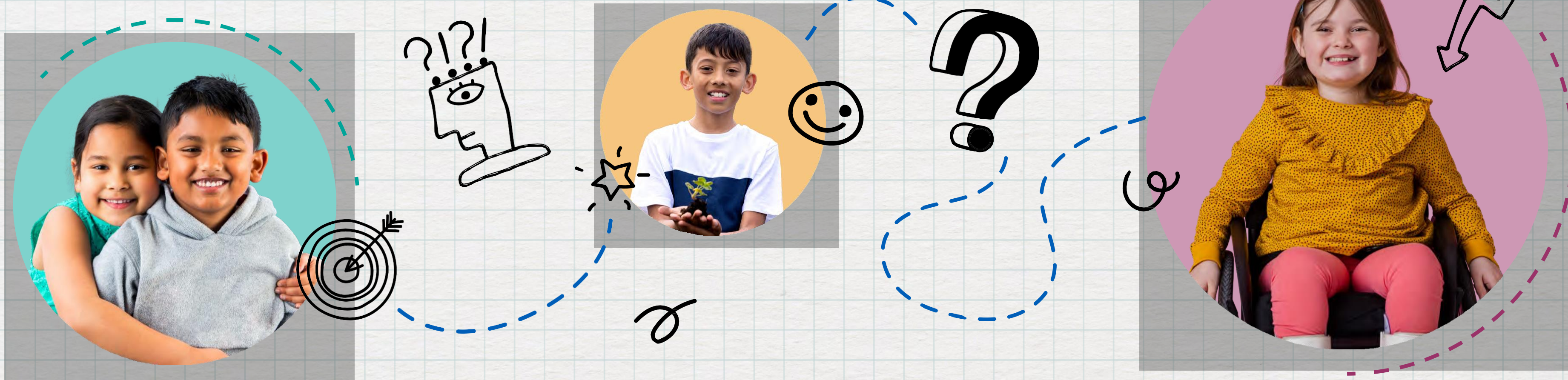


Children and Young People's

Mental Health Local Transformation

Plan 2024/25 Refresh



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Background

Why we need to refresh our plan

The Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's (CYP) Mental Health was approved in October 2015 and had been subject to annual refresh in line with NHS England guidance. In 2022/23 we significantly revised our plan and set out an ambitious programme for the next 3-5 years, which also replaced our CYP Emotional Health and Wellbeing Strategy that came to the end of its term. In 2023/24 we have undertaken our annual refresh by:

- Reviewing our strategic landscape to see if there have been any material changes
- Updating our data where we have refreshed data sources
- Updating progress against the priorities we identified in 2022/23.

In doing this we have recognised that the operating context we are currently in has not significantly changed, although financial constraints are becoming tighter on our system as a whole. Many of the drivers of need are the same.

This October 2024 refreshed version provides an update on the progress and challenges associated with improving Child and Adolescent Mental Health Services (CAMHS) in 2024/25 and provides a forward view into 2025/26.

This Local Transformation Plan covers the whole of Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) which replaced the six NHS Clinical Commissioning Groups (CCGs) on 1 July 2022 and two local authorities (Staffordshire and Stoke-on-Trent). There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made. Our aim will be to ensure that services are responsive to local need and that there is equitable provision across the whole area.

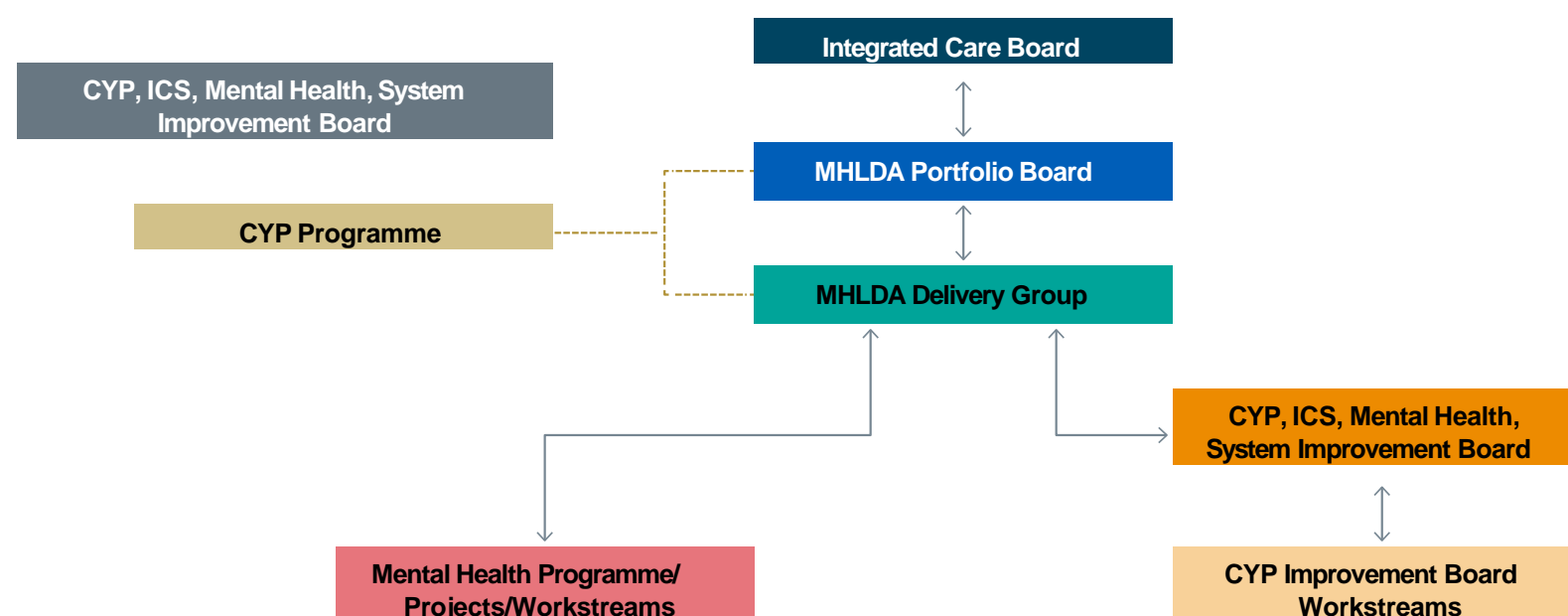
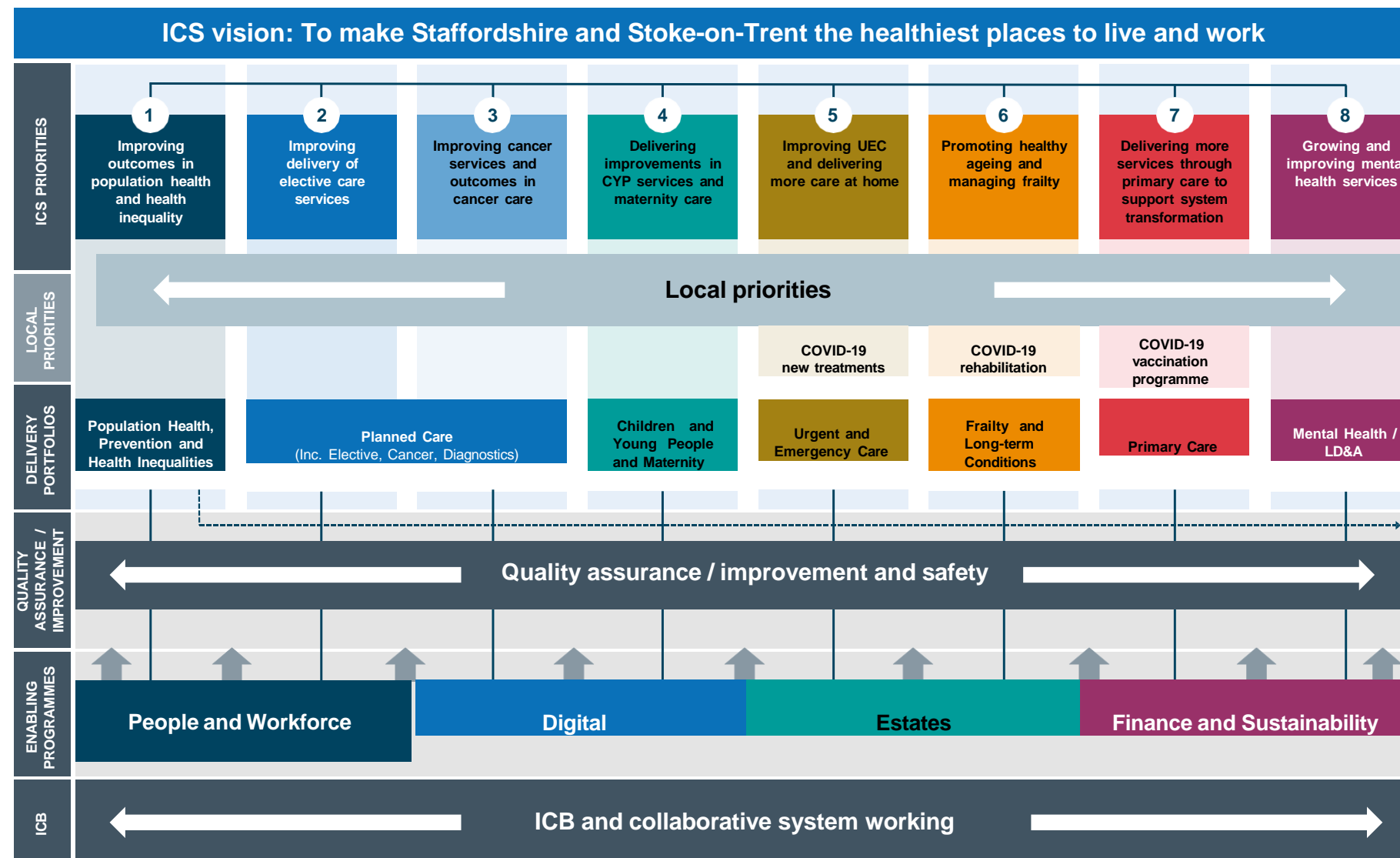
About us

Local health organisations and councils make up the Staffordshire and Stoke-on-Trent (SSOT) Integrated Care System (ICS). They are working with other local organisations and groups who work with children and young people – their shared goal is to improve mental health outcomes for all. They have been working closely with children, young people, their families and carers, and the people who work with them to understand the current picture and what needs to change.



The way we work (our operating model)

The way we work (our operating model) is central to achieving our ambitions and working successfully with all our system partners. Our structures must enable us to deliver our vision and aims. We are organised as a set of seven Portfolios supported through our two Places and our provider collaboratives, primary care networks and neighbourhoods. This also includes a range of enabling functions (for example, Finance, Digital and Workforce) and broader leadership and support, such as quality, clinical and professional leadership.



How we organise ourselves and monitor our work

The CYP ICS Mental Health System Improvement Board (CICS MH SIB) is a true partnership board with members from across both our local NHS community and mental health providers, acute trust partners, our local emotional health providers, both local authorities and education representatives.

To date the board has identified priorities based on a self-assessment against an NHSE document designed to measure how 'mature' local systems were (NHSE/1's Key Lines of Enquiry (KLOEs) for systems maturity tool kit) and from this developed a work programme across several workstreams.

Each of these groups were chaired by a member of the board and had representatives from across the partnership. These groups have focused on:

- The THRIVE Framework (see page 16 for more about the THRIVE Framework)
- Access
- Prevention
- Capacity and demand
- Care experienced young people
- Outcomes for young people
- Workforce

This list above is ambitious, and we took the opportunity to review and prioritise five areas of focus for 2024/25:

- Access
- Prevention
- Crisis/complex needs
- Care experienced young people
- Co-production

This group reports into the Mental Health Learning Disability and Autism Portfolio Board and there is a clear set of deliverables and objectives.

There are strong links with other groups which focus on the needs of specific groups of young people including the Learning Disability and Autism Partnership Board and the two local authorities Special Educational Needs and Disabilities (SEND) Inclusion Boards.

What have we achieved to date?

We have taken this opportunity to review what we have done against what we said we would do in our last plan. In refreshing this plan, the CYP ICS Mental Health Improvement Board has taken stock of where we think we are now in our journey to improving children’s mental Health in Staffordshire and Stoke on Trent.

Our priorities for 2023/24	What we have done
<p>Priority 1: Continue to embed i-THRIVE across the CYP mental health system</p>	<p>North Staffordshire Combined Healthcare Trust (NSCHT) and Midlands Partnership University Foundation Trust (MPFT) Single Points of Access (SPAs) are now established and access routes to getting help / getting more help have been well communicated across the SSOT footprint. We have continued to utilise the Thrive Framework to articulate and map our services.</p> <p>We have run a series of development days bringing together practitioners from mental health services with children’s services. Feedback has been very positive with practitioners from across the system welcoming the opportunity to forge more effective working relationships with their colleagues.</p> <p>We have continued to work in partnership at our front doors to ensure service users’ experience care as joined up as possible across providers.</p> <p>We have a specific system-wide project including training focused on improving the multi-agency approach for CYP in crisis and getting risk support as this was an area of i-Thrive we identified as a priority.</p>
<p>Priority 2: To involve young people more in the co-production of our services</p>	<p>Staffordshire has created a co-production promise for the Children & Families System and a toolkit to support those responsible for services to enable them to do co-production well. This was produced with local children, young people, parents, carers, adults and professionals from across the support system.</p> <p>We have launched a CYP participation team in South Staffordshire who have undertaken focussed pieces of work including CAMHS to Adult Mental Health Services (AMHS).</p> <p>We have recruited two young advisors in South Staffordshire</p> <p>We have developed a CYP mental health edition of ‘Whose Shoes’ a co-production tool and launched this across South Staffordshire</p>
<p>Priority 3: To focus on prevention, including targeted prevention for those we know have other vulnerabilities in addition to poor mental health, to turn the tide of demand on children’s mental health services. This includes building the resilience of our families and communities to support children to thrive</p>	<p>This has been a priority area of focus for 2023/24 across the health economy with a dedicated working group. We have focussed on enhancing the support to schools across our ICS. The Mental Health Leads in Education Network is now well established and continues to grow. Work has been done over the last 12 months to encourage schools and education settings to have more ownership of this network and a steering group has been set up which is led by settings and informs the ongoing development and delivery of the network.</p>

What have we achieved to date?

Our priorities for 2023/24	What we have done
<p>Priority 4: To expand and develop our workforce for children’s mental health while recognising that improving the mental health of children is everybody’s job, not just that of specialist services. This requires us to think differently about how we upskill everyone who works with children to support good mental health</p>	<p>We are undertaking a mapping exercise to understand the current offer to the network around the child. Findings from this will identify gaps and make recommendations.</p>
<p>Priority 5: To continue to improve and simplify access to services so more young people can get easy access to advice and help when they need it. This includes understanding where we may need additional capacity to meet demand</p>	<p>This has been a priority area of focus for 23/24 across the health economy with a dedicated working group and subgroups.</p> <p>We have undertaken a partnership mapping exercise to understand the gaps and challenges faced by CYP when accessing support for their emotional health and wellbeing and mental health. The findings from this will be used to inform the review of the NHS CAMHS service specifications. The findings will continue to be used to identify, agree and implement service improvements.</p> <p>Established a communication group who will consider how to communicate the emotional health and wellbeing and mental health offer to all schools (to include those with and without Mental Health Support Teams [MHSTs]) so that there is a parity of provision.</p> <p>We have expanded the number of MHSTs across our ICS to give more children easier access to mental health support.</p>
<p>Priority 6: To continue to review and improve services for children who have complex or additional needs, including those who are looked after by the local authority and care experienced children and young people</p>	<p>This has been a priority area for 2023/24 with a dedicated work group.</p> <p>The Care Experienced Children & Young People’s (CECYP) Mental Health Working Group undertook analysis of the mapping they had done to consider the gaps and barriers faced by CECYP when accessing support for their emotional wellbeing and mental health. There were a number of key findings and recommendations, which were relevant for other vulnerable children, in addition to those who are care-experienced.</p> <p>Work is underway to recommission emotional health and wellbeing services to support CYP with mild to moderate mental health needs and service specifications are being developed to ensure that these services are responsive to, and accessible and inclusive of CECYP and other vulnerable cohorts.</p>

What have we achieved to date?

Our priorities for 2023/24	What we have done
<p>Priority 7: To continue to review and improve services for children who have complex or additional needs, including those who have a neurodevelopmental condition or are neurodivergent</p>	<p>We have developed a training package for primary schools as a multi-agency project called 'Nourishing Neurodiversity' as part of the Partnership for Inclusion of Neurodiversity in Schools and have rolled this out to schools across Staffordshire and Stoke-on-Trent.</p> <p>We have worked with the Council for Disabled Children to agree some principles for neurodevelopmental services across the ICS.</p> <p>In South Staffordshire, MPFT has continued to develop a revised model for neurodevelopmental services.</p>
<p>Priority 8: To have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support</p>	<p>A CYP complex project has been implemented to explore what an improved and integrated multi-disciplinary response may look like in order to change and improve outcomes for this cohort of CYP.</p> <p>Crisis pathway and MDT work has commenced to provide coordinated, personalised care for children and young people in crisis.</p> <p>In Staffordshire, there have been a series of development days developed between the CYP MH system and children's social care colleagues, to strengthen joint working.</p>
<p>Priority 9: To enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services</p>	<p>A dedicated working group has been established to consider the 0-5 offer, identify gaps and work collaboratively to address these.</p> <p>We now have collaborative working across adults and CAMHS services and a transition policy in place.</p> <p>There has been some investment in eating disorders services, although growth continues to outpace capacity and recruitment to specialist roles has been challenging. NSCHT has developed an avoidant restrictive food intake disorder (ARFID) pathway. In South Staffordshire, work is ongoing with dietetics teams and the eating disorders teams to identify needs and the best way to support CYP, particularly given the resources available.</p> <p>The ICS has established a CYP Healthy Weights group, which is pulling together an action plan to strengthen the ICS partnership approach to improving and protecting healthy weight in CYP across SSOT. An offshoot of this is an ICS Dietetics Review Group, looking at increases in demand and wait times in relation to paediatric dietetic services across the system. This is in progress as of October 2024.</p>

What have we achieved to date?

The following areas of focus have been identified through the development and progress of the nine priorities above. They have been incorporated into our dedicated working groups.

<p>Access to CAMHS for 0-5</p>	<p>A dedicated working group has been established to consider the 0-5 offer, identify gaps and work collaboratively to address these.</p>
<p>Better working between CAMHS and children’s social care</p>	<p>We are running a series of development days bringing together practitioners from mental health services with children’s services. Feedback from these events has been very positive with practitioners from across the system welcoming the opportunity to forge more effective working relationships with their colleagues</p>
<p>Eating disorders – work around 0-25 years, increase in access review of capacity and demand in current services given growth, particularly during COVID. Build upon the ARFID pathway.</p>	<p>There has been some investment in eating disorders services, although growth continues to outpace capacity and recruitment to specialist roles has been challenging. NSCHT have developed an ARFID pathway. In South Staffordshire, work is ongoing with dietetics teams and the eating disorders teams to identify needs and the best way to support CYP, particularly given the resources available.</p> <p>The ICS has established a CYP Healthy Weights group, which is pulling together an action plan to strengthen the ICS partnership approach to improving and protecting healthy weight in CYP across SSOT. An offshoot of this is an ICS Dietetics Review Group, looking at increases in demand and wait times in relation to paediatric dietetic services across the system. This is in progress as of October 2024.</p>
<p>Sharing good practice with schools</p>	<p>The Mental Health Leads in Education Network is now well established and continues to grow. Work has been done over the last 12 months to encourage schools and education settings to have more ownership of this network and a steering Group has been set up which is led by settings and informs the ongoing development and delivery of the network.</p>
<p>CYP transitioning to adult services</p>	<p>We now have collaborative working across adults and CAMHS services and a transition policy in place.</p>

What is happening around us? Policy context

In 2022/23 we undertook a stock take of our policy context. There have not been major changes to this in the last year, although in the next 12-24 months we may see further change in line with a new government agenda.

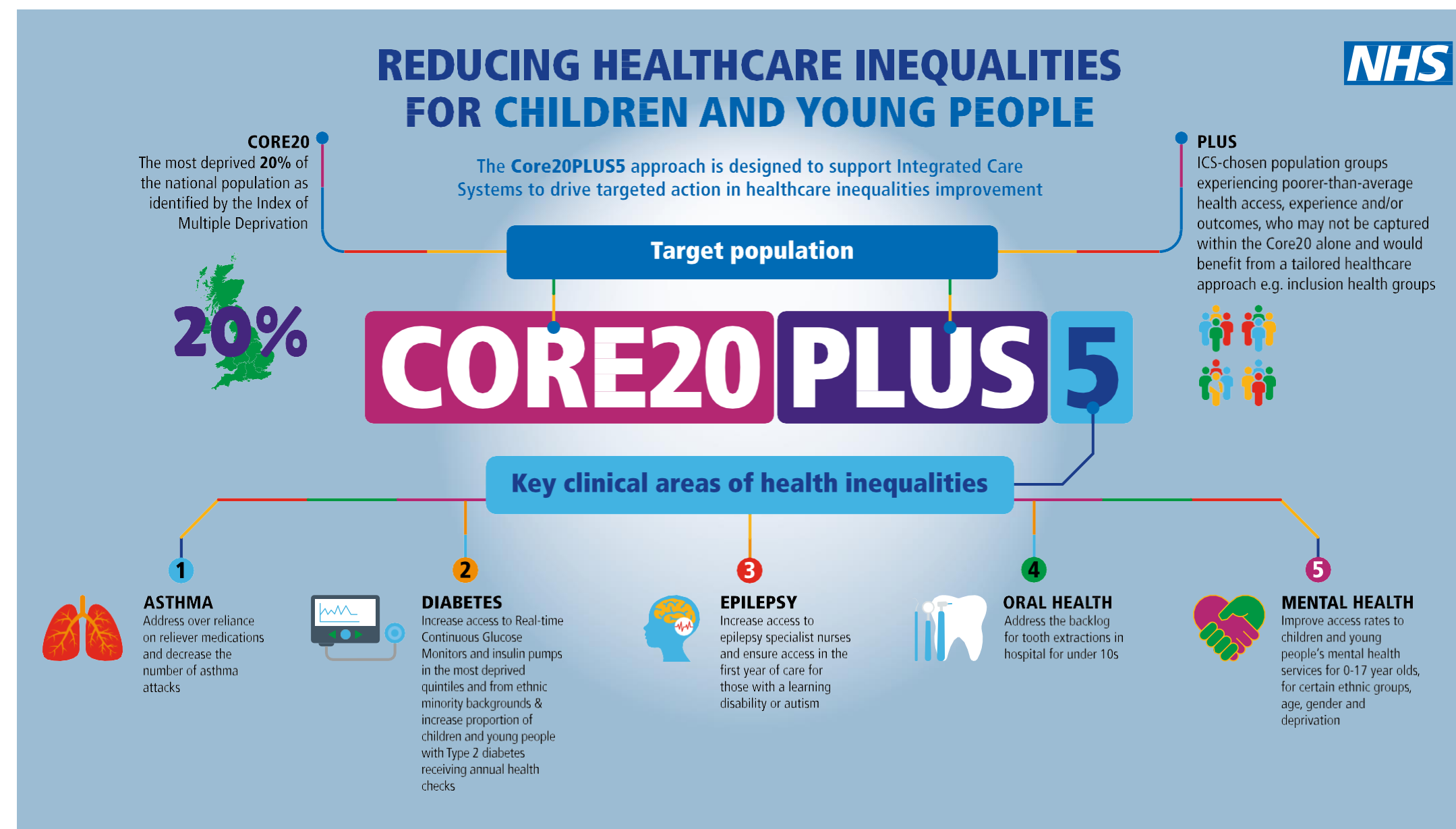
Since the last plan there has been a change in the context that we are operating in. In rewriting this plan, we have taken the opportunity to review the policy and strategic context (what our national and local leaders say are our priorities) to consider how these shape what we need to do next.

National policy context – NHS

The NHS Long Term Plan (2019) set priorities for services, including:

- By 2028, children and young people in England will have better physical health, mental health and wellbeing. Children and young people, their parents and carers, will experience a seamless service delivered by an integrated health and care system. There will be a skilled workforce that listens to them, responds, and meets their needs.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based mental health support teams.
- Maintaining access to eating disorder services within one week in urgent cases and four weeks for non-urgent cases.
- All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.
- Mental health support for children and young people will be embedded in schools and colleges.
- In selected areas, we will also develop new services for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of sexual assault referral services. For 6,000 highly vulnerable children with complex trauma, this will provide consultation, advice, assessment, treatment, and transition into integrated services.
- A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.

In 2022, NHS England published an approach to support the reduction of health inequalities at both national and system levels called [Core20PLUS5](#) which sets some national priorities for children’s services. These include improving access rates to children’s mental health services for 0–17-year-olds, with a particular focus on certain ethnic groups, age, gender and deprivation.



Ref: www.england.nhs.uk/publication/core20plus5-infographic-children-and-young-people

National policy context – special educational needs and disabilities

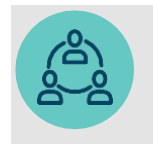
In November 2019 the Department for Education (DFE) commissioned a review into the special educational needs and disabilities (SEND) system called [Right Support, Right Place, Right Time](#). The review wanted to understand why the system was struggling, despite the potential and vision of the [Children and Families Act 2014](#).

The outcome of this review was the [Special Educational Needs and Disabilities \(SEND\) and Alternative Provision \(AP\) Improvement Plan](#), published in March 2023.

In relation to mental health, this document outlines that:



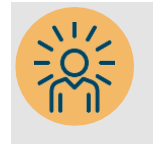
Best practice guidance for mental health will be produced by 2025



A more joined-up response will be facilitated between the Department for Education and NHS England



There should be better joint work at a local level across education, health and care to plan and deliver SEND provision



There will be an expansion in senior mental health leads for schools.

Local policy context – children’s strategies

Our ICS covers both Staffordshire and Stoke-on-Trent. As such we are aligned to the local children’s strategies, which are informed by the respective health & wellbeing strategies. At the point of our 23/24 refresh many of these strategies remain in date, although there have been some new/refreshed elements. These remain in line with our overall strategy. [Staffordshire Children, Young People and Families Strategy 2018– 2028](#) has a vision that:

“Families and communities have the strength, skills and knowledge they need to ensure their children and young people are healthy, happy, safe and achieve their potential.”

To achieve our vision, the Families Strategic Partnership Board and the Health and Wellbeing Board have chosen the same high-level priorities that will help our families to live their best possible life.

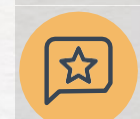
They are:



Happy and healthy



Feel safe and belong



Achieve and contribute

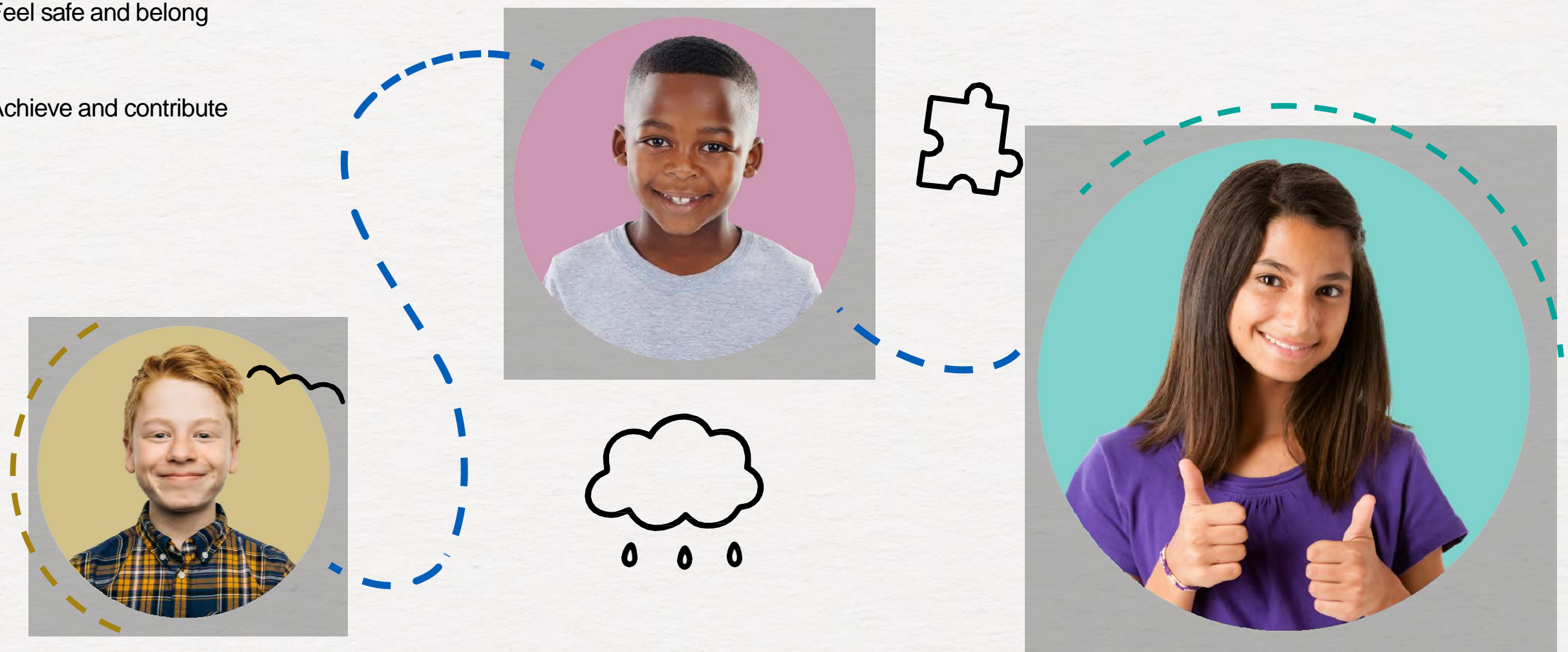
Good emotional and mental health are key to those ambitions and the plan makes an explicit commitment to: “improve children and families’ mental health and emotional wellbeing.”

[Stoke-on-Trent’s Children, Young People and Families Strategy 2020–2024](#) is called ‘Room to Grow’. Its key outcomes are that children are:

- Safe
- Healthy
- Achieving
- Nurtured
- Involved
- Prepared

Improving mental health and embedding i-THRIVE across children’s services are key to this strategy.

Stoke-on-Trent’s corporate plan “Our City, Our Wellbeing” has a priority for “a healthier city” which involves objectives to develop and invest in preventative approaches to physical and mental ill health, integrate health and care services to provide a seamless approach to those who need support and reduce existing health inequalities.



Local policy context – mental health strategies

Staffordshire County Council and the Integrated Care Board have jointly developed a new Mental Health and Wellbeing Strategy, titled [Good Mental Health in Staffordshire: 2023–2028](#). This replaces the previous strategy, [Mental Health is Everyone's Business](#).

'Good Mental Health in Staffordshire' takes into account recent policy changes, the impact of the COVID-19 pandemic on people's mental health, and related local strategies and plans to improve mental health and emotional wellbeing.

The primary focus of the strategy is adults in Staffordshire. However, it is recognised that there are opportunities in people's early lives to positively influence their future mental health and wellbeing, and it is important to consider this in setting strategic outcomes for adults' mental health and wellbeing. The strategy includes young adults who may continue to need support with their mental health and emotional wellbeing as they prepare for and move into adulthood.

'Good Mental Health in Staffordshire' supports the wider related strategies, plans, aims and ambitions for improving mental health and emotional wellbeing, and supports the delivery of those rather than seeking to replace them.

The ambition of the strategy is: "Building strong and resilient communities and individuals who are in control of their own mental wellbeing."



The strategy sets out six main outcomes:

- Everyone can look after their own mental wellbeing and find support in their communities when they need it
- People have access to services when needed
- A timely response to crises
- There is equal access to support to improve mental wellbeing and services to manage mental health problems
- People with severe mental illness are supported to live in the community and have good quality, integrated care
- More integrated, good quality services for young people that focus on achieving independence in adulthood.

Stoke-on-Trent has a [Strategic Framework for Mental Health](#) for 2023/24. The priorities are:

- Promote positive personal actions, healthy lifestyles and good mental and physical health
- Prevent mental ill health whenever possible, ensuring information, resources and services are easy to access at the earliest stage
- Support recovery to help people reach and maintain their optimum level of personal wellbeing.

These priorities reflect the key principles of public mental health and wellbeing – encouraging promotion of mental wellbeing, prevention of future mental health issues and low wellbeing, and supporting good recovery. It is increasingly accepted that actions and interventions to promote positive mental health and wellbeing must address factors relating to individuals, communities and structures to have the greatest impact.

Local policy context – health inequalities strategies

[The Integrated Care Partnership \(ICP\)](#) brings together senior leaders across the NHS, local authorities, police, Healthwatch and the voluntary sector who regularly meet together.

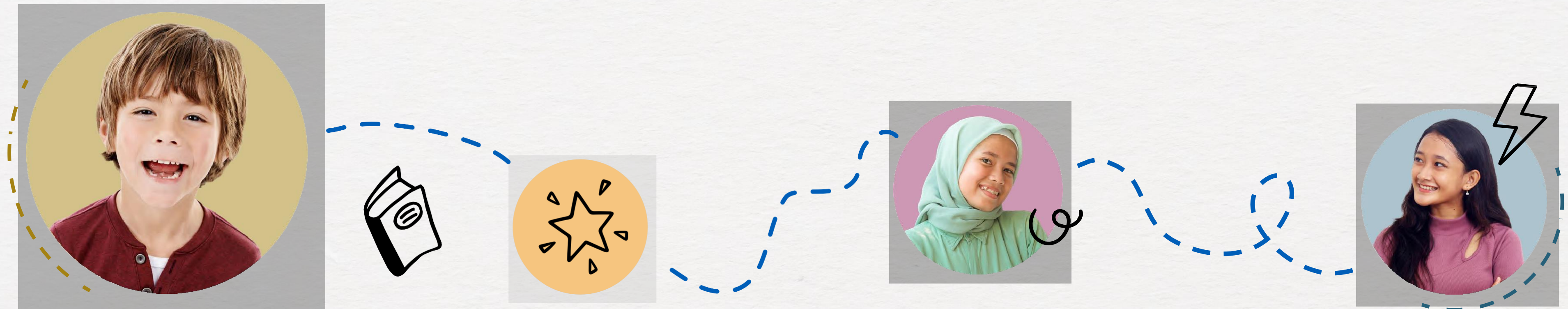
The partnership provides a united voice for Staffordshire and Stoke-on-Trent. One of our first tasks was to develop an Integrated Care Strategy. This strategy will address the broad health and social care needs of our local population. It will focus on long-term ways to improve the overall health of our area. This goes beyond treating sickness, to tackling the causes of ill health such as employment, environment, and housing issues. The strategy will be the guide for us when making decisions, commissioning and delivering services.

By working together, the partnership can deliver bigger and better things for the people of Staffordshire and Stoke-on-Trent including to:

- Improve outcomes in population health and care
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

These are the five things we need to change if we are going to make a difference. This may need us to undertake transformation in our services, to make that happen:

- People and communities: working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods
- Personalised care: holistic, integrated care designed around personal needs and preferences
- Personal responsibility: working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner
- Prevention and inequalities: promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all
- Productivity: making best use of resources and targeting those in greatest need, or with greatest ability to benefit



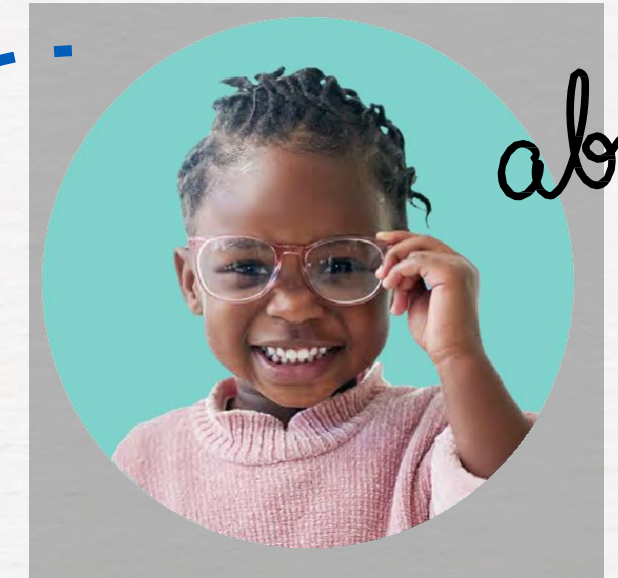
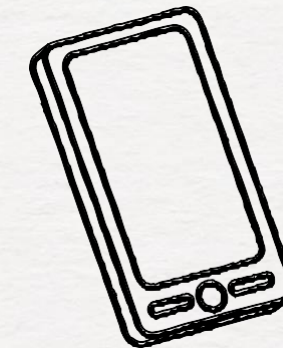
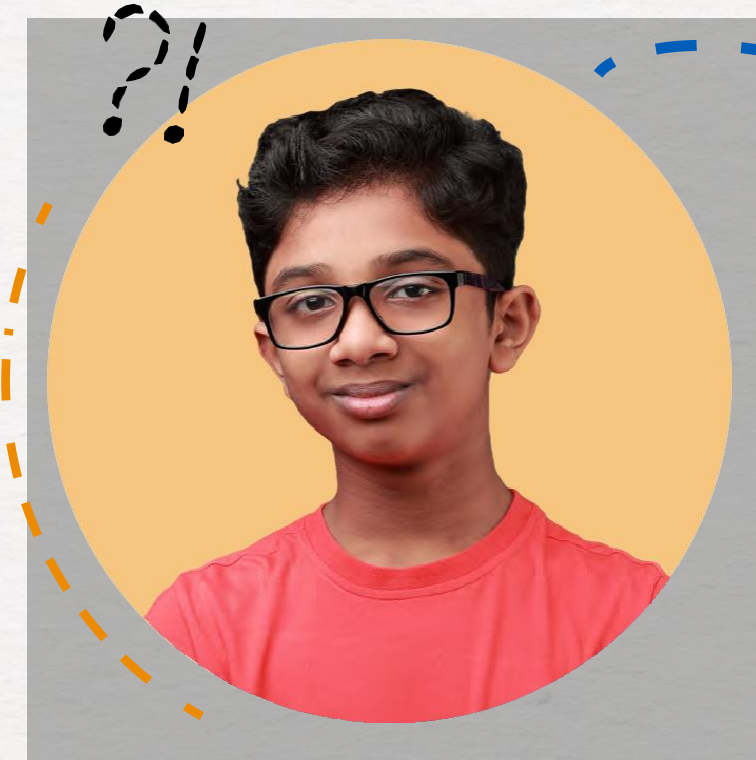
Local policy context – suicide prevention

The Staffordshire and Stoke-on-Trent Child Death Overview Panel (CDOP) carried out a teenage suicide thematic review in 2019/20 following an increase in the incidence of suspected suicide/self-harm. Nine key recommendations identified for the CAMHS Transformation Board and now CICS MH System Improvement Board to feed into their action plans and relevant working groups. There is also a new national cross-sector suicide prevention strategy and action plan [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/suicide-prevention-strategy-for-england-2023-to-2028) which will continue to support key areas of CYP MH improvement activity at a national level such as further expansion of MHST in schools, review of the personal, social, health and economic (PHSE) and relationships and sex education (RSE) curriculum, training for mental health leads in schools and support for schools to tackle bullying, strengthened guidance for promoting the wellbeing of looked after children and care leavers up to age 25, work with higher education/universities to improve prevention, support and identify recommendations from reviews, research to understand the increase in suicide rates in certain age groups and harnessing learning from child death overview panels (CDOP) and National Child Mortality Database (NCMD).

In addition, there is a Staffordshire and Stoke-on-Trent Suicide Prevention Partnership that has been established for a number of years to co-ordinate local suicide prevention activity. CDOP and the National Child Mortality Database (NCMD).

The key recommendations from the CDOP thematic review addressed through the ICS CYP MH SIB LTP - ICS CYP Mental Health System Improvement Board Long Term Plan include:

- Activity to increase awareness of support available, including how to access and clear referral pathways, with follow-up where referrals are not accepted to explore alternatives and clear step down plans from CAMHS/crisis teams with advice on relapse prevention and support.
- An improved multi-agency approach to enable holistic assessment of YP's needs and support interventions with a focus on targeted prevention and increased multi-agency risk support
- Accessible inpatient support with appropriate alternatives where this is not immediately possible
- A suicide postvention service provided by Amparo is now in place. It is a free and confidential bereavement support service commissioned for anyone affected by suicide in Staffordshire and Stoke-on-Trent.
- There is a suicide postvention task and finish group looking specifically at postvention support, pathways and resources for schools.
- Funded suicide prevention and awareness training, for adults, and for adults/families/anyone working/living with/in contact with children and young people in Staffordshire, has been rolled out in 20224/25 and delivered by North Staffs MIND: Suicide Prevention and Awareness Training - Staffordshire County Council. The training for adults in contact with children was piloted in late 2023 and has been developed and rolled out in 2024.



What else is happening around us? – changes to the landscape we operate in

In addition to changes in national and local policy, the landscape we operate in has changed significantly since we last wrote our plan.

Integrated Care System

Since the last plan, the NHS has changed how it is organised. Locally, NHS organisations and local partners have worked together to form Staffordshire and Stoke-on-Trent Integrated Care System (ICS). The ICS is a partnership with key aims including:

- improving outcomes in population health and healthcare
- Tackling inequalities
- Improving people's access to and experience of services
- Improving the value for money of services
- Helping local social and economic development.

Staffordshire and Stoke-on-Trent ICS has seven focus areas, called workstreams, which will plan and support improvements in the physical, social and mental healthcare of children, young people and adults. Examples of the workstreams are:

- Deliver improvements in children and young people's services and maternity care
- Grow and improve mental health services
- Improve outcomes in population health and health inequalities.

These workstreams will help to prioritise and inform our plans. As part of these new ways of working, a Children and Young People's Programme Board has been developed and has set out its priorities, which include supporting children and young people to achieve their potential by enjoying good emotional wellbeing and positive mental health.

The delivery of services will be designed and organised using a 'place'-based approach with Staffordshire being one 'place' and Stoke-on-Trent being another.

Figure 1: The Vision for the Children and Young People's Programme Board for Staffordshire and Stoke-on-Trent

The vision for the Children and Young People's Programme Board

Children in Staffordshire and Stoke-on-Trent will grow up healthy, happy and with their families and friends, are able to look after their own wellbeing, while knowing they will get exceptional care and treatment when they need it.

The below priorities are part of the wider over-arching vision for children and young people that includes maternity and mental health services.






Our priorities:

For children and young people in Staffordshire and Stoke-on-Trent we will:

-  Improve the survival of babies and young children to reduce infant mortality
-  Increase the number of children and young people achieving and sustaining a healthy weight
-  Support children and young people to achieve their potential by enjoying good emotional wellbeing and positive mental health
-  Support children with complex needs with the help they need so they can fulfil their potential
-  Effectively manage long-term conditions to reduce avoidable admissions in relation to asthma, epilepsy, and diabetes

Key enablers:

If we are to be successful in delivering our priorities, then there are some crucial building blocks that must be in place. These are:

-  **Investment in our workforce**
Everyone knows how to use their role to contribute to better health and wellbeing for our children
-  **Evidence-based commissioning**
Joining up resources across the system to make great decisions about which services we invest in
-  **Sharing information**
We need to become better at sharing information between agencies working with the same child, so that we understand the whole picture
-  **Continuing engagement with children and young people**
Using many ways to meet young people and listen to what they have to tell us
-  **Making the most of digital**
We need to use the platforms and technology that our young people do to put them in control of their own health

Provider collaboratives

Provider collaboratives are partnerships that bring together two or more NHS trusts to work at scale to benefit their populations by emphasising the importance of clinically-led developments that improve the quality, experience and value of services.

The local provider collaborative is the [West Midlands CYPMHS Provider Collaborative \(WMPCP\)](#). By working collaboratively, using local data and listening and engaging with our service users, we aim to reduce the number of young people admitted to inpatient services, drive down length of stay, bring care closer to home and ultimately improve the outcome and experience of every young person who needs mental health support.

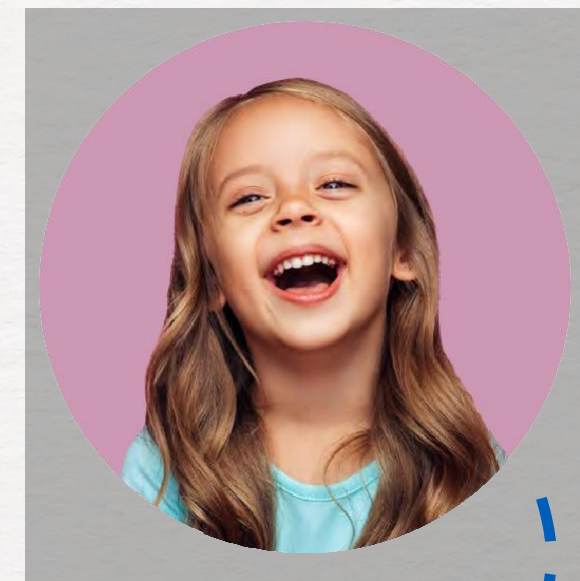
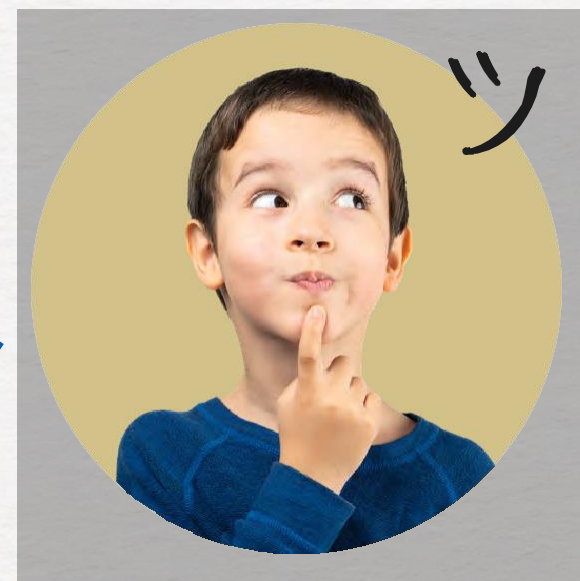
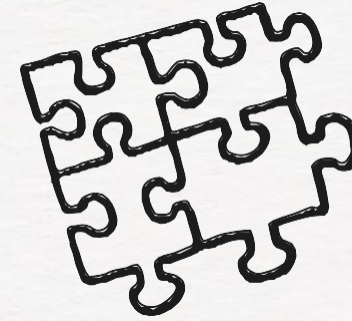
Family Hubs

At the time of writing, both Staffordshire and Stoke-on-Trent are rolling out the Family Hub model.

In Staffordshire, Family Hubs are a growing network of support, creating spaces and places where families of all sizes can easily access help and support in their local area. The purpose of Family Hubs is to ensure young children get the best start in life and that their families are supported to help their children achieve this. Family Hubs support from pregnancy to a child's nineteenth birthday, and up to 25 for those with special educational needs and disabilities. There is a Family Hub in each of the eight districts across Staffordshire, and Family Hubs work together and with lots of other partners to offer support to families. There are also targeted / specialist services available through Family Hubs, such as Family Support Services. Further information about Staffordshire Family Hubs is available here:

[Family Hubs - Staffordshire County Council](#)

Family Hubs are centres which, as part of integrated family services, ensure families with children and young people aged 0-19 receive early help to overcome a range of difficulties and build stronger relationships.



Changes to the SEND system

Both Staffordshire and Stoke-on-Trent are working to improve services to CYP with special educational needs and disabilities. In both local authority areas, there are changes to the model of delivery, to provide more support for CYP with SEND within the local area and provide earlier help and support.

In January 2024 there was a local Area SEND Inspection in Stoke-on-Trent led by Ofsted and the Care Quality Commission (CQC) which highlighted that children and young people with special educational needs and disabilities are valued in the city and that 'there is a city-wide determination that they will get the support they need to thrive'. The inspection covered the local area arrangements for children and young people with SEND and those who require alternative provision (AP). The services, run jointly by the city council and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), were inspected under the new area SEND and AP inspection framework.

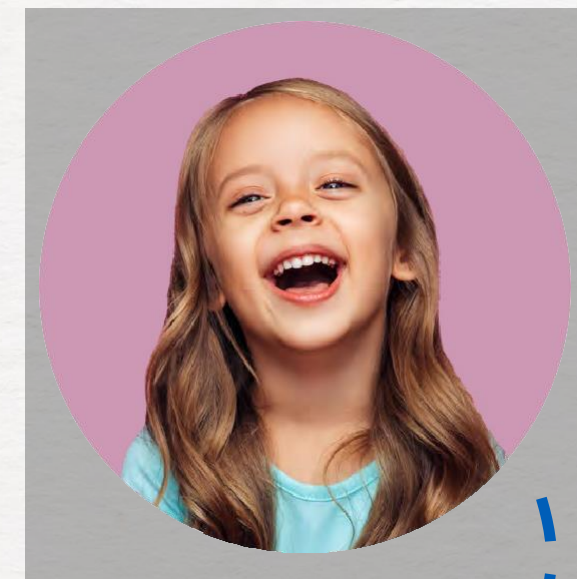
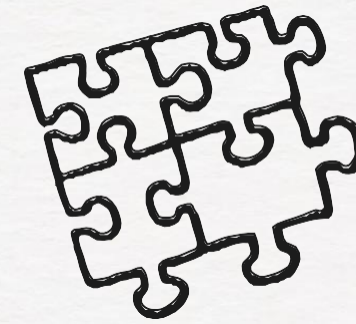
The outcome of the inspection was that 'the local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND'. The full report can be found here [50243303 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/reports/publications/50243303).

The Stoke-on-Trent Local Area SEND and Alternative Provision Partnership Continuous Improvement Plan 2024-27 (<https://localoffer.stoke.gov.uk/downloads/file/81/send-improvement-plan>) sets out plans for the next 3 years in how the findings from the inspection shall be addressed and aims to embed a culture of continuous improvement and set a clear direction for all service areas and partners.

In Staffordshire, the SEND Local Area Inspection in 2018, led to a written statement of action and in 2022 a subsequent Accelerated Progress Plan (APP) was developed. In May 2024, the 24-month review of the progress that has been made against the APP took place.

The review involved evidence being provided to the Department of Education and NHS England, alongside feedback from partners, to demonstrate the continued determination to make sustainable improvements to SEND services and to the lives of children and young in Staffordshire.

Currently across Staffordshire, there are a range of actions taking place to accelerate improvement, which include Strategy for Special Provision and the launch of the Enhanced Assess, Plan, Do, Review (EAPDR) model and the Staffordshire Enhanced District Inclusion Support (SEDIS) model.



Urgent Care and crisis response

NHS 111 mental health option

ICBs across England are offering access to age-appropriate urgent mental health support via a new service, NHS 111's 'select mental health option'. People of all ages, including children, or concerned family and loved ones, can now call 111, select the mental health option and speak to a trained mental health professional.

We have been working to identify and resolve any new service and technology issues as and when they occur, and to provide shared learning between systems and regions. Following national promotion, to support the roll out of this functionality and with operational team and regional comms group agreement, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) is now proactively promoting this service to members of the public for the first time. We actively launched our communication campaign on World Mental Health Day, Thursday 10 October 2024.

Anyone across Staffordshire and Stoke-on-Trent can now get urgent mental health support, 24/7, by **calling 111 and selecting the mental health option**.

The new service, which has been rolled out across England, means that trained mental health professionals will guide callers through the next steps most appropriate for them, including organising face-to-face community support.

Inpatient Quality Transformation

The commissioning framework for mental health services provided to children, adults including people with a learning disability and autistic people in England, UK, 2023, aims to ensure that patients receive high-quality, prompt, and appropriate inpatient care. The framework sets out how Integrated Care Boards can use the funds they are currently investing in inpatient care to provide better services which are tailored to patient need.

The framework focuses on the following care settings:

- Acute inpatient mental health services for adults and older adults
- Acute mental health inpatient services specifically for autistic adults and adults with a learning disability
- Adult mental health rehabilitation inpatient services
- Children and young people mental health, learning disability and autism inpatient review

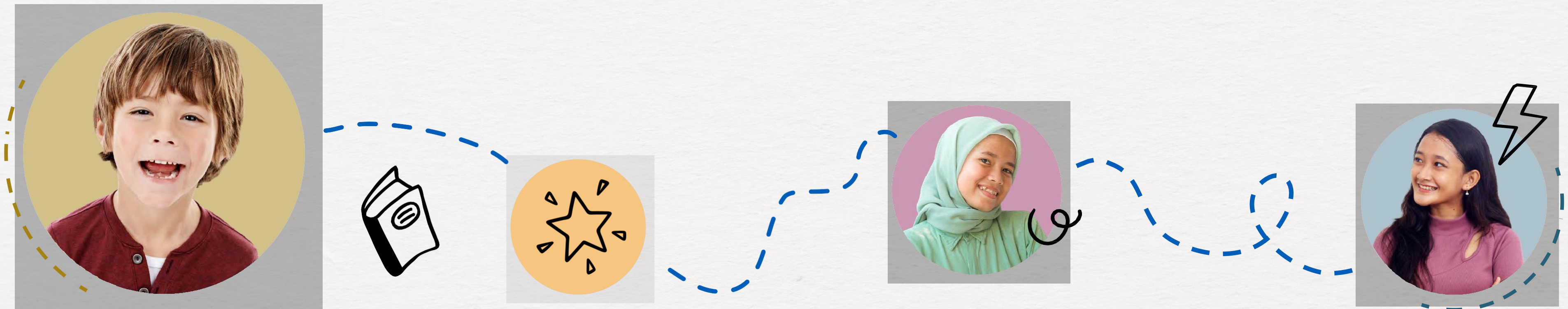
Provider Collaboratives, working in partnership with ICBs and the 'whole system' completed their 'gap-analysis' against the draft future service model for CYP at the end of March 2024. ICBs and Provider Collaboratives will work together to develop a joint local implementation plan for CYP with a draft plan submitted to regional and national colleagues in December 2024 (when final draft service specifications will be available) and a final plan submitted in March 2025.

Ambulance response to mental health

Mental Health Response Vehicles (MHRVS) are a new all-age, first-line response service which West Midlands Ambulance Service University NHS Foundation Trust (WMAS) launched. They provide enhanced assessment and care to patients presenting via 999 or 111 to the service, using a new national specification of a Mental Health Vehicle.

The MHRVs will be the first-choice response to any 999 or 111 call requiring an ambulance response, where the primary complaint is a mental health concern.

The Staffordshire and Stoke-on-Trent MHRV launched on the 4 December 2023 and is in operation from midday to midnight daily.



What are the needs of our communities?

In writing our plan in 2022/23 we undertook a thorough review of the needs of our communities. In this refresh we have not identified any significant changes, with some of the trends, for example, the number of Children with SEND, continuing to grow.

The graphic below outlines some of our key findings, and you can read more detail of this analysis in Appendix 1.

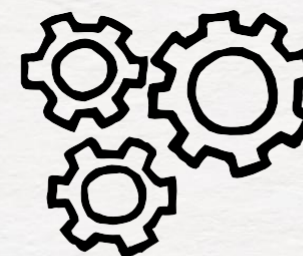
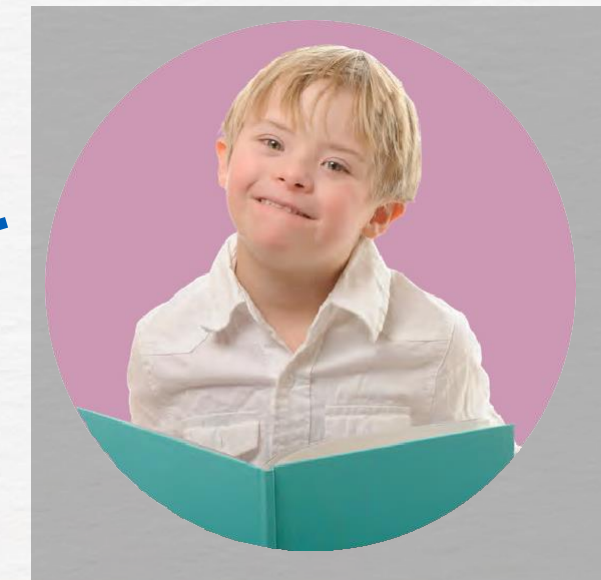


In refreshing this plan, we acknowledge that the impact of the COVID-19 pandemic on children and families remains a factor in demand for mental health service, as does the impact on families and our workforce from the cost of living crisis.

Whilst there has been investment in NHS mental health services, via the Long Term Plan, other levels of investment have not kept up with need and some budgets have shrunk. This has resulted in more demand on some parts of the system, including specialist mental health services. The financial situation of our local health economy has deteriorated in the last 12 months, which makes this a difficult environment to operate.

Data shows us there has been continued growth in groups of children with complex needs, for example children in care by the local authority and children with special educational needs and disabilities.

These factors mean it's timely to review our plan for children's mental health locally to reflect on how we respond to these changes.



Where are we now?

In refreshing this plan, the Children's and Young People's ICS Mental Health Improvement Board has taken stock of where we think we are now in our journey to improving children's mental health in Staffordshire and Stoke-on-Trent. These are the outputs of this review:

What we think is working well



Joint working

- We have an active CYP Mental Health Improvement Group, with a range of sub-groups, which is represented by leaders from across both local authorities, local NHS providers, VCSE providers, education and wider partners
- We have a range of multi-agency sub-groups working on key issues, like care for looked after children
- We have a multi-agency communication called 'Kind Minds' which is sent to schools and others in the health economy such as GPs. As well as providing information on local services it includes resources, articles, guidance and signposting to help based on a range of topics
- There is good liaison with acute providers for CYP with eating disorders when children need to be admitted to hospital
- We have established a Mental Health Leads in Education Network which provides a forum for mental health leads in schools and a range of education settings, to share good practice, provide peer support and encourage better communication between education settings and mental health providers.



Improving access to help and support

- We have increased the number of children and young people accessing mental health support
- We have a single point of access across North Staffordshire and Stoke-on-Trent
- Our new Children and Families Single Point of Access (CaFSPA) in South Staffordshire means young people and families can obtain advice and guidance and access support more easily
- Schools across most of Staffordshire and Stoke-on-Trent have mental health support teams, with more coming on board in 2023/24. We are receiving great feedback about these teams
- Self-referral to all of our CYP mental health services is in place
- We have intensive support teams available across Staffordshire and Stoke-on-Trent
- We have dedicated children's eating disorders teams across Staffordshire and Stoke-on-Trent.



Digitally enabled care pathways

- There is a range of digital offers across providers including access to advice and guidance and direct one-to-one support through developments such as the award-winning Sandbox
- We have piloted the Tellmi peer support app. This has been endorsed by local providers and commissioners and is available free to all local children and young people. In addition, ChatHealth enables local young people and parents to have text message conversations with local health providers
- Children, young people and carers can access services through digital portals
- All local providers can offer virtual consultation in addition to face-to-face consultation.

Where we think we need to improve



Joint working

- We don't have enough involvement of young people in co-producing services
- We don't have a standard approach across Staffordshire and Stoke-on-Trent supporting children who need risk support
- We haven't formally linked the mental health strategy and plan with other local plans such as learning disability, autism, SEND and the development of Family Hubs
- We have more to do to improve working across children's and adult services to support transition between them
- We could share good practice better across the system, including with schools
- There is room for better integrated working between CAMHS and children's social care
- While there is a commitment to the principles of the i-THRIVE Framework, changes are still needed to ensure our mental health system supports these. Currently, many specialist services operate using a tiered model of intervention, and eligibility and thresholds are based on diagnosis or 'severity' of need.



Improving access to help and support

- We need to improve access to mental health support for children who are care experienced
- We need to have an enhanced focus on prevention, including targeting those groups at most risk of mental health problems
- We need more capacity in our 'getting help' and 'getting more help' services
- We need a better response to needs where the needs appear 'behavioural'
- We need improved access and support for children who are neurodivergent or who have a neurodevelopmental condition
- We need better support for children and young people with eating disorders and avoidant restrictive food intake disorder (ARFID)
- We need more equitable access to CAMHS services for children up to the age of five
- To manage demand, we need to grow our workforce to enable more CYP to access help
- To offer earlier support to help children thrive, we need to enhance training for the wider workforce working with children
- We want all schools to have access to mental health support teams
- We want to extend the hours of intensive support teams in South Staffordshire
- We need better pathways for children with suspected eating disorders from primary care to CAMHS providers.



Digitally enabled care pathways

- We would like to be able to share care plans via apps and other digital platforms
- We need a more joined-up and consistent approach to digital support across Staffordshire and Stoke-on-Trent
- We need to extend existing online services for 18–25 year-olds to support transitions
- We would like a system-wide landing page to support people looking to get help.

Where do we want to be?

We identified in our 5 year plan launched last year that in the next 3-5 years we want:

- To continue to develop the THRIVE Framework locally as our way of thinking about and delivering children’s mental health services.
- To involve young people more in the co-production of our services.
- To focus on prevention, including targeted prevention for those we know have additional vulnerabilities to poor mental health, in order to turn the tide of demand on children’s mental health services. This includes building the resilience of our families and communities to support children to thrive.
- To expand and develop our workforce for children’s mental health but recognise that improving the mental health of children is everybody’s job, not just that of specialist services. This requires us to think differently about how we upskill everyone who works with children to support good mental health.
- To continue to improve and simplify access to services so more young people can get easy access to advice and help for those who need it. This includes understanding where we may need additional capacity to meet demand.
- To continue to review and improve services for children who have complex or additional needs, including those who are looked after by the local authority.

- To continue to review and improve services for those who have a neurodevelopmental condition or are neurodivergent.
- To have a better, and more joined up approach across agencies, to CYP who are in crisis and need risk support.
- To enhance and improve services for 0-25 years and improve the transition of care from CAMHS into adult services.



How will we get there?

Here is what we will do against each of these priorities:

Priority 1 To continue to develop the THRIVE Framework locally as our way of thinking about and delivering children’s mental health services

Why this is a priority

The THRIVE Framework is a way of thinking about mental health services that includes everyone playing a part in helping young people’s mental health, not just people who work in specialist mental health services. We want young people in Staffordshire and Stoke-on-Trent to thrive, and for them to be able to access services when they need them, and for support to feel ‘joined up’.

Our ambition for 2024/25 is to further improve service users’ experience of integration of care through embedding of i-THRIVE across the system, better integration of the pathways behind the single point of access and opportunities for children and young people to choose to safely share care plans.

What has already been achieved and put in place

- NSCHT and MPFT Single Points of Access (SPAs) are now established and access routes to getting help/getting more help have been well communicated across our localities.
- We have continued to utilise the Thrive Framework to articulate and map our services.
- We have run a series of development days bringing together practitioners from mental health services with children’s services. Feedback has been very positive with practitioners from across the system welcoming the opportunity to forge more effective working relationships with their colleagues
- Continued to work in partnership at our front doors to ensure service users’ experience care as joined up as possible across providers.
- We have a specific system-wide project including training focused on improving the multi-agency approach for CYP in crisis and getting risk support, as this was an area of i-Thrive we identified as a priority.

What we will do next	Expected outcomes
Strategic review and planning to introduce the THRIVE Framework across the CYP system	All children, young people and young adults will receive a timely and proportionate evidence-based intervention to ensure the best possible opportunity for recovery
Continue to work to ensure THRIVE is clearly understood and articulated by system leaders and reflected in linked strategies, policies and plans	A clearly articulated approach to delivering improved outcomes for children and young people’s emotional health and wellbeing which is jointly created with health, social care, education and voluntary sector input
Increase opportunities for locality-based joint commissioning and greater involvement of all partners in commissioning, especially education and the VCSE sector	Active involvement of health, social care, education and VCSE in locality-based commissioning with shared responsibility for the delivery of outcomes
Develop a collaborative approach to using performance and quality data to improve services and inform commissioning, through a data dashboard which can be shared, and explore the collection of preference data by all services so that population preference data can inform commissioning decisions	The contracting and performance management of services is informed by quality improvement information which includes a measure of the preferred treatment option agreed as part of a shared decision-making process with individuals.
Further improve service users’ experience of integration of care through embedding of i-THRIVE across the system, better integration of the pathways behind the single point of access and opportunities for CYP to choose to safely share care plans Focused activity on improving the multi- agency approach for CYP in crisis and getting risk support	Service users have positive experiences of integrated care, with clear pathways between support services, and don’t have to repeatedly ‘tell their story’ Greater shared ownership of risk support and increased confidence of agencies to manage risk
Build on mapping of services to create a digital resource that accurately reflects the full range of community services available to support CYP’s mental health and emotional wellbeing	Professionals, families and CYP themselves can easily find up-to-date information that supports them to signpost to or access appropriate services

Priority 2

To involve young people more in the co-production of our services

Why this is a priority

We know that successful and meaningful transformation must involve children and young people. We understand that co-production gives young people the opportunity to influence decisions that affect their lives and makes a real difference to both them and their peers. We have already witnessed the impact of feedback, and the lived experience has had upon our transformation work. Both locally and nationally we understand the benefits and the evidence base for further developing and strengthening our co-production work. We want to co-produce more of our services. Co-production is a way of working that involves young people who use health and care services, carers, and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to tell us what support and services will make a positive difference in their lives.

What has already been achieved and put in place

- Staffordshire has created a co-production promise for the Children & Families System and a toolkit to support those responsible for services to enable them to do co-production well. This was produced with local children, young people, parents, carers, adults and professionals from across the support system. [Staffordshire's Co-production Promise - SCVYS Staffordshire Council of Voluntary Youth Services \(staffscvys.org.uk\)](#)
- Stoke-on-Trent has produced a Co-production Charter: [Stoke-on-Trent SEND Co-production Charter](#)
- We have launched a CYP participation team in South Staffordshire who have undertaken focused pieces of work including CAMHS to AMHS.
- We have recruited two young advisors in South Staffordshire
- We have developed a CYP mental health edition of 'Whose Shoes' a co-production tool and launched this across South Staffordshire.
- ELAVATE is an active youth council overseen by Changes, CYP with lived experience and 3 peer support workers. It provides both CYP and their parents with the opportunity to participate in plans relating to the transformation of local CAMHS services. The Stay Well Service (Stoke-on-Trent) employs former service users. There are feedback mechanisms, (including involvement with ELEVATE), providing, CYP and their parents from diverse backgrounds with a voice in the management and development of the Stay Well service

What we will do next	Expected outcomes
To co-produce with CYP and other key stakeholders, a way of communicating effectively the mental health offer across SSOT	All stakeholders, including children, young people, families and professionals, know what emotional wellbeing and mental health support is available and how to access it.
To co-produce a peer-led mental health resource with and for CYP and to work with stakeholders across SSOT to make this a sustainable, consistent offer.	Young people are equipped with the tools, resources and are supported to develop their own emotional resilience which will help them to maintain good emotional health and wellbeing
To deliver the PHSE mental health lesson to Staffordshire Schools who have signed up to our 'Whose Shoes' PHSE lessons.	Enhance partnership working with schools and mental health services. CYP understand that their involvement in service level and local decision making around mental health services could improve services and local systems.
To develop the role of Young Advisors.	The Young Advisors are recognised advocates and leaders for their peers leading to increased numbers of young people actively involved in co-production. The voices and experience of young people are heard, listened to and influence the future delivery and design of services.
To develop the Parent & Carer Voice Forum	Increase number of parents/carers who are members of the forum Parents/carers will feel empowered, informed and included in service design and development.
To consider how we can address health inequalities, by seeking feedback and promoting inclusion from vulnerable, disadvantaged and disproportionately affect young people from Black and Minority Ethnic groups	Services become more accessible to more CYP from a variety of backgrounds.

**Priority
3**

To focus on prevention, including targeted prevention for those we know have other vulnerabilities in addition to poor mental health, to turn the tide of demand on children's mental health services. This includes building the resilience of our families and communities to support children to thrive

Why this is a priority

Taking a prevention-focused approach to improving mental health results in better outcomes for families and communities, reduces demand on services, and helps to achieve a fairer and more equal society. We want our communities to be environments where children, young people and their families thrive and achieve and maintain good emotional wellbeing and mental health. We aim to continue to develop an effective universal prevention offer which maximises the number of children and young people who are thriving and which reduces demand on specialist services. In addition, we want to ensure that our targeted prevention offer meets the needs of children and young people who may be more vulnerable/have higher risk of experiencing mental health difficulties, and which supports them to achieve improved outcomes.

What has already been achieved and put in place

The Prevention Working Group has developed a comprehensive action plan to guide their work. A number of task & finish groups have been set up to deliver on elements of the action plan. These include work focusing on mental health provision for children under 5 and their families; the development of a school's suicide prevention guidance; and the development of a sustainable model for the ongoing maintenance, development and delivery of a peer-led mental health resource for young people.

The Prevention Working Group has identified a number of cohorts who may benefit from targeted prevention activity (based on initial research, available data and some consultation carried out by Staffordshire Libraries Service with young people). Further work is required to enhance the evidence base to allow us to prioritise these cohorts.

Family Hubs are being developed and delivered across Staffordshire and Stoke-on-Trent, which are intended to provide access to the right help, at the right time to support families to thrive. Family Hubs have a role to play in supporting families to achieve and maintain good emotional wellbeing and mental health and form a key element of the Prevention Action Plan.

To date, mental health providers have been included in the launch events of Staffordshire's Family Hubs and in Stoke-on-Trent, work has focused predominantly on perinatal mental health, 0 - 5 year olds and parent / infant relationships, although conversations have commenced about how to develop their focus on an older cohort.

Family Hub representatives are members of the Prevention Working Group and will continue to ensure that mental health and emotional wellbeing is considered as part of ongoing Hub development.

Work is being planned to map out the existing training, support and guidance which is available to the network around the child. Teams, services and organisations who currently provide support are being identified by partners, and key stakeholders will be interviewed to understand details of their offer. An interview template has been developed and resource identified to conduct the research.

The Prevention Working Group will continue to feed into the Access Working Group with regard to the planned co-production of a mechanism to communicate and promote the mental health offer (including the prevention offer) to all stakeholders.

The Prevention Working Group has established an Early Years Task & Finish Group to understand and improve the mental health offer to under 5s and their families. The group is now identifying appropriate multi-agency representatives and is developing an action plan.

Emotion coaching training has been rolled out across the early year provider sector in Staffordshire during 2023 and 2024, based on the success of a previous pilot.

Within Stoke-on-Trent, the Stay Well service's universal offer provides CYP mental health awareness training sessions to parents, caregivers and CYP professionals and wellbeing lessons and mental health awareness sessions within selected local schools.

Stoke-on-Trent City Council has commissioned Changes to provide additional mental health support (i.e. for students, families and school staff) within targeted schools, i.e. Discovery, OSSMA and St. Peters academies.

**Priority
3**

What we will do next	Expected outcomes
<p>Review of evidence and data to prioritise cohorts who would benefit from targeted mental health prevention. Once this is completed, we will map and review the preventative offer for each of the identified cohorts to understand what is working and where there are gaps, and will develop and implement actions to address these gaps.</p>	<p>A targeted prevention offer that meets the needs of children and young people who may be more vulnerable/have higher risk of experiencing mental health difficulties, and which supports them to achieve improved outcomes.</p>
<p>Map out the current support offer to 0-5s and their families (building on the mapping work carried out by the ICS). The findings of this will be used to understand and identify gaps in provision.</p>	<p>A mental health support offer which meets the needs of children aged 0-5 and their families.</p>
<p>Undertake a skills audit of the EY sector to understand their current knowledge, understanding and skills in relation to mental health to understand the current picture and identify gaps to be addressed.</p>	<p>An EY workforce which is skilled, knowledgeable and confident to support children and their families to achieve and sustain good mental health and emotional wellbeing.</p>
<p>Undertake mapping across the partnership to understand the current training, support and guidance offer for the networks around the child, including families and community-based support as well as professionals.</p>	<p>A workforce which is skilled, knowledgeable and confident to support children and their families to achieve and sustain good mental health and wellbeing.</p>

Priority 4

To expand and develop our workforce for children’s mental health while recognising that improving the mental health of children is everybody’s job, not just that of specialist services. This requires us to think differently about how we upskill everyone who works with children to support good mental health

Why this is a priority

Across North and South Staffordshire we have an established, highly skilled workforce across both statutory and non-statutory organisations. However, there is an ongoing requirement to ensure there is enough clinicians in the CYP workforce to deliver services and provide upskilling of the workforce across the system including primary care, to ensure the needs of CYP can be met when accessing all services. There is also the need to increase workforce growth and development to ensure all who work with CYP have a range of skills and competencies to deliver services and interventions to CYP.

What has already been achieved and put in place

- To support skill sharing and competency development, there is a system-wide workstream focusing on a comprehensive training programme for professionals involved in the care of children and young people with complex needs. The work covers critical areas such as trauma-informed care, interdisciplinary collaboration, and effective communication strategies.
- MPFT has developed ‘grow your own apprenticeships which will allow for three rotational occupational therapist posts to work across CAMHS Intensive Support, CYP Autism Service and the Learning Disability Team. Following successful completion of their rotations, practitioners can be offered a substantive role within the service. We have developed CAMHS competencies for new clinicians based on UCL competencies, supporting first nurse associates through apprenticeships to nursing degrees and development of advanced clinical practitioners (ACPS) in CAMHS.
- Stay Well (Stoke-on-Trent) work in close partnership with NSCHT CAMHS locality teams to provide a clear pathway into the Stay Well service. Working within the THRIVE framework, Stay Well works with schools, parents and CYP professionals to provide preventative services to promote CYP wellbeing and emotional resilience and, through a partnership comprising of Changes YP, North Staffs Mind and the Dove Service, Stay Well also provides CYP experiencing mental distress with rapid access to a wide range of effective group and 1-2-1 interventions, (i.e. cognitive behavioural therapy -informed therapy, 1-2-1 wellbeing coaching; 1-2-1 Decider Programme, 1-2-1 therapy; Bereavement & Loss counselling and 1-2-1 Bridging the Gap).

What has already been achieved and put in place

- Staffordshire’s emotional health and wellbeing service, provided by Action for Children, delivers prevention and early intervention with schools and families, based on the training needs identified and as part of supported the development of whole-school approaches to mental wellbeing. In 2023/24, the service has worked closely with Staffordshire County Council’s Emotionally Based School Avoidance (EBSA) team, co-delivering a project to support children and young people, whilst also providing training for EBSA practitioners. The service has also focused on supporting capacity and demand across the system, including training and development, and is committed to continuous improvement. In 2022/23, the service expanded the IAPT team from two CWPs to four practitioners, plus increased the number of trainee Improving Access to Psychological Therapies (IAPT) children’s wellbeing practitioners facilitated to three, as well as providing doctorate-level placements in the service. Supporting and providing training opportunities brings fresh perspectives and professional curiosity into the service, which helps drive forward improvements.
- Development and delivery of a series of locality-based events across Staffordshire and Stoke-on-Trent, intended to bring together practitioners from specialist mental health services and wider local authority children’s services. The aim of these events is to support multi-agency working and professional relationships across the system to improve outcomes for our children, young people and families.

What we will do next	Expected outcomes
Continue the training programme for professionals involved in the care of children and young people with complex needs	An effective training program for professionals involved in the care of children and young people with complex needs could yield several positive outcomes and would not only benefit the professionals involved but also lead to a more supportive and effective care environment for children and young people with complex needs.
Undertake mapping across the partnership to understand the current training, support and guidance offer for the networks around the child, including families and community-based support as well as professionals.	The mapping process will provide a detailed overview of existing resources, highlighting gaps in training and support for both families and professionals. This assessment will be crucial in identifying specific areas that require attention. The findings can inform policies and practices at both the organisational and systemic levels, ensuring that they align with the actual needs of children and families.
Work in a more integrated multi-disciplinary way including clear escalation processes, in order to change and improve outcomes for CYP	An integrated model which encourages collaboration among various professionals (e.g., healthcare providers, educators, social workers), ensuring that all aspects of a child’s need are addressed comprehensively.
To enhance the skills and understanding of professionals across sectors in addressing behaviours of distress, fostering collaborative work practices and effective conflict management.	Increased competency in identifying and addressing behaviours of distress. Improved collaboration and communication across sectors. Positive feedback on training effectiveness from participants.

**Priority
5**

To continue to improve and simplify access to services so more young people can get easy access to advice and help when they need it. This includes understanding where we may need additional capacity to meet demand

Why this is a priority

Many children and young people will require preventative, targeted and specialist emotional wellbeing and mental health provision at some point in their life. There is a need to ensure access is provided in a timely, responsive, and qualitative way – avoiding unnecessary admissions to hospital. This will ensure more children and young people will be able to access provision, with an emphasis on supporting children earlier with stronger links to education, children’s services, and improved pathways across the system. This priority will ensure that no child or young person with an emotional wellbeing or mental health difficulty who is seeking help – or an adult with a concern about a child or young person – will be turned away.

What has already been achieved and put in place

- We have single points of access in place across North and South Staffordshire which triage referrals and provide advice and signposting to meet the needs of the young person's emotional or mental health needs 24/7. These are multi-agency teams with partners who triage to ensure there is ‘no wrong door’ when accessing support.
- Access to services is available via a range of methods including face-face, telephone and digital appointments.
- We have undertaken a partnership mapping exercise to understand the gaps and challenges faced by CYP when accessing support for their emotional health and wellbeing and mental health. The findings from this will be used to inform the review of the NHS CAMHS service specifications. The findings will continue to be used to identify, agree and implement service improvements.
- We have expanded our MHST offer and ‘topped up’ our previous provisions in South Staffordshire and have three established MHST in Stoke-on-Trent, two teams covering Newcastle and Moorlands, then an additional team per locality planned in Wave 12.
- We have a dedicated team working with educational settings to broaden the knowledge and understanding of MHSTs and other mental health services in our CAMHS landscape should a school not have a MHST.
- In Staffordshire, Action for Children has continued to work with the South Staffordshire Children and Families Single Point of Access – adjusting processes to collaboratively support access to the most appropriate service. There are weekly meetings to aid communication and mitigate risk between the single point of access and the service. There are service provision meetings bringing together service providers such as CAMHS, 0-19 Children and Families Service, mental health in schools teams and autism teams to build strong cross-agency working relationships. This has improved communication, allowing a clearly defined referral criteria and pathways between services. It has also boosted multi-agency collaboration to ensure the best possible journey for children, young people and their families across Staffordshire.
- A CAMHS specification review is also underway to review if our pathways are realistic and achievable within the given constraints, such as time, budget, and resources. We will also identify any gaps, inconsistencies, or duplications and make quality improvements.

What we will do next	Expected outcomes
Implement new national waiting time measure to ensure we are working to the same set of standards	Inform CYP, relatives and staff of what to expect from each partner across the system Provide guidance and procedures of how referrals and waiting lists are managed
Ensuring equity of access for those most in need is central, especially for vulnerable groups	No one will fall through the net during transition points (for example, moving from primary to secondary school or children’s services to adult services), or because they have disability or are on the SEND register
Review the MHST offer across schools and plan several engagement events with schools	Increase numbers of children and young people accessing emotional resilience programmes in school. Education will feel more supported to effectively support CYP through whole school approaches
Continue to improve overall simple and timely access to services for all, learning from other areas where access is working well.	Provide timely access for CYP and reduce waiting times Reduction in CYP reaching and presenting in crisis Increased service user involvement in designing CYP MH services to co-produce equitable CYP MH services.
To work alongside other developments, for example Family Hubs and local SEND and inclusion work for CYP with primarily social, emotional and mental health needs	The system has clear, stepped processes to support CYP and prevent any further escalations in presentation
Continue to develop the respective ‘front doors’ to CYP mental health services to ensure they facilitate seamless access to the range of services available locally	Enhanced front doors can streamline the process for families and young people to navigate available mental health resources, ensuring they can easily find and access the support they need. Clear front doors can facilitate better communication among different service providers, leading to more coordinated care and reduced duplication of efforts.
Use technology to support access to services including a system-wide landing page for easy access to information and undertake a review of the digital offer across SSOT, to ensure it is meeting needs, is accessible and the offer is equitable.	A centralised landing page makes it easier for families, professionals, and young people to find relevant information and services, reducing barriers to access and ensuring that support is readily available. By reviewing the digital offerings to ensure they meet diverse needs, the system can address disparities in access, making services more equitable for all families, regardless of their circumstances.
Strengthen our relationship with educational settings and expand the knowledge of teachers	Improved relationships foster communication between educators and support professionals, creating a more cohesive support network for students. This collaboration can lead to more coordinated interventions and resources. A stronger partnership allows for better understanding of students’ needs, particularly those with complex requirements.
Improve visibility of our data on capacity, demand and performance of local CYP mental health services across the system.	We can identify where we need to make changes to or invest in services.

**Priority
6**

To continue to review and improve services for children who have complex or additional needs, including those who are looked after by the local authority and care experienced children and young people

Why this is a priority

Evidence shows that because of their experiences before and during care, Care Experienced Children & Young People (CECYP) are at significantly greater risk of poor mental health than their peers. All CECYP will have experienced trauma in some way and their experiences of early attachment are likely to have been negative, leading to difficulties in relationships and mental wellbeing. CECYP are likely to have experienced a range of major adverse childhood events (ACEs).

The rate of mental health disorders in the general population aged 5 to 15 is 10%. However, for those in care, it is 45%, and 72% for those in residential care. In addition, frequent placement moves can keep CECYP from receiving the support they need by disrupting treatment plans and access to services.

Carers report often having to manage a range of significant emotional and behavioural difficulties in the young people they care for. Research has shown that carers do not always feel competent to manage the emotional needs of their foster children and face significant barriers in navigating social care and mental health systems.

While there is no national data collected concerning the mental health and wellbeing of care leavers in the UK, the [Coram Bright Spots survey](#) (Coram Voice, 2020) reported that 30% of care leavers experience low wellbeing and that 26% of care leavers aged 16–34 reported low life satisfaction compared to just 3% of the general population of the same age. Studies consistently find that care leavers also experience poor outcomes related to wider emotional wellbeing.

What has already been achieved and put in place

The Care Experienced Children & Young People’s Mental Health Working Group undertook analysis of the mapping they had done to consider the gaps and barriers faced by CECYP when accessing support for their emotional wellbeing and mental health. There were a number of key findings and recommendations, which were relevant for other vulnerable children, in addition to those who are care-experienced. These included:

- the impact of trauma and attachment.
- the need for timely access to support to prevent needs from escalating (including for those children who may ‘fall through the gap’ in existing provision).
- the need for consultation, formulation and other support for the care network around the child; and
- the importance of effective relationships between practitioners in mental health specialist services and wider children’s services in achieving positive outcomes for children and their families.
- These findings were presented to commissioners across the partnership, and it was agreed that current service provision should be reviewed and enhanced as a first step to addressing the identified gaps and barriers.

Work is underway to recommission emotional health and wellbeing services to support CYP with mild to moderate mental health needs and service specifications are being developed to ensure that these services are responsive to and accessible and inclusive of CECYP and other vulnerable cohorts. This will include requirements for the services to be trauma informed and attachment aware; the prioritisation for assessment of CECYP and other vulnerable cohorts; and requirements for support to the network around vulnerable CYP. In addition, the existing service specifications for NHS CAMHS provision are being reviewed and will take account of the findings and consider how these can be addressed within the offer.

Work is also being undertaken to build and strengthen relationships between mental health practitioners and children’s services practitioners, to encourage them to work together more effectively to achieve positive outcomes for children and their families. A series of development days have been designed and are being delivered throughout Autumn 2024. These events bring together professionals from mental health and children’s services with the aim of strengthening and developing greater links, more effective working relationships and improved communication between specialist mental health services and the wider children’s workforce.

Other work which has been undertaken includes:

- Children and Families Support Services (CAFSS) Regional Framework: This work has extended to include all psychological assessments procured by local authorities (i.e. not just those which are court ordered). Local requirements for psychological assessments have been agreed and these will form the basis for call-offs from the regional framework once this process is live. Work is underway to put in place internal processes and guidance, and resource identified to allow for the framework to be utilised.
- To manage risk of placement breakdown, Stoke-on-Trent and Staffordshire local authorities have both produced Placement Sufficiency Strategies, which encompass placement breakdown. Staffordshire has established a Sufficiency Working Group to take forward the priorities of the Strategy, including addressing placement breakdown. In North Staffordshire Changes Stay Well works in partnership with the Next Steps Team to support Care Leavers from the age of 16, FAST provide direct access to children on the edge of care, and also works with CYP with autism and learning disabilities until they are 25. They are provided with access to the generic service offer which, where necessary, is supplemented with 1-2-1 support .

¹ www.nice.org.uk/guidance/NG205. ² [Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives | BMJ Open](#). ³ whatworks-csc.org.uk/research-report/an-exploratory-study-of-the-emotional-wellbeing-needs-and-experiences-of-care-leavers-in-england-2

What we will do next	Expected outcomes
Finalise and launch arrangements to procure psychological assessments and put in place processes for procurement of therapies, utilising regional CAFSS Framework.	Psychological assessments accurately identify the needs of CYP and recommend appropriate and effective responses to address these needs, resulting in better outcomes for CYP and their families.
Complete the recommissioning of emotional health and wellbeing services, to procure services which are accessible and inclusive of care experienced and other vulnerable children and young people	An accessible and inclusive service offer which meets the mild to moderate mental health needs of CYP and improves outcomes.
Put in place guidance for the network around the child to support them to understand alternatives to presentation at A&E (accident and emergency) with unmet mental health needs.	Reduction in the number of CYP who present to A&E, when this is not the most appropriate route for them to receive support

**Priority
7**

To continue to review and improve services for children who have complex or additional needs, including those who have a neurodevelopmental condition or are neurodivergent

Why this is a priority

In children referred to CAMHS, neurodevelopmental conditions constitute the most frequently occurring group of disorders, with high rates of children having more than one neurodevelopmental disorder (e.g. autism spectrum Condition (ASC) and attention deficit hyperactivity disorder (ADHD) and having other mental health problems, particularly anxiety (Hansen, Oerbeck, B, Petrovski, & H, 2006). A report from the Strategy Unit has identified that in the West Midlands, CYP with a learning disability, autism or other neurodevelopmental condition also face additional challenges to accessing the mental health services most appropriate to them (The Strategy Unit, 2021).

Within Staffordshire and Stoke-on-Trent there has been a growth in demand for assessment and support for children who are suspected to have autism, ADHD or both. Some of these young people will go on to receive a diagnosis of a neurodevelopmental condition, others may be neurodivergent, but not meet the threshold for diagnosis of a neurodevelopmental condition (Shah, Boilson, Rutherford, Prior, & Johnston, 2018). We know that the health and wellbeing outcomes for children with these needs can be worse than those of the general population and they are at risk of having unmet comorbid mental health needs.

There has also been a growth in the number of children accessing CAMHS services who have a diagnosis, or a suspected diagnosis of, ASC, including a high percentage of those being admitted to inpatient CAMHS units (tier 4) being young autistic females. A system analysis of children, young people and adults with complex needs across Staffordshire and Stoke-on-Trent (Cordis Bright, 2023) highlighted gaps in provision for those with mental health needs that are linked to another condition (such as autism or neurodiversity) or behaviour (including attachment issues and offending).

What has already been achieved and put in place

- Partnership for Inclusion of Neurodiversity in Schools (PINS) is a national programme that aims to support the education and health needs of neurodiverse children in schools through partnership approach working with health, local authorities and parent carer forums. It is funded by the Department for Education, supported by the Department for Health and Social Care and NHS England. Locally 38 primary schools have signed up to be part of the project and a 'Nourishing Neurodiversity' training programme has been developed and delivered. The Sensory Processing Needs Toolkit has been developed and has taken a multi-agency and multi professional approach. This shall form part of the graduated approach for supporting children in educational settings.
- The Stoke-on-Trent Joint Commissioning Strategy for Children and Young people with Special Educational Needs and Disabilities is in place until 2028. In 2024 the Stoke-on-Trent SEND Strategy was refreshed. To ensure that the aspirations of these strategies are achieved, the Stoke-on-Trent Local Area SEND and Alternative Provision Partnership Continuous Improvement Plan 2024-27 has been developed.
- Staffordshire County Council has launched Living my Best Life - A Joint Strategy for Disabled and Neurodivergent people in Staffordshire 2023-2028
- Staffordshire County Council has launched a new pre statutory (before the Education Health and Care Plan) pathway for children and young people - known as EAPDR (Enhanced Assess, Plan, Do, Review). The EAPDR Pathway sets out a clear methodology to ensure schools and educational settings are supported to access further additional advice, support and resources in order to meet the needs of children and young people in their setting
- The Transforming Care programme aims to transform services and support for children, young people and adults with a learning disability, autism, or both who display behaviour that challenges, including those with a mental health condition.

What we will do next	Expected outcomes
We need to improve waiting times and support for children who are neurodivergent or who have a neurodevelopmental condition.	Reducing waiting times ensures that children receive the necessary assessments and interventions sooner, which is crucial for effective early intervention and support.
Raise awareness of neurodiversity within the system and wider community	Efforts to improve support for neurodivergent children can foster greater community awareness and understanding, reducing stigma and promoting inclusivity.
Develop a plan for long-term positive outcomes	Early and adequate support can lead to better long-term outcomes in mental health, social skills, and overall development, benefiting children throughout their lives.

**Priority
8**

To have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support

Why this is a priority

Children and young people can often quickly reach crisis and require risk support, often presenting to A&E, paediatric wards, places of safety, and ambulance services. In such circumstances there is a need for a combined multi-disciplinary approach to ensure CYP receive the timeliest appropriate intervention.

What has already been achieved and put in place

- A CAMHS specification review is underway to review if our pathways are realistic and achievable within the given constraints, such as time, budget, and resources. We will also identify any gaps, inconsistencies, or duplications and make quality improvements.
- North Staffordshire Changes is currently working with NSCHT to provide bespoke peer-support groups for 16 to 25 years old.
- In Staffordshire, Action for Children has continued to work with the South Staffordshire Children and Families Single Point of Access – adjusting processes to collaboratively support access to the most appropriate service. There are weekly meetings to aid communication and mitigate risk between the single point of access and the service. There are service provision meetings bringing together service providers such as CAMHS, 0-19 Children and Families Service, mental health in schools teams and autism teams to build strong cross-agency working relationships. This has improved communication, allowing a clearly defined referral criteria and pathways between services. It has also boosted multi-agency collaboration to ensure the best possible journey for children, young people and their families across Staffordshire.
- The North Staffordshire CYP Eating Disorder Service (CYPEDS) continues to offer therapeutic admissions for anorexia nervosa and bulimia at University Hospitals of North Midlands NHS Trust (UHNM) to improve carer engagement and understanding, alongside supporting the family, and preventing the young person becoming physically compromised. This service has developed close partnership working between the CYPEDS and UHNM. This partnership had a strong multi-disciplinary team approach which allows the team to identify young people who are not making progress in a community setting and offer them an admission before they reach the point of becoming physically compromised. The collaborative approach has resulted in a decrease in admission rates for North Staffordshire allowing the majority of service users in the CYPEDS to access support locally, rather than accessing out-of-area support, which is common with admissions, meaning service users received care that was consistent with the Maudsley family-based model of treatment. It is also worth noting that at present the CYPEDS has not had a tier 4 admission for anorexia nervosa or bulimia nervosa since July 2021.
- In Staffordshire, there have been a series of development days developed between the CYP MH System and children’s social care colleagues, to strengthen joint working.

What has already been achieved and put in place

- Expansion of operating hours of Intensive Support Team in South Staffordshire to be operational 9am-10pm, 7 days a week.
- A CYP complex project has been implemented to explore what an improved and integrated multi-disciplinary response may look like in order to change and improve outcomes for this cohort of CYP. There are four workstreams in place focusing on

1. Engagement and Participation
2. Training and Workforce Development
3. Crisis Escalation Pathway
4. Multidisciplinary Team.

- Progress to date:
- An individual or a person with lived experience has been employed by NSCHT to be part of the project and has been attending the steering groups and the training and workforce development sessions.
- Crisis escalation pathway and crisis response MDT workstream actively working together to ensure priorities are aligned.
- Crisis response MDT workstream has started to develop a business case following successful workshop discussions.
- Crisis escalation pathway is in development following successful workshop discussions.

What we will do next	Expected outcomes
Establish a responsive and efficient pathway that prioritises the immediate needs of children and young people displaying behaviours of distress, moving beyond diagnosis as the criteria for accessing support and services	Reduced wait times for interventions. Decrease in the use of emergency placements. Increased satisfaction among children, families, and service providers.
Establish a business case proposal for an MDT to provide coordinated, personalised care for children and young people in crisis, leveraging the expertise of a multidisciplinary team (MDT) across healthcare, social services, education, and justice systems.	Effective coordination among sectors resulting in comprehensive care. Reduction in the number of children entering placements. Reduction in young people being wrongly diagnosed with a mental health condition.
Implement a system crisis escalation pathway to reduce wait times for support, eliminate unnecessary assessments, and ensure that children receive the right care at the right time.	By establishing clear pathways for crisis situations, children can receive timely interventions, minimising delays in accessing necessary care. Families are likely to feel more secure knowing there is a clear process in place for addressing crises, enhancing their trust in the system and their ability to advocate for their child.

**Priority
9**

To enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services

Why this is a priority

The Long-Term Plan sets out key deliverables in relation to children and young people aged 0-25. These deliverables focus on an improved offer for children and young people. The Plan highlights the need for prevention and early intervention, through dedicated school offer (MHST) as well as through a wider community based offer, improved access to mental health support, including dedicated crisis support teams, and an improved transition for young adults from CAMHS to adult mental health services or to an alternative community offer for those who don't meet the threshold (as highlighted in "Mind the gap: the interface between child and adult mental health services" (Singh S P et al, 2018)

As a system it is imperative that we offer age appropriate, timely and effective services for the children and young people who need support and build on our relationships with our partners within the voluntary and community sector. Transitions between services should be explicitly planned with children/young people and their parents/carers, with transparent and system-aligned policies to ensure the best possible outcomes.

What has already been achieved and put in place

- An overarching system-wide Transitions Protocol Steering Group, including representation across all sectors in Stoke-on-Trent and Staffordshire has been implemented. This group aims to streamline processes and protocols. The group is currently identifying gaps between services and different approaches that are being used across all 3 NHS trusts and both local authorities. NSCHT has built strong partnerships with local VCSEs and both local football organisations which has improved the community offer if young people don't meet the threshold for adult services or are struggling to engage with services and education.
- Whole school approach: introducing the Ambassadors Programme (peer support) in schools, we are training staff to deliver the training in-house to their students, aligning it with the MHSTs, to provide early intervention and prevention and low-level mental health support to their peers. There is also a partnership with Stoke-on-Trent Lions Club to offer the young people the opportunity to receive young leaders in service awards.
- Developmentally appropriate transition point : if young people are engaging with interventions in core CAMHS this will continue beyond 18 to complete the therapy.
- NSCHT has set up a monthly multi agency Transition Panel where care coordinators are able to discuss young people with professionals across health and social care including Primary and secondary healthcare professionals, this has improved communication and partnership working significantly. The policy is currently under review'
- A youth survey was shared earlier in the year by NSCHT which received 157 responses from young people aged 14 – 25 years old. Young people voiced what they would find most useful from community provision; open and easily accessible mental health support and a safe space were top of the list.
- PFT has recruited to a new Transition Team to support young people to transition to adult mental health services in South and East Staffordshire.

What we will do next	Expected outcomes
Improve and develop the community offer for young people whose needs will not be met by AMHS but have ongoing mental health, social and emotional needs after discharge from CAMHS	Young people will receive ongoing tailored support to meet their needs after CAMHS. Reduction in crisis referrals, and referrals to adult speciality services. No falling through the gap
Development of a cross sector, co-produced transition passport/toolkit	Young people will not have to repeat their story to multiple professionals. Young people will report a supported and informed transition where they have been included in all aspects.
The Transition Steering Group will review the offer for transition support across all sectors to ensure parity and joined up working	Streamlined provision across sectors, no postcode lottery. Consistent partnership working and a joined-up approach.
Ensure co-production is embedded in transition pathway development	Young people will be included in policy and standard operating procedures (SOPs) and reviews
Consistent feedback will be obtained from young people who have transitioned to adult services	Feedback will be used to shape future service provision, and we will have a better understanding of what works and what hasn't

Appendix 1 - The needs of our population

Population changes

The overall population of 0–19-year-olds is set to grow very slightly over the next few years, with an additional 3,449 children and young people by 2025.

The rate of growth is higher for teenagers. 15-19-year-olds will see the biggest percentage change... (+15%) by 2030, with an additional 9,000 young people in this age range.

According to 2021 Census, Staffordshire's population is around 876,100 which includes 195,800 CYP aged 0-19 years - there has been an overall reduction in CYP since the 2011 Census.

Staffordshire has a lower proportion of CYP aged 0-4, aged 5-9 aged 10-14 and aged 15-19 compared to regional and national average.

Staffordshire has a diverse population with differing needs. Although it is classed as one of the least deprived upper-tier local authorities in England (ranking 115 out of 151 authorities), in terms of overall deprivation around 9% of its area falls within the most deprived 5th of areas nationally.

As of July 2024, there were around 1,300 looked after children in Staffordshire.

Deprivation

The COVID-19 pandemic and associated social and economic response has exposed and amplified the pre-existing inequalities

Stoke-on-Trent is one of the 20% most deprived districts/unitary authorities in England. About 33.2% (17,470) children live in low-income families.

It's a more mixed picture in Staffordshire with about 13% (18,400) of children living in low-income families, in geographical pockets including areas of Burton-on-Trent, Newcastle-under-Lyme, Tamworth and Cannock. Rising numbers eligible for free school meals suggests more children are living in poorer households.

Child protection

Across both authorities there are over 11,500 CYP identified as in need, over 1,300 with a Child Protection Plan and over 2,200 in the care of the local authorities. The numbers of children going into care is increasing across both authorities.

Proportionately to the population there are higher numbers in all of these categories in Stoke-on-Trent, compared to Staffordshire.

Special educational needs including autism and learning disability (SEND)

Both Staffordshire and Stoke-on-Trent have higher than average numbers of children with Education Health and Care Plans (EHCP). Nationally, the number of CYP with EHC plans in January 2024 (school census day) increased by 11.4% from 2023. The number of EHC plans has increased each year since their introduction in 2014.

In Staffordshire, autism is the most common type of primary need (27%) in EHCPs, followed by speech language and communication (SLCN) (20%). In Stoke-on-Trent this trend is reversed with SLCN being the most common primary needs in EHCPs (29%) followed by autism (16%). Many CYP with SLCN will be undiagnosed autism and social, emotional, mental health needs (SEMH).

Staffordshire has a high number of special needs schools, which means lots of children from outside Staffordshire's borders attend Staffordshire schools.

A regional report (The Strategy Unit, 2021) has identified that CYP with a learning disability, autism or other neurodevelopmental condition face additional challenges to accessing mental health services most appropriate to them. It cites that frequently, the lack of diagnosis for one condition affects the ability to get a diagnosis or treatment for the other.

Diversity

In Staffordshire, the percentage of the population from ethnic minority backgrounds is 4% overall, however within the school aged population this is 10.1%. In Stoke-on-Trent these figures are 15% (whole population) and 28.5% respectively.

In Stoke-on-Trent just over 9,140 pupils do not have English as their first language (22.5% compared with 19.5% for England). For Staffordshire, this figure is 8,690 (7.1%).

A regional report (The Strategy Unit, 2021) has shown that rates of access were worse for CYP from ethnic minority groups. Across the region Black CYP have more frequent contact but shorter contact time with services, the highest re-referral rates and are the most likely of all ethnic minorities to have prolonged service needs.

Mental health needs

Growth in mental health needs is a national trend. According to the briefing on children's mental health services (Children's Commissioner, 2022), one in six children have a probable mental health disorder. This is an increase from one in nine children with a probable mental health disorder in 2017.

In addition, current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021 (NHS Digital, 2021).

The underlying causes are complex, but increased recognition of mental health issues, social isolation and disruptions to home and school routines during the pandemic likely played a role (The Health Foundation, 2022).

With the evidence we currently have available, The Centre for Mental Health forecast that the increase in demand for services in England resulting from COVID-19 will be for 1.5 million children (1,500,320), 15% of the number of children aged 5-19 (Centre for Mental Health, 2020).

Evidence suggests that a number of CYP who have needs do not always attempt to access support. Among young people who believe they have needed mental health support during the pandemic, 54% said that they have received some form of support (e.g., through NHS mental health services; school or university counsellors; helplines; charities). 24% said that they have looked for support but not accessed any; 22% said that they had not looked for support (Young Minds, 2021).

A report focussing on the West Midlands (The Strategy Unit, 2021) showed of the 350,000 CYP in the Midlands predicted to have a diagnosable MH condition, only 12.5% are able to access services. Their analysis suggested that of the estimated 33,921 children thought to have a diagnosable mental health condition in Staffordshire and Stoke-on-Trent, 6,587 were in contact with mental health services with a supply ratio of 0.19 for the region. This places us above average nationally, but with room for improvement compared to areas with the best levels of access.

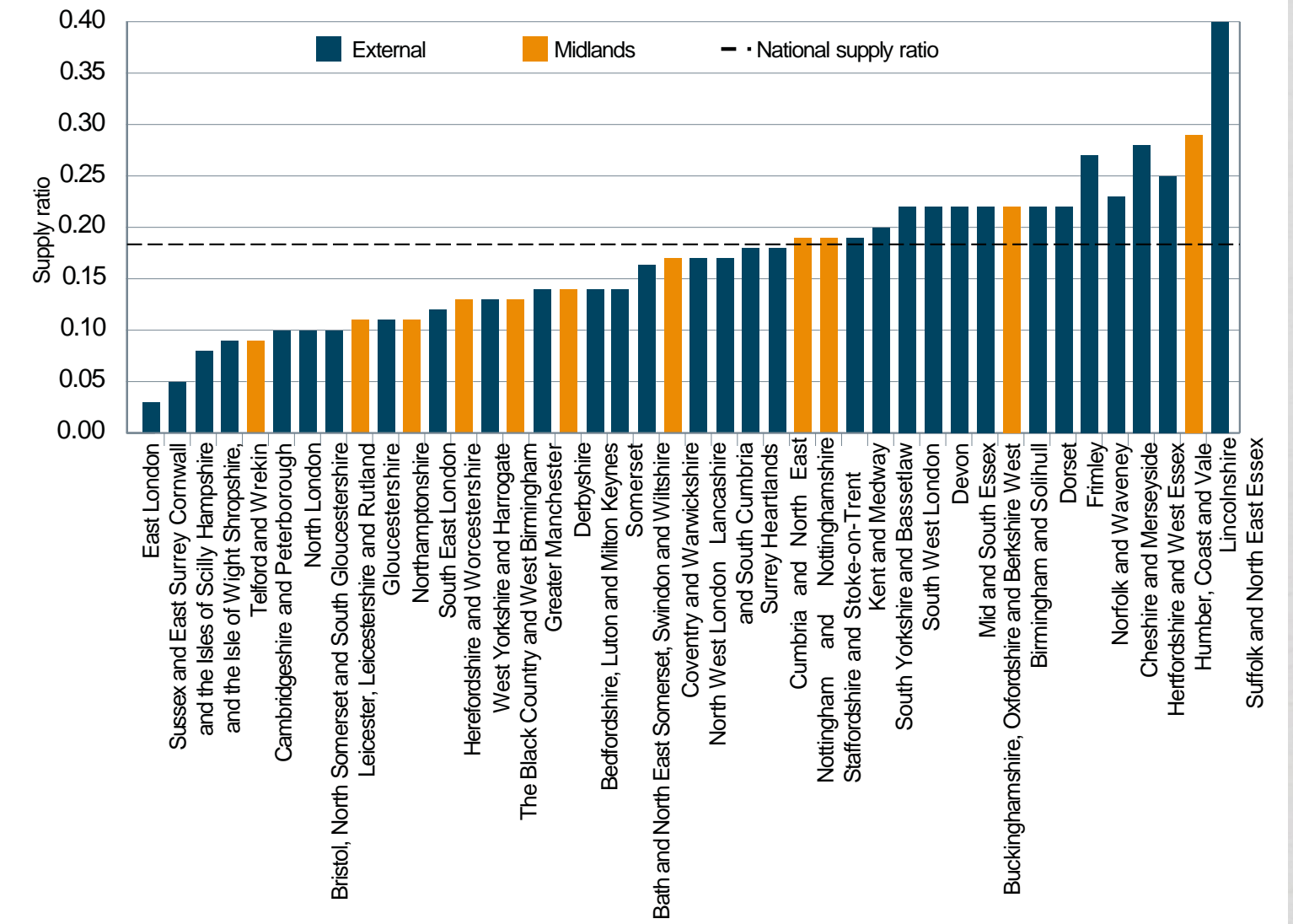
The impact of the pandemic

The impact of the COVID-19 pandemic on people's health has not been equal, with some people experiencing long COVID and other impacts on their physical and mental health. The full impact of COVID-19 remains to be seen.

COVID-19 reinforced the importance of understanding and tackling health inequalities and of working directly with communities to understand their needs, identify potential barriers, and design solutions. In responding to the pandemic, we have identified seldom-heard groups who need a more targeted approach to communication and engagement. We have collaborated more with staff, local people and the VCSE sector, and broadened our thinking, particularly towards digital engagement. We also want to use this plan as an opportunity to improve equity of access. People across Staffordshire and Stoke-on-Trent experience fragmented care because of avoidable and unfair differences in the types of services that are available in different areas. Some communities also experience social exclusion.

Figure 2 ICS supply ratio, The Strategy Unit 2021

STP	Estimated CYP Population with a diagnosable MH condition	CYP Population in contact with services	Supply Ratio
Lincolnshire	20,736	6,148	0.30
Birmingham and Solihul	47,282	10,800	0.23
Staffordshire and Stoke-on-Trent	33,921	6,587	0.19
Nottingham and Nottinghamshire	36,065	6,992	0.19
Coventry and Warwickshire	28,701	4,951	0.17
Joined Up Care Derbyshire	30,701	4,448	0.14
The Black Country & West Birmingham	43,911	6,086	0.14
Herefordshire and Worcestershire	20,921	2,724	0.13
Northamptonshire	21,695	2,550	0.12
Leicester, Leicestershire and Rutland	34,474	3,840	0.11
Shropshire, Telford and Wrekin	14,008	1,303	0.09

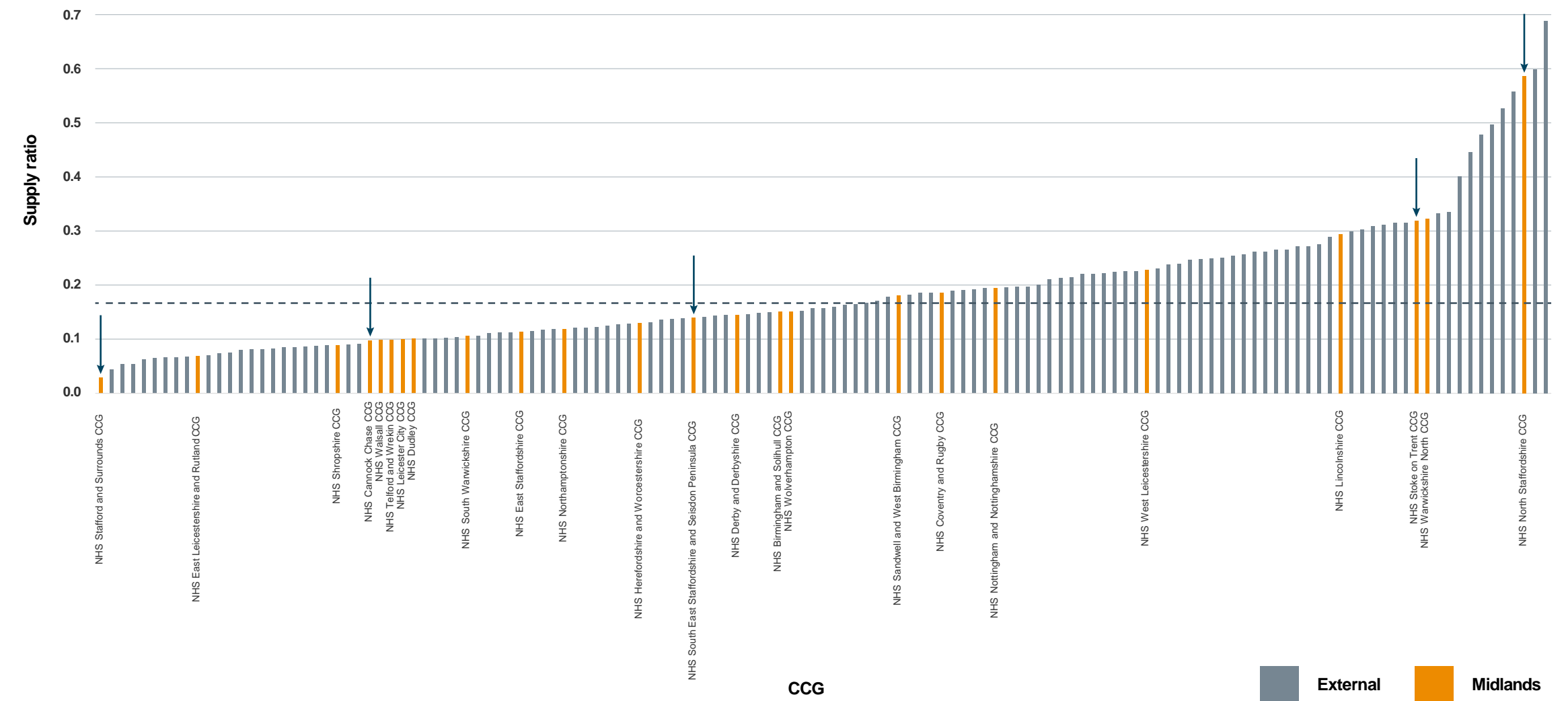


However, there were high levels of variation by locality within this data, with areas in South Staffordshire being below average (see Figure 3).

Figure 3 CCG supply ratio, The Strategy Unit 2021

CCG	CYP Population in contact with services	CYP population with unmet needs	Supply Ratio
North Staffordshire	3,131	1,835	0.59
Warwickshire North	3,049	983	0.32
Stoke-on-Trent	9,102	2,907	0.32
Lincolnshire	20,877	6,148	0.29
West Leicestershire	5,410	1,234	0.23
Nottingham and Nottinghamshire	35,956	6,992	0.19
Coventry and Rugby	14,663	2,734	0.19
Sandwell and West Birmingham	15,413	2,783	0.18
Wolverhampton	9,020	1,359	0.15
Birmingham and Solihull	46,232	6,962	0.15
Derby and Derbyshire	30,734	4,448	0.14
South East Staffordshire	3,187	444	0.14
Herefordshire and Worcestershire	20,950	2,724	0.13
Northamptonshire	21,394	2,550	0.12
East Staffordshire	2,022	230	0.11
South Warwickshire	10,846	1,155	0.11
Dudley	9,787	992	0.10
Leicester City	14,153	1,424	0.10
Telford and Wrekin	5,748	568	0.10
Walsall	9,677	952	0.10
Cannock Chase	2,112	206	0.10
Shropshire	8,234	735	0.09
East Leicestershire	14,860	1,029	0.07
Stafford and Surrounds	14,151	413	0.03

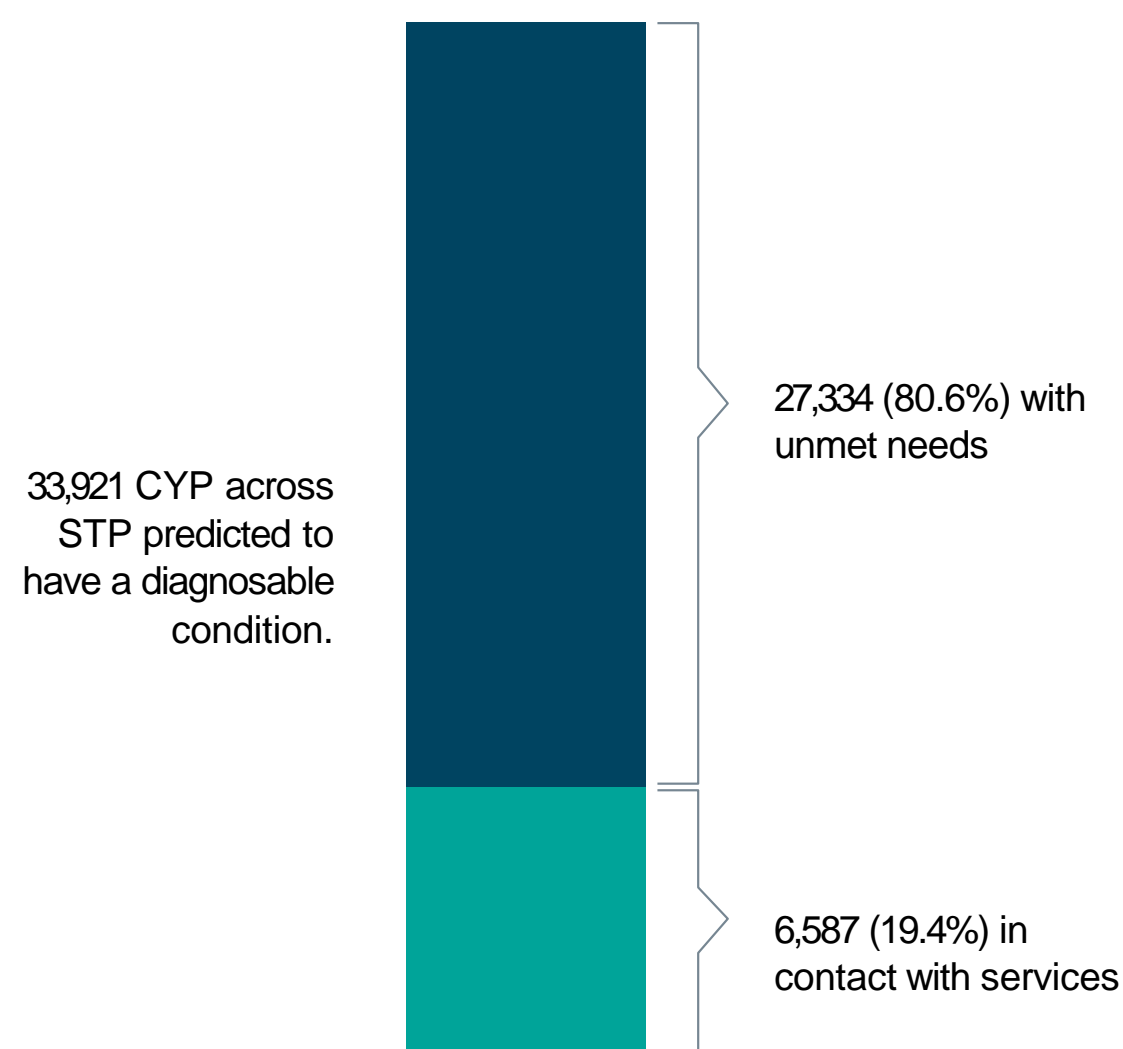
Overall supply ratio for CYP mental health services by CCG



Based on mental health condition, eating disorders had the highest unmet needs in Staffordshire and Stoke-on-Trent, followed by conduct disorders (including defiance, aggression and anti-social behaviour) – see Figure 4.

Figure 4 Supply ratio by type of condition, The Strategy Unit 2021

Condition	Estimate of 'need'	Population 'demands'	Supply ratio (low = bad!)
Emotional disorders	5,426	1,786	0.33
Conduct disorders	8,556	779	0.09
Hyperkinetic disorders	2,302	1,796	0.78
Self harm	1,120	1,345	0.83
Eating disorders	16,060	278	0.02
Looked after children with emotional wellbeing issues	456	603	1.32



Locally we know that mental health is a top concern (24%) among Staffordshire's young people (aged 11–18, Make Your Mark Survey 2020). It is also the most common factor in Staffordshire's children's social care assessments – half of assessments cited this as a factor (2020/21). Demand for all services has grown, particularly since the pandemic.

Annual Staffordshire CAMHS referrals reported by Staffordshire's local trusts have increased year-on-year from around 6,400 in 2015/16 to 10,500 in 2019/20 (Staffordshire Observatory, 2021) and as local providers we know demand continues to grow.

The proportion of all school pupils in Stoke-on-Trent with social, emotional and mental health needs has steadily increased since 2016. In 2021, 3.0 % of pupils in the city had these needs compared with 2.8 per cent in England. This means there are 1,201 local pupils with social, emotional and mental health needs.

Children with complex needs

A local analysis of children with complex needs has identified that there are 1,858 children, young people and young adults with complex needs across Staffordshire and Stoke-on-Trent. This is 1% of the 10–25-year-old population in Staffordshire and Stoke-on-Trent (Cordis Bright, 2023). These needs are defined as:

- Multiple (not just in one domain or issue)
- Persistent (long-term rather than transient)
- Severe (not responding to standard interventions)

Framed by family and social contexts (for example, early family disruption, loss, inequality, prevalence of adverse childhood experiences).

The characteristics of these young people were that they were likely to be of secondary school age, attend mainstream secondary schools, and be White British. The cohort has a slightly higher proportion of males (53%) than females (47%).

A wide range of types, combinations and severity of needs are experienced by young people with complex needs. The most common needs include mental health needs (59%), special educational needs and disability (SEND) (30%), persistent absence (37%) and substance misuse (34%).

Stakeholders also highlighted trauma and attachment issues as common problems. A high proportion of the cohort are receiving support from a social care plan (59%).

A higher proportion of children, young people and young adults with complex needs live in Stoke-on-Trent than in Staffordshire (50% of the complex needs cohort in the data study live in Stoke-on-Trent compared to 32% who live in Staffordshire – for 188% location data was not available). The cohort in Stoke-on-Trent also experienced higher levels of multiple needs – 63% of the cohort who are from Stoke-on-Trent have more than three needs compared to 57% of those in Staffordshire.

The report outlines that several longer-term national pressures have contributed to an increasing number and severity of complex needs among children, young people and young adults. These include the long-term effect of the COVID-19 pandemic, a system already under strain following cuts to services, cost-of-living pressures, improved identification of need, and growth in the population of young people.

Further, it identifies key local drivers of needs included family circumstances (such as intergenerational trauma) and an ineffective and delayed system response to complex needs which has resulted in early needs going unaddressed and escalating.

This work identified that a majority of stakeholders expressed concerns that emotional and mental health needs were increasing among the general population and the complex needs cohort, and that these needs often interlink with others experienced by the complex needs cohort. This has resulted in an increased demand for specialist mental health services such as CAMHS, and a gap in services for those experiencing less acute mental health needs, and those that are linked to another condition or behaviour.

Appendix 2 - Performance and activity

Children and young people access (1 + contacts)

Number of children and young people aged under 18 supported through NHS-funded mental health with at least one contact (12-month rolling)

Geography		2021/22	2022/23	2023/24
Sub ICB	Cannock Chase	1,635	1,855	1,575
	East Staffordshire	1,410	1,500	1,330
	South East Staffordshire & SP	2,445	2,480	2,335
	Stafford & Surrounds	1,660	1,805	1,665
	North Staffordshire	2,975	2,910	2,865
	Stoke-on-Trent	4,485	4,390	4,530
Place	Staffordshire Place	10,125	10,550	9,770
	Stoke-on-Trent Place	4,485	4,390	4,530
Locality	North Locality	7,460	7,300	7,395
	South Locality	7,150	7,640	6,905
ICB	Staffordshire and Stoke-on-Trent ICB	14,485	14,850	14,265
	% change on previous year		3%	-4%

The number of Children and Young People with at least one contact with community Mental Health Services in the year
- Locality and ICB



Data source: Published Mental Health Services Data Set (MHS95)

MHSDS indicator definition: number of people aged under 18 supported through NHS funded mental health services with at least one contact (12 month rolling) - end of year position

Staffordshire place is comprised of the Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds sub ICB locations; Stoke-on-Trent place is the Stoke-on-Trent sub ICB location.

Caveats: Values have been rounded by NHS England to the nearest five data points, which may lead to some loss of accuracy

Appendix 2 - Performance and activity

NHS Operating Framework (as at March 2024)

S084a: Number of children and young people accessing mental health services as a percentage of Long Term Plan trajectory

Rank Quartile	Rank	Organisation Name	Value
Highest performing	1/42	NHS CORNWALL AND THE ISLES OF SCILLY INTEGRATED CARE BOARD	143%
	2/42	NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD	129%
	3/42	NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD	123%
	3/42	NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD	123%
	5/42	NHS CAMBRIDGESHIRE AND PETERBOROUGH INTEGRATED CARE BOARD	118%
	6/42	NHS GREATER MANCHESTER INTEGRATED CARE BOARD	112%
	7/42	NHS WEST YORKSHIRE INTEGRATED CARE BOARD	111%
	8/42	NHS KENT AND MEDWAY INTEGRATED CARE BOARD	108%
	9/42	NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	106%
	10/42	NHS NORTHAMPTONSHIRE INTEGRATED CARE BOARD	104%
	11/42	NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD	102%
Interquartile range	12/42	NHS FRIMLEY INTEGRATED CARE BOARD	100%
	13/42	NHS DERBY AND DERBYSHIRE INTEGRATED CARE BOARD	98%
	14/42	NHS SUSSEX INTEGRATED CARE BOARD	97%
	15/42	NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD	96%
	16/42	NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	94%
	16/42	NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD	94%
	18/42	NHS COVENTRY AND WARWICKSHIRE INTEGRATED CARE BOARD	93%
	19/42	NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD	92%
	20/42	NHS SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE BOARD	90%
	21/42	NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	89%
	22/42	NHS DORSET INTEGRATED CARE BOARD	88%
	22/42	NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD	88%
	22/42	NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD	88%
	22/42	NHS HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD	88%
	26/42	NHS SOMERSET INTEGRATED CARE BOARD	86%
	27/42	NHS BLACK COUNTRY INTEGRATED CARE BOARD	85%
	28/42	NHS STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD	83%
	29/42	NHS NORTH WEST LONDON INTEGRATED CARE BOARD	81%
	30/42	NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	79%
31/42	NHS NORTH EAST LONDON INTEGRATED CARE BOARD	78%	
Lowest performing	32/42	NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES INTEGRATED CARE BOARD	76%
	32/42	NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	76%
	34/42	NHS LINCOLNSHIRE INTEGRATED CARE BOARD	74%
	34/42	NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD	74%
	34/42	NHS HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE BOARD	74%
	37/42	NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE INTEGRATED CARE BOARD	70%
	37/42	NHS MID AND SOUTH ESSEX INTEGRATED CARE BOARD	70%
	39/42	NHS SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE BOARD	68%
	40/42	NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGRATED CARE BOARD	67%
	41/42	NHS DEVON INTEGRATED CARE BOARD	66%
	42/42	NHS BIRMINGHAM AND SOLIHULL INTEGRATED CARE BOARD	58%

Rank Quartile	Rank	Organisation Name	Value
Highest performing	2/42	NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD	129%
	3/42	NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD	123%
	10/42	NHS NORTHAMPTONSHIRE INTEGRATED CARE BOARD	104%
Interquartile range	13/42	NHS DERBY AND DERBYSHIRE INTEGRATED CARE BOARD	98%
	18/42	NHS COVENTRY AND WARWICKSHIRE INTEGRATED CARE BOARD	93%
	27/42	NHS BLACK COUNTRY INTEGRATED CARE BOARD	85%
	28/42	NHS STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD	83%
Lowest performing	34/42	NHS LINCOLNSHIRE INTEGRATED CARE BOARD	74%
	34/42	NHS HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE BOARD	74%
	39/42	NHS SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE BOARD	68%
	42/42	NHS BIRMINGHAM AND SOLIHULL INTEGRATED CARE BOARD	58%

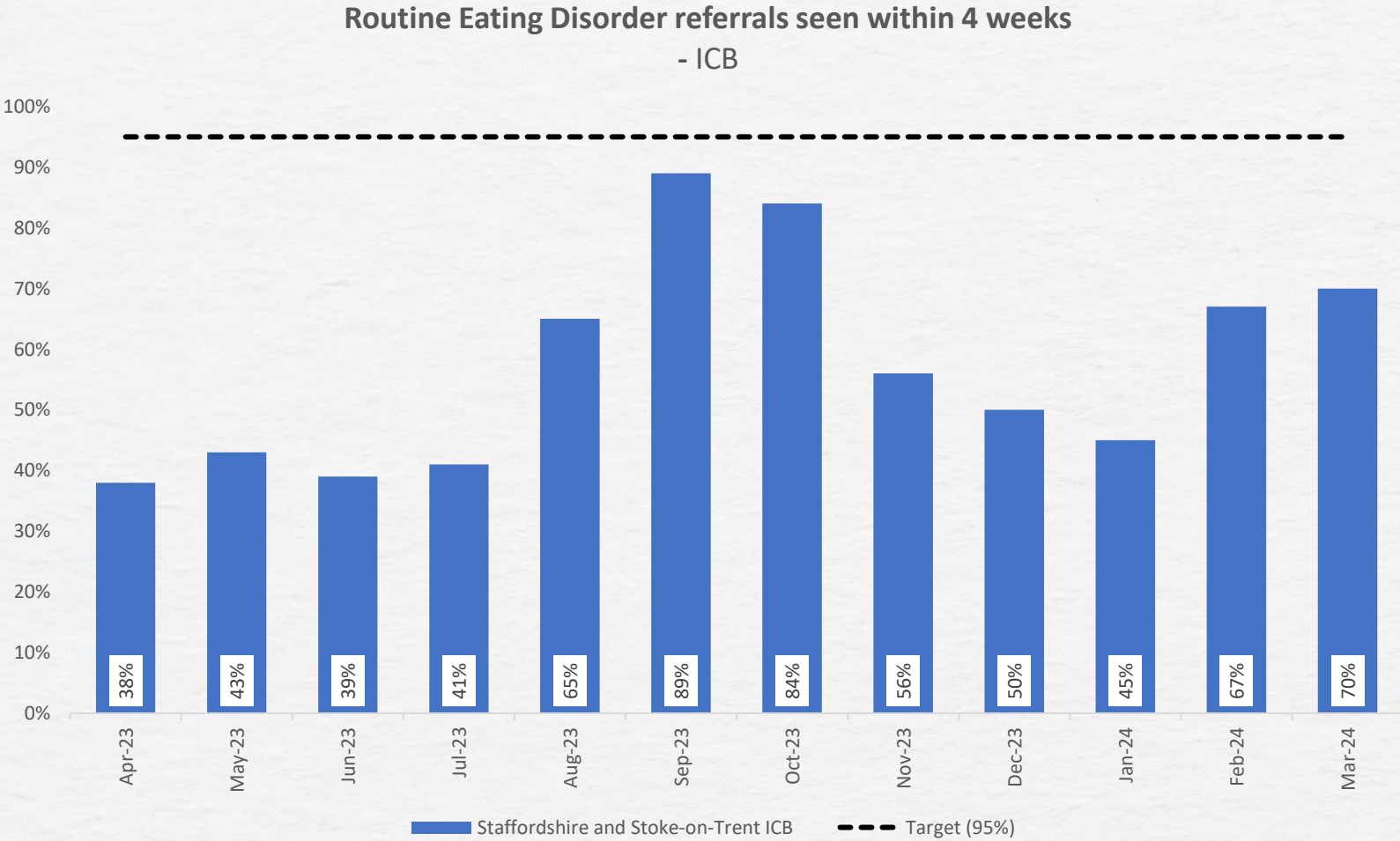
Data source: NHS England Oversight Framework Dashboard

Children and Young People (CYP) mental health service waits

Proportion of routine referrals to eating disorder services seen within 4 weeks

Geography	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Staffordshire and Stoke-on-Trent ICB	38%	43%	39%	41%	65%	89%	84%	56%	50%	45%	67%	70%
National target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

In March 2024, 6 out of 9 Midlands ICBs with data did not meet the national target



Data source: published MHSDS dataset (ED87e)

MHSDS indicator definition: proportion of referrals with eating disorders categorised as routine cases entering treatment within four week in the reporting period, aged 0-18 (rolling 3 months)

This metric and data source replaces the separate quarterly date collection which ended in 2023 with March 2023 data. Values are suppressed at a lower level of granularity (e.g. Sub ICB), urgent wait data is also not available for this reason.

CYP MH Service median waits to first contact following referral

Proportion of routine referrals to Eating Disorder Services seen within 4 weeks

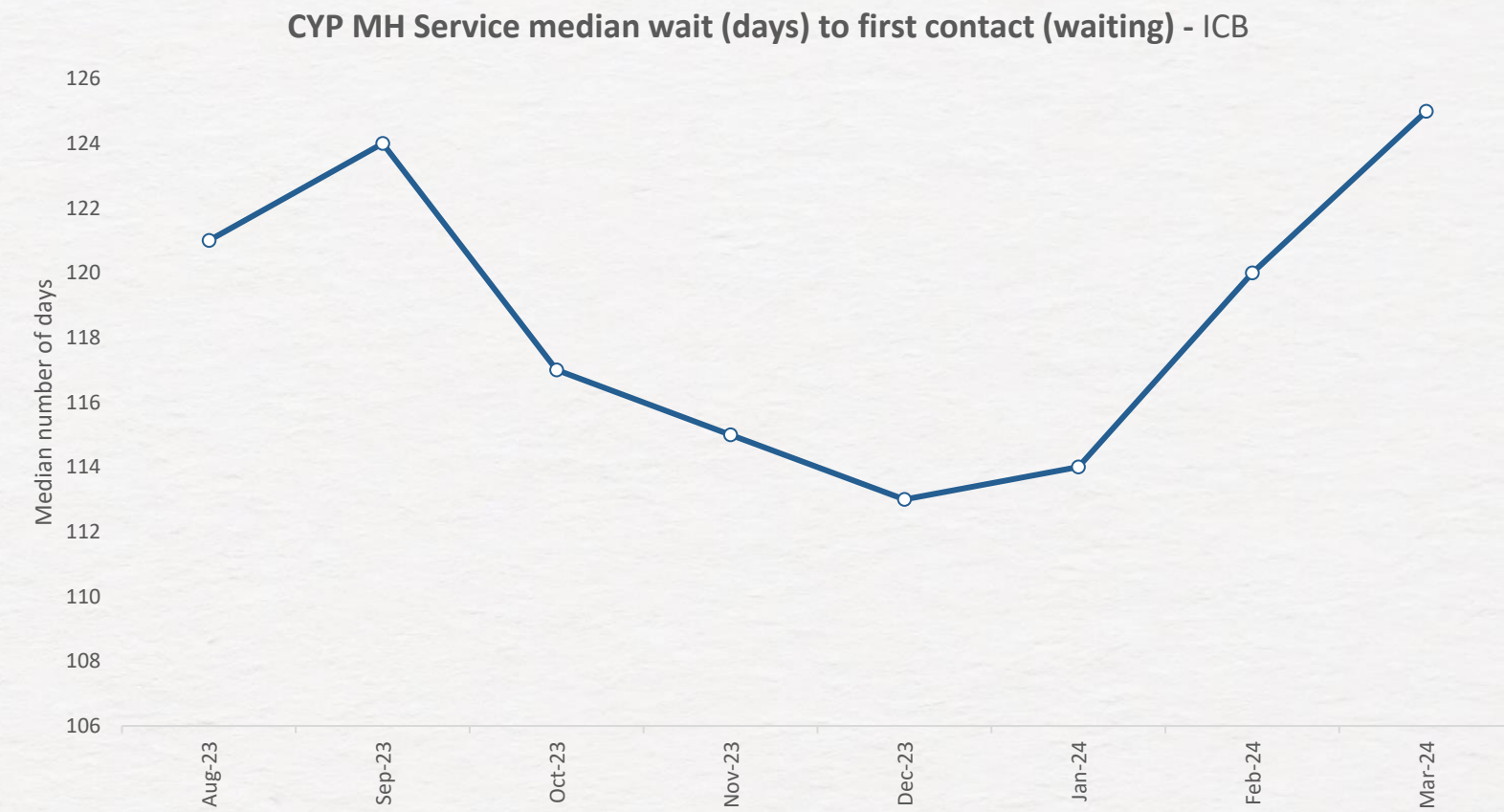
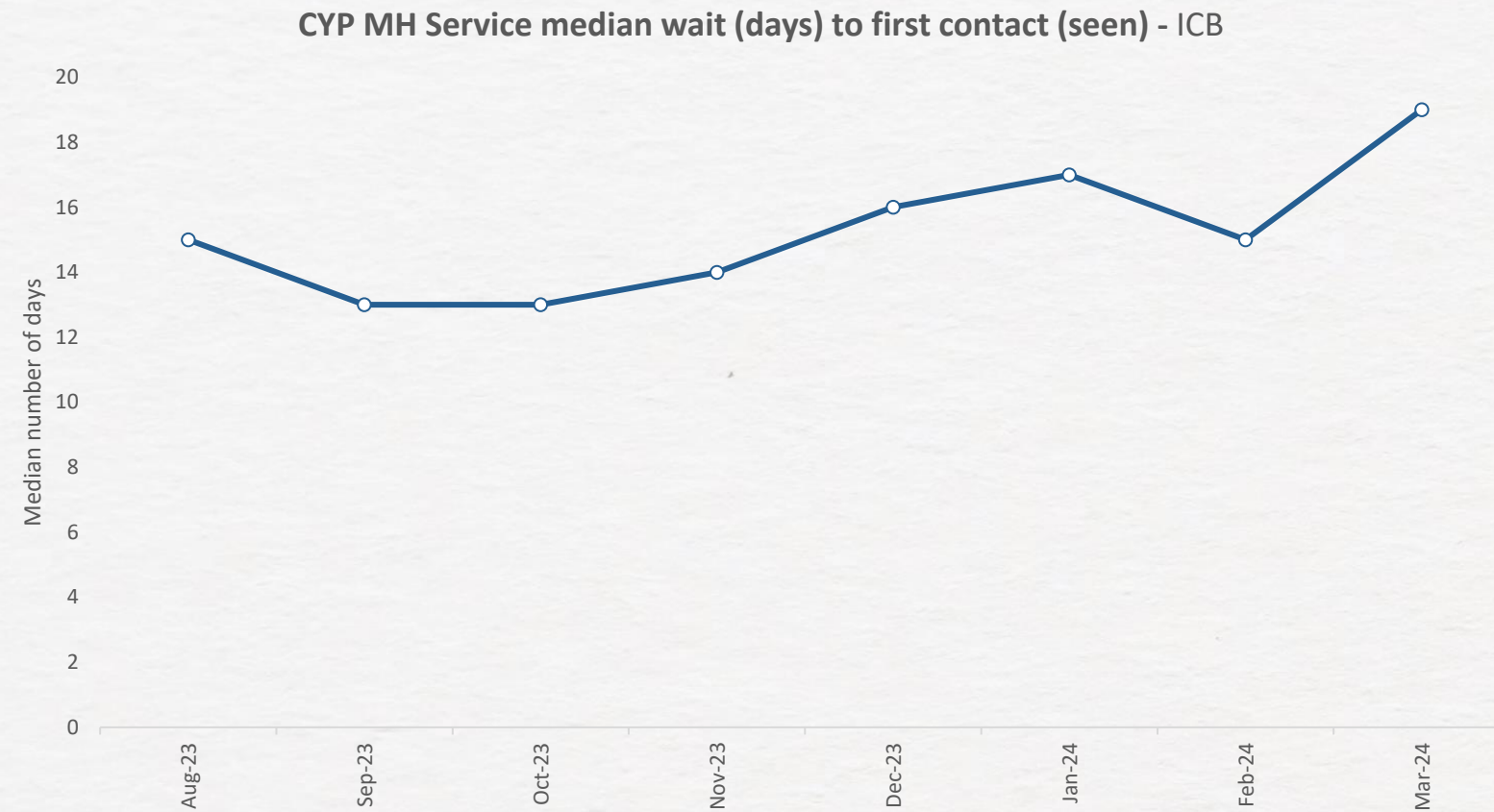
Geography	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Patients seen in the reporting period	Median number of days waited							
Cannock Chase	23	21	20	20	25	31	27	29
East Staffordshire	21	20	20	17	15	16	15	17
South East Staffordshire & SP	30	28	21	22	21	27	27	27
Stafford & Surrounds	20	18	19	30	39	35	26	27
North Staffordshire	6	4	7	7	9	8	9	12
Stoke-on-Trent	6	3	6	7	8	8	5	10
Staffordshire and Stoke-on-Trent ICB	15	13	13	14	16	17	15	19

The ICB benchmarked at 26th out of 42 ICBs in England in March 2024. Which put the ICB in the middle range (neither best or worst).

Patients waiting to be seen	Median number of days waited							
Cannock Chase	109	111	104	98	96	107	108	109
East Staffordshire	105	116	104	87	101	104	102	124
South East Staffordshire & SP	127	123	107	86	109	114	115	122
Stafford & Surrounds	107	103	103	87	96	111	109	122
North Staffordshire	157	184	160	169	167	122	128	138
Stoke-on-Trent	127	136	133	144	154	133	136	133
Staffordshire and Stoke-on-Trent ICB	121	124	117	115	113	114	120	125

The ICB benchmarked at 15th out of 42 ICBs in England in March 2024. Which put the ICB in the middle range (neither best or worst).

CYP MH Service median waits to first contact following referral



Data source: published MHSDS dataset (MHS131, MHS134)

MHSDS indicator definitions:

Median waiting time between referral start date and first contact in days for referrals for CYP aged under 18 supported through NHS funded mental health with a first contact in the reporting period (3 month rolling);

Median waiting time between referral start date and first contact in days for referrals for CYP aged under 18 supported through NHS funded mental health still waiting for a first contact and still waiting at the end of the reporting period

Median = the middle value when individual patient waits are ordered from shortest to longest. Half the people waited less than this time and half waited longer.

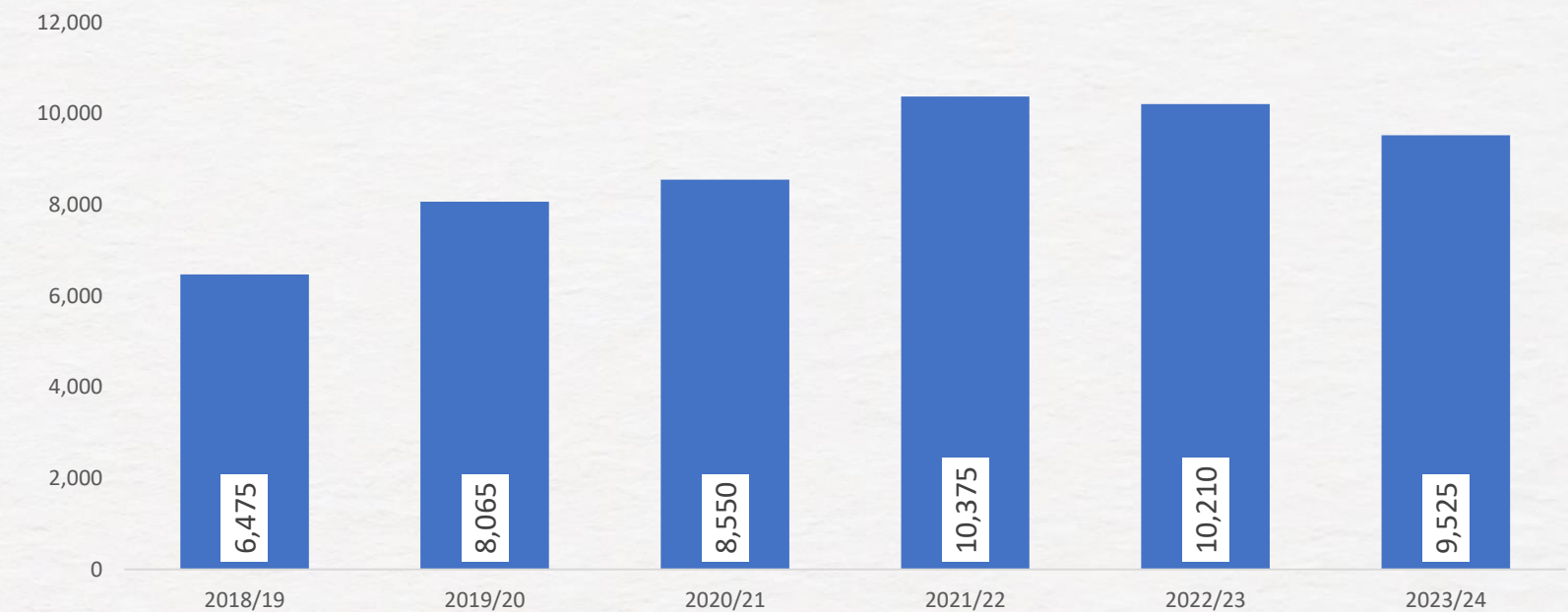
Caveats: the MHSDS includes all CYP Services data - including Learning Disability, Autism and ADHD. Data was published for August 2023 onwards.

Getting advice and support service (formerly Tier 2)

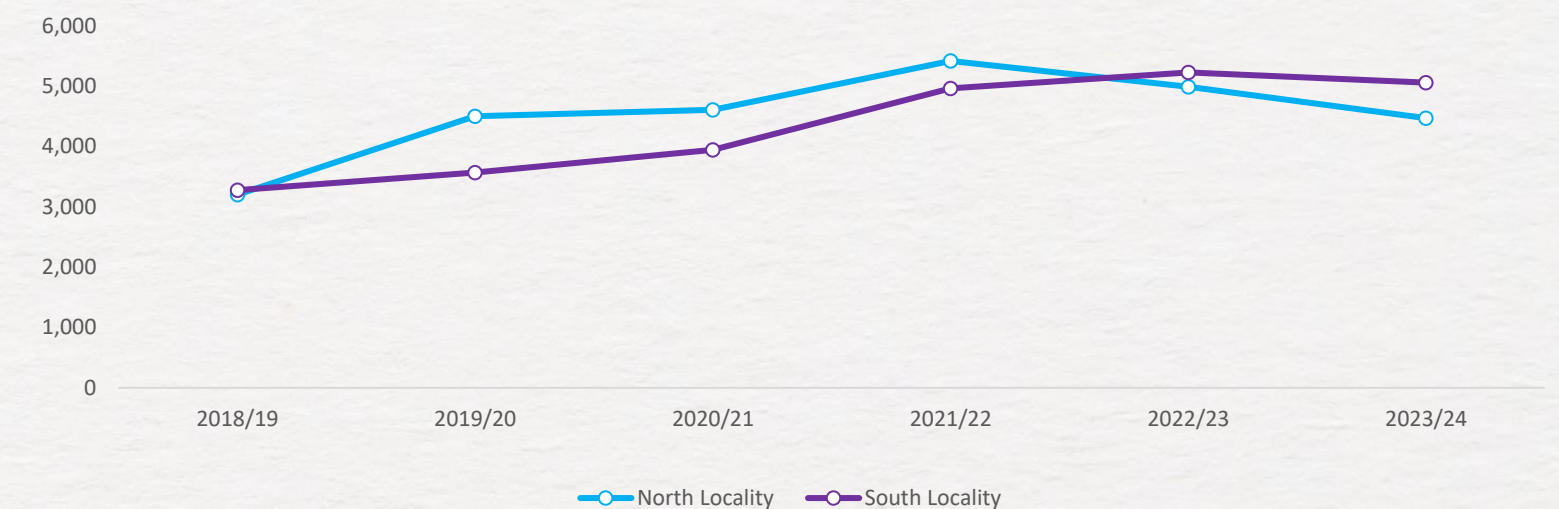
The number of children and young people, regardless of when their referral started, receiving at least two contacts (including indirect contacts) and where their first contact occurs before their 18th birthday

Geography		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Sub ICB	Cannock Chase	700	710	790	1,120	1,240	1,075
	East Staffordshire	535	650	890	1,055	1,110	1,045
	South East Staffordshire & SP	1,195	1,275	1,345	1,710	1,705	1,735
	Stafford & Surrounds	845	930	920	1,075	1,170	1,200
	North Staffordshire	1,290	1,790	1,770	2,060	1,900	1,700
	Stoke-on-Trent	1,910	2,710	2,835	3,355	3,085	2,770
Place	Staffordshire Place	4,565	5,355	5,715	7,020	7,125	6,755
	Stoke-on-Trent Place	1,910	2,710	2,835	3,355	3,085	2,770
Locality	North Locality	3,200	4,500	4,605	5,415	4,985	4,470
	South Locality	3,275	3,565	3,945	4,960	5,225	5,055
ICB	Staffordshire and Stoke-on-Trent ICB	6,475	8,065	8,550	10,375	10,210	9,525
	% change on previous year		25%	6%	21%	-2%	-7%

The number of Children and Young People with at least two contacts with community Mental Health Services in the year - ICB



The number of Children and Young People with at least two contacts with community Mental Health Services in the year - Locality



Data source: Published Mental Health Services Data Set (MHS69) - sum of monthly values

MHSDS indicator definition: The number of children and young people, regardless of when their referral started, receiving at least two contacts (including indirect contacts) and where their first contact occurs before their 18th birthday

Staffordshire place is comprised of the Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds sub ICB locations; Stoke-on-Trent place is the Stoke-on-Trent sub ICB location.

Caveats: Values have been rounded by NHS England to the nearest five data points, which may lead to some loss of accuracy

CAMHS: Getting help services (formerly Tier 3)

This table illustrates the number of children and young people accessing community CAMHS (NHS) provision. It does not include specialist services (autism spectrum disorder, looked after children, young offenders etc)

Measure	Geography	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Number of referrals received into CAMHS	Cannock Chase	1,071	1,214	873	1,004	551	481
	East Staffordshire	839	1,003	705	761	371	397
	South East Staffordshire & SP	1,332	1,625	1,281	1,503	760	712
	Stafford & Surrounds	985	1,177	918	1,139	513	520
	North Staffordshire	1,989	2,466	2,219	2,970	3,180	3,383
	Stoke-on-Trent	2,913	3,021	3,088	4,503	4,774	4,986
	Staffordshire Place	6,216	7,485	5,996	7,377	5,375	5,493
	Stoke-on-Trent Place	2,913	3,021	3,088	4,503	4,774	4,986
	North Locality	4,902	5,487	5,307	7,473	7,954	8,369
	South Locality	4,227	5,019	3,777	4,407	2,195	2,110
	Staffordshire and Stoke-on-Trent ICB	9,129	10,506	9,084	11,880	10,149	10,479
The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase	226	189	207	211	239	241
	East Staffordshire	215	276	231	210	245	275
	South East Staffordshire & SP	450	406	457	453	479	434
	Stafford & Surrounds	285	231	283	238	301	327
	North Staffordshire	354	833	856	758	901	881
	Stoke-on-Trent	517	1,257	1,077	1,246	1,409	1,342
	Staffordshire Place	1,530	1,935	2,034	1,870	2,165	2,158
	Stoke-on-Trent Place	517	1,257	1,077	1,246	1,409	1,342
	North Locality	871	2,090	1,933	2,004	2,310	2,223
	South Locality	1,176	1,102	1,178	1,112	1,264	1,277
	Staffordshire and Stoke-on-Trent ICB	2,047	3,192	3,111	3,116	3,574	3,500
Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase	1,330	680	699	825	905	1,118
	East Staffordshire	900	625	1,052	967	994	1,163
	South East Staffordshire & SP	1,650	1,210	1,367	1,354	1,307	1,807
	Stafford & Surrounds	1,295	766	975	845	935	1,307
	North Staffordshire	1,122	1,466	1,500	1,313	1,473	1,587
	Stoke-on-Trent	1,801	2,303	2,209	2,236	2,445	2,520
	Staffordshire Place	6,297	4,747	5,593	5,304	5,614	6,982
	Stoke-on-Trent Place	1,801	2,303	2,209	2,236	2,445	2,520
	North Locality	2,923	3,769	3,709	3,549	3,918	4,107
	South Locality	5,175	3,281	4,093	3,991	4,141	5,395
	Staffordshire and Stoke-on-Trent ICB	8,098	7,050	7,802	7,540	8,059	9,502

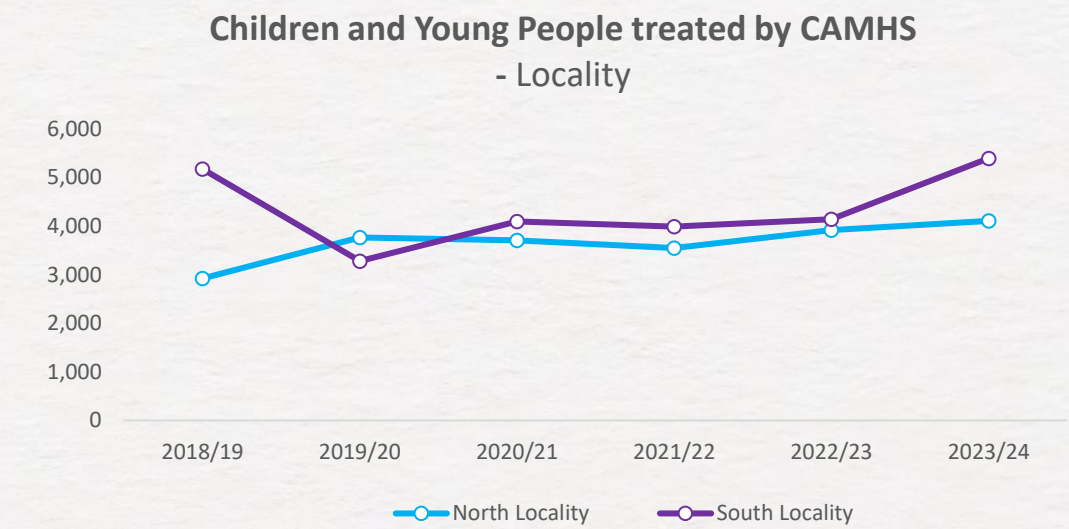
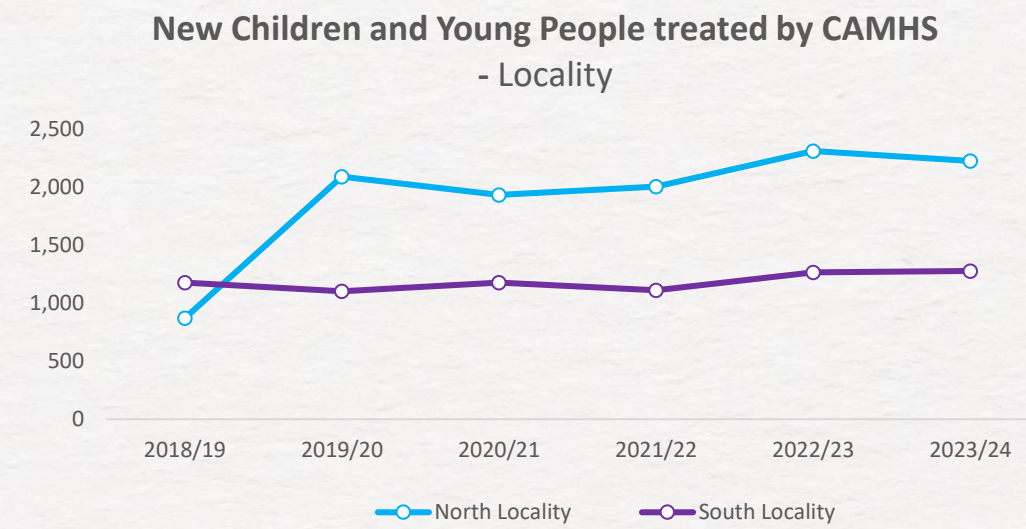
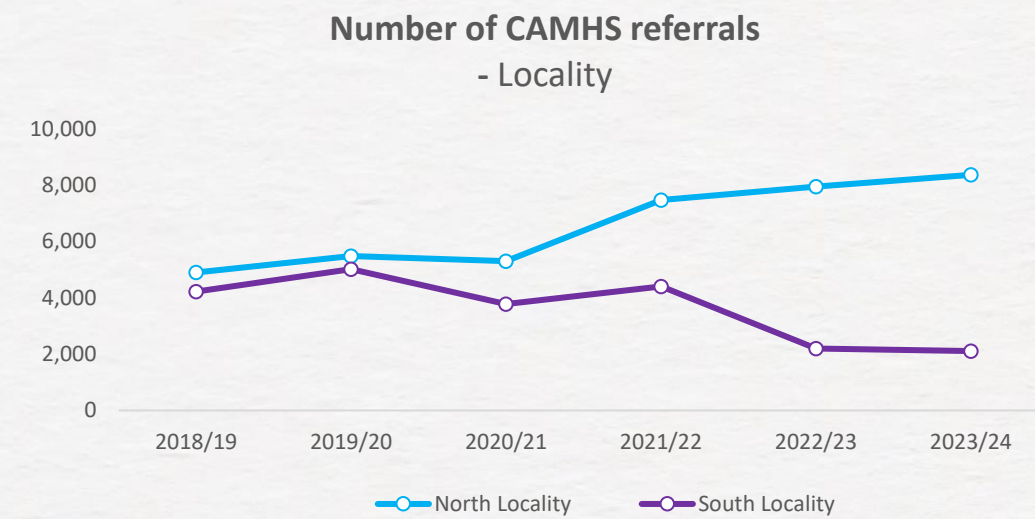
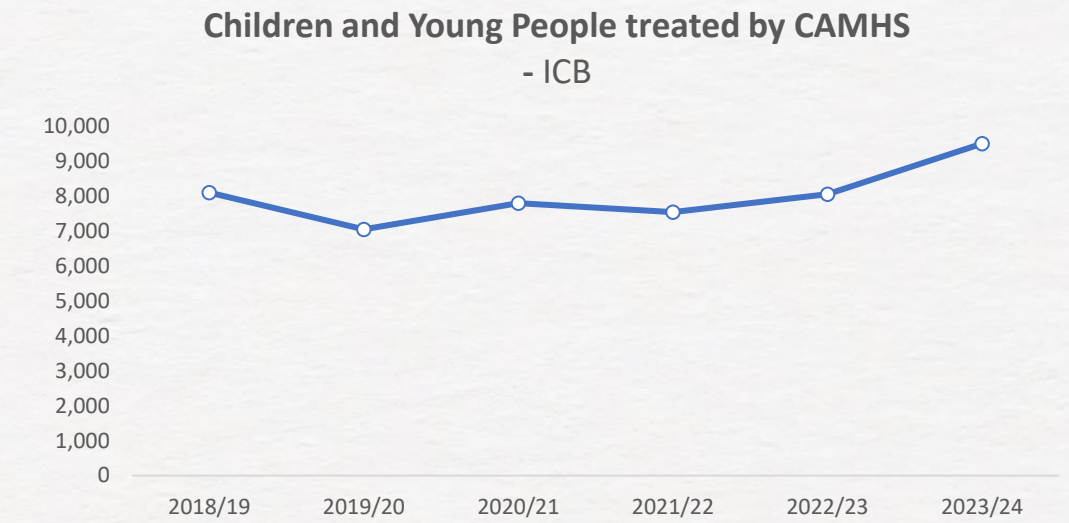
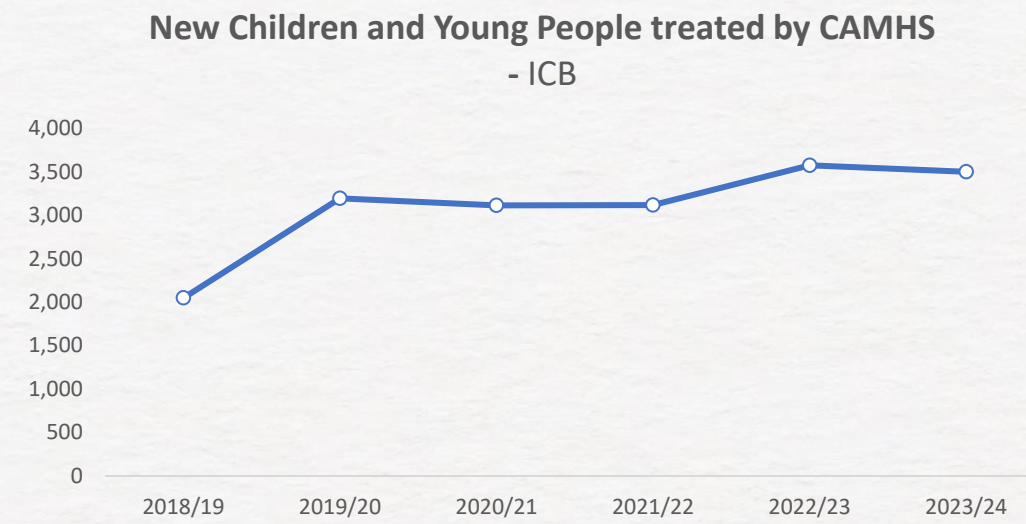
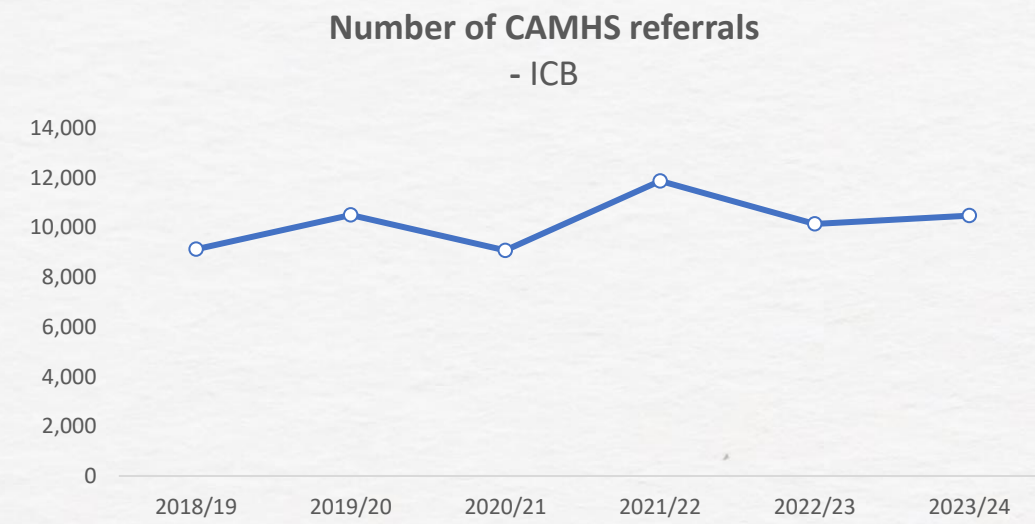
Data source: Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds from MPFT, North Staffordshire and Stoke-on-Trent from NSCHT.

Staffordshire place is comprised of the Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds sub ICB locations; Stoke-on-Trent place is comprised of the Stoke-on-Trent sub ICB location.

Caveats: Data from two main providers; as no published figures to check against, unable to determine if missing any data from other providers.

Midlands Partnership NHS Foundation Trust's apparent drop in referrals in 2022/23 (relating to Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds) is believed to be a result of the adoption of the CAMHS Single Point of Access (SPA) in January 2022, where all referrals go into one place and are then sent out to the applicable service if appropriate.

CAMHS: Getting help services (formerly Tier 3)



Data source: Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds from MPFT, North Staffordshire and Stoke-on-Trent from NSCHT.

Staffordshire place is comprised of the Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds sub ICB locations; Stoke-on-Trent place is comprised of the Stoke-on-Trent sub ICB location.

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MPFT's data for the total number of individual children includes all children with one contact in 2023/2024, in previous years it was 2 contacts.

Children and young people (CYP) mental health outcomes

Closed referrals with at least two contacts and any perspective paired score and self rated measurable improvement

Staffordshire and Stoke-on-Trent ICB	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CYP paired scores	18%	16%	25%	27%	24%	21%	24%	24%	25%	26%	24%	25%
CYP self rated measurable improvement	40%	47%	43%	50%	53%	50%	50%	49%	45%	43%	48%	52%

The ICB benchmarked at 14th out of 42 ICBs in England in March 2024 which puts the ICB in the middle range (neither best of worst)

CYP self rated measurable improvement - ICB



Data source: published MHSDS dataset (MHS112a, MHS113b)

MHSDA indicator definitions:

Paired scores (% of closed referrals with 2 contacts and a paired score)

Self rated measurable improvement (% of closed referrals with 2 contacts and a self-related perspective paired score that showed reliable improvement)

Both measures relate to CYP aged 0-17

CAMHS getting risk support specialised inpatient admission for CYP (formerly Tier 4)

Geography	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Staffordshire Place	Patients at start of FY	19	20	14	6	20	15
	Ward starts in FY	77	52	54	48	44	21
	Ward ends in FY	73	63	55	34	48	24
	Patients at end of FY	20	15	15	20	15	13
	Overnight Bed stays (all patients) in FY	7,806	7,407	6,256	6,689	7,129	3,962
	Y on Y change in bed stays (all patients)	-	-5%	-16%	7%	7%	-44%
	Patients newly admitted in FY	53	40	47	40	31	21
	Overnight Bed stays (new adms) in FY*	5,528	4,231	4,048	4,411	2,967	1,324
Stoke-on-Trent Place	Patients at start of FY	10	*	8	*	8	11
	Ward starts in FY	29	44	27	14	28	19
	Ward ends in FY	38	38	27	9	27	23
	Patients at end of FY	*	8	7	8	11	7
	Overnight Bed stays (all patients) in FY	2,566	3,000	1,761	1,984	3,670	2,859
	Y on Y change in bed stays (all patients)	-	17%	-41%	13%	85%	-22%
	Patients newly admitted in FY	23	31	21	12	22	19
	Overnight Bed stays (new adms) in FY*	1,707	2,902	927	1,074	2,042	1,446
North locality	Patients at start of FY	19	10	14	5	12	18
	Ward starts in FY	61	65	45	28	50	29
	Ward ends in FY	73	62	48	21	45	34
	Patients at end of FY	10	14	10	12	18	13
	Overnight Bed stays (all patients) in FY	5,322	5,249	3,287	3,875	6,294	4,793
	Y on Y change in bed stays (all patients)	-	-1%	-37%	18%	62%	-24%
	Patients newly admitted in FY	46	47	38	24	36	29
	Overnight Bed stays (new adms) in FY*	3,784	4,383	1,996	2,450	3,290	2,040
South locality	Patients at start of FY	10	12	8	*	16	8
	Ward starts in FY	45	31	36	34	22	11
	Ward ends in FY	38	39	34	22	30	13
	Patients at end of FY	12	9	12	16	8	7
	Overnight Bed stays (all patients) in FY	5,050	5,158	4,730	4,798	4,505	2,028
	Y on Y change in bed stays (all patients)	-	2%	-8%	1%	-6%	-55%
	Patients newly admitted in FY	30	24	30	28	17	11
	Overnight Bed stays (new adms) in FY*	3,451	2,750	2,979	3,035	1,719	730
Staffordshire and Stoke-on-Trent ICB	Patients at start of FY	29	22	22	9	28	26
	Ward starts in FY	106	96	81	62	72	40
	Ward ends in FY	111	101	82	43	75	47
	Patients at end of FY	22	23	22	28	26	20
	Overnight Bed stays (all patients) in FY	10,372	10,407	8,017	8,673	10,799	6,821
	Y on Y change in bed stays (all patients)	-	0%	-23%	8%	25%	-37%
	Patients newly admitted in FY	76	71	68	52	53	40
	Overnight Bed stays (new adms) in FY*	7,235	7,133	4,975	5,485	5,009	2,770

Data source: West Midlands CYPMHS Provider collaborative
FY = Financial Year

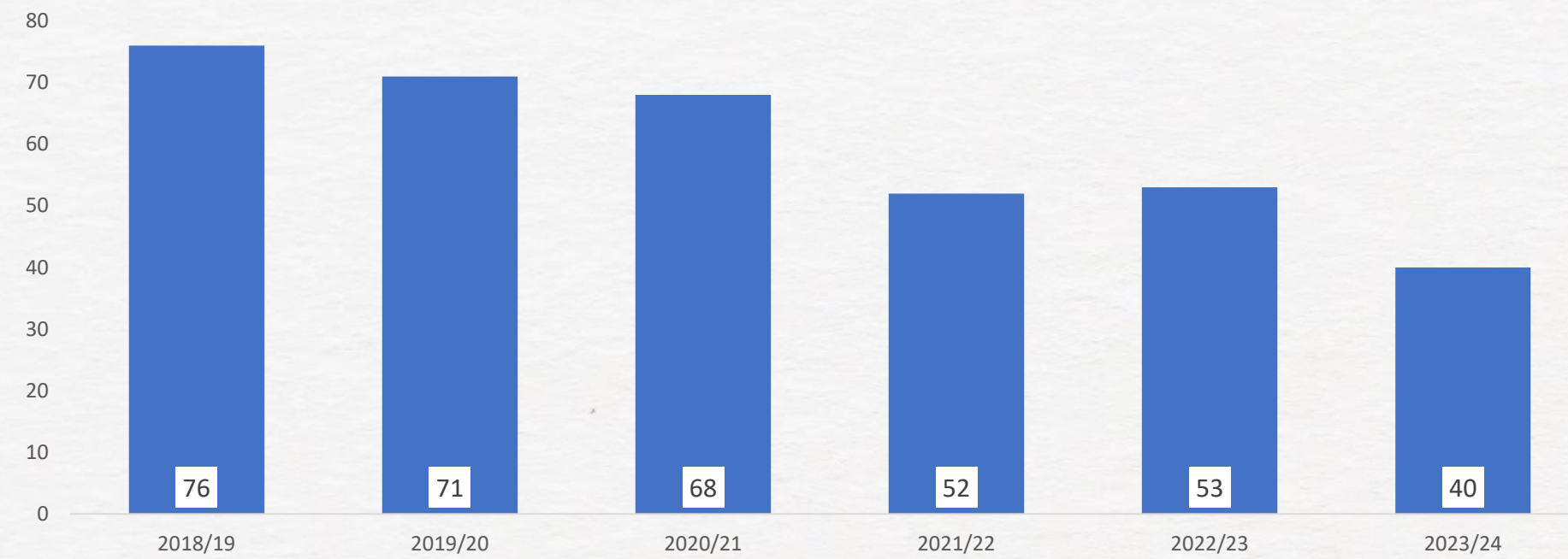
*WMCPG paid for overnight bed stays (OBDs) on the last day of the year

Staffordshire Place is comprised of Cannock Chase, East Staffordshire, North Staffordshire, SES&SP and Stafford and Surrounds sub ICBs; Stoke-on-Trent Place is the Stoke-on-Trent sub ICB location. North locality is comprised of North Staffordshire and Stoke-on-Trent sub ICBs, and South is Cannock Chase, East Staffordshire, SES&SP and Stafford and Surrounds sub ICBs.

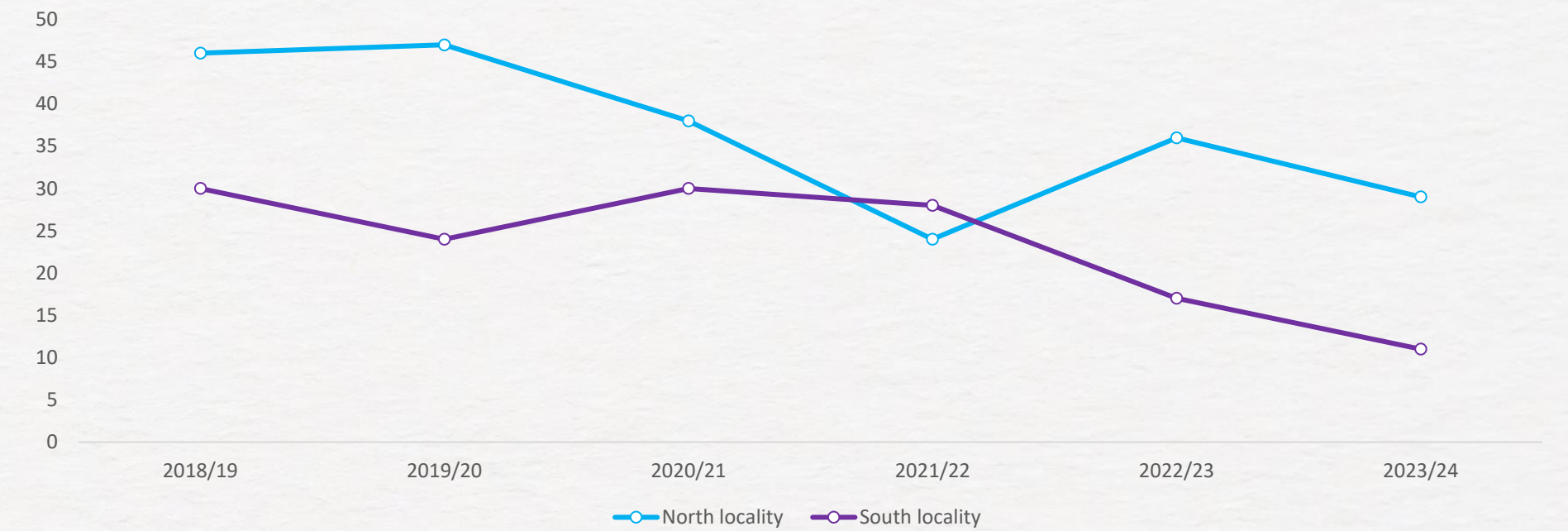
Caveats: data accuracy on data held on NCMS pre 1 Jan 2022 is around 85% and post 1 Jan 2022 is around 98%
Values <5 have been suppressed (*)

CAMHS getting risk support specialised inpatient admission for CYP (formerly Tier 4)

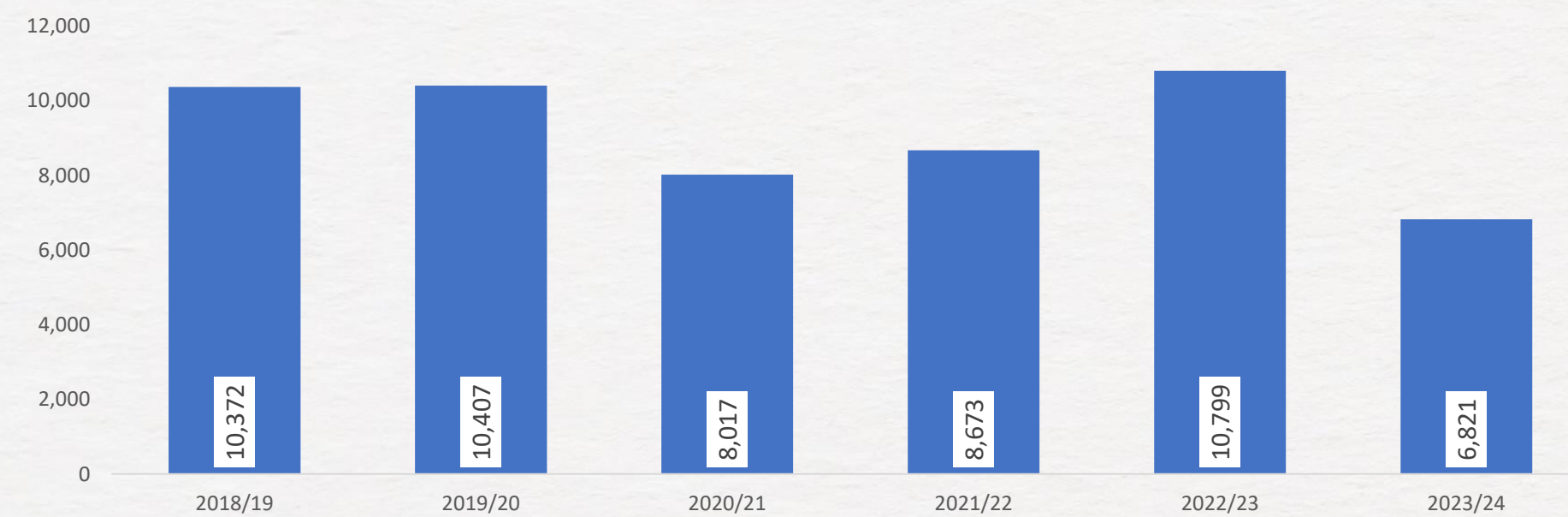
Patients newly admitted in the financial year - SSoT ICB



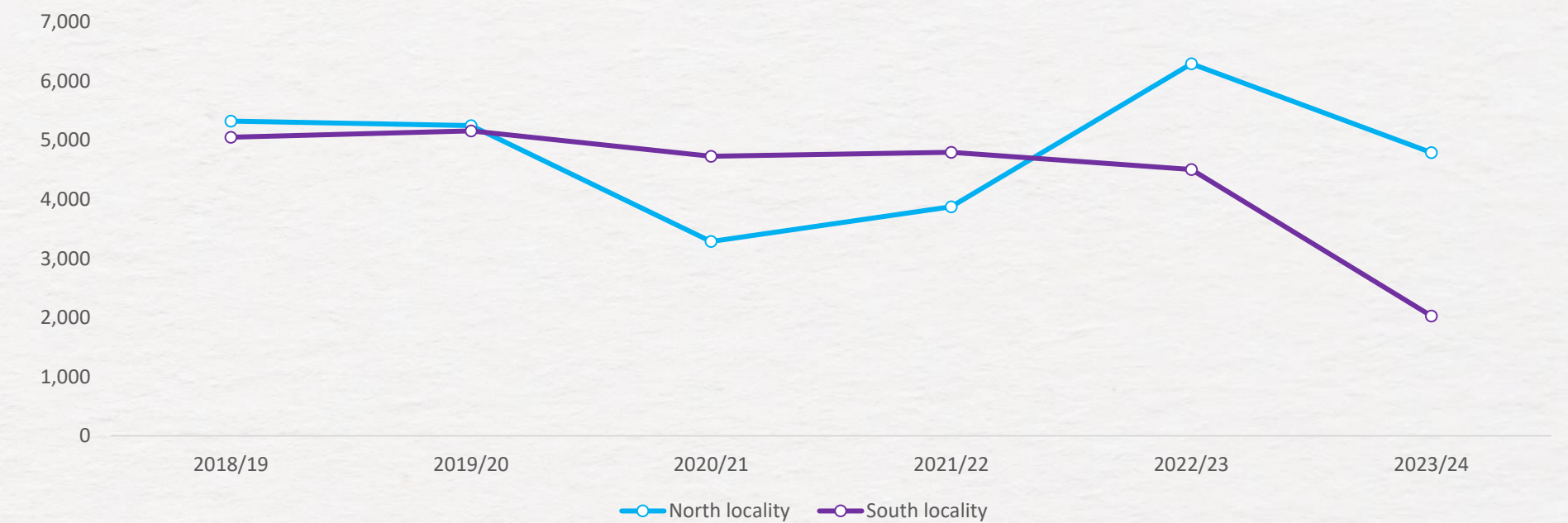
Patients newly admitted in the financial year - Locality



Overnight bed stays (all patients) in the financial year - SSoT ICB



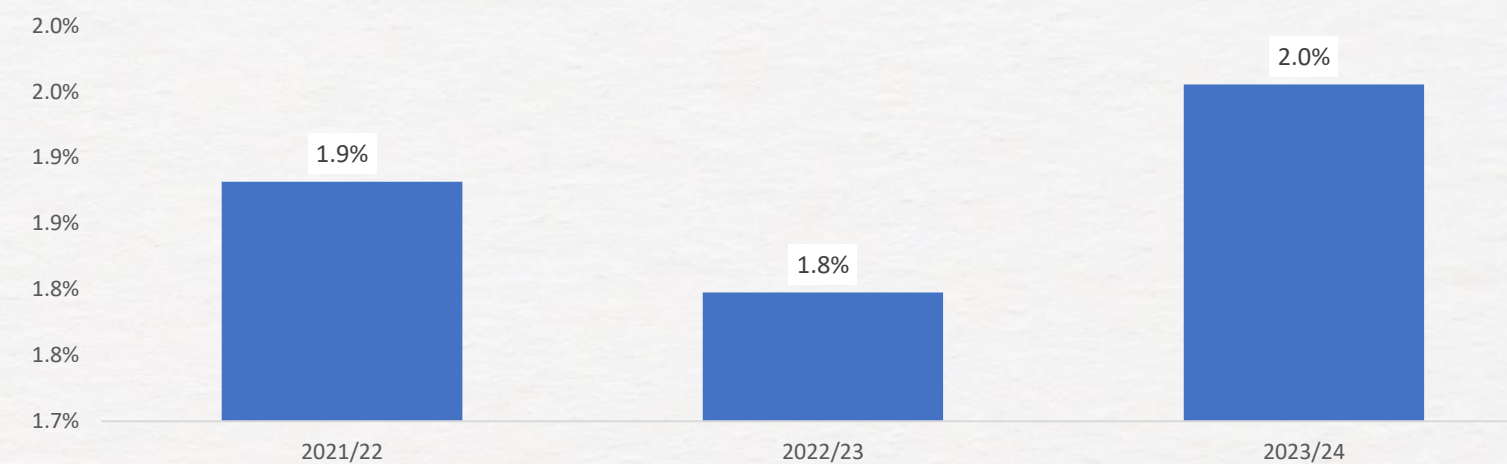
Overnight bed stays (all patients) in the financial year - Locality



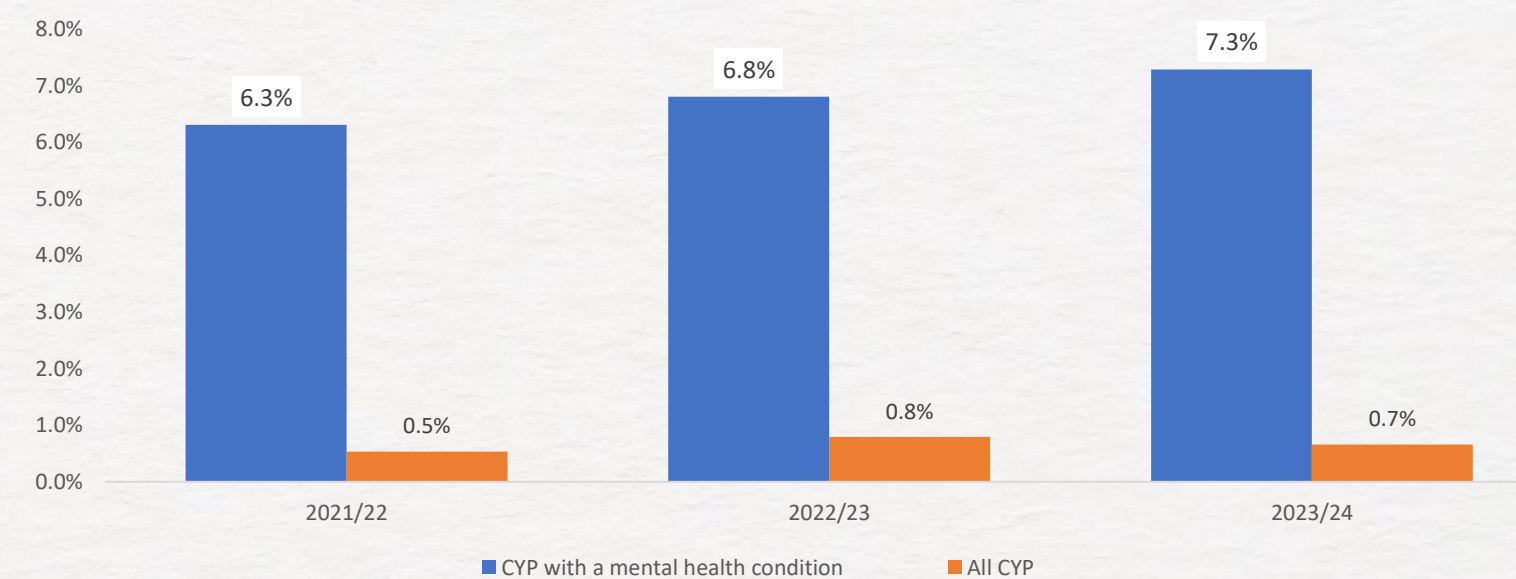
Children and young people (CYP) mental health A&E attendances and 12 hour breaches

Geography		2021/22	2022/23	2023/24
Staffordshire and Stoke-on-Trent ICB	CYP A&E attendances where the person had a mental health condition	1,122	1,062	1,118
	Total CYP A&E attendances	59,625	59,079	57,172
	Proportion of CYP A&E attendances where the person had a mental health condition	1.9%	1.8%	2.0%
	12 hour breaches (CYP with a mental health condition)	70	72	80
	CYP A&E attendances where the person had a mental health condition*	1,110	1,058	1,098
	Proportion of attendances that breached	6.3%	6.8%	7.3%
	12 hour breaches (all CYP)	317	467	377
	Total CYP A&E attendances*	59,592	59,028	57,102
	Proportion of attendances that breached	0.5%	0.8%	0.7%

Proportion of CYP A&E attendances where the person had a mental health condition - ICB



Proportion of CYP who stayed in A&E for over 12 hours - ICB



Data source: Emergency Care Dataset (ECDS)

Criteria:

People aged under 18 at time of arrival, attending a type 1 A&E department, Staffordshire and Stoke-on-Trent commissioned activity. All providers included.

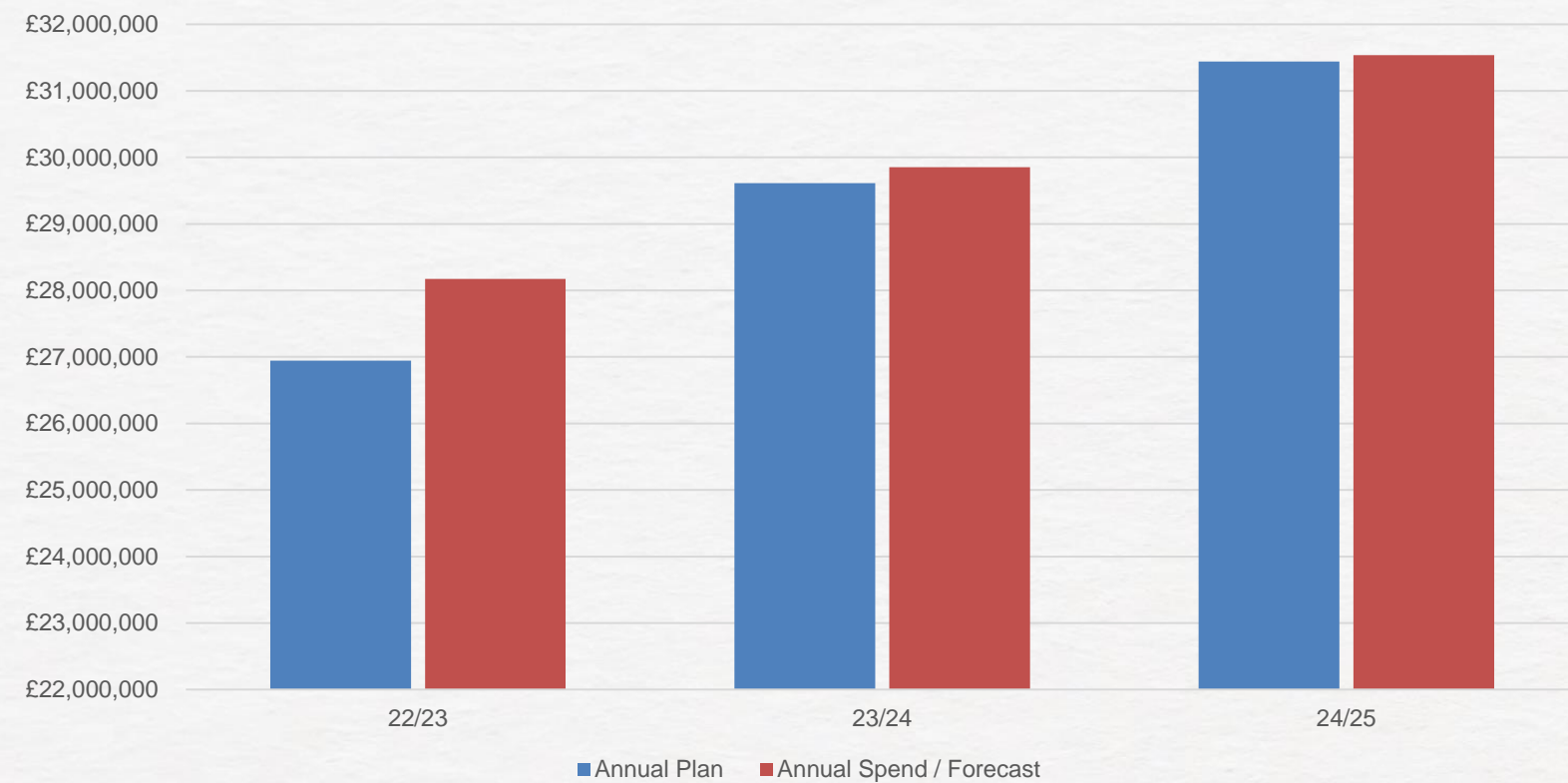
Identification of mental health conditions based on the criteria used by NHS England in the FutureNHS UEC MH Dashboard.

A 12 hour breach is where a patient stays in the A&E department for more than 12 hours before being admitted, transferred, or discharged.

Caveats: *Excluding attendances where the duration may have been affected by data quality issues

Appendix 3 - Finance

CAMHS Financial Overview

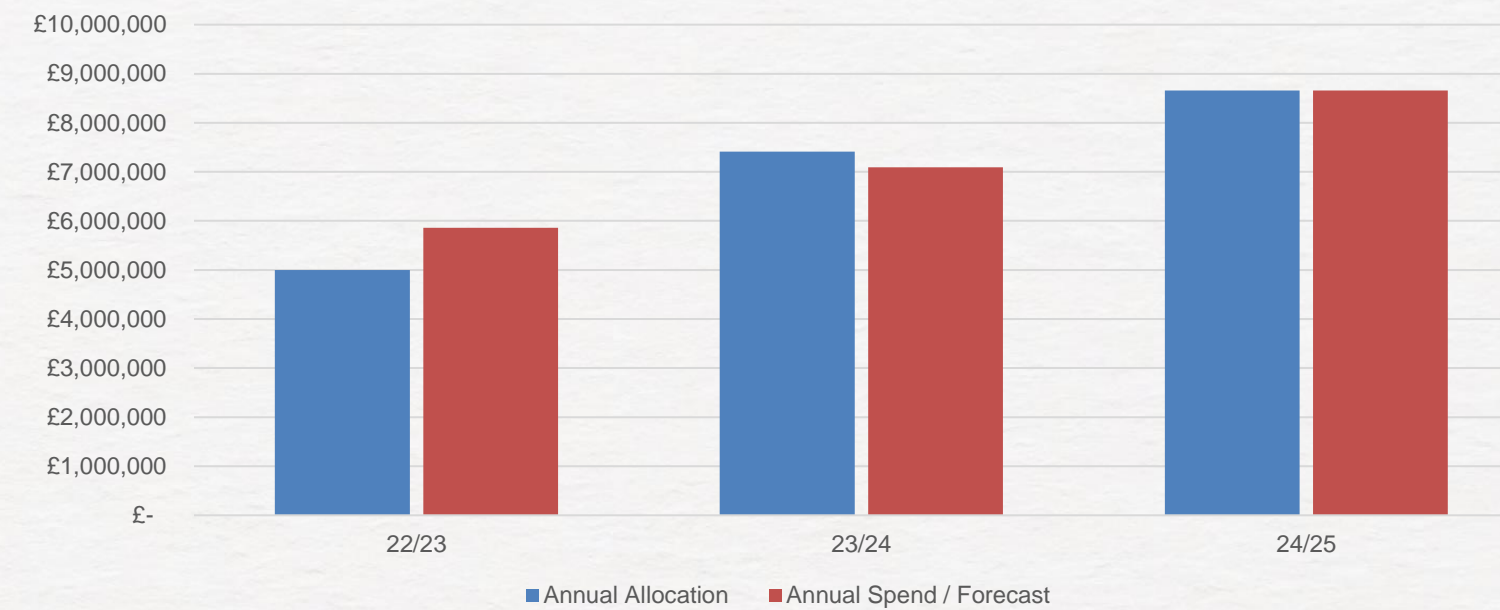


CAMHS Plan / Spend	22/23	23/24	24/25				
Annual Plan	£ 26,945,000	£ 29,611,000	£ 31,440,000				
Annual Spend / Forecast	£ 28,172,000	£ 29,851,000	£ 31,538,000	24/25 Forecast based on M6 IFR			
CAMHS SDF Plan / Spend							
	22/23	23/24	24/25				
Annual Allocation	£ 4,997,000	£ 7,410,000	£ 8,661,000				
Annual Spend / Forecast	£ 5,862,000	£ 7,095,000	£ 8,661,000	24/25 Forecast based on M6 IFR			

** Plan and Actual figures taken from IFR document submitted to NHSE

** 24/25 annual spend is the forecasted spend for the full financial year as at the end of September

CAMHS SDF Financial Overview



* Plan and Actual figures taken from IFR document submitted to NHSE

** 24/25 annual spend is the forecasted spend for the full financial year as at the end of September

Appendix 4 - Workforce

Staffordshire and Stoke-on-Trent CYP MH Workforce:

Establishment WTE	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24 (planned)	Mar-24 (Actual)	Mar-25 (Planned)
Tier 2 / "Getting Advice and Support"													
Therapists and Practitioners	0.0	0.0	0.0	0.0	0.0	7.0	19.0	25.2	27.6	52.1	56.0	35.7	46.2
Administration and Management	0.0	0.0	0.0	0.0	0.0	3.3	5.9	6.5	8.5	16.3	16.1	7.4	7.2
Tier 2 Total	0	0	0	0	0	10.3	24.9	31.7	36.06	68.37	72.13	43.11	53.4
Tier 3 / "Getting Help - Targetted Support"													
Consultant	0.0	0.0	5.8	6.2	5.9	10.3	10.3	11.4	11.9	12.0	12.2	12.1	12.1
Specialty Doctor	0.0	0.0	1.8	2.2	2.0	3.2	3.7	3.7	4.6	4.3	4.9	6.9	5.9
Therapists and Practitioners	38.5	36.4	80.2	100.0	103.7	99.0	107.7	149.1	202.2	229.0	243.2	229.9	215.0
Social Workers	5.0	5.0	3.0	4.7	5.0	5.3	2.8	4.9	5.5	4.0	4.3	14.1	13.9
Administration	12.8	13.3	39.6	43.4	44.9	42.4	46.0	44.6	58.6	70.2	73.0	62.2	65.8
Management	1.8	1.2	3.0	2.4	2.2	1.0	5.6	6.0	5.4	5.7	6.2	10.0	10.1
Tier 3 Total	58.06	55.89	133.31	158.83	163.74	161.18	176.11	219.65	288.21	325.13	343.75	335.19	322.84
Tier 4 / "The Darwin Centre"													
Consultant	2.0	2.0	2.0	2.0	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Specialty Doctor	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Therapists and Practitioners	0.8	1.0	2.7	2.9	3.0	3.7	3.7	3.7	3.7	3.7	3.7	3.8	3.8
Social Workers	1.0	1.0	1.1	1.0	1.0	1.5	1.5	1.5	1.5	0.5	1.0	1.0	1.0
Administration	2.0	2.0	2.0	2.8	2.8	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Management	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tier 4 Total	5.8	6	7.75	8.65	8.83	8.15	9.15	9.2	9.2	8.2	8.7	8.8	8.8

Substantive Staff WTE	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24 (planned)	Mar-24 (Actual)	Mar-25 (Planned)
Tier 2 / "Getting Advice and Support"													
Therapists and Practitioners	0.0	8.7	8.7	8.7	7.2	14.2	19.0	21.2	26.4	42.7	44.1	36.2	36.2
Administration and Management	0.0	0.0	0.0	0.8	3.2	6.4	7.3	8.2	7.3	15.9	15.9	7.2	7.2
Tier 2 Total	0	8.7	8.7	9.5	10.32	20.6	26.3	29.4	33.7	58.6	60.0	43.4	43.4
Tier 3 / "Getting Help - Targetted Support"													
Consultant	0.0	5.0	5.0	5.1	4.9	8.3	9.1	7.7	7.2	7.5	7.5	8.1	9.1
Specialty Doctor	0.0	1.8	1.8	2.2	1.8	2.0	2.7	3.8	5.4	5.4	5.4	6.5	6.5
Therapists and Practitioners	35.6	75.1	85.5	92.2	77.8	84.7	116.6	131.1	144.8	153.0	169.4	171.3	173.3
Social Workers	0.0	4.7	4.7	5.7	5.0	2.2	1.3	3.7	4.8	6.3	7.2	16.2	18.2
Administration	12.6	31.4	37.7	40.0	39.1	32.5	44.2	44.9	45.3	53.9	57.1	62.7	65.2
Management	0.0	1.2	7.6	4.1	4.6	4.6	5.5	6.5	5.6	6.4	9.4	7.4	9.6
Tier 3 Total	48.22	119.24	142.4	149.28	133.18	134.3	179.4	197.7	213.2	232.5	256.0	272.2	281.9
Tier 4 / "The Darwin Centre"													
Consultant	1.0	1.0	1.8	1.8	1.0	0.0	1.0	0.0	1.0	0.8	0.8	1.0	1.0
Specialty Doctor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0
Therapists and Practitioners	1.0	1.0	3.3	2.9	3.1	3.7	3.0	3.7	2.6	2.6	2.6	2.2	2.2
Social Workers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.5	1.0	1.0
Administration	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Management	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tier 4 Total	3.99	3.99	7.04	6.64	6.04	5.63	5.98	6.68	6.58	7.38	7.88	7.18	7.18

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