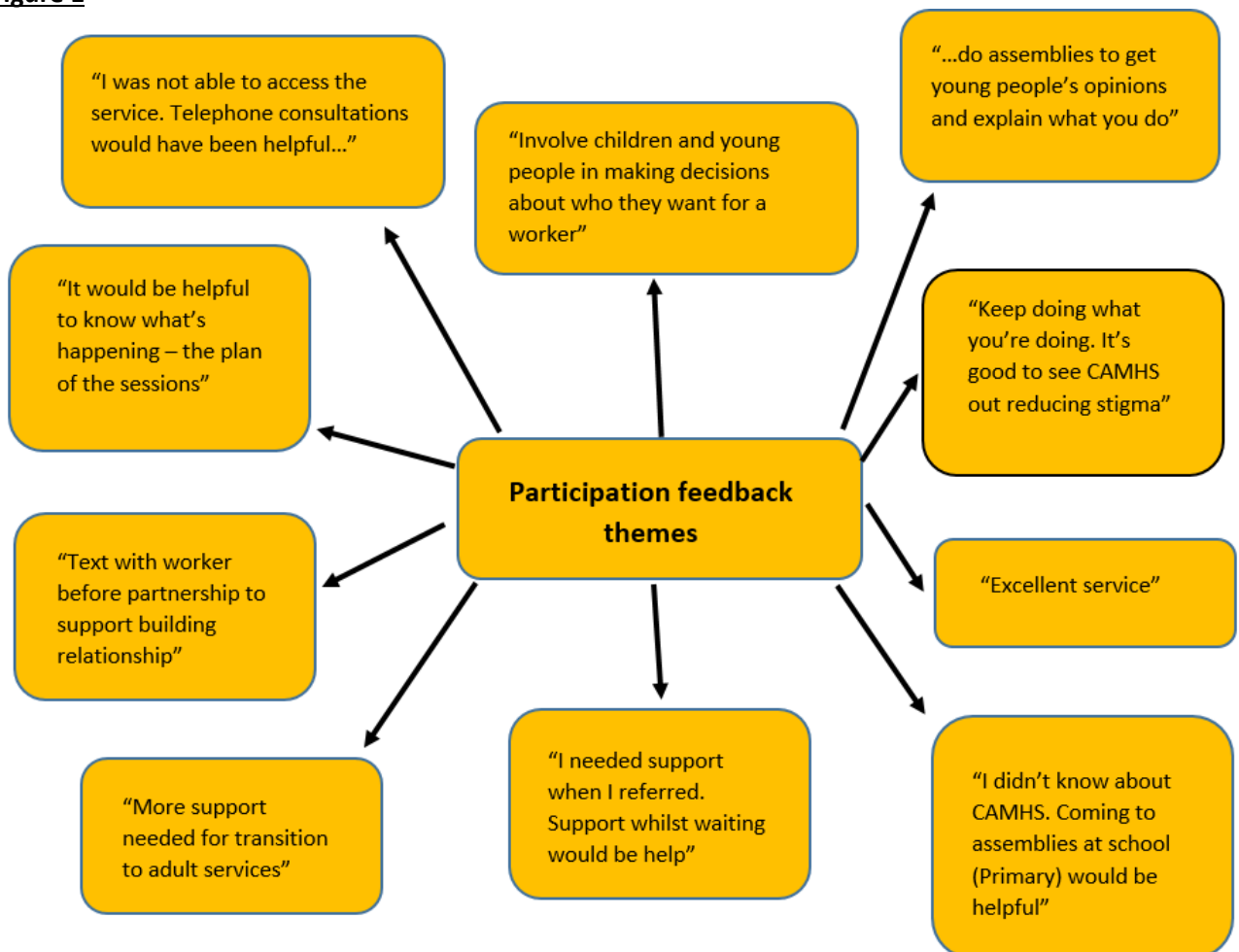
Source: Your Voice Campaign Feedback 2019

Graph 3: CAMHS Feedback



Source: Your Voice Campaign Feedback 2019

Figure 1



SHARP is all about PREVENTION.

The service intervenes early to help reduce escalation of self-harm behaviours. For early intervention to have a greater impact, we must look beyond traditional health services and work in partnership

with our schools, both primary and secondary, ensuring pastoral care is prioritised as much as academic attainment. As part of our prevention model, SHARP offer self-harm clinics to all our secondary schools - identifying self-harm early, assessing the level of risk and ensuring the most appropriate support. SHARP currently run 19 clinics in Nottingham City, last year 87% of young people seen in our clinics did not require further support from CAMHS or other specialist services. SHARP clinics help prevent crisis, the young person is equipped with strategies to manage their self-harm. SHARP have built strong links with Nottingham Secondary schools and offer free training. This year SHARP have developed a workshop for young people called Exam Stress-LESS, to date SHARP have delivered more than 12 sessions and the feedback from students has been very positive - specifically about how practical and useful our resources are. By working in partnership with education settings, they can ensure effective prevention, assessment and intervention and continue to improve youth mental health

Working Together for Change (WTFC)

Commissioners want to identify how commissioning can improve in order to ensure children and young people with additional and complex needs have the optimal care available to them which ensures they achieve their best outcomes. In order to support future commissioning models, commissioners are working in partnership with colleagues from social care and education and undertake thorough engagement with family members and carers of this cohort.

Context: In Nottinghamshire and Nottingham there have been a number of changes in how provision is configured for children and young people.

Project: The Working Together for change project offers the framework for robust, practical and inclusive engagement, ensuring a proven and tested method for coproducing change is used. Key features of this method are as follows;

- Coproduction on two levels – person centred reviews and workshops
- Recognised best practice model
- Shared focus on understanding & designing change that will have the biggest impact

Aim: To engage with family members and carers of children and young people who attend special schools who may or may not be in receipt of a continuing care package and identify how commissioners can improve how care is delivered in order to ensure children and young people achieve their optimal health, education and social outcomes.

Objectives: To identify what parents and carers of children and young people think of the way health care is currently delivered to children and young people who attend special schools, by answering the following questions:

- “What is working?”
- “What is not working?”
- “What is important for the future?”

Since February 2019:

- Staff have undertaken training in the WTfC co-production method outlined above with NHS England and are offering training for people taking on these roles.
- Consultation has taken place with Nottingham and Nottinghamshire Parent and Carer forums
- Special schools have been consulted with an agreement from the schools to promote the material through their websites. This agreement was gained at the Special Schools Service Improvement Forum on 10.5.19
- Questionnaires were drafted to share for consultation and sent out to special schools. Paper based copies of the questionnaire were distributed in July

- Digital version of the questionnaire are now published online, shortly to be promoted and distributed via special school digital network
- Dates for the workshop event have been costed and agreed for November

Small Steps

The Small Steps service was designed to provide early support and evidence-based interventions to families of children and young people displaying behaviour that challenges which may be indicative of Autistic Spectrum Disorder / Attention Deficit Hyperactivity Disorder but where there is no formal diagnosis. They also provide support to children and young people following a diagnosis of ASD/ADHD. The service aims to facilitate early intervention approaches, information gathering, appropriate and timely input to specialist assessments for ASD and/or ADHD (excluding Bassetlaw where a decision has been made to have an alternative pathway) and transition to adulthood and/or adult services as appropriate. It seeks to coordinate involvement between different agencies (schools, universal services, Child and adolescent mental health services (CAMHS) paediatrics and voluntary sector) and promote partnership working with parents/carers and the children and young people to give them the skills to manage behaviours and ensure good outcomes.

Since October 2018 the Small Steps programme have been involved in a range of events and meeting to develop and promote the service. This has included:

- Head teacher briefings (Head teachers from around the County) Q3 2018
- Family Special Educational Needs Co-ordinator (SENCO) meeting (County SENCO'S attended) Q3 2018
- Presentation to County SENCO's Q3 2018
- Meeting and presenting to various Healthy Family teams Q3 2018
- Presenting to Childrens Centre Family Support Worker district meetings Q3 2018
- Presenting to Paediatricians Q3 2018
- Presenting updates to local CAMHS teams Q3 2018
- Presenting updates to local S teams July 2019

The Small Steps service are undertaking an event of the 24th of September to engage with several stakeholders, staff, volunteers and families. The following will be included as part of the event:

- Introduction to the Small Steps Service
- The evaluation of the service and sharing key findings
- Bringing the service to life – staff, volunteers and families contribute to discussions
- Attendance will also include Family Action CEO, Director of Services and Innovation, Deputy Director of Services and Innovation, general managers and steering group members.

APTCOO – A Place to Call Our Own

Is a registered charity based in Mansfield & Bassetlaw Nottinghamshire, working to improve the life chances of children, young people and their families who experience a wide range of barriers created by having special educational needs and/or disabilities (SEND).

Healthwatch Nottingham & Nottinghamshire

Healthwatch Nottingham and Nottinghamshire are an independent organisation that helps people get the best from their local health and care services. The service work to give their users a voice that is heard by those who design and deliver services. Healthwatch are independent of the NHS or the local authority but work services to influence improvements for the local health and care services. Healthwatch are currently undertaking research with children and young people about their experiences of self-harm. This report will be available in January 2020 and will feed into the Self Harm Pathway work.

Local Transformation Plan: progress and priorities for action (2019/20)

Roadmap to 2021

The diagram in appendix iv summarises the priority areas that the partnership are working on over the life of the plan. More detailed planning is undertaken in relation to short-term priorities and as the plan is an iterative, live document, it develops in accordance with emerging priorities. The information within the following section provides more detail on progress against the road map and outlines what we will achieve.

Throughout all our developments and transformation we aim to be innovative and ensure best practice is used. Digital technology is an emerging innovation area, especially with the mobilisation of Kooth online counselling which offers young people access to counselling and support 24/7 and can be accessed on mobile devices. Nottinghamshire Healthcare Foundation Trust continue to grow their ReCap digital solution, which allows not only care plans to be shared with young people via an app but also the ability to upload online interventions that young people can access when not receiving face to face therapy. From the MH:2K programme, it was evident that children and young people want digital solutions to be more readily available, for example using skype for 'face to face' therapy and online apps.

In relation to ongoing investment, all CCGs within this local transformation plan are committed to achieving the mental health investment standard for 2018/19 through to 2020/21, in order to achieve the priorities around increasing access to evidence-based interventions as well as improving timeliness of access (specifically to community eating disorder services) in line with national access and waiting time standards and providing timely access to urgent and emergency mental health care, in line with Core 24 requirements.

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

Table 6. Risks and mitigation

Risk	Mitigating Action
Challenges in relation to the recruitment and retention of children's mental health workforce	<ul style="list-style-type: none"> • Recruitment and retention will be reported via contracting processes to ensure early identification of any issues within the workforce. • The Workforce Development Steering Group will work with the ICS Mental Health Board and Local Workforce Action Board to set workforce trajectories in order to meet the national target of 1700 additional therapists.

	<ul style="list-style-type: none"> • Providers will continue to strengthen their recruitment processes to ensure recruitment takes place in a timely way and attracts the right candidates. • Links will be made with schools, colleges and universities to promote working within children and young people’s mental health services, in particular, embedding the new Education Mental Health Practitioner (EMHP) role in schools.
Insufficient capacity for scale of transformational change required	<ul style="list-style-type: none"> • Raise profile of the programme ambitions through reporting to relevant Integrated Care System groups, including Integrated Care Partnerships, Primary Care Networks and the Mental Health and Social Care Partnership Board. • Continue to strengthen and embed the partnership Children and Young People’s Mental Health Executive Group.
Long term ongoing issues with data quality and availability means that there is limited evidence on which to measure impact of plan to date and with which to set accurate trajectories for future improvements.	<ul style="list-style-type: none"> • Contractual levers will be used to ensure data developments are prioritised and further support will be secured from relevant agencies such as NHS Digital. • Key performance indicators will be included within all CCG funded contracts and where requirements for improvement are identified progress will be monitored. • Providers will show evidence of progress to meet the Mental Health Services Data Set (MHSDS) requirements.
Continued rise in demand for services and ongoing investment to meet need.	<ul style="list-style-type: none"> • Ensuring there is a good systemwide understanding of capacity and demand throughout. All commissioned providers with a role in children and young people’s emotional wellbeing and mental health will be contract managed to ensure all parts of the system are providing the agreed level of support required to in order to meet the needs of children and young people’s needs. • Continue work to develop strong partnership wide bids and secure opportunities to pool resource. • Develop a communication strategy to ensure children, young people and their families and carers know what services are available with clear criteria and thresholds published so they can access support at the right time, in the right place.
Key changes in Adult and Children’s Mental Health do not align to a 0-25 model	<ul style="list-style-type: none"> • Continue to engage with new ways of working on a local and regional model to agree local models of delivery • Strong partnership working between 0-18 and adult commissioners and service providers with oversight of ICS board will ensure progress is made.

<p>Mental Health Support Teams currently only cover 103 schools across the ICS footprint. This may result in inequities in service</p>	<ul style="list-style-type: none"> • Continue to support engagement from schools with the Mental Health and Schools Link Workshops. • Continue to provide support to schools with embedding whole school approaches via the Emotional Health and Well Being Charter work, ELSA's, senior mental health lead networks and the Primary Mental Health team and Schools Health Hub. • Continue to develop bids/business cases for future MHST funding
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Governance

In January 2019 the governance for delivering the LTP was strengthened, previously the city and county held discrete meetings to manage the implementation of the LTP but in 2019, the governance arrangements were strengthened and a new group covering both Nottingham City and County was established. The Children and Young People's Mental Health & Wellbeing Executive Meeting group have defined their ambition, which is detailed below;

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

Our commitment to children, young people and families:

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

The Children and Young People's Mental Health & Wellbeing Executive Meeting group provides information to the ICS Social Care and Mental Health Partnership Board and ensure that the Local Transformation Plan informs the Children and Young People's element of the All –Ages Mental Health Strategy. The group also provide updates to Integrated Care Partnerships and Primary Care Networks as requested. Nottinghamshire Safeguarding Children Partnership, SEND Accountability Board, Nottinghamshire Help and Protection, Local Authority Childrens' Senior Leadership Teams, Nottingham City Partnership Board and the Children and Young People's Clinical Health Network and Perinatal Mental and Nottingham City and Nottinghamshire Health and Well-Being Boards.

The executive include representatives from CCGs, local authority children's services, education and public health, local NHS and non- NHS providers, NHS England in order to ensure a coordinated and systematic approach is undertaken when planning provision for children and young people.

The group currently has a number of sub groups which report into it. These sub-groups are focussed on making improvements within key areas of the LTP. These sub groups are as follows;

- Communication
- Urgent and Crisis Care
- Mental Health Support Teams
- Workforce
- Engagement and Co-production

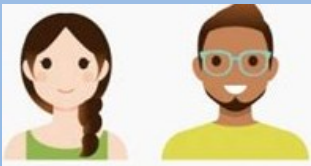
In 2018/19 a Future in Mind Local Transformation Plan Delivery Plan was developed. This plan has enabled quarterly assurance checks against key actions to aid early identification of areas that are not progressing as well as sharing what has worked well. This multi-stakeholder action plan ensures partners contribute to the transformation programme and that focus remains on the agreed priority areas. The action plan can be reviewed in Attachment 2.

Celebrating Success

Below shows at a glance some of our Local Transformation Plan highlights of 2018/19

Number of new citizen researchers recruited to MH2K project

19



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



300+

Number of schools engaged with an academic resilience programme

75



10 new cohorts recruited for Mental Health and School Link workshops

% of young people, during 2018/19, who would recommend our services to a friend or family (Friend and Family Test results):

- CAMHS (Nottinghamshire Health Care Foundation Trust) – 93%
- Targeted CAMHS (Nottingham City Council) -94%
- Kooth Online (Nottinghamshire County) – 93%
- Kooth Online (Nottingham City) – 100%
- Kooth Face to Face (Nottingham City) – 100%

100%

of children and young people received their urgent treatment for help with an eating disorder within 1 week

(Q4 2018/19 and Q1

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

17

103

Number of schools engaged with mental health support teams

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).

Over the last year we have continued to focus on strengthening our early support to children and young people to ensure they can access support as early as possible and have improved outcomes. The action plan outlines key priorities for 2019/20 and progress so far

What happened in 2018/19:

We listened to children and young people in Nottingham and Nottinghamshire and have ensured improvements are made.

Young people see a generational gap between them and their parents when it comes to mental health. They feel that parents lack knowledge in this area, as they did not have much exposure to mental health when they were growing up. Citizen Researchers suggested that parents need a better understanding of mental health, so that young people can talk to their parents about how they are feeling.

Source: MH2K Report 2018

Whole family approach

We recognise that parents and family members have a key role to play in promoting good mental health and well-being in children and families. Our Early Help Services, including Children's Centres, provide a broad range of parenting support and interventions across the 0-18 age range.

Nottinghamshire County Council Family Service and Children's Centres and Nottingham City Council's Priority Families continue to use a whole family approach in improving outcomes for children, young people and families. A recent evaluation of this work in Nottinghamshire indicated that services were working with those experiencing the highest levels of need. Key findings included that:

- Parents report that their keyworker has helped them improve their parenting
- 87% of parents reported an improvement in their ability to look after their child
- 20% reported receiving support to improve their mental health and 56% felt that this had resulted in improvements in their mental health

Nottingham City Council employ Early Intervention Workers in their integrated Single Point of Access. Family support worker vacant posts for a more traditional family support role in the service have been re-modelled to allow for another form of support for families as quickly as possible from point of contact with SPA. Early Intervention Workers contact young people and families quickly and directly to complete mini-assessments, clinical screening measures, and offer evidenced base self-help materials to support them while they are waiting to be seen for the most appropriate treatment or support. This again helps regulate waits by ensure young people and families are contacted and offered support as soon as possible.

Recognising the impact of parental conflict on children and young people's mental health, we have secured funding to roll out training across the system for staff and managers around working with parental conflict. In Nottinghamshire, work is also underway to develop parent led groups to address parental conflict for parents with children aged 0-5.

Throughout Nottinghamshire and Nottingham City, there is provision of therapeutic parenting training for foster carers as part of the CAMHS LAC service.

In Nottingham City, the SHARP service provides parent and carer information and support workshops for parents of children and young people who self-harm.

Maternal Pathway

Across the last year there has been continued focus on **strengthening the perinatal mental health pathway across the ICS** footprint driven by a multi-agency steering group. The capacity of the Perinatal Psychiatry Service has increased and now includes peer support, nursery nurse, mother infant therapist and speciality doctor posts. Additional patients continue to be supported by the service. Bespoke training for maternity services, GP's, health visitors and psychological therapy services is underway, underpinned by a rolling programme, Clinicians working in Nottinghamshire's specialist mental health services have accessed perinatal training commissioned by NHSE Clinical Network. In addition, three GP Champions have been appointed by the network to deliver training and awareness raising to primary care.

The next steps planned are as follows, continue to develop the Perinatal pathway by:

- Increasing access to the community perinatal psychiatry service, for women with, or at risk of, moderate to severe mental health difficulties, to 6.4% of the annual birth rate by 2020-21.
- Improving the early identification of mental health need, with a particular focus on mild to moderate and emerging mental health need
- Increasing access to psychological therapy services for women in the perinatal period
- Enabling women with lived experience to be actively involved in the development of local perinatal mental health services
- Expanding specialist perinatal mental health services from preconception to 24 months by 2023/24
- Offer screening and signposting support from the specialist perinatal mental health service to fathers/partners by 2023/24
- Design and develop an 'App' for clients who are open to the specialist perinatal mental health service which will include Interactive access to the Patient Reported Outcome Measures (POEM)

Ensuring the best start in life

The **Nottinghamshire County integrated health child and public health nursing programme** for 0-19 year olds continues to offer a programme of 'tier one' interventions including interventions for self-esteem, self-harm, anxiety, low mood, anger management, eating disorders and risk-taking behaviours. Advice and support for parents and carers of children aged 0-11 is available via bookable Healthy Family sessions in community venues, and drop-ins in or near each secondary school for young people aged 11 plus. Young people can text their Healthy Family team for advice and support via ChatHealth and continue to access the Health for Teens website for advice and support. Practitioners from within the team have recently engaged with the Mental Health Services and Schools Link Programme, more detail on this programme can be found later in the plan.

Within **Nottingham City there is the Best Start Children’s Public Health Service** for 0-19 year olds, with a focus on emotional health and wellbeing. This service will work closely with the Early Help Team on delivering an integrated service for the 0-5 year old age group from April 2020.

The Small Steps Big Changes Programme (a partnership funded by the National Lottery Community Fund) continues to commission services that support early child development outcomes across 4 wards in Nottingham City.

Nottingham Trent University have completed their first year of the local evaluation of the Programme focusing on Small Steps at Home, Family Mentors and Dolly Parton Imagination Library - early qualitative learning is positive and the report will be published in late October 2019.

Over 1500 children have now benefited from the Small Steps at Home Programme delivered by the paid peer workforce of Family Mentors supporting all outcomes including social and emotional mental health.

The Big Little Moments Campaign <http://www.smallstepsbigchanges.org.uk/biglittlemoments> was launched across the City in February 2019 focusing on social, emotional and speech and language development, a focussed social media campaign is underway in the four wards and will continue until March 2020.

The Programme continues to support the FNP ADAPT programme in the City Baby Buddy App has now hit over 1700 downloads The Programme is working with Women's Aid to support the rollout of the Change that Lasts project including, 'ask me' and 'trusted professional'

The Programme is investing in additional multiagency workforce training to deliver Triple P tip sheets, parenting programmes and discussion groups through 2019-2020.

The Small Steps Big Changes programme has identified infant, maternal and paternal mental health as one of its key focus areas for 2019 onwards and is currently exploring options for future test and learn and service design.

Alongside the Health for Teens website, in December 2018, we released the **Health for Kids website**. This offers a mix of clinically assured interactive content, striking design co-designed with children and young people. The website aims to be a one stop shop for young people to seek universal health information that is safe and from a trusted source, via **quality assured** content that is fit for the smartphone generation. Children will be able to browse through the ‘four worlds’ from, staying healthy, illness, feelings and getting help. Each world is populated with different health areas for them to learn about their health.

Collaborative work with schools

Mental Health education should be provided to children and young people from an early age, ideally on a compulsory basis

This education should equip young people to spot the signs, develop coping mechanisms, and seek help when needed. Young people need to be told that ‘it’s ok not to be ok’. Education should help young people use language and terminology in a more positive way, to reduce stigma and normalise conversations. Teachers and parents will also need to receive training in order to support children and young people effectively.

Source: MH:2K 2018

Mental health support teams

The ‘**Transforming Children and Young People’s Mental Health Provision: a Green Paper**’ published December 2017 (<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>) stated there is clear evidence that schools and colleges can and do, play a vital role in building resilience, identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems. We want to ensure that all children and young people have **access to high-quality mental health and wellbeing support linked to their school or college** and when specialist support is required there are clear referral pathways in place to the most appropriate services. The Green Paper builds on Future in Mind and sets out the ambition to go further to ensure that children and young people showing early signs of distress are able to access the right help, in the right setting, when they need it.

The Green Paper sets out the key key elements:

- Incentivise every school and college to identify a **Designated Senior Lead for Mental Health** to oversee the approach to mental health and wellbeing. All children and young people’s mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
- Fund new **Mental Health Support Teams** to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

Mental Health Support Teams (MHST) in Schools

Nottinghamshire ICS has been successful in securing funding for the rollout of five Mental Health Support Teams across the footprint. We have a phased plan based on deprivation, for our rollout of existing and further teams up until 2023/24, which is detailed below.

MHST roll out Plan

Table 7 Mental health support team rollout

Wave One (Go Live December 2019)	Wave Two (Go live August 2020)
Nottingham North and East (One MHST) Rushcliffe (One MHST)	Nottingham City (two MHSTs) Mansfield and Ashfield (One MHST)

The work of the teams will be evaluated, and this will inform further bids/business cases to cover the ICS footprint. The MHSTs are hosted by existing Community (NHFT) and Targeted CAMHS teams (City Council) with leadership and supervision coming from within the wider service. Referrals to the teams will come via the integrated CAMHS SPA.

The Mental Health Support Teams three core functions as described below:

- **Delivering evidence-based interventions** – All staff are undergoing training at Reading and Northampton Universities to use predominantly CBT evidence based protocols within their work and are closely supervised in their application.
- **Supporting the senior mental health lead role** – We have facilitated and hosted training with the regional DFE representative and have established a Mental health Lead Support Network to meet termly in addition to a steering group with participation from a number of stakeholders across health, local authority and education, so there is an opportunity for school staff to influence the service model, design and delivery.
- **Giving timely advice to schools** – We have allocated key workers (EMHPs/RTT CBT Therapists) with each school and they are beginning the process of developing relationships and building the reputation of the service. We have a clear referral process in the trainee phase and all referrals are screened by the CAMHS Single Point of Access to ensure appropriateness of referral and escalation to more specialist services if this is more appropriate whilst schools begin to understand more of our remit and make the appropriate referrals. We are also working alongside the Tackling Emerging Threats to Children team to look in the longer term to see if we may be able to do some co-facilitation of groups that may support YP to stay in school.

Dedicated project management resource has been identified in CAMHS teams and will be extended in Wave 2.

A multi-agency workshop is taking place in September 2019 to further develop the MHST service model. This will be co-lead and facilitated by Citizen Researchers from MH2K. We have also circulated a parent/carer questionnaire to Wave One schools and received over 200 responses. These findings will also be fed into the workshop.

We have supported the Department for Education in audit activity with schools to establish a clear baseline for schools current mental and emotional support. Education Mental Health Practitioners have also undertaken audit activity with individual schools to establish the level of need and level of service in the school. We have already mapped the current levels of support to our schools through the Emotional health and wellbeing Pathway document which can be found at Attachment 3a and 3b.

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

Nottinghamshire County was also successful in being selected to take part in the **Mental Health Services and Schools Link Programme** facilitated by the Anna Freud National Centre for Children and Families. This programme is a ground-breaking initiative to help Clinical Commissioning Groups (CCGs), other service providers and Local Authorities work together with schools and colleges to **provide timely mental health support to children and young people**. It works to empower professionals and support staff by brokering contact, sharing expertise and developing a joint vision for children and young peoples' mental health and emotional wellbeing in each locality.

The programme has already been successfully piloted in 255 schools across England (2015-2016) and has been independently evaluated. The pilot was developed in response to recommendations set out in 'Future in Mind' (DH 2015), to improve access to mental health support for children and young people, by bringing together schools and mental health professionals to two free, joint workshops.

Across Nottinghamshire County 107 schools signed up to the programme, with 177 colleagues working within schools and colleagues taking part along with 48 professional from a range of services including

CAMHS, Health Families Team, Family Service and Youth Justice. The first workshops took place in September 2018 and November 2018. A key piece of learning from this was that schools were developing pockets of good practice in isolation. In response to this, we have established Senior Mental health Lead network meetings to enable good practice to be shared across school networks. Workshops will be offered to a further 10 cohorts across the ICS footprint in 2020.

Across Nottingham City and Nottinghamshire engagement and collaboration with schools and colleges has increased to ensure they feel supported to support our children and young people. Schools have been participating in several initiatives as detailed below.

The Tackling Emerging Threats to Children Team in partnership with the Schools' Health Hub Co-ordinators, work across Nottinghamshire on a locality basis. The team has been established to support schools with the safeguarding and health and well-being agendas and will focus on developing best practice in response to new and existing "threats".

The team's remit includes a wide range of sensitive issues including: radicalisation and extremism; child sexual exploitation; female genital mutilation; forced marriage and honour based abuse; online safety; bullying in all its forms including prejudice based incidents and hate crime; sexual health and healthy relationships; emotional health & well-being; healthy weight and nutrition; alcohol and substance misuse; smoking cessation; resilience. Acting as a single point of contact for universal services, the team focus on developing its own section of the school's portal website as the main mechanism for sharing best practice.

The team also offer:

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

Contract extensions to the existing commissioned services for Resilience Programmes to Build Emotional Health and Well-being for Children & Young People attending Nottinghamshire Schools; Each Amazing Breath – 'Take 5 at School' Programme in the north and west of the County (<https://www.eachamazingbreath.org/services/take-five>) and YoungMinds 'Academic Resilience Approach' in the South of the County (<https://youngminds.org.uk/youngminds-professionals/our-projects/facilitating-academic-resilience-approach/>). Bassetlaw CCG have also funded an additional 15 schools to take part in Take 5. The work has been extended until 2021 and the programme has been extended to a further 30 schools, meaning that 75 schools in total and approximately 18,000 children will benefit from the approach.

Nottingham City Council Targeted CAMHS Service is closely linked into the city's school community. There are currently named link CAMHS Practitioners that are linked to every school in the city, offering support in several ways. They offer both Time4Me service (space for young people who the school identify, to meet their CAMHS Practitioner- monthly drop in sessions) and SHARP (Self-harm awareness and resource project) self-harm clinics in city secondary schools.

In **Nottingham City**, 14 schools attended training sessions from the **Character Curriculum Programme** which was delivered by the Council's Personal, Social and Health Education Team and 17 schools received resources to support their curriculum. Nottingham Trent University undertook independent evaluation of the Character Curriculum Framework and its use in schools. They reported that:

- Staff consistently articulated how Character Education helps equip children with essential life skills

- Character Education was considered as enabling school staff in complementing their academic curriculum to the ultimate benefit of academic achievement
- Character Education was viewed as a means of engaging reluctant students in their learning to meet academic targets
- Staff mentioned that Character Education has some limitations, but these are generally outweighed by the benefits.

Nottingham City has developed an **Emotional Health and Resilience Charter**. This was set up in 2017 by a partnership of local services who work with schools supporting children and young people with their Mental Health and Emotional Wellbeing. Schools are invited to sign up to the charter to demonstrate their commitment to a **Whole School Approach** in promoting positive mental health for pupils and staff. Schools audit their provision and set actions for development. Schools are supported by local services as they implement their actions. Schools then celebrate their achievements across the local authority. Currently 22 schools are signed up. **The Emotional Health and Wellbeing Consultants for the City** facilitate network events for schools to share their practice and resources. Staff in schools are also benefitting from **Youth Mental Health First Aid (MHFA) training**. Currently 67 schools in the City have accessed this training since September 2019. This year schools will also be able to access the Adult MHFA training courses to help them support the emotional wellbeing of colleagues.

Primary mental health worker role

The Primary Mental Health team within Nottinghamshire Healthcare NHS Foundation Trust CAMHS continue to work with GPs, Healthy Family Teams and schools across **Nottinghamshire County** providing case consultation, advice and training. Feedback from the system has been **extremely positive** and by offering case consultation we have seen an increase in the number of appropriate referrals received by CAMHS. During 2018 the Primary Mental Health Team deliver 218 training sessions to 2,905 colleagues across schools. The team also provided 696 consultations to professionals. The Primary Mental Health Workers have also played a crucial part in the Mental Health Services and Schools Link Programme leading on a half day training session on self-harm and suicide.

The Primary Mental Health Team continue to work with commissioners to develop their training offer to enable wider partners to attend relevant training. During 19/20 we will continue to develop innovative ways of delivering training as an alternative to 'face to face' training, for example developing online videos for professionals to view

SHARP

In Nottingham City, the SHARP service has trained 3,980 front line professionals since October 2015 and provide monthly self-harm clinics for young people in secondary education and the Looked After Children service, resulting in approximately 80% of those young people (in 2 ½ years) having received support via Universal Services now skilled to support children and young people who may be at risk. This training has shown early intervention can reduce self-harm and suicidal behaviours. SHARP Practitioners also provide children and young people with opportunities and strategies for hope and recovery from the effects of self-harm and minimise the risk of future harm through individual and group work.

Voluntary and Community Sector organisations

The voluntary and community sector is key in helping address access to services for children and young people and can often offer something different to statutory NHS service, whilst complimenting their work. In Nottingham City and Nottinghamshire County we want to ensure that children and young people have **open access** to emotional wellbeing and mental health support as early as possible in order to increase resilience and improve outcomes delivered in a range of community settings.

In Bassetlaw, Centreplace, a Worksop based voluntary organisation, delivers counselling services to young people aged 11 - 25 years old through their 'Talkzone' programme. The service is well established and widely known throughout the district. This programme is accessed directly by young people. All clients undertake a comprehensive initial assessment to determine their suitability for counselling.

Kooth continues to offer open access support to young people across **Nottingham City** and **Nottinghamshire County**, providing online counselling as well as a range of other online emotional health support tools such as moderated forums and self-care tools. For **Nottingham City** the service also offers face to face appointments. The Integration and Participation lead within Kooth has visited a number of schools to promote the service at staff meetings and schools assemblies and this will continue through 19/20 and onwards, with a particular focus on engaging young males, looked after children and other hard to reach groups.

During 18/19 333 young people accessed the Kooth face to face service offered within Nottingham City with 1823 appointments delivered. This is comparable to the numbers accessing this service during 17/18. However there has been a significant increase in those using the online function with 1339 (892 17/18) young people from Nottingham City registering for Kooth online services with 880 (589 17/18) online counselling sessions offered. 84% of young people returned to Kooth more than once and 96.5% reported that they would recommend the service to a friend. For Nottinghamshire County the numbers of young people registering to use the online function has again increased significantly with 3017 (1,797 17/18) young people registered for the online service with 1207 (852 17/18) counselling sessions delivered. It is reassuring to note that of those who are registering with Kooth, approximately 80% of young people returned more than once and 93% reported that they would recommend the service to a friend.

When accessing Kooth counselling young people are encouraged to set **goals** which are then reflected upon whenever they access the service. During 2018/19 900, young people from Nottinghamshire County and Nottingham City set goals.

An Ambassador Programme will run in Nottingham City in 2019/20. The programme recruits young people passionate about mental health and gives them the training in content, presentation skills and mental health training. Kooth then supports the Ambassadors to develop skills in a variety of areas, leading to presentations and appearances at mental health events to further their understanding and passion within the field.

Across **Nottingham City** and **Nottinghamshire County South** young people continue to access Base 51 which offers face to face counselling services and access to wider health support such as sexual health. During 2018/19 175 young people from Nottingham City were referred to Base 51 with 981 appointments offered. For Nottingham County South 246 young people were referred to Base 51 counselling with 983 appointments offered.

Behavioural support

It is understood that behavioural difficulties do not necessarily mean that a child or young person has a possible mental health need. However, consistent issues around behaviour can be an indication of an underlying mental health need which is why we want to ensure that we have robust and effective pathways and support in place to ensure those young people with both concerning/challenging behaviour and mental health needs receive early identification, assessment and intervention where appropriate.

In Nottingham City the Behaviour, and Emotional Health Team, part of the Behaviour, Emotional and Mental Health pathway has been in place since 2014. In 2018 the service was re-modelled in response to issues with the pathway. The service has been provided by City Care and the contract ends in March 2020. The service provides 1:1 support for children and young people who require bespoke support for behaviour management. This includes children and young people who may have been referred where there are concerns regarding ASD and/or ADHD. However, equally children and young people can access this service where there are behaviour concerns and universal services have undertaken a package of care and there has been no improvement. There continues to be an emphasis on early support and the team are working closely with universal services to embed knowledge and offer advice, to ensure staff feel confident and well supported. The service also provides a parenting support programme called Cygnet which is specifically for children who have been diagnosed with an Autism Spectrum Disorder. In addition, during 2019 the service also received additional funding to employ a clinical psychologist and educational psychologist to aid with formulation and support around assessment and diagnosis for ASD. The clinical psychologist also provides some psychological support and identifies attachment issues as it is recognised that sometimes attachment issues can be confused with ASD. Commissioners are working with the current provider and partners within the BEMH pathway to further refine the model as it recognised that there is increasing demand on the service.

Within **Nottingham City** the New Forrest Parenting Programme (NFPP). NFPP is an evidenced based parenting programme for children and young people who symptoms and behaviours are associated to ADHD, up to the age of 12 years (however it can be adapted for teenagers too). The programme:

- Evidenced based intervention for ADHD (five published randomised control trials and two further trials under review)
- Has demonstrated impact on both ADHD and conduct problems (Sonuga-barke et al 2001, Thompson et al 2009, Abikoff et al 2015)
- Has demonstrated maintenance of effects in follow-up (Sonuga-barke et al 2001; Thompson et al 2009)
- Current evidence that NFPP works for hard to engage and difficult to treat families (Sonuga-barke et al in press)
- Only ADHD specific intervention in the UK that has been subjected to a health economic evaluation (Sonuga-bakre et al in press)
- In 18/19, the offer has been re-shaped, with the emphasis now on more group programmes. From January 2018 to date, 65 families have been worked with on a group or on a one to one basis. Of these, 38 parents/carers saw an improvement in their child's symptoms of ADHD symptoms. Of these, parents/carers 46 saw a positive improvement (a reduction in) the level of stress/strain that they were experiencing as a family. Low numbers are due to some families not completing final outcome measures. Some of these improvements were very considerable with some scores reducing from as much as 51 to 38 in ADHD symptoms and 21 to 13 in terms of overall reduction in strain on family life and stress. PHQ9 from 12 (moderate depressed) to 4 (mild/low depression) Low numbers are due to some families not completing final outcome measures, so the remaining cases were not included in the analysis as clinical outcomes were because outcomes were not available at both pre and post intervention.
- The PHQ9 Clinical screening measure has been introduced as another clinical tool to ensure that the level of parental depressive symptoms is understood by the NFPP practitioner. This allows for monitoring of parental mental health needs and for signposting to other services where required. It also enables the service to see if a parent is not able to access the NFPP programme due to their depressive symptoms and their need to access support for their mental health in the first instance before the NFPP can be fully implemented. However, if the PHQ9 indicates that the parent has depressive symptoms but is still able to access NFPP then the programme would be offered to them, with consideration of their mood and need for additional support.

For children and young people in **Nottinghamshire County** a multiagency pathway has been in place to ensure the needs of children and young people with behaviour that challenges is met. This pathway is delivered in **partnership** between Health, Education and Social Care organisation. The role of this group is to ensure that the reasons for a child or young person's concerning behaviour are fully explored and that the **right support is put in place, at the right time and in the right setting**. The pathway is based on NICE guidelines.

A Multi-Agency Concerning Behaviours Pathway was developed in partnership between health, education and social care to ensure that the reasons for a child or young person's concerning behaviour are fully explored and that the right support is put in place at the right time. This was developed in line with NICE Guidelines (CG128, CG170, CG72). The needs of this group of children and young people are also highlighted within the Nottinghamshire Transforming Care Partnership and Future in Mind Local Transformation Plan, with a focus on early support and intervention in the right place and at the right time.

In August 2018 Commissioners worked with key stakeholders from Nottinghamshire's Concerning Behaviours Pathway. <https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/concerning-behaviours-multi-agency-pathway> to make improvements to the tier 1-2 (early intervention pathway, where children and young people present with behaviour which is indicative of Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) at the Universal plus/Tier 2 stage on the current pathway. The service (Small steps) was previously piloted in the area of Mansfield only, on evaluation and consultation with stakeholders, commissioners expanded the coverage to include all of Nottinghamshire (excluding Nottingham city, which has a dedicated service- see section above).

The Small Steps Service now provides early support and evidence-based interventions to families of children and young people aged 0-19 years displaying behaviour that causes concern or challenges where there is no formal diagnosis of ASD or ADHD, but where behaviours may be indicative or characteristic of these conditions. Post-diagnosis support for these conditions is also provided. The service facilitates early intervention approaches, information gathering, observations and appropriate and timely input to specialist neurodevelopmental assessments for ASC and/or ADHD, including transition to adulthood and/or adult services as appropriate. It co-ordinates involvement between agencies (schools, universal services, CAMHS, paediatrics, local authority and voluntary sector) and promotes partnership working with parents/carers and the children and young people, to give them the skills to manage behaviours and ensure good outcomes.

The service delivers the following objectives:

- Children, young people and parents/carers have positive experiences of care and support
- Supports children, young people and parents/carers to access the right services at an appropriate place and time by the right professionals
- Delivers high quality and safe care
- Delivers evidence based behavioural interventions with clearly defined clinical or behavioural outcomes
- Provides a value for money service
- Evaluation and monitoring of performance and outcome data with both qualitative and quantitative methodology
- Development of the workforce within the Neurodevelopmental Behavioural Support Service including monitoring of skills sets, qualification and CDP to ensure consistent service delivery and achievement of outcomes

- Development of positive relationships with universal and specialist services to support continuity of care for children and families, reduce inappropriate referrals and ensure there are no gaps in the pathway of support.

Outputs and outcomes of the service – 1st August 2018 – 31st July 2019 are as follows;

Families have been supported through a combination of:

- Evidence based four week parenting workshops
- Parenting Programmes (Cygnets, New Forest)
- Monthly drop in groups
- Information and Support Line – Monday to Friday from 10am-2pm, for parents and professionals
- Volunteer Befriending
- 1-1 Support
- Specialist Assessment

From 1st August 2018 to 31st July 2019, the Small Steps Service has received 3336 referrals, with approximately 300-400 referrals now received each month.

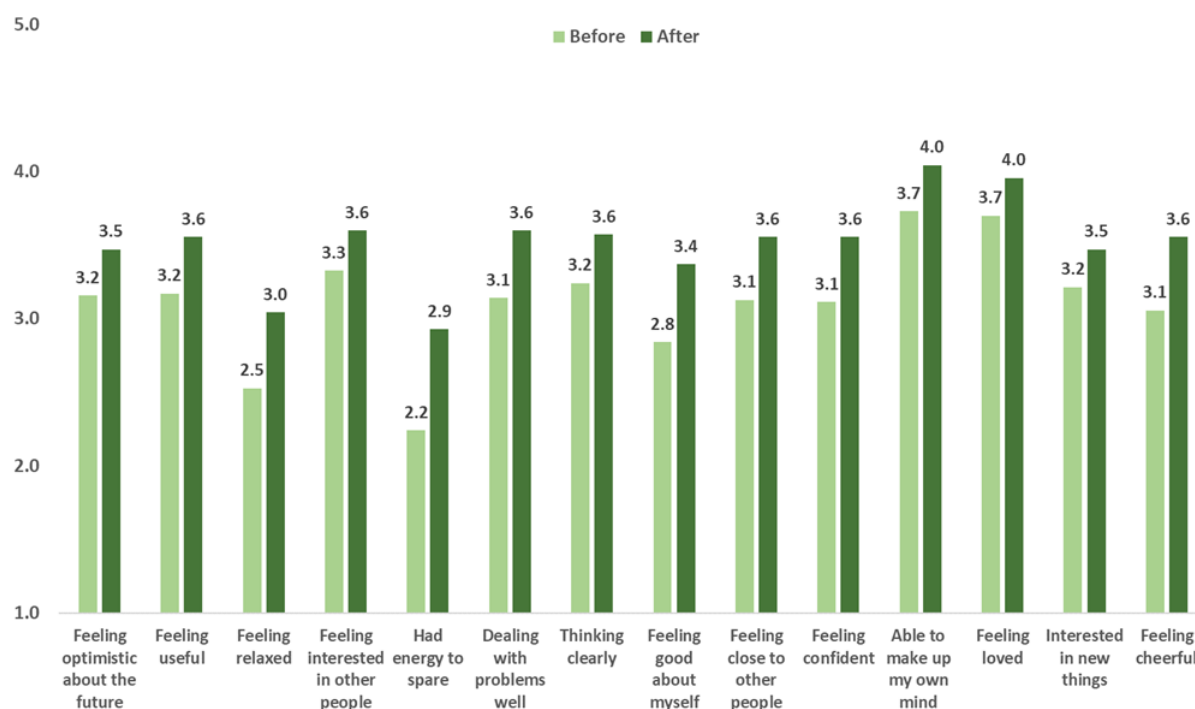
The Service has worked with 58% of these families. The majority of referrals into the Service are appropriate, and the main reason for declining referrals is missing information. The reason for referral is around 50% for indicative behaviours and 50% for post diagnosis support. The majority of referrals are for 6-11 year olds.

The information and Support Line has taken 670 calls from Parents and 710 from Professionals between 1st August 2018 and 31st July 2019. The service has had 473 attendees at the 88 Drop in Groups for parents that we have run across the County between 1st August 2018 and 31st July 2019. The external evaluation of the service, completed in June 2019, showed 'significant outcomes for families'.

Outcomes

The Small Steps Service has helped improve the mental wellbeing of parents and carers. This is because Small Steps gives them an opportunity to share their experiences and be listened to. Parents and carers who have used the service and are now discharged had an average increase of 5.6 points on the Warwick-Edinburgh Mental Wellbeing Scale, moving from 43.6 points to 49.2 points, an average increase of 5.6 points (see graph 4).

Graph 4: Before and After - Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) scores of parents (n=70)



Source: *Small Steps Evaluation 2019*

For some parents and carers, the support they receive from school and from other services has improved as a result of Small Steps' work. Parents and carers are also better equipped with knowledge of other services and where they can get further help if needed.

Parent and Carer Feedback

An independent evaluation of the service has been conducted, within this parents and carers were interviewed. These interviews suggest that the improved understanding of their child's behaviour is one of the clearest benefits of the Small Steps Service. This was due to the support of the Family Support Workers during the workshops and one-to-one work, the content of the workshops, and the opportunity to share experiences with other parents. The survey supported this; three out of six parents said they 'strongly agree' that they have a better understanding of their child's behaviour. The quotes below provide examples of some the qualitative feedback provided from parents and carers when consulted about their experience of the service.

Feedback from Parents and Carers on the Nottinghamshire early intervention service.

"I get ideas for what to do to help with behaviour. For example, I got help on adapting a rewards chart so that it's suitable for someone of my son's age. My daughter uses it now too so she doesn't feel left out."

Commissioners and stakeholders are now working to ensure the learning from the first full year of the Small Steps service expansion is taken forward into future commissioning intentions. A steering group to manage the initial mobilisation of the service has continued to oversee the implementation of the model. System Partners are supportive of ensuring there is additional early support within the local offer, but the steering group have identified opportunities for further improvements, suggesting a slightly revised service is required ensuring children and young people, receive support more quickly.

“[The service] helped [me] to take a step back instead of immediately reacting to behaviour of my son.”

A future plan of a model with a strengthened triage process and a greater emphasis on early intervention support has been identified as the required model.

Throughout the county the Community Paediatric service provides the majority of neurodevelopmental assessments for Autism (ASD) and ADHD throughout Nottinghamshire and Nottingham. The service also provides ongoing medical management for these children, which includes management of comorbid medical conditions, and medication monitoring and prescribing. During the 2018-2019 period there have been marked changes to the referral process with the establishment of the Small Steps service in the County.

The numbers of patients being recognised to have symptoms of ASD and ADHD is increasing nationally and this is reflected at a local level in the number of families seeking support and requesting assessments. These children and young people require holistic multi-agency care, as these conditions are lifelong and impact on all areas of life including home and school provision. These young people are more at risk of comorbid mental health conditions, and ADHD and ASD symptoms can also present as part of complex behaviour related to attachment difficulties, post abuse, learning difficulties, and mental health conditions. Therefore the Community Paediatric service is reliant on the CAMHS service to provide mental/emotional health assessment, and therapeutic intervention for children and young people.

The Community Paediatric service has tackled the national challenge of insufficient Community Paediatricians by diversifying its workforce, appointing Specialist Nurses and discharging patients who do not require Consultant Led care back to universal services, or support services including Small Steps. The SFH Community Paediatric service has expanded the paediatric website to provide signposting to local services within the locality, supporting young people and families who are either being assessed for ASD or ADHD, or to help them access post diagnosis support. www.cyp.sfh-tr.nhs.uk

Phase 2 of the County Concerning Behaviour Pathway review will look at how the multiagency assessment service for Autism and ADHD is managed and will continue to build on the progress which has been made to date. (It should be noted that the Bassetlaw diagnostic pathway is complemented by the General Developmental Assessment process for ASD/ADHD service is separate and operates a different system).

Adverse Child Experiences (ACE)

Work continues in response to **Adverse Child Experiences (ACE)** and the implications from a workforce development perspective. Adverse Child Experiences formed part of the Director of Public Health Report 2017 (Nottinghamshire) which made recommendations that ‘All agencies should work

together to prevent Adverse Child Experiences in order to **reduce health and social inequalities**, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire. It is recognised that regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children and young model should be developed and delivered to professionals across the system. The ACE model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professionals and the public.

In order to ensure ACE's are considered as part of service delivery a number of actions have been developed and delivered, including:

- Development of an ACE's, trauma and toxic stress e-learning course and updates to existing training and e-learning packages to include information on the impact of ACE's available on the Nottinghamshire Safeguarding Children Partnership (NSCP) learning platform
- Public Health Nottinghamshire have commissioned The Routine Enquiry about Adversity in Childhood (REACH) Programme from Warren Larkin Associates Ltd (<https://warrenlarkinassociates.co.uk/portfolio-items/routine-enquiry-about-adversity-in-childhood-reach-programme/>) for system-wide key public care and protection services . this is includes change management and training on an ACE's for a Trauma Informed workforce, Trauma Safe processes in services and role appropriate Trauma Smart frontline workers. Up to 800 training places have been commissioned and are being rolled out across the system in Nottinghamshire. Current services accessing the training include Probation, police, and substance misuse services, domestic abuse services, Youth Offending Teams, Children's Centres, County Council Family Support Services and NHS Healthy Child Programme staff.
- Updating JSNA chapters to include reference to ACEs and Trauma informed approaches in both children's services and across the life course
- Ensuring ACE's is included within the ICS All Ages Mental Health Strategy which has been published by the ICS Mental Health Board.

Improving access to effective support

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).

The current service pathway for emotional and mental health support in Nottingham and Nottinghamshire can be found at appendix ii. This document reflects the commissioning arrangements in the City and County.

What we did during 18/19:

Nottingham City Targeted CAMHS

Nottingham City Targeted CAMHS are currently exceeding national targets regarding Routine Outcome Measures. The national target is 30% and as the table below illustrates, Nottingham are currently reaching 70% on recorded ROMs.

Additional Information	Q1 2018/19 Totals	Q2 2018/19 Totals	Q3 2018/19 Totals	Q4 2018/19 Totals	Q1 2019/20 Totals
% of goal based outcomes recorded	100%	100%	100%	100%	100%
% of paired outcome measure data at closure	80%	77%	82%	77%	72%
Patient Reported Outcome Measures (Paired Data) (RCADs or SDQ)	80%	77%	82%	77%	72%
Patient Reported Experiences Measures (CHI or SRS)	Child: 22 Parent:23	Child: 22 Parent:23	Child: 22 Parent: 22	Child: 22 Parent:23	Child: 21 Parent:22
% of YP saw Reduction in Depression (reported in RCADs)	63%	72%	74%	71%	71%
% of YP saw Reduction in Anxiety (reported in RCADs)	66%	74%	78%	78%	73%
% of YP saw Reduction in Depression and Anxiety (reported in RCADs)	66%	78%	81%		71%
SDQ improvement for completed interventions	80%	72%	72%	81%	73%
SDQ improvement by 4 or more for completed interventions	52%	52%	43%	63%	56%

Waiting times

There continues to be a significant focus on improving **waiting times** and increasing the number of young people accessing support. Service data including waiting times is reported in appendix i.

Waiting Times for CAMHS Nottinghamshire Healthcare NHS Foundation Trust vary between CCGs, which can be seen in the service level data. As of March 2019 the overall waiting time for assessment within Community CAMHS was 8.2 weeks. This remains the position as of September 2019.

For Targeted CAMHS (Nottingham City Council) the average waiting time for assessment, as of March 2019, is 9.2 weeks (mean).

As of March 2019 the referral treatment time Within Community CAMHS (NHFT) for referral to treatment was 13.1 weeks, however as of September 2019 this has improved and reduced to 11.5 weeks.

For Targeted CAMHS, as of March 2019, the average (mean) waiting time for treatment is 22.4 weeks. This data includes an offer for some treatments where it may be clinically appropriate to wait. The service is working to ensure waiting times reduce and future reporting will work to display this waiting time in an improved format, due to outliers the median average wait from referral to assessment may be a more accurate indicator, this shows a wait of 5.1 weeks from referral to assessment and referral to intervention at 13.4 weeks (median).

The City Targeted CAMHS offer consultations when there are a number of agencies involved with the family, or significant complexity or where CAMHS have already been involved in the past. Sometimes from referrals it isn't always clear if offering direct therapeutic work would be the right approach for the child, young person or family at any given time. CAMHS bring together the key professionals and think about the needs of the family and specifically the emotional mental health needs of the child or young person and how these needs can be managed and supported within the already existing network, so families are not overloaded with professionals and appointments. This sometimes concludes that CAMHS can offer support to the network so as the key professional who the family already know and trust can offer them this additional support. Or it may be decided that direct therapeutic work would be helpful and then this would be offered to the family.

There has been a remodelling of the service model, moving away from the separation of an assessment team, back into a model where all practitioners offer both assessment and partnerships within the CAPA model. This model has also ensured a good level of core skills and improvement in the range of skills of the workforce.

The SPA data indicates the number of young people transitioning from Targeted CAMHS into more specialist Community CAMHS continues to remain low at 2.7%.

Accessing support

In relation to increasing the number of **young people accessing support**, this is monitored through data flowing to the Mental Health Services Data Set (MHSDS). Throughout 18/19 a significant amount of work has been undertaken to both rectify issues with data quality and in performance against the access standards.

Increasing access is monitored through data flowing to the Mental Health Services Data Set (MHSDS). Throughout 17/18 Nottinghamshire Healthcare NHS Foundation Trust was the only provider able to

flow data to the MHSDS, however a one off data collection from all providers took place at the end of 17/18 to better understand the number of young people deemed to be receiving treatment from NHS funded children and young people mental health services. The data showed the number of young people accessing treatment in 17/18 converted to an access rates of 23% against the target of 30%. This exercise was repeated in 18/19 which showed improved performance of 25.3%

Table 8: Access performance based on 18/19 SDCS collection

CCG	% Based on 2018/19 SDCS Collection from providers	% Predicted Based on Local data	% Based on Mar MHSDS Data (as used by NHSE)
Nottingham North and East	21.2%	21.8%	18.7%
Nottingham West	19.3%	20.2%	16.1%
Rushcliffe	26.5%	24.6%	23.8%
Mansfield and Ashfield	20.7%	20.2%	18.6%
Newark and Sherwood	25.3%	26.3%	24.5%
Nottingham City	31.2%	30.9%	12.1%
Nottinghamshire ICS	25.3%	25.3%	17.2%
Bassetlaw	20.5%	20.6%	N/A

Whilst in Nottinghamshire there has been an increase in the number of children and young people accessing treatment, there is still a significant amount of work to do to bridge the gap. In Nottinghamshire and Nottingham the partnership have identified several actions planned in 2019/20 to ensure further improvement are made.

The key actions are as follows;

Data Quality- The providers operating throughout Nottinghamshire and Nottingham are Nottinghamshire NHS Foundation Trust, Kooth, Base 51, Mustard Seed, CityCare and Nottingham City Council. A number of these providers have not been able to accurately submit access figures to the MHSDS. Without an accurate assessment of performance, the gap from actual performance to target is difficult to quantify, however this risk is being mitigated via Commissioners collecting local data and providers submitting data to annual data collections. Providers continue to also work with NHS England to resolve the technical data submission issues. A number of these submission issues are on track to be resolved by the end of Autumn 2019.

Capacity- Work to ensure all services are operating optimally and meeting their activity plans is progressing well. Commissioners are working with providers to pilot new ways of working which will ease access to support, to date additional group working and telephone pilots have been tested, these are being continually reviewed with a view to inform future service models.

Communication and access- Additional engagement work with specific cohorts of young people (young males, looked after children and young people at school transition points) to encourage access is scheduled in Autumn 2019 in response to analysis indicating underrepresentation of these groups in access.

In addition to focussed work with selected groups a sub group of the Children and Young People's Mental Health & Wellbeing Executive Meeting group has been formed in response to feedback from MH:2K's 2018 report. Young people highlighted a lack of visibility of support services as a major barrier. There is currently no easy way for young people to see what support is on offer to them in Nottingham and Nottinghamshire. Many young people within schools are unaware of support within the school environment. The feedback below has been key in setting the priorities for 2019/20, the focussed work planned will address this feedback and ensure ease of access to provision.

Visibility of services

"Not being aware of help available."

"Organisations need to promote themselves via social media/ ads in schools and colleges."

"If people can easily see help, it would be more likely that they would seek it."

Source: MH2K Report - 2018

CAMHS Eating Disorder Service

Nottingham City and Nottinghamshire County have a dedicated CAMHS specialist eating disorder service provided by Nottinghamshire Healthcare NHS Foundation Trust, who are part of the Quality Network Community CAMHS – Eating Disorder (QNCC-ED). In April 2016 new access and waiting time standards for community eating disorders were implemented which mandate that by 2020 95% of young people with an eating disorder will start NICE compliant treatment within 1 week for urgent referrals and within 4 weeks for routine referrals to enable children and young people to have the best possible outcome and recovery.

In Nottinghamshire Commissioners have worked with the service to develop a same day assess and treatment service model. An additional investment of £125,416 from CCG's was made, enabling the service to operate this new model from April 2019.

The service has now increased their staffing capacity and made significant improvements in its performance against the 2020 waiting time standards as seen below. Where the target has not been met, this is due to patient choice i.e. young person/carer choosing to delay treatment. Further development work is underway and discussions with NHS England are taking place around rules for pausing and stopping the clock in order reflect patient choice and also work to understand whether the service is offering optimal choice e.g. range of community settings, in/out of hours.

Table 9: CAMHS Eating Disorder Service waiting time performance .

Quarter	Routine- 4 weeks	Urgent- 1 week
Q4 2018/19	91.7%	100%
Q1 2019/20	76.9%	100%

In September 2019, Nottinghamshire ICS was successful in bidding to extend the current CAMHS Eating Disorder offer to include young people with Avoidance Restrictive Food Intake Disorder (ARFID). ARFID is defined as a restriction of their own eating by consuming smaller amounts of food, or by avoiding certain foods or entire food groups. ARFID differs significantly from bulimia or anorexia in that it is not always accompanied by weight loss. It appears to be more prevalent among younger children (2-12 year olds) as well as those with autism, anxiety, and ADHD. Left untreated, ARFID can lead to malnutrition.

It has been recognised that there is an increasing number of referrals being made for young people with ARFID and currently we do not have a commissioned service to manage these young people, although currently Community CAMHS would offer support. With the increased investment from the bid the CAMHS Eating Disorder Service will adapt their treatment pathway to ensure these young people are offered assessment and therapeutic intervention where appropriate.

Further development work will be taking place during 19/20 and onwards to develop shared care protocols with our GP colleagues in relation to ongoing blood and physical health monitoring and also strengthening our out of hours/crisis and home treatment offer for those with an eating disorder.

Early Intervention in Psychosis

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

The Head2Head team work with young people up to 18 who fall into the following areas; First episode psychosis, young people on orders with the Youth Justice Service and with mental health difficulties, young people with substance misuse and co morbid mental health difficulties (dual diagnosis) and young people who display harmful sexual behaviour. The assertive outreach team work hard to engage those who may historically, have been difficult to engage.

In 2018/19 the service received 296 referrals for Nottingham city and county. Approximately a third of these were for consultation. During that period there were 17 referrals for first episode psychosis. Sixteen of these young people were seen, assessed and commenced treatment within two weeks. The one occasion this did not happen because the young person was admitted to hospital.

Referrals are made directly to the team. Anyone can make a referral including young people and families. All first episode psychosis referrals are treated urgently and the team endeavour to make contact with the family as soon as possible. All referrals are discussed a multi- disciplinary team meeting.

Where cases are referred and diagnosis is unclear, the service works with the referrer to ascertain need and to minimise the need to move between services.

Numbers are historically low for young people on the EIP pathway and not all referrals to the service will be for first episode psychosis, this could be due to young people not being referred in the early

stages as warning signs such as withdrawal, loss of interest etc can sometimes be blurred with those of general adolescence and therefore psychosis would not be the first consideration. It is also rare for psychosis to present in young teenagers and often occurs in late teenage/young adult stage. Commissioners are working with the service to ensure further developments are made.

Urgent and Emergency Care

Our response to young people experiencing mental health crisis continues to be a priority and system wide actions to address this are outlined in the Action Plan Attachment 2. Nottingham City and Nottinghamshire County have commissioned the Crisis Resolution and Home Treatment Service (CRHT) 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. This service operates outside of 'core' operating hours to support children and young people out of the usual 9-5 provision. Operating hours are Monday to Friday 8am to 10pm, weekends and Bank Holiday 10am – 6pm. In Bassetlaw, Mental Health Liaison is commissioned as a service based in Bassetlaw District General Hospital.

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.

However, Nottinghamshire is committed to doing more and after a recent review of the service, opportunities to make further improvements have been identified. The service currently provides robust reporting against key performance indicators to ensure that children and young people receive treatment within required timeframes. During 2018/19 (quarters 1-3), there were 724 referrals made "In Hours" to the service, during this timeframe the team was always able to access within the 4 hour within the community. However, the service and commissioners have identified challenge "Out of Hours", within 2018/19 (quarters 1-3) 24 children and young people were not able to be supported within the timeframe and the response to wards for liaison has not consistently met the 1 hour response time required.

Commissioners and the provider are now reviewing the current model for service delivery, currently the crisis and liaison function operates as a standalone children and young person model, however opportunities have been identified in Nottinghamshire to explore blended liaison models with adult services to ensure an equitable and resilient service is in place for both adults and children and young people. This model is already in place in Bassetlaw. Nottinghamshire is undertaking the CHORUS pilot which will help resolve the data issues between the acute hospital and mental health provider, enabling an improved understanding of need and person's journey. Outcomes from the pilot will inform the next steps to achieving a further improved offer for children and young people, in line with the Long Term Plan aspirations.

New Care Models

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

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

The Midlands provider collaborative has an aspiration to mobilise by October 2020 and is now working to ensure all stakeholders are involved in co-designing the model. Bassetlaw is already involved in developing pathways for the Yorkshire collaborative.

0-25

We are in the early stages of developing a 0-25 pathway for children, young people and young adults, with the most vulnerable being the focus of this work.

Key actions to achieve are outlined in the action plan. In addition to this, we will undertake work in the following areas in autumn 2019 and spring 2020:

- Take an All Ages Approach to CAMHS and Adult Mental Health re-specification process
- Host a Best Practice workshop for partners from across the system, this will co-led by areas which have already embedded a 0-25 offer
- Ensure that a focus on the mental health needs of 18 -25 year olds is included in system wide Health and Work project
- Develop data sets for measuring outcomes for 18 -25 and conduct further analysis of referrals from CAMHS to Adult Mental Health and their destination

Progress on this work will be reported to the ICS Mental Health and Social Care Partnership Board

Transitions

During 2017/18 and 2018/19 there has been a national Commissioning for Quality and Innovation scheme (CQUIN) in place 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. Adult mental health (AMH) providers are expected to conduct post transition surveys. Quarterly reports from the Trust have been reviewed by the Quality Team within the CCG and Commissioners reviewed progress towards the targets and ensure continued service development to improve the transition process.

During the two years of the CQUIN the following has been achieved;

- A clear **transition protocol** is in place across multiple partner providers utilising NICE guidance for the management of transitions from CAMHS to AMH
- A quarterly meeting between CAMHS and AMH leads has been established to ensure continued compliance to the transition protocol and maintain relationships

- CAMHS and AMH have identified **Transition Champions** who meet on a monthly basis to ensure timely response to all children and young people approaching transition age of 17.5 years
- Three transition questionnaires have been developed to monitor transition from young person perspective at three points of the transition process.

Table 10: Transition Case Note Audit

	17/18	18/19
Percentage of young people appropriate to transition to AMH with a transition plan in place	80%	100%
Percentage of young people who have been part of joint agency planning prior to transition to AMH	93%	100%
Percentage of young people who have been discharged back to Primary Care with a discharge plan that has been developed by and shared with the young person	62.5%	100%

Source: 17/18 and 18/19 NHFT CQUIN Report

The data above shows there has been a significant improvement in the transition process over the two year period, not only in the relationships that have been built between CAMHS and AMH but in the number of young people who have been involved in their transition process and the number who have a clear transition plan in place. This improvement in process will hopefully ensure that young people feel that they have a positive transition experience and therefore achieve better outcomes from their therapeutic interventions.

Transition Survey

There continues to be challenges with ensuring young people complete the pre and post transition survey as they are not mandatory. Both CAMHS and AMH continue to promote the survey and the importance of it being completed.

Table 11: Transition Survey Results

	17/18	18/19
Percentage of young who in their pre-transition survey reported feeling prepared at point of transition/discharge	68%	92%
Number of young people who in their post-transition survey reported that they are meeting their transition goals	16%	55%

Source: 17/18 and 18/19 NHFT CQUIN Report

As you can see there has been a positive increase in the experience of transition for young people (those who responded to the survey) and more young people feel that they are meeting their transition goals once they are accessing AMH services. This is an excellent reflection of all the hard work that has been undertaken by Nottinghamshire Health NHS Foundation Trust to improve the process and experience of transition, however the hard work needs to continue to ensure more young people are meeting their goals post transition.

Transition typically occurs at the age of 18 however it is recognised that some young people may want to choose to access AMH prior to their 18th birthday. Further work is being undertaken by commissioners and providers of CAMHS and AMH services to understand the pathway for those young

people aged 17.5 who are referred to CAMHS. It is recognised that there is currently a potential gap in provision especially where a young person identifies at CAMHS assessment that they would prefer to access AMH provision. Historically AMH would not process the referral until the young person reaches their 18th birthday which is causing a delay in the young person accessing treatment. This will be addressed as part of the wider work being undertaken around the 18-25 pathway.

Bassetlaw CCG holds quarterly multi-agency Transition Meetings and has a log of young people aged 14 and over who require health transition. BCCG has a Transition Strategy and a steering group for transition.

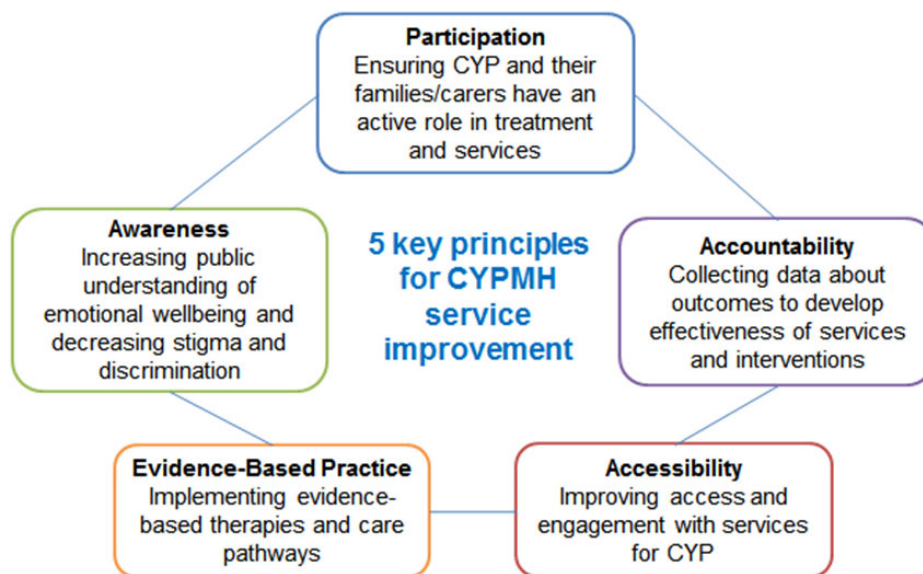
The CAMHS Eating Disorder Service have trialled and embedded a **transition worker** within the team to specifically work with eating disorder patients. Young people now have the option of retaining their key worker post 18 or start the next stage of their treatment with a worker from the adult's community eating disorder team. The transition worker remains in contact with the young person for at least 6 months post transition to ensure that the process is seamless and the young person feels supported. This model has worked extremely well and there is an opportunity to review the model and extend to Community CAMHS teams if appropriate and in line with ongoing work relating to the 0-25 pathway.

Whilst locally we have made positive steps to improving transition there is still work to be done to ensure all young people receive a positive transition whether this be to adult mental health service or back to Primary Care and that transitions as whole (physical and mental health) are aligned. We also need to consider the impact of transition on our care leaver population due to the differing transition age between health and social care (young people transition from health services at 18 years, whereas care leavers continue to be supported by the Local Authority until 25 years. In the next year CAMHS and AMH will work more closely to identify how further improvements can be made to a young person's journey, ensuring nearing transition does not present fragmentation in a young person's journey to seek support. Commissioners are working with partners to identify if further expansion of a transition worker role would be effective, or whether flexible transition points are needed. This will be reflected in the ongoing work on the 0-25 pathway.

CYP IAPT (Improving Access to Psychological Therapies)

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

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



During the course of the Future in Mind transformation programme our providers and wider partners have made continuous improvements to service delivery and pathways to ensure they are meeting the 5 core principles shown above and therefore improving the experience and outcomes of those young people accessing services.

Nottingham City and Nottinghamshire are part of the Central and South CYP IAPT Learning Collaborative and in July 2019 took part in a support and challenge site visit. The outcome of this visit was extremely positive with Nottinghamshire and Nottingham City benchmarking higher in all areas of CYP IAPT compared to the rest of the collaborative. The full report can be found in attachment 4.

The table below shows some of the positive improvements made over the last 4 years in relation to CYP IAPT:

Principle	Successes
Participation	<p>Nottinghamshire Healthcare Foundation Trust and Nottingham City Council have a number of young people participation and engagement groups and parent groups who come together to discuss areas such as service delivery, service improvement and communication. This has been extended further to include sibling groups.</p> <p>Nottinghamshire Healthcare NHS Foundation Trust are now including young people in the recruitment process and young people are invited to take part in interviews for new staff members. This has been a positive experience not only for the young people but the interviewees.</p> <p>From a wider stakeholder perspective the MH:2K programme has been and continues to be an invaluable participation programme which is beneficial not only to young people involved but stakeholders from Local Authorities, schools and voluntary and community sector. The voice of the young person is now firmly established within all of our plans and providers are linking with citizen researchers as part of their service development.</p>
Accountability	<p>There has been a strong focus on outcome measures during 2018/19 and this will continue up to and beyond 2020/2021.</p>

	<p>All of our CYP mental health providers are now using routine outcome measures to monitor progress of young people. These include Session Rating Scores, Outcome Rating Scale and Goals Based Outcomes.</p> <p>All of our providers are now configuring their systems to ensure that outcomes data can flow to the MHSDS by April 2020 when a national outcomes matrix will be published.</p>
Accessibility	<p>All of our CCG commissioned CYP mental health providers across Nottingham City and Nottinghamshire County offer self-referral either directly from the young person or by parent/carer if under a certain age. This ensures that young people have easier and timelier access to services.</p> <p>Services are also starting to extend their hours of operation, with some service offering 'out of hours' appointments were required in order to children and young people and their parents/carers are able to attend appointments. This will be an ongoing development and further scoping is required to understand the need for 'out of hours' provision.</p> <p>The introduction of Kooth online counselling has improved access by offering support 24/7 365 days a year. The numbers of young people accessing Kooth has increase year on year which is very positive.</p>
Evidenced Based Practice	<p>Nottinghamshire Healthcare Foundation Trust and Nottinghamshire City Council have participated in the Evidence Based Training Programme offered as part of CYP IAPT. Full details of this can be found in the 'Developing the Workforce' section. Whilst it is positive that staff within Community CAMHS and Targeted CAMHS have continuously engaged with the evidence based training, we have yet to engage wider partners in these training opportunities. We are currently exploring the option of CAMHS Social Workers engaging with the training programme.</p> <p>NHFT and Targeted CAMHS (Nottingham City Council) have been developing care bundles to ensure that young people receive appropriate treatment depending on their presenting need. These are currently from a mental health presenting need, however it is acknowledged that once these have been developed the bundles need to be extended to include wider stakeholders, for example Community Paediatricians.</p>
Awareness	<p>A communication strategy is now in place to ensure that children, young people, families and professionals are aware of the range of services available and referral criteria/thresholds. This will not only promote relationships between professionals and stakeholder but al ensure that children and young people receive the right treatment, at the right time, in the right place.</p> <p>The MH:2K programme has allowed us to have more open and honest discussions with children and young people about emotional wellbeing and mental health. The programme has been extended for another year and the Citizen Researchers will be developing information leaflets for young people to understand services available and also developing an anti-stigma campaign.</p>

Future priorities for 19/20 for this work are included in the Action Plan.

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).

Caring for vulnerable groups continues to be a priority throughout 18/19 and whilst there have been developments, there is still much to do in order to address health inequalities.

What we did during 18/19:

Young People with learning disabilities and/or autistic spectrum disorder

We continue to embed the requirements of the national **Transforming Care Programme**, aimed at providing coordinated support to young people with learning disabilities and/or autistic spectrum disorder and comorbid mental health needs or challenging behaviour in the community where possible. In 2018/19 2 Care, Education and Treatment Reviews took place. Of these, 0 young people with a learning disability and/or autistic spectrum disorder were admitted to a tier 4 inpatient mental head bed and were managed within the community.

Work has continued during 18/19 to ensure the Care, Education and Treatment Reviews process is embedded across health and social care to **promote earlier identification** and prevent escalation of need. Relationships have improved across agencies with case discussions taking place between health and social care outside of the Care, Education and Treatment Reviews process. Nottinghamshire Healthcare Foundation Trust produce a weekly **risk register** which is sent to commissioners so we are aware of any young person with CAMHS who may require a Care, Education and Treatment Reviews and ensure a CETR is organised when required.

As mentioned in the 'Resilience, prevention and early intervention' section of this plan, Nottingham City and Nottinghamshire County continue to develop the pathways and support for children and young people with ASD/ADHD through their respective Behaviour, Emotional and Mental Health pathway/Concerning Behaviours pathway.

Specific and Targeted Evidence Based Interventions for Vulnerable Groups

Within Nottingham City Targeted CAMHS there have been a number of continued posts and new developments in relation to care for the most vulnerable. In addition to the practitioners who are offering evidence based specific treatments as already described, such as the CBT (Cognitive Behavioural Therapy) Specialist working with CYP with more complex and enduring mental health needs, such as long-standing depression and more enduring anxiety disorders.

- There is a part time domestic abuse CAMHS practitioner offering bespoke support and consultation to professionals, for CYP who have mental health struggles/trauma symptoms having experienced domestic abuse.
- There is the continued development of a full time Syrian/Asylum seeker CAMHS practitioner funded by the Home Office developing ways to link to vulnerable groups in the community to ensure they get access to the right emotional health support/assessments
- Two practitioners who are able to offer Time Limited Adolescent Psychodynamic Psychotherapy (TAPP) to support adolescents who require more in-depth assessment and therapy for more complex or trauma history presentations such as attachment disorders and emotional dysregulation
- Animal assisted therapy – we have a trained and qualified therapy dog working with CYP who need more support to feel comfortable to develop therapeutic relationships who have additional needs making accessing talking therapy more difficult.
- Early Intervention Workers in SPA. Family support worker vacant posts for a more traditional family support role in the service have been re-modelled to allow for another form of support for families as quickly as possible from point of contact with SPA. Early Intervention Workers contact young people and families quickly and directly to complete mini-assessments, clinical screening measures, and offer evidenced base self-help materials to support them while they are waiting to be seen for the most appropriate treatment or support. This again helps regulate waits by ensure young people and families are contacted and offered support as soon as possible.

Children who have experienced sexual abuse or exploitation

Nottinghamshire CCGs along with Nottinghamshire County Council continue to commission a therapeutic recovery service for children who have been sexually abused or exploited, which is provided by The Children's Society. They key aims of this service are:

- Provide therapeutic services to children and young people, aged 17 and under, who are the victims/survivors of sexual exploitation or sexual abuse and other their parent(s) or carer(s) in order minimise the impact of the abuse on their mental health/emotional wellbeing
- Promote the **resilience** for the child/young person to enhance their prospects of positive outcomes, in particular to reduce the child/young person's vulnerability to further abuse
- Direct young people to specialist services if continuing or other needs are identified and to facilitate access through established processes.

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

The service continues to see **increase demand** for support and during 18/19 received 125 referrals and accepted 94 onto caseload. 124 young people received direct therapeutic intervention during the

same time period. During 18/19, due to the increase in referrals, the service had to initiate a waiting list for the first time and they worked together with commissioners to review. This resulted in a change to the service model to ensure that all young people and their parents/carer receive an assessment at the earlier opportunity and offered initial guidance and intervention before waiting for direct intervention. This means that young people are not waiting for long periods of time before receiving any contact from the service. This will continue to be monitored via service reviews.

Across the wider system (NHS England and Police and Crime Commission) there is also the **Paediatric Sexual Assault Referral Centre** has been commissioned for anybody under the age of 18, who has experienced sexual abuse. The Nottingham/Nottinghamshire branch of the East Midlands Children and Young People's Sexual Assault Service is based at Queens Medical Centre and offered specialist provision to attend to the medical care and holistic support needs of children and young people, as well as young adults up to the age of 24 who have a learning disability. This service is supported by a voluntary organisation, Notts SVS Services', who provide crisis worker support which helps young people feel as comfortable and reassured as possible during forensic medical examination. They also provide therapeutic support for young people aged 13 and above after they have attended the SARC.

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

More recently the Police and Crime Commissioner has commissioned a comprehensive child sexual abuse/sexual violence economic, health and social needs assessment for Nottinghamshire. The needs assessment aims to provide all commissioners across Nottinghamshire with a solid evidence base for future support services.

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

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

The ongoing design and delivery of the project has been informed by a local Participation Group of children and young people, as well as local 'You Know Your Mind' events to encourage young people to try new, positive activities that promote positive mental health outcomes.

Evaluations undertaken with children and young people accessing the project have told us the project:

- Increases access to positive activities that children and young people readily engage with, which in turn can have a significant impact on their quality of life, as well as supporting them to develop their confidence and self-esteem.
- Encourages young people to engage in new hobbies and explore new interests, which has had a positive impact on issues such as alcohol /substance misuse, youth offending and self-harming behaviour. Children & young people have reported "having something to look

forward to” through their self-identified support arrangements, which often allow them to build positive friendships with like-minded peers

- Successes of the project to date include: Looked after children being invited to join professional football and crickets teams, following Personal health budget-funded lessons and try-outs
- A young person competing in an international competition
- Care leavers re-engaging in education and employment, in areas linked to their YKYM support arrangement

The project is funded until April 2020, health and social care commissioners are working together to further evaluate the impact of the project, with a view to ensure commissioning plans for April 2020 are in place.

Figure 2: shows some of the personal health budget choices, children and young people have made to support their emotional health and wellbeing.

Figure 2: You Know Your Own Mind Choices



Source: You Know Your Own Mind Interim Evaluation- 2019

During 2017/18 we had an independent review of our County 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. Several 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 further area for improvement the service and commissioners are considering is how to support young people in care with mental health needs as they transition to adulthood. The team now has a named transition lead whose role is to facilitate transfer to adult services. In addition to this commissioners and Nottinghamshire Healthcare Foundation Trust are currently exploring flexible approaches to transitions across mental health services, in order to ensure transition is young person centred. The CAMHS LAC team has been identified as a service which would be best placed to trial this approach, an example of this approach could be by a model where young people have a choice of whether they want to retain a worker from CAMHS into adulthood, this approach would also ensure close working with adult mental health teams and the Council's Leaving Care Service.

When considering the health needs of this group it is important to reflect the others health services involved in Nottinghamshire. The Nottinghamshire CCGs commission services for LAC from the following NHS provider organisations:

- Sherwood Forest University Hospitals NHS Foundation (SFHFT) Trust, Nottingham University Hospital NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospital NHS Trust (DBHT), all provide a LAC medical service, completing a comprehensive initial health assessment to identify health needs and make referrals to specialist services, as well as a Medical Advisor to Adoption role.
- Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provides a LAC and adoption nursing service, co-ordinating the pathway once a child or young person enters care and completing the majority of review health assessments following on from the initial health assessment; a Child and Adolescent Mental Health Service for Looked After Children (CAMHS LAC); and the Healthy Family Teams who deliver public health nursing in line with the Healthy Child Programme.

We know that Children in care are more likely to have had experience of social and environmental risk factors and a number of adverse childhood events (ACEs) than other children. Nationally, 45% of children in care were found to have a diagnosable mental health disorder, with mental health problems thought to be even more prevalent in this group (Meltzer et al, 2002; McAuley & Davis, 2009). Therefore we are working to raise the awareness of ACEs and ways of working which support the adoption of ACEs in practice.

In 2018/19 commissioners have worked with the provider (Nottinghamshire Healthcare Foundation Trust) to make improvements following the independent review. The county commissioners have increased their investment into the service, enabling a multidisciplinary workforce to operate. In addition to this a set of reporting outcomes measures have been agreed. These measures will enable partners to have improved oversight of the service. In 2019/20 work is planned to ensure the Nottingham city service provides a service which is equitable, ensuring there is no variation in offer throughout Nottinghamshire.

This work will be monitored by the CCG led 'Service Improvement Forum' which focuses on strengthening the quality and efficiency of health services for looked after children (LAC) in Nottingham City and Nottinghamshire is a local priority. In order to understand the local situation better, the partnership, work across health and local authorities to undertake a whole system review of current pathways and service provision for Looked after children statutory health services. The group:

- understand the 'health journey' that a child travels when they enter care;
- evaluate how effectively Health and Children's Social Care pathways operate and the interfaces between them;
- analyse legislation to clarify local authority and CCG statutory responsibilities;

- audit the reliability of data and establish more robust systems for reporting performance.

The purpose of the Service Improvement Forum is:

- To develop a multi-agency response to the recommendations in the review report;
- To develop a multi-agency response to the emerging priorities in the LAC and care leaver agenda
- To form a collective action plan to implement required actions;
- To oversee the implementation of an action plan;
- To provide a forum for multi-agency support and challenge regarding the implementation of the action plan, the provision and commissioning of health services for LAC, and the effectiveness of the pathway.

-

In Nottingham and Nottinghamshire (respectively) 216 and 347 children and young people left care in 2018. Whilst these numbers ceased to be looked after an additional 34 and 56 were recorded as being looked after or adopted within the year of 2018 (Department for Education, 2018).

We also know that Indicators of health there are strong associations between socioeconomic status, deprivation and mental health problems. Child poverty and social inequalities are associated with a higher incidence of infant death. (Royal College of Paediatrics and Child Health, 2017).

The link between deprivation and health inequalities is clear. Giving children the best start in life is a fundamental part of improving health and reducing health inequalities. There has been progress in a number of factors that affect children and their long-term health, with an overall reduction in the percentage of children who are not ready for school at the end of reception year (Public Health England, 2018).

In Nottinghamshire and Nottingham we will be looking at how we tailor interventions and ways of working with a view to ensuring the right interventions are in place to meet a localities needs.

In addition to increasing capacity within services, partners have published their Local offers for care Nottinghamshire and Nottingham City in summer 2018. The links are below

<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/landing.page?newdirectorychannel=12>

<https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=wtrOogIUhDY>

This information informs Care Leavers about the offer of services and support across a wide range of issues, including emotional and mental health. In addition to this, in Nottinghamshire, partners on Looked After Children and Care Leavers Strategy group were asked in Summer 2018 to make written pledges regarding their services to care leavers. Key pledges include offering free access to gyms to care leavers, this was as a direct result of feedback received from care leavers that exercise was key to maintaining good mental health. District councils have also pledged to exempt care leavers from council tax and to give them priority on council housing waiting lists. Feedback from a focus group of young adults in the Children in Care Council indicated that care leavers found the Local Offer very helpful.

Nottingham City have also adapted the New Forest Parenting Programme group based intervention to allow for a new NFPP group to be offered to city foster carers, and kinship carers starting in September 2019. The group will run for 6 weeks. NFPP assumes that effective parenting skills help children with ADHD manage their behaviour and attention difficulties. The NFPP group will therefore provide these carers with both the understanding of the overlap between ADHD symptoms and developmental trauma and strategies to help their children manage their attention, behaviours and impulses. In the short term, the parent/child relationship improves. Children are better able to regulate their own behaviours/emotions and parents experience less stress. In the longer term, children can concentrate for longer periods and their behaviour improves. Ultimately, children are expected to do better in school. Carers will learn about the nature of ADHD and how to manage their child's behaviour through games that engage children's attention, encourage their patience and increase their concentration.

Meeting the needs of care leavers has also been identified as a key area in developing a comprehensive 0-25 offer. Representatives from the County Council's Looked After Children and Care Leavers Strategy will be invited to attend the 0-25 workshop to develop this further in 2019/20.

Focus group work undertaken with the Children in Care Council in July 2018 indicated that Looked after children were seeking more mainstream support with their emotional and mental health needs and particularly more support in school. In response to this the newly forming mental health support teams will specifically consider how the teams will meet the needs of this cohort. We will also make this a key focus of the Mental Health and Schools Link workshops that will be delivered over the coming months.

LGBTQ+ young people face real pressures with homophobic and transphobic bullying, both within education and on social media. Young people commented that teachers lack the knowledge to deal with homophobic bullying and discrimination and are not equipped to support students who are affected. Citizen Researchers noted that LGBTQ+ students are in a vulnerable situation and need more support.

LGBTQ+ Children and Young People

There are a number of support groups for LGBTQ+ young people across the City and County. These are Workshop Out on Wednesday in Bassetlaw, Outburst in Nottingham City and Trans4Me in Nottingham City. The first group offers support to LGB and Trans young people aged 11-25 on a group and one-to-one basis and also runs groups for parents. They also deliver training and are Stonewall accredited. Nottinghamshire County Council Youth Service run LGBTQ+ support groups where need is identified. However, there is still a gap in support for primary aged pupils and those without transport.

Nottinghamshire County Council Tackling Emerging Threats to Children Service signposts schools to the above groups and also encourages the use of KOOTH. The service also offers consultations to schools to support social transition of Trans & Non-binary pupils and will liaise with the Tavistock & Portman Gender Identity Clinic where necessary as well as other local services. There is a dedicated section on their portal pages which provides guidance including a Trans Toolkit for schools and resources including lesson plans etc. The service also runs training for school staff and have also delivered training to the Family Service, Foster Carers, Residential and Secure Care Homes, the NSPCC in relation to Sport and Trans Young People and have delivered recently to Broxtowe Borough Council who opened this up to professionals working across the wider children's workforce.

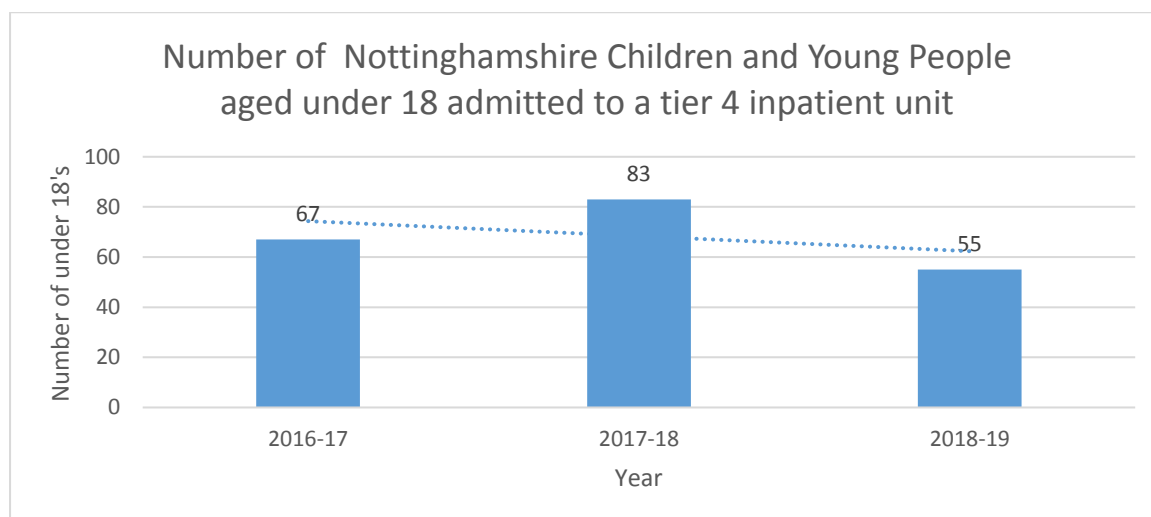
Collaborative Commissioning

There is a continued commitment to ensure 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. Whilst in Nottingham and Nottinghamshire we have seen admissions decreasing, average length of stay has increased. This may imply that more complex patients are being admitted but there is still further work to do to understand the data. We have been working with Specialised Commissioning through our regional collaborative commissioning group, both to influence the bed types required locally, 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. This will include, going forward, **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, the local CAMHS provider, Nottinghamshire Healthcare NHS Foundation Trust opened 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.

The numbers of children and young people (aged under 18) registered to a Nottinghamshire Clinical Commissioning Group, admitted to an inpatient unit in 2018-19 has decreased from the previous year (2017-18) from eighty-three to fifty five. Nottinghamshire is committed to ensuring children and young people receive the right care at the right time. The Transforming Care programme has ensured Young People with learning disabilities and/or autistic spectrum disorder have rigorous joined up planning and decision making when planning care.

Graph 5- Graph showing the number of Nottinghamshire children and young people aged under 18- admitted to a tier 4 inpatient unit.



Source: NHS England 2019

Table 12: Table showing the number of Nottinghamshire children and young people aged under 18- admitted to a tier 4 inpatient unit.

CCG	Number of admissions per year			
	2016-7	2017-18	2018-19	2019-20 YTD July 2019

Rushcliffe	13	17	9	0
NNE	2	9	4	3
Nottingham West	8	10	14	1
NHS Nottingham City	29	27	12	5
Mansfield and Ashfield	13	11	8	3
Newark and Sherwood	1	4	6	1
Bassetlaw	1	5	2	0
Total	67	83	55	13
Average length of stay (days)		25.7	54.5	

Source NHS England 2019:

In order to ensure further improvements are made across the Nottingham and Nottinghamshire Transforming Care Partnership, the CCG has commissioned an independent review of existing services and support available to children and young people (aged 0 – 24) with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. It also includes those young people with a learning disability, autism or both whose behaviour can lead to contact with the youth justice system.

The purpose of this review was to:

- Identify how effectively services commissioned within the Nottinghamshire Transforming Care Partnership (TCP) meet the needs of this cohort proactively and in partnership
- Independently evaluate the effectiveness of all current services for this cohort
- Identify what services are needed and identify any gaps in provision for this cohort including at transition to adult services and propose new pathways or service reconfiguration that improves the TCP
- Assess local provision against best practice nationally involving Health, Social Care and Education
- Effectively and robustly inform future local Health, Social Care and Education commissioning models to enable the commissioning of dynamic, safe, high quality, outcomes focused value for money service provision

To achieve these aims, the project team were asked to:

- Review the pathways for children with behaviour that challenges across Health, Education and Social Care (across City and County)
- Identify gaps in current service provision and opportunities for improvements in service configuration and partnership working
- Explore the key themes identified in CETR/CTRs, amount spent in these cases and provide recommendations to prevent admissions and create savings across the system
- Appraise transition arrangements across all services and provide recommendations for improvements

The review is currently in draft form and recommendations will be published in early 2020. These recommendations will be added to the LTP action plan.

The Transforming Care Partnership has commissioned a mid-term review in order to ascertain successes and challenges to the programme. An area of focus is children and young people and transition into adulthood. One of the programme’s priorities for the next two years will be to improve services for children and young people and/or autism and to improve transition into adulthood.


Health and Justice – Collaborative Commissioning

Nottingham City and Nottinghamshire County were successful in securing funding for NHS England CAMHS Transformation Innovation Projects and during 18/19 and 19/20 we have been embedding speech and language therapy and clinical psychology posts within the CAMHS Head2Head team working alongside City and County Youth Offending Teams to improve outcomes for children and young people within the youth justice pathway. The aims of these projects can be seen in the table below

Table 13: Aims of the Health and Justice projects

Aims	
Speech and Language Therapy	Clinical Psychology
Measure and evaluate the skills and knowledge of City and County youth offending teams around identifying and supporting young people with speech, language and communication needs (SLCN) and/or SEND and identify any further skills gaps or training	Deliver a training and consultation model to enable Youth Offending Team case managers 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 with the police and are at risk of continued, escalating behaviour.
Evaluate the impact of SLCN screening tools and staff training on the experience of young people in contact with youth offending teams, including how this contributes towards improved outcomes for this group of young people	Implement a screening tool to identify trauma.
Assist in the identification of a SLCN lead within City and County youth offending teams and work alongside them and wider speech and language therapy services to develop a SLCN strategy and clinical pathway	Deliver training around trauma-informed practice, formulation and risk assessment.
Lead on further review against the Youth Justice SEND self-evaluation framework to identify improvements and areas for continued develop	
Deliver consultation with staff and direct 1:1 work with young people with high level so of need or complexities	

As of February 2019, both the Speech and Language Therapist and Clinical Psychologist were embedded within the Head2Head team and had built relationships with the Local Authority Youth Justice teams. NHS England commissioned NEL Healthcare Consulting to conduct an evaluation of all projects across the country in July 2019. The full report will be published in due course. The infographics below gives an overview of achievements to date of both Nottingham/Nottinghamshire projects.

<p>Area: East Midlands Site: Nottingham and Nottinghamshire</p> <p>Theme: Enhancing YOT pathways</p> <p>Go-live dates (project/data reporting): February 2019</p> <p>Target cohort/pathway: CYPs in YJS, including custody and detention/Transitioning into and out of police custody.</p>		<p>Project brief: Developing the approach for SALT assessment and support for CYP known to YOT, this is to assess needs of youth offending teams in regard to SALT (training support etc.) to undertake evaluation of SALT interventions and approaches and to look at potential pathways and commissioning</p>		
<p>INPUTS What was contributed to the programme?</p> 	<p>ACTIVITIES What was implemented?</p> 	<p>OUTPUTS What tangibles resulted from activities?</p> 	<p>OUTCOMES What was the effect of the activities?</p> 	<p>IMPACT What were the wider implications?</p> 
<ul style="list-style-type: none"> • Direct programme funding • Programme management and evaluation support <p>INPUT METRICS What data points quantify these inputs?</p>  <ul style="list-style-type: none"> • £553,000 NHSE funding per annum for the East Midlands region • £40,000 made available locally to enable Clinical Networks input and collaboration 	<ul style="list-style-type: none"> • Collaboration between Nottingham and Nottinghamshire YOTs, Local authorities, All CCG's in area - joint commissioning structure, Nottinghamshire Foundation Trust • Additional posts recruited <p>ACTIVITY METRICS What data points quantify these activities?</p>  <ul style="list-style-type: none"> • 0.8 WTE Speech and Language Therapist 	<ul style="list-style-type: none"> • Systems for SALT Interventions are developed within the YOT • YOT staff are upskilled about SLCN in their cohort • SALT Assessments and Interventions for CYP <p>OUTPUT METRICS What data points quantify these outputs?</p> 	<ul style="list-style-type: none"> • Stronger multi agency ways of working within the community • CYP with SLCN get quicker referrals • CYP with SLCN find it easier to navigate the H&J system • Remodelling of service provisions with YOT. <p>OUTCOME METRICS What data points quantify these outcomes?</p> 	<ul style="list-style-type: none"> • CYP have improved outcomes • CYP have improved health and well being and better relationships <p>IMPACT METRICS What data points quantify these outcomes?</p> 

Area: East Midlands Site: Nottingham and Nottinghamshire
 Theme: Enhancing YOT pathways
 Go-live dates (project/data reporting): January 2019
 Target cohort/pathway: CYPs in YJS, including custody and detention/Transitioning into and out of police custody.

Project brief: Trauma based psychology input for CYP known to YOT. This is a consultation and training model.

INPUTS What was contributed to the programme? 	ACTIVITIES What was implemented? 	OUTPUTS What tangibles resulted from activities? 	OUTCOMES What was the effect of the activities? 	IMPACT What were the wider implications? 
<ul style="list-style-type: none"> Direct programme funding Programme management and evaluation support <p>INPUT METRICS What data points quantify these inputs?</p>  <ul style="list-style-type: none"> £553,000 NHSE funding per annum for the East Midlands region £40,000 made available locally to enable Clinical Networks input and collaboration 	<ul style="list-style-type: none"> Collaboration Nottingham and Nottinghamshire YOTs, Local authorities, All CCG's in area - joint commissioning structure, Nottinghamshire Foundation Trust Additional post recruited <p>ACTIVITY METRICS What data points quantify these activities?</p>  <ul style="list-style-type: none"> 1 WTE Psychological Supervision Staff 	<ul style="list-style-type: none"> Trauma informed training sessions for team Trauma informed support and consultation to other professionals Creation of MDTs to support care of YP <p>OUTPUT METRICS What data points quantify these outputs?</p> 	<ul style="list-style-type: none"> Stronger multi agency ways of working within the community Trauma informed approaches to provide more effective intervention across the pathway for CYPs <p>OUTCOME METRICS What data points quantify these outcomes?</p> 	<ul style="list-style-type: none"> CYP have improved outcome Potential to remodel services across the YOT based on outcomes Potential to link in with personalised budget pilots <p>IMPACT METRICS What data points quantify these outcomes?</p> 

Both projects will continue into 2020 and ongoing monitoring will be undertaken by NHS England and CCG commissioners to ensure that all of the project outcomes are achieved. There will also be further evaluation to inform future commissioning intentions as to whether these models are built into core service delivery once the projects have come to an end. It is hoped by the end of the projects we will be able to demonstrate:

Table 14: Outcomes of the Health and Justice projects

Speech and Language Therapy	Clinical Psychology
<ul style="list-style-type: none"> • Young people entering the YOT will have their SLC needs assessed and identified at an earlier point to enable reasonable adjustments to be made and interventions identified in a timelier way. This will ensure: <ul style="list-style-type: none"> ○ Young people receive more inclusive support ○ Better identification of emotional/ mental health needs 	<ul style="list-style-type: none"> • Agreed guidelines and protocols in relation to identifying trauma and supporting young people in dealing with their experience
<ul style="list-style-type: none"> • Increased identification of need will lead to: <ul style="list-style-type: none"> ○ Reduced reoffending ○ Improved emotional wellbeing and mental health ○ Prevention of escalation to NHS England commissioned health and justice services 	<ul style="list-style-type: none"> • Agreed pathway for young people who have offended and where significant trauma is identified as having an impact on their offending behaviour
<ul style="list-style-type: none"> • Young people will have a better experience of care due to increased knowledge and skills within the YOT 	<ul style="list-style-type: none"> • Better identification of trauma amongst the youth offending population which will lead to reduced offending, improved emotional wellbeing and mental health, reduced school exclusions and the prevention of escalation to NHS England commissioned health and justice services
<ul style="list-style-type: none"> • Commissioners across the system will have a better understanding of SLC need within the population to further inform service development for this cohort of young people 	<ul style="list-style-type: none"> • Better understanding of the prevalence of trauma amongst the youth offending population to inform service development and future commissioning intentions
<ul style="list-style-type: none"> • YOT workforce will feel skilled and knowledgeable specifically around: <ul style="list-style-type: none"> ○ SLCN interventions ○ Implementing individualised communication support plans ○ Development of materials and resources to support young people with communication difficulties 	<ul style="list-style-type: none"> • Provision of effective support for those who may have experienced trauma but do not meet the threshold for emotional and mental health services
<ul style="list-style-type: none"> • There will be a multi-agency approach embedded and SLCN strategy and clinical pathway developed to better co-ordinate health, justice and education provision. This will ensure: 	<ul style="list-style-type: none"> • Improved engagement with young people who have experienced trauma

<ul style="list-style-type: none"> ○ Young people with SLCN will have improved access to the right support at the right time ○ Better coordination of services ○ Improved relationships and communication 	
	<ul style="list-style-type: none"> ● Young people reporting a more positive experience of the support they receive from youth justice services due to increased knowledge and skills within the YOT
	<ul style="list-style-type: none"> ● A more integrated and multi-agency approach to understanding of the impact of trauma across services, pathways and systems

Secure STAIRS

Children and young people within the secure estate can display high levels of risks, harm and vulnerability and will require significant holistic support and intervention from a highly skilled multi-disciplinary workforce. Support needs to be provided not only whilst the young person is in secure estate but also when they transition out into the community setting. Currently, service provision varies widely across England and a Framework of Integrated Care could support and enhance the consistent integration of services and promote effective service delivery.

The Development of a Framework for Integrated Care (SECURE STAIRS) looks to help children and young people who may:

- Have needs which are multiple (i.e. not just in one domain, such as mental health), persistent (i.e. long-term rather than transient), and severe (i.e. not responding to standard interventions)
- Exhibit high-risk behaviours (to self, to others and from others) and present with complex management difficulties
- Struggle to respond to or maintain progress with traditional regime and interventions
- Have common histories of early onset anti-social and/or high-risk behaviours, often supplemented with complex mental health needs and experiences of trauma and attachment disruption
- Be at increased risk of being diagnosed with personality disorder in adulthood
- Be at risk of being diagnosed with personality disorder in the present, frequently resulting in managed moves.

NHS England are currently scoping all welfare and youth justice secure establishments to understand if SECURE STAIRS is feasible, interpret current baselines and propose recommendations to enable the implementation. Community CAMHS commissioners, CAMHS and Forensic CAMHS providers and Social Care colleagues will work with NHS England to ensure that children and young people receive timely and effective support when transitioning to and from secure estate and work towards developing clear pathways. We will also continue to develop our You Know Your Mind personalised commissioning offer to understand whether this approach meets the needs of these young people.

Forensic CAMHS

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

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

The East Midlands Community Forensic CAMHS team is provided by Nottinghamshire Healthcare NHS Foundation Trust in partnership with Saint Andrews Hospital. The team officially went live in April 2018. The service works with children and young people up to the age of 18 who live in the East Midlands area, including: Nottinghamshire (excluding Bassetlaw), Derbyshire, Leicestershire and Rutland, Lincolnshire (Excluding North and North East Lincolnshire), Northamptonshire and Milton Keynes. FCAMHS also works with people referred by Rainsbrook Secure Training Centre, Oak Hill Secure Training Centre, Clayfields House Secure Childrens Home and Lincolnshire Secure Unit. NHFT continue to actively engage with referring agencies across the region to ensure services are aware of FCAMHS and its role, remit and what services are offered to the multi-agency team, the young person and their parent/carers.

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

As a result of the Bitesize Conferences NHFT were asked to deliver training regarding trauma informed care to inpatient staff at Ward 3, Coalville and are in the process of planning to deliver training to staff from Future4Me in Lincolnshire. NHFT have also offered to training to the inpatient CAMHS staff at Hopewood, Nottingham.

Table 15: Forensic CAMHS referral data

Referrals:	Q1	Q2	Q3	Q4
Number of referrals received by team	22	25	39	29
Number of referrals leading to formal direct case involvement	17	22	30	23
Number of referral leading that led to formal direct case involvement	5	10	9	2
Number of cases with ongoing mental health involvement as part of an integrated care plan	17	13	30	19
Number of cases receiving feedback from referrer or other professional	0	6	30	11
Number of cases receiving minimum of satisfactory feedback from referrer or other professional	0	6	30	11

Each county has been represented within the referrals that FCAMHS has received. The majority of these referrals have been appropriate and led to formal consultation/formulation meetings.

Following on from these meetings some young people have been offered specialist assessment. These assessments have included forensic risk assessments, speech and language assessments, autistic spectrum disorder assessments, cognitive assessments and second opinions.

NHFT continue to build links with other regional FCAMHS teams, particularly West Midlands, East of England and Yorkshire and Humberside. NHFT have hosted a cross regional peer group development and supervision date that the above mentioned teams joined us for. They also hosted two training days on gangs, gang culture, child criminal exploitation and child sexual exploitation. Again colleagues from the other regional teams attended these study days. NHFT also participate in the FCAMHS National Network.

The team is also participating in the national FCAMHS service evaluation being conducted by NHS England.

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 and when Section 136 is enacted there are key contacts who are informed so a plan of action can be commenced at the earliest opportunity. The police work closely with our CAMHS Crisis Resolution and Home Treatment Service to ensure that support can be received within the community wherever possible.

Accountability and Transparency

Far too often, a lack of accountability and transparency defeats the best intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and the 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)

Data

Since the inception of the Mental Health Services Data Set (MHSDS) a significant amount of work has taken place to ensure all providers, are able to flow accurate data in relation to waiting times and access. All providers are now able to flow data to the MHSDS and there is ongoing work to ensure that this data is reflected accurately in national reporting. It is expected that MHSDS reporting will be accurate for all providers by quarter 4 2020, therefore giving an accurate picture of local access. All providers are now able to provide local data which is monitored through appropriate contracting routes. Performance against increasing access targets continue to be monitored locally and assurance fed up through the ICS to NHS England with a detailed Recovery Action Plan (RAP) in place outlining how, as a system, we are working to increase access and reach national targets.

As of April 2019 providers have been flowing outcomes data to the MHSDS in shadow form. NHS England and NHS Digital are currently compiling this data in order to publish an outcomes matrix from April 2020 which will show number of children and young people with a reliable improvement in their outcomes following therapeutic intervention. Nottinghamshire Healthcare NHS Foundation Trust are already flowing outcomes data to the MHSDS and our other providers are currently working with NHS Digital to ensure they are ready flow by April 2020.

Commissioning and Contracting

In terms of commissioning, there is a continued focus on having **robust commissioning arrangements** in place across the range of emotional and mental health services provided to children, young people and their families. There has been a strong focus on contracting and commissioning arrangements during 18/19 and ongoing through 19/20 to ensure that we are using our contracts effectively to ensure children and young people receive the best possible care, example ensuring we have clear actions and progress within the Service Development Improvement Plan and Data Quality Improvement Plan and ensuring that performance is monitored via the Information and Performance Group with concerns escalated to the Contract Review Meeting. For our small VCS contracts performance and data quality is monitored via service and contract review meetings conducted by Commissioners on a quarterly/six monthly basis.

There continues to be ongoing dialogue between local authority and CCG commissioners to explore future commissioning approaches, this work will be ongoing throughout the life of the transformation plan.

Finance

Spend by all local commissioners on children's mental health across the life of the Local Transformation Plan is detailed below. Bassetlaw is in the South Yorkshire ICS footprint, so their figures have been laid out on a separate line. The tables show increases in spend from 16/17 onwards, with a 5% increase in spend in 19/20 across Nottinghamshire ICS.

CCGs within this local transformation plan are committed to achieving the mental health investment standards laid out in the NHS Long Term Plan. It is expected that investment will increase, taking into

account any national inflation to contracts. Commissioners will continue to review services with a view to continuing to meet Five Year Forward View and the Long Term plan expectations for children and young people. Business cases will be submitted to CCGs as part of the governance process.

Clinical Commissioning Groups – community emotional and mental health provision:

Table 16: Nottinghamshire CCG spend

ICS	16/17 Total spend by across ICS £	17/18 Total spend across ICS £	18/19 Total spend by across ICS	19/20 Forecast across ICS
Nottinghamshire	10,482,886	10,502,774	11,331,00	11,882,000

Table 17: Bassetlaw CCG Spend

CCG	16/17 Total spend across CCG	17/18 Total spend across CCG	18/19 Total spend across CCG	19/20 Forecast across CCG
Bassetlaw CCG	1,262,000	1,278,000	1,420,000	1,502,000

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

Table 18: Local Authority Spend

	16/17	17/18	18/19
Nottingham City Council	929,829	TBC	
Nottinghamshire County Council	917,004	950,069	792,480.30

This demonstrates a modest increase in spend for most CCGs. It should be noted that the decrease in Nottingham County Council Local Authority spend is due to a transfer of commissioning responsibility for the commissioning of CAMHS LAC health staff. Historically these posts were funded by the Local Authority however, as of April 2018, the funding arrangements transferred to Nottinghamshire County CCGs.

All CCGs within this local transformation plan are committed to achieving the mental health investment standard for 2018/19 through to 2020/21, in order to achieve the priorities around increasing the numbers of children with diagnosable mental health needs able to access evidence-based interventions, improving timeliness of access to community eating disorder services in line with national access and waiting time standards, and providing timely access to urgent and emergency mental health care, in line with Core 24 requirements.

Developing the workforce

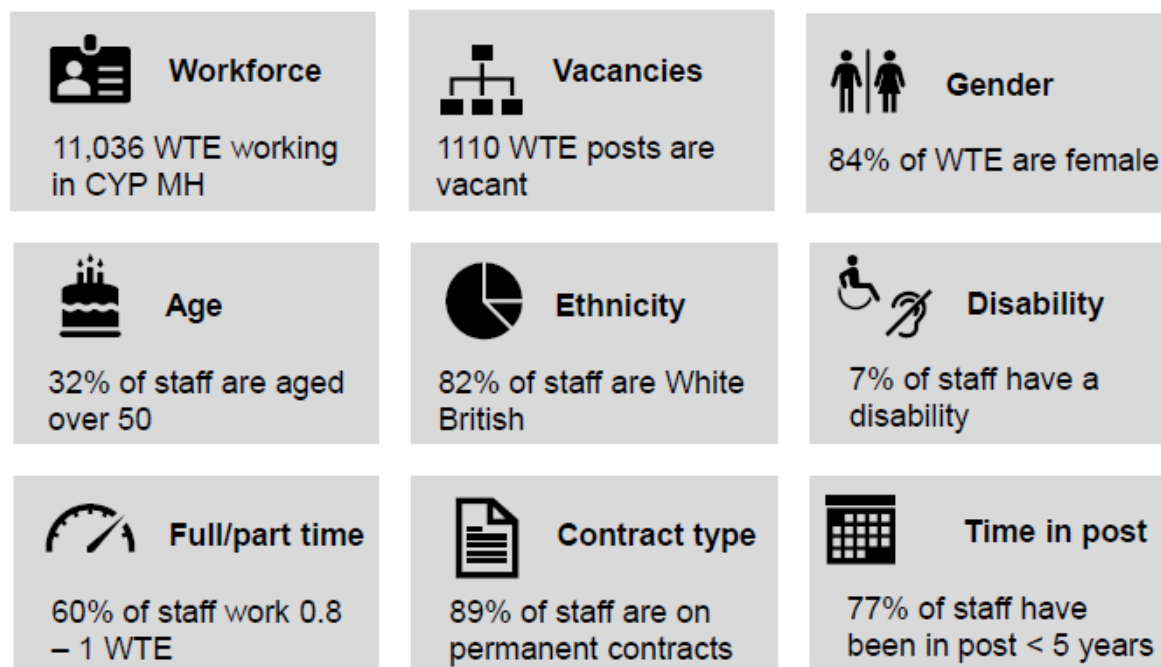
It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidence care, be committed to partnership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

Delivering the aims for the Workforce

Delivering the increase in access to mental health services will require a significant expansion in the workforce. By 2020/21, nationally at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff, based on recommended caseloads. This will require new staff to be trained and supervised by more experienced staff, as well as return to practice schemes and local recruitment.

In July 2019 Health Education England published *Children and Young People's Mental Health Services Workforce Report for Health Education England* following a national data collection from providers within the NHS, Local Authorities and Independent Sector. The full report can be found at attachment 5. The infographic below gives a high level overview of the current NHS children and young people's mental health workforce.

NHS overview



Source: *Children and Young People's Mental Health Services Workforce Report for Health Education England (July 2019, HEE)*

The report goes on to state that between December 2016 and December 2018 the NHS CAMHS workforce has increased by 22% headcount and 23% whole time equivalent. This is extremely positive however, as highlighted above, whilst capacity has increased across the country there is still a 9%

vacancy rate nationally. Health Education England will be developing local reports for provider organisations by the end of 19/20 which will enable us to understand further the local workforce and how we benchmark against our statistical neighbours. The report will also help us to understand where we might have skill gaps. The Nottinghamshire Workforce Steering Group will review the local reports one published and determine next steps to ensure we are increasing capacity and capability across the local area.

Increasing the workforce

Current workforce establishment can be found at Appendix iii. The Long Term Plan has a continued focus on increasing the workforce for CYP mental health. Table 19 shows expected workforce increase for Nottingham and Nottinghamshire up to 2023/2024, split by Community CAMHS, Crisis and 18-25 pathway. The Workforce Development Steering Group will have oversight of plans to increase the workforce and identify areas of need. This will be informed by our main providers (Nottingham City Council and Nottinghamshire Healthcare NHS Foundation Trust) completing the Self Assessed Skills Audit Tool (SASAT).

Table 19: Workforce Increase to 2023/24

		NHS Five Year Forward View		NHS Long Term Plan					
		Year 4	Year 5	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24	
Workforce additional required to deliver LTP (cumulative)	<u>Community services for CYP aged under 18</u>								
	Psychiatrist- consultant	-	-	0.5	1.4	2.2			
	Nursing/midwifery	-	-	1.7	4.3	7.0			
	Psychologist	-	-	1.4	3.4	5.6			
	Psychotherapists and psychological professionals	-	-	0.8	2.1	3.3			
	Support to clinical staff/ other therapists	-	-	1.0	2.6	4.2			
	Social worker	-	-	0.3	0.9	1.4			
	Admin	-	-	1.0	2.6	4.2			
				6.8	17.2	27.9			
		<u>Crisis services for CYP</u>							
	Psychiatrist- consultant	-	-	0.1	0.2	0.3			
	Psychiatrist- non consultant	-	-	0.1	0.2	0.3			
	Nursing/midwifery	-	-	4.3	8.6	12.9			
	Psychologist	-	-	0.4	0.8	1.2			
	Occupational Therapists	-	-	0.4	0.8	1.2			
	Support to clinical staff/ other therapists	-	-	2.7	5.5	8.2			
	Social Worker	-	-	0.4	0.8	1.2			
	Admin	-	-	1.2	2.3	3.5			
				9.5	19.1	28.7			
		<u>Community services for CYP aged 18-25</u>							
	Psychiatrist- consultant	-	0.3	0.5	0.8	1.0			
	Nursing/midwifery	-	0.9	1.7	2.4	3.2			
	Psychologist	-	0.7	1.3	2.0	2.5			

	Psychotherapists and psychological professionals	-	0.4	0.8	1.2	1.5
	Support to clinical staff/ other therapists	-	0.5	1.0	1.5	1.9
	Social Worker	-	0.2	0.3	0.5	0.6
	Admin	-	0.5	1.0	1.5	1.9
				6.7	9.8	12.7

We understand that a proportion of our workforce are at retirement age which will have an impact on capacity and capability over the coming years. Further work is required to understand what this means locally and that we are planning recruitment to ensure we mitigate any gaps in provision.

The Nottingham and Nottinghamshire Joint Workforce Development Plan outlines how we will achieve the aim of increasing capacity and capability across the various partners and stakeholder, and a Workforce Development Steering Group is in place to drive this forward. The workforce covered by the plan includes anyone working or volunteering in a role which has the potential to support the improvement of children’s emotional and mental health outcomes. It includes statutory, voluntary, community and private sector. It includes staff working in a variety of settings, including early years settings, schools, colleges, children’s centres, youth centres, health centres, hospital, family homes, care settings. It includes both those whose core role is to provide emotional mental health support (e.g. practitioners from a wide range of disciplines working with child and adolescent mental health services (CAMHS)) as well as those who may be able to support children’s emotional and mental health but whose primary role is different (e.g. social workers, youth workers, pastoral staff in school). This strategy is currently being refreshed and will be available December 2019, the refresh will better reflect the ambitions of the NHS Ten Year Plan and closer align with the ICS All Ages Mental Health Strategy.

As part of the ICS All **Age Mental Health Strategy**, one of the ‘key pillars’ is equipping a mental health aware workforce. Working groups are currently being set up to address the key pillars within the strategy and we will ensure that findings from our ongoing developments relating to work force, findings from MH:2K project and any best practice identified in upskilling the work workforce are fed into these groups and into workforce plans being developed at an ICS level.

A key finding from the MH:2K engagement project was that all staff should be able to work with young people with emotional wellbeing and mental health needs and communicate appropriately. This is echoed as an early finding from the Mental Health Services and Schools Link Programme where some colleagues working in schools felt that whilst they want to support children and young people they did not have the necessary skills to do so. This will be addressed partly by the development of the Mental Health Support Teams also supported by our Primary Mental Health Team who offer training and consultation to schools, GPs and Healthy Families Team. It is essential that professionals working across the wider system have a basic level of understanding of emotional wellbeing and mental health and the skills to communicate effectively with young people.

Workforce developments and the future:

Mental Health Services and Schools Link Programme has now been extended and Nottinghamshire County and Nottingham City have been asked to roll the programme out further over the next 4 years. Our aim is to engage a further 200 schools during the remainder of 19/20. Further workshops will take place during 2020/21 and 2021/22 to ensure that all schools across Nottinghamshire and Nottingham City have taken part and feel more confident and capable to support young people within their schools with their emotional health and wellbeing. As part of the workshops we use the CASCADE framework which allows us to audit improvement in understanding and relationships

between the two workshops. We will be issuing the CASCADE framework again at the end of 19/20 to all schools and professionals who took part in phase 1 to see whether further improvements have been made since the workshops at the end of 2018. The CASCADE framework can be found on the Anna Freud National Centre for Children and Families website (<https://www.annafreud.org/what-we-do/improving-help/resources/cascade-framework/>).

MH:2K has been commissioned for a further year and will work to produce a short film aimed at schools and wider early help professionals, focusing on how to talk to children and young people about mental health and how to support them.

We are also supporting schools with embedding the Designated Mental Health Lead in Schools role, by piloting peer led Schools Mental Health Networks in our Trailblazer areas. This will enable schools to work together to identify best practice and develop skills around supporting their pupils mental health.

As mentioned earlier in the plan, Public Health Nottinghamshire have commissioned the Routine Enquiry about Adversity in Childhood (REACH) programme which includes change management and training on ACE's for a Trauma Informed Workforce, Trauma Safe processes in services and role appropriate Trauma Smart frontline workers. 800 training places have been commissioned and are being rolled out across the system in Nottinghamshire including Probation, Police, and substance misuse services, domestic abuse services, Youth Offending Teams, children's centres, Family Support services and Healthy Families staff. This is an exciting development which will build the capability of the wider workforce in understanding adverse childhood experiences and the impact they have on children and young people.

Mental Health First Aid continues to be delivered across Nottingham City. During 2018/19 Nottingham City Council delivered 13 courses equating to 155 Youth Mental Health First Aiders being trained across the children's workforce. It has now been agreed that Mental Health First Aid will be jointly commissioned by Nottinghamshire County CCGs and Nottinghamshire County Council to enable the children's workforce across Nottinghamshire County to be trained as Youth Mental Health First Aiders. The ambition is that during 2020/2021 200 staff will be trained with a further 200 during 2021/22. This will have a significant impact on the capability of the wider workforce in managing young people with emotional wellbeing and mental health needs.

We are running Every Colleague Matters events in both the City and County from autumn 2019. These events will enable around 1,000 professionals from a wide range of children and adults services to understand best practice around supporting children and young people's mental health and understanding how to access services and resources to do this.

We have also launched our Emotional and Mental Health and Well-being Pathway document, which enables schools to identify what they can do in their settings to support children and young people and also which services can support them to do this.

We have also secured funding to rollout training across the wider workforce around parental conflict from June 2019. There is growing evidence of a link between children and young people being exposed to parental conflict and poor mental health and emotional well-being. We see this week as a key preventative measure, which will help improve the mental health of our children and young people.

CYP-IAPT (Improving Access to Psychological Therapies)

Locally we need to ensure we have a highly skilled workforce by working with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to deliver

post-graduate training in specific therapies, leading organisation change, supervision in existing therapeutic interventions and whole-team development.

Nottinghamshire is part of the **CYP-IAPT (Improving Access to Psychological Therapy)** programme (Central and South Collaborative) and continue to engage with the training provided. Since 2015 72 members of CAMHS staff have participated in a range of training including Cognitive Behavioural Therapy (CBT), Systemic Family Practice and Interpersonal Psychotherapy for Adolescents and a number of Recruit to Train posts have been established via this training. Team Leads have also accessed Transformational Leadership training. The full breakdown of numbers attending each course over the duration of the transformation plan can be seen in the table below.

Table 20: CYP IAPT training

Course	Entry route	2013	2014	2015	2016	2017	2018	2019 (EOIs)	Total
CBT	Existing Staff	3	1	2	3	2	0		11
	RtT	0	0	0	2	2	4	4	12
CBT Supervision	Existing Staff	1		1	3	0	2	2	9
CWP	RtT	0	0	0	0	0	4	6	10
CWP supervision	Existing Staff	0	0	0	0	0	1	1	2
EEBP	Existing Staff	0	0	2	8	3	0	0	13
Leadership	Existing Staff	3	2	3	3	2	0	0	13
Parent Training	Existing Staff	2	0	0	0	0	0	0	2
	RtT	0	0	0	0	0	0	0	0
Total		9	3	8	19	9	11	13	72

As mentioned above 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.

Nottinghamshire has also been successful in securing for Wave One Mental Health Support Teams in Schools. This has enabled us to recruit additional two Recruit to Train CBT Therapists and five Education Mental Health Practitioners. We have submitted a bid for 16 further EMHPS and 2 additional therapists, covering the City and County, as part of the Wave 2 and 3 bidding rounds.

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 and an increased workforce offering lower level interventions to ensure early intervention and prevention.

Our aim has always been to ensure the wider children’s workforce has access to CYP IAPT training, however to date we have been unable to achieve this due to issues around backfill to posts and the continued supervision requirements. We will continue to offer the training opportunities to colleagues within wider services and look at how we might be able to reduce the pressure of backfill

and use existing and increasing supervisory capacity within the system to provide the required supervision. We are currently scoping the option of having CAMHS Social Workers accessing the systemic training.

With this in mind, we have flexed our approach to enable the wider workforce to access training opportunities. We are currently reviewing our Primary Mental Health Team training offer, to ensure that we can reach the widest number of services in a targeted way, including the use of innovative ways of delivering training for example, bitesize training videos available on provider websites. We will implement the findings of this review from September 2019.

From 19/20 funding streams for training will change from NHS England and Health Education England to CCGs and providers. Training packages offered will also change from 19/20 and therefore we will need to understand the offer from our local training providers. Sustainability of this training and ongoing CPD will be considered during 19/20 and 2020/21 financial planning to ensure the workforce still has access to evidence based training and CPD.

Capacity and Capability

In order to understand the capacity and capability of our current CAMHS providers, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council, are undertaking the Self-Assessed Skills Audit Tool (SASAT). Nottingham City Targeted CAMHS have completed this tool, however due to ongoing vacancies within Nottinghamshire Healthcare NHS Foundation Trust we have yet to have the tool completed by Community CAMHS. However, staffing and vacancies has now improved and therefore we are in a prime position to carry this out. This will be completed by the end of 19/20 and results will be reviewed by the Workforce Development Steering Group and any recommendations made to commissioners to improve the skill mix of the current workforce. The intended outcomes of the SASAT are:

- To determine whether the organisation can meet its identified goals and provide a framework for organisational development to ensure that the service has sufficient capacity and capability/skill mix to meet the needs of children and young people as well as national targets e.g. access rates.
- To enable a targeted analysis of learning and development needs and allow for a more systemic and targeted approach to education and training
- To identify self-assessed skills and knowledge within the team and organisation and provide an understanding of existing skills and knowledge and their usage and any gaps in the necessary skills required
- To provide information that supports dynamic succession planning and targeted recruitment
- To provide the basis for discussion within supervision to support professional development
- To support quality and productivity agenda

Recruitment and Retention

A positive development regarding workforce is the shared best practice regarding **recruitment** processes. A number of agencies from across health and social care are represented on the Workforce Steering Group, this has enabled cross agency discussions in relation to recruitment. Nationally and locally there are ongoing challenges with recruiting to posts within CAMHS. This has been discussed by the Steering Group and colleagues within Social Care shared their recruitment strategy with CAMHS colleagues. This has been fed back to organisational development within Nottinghamshire Healthcare Foundation Trust and there is now a more structured approach to recruitment to ensure that vacancies are recruited to as soon as possible and positions are advertised wider than the usual routes e.g. NHS Jobs. Recruitment and retention and wider workforce data is monitored via contract monitoring routes.

What's next for 19/20:

Workforce development will continue to be a priority during 19/20 and going forward as part of the NHS Long Term Plan.

- Development of robust workforce plans in conjunction with the wider ICS All Age Mental Health Strategy workforce stream
- Development of training offer from the Primary Mental Health Team using innovative way of delivering training to the wider workforce.
- Embedding the Mental Health Support Teams across Nottinghamshire County and Nottingham City as per Wave 1 and Wave 2 roll out.
- Mental Health First Aid will be rolled out across Nottinghamshire County children's workforce with the ambition of training 200 staff within the first year.
- Refresh of the local Workforce Development Strategy by December 2019.
- Extension of the Mental Health and School Links programme, engaging a further 200 schools during 19/20.
- Maximise engagement in the CYP-IAPT programme, particularly focusing on increasing the number of non-CAMHS staff able to develop their capability through accessing training in evidence-based interventions
- Consider the role of **parents and carers** in supporting their children's emotional and mental health, and identify opportunities for building their confidence and skill levels
- Continue to work with our CAMHS providers to identify areas where **additional capacity** is required in order to increase access to evidence-based interventions for specific mental health needs, and identify the resources required to create such capacity
- Continue work with regional colleagues through the Strategic Clinical Network including Health Education East Midlands to develop strategic approaches to increase capacity where there are hard to recruit posts.

The current Nottingham and Nottinghamshire Workforce Development Plan can be found here with the refresh due to be published in December 2019:

<http://www.nottinghamshire.gov.uk/media/119892/nottinghamshire-workforce-development-strategy-2017.pdf>

Appendix i. Annual Summary of CAMHS Data 2018/19

Nottingham City Specific Services

	Number of referrals	Number of CYP accepted into service	Avg. waiting time to assessment	Avg. waiting time to intervention	Number of active cases as of March 2018	Total number of face to face appointment offered
Kooth (face to face)	335	333	16 days	123 days	83	1823
Kooth (Online)	1339	1339	0	0	1552	880 counselling sessions 5,116 messages sent
CityCare (Behavioural and Emotional Health Team)	2018	2018	37 days	135 days	592	664
Base 51	175	90	34 working days	167 working days	93	981
Nottingham City Council (Looked After Children CAMH Service)	145	141	4.48 weeks	4.63 weeks	169	Not currently measured
Nottingham City Council (Multi Systemic Therapy Services CAN)	11 families 5 additional family referrals (15 children) did not go on to have an intervention	44 children/young people have been accepted into the service	Normally within approx. 2 weeks	Approx. 4 weeks	8 families active as of 31 st March 2019	1224 appointments
Nottingham City Council (Multi Systemic Therapy Standard)	58	35	2 weeks	4 weeks	13	Approx. 1908
Nottingham City Council (Targeted CAMHS)	1851	1821	46 days	112 days	495	5549
SHARP	170 school clinic self-harm assessments		No waits	14 days	N/A	170 school clinic self-harm assessments

Nottinghamshire Specific Services

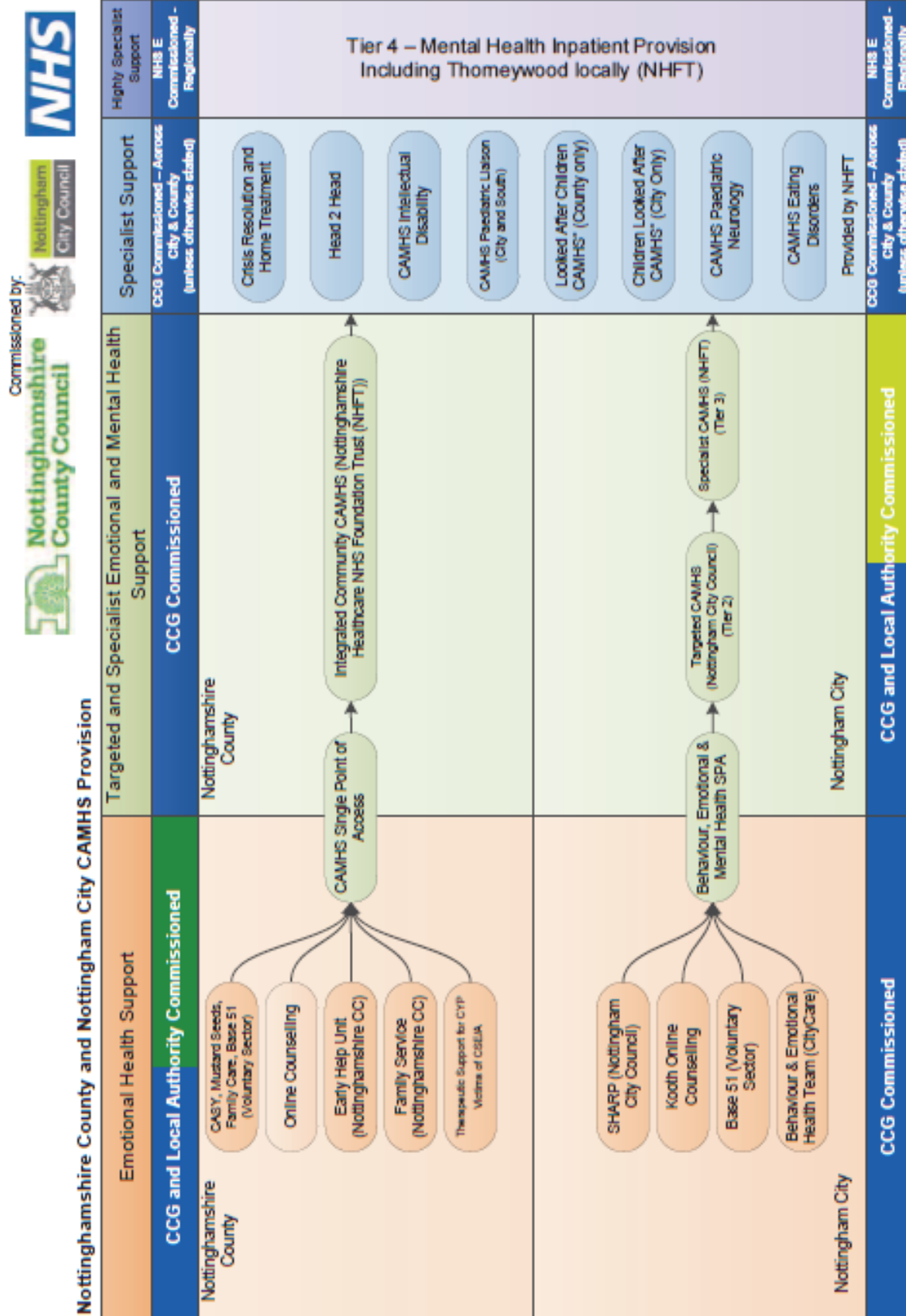
	Number of referrals	Number of CYP accepted into service	Avg. waiting time to assessment (days)	Avg. waiting time to intervention (days)	Number of active cases as of March 2018	Total number of face to face appointment offered
Kooth	3017	3017	0	0	4148	1207 counselling sessions 8951 messages exchanged
Base 51	246	103	6.2 weeks	18.6 weeks	70	983

Nottingham and Nottinghamshire Services

Nottinghamshire Healthcare NHS Foundation Trust Community CAMHS (please note that for Nottingham City this includes specialist CAMHS only, whereas for Nottinghamshire County it includes Integrated Community CAMHS (formerly targeted and specialist CAMHS as well as specialist teams).

CCG	Activity	Total Referrals	Accepted Referrals	Rate of accepted referrals	Avg. waiting time Referral to Assessment (weeks)	Avg. waiting time Referral to Treatment (weeks)
NHS Bassetlaw CCG	5057	490	469	96%	6.5	12.9
NHS Mansfield and Ashfield CCG	11809	1251	1212	97%	6.3	7.0
NHS Newark and Sherwood CCG	6667	728	709	97%	5.9	12.7
NHS Nottingham City CCG	6857	1024	961	94%	7.9	11.3
NHS Nottingham North and East CCG	6098	835	803	96%	8.5	15.6
NHS Nottingham West CCG	3404	457	446	98%	9.9	20.0
NHS Rushcliffe CCG	5176	594	572	96%	10.8	17.9
Total 18/19	45,068	5379	5172	96%	8.2	13.1
Total 17/18	37,327	6443	5152	80%	6.5	11.3
Total 16/17	38,701	5938	4340	73%	5.8	11.7

Appendix ii. Children and Young People’s Mental Health Pathway



* Looked After Children teams in both the city and county are integrated local authority and NHFT teams.
 - Nottinghamshire’s Online Counselling is currently being procured and is not available yet.

Appendix iii. Workforce as at 31st March 2019

Nottingham City Specific CCG funded services – the figures below reflects total number of staff in post as of 31st March of each year

	Total number (WTE) of practitioner/clinical staff				Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (including admin staff and management etc)			
	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19
Kooth (Face to Face)	4 + 6 volunteers	48.6 (across service)	8	7	0	5.25	0	0
Kooth (Online)			45 (across the service)	60 (across the service)			24 (across the service)	79 (across the service)
CityCare (Behavioural and Emotional Health Team)	5.7	4.4	3.5	3.8	2	6.6	3	1.49
Base 51	Not known	1	2 paid 1.3 volunteer	2	Not known	10 volunteers	Not known	0.2
Nottingham City Council Targeted CAMHS (including SHARP)	22.5	24	24	34	9	9	9	9
Nottingham City Council Looked After Children CAMHS	6.9	4	7	9.2	1	2	2	2
Nottingham City Council Multi Systemic Therapy Service	8.9	10	5	5	1	2	0.5	1.1

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

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











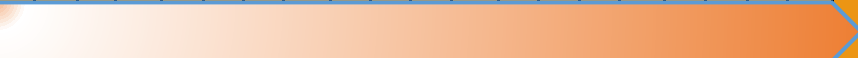

Nottingham and Nottinghamshire CCG funded services - the figures below reflects total number of staff in post as of 31st March of each year

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

	Total number (WTE) of practitioner/clinical staff				Total number (WTE) of non-practitioner/clinical staff supporting clinical staff (including admin staff and management etc)			
	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19
CAMHS SPA	2.73	3.6	3	2.86	1.4	2.9	3	3.9
CAMHS Primary Mental Health Service	12	10	10	9	0.4	0.3	0.3	0.3
CAMHS West Community Team	17.54	19.76	24.15	21.34	5.41	5.78	6.72	6.92
CAMHS North Community Team	23.56	21.24	22.82	20.54	5.53	5.68	4.47	6.68
CAMHS South Community Team	27.7	29.19	29.3	26.46	8.26	9.67	10.1	11.56
CAMHS Crisis including Liaison	13.6	14.4	18.63	18.43	1	1	2.8	2
CAMHS Eating Disorder Service	8.9	9.9	11.72	11.72	0.8	0.8	1	1.5
CAMHS ID and Neuro Team	15	15.53	15.2	12.63	1.1	1	3.5	2.5
CAMHS Paediatric Liaison	2	2	2	2	1	1	1	1
Head2Head and EIP	13.99	13.29	7.7	11.57	2.66	2.67	3	3.5
CAMHS Looked After and Adoption Service (County)	5.3	6.0	6.0	6.0	2.1	2.1	2	2
CAMHS Looked After (City)	3.2	3.4	3.4	3.4	0	0	0	0
Total	145.52	148.31	151.9	145.95	29.66	32.9	37.89	41.86

The table above shows an increase in workforce across most CAMHS service from 2015/16, with a particular increase in the CAMHS Crisis and Liaison Team which reflects our commitment to ensure children and young people receive timely access to community mental health support when experiencing mental health crisis.

Future in Mind and Long-Term Plan Key Actions 2015 - 20224		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Promoting Resilience, Prevention and Early Intervention	Increase the numbers of children and young people able to take part in the programmes to build resilience in schools									
	Further strengthen the perinatal mental health pathway across Nottinghamshire and Nottingham									
	Embed Small Steps, Big Changes in targeted wards in Nottingham City, to promote early emotional health and wellbeing									
	Implement emotional health and wellbeing charter in Nottingham City									
	Launch mental health support teams in Nottingham North and East and Rushcliffe									
	Launch mental health support teams in Mansfield and Ashfield and Nottingham City									
	Have ICS Mental health support team coverage									
Improving access	Improve the access arrangements for CAMHS so that more children and young people have access to services in a timely way									
	Implement evidence-based care bundles across the pathway in Nottingham and Nottinghamshire									
	Deliver more timely and evidence based support to young people experiencing first episode psychosis									
	Expand CAMHS CRHT to respond to young people presenting in ED									
	Integrate liaison models to ensure comprehensive equitable all age response in ED									
	Ensure 24/7 coverage of crisis provision throughout the ICS									
	Improve the transition of young people moving from CAMHS to adult mental health and enhance. Extend framework to young people with ASD or a learning disability									
	The Community Eating Disorder Service to ensure that the service can meet the recommendations within the access and waiting time standards									

	Deliver improvements to the pathway for children and young people with potential ASD or ADHD	
	Increase service access rates for CYP aged 0-18	
	Increase service access rates for 18-25's	
Care for the most vulnerable	Review current emotional and mental health provision to looked after children and care leavers, including refugee and asylum-seeking young people.	
	Further implement the IPC project for LAC CAMHS	
	Implement a collaborative commissioning plan with NHS England	
Accountability and transparency	Review and strengthen commissioning arrangements, including consideration of aligned or pooled budgets	
	Fully implement performance framework for children's mental health and wellbeing, compliant with the Mental Health Services Minimum Dataset	
	Develop and implement outcomes-based commissioning for children's mental health services	
	Ensure Children and young people's plan align with those for SEND, transforming care and health and justice	
Developing the workforce	Implement a joint agency workforce plan, incorporating future capacity planning and engagement with CYP-IAPT	
	Implement Mental Health First Aid in Nottingham City and consider rollout in Nottinghamshire.	

Appendix v: MH:2K Findings and Recommendations

The MH:2K Nottingham and Nottinghamshire’s finding focus on the key pressures facing young people in Nottingham and Nottinghamshire around their mental health.

The Citizen Researchers decided on these findings, based on information collected at 30 Roadshow events, attended by 647 of their peers.

MH:2K Nottingham and Nottinghamshire’s recommendations focus on solutions for improving the mental health and emotional wellbeing of young people in Nottingham and Nottinghamshire. The Citizen Researchers worked with members of the project’s Local Advisory Panel to co-create these recommendations. It is important to note that not all of the pressures identified in the findings are addressed in the recommendations. The Citizen Researchers focussed the recommendations on the ideas for change that they felt were most likely to work and have the greatest impact.

Stigma and Public Awareness

Finding One: Education and awareness
Young people commented that there is a lack of education and awareness around mental health among their peers, parents, and the wider community. Citizen Researchers noted that there is a lack of understanding that mental health can affect anyone. This means that young people and the people around them do not always recognise the signs of mental health issues.
Finding Two: Use of language and terminology
Young people feel that the use of language and terminology around mental health is a barrier. It is common for young people to use negative words for mental health, such as ‘nutter’ and ‘psycho’. Furthermore, mental health terminology is often misused (e.g. ‘that’s so OCD’), which prevent understanding and acceptance. Citizen Researchers felt there should be more emphasis on correct and positive use of language and around mental health.
Finding Three: Fear of judgement
Many young people are afraid of being judged and worried about the consequences of coming forward to talk about mental health. For this reason, many young people suffer in silence and are left unsupported. Citizen Researchers concluded that this leads to problems escalating, and an inaccurate picture of how mental health is affecting young people.
Finding Four: Visibility of services
Young people highlighted a lack of visibility of support services as a major barrier. There is no easy way for young people to see what support is on offer to them in Nottingham and Nottinghamshire. Many young people within schools are unaware of support within the school environment. Citizen Researchers concluded that there is an urgent need for greater promotion of the services available to young people and how to access them.
Finding Five:
Young people suggested that cultural and religious viewpoints, as well as notions of masculinity, affect the stigma around mental health. For young males, there are specific assumptions about what it means to be a man that make it harder to open up about mental health issues.
Recommendation One: Mental Health education should be provided to children and young people from an early age, ideally on a compulsory basis
This education should equip young people to spot the signs, develop coping mechanisms, and seek help when needed. Young people need to be told that ‘it’s ok not to be ok’. Education should help young people use language and terminology in a more positive way, to reduce stigma and normalise conversations. Teachers and parents will also need to receive training in order to support children and young people effectively.

Recommendation Two: Harness social media as a positive tool to challenge stigma and raise awareness among young people

Professionals and services should use social media channels that are used by young people (e.g. Instagram, Snapchat) to promote accurate information about mental health and raise awareness of the available services. We know that some services like Kooth are piloting the use of Instagram, and we would like to see more services using these relevant social media platforms to get the message across to young people.

Recommendation Three: Provide information in discreet ways, to direct young people to support available, without fear of exposure in public.

Young people want to see an increase in the use of discreet methods, like posters on the back of toilet doors and anonymous helplines, to signpost them to the best place for help. These promotional materials should be developed in collaboration with young people themselves, to ensure they meet the needs of the target audience and get the message across effectively.

Recommendation Four: Target information specifically for religious and cultural groups

Professionals and services need to be more proactive in targeting religious groups and cultural spaces with awareness raising material highlighting mental health and the support available. This is important because there is a particular stigma around mental health and a gap in knowledge and awareness within these groups, which is reinforcing health inequalities for young people from minority groups.

Recommendation Five: Use peer-to-peer approaches to combat stigma among young people

There is an opportunity to increase the use of youth-led campaigns and projects like MH:2K to build positive momentum in the fight against mental health stigma. This is important because young people are more likely to relate to messages given by other young people. Professionals and services should consider how they can use peer mentors, peer-led support groups, youth-led workshops and assemblies.

Treatment and Therapies

Finding One: Waiting times and length of treatment

Young people identified long waiting times as a key challenge when trying to access services. They also talked about the insufficient duration of treatment, and the lack of support for moving on after treatment. Citizen Researchers noted that young people's problems might escalate during the time that they are waiting for an appointment, and the treatment might not be long enough for them to achieve the outcomes they need.

Finding Two: Communication with professionals

Young people highlighted communication with professionals as a key area for improvement in relation to treatment and services. Young people they do not always feel they are understood, believed or listened to by professionals. This matters, because it can lead to young people feeling disengaged from the treatment process. Citizen Researchers suggested that there is a need for professionals to develop their ability to communicate with and support young people effectively.

Finding Three: Opening hours and locations

Young people commented that access to services is limited by opening times that don't fit in well with young people's lives, e.g. the timing of the school day. This is made worse when services are located far away from the young person's home, which may be too far to travel if unaccompanied. Citizen Researchers suggested that the practical difficulties associated with accessing support may put young people off getting the help they need.

Finding Four: Treatment not meeting individual needs

During the Roadshows, some young people expressed the view that the treatment they received was 'too generalised' and not suited to their individual needs. Some felt they needed different forms of treatment to the one they were offered (e.g. being offered CBT for non-behavioural issues). Others said the practitioner they were allocated was not someone they felt comfortable

with. Citizen Researchers concluded that young people are not always getting what they need from their treatment, which may be wasting resources and causing problems to persist or escalate.

Finding Five: Transition from child to adult services

During the Roadshows, some young people commented that the transition from child services to post-18 services is not smooth enough and can be a disruptive experience. They felt there was a lack of continuity of care through this process. Citizen Researchers suggested that this could cause some young people to 'fall through the cracks' when they reach the age of 18.

Recommendation One: Young people should be able to access support on a '24/7' basis

This is important because young people can go through mental health issues at any time of the day or night, and they also need to be able to access help outside of school and college hours. Services should offer helpline support and drop-in sessions that can be accessed outside of traditional business hours, and will fit into young people's lives more effectively.

Recommendation Two: Increase the coverage of staff across mental health services, so that young people are able to access help when they need it

Use staff members from teams across mental health services to ensure better coverage when some areas are facing high demand. Ensure that flexible staffing is being used effectively.

Recommendation Three: Provide treatment based on a continuous assessment of the individual's needs, and stop limiting treatment to a specified number of weeks

This is important because it will reduce the pressure and stress on the young person to 'feel better' within a limited number of weeks.

Recommendation Four: Provide training for professionals to equip them to communicate more effectively with young people

This training should cover empathy, listening, rapport building, use of language, and service user involvement. It should be aimed at teachers, counsellors, CAMHS practitioners, GP's and others involved in supporting young people with their mental health. Young people should be actively involved in the training of professionals wherever possible, as this will increase the impact of the training.

Recommendation Five: Provide treatment in spaces where children and young people feel comfortable

Treatment should be available within familiar spaces such as community centres and youth centres, where young people feel comfortable, rather than requiring the young person to visit clinical spaces which can be daunting and off-putting. This is important because it will encourage young people to seek help and engage positively with the treatment process.

Education and Prevention

Finding One: Barriers to seeking help in schools

Young people highlighted a variety of barriers when it comes to seeking help in schools. Many said they were not aware of the help available within the school environment, such as the school nurse or a counsellor. Young people commented that schools don't explain how the support system works, and tend to put the onus on the young person to find out the information themselves. Some said support is not always available when needed, due to limited opening hours or appointments.

Finding Two: Privacy

Young people feel there is not enough privacy when seeking help in schools. For example, announcements about seeing the school counsellor might be made in front of other students. Many students are worried about their information being divulged to parents or staff at school. Citizen Researchers suggest that this lack of privacy and anonymity causes students to shy away from seeking help.

Finding Three: Teachers not equipped

Many young people feel their teachers lack the knowledge and skills to support them with mental health. They commented that teachers do not know how to spot the signs, or how to react. Citizen Researchers suggested that only pastoral staff seem to know how to handle mental health issues, while teachers need more training in this area.

Finding Four: Academic pressure

Young people feel there is too much focus on exams and academic achievement within the school environment. These pressures increase stress and anxiety among young people, and there is little opportunity for breaks or relaxation. Citizen Researchers highlighted the need for greater support to alleviate stress and build individual resilience to cope with academic pressures.

Recommendation One: Increase the privacy and confidentiality of support

Schools and colleges should make it possible for students to access support in a way that protects their privacy. This is important because young people are put off from seeking help due to the fear of their peer groups finding out. One way to achieve this would be to create an online booking system for school counsellors, to make the first step easier and less daunting for students. School counsellors to be accessible to all students during school hours, through online services and drop-ins. There should be safe spaces that students feel comfortable in, and counselling must be private and confidential.

Recommendations Two: Provide a training day for all members of staff on mental health

This training should provide all members of staff, including teachers, pastoral staff and school nurses, with an understanding of how to spot the signs of mental health in their students and how to communicate in a way that makes students feel comfortable. This is important because so many young people do not currently feel comfortable approaching many teachers and staff members about their mental health.

Recommendation Three: Make sure all students are aware of the support available, both inside and outside the institution

This is important because so many students are not even aware of what's on offer in their own institutions, e.g. school nurse and counsellor. Schools and colleges should distribute information about support services to all students in a clear and simple way. They should use discrete means of communicating this information, such as email bulletins and posters on the back of toilet doors, as well as more public means such as assemblies and public noticeboards.

Recommendation Four: Offer informal peer support for mental health and wellbeing

Schools and colleges should look at setting up peer support groups and/or peer mentoring schemes to support mental health and wellbeing. This is important because many young people may not feel comfortable talking to a teacher or authority figure, especially straight away, but they would prefer to talk to an older peer. These schemes should not replace more formal or professional forms of support, but they should be used in addition.

Recommendations Five: Schools should do more to alleviate stress and help students to cope with exam pressure

This is important because many students feel they have been set unachievable goals that can be overwhelming, and they do not have any outlets for their stress. Schools and colleges can help by developing individually-tailored, person-specific revision plans, and educating parents about how much pressure is appropriate. Schools and colleges should offer more stress-busting activities like yoga and mindfulness, and give students opportunities to learn about self-care in times of stress.

Cultures, genders and minorities**Finding One: Religious and minority groups**

Young people pointed to a lack of mental health education reaching religious and ethnic minority groups. Some of the gaps identified were in places of worship, faith schools and community

centres. Some young people from minority backgrounds reported facing conflicts or tensions between their family backgrounds and western viewpoints.

Finding Two: Access to services

Young people from underrepresented groups can face particular barriers when accessing services. For example, services may not be able to provide diverse enough professionals to build trust and rapport with these groups. Citizen Researchers concluded that support systems should be designed with full consultation of how young people from diverse groups feel about accessing the services.

Finding Three: Homophobia and Transphobia

LGBTQ+ young people face real pressures with homophobic and transphobic bullying, both within education and on social media. Young people commented that teachers lack the knowledge to deal with homophobic bullying and discrimination, and are not equipped to support students who are affected. Citizen Researchers noted that LGBTQ+ students are in particular vulnerable situation and need more support.

Finding Four: Pressures facing young males

Young people told us that young males face particular pressure with the stigma surrounding their mental health. Ideas of masculinity mean that young males are constantly told to 'man up' and 'real men don't cry'. Citizen Researchers noted that young men often find it harder to express their feelings or seek help, causing their problems to persist and potentially escalate.

Finding Five: Addiction

In addition to pressures around masculinity and mental health, young males can be particularly affected by addictions. Citizen Researchers highlighted various addiction issues as a concern, including drugs, alcohol, gambling, social media, gaming and pornography. These addictions are often an indication of under-lying mental health issues that need addressing.

Recommendation One: Services need to work more closely with the voluntary sector to reach minority groups with knowledge and awareness of mental health

This is important because there is currently a significant gap in knowledge and understanding among minority groups. Mental health services and campaigns need to be actively promoted within voluntary sector settings, religious centres, community centres and faith schools. Councils and services need to use their existing voluntary sector links more effectively.

Recommendation Two: Where possible, young people should be given a choice of professionals to speak to, with consideration of their gender, age or cultural preferences

This is important because some young people are more likely to open up to people who they feel will understand their situation or experience. For instance, young men may feel more comfortable talking to a male professional about their mental health.

Recommendation Three: Campaigns and programmes should prioritise young men to tackle 'toxic masculinity'

This is important because notions of masculinity make it very difficult for males to express any vulnerability or seek help when they need it. Young males should be targeted with campaigns and information from an early age, to defeat damaging ideas of masculinity and raise awareness of mental health. This should be done using informal and accessible means of engaging young males such as street stalls, sports events, and festivals. Services should form partnerships with football clubs/sports clubs/air cadets/drama clubs to get the message out to young men.

Recommendation Four: Schools and teachers must take firmer action on homophobia and transphobia, to create an environment where LGBTQ+ students feel safe

Homophobic and transphobic bullying should be taken more seriously, and negative language should be challenged firmly and consistently. Teachers need specific LGBTQ+ training in order to understand their students and provide a safe environment for students to talk about issues and seek help.

Recommendation Five: Deliver PHSE or Citizenship lessons to ensure that all students have a good understanding of mental health

These lessons should cover how to spot signs, build resilience and develop coping strategies. They should also highlight the related issues of addiction and drugs. This is important because it reinforces the message that all young people can be equally affected by mental health, regardless of their gender, culture or background.

Families, friends, parents and carers

Finding One: Isolation

Young people can experience feelings of isolation to bullying, discrimination or the pressure of figuring out identity. As a result, some feel there is no one they can turn to. Citizen Researchers suggested that isolation could result in young people looking for other ways to cope.

Finding Two: Fear of being different

Within their social groups, young people are afraid of being seen as different. They face high levels of peer pressure – including pressure to fit in, and pressure to do things they don't want to do. This is partly driven by social media, which presents an unrealistic or distorted image of what is normal. Citizen Researchers suggested that this might stop young people from talking about their mental health, as they don't want to be seen as abnormal or 'weird'.

Finding Three: Parental knowledge

Young people see a generational gap between them and their parents when it comes to mental health. They feel that parents lack knowledge in this area, as they did not have much exposure to mental health when they were growing up. Citizen Researchers suggested that parents need a better understanding of mental health, so that young people can talk to their parents about how they are feeling.

Finding Four: Communicating with friends and family

Young people can find it hard to communicate with friends and family about their mental health. Many young people worry about their friends and family might react. Some said they would be afraid of losing their friends, while others said they didn't want people to worry about them. Citizen Researchers noted that young people might be bottling things up, instead of getting emotional support from those that are closest to them.

Recommendation One: Run PHSE lessons in schools to talk about friendship groups about self-esteem and mental health

These lessons should address issues around peer pressure, self-esteem and body image, as well as providing the facts about mental health and the services available.

Recommendation Two: Ensure that students can seek support without their friends and peers finding out

Within schools, a key way of doing this would be to create an online booking system for school counsellors, as mentioned earlier in the report. Solutions like this would reduce the fear, anxiety and pressure of coming forward by giving the young person the security of knowing that their friends and other students will not know that they are going to see the school nurse or counsellor.

Recommendation Three: Invite parents to compulsory talks about mental health and stress throughout the school years

These sessions should focus on providing parents with information about how to reduce family pressures and make the whole family more at ease with talking about mental health.

Recommendation Four: Consider innovative ways to target parents and engage them in conversations about mental health

One way of doing this could be to develop a youth-led 'MH:2K style' engagement project as a pilot initiative to engage and educate parents and carers directly. This is important because many young people feel their parents and carers are unable to support them with their mental health due to their lack of understanding and knowledge.

What we want to achieve:

- 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 are able to access appropriate support and recover
- More children and young people to have a positive experience of care and support
- Fewer children and young people to suffer avoidable harm

Our priorities for 19/20

To deliver against actions identified by Citizen Researchers as part of MH: 2K project.

- **Promoting Resilience, Prevention and Early Intervention**
Embedding the recommendations of the Green Paper and the NHS Long Term Plan (2019)
Continue to embed perinatal pathway
- **Improving Access to Effective Support**
Develop a communications plan to promote our services
CAMHS Eating Disorder Service to embed same day treatment
- **Care for the most vulnerable**
Continue to embed Speech and Language Therapy and Psychology in CAMHS Head to Head teams and Youth Offending teams
Continue to champion the personalisation agenda for our most vulnerable young people
- **Accountability and transparency**
 - Make sure we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
 - Ensure all providers flow data into the Mental Health Services Dataset
- **Developing the workforce**
 - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.
 - Develop business cases to ensure funding streams are available for evidence based programmes
 - Continue to deliver Mental Health First Aid in the City and develop provision for the County
 - Consider the role of parents and carers in supporting children and young people's mental health

Key Achievements

- Selected schools have had access to **academic resilience** programmes and the programme has been extended to until 2021
- Mental Health and Schools Link workshops rolled out across the County
- Funding has been secured for five Mental Health Support Teams across 103 schools in Gedling Rushcliffe, Mansfield and Ashfield and Nottingham City
- In the City, there is a universal services CAMHS practitioner in place to link with schools and colleges
- An emotional health and resilience charter for schools has been developed in the City
- Guidance for self-harm for schools developed by County Educational Psychology Service
- SHARP self-harm clinics running in the City and Exam Stress-Less workshops delivered
- Targeted CAMHS in the City continue to offer a Single Point of Access, sitting alongside the multi-agency safeguarding hub. Tierless Community CAMHS is offered in the County
- Digital access to support in the County via the Health for Kids and Health for Teens websites
- Kooth – the children and young people's online and face to face counselling service continues to offer open access support for children and young people
- Transitions protocols developed and CAMHS Transition Champions identified. A transition worker has been appointed to the Eating Disorder Team
- Specific practitioner roles for vulnerable groups developed in the City
- CAMHS Eating Disorder Service – dedicated CYP eating disorder service in place which is recurrently funded. Additional funding allocated in order for service development to meet the Access and Waiting Time Standard and establish a same day 'assess and treat' model.
- MH: 2K – engagement programme with young people has been extended to cover 2019/20.
- The "You Know Your Mind" project has provided personal budgets to over 300 children and young people

Ongoing priorities and developments:

- Reviewing delivery models in urgent and crisis care, to ensure it is consistent with regional and national models of best practice.
- Widen our engagement with schools and colleges including the rollout of Mental Health Support Teams for schools
- Workforce – develop the capacity and capability within CAMHS and the wider workforce
- Developing flexible transition points as part of the development of a comprehensive 0-25 service of children, young people and young adults