

# **NOTTINGHAM CITY TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING 2015-2020**

**Implementing the requirements of Future in Mind  
– Promoting, Protecting and Improving our  
Children and Young People's Mental Health and  
Wellbeing**

## **1. Introduction**

The Purpose of this plan is to outline how partners in Nottingham will implement the recommendations of **Future in Mind- Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing (2015)**.

This local plan will build on existing local strategies, action plans and work that has already been undertaken with the overall objective of improving the emotional wellbeing and mental health of children and young people in Nottingham.

## **2. Vision**

To develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham.

## **3. Values**

- We will actively involve children, young people, parents and carers, community groups, clinicians, and partners in everything that we do
- We will understand and respond fairly to the changing needs of our diverse population, and will promote equality and address health inequalities
- We will continually improve the quality of services through collaborative, innovative and clinically-led commissioning
- We will support and encourage the education, training and development of the local workforce
- We will secure high quality, cost-effective and integrated services within available resources

#### **4. What We Want To Achieve:**

In Nottingham we have a Mental Health and Wellbeing Strategy 'Wellness in Mind' that spans all age ranges. The strategy has 5 objectives and for children and young people. It will mean:

- Children and young will be supported as programmes to support mental resilience and preventing mental health problems are implemented
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems
- The wellbeing and physical health of children and young people with mental health problems will be improved

We will prioritise ensuring systems and processes are in place to measure performance and progress, we know this is an area that requires improvement. We will implement a performance framework across all elements of the pathway, utilising recommendations from the local CAMHS review.

#### **5. National Context**

This transformation plan aligns with the following national policy drivers and guidance:

- Future in Mind. Department of Health, 2015
- Right Here, Right Now: help, care and support during a mental health crisis. Care Quality Commission, 2015
- Mental Health and behaviour in schools: advice for school staff. Department for Education, 2015
- Transforming Care for People with Learning Disabilities: Next Steps. Department of Health , 2015
- Mental Health Crisis Care Agreement. Department of Health and Home Office, 2014
- Achieving Better Access to Mental Health Services by 2020. Department of Health / NHS England, 2014

- Guidance for commissioners of eating disorder services: Joint Commissioning Panel for Mental Health, 2015
- Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004
- Child and adolescent mental health services (CAMHS) Tier 4 report, 2014
- Guidance for commissioners of CAMHS: Joint Commissioning Panel for Mental Health. 2013.

## **6. Local Context**

6.1 This transformation plan aligns with the priorities and principles of the following local strategies and plans:

- Nottingham City Health and Wellbeing Strategy 2013 – 2016
- Nottingham Children's Partnership Children and Young People's Plan 2015/16
- Nottingham City Wellness in Mind Strategy 2014 - 2017
- Nottingham City CAMHS Pathway Review 2014
- Nottingham City CCG Commissioning Strategy 2013 – 2016
- Nottingham City Suicide Prevention Strategy 2015-2018
- Nottinghamshire Healthcare Foundation NHS Trust One Door Many Pathways Strategy 2013-2018
- Nottingham City and Nottinghamshire Mental Health Crisis Care Concordat Action Plan 2015/16
- Nottinghamshire Transforming Care – Fast Track Plan, 2015

6.2 Progress has already been made to implement service change and improve outcomes. This will be built upon in order to deliver the recommendations of Future in Mind.

## **7. Children and Young People in Nottingham**

7.1 The total number of children and young people aged 0 – 18 living in Nottingham City is 68,424 as shown in Table 1. Aspley ward has the highest number of children

and young people residing there (6,590) followed by Bilborough (4,506) and Berridge (4,480). Children and young people in Nottingham City account for 22.4% of the population in the city, and the age breakdown is shown below.

**Table 1: Population of Nottingham City 0 – 18 year olds**

<b>Area</b>	<b>0-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-18</b>	<b>Total Population 0-18</b>	<b>Population (all ages)</b>
Nottingham City	19,959	16,429	15,860	16,176	68,424	305,680

- 7.2 Population projections for Nottingham City have been produced for 0- 19 year olds based on the 2011 census. The population is expected to increase by 2.2% between 2011 and 2021.
- 7.3 Leen Valley (70.4%) has the highest percentage of 0-19 years who are from Black Minority Ethnic (BME) backgrounds, followed by Berridge (66.2%) then Dales (58.4%). The wards with the smallest percentage of BME groups are Clifton South (15.6%) followed by Clifton North (17.6%).
- 7.4 The prevalence of children's mental health disorders is summarised in the table below:

**Table 2: Prevalence of Children's Mental Disorders (CHiMAT) 2004, GB**

	<b>5-10 Year Olds</b>		<b>11-16 Year Olds</b>		<b>All 5-16 Year Olds (%)</b>
	<b>Boys (%)</b>	<b>Girls (%)</b>	<b>Boys (%)</b>	<b>Girls (%)</b>	
Emotional Disorders	2.2	2.5	4.0	6.1	3.7
Conduct Disorders	6.9	2.8	8.1	5.1	5.8
Hyperkinetic Disorders	2.7	0.4	2.4	0.4	1.5

Less Common Disorders	2.2	0.4	1.6	1.1	1.3
Any Disorder	10.2	5.1	12.6	10.3	9.6

Source ONS: (2004). Survey of Psychiatric Morbidity am

7.5 Key findings from the Emotional Health of Children and Young People JSNA chapter and Health Needs Assessment are highlighted below. The full needs assessments can be found at [http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Children-and-young-people/Emotional-health-mental-health-needs-of-children-a.aspx#es\\_introduction](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Children-and-young-people/Emotional-health-mental-health-needs-of-children-a.aspx#es_introduction)

- The prevalence of lone parent families within Nottingham City is 9.5% (taken from the 2011 consensus), this is higher than the East Midlands average (6.7%) and England (7.1%) average. Some wards within Nottingham have significantly higher prevalence than the overall average in Nottingham City, for example; Aspley ward has 23.5% of lone parents residing there whereas in contrast Dunkirk and Lenton ward only has 2.5% of lone parents residing there.
- Aspley and St. Ann's has the highest proportion of households in socially rented houses (48.3% and 46.8% respectively) with Nottingham as a whole having 29.7% of all citizens residing in socially rented accommodation compared to 17.7% in England.
- It is estimated that 3778 of school age children could have a mental health disorder in Nottingham
- Using data from the 2000 Adult Psychiatric Morbidity Survey, CHiMAT have estimated that 1101 young people aged 16-19 years living in Nottingham who would have expected to have a neurotic disorder.
- Females ages 15 – 17 years have the highest rate of admissions in Nottingham City for self-harm
- The percentage of households with no parent working in Nottingham City is 6.9%, higher than the average for the East Midlands (0.8%) and England (4.2%).

- Aspley (9.7%) and Bilborough (7.0%) have a higher prevalence of this risk factor for parents who have a long term illness or disability than the average for East Midlands (4.6%) and England (4.6%).
- There are between 7,000 – 10,000 children in Nottingham at risk from domestic abuse. This means at least 3 in every class of 30 children are at risk or experiencing domestic violence.
- The importance of good perinatal mental health is increasingly recognised. NICE estimates that about 10-15% of new mothers suffer some perinatal mental health difficulties (13). Applying these estimates to the numbers of new mothers in Nottingham City in 2012 suggests that of the 4,408 new mothers, between **441** and **661** may have had a perinatal mental health problem.
- Nationally it is estimated that 7% of children will see their fathers imprisoned in their school years. This equates to around 2,500 children of school age in Nottingham City (age 5-15 years).

## **8. What Children, Young People and Families tell us about mental health**

- 8.1 Nottingham City CCG commissioned a review of the CAMHS Pathway in 2013; the review reported in 2014. The review gathered the views of children, young people and parents/cares, as well as wider stakeholders. The review reported that children and young people were often feeling confused and frustrated by the current service offer, with a lack of understanding of what was available to them and how they could access support.
- 8.2 In 2014/15 Healthwatch has been undertaking work to gather information from children and young people on their experiences of mental health services in Nottingham. This work has reported the views of 588 young people about their experiences and needs of mental health services in a recent Insight Report. Over half of the young people stated they didn't know where to get help for a mental health issue. The time of treatment was important to a significant proportion of young people, with 35% wanting to be able to get help during the weekend and 30% in the evening. A further insight report into young people's experiences of current services will report in February 2016. This information will help to inform commissioning intentions and service planning.

- 8.3 During 2015 Specialist CAMHS provided by Nottinghamshire Healthcare NHS Foundation Trust has carried out engagement with CAMHS service users and their families. Key themes identified by young people covered the areas of education, location, access, practice, transitions and stigma. All the information that has been collated will help to inform priorities for change in Nottingham.

## **9. Our priorities for change**

- 9.1 In order to identify the actions we need to take to improve the mental health and emotional wellbeing of children and young people in Nottingham City we have considered our local needs assessment, the views of children, young people and families, the views of wider stakeholders as gathered through the CAMHS pathway review and assessed ourselves against the Future in Mind recommendations. This has led us to develop a series of short term priorities for 2015/16. Over the autumn of 2015 we will develop our priorities for 2016 onwards, and will revise our plans accordingly.

## **10. Participation**

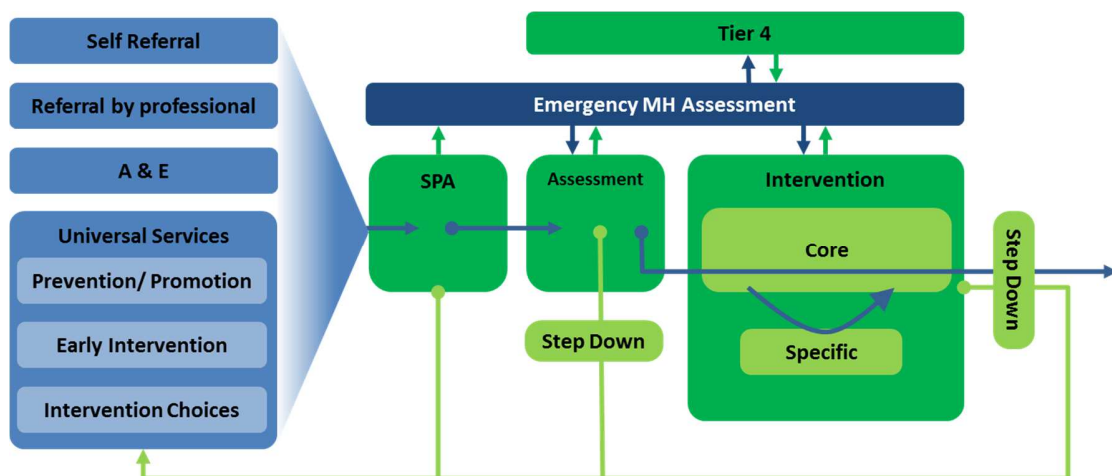
- 10.1 This transformation plan will be delivered in accordance with the principle within the Children and Young People's Plan *to engage with and listen to the views of our children, young people and families when developing our services*. As such, one of the immediate priorities for 2015/16 is to:
- Develop a framework for enabling children, young people and families to participate in our transformational activity over the next five years. This framework will clarify expectations of both commissioners and providers, and will build on existing mechanisms for engaging with our citizens. There has been engagement with the Clinical Commissioning Group's People's Council to start to shape future engagement.
  - Respond to the findings of the Healthwatch Insight report into children and young people's views of mental health services, which is due to report in February 2016.



## 11. Promoting Resilience, Prevention and Early Intervention

Our aims 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).

- 11.1 Nottingham is an 'Early Intervention City' with a long term plan to transform children's services to intervene early in the development of our children, using evidence-based approaches, rather than reacting when it's too late. Part of this plan involves delivering the Small Steps Big Changes programme, as part of the Big Lottery's Fulfilling Lives programme. One key strand of this work is to improve the social and emotional wellbeing of 0-3 year olds through integrating evidence based interventions, community approaches and building on strong universal services. In addition the child development review, being led by Nottingham City Council, aims to implement an integrated approach to providing co-ordinated services to all families in Nottingham City.
- 11.2 Following the recommendations from the CAMHS review, phase 1 of implementation focused on the Behavioural, Emotional and Mental Health Pathway that was launched in December 2014, as a 2 year pilot. The pathway has the objective of coordinating the work of current services and professionals from across Nottingham City (such as health, social care, education, youth and play, and voluntary sector services) to deliver a seamless service with positive outcomes for children and young people. Any child or young person or parent/carer can refer to the pathway where there are concerns about behaviour, emotional wellbeing or mental health, or where there is a neurodevelopmental concern such as Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD). Through the pathway the child or young person and their family or carer will be able to access the most appropriate support to meet their needs. The new pathway is depicted below:



11.3 In addition to launching the pathway, a Children and Young Person's Behavioural and Emotional Health team was commissioned. The team, based in CityCare (a local provider of community health services), delivers parenting and family support interventions, including evidence-based parenting programmes (123 Magic, Cygnet Parenting Programme, New Forest Parenting Programme and Sleep Tight Parenting Programme), and training on behavioural, emotional and mental health issues to professionals working with children and young people.

11.4 The team also supports young people who have an Education, Health and Care Plan in their transition to adult services. The overall objective of the team is to provide early support and increase the skills and capacity of the universal workforce. Since the pathway launch in December 2014:

- There have been 1755 referrals into the pathway.
- 1065 referrals have been for behavioral and neurodevelopmental concerns.
- 727 parents have participated in parenting programmes.

11.5 An initial evaluation into the impact of the pilot pathway will be undertaken by February 2016. This will consider whether the pathway is meeting the needs of children and young people as intended, and make recommendations for improvement.

11.6 Due to an increase in the number of young people presenting with self-harm at the Accident and Emergency (A&E) Department, the CCG commissioned a number of

services to support early intervention and prevention. This includes the Self-Harm Awareness and Resource Project (SHARP), provided by Nottingham City Council, to provide consultation, training and information to services working with children and young people to reduce self-harming behaviours. In addition, Kooth, a national service provider, were commissioned to provide a 1:1 online and face to face counselling service delivering evidence based interventions.

- 11.7 The CCG has increased the provision of evidence based primary care psychological therapies. Services can be accessed by a referral from a GP or by self-referral. Postcards detailing how to access primary care psychological therapy services have provided to the midwifery service to be shared with women. The services offer therapy for adults and will support pregnant women with mild to moderate anxiety or depression. Work is also being undertaken to review the perinatal mental health pathway.
- 11.8 To implement a whole school approach to mental health and wellbeing, 55 of the 102 schools in the city have up to date Healthy Schools Status and therefore reach the criteria for a whole school approach to emotional health and wellbeing. A further 26 schools are currently renewing their status. 20 schools have achieved meaningful outcomes in emotional health and wellbeing using the Health Improvement Model and a further six are currently working towards achieving outcomes. Five schools are piloting the SAFER resource that addresses risk taking behaviour by developing social and emotional skills and building resilience. The pilot will be evaluated by December 2015 in order to inform future roll out. Additional support and training to schools that is built on social and emotional learning takes place within the Drugaware programme and as part of the Sex and Relationships Education charter.
- 11.9 A new Character Curriculum is being developed for schools that focuses on the development of skills and attributes equipping young people with strategies to cope with life's challenges within school, and beyond, and in the world of work. This will be developed alongside evidence based resilience programmes to ensure positive outcomes for school aged young people. Twelve schools (11 primary and 1 secondary) in the central partnership of schools in the city are committed to developing the Character Curriculum this academic year.

- 11.10 A Roots of Empathy project has been taken on by seven schools within the Nottingham North ward. This is an evidence based programme from Canada that used a parent and baby to develop the empathy skills of young children. There is evidence that this programme results in improved behaviour and reduced aggression in the pupils taking part.
- 11.11 120 Post-Graduate Certificate in Education (PGCE) and School Direct students at Nottingham Trent University have benefited from training on effective ways to teach about Mental Health and Emotional Wellbeing from the Nottingham City Personal Social and Health Education (PSHE) Advisory Service. Two teachers have gained national accreditation in PSHE in the last year, with a further four going through accreditation in the current academic year. The Emotional Health and Wellbeing (EHWB) theme of the PHSE accreditation will continue to be offered; a bursary for those electing to focus on EHWB may increase uptake.
- 11.12 Whilst progress has been made in the last year, there is more to do over the next year. This includes:
1. Independently evaluating the effectiveness of the Behavioural, Emotional and Mental Health Pathway, including the extent to which it is meeting the needs of children with conduct disorders. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Ensuring that the pilot has met the original objectives - reduces duplication and makes recommendations for pathway improvement.
  2. Continuing to work with providers to review and strengthen the perinatal mental health pathway with a focus on supporting women with lower levels of anxiety and depression and ensuring easy and timely access to primary care psychological therapies
  3. Promoting and implementing evidence-based programmes of work on prevention and early intervention, including learning from the new 0-3 year old early intervention pilots through the Small Steps, Big Changes programme
  4. Continuing to develop whole school approaches to promoting mental health and wellbeing, by implementing the character curriculum and piloting evidence based resilience programmes in the central partnership of schools

- 11.13 We recognise that we need to adopt a more collaborative approach with schools, colleges and universal providers in order to develop a coordinated offer to universal services over the next five years, therefore undertaking a structured programme of engagement to inform future commissioning intentions will be one of the key strands of work in 2015 – 2017.

## **12. Improving access to effective support – A system without tiers**

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

- 12.1 In 2014, a CAMHS Pathway review was undertaken in Nottingham. The review found staff to be passionate, dedicated and working hard to meet the needs of children, young people and families. The review identified areas of excellent practice, but also found significant challenges, with parts of the pathway considered to be at gridlock, artificial barriers for families to navigate, in some cases children and young people waiting a long time for a service and services becoming crisis driven. The findings echo those articulated in the Future in Mind report in relation to access to services.
- 12.2 In response to the review findings, a number of changes have been made to improve access to support. The single point of access (SPA) to children and young people's mental health services through which children, young people and families can self-refer has been strengthened. This has been achieved through increased capacity and incorporating access to a wider range of services. Children and young people are assessed by appropriately experienced professionals, and those assessed as high risk are promptly referred onto the most appropriate service provider. Since the changes to the SPA there has been an increase in referrals, resulting in an additional 92 young people requiring support from Tier 2 services each quarter.
- 12.3 Phase 2 of the CAMHS pathway developments will focus on the implementation of a 'One CAMHS' Service with integrated service delivery using the Choice and Partnership Approach (CAPA) model, with care being provided through care

bundles, rather than by individual service providers. In preparation for this, Nottingham City Council (Tier 2 provider) has already implemented CAPA and the BEMH Team is working to CAPA principles.

- 12.4 A programme of work has been initiated under the Mental Health Crisis Care Concordat. This has included developing a model for a Crisis and Intensive Home Treatment Service. The service will provide rapid assessment to young people experiencing mental health crisis and intensive home treatment to young people with significant mental health needs. The objective is to support children and young people in the community to meet their needs and prevent an attendance at A & E or an admission to a paediatric or adolescent inpatient psychiatric units. This is in part in response to acute providers reporting increasing numbers of children and young people presenting in acute settings, particularly in relation to self-harm, eating disorders and distress; this increase mirrors national trends. The service will also work closely with inpatient units to facilitate young people's discharge and return to the community. The service has been commissioned to be in place by 31 December 2015.
- 12.5 In Nottingham and Nottinghamshire there has been focused work to eliminate any young people detained under S136 of the Mental Health Act being detained in a police cell. This includes commissioning (non-recurrently) an additional bed in the S136 suite and planning for the implementation of the crisis and intensive home treatment service, as described in section 10.4. There will continue to be a focus on this workstream through the S136 task and finish group and at the Nottinghamshire Crisis Care Concordat Partnership Board. The inaugural meeting of the Board is on 20 October 2015.
- 12.6 A pilot community eating disorder service was commissioned in 2014. The service is provided to children and young people in Nottingham City and Nottinghamshire and in 2014/15 received 103 referrals for assessment; 80 children and young people accessed treatment. An evaluation report has been completed demonstrating the impact of this service. An assessment has been undertaken against the *Access and Waiting Times Standard for Children and Young People with an Eating Disorder: Commissioning Guide: NHS England and NCCMH, July 2015*, which has identified that whilst the service provide the NICE concordant

evidence based practice recommended, it is not currently resourced to achieve the treatment time of starting treatment within 1 week for urgent cases and treatment for standard cases within 4 weeks, and to expand the reach of the service to 7 days per week and home treatment. This will be an area that requires investment through the Future in Mind Transformation funding.

12.7 The CCG commissioned an Eating Disorder service specifically for students. The service works with student services and GP practices that link with Nottingham and Nottingham Trent Universities. The service is campus based and specifically tailored to meet the needs of students. The new service has been operational from September 2015 and will be reviewed after 6 months and evaluated against the national guidance.

12.8 Progress has been made to improve access to effective support; however the full implementation of the CAMHS pathway is still on-going. We need to:

1. Improve communication and access:
  - Improve information available and introduce a website aimed at children, young people and families, that will provide information about services available and how to access them.
  - Target investment and increase capacity within the Single Point of Access, increasing the consultation, advice and guidance available to schools and universal providers.
  - Increase capacity within the system in order to support more children and young people at the right time in the right place.
2. Integrate the service delivery model in Nottingham, eliminating the current tiered system of mental health services:
  - Develop and implement evidence-based care bundles, informed by NICE guidelines, across the pathway for children and young people with behavioural, emotional and mental health needs. This will ensure that children and young people receive the appropriate 'cluster' of interventions depending on their needs.
  - Introduce CAPA across Specialist CAMHS provided by Nottinghamshire Healthcare NHS Foundation Trust.

- Fund an eating disorders service that complies with national guidance and best practice.
3. Ensure the support and interventions for young people included in the Mental Health Crisis Care Concordat are implemented:
- Implement and review the Crisis and Intensive Home Treatment Service.
  - Review the assessment provided to children and young people by the Liaison Psychiatry Service based at QMC in conjunction with the South Nottinghamshire Urgent Care Vanguard.
  - Work with partners to review the actions that have been put in place to ensure that no young person under the age of 18 is detained in a police cell as a place of safety

### **13. 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).

- 13.1 We have a diverse population in Nottingham and are committed to supporting the most vulnerable young people in Nottingham. This includes children and young people with a disability, e.g. Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD), learning disability or physical disability; Lesbian, Gay, Bisexual or Transgender (LGB&T) young people; Children and young people from black and minority ethnic backgrounds, refugee and asylum seeking children and young people; Looked after children and young people and care leavers and those in the child protection system; Children and young people at risk of or experiencing sexual abuse and/or sexual exploitation and young offenders.
- 13.2 There is some effective provision in place to support the emotional and mental health needs of these vulnerable groups of children and young people in the city, but this provision will be strengthened.
- 13.3 Support to children with potential ADHD/ASD is provided through the Behavioural, Emotional and Mental Health Pathway as indicated previously, to ensure that early



support is provided prior to referral on for a paediatric assessment if necessary. The evaluation of the BEMH Pathway outlined in paragraph 10.10 will assess the extent to which the needs of this group of children and young people are being met.

13.4 There is a specialist Intellectual Disability Team in Nottingham and Nottinghamshire (except Bassetlaw) working with children and young people (0-18 years old) in the community who have an intellectual disability and suffer emotional distress. Additionally, Nottingham and Nottinghamshire are a one of five national Fast Track areas for transforming care for people with learning disabilities and/or autism and challenging behaviour or a mental health condition. The Fast Track programme involves NHS England Specialised Commissioning, CCGs and local authorities working together to improve the independence and health and wellbeing of this vulnerable cohort, by strengthening support in the community and reducing reliance on inpatient care. The initial priorities to be delivered locally in order to achieve this for these young people are:

- To undertake an assessment of the needs of young people with learning disabilities, considering the extent to which current service pathways and provision meets their needs, including the efficacy of transition planning to adulthood. This will link to existing cross-partnership work developing the Education, Health and Care plan process.
- To develop a register of young people with learning disabilities at risk of being admitted into hospital due to their mental health needs will be developed.
- To develop the Care and Treatment Review process for young people at immediate risk of being admitted to hospital, focussing on whether the young person safe; whether they are getting good care; whether they have a robust care plan in place and whether their care and treatment can be provided in the community.

13.5 A Programme Board is in place to oversee progress with appropriate membership from across the partnership.

- 13.6 Support is available to LGB&T young people, including the TRANS4 ME group, which is an open group for young people exploring their gender identity. A confidential online counselling service is also provided through KOOTH. The intention is to bring these services into the Behavioural, Emotional and Mental Health Pathway.
- 13.7 There is a dedicated CAMH Service for looked after and children and young people, which provides consultation and support. The team also provides consultation and advice to social work teams. There is also a Multi-Systemic Therapy Team within the City Council supporting children at risk of going into care. A Multi-Systemic Therapy team for Child Abuse and Neglect is in development. One area that requires further work is ensuring priority access to CAMHS provision for children and young people who are looked after by other local authority areas but who are placed in Nottingham City.
- 13.8 The Head 2 Head team works with children and young people (0-18 years old) who have emotional and mental health issues and are involved with the criminal justice system and/or use/misuse substances (dual diagnoses), providing mental health assessment and intervention. The team also provides detoxification for young people who misuse substances. The service also provides interventions for young people (and their families) significantly affected by the misuse by others. The team provides mental health assessment and intervention for young people who sexually harm others. It also works with young people who are experiencing symptoms of psychosis.
- 13.9 Community services in Nottingham for young offenders are jointly planned and commissioned by CCGs, Public Health and the Nottingham Youth Offending Team (YOT). The Head 2 Head team, described in paragraph 12.6, supports children and young people who have emotional and mental health issues and who are involved with the criminal justice system and/or use/misuse substance (dual diagnoses). The YOT Nursing service ensures all young people receive health assessments, including physical and mental health checks.
- 13.10 NHS England and CCG commissioners and the YOT have worked collaboratively in the development of the Criminal Justice Liaison and Diversion Service (CJLDS), which was mainstreamed and expanded throughout Nottinghamshire in April 2015. Operational protocols have been established for children and young

people in police custody, those receiving community resolutions and first cautions, along with children and young people screening tools and referral pathways, supported by a memorandum of understanding between CJLDS and CAMHS.

- 13.11 In terms of inpatient care, the Midlands and East provides significant national CAMHS inpatient provision, some of which is accessed by the other 3 regions in England. Whilst the region has a mixture of densely populated cities, it also has considerable rural areas where access to mental health provision is limited or requires travelling significant distances.
- 13.12 Within the Midlands and East Region are inpatient services that deliver almost all the CAMHS inpatient specialisms commissioned by NHS England. These are acute CAMHS; Eating Disorder inpatient units; Psychiatric Intensive Care Units, Low Secure Mental Illness; Low and Medium Secure Learning Disability inpatient hospitals. However children's units for under 13 year olds are not located within any of the hub areas. Whilst the Midlands and East Region is well resourced, not every geographical hub has the same or adequate levels of provision.
- 13.13 The NHS England CAMHS Tier 4 Review, published in July 2014, identified that there were capacity issues across the specialised commissioned services in the country and the importance of the inter relationship between NHS England and the local Clinical Commissioning Groups and the services each commissioned. The Review identified that the East Midlands as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally.
- 13.14 Current provision in the East Midlands has acute units in four of the six counties providing general acute CAMHS inpatient beds with NHS providers. Two of the acute units do take young people with eating disorders but are not specific eating disorder units. Also located in the East Midlands is St Andrews Healthcare which provides the majority of low secure mental health and low secure learning disability provision in the country. These beds are accessed predominately by patients outside of the East Midlands and the Midlands and East, and on occasion by patients from Scotland, Ireland and Wales. St Andrews also provides one of only

two provisions in the country of medium secure learning disability inpatient provision.

- 13.15 Whilst the East Midlands is well served and, in fact, has more beds than it needs regarding low and medium secure provision, being able to access this provision for East Midlands children can be an issue at times due to national demand. There is no provision of eating disorder inpatient or PICU beds within the geographical region and despite having general CAMHS acute beds in area, demand is so high that young people are regularly placed elsewhere.
- 13.16 Demand for inpatient provision has significantly increased since April 2013 and, consistently, numbers of young people placed outside the region total between 40 and 50 per day, with an average of 23 of these being in eating disorder inpatient hospitals.
- 13.17 The East Midlands has historical patient flows that are not contained with the East Midlands geography with some patients from:
- North Derbyshire (East Midlands) flowing into Sheffield (Yorkshire & Bassetlaw hub) Milton Keynes into the South region
  - Bassetlaw (Yorkshire & Bassetlaw) into Nottinghamshire (East Midlands)
  - North East Lincolnshire (Yorkshire & Bassetlaw) into Lincolnshire (East Midlands)
- 13.18 The East Midlands will continue to work with colleagues from the different regional offices to ensure that natural pathways and flows continue in the best interests of the patients and their families. The East Midlands Collaborative Commissioning Oversight Group has recognised the importance of CAMHS and as such established it as a priority for both NHS England and the CCG's from the East Midlands and Bassetlaw. Through the NHS England EM Collaborative Commissioning CAMHS Working Group, which is established from CCG's, Local Authorities and providers, support will be given to local transition plans through sharing good practice and lessons learnt, developing an approach where appropriate and possible to develop regional service specifications, standards and working practices.

- 13.19 As part of the pre-procurement project, the East Midlands (hub) office has indicated that it intends to procure additional and adequate provision within area to meet the needs of our young people. This will include a small number of CAMHS acute beds, between 8 to 12 eating disorder inpatient and 6 to 8 PICU beds, thereby reducing the need to place young people in provision further from home than necessary and within the geography of the East Midlands.
- 13.20 Nottingham City CCG is engaged in the East Midlands CAMHS collaborative commissioning oversight group in order to ensure that there is a joined up approach between the CCG and NHS England, and that Nottingham children requiring inpatient support will be able to access support as close to home as possible. Additionally, the development of the crisis and intensive home treatment service is intended to alleviate the pressure on inpatient beds, in the longer term.
- 13.21 In order to further improve support to vulnerable children and young people we need to:
- Deliver the actions outlined through the Transforming Care for young people with learning disabilities fast track plan
  - Review access to services for children and young people from black and minority ethnic backgrounds, identifying any barriers
  - Ensure priority access to CAMHS provision for children and young people who are looked after by other local authority areas but who are placed in Nottingham City
  - Review the available emotional support to particularly vulnerable groups such as children and people experiencing domestic violence, those who identify themselves as LGB&T and refugees, and ensure they receive priority access to services via existing pathways
  - Progress collaborative working between the CCG and NHS England to increase inpatient capacity and ensure children are cared for close to home, with smooth pathways in and out of care.

## **14. Accountability and transparency**

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

- 14.1 This transformation plan builds on a programme of work that has been implemented following the CAMHS review in 2014. It has been developed with stakeholders across the city, in line with the objectives of key local strategies as outlined in the local context section, and drawing on the intelligence of the needs assessment into children and young people's emotional health and wellbeing. Governance processes are in place to oversee the transformation of children and young people's mental health and wellbeing services through the CAMHS Executive which will report to the Health and Wellbeing Board Commissioning Executive Group, the Nottingham City Mental Health Steering Group (Sub-Group of the Health and Wellbeing Board) and the CCG Governing Body.
- 14.2 Services that are commissioned to support children and young people with mental health and wellbeing needs incorporate quality standards from NICE. Commissioned services have detailed service specifications and a service review process is in place. The CAMHS pathway review identified the need to improve data collection and performance reporting therefore a key short term priority is to refine and implement a performance monitoring framework for CAMHS. This framework will be developed to incorporate measures such as re-referrals, duration of treatment episode as well as new key performance indicators for eating disorders as described in section 12.6. All CAMHS providers will be required to complete the Mental Health Minimum Dataset.
- 14.3 An annual declaration of NHS England, Nottingham City CCG and Nottingham City Council spend on core children and young people's mental health services in 2014/15, and information about local provision key activity data and workforce information has been included and published online.

14.4 We have identified a number of areas that we need to address in order to further improve the accountability and transparency of our children and young people's mental health and wellbeing provision, this includes:

1. Having lead commissioning arrangements for children and young people's mental health and wellbeing services and exploring aligned or pooled budgets:
  - We will review and strengthen commissioning arrangements
  - As a partnership explore how budgets can be aligned/pooled to ensure the most effective use of resources.
2. Develop and implement a detailed and transparent set of measures covering access, waiting times and outcomes:
  - Develop and implement a performance framework for children's mental health and wellbeing, in order to drive continuous improvement.
  - Implement processes across commissioned providers and partner organisations to ensure data is reported in line with the Mental Health Services Dataset, discussed and used to make service changes.

## 15. Developing the workforce

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

15.1 The workforce has a pivotal role to play in ensuring change and improvement is achieved. To support this, a training programme has been developed for universal providers to equip them with the skills and confidence to support and improve children and young people's mental health and wellbeing. Since January 2015, 481 professionals have been engaged in training about the Behavioural, Emotional and Mental Health Pathway, including how and when to refer. A further 100 people have been trained in improving their understanding of children and young people's behavioural, emotional and mental health needs.

- 15.2 The CCG and Nottingham City Council have also commissioned a training programme, delivered by a voluntary sector organisation, to deliver a mental health training programme. The programme which is aimed at equipping the front line workforce with essential skills, knowledge and confidence to identify and support people who may be experiencing mental health problems, is in final stages of development with delivery of sessions beginning and a 'launch' event during the Nottingham City 'Every Colleague Matters' week in October. There will be a number of short courses available addressing a range of issues from resilience and wellbeing extending to crisis intervention and suicide prevention.
- 15.3 Nottingham City Personal Social and Health Education (PSHE) Advisory Service plan to deliver a training event on Mental Health and Emotional Wellbeing for all schools in partnership with relevant specialised support services to schools.
- 15.4 Protected Learning Time events that are provided for GPs, scheduled in November and December 2015, will focus on the Behavioural Emotional and Mental Health pathway and crisis services.
- 15.5 The Children and Young People's-Improving Access to Psychological Therapies (CYP-IAPT) principles of participation, self-referral, routine outcomes measures and evidence based practice have begun to be embedded across the CAMHS Pathway. In terms of the training element of CYP-IAPT, Nottingham City has recently joined the Nottinghamshire Partnership that is part of the Reading and Oxford collaborative. This will enable a small number Nottingham City CAMHS practitioners to access the training in CBT, evidence based practice, leadership and supervision, over the next academic year.
- 15.6 It is recognised that engagement in CYP-IAPT will only meet the workforce development needs of a small part of the children and young people's mental health workforce, therefore an integrated workforce development plan covering universal providers through to CAMHS practitioners will be developed for 2016/17. This will also seek to address the difficulties recruiting practitioners in some areas of the workforce. The work will align with the national developments led by Health Education England.



15.7 We have a number of priorities to implement in relation to developing the workforce:

1. Target the training of health and social care professionals and their continuous professional development to create a workforce equipped with the skills, knowledge and values to deliver the full range of evidence-based treatments:
  - Continue to provide training for universal services including schools, health and voluntary and community sector professionals in behavioural, emotional and mental health needs. We will also review all training that is provided across Nottingham to ensure it is not duplicated, is targeted and is delivered in the most cost effective way
  - Develop an integrated workforce development plan, to support pathway implementation, for the children's workforce for delivery in 2016/17, incorporating the principles of CYP-IAPT
2. Extend CYP IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes:
  - Continue to roll out CYP-IAPT to the CAMHS workforce including Tier 2.

## **16. Governance**

- 16.1 The transformation plan will be reviewed by the Children and Adolescent Mental Health Executive, who will:
- Review and monitor delivery of the plan, including considering the impact on outcomes for children and young people
  - Monitor risks and issues to ensure appropriate mitigating actions are undertaken, or escalate as necessary
  - Ensure that the commissioning of children and young people's mental health services is undertaken in a collaborative and joined up way and that commissioning and contractual mechanisms are utilised to ensure improvements are achieved
  - Ensure that the interdependencies between this strategy and other strategies being implemented in the city are considered and managed. This will include

the LD Fast Track transformation programme, CCG led transformation programmes, and the Crisis Care Concordat.

- 16.2 Time limited task and finish groups will be established to oversee specific work streams, as required. The programme of work to be delivered under the theme of Promoting Resilience, Prevention and Early Intervention will be taken forward by the existing Behavioural, Emotional and Mental Health Pathway Steering Group.
- 16.3 Regular progress updates will be provided to the Commissioning Executive Group, Health and Wellbeing Board, Wellness in Mind Steering Group and the CCG Governing body, for scrutiny and to ensure the implementation of the transformation plan is on track.

## **17. Financial Planning**

- 17.1 The funding plan for the additional funds associated with Future in Mind is outlined separately.

## **18. Conclusion**

- 18.2 This plan builds on work that has been undertaken in Nottingham to improve outcomes and has been developed with partners. The plan outlines the actions that will be undertaken to improve the wellbeing and mental health of children and young people in Nottingham. It is a 'live' plan that will be reviewed at regular intervals and will be updated to include local intelligence and national best practice.
- 18.3 All of the actions for change identified under the five themes are collated into an action plan, which will be monitored by the CAMHS Executive and the subsequent governance arrangements as outlined in section 16.