

Title of paper:	Nottingham Child and Adolescent Mental Health Services (CAMHS) – Strategy 2009-2012	
Report to:	Children's Partnership Board	
Date:	19 th May 2010	
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Relevant Council Plan themes(s):		
Choose Nottingham		
Respect for Nottingham		
Transforming Nottingham's Neighbourhoods		
Supporting Nottingham People		
Serving Nottingham Better		
Summary of issues (including benefits to customers/service users):		
<p>In order to achieve Public Service Agreement 12 (improve the health and well being of children and young people) it is recommended that each partnership develops a strategy. The purpose of the strategy is to identify the key actions that need to be taken to improve the commissioning and delivery of child and adolescent mental health services.</p> <p>The CAMHS strategy 2009-12 refreshes the 2006- 09 strategy which covered Nottingham City and Greater Nottingham. The actions detailed within the strategy are based on national guidance and local objectives identified via the Joint Strategic Needs Assessment and service user feedback. The strategy has been developed across a range of agencies within the Nottingham Children's Partnership.</p> <p>There has been significant progress in the development of CAMHS since the publication of the last strategy, the 2009-12 strategy sets out the delivery objectives for the next 3 years, to ensure the delivery of local objectives and national targets.</p>		

Four workstreams have been identified who are responsible for ensuring the objectives within the strategy are delivered. Progress will be monitored by the CAMHS Executive and by the Child Health Strategy Group. A partnership event to review progress and refresh the strategy is planned for September 2010.

Recommendations:

1	The Children's Partnership Board is asked to approve the refresh of the CAMHS strategy and identified actions to ensure delivery of the objectives.
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CHILD AND ADOLESCENT MENTAL HEALTH STRATEGY 2009-2012

***Promoting positive emotional health and
well-being for children, young people and
their families***

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INTRODUCTION

This Child and Adolescent Mental Health Services (CAMHS) strategy has been compiled by the CAMHS Partnership and is a refresh of the CAMHS strategy that was published in 2006. The strategy is informed by national guidance and draws upon a number of workshop events, the Joint Strategic Needs Assessment (JSNA), service user feedback and analysis of progress made since the development of the last strategy. The strategy sets out clear priorities for CAMHS in Nottingham; the delivery of the objectives detailed in this document, are the responsibility of all members of the partnership involved in the commissioning and delivery of CAMHS within the city.

Our vision is that Nottingham's children, young people and families have high aspirations and are able to realise their potential. We want all our children and young people to benefit from a vibrant, multi-cultural, accessible city in which they can develop as equal citizens, respecting the diversity of cultures and lifestyles in Nottingham

Ensuring the mental health and well-being of children in Nottingham is a core aim of the Nottingham Children and Young People's Plan. At the individual level mental health depends both on environmental factors and the mental capital or resilience built up throughout the early years of life and into adulthood¹. A wide range of factors (biology, parents, family, peers and wider society) contribute to mental health and wellbeing. When these are not in place mental ill-health results, be it a minor emotional or behavioural disturbance or severe mental illness. Mental illness is a serious problem among children and young people in England, with one in ten experiencing some form of diagnosable mental disorder.

This strategy builds on the work that has already been achieved in Nottingham and provides a clear direction and a set of objectives for the next three years in order to ensure that children and young people continue to have improved mental health and well-being. By working together and valuing the views of children, young people and their families, Nottingham will continue to address local and national priorities and ensure continuous improvement to services which demonstrate real outcomes for children and young people.

VISION

Aim

The aim is to improve the emotional well-being, mental health and psychological well-being of all children and young people in Nottingham. This will be achieved by promoting positive mental health and well-being, reducing risk, building

¹ *Mental Capital and Well-Being: making the most of ourselves in the 21st century*. The Foresight Report; Government Office for Science; London November 2008

resilience and ensuring the delivery of needs led services which are co-ordinated, responsive and accessible. To achieve this, there will be a continued focus on prevention, early intervention and the identification of needs, ensuring capacity in targeted and specialist services for those who require them. Realising this ambition will help to deliver the vision set out in Nottingham's Children and Young People's Plan (2008-2011) that:

Nottingham's children, young people and families have high aspirations and are able to realise their potential

Objectives

There are a number of objectives that will underpin the delivery of improved CAMHS in Nottingham:

- improve performance management systems to ensure robust monitoring and evidence of the delivery of effective, efficient, high quality services which result in continuous improvement and better outcomes for children
 - *by developing robust performance processes, in conjunction with providers, ensuring application across all providers to enable comparison of service delivery*
- demonstrate an improvement in the mental health and emotional and psychological well-being of all children and young people in Nottingham
 - *by implementing a range of outcome measures across all services e.g. Strengths and Difficulties Questionnaire*
- engage with services users and their families in shaping and developing our services and outcomes
 - *by ensuring services and commissioners continue to proactively seek and build continuous and meaningful engagement with service users (world class commissioning competency 3) this will be achieved by:*
 - *ensuring that services continue to obtain patient feedback that is shared with commissioners*
 - *ensuring that service providers work towards and achieve the 'You're Welcome' standards*
- work in partnership across providers to further develop coordinated multi-agency services
 - *by ensuring all partnership members are involved in planning and provision; by demonstrating continuous and meaningful engagement with clinicians and practitioners to inform strategy and drive quality and service redesign (world class commissioning*

competency 4), and engaging with the Nottinghamshire next stage review process to enable clinical input to direct the development of CAMHS

- ensure that services are responsive, visible, accessible, community-based and non-stigmatising
 - *by continually assessing service provision and adapting services to meet population needs, ensuring there are no delays to accessing services and by ensuring the achievement of all national waiting time targets*
- develop the skills and knowledge of the workforce from universal to specialist provision to ensure that they are informed by evidence based practice and adapt to the changing needs of service users
 - *by ensuring each organisation assesses the training and development needs of staff by utilising the skills and resources of specialist CAMHS to provide a comprehensive training programme to build capacity and develop skills within targeted CAMHS and by developing a training programme for universal services and implementing targeted mental health in schools programme*
- improve transition between services and ensure ongoing monitoring and help at appropriate levels
 - *by implementing an agreed 'single point of access' to enable transition and integrated working*
- maintain a focus and take positive action to meet the specific needs of vulnerable children as identified by the joint strategic needs assessment such as children in care ,care leavers, children and young people from Black and Minority Ethnic (BME) communities, children and young people with learning difficulties and disabilities (LDD) and children and young people in contact with the criminal justice system
 - *by monitoring how services are utilised by specific groups, applying recommendations from the annual Joint Strategic Needs Assessment and ensuring equality impact assessments are undertaken*

Principles

The following principles will underpin how CAMHS is commissioned and delivered in Nottingham:

- all service providers recognise that mental health is “everyone’s business”

- all service providers will adhere to their organisations safeguarding procedures, prioritising the safety and wellbeing of children and young people
- all service providers will work across traditional agency boundaries, co-ordinating services to the benefit of service users
- services will be encouraged to be innovative and proactive, particularly through working in partnership with local people, service users and their families
- all partners will focus on and prioritise prevention and early intervention
- commissioning and service development will be outcomes and evidence based not purely activity based

PARTNERSHIP AND GOVERNANCE

The Children's Trust Board

The Nottingham Children's Partnership was launched in April 2009 to progress developing Children's Trust arrangements in Nottingham, details on the Nottingham Children's Partnership can be accessed at www.nottinghamchildrenspartnership.org.uk.

The CAMHS Partnership

There are two elements to CAMHS partnership arrangements:

- The CAMHS Executive's role is to plan how the CAMHS strategy will be implemented in Nottingham and ensure compliance with all national targets by implementing recommendations from the wider partnership for service developments and procurement to meet the needs of children and young people.
- The CAMHS partnership is to ensure strong partnership arrangements in the delivery of CAMHS, by providing scrutiny through stakeholder engagement and integration of service delivery. This will be facilitated by an annual Nottingham CAMHS Partnership engagement event.

NATIONAL CONTEXT

In 2003, *Every Child Matters* set out the Government's agenda to reform children's services to achieve five improved outcomes for children (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing). *Every Child Matters* emphasised the importance

of agencies working together through Children's Trusts which was reinforced in legislation by the *Children Act (2004)*. In 2004, *The National CAMHS Support Service* was also established, to provide a network of regional advisors to help drive forward the development of comprehensive CAMHS across the country. *The National Service Framework (NSF)* for Children, Young People and Maternity Services, published in September 2004, proposed a 10 year programme to raise standards. This included a specific focus on the mental health and psychological wellbeing of children and young people in Standard 9. The NSF vision includes a number of objectives:

- an improvement in the mental health of all children and young people
- multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems
- all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies

Standard 9 provided a detailed definition of how a comprehensive CAMHS should be developed, providing the strategic objectives to be achieved by commissioners and providers of services, this included:

- partnership working and workforce development with a focus on early intervention
- service and transitional arrangements for young people
- Early Intervention Psychosis teams
- CAMHS for children and young people with a learning disability
- paediatric liaison
- services for Children in Care
- CAMHS for young offenders
- 24 hour and emergency cover

In 2008, "*Children and Young People in Mind*", the National CAMHS Review, was published. The review identified that there have been considerable service improvements and increased partnership working across the country. The key findings of the review are listed below:

- there has been a 14% fall in the number of children and young people waiting to be seen
- there has been a 20% increase in the number of teams with a focus on children in care
- there has been an increase in 24/7 on-call services
- there has been an increase in appropriate care for 16 and 17 year olds
- there has been an increase in services for children and young people with learning disabilities and mental health problems
- an increase in the size of the workforce
- an apparent slowdown in demand for tier 2 and 3 services
- more tier 4 services providing alternatives to in-patient care

The review also highlighted that there is still a stigma attached to accessing CAMHS and there remains unacceptable variations and gaps across the country. Recommendations of the review are already being taken forward in Nottingham. Key areas for implementation during 2009-12 include:

- promoting a positive understanding of mental health through a range of media
- improving services for those who require more specialised support (including a high quality assessment, lead point of contact, clearly signposted routes, and information about what to do if things go wrong)
- targeting work for vulnerable groups (such as children in care, children with disabilities and those with emotional and behavioural difficulties)
- improved joint working with adult services to facilitate a 'think family' approach
- improved transition arrangements for those approaching 18 years
- improvements to workforce development strategies and staff training and developing integrated training for all staff in CAMHS to ensure an understanding of all roles and professionals, building upon the Common Assessment Framework
- obtain a greater understanding of the needs of 0-5 year olds and develop pre-birth and early attachment support

- incorporating national work on outcome measures

Local Implementation of national initiatives

In recent years a number of programmes have been introduced in Nottingham, focussed on improving the mental health and psychological wellbeing of children and young people:

- The Social and Emotional Aspects of Learning (SEAL) programme launched in 2005 provided a comprehensive approach to promoting the social and emotional skills that underpin effective learning. Nottingham City Council has implemented this approach in primary schools and developed an enhanced Family SEAL programme
- In 2008 Nottingham City became a wave 2 pilot for the Targeted Mental Health in Schools (TaMHS) programme and the service commenced in early 2009. The programme aims to enhance the early intervention support at the school level in areas with the highest level need.
- Nottingham was chosen as a wave 2 Family Nurse Partnership Programme in 2008. This programme provides additional support to disadvantaged groups such as single teenage mothers to develop parenting skills and improve economic and social well-being. The one to one support also aims to improve mental health and well-being outcomes through support at a particular time of stress. This was accompanied by a range of other Parenting initiatives such as Family Intervention Projects, (Nottingham City is currently a wave 2 site); Parenting Practitioners; Parenting Early Intervention Pathfinders; The Parenting Implementation Project (which Nottingham City participated in) and the introduction of Parenting Advisors in 2008.

LOCAL CONTEXT

Nottingham City has a population of approximately 286,000 people². There are estimated to be about 60,000 children and young people (0 to 18 years) living in Nottingham City 49,000 of whom are aged between 0 and 15 years³. The proportion of the population who are children is lower than the national average. However, there is a growing under 5's population and the city's pupil population is increasingly diverse. One third of city pupils are from Black and Minority Ethnic (BME) groups making the school population twice as ethnically diverse as in the city as a whole, which is itself twice as diverse as England⁴.

² Nottingham City Children and Young People's Plan 2008-2011

³ ONS Mid-Year Estimates, 2006

⁴ Pupil Level Annual School Census, January 2007

A high proportion of children and young people are affected by financial hardship, 62% of all 0 to 18 year olds (38,000) live in households where either no adults work, or where earnings are sufficiently low to warrant state financial assistant⁵, this compares to an England average of 38%; financial circumstances can be both a cause and a consequence of challenging family or household circumstances and impair children and young people's outcomes.

Evidence highlights that particular groups within the City's population are more likely to have additional needs and to experience poorer outcomes if these needs are not met; for example children and young people in substance misusing families can experience behavioural and emotional problems; there is a strong association between substance misuse, domestic violence and mental health⁶.

Risk Factors / Levels of Need

A wide range of factors affect mental wellbeing including:

- deprivation (e.g. poverty / low educational attainment etc)
- poor parental and social support (e.g. family breakdown / domestic violence / mental ill-health / parental substance abuse / parental abuse and neglect)
- adverse peer influences (e.g. bullying etc)
- needs with social implications (e.g. learning difficulties / sexual orientation / Autistic Spectrum Disorder)
- maladaptive responses to adverse external factors as both risk factors and symptoms of mental disturbances (e.g. mood disorders / school disengagement / conduct problems / substance misuse / alcohol misuse)

The relative rates of risk factors for Nottingham are high (Table 1) indicating an above average proportion of children at risk of mental health difficulties. For instance, there are 1.6 times as many children growing up in poverty in Nottingham when compared with England as a whole.

Table 1: Relative rates of risk factors for mental ill-health in Nottingham and England⁷

⁵ Nottingham City Council, *Child poverty in Nottingham: July 2007*

⁶ Nottingham City JSNA, 2008

⁷ Nottingham City JSNA, 2008

<i>Factor</i>	<i>Nottingham</i>	<i>England</i>	<i>Relative Rate</i>
Most deprived quintile	88%	20%	4.4
Children growing up in poverty	62%	38%	1.6
Black & Minority Ethnic groups	24%	9%	2.7
Lone parent	37%	16%	2.3
Teenage pregnancy (under 18 years)	7.38%	4.14%	1.8
Unauthorised school absence	3%	1%	3
School exclusions	3.5%	0.1%	35
Youth offending	5%	2%	2.5

Mental health also has an impact on educational attainment. Children with mental disorders are much more likely to be absent from school than other children: 17% of those with emotional disorders, 14% of those with conduct disorders, and 11% with hyperkinetic disorders have been away from school for over 15 days in the previous term. Among other children, the proportion was 5%.

It is known that:

- 32% of children (almost a third) in surveys of well-being amongst school children in Nottingham rate their life experience as being of low or very low satisfaction⁸. In addition to children with diagnosable mental illness there are likely to be about 3,000 to 6,000 children who are vulnerable to mental ill-health. Whilst some level of unhappiness from time to time may be normal (for instance bereavement) general unhappiness seems to be higher in England when compared to other first world countries and seems to be increasing over time⁹.
- Approximately 1 in 10 (equating to about 3-4,000 children and young people in Nottingham) can be diagnosed as suffering from a classifiable mental disorder that requires intervention¹⁰ (see Table 2 for breakdown by diagnosis) of these 5% are likely to have clinically significant conduct disorder, 4% emotional disorders.

⁸ Nottingham City JSNA, 2008

⁹ An overview of child well-being in rich countries: UNICEF: Innocenti Research Centre, Florence Italy (2007)

¹⁰ Meltzer H, Gatward R, Goodman R and Ford T (1999) the mental health of children and adolescents in Great Britain: Office of National Statistics; London

- Boys are more likely to have a mental disorder than girls – among 5 to 10 year olds, 10% of boys and 5% of girls had a mental disorder. In the 11-16 year old age group prevalence is 13% boys and 10% of girls.
- Some groups are particularly at risk of emotional distress. 45% of children in care will experience difficulty, particularly those in residential care.
- There is considerable overlap of mental health problems and alcohol and substance misuse amongst particularly vulnerable groups: children in care; young offenders; young homeless; sexually exploited young people; truants and excludes; children whose parents misuse drugs. Home Office estimates suggest that 28% of young people in vulnerable groups are affected and in Nottingham this roughly equates to 1,635 children in the age group 10-15 years and 828 in the age group 16-18 years¹¹.
- It is also known that a number of children and young people have complex needs and may suffer from both learning and difficulties or disabilities (LDD) and mental health problems. Co-morbidity is common with young people with learning disabilities and outcomes are poor¹². There are estimated to be 4,000 disabled children and young people living in Nottingham¹³, of which approximately 1,650 (0-19 year olds) have a mild/moderate learning disability¹⁴. It is not however known how many have a dual diagnosis and further work is required in this area. Conservative estimates suggest 1 in 100 children have some degree of Autistic Spectrum Disorder (ASD) and 1 in 330 an additional diagnosis.

Table 2: Estimated local prevalence of diagnosable child mental illness in Nottingham¹⁵

Diagnosis	%	Number
Conduct disorder	5	870
Emotional disorder	4	696
Hyperactive disorder	1	174
Hyperkinetic boys	2	168
Hyperkinetic girls	0.5	40
Major depressive disorder	1	165
Depressive symptoms warranting specialist consultation	2	707
Severe eating disorder	1	106
Deliberate self harm	0.4	84
Total		3010

¹¹ Nottingham Young People's Drug and Alcohol Needs Assessment 2009.

¹² Learning Perspectives from the National Child and Adolescent, 2007 Mental Health service improvement programme

¹³ Nottingham City Children and Young People's Plan 2008-2011

¹⁴ Nottingham City JSNA, 2008 – based on ONS mid-year figures from 2006

¹⁵ Nottingham City JSNA, 2008

Services in Nottingham

CAMHS in Nottingham are split into:

- Tier 1 (Universal) is provided by practitioners who are not mental health specialists working in universal services. This includes GPs, health visitors, school nurses, teachers and education staff, youth workers and Children's Centres staff.
- Tier 2 (Targeted) is a multi-agency locality based service, providing early intervention and prevention service to tackle social, emotional and/or behavioural problems.
- Tier 3 (Specialist) is a multi-agency service for the diagnosis and treatment of severe and complex child and adolescent mental health problems and neuro-developmental disorders, delivered through in-patient and community based outreach services. It offers mental health and substance abuse services through *Head 2 Head* team, paediatric liaison at Queens Medical Centre and self-harm services.
- Tier 4 (highly-specialist) is a multi-agency service which is focussed on a range of provision, complexity, level of expertise/input and also includes the children's day unit, neuropsychiatry at Nottingham University Hospitals NHS Trust (Queens Medical Centre campus) and the in-patient adolescent unit.
- In addition, specialised support is given to other teams (such as the Youth Offending Team) as part of an integrated delivery model.

Appendix I provides a detailed breakdown of services in Nottingham in each of the tiers.

Service user feedback has underpinned developments in CAMHS this has included the Tanc report (2006) which summarised young people's views on the types of services required, this included:

- informal
- drop-in
- choosing where you go and who you can talk to
- consistency of practitioner beyond a few weeks or months

- The Offender Health Programme published a commissioning framework for promoting the mental health of children in secure settings

In 2008 evaluation of targeted tier 2 services was undertaken service user feedback was generally positive, however a number of areas for improvement were identified:

- joint working, particularly helping school staff to understand the issues facing children experiencing emotional psychological problems
- information about services to be widely available and the access process to be simplified

PROGRESS TO DATE

Developments since the 2006-2009 Strategy

Since the publication of the first joint Child and Adolescent Mental Health Strategy in Nottingham in 2006, there has been significant investment and increased partnership working in CAMHS across the city. There is now a focus on Nottingham City rather than the Greater Nottingham area (however, there is partnership working with county colleagues). This has enabled a focus on integrated partnership working within Nottingham to begin to address some of the specific needs of the city's diverse communities.

Community based, targeted, tier 2 Child and Adolescent Mental Health Services, have been implemented across the city through Multi-Agency Locality Teams (MALTs). The MALTs work closely with schools and universal services. The development of the single point of access and clinical assessment service will further facilitate joint working between tier 2 and tier 3.

The introduction of new programmes such as SEAL has begun to address the social and emotional aspects of learning. An increased focus on parenting, with the creation of new posts and the introduction of new evidence based parenting programmes such as "Incredible Years" has helped to build the resilience of families and promote positive mental health.

New services have been developed to address the targeted needs of specific groups of children and young people such as the Base 51 counselling service and a dedicated CAMH service for children in care. Additionally, services for African-Caribbean children and young people have been reviewed and, as a consequence, strengthened the MALT service which works jointly with the voluntary sector, schools and other specialist support services to ensure that the needs of BME children are met.

There has been a focus on transition between CAMHS and adult services with the development of protocols to ensure that there are clear transition arrangements between services.

Other developments have included:

- the development of CAMHS branding through the 'Healthy Young Minds' CAMHS logo across Nottingham and Nottinghamshire County has helped to link services
- the publication of literature and the development of e-material to inform the public about mental health issues for children and young people and increase the knowledge of service users
- commissioning and redesign of services to ensure the achievement of all CAMHS targets and the requirements of NSF Standard 9

Performance Indicators

There are four national indicators to measure progress in achieving comprehensive CAMHS, these are:

- 24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day. Nottingham is rated "4" which is the highest score (protocols are in place and fully implemented)
- a full range of CAMHS to be available or accessible for children and young people with learning disabilities. Nottingham is rated "4" (protocols, plans and services are in place and being developed)
- services to be available for all 16 and 17 year olds, appropriate to their age and level of maturity. Nottingham is rated "4" (a fully comprehensive service is available across the whole area)
- a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems is commissioned by the Local Authority and PCT in partnership.

In the 2008 Annual Performance Assessment access to child and adolescent mental health services was highlighted as a major strength.

PRIORITIES FOR 2009-2012

In order to take forward the national and local objectives highlighted within this plan, priority areas forward in Nottingham, four work streams have been identified:

- CAMHS commissioning (including needs analysis with a focus on identified high risk groups) and continued performance management
- Access and pathways
- Prevention and Early Intervention
- Workforce Development

CAMHS commissioning

The objectives for this work stream are to:

- undertake the CAMHS self assessment to identify gaps in service provision and update service specifications as required
- analyse information about the needs of vulnerable and high need groups of children and young people identified within the strategy and identify any inequality issues and commission services to address the identified gaps
- co-ordinate user and staff feedback and use it to inform service development decisions
- use national and local outcome indicators to identify the key outcomes for children and young people with emotional, psychological and mental health issues
- utilise a regular system of contract review and monitoring across all providers and utilise improved information to commission services to meet outcomes
- improve performance and outcome measures and performance management arrangements
- analyse current areas of high spend (e.g. out of area placements) to assess if local service provision could be commissioned to reduce the number of external placements

- to ensure all national recommendations (e.g. think family) are embedded into service delivery across all service providers particularly adult mental health services

Access and pathways

The objectives for this workstream are to:

- ensure clear care pathways are developed for universal, targeted and specialist services to support integration across all tiers and to enable all children to access the appropriate level of support that they need
- ensure the implementation and evaluation of the pilot for a single point of access via tier 2 and the multi-agency clinical assessment service
- improve better joint working arrangements with adult services to facilitate a “*Think Family*” approach and improve transition arrangements
- further develop transition pathways for 2 key groups:
 - young people in transition between children’s and adult’s services (mental health and learning disability services)
 - children and young people in transition from hospital and/or welfare service settings to community settings, with a focus on children in the public care system

Prevention and early intervention

The objectives for this work stream are to:

- support universal services and deliver services via universal settings such as schools and children’s centres
- develop service models to improve prevention and early intervention
- identify themes from the Common Assessment Framework and identify service changes/developments to address the emerging themes

Workforce Development

The objectives of this work stream will be to:

- develop integrated CAMHS induction core training that can be applied across the workforce

- develop training and communication strategies to ensure targeted and specialist integration with universal health teams
- work with the third sector and private sector to develop skills and training for staff
- develop mechanisms to link with the communities to build resilience, nurture local networks and promote the development of support groups across tiers and provider organisations promoting the 'everybody's business' approach to mental health and wellbeing and early intervention.

Tracking Progress

Each of the workstreams will develop an action plan by quarter 3 2009/10, which will feed into the implementation plan that will be monitored by the CAMHS executive group. The performance of the CAMHS executive group will be monitored by the Child Health Strategy group as part of the Nottingham Children's Partnership. Progress against the overall delivery of the objectives within the strategy will be monitored on an annual basis.

Appendix I – Child and Adolescent Mental Health Services in Nottingham City

Targeted/Community Tier 2 CAMHS

Targeted/community at tier 2 CAMHS is provided via the Multi-Agency Locality Teams (MALT's) and by Nottingham city children's services in order to promote the emotional health and well-being of children, young people and their families aged 0-18. The service philosophy is underpinned by the five outcomes of Every Child Matters and the National Service Framework Standard 9. The MALTs are an integrated and community focussed service.

The overall purpose and aims of tier 2 CAMHS is:

- to provide an easily accessible and localised service for children potentially in need of Child and Adolescent Mental Health Services
- to provide a range of early interventions to help children and young people experiencing social, emotional and/or behavioural difficulties from developing severe, complex and enduring mental health problems
- to build capacity within universal services (tier 1) ensuring professionals are supported to enable children and young people to achieve positive mental health and wellbeing by training, consultation and also joint work where appropriate

The tier 2 CAMHS teams deliver services across the city to children and young people who are experiencing:

- conduct/behavioural problems
- anxiety
- emotional issues
- developmental delay
- parenting issues
- non life threatening self harm
- early signs of an eating disorder
- targeted and early intervention for children and young people who experience a learning disability and ASD

- sexual health needs
- Relationship difficulties.

Any referrals which suggest more complex, severe or enduring mental health difficulties will be discussed at the weekly Clinical Assessment Services (CAS) ensuring allocation to the most appropriate services. The CAS is jointly managed by Nottingham city children's services and Nottinghamshire Healthcare NHS Trust and attended by clinical leads from tier 2 and 3 CAMHS. The CAS will enable transition between the different CAMHS tiers.

The tier 2 CAMHS will provide a range of interventions to meet the needs of children, young people and their families:

- direct work
- young peoples groups
- parenting groups (Webster Stratton) (informed parenting programmes offered, fun and families, strengthening families strengthening communities, living with teenagers, 123 magic)
- family support and relationship building
- consultation
- Solihull Approach
- Range of therapeutic approaches including brief, solution-focused therapy, Cognitive Behaviour Therapy and systemic family therapy

Each community CAMHS team also has a Learning Disability Worker, providing assessments and interventions for children and young people with learning disabilities and/or autism. They also offer training and consultations to universal services.

Young people accessing city sexual health clinics will also have access to outreach community CAMHS provision.

Tier 3/4 Specialist and Highly Specialist CAMHS

Specialist and Highly Specialist CAMHS (tier 3 and 4) are part of the 4-tier Framework first described in 1996 in "Together We Stand". It is realised that in order to improve outcomes for children, young people and their families that all agencies needed to work together. Nottinghamshire Healthcare Trust is

responsible for the provision of tier 3 and tier 4 Services highlighted in the CAMHS delivery triangle.

Specialist and Highly Specialist CAMHS are structured within 3 specialist teams and deliver services across Nottingham City and Nottinghamshire County. The teams consist of:

- tier 3 Specialised Services Emotional Disorders/Neurodevelopmental Team
- tier 4 Highly Specialised Adolescent In-Patient Unit, Children's Day Unit, Neuropsychiatry Team
- tier 3 Head 2 Head Team

Emotional Disorders Team and Neurodevelopmental Disorders Team (tier 3)

These teams provide assessments dependent on presenting issues ranging from cognitive/psychometric and structured assessments to psychiatric diagnostic assessments to ensure a comprehensive care/management plan is developed.

Assessments and interventions are provided in a range of settings specific to the needs of the child, young person and their carers.

Both specialist teams provide a service to children and young people from 0-18 who may be experiencing a range of complex and severe mental health difficulties.

The children and young people referred to the Emotional Disorders team have significant mental health issues associated with difficult family circumstances and may present with a range of problems including: depression, self-harm, eating disorders and severe attachment, emotional and behavioural disorders associated with child abuse and neglect.

Within the wider Emotional Disorders Team there are two smaller teams with distinct roles:

- The Self-Harm team provide a comprehensive risk and needs assessments to all young people under 16 years old admitted to a general hospital ward following an episode of self-harm and all those admitted to a paediatric ward regardless of age.
- The Paediatric Liaison Service (based at Queens Medical Centre) provides direct clinical care including assessment, intervention and joint

management of paediatric patients experiencing emotional, behavioural and psychiatric disorders in the context of acute chronic and terminal illness.

The Neurodevelopmental Disorders Team work with children and young people experiencing: Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), Tics and Tourette's. They also offer specialist assessment and interventions for children and young people with learning disabilities and those with acquired and organic brain disorders (e.g. head injury, post encephalitis, post meningitis, epilepsy etc) requiring specialist neuropsychological and neuropsychiatric assessment.

All interventions are evidence based and where indicated follow NICE guidance recommendations and include: psychological therapies (IPT, Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), Group and Systemic/Family therapy, art therapy and Psychopharmacology).

CAMHS Children Looked After and Adoption Team

This service is provided in partnership with Nottingham City and Nottinghamshire County Children and Young People Services; tier 3 specialist mental health care is provided for children who are looked after by/leaving the care of these departments. The team is commissioned to provide a consultation model of service delivery, with direct work offered to children in care in residential and foster care settings. Consultations are offered to staff in Local Authority teams working with this population and also to foster carers/adoptive parents

The team, which is multi-disciplinary, provides specialist expertise for children and young people with attachment difficulties and histories of trauma and neglect, presenting with mental health symptoms.

The Head to Head Team (H2H)

The Head to Head team provides an assertive outreach model of CAMHS service delivery. Young people are offered a choice of where they receive the service thereby offering assessment, and home treatment which is responsive to their level of need. Head to Head aims to treat young people at home and to minimise admittance to in-patient provision. It provides out of hours support to young people who have an identified care plan in order to reduce admittance. The service works closely with the adolescent in-patient unit is well established.

Head to Head have four distinct, but connected service delivery elements:

- **Youth Justice:** Working with Nottingham City Young Offending Team in order to provide mental health assessment and intervention for young

people who are presenting with a tier 2/3 mental health issue and who are subject to a criminal order.

- **Dual Diagnosis:** working with children and young people who present with significant mental health issues and who are also using drugs or alcohol (co-morbid presentation). The significant mental health issues have to be interdependent with drug and alcohol use.
- **Early Intervention in Psychosis:** for people aged between 14 and 35 years is a requirement of the Mental Health Policy Implementation Guide (2000) Head to Head work with young people who present with symptoms that are indicative of a 1st episode of psychosis, but the team also works with diagnostic uncertainty and will adopt a 'watch and wait' brief where appropriate. The treatment criterion is based on symptoms of psychosis. A close working relationship with the Adult Mental Health Early Intervention in Psychosis teams across the city and county is well established.
- **Young people who sexually harm others:** Head to Head provides a specialist assessment and intervention service for young people who have been identified to have sexually harmed others, and who have significant mental health issues and learning disability. Assessment and intervention is undertaken in partnership with social care and other agencies.

Tier 4 Highly Specialised CAMHS Provision

Tier 4 is defined as; 'Special care is for those cases whose treatment or care requires more than can be provided in weekly or twice weekly sessions. This may take the form of whole or half day activities, in-patient care, or outreach support as an alternative to in-patient care' (CAMHS Mapping 2005).

Tier 4 provision includes:

- The assessment, treatment and management of children, adolescents and their families whose mental health problems and disorders cannot be managed at tier 3 because of their complexity, risk, persistence and interference with social functioning, and normal development, consequently requiring very specialised skills
- Provision of services that would not be cost effective in every locality because of sporadic demands for them in smaller proportions
- Support to staff working in tiers 1, 2 and 3, where they are engaged in complex cases that might otherwise require management in tier 4.

Adolescent In-Patient Unit

The unit has 12 beds based at Thorneywood in Nottingham. The unit provides in-patient treatment for young people between the ages of 12 and 18 who could be suffering from a range of mental health problems for the population of Nottinghamshire and Derbyshire. The adolescent unit offers a range of individual and group activities tailored to meet the individual needs of this complex group of young people and include pharmacological therapy.

The Thorneywood Adolescent Unit shares a campus with the other services that constitute the main body of Specialist CAMHS for the City. There is an education base on site provided by Nottinghamshire Education Department. Emergency referrals are accepted, and all referrals go through the adolescent unit Consultant or nominated deputy and the nurse in charge. Out of hours referrals are made through the on-call Psychiatrist Rota. The referral criteria for young people requiring assessment of psychiatric disorders in clear psychiatric symptoms (elated mood, depressed mood, hallucinations and delusions), thoughts or behaviours that are so severely disturbed that out-patient treatment is impossible, severe self harming behaviour, socially unacceptable behaviour that requires psychiatric assessment or behaviour whereby it is not known whether it is in relation to a psychiatric illness or to a school or family problem. Services are provided for complex psychiatric problems that require specialist assessment with continuous and prolonged observation for life threatening illnesses such as anorexia nervosa.

The needs of young people who are placed on the adolescent unit include mental health conditions such as psychosis, self-harm, bi-polar disorder, depression, eating disorders, obsessive compulsive disorder and, which due to their severity and nature, require a period of in-patient treatment. These needs require a full comprehensive assessment, pharmacological treatments, intense 24 hour nursing care, high levels of observation, ongoing risk assessment, individual, group and family therapies and effective communication with families/carers and the multi-agency network.

The team at Thorneywood consists of medical staff, nursing staff, dietetics, occupational therapy and educational staff.

Children's Day Services

The Thorneywood Children's Day Unit works with children aged 5-13 years, who have a range of emotional and behavioural difficulties, and are referred by the outpatient child mental health teams. A comprehensive group work programme is in place which includes; problem solving, relationship work, play skills and building self-esteem through utilisation of strengths based model. Individual work is carried out alongside input from dedicated education input provided by

Nottingham City Children's Services. The Day Unit also provides a Collaborative Parent Training Programme which also involves siblings.

The referral criteria for the service is that the child has complex mental health needs requiring further assessment and/or intensive intervention, are aged between 5-13, are on a school role and that the referrer maintains involvement. Referrals are accepted from CAMHS tier 2/3 services and the neuropsychiatry department, with the unit providing input alongside, not instead of, the referrers. The day unit offers assessment, diagnosis, clarification and treatment of child mental health problems. Children who attend the unit present with difficulties, such as; hyperkinetic disorders (including ADHD and attention disorders), emotional disorders (including anxiety, low self esteem, depression, phobias, school avoidance, post traumatic stress disorder and negative feelings around abuse), conduct disorders, experience of negative relationships, autistic spectrum disorders.

Paediatric Neuropsychiatry

A specialist tertiary (tier 4), district and regional service offering assessment, consultation and treatment of neuropsychiatric disorders in childhood and adolescence up to 18 years of age. The service is based at the Nottingham University Hospitals NHS Trust (QMC Campus). Referrals are accepted from consultant paediatricians, psychologists and child psychiatrists. The service does not accept emergency referrals. The service provides specialist expertise in complex ADHD (Attention Deficit Hyperactivity Disorder), Autistic Spectrum Disorders (including Asperger's Syndrome), Tourettes Syndrome and tic disorders, behavioural aspects of epilepsy and other brain disorders, childhood onset psychoses and paediatric psychopharmacology. They will also offer second opinions in highly complex cases. The service takes referrals from across and external to the East Midlands.