

# Children and Young People's Mental Health Local Transformation Plan



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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 Mental Health was approved in October 2015 and has been subject to annual refresh in line with NHS England guidance. This refreshed version (October 2023) provides an update on the progress and challenges associated with improving Child and Adolescent Mental Health Services (CAMHS) in 2023/24 and provides a forward view into 2024/25.

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

Previous LTPs were based on the Stoke-on-Trent and Staffordshire Children and Young People's Emotional Health and Wellbeing Strategy 2018–23, which has come to the end of its term. Rather than create a separate strategy and LTP, this 2023 refresh will act as the overarching strategy and plan for children's and young people's (CYP's) mental health.

The impact of recent events also makes this an appropriate time to refresh our plan. The impact of the pandemic on people's health has not been equal, with some people experiencing long COVID-19 and other impacts on their physical and mental health. The full impact of COVID-19 remains to be seen.

COVID-19 reinforced the importance of understanding and tackling health inequalities and of working directly with communities to understand their needs, identify potential barriers, and design solutions. In responding to the pandemic, we have identified seldom-heard groups who need a more targeted approach to communication and engagement. We have collaborated more with staff, local people and the voluntary, community and social enterprise (VCSE) sector, and broadened our thinking, particularly towards digital engagement.

We want to use this plan as an opportunity to improve equity of access. People across Staffordshire and Stoke-on-Trent experience fragmented care because of avoidable and unfair differences in the types of services that are available in different areas. Some communities also experience social exclusion.

## About us

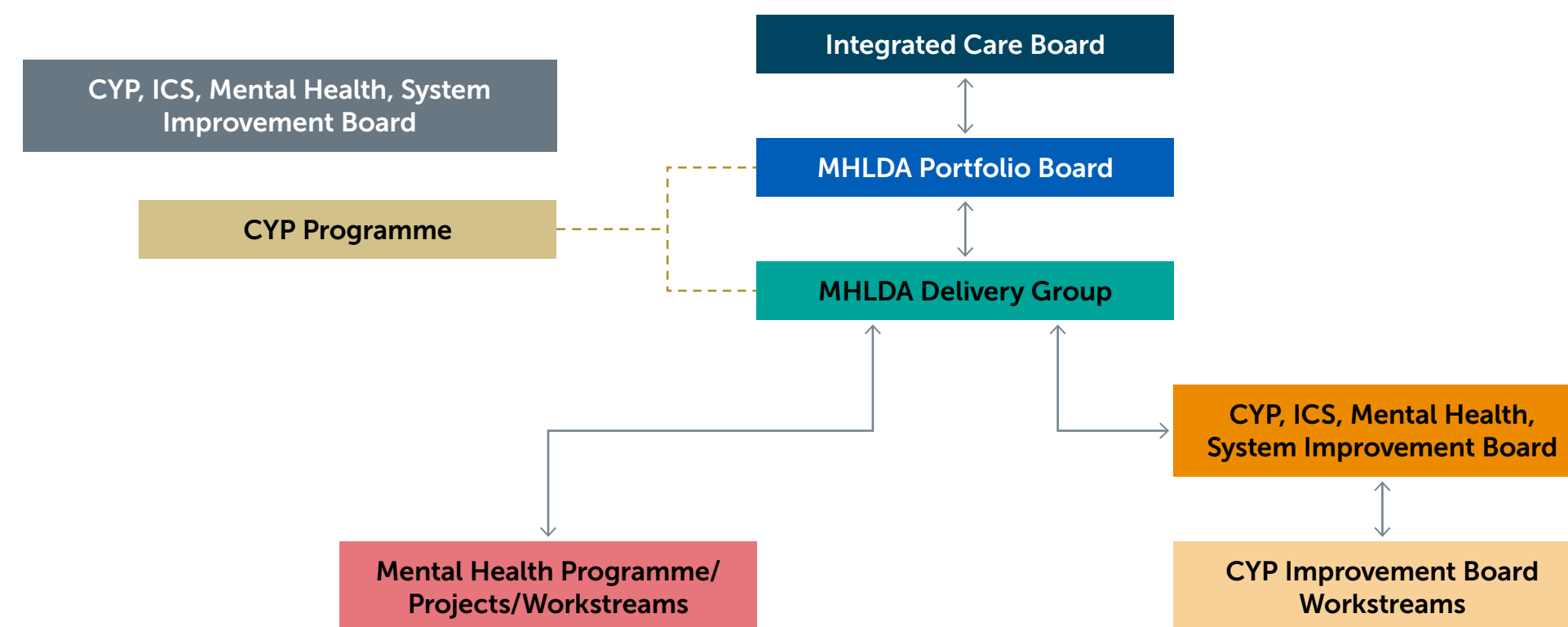
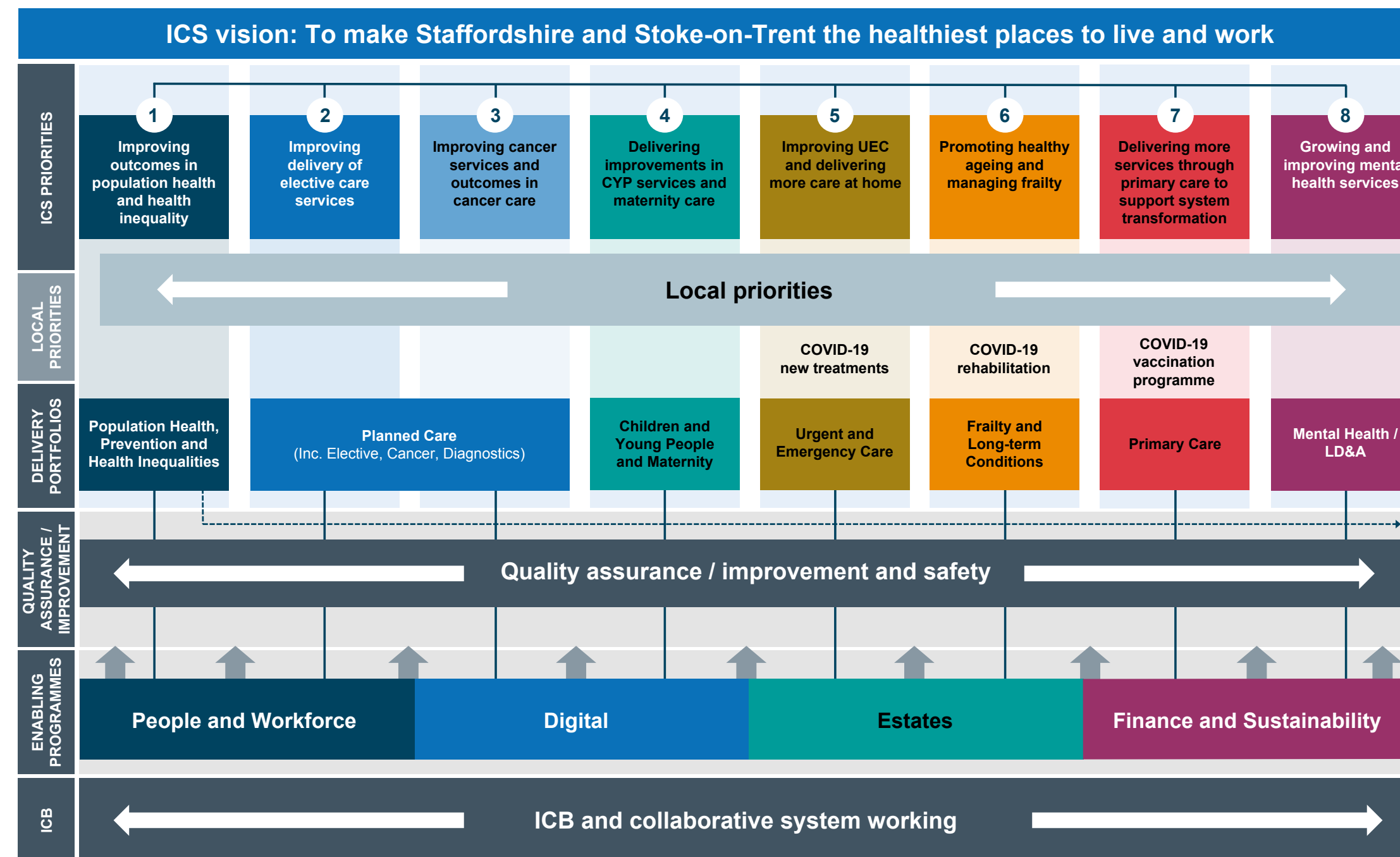
Local health organisations and councils make up the Staffordshire and Stoke-on-Trent Integrated Care System (ICS). They are working with other local organisations and groups who work with children and young people – their shared goal is to improve mental health outcomes for all. They have been working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



## The way we work (our operating model)

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 true partnership board with members from our local NHS community and mental health providers, acute trust partners, our local emotional health providers, both local authorities and education representatives.

To date, the board has identified priorities based on a self-assessment against an NHS England document which was designed to measure how 'mature' local systems were (NHS England and NHS Improvement's Key Lines of Enquiry for systems maturity tool kit). From this, they developed a work programme across several workstreams.

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

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

Following the refresh of this plan, these groups will be reviewed based on our new priorities.

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

There are strong links with other groups which focus on the needs of specific groups of young people, including the Learning Disability and Autism Partnership Board and the two local authorities' SEND Inclusion Boards.

# What have we achieved to date?

This refreshed plan is the outcome of a significant review of our children's and young people's mental health plan and comes at the point when our local Children's Mental Health Strategy has expired.

We have taken this opportunity to review what we have done against what we said we would do in our last plan.

Our priorities for 2022/23	What we have done
COVID-19 response, recovery and reimagining of services following learning from COVID-19 changes	Services have been restored to more normal ways of working since the pandemic. However, we have seen the impact of the pandemic in terms of growth in demand and the types of needs we are seeing. Tools and ways of working developed during COVID-19, including video consultation, have remained in place where they are useful and chosen by young people and their families
Continue to embed i-THRIVE across the CYP mental health system	We have held a series of workshops for local leaders to further develop our understanding of the THRIVE Framework, identify our gaps and create an action plan.  In South Staffordshire, we have developed a single point of access with specialist CAMHS, 0–19 services and our emotional health and wellbeing provider to try to provide more seamless access to services across the THRIVE needs-based groupings. In North Staffordshire, there is already a single point of access for CAMHS and the emotional health and wellbeing provider
Expand digital offers building on gains made during COVID-19	In South Staffordshire we have commissioned Mindler to provide a digital offer called the Sandbox. This was funded with underspend from our mental health support teams for schools, which was the result of recruitment delays
Participation across the CYP mental health system to be further developed	The ICB has commissioned additional capacity for participation in South Staffordshire and recruitment to vacancies has taken place
Single point of access for CAMHS services across Staffordshire – getting advice and support and getting help	This single point of access is now live and taking referrals

Our priorities for 2022/23	What we have done
Consistent CAMHS getting help service model across South Staffordshire	Action for Children is the provider of emotional health and wellbeing in Staffordshire. They offer emotional health and wellbeing support across all eight districts of Staffordshire
Measurable improvement in symptoms and functioning across CYP services, data completeness and improving data quality to further improve access targets – using System Maturity Tool, Capacity and Demand Modelling Tools, CYP Access and Tracking Tool and Commissioner Progress Tracker	We have used the system maturity toolkit to identify priorities for development, and each priority has had a subgroup. Individual providers have undertaken demand and capacity modelling but data quality and lack of ability to share data across the system has hampered our efforts to have a better system-wide understanding of demand and capacity. The ICB is developing a mental health dashboard
Transition from Sustainability and Transformation Partnership to Integrated Care System by April 2021	The Integrated Care Board is now established, and governance for CYP is developing
Eating disorders – work around 0–25 years, increase in access, review of capacity and demand in current services given growth, particularly during COVID-19. Build on the avoidant restrictive food intake disorder (ARFID) pathway	There has been some investment in eating disorders services, although demand continues to outpace capacity and recruitment to specialist roles has been challenging. North Staffordshire Combined Healthcare NHS Trust has developed an ARFID pathway. In South Staffordshire, work is ongoing with the dietetics and eating disorders teams to identify needs and the best way to support CYP, particularly given the resources available

# What is happening around us? Policy context

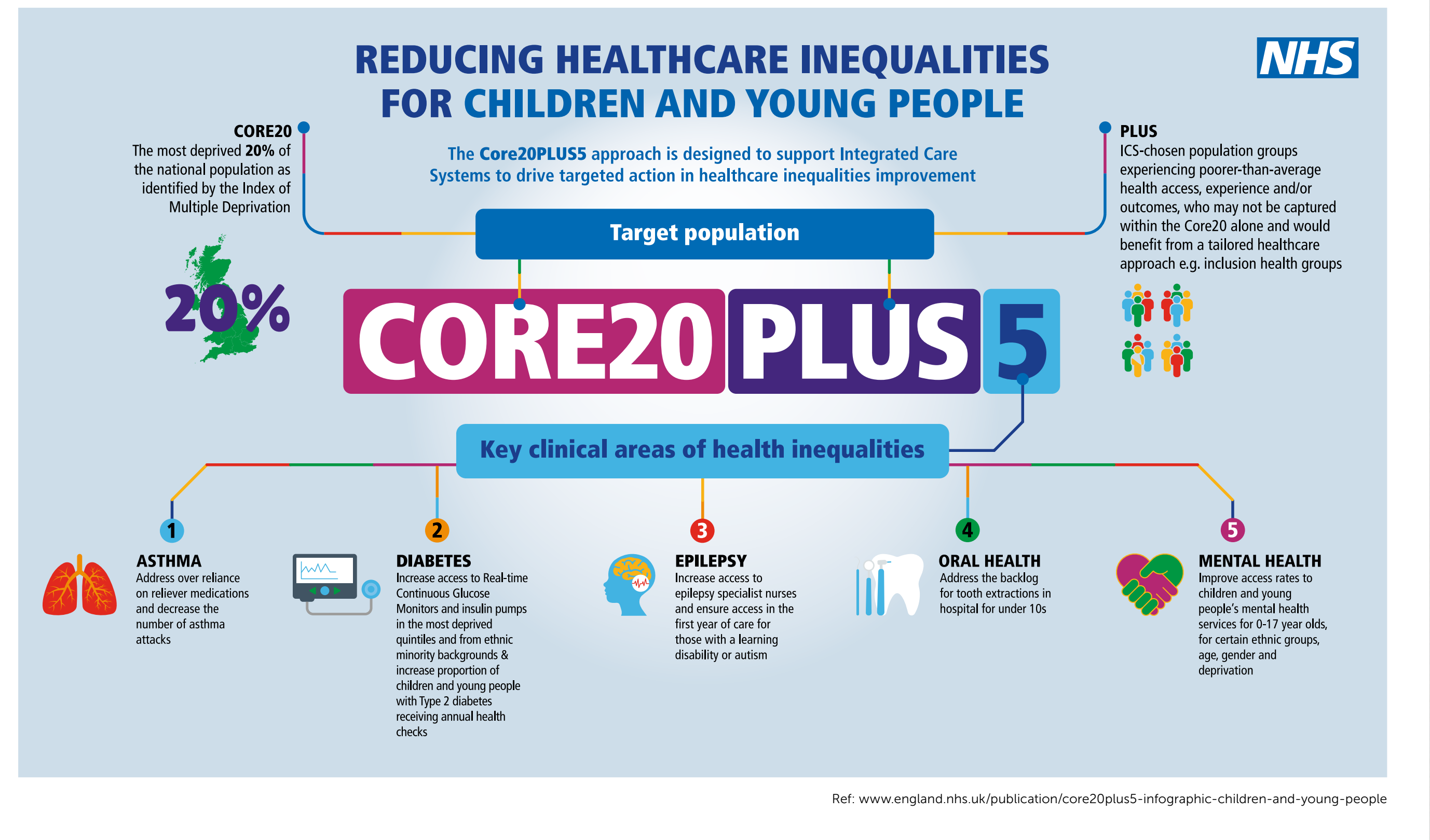
Since we wrote the last plan, there has been a change in the context that we are operating in. In rewriting this plan, we have taken the opportunity to review the policy and strategic context (what our national and local leaders say are our priorities) to consider how this shapes what we need to do next.

## National policy context – NHS

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

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

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







## National policy context – Special Educational Needs and Disabilities

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

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

### In relation to mental health, this document outlines that:

-  Best practice guidance for mental health will be produced by 2025
-  A more joined-up response will be facilitated between the Department for Education and NHS England
-  There should be better joint work at a local level across education, health and care to plan and deliver SEND provision
-  There will be an expansion in senior mental health leads for schools.

## Local policy context – children’s strategies

Our ICS covers both Staffordshire and Stoke-on-Trent. As such, we are aligned to the local children’s strategies, which are informed by the respective Health and Wellbeing strategies of Staffordshire and Stoke-on-Trent.

[Staffordshire Children, Young People and Families Strategy 2018–2028](#) has a vision that:

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

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

-  Happy and healthy
-  Feel safe and belong
-  Achieve and contribute

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

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

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

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



## Local policy context – mental health strategies

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

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

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

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

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

The strategy sets out six main outcomes:

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

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

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

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

## Local policy context – health inequalities strategies

The ICB’s [Working with People and Communities Strategy 2022/23](#) sets out how we will work with partners. We want to build new and improved services with new ways of working that will ensure they address inequalities and better support individuals, families and communities, now and in the future.

- COVID-19 underlined how health inequalities can only be addressed by listening to and understanding the needs, views and opinions of our local population – many of whom are not currently heard
- We need to address this to ensure we are working in a more accessible way, to reach those whose voices are too often ignored or not sought
- We need to maintain continuous engagement to detect issues early and put mitigations in place
- We need to proactively ask our communities what priorities matter the most to them – as well as asking them to help shape the priorities of the ICB
- We also need to recognise that all communities are different, which can impact and influence health and wellbeing as well as service outcomes and experience and inequalities
- This equally applies to how we approach communications and engagement and the need to tailor our methodology and materials accordingly.





## Local policy context – suicide prevention

The Staffordshire and Stoke-on-Trent Child Death Overview Panel (CDOP) carried out a teenage suicide thematic review in 2019/20 following an increase in the incidence of suspected suicide/self-harm.

The review produced nine key recommendations for the CAMHS Transformation Board and now CYP Mental Health System Improvement Board (SIB) to feed into their action plans and relevant working groups. There is also a new national cross-sector suicide prevention strategy and action plan, [Suicide prevention strategy for England: 2023 to 2028](#).

This strategy will continue to support key areas of children's and young people's mental health improvement activity at a national level. It will include areas such as:

- further expansion of mental health support teams in schools
- review of the personal, social, health and economic (PSHE) and relationships and sex education (RSE) curriculum
- training for mental health leads in schools
- support for schools to tackle bullying
- strengthened guidance for promoting the wellbeing of looked after children and care leavers up to the age of 25
- working with higher education providers and universities to improve prevention, support and identify recommendations from reviews
- research to understand the increase in suicide rates in certain age groups
- harnessing learning from CDOP and the National Child Mortality Database (NCMD).

In addition, there is a Staffordshire and Stoke-on-Trent Suicide Prevention Partnership. This has been established for a number of years to coordinate local suicide prevention activity.

The key recommendations from the CDOP thematic review addressed through the CICS Mental Health SIB Local Transformation Plan include:

- Activity to increase awareness of support available. This includes how to access support and clear referral pathways, with follow-up to explore alternatives where referrals are not accepted, and clear step down plans from CAMHS or crisis teams with advice on relapse prevention and support
- An improved multi-agency approach to enable holistic assessment of young people's needs and support interventions with a focus on targeted prevention and increased multi-agency risk support
- Accessible inpatient support with appropriate alternatives where this is not immediately possible.



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

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

## Integrated Care System

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

- improving outcomes in population health and healthcare
- tackling inequalities
- improving people’s access to and experience of services
- improving the value for money of services
- helping local social and economic development.

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

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

These workstreams will help to prioritise and inform our plans.

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

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

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

## The vision for the Children and Young People’s Programme Board

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

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






### Our priorities:

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

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

### Key enablers:

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

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

## Provider collaboratives

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

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

## Family Hubs

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

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

## Changes to the SEND system

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



# What are the needs of our communities?

In writing this plan, we have reviewed the needs of our communities.

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



Some of these factors have changed since we wrote our last plan. For example, the impact of the COVID-19 pandemic on children and families is showing in the increased demand for mental health services. There is an impact on families and our workforce from the cost-of-living crisis.

While there has been investment in NHS mental health services, via the Long Term Plan, other levels of investment have not kept up with need and some budgets have shrunk. This has resulted in more demand on some parts of the system, including specialist mental health services.

Data shows us there has been a growth in groups of children with complex needs, for example children looked after by the local authority and children with SEND.

These factors mean this is the right time to review our local plan for children's mental health to reflect on how we respond to these changes.



# Where are we now?

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

## What we think is working well



### Joint working

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



### Improving access to help and support

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



### Digitally enabled care pathways

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

## Where we think we need to improve



### Joint working

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



### Improving access to help and support

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



### Digitally enabled care pathways

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

# Where do we want to be?

## In the next three to five years, we want to:

- Continue to develop the THRIVE Framework locally as our way of thinking about and delivering children's mental health services
- Involve young people more in the co-production of our services
- Focus on prevention, including targeted prevention for those we know have other vulnerabilities in addition to poor mental health, to turn the tide of demand on children's mental health services. This includes building the resilience of our families and communities to support children to thrive
- Expand and develop our workforce for children's mental health – while recognising that improving the mental health of children is everybody's job, not just that of specialist services. This means we need to think differently about how we upskill everyone who works with children to support good mental health
- Continue to improve and simplify access to services so more young people can get easy access to advice and help when they need it. This includes understanding where we may need additional capacity to meet demand
- Continue to review and improve services for children who have complex or additional needs, including those who are looked after by the local authority

- Continue to review and improve services for those who have a neurodevelopmental condition or are neurodivergent
- Have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support
- Enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services.



# How will we get there?

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

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

### Why this is a priority

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

### What has already been achieved and put in place

- System-wide i-THRIVE workshops have taken place, hosted by the National i-THRIVE programme, to begin the process of mapping and implementing the THRIVE Framework across all appropriate sectors, including social care, health, education and the voluntary, community and social enterprise (VCSE) sector, to improve the mental health and emotional wellbeing of children and young adults
- Mapping of initiatives available locally across the system to the THRIVE needs-based groupings (as well as by geography, type of support offered, for example digital, phone, or face-to-face, and age ranges supported) to increase understanding of the choice and range of support available locally as well as to help identify gaps in support and services based on local needs
- A summary for each THRIVE domain of the successes; what is already working well, and the priorities for improvement identified by all partners taking part in the workshops
- Identification of the values, behaviours and culture changes required to successfully embed THRIVE locally – with barriers and enablers also identified
- Leadership workshop sessions using the THRIVE assessment tool (2022), gap analysis and prioritisation exercises to identify some key actions to help embed THRIVE at the strategic system (macro) level and at the needs-based services provision (meso) level.

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



# Priority 2

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

### Why this is a priority

Co-production is a way of working that involves young people who use health and care services, their carers, and communities in equal partnership. It engages groups of people in 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.

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 them and their peers. We have already witnessed the impact that feedback and lived experience have had on our transformation work. Both locally and nationally we understand the benefits and the evidence base for co-production and we want to co-produce more of our services.

### What has already been achieved and put in place

- We have engaged with children and young people through a range of methods including online surveys, workshops and young people's forums
- We have undertaken local research to find out what young people see as the main issues and priorities with their emotional wellbeing and their views on the current provision
- The Voice Project, which works with care experienced young people and other vulnerable young people and families, has developed a mental health action plan. The plan responds to the issues that young people have said they experience. The action plan has been signed off by the Children in Care Council and Staffordshire's Corporate Parenting Panel. Actions have been assigned to relevant teams and professionals, and findings have been used to inform the work of the Care Experienced Children and Young People's Mental Health Working Group. The action plan will be reviewed early in 2024 to understand what has been achieved and where further work is needed
- We have commissioned a participation team in South Staffordshire. This is being mobilised at the time of writing to help more young people get involved in shaping services. This service has launched with an initial participation event in partnership with Action for Children. It has co-produced and delivered the first transition CAMHS-AMHS workshop and has established a steering group with wider partners
- Midlands Partnership University NHS Foundation Trust (MPFT) is working with Whose Shoes, an award-winning co-production tool in the form of a board game, to develop a mental health 'edition' of the game. The Voice Project is supporting the creation of a 'children in care' version of the Whose Shoes tool
- Changes North Staffordshire Combined Healthcare NHS Trust (NSCHT) commissioned YP 'Youth Council'
- Both Staffordshire and Stoke-on-Trent are developing co-production charters which will be launched in 2023.

### What we will do next

### Expected outcomes

Active and meaningful co-production with young people and families will continue to shape all decisions that involve access and reduce health inequalities

Provide opportunities for work experience and interview/train staff in services and ensure the best outcomes for all young people receiving a service

Increased co-production will help ensure we 'do with, not to' young people, including recruiting young advisors

Change the culture within services and foster a partnership approach to both developing services and providing individual therapies

Use our participation team to consider how we can address health inequalities, by promoting inclusion of vulnerable, disadvantaged and disproportionately affected young people from minority ethnic groups

Services become more accessible to more CYP from a variety of backgrounds

**Priority  
3**

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

**Why this is a priority**

Taking a prevention-focused approach to improving mental health results in better outcomes for families and communities, reduces demand on services, and helps to achieve a fairer and more equal society. We want our communities to be environments where children, young people and their families thrive and achieve and maintain good emotional wellbeing and mental health.

We aim to continue to develop an effective universal prevention offer which maximises the number of children and young people who are thriving and which reduces demand on specialist services. In addition, we want to ensure that our targeted prevention offer meets the needs of children and young people who may be more vulnerable or 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**

- We have established a Prevention Working Group which brings together stakeholders from across the system. An action plan is being developed to guide the work of this group
- We have mapped the current prevention offer across Staffordshire and Stoke-on-Trent, to understand what is available for early years, primary school, secondary school and post-school aged children and their families. The mapping found that there are a wide range of preventative support services available across all age groups. However, these are not necessarily always joined-up and would benefit from coordinated promotion to ensure that people understand what is available and how to access it. The planned actions for the Prevention Group will seek to address this.

What we will do next	Expected outcomes
<p><b>Universal prevention:</b></p> <ul style="list-style-type: none"> <li>• Review the current prevention offer to understand what is working and where there are gaps and opportunities for improvement</li> <li>• Develop and implement actions to address gaps in offer</li> </ul>	<p>An effective universal prevention offer is in place which maximises the number of children and young people who are thriving and reduces demand on specialist services</p>
<p><b>Targeted prevention:</b></p> <ul style="list-style-type: none"> <li>• Analyse available data to gain an understanding of prevalence and inequalities in relation to mental health and to identify cohorts who would benefit from targeted intervention</li> <li>• Map and review current preventative offer for each of the identified cohorts to understand what is working and where there are gaps</li> <li>• Develop and implement actions to address gaps in offer</li> </ul>	<p>A targeted prevention offer that meets the needs of children and young people who may be more vulnerable or have higher risk of experiencing mental health difficulties, and which supports them to achieve improved outcomes</p>
<p><b>Community resilience:</b></p> <ul style="list-style-type: none"> <li>• Identify and use opportunities to develop resilience in communities, so that people get the support they need to thrive without accessing statutory services</li> <li>• Ensure consistent, coordinated and adequately resourced training, support and guidance for networks around the child, including families and community-based support as well as professionals</li> </ul>	<p>Communities are environments where children, young people and their families can thrive and achieve and maintain good emotional wellbeing and mental health</p>
<p><b>Communication and promotion of prevention offer:</b></p> <ul style="list-style-type: none"> <li>• Identify forums and mechanisms already in place that could be used to support or communicate the prevention offer</li> <li>• Develop a mechanism for promoting the mental health offer (including prevention) to all stakeholders, including professionals, families, children and young people and the wider network around CYP</li> </ul>	<p>Effective system-wide communications around preventative offer, which enable all stakeholders to know what is available and how to access it</p>
<p>Increase support and access for deprived groups and develop a ‘psychological profile’ of deprived populations</p>	<p>Development of preventative strategies in education and primary care settings to do more to improve access for these populations</p>
<p>Improve the offer for children aged up to five across the system.</p>	<p>Early intervention with regard to attachment and bonding in early years provides the best possible prevention of mental health and emotional wellbeing difficulties in later years</p>

**Priority  
4**

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

**Why this is a priority**

In North and South Staffordshire we have an established, highly skilled workforce across statutory and non-statutory organisations. However, there is an ongoing requirement to ensure there are enough clinicians to deliver services for children and young people.

We need to improve the skills of staff across the system, including in primary care, to ensure that all those who work with children and young people have the skills and competencies to meet their needs.

**What has already been achieved and put in place**

- Increased number of highly trained staff to deliver evidence-based therapies such as dialectical behaviour therapy, cognitive behavioural therapy, non-violent resistance, cognitive analytic therapy, eye movement desensitisation and reprocessing and interpersonal psychotherapy for depressed adolescents
- Newly developed roles of children’s wellbeing practitioners (CWPs) based on the adult model
- Education mental health practitioner (EMHP) roles within the mental health support teams (MHSTs) for schools
- We have engaged with the children and young people’s improving access to psychological therapies (CYP-IAPT) collaboratives.

<b>What we will do next</b>	<b>Expected outcomes</b>
Continue to host the ‘recruit to train’ therapists and supervisors to ensure we continue to create development opportunities	Expansion of a skilled workforce to deliver psychological therapies
Continue to engage with the CYP-IAPT collaboratives	Workforce growth to improve timely access to psychological therapy and prevent waiting lists
Support skills sharing and competency developments across the system	More highly skilled, competent, and confident workforce
Refresh workforce plans annually	Identify future services training and development needs
Provide opportunities to ‘grow your own’ by creating apprenticeship opportunities for all disciplines	Maximises the upskilling of the workforce across the system and creates opportunities
Ensure VCSE service partners are included in workforce planning initiatives	Enable upskilling of their workforce to deliver services against more complex areas of need

# Priority 5

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

## Why this is a priority

Many children and young people will require preventative, targeted and specialist emotional wellbeing and mental health provision at some point in their life. There is a need to ensure access is provided in a timely, responsive, and qualitative way – avoiding unnecessary admissions to hospital. This will ensure more children and young people will be able to access provision – with an emphasis on supporting children earlier with stronger links to education, children’s services, and improved pathways across the system.

This priority will ensure that no child or young person with an emotional wellbeing or mental health difficulty who is seeking help – or an adult with a concern about a child or young person – will be turned away.

## What has already been achieved and put in place

- We have a single point of access in place across North and South Staffordshire which triages referrals and provides advice and signposting to services that can meet the emotional or mental health needs of young people, 24 hours a day and seven days a week. These are multi-agency teams with partners who triage to ensure there is ‘no wrong door’ when accessing support
- Self-referral is in place across Staffordshire and Stoke-on-Trent via a digital front door, improving accessibility, responsiveness, and choice
- Access services are available via a range of methods including face-to-face, phone and digital appointments
- Positive outcomes achieved for children accessing mental health support teams. These teams can give quicker and easier access to mental health support and interventions as well as guidance on available services and how to access them
- North and South Staffordshire were early participants in children and young people’s improving access to psychological therapies (CYP-IAPT), aligned with local collaboratives. Having trained therapists over the past seven years in high intensity therapies, the aim of the CYP-IAPT initiative is now to move from one of transformation to one of ‘business as usual’
- Children and young people referred for assessment or treatment of an eating disorder access treatment that complies with National Institute for Health and Care Excellence (NICE) guidelines. Cases triaged as urgent are seen within one week, and cases triaged as routine are seen within four weeks
- Staffordshire and Stoke-on-Trent have reviewed and updated their local offer.

What we will do next	Expected outcomes
Implement new national waiting time measure to ensure we are working to the same set of standards	Inform CYP, relatives and staff of what to expect from each partner across the system Provide guidance and procedures for how referrals and waiting lists are managed
Ensuring equity of access for those most in need is central, especially for vulnerable groups	No one will fall through the net during transition points (for example, moving from primary to secondary school or children’s services to adult services), or because they have disability or are on the SEND register
Continue to expand mental health support teams in schools	Increase numbers of CYP accessing emotional resilience programmes in school Education professionals will feel more supported to effectively support CYP through whole school approaches
Continue to improve simple and timely access to services for all, learning from other areas where access is working well	Provide timely access for CYP and reduce waiting times Reduction in CYP reaching and presenting in crisis Increased service user involvement in designing equitable CYP mental health services
To work alongside other developments, for example Family Hubs and local SEND and inclusion work for CYP with primarily social, emotional and mental health needs	The system has clear, stepped processes to support CYP and prevent any further escalations in presentation
Continue to develop the respective ‘front doors’ to CYP mental health services to ensure they facilitate seamless access to the range of services available locally	CYP and parents report services are easy to access
Use technology to support access to services including a system-wide landing page for easy access to information	CYP and parents report information about services is easy to access
Improve visibility of our data on capacity, demand for and performance of local CYP mental health services across the system	We can identify where we need to make changes to or invest in services

**Priority  
6**

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

**Why this is a priority**

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

The rate of mental health disorders in the general population aged 5–15 is 10 per cent. For those in care, it is 45 per cent, and 72 per cent for those in residential care. In addition, frequent placement moves can keep care experience children from receiving the support they need by disrupting treatment plans and access to services.<sup>1</sup>

Carers report often having to manage a range of significant emotional and behavioural difficulties in the young people they care for. Research has shown that carers do not always feel competent to manage the emotional needs of their foster children and face significant barriers in navigating social care and mental health systems.<sup>2</sup>

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

**What has already been achieved and put in place**

- We have undertaken a partnership mapping exercise to identify the gaps and challenges in mental health provision for care experienced children and young people. This will be used to identify, agree and implement solutions to address these gaps and inform ongoing activity
- We have conducted a survey to gather learning from regional colleagues about their work to support mental health for this group of young people. The survey was circulated by NHS England to their East and West Midlands Children and Young People Mental Health Commissioners and Children in Care contacts list. The findings will be used to inform local activity
- Work is underway to enable Staffordshire and Stoke-on-Trent to use the regional Children and Families Support Service (CAFSS) framework to procure court-ordered assessments and therapies. Local requirements are being specified, which will be used with the regional framework. These will clearly outline our expectations of local experts when carrying out court instructions to conduct an assessment. This is to ensure that any therapies recommended are appropriate and that the reports provide meaningful recommendations which support the aspiration of family reunification. Further work is planned to expand the range of therapies available through the framework and to ensure that Staffordshire and Stoke-on-Trent service providers are represented
- We have established a Placement Breakdown Task and Finish Group. This group is considering developing a placement risk register which will identify those children and young people whose placements are at risk as a result of unmet mental health needs. The ambition is that early identification of these children will allow appropriate support and intervention to be put in place before needs escalate to the point of placement breakdown
- The Midlands Partnership University NHS Foundation Trust (MPFT) and Staffordshire County Council have undertaken an in-reach consultation pilot with a small cohort of social workers and the children and young people they work with, who are in the care of the local authority. The pilot aimed to provide expert consultation to the social worker to support the achievement of positive outcomes for the child and identify any suitable support. Learning from the pilot will be used to inform ongoing activity.

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

What we will do next	Expected outcomes
Consider the findings of the partnership mapping exercise and develop and implement actions to address the barriers and challenges identified	Mental health services are accessible and inclusive of care experienced children and young people (CECYP) The network around the child is equipped to support their mental health and emotional wellbeing CECYP can access the support they need to achieve and maintain good mental health
Put in place systems and processes to enable Staffordshire and Stoke-on-Trent to use the CAFSS Regional Framework to procure court-ordered assessments and therapies	Court-ordered assessments and therapies are fit for purpose and contribute to the achievement of positive mental health outcomes for children and their families
Develop and embed a placement breakdown risk register	CECYP who are struggling with their mental health are identified early and appropriate support is put in place Reduction in number of placement breakdowns as a result of mental health conditions, ultimately leading to better outcomes for CECYP
Put in place guidance for the network around the child to support them to understand alternatives to presentation at A&E with unmet mental health needs	Reduction in numbers of CECYP presenting to A&E with unmet health needs Improvement in support for CECYP at an earlier stage, leading to better mental health outcomes

**Priority  
7**

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

**Why this is a priority**

In children referred to CAMHS, neurodevelopmental conditions constitute the most frequently occurring group of disorders, with high rates of children having more than one neurodevelopmental disorder (such as autism spectrum disorder) 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, children and young people 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).

In Staffordshire and Stoke-on-Trent there has been a growth in demand for assessment and support for children who are thought to have autism, attention deficit hyperactivity disorder (ADHD) or both. Some of these young people will go on to receive a diagnosis of a neurodevelopmental condition, while others may be neurodivergent but do 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 co-occurring mental health needs.

There has also been a growth in the number of children accessing CAMHS services who have a diagnosis of autism or are suspected to have autism. A high percentage of those being admitted to inpatient CAMHS units (tier 4) are young autistic females. A systems 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**

- There is an established all-ages Learning Disabilities and Autism (LDA) programme in Staffordshire and Stoke-on-Trent.
- There has been some additional investment in autism assessment and post-diagnostic support, although demand continues to exceed capacity.
- A model for graduated support has been developed and consulted on in Staffordshire (Enhanced Assess, Plan, Do, Review (EAPDR) Pathway and SEDIS). This is moving into the implementation phase.
- We are developing a Staffordshire and Stoke-on-Trent strategy for neurodiversity.
- Work is underway to develop a sensory pathway across Staffordshire and Stoke-on-Trent.
- We have rolled out Oliver McGowan Mandatory Training across NHS providers.

<b>What we will do next</b>	<b>Expected outcomes</b>
Forge stronger links between the LDA programme and the Children’s Mental Health Improvement Programme to develop a clinical view on managing the dual support and treatment needs of CYP with neurodevelopmental conditions (such as learning disability, autism, dyspraxia) and mental health needs	Less duplication of effort, more joined-up working and the development of more integrated pathways
Review and expand our neurodevelopmental services to be more joined up across ADHD and autism to improve access and reduce duplication	More joined-up care, fewer young people ‘bouncing’ between services/pathways, better experience for service users
Implement a better graduated response for CYP with social, emotional and mental health needs who may also be neurodivergent through the SEDIS model in Staffordshire	Earlier and better access to support for CYP struggling to access education due to these needs
Develop a sensory pathway across Staffordshire and Stoke-on-Trent	Better access to support for CYP who have sensory needs
Provide training across the health and care system to support a neurodevelopmental condition ‘sensitive’ workforce	Additional support for CYP with neurodevelopmental conditions

**Priority  
8**

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

**Why this is a priority**

Children and young people can often quickly reach crisis point 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 children and young people receive the timeliest appropriate intervention.

**What has already been achieved and put in place**

- We have a single point of access across North and South Staffordshire offering crisis support 24/7
- Intensive outreach teams are in place across North and South Staffordshire to support children and young people in crisis, prevent avoidable admissions, support children and young people who are waiting for admission, and reduce length of stay for those admitted to an inpatient facility
- Children and young people’s mental health liaison is fully established at Royal Stoke University Hospital with strengthened pathways to and from the Crisis Care Concordat (CCC). In South Staffordshire, there is a comprehensive psychological assessment service to the emergency department and inpatient wards of Queen’s Hospital in Burton and the community hospitals (University Hospitals of Derby and Burton NHS Foundation Trust) and County Hospital in Stafford (University Hospital of North Midlands NHS Trust)
- Where children and young people require a place of safety there are dedicated assessment rooms in North and South Staffordshire
- North Staffordshire Combined Healthcare Trust operates a full 24/7 rapid assessment crisis line and for South Staffordshire there are crisis lines with access to CAMHS practitioners
- We have developed a dynamic support register.

**What we will do next**

**Expected outcomes**

Develop shared practices and processes across the system	Improved partnership and multi-disciplinary working
Continue to review the need and expand the CYP intensive outreach teams	Reduced admissions, length of stay and bed occupancy
Develop mechanisms to share information	Ability to share information across the system to improve support for CYP, families and carers
Develop risk support offer under the THRIVE needs-based groupings	Interagency collaboration with shared responsibility across all agencies  All agencies have the skills and confidence to manage risk at all levels, for example when a young person is in crisis, but risk can present and be managed at all THRIVE needs-based groupings, and in multiple settings/ locations  Better support for staff to manage complexities.

**Priority  
9**

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

**Why this is a priority**

The Long Term Plan sets out key deliverables in relation to children and young people aged up to 25. These deliverables focus on an improved offer for children and young people. The plan highlights the need for prevention and early intervention. This includes support in schools from mental health support teams as well as the wider community-based offer. Improvements in community services include better access to mental health support, dedicated crisis support teams, and an improved transition for young adults from CAMHS to adult mental health services. For young people who do not meet the threshold for adult mental health services, there is an alternative community offer, as highlighted in 'Mind the gap: the interface between child and adult mental health services' (Singh S P et al, 2018).

It is imperative that, as a system, 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 in the VCSE sector. Transitions between services should be explicitly planned with children and 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**

- Mental health support teams (MHSTs) are now working in schools across Staffordshire with a successful Wave 8/9 bid ensuring further expansion across key areas – further consolidating the prevention and early intervention offer. A Whole School Approach lead has been appointed to ensure schools in Stoke-on-Trent and North Staffordshire with an MHST are receiving a consistent approach and to strengthen partnership working with education providers
- Mental health providers within the system offer specialist teams working across current age boundaries, providing developmentally appropriate evidence-based interventions. Teams include NHS Talking Therapies (previously known as IAPT), Early Intervention Team and Eating Disorders.
- Emotional health and wellbeing services are in place across Staffordshire and Stoke-on-Trent, offering early help and support to those children who do not reach the CAMHS threshold
- The system has received significant new investment to support children's and young people's ASD services. This investment supports the diagnosis of ASD and a new post-diagnostic service. The funding is directly linked to the support of children and young adults up to the age of 25, removing the need for transitions between teams on the young person's 18th birthday
- The early intervention team in North and South Staffordshire have implemented At Risk Mental State (ARMS) pathways to support young people who are considered at a higher risk of developing a psychotic illness in early adulthood. This team offers evidence-based intervention for young people aged 14–34
- There has been significant investment in perinatal services, which has allowed the services across the system to meet the deliverables of the Long Term Plan across Stoke-on-Trent and Staffordshire. Increasing access to the services until the child is two years old allows for additional support with parental attachment and bonding. Evidence shows that this improves mental health and emotional wellbeing outcomes for the child as they develop
- South Staffordshire has a small CAMHS 'Early Years' service for pre-school children
- We have developed Preparing for Adulthood (PFA) clinical lead roles across Staffordshire and Stoke-on-Trent. These roles are to support young people approaching transition into adult mental health services or, for those who do not meet threshold, into VCSE organisations in their own communities to support their continued recovery. The PFA lead is instrumental in ensuring transition policies are co-produced and embedding a culture of well-planned, person-centred transition in a timely and coordinated way. The PFA lead has strong links with all partners in the system to enable a coordinated response for young people.

<b>What we will do next</b>	<b>Expected outcomes</b>
Develop an overarching system-wide transitions protocol	Provide CYP with a clear expectation of what to expect moving forward. All CYP can expect a planned and coordinated transition and feel supported during the process
Continue to expand the MHST offer across schools	Increase numbers of children and young people accessing emotional resilience programmes in school Education partners will feel more supported to effectively support CYP through whole school approaches
Move to a developmentally appropriate transition point rather than age-determined	Reduce deterioration in mental health and/or crisis points at transition points
Continue to build on partnership working across the system	Improved pathways to support recovery for children/young adults by using the local offer more effectively



# 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. The group aged 15–19 will see the biggest percentage change (+15 per cent) by 2030, with an additional 9,000 young people in this age range.

## 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 per cent most deprived districts/unitary authorities in England. About 33.2 per cent (17,470) children live in low-income families.

It's a more mixed picture in Staffordshire with about 13 per cent (18,400) of children living in low income families, in [geographical pockets](#) including areas of Burton upon Trent, Newcastle, Tamworth and Cannock. The rising number eligible for free school meals suggests more children are living in poorer households.

## Child protection

Across both authorities there are more than 11,500 children and young people identified as in need of protection. More than 1,300 have a child protection plan and over 2,200 are in the care of the local authorities. The numbers of children going into care is increasing across both authorities.

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

## Special educational needs including autism and learning disability (SEND)

Both Staffordshire and Stoke-on-Trent have higher than average numbers of children with education, health and care plans (EHCP).

The main reasons for SEND support across the geography we serve are:

- learning difficulties
- speech, language and communication needs
- social, emotional and mental health needs.

The numbers with an EHCP for autism spectrum disorder are higher in Staffordshire (26 per cent) compared with Stoke-on-Trent (8 per cent).

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

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

## Diversity

In Staffordshire, the percentage of the population from ethnic minority backgrounds is 4 per cent overall, but 10.1 per cent for school-aged children and young people. In Stoke-on-Trent these figures are 15 per cent (whole population) and 28.5 per cent (school-aged population) respectively.

The population of young people is therefore more ethnically diverse than the older Staffordshire population.

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

A regional report (The Strategy Unit, 2021) has shown that rates of access were worse for children and young people from minority ethnic groups. Across the region, black children and young people have more frequent contact but shorter contact times with services, the highest re-referral rates, and are the most likely of all ethnic groups 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 17–19: 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 per cent of the number of children aged 5–19 (Centre for Mental Health, 2020).

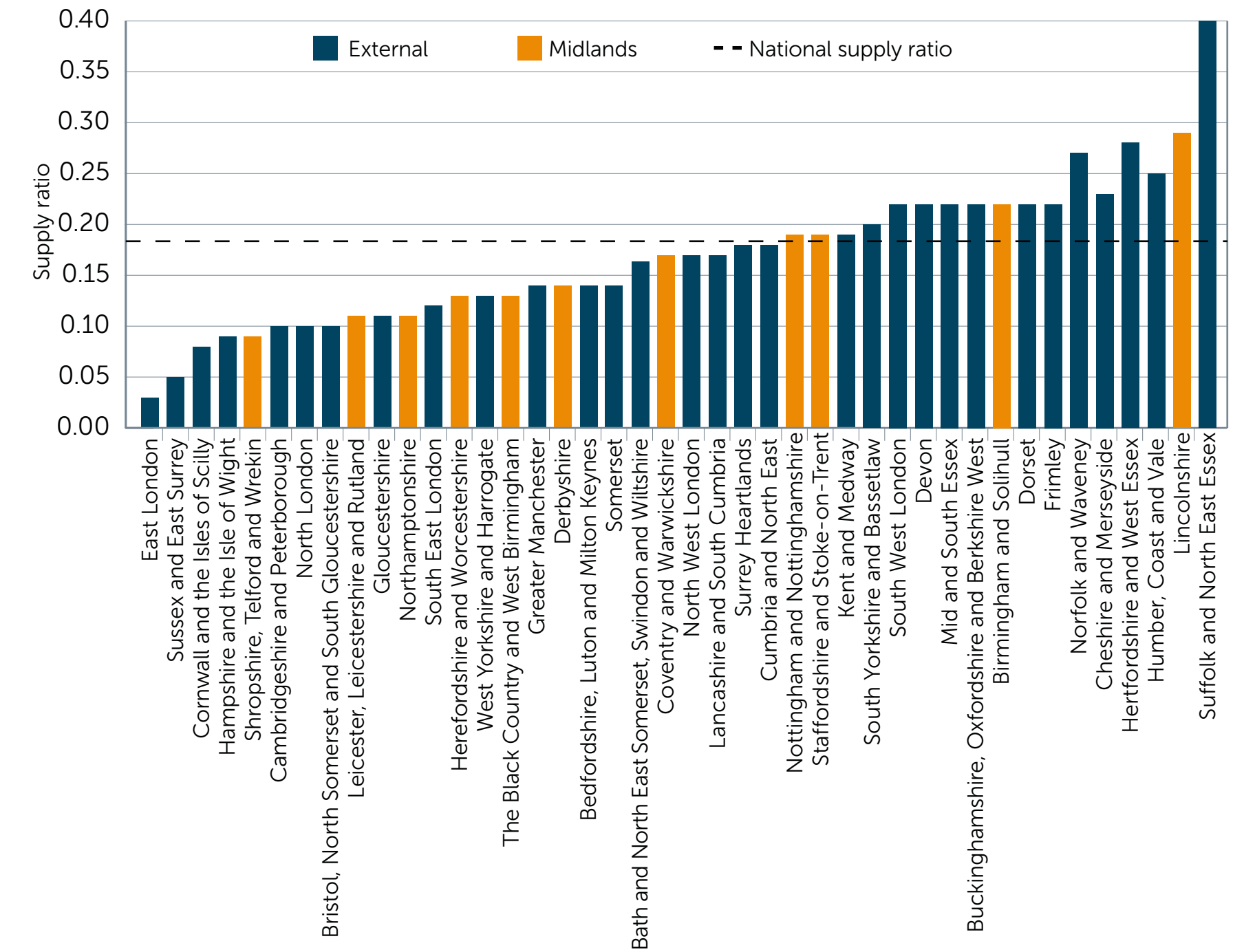
Evidence suggests that some children and young people who have needs do not always attempt to access support. Among young people who believe they needed mental health support during the pandemic, 54 per cent said that they have received some form of support (for example, through NHS mental health services,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

A report focusing on the West Midlands (The Strategy Unit, 2021) showed that of the 350,000 children and young people in the Midlands predicted to have a diagnosable mental health condition, only 12.5 per cent can 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 (see Figure 2).

**Figure 2 ICS supply ratio, The Strategy Unit 2021**

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

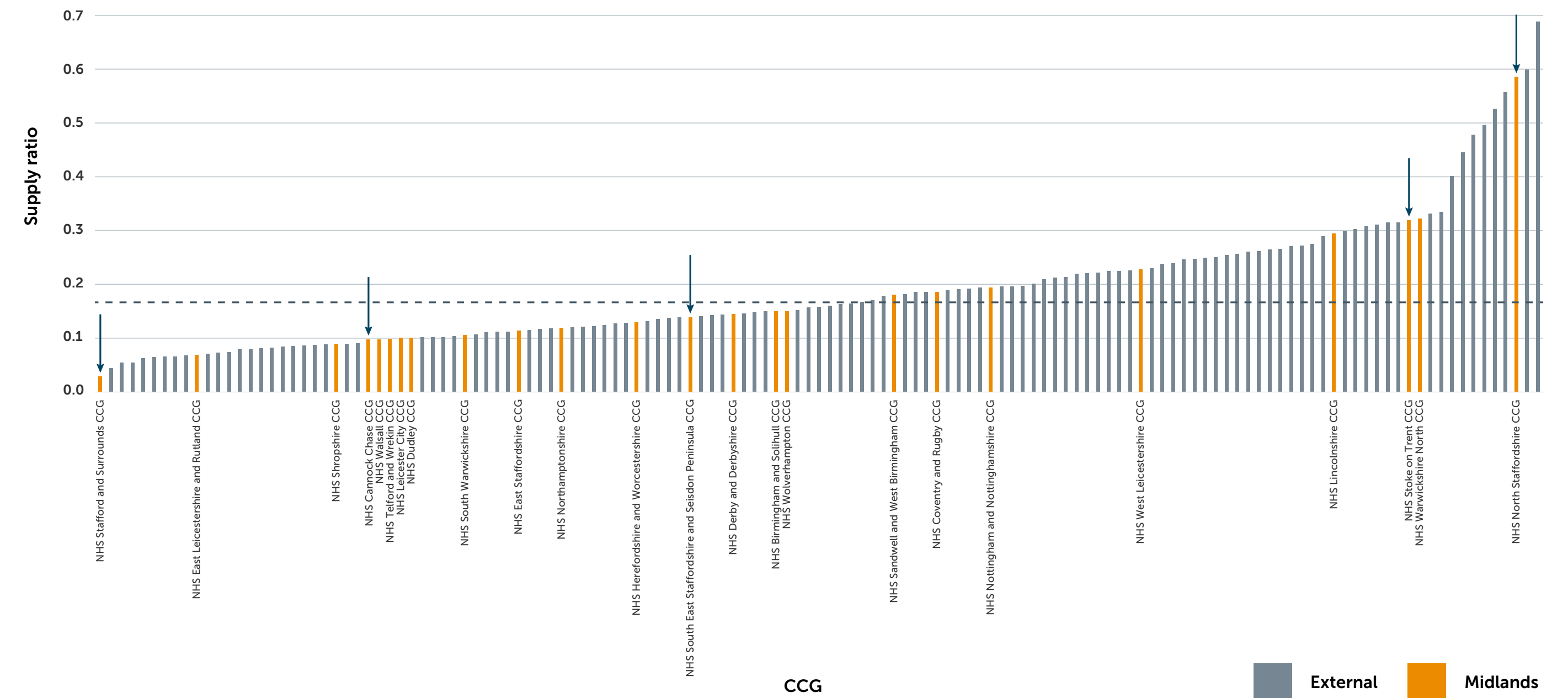


However, there were high levels of variation by locality within this data, with areas in South Staffordshire being below average (see Figure 3).

Figure 3 CCG supply ratio, The Strategy Unit 2021

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

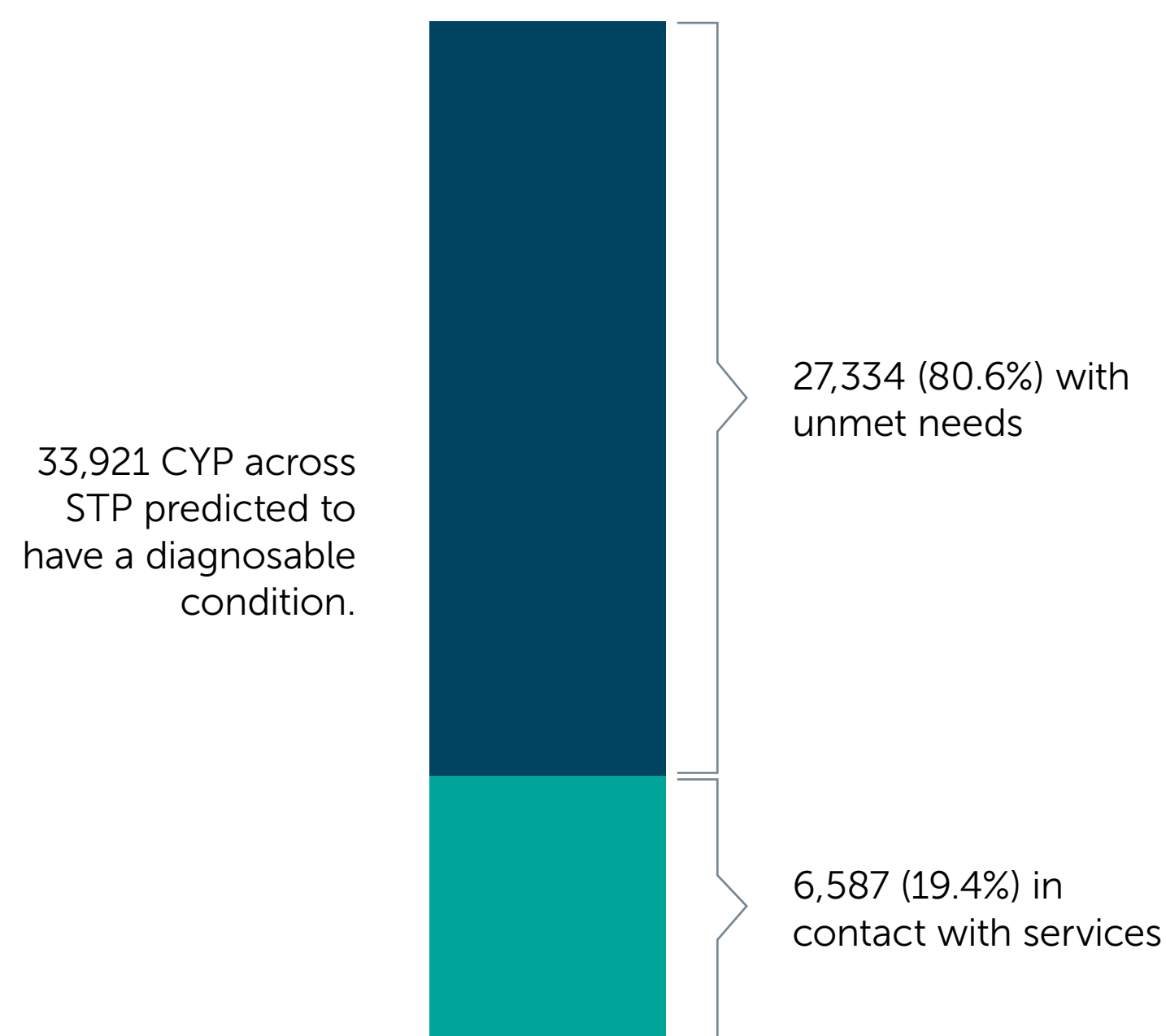
Overall supply ratio for CYP mental health services by CCG



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

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

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



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

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

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

### Children with complex needs

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

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

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

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

A wide range of types, combinations and severity of needs are experienced by young people with complex needs. The most common needs include mental health needs (59 per cent), special educational needs and disability (SEND) (30 per cent), persistent absence (37 per cent) and substance misuse (34 per cent). Stakeholders also highlighted trauma and attachment issues as common problems. A high proportion of the cohort are receiving support from a social care plan (59 per cent).

A higher proportion of children, young people and young adults with complex needs live in Stoke-on-Trent than in Staffordshire (50 per cent of the complex needs cohort in the data study live in Stoke-on-Trent compared to 32 per cent who live in Staffordshire – for 18 per cent location data was not available). The cohort in Stoke-on-Trent also experienced higher levels of multiple needs – 63 per cent of the cohort who are from Stoke-on-Trent have more than three needs compared to 57 per cent of those in Staffordshire.

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

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

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

# Appendix 2 – Performance and activity

## Children and young people access (1 + contacts)

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

Geography	2021/22	2022/23
Cannock Chase sub ICB location	1,635	1,855
East Staffordshire sub ICB location	1,410	1,500
South East Staffordshire and Seisdon Peninsula sub ICB location	2,445	2,480
Stafford and Surrounds sub ICB location	1,660	1,805
North Staffordshire sub ICB location	2,975	2,910
Stoke-on-Trent sub ICB location	4,485	4,390
Staffordshire place	10,125	10,550
Stoke-on-Trent place	4,485	4,390
<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>14,485</b>	<b>14,850</b>

**Data source:** Published Mental Health Services Data Set (MHS95) - rolling 12 months, position as at March 2023

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

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

See also NHS Operating Framework tab - ranking of the ICB at March 2023 on percentage of Long Term Plan achieved

## NHS Operating Framework (As at March 2023)

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

Rank quartile	Rank	Organisation name	Value
Highest performing	1/42	NHS Nottingham and Nottinghamshire Integrated Care Board	125.9%
	2/42	NHS West Yorkshire Integrated Care Board	124.5%
	3/42	NHS Leicester, Leicestershire and Rutland Integrated Care Board	121.4%
	4/42	NHS Cambridgeshire and Peterborough Integrated Care Board	120.4%
	5/42	NHS Northamptonshire Integrated Care Board	115.3%
	6/42	NHS Lancashire and South Cumbria Integrated Care Board	112.4%
	7/42	NHS Cornwall and The Isles of Scilly Integrated Care Board	112.1%
	8/42	NHS Greater Manchester Integrated Care Board	110.9%
	9/42	NHS Norfolk and Waveney Integrated Care Board	110.4%
	10/42	NHS Sussex Integrated Care Board	109.2%
	11/42	NHS Surrey Heartlands Integrated Care Board	108.0%
Interquartile range	12/42	NHS Frimley Integrated Care Board	102.4%
	13/42	NHS Hampshire and Isle of Wight Integrated Care Board	98.2%
	14/42	NHS Black Country Integrated Care Board	96.3%
	15/42	NHS Suffolk and North East Essex Integrated Care Board	96.0%
	16/42	NHS Staffordshire and Stoke-On-Trent Integrated Care Board	95.9%
	17/42	NHS Gloucestershire Integrated Care Board	95.8%
	18/42	NHS South West London Integrated Care Board	95.7%
	19/42	NHS North East and North Cumbria Integrated Care Board	94.1%
	20/42	NHS Hertfordshire and West Essex Integrated Care Board	87.6%
	21/42	NHS Kent and Medway Integrated Care Board	83.8%
	22/42	NHS Dorset Integrated Care Board	83.3%
	23/42	NHS Humber and North Yorkshire Integrated Care Board	83.2%
	24/42	NHS Derby and Derbyshire Integrated Care Board	83.0%
	25/42	NHS Cheshire and Merseyside Integrated Care Board	82.0%
	26/42	NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	81.9%
	27/42	NHS South Yorkshire Integrated Care Board	81.6%
	28/42	NHS North West London Integrated Care Board	81.5%
	29/42	NHS South East London Integrated Care Board	78.0%
	30/42	NHS North East London Integrated Care Board	77.9%
	31/42	NHS Coventry and Warwickshire Integrated Care Board	75.3%
Lowest performing	32/42	NHS Lincolnshire Integrated Care Board	74.2%
	33/42	NHS North Central London Integrated Care Board	71.0%
	34/42	NHS Mid and South Essex Integrated Care Board	70.5%
	35/42	NHS Shropshire, Telford and Wrekin Integrated Care Board	70.3%
	36/42	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	69.9%
	37/42	NHS Somerset Integrated Care Board	67.4%
	38/42	NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board	67.1%
	39/42	NHS Herefordshire and Worcestershire Integrated Care Board	61.5%
	40/42	NHS Birmingham and Solihull Integrated Care Board	61.3%
	41/42	NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board	59.6%
	42/42	NHS Devon Integrated Care Board	50.0%

## 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
Cannock Chase sub ICB location	700	715	790	1,120	1,240
East Staffordshire sub ICB location	535	660	890	1,055	1,110
South East Staffordshire and Seisdon Peninsula sub ICB location	1,195	1,250	1,345	1,710	1,705
Stafford and Surrounds sub ICB location	845	940	920	1,075	1,170
North Staffordshire sub ICB location	1,290	1,785	1,770	2,060	1,900
Stoke-on-Trent sub ICB location	1,910	2,695	2,835	3,355	3,085
Staffordshire place	4,565	5,350	5,715	7,020	7,125
Stoke-on-Trent place	1,910	2,695	2,835	3,355	3,085
<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>6,475</b>	<b>8,045</b>	<b>8,550</b>	<b>10,375</b>	<b>10,205</b>
<b>Percentage change on previous year</b>	<b>28%</b>	<b>24%</b>	<b>6%</b>	<b>21%</b>	<b>-2%</b>

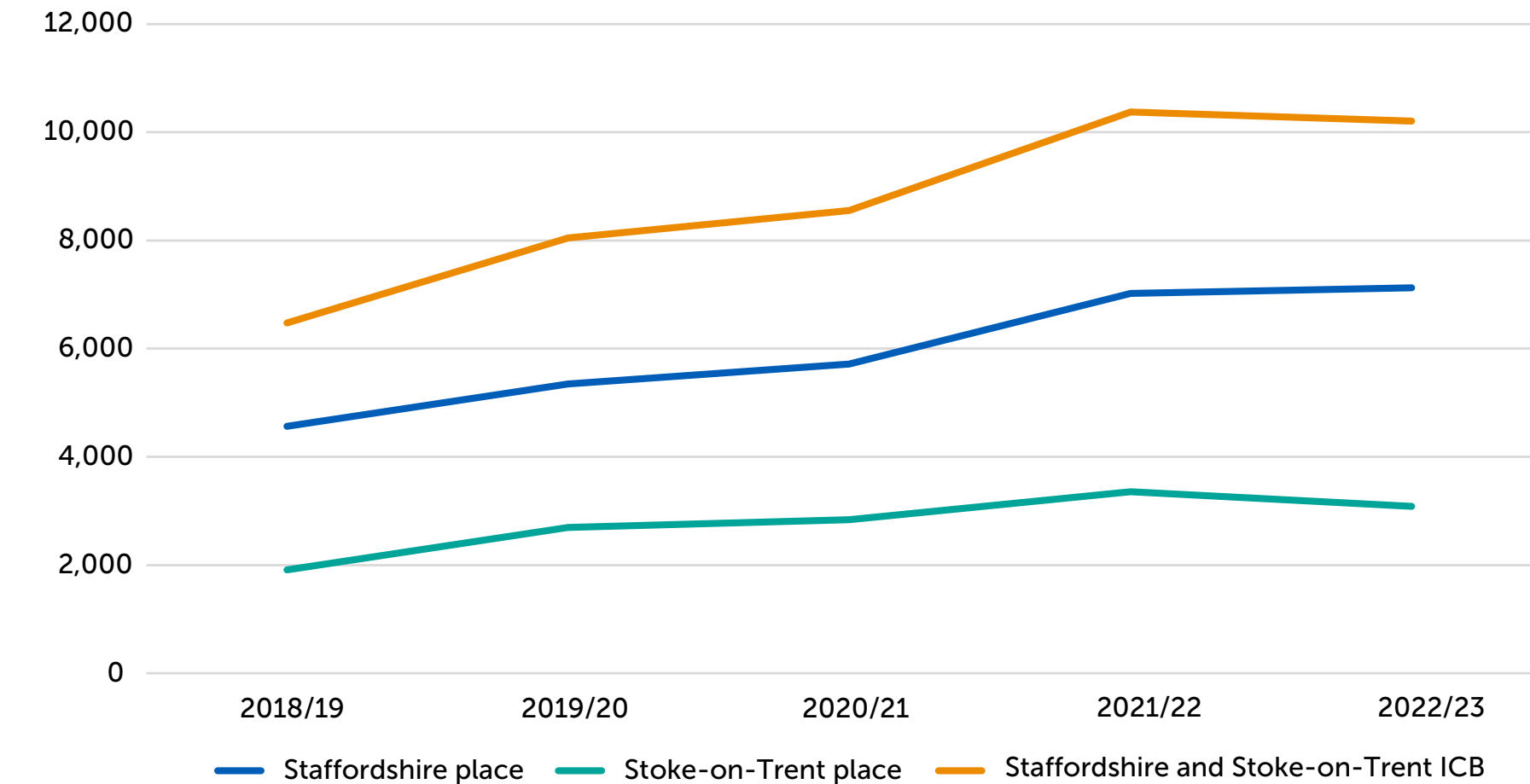
**Data source:** Published Mental Health Services Data Set (MHS69) - sum of monthly values

**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

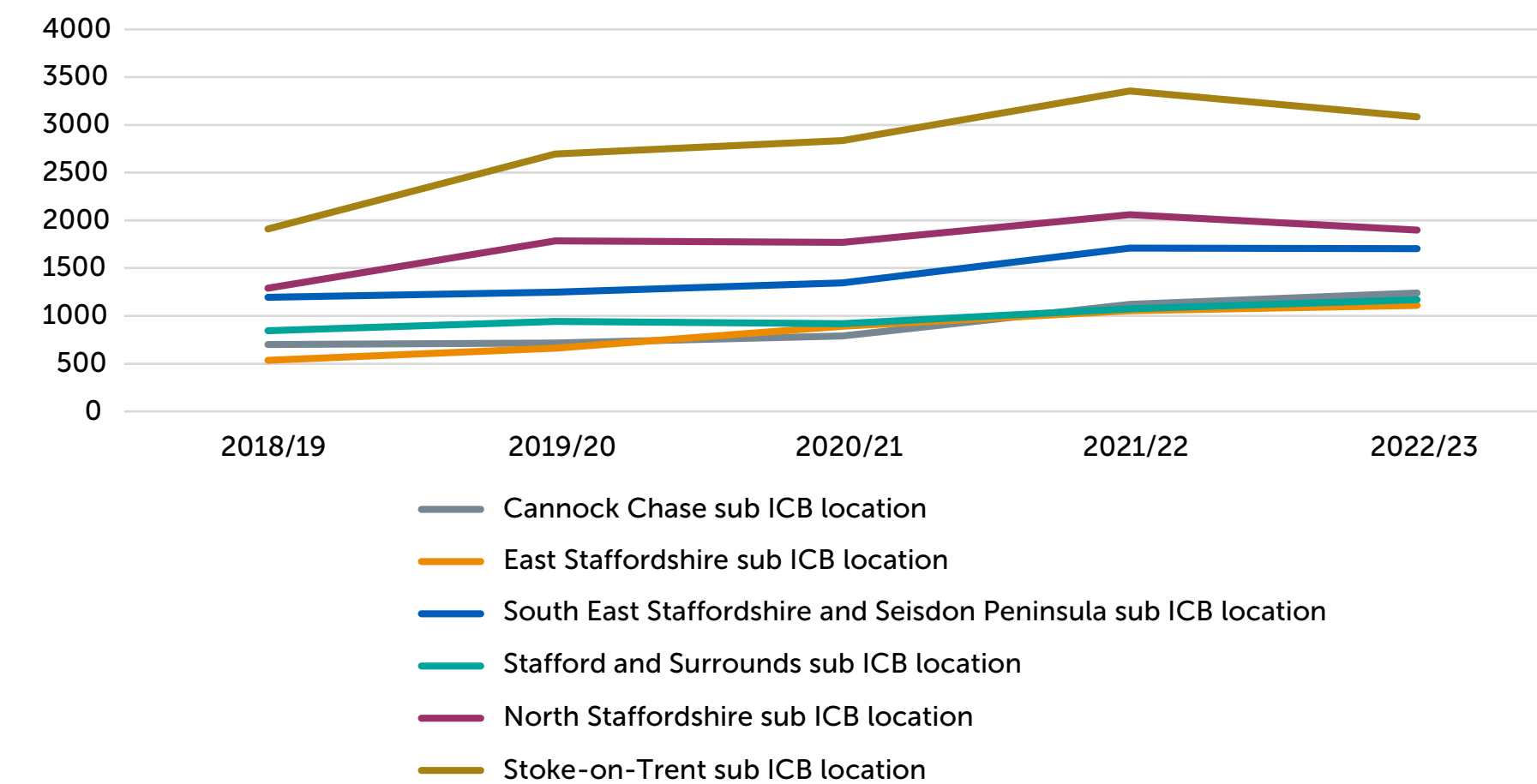
Staffordshire place is comprised of the Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, and Stafford and Surrounds sub ICB locations; Stoke-on-Trent place is comprised of the Stoke-on-Trent sub ICB location

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

## Getting advice and support - Place and ICB



## Getting advice and support - sub ICB



## CAMHS: Getting help services (formerly Tier 3)

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

Metric	Geography	2018/19	2019/20	2020/21	2021/22	2022/23
Number of referrals received into CAMHS	Cannock Chase sub ICB location	1,071	1,214	873	1,004	551
	East Staffordshire sub ICB location	839	1,003	705	761	371
	South East Staffordshire and Seisdon Peninsula sub ICB location	1,332	1,625	1,281	1,503	760
	Stafford and Surrounds sub ICB location	985	1,177	918	1,139	513
	North Staffordshire sub ICB location	1,989	2,466	2,219	2,970	3,180
	Stoke-on-Trent sub ICB location	2,913	3,021	3,088	4,503	4,774
	Staffordshire place	6,216	7,485	5,996	7,377	5,375
	Stoke-on-Trent place	2,913	3,021	3,088	4,503	4,774
		<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>9,129</b>	<b>10,506</b>	<b>9,084</b>	<b>11,880</b>
The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase sub ICB location	226	189	207	211	239
	East Staffordshire sub ICB location	215	276	231	210	245
	South East Staffordshire and Seisdon Peninsula sub ICB location	450	406	457	453	479
	Stafford and Surrounds sub ICB location	285	231	283	238	301
	North Staffordshire sub ICB location	354	833	856	758	901
	Stoke-on-Trent sub ICB location	517	1,257	1,077	1,246	1,409
	Staffordshire place	1,530	1,935	2,034	1,870	2,165
	Stoke-on-Trent place	517	1,257	1,077	1,246	1,409
		<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>2,047</b>	<b>3,192</b>	<b>3,111</b>	<b>3,116</b>
Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase sub ICB location	1,330	680	699	825	905
	East Staffordshire sub ICB location	900	625	1,052	967	994
	South East Staffordshire and Seisdon Peninsula sub ICB location	1,650	1,210	1,367	1,354	1,307
	Stafford and Surrounds sub ICB location	1,295	766	975	845	935
	North Staffordshire sub ICB location	1,122	1,466	1,500	1,313	1,473
	Stoke-on-Trent sub ICB location	1,801	2,303	2,209	2,236	2,445
	Staffordshire place	6,297	4,747	5,593	5,304	5,614
	Stoke-on-Trent place	1,801	2,303	2,209	2,236	2,445
		<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>8,098</b>	<b>7,050</b>	<b>7,802</b>	<b>7,540</b>

**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

# Children and young people: Eating disorders

## Routine and urgent CYP eating disorder (ED) waits

Metric	Geography	2018/19: Number referred	2018/19: Number seen in timescale	2018/19: Percentage	2019/20: Number referred	2019/20: Number seen in timescale	2019/20: Percentage	2020/21: Number referred	2020/21: Number seen in timescale	2020/21: Percentage	2021/22: Number referred	2021/22: Number seen in timescale	2021/22: Percentage	2022/23: Number referred	2022/23: Number seen in timescale	2022/23: Percentage
Number of routine cases referred with suspected ED that start treatment within four weeks	Cannock Chase sub ICB location	8	4	50.0%	6	6	100.0%	9	8	88.9%	5	1	20.0%	12	9	75.0%
	East Staffordshire sub ICB location	4	3	75.0%	12	11	91.7%	19	18	94.7%	17	7	41.2%	11	8	72.7%
	South East Staffordshire and Seisdon Peninsula sub ICB location	22	20	90.9%	17	16	94.1%	33	27	81.8%	36	27	75.0%	23	14	60.9%
	Stafford and Surrounds sub ICB location	20	20	100.0%	18	17	94.4%	17	15	88.2%	31	20	64.5%	14	7	50.0%
	North Staffordshire sub ICB location	31	31	100.0%	37	36	97.3%	36	36	100.0%	33	33	100.0%	15	15	100.0%
	Stoke-on-Trent sub ICB location	35	35	100.0%	28	28	100.0%	51	51	100.0%	51	50	98.0%	29	29	100.0%
	Staffordshire place	85	78	91.8%	90	86	95.6%	114	104	91.2%	122	88	72.1%	75	53	70.7%
	Stoke-on-Trent place	35	35	100.0%	28	28	100.0%	51	51	100.0%	51	50	98.0%	29	29	100.0%
	<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>120</b>	<b>113</b>	<b>94.2%</b>	<b>118</b>	<b>114</b>	<b>96.6%</b>	<b>165</b>	<b>155</b>	<b>93.9%</b>	<b>173</b>	<b>138</b>	<b>79.8%</b>	<b>104</b>	<b>82</b>	<b>78.8%</b>
Number of urgent cases referred with suspected ED that start treatment within one week	Cannock Chase sub ICB location	0	0		1	1	100.0%	2	2	100.0%	1	1	100.0%	1	1	100.0%
	East Staffordshire sub ICB location	0	0		0	0		6	6	100.0%	4	2	50.0%	0	0	
	South East Staffordshire and Seisdon Peninsula sub ICB location	1	0	0.0%	3	3	100.0%	3	3	100.0%	6	5	83.3%	3	3	100.0%
	Stafford and Surrounds sub ICB location	5	5	100.0%	4	4	100.0%	5	5	100.0%	2	1	50.0%	1	1	100.0%
	North Staffordshire sub ICB location	5	5	100.0%	1	1	100.0%	4	4	100.0%	11	11	100.0%	23	23	100.0%
	Stoke-on-Trent sub ICB location	5	5	100.0%	1	1	100.0%	2	2	100.0%	7	7	100.0%	22	22	100.0%
	Staffordshire place	11	10	90.9%	9	9	100.0%	20	20	100.0%	24	20	83.3%	28	28	100.0%
	Stoke-on-Trent place	5	5	100.0%	1	1	100.0%	2	2	100.0%	7	7	100.0%	22	22	100.0%
<b>Staffordshire and Stoke-on-Trent ICB</b>	<b>16</b>	<b>15</b>	<b>93.8%</b>	<b>10</b>	<b>10</b>	<b>100.0%</b>	<b>22</b>	<b>22</b>	<b>100.0%</b>	<b>31</b>	<b>27</b>	<b>87.1%</b>	<b>50</b>	<b>50</b>	<b>100.0%</b>	

**Data source:** Unpublished, unvalidated CYP ED dataset (with no suppression of values)

Rolling 12 months

Position in fourth quarter of each year

**Caveats:** Values suppressed in published validated reports have been included in the table above (as denoted by light blue shading)

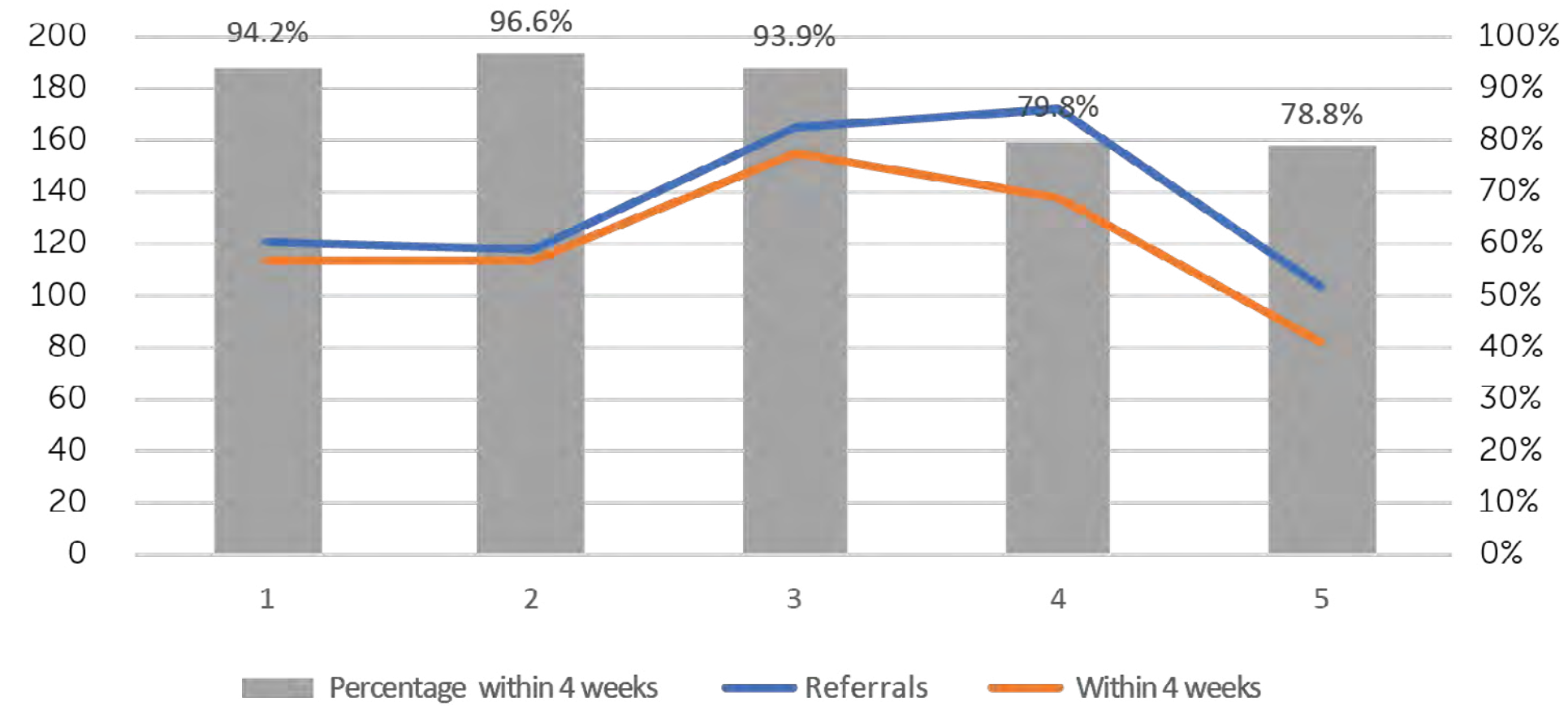
**Published source:**

[Statistics » Children and Young People with an Eating Disorder Waiting Times \(england.nhs.uk\)](https://www.nhs.uk/statistics/children-and-young-people-with-an-eating-disorder-waiting-times)

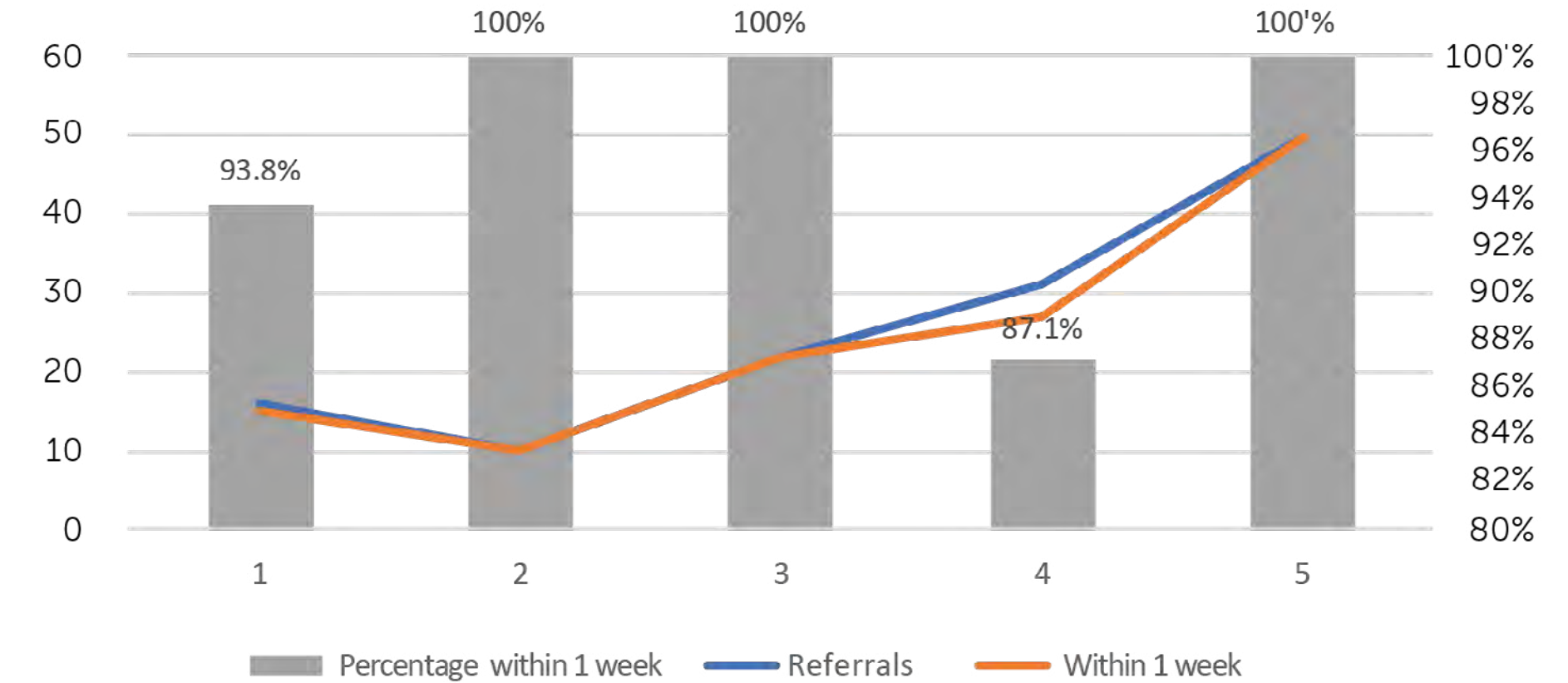


# Children and young people: Eating disorders

CYP eating disorders - routine waits - treatment started within four weeks (Staffordshire and Stoke-on-Trent ICB)



CYP eating disorders - urgent waits - treatment started within one week (Staffordshire and Stoke-on-Trent ICB)



## CAMHS: Getting risk support - specialised inpatient admission for CYP

Geography	Year	Patients at start of financial year	Ward starts in financial year	Ward ends in financial year	Patients at end of financial year	Overnight Bed stays (all patients) in financial year	Year-on-year change in bed stays (all patients)	Patients newly admitted in financial year	Overnight bed stays (new admissions) in financial year
Cannock Chase sub ICB location	2022/23	1	1	1	1	98	-85%	1	29
	2021/22	1	3	3	1	651	-29%	1	132
	2020/21	1	7	6	1	917	64%	5	547
	2019/20	1	5	5	1	559	36%	4	522
	2018/19	0	7	6	1	411		5	404
East Staffordshire sub ICB location	2022/23	1	0	1	0	102	-80%	0	0
	2021/22	0	5	4	1	509	-26%	5	509
	2020/21	1	7	6	3	685	178%	7	524
	2019/20		5	3	1	246	-72%	3	241
	2018/19	2	7	9	0	865		5	754
South East Staffordshire and Seisdon Peninsula sub ICB location	2022/23	11	17	21	7	3,600	56%	12	1,191
	2021/22	1	20	10	11	2,301	11%	16	1,751
	2020/21	2	15	14	5	2,064	-4%	12	1,415
	2019/20	6	11	16	3	2,145	7%	9	631
	2018/19	4	18	14	6	2,008		12	1,086
Stafford and Surrounds sub ICB location	2022/23	3	4	7	0	705	-47%	4	499
	2021/22	2	6	5	3	1,337	26%	6	643
	2020/21	4	7	8	3	1,064	-52%	6	493
	2019/20	5	10	15	4	2,208	25%	8	1,356
	2018/19	4	13	9	5	1,766		8	1,207
North Staffordshire sub ICB location	2022/23	4	22	18	7	2,624	39%	14	1,248
	2021/22	2	14	12	4	1,891	24%	12	1,376
	2020/21	6	18	21	3	1,526	-32%	17	1,069
	2019/20	8	21	24	6	2,249	-18%	16	1,481
	2018/19	9	32	35	8	2,756		23	2,077
Stoke-on-Trent sub ICB location	2022/23	8	28	27	11	3,670	85%	22	2,042
	2021/22	3	14	9	8	1,984	13%	12	1,074
	2020/21	8	27	27	7	1,761	-41%	21	927
	2019/20	2	44	38	8	3,000	17%	31	2,902
	2018/19	10	29	38	2	2,566		23	1,707

Geography	Year	Patients at start of financial year	Ward starts in financial year	Ward ends in financial year	Patients at end of financial year	Overnight Bed stays (all patients) in financial year	Year-on-year change in bed stays (all patients)	Patients newly admitted in financial year	Overnight bed stays (new admissions) in financial year
Staffordshire place	2022/23	20	44	48	15	7,129	7%	31	2,967
	2021/22	6	48	34	20	6,689	7%	40	4,411
	2020/21	14	54	55	15	6,256	-16%	47	4,048
	2019/20	20	52	63	15	7,407	-5%	40	4,231
	2018/19	19	77	73	20	7,806		53	5,528
Stoke-on-Trent place	2022/23	8	28	27	11	3,670	85%	22	2,042
	2021/22	3	14	9	8	1,984	13%	12	1,074
	2020/21	8	27	27	7	1,761	-41%	21	927
	2019/20	2	44	38	8	3,000	17%	31	2,902
	2018/19	10	29	38	2	2,566		23	1,707
Staffordshire and Stoke-on-Trent ICB	2022/23	28	72	75	26	10,799	25%	53	5,009
	2021/22	9	62	43	28	8,673	8%	52	5,485
	2020/21	22	81	82	22	8,017	-23%	68	4,975
	2019/20	22	96	101	23	10,407	0%	71	7,133
	2018/19	29	106	111	22	10,372		76	7,235

**Data source:** West Midlands Children and Young People's Mental Health Services (CYPMHS) Provider collaborative

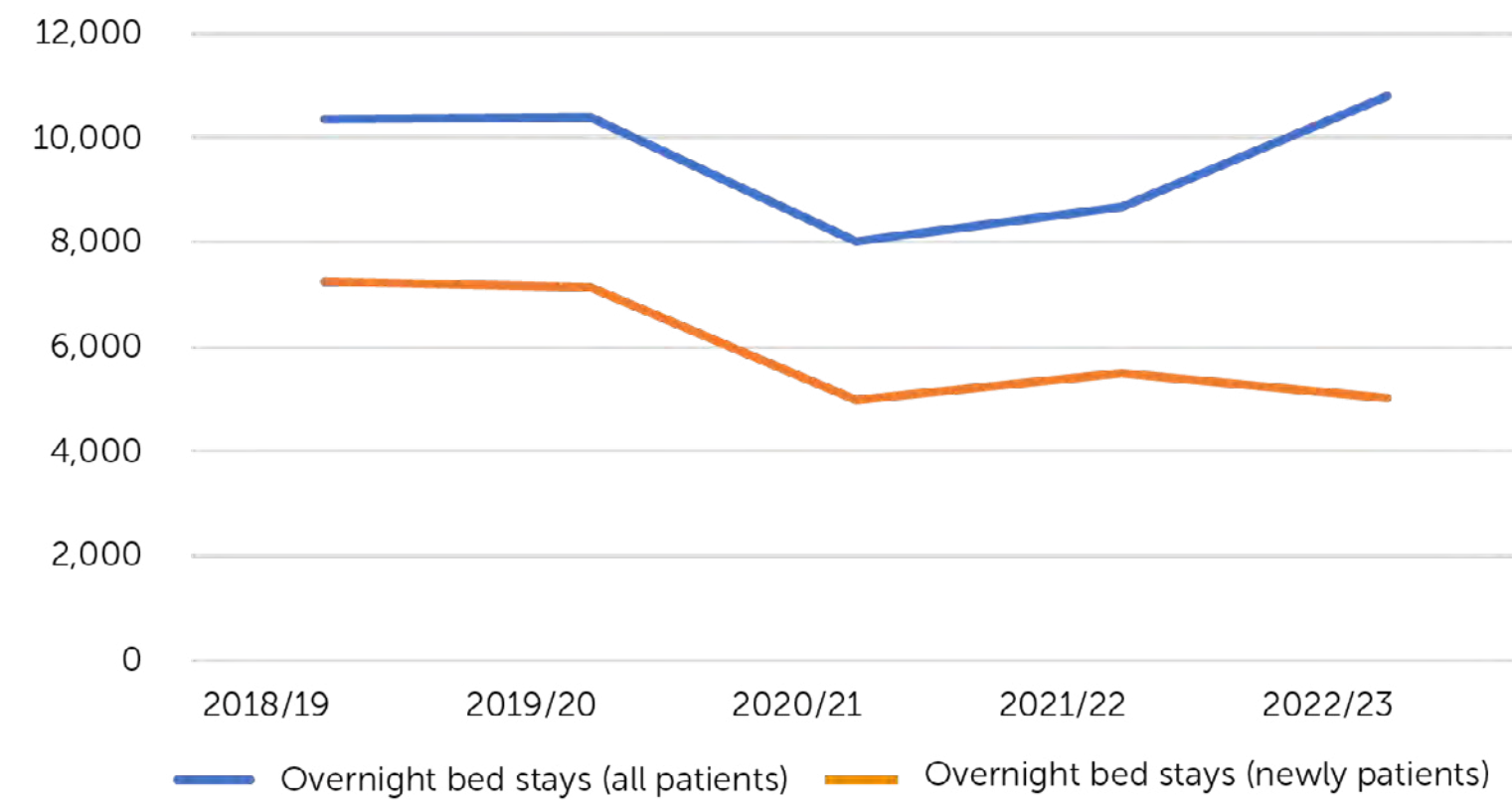
Patients at end are those West Midlands CAMHS Provider Collaborative (WMPCPC) paid for overnight bed stays (OBDs) on the last day of the year

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

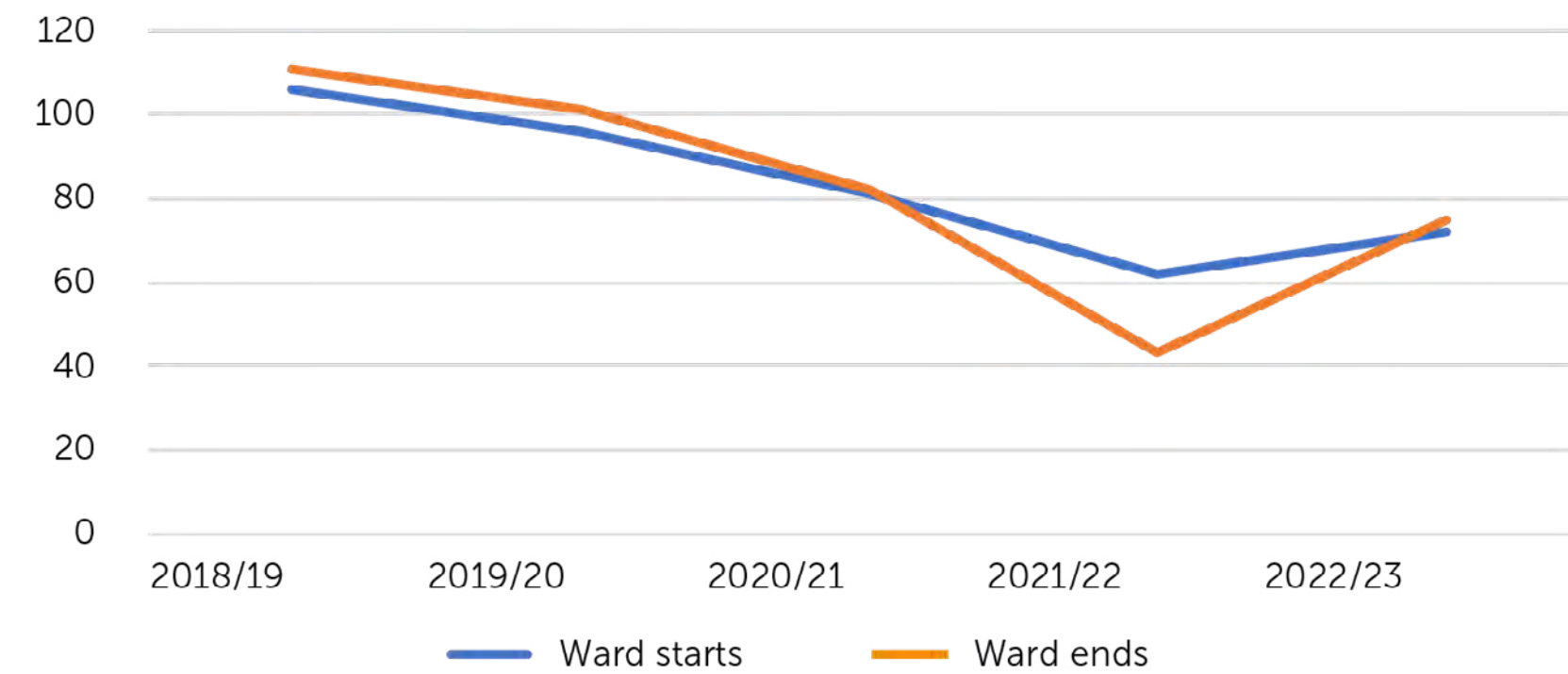
**Caveats:** Data accuracy on data held on NCMS pre 1 January 2022 is around 85% and post 1 January 2022 is around 98%

# CAMHS: Getting risk support - specialised inpatient admission for CYP

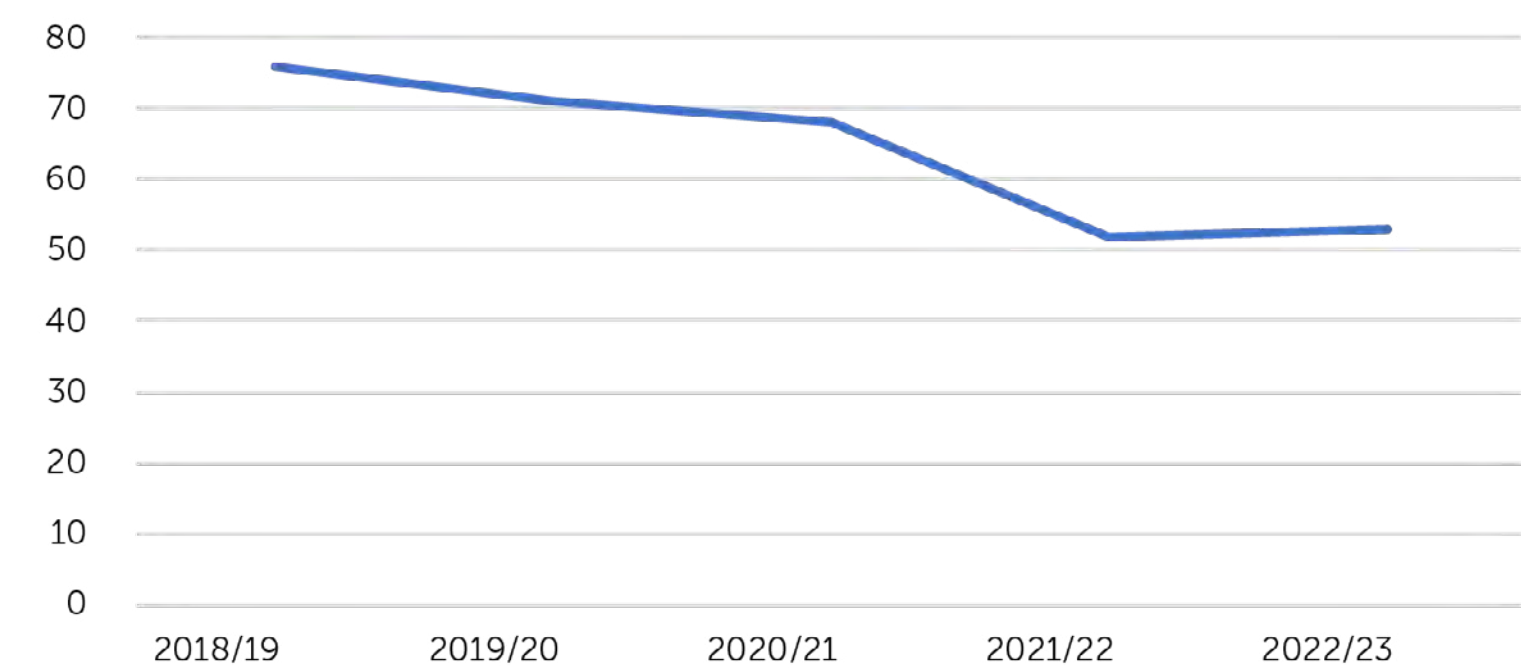
## Overnight bed stays - Staffordshire and Stoke-on-Trent ICB



## Ward starts and ends - Staffordshire and Stoke-on-Trent ICB



## Newly admitted patients - Staffordshire and Stoke-on-Trent ICB



**Data source:** West Midlands Children and Young People’s Mental Health Services (CYPMHS) Provider collaborative

Patients at end are those West Midlands CAMHS Provider Collaborative (WMPC) paid for overnight bed stays (OBDs) on the last day of the year

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 accuracy on data held on NCMS pre 1 January 2022 is around 85% and post 1 January 2022 is around 98%

	2018/19	2019/20	2020/21	2021/22	2022/23
Overnight bed stays (all patients) in financial year	10,372	10,407	8,017	8,673	10,799
Ward starts in financial year	106	96	81	62	72
Ward ends in financial year	111	101	82	43	75
Patients newly admitted in financial year	76	71	68	52	53
Overnight bed stays (new admissions) in financial year	7,235	7,133	4,975	5,485	5,009

## Additional information - CAMHS waits

Number of referrals to CAMHS where the child or young person is seen for their initial assessment within four weeks of referral (routine)

Geography	Currency	2022/23
Cannock Chase sub ICB location	Percentage	24%
	Numerator	69
	Demonimator	285
East Staffordshire sub ICB location	Percentage	27%
	Numerator	48
	Demonimator	176
South East Staffordshire and Seisdon Peninsula sub ICB location	Percentage	41%
	Numerator	171
	Demonimator	419
Stafford and Surrounds sub ICB location	Percentage	24%
	Numerator	60
	Demonimator	246
North Staffordshire sub ICB location	Percentage	95%
	Numerator	1,658
	Demonimator	1,743
Stoke-on-Trent sub ICB location	Percentage	94%
	Numerator	2,584
	Demonimator	2,739
Staffordshire place	Percentage	70%
	Numerator	2,006
	Demonimator	2,869
Stoke-on-Trent place	Percentage	94%
	Numerator	2,584
	Demonimator	2,739
Staffordshire and Stoke-on-Trent ICB	Percentage	82%
	Numerator	4,590
	Demonimator	5,608

Number of referrals to CAMHS where the child or young person has commenced treatment within four weeks of referral (routine)

Geography	Currency	2022/23
Cannock Chase sub ICB location	Percentage	21%
	Numerator	49
	Demonimator	234
East Staffordshire sub ICB location	Percentage	25%
	Numerator	50
	Demonimator	203
South East Staffordshire and Seisdon Peninsula sub ICB location	Percentage	38%
	Numerator	157
	Demonimator	412
Stafford and Surrounds sub ICB location	Percentage	21%
	Numerator	59
	Demonimator	278
North Staffordshire sub ICB location	Percentage	86%
	Numerator	652
	Demonimator	756
Stoke-on-Trent sub ICB location	Percentage	86%
	Numerator	1,014
	Demonimator	1,181
Staffordshire place	Percentage	51%
	Numerator	967
	Demonimator	1,883
Stoke-on-Trent place	Percentage	86%
	Numerator	1,014
	Demonimator	1,181
Staffordshire and Stoke-on-Trent ICB	Percentage	65%
	Numerator	1,981
	Demonimator	3,064

Number of referrals to CAMHS where the child or young person has commenced treatment over 18 weeks of referral

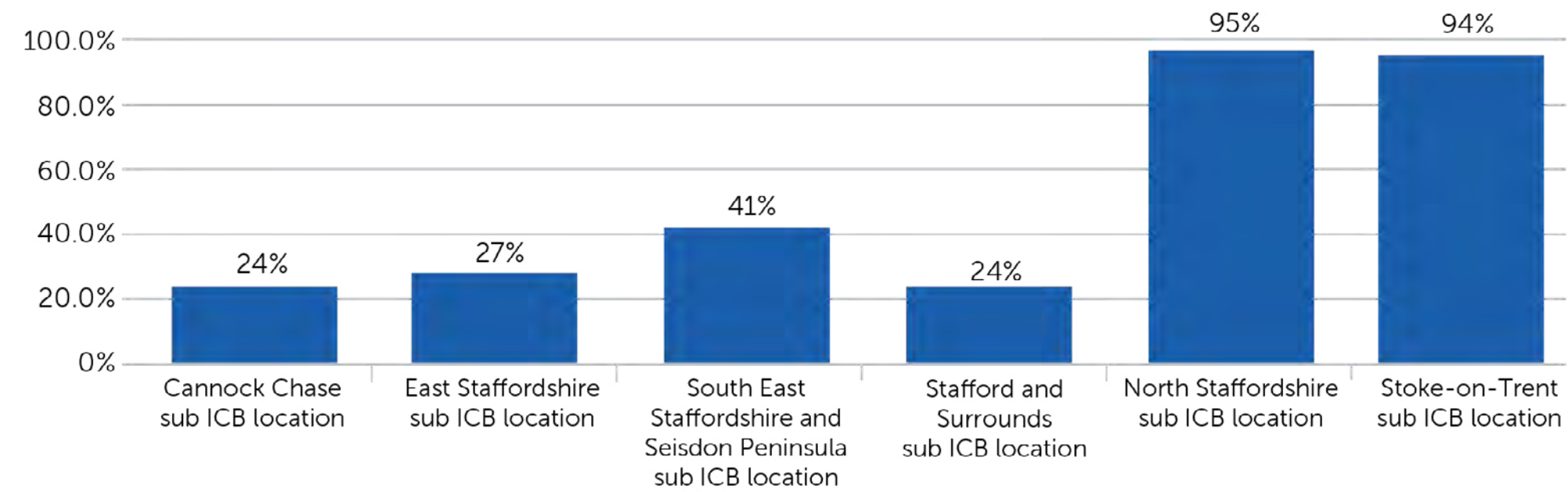
Geography	Currency	2022/23
Cannock Chase sub ICB location	Percentage	6%
	Numerator	14
	Demonimator	234
East Staffordshire sub ICB location	Percentage	2%
	Numerator	4
	Demonimator	203
South East Staffordshire and Seisdon Peninsula sub ICB location	Percentage	2%
	Numerator	9
	Demonimator	412
Stafford and Surrounds sub ICB location	Percentage	13%
	Numerator	36
	Demonimator	278
North Staffordshire sub ICB location	Percentage	4%
	Numerator	32
	Demonimator	833
Stoke-on-Trent sub ICB location	Percentage	5%
	Numerator	64
	Demonimator	1,247
Staffordshire place	Percentage	5%
	Numerator	95
	Demonimator	1,960
Stoke-on-Trent place	Percentage	5%
	Numerator	64
	Demonimator	1,247
Staffordshire and Stoke-on-Trent ICB	Percentage	5%
	Numerator	159
	Demonimator	3,207

**Data source:** Midlands Partnership NHS Foundation Trust SQPR report and North Staffordshire Combined Hospitals NHS Trust children and young people dashboard

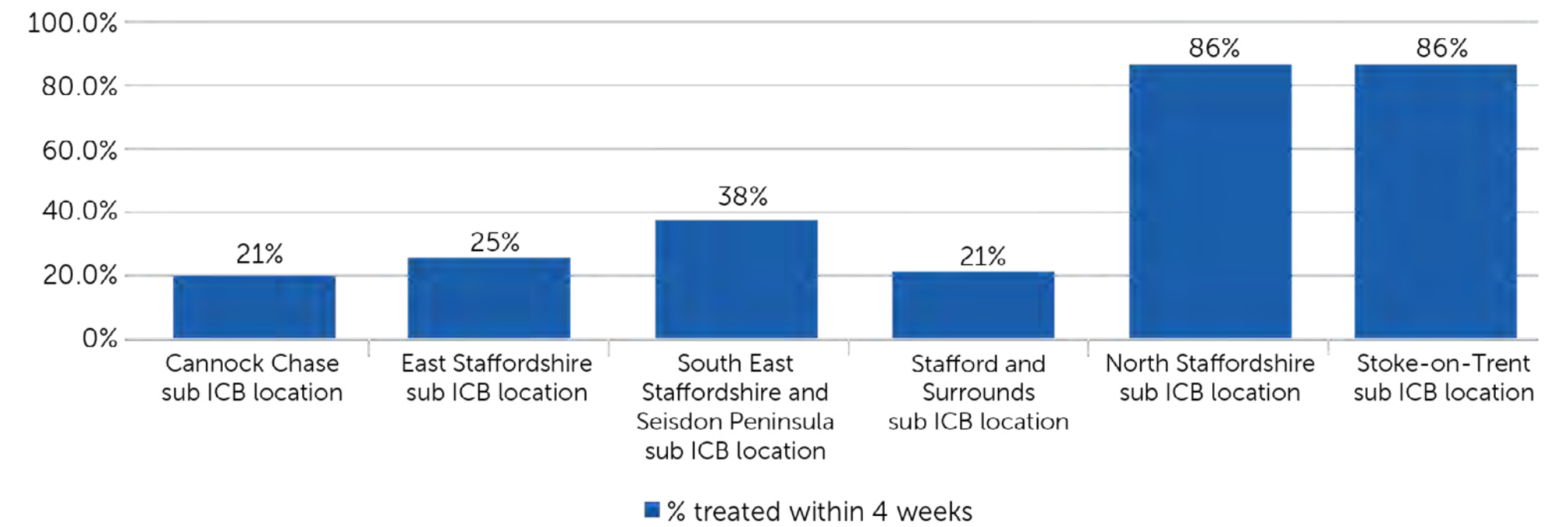
**Caveats:** Assumptions have been made that the measures mean the same thing for both providers

## Additional information - CAMHS waits

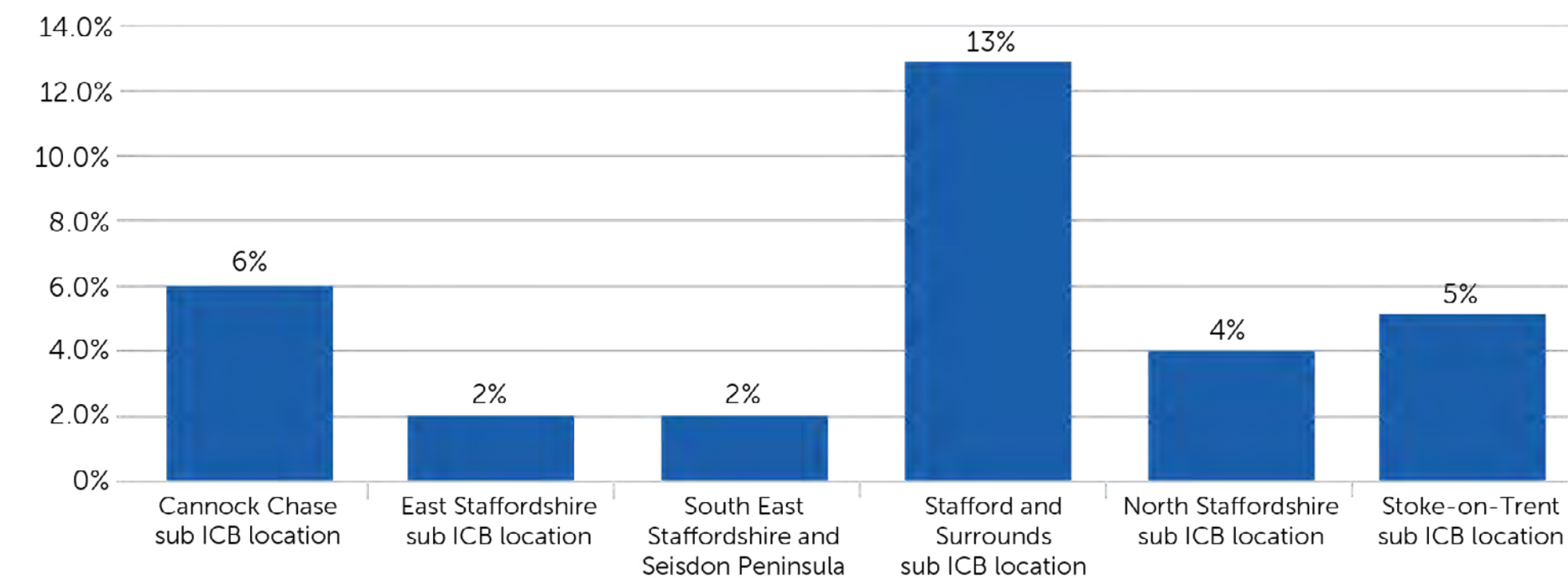
### Child or young person assessed within four weeks of referral - sub ICB locations (2022/23)



### Child or young person treated within four weeks of referral - sub ICB locations (2022/23)



### Child or young person treated after more than 18 weeks - sub ICB locations (2022/23)



**Data source:** Midlands Partnership NHS Foundation Trust SQPR report and North Staffordshire Combined Hospitals NHS Trust children and young people dashboard

**Caveats:** Assumptions have been made that the measures mean the same thing for both providers

# Children and young people - mental health outcomes

## Staffordshire and Stoke-on-Trent ICB

Paired scores

	2020/21		2021/22		2022/23	
	Number	Percentage	Number	Percentage	Number	Percentage
Closed referrals	16,695		23,745		26,405	
With two contacts	6,575	39.4%	8,585	36.2%	8,290	31.4%
With an assessment	850	12.9%	845	9.8%	2,020	24.4%
With a paired score	215	25.3%	245	29.0%	1,080	53.5%

Self-rated meaningful change

	2020/21		2021/22		2022/23	
	Number	Percentage	Number	Percentage	Number	Percentage
Paired scores	195		225		1,045	
Improvement	110	56.4%	120	53.3%	475	45.5%
No change	70	35.9%	90	40.0%	515	49.3%
Deterioration	15	7.7%	15	6.7%	50	4.8%

## Sub ICB location 2022/23

Paired scores

	Cannock Chase		East Staffordshire		South East Staffordshire and Seisdon Peninsula		Stafford and Surrounds		North Staffordshire		Stoke-on-Trent	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Closed referrals	3,265		2,290		3,995		3,115		6,145		7,590	
With two contacts	945	28.9%	935	40.8%	1,265	31.7%	980	31.5%	1,865	30.3%	2,300	30.3%
Plus an assessment	340	36.0%	395	42.2%	335	26.5%	275	28.1%	365	19.6%	310	13.5%
Plus a paired score	205	60.3%	255	64.6%	155	46.3%	145	52.7%	190	52.1%	130	41.9%

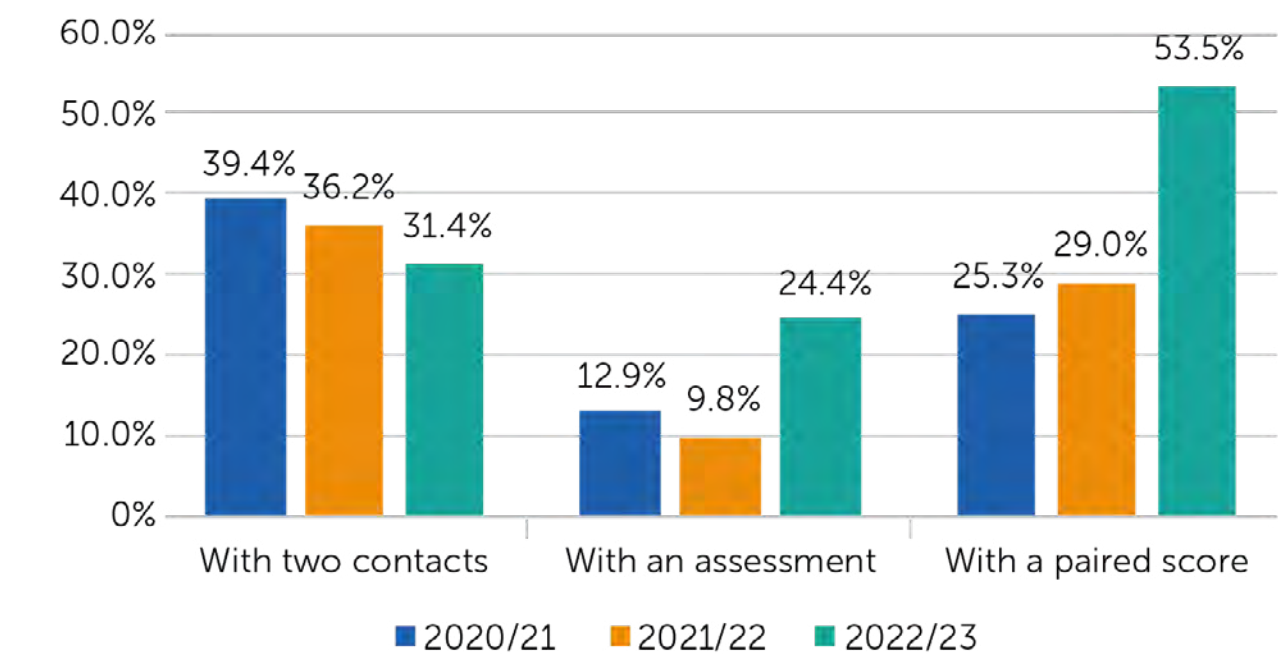
## Self-rated meaningful change

Values too low at sub ICB location level

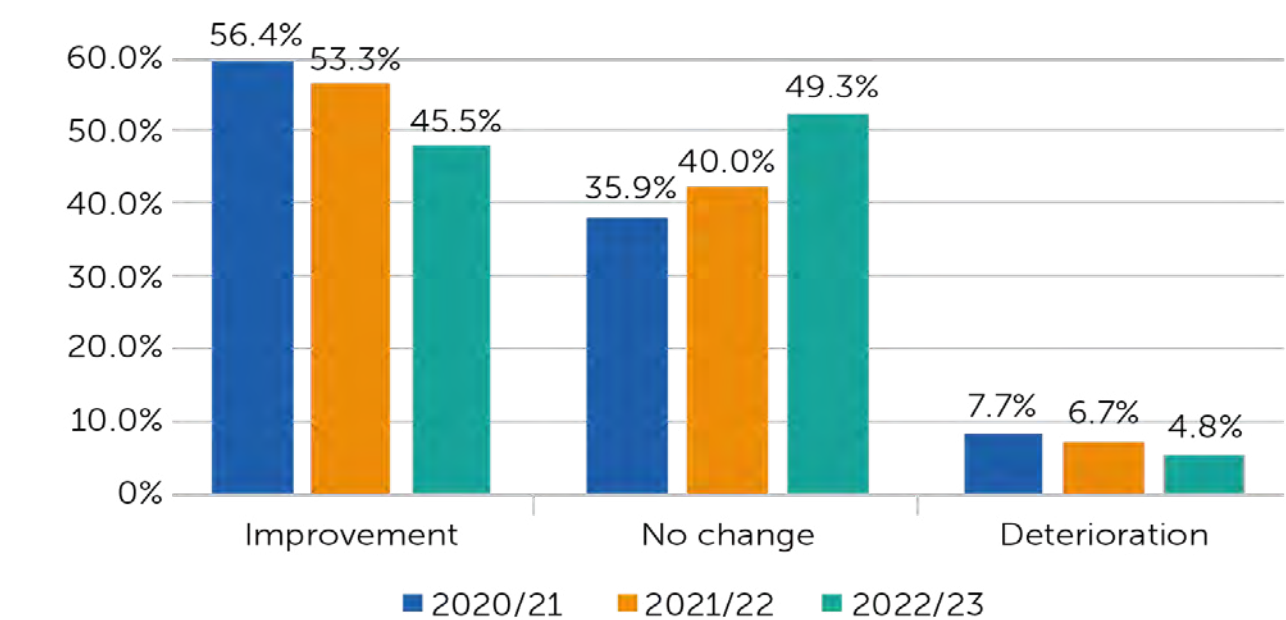
Data source: NHS Futures CYP Outcomes dashboard

Caveats: The values are rounded to the nearest five by NHS England which may lead to some loss of accuracy. Although data on CYP outcomes has been made available by NHS England in a NHS Futures dashboard for some time, NHS Digital only started publishing CYP outcomes data in July 2023 (beginning with April 2023), underlining the potential fragility of data pre April 2023

## Closed referrals with paired scores - Staffordshire and Stoke-on-Trent ICB

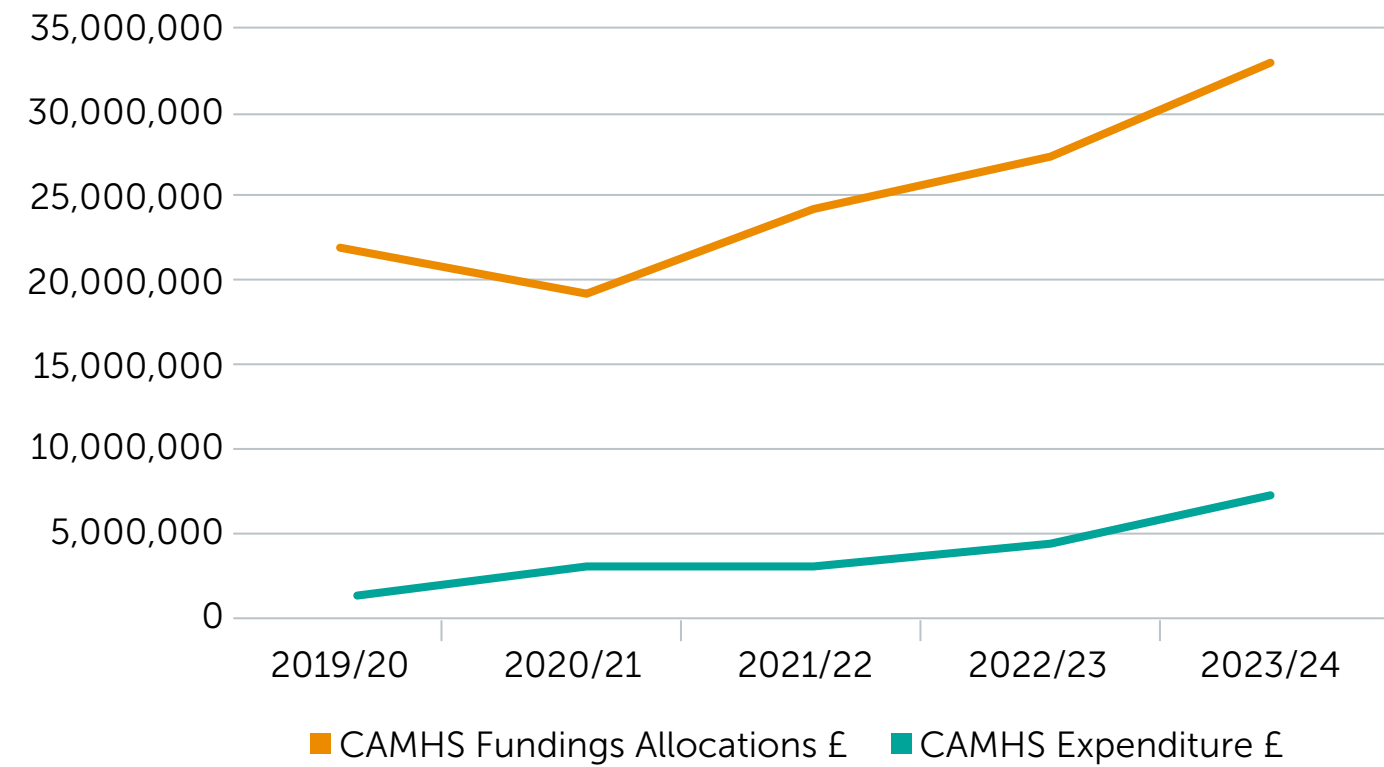


## Self-rated meaningful change - Staffordshire and Stoke-on-Trent ICB



# Appendix 3 – Finance

## Staffordshire and Stoke-on-Trent CCGs / ICB CAMHS Funding and Expenditure



<b>CAMHS Funding Allocations £</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
Staffordshire and Stoke-on-Trent CCGs / ICB	1,698,000	2,934,121	3,999,405	4,997,000	7,360,000

<b>CAMHS Expenditure £</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
Staffordshire and Stoke-on-Trent CCGs / ICB	21,644,000	19,701,753	24,917,865	28,172,266	33,055,711

\*CAMHS funding allocations and expenditure as identified/recorded on CCG/ICB NHSE Returns  
CAMHS expenditure does not include expenditure against the funding allocations

# Appendix 4 – Workforce

## Staffordshire and Stoke-on-Trent CYP MH Workforce:

Establishment WTE	Mar 2014	Mar 2015	Mar 2016	Mar 2017	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023	Mar 2024 (planned)
<b>Tier 2 / "Getting Advice and Support"</b>											
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
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
<b>Tier 2 Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>10.3</b>	<b>24.9</b>	<b>31.7</b>	<b>36.1</b>	<b>68.4</b>	<b>72.1</b>
<b>Tier 3 / "Getting Help - Targetted Support"</b>											
Consultant	0.0	0.0	5.8	6.2	5.9	10.3	10.3	11.4	11.9	12.0	12.2
Specialty Doctor	0.0	0.0	1.8	2.2	2.0	3.2	3.7	3.7	4.6	4.3	4.9
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
Social Workers	0.0	0.0	0.0	1.7	2.0	2.3	1.3	3.4	4.0	4.0	4.3
Administration	12.8	13.3	39.6	43.4	44.9	42.4	46.0	44.6	58.6	70.2	73.0
Management	1.8	1.2	3.0	2.4	2.2	1.0	5.6	6.0	5.4	5.7	6.2
<b>Tier 3 Total</b>	<b>53.1</b>	<b>50.9</b>	<b>130.3</b>	<b>155.8</b>	<b>160.7</b>	<b>158.2</b>	<b>174.6</b>	<b>218.2</b>	<b>286.7</b>	<b>325.1</b>	<b>343.8</b>
<b>Tier 4 / "The Darwin Centre"</b>											
Consultant	2.0	2.0	2.0	2.0	2.0	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
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
Social Workers	0.0	0.0	0.1	0.0	0.0	0.5	0.5	0.5	0.5	0.5	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
Management	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Tier 4 Total</b>	<b>4.8</b>	<b>5.0</b>	<b>6.8</b>	<b>7.7</b>	<b>7.8</b>	<b>7.2</b>	<b>8.2</b>	<b>8.2</b>	<b>8.2</b>	<b>8.2</b>	<b>8.7</b>

Substantive Staff WTE	Mar 2014	Mar 2015	Mar 2016	Mar 2017	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023	Mar 2024 (planned)
<b>Tier 2 / "Getting Advice and Support"</b>											
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
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
<b>Tier 2 Total</b>	<b>0.0</b>	<b>8.7</b>	<b>8.7</b>	<b>9.5</b>	<b>10.3</b>	<b>20.6</b>	<b>26.3</b>	<b>29.4</b>	<b>33.7</b>	<b>58.6</b>	<b>60.0</b>
<b>Tier 3 / "Getting Help - Targetted Support"</b>											
Consultant	0.0	5.0	5.0	5.1	4.9	8.3	9.1	7.7	7.2	7.5	7.5
Specialty Doctor	0.0	1.8	1.8	2.2	1.8	2.0	2.7	3.8	5.4	5.4	5.4
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
Social Workers	0.0	4.7	4.7	5.7	5.0	2.2	1.3	3.7	4.8	6.3	7.2
Administration	12.6	31.4	37.7	40.0	39.1	32.5	44.2	44.9	45.3	53.9	57.1
Management	0.0	1.2	7.6	4.1	4.6	4.6	5.5	6.5	5.6	6.4	9.4
<b>Tier 3 Total</b>	<b>48.2</b>	<b>119.2</b>	<b>142.4</b>	<b>149.3</b>	<b>133.2</b>	<b>134.3</b>	<b>179.4</b>	<b>197.7</b>	<b>213.2</b>	<b>232.5</b>	<b>256.0</b>
<b>Tier 4 / "The Darwin Centre"</b>											
Consultant	1.0	1.0	1.8	1.8	1.0	0.0	1.0	0.0	1.0	0.8	0.8
Specialty Doctor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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
Social Workers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.5
Administration	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
<b>Tier 4 Total</b>	<b>4.0</b>	<b>4.0</b>	<b>7.0</b>	<b>6.6</b>	<b>6.0</b>	<b>5.6</b>	<b>6.0</b>	<b>6.7</b>	<b>6.6</b>	<b>7.4</b>	<b>7.9</b>



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