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NHS Standard Contract 2025/26

Particulars (Full Length)

Contract title:	Targeted CAMHS and MHSTs (City)
Contract ref:	2025-2026-NCC-CAMHS/MHSTs

Version 1, April 2025

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DATE OF CONTRACT	26th March 2025
EXPECTED SERVICE COMMENCEMENT DATE	1st April 2025
CONTRACT TERM	12 months commencing 1st April 2025
COMMISSIONERS	<p>NHS Nottingham and Nottinghamshire Integrated Care Board Sir John Robinson House Sir John Robinson Way Arnold Nottingham NG5 6DA</p> <p>ICB (ODS QT1)</p>
CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i>	<p>NHS Nottingham and Nottinghamshire Integrated Care Board Sir John Robinson House Sir John Robinson Way Arnold Nottingham NG5 6DA</p> <p>ICB (ODS QT1)</p>
PROVIDER	<p>Nottingham City Council Loxley House Station Street Nottingham NG2 3NG</p>

CONTRACT AWARD PROCESS <i>See s15 of the Contract Technical Guidance</i>	PSR direct award process C
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Definitions and Interpretation

CONTRACT

Contract title: Targeted CAMHS and MHSTs (City)

Contract ref: 2025-2031-NCC-CAMHS/MHSTs

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations*);
2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;
3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>.

Each Party acknowledges and agrees

- (i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and
- (ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under Regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

.....
Signature

**Amanda Sullivan
For and on behalf of
Nottingham and Nottinghamshire ICB**

.....
Title
.....
Date

SIGNED by

.....
Signature

**Sarah Nardone for
and on behalf of
Nottingham City Council**

.....
Title
.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	1st April 2025
Expected Service Commencement Date <i>See GC3.1</i>	1st April 2025
Longstop Date <i>See GC4.1 and 17.10.1</i>	n/a
Contract Term	12 months commencing 1st April 2025
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	NO
Commissioner Notice Period (for termination under GC17.2)	6 months
Commissioner Earliest Termination Date (for termination under GC17.2)	6 months after the Service Commencement Date
Provider Notice Period (for termination under GC17.3)	6 months
Provider Earliest Termination Date (for termination under GC17.3)	6 months after the Service Commencement Date

SERVICES	
Service Categories	Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	X
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard <i>See SC29.21</i>	Not applicable
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual <i>See SC1.4</i>	██████████ ██████████ ██████████
Provider's 2018 Act Responsible Person <i>See SC3.17</i>	██████████ ██████████
Commissioners' UEC DoS Leads <i>See SC6.18</i>	Not Applicable

Provider's UEC DoS Contact See SC6.18	Not applicable
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only) See SC13.8	Not applicable
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only) See SC18.2	Not applicable
Provider's Infection Prevention Lead See SC21.1	[REDACTED]
Provider's Accountable Emergency Officer See SC30.1	[REDACTED]
Provider's Child Sexual Abuse and Exploitation Lead See SC32.2	[REDACTED]
Provider's Mental Capacity and Liberty Protection Safeguards Lead See SC32.2	[REDACTED]
Provider's Prevent Lead See SC32.2	[REDACTED]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults See SC32.2	[REDACTED]
Provider's Safeguarding Lead (children) / named professional for safeguarding children See SC32.2	[REDACTED]
Provider's Controlled Drugs Accountable Officer (NHS Trusts, NHS Foundation Trusts and English Independent Hospitals only) See SC33.12	Not applicable
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only) See GC5.9	Not applicable
Provider's Freedom To Speak Up Guardian(s) See GC5.10	[REDACTED]
Provider's Caldicott Guardian See GC21.3	[REDACTED]

Provider's Data Protection Officer (if required by Data Protection Legislation) See GC21.3	[REDACTED]
Provider's Information Governance Lead See GC21.3	Information.governance@nottinghamcity.gov.uk
Provider's Senior Information Risk Owner See GC21.3	[REDACTED]
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Co-ordinating Commissioner: Amanda Sullivan Nottingham and Nottinghamshire ICB Address: Sir John Robinson House, Sir John Robinson Way, Arnold, Nottingham NG5 6DA Email: nnicb-nn.mentalhealth@nhs.net Provider: Nottingham City Council Address: Loxley House, Station Street, Nottingham, NG2 3NG [REDACTED]
Frequency of Review Meetings See GC8.1	Quarterly (monthly in quarter 1 during mobilisation, and may change due to performance)
Commissioner Representative(s) See GC10.3	Deputy Head of Childrens Commissioning Nottingham and Nottinghamshire ICB A: Sir John Robinson House, Sir John Robinson Way, Arnold, Nottingham, NG5 6DA [REDACTED]
Provider Representative See GC10.3	Corporate Director of Childrens Services Address: Loxley House, Station Street, Nottingham, NG2 3NG [REDACTED]
Nominated Mediation Body (where required – see GC14.4)	CEDR

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents in accordance with GC4.1:

- 1. Evidence of appropriate Indemnity Arrangements**
- 2. Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)**

The Provider must complete the following actions in accordance with GC4.1:

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	1
Service	Child and Adolescent Mental Health Services – Targeted CAMHS
Commissioner Lead	[REDACTED]
Provider Lead	[REDACTED]
Period	1 st April 2025 – 31 st March 2026
Date of Review	1 st September 2025

<p>1. Population Needs</p> <p>1.1 Purpose, introduction and context</p> <p>The purpose of this document is to specify the service provision for the Targeted Child and Adolescent Mental Health Services (CAMHS) from the provider. The specification will also stipulate the role, function and responsibilities of the service and expectations as a service operating in a wider emotional health, mental health and wellbeing support pathway.</p> <p>Children and young people (CYP) will be at the heart of service delivery and their parents/carers will be involved at all points of the pathway where appropriate. Assessment and treatment will be easily accessible, and evidence based. CYP and their families/carers will be informed about appropriate options and will be supported to work with the service to agree an appropriate care pathway.</p> <p>The service will be delivered in line with the THRIVE framework and principles, ensuring appropriate access to the right treatment and support at the right time for CYP with mental health and emotional wellbeing needs in Nottingham and Nottinghamshire. This service will offer support mainly within 'Getting Help' categories of this framework and will operate as part of a whole system across the wider Nottingham and Nottinghamshire Integrated Care System by referring and signposting, where appropriate, to alternative commissioned services throughout the 'Getting Advice', 'Getting Help', 'Getting More Help' and 'Getting Risk Support' sections of the framework. The service will also work with commissioners and other stakeholders to continuously develop and improve service pathways, and to address gaps and inequities in service provision.</p> <p>To ensure the service meaningfully engages with other services as per the THRIVE framework, the service will establish and maintain strong working relationships with other local services regularly used by CYP. This includes other commissioned CYP Mental Health Services, as well as Adult Mental Health Services, Primary Care Services, Secondary Care Services, Education Services, Social Care Services, Child Health Services, Charitable and Voluntary Sector Services, Justice System Services, etc. The Provider is expected to promote their service in line with the THRIVE framework and recognise the offers of other services, promoting these when it is professionally determined that their treatment package is more</p>

appropriate for the needs of CYP entering or flowing through the local CYP Mental Health Support Pathway.
 In recognition of the importance of shared common language used by stakeholders, as per the THRIVE framework principles, a definitions list is included within Appendix 1.

Figure 1 – Thrive Framework



Source: Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A. Munk, S. (2019). *THRIVE Framework for system change*. London: CAMHS Press.

The principles underpinning the THRIVE framework are:

1. Stakeholders share a **common language** when describing mental health needs.

2. Support and referral criteria is **needs-led**, not based on formal diagnoses or severity.
3. CYP and their family/carers are **involved** in decision making.
4. Services **engage with local communities** and ensure service models reflect local need.
5. Services **understand each other's offers** and refer/signpost to one another as needed.
6. Interventions record **progress against goals** to ensure effectiveness for CYP.
7. Services work to **reduce stigma** and promote mental health as everyone's responsibility.
8. Appropriate support is available and **accessible** to any CYP across the ICS.

1.2 National/Local Context and Evidence Base

National Context

For CYP with mild to moderate mental health issues, early intervention means identifying and providing early support to those at risk of poor outcomes, such as mental health problems.

Nationally, mental health policy and strategic plans have highlighted the need for a focus on prevention and early intervention and it is acknowledged that effective early intervention supports the prevention of worsening health (Department of Health, 2011). The NHS Long Term Plan (2019) identified CYP's mental health services as a 'longstanding unmet health need', and a key area for development in the ambition to shift healthcare into a more preventative model. Community CAMHS services can provide more accessible services, which can reduce stigma and barriers to accessing care. Evidence supports the use of Cognitive Behavioural Therapy, brief psychosocial intervention, Interpersonal Psychology for adolescent and family therapy interventions, showing efficacy in reducing anxiety, depression and behavioural issues.

There has been universal acknowledgement in policy over the past ten years of the challenges faced by CYP in developing resilience and psychological wellbeing. For CYP with diagnosable mental health problems and their families, the challenges are greater. A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. At the same time, effective treatments have been identified to improve the life chances of CYP, and to minimise the impact on the long-term health of the population and economic costs to the public.

National core standards for Community CAMHS have been developed these include

- Effective work with all potential referrers to ensure access is appropriate, timely and co-ordinated
- Measures are taken to ensure equity of access
- Young people receive timely mental health assessments, which are collaborative and tailored to individual need
- Teams assess the physical health needs of young people accessing the service
- Effective engagement with children, young people and parents and carers
- Outcome measures are routinely undertaken
- Effective transfer of care where needed
- Clear links and pathways with other agencies

Waiting well initiatives are being implemented across systems, these are designed to support and improve children and young people's mental health whilst they are waiting for assessment and/or treatment by mental health services. Current evidence for these is limited but considered promising.

Local Prevalence

Trends in the MHCYP survey showed a gradual rise in mental disorders overall up to 2017, largely accounted for by a proportionally large increase in emotional disorders since 2004.

Rates of probable mental disorders have increased more significantly since 2017; in 7–16-year-olds from one in nine (12.1%) to nearly one in five (18.0%), and in 17–19-year-olds from one in ten (10.1%) to one in four (25.7%) in 2022 (Nottingham and Nottinghamshire LTP, 2023/24).

Local Context and Prevalence

Table 1 Population of Children and Young People Aged 8-25 Estimated to Have a Mental Health Disorder

Mental Health Disorders by Area – Ages 8-10					
Area	Age Band	Population	Unlikely to Have a MH Disorder Estimate	Possible to Have a MH Disorder Estimate	Probable to Have a MH Disorder Estimate
Nottingham	8-10	11612	8387	1406	1820
Mental Health Disorders by Area – Ages 11-16					
Area	Age Band	Population	Unlikely to Have a MH Disorder Estimate	Possible to Have a MH Disorder Estimate	Probable to Have a MH Disorder Estimate
Nottingham	11-16	22,932	15,004	2,740	5,187
Mental Health Disorders by Area – Ages 17-19					
Area	Age Band	Population	Unlikely to Have a MH Disorder Estimate	Possible to Have a MH Disorder Estimate	Probable to Have a MH Disorder Estimate
Nottingham	17-19	22,453	13,786	3,442	5,225

Table 2 Demographics

Nottingham 10-24 Population by Gender					
	Male		Female		
Nottingham	37,347		37,290		
Nottingham 0-24 Population by Ethnicity					
	White	Black, Black British, Black Welsh, Caribbean or African	Asian, Asian British or Asian Welsh	Mixed or Multiple ethnic groups	Other ethnic group
Nottingham	64,505	12,122	18,895	11,789	4,386

Data Sources:

- *Mental Health of Children and Young People in England, 2023: Wave 4 follow up to the 2017 survey.* [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)
- *ONS. NOMIS Population estimates - local authority based by single year of age 2023 Estimates -* [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

Local Context

Notable trends within Nottingham City can be found here
[Emotional and mental health needs of children and young people aged 0 – 25 years \(2022\) - Nottingham Insight](#)

Across the Nottingham and Nottinghamshire Integrated Care System, comprehensive support for children and young people with emotional and psychological needs is provided through a network of services, including both those provided by and not provided by the NHS, such as:

- Universal services such as early years services and primary care
- Mental Health Support Teams in Schools
- Targeted services such as educational psychologists and school and voluntary/third sector providing counselling (including social care and education)
- Community multidisciplinary CAMHS teams
- Highly specialist services such as inpatient services and specialised outpatient services

As CYP emotional wellbeing and mental health affect all aspects of their lives, service provision will be designed on multi-agency basis, and the provider of this service will work closely with other services and organisations to support access and enhance the pathways between services. The provider will link with existing children's partnership arrangements and understand and be proactive about their duty of cooperation and joint commissioning arrangements for wider children's services.

Stakeholder Perspectives

The Nottingham and Nottinghamshire system has worked extensively with CYP to co-produce CYP's mental health services across the whole pathway between 2017-2024. This coproduction and engagement has led to the identification of the below needs which the Provider will respond to within their service model:

They told us they wanted the following from services:

- More flexible support available earlier with shorter waiting times
- Needs-led approach to service provision
- Choice of professionals
- Support for parents and carers in understanding mental health issues
- Choice of venues for therapy/counselling
- More training for professionals delivered in conjunction with young people
- Young people want the opportunity to connect with and be supported by peers
- Opportunities to build skills and confidence through involvement and volunteering
- Quick response when in crisis
- Promotion of early intervention services and awareness of self-referral to CAMHS
- Clear information on wait times and how to access services
- A diverse, culturally competent workforce
- Smooth transitions between services
- Support to attend groups
- Alternatives to talking therapies
- A sense of control of and agency over treatment and being included in plans

Coproduction and engagement have also led to the identification of the below needs which the Provider will respond to within their service delivery:

- To be treated with respect
- To be listened to
- To know what is happening with information the service has about them
- To access support in suitable environments
- To have a choice about how to access treatment
- To see the same professionals for support where possible
- To feel cared about

As part of the ICS-wide CYP early intervention mental health support pathway, this service will contribute to and lead on aspects of engagement and coproduction with CYP, parents/carers and professionals. The service will ensure the voices of those who access and refer to the service are captured and that the service model and delivery reflects these needs. The service will also act as system leaders and advocate for the CYP, parents/carers and professionals engaging with the service, supporting system learning and change regarding what stakeholders tell them they want.

Key national policies and guidance:

- Future in Mind 2015 – Promoting, protecting and improving our children and young people’s mental health and wellbeing. [Improving mental health services for young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442423/Improving_mental_health_services_for_young_people_-_GOV.UK_(www.gov.uk).pdf)
- Quality Network for Community CAMHS Core standards 7th edition: [qncc-standards-7th-edition.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/docs/default-source/quality-network-for-community-camhs-core-standards-7th-edition.pdf)
- [NHS Long Term Plan 2019](https://www.nhs.uk/longtermplan/)
- The Mental Health Intelligence Network analyses information and data and turns it into timely meaningful health intelligence for commissioners, policy makers, clinicians, and health professionals to improve services and outcomes. [Mental Health | Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.phe.org.uk/mental-health-fingertips/)
- Child Outcomes Research Consortium (CORC) contains a wide range of resources to help commissioners and services develop mechanism to collect and use outcomes meaningfully. [CORC Child Outcomes Research Consortium](https://www.corc.org.uk/)
- Choice and Partnership Approach (CAPA) website offers a helpful demand management system for CAMHS. [The Choice & Partnership Approach - CAMHS Clinical System - CAPA](https://www.camhs.org.uk/choice-partnership-approach/)
- Young Minds contains a wide range of resources for children, young people, parents, services, and commissioners about child mental health. [Young Minds | Mental Health Charity For Children and Young People | Young Minds](https://www.youngminds.org.uk/)
- Nottingham City Joint Health & Wellbeing Strategy 2022 – 2025. [nottingham-city-joint-health-and-wellbeing-strategy-2022-25.pdf \(nottinghamcity.gov.uk\)](https://www.nottinghamcity.gov.uk/media/1234567/2022-25-strategy.pdf)
- Anna Freud National Centre for Children and Families offer a wide range of support and resources not only for commissioners and service providers but also children, young people and their families. [National Centre for Family Hubs | Anna Freud](https://www.annafreud.org.uk/)
- SEND Tribunal: Single route of redress national trial. Guidance for Local Authorities, health commissioners, parents and young people (March 2018). [SEND Tribunal: single route of redress national trial \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684233/SEND_Tribunal_single_route_of_redress_national_trial.pdf)
- NHS Futures page. [NHS England » FutureNHS platform](https://www.nhs.uk/futures/)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

<u>Outcome</u>	<u>Description</u>	<u>How this will be measured</u>
----------------	--------------------	----------------------------------

Access	Timely access to the right support at the right time	<ul style="list-style-type: none"> • 90% of CYP accessing treatment within 4weeks • Increased professional consultations*
Transition	Clear, timely and well-communicated transitions/step-down between/from services	<ul style="list-style-type: none"> • Increased professional consultations* • Fewer re-referrals per service
Early Help	Improved emotional resilience amongst CYP, preventing the need for more intensive services	<ul style="list-style-type: none"> • Reduced in-patient admissions* • Reduced Community / Specialist CAMHS referrals* • Fewer re-referrals per service*
Experience	Positive experiences for CYP and their families and carers	<ul style="list-style-type: none"> • Increased Positive feedback • Improved capture of experience indicators* • Improved average rating of experience measures* • Positive Routine Outcome Measures indicators • Reduced complaints
Whole Family Approaches	CYP receive support that recognises and strengthens their wider family relationships	<ul style="list-style-type: none"> • Increased Positive feedback • Decreased negative feedback • Improved capture of experience indicators* • Improved average rating of experience measures* • Increased attendance to parent / carer intervention*

* Compared to 2024/25 baseline

CYP and families and carers who engage with this service will be supported to achieve meaningful personal outcomes as recommended within the Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Programme. To monitor this, practitioners will use Patient-recorded Routine Outcome Measures (PROMs / ROMs) which will support the Provider to improve the quality and experience of the service.

ROMs are important for determining a patient's baseline emotional and mental health state at treatment commencement, so that the impact of the service's interventions can be identified

in relation to this. Patient-led goal setting can also support with this by empowering patients to identify their own needs whilst practitioners support them to achieve these.

The service will also use Patient Reported Experience Measures (PREMS) to assess children, young people and family satisfaction with services.

Transformation

The Provider is required to work with commissioners, other providers and key stakeholders to implement the transformation agenda to support whole system change, as part of the Early Support Pathway. This will require sufficient resource and capacity to ensure that collaborative and transparent arrangements with commissioners are in place so that key areas of pathway and service change can be implemented over the course of the contract.

The service a core element of the fundamental and systemic transformation of emotional wellbeing and mental health provision within Nottingham and Nottinghamshire as outlined in the Local Transformation Plan for Children and Young People.

This sets the challenge and framework for delivering a new system of support and treatment that extends beyond the traditional reach of commissioned services. Nottingham and Nottinghamshire ICB recognise that promoting and protecting the emotional wellbeing of our CYP is far bigger than any individual organisation and that the expertise to deliver change sits across a number of organisations.

The service provider will work with commissioners and partners as a strategic improvement partner to grapple with the complex and challenging issues of mental health and wellbeing, exploring options for innovation and supporting a programme of work to design whole system which puts Children, Young People and young adults at the heart of services. The key areas where plans will require input are: -

- Workforce - supporting CYPIAPT principles, including identifying workforce gaps as they emerge as the system works through the Local Transformation Plan, this will include development of a multi system workforce project plan and training plans.
- IT/Technology/Data – work on identifying IT solutions across the system, identifying gaps in data collation and recommending steps to improve in this key area.
- Wider Early Support pathway development

2.3 Applicable Quality Requirements

Service quality will be regulated through local quality requirements and monitoring. These quality requirements are specified within Schedule 4A-D of the contract.

2.4 Data Recording, Feedback and Outcome Tools

Data Recording

Providers will be expected to flow all data via the [MHSDS](#) including outcome measures.

Further information and guidance in relation to the MHSDS can be found here:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

Further key performance indicators and reporting requirements are included within Schedule 6 contract.

Feedback and Outcomes Tools

ROMs/REMs data will be collected by all practitioners working with the service and reported in line with the reporting requirements and timeframes specified in Schedule 6 of the contract.

The ROMs/REMs tools used to record patient experience and intervention effectiveness are for the Provider to determine based on relevance to the interventions delivered and the wider service model however Providers must ensure that the tools they use best facilitate continuous quality improvement in their clinical practice. These must be in line with [CYP IAPT](#). Examples of ROMs/REMs tools the Provider may choose to implement include [CORE-10](#), [GAD-7](#), [PHQ-9](#), [RCADs](#), [SDQ](#), [GBOs](#), [CGAS](#), [SRS](#), [ESQ](#), [Score 15](#), CHI etc. These are described in the [Guide to Using Outcomes and Feedback Tools with Children, Young](#)

People and Families. Requirements to report ROMs/REMs data locally are in addition to national requirements to report outcomes through MHSDS, which are also specified within Schedule 6 of the contract.

In addition to ROMs and REMs, informal feedback from CYP, parents/carers and professionals should be routinely gathered to inform service development. Participation, engagement, and involvement of CYP and parents/carers will be integral to service development and improved service experience for those accessing and/or otherwise engaging with the service.

3. Scope and responsibilities

3.1 Aims of the service

The aim of Targeted CAMHS is to improve the mental health of CYP aged 0-18 in Nottingham City who are experiencing mild to moderate mental health issues, as part of an Early Support Pathway approach including effective transition to adult services under the CPA for young people. The level of service provided reflects the increasing complexity of presentation post COVID. Recognising that mental health is everyone's business, this will be achieved through effective integrated working as part of a comprehensive CAMHS and as part of the wider network of services supporting CYP and families.

Objectives

1. To provide evidence based, high quality, culturally competent, appropriate and timely provision to meet the mental health needs of children/young people from the diversity of backgrounds across the city, provided within locally accessible services. Services will be delivered within a continuum of care through the spectrum of need. Applying the recommendations set out within the National Service Framework (NSF) for children (Standard 9: CAMHS), with application of Team around the Child approaches and associated integrated working arrangements in line with Nottingham and Nottinghamshire Safeguarding Policies and Procedures.

2. To ensure that CYP and their parents/carers are offered and consent to an initial assessment to understand their emotional and mental health needs. This assessment will not only consider the view of the child/young person but also the views of the parents/carers, where appropriate.

3. The service will adopt a 'No Wrong Door' process to referrals and signposting, whereby when the service determines it is not the most appropriate service to meet the CYP's needs, it will consult with the service it believes is better placed to support the CYP prior to producing an onward referral(with consent of the CYP and/or parent and carer) in order to reduce bounce around for CYP and their families. The Provider will not send the referral back to the original referrer and will take responsibility in identifying a more appropriate service, where the CYP's primary need is mental health support (See 3.2 for further detail). The service will also be well connected and work closely with other services within the ICS-wide CYP's mental health pathway. The service will maintain up-to-date knowledge of other service offers to ensure referrals/signposting are appropriate, and that opportunities for collaboration and/or joint learning are accessed. This function will be supported by Integrated SPA arrangements.

4. To ensure that CYP and their parents/carers are offered a choice of interventions appropriate to their needs. As a minimum this will include face to face therapeutic support, group work, online therapeutic support and general advice and guidance.

5. To take a whole family approach and support parents and carers in supporting their CYP through their treatment and recovery.

6. To ensure the impact of trauma, abuse or neglect in the lives of CYP is properly considered when identifying appropriate interventions and alternative services considered as part of the assessment process.
7. To ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual abuse, gender) is properly considered when identifying appropriate interventions and support adapted to best meet their needs and improve outcomes.
8. To promote its offer to local CYP and their families and carers, as well as other professionals and services who work closely with children and young people and their families and carers.
9. To maintain a virtual/digital presence to encourage engagement with services and work to reduce stigma around mental health and wellbeing.
10. Work with all relevant agencies to ensure that services for CYP with emotional wellbeing and mental health problems are coordinated and address their individual needs, providing a holistic approach and regular reviews to ensure effective progress through the care pathway.
11. Provide evidence-based training to non-mental health professionals across the system to deliver the best possible outcomes for CYP.
12. Through consultation, identify when an intervention is required and support the referral process, if a referral to an alternative service is identified as the best option.
13. The service will participate in local professional networks to share learning and provide local population and clinical expertise to inform systemwide pathway developments, including the Early Intervention Network meeting.
14. The service will ensure that CYP and their parents/carers are treated with compassion, respect and dignity, without stigma or judgement.
15. Produce communications for online and face to face use.
16. The service will support CYP to access services/support offers appropriate for their needs, including by contributing to Education Health Care Plans (EHCP) and SEND Extended Power of Appeal input requests (Appendix 2).
17. The service will regularly seek and use feedback from CYP, parents/carers and other professionals to continuously adapt the service offer to meet need. This includes ROMs, REMs, compliments and complaints, questionnaires/surveys and any other methods chosen by the Provider.
18. The service will ensure that CYP's physical health and social needs are considered alongside their mental health and emotional wellbeing needs.
<p>3.2 Service description/care pathway</p> <p>The service is provided to children and young people aged 0-18 who present with mild to moderate mental health needs as follows: -</p> <p>The service operates as one provider in part of a whole system mode. The provider is expected to undertake a lead expert role in relation to child and adolescent mental health, delivering targeted, innovative practice through care packages that are appropriate and reflective of the National Service Framework (DH 2004) and CAMHS related National Institute of Clinical Excellence guidance.</p> <p>The service will be delivered via an easily accessible integrated and community focused service delivery model which reflects the overarching CAMHS outcome statement which states:</p> <ul style="list-style-type: none"> • The service offers flexible access to services that are provided, giving a choice of times for appointments and venues within the city to people that use the service. • To offer a choice of date and time and venue over the telephone the same day as a Choice assessment has been identified as the next step for the family and or young person.

- For those referrals where Targeted assessments are not required families are contacted and referred where appropriate within the week the referral is received.
- The service will seek children, young people and families' views on a consistent basis about the services that they receive.
- The workforce will be respectful and effective communicators.
- The service will offer information and advice about the services that are available to the service users and community professionals.

The service will deliver evidence-based, high quality, culturally competent, appropriate and timely provision to meet the mental health needs of children/young people from the diversity of backgrounds across the city, via an appropriately qualified multi-disciplinary workforce. Specifically:

- An easily accessible and local comprehensive service that provides a first point of access for CYP identified as potentially requiring Targeted CAMHS.
- Provide assessment and range of early interventions to CYP and their families who present with mild to moderate emotional and mental health needs (social, emotional and/or behaviour. This will include one to one and group interventions and access to on-line support.
- Support seamless transition across the whole Early Support and CAMHS pathway, through agreed integrated working arrangements so there is effective and clear communication and redirection about cases that need more specialist intervention, where there is concern around risk.
- Capacity and confidence building amongst universal professionals in supporting children to achieve positive emotional health and well-being via advice, training and consultation to health, education, social care professionals and third sector providers.
- Management, co-ordination, administration and review of the Nottingham City CAMHS Single Point of Access (SPA) working in partnership with other CAMHS providers including other early support services. The provider will be expected to report on and evaluate the effectiveness of the SPA to commissioners.
- Publish information about waiting times and access routes
- Promote self-referral to CAMHS

In addition to the core functions outlined above, the service will provide a 'Waiting Well' offer to all CYP waiting to access support. All CYP will be made aware of this offer upon being accepted by the service. Waiting Well contacts will include direct contacts such as phone calls, video calls or face-to-face meetings, and any written contact such as emails, texts or newsletters will be additional to this. The Waiting Well offer may also include self-directed support, however the service must offer this to CYP within 12 weeks of referral.

Any CYP whose needs are deemed to have changed since referral, either whilst waiting to access the service or during their time with the service, may be referred on to a more appropriate service along the local THRIVE continuum. (see Appendix 3) The CYP and their parents/carers (where relevant) must be involved in this decision.

The onward referral process will follow a clinical consultation with the alternative services' Single Point of Access (SPA) in order to ensure this is the most appropriate service to meet the CYP's needs. No Wrong Door (NWD) arrangements will be followed if the alternative service does not agree they are the most appropriate service. Where it is determined that neither service is the most appropriate, the original service will refer to the localised THRIVE continuum and identify an alternative service within the CYP's need category and repeat this process. Any exceptional cases where no clear support from locally commissioned services can be identified must be reported to commissioners as soon as possible so that this can be progressed.

3.3 Function of the Single Point of Access (Triage and Navigation)

The core purpose of the SPA is to enable CYP to access emotional wellbeing and mental health services in a timely and appropriate manner. The Provider is required to deliver

guidance, signposting, support, care and treatment advice and onward referral as a core element of the SPA.

SPA provision is driven by an ethos of effective early support and treatment that enables to Children and young people parent/carer to navigate the system in order to access the most appropriate provision

The Provider is required to ensure that suitably qualified and competent staff are in place to effectively determine the most appropriate care pathway and/or advice for each individual making contact with the SPA. This must include a clinical decision maker.

The SPA will have the following functions: -

- Provide a single point of access for referrals into the behavioural, emotional and mental health services.
- Provide support, advice and guidance to individuals, their parents/carers and health and social care professionals. This may lead to a referral to onward care pathway/s and or assessment of eligibility for CYPMHS.
- be centred on underlying principles of partnership working; ensuring that the provision is fully integrated into existing systems and that advice and decisions are based on a robust threshold application, considering all potential services for each young person.
- offer a no wrong door approach. SPA will signpost referrals which are not suitable for SPA and work closely with partner agencies across health, social care and education via joint triage meetings.
- Access is open and includes children, young people and parents and carers and wider professionals.
- Will be required to provide ease of access. This includes but is not limited to: a Web based gateway, information and sign posting service, Single phone number, Single e-mail address.
- will also offer direct access to support and self-help via on -line digital support and single session therapy.
- To provide a safe, accountable and governed process.

- Standard procedures are in place for consistent screening process through the SPA handbook.

- A consistent and equitable process for the triage of needs and referral to onward care pathways and services must be in place This includes gaining consent from parents, carers and young people to share information with other services.

- Robust risk management processes and controls.

- Robust clinically based decision making

- Robust management information systems that track flow and decision variability.

- Real time information about the availability of provision across Universal, Early Help and CYPMHS.

- Partnership working reviewing shared management information and discussing threshold application and process issues

- To facilitate children and young people in accessing CAMHS at the 'right time', in the 'right place' and receiving the 'right offer'.

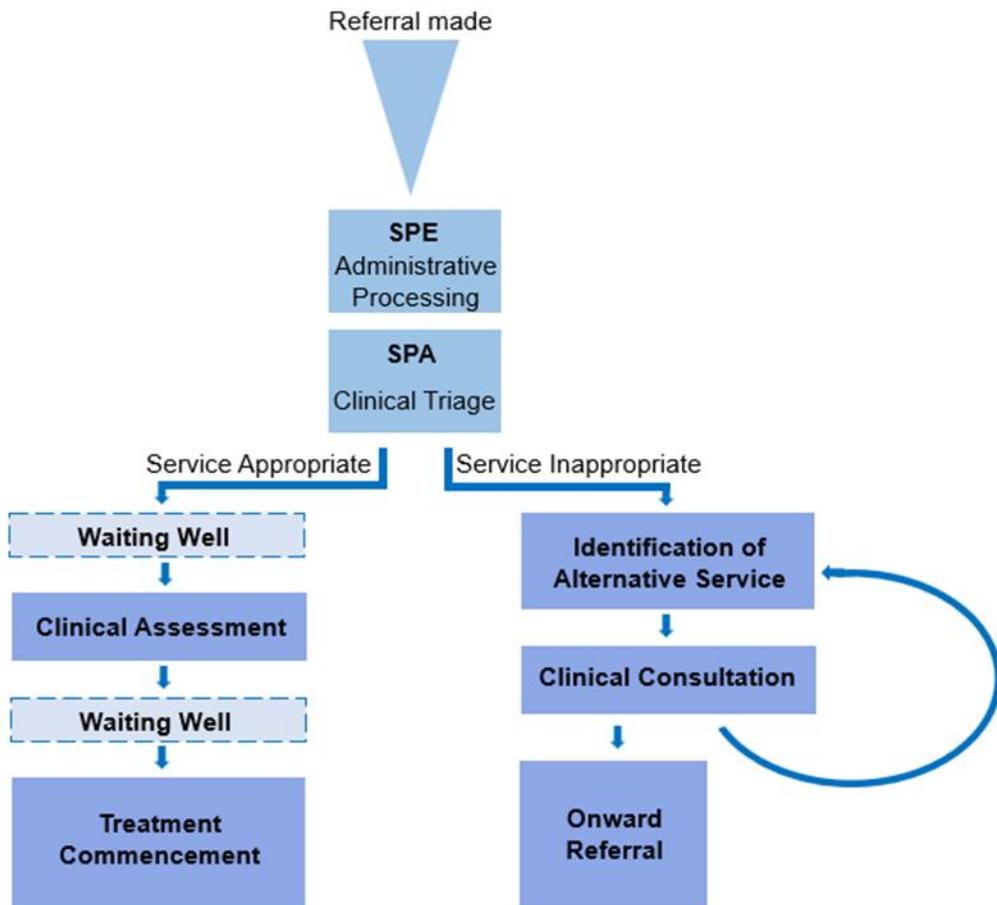
- The service will use access to local authority data bases to help support multi-agency decision making, along with information from parents and carers.
- The service will also hold regular triage meetings with wider services including but not limited to MASH, the BEH team, adult mental health, Be U Notts

and Nottinghamshire Community CAMHS, Specialist CAMHS services to facilitate swift access to wider services.

- To provide a clear and transparent system of screening new referrals and appropriate allocation within CAMHS based on the presenting need(s) and symptoms of children, young people and families.
- Screening will be completed by the SPA specialist daily to offer a consistent response. Internal multi-disciplinary meetings will be in place to ascertain the right support at the right time for children, young people and families due to the rising of complexity in presentation.
- Prompt decision making about who can best meet the child/young person's needs

SPA screening managers/specialists will acknowledge, screen, assess for risk /safeguarding and process all referrals on a daily basis. Decisions will be made on SPA within 5 working days, unless there is a clear rationale to go beyond this time.

The infographic below illustrates No Wrong Door process which is aligned with the THRIVE model This aims to offer a responsive (right support, right time) approach to CYP who have a first referral into CAMHS.



The minimum core working hours of the SPA are 9.00 am – 5.00pm

The SPA manager will work closely with the Nottinghamshire CAMHS SPA manager and other emotional and mental health and well-being services to facilitate smooth processing of referrals between services. The Targeted CAMHS service manager will Chair a systemwide group to further develop and align joint SPA arrangements between City and County, which will link into local authority front door arrangements.

The service will also link in with the SPA and Early Intervention Pathway groups to support wider system developments in this area.



Getting Help (those who need focussed goals-based input)

This group comprises those who need specific interventions focused on agreed mental health outcomes.

This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group.

The professional may not necessarily be a trained mental health provider but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.

Interventions are characterised by an explicit shared understanding from the outset of:

- What a successful outcome would look like.
- How likely this is to occur by a specific date.
- What would happen if this was not achieved.

Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm.

3.4 Service Model

The service sits within Nottingham City Councils Children's Integrated Services. The service is fully embedded within the Family Support Strategy and Pathway. The service is also integrated with Nottingham City model of early intervention and priorities in The Children and Young People Plan.

The service will use a CAPA model of choice and a partnership approach to manage capacity, ensuring that families are seen in a timely manner and receive an appropriate and relevant service. This is supported by goal-based assessment and mental health risk assessment.

The service also uses the Signs of Safety model to ensure that safety planning is effective and that strength-based models are used through practice and within case supervision relating to every case.

The service is provided within three Family Community Teams which deliver across Nottingham City via localities; North, Central and South. The service is staffed by a range of practitioners from health, education and social care backgrounds.

It offers:

- A range of time limited, evidence-based interventions, on assessment of need including individual consultations, community drop ins, family based and/or group work/parenting groups
- Advice, training, and support to Universal Services.

This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers children and young people and families to find the best ways of supporting their mental health and wellbeing.

Within this grouping are children, young people and their families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Service delivery at this level should also consider the needs of parents/carers, this should include considering accessibility, neurodiversity and access to resources and offer direct consultation and support for parents/carers to support their children and young people.

As a minimum the service will offer:

- Consultation

Case consultation will be provided to universal services including GPs, schools, colleges, universities, 0-19 services, social care and Nottingham City early help services, once consent has been gained from relevant CYP and or parents/carers (where appropriate) Consultation will be flexible to meet the need of the referrer and provide clinical assessment in terms of the young person's needs and a plan of care developed with the staff involved. It is acknowledged that a level of training can be provided during consultation sessions to aid formulation of need and support required. If a CYP has a named Social Worker, it is recommended that consultation be provided in partnership with the Children Looked After CAMHS Team in Nottingham City or the Children Looked After and Adoption CAMHS Team in Nottinghamshire County, depending on the CYP's residence. Where a CYP has a named Social Worker but is not a Child Looked After (CLA/LAC), it is recommended the consultation take place with their Social Worker. A clear and detailed record of each consultation should be kept by the service for the Provider's records. These records may be shared with relevant agencies on a need-to-know basis, where legislation and statutory guidance allow.

Consultation will be delivered in a safe, respectful and nurturing environment to ensure all involved feel comfortable to discuss issues and engage with, sometimes, challenging conversations.

Where a consultation results in a referral to another service, the provider will facilitate the referral to ensure that it includes appropriate level of detail and is directed to the most appropriate service. This will require the service to have up to date knowledge of the wider mental health system and referral pathways. Consultations will also be a key function of the SPA and will be integral to identifying the correct service or pathway for a child or young person.

Key elements of consultation:

- The service practitioners will facilitate professional only consultations to the services identified above; in order to help structure detailed discussions and formulations of the emotional/mental health need of children and young people. If

it is assessed that the child/young person needs access to CAMHS or other services for further treatment, this will be decided as an outcome of the consultation. If not, the practitioner will signpost to other agencies and/or provide the professionals with resources in order to support the child/young person within their setting.

- The service's consultation will support widening access to CAMHS and other mental health providers in the locality.
- The service practitioners can offer multiple consultations about any specific child or young person, however the likelihood of multiple consultations for a child/young person would necessitate further referral into more specialist services if there is no sustained improvement in the child/young person's emotional/mental health need.
- Active signposting and referral to other services when Targeted CAMHS are not appropriate.
- Maintaining a virtual presence so children, young people and families can access on-line support.
- Promoting the Nott Alone website as a digital front end for children, young people and families to access self-help support and resources and ensure that Targeted CAMHS information is kept up to date on the website.
- Access to self-help via on-line digital therapy and wider digital resources.

As a minimum the provider will provide;

- Assessment

Offer a clinical assessment using a validated tool such as Choice - The aims of the assessment are to build the therapeutic alliance by:

- Clarifying their hopes for change.
- Exploring whether the service or another or multiple agencies are best placed to provide help.
- Considering risk, including safeguarding/child protection.
- Allowing the client to make an informed choice about what they need and want and what services they may need.
- Identifying what they can do for themselves.
- Providing written information about the problems they are struggling with and solutions and other sources of help, such as other agencies websites.³

Where a child or young person has co-occurring mental health and neurodevelopmental issues, joint triage of cases with the Nottingham City BEH Team will be undertaken to avoid duplicate assessments. Joint working will continue as appropriate.

After the assessment, a number of options may be identified. These should include:

- Group Work

Group work can be a useful way of providing support to children and young people with similar needs. This approach encourages interaction and engagement with peers and support the peer support model. Compared to peer support groups, group work will offer a level of clinical and therapeutic support to those involved and will be practitioner led. Group work can also be provided to parents/carers to enable them to support their child/young person and also siblings. Efforts should be made by the practitioner to capture paired outcome measures,

session-by-session, or series-by-series, to determine the impact of the intervention. Experience measures should also be captured where possible.

- Therapeutic support

Following assessment of need the service will offer a range of direct therapeutic support to children and young people, any support offered should be in line with evidence-based psychotherapy guidance such as CYPIAPT principles and NICE guidance. The service will ensure they have a range of practitioners available to offer a wide range of therapeutic support including guided self-help. Support will be delivered in a timely manner in a range of community venues to allow ease of access, including on -line. If a child/young person experiences any waits for therapeutic support, regular contact will be made to ensure needs are not escalating and that support is available.

Children and young people and their parents/carers will receive clear and age-appropriate information about the support they will receive, how this will be delivered and what to expect. This will ensure that children and young people feel confident when accessing the service. Where possible the service will ensure that the child/young person has the same practitioners throughout their support unless a change of practitioner is specifically requested.

All support should be outcome focused, with outcomes and goals agreed at the beginning of any intervention and reviewed at appropriate intervals.

Therapeutic interventions include-

- Eye Movement Desensitisation
- CBT (offered both face to face and on-line, Cognitive Behavioural Therapy)
- Systemic Family Therapy,
- Interpersonal Psychology for adolescents,
- Dialectic Behaviour Therapy
- Non – violent resistance
- Single session therapy

Therapeutic support may also be offered online via on -line digital interventions.

In addition to individual support, whole family support will also be offered via a family support worker.

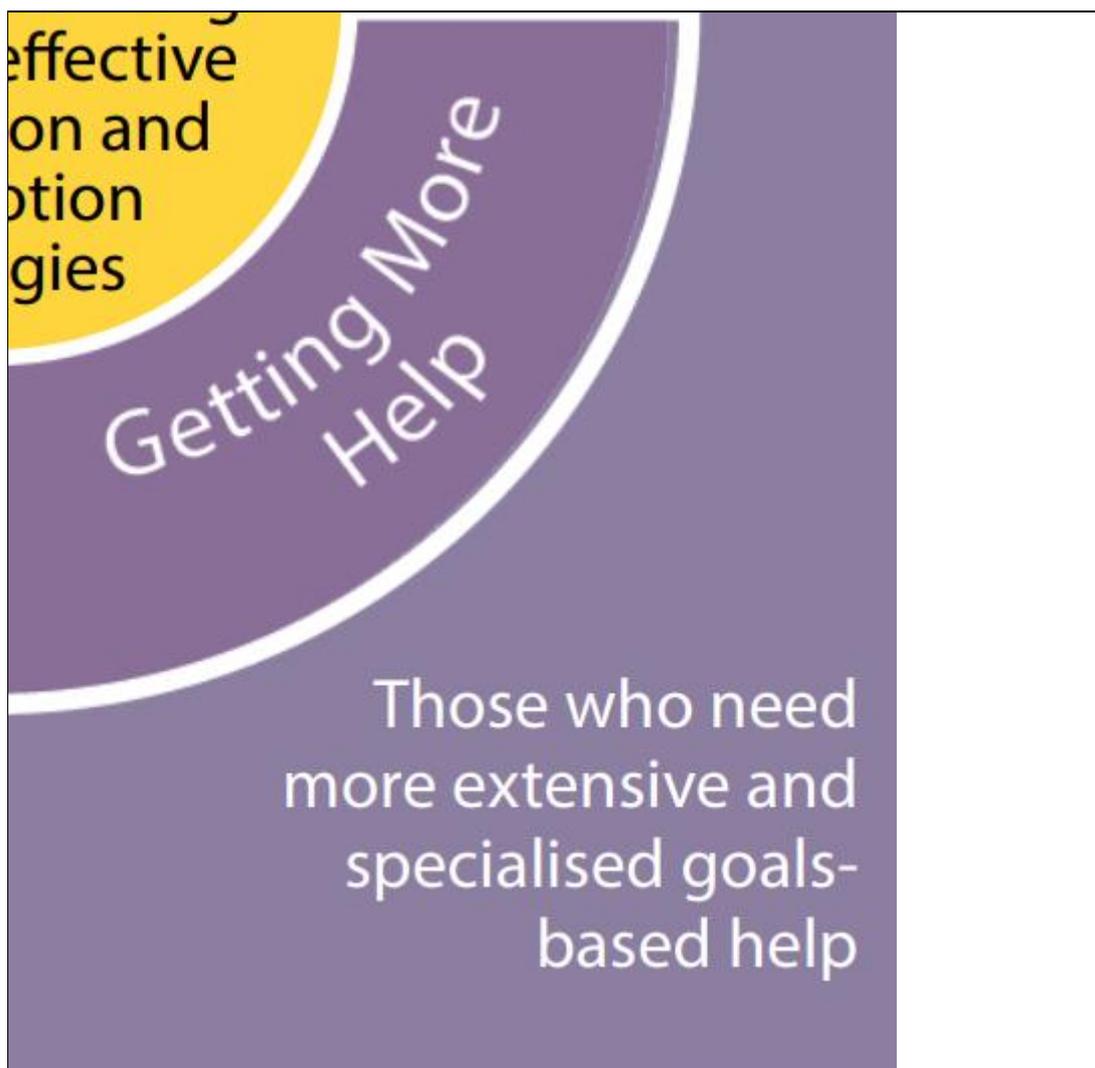
Training for professionals

The service will contribute to cross partnership training events and also deliver training to wider professional groups and parents and carers both face to face and via online resources.

Support for parents and carers

Parents and carers will be invited to take part in assessments and developing support plans. Parents and carers will also be offered appropriate support in order to support their young person.

Getting More Help



This grouping might include children with a range of overlapping needs that mean they may require greater input, including major trauma, broken attachments or in some young people with neurodevelopmental needs.

Frequent indicators that a child or young person may require More Help could be:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

Where children and young people need more help, the provider will hold fortnightly triage meeting to support transitions directly from SPA to Nottinghamshire Community CAMHS, which provides a more specialist support to young people in the Getting More Help quadrant and to CAMHS Crisis. The provider also has a named contact in both teams for liaison where more urgent cases are referred between meetings.

There is also a joint triage function in place in the Single Point of Access with the Multi-Agency Safeguarding Hub, so cases can be referred on where there are safeguarding concerns.

Joint consultation will take place with Nottinghamshire Community CAMHS services and other services on the Early Support Pathway where children and young people are looked after or in the youth justice system.

Pathways around co-occurring substance misuse are being developed with providers.

3.5 Information provided to parents and carers

The provider will provide information leaflets in different formats and digital information relating to the service and specific teams within the service and ensure that they are available in all reception areas. The service will also maintain an on-line presence where parents and carers can access information. Any correspondence with referrers and other partners will be automatically copied to the young person and carer if proportionate to share.

3.6 Any acceptance and exclusion criteria and thresholds

Acceptability

Targeted CAMHS will work with children and young people aged 0-18 years who are registered with a Nottingham City GP and who present with concerns of a mild to moderate nature, and typically require a multi-disciplinary approach that offers a mix of professional skills to provide evidence-based assessment and intervention.

Typical presentations may include (this should not be considered an exhaustive list):

- Depression
- Anxiety
- Attachment difficulties
- Bi-polar disorder
- Conduct disorders
- Low level eating disorders
- Body image
- Self-care issues
- Personality Disorders
- Trauma-related issues
- OCD
- Relationship problems
- ADHD
- Autism
- Post Traumatic Stress Disorder
- Suicidal thoughts (risk will need to be considered and escalated to a more appropriate service)
- Suspected first episode psychosis or At-Risk Mental State
- Self-harm behaviours
- Phobias
- Unexplained physical symptoms
- Selective mutism
- Misophonia

There is a requirement for the provider to ensure that access to the full range of services is enabled to meet the diverse needs of children and young people who are considered most vulnerable to mental health problems; this may include:

- Children and young people from Black, Minority, Ethnic background (BME)
- Young people within the youth justice system
- Children in care and care leavers
- Children and young people who may have a learning and or physical disability
- Migrant children, refugees, asylum seekers and young people
- Children and young people of mental health service users
- Substance using children and young people
- Young carers
- Children and Young people who live or have lived with/suffered from domestic violence

This list is not exclusive and will be considered on a needs basis

Where Targeted CAMHS refer children and young people onto Specialist CAMHS and the referral is not accepted, this needs to be escalated utilizing the providers Escalation Policy. If

this does not resolve the dispute and the child is considered to be at risk of harm, an incident form needs to be completed and reported to commissioners.

Targeted CAMHS should not 'hold referrals' which have been referred to and accepted by Specialist CAMHS, but Specialist CAMHS are unable to accept the referral at the point of referral. Where this occurs an incident form must also be completed, and the escalation process followed.

The service is not provided to:

- Children and young people and families who are not registered with an NHS Nottingham City GP – where referrals are received, these should be shared with the Nottinghamshire SPA hosted by Nottinghamshire Healthcare Trust, as part of Nottinghamshire Community CAMHS provision
- Children and young people experiencing difficulties of a mild and not enduring nature which can be managed by universal services provided health, MHSTs and Be U Notts
- Children and young people presenting with severe and acute difficulties that require Specialist or Highly Specialist CAMHS input.
- Young people aged 18+

3.7 Equality and Diversity:

The provider will:

- Ensure that they collect equality and diversity monitoring information in accordance with the requirements within Care Quality Commission essential Standards quality and safety and will provide these to the commissioners if requested to do so.
- Adhere to all legal requirements and National initiatives/targets regarding Equality and Diversity. It will be expected that the Provider will demonstrate compliance to legislation, with the aim of improving health outcomes and reducing health inequalities in the six key equality dimensions of race, disability, gender, age, sexual orientation and religion or belief and will publish Equality Impact Assessments and action plans. Any concerns regarding compliance will be raised at Clinical Review/Contract meetings.
- Ensure that the team cultural, religious, and lifestyle beliefs are respected at all times.
- Regard the physical and mental health needs of patients at all times.

3.8 Interdependence with other services/providers

As a statutory partner (Children Act 2004), the service provider will implement developments agreed by Nottingham City and Nottinghamshire County Council Children's Partnerships and Safeguarding Children Partnerships. For example:

- Children and Young People's Plan 2021-2024 (Nottingham City).
- Pathway to Provision (Nottinghamshire).
- Nottinghamshire Early Help Strategy 2021-2025.
- Nottingham City Early Help Partnership Strategy 2023-2025.
- Nottingham and Nottinghamshire Safeguarding Children Partnership policies.
- Relevant NHS policies where identified.

Providers should ensure that they have excellent links with services regularly used by young people:

- General Practice
- Be U Notts
- MHSTs
- Nottinghamshire Community CAMHS
- Schools and academies, FE colleges and other education providers
- Childrens Centres and early years settings (nurseries)
- Early Help providers

- Public Health lifestyle services such as sexual health, smoking cessation and weight management
- 0-19 Public Health teams
- Other mental health services (children and young people, adult, specialist, forensic)
- Voluntary sector providers
- Independent providers
- Inpatient or other highly specialist services
- Youth services
- Safeguarding – children and adults (Local Safeguarding Children Partnerships and Adult Safeguarding Boards)
- Local Authorities
- Acute Sector hospitals
- Emergency departments
- Community child health
- Criminal justice system – including youth offending services
- Substance use services
- Job centres and careers advice
- Local independent providers

3.9 Legal and Regulatory Framework

The service will operate according to relevant legislation and guidance, with particular reference to:

- [Autism Act \(2009\)](#)
- [Care Act \(2014\)](#)
- [Children Act \(1989; 2004\)](#)
- [Children and Families Act \(2014\)](#) including the [SEND Code of Practice](#)
- [Children’s Health and Wellbeing Bill \(2024\)](#)
- [Data Protection Act \(2018\)](#)
- [Equality Act \(2010\)](#)
- [Health and Care Act \(2022\)](#)
- [Health and Social Care Act \(2012\)](#)
- [Human Rights Act \(1998\)](#)
- [Mental Capacity Act \(2005\) including the Deprivation of Liberty Safeguards](#)
- [Mental Capacity \(Amendment\) Act \(2019\)](#)
- [Mental Health Act \(1983\) \(amended 2007\)](#) and [Mental Health Act Code of Practice](#), including protocols for emergency assessment under Section 136
- [Promoting the Health and Wellbeing of Looked-After Children \(2015\)](#)
- [Public Services \(Social Value\) Act \(2012\)](#)
- [Safeguarding Vulnerable Groups Act \(2006\)](#)
- Safeguarding procedures (see appendices 4 and 5)
- The findings from serious case reviews, in particular the requirements to share information in a timely manner (e.g. [The Duty of Candour 2020](#))
- [The Human Medicines Regulations \(2012\)](#)

3.10 Information Governance and Accountability

The Provider will comply with all relevant legislation and guidance to record information, in particular to comply with the Data Protection Act 2018, and comply with requirements to keep records for an appropriate period.

3.11 Serious Incident Reporting

Serious incidents are to be reported in line with NHS England’s Serious Incident Framework.

The link to the Framework is:

<https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

All serious incidents need to be considered and managed in line with Provider’s internal escalation arrangements

3.12 Staffing arrangements, recruitment and training, supervision/appraisal requirements

Providers will:

- Ensure the workforce has the necessary compassion, values and behaviours to provide person-centred, integrated care and enhance the quality of experience through education, training and regular continuing personal and professional development (CPPD) that instils respect for children/young people and parents/carers.
- Anticipate the number and capabilities of the workforce needed currently and for the future, ensuring an appropriate skill mix in teams able to deliver a range of recommended evidence-based interventions with a delivery model that best focuses the capacity of the service to the demands of the population and jointly plan workforce requirements with Nottinghamshire Community CAMHS.
- Ensure the workforce is informed about other CAMHS/Local health provision providers and has the knowledge and ability to communicate effectively with other relevant services.
- Ensure the workforce is educated to be responsive to changing service models, innovation and new technologies, with knowledge about effective practice and research that promotes adoption and dissemination of better-quality service delivery.
- Ensure there is sufficient staff educated and trained with the required knowledge and skills within teams. The skill set required in the team may be subject to change according to changes in local needs.
- Monitor caseloads for staff to ensure safe and effective delivery of services.

3.13 Service Procedures and Protocols

The service is required to develop a number of procedures and protocols to ensure safety and quality for all CYP that the service supports. These will be developed by the Provider, and all staff within the service will be aware of and supported to follow these throughout their time with the service. Where legislation and/or guidance is relevant to a procedure or protocol area, the Provider will ensure this is appropriately referenced in the documentation. All procedures and protocols must be regularly reviewed and updated to reflect changing legislation and guidance.

As a minimum, the Provider is expected to develop:

- Safeguarding procedure (C and YP) (see Appendix 4)
- Safeguarding Adults at Risk (see Appendix 5)
- Self-harm protocol (see Appendix 6)
- Care transition protocol (see Appendix 7)
- Did Not Attend (DNA)/Was Not Brought (WNB) procedure (see Appendix 7)
- Consent and information sharing procedure (see Appendix 9)

Details on the expected contents of these procedures and protocols are detailed within Appendices, 4, 5, 6, 7, 8 and 9.

4. Applicable Service Standards

This specification links to Quality Standards (Appendix 9) NICE Guidance (Appendix 10) and will be reviewed upon the publication of future guidance.

4.1 Applicable standards set out in Guidance and/or issued by a competent body

For example:

- Quality Network for Community CAMHS Core standards 7th edition: [qncc-standards-7th-edition.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/quality-network-standards-7th-edition.pdf)
- [Quality Network for Inpatient CAMHS Standards](#)
- [Child Outcome Research Consortium \(CORC\)](#)
- [Choice and Partnership Approach \(CAPA\)](#)

4.2 Applicable local standards

The Provider will flow data to the MHSDS from the start of the contract. In addition to this, a local dataset has been developed alongside an activity plan (Schedule 2) to ensure robust reporting and performance management can be undertaken. The Provider will ensure that all reporting requirements are provided against the set timescales indicated within Schedule 6 of the contract.

4.3 Key Local Strategies, Plans and Evidence Bases

- [Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Partnership \(NSCP\) and the Nottingham City Safeguarding Children Partnership \(NCSCP\) \(2025\)](#)
- [Nottingham and Nottinghamshire Integrated Care Strategy 2023 – 2027](#)
- [Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People’s Emotional Wellbeing and Mental Health 2016 – 2024](#)
- [Nottingham and Nottinghamshire NHS Joint Forward Plan 2024/25](#)
- [Nottingham and Nottinghamshire Joint Policy and Procedure on the Mental Capacity Act \(2005\) \(2010\)](#)
- [Nottingham and Nottinghamshire Multi-Agency Adult Safeguarding Procedure for Raising a Concern and Referring \(2018\)](#)
- [Nottingham City Children and Young People’s Plan 2021 – 2024](#)
- [Nottingham City’s Children in Care and Care Leavers Strategy \(2023-2025\) – ‘Valuing the Future of our Children in Care and Care Leavers’](#)
- [Nottingham City Joint Health & Wellbeing Strategy 2022 – 2025](#)
- [Nottingham City LADO Allegations Management](#)
- [Nottingham City’s Mental Health and Wellbeing Strategy \(2019-2023\)](#)
- [Nottingham City - Missing Children Chapter \(2024\)](#)
- [Nottingham Safeguarding Children Partnership](#)
- [Transitions Best Practice Principles \(2014\)](#)

5. Location of Provider Premises

The Provider’s Premises are located at:

Bulwell Riverside

108 Coventry Rd,

Bulwell,

Nottingham NG6 8PS

Standard hours of operation are 09.00 – 17.00 Monday to Friday. However, the service will be responsive to the needs of service users and will be expected to work outside of these hours as appropriate.

Service Specification No.	1
Service	Mental Health Support Teams (Nottingham City)
Commissioner Lead	██████████
Provider Lead	Nottingham City Council
Period	1 st April 2025 – 31 st March 2026
Date of Review	1 st September 2025

<p>1. Population Needs</p> <p>1.1 <u>Introduction, Purpose, and Commissioning Approach</u></p> <p>The purpose of this document is to specify the provision of the ‘Mental Health Support Teams (Nottingham City)’ service from the Provider. It describes the role, function, and responsibilities of this service, as part of a wider Children and Young People’s (CYP) Mental Health Early Intervention Pathway.</p> <p>CYP will be at the heart of service delivery and their parents/carers will be involved at all points of the pathway, where appropriate. Assessment and treatment will be easily accessible, and evidence based. CYP and their parents/carers will be informed about appropriate options and will be supported to work with the service to agree an appropriate care package.</p> <p>The service will be delivered in line with the THRIVE framework and principles, ensuring appropriate access to the right treatment and support at the right time for CYP with mental health and emotional wellbeing needs in Nottingham and Nottinghamshire. This service will offer support within the ‘Getting Advice’ and ‘Getting Help’ categories of this framework and will operate as part of a system whole across the wider Nottingham and Nottinghamshire Integrated Care System by referring and signposting, where appropriate, to alternative commissioned services throughout the ‘Getting Advice’, ‘Getting Help’, ‘Getting More Help’ and ‘Getting Risk Support’ sections of the framework. The service will also work with commissioners and other stakeholders to continuously develop and improve service pathways, and to address gaps and inequities in service provision.</p> <p>To ensure the service meaningfully engages with other services as per the THRIVE framework, the service will establish and maintain strong working relationships with other local services regularly used by CYP. This includes other commissioned CYP Mental Health Services, as well as Adult Mental Health Services, Primary Care Services, Secondary Care Services, Education Services, Children’s Social Care Services, Adult Social Care Services, Child Health Services, Charitable and Voluntary Sector (CVS) Services, Justice System Services, etc. The Provider is expected to promote their service in line with the THRIVE framework and recognise the offers of other services, promoting these when it is professionally determined that their treatment package is more appropriate for the needs of CYP entering or flowing through the local CYP Mental Health Support Pathway.</p> <p>In recognition of the importance of a shared common language used by stakeholders, as per the THRIVE framework principles, a definitions list is included within Appendix 1.</p> <p>Figure 1 – Thrive Framework</p>
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Source: **Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A. Munk, S. (2019).** [THRIVE Framework for system change](#). London: CAMHS Press.

The principles underpinning the THRIVE framework are:

1. Stakeholders share a **common language** when describing mental health needs.
2. Support and referral criteria is **needs-led**, not based on formal diagnoses or severity.
3. CYP and their family/carers are **involved** in decision making.
4. Services **engage with local communities** and ensure service models reflect local need.
5. Services **understand each other's offers** and refer/signpost to one another as needed.
6. Interventions record **progress against goals** to ensure effectiveness for CYP.
7. Services work to **reduce stigma** and promote mental health as everyone's responsibility.
8. Appropriate support is available and **accessible** to any CYP across the ICS.

1.2 National Context, Local Prevalence, Evidence Base and Stakeholder Perspectives

National Context

For CYP with mild-to-moderate mental health issues, early intervention means identifying and providing low level support to those at risk of poor outcomes, such as mental health problems.

Nationally, mental health policy and strategic plans have highlighted the need for a focus on prevention and early intervention and it is acknowledged that effective early intervention supports the prevention of worsening health ([Department of Health, 2011](#)). The [NHS Long](#)

[Term Plan \(2019\)](#) identified CYP’s mental health services as a ‘longstanding unmet health need’, and a key area for development in the ambition to shift healthcare into a more preventative model. The expansion of CYP’s mental health services, with the phased introduction of Mental Health Support Teams in education settings, provides opportunity for further multiagency working and local planning to ensure appropriate early intervention is available to a wider cohort of CYP and their parents/carers.

There has been universal acknowledgement in policy over the past ten years of the challenges faced by CYP in developing resilience and stable mental health and/or emotional wellbeing. For CYP with diagnosable mental health problems, the challenges are greater for them and their parents/carers. Several disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. At the same time, effective treatments have been identified to improve the life chances of CYP, and to minimise the impact on the long-term health of the population and economic costs to the public.

Education settings have always played a vital role in identifying mental health and emotional wellbeing needs within CYP and referring or signposting appropriately. The national roll out of MHSTs (through waves) has sought to strengthen the role of education settings within the mental health landscape, by promoting the transformation of schools and colleges into mentally healthy communities who champion resilience and challenge stigma. This ambition was set out in the Green Paper, [Transforming Children and Young People’s Mental Health Provision \(2017\)](#) which first described MHSTs alongside the [NHS Long Term Plan \(2019\)](#).

Local Prevalence

Trends in the [Mental Health of Children and Young People survey \(2023\)](#) showed a gradual rise in mental disorders overall up to 2017, largely accounted for by a proportionally large increase in emotional disorders since 2004. Rates of probable mental disorders have increased more significantly since 2017; in 7–16-year-olds from one in nine (12.1%) to nearly one in five (18.0%), and in 17–19-year-olds from one in ten (10.1%) to one in four (5.7%) in 2022 ([Nottingham and Nottinghamshire Local Transformation Plan, 2016-24](#)).

Table 1 Population of Children and Young People Aged 8-25 Estimated to Have a Mental Health Disorder

Mental Health Disorders by Area – Ages 8-10					
Area	Age Band	Population	Probability of MH Disorder Estimate		
			Unlikely	Possible	Probable
Nottingham	8-10	11,612	8,387	1,406	1,820
Nottinghamshire	8-10	29,630	21,402	3,588	4,643
Mental Health Disorders by Area – Ages 11-16					
Area	Age Band	Population	Probability of MH Disorder Estimate		
			Unlikely	Possible	Probable
Nottingham	11-16	22,932	15,004	2,740	5,187
Nottinghamshire	11-16	60,007	39,262	7,170	13,573
Mental Health Disorders by Area – Ages 17-19					
Area	Age Band	Population	Probability of MH Disorder Estimate		
			Unlikely	Possible	Probable
Nottingham	17-19	22,453	13,786	3,442	5,225
Nottinghamshire	17-19	25,704	15,782	3,940	5,980

Data Sources: [Mental Health of Children and Young People in England, 2023: Wave 4 follow up to the 2017 survey](#); [ONS. NOMIS Population estimates - local authority based by single year of age 2023 Estimates](#)

Table 2: Demographics by Age

Nottingham and Nottinghamshire 10-24 Population by Age Breakdown			
	Tot 10-24 yrs	10-14 yrs	15-19 yrs
Nottingham	74,637	18,742	19,542
Nottinghamshire	128,555	47,744	40,194

Nottingham and Nottinghamshire 10-24 Population by Gender		
	Male	Female
Nottingham	37,347	37,290
Nottinghamshire	65,813	62,742

Nottingham and Nottinghamshire 0-24 Population by Ethnicity					
	White	Black, Black British, Black Welsh, Caribbean or African	Asian, Asian British or Asian Welsh	Mixed or Multiple ethnic groups	Other ethnic group
Nottingham	64,505	12,122	18,895	11,789	4,386
Nottinghamshire	194,188	3,039	7,724	10,624	2,032

Data source: [Census, 2021](#)

Support for CYP with emotional wellbeing and mental health needs is provided through a network of local services, including:

- Universal services like early years services and primary care services
- Targeted services like educational psychologists and CVS counselling Providers
- Community multidisciplinary CAMHS teams
- Highly specialist services such as inpatient services and specialised outpatient services

As CYP's emotional wellbeing and mental health affect all aspects of their lives, service provision is designed on a multi-agency basis, and the Provider of this service will work closely with other services and organisations to support access and enhance the pathways between services. The Provider will link with existing children's partnership arrangements and understand and be proactive about their duty of cooperation and joint commissioning arrangements for wider CYP's services.

Stakeholder Perspectives

The Nottingham and Nottinghamshire system has worked extensively with CYP to co-produce CYP's mental health services across the whole pathway between 2017-2024. This coproduction and engagement has led to the identification of the below needs which the Provider will respond to within their service model:

- More flexible support available earlier with shorter waiting times
- Needs-led approach to service provision
- Choice of professionals
- Support for parents and carers in understanding mental health issues
- Choice of venues for therapy/counselling
- More training for professionals delivered in conjunction with young people
- Young people want the opportunity to connect with and be supported by peers
- Opportunities to build skills and confidence through involvement and volunteering

- Quick response when in crisis
- Promotion of early intervention services and awareness of self-referral to CAMHS
- Clear information on waiting times and how to access services
- A diverse, culturally competent workforce
- Smooth transitions between services
- Support to attend groups
- Alternatives to talking therapies
- A sense of control of and agency over treatment and being included in plans

Coproduction and engagement have also led to the identification of the below needs which the Provider will respond to within their service delivery:

- To be treated with respect
- To be listened to
- To know what is happening with information the service has about them
- To access support in suitable environments
- To have a choice about how to access treatment
- To see the same professionals for support where possible
- To feel cared about

As part of the ICS-wide CYP early intervention mental health support pathway, this service will contribute to and lead on aspects of engagement and coproduction with CYP, parents/carers and professionals. The service will ensure the voices of those who access and refer to the service are captured and that the service model and delivery reflects these needs. The service will also act as system leaders and advocate for the CYP, parents/carers and professionals engaging with the service, supporting system learning and change regarding what stakeholders tell them they want.

2. Outcomes

2.1 System Outcome Frameworks

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

Public Health Outcomes Framework

Domain 2	Health Improvement	✓
Domain 4	Healthcare, public health and preventing premature mortality	✓

2.2 Locally Defined Outcomes

CYP and parents/carers who engage with this service will be supported to achieve meaningful personal outcomes as recommended within the [Children and Young People Improving Access to Psychological Therapies \(CYP IAPT\) Programme](#). To monitor this, practitioners will use Patient Reported Routine Outcome Measures (PROMs/ROMs) and Patient Reported Experience Measures (PREMs/REMs) which will support the Provider to improve the quality and experience of the service.

ROMs are important for determining a patient's baseline emotional and mental health state at treatment commencement, so that the impact of the service's interventions can be

identified in relation to this. Goal setting can also support with this by empowering patients to identify their own needs whilst practitioners support them to achieve these.

Alongside service-level impacts, the Provider will work with other local organisations and services to contribute an overall improved picture of CYP mental health across the ICS. Local measures of this include:

<u>Outcome</u>	<u>Description</u>	<u>How this will be measured</u>
Access	Timely access to the right support at the right time	<ul style="list-style-type: none"> - 90% of CYP accessing treatment within 4-weeks - Increased numbers of professional consultations*
Transition	Clear, timely and well-communicated transitions/step-down between/from services including transition between CYP and adult services	<ul style="list-style-type: none"> - Increased numbers of professional consultations* - Fewer re-referrals per service*
Early Intervention	Improved emotional resilience amongst CYP, preventing the need for more intensive services	<ul style="list-style-type: none"> - Reduced in-patient admissions* - Reduced Community/Specialist CAMHS referrals* - Fewer re-referrals per service* - Fewer A&E attendances for self-harm and/or emotional dysregulation*
Experience	Positive experiences for CYP and their families and carers	<ul style="list-style-type: none"> - Increased positive feedback* - Improved capture of experience indicators* - Improved average rating of experience measures* - Decreased negative feedback*
Whole Family Approaches	CYP receive support that recognises and strengthens their wider family relationships	<ul style="list-style-type: none"> - Increased positive feedback* - Improved capture of experience indicators* - Improved average rating of experience measures* - Decreased negative feedback* - Increased provision of parent/carer interventions* - Increased attendance to parent/carer interventions*

* Compared to 2024/25 baseline

2.3 Applicable Quality Requirements

Service quality will be regulated through local quality requirements and monitoring. These quality requirements are specified within Schedule 4A-D of the contract.

2.4 Data Recording, Feedback and Outcome Tools

Data Recording

Providers will be expected to flow all data via the [MHSDS](#) including ROMs and REMs from the start of the contract and therefore should have an appropriate system in place to enable this.

Further information and guidance in relation to the MHSDS can be found here:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

Further key performance indicators and reporting requirements are included within Schedule 6 of the contract.

Feedback and Outcomes Tools

ROMs/REMs data will be collected by all practitioners working with the service and reported in line with the reporting requirements and timeframes specified in Schedule 6 of the contract. The ROMs/REMs tools used to record patient experience and intervention effectiveness are for the Provider to determine based on relevance to the interventions delivered and the wider service model however Providers must ensure that the tools they use best facilitate continuous quality improvement in their clinical practice. These must be in line with [CYP IAPT](#). Examples of ROMs/REMs tools the Provider may choose to implement include [CORE-10](#), [GAD-7](#), [PHQ-9](#), [RCADs](#), [SDQ](#), [GBOs](#), [CGAS](#), [SRS](#), [ESQ](#), [Score 15](#), etc. These are described in the [Guide to Using Outcomes and Feedback Tools with Children, Young People and Families](#). Requirements to report ROMs/REMs data locally are in addition to national requirements to report outcomes through MHSDS, which are also specified within Schedule 6 of the contract.

In addition to ROMs and REMs, informal feedback from CYP, parents/carers and professionals should be routinely gathered to inform service development. Participation, engagement, and involvement of CYP and parents/carers will be integral to service development and improved service experience for those accessing and/or otherwise engaging with the service.

3. Scope

3.1 Aims & Objectives of the Service

The aim of this service is for mild-to-moderate mental health support to be provided to CYP aged 5-18 who attend an MHST-partnered school/college in Nottingham City.

Objectives of this service:

1. Provision will be accessible.
2. Provision will be appropriate and proportionate to the CYP's mild or moderate mental health needs, and this appropriacy and proportionality will be determined at the point of assessment, where CYP and their parents/carers' views will also be considered.
3. Provision will be evidence-based and effective, evidenced through outcome measures.
4. Clinical interventions, and the aim/goal of these, will be agreed with the CYP and their parents/carers from a range of options, and their voice(s) will be considered throughout their experience with the service.
5. CYP and their parents/carers will be empowered to support themselves and one another through the facilitation of peer support networks and/or activities. These will have an appropriate level of supervision by trained professionals.
6. The service will develop Single Point of Entry (SPE) and Single Point of Access (SPA) arrangements so that the referral process and any administrative processing and subsequent clinical triage and assessment is streamlined (see 3.2 for further details).
7. The service will adopt a 'No Wrong Door' process to referrals and signposting, whereby when the service determines it is not the most appropriate service to meet the CYP's needs, it will consult with the service it believes is better placed to support the CYP prior to producing an onward referral (with consent of the CYP and/or parent/carer) in order to reduce bounce around for CYP and their families. The Provider will not send the referral back to the original referrer and will take responsibility in identifying a more appropriate service, where the CYP's primary need is mental health support (See 3.2 for further detail). The service will also be well connected and work closely with other services within the ICS-wide CYP's mental health pathway. The service will maintain up-to-date knowledge of other service offers to ensure referrals/signposting are appropriate, and that opportunities for collaboration and/or joint learning are accessed.

8. The service will work with all relevant organisations/services and engage with all relevant groups to ensure that services for CYP with emotional wellbeing and mental health needs are coordinated and address their individual needs, providing a holistic approach and regular reviews to ensure effective progress within the service and/or wider care pathway.
9. The service will be trauma-informed, with staff appropriately trained and supported to provide care to CYP with a range of adverse childhood experiences including abuse and neglect.
10. Additional vulnerabilities including protected characteristics will be considered at the point of assessment and throughout a CYP's time with the service, and reasonable adjustments will be made to support access, engagement, and achievement of positive outcomes and experiences.
11. The service will promote its offer to local CYP and their parents/carers, as well as other professionals and services who work closely with CYP and their parents/carers – this includes a responsibility to maintain a virtual presence (including a website, social media accounts and NottAlone presence) to encourage engagement with the service and to reduce stigma around mental health and emotional wellbeing.
12. The service will provide evidence-based training to school/college staff following routine training needs assessments and mapping exercises with commissioners and other early intervention Providers including the Provider of County MHSTs and any other school/college-based health teams.
13. The service will provide professional consultations to any professional across the ICS seeking advice or support in identifying the need for and/or making a referral to this or any other local CYP mental health service.
14. The service will participate in local professional networks to share learning and provide local population knowledge/insights and clinical expertise to inform systemwide pathway developments.
15. The service will ensure that CYP and their parents/carers are treated with compassion, respect, and dignity, without stigma or judgement.
16. The service will ensure that CYP who access the service are seen in a timely manner and within stated expectations (as per Schedule 6).
17. The service will support CYP to access services/support offers appropriate for their needs, including by contributing to Education Health Care (EHC) plans and SEND Extended 'Powers' of Appeal input requests (Appendix 2).
18. The service will regularly seek and use feedback from CYP, parents/carers and other professionals to continuously adapt the service offer to meet need. This includes ROMs, REMs, compliments and complaints, questionnaires/surveys and any other methods chosen by the Provider.
19. The service will ensure that CYP's physical health and social needs are considered alongside their mental health and emotional wellbeing needs. This includes meeting the needs of any CYP with SEND (including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD), learning disabilities and/or any form of neurodivergence).

Interventions delivered by this service will be accessible to CYP, parents/carers and education setting staff through a range of mediums including face-to-face and virtually, and reasonable adjustments will be made to ensure accessibility for as many CYP as possible. This includes the provision of translators/interpreters, Easy Read, British Sign Language (BSL), audio equipment and type talk, where required. This also includes physically accessible buildings for all CYP.

3.2 Service Description and Delivery (Including Staffing and Service Access)

Service Description

The 'Mental Health Support Teams (Nottingham City)' service will be delivered to CYP aged 5-18 (and their parents/carers and school/college staff), registered at MHST-partnered

settings within Nottingham City. The service will be available to CYP presenting with mild-to-moderate emotional wellbeing or mental health needs, including emotional disorders, as well as CYP with no/low identifiable mental health needs, and parents/carers and school/college staff, in a preventative and early intervention capacity.

Nationally, MHSTs have been designed to meet the mild-to-moderate mental health and emotional wellbeing needs of CYP in education settings. The Department for Education have developed a number of Policy and Guidance Documents (see 4.5) to aid the set-up and delivery of MHSTs. These documents will be used by the Provider, alongside local population data and health and wellbeing plans and strategies, to develop a locally relevant and impactful approach to service design and delivery.

This approach will ensure all 7 Operating Principles as outlined in [‘Mental Health Support Teams for Children and Young People in Education: An Operating Manual’ \(2022\)](#) are adhered to:

1. Clear and appropriate local governance involving health and education
2. Provision of additionality to and integration with existing systems and infrastructures
3. Transparent allocation of MHST resource and time
4. Flexibility in approach to meet local need avoiding a ‘one size fits all’ approach
5. Provision of support throughout the year, not just during term time
6. Coproduced approach with CYP and parents/carers
7. Reduction in health inequalities and inequities

The service will also ensure the 3 core functions of MHSTs, as described in [Transforming Children and Young People’s Mental Health Provision: A Green Paper \(2017\)](#), underpin the range of interventions provided, alongside workforce establishment, training requirements and any other key aspects of local service design and delivery. These 3 core functions are:

1. Delivering evidence-based interventions to children and young people with mild to moderate mental health problems
2. Supporting the Senior Mental Health Lead (SMHL) in each education setting to introduce or develop their Whole School/College Approach (WSA) in line with WSA Principles (Figure 2)
3. Giving timely advice to school and college staff, and liaising with external specialist service staff, to help CYP get the right support and stay in education

The Provider will develop a menu of interventions with each intervention supporting the delivery of one or more of the above functions, and which complement, but do not duplicate, existing provision within schools and colleges. The specific interventions offered within the service’s menu will be determined by the Provider, however, to ensure alignment with the above functions and operating principles, and to enable consistency within the wider CYP MH pathway, all interventions will fit within the following categories:

- Self-Directed Activity
- 1-1 mental health/emotional wellbeing support for CYP
- Group mental health/emotional wellbeing support for CYP
- Whole School Approach activity with CYP
- Whole School Approach activity with parents/carers
- Whole School Approach activity with school/college staff
- Training for professionals
- Consultation for professionals

All interventions will be evidence-based and delivered by an appropriately qualified and skilled workforce. The service will develop their own resources to use with CYP, parents/carers and school/college staff, ensuring these meet the needs of the relevant audience (including those with communication difficulties or with English as an Additional Language (EAL) or English as a Foreign Language (EFL)). The service will use an evidence-based integrative approach to mental health intervention with a particular focus on building CYPs’ resilience to prevent the deterioration of their mental health/emotional

wellbeing, as well as educating and empowering the key adults in CYP's lives to support their mental health/emotional wellbeing.

Figure 2 – Whole School/College Approach Principles



Source: [Promoting Children and Young People's Health and Wellbeing, Office for Health Improvement and Disparities and Department for Education \(2023\)](#)

Waiting Well and No Wrong Door (NWD) Arrangements

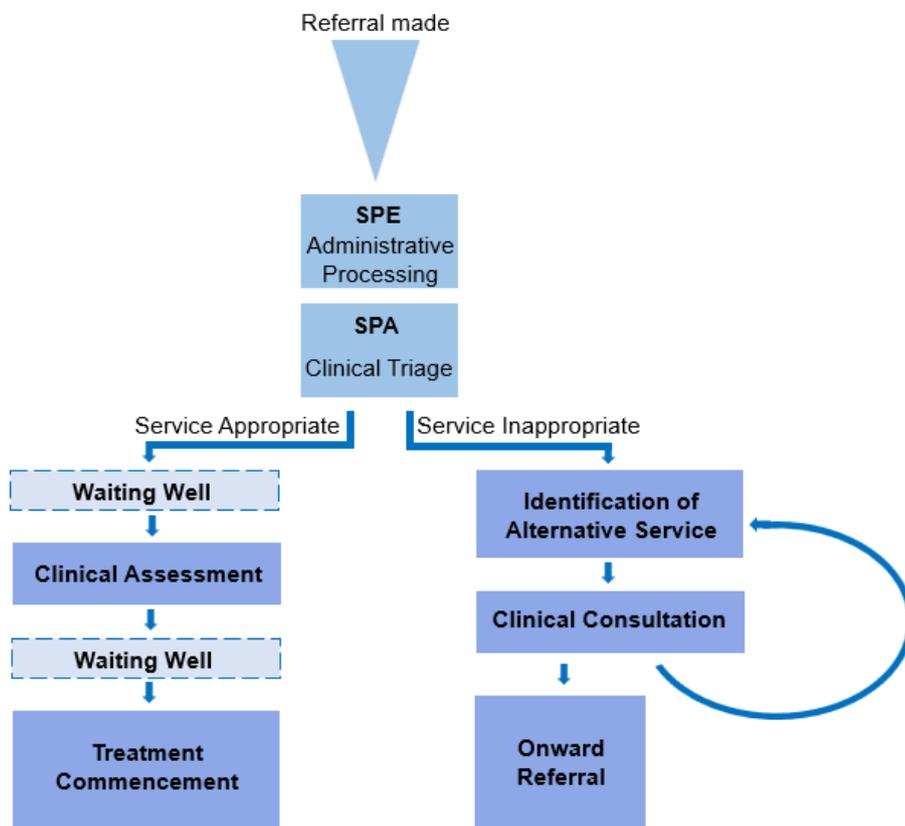
In addition to the core functions outlined above, the service will provide a 'Waiting Well' offer to all CYP waiting to access support. All CYP will be made aware of this offer upon being accepted by the service. Where appropriate and agreed by the CYP, the CYP's parents/carers will be kept up-to-date on their care, including when they move from Waiting Well to treatment. Waiting Well contacts will include direct contacts such as phone calls, video calls or face-to-face meetings, and any written contact such as emails, texts or newsletters will be additional to this. The Waiting Well offer may also include self-directed support, however the service must offer this to CYP within 12-weeks of referral. The Provider will validate the waiting list every 12-weeks as per [2025/26 Priorities and Operational Planning Guidance](#) (subject to change following future guidance being published with the purpose of replacing this), and ensure risk is managed appropriately for any CYP waiting beyond this timeframe. Risk management and the development of safety plans should be prioritised over core clinical delivery, however every effort must be made to ensure core delivery is not impacted by any increase in risk management. Any risk management demands which have/are projected to have any significant impact on capacity should be reported to commissioners as a serious incident, in line with the procedure outlined in 3.7.

Any CYP whose needs are deemed to have changed since referral, either whilst waiting to access the service or during their time with the service, may be referred on to a more

appropriate service along the local THRIVE continuum. The CYP and their parents/carers (where appropriate) must be involved in this decision and provide consent prior to the referral being made.

The onward referral process will follow a clinical consultation with the alternative services' Single Point of Access (SPA) in order to ensure this is the most appropriate service to meet the CYP's needs. No Wrong Door (NWD) arrangements will be followed if the alternative service does not agree they are the most appropriate service. Where it is determined that neither service is the most appropriate, the original service will refer to the localised THRIVE continuum and identify an alternative service within the CYP's need category and repeat this process. Any exceptional cases where no clear support from locally commissioned services can be identified should be reported to commissioners as a serious incident, in line with the procedure outlined in 3.7, so that this can be progressed.

Figure 3 – No Wrong Door Process



Service leadership and clinical leadership will maintain an accurate understanding of the service offers and referral criteria of all other services within the local CYP's mental health support pathway, to ensure referrals are appropriate and that duplication and/or gaps in provision within the system are minimal. For this service, this includes attendance and active participation in the Early Intervention Network Meeting and any subsequent meetings/groups which may replace this.

Service Delivery - Menu of Interventions

The Provider is responsible for identifying and delivering appropriate interventions to meet the needs of local CYP, their parents/carers, and school/college staff working with CYP. These interventions must be evidence-based, appropriate to the level of support that the service is commissioned to deliver and align to the service's core functions as outlined

above. These interventions must also be outcome measurable, to ensure quality and impact.

These interventions must be age appropriate and consider any additional requirements the CYP may have as a result of protected characteristics, e.g. SEND and/or neurodivergence needs, cultural needs, religious needs, etc. The intervention(s) must be delivered by appropriately qualified and trained practitioners, who receive regular clinical supervisions. The number of sessions the service delivers to the CYP may be determined by the service, however this must be clearly promoted and communicated to all CYP and their parents/carers to manage expectations, and the maximum offer must be made available to all CYP who would benefit from it. These interventions may be delivered face-to-face or virtually, depending on the CYP's, parent's/carer's or school/college staff's preference and they must be supported to access the service as detailed in section 3.1 of this specification.

- **Self-Directed Activity:**

The Provider will develop (or subcontract (an) alternative Provider(s) to develop) resources for CYP to use independently to support and/or maintain the recovery of their mental health and emotional wellbeing. These resources must be easily accessible and appropriate to CYP. Self-directed activity interventions must be evidence based and paired outcome measures should be captured where possible. Where appropriate, resources for self-directed activity will be co-produced with CYP. Alongside access to these resources, self-directed activity must include opportunities for CYP to interact with the resources, for example by responding to prompts, logging thoughts/feelings, contributing to the further development of resources, etc. Whilst self-directed activity will not involve the same level of supervision as interventions delivered by/with professionals, the Provider must ensure CYP are appropriately safeguarded should they disclose any concerning thoughts or intentions. The Provider will have the appropriate system in place to identify words and/or phrases associated with such concerning thoughts/intentions, and a robust mechanism for supporting the CYP to access a more appropriate service within the local THRIVE continuum, should this be needed. Self-directed activity will be accessible to CYP alongside other interventions, including those delivered by alternative services.

- **1-1 Mental Health/Emotional Wellbeing Support for CYP:**

A low intensity 1-1 IAPT intervention or a range of low intensity 1-1 IAPT interventions must be offered to CYP eligible for the service. These interventions must be person-centered and focus on the CYP's presenting needs and goals with the service. Every effort must be made by the practitioner to capture paired outcome measures to determine the impact of the intervention. Experience measures should also be captured where possible.

- **Group Mental Health/Emotional Wellbeing Support for CYP:**

Low intensity group IAPT interventions must be offered to CYP eligible for the service. Groups must be designed based on local need according to service-led needs assessments, which must be refreshed annually. Groups must be promoted as an alternative to 1-1 treatment, and CYP must be supported to choose between 1-1 or group support at the point of assessment. Whilst groups must be available to all CYP, the service may determine some groups would benefit from specific access criteria, for example based on age, gender, presenting need, etc. Where this is determined, it must be ensured that CYP outside any targeted criteria also have access to group support. Efforts must be made by the practitioner to capture paired outcome measures, session-by-session, or series-by-series, to determine the impact of the intervention. Experience measures should also be captured where possible.

- **Whole School Approach Activity for CYP:**

WSA activity will be designed to reach a large audience of CYP. This activity will be available to all CYP attending an MHST-partnered setting, including those CYP accessing

1-1 MHST support or any other mental health or emotional wellbeing support. WSA activity will be developed with the Senior Mental Health Lead (SMHL) and the wider school/college network (including education staff, pastoral staff, CYP, parents/carers and any commissioned school/college-based mental health, emotional wellbeing and physical health services) to ensure the activity is relevant to local needs and meaningful to the wider school/college community. This should be done on a setting-by-setting basis and needs assessments and WSA audits regularly updated to accommodate for changing needs, cultures and environments within a single setting. WSA activity for CYP may include assemblies, workshops, group sessions, peer-support sessions, drop-in discussions, wellbeing ambassador training and activities, etc. WSA activity may address mental health and emotional wellbeing needs directly, for example through psychoeducation and activities that focus on recovery and mental wellbeing, self-care, resilience building and empowerment, or indirectly through the promotion of activities like sports, leisure and social groups. It is for the Provider to determine which WSA activity interventions should be offered to CYP, however there must be a variety of activities available to all CYP attending an MHST-partnered setting throughout the year (including outside of term time) and activities must vary to enable engagement and positive outcomes to be achieved for a variety of CYP of varying ages, life experiences, cultural backgrounds and needs/presentations. WSA activity must align with the Whole School/College Approach principles (Figure 2) and be evidence-based. The Provider must endeavor to capture and record paired outcome measures where possible with WSA activity, and feedback must be used to continuously develop the offer. Experience measures should also be captured where possible.

- **Whole School Approach Activity for Parents/Carers:**

WSA activity will be designed to reach a large audience of parents/carers. This activity will be available to all parents/carers with CYP attending an MHST-partnered setting, including those with CYP accessing 1-1 MHST support or any other mental health or emotional wellbeing support. WSA activity will be developed with the SMHL and the wider school/college network (including education staff, pastoral staff, CYP, parents/carers and any commissioned school/college-based mental health, emotional wellbeing and physical health services) to ensure the activity is relevant to local needs and meaningful to the wider school/college community. This should be done on a setting-by-setting basis and needs assessments and WSA audits regularly updated to accommodate for changing needs, cultures and environments within a single setting. WSA activity for parents/carers may include workshops, training, drop-in discussions, etc. WSA activity will support parents/carers to better identify and understand their CYP's mental health and emotional wellbeing needs. WSA activity will empower parents/carers to adapt their parenting style to include an approach to mental health which is non-judgmental and proactive. This will include WSA activity which supports the identification and implementation of positive changes which can be made to the home and family life, and which complement the support available through school/college. WSA activity will equip parents/carers with the knowledge and tools to make appropriate referrals in line with the local THRIVE continuum (Appendix 3). The Provider will recognise that the needs of CYP and their parents/carers will vary from setting-to-setting, therefore interventions must be adaptable to audiences with varying experience with and perceptions of mental health and the local mental health system. It is therefore for the Provider to determine, alongside the SMHL and other stakeholders, which WSA activities should be offered to parents/carers within each setting. WSA activity must align with the Whole School/College Approach principles (Figure 2) and be evidence-based. The Provider must endeavor to capture and record paired outcome measures where possible with WSA activity, and feedback must be used to continuously develop the offer. Experience measures should also be captured where possible.

- **Whole School Approach for School/College Staff:**

WSA activity for staff within school/college settings will be developed with the SMHL and the wider school/college network (including education staff, pastoral staff, CYP, parents/carers and any commissioned school/college-based mental health, emotional wellbeing and physical health services) to ensure the activity is relevant to local needs and meaningful to the wider school/college community. This should be done on a setting-by-setting basis and needs assessments and WSA audits regularly updated to accommodate

for changing needs, cultures and environments within a single setting. WSA activity for school/college staff may include workshops, training, peer-support sessions, drop-in discussions, clinical supervision, etc. WSA activity will support school/college staff to better identify and understand CYP's mental health and emotional wellbeing needs. WSA activity will empower staff to adapt their engagement styles to include an approach to mental health which is non-judgmental and proactive. This will include awareness and understanding of staff's own mental health and wellbeing needs, alongside that of CYP. WSA activity will also equip staff with the knowledge and tools to make appropriate referrals in line with the local THRIVE continuum. Targeted WSA work will also be carried out with Senior Leadership Teams (SLTs), primarily the SMHL, in schools/colleges to identify opportunities to embed mentally healthy policies and programs within the culture and environment of the setting and challenge those policies and programs which are not conducive to a mentally healthy setting. The Provider will recognise that the needs of CYP, parents/carers and staff/education systems will vary from setting-to-setting, therefore interventions must be adaptable to audiences with varying experience with and perceptions of mental health and the local mental health system. It is therefore for the Provider to determine, alongside the SMHL and other stakeholders, which WSA activities should be offered to each setting. WSA activity must align with the Whole School/College Approach principles (Figure 2) and be evidence-based. The Provider must endeavor to capture and record paired outcome measures where possible with WSA activity, and feedback must be used to continuously develop the offer. Experience measures should also be captured where possible.

- **Training for Professionals:**

Early intervention mental health and emotional wellbeing training must be made available to any school/college staff working in Nottingham City. This includes the staff of schools/colleges who are not yet supported by MHSTs. Objectives for training outcomes must include as a minimum:

- To improve awareness and identification of mental health and emotional wellbeing difficulties in CYP, including CYP with SEND and/or communication difficulties.
- To improve awareness of the service offer, and alternative service offers where CYP's needs may not be met by the service, and to provide referrals for CYP who may benefit from these offers.
- To empower professionals to support CYP to access self-help for low-intensity mental health and emotional wellbeing needs.
- To empower professionals to refer, signpost and deliver evidence-based emotional wellbeing support to CYP within their care (where appropriate).
- To empower professionals to champion CYP mental health within their workplace.

Training topics will be determined by the Provider following a service level needs assessment which will be refreshed annually. Training topics delivered may vary from setting-to-setting as a result of different needs, however all school/college staff should be aware of and have access to the full range of training available through the service. The service will deliver evidence-based training using relevant and up-to-date information, and training offers will be aligned to other commissioned services within the ICS to reduce duplication and maximise capacity. With commissioner support, commissioned services will determine together which Provider is best suited to deliver training on which topics.

Training will be available to school/college staff regularly and within typical working hours (09:00-17:00, Monday-Friday). The Provider will deliver training to whole school/college settings a minimum of once a month every year. This may be provided virtually or face-to-face according to the professionals' demand and Provider's capacity. Training may be available for professionals to sign up to themselves as well as planned with a single setting if it is determined that the wider school/college workforce would benefit from the training offer. The service will promote the training offer, topics and any pre-scheduled training dates, times and locations across Nottingham City settings, networks and partnership, including on Nott Alone. The service will gather feedback from professionals attending training sessions and use this to adapt and strengthen the training offer where relevant.

• **Consultation for Professionals:**

The service will offer consultations to any professional seeking advice and/or guidance on the most appropriate pathway of support for any CYP within the ICS (including all 7 County districts), once consent has been gained from the relevant CYP and/or their parents/carers (where appropriate). Consultations will involve a brief initial assessment of the CYP's needs and the co-development (with the consulting professional/referrer) of a pathway of care for the CYP, enabling them to access the most appropriate support for their needs. Where the most appropriate support sits within another service, the Provider will follow NWD arrangements (as described in 3.2) to ensure the service agrees they are best suited to support the CYP and that the referral will be accepted.

Whilst the majority of consultations will be held with school/college staff, in particular the SMHL within each setting, the service will also offer consultations to other professionals working with CYP, such as GPs, 0-19 school nursing teams, social workers, etc.

Consultations will operate across locality boundaries to enable an ICS-wide NWD approach and reduce dependence on the capacity of any one service for timely advice being provided to professionals concerned about a CYP within their care. Consultations will be delivered flexibly to the needs of the referrer and multiple consultations about any specific CYP may be offered where this is deemed beneficial by the service. If a CYP has a named Social Worker, it is recommended that consultation be provided in partnership with the Children Looked After CAMHS Team in Nottingham City or the Children Looked After and Adoption CAMHS Team in Nottinghamshire County, depending on the CYP's residence. Where a CYP has a named Social Worker but is not a Child Looked After (CLA/LAC), it is recommended the consultation take place with their Social Worker. A clear and detailed record of each consultation must be kept by the service for the Provider's records. These records may be shared with relevant agencies on a need-to-know basis, where legislation and statutory guidance allow.

Staffing Arrangements and Requirements:

1. Ensure the workforce has the necessary compassion, values, and behaviours to provide person-centred, integrated care and enhance the quality of experience through education, training, and regular continuing personal and professional development (CPPD) that instils respect and advocacy for CYP and parents/carers.
2. Anticipate the number and capabilities of the workforce needed currently and for the future, ensuring an appropriate skill mix (including senior management) in teams able to deliver a range of evidence-based interventions with a delivery model that supports the delivery of all functions of the service. The delivery model must best focus the capacity of the service to the demands of the population, acknowledging that population needs may vary across the City.
3. Ensure the workforce understand the offers of other CYP mental health services, including CAMHS teams, and has the knowledge and ability to communicate and work effectively with other relevant services.
4. Ensure the workforce is educated to be responsive to changing service models, innovation, and new technologies, with knowledge about effective practice and research that promotes adoption and dissemination of better-quality service delivery.
5. Ensure there is sufficient staff educated and trained with the required knowledge and skills within teams, and with the relevant qualifications required by their job role (or plans and agreement to gain the relevant qualifications for their job role) as per the 2022 Operating Manual . The skill set required in the team may be subject to change according to changes in local needs, however it is expected that the workforce remains compliant with the guidance stipulated in the 2022 Operating Manual, or any subsequent manuals/guidance which replace this, and any divergence from this must be discussed and agreed with the commissioning lead .
6. Ensure that the service provides appropriate supervision and regular appraisal to staff, and that caseloads are monitored to ensure safe and effective delivery of services.

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| 7. Ensure staff wellbeing is incorporated into all elements of service delivery using recommended staff wellbeing tools. |
| 8. Ensure that staff from a diverse range of backgrounds and experiences are encouraged to apply for positions within the service, and that reasonable adjustments are in line with the Equality Act (2010). |
| 9. Ensure resilience planning mitigates against any cases of extended periods and/or volumes of staff absence, and that internal governance processes are established to escalate these when there are concerns about impact on staff capacity, clinical safety and quality of care, as a result of staff absence. |

Access and Premises

MHSTs will operate primarily from education settings, however the service will also need to secure premises for the continued delivery of the MHST offer in periods where schools/colleges are closed, such as outside term-time, and where CYP, parents/carers or staff prefer to receive support outside their setting. Alternative arrangements may include access to libraries, community centers, family hubs, etc. For service delivery within schools/colleges, the Provider will work with leadership within the setting to identify safe, calm and neutral spaces to operate in. These must be different spaces to where exclusion, isolation or detention are held, and they must offer privacy and security for any sessions carried out there.

As a minimum, the service will operate during school/college hours, however the service may be required to deliver aspects of the offer outside these hours, such as the provision of training, consultation or promotion which may be required in evenings and occasionally on weekends. WSA activity in particular may be required to be delivered outside school hours to accommodate for staff and parent/carer availability and/or preference, Delivery hours may vary from setting-to-setting and it is for the Provider to work with stakeholders within each setting to determine when and where different aspects of the offer are best delivered. No additional resource should be required to deliver these hours and CYP, parents/carers and school/college staff must be made aware of service access hours.

Where CYP and parents/carers experience issues in relation to travel, e.g. costs, the Provider will refer them to the [NHS England Healthcare Travel Cost Scheme](#). Both education and non-education venues will be accessible for people with disabilities and be able to supply appropriate facilities such as hearing loops, baby changing facilities, etc.

In addition to in-person delivery, the service will offer a digital solution for any CYP, parents/carers and staff with technological access to digital support. In-person support will be provided where CYP, parents/carers and/or staff do not have appropriate technological access, or where this is their preference.

Provider Head Office:

Nottingham City Council
 Loxley House
 Station Road
 Nottingham
 NG2 3NG

3.3 Acceptance and Exclusion Criteria

The service will work with CYP aged 5-18 years registered at an MHST-partnered school or college in Nottingham City, their parents/carers and the school/college staff at their setting. Support is available to CYP who are referred to the service any point between their 5th and 19th birthday. CYP referred from age 19 years and 0 days and older will be onward referred/signposted to the most appropriate adult mental health service. The service will provide 1-1 support (Function 1) to CYP who present with mild-to-moderate mental health needs that consultation and assessment determine can be addressed with short-term

person-centred counselling support within the education setting. The service will also provide lower-level mental health and emotional wellbeing support to whole school/college communities through the WSA (Function 2) as well as advice and signposting for professionals (Function 3) to support the early identification and referral of CYP with greater mental health and emotional wellbeing needs.

Typical presentations for Function 1 and Function 2 interventions include (but are not limited to):

- Anger
- Anxiety
- Attachment
- Bereavement
- Body Image
- Depression
- Bullying
- Self-harm *
- Relationships
- Obsessive thoughts
- Self-esteem
- Suicidal ideation *
- Exam stress
- Disordered eating
- Phobias
- Gender identity
- Low mood
- Coping with change
- Panic attacks
- Self-care issues
- Coping with ill health
- Mental health needs as a result of SEND and/or neurodivergence

* Risk will need to be considered and may be escalated to a more appropriate service.

As part of Function 2 and 3, the service will work with professionals within education settings in Nottingham City to deliver evidence-based training. Beyond the Functions prescribed within the national MHST model, the service will also deliver and respond to consultations with professionals in and out of education settings across the full ICS (including Nottinghamshire County). Details of both the training and consultation offers must be communicated to stakeholders regularly, including dates, times and links to book being made available through Nott Alone.

Where CYP do not meet eligibility criteria, the service will support the CYP to access the most appropriate support to meet their needs. Where this is accessed from other services within the local THRIVE framework (Appendix 3), the SPA will facilitate a consultation with the alternative service to discuss and then arrange this referral. Where the most appropriate support is accessed outside the local THRIVE, e.g. mild-to-moderate adult (aged 26+) referrals, moderate-to-severe young person (aged 19+) referrals, out-of-area referrals, referrals for non-mental health needs, etc., the service will support the CYP/referrer as best as possible to identify appropriate support, however this will result in signposting and not require the NWD process to be followed.

3.4 Service Policies, Procedures & Protocols

The service is required to develop a number of procedures and protocols to ensure safety, safeguarding and quality for all CYP that the service supports. These will be developed by the Provider, and all staff within the service will be aware of and supported to follow these throughout their time with the service. Where legislation and/or guidance is relevant to a procedure or protocol area, the Provider will ensure this is appropriately referenced in the documentation. All procedures and protocols must be regularly reviewed and updated to reflect changing legislation and guidance.

As a minimum, the Provider is expected to implement the relevant legislation and guidance (featured in the relevant appendices) in the development of:

- Safeguarding requirements, CYP (0-18) (see Appendix 4)
- Safeguarding requirements, Adults at Risk (18+) (see Appendix 5)
- Self-harm protocol (see Appendix 6)
- Care transition protocol (see Appendix 7)
- Did Not Attend (DNA)/Was Not Brought (WNB) procedure (see Appendix 8)
- Consent and information sharing procedure (see Appendix 9)

Details on the expected contents of these procedures and protocols are detailed within Appendices 4, 5, 6, 7, 8 and 9.

3.5 Legal & Regulatory Framework

The service will operate according to relevant legislation and guidance, with particular reference to:

- [Autism Act \(2009\)](#)
- [Care Act \(2014\)](#)
- [Children Act \(1989; 2004\)](#)
- [Children and Families Act \(2014\)](#) including the [SEND Code of Practice](#)
- [Children’s Health and Wellbeing Bill \(2024\)](#)
- [Data Protection Act \(2018\)](#)
- [Equality Act \(2010\)](#)
- [Health and Care Act \(2022\)](#)
- [Health and Social Care Act \(2012\)](#)
- [Human Rights Act \(1998\)](#)
- [Mental Capacity Act \(2005\)](#) including the [Deprivation of Liberty Safeguards](#)
- [Mental Capacity \(Amendment\) Act \(2019\)](#)
- [Mental Health Act \(1983\) \(amended 2007\)](#) and [Mental Health Act Code of Practice](#), including protocols for emergency assessment under Section 136
- [Promoting the Health and Wellbeing of Looked-After Children \(2015\)](#)
- [Public Services \(Social Value\) Act \(2012\)](#)
- [Safeguarding Vulnerable Groups Act \(2006\)](#)
- Safeguarding procedures (see appendices 4 and 5)
- The findings from serious case reviews, in particular the requirements to share information in a timely manner (e.g. [The Duty of Candour 2020](#))
- [The Human Medicines Regulations \(2012\)](#)

3.6 Information Governance and Accountability

The Provider will comply with all relevant legislation and guidance to record information, in particular to comply with the [Data Protection Act 2018](#), and comply with requirements to keep records for an appropriate period.

3.7 Serious Incident Reporting

Serious incidents are to be reported in line with NHS England’s [Patient Safety Incident Response Framework \(PSIRF\) \(2022\)](#).

All serious incidents need to be considered and managed in line with Provider’s internal escalation arrangements.

4. Applicable Service Standards

4.1 Applicable National Standards

This specification links to NICE Quality Standards (Appendix 10) and NICE Guidance (Appendix 11) and will be reviewed upon the publication of future guidance.

4.2 Applicable Standards set out in Guidance/Issued by Competent Bodies

- [Adult Safeguarding: Roles and Competencies for Health Care Staff \(2024\)](#)
- [BACP \(British Association of Counselling and Psychotherapy\) Ethical Framework \(2018\)](#)
- [CQC Children and Young People’s Mental Health Review \(2020\)](#)
- [Department of Health \(2011, updated 2023\) Quality Criteria for young people friendly health services \(“You’re Welcome”\)](#)

- [Involving Children and Young People in Health Services \(2012\) - Royal College of Paediatrics and Child Health](#)
- [“Delivering With and Delivering Well” \(2014\)](#)
- [Looked After Children \(LAC\) – Resources and Guidance \(2015-2025\)](#)
- [Looked After Children: roles and competencies of healthcare staff \(2020\)](#)
- [‘Mental Health Services’ \(2020\), State of the Child – Royal College of Paediatrics and Child Health](#)
- [National Youth Agency \(2006\) Hear by Right standards for young people’s participation](#)
- [Safeguarding children and young people – roles and competencies for health care staff \(2019\)](#)

4.3 Applicable Local Standards

The Provider will flow data to the MHSDS from the start of the contract. In addition to this, a local dataset has been developed alongside an activity plan (Schedule 2) to ensure robust reporting and performance management can be undertaken. The Provider will ensure that all reporting requirements are provided against the set timescales indicated within Schedule 6 of the contract.

4.4 Key Local Strategies, Plans and Evidence Bases

- [Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Partnership \(NSCP\) and the Nottingham City Safeguarding Children Partnership \(NCSCP\) \(2025\)](#)
- [Nottingham and Nottinghamshire Integrated Care Strategy 2023 – 2027](#)
- [Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People’s Emotional Wellbeing and Mental Health 2016 – 2024](#)
- [Nottingham and Nottinghamshire NHS Joint Forward Plan 2024/25](#)
- [Nottingham and Nottinghamshire Joint Policy and Procedure on the Mental Capacity Act \(2005\) \(2010\)](#)
- [Nottingham and Nottinghamshire Multi-Agency Adult Safeguarding Procedure for Raising a Concern and Referring \(2018\)](#)
- [Nottingham City Children and Young People’s Plan 2021 – 2024](#)
- [Nottingham City’s Children in Care and Care Leavers Strategy \(2023-2025\) – ‘Valuing the Future of our Children in Care and Care Leavers’](#)
- [Nottingham City Joint Health & Wellbeing Strategy 2022 – 2025](#)
- [Nottingham City LADO Allegations Management](#)
- [Nottingham City’s Mental Health and Wellbeing Strategy \(2019-2023\)](#)
- [Nottingham City - Missing Children Chapter \(2024\)](#)
- [Nottingham Safeguarding Children Partnership](#)
- [Transitions Best Practice Principles \(2014\)](#)

4.5 Key National Policies and Guidance

- [Behaviour in Schools – Advice for Headteachers and School Staff \(2014\)](#)
- [Chief Medical Officer’s Annual Report on State of Public Health \(2024\)](#)
- [Child And Maternal Health Observatory \(CHIMAT\) Resources \(chimat.org.uk\)](#)
- [Children Who Run Away or Go Missing From Home or Care \(2014\)](#)
- [Choice in Mental Health Care \(2014\)](#)
- [Closing the Gap: Priorities for Essential Change in Mental Health, Department of Health \(2014\)](#)
- [CORC Child Outcomes Research Consortium](#)
- [Early Intervention Foundation \(eif.org.uk\)](#)
- [Future in Mind \(2015\): Improving mental health services for young people - GOV.UK \(www.gov.uk\)](#)
- [Children and Young People – Consent to Treatment \(Gillick Competence\)](#)
- [Health Education England Mandate: 2022-2023 \(2022\)](#)
- [Improving Behaviour in Schools \(2024\)](#)

- [Keeping Children Safe in Education \(2024\)](#)
- [Key principles for ensuring continuous health records of adopted children \(2024\)](#)
- [Measuring Mental Wellbeing in Children and Young People \(2015\)](#)
- [Mental Health and Behaviour in Schools, Department for Education \(2018\)](#)
- [Mental Health Intelligence Network | Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)
- [Mental Health Policy and Services in England \(2024\)](#)
- [‘Mental Health Support Teams for Children and Young People in Education: An Operating Manual’ \(2022\)](#)
- [National Centre for Family Hubs | Anna Freud](#)
- [National Strategy for Autistic Children, Young People and Adults: 2021 to 2026](#)
- [NHS Advancing Mental Health Equalities Strategy \(2020\)](#)
- [NHS Futures: NHS England » FutureNHS platform](#)
- [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)
- [NHS Long Term Plan \(2019\)](#)
- [NHS Patient Safety Strategy \(2019\)](#)
- [NHS Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding, Accountability and Assurance Framework \(2024\)](#)
- [No Health without Mental Health, Department of Health \(2011\)](#)
- [Promoting Children and Young People’s Mental Health and Wellbeing, Department for Education \(2023\)](#)
- [Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges \(Whole School Approach\) \(2024\)](#)
- [Reducing Did Not Attend \(DNAs\) in Outpatient Services](#)
- [Royal College of Paediatrics and Child Health’s Safeguarding Children and Young People – Roles and Competencies](#)
- [SEND Educational Needs and Disability Tribunal Forms \(2018\)](#)
- [Talking Therapies, a 4-year plan, Department of Health \(2011\)](#)
- [The Choice & Partnership Approach \(CAPA\) - CAMHS Clinical System - CAPA](#)
- [The Inbetweeners \(2023\)](#)
- [Transforming Children and Young People’s Mental Health Provision: A Green Paper \(2017\)](#)
- [Working Together to Safeguard Children \(2023\)](#)
- [YoungMinds | Mental Health Charity for Children and Young People | YoungMinds](#)
- [‘You’re Welcome’: Establishing Youth-Friendly Health and Care Services \(2023\)](#)

Appendices:



MHST Spec
Appendices 1-11 - v4

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not Applicable.

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Not Applicable.

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Targeted CAMHS

Annual Activity Targets	
Number of group treatment sessions delivered	200
Number of Choice Assessments Completed	1,320
Number of Single Session therapy sessions delivered	224
Number of Partnership Sessions Delivered	2,020
Number of Professional Consultations Delivered	85
Number of Training Sessions Delivered	24
Number and % of paired Patient Reported Outcome Measures (PROMs) completed	50%
% of paired Patient Reported Outcome Measures (PROMs) indicating clinical improvement	60%

MHSTs

Annual Activity Targets	
Whole School Approach - 5,000 Children & Young People receiving WSA per wave (5 waves)	25,000
Number of referrals accepted	1,441
Number of 1:1 treatment sessions delivered	3,445
Number of group treatment sessions delivered	787
Number and % of paired Patient Reported Outcome Measures (PROMs) completed	50%
% of paired Patient Reported Outcome Measures (PROMs) indicating clinical improvement	60%
Number of training sessions delivered	12

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

MHSTs

Activity Plan is set with the assumption that, for the contract length, there will be no additional MHST waves launching in Nottingham City. Should any additional waves launch, all activity targets will increase to reflect the additional eligibility within the population and the additional capacity of the Provider – this increase will be c. 20% per additional wave, with the exception of activity targets 5 (Number and % of paired PROMs completed) and 6 (% of paired PROMs indicating clinical improvement), which will remain the same.

SCHEDULE 2 – THE SERVICES

D. Not used

SCHEDULE 2 – THE SERVICES

E. Not used

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

See Schedule 2A Service Specifications.

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

See Schedule 2A Service Specifications.

Consultant to Consultant Referral Policy **Policy / Guidance review to be undertaken**	April 2023	Reviewed in 1 year or earlier if additions or changes are required	 Consultant to Consultant Referral P
Commissioning Policy for Individual Funding Requests	April 2022	July 2024	https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/COM-004-Individual-Funding-Requests-Policy-v1.1.pdf
Prescribing Policy between Nottinghamshire Commissioning Organisations and local NHS Service Providers <i>Exception – Prescribing FP10's not available to Provider</i>	November 2022	March 2024	 APC Prescribing Policy.pdf
Value Based Clinical Commissioning Policy	September 2023	September 2026	https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/COM-010-Value-Based-Commissioning-Policy-v1.3.pdf
NHS Nottingham & Nottinghamshire ICB commissioning policies	Various	Various	https://notts.icb.nhs.uk/about-us/our-policies-and-procedures/
Nottingham & Nottinghamshire ICS Strategies	Various	Various	https://healthandcarenotts.co.uk/plans-and-priorities/

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

See Schedule 2A Service Specifications.

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Exit plans to be discussed, once future commissioning intentions post contract period have been agreed.

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

See Schedule 2A Service Specifications.

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

See Schedule 2A Service Specifications.

The Provider organisation will demonstrate a clear commitment by senior management to safeguarding and promoting the welfare of children and adults including a “Think Family” approach between children and adult services.

There will be a clear line of accountability and governance relating to safeguarding throughout the organisation.

The Provider shall comply with the Local Safeguarding Children and Adult Board procedures.

The provider will develop internal policy/ies and procedures for the early identification and reporting of safeguarding issues and child sexual exploitation; promoting the welfare of children and vulnerable adults which will include:

- Providing and monitoring mandatory training for all staff: maintaining staff competencies in recognising and responding to abuse neglect and child sexual exploitation
- Evidence based assessment tools and recording systems which support identification and care planning in response to abuse neglect and exploitation
- Ensure straightforward referral pathways are understood and followed by all staff
- Allegations against staff are managed in a robust manner
- Whistle Blowing policy is in place to encourage reporting of concerns
- Ensuring staff have access to supervision, support and advice around cases of concern
- Develop and use integrated recording systems which link with other service providers to share safeguarding alerts and communicate significant information in a timely manner

All of which are in line with “Working Together to Safeguard Children 2015” and the Care Act 2014.

The provider will demonstrate compliance with Nottinghamshire Safeguarding Children Board Section 11 self-assessment tool and Nottinghamshire Safeguarding Adult Self-assessment Framework or any subsequent performance monitoring tools requested by the commissioner.

Compliance by the Provider organisation will be scrutinized during quarterly contract monitoring meetings.

As outlined in the provider’s internal policies which should be consistent with the ICBs policies. The ICB’s policies are inserted below:



SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

<https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2024/05/Personalised-Care-Strategy.pdf>

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Not applicable.

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

Not Applicable.

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable.

SCHEDULE 3 – PAYMENT

C. Local Prices

This is a block contract, however payment will be based on actual cost of the service. The cost will not exceed to the block contract value.

Open book accounting/underspend process:

1. Submissions should be made quarterly (at the end of each quarter) and sent to the ICB, in line with activity reporting timescales, and in advance of the contract meeting
2. Where Providers exceed the budget, this is at cost to the Provider.
3. Q3 position should include a Q4 forecast- this will be used to inform unused funds available to be returned to the commissioner.
4. Any cumulative underspend (i.e. a positive figure) shown at Q3, will at the discretion of the Commissioner be either:
 - a. returned to the commissioner at Q3 or Q4 – subject to review.
 - b. will possibly be carried forward as residual budget, into the next contractual year.

Open Book Accounting template:



Open Book
Accounting Performar

Invoices are payable to:
Please use the reference XXIMH

NHS Nottingham & Nottinghamshire ICB
QT1 PAYABLES N065
PO Box 312
LEEDS
LS11 1HP

sbs.apinvoicing@nhs.net

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

Annual contract value: £4,553,789 (includes 2025/26 uplift @ 2.83%)

	2.15%	2.83%
Targeted CAMHS	████████	████████
Mental Health Support Teams City	████████	████████
Total	████████	████████

SCHEDULE 3 – PAYMENT

E. Timing and Amounts of Payments in First and/or Final Contract Year

See Schedule 3 – C local pricing in relation to payments.

SCHEDULE 3 – PAYMENT

F. CQUIN

Not Applicable.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Quality Schedule Requirement	Evidence of Compliance	Reporting Schedule	Applicable Service Specification
INSIGHT			
<p>1.1 Facilitate the sharing of quality and safety data and intelligence for all ages* routinely and digitally where possible to the Integrated Care Board (ICB) and Systems Analytical Intelligence Unit (SAIU).</p> <p><i>*Additional metrics emerging as part of the NHS Performance Assessment Framework to be agreed as required where not already included in regular reporting.</i></p>	<p>As requested, Escalations Exceptions Emerging risks</p>	<p>Monthly</p>	<p>Acute (A), Community (C), Mental Health (MH)</p>
<p>1.2 In line with PSIRF, provide updates on commissioned Patient Safety Incident Investigations (PSII) and any responses for Prevention of Future Deaths (PFD) through sharing of completed reports as completed.</p>	<p>Completed reports within 2 weeks of completion</p>	<p>As required</p>	<p>A, C, MH</p>
<p>1.3 Contribute to development and completion of agreed quality highlight reports.</p>	<p>Completion and sharing of agreed highlight report template</p>	<p>Monthly via Quality Intelligence inbox: nnicb-nn.qualityintelligence@nhs.net</p>	<p>A, C, MH</p>
INVOLVEMENT			
<p>2.1 Membership, attendance or leadership at any of the system improvement group aligned to our ICBs safety priorities - PU, falls, Meds management, Maternity, CYP.</p>	<p>Attendance at group and evidence of feedback via local governance structure</p>	<p>Via quality highlight report (see 1.3.) Monthly</p>	<p>A, C, MH</p>
<p>2.2 Active involvement of Patient Safety Partners in patient safety planning and discussions, or 2.4</p>	<p>Patient Safety Partner activity/representation at relevant meetings</p>	<p>Via quality highlight report (see 1.3) Monthly</p>	<p>A, C, MH</p>

2.3 Contribute to the development and creation of a NNICS PSP network to support PSPs to be effective in their role	Engagement with plans and attendance at network	Via quality highlight report (see 1.3) Monthly	A, C, MH
2.4 A plan to achieve compliance with 2.2	Locally determined and links with 2.2 and 2.3	Via quality highlight report (see 1.3) Monthly	A, C, MH
IMPROVEMENT			
3.1 Utilisation of the System Quality Framework/or similar organisational quality framework used to describe planning, assurance and improvement aligned to the ICS quality priorities.	Supplementary quarterly report to the Quality Highlight report (see 1.3)	Quarterly	A, C, MH
3.2 Evidence of improvement activity aligned to the ICS Transformation Priorities	Supplementary quarterly report to the Quality Highlight report (see 1.3)	Quarterly	A, C, MH
3.3 Implementation of the NHS IMPACT core principles- embrace the “ <i>test and learn</i> ” approach to enable continuous improvement in real-time. Build on existing good practice such as the NHS IMPACT Improving Patient Care Together framework and involving the local population engagement in improvement activities.	Reflect in annual quality account	Annual	A, C, MH
3.4 Strengthen and/or develop current improvement work to ensure proactive consideration of health inequalities and improving access and experience for patients including Children and Young People at risk within our CORE20-PLUS5 population. Links with 3.1	Supplementary quarterly report to the Quality Highlight report (see 1.3)	Quarterly	A, C, MH

APPENDIX ONE – Template

Highlight Report for:	
Author	Date
Insight 1.1, 1.2	
Highlight Narrative, Escalations, Exceptions, Emerging Risks:	
Involvement 2.1, 2.2, 2.3, 2.4	
System Improvement Group	<i>Which group(s) attended and how are updates shared?</i>
Patient Safety Partners	<i>Example of PSP involvement in the last month, e.g. at quality/safety meetings</i>
Patient Safety Partners escalations, insights and progress	<i>Any applicable update for this month</i>
Quality Improvement Narrative 3.1, 3.2, 3.4	
<i>This update to include any new or ongoing quality improvement activity utilising a quality framework. These activities should be where possible linked to the ICS transformation priorities:</i>	
<i>In the context of an opportunity for system discussion / feedback; and thinking about key system enablers or barriers highlight current improvement work progress or considerations underway:</i>	

Service requirements:

	Quality Requirement	Threshold	Method of measurement	Period over which the requirement is to be achieved	Applicable Service Specification
1	Percentage of CYP accessing treatment within 4 weeks from referral (waited)	100%	Performance data	Monthly	All

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
Not Applicable	

Documents supplied by Commissioners

Date	Document
Not Applicable	

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing Personal Data – Yes/No	If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller
Not Applicable				

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
Not Applicable	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	National Requirements Reported Centrally				
1	As specified in the Schedule of Approved Collections published at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
1a	Without prejudice to 1 above, daily submissions of timely Emergency Care Data Sets, in accordance with DAPB0092-2062 and with detailed requirements published at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update	As set out in relevant Guidance	As set out in relevant Guidance	Daily	A+E, U
2	Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
	National Requirements Reported Locally				
1a	Activity and Finance Report (as per attached)   MHST KPIs - v5.xlsx Targeted CAMHS KPI Template (003).xlsx	Monthly during Quarter 1. Quarterly as a minimum but monthly if performance targets are not achieved.	In the format specified in the relevant Information Standards Notice (DCB2050)	Within 15 Operational Days of the end of the month/quarter to which it relates. Send to: nnicb-nn.contracting@nhs.n	A, MH

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				et and nnicb-nn.saiudatafiles@nhs.net	
2	Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation: (As per 1a template)	Monthly	[For local agreement]	Within 15 Operational Days of the end of the month to which it relates	
2a	details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;	Monthly Quarterly as standard and monthly where requested by commissioners and/or contractors?	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-nn.contracting@nhs.net and nnicb-nn.saiudatafiles@nhs.net	All
2b	details of all requirements satisfied;	Monthly Quarterly as standard and monthly where requested by commissioners and/or contractors?	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-nn.contracting@nhs.net and nnicb-nn.saiudatafiles@nhs.net	All
2c	details of, and reasons for, any failure to meet requirements	Monthly Quarterly as standard and monthly where requested by commissioners and/or	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-	All

NHS Standard Contract 2025/26

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
		contractors?		nn.contracting@nhs.net	
3	Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied	Monthly Quarterly as standard and monthly where requested by commissioners and/or contractors?	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-nn.contracting@nhs.net	All
4	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly Quarterly as standard and monthly where requested by commissioners and/or contractors?	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-nn.contracting@nhs.net	All
5	Report against performance of Service Development and Improvement Plan (SDIP)	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	All
6	Summary report setting out relevant information on Patient Safety Incidents and the progress of and outcomes from Patient Safety Investigations, as agreed with the Co-ordinating Commissioner	Monthly Quarterly as standard and monthly where requested by commissioners and/or contractors?	To be determined by provider	Within 15 Operational Days of the end of the month/quarter to which it relates Send to: nnicb-nn.contracting@nhs.net	All
7	Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP nnicb-nn.contracting@nhs.net and nnicb-nn.saiudatafiles@nhs.net	All

NHS Standard Contract 2025/26

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				net	
8	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (<i>Staff</i>)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	tbc	tbc	All
9	Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services), specific reports as set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/ (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	All
10	Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	To be determined by provider	Within 15 Operational Days of the end of April 2026 Send to: nnicb-nn.contracting@nhs.net	All
	Local Requirements Reported Locally				
	Open book accounting	Quarterly	Completion of template  Open Book Accounting Performar	Send 15 operational days from the end of reporting quarter Send via email to nnicb-nn.contracting@nhs.net , nnicb-	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				nn.cyp@nhs.net , [REDACTED]	
	Risk reporting	Quarterly as standard and monthly where requested by commissioners and/or contractors?	Completion of local template  MHST KPIs - v5.xlsx	Send X operational days from the end of reporting quarter Send via email to nnicb-nn.contracting@nhs.net , nnicb-nn.cyp@nhs.net , [REDACTED]	
	PREMs	Quarterly as standard and monthly where requested by commissioners and/or contractors?	Raw aggregated data submitted to SAIU KPI template populated and sent to contractors and commissioners	Send X operational days from the end of reporting quarter Send raw aggregated data to nnicb-nn.saiudatafiles@nhs.net Send populated KPI template via email to nnicb-nn.contracting@nhs.net , nnicb-nn.cyp@nhs.net , [REDACTED]	
	Waiting times reporting	Quarterly as standard and monthly where requested by commissioners and/or	Raw aggregated data submitted to SAIU KPI template populated and sent to	Send X operational days from the end of reporting quarter Send raw aggregated	

NHS Standard Contract 2025/26

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
		contractors?	contractors and commissioners	data to nnicb-nn.saiudatafiles@nhs.net Send populated KPI template via email to nnicb-nn.contracting@nhs.net , nnicb-nn.cyp@nhs.net , [REDACTED]	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance.

	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
1	Not Applicable			
2				
3				
4				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance for recommended topics for SDIPs.

		Milestones	Timescales	Expected Benefit
1	Not applicable			
2				
3				
4				
5				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractshelp@nhs.net

This publication can be made available in a number of alternative formats on request