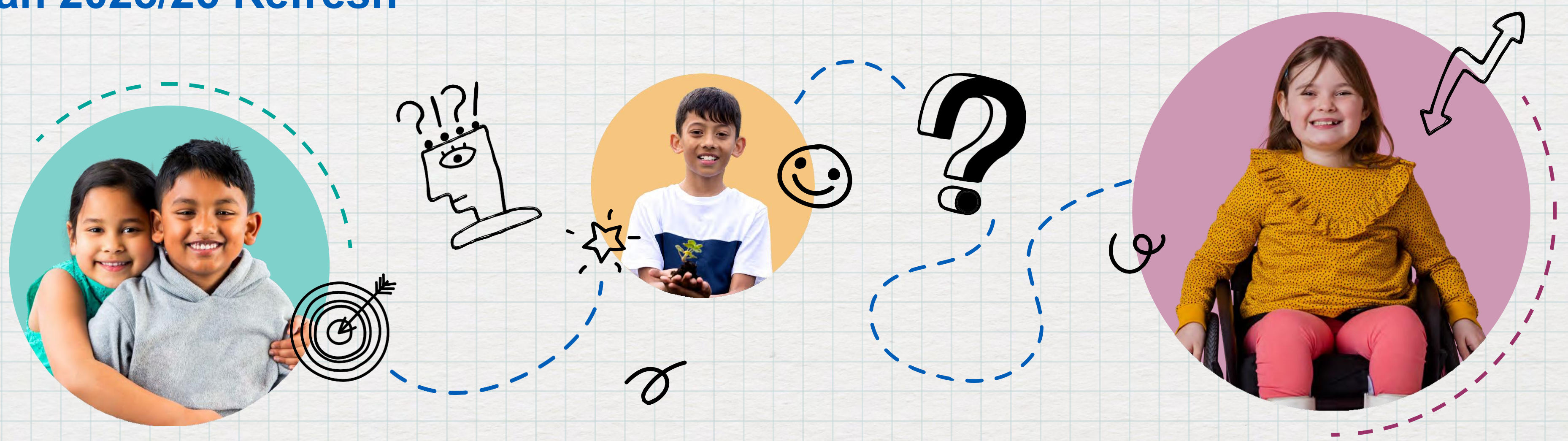


Children and Young People's

Mental Health Local Transformation Plan 2025/26 Refresh



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Background

Why we need to refresh our plan

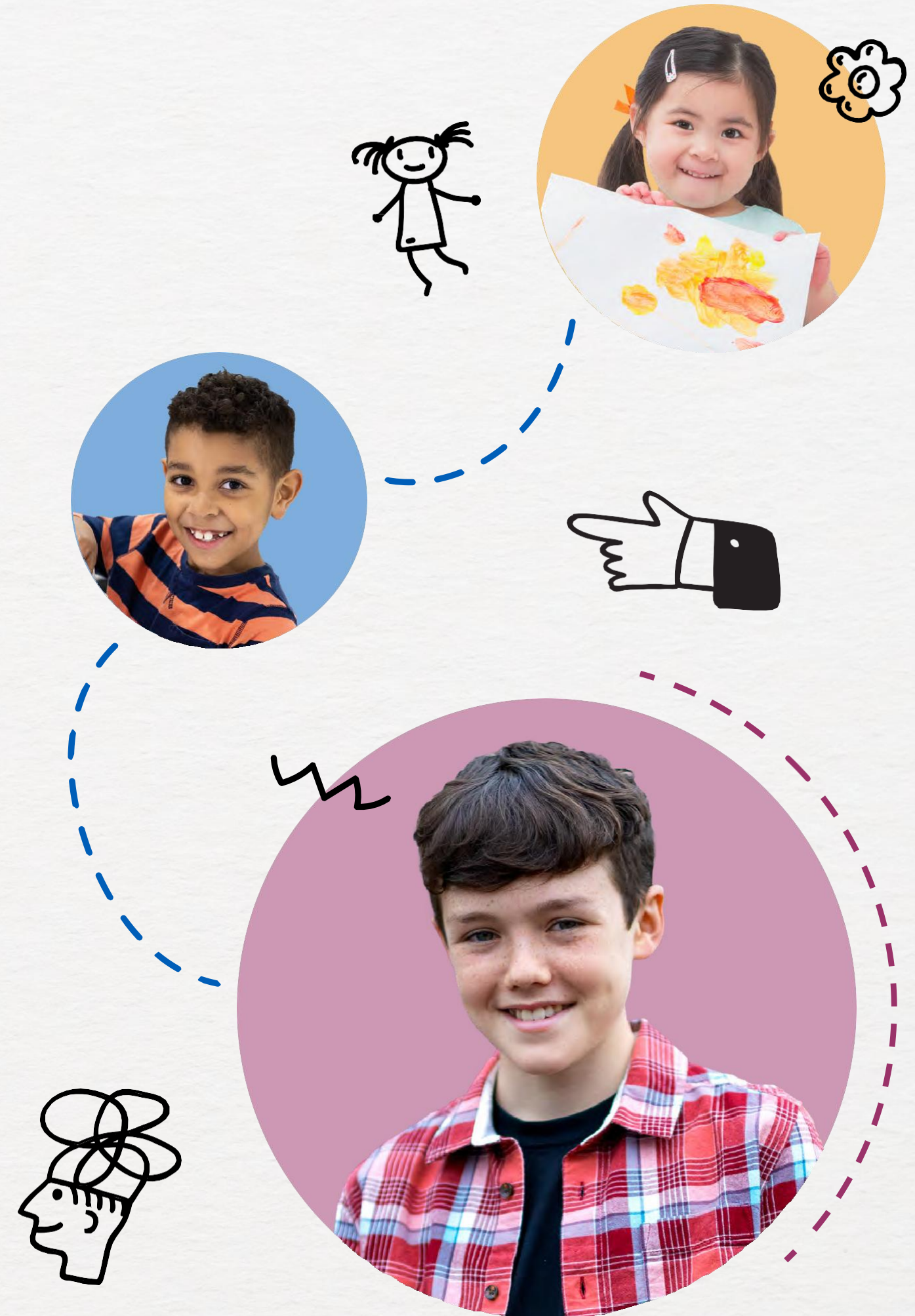
The Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's (CYP) Mental Health, first approved in October 2015, has been updated annually in line with NHS England (NHSE) guidance. This October 2025 refresh builds on the work and challenges of 2024/25 and sets out the delivery focus for 2025/26.

The LTP covers the whole of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), which replaced six NHS Clinical Commissioning Groups (CCGs) on 1 July 2022, alongside the two local authorities (Staffordshire and Stoke-on-Trent). While priorities are shared across the system, different localities are working from different baselines, meaning investment and progress vary. Our ongoing commitment is to ensure services are equitable, responsive to local need, and accessible to all children and young people across the footprint.

Earlier LTPs were informed by the Stoke-on-Trent and Staffordshire Children and Young People's Emotional Health and Wellbeing Strategy 2018–23, which has now concluded. Rather than creating a separate strategy and LTP, this 2025 refresh continues to act as the overarching strategy and delivery plan for children and young people's mental health across Staffordshire and Stoke-on-Trent.

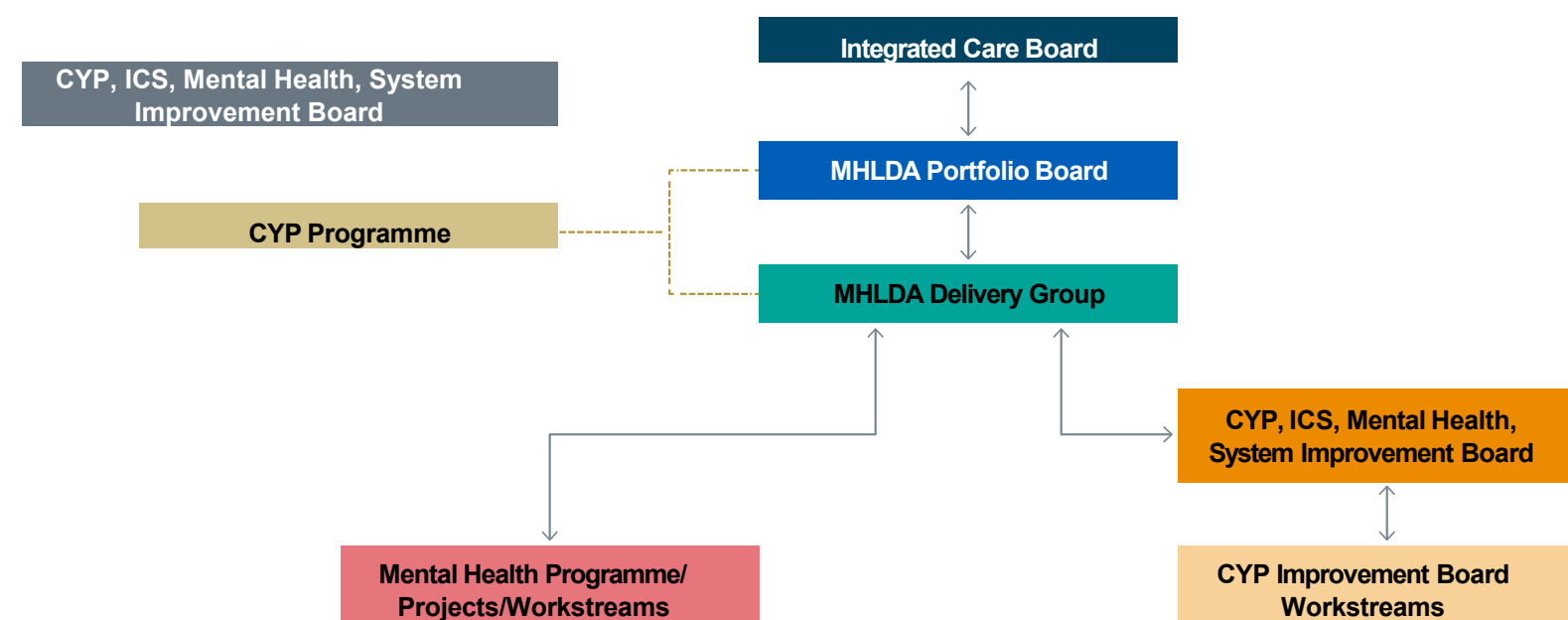
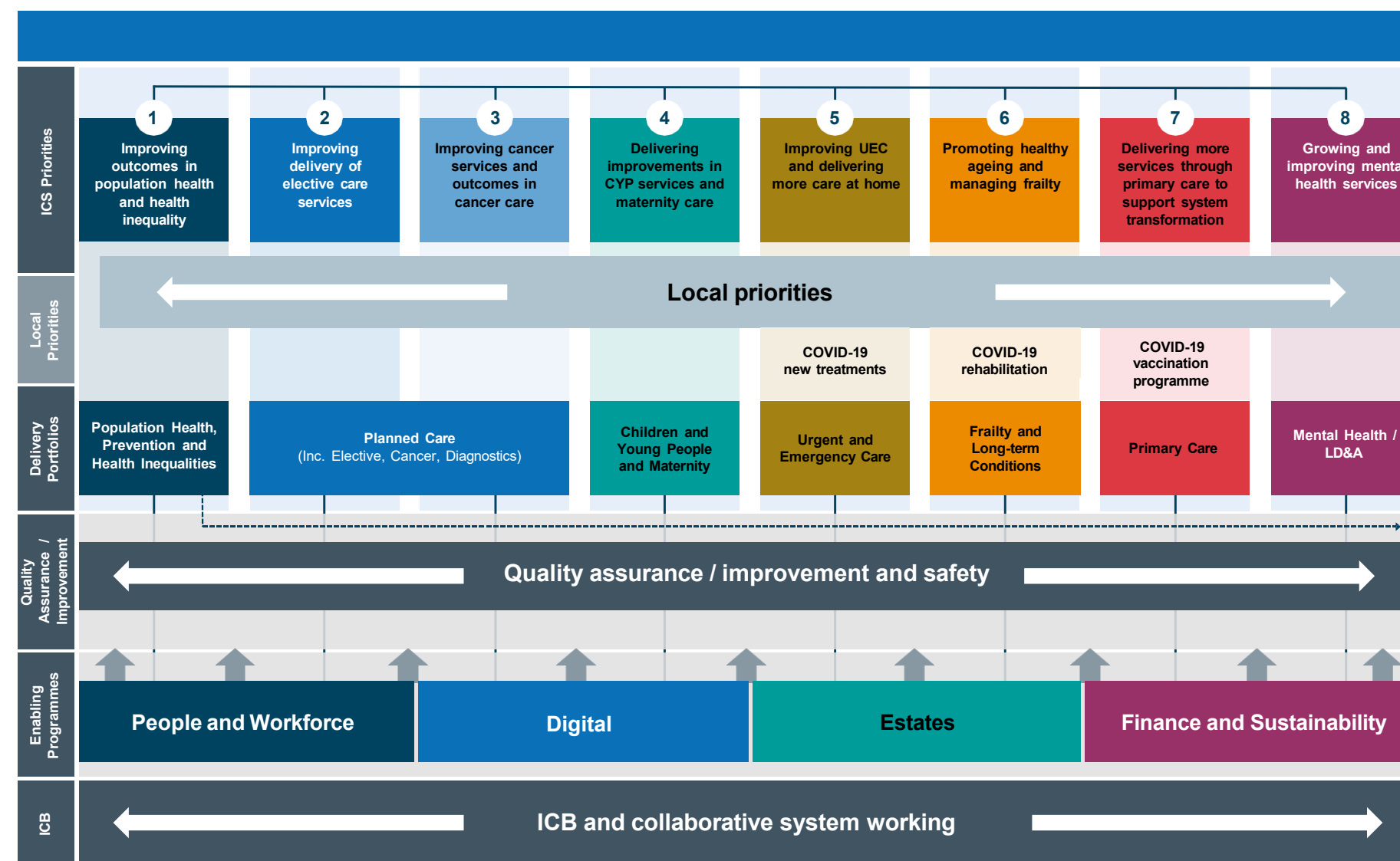
About us

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) operates in collaboration alongside local and neighbouring NHS organisations, local authorities, and the voluntary sector. The partners have a clear shared ambition to work with local people, communities, and staff to improve the health and wellbeing of individuals and to use their collective resources more effectively. Together, we are committed to improving mental health outcomes for children and young people. Our work is informed by engagement with children, young people, families, carers, and frontline practitioners, ensuring that lived experience shapes the way forward.



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 is a genuine partnership, bringing together members from NHS community and mental health providers, acute trusts, emotional health services, both local authorities, and education.

Previously, priorities were shaped using NHSE/the former NHS Improvement's (NHSI) Key Lines of Enquiry (KLOEs) for systems maturity toolkit, which informed a programme of work across multiple thematic groups, each chaired by a Board member. These groups have focused on areas such as the THRIVE Framework, access, prevention, capacity and demand, care-experienced young people, outcomes, and workforce.

For 2024/25, this was refined into five priority areas:

- Access
- Prevention
- Crisis/complex needs
- Care-Experienced Young People
- Co-production.

As part of the 2025/26 refresh, the Board has further reviewed progress and agreed a clear set of delivery priorities for the year ahead:

- Crisis
- Neurodevelopment
- Access
- Prevention.

Workforce, transitions, THRIVE, care-experienced young people, and co-production remain embedded within these priority areas and will be taken forward as part of the workstreams already established.

The Board continues to report into the SSOT ICS Mental Health, Learning Disability and Autism Portfolio Board, ensuring accountability, with strong links maintained to other partnership forums including the SSOT ICS Learning Disability and Autism Partnership Board and both local authorities' SEND (special educational needs and disabilities) Inclusion Boards.

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.

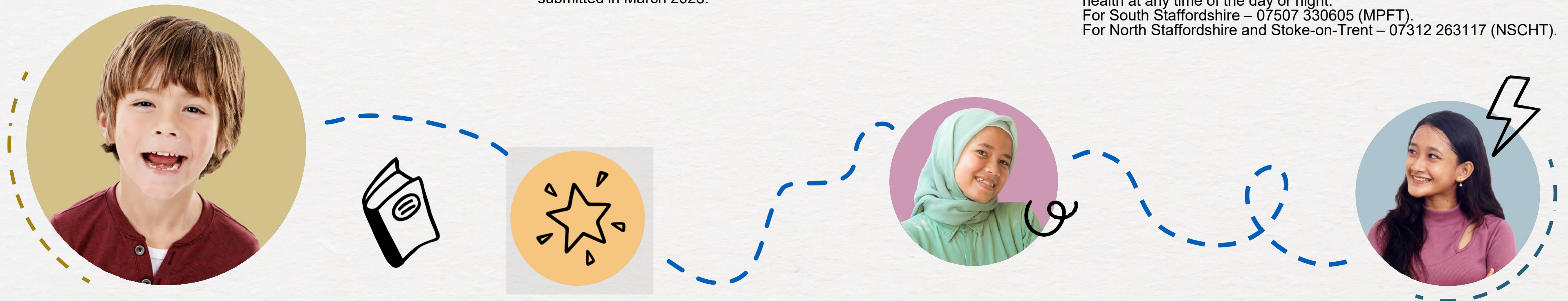
The Staffordshire and Stoke-on-Trent MHRV launched on the 4 December 2023 and is in operation from midday to midnight daily.

24/7 Mental Health Text Support

Anyone across Staffordshire and Stoke-on-Trent can now access an all age 24/7 mental health support by text with two new free text services across the area.

The text services are delivered by Midlands Partnership University NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT), commissioned by Staffordshire and Stoke-on-Trent Integrated Care Board (ICB).

Individuals can text the following numbers to receive support for their mental health at any time of the day or night:
For South Staffordshire – 07507 330605 (MPFT).
For North Staffordshire and Stoke-on-Trent – 07312 263117 (NSCHT).



To involve young people more in the co-production of our services (1/2)

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

Co-production is embedded across practice through sustained collaboration with local partners. Regular UNITY meetings with local authorities have been held for the past four years to review complex cases, while Dynamic Support Register (DSR) meetings with MPFT and Staffordshire County Council have been established for the past three years. Training is delivered to local authority social workers supporting looked after children, and a new youth group is currently being developed in partnership with PEGiS, Stoke-on-Trent City Council and CAMHS.

Co-produced initiatives have also included open days with Changes, New Era, Stay Well, the Community Hub Team, and Elevate, alongside weekly engagement at PEGiS coffee mornings and monthly Q&A sessions with families. Within Core CAMHS, Changes workers support triage processes, while a buddy system with MPFT supports the delivery of Mental Health Act assessments. In addition, the Learning Academy for social workers across the trust and MPFT further demonstrates the commitment to shared learning and collaborative service improvement.

Resources to support the workforce around greater awareness, growing understanding and building confidence to implement co-production have been created, shared and promoted:

- [One Stop Shop](#) – This includes background, context, Staffordshire's Promise
- [Staffordshire's Co-production Promise - SCVYS Staffordshire Council of Voluntary Youth Services](#), a downloadable toolkit and a team meeting PowerPoint designed to introduce co-production to a team and explore the possibilities.
- [Online resource library](#) – Contains Stoke-on-Trent and Staffordshire specific resources and links, as well as workforce tools, case studies and impact, and resources from around the country.
- [YouTube Staffordshire Co-production playlist](#) – 17 videos with 1,500 views (July 2025) supporting the workforce around co-production. These were largely created to support National Co-production Week locally.
- [Stay Well Service](#) – Designed and developed by young people who have used our Changes YP service over the past 25 years, Changes understands that co-production is a way of working that involves young people who use health and care services, carers and communities in equal partnership. As the main provider of mental health interventions within the Staffordshire & Stoke on Trent Stay Well Service, Changes YP continues to involve young people with lived experience in managing and shaping our provision.

The WHAM (**Wellbeing and Health Action Map**) Plan content has been completely revamped using a co-production approach including the full involvement of young people on every aspect of the programme alongside youth work and mental health professionals, and it is now ready for delivery to be expanded across schools and youth settings over the coming year.

As part of Co-production Week 2025, MPFT and Staffordshire County Council's *Whose Shoes?* team hosted a celebration event in Stafford, bringing together over 120 parents, carers, young people, professionals, and community members. The event marked the culmination of a four-year journey co-producing #CYPWhoseShoes scenarios and sharing insights from the recent #SEND Roadshow. Building on this work, the team is now creating a practical 'How To' guide so others can use these co-produced approaches to improve experiences for children and young people.

Challenges/Mitigations

Capacity in terms of time and resource, but also in terms of true partnership/collaboration as the whole workforce is under severe pressure.

Support for Stoke-on-Trent workforce – **We're grateful for the support we have had, however we are aware that the resources above are heavily focused on activity in Staffordshire.** There is lots happening in Stoke-on-Trent, however SCVYS is not always connected into the right places to hear and promote it.

To involve young people more in the co-production of our services (2/2)

What we will do next	Expected outcomes
<p>SCVYS is currently recruiting a Project Lead who will continue to support the children and families workforce across Staffordshire to implement co-production as an approach where it is relevant to do so. They will also support the communications and training around expanding take up of the WHAM Plan.</p>	<ul style="list-style-type: none"> • Increased awareness of co-production as an approach • Increased access to training • Co-production more embedded across the system • More young people equipped to self-manage the normal up and downs of their emotional wellbeing on a day-to-day basis.
<p>NSCHT currently working on a Youth Group that will run weekly co-produced with PEGiS/LA/CAMHS.</p>	<ul style="list-style-type: none"> • Co-production embedded within any service changes and enhanced voice of the CYP. • Alternative offer of support for CYP that has been co-produced.
<p>Children and young people will help create a new resource for schools that explains the support available for Social, Emotional and Mental Health (SEMH) needs across Staffordshire and Stoke-on-Trent. They will share their ideas on what teachers should know, what language works best, and how the resource should look and feel so it's easy to use.</p>	<ul style="list-style-type: none"> • Give teachers and school staff a clearer picture of the SEMH support available locally. • Make sure the voices of children and young people are at the heart of the information. • Help teachers feel more confident when supporting pupils with SEMH needs. • Build stronger links between schools, families, and services so that children feel understood, supported, and able to thrive in their learning.
<p>To develop the role of Young Advisors.</p>	<p>The Young Advisors are recognised advocates and leaders for their peers leading to increased numbers of young people actively involved in co-production.</p> <p>The voices and experience of young people are heard, listened to and influence the future delivery and design of services.</p>
<p>To develop the Parent & Carer Voice Forum.</p>	<p>Increase number of parents/carers who are members of the forum</p> <p>Parents/carers will feel empowered, informed and included in service design and development.</p>
<p>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.</p>	<p>Services become more accessible to more CYP from a variety of backgrounds.</p>

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 (1/2)

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

- A sustainable model for the ongoing maintenance, development and delivery of a peer-led mental health resource (the Wellbeing and Health Action Map (WHAM) Plan), which has been co-produced with children, young people and partners.
- Evidence-based suicide postvention guidance for education settings has been co-produced with schools and partners. This is intended to support schools and education settings to know what to do and have a plan for these circumstances, to ensure that CYP and staff are appropriately supported.
- Family Hubs have continued to provide families with access to the right help, at the right time, in the right place to support families to achieve and maintain good emotional wellbeing and mental health. This has included delivery of a range of sessions for children and families, which positively supports emotional wellbeing. For example, in Stoke-on-Trent, a mental health peer support runs coffee mornings, which are accessible within Hubs at the same time as the midwifery clinics.
- Continued delivery of the health literacy programme within Staffordshire libraries, which supports the development of community resilience.
- Work is underway to map out the existing training, support and guidance which is available to the network around the child.
- Work is underway to review evidence and data to help the partnership to understand which cohorts would benefit from targeted mental health prevention and to identify and understand the key risk and protective factors.
- Continued delivery of termly 'Kind Minds' and a related termly Mental Health Lead for Schools meetings to support 'Whole School' approaches to positive emotional mental health and wellbeing.

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 (2/2)

This includes building the resilience of our families and communities to support children to thrive.

What we will do next	Expected outcomes
Complete the review of evidence and data to prioritise cohorts who would benefit from targeted mental health prevention, to inform our partnership activities.	A better understanding of the needs of children and young people who may be more vulnerable / have higher risk of experiencing mental health difficulties, so that an evidence-based targeted prevention offer can be developed which meets their needs.
Complete the 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.	A better understanding of the needs of the network around children, to support the partnership to develop a workforce which is skilled, knowledgeable and confident to support children and their families to achieve and sustain good mental health and wellbeing.
Establish a Children & Young People’s Suicide Prevention Sub-Group, which will produce, implement and monitor the CYP chapter of the broader Staffordshire and Stoke-on-Trent Suicide Prevention Plan	A co-ordinated and effective partnership approach to implementing learning from the recent Child Death Overview Panel Suspected Teen Suicide Thematic review 2021-2024 and reducing future deaths by suspected suicide.

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 (1/2)

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 are making good progress in improving access to children and young people's mental health services across Staffordshire and Stoke-on-Trent. Achievements so far include establishing an access working group, mapping services to identify gaps, strengthening partnerships with schools and SEND teams, and beginning a review of CAMHS (child and adolescent mental health services).

Challenges remain around capacity and variations in access, but these are being addressed through equity audits, clearer referral guidance, and the development of a digital landing page. Next steps include expanding mental health support teams (MHSTs) in schools, launching a system-wide online access point, and co-designing services with young people and education partners. These actions will help deliver fairer access, reduced waiting times, and more consistent support for CYP and families.

- Access Working Group established to bring partners together and focus on making access fairer across the system.
- Mapping of services across the region to identify what is available, where gaps exist, and where duplication can be reduced.
- Stronger partnerships with local authorities, SEND teams, and neighbouring ICSs to share learning and best practice.
- Better use of data, including demand and capacity deep dives, to help us plan services based on real need.
- Foundations for co-production with CYP and schools, ensuring their voices shape future services.
- Improved transition support for young people moving into adult services.
- Review of CAMHS specification underway, ensuring services reflect local need and national standards.
- We've secured funding through the Toucan CAMHS Provider Collaborative to increase support for children and young people with eating disorders who may be at risk of needing hospital care. This funding will help us expand crisis and day support services, so that more young people can get the right help earlier and stay well at home.

A jointly commissioned Emotional, Health and Wellbeing Service offer has been established across Staffordshire and Stoke-on-Trent, funded by both local authorities and SSOT ICB. Delivered in partnership by Changes, North Staffs Mind, and the Dove Service, the *Stay Well Service* provides a comprehensive package of support for children and young people aged 5–18. This includes psycho-educational programmes, peer-support groups, one-to-one counselling, and specialist loss and bereavement support. Stay Well also delivers specialist training for parents, carers, and professionals to strengthen knowledge, skills, and confidence in supporting young people's mental health.

Following six years of successful delivery in Stoke-on-Trent, April 2025 marked the rollout of Stay Well into Staffordshire, ensuring consistent provision across the entire SSOT ICB footprint. From a standing start, Stay Well now offers community-based group and one-to-one support in each of Staffordshire's eight districts, working closely with Midlands Partnership University NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT) CAMHS teams to create a joined-up, responsive, and holistic mental health offer.

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 (2/2)

This includes understanding where we may need additional capacity to meet demand.

Mental Health Support Teams (MHSTs) in Staffordshire and Stoke-on-Trent

We're continuing to expand our mental health support teams to make sure more children and young people can get early help for their mental health and emotional wellbeing. There are now 14 MHSTs in place – 10 across Staffordshire and 4 in Stoke-on-Trent. A brand-new team for Seisdon has been approved and is currently being set up. Recruitment, planning, and work with local schools is already underway, led by MPFT.

As of May 2025, around 124,851 pupils now have access to MHST support.

When deciding where to set up new MHSTs, we look carefully at local need and existing support. This includes:

- Population and school numbers
- Levels of deprivation and local health needs
- Current MHST coverage.

Our goal is to achieve 100% MHST coverage across Staffordshire and Stoke-on-Trent by 2030.

We're also exploring new and innovative ways to make the service more flexible and sustainable. This could include:

- Offering both in-school and digital support, so help is easier to access
- Expanding the MHST workforce by including a wider range of trained professionals to meet different needs.

By developing these ideas and continuing to work closely with schools, health services, and families, we aim to create a stronger, fairer, and more effective system of mental health support for children and young people.

Challenges/Mitigations

Capacity pressures across the system: we are working with partners to prioritise resources and identify areas needing extra investment.

Variation in access between areas: mapping and equity audits will help us target improvements where they're most needed.

Navigation and communication: a new digital landing page and clearer referral guidance are being developed to make access simpler.

What we will do next

Refresh the Access Workstream membership to ensure strong representation from all partners

Progress the CAMHS service specification review and continue data analysis to guide planning

Develop a system-wide digital access offer – including a single online landing page and clearer information for CYP, families, and professionals.

Progress the Education Engagement Working Group to co-design support with schools and develop a directory of SEMH (social, emotional and mental health) offers.

Confirm the next areas for MHST expansion, ensuring equitable access across Staffordshire and Stoke-on-Trent.

Expected outcomes.

More children and young people able to access early support in schools through expanded MHSTs

A simpler, clearer digital entry point for families to find the right help, first time

Reduced waiting times and greater transparency through improved data sharing and monitoring

Fairer access across all areas, with particular focus on vulnerable groups and key transition points

A system shaped by the voices of CYP, families, and education partners, resulting in services that are easier to navigate, more consistent, and better able 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 and care experienced children and young people (1/2)

Why this is a priority

Emotional health and wellbeing services to support children with mild to moderate mental health needs have been recommissioned in Staffordshire and Stoke-on-Trent. The recommissioning activity took account of the findings of the mapping that had been carried out to consider the gaps and barriers faced by care experienced children and young people when accessing support for their emotional health and wellbeing. This included requirements for the services to be trauma informed and attachment aware; the prioritisation for assessment of care experienced children and young people and other vulnerable cohorts; and requirements for support to the network around vulnerable children.

Work has been undertaken to enable Staffordshire and Stoke-on-Trent to utilise the regional Children & Families Support Service (CAFSS) framework to procure psychological assessments. This is intended to ensure that any therapies recommended are appropriate and that the reports provide meaningful recommendations which support the aspiration of family reunification.

A series of development days were held across the county and city to bring together colleagues from children's mental health services and local authority children's services. The events aimed to support multi-agency working and professional relationships across organisations to improve outcomes for our children, young people and families. The development days were well attended, with good representation from local authority children's services and mental health services at each event, providing an opportunity for delegates to network with colleagues from across the system. Delegate feedback indicated that the development days have been well-received. Delegates reported that the events have resulted in a greater understanding of their own roles as part of a wider system and an improved understanding around partner services.

What has already been achieved and put in place

- Emotional health and wellbeing services to support children with mild to moderate mental health needs have been recommissioned in Staffordshire and Stoke-on-Trent. The recommissioning activity took account of the findings of the mapping that had been carried out to consider the gaps and barriers faced by care experienced children and young people when accessing support for their emotional health and wellbeing. This included requirements for the services to be trauma informed and attachment aware; the prioritisation for assessment of care experienced children and young people and other vulnerable cohorts; and requirements for support to the network around vulnerable children.
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Challenges

- Partnership capacity and resources remain a key challenge in this area of work.
- Ensuring that work is aligned and that there is no inadvertent duplication as new workstreams are developed in other areas of the system.
- There is currently a gap in specialist mental health support for looked after children, which means that some young people are not always able to get the specialist help they need when it's required.

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 (2/2)

What we will do next	Expected outcomes
<p>Consider the national recommendations for improving evidence-informed mental health provision for children in care in England, published by UCL, Coram BAAF and UK Trauma Council, and identify how these can be implemented locally.</p>	<p>Mental health provision is evidence-based and meets the needs of care experienced children and young people.</p>
<p>Build on the success of the development days to create opportunities for partners to come together across the system to increase the capacity and resilience of the workforce.</p>	<p>A partnership workforce where individuals understand their own role and the roles of others within the system, and who are skilled, confident and able to support the emotional health and wellbeing of the children and young people they come into contact with.</p>
<p>Mobilise the Behaviours of CYP Distress business case</p>	<p>The programme will ensure children and young people receive timely, compassionate support, reducing crisis escalation and improving family confidence. It will build workforce capability through a shared, multi-agency approach and clearer pathways for those who fall between current service thresholds.</p> <p>Stronger coordination between health, education, and social care will lead to fewer inappropriate referrals and better continuity of care. In the longer term, the work will establish a sustainable early-intervention model, improving equity of access and outcomes across Staffordshire and Stoke-on-Trent.</p>

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 (1/2)

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

- Sensory packs are provided to schools and families to help children and young people and their networks understand how the environment may affect them, alongside practical ideas for adaptations.
- ASD 'drop-ins' are available for school and service staff to seek advice and guidance before making a referral to the ASD service. This helps to prevent inappropriate referrals and reduce unnecessary waiting times.
- From November, the ADHD team will operate separately from core CAMHS. All neurodevelopmental teams for both adults and CYP will sit within the same service line, with four clear pathways. This structure is designed to improve the experience of ND service users, reduce unnecessary touchpoints, and prevent referrals being redirected between services.
- A monthly Q&A session is held with PEGiS, a parent engagement support group in Stoke-on-Trent, giving parents of ND CYP the chance to ask questions and access support.
- Collaboration between the service manager and education colleagues is underway to design teaching sessions for newly qualified teachers on ND and mental health. This aims to increase confidence in completing referral paperwork and questionnaires.
- Letters for ND children are co-produced with parents and CYP through PEGiS and the Service User Council, ensuring that communication is accessible, supportive, and shaped by lived experience.
- Early Help resources, developed by MPFT, are available to support children's health and wellbeing. These resources explore how emotions and behaviours can influence a child's development, highlighting the importance of feeling connected, valued, and supported. They encourage resilience, stress management, and positive coping skills through physical activity, healthy routines, social engagement, good sleep, nutrition, and supportive relationships with parents, carers, teachers, and professionals. By promoting nurturing environments and positive behaviours, children are better able to feel safe, motivated, and empowered to make healthy choices that support their happiness and long-term health.
- So far in 2025/26 (as at August 2025 month end) the number of Annual Health Checks for 14-17 year olds has increased to 92 (up from 75 at the same point in August 2024). The AHCs are for people registered on the Learning Disabilities Register but a high proportion are also autistic and/or have ADHD. A concerted effort has been made across SSOT to reach more young people and check in on their wellbeing as there is traditionally a lower uptake.
- MPFT have successfully attracted funding from Toucan for a pilot project aiming to offer enhanced support to CYP who are autistic or have autistic traits but not diagnosed at risk of hospital admission.
- MPFT has piloted a revised triage process for CYP with neurodevelopmental conditions, which has included an MDT approach, getting CYP to the right pathway. This has also facilitated integrated ADHD and ASC assessments.

Challenges/Mitigations

- Demand outstripping capacity within neurodevelopmental diagnostic pathways.

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 (2/2)

What we will do next	Expected outcomes
<p>Indicative plans to develop a system-wide programme of work via a series of workshops. This will have accountable leads, specific work streams, and with executive backing across agencies.</p>	<p>Provide specificity to the development and action required for the neurodivergent area of work across the system.</p>
<p>Review best practice and as part of the system wide plans, move away from single diagnosis led pathways and towards needs led models.</p>	<p>Improve productivity and address needs of CYP that is not diagnosis led .</p>
<p>Mobilise the Enhanced Autism Support Team funded by Toucan for CYP at risk of admission in South Staffordshire.</p>	<p>The Enhanced Autism Support Team, funded by the Toucan Collaborative, will provide timely, specialist support for children and young people with autism in South Staffordshire who are at risk of hospital admission.</p> <p>The team will help stabilise crises, prevent unnecessary admissions, and ensure young people receive personalised, community-based care that supports them and their families to stay well at home.</p>
<p>Project to improve and join up care for under 5s.</p>	<p>Better access to holistic support for families with CYP under 5, reducing pressure on waiting lists.</p>

To have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support (1/2)

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

Stoke-on-Trent based charity Changes has worked with NSCHT to provide bespoke peer support groups for 16 to 25 year olds across North Staffordshire. Across Staffordshire, a new emotional health and wellbeing service has also been provided by Changes.

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.

Across Staffordshire & Stoke-on-Trent there have been a series of development days between the CYP MH system and children's social care colleagues, to strengthen joint working.

There has been a full mobilisation of crisis offers in South Staffordshire: Following a successful mobilisation, the CAMHS Intensive Support Team is now able to offer a dedicated crisis response for children and young people in South Staffordshire. The team is made up of professionals including mental health, children's and learning disability nurses, occupational therapists, social workers, clinical support staff and administrators. Their aim is to reduce admissions to inpatient mental health services and strengthen care in the community, in line with the four pillars of crisis care.

To have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support (2/2)

What has already been achieved and put in place

The service provides crisis assessment, brief intervention, and longer-term intensive support for children and young people. In the first week of the new crisis offer, at least two young people were diverted from an A&E attendance and instead supported to remain safely in the community.

From 1 September 2025, the service has been open to referrals from emergency services, social care and mental health professionals. The service offers crisis support in line with the UK Mental Health Triage Scale and operates 7 days a week, 365 days a year, from 9am – 10pm.

A CYP complex project has been completed 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 were four workstreams in place that focused on Engagement & Participation, Training & Workforce Development, Crisis Escalation Pathway & Multidisciplinary Team. Phase 1 is now complete with the following achievements:

- Four training days delivered to over 300 staff, over 12 months, reporting an improvement in subject knowledge of mental health and social care, confidence building for managing distress and risk and building better relationships across social care and health partners.
- Learning from the data we each have in our organisations and how we can better use this collectively to inform working together to improve outcomes and existing services.
- Recruitment of a participation lead with expertise in supporting young people to be involved in the project design, benefiting from the children’s voice and lived experience.
- The design of a new operational process and pathway to better support children and young people who reach crisis and get stuck in systems.

Business case proposal developed 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.

Challenges/Mitigations

Available funding for additional investment.

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.

If the business case for a multidisciplinary team (MDT) to provide coordinated, personalised care for children and young people in crisis is improved then mobilisation of this system team.

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.

To enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services (1/2)

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 is 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

Across Staffordshire and Stoke-on-Trent, services are working to improve how young people move from CAMHS into adulthood. NSCHT provides a coordinated approach through a dedicated Young Adult Pathways and SEND Lead, ensuring transitions align with NICE (National Institute for Health and Care Excellence) guidance and best practice.

This includes support for:

- Young people aged 17½ and over with complex needs meeting AMHS (adult mental health services) thresholds.
- Young people aged 17½ who do not meet AMHS thresholds but still require support.
- Young people aged 17+ with newly emerging mental health needs.
- Young people in Tier 4 services requiring transition planning.

In parallel, MPFT launched the Transitional Care Team in March 2025 to provide structured, person-centred support in line with NICE NG43. This includes STaR (Support, Time and Recovery) workers, peer support workers, and the co-produced *Thrive Guide*—a personalised care plan to help young people navigate transitions safely and confidently.

Achievements

- Multiagency panels: Established monthly panels chaired by CYP pathway leads, improving decision-making and reducing inappropriate referrals
- University and care leaver support: Drop-ins launched for university students, estranged students, and care leavers, with positive feedback on accessibility and trust.
- Integrated student pathways: Collaborative models with Keele GP Practice, with ARRS (Additional Roles Reimbursement Scheme) practitioners delivering self-harm and coping skills groups.
- Community engagement: Expansion of youth mental health support through VCSE (voluntary, community, and social enterprise) partnerships, YMCA drop-ins (95+ young people supported), and Community Grants programmes.
- Improved communication: Strengthened links between CAMHS, AMHS, and local authorities, leading to smoother handovers and earlier identification for transition.
- Co-production: Engagement with families via SEND Lounge (PEGiS) and the development of the *Thrive Guide* have ensured lived experience informs service design.

Challenges

- Resource pressures: No dedicated NSCHT transitions team; staff across CAMHS and AMHS are balancing high caseloads.
- Variation across systems: Two NHS trusts and two local authorities with differing models create inconsistency in transition pathways.
- Feedback gaps: Limited direct feedback from young people post-transition restricts service improvement.
- Co-production representation: Current insight is heavily weighted towards SEND pathways; broader engagement is needed.
- New service embedding: MPFT Transitional Care Team still in early stages of building awareness, systems, and robust evaluation data.

Future Plans

- 16–25 pathway: Developing a comprehensive pathway with focus on prevention, early intervention, and continuity of care.
- Future Focus workers: Embedding within adult CMHTs (community mental health teams) to support young people from age 17½ with tailored transition navigation.
- Social pathway development: Using occupational therapy and Stay Well partnership to strengthen psychosocial support.
- CASST (Community Assessment Stabilisation and Treatment Team) expansion: Extending provision for young people aged 16+ with complex emotional needs.
- Youth Lounge and mentoring: Pending NHS Charities Grant funding to create youth-friendly support spaces and mentoring for harder-to-reach groups.
- Training and development: CAMHS and AMHS away days, plus new training for adult practitioners to better understand young people's needs.
- Primary care handovers: Identifying young people suitable for warm handovers to NHS Talking Therapies or primary care, freeing CAMHS caseload capacity.

Summary

Together, NSCHT and MPFT are reshaping transitions for young people across Staffordshire and Stoke-on-Trent. The focus is on collaboration, early intervention, and co-production—ensuring that young people and families experience a safe, supportive, and person-centred journey into adulthood.

To enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services (2/2)

What we will do next	Expected outcomes
<p>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</p>	<p>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</p>
<p>Development of a cross sector, co-produced transition passport/toolkit</p>	<p>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.</p>
<p>The Transition Steering Group will review the offer for transition support across all sectors to ensure parity and joined up working</p>	<p>Streamlined provision across sectors, no postcode lottery. Consistent partnership working and a joined-up approach.</p>
<p>Ensure co-production is embedded in transition pathway development</p>	<p>Young people will be included in policy and standard operating procedures (SOPs) and reviews</p>
<p>Consistent feedback will be obtained from young people who have transitioned to adult services</p>	<p>Feedback will be used to shape future service provision, and we will have a better understanding of what works and what hasn't</p>

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 % 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)

Special educational needs and disabilities (SEND) refers to children and young people who have learning difficulties or disabilities that make it harder for them to learn or access education compared to others of the same age. This can include challenges with communication and interaction (for example, autism or speech and language difficulties), cognition and learning (such as dyslexia), social, emotional and mental health needs, or sensory and physical needs like hearing or vision impairments. Support for children and young people with SEND is designed to help them achieve their full potential in education and life, ensuring they can learn, develop and thrive with the right help in place.

CAMHS services work to promote inclusion and the use of graduated approaches to meeting need early and those children and young people with Education Health and Care Plans.

The Children and Families Act 2014 and SEND code of practice is enacted in services, with further embedding to be undertaken and continued alignment with provision that is provided by other professionals in the system (e.g. education psychologists).

The current SEND legislation framework and duties are in place until 2027, with an Education White Paper due in 2025 that will need consideration as to impact in Q3-5 and beyond.

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.

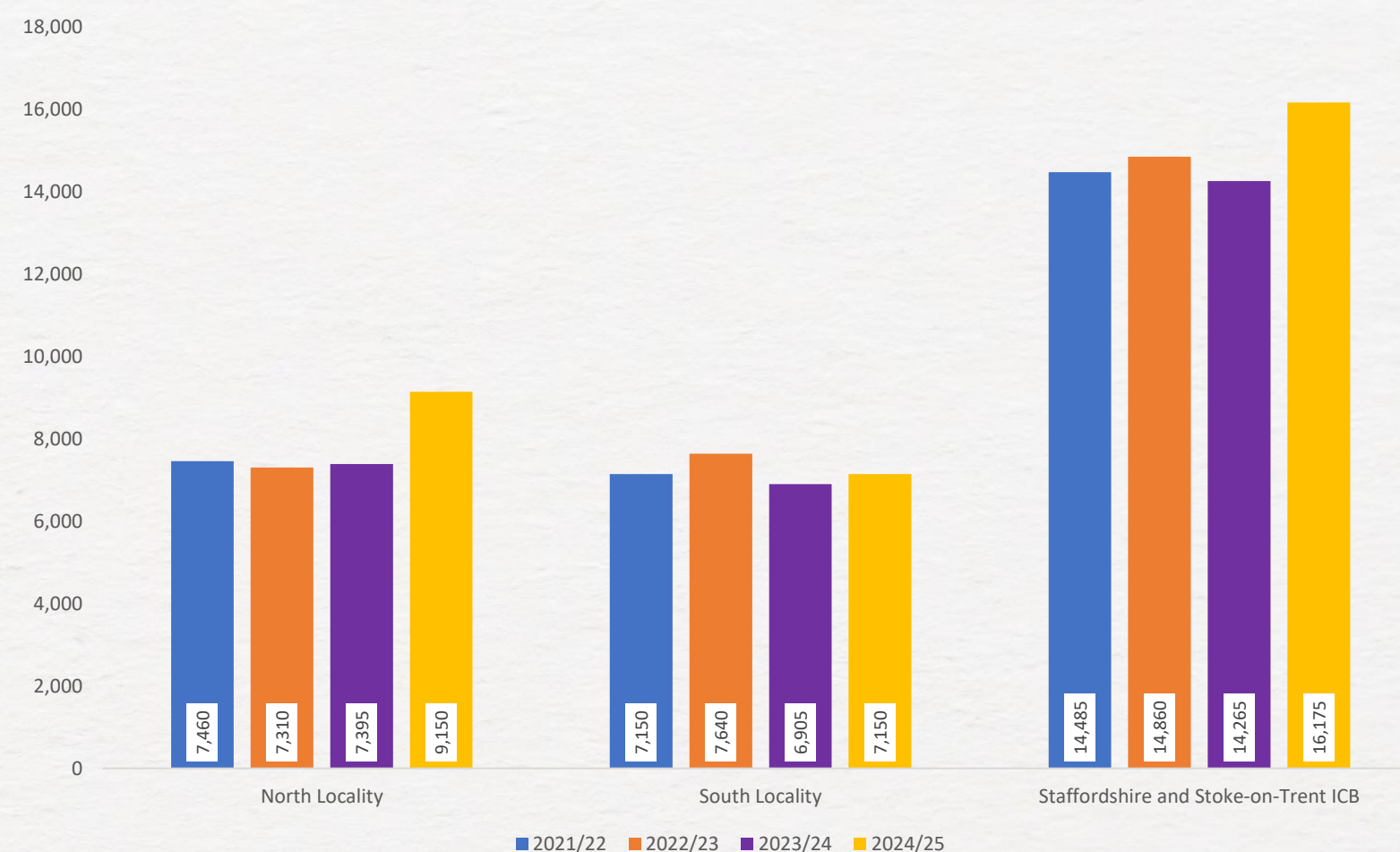
Appendix 2 – Performance and activity (1/2)

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	2024/25
Sub ICB	Cannock Chase	1,635	1,855	1,575	1,635
	East Staffordshire	1,410	1,500	1,330	1,460
	South East Staffordshire & SP	2,445	2,480	2,335	2,475
	Stafford & Surrounds	1,660	1,805	1,665	1,580
	North Staffordshire	2,975	2,915	2,865	3,570
	Stoke-on-Trent	4,485	4,395	4,530	5,580
Place	Staffordshire Place	10,125	10,555	9,770	10,720
	Stoke-on-Trent Place	4,485	4,395	4,530	5,580
Locality	North Locality	7,460	7,310	7,395	9,150
	South Locality	7,150	7,640	6,905	7,150
ICB	Staffordshire and Stoke-on-Trent ICB	14,485	14,860	14,265	16,175
	% change on previous year		3%	-4%	13%

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 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 ICB locations; South Locality is the Cannock Chase, East Staffordshire, South East Staffordshire & SP and Stafford & Surrounds sub ICB locations.

Caveats: values have been rounded by NHS England to the nearest 5 data points, which may lead to some loss of accuracy

Appendix 2 – Performance and activity (2/2)

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

Organisation Name	Value
NHS Gloucestershire Integrated Care Board	129%
NHS Northamptonshire Integrated Care Board	124%
NHS Mid And South Essex Integrated Care Board	122%
NHS South West London Integrated Care Board	121%
NHS Cornwall And The Isles Of Scilly Integrated Care Board	120%
NHS Buckinghamshire, Oxfordshire And Berkshire West Integrated Care Board	119%
NHS Norfolk And Waveney Integrated Care Board	119%
NHS Kent And Medway Integrated Care Board	115%
NHS Lancashire And South Cumbria Integrated Care Board	109%
NHS Leicester, Leicestershire And Rutland Integrated Care Board	108%
NHS South Yorkshire Integrated Care Board	107%
NHS West Yorkshire Integrated Care Board	106%
NHS Somerset Integrated Care Board	106%
NHS Hertfordshire And West Essex Integrated Care Board	105%
NHS Nottingham And Nottinghamshire Integrated Care Board	104%
NHS North West London Integrated Care Board	103%
NHS Herefordshire And Worcestershire Integrated Care Board	102%
NHS Hampshire And Isle Of Wight Integrated Care Board	102%
NHS Greater Manchester Integrated Care Board	102%
NHS North East And North Cumbria Integrated Care Board	101%
NHS Coventry And Warwickshire Integrated Care Board	101%
NHS Devon Integrated Care Board	100%
NHS Frimley Integrated Care Board	99%
NHS Derby And Derbyshire Integrated Care Board	99%
NHS Sussex Integrated Care Board	98%
NHS Humber And North Yorkshire Integrated Care Board	96%
NHS Lincolnshire Integrated Care Board	96%
NHS Cheshire And Merseyside Integrated Care Board	95%
NHS North East London Integrated Care Board	95%
NHS North Central London Integrated Care Board	94%
NHS Staffordshire And Stoke-on-trent Integrated Care Board	94%
NHS Dorset Integrated Care Board	93%
NHS Black Country Integrated Care Board	92%
NHS South East London Integrated Care Board	90%
NHS Cambridgeshire And Peterborough Integrated Care Board	86%
NHS Surrey Heartlands Integrated Care Board	85%
NHS Birmingham And Solihull Integrated Care Board	83%
NHS Suffolk And North East Essex Integrated Care Board	80%
NHS Shropshire, Telford And Wrekin Integrated Care Board	78%
NHS Bristol, North Somerset And South Gloucestershire Integrated Care Board	78%
NHS Bedfordshire, Luton And Milton Keynes Integrated Care Board	77%
NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care Board	69%

Rank Quartile	Rank	Organisation Name	Value
Highest performing	1/11	NHS Northamptonshire Integrated Care Board	124%
	2/11	NHS Leicester, Leicestershire And Rutland Integrated Care Board	108%
Interquartile range	3/11	NHS Nottingham And Nottinghamshire Integrated Care Board	104%
	4/11	NHS Herefordshire And Worcestershire Integrated Care Board	102%
	5/11	NHS Coventry And Warwickshire Integrated Care Board	101%
	6/11	NHS Derby And Derbyshire Integrated Care Board	99%
	7/11	NHS Lincolnshire Integrated Care Board	96%
	8/11	NHS Staffordshire And Stoke-on-trent Integrated Care Board	94%
Lowest performing	9/11	NHS Black Country Integrated Care Board	92%
	10/11	NHS Birmingham And Solihull Integrated Care Board	83%
	11/11	NHS Shropshire, Telford And Wrekin Integrated Care Board	78%

Data source: NHS England Oversight Framework Dashboard

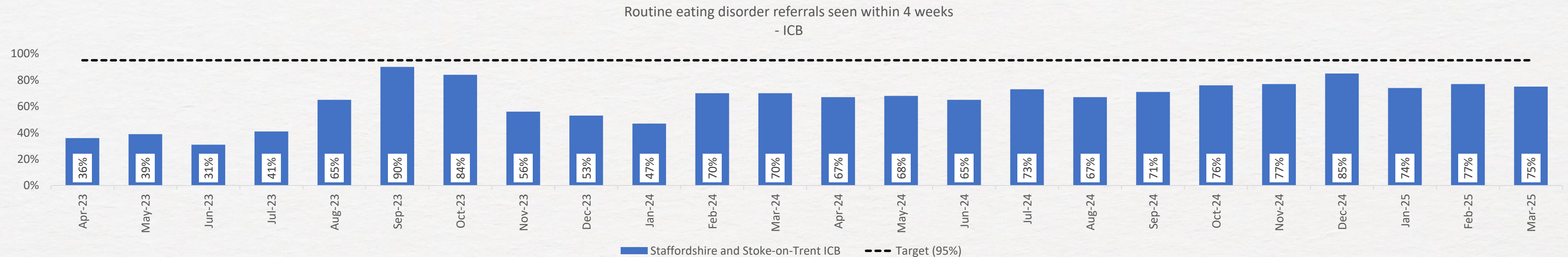
Appendix 2 – Children and Young People (CYP) mental health service waits (1/2)

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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Staffordshire and Stoke-on-Trent ICB	36%	39%	31%	41%	65%	90%	84%	56%	53%	47%	70%	70%	67%	68%	65%	73%	67%	71%	76%	77%	85%	74%	77%	75%
National target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

In March 2025, 3 out of 39 ICBs with data did not meet the national target.

Proportion of CYP referral-spells receiving a full clock stop in less than 4 weeks in the reporting period



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.

Appendix 2 – Children and Young People (CYP) mental health service waits (2/2)

Proportion of CYP referral-spells waiting more than 52 weeks for a 1st contact that were still open at the end of the reporting period

Geography	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cannock Chase	-	-	-	-	-	-	19%	18%	19%	19%	20%	23%
East Staffordshire	-	-	-	-	-	-	18%	18%	19%	19%	20%	20%
South East Staffordshire & SP	-	-	-	-	-	-	23%	23%	23%	22%	24%	26%
Stafford & Surrounds	-	-	-	-	-	-	24%	21%	21%	23%	24%	27%
North Staffordshire	-	-	-	-	-	-	29%	31%	45%	35%	47%	55%
Stoke-on-Trent	-	-	-	-	-	-	31%	38%	51%	49%	58%	61%
Staffordshire and Stoke-on-Trent ICB	14%	15%	16%	19%	20%	23%	23%	24%	27%	26%	29%	31%
England	30%	31%	33%	35%	38%	37%	38%	39%	40%	41%	40%	40%

The ICB benchmarked at 16th out of 42 ICBs in England in March 2025. Which put the ICB in the upper middle range (neither the best nor the worst).

Proportion of CYP referral-spells waiting more than 78 weeks for a 1st contact that were still open at the end of the reporting period

Geography	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cannock Chase	-	-	-	-	-	-	19%	18%	19%	19%	20%	23%
East Staffordshire	-	-	-	-	-	-	18%	18%	19%	19%	20%	20%
South East Staffordshire & SP	-	-	-	-	-	-	23%	23%	23%	22%	24%	26%
Stafford & Surrounds	-	-	-	-	-	-	24%	21%	21%	23%	24%	27%
North Staffordshire	-	-	-	-	-	-	29%	31%	45%	35%	47%	55%
Stoke-on-Trent	-	-	-	-	-	-	31%	38%	51%	49%	58%	61%
Staffordshire and Stoke-on-Trent ICB	14%	15%	16%	19%	20%	23%	23%	24%	27%	26%	29%	31%
England	30%	31%	33%	35%	38%	37%	38%	39%	40%	41%	40%	40%

The ICB benchmarked at 13th out of 42 ICBs in England in March 2025. Which put the ICB in the upper middle range (neither the best nor the worst).

Proportion of CYP referral-spells waiting more than 104 weeks for a 1st contact that were still open at the end of the reporting period

Geography	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cannock Chase	-	-	-	-	-	-	6%	6%	6%	6%	5%	6%
East Staffordshire	-	-	-	-	-	-	4%	4%	4%	4%	3%	3%
South East Staffordshire & SP	-	-	-	-	-	-	7%	7%	7%	6%	6%	6%
Stafford & Surrounds	-	-	-	-	-	-	6%	6%	6%	6%	6%	7%
North Staffordshire	-	-	-	-	-	-	3%	5%	14%	9%	23%	28%
Stoke-on-Trent	-	-	-	-	-	-	2%	3%	12%	12%	24%	25%
Staffordshire and Stoke-on-Trent ICB	5%	5%	5%	5%	5%	7%	5%	5%	7%	7%	9%	10%
England	10%	10%	11%	12%	13%	12%	13%	15%	14%	14%	13%	14%

The ICB benchmarked at 17th out of 42 ICBs in England in March 2025. Which put the ICB in the upper middle range (neither the best nor the worst).

Appendix 2 – CYP MH Service median waits to first contact following referral (1/2)

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

Geography	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cannock Chase	-	-	-	-	-	-	133	143	152	116	123	145
East Staffordshire	-	-	-	-	-	-	142	135	144	130	126	138
South East Staffordshire & SP	-	-	-	-	-	-	145	143	154	122	139	152
Stafford & Surrounds	-	-	-	-	-	-	134	137	117	115	133	140
North Staffordshire	-	-	-	-	-	-	164	199	312	241	311	406
Stoke-on-Trent	-	-	-	-	-	-	205	263	383	351	439	450
Staffordshire and Stoke-on-Trent ICB	89	95	95	103	129	143	147	155	176	149	163	193
England	186	193	205	211	260	248	252	262	267	280	262	264

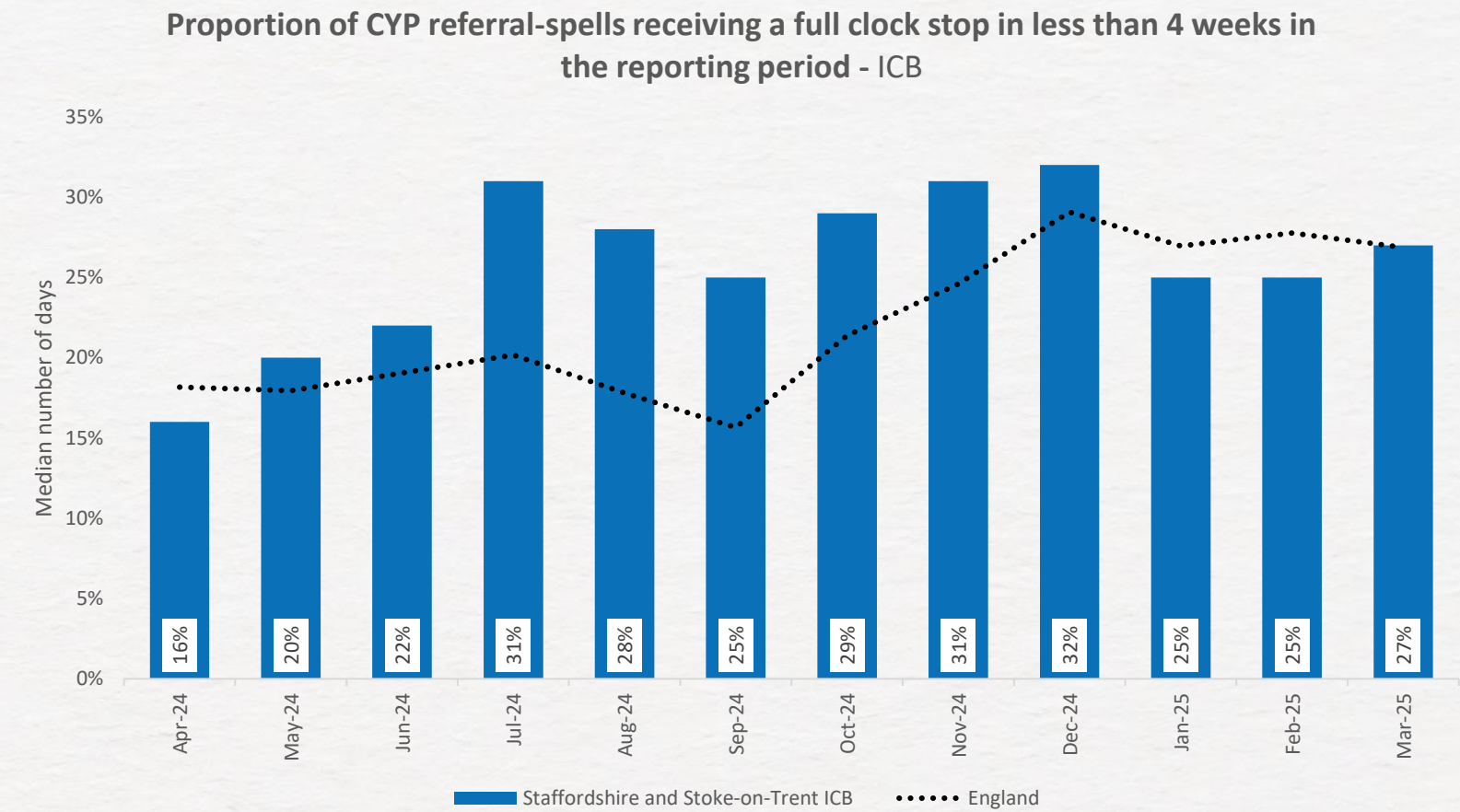
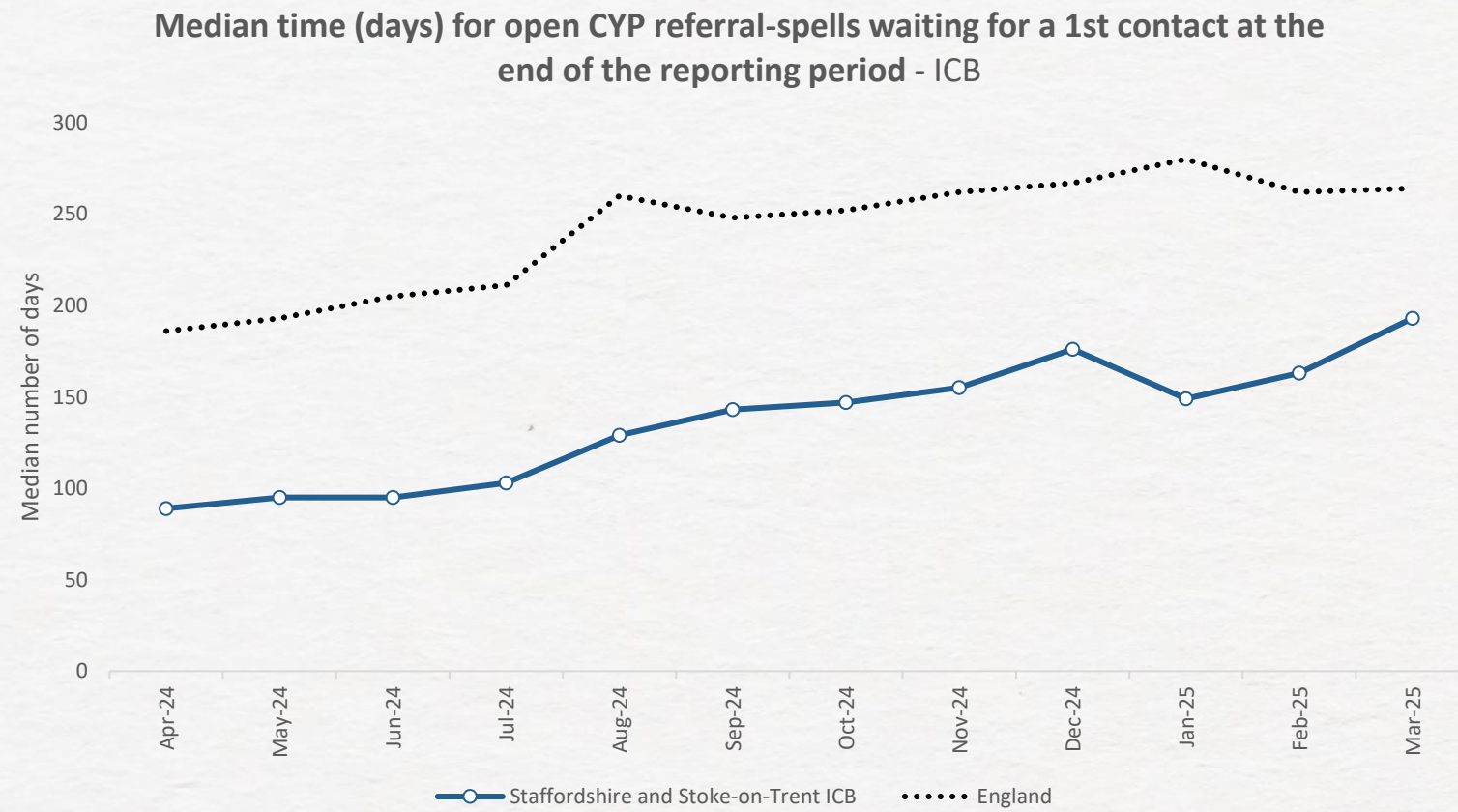
The ICB benchmarked at 26th out of 42 ICBs in England in March 2024. Which put the ICB in the middle range (neither best or worst).

Proportion of CYP referral-spells receiving a full clock stop in less than 4 weeks in the reporting period

Geography	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cannock Chase	-	-	-	-	-	-	27%	31%	29%	18%	13%	15%
East Staffordshire	-	-	-	-	-	-	27%	29%	36%	29%	38%	38%
South East Staffordshire & SP	-	-	-	-	-	-	33%	36%	37%	29%	25%	28%
Stafford & Surrounds	-	-	-	-	-	-	12%	15%	15%	12%	11%	15%
North Staffordshire	-	-	-	-	-	-	24%	24%	27%	25%	31%	34%
Stoke-on-Trent	-	-	-	-	-	-	36%	38%	41%	30%	31%	29%
Staffordshire and Stoke-on-Trent ICB	16%	20%	22%	31%	28%	25%	29%	31%	32%	25%	25%	27%
England	18%	18%	19%	20%	18%	16%	21%	25%	29%	27%	28%	27%

The ICB benchmarked at 11th out of 42 ICBs in England in March 2024. Which put the ICB in the middle range (neither best or worst).

Appendix 2 – CYP MH Service median waits to first contact following referral (2/2)



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

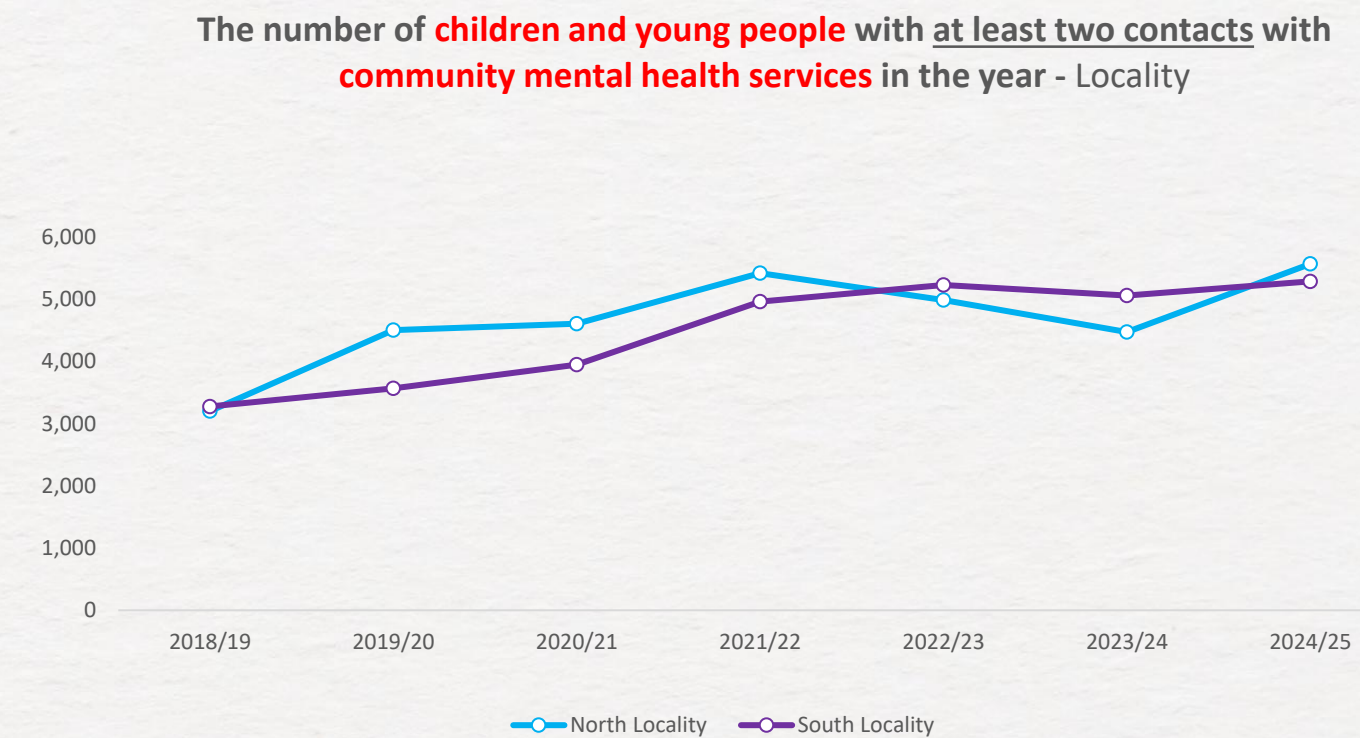
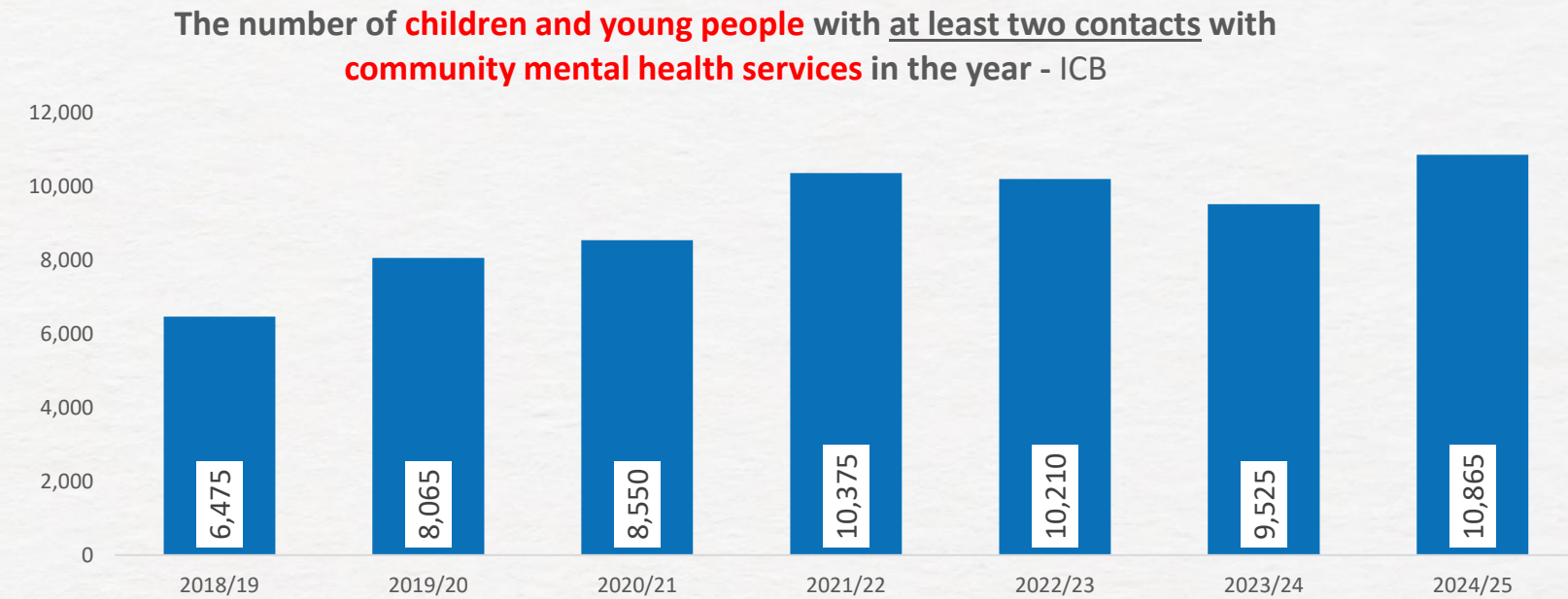
Median = the middle value when individual patient waits are ordered from shortest to longest. Half the people waited less than this time and half waited longer.

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

Appendix 2 – 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	2024/25
Sub ICB	Cannock Chase	700	710	790	1,120	1,240	1,075	1,190
	East Staffordshire	535	650	890	1,055	1,110	1,045	1,040
	South East Staffordshire & SP	1,195	1,275	1,345	1,710	1,705	1,735	1,855
	Stafford & Surrounds	845	930	920	1,075	1,170	1,200	1,200
	North Staffordshire	1,290	1,790	1,770	2,060	1,900	1,700	2,100
	Stoke-on-Trent	1,910	2,710	2,835	3,355	3,085	2,770	3,465
Place	Staffordshire Place	4,565	5,355	5,715	7,020	7,125	6,755	7,385
	Stoke-on-Trent Place	1,910	2,710	2,835	3,355	3,085	2,770	3,465
Locality	North Locality	3,200	4,500	4,605	5,415	4,985	4,470	5,565
	South Locality	3,275	3,565	3,945	4,960	5,225	5,055	5,285
ICB	Staffordshire and Stoke-on-Trent ICB	6,475	8,065	8,550	10,375	10,210	9,525	10,865
	% change on previous year		25%	6%	21%	-2%	-7%	14%



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. North Locality is comprised of North Staffordshire and Stoke-on-Trent sub ICB locations; South Locality is the Cannock Chase, East Staffordshire, South East Staffordshire & SP and Stafford & Surrounds sub ICB locations.

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

Appendix 2 – CAMHS: Getting help services (formerly Tier 3) (1/2)

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)

Number of referrals received into CAMHS

Geography	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Cannock Chase	1,071	1,214	873	1,004	551	481	535
East Staffordshire	839	1,003	705	761	371	397	439
South East Staffordshire & SP	1,332	1,625	1,281	1,503	760	712	786
Stafford & Surrounds	985	1,177	918	1,139	513	520	567
North Staffordshire	1,989	2,466	2,219	2,970	3,180	3,383	3,310
Stoke-on-Trent	2,913	3,021	3,088	4,503	4,774	4,986	4,946
Staffordshire Place	6,216	7,485	5,996	7,377	5,375	5,493	5,637
Stoke-on-Trent Place	2,913	3,021	3,088	4,503	4,774	4,986	4,946
North Locality	4,902	5,487	5,307	7,473	7,954	8,369	8,256
South Locality	4,227	5,019	3,777	4,407	2,195	2,110	2,327
Staffordshire and Stoke-on-Trent ICB	9,129	10,506	9,084	11,880	10,149	10,479	10,583

Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period

Geography	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Cannock Chase	1,330	680	699	825	905	1,118	1,173
East Staffordshire	900	625	1,052	967	994	1,163	1,142
South East Staffordshire & SP	1,650	1,210	1,367	1,354	1,307	1,807	1,798
Stafford & Surrounds	1,295	766	975	845	935	1,307	1,227
North Staffordshire	1,122	1,466	1,500	1,313	1,473	1,587	1,611
Stoke-on-Trent	1,801	2,303	2,209	2,236	2,445	2,520	2,581
Staffordshire Place	6,297	4,747	5,593	5,304	5,614	6,982	6,951
Stoke-on-Trent Place	1,801	2,303	2,209	2,236	2,445	2,520	2,581
North Locality	2,923	3,769	3,709	3,549	3,918	4,107	4,192
South Locality	5,175	3,281	4,093	3,991	4,141	5,395	5,340
Staffordshire and Stoke-on-Trent ICB	8,098	7,050	7,802	7,540	8,059	9,502	9,532

The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period

Geography	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Cannock Chase	226	189	207	211	239	241	187
East Staffordshire	215	276	231	210	245	275	286
South East Staffordshire & SP	450	406	457	453	479	434	491
Stafford & Surrounds	285	231	283	238	301	327	407
North Staffordshire	354	833	856	758	901	881	923
Stoke-on-Trent	517	1,257	1,077	1,246	1,409	1,342	1,437
Staffordshire Place	1,530	1,935	2,034	1,870	2,165	2,158	2,294
Stoke-on-Trent Place	517	1,257	1,077	1,246	1,409	1,342	1,437
North Locality	871	2,090	1,933	2,004	2,310	2,223	2,360
South Locality	1,176	1,102	1,178	1,112	1,264	1,277	1,371
Staffordshire and Stoke-on-Trent ICB	2,047	3,192	3,111	3,116	3,574	3,500	3,731

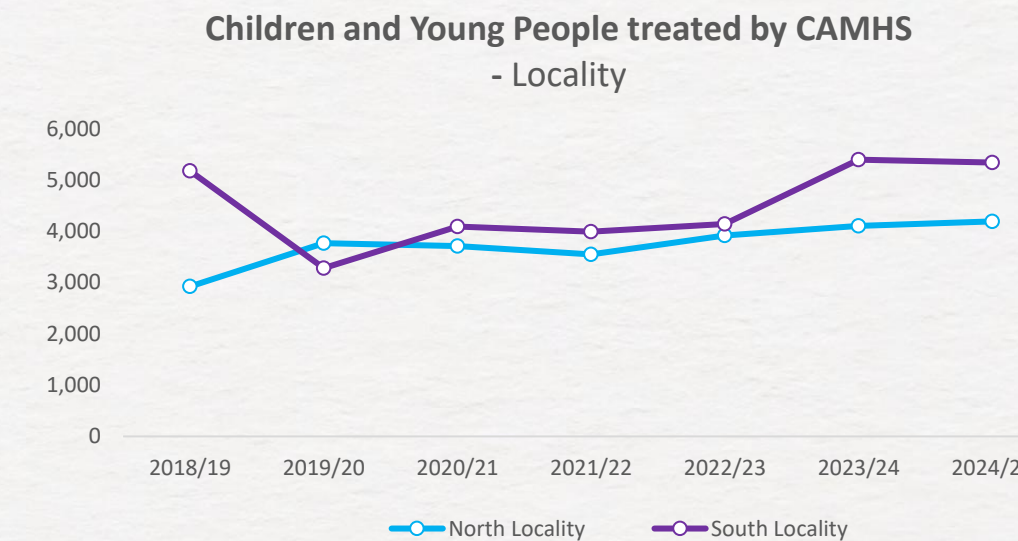
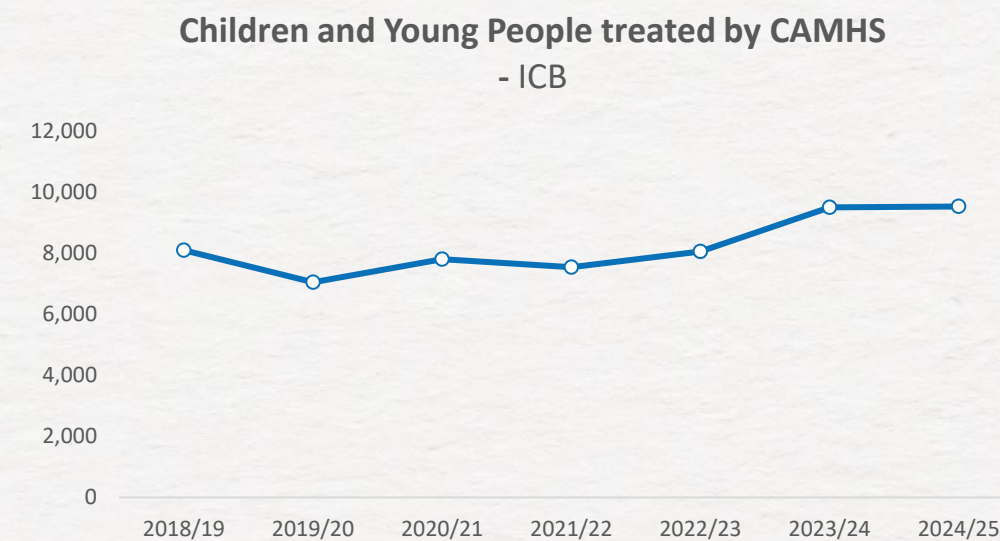
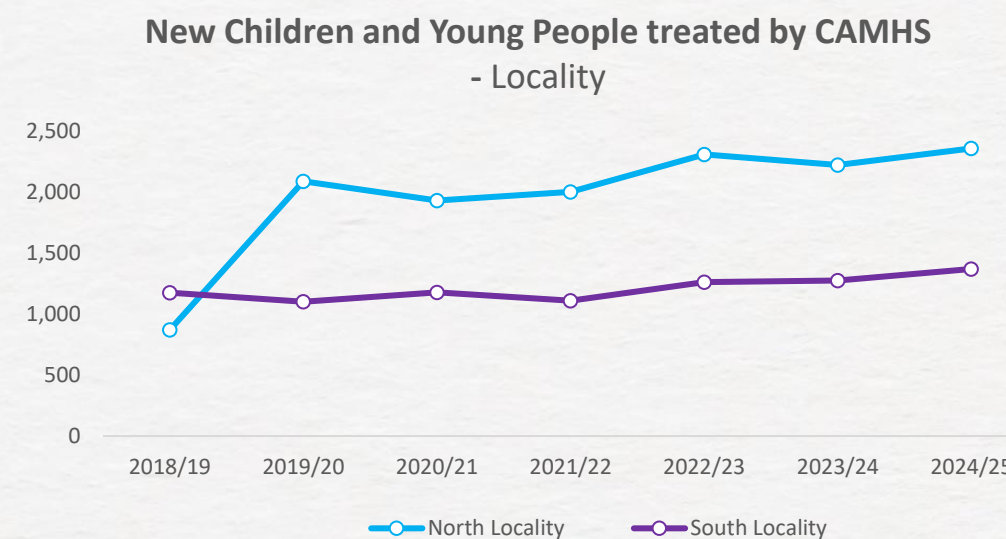
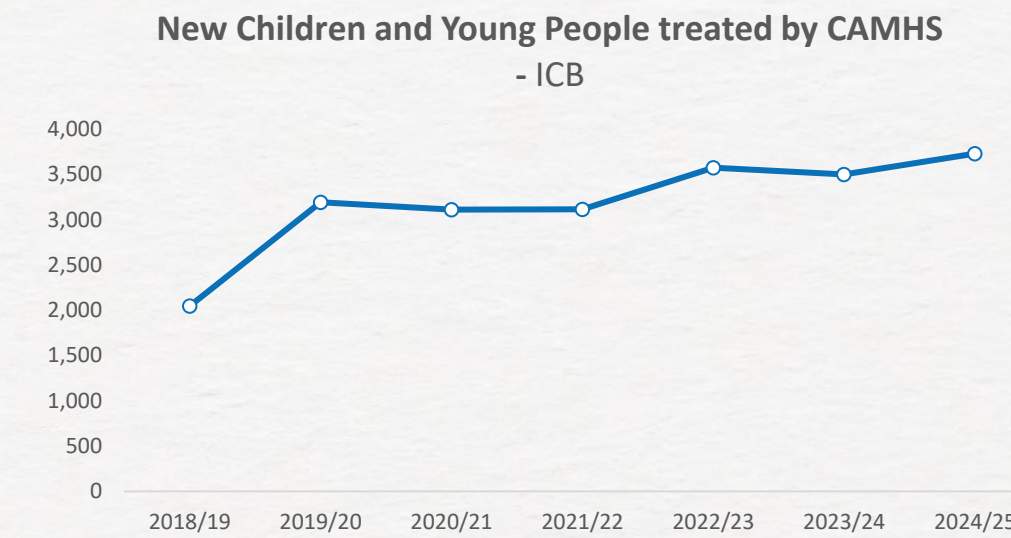
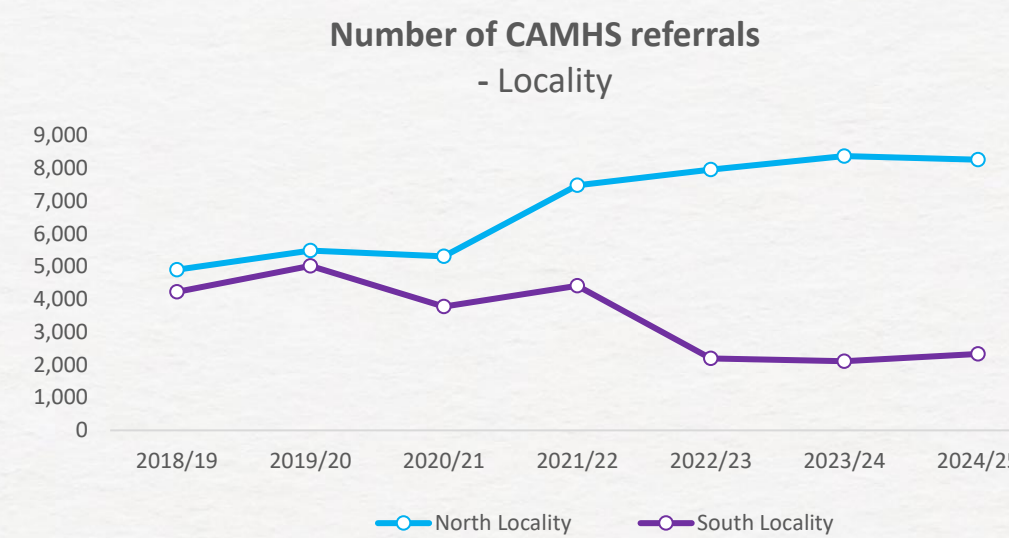
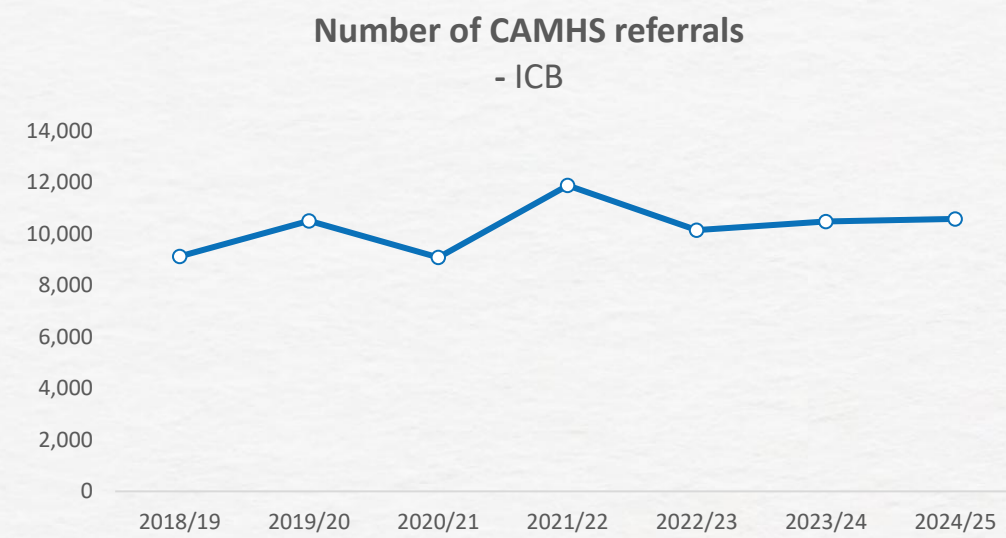
Data source: Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds from MPFT, North Staffordshire and Stoke-on-Trent from NSCHT.

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.

Appendix 2 – CAMHS: Getting help services (formerly Tier 3) (2/2)



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; because there is no published data to check against, unable to determine if missing any data from other providers.

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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.

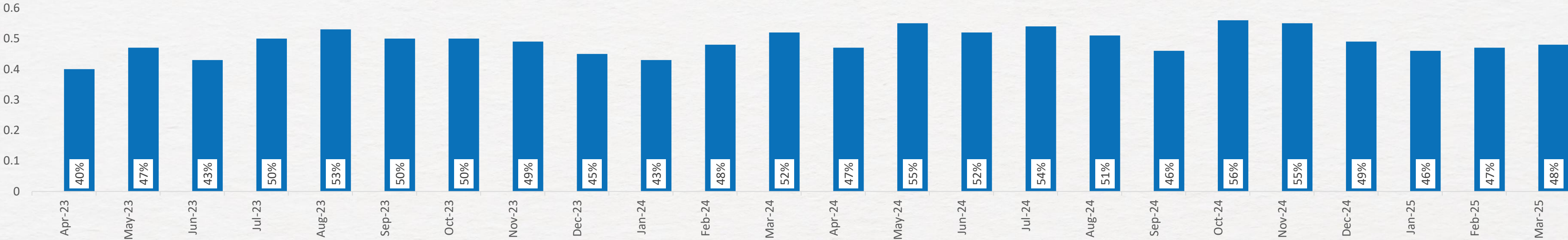
Appendix 2 – Children and young people (CYP) mental health outcomes

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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
CYP paired scores	18%	16%	25%	27%	24%	21%	24%	24%	25%	26%	24%	25%	28%	29%	31%	29%	22%	21%	23%	25%	26%	25%	26%	22%

The ICB benchmarked at 22nd out of 42 ICBs in England in March 2025. Which put the ICB in the middle range (neither best or worst). England = 23%.)

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

Appendix 2 – CAMHS getting risk support specialised inpatient admission for CYP (formerly Tier 4) (1/2)

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

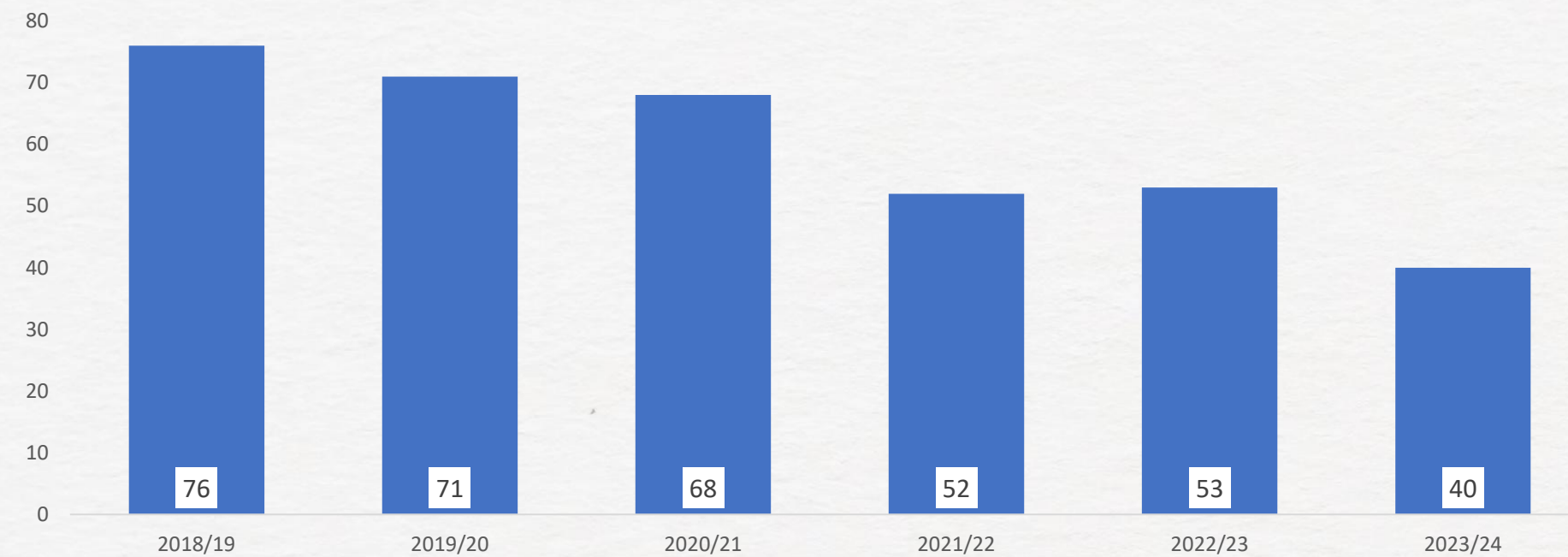
*WM CPC paid for overnight bed stays (OBDs) on the last day of the year

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.

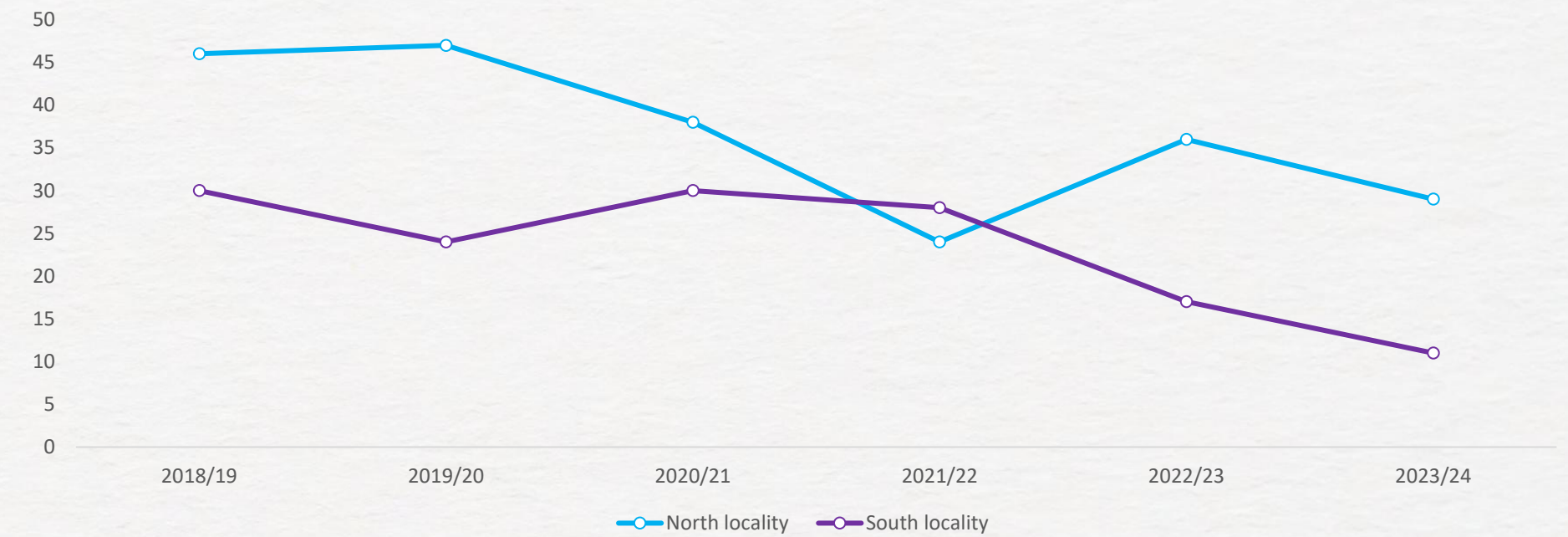
Caveats: data accuracy on data held on NCMS pre 1 Jan 2022 is around 85% and post 1 Jan 2022 is around 98%
Values <5 have been suppressed (*)

Appendix 2 – CAMHS getting risk support specialised inpatient admission for CYP (formerly Tier 4) (2/2)

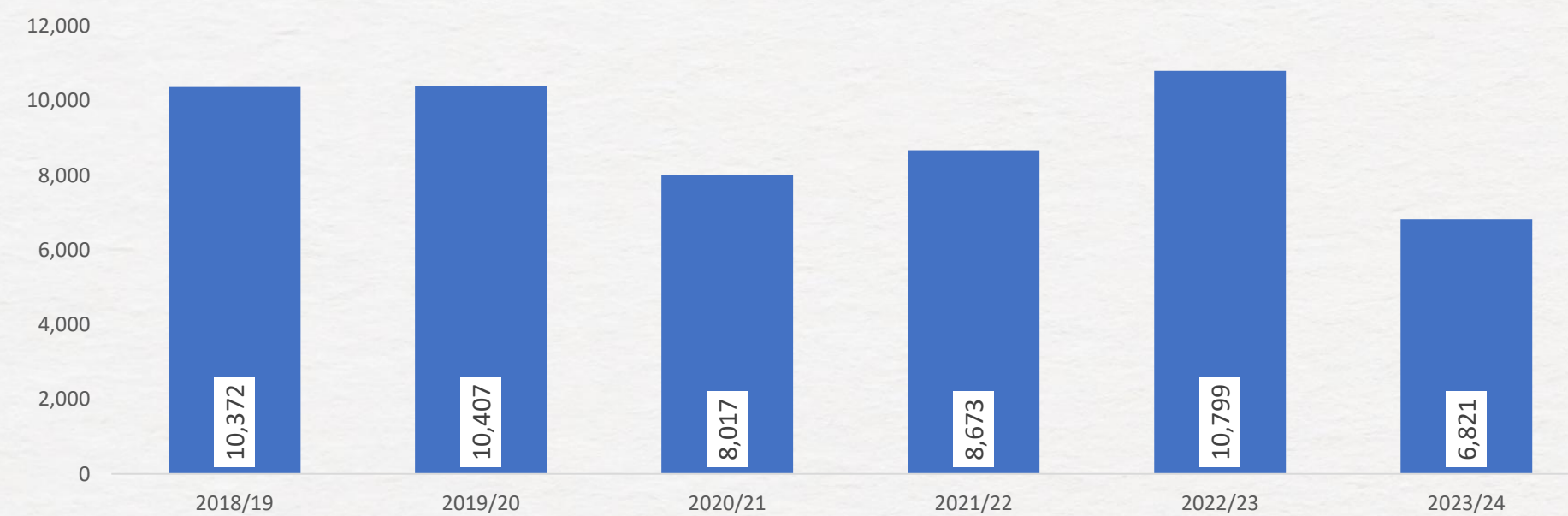
Patients newly admitted in the financial year - SSoT ICB



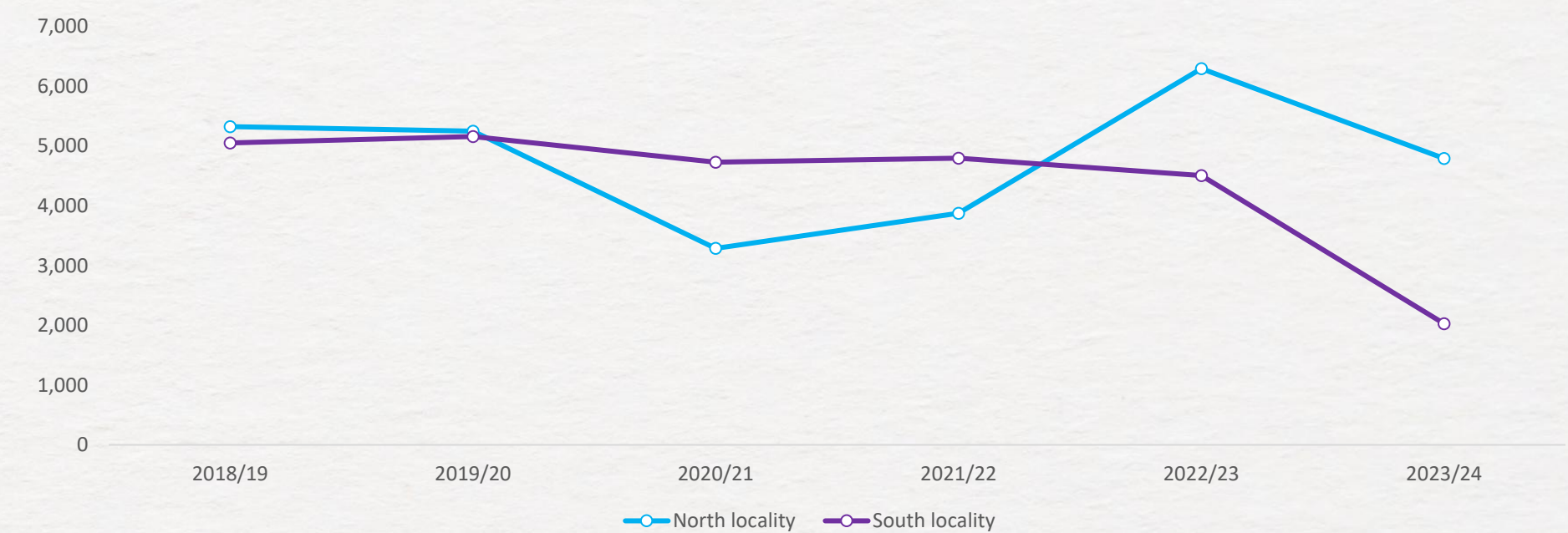
Patients newly admitted in the financial year - Locality



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



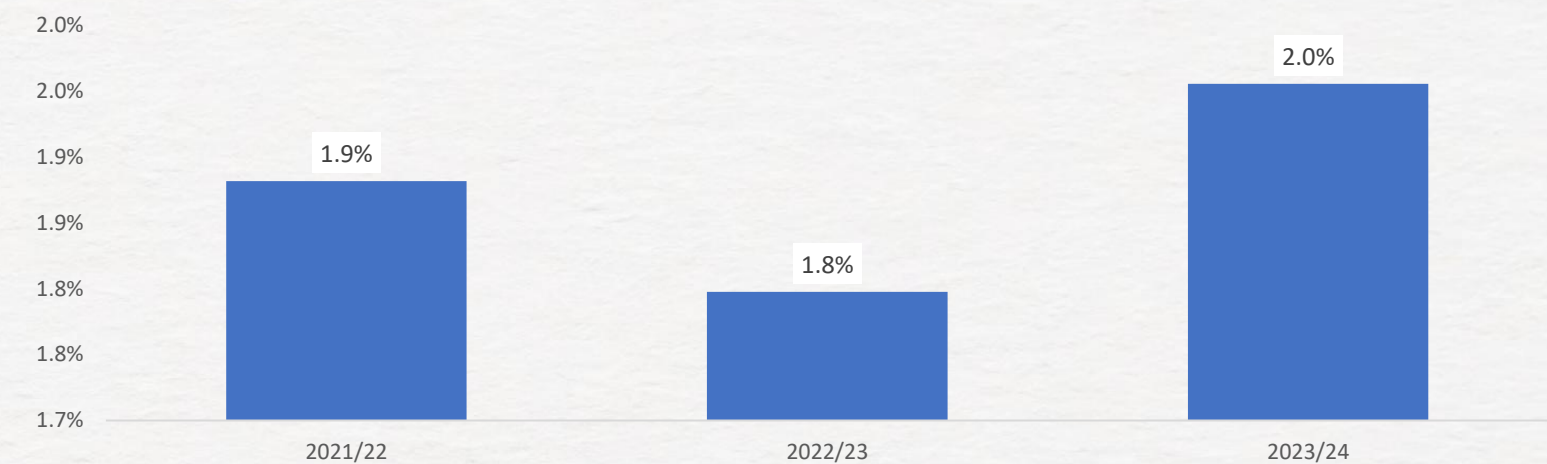
Overnight bed stays (all patients) in the financial year - Locality



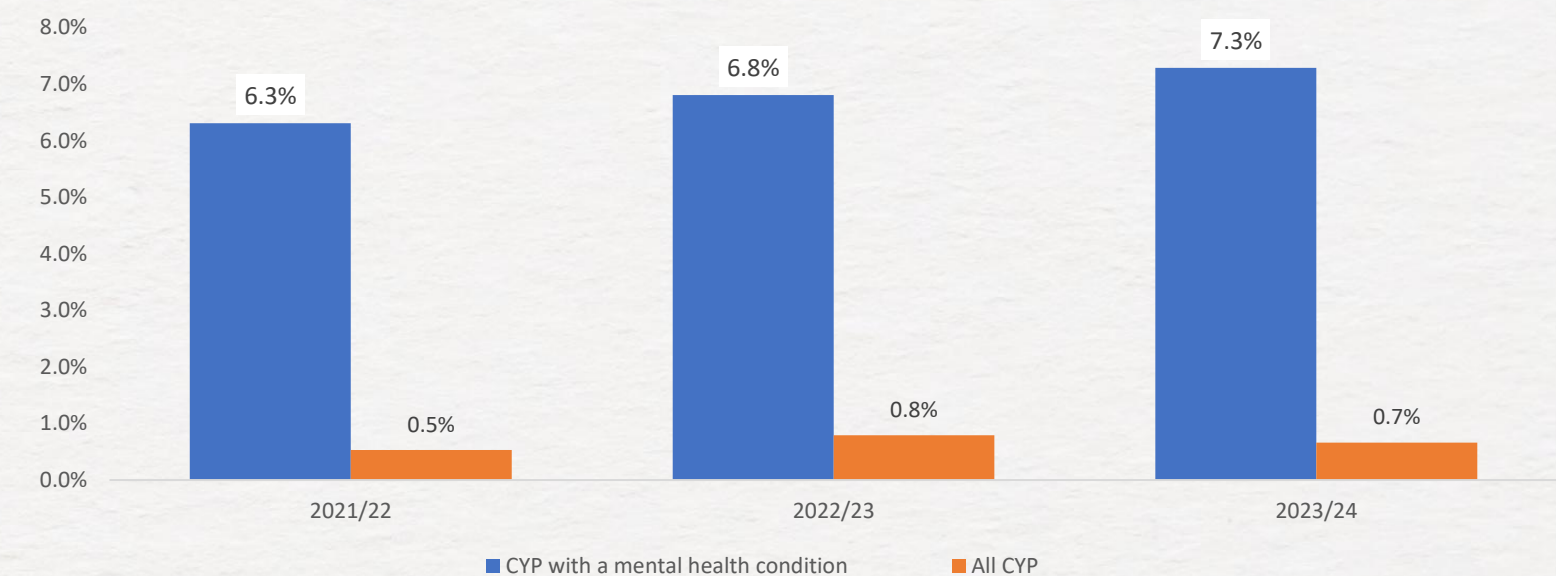
Appendix 2 – Children and young people (CYP) mental health A&E attendances and 12 hour breaches

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.

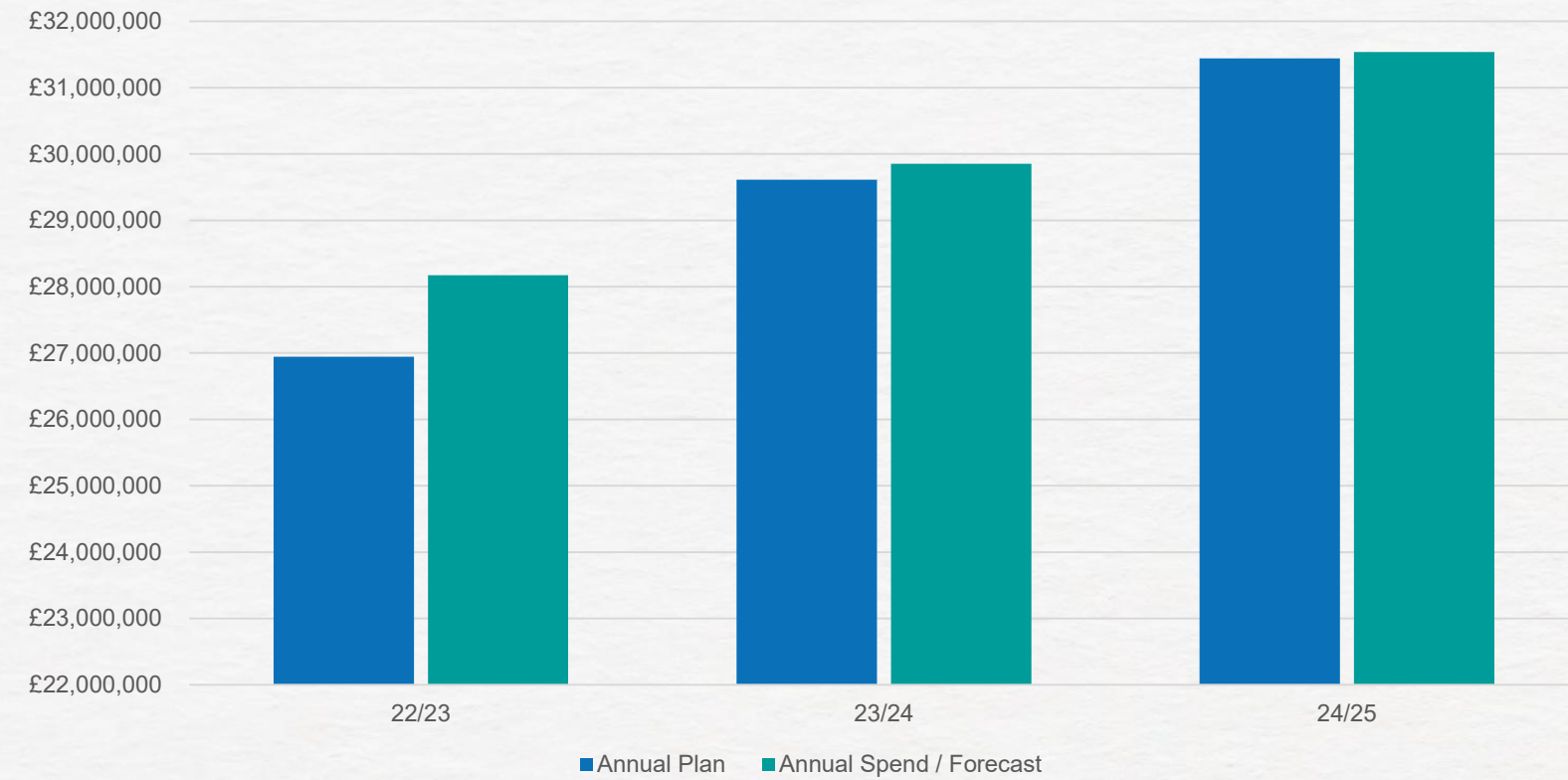
Identification of mental health conditions based on the criteria used by NHS England in the FutureNHS UEC MH Dashboard.

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

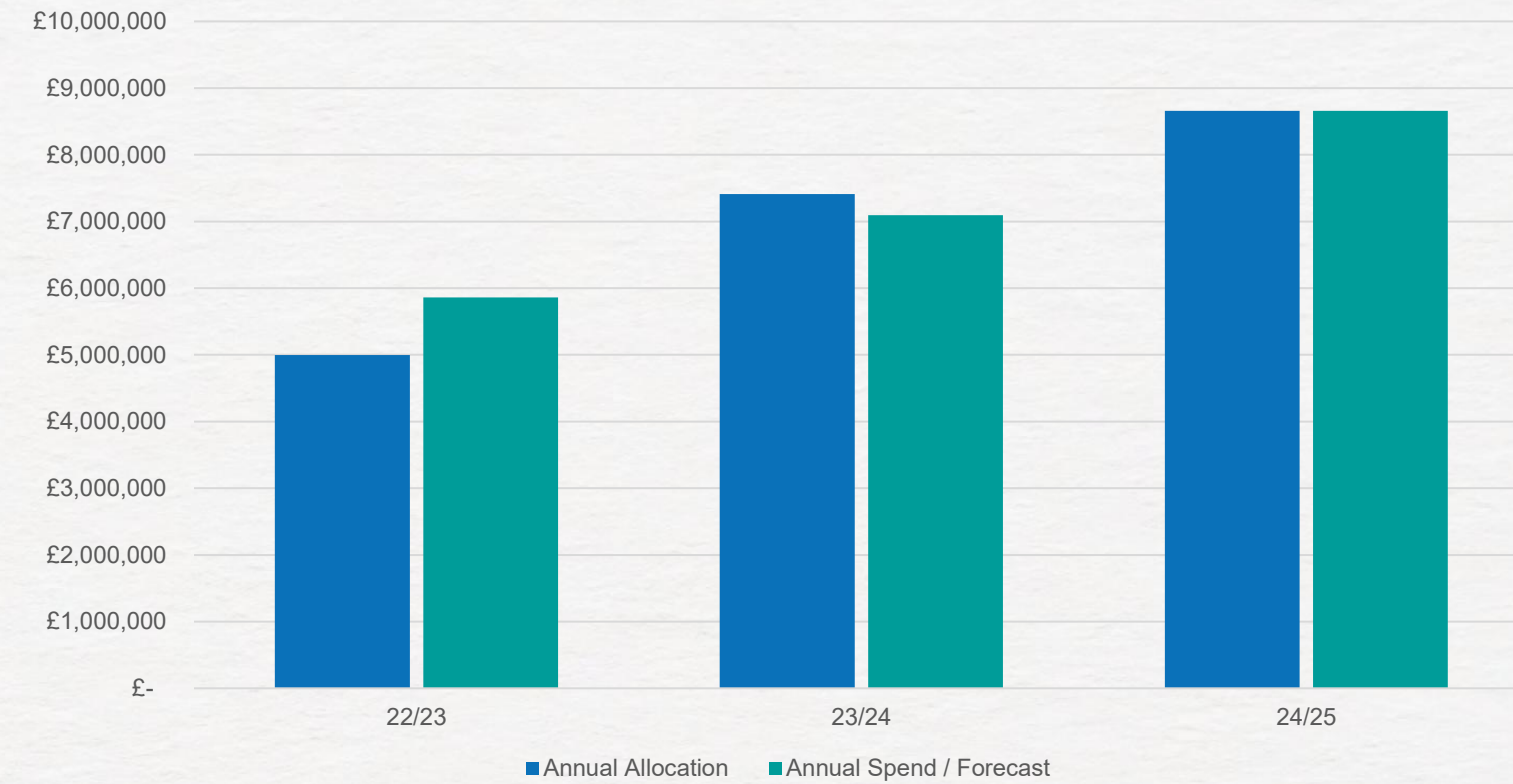
CAMHS SDF Plan / Spend	22/23	23/24	24/25
Annual Allocation	£ 4,997,000	£ 7,410,000	£ 8,661,000
Annual Spend / Forecast	£ 5,862,000	£ 7,095,000	£ 8,661,000

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:

Tier 2 / "Getting Advice and Support"

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)
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"

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)
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"

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)
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

Tier 2 / "Getting Advice and Support"

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)
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"

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)
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"

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)
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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At time of publication (March 2026) NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent ICBs have a cluster agreement in place to help drive efficiencies, but currently remain two separate organisations legally. Although clustering agreements may in time lead to formal mergers, this requires ministerial approval. Therefore the governance arrangements outlined in the plan are likely to change. We would of course update the document formally once any changes are confirmed and agreed.