

## NORTH YORKSHIRE COUNTY COUNCIL

## HEALTH AND WELL-BEING BOARD

26 NOVEMBER 2014

**IMPROVING HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE****1.0 PURPOSE OF THE REPORT**

To provide a further joint update to the Health and Well-Being Board on developments relating to children and young people. This includes updates on

- the launch of “Young and Yorkshire”, the new Children and Young People’s Plan
- early analysis of the “Growing up in North Yorkshire” survey
- progress with a strategy to improve the emotional and mental health of children and young people
- progress on the joint strategy for children and young people with autism
- public health issues relating to children and young people including the commissioning of the Healthy Child Programme 5-19
- the health of Looked After Children
- implementation of the Children and Families Act
- implementation of a Joint External Placement Panel

All of these key workstreams are undertaken within the context of our wider Children’s Trust and Safeguarding Children’s Board responsibilities. The Children’s Trust is and must continue to be viewed as a key delivery arm for the work of the Health and Well-Being Board and the local Health and Well-Being Strategy.

**2.0 “YOUNG AND YORKSHIRE” – THE NEW CHILDREN AND YOUNG PEOPLE’S PLAN 2014-17**

The new Children and Young People’s Plan 2014-17, known as “Young and Yorkshire”, was launched on 20 September 2014. The Plan sets out the Children’s Trust’s vision for children, young people and their families within North Yorkshire and has been developed in collaboration with partners, stakeholders and, most importantly, children, young people and their families in order to capture their hopes and aspirations for the future. The Plan is ambitious, aspirational and its delivery, whilst challenging, will be reliant on a range of agencies and stakeholders working together to collectively improve the lives of children and young people across North Yorkshire.

The three particular priorities for 2014-17 are:

- Ensuring that education is our greatest liberator with a greater proportion of pupils attending a good or outstanding school or setting
- Helping all children enjoy a happy family life, with a safe reduction in the looked after children population
- Ensuring a healthy start to life with more children and young people leading healthy lifestyles.

**Priority 3** is of particular relevance to the Board and further detail about the supporting outcomes and associated performance targets is attached at **Appendix A**. Paper copies of the full plan and summary posters have been widely

distributed including at the last meeting of the Board. The full plan can be accessed at <http://cyps.northyorks.gov.uk/childrenstrust>.

### **3.0 “GROWING UP IN NORTH YORKSHIRE” SURVEY 2014**

The biennial survey took place in schools in the summer term 2014 with an excellent school participation rate, well above that of similar surveys in other local authorities. The survey is commissioned from, and developed in partnership with Schools Health Education Unit, Exeter. It is particularly pleasing that in 2014 there was 100% participation rate of all local authority maintained secondary schools. The combined final sample size was 19,924 pupils across primary and secondary schools. This must make it one of the largest such surveys conducted nationally and value is greatly added by the ability to compare results over time and with other participating authorities.

The questionnaire has continued to evolve to ensure it is collecting pupil perception data on relevant issues related to learning and well-being and is closely aligned to the ‘Young and Yorkshire’ 2014-17 plan and performance scorecard. In the 2014 survey there is an increased focus on risk taking behaviours, including additional questions on e-safety, use of e-cigarettes and healthy relationships. There is also an enhanced focus on secondary age pupil perceptions of the Careers Guidance they receive. The questionnaire also includes the use of two new nationally recognised scales to measure pupils’ emotional health and well-being: primary aged children the ‘Stirling Children’s well-being scale’ and for secondary the ‘short Warwick-Edinburgh Mental Well-being scale’. There is also a specific focus on ‘self-harm’ in the secondary survey.

Reporting has been broadened to include a specific focus on outcomes for ‘Disadvantaged pupils’ in every report where sample size permits. Early indications from the survey will also be debated at the Children’s Trust Board and key leadership forums. The summary county report will be published by the end of December 2014. The outcomes of the 2014 survey will be shared at the Young People’s Overview and Scrutiny Committee in January 2015. Participating schools will receive their own local analysis and incorporate the findings into school development plans. District level analysis will inform debates at local council and local children’s partnership forums.

Our colleagues Katharine Bruce and Simon Moss will be providing a presentation to the Board on today’s agenda which will set out the early indications of the survey’s results.

### **4.0 THE EMOTIONAL AND MENTAL HEALTH OF YOUNG PEOPLE in NORTH YORKSHIRE**

#### **4.1 Development of the New Local Strategy**

The Children and Young People’s Emotional and Mental Health Strategy 2014 -2017 was agreed by the CAMHS Executive Partnership and the Children’s Trust in February 2014. The strategy (**attached at Appendix B**) sets the ambitious vision for all children and young people in North Yorkshire to enjoy good emotional well-being and mental health. We aim to achieve this through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

As reported in our last report to the Board, the six shared mental health outcomes in the national Mental Health Strategy (No health without mental health), were formally

adopted as the outcome measures for the North Yorkshire Children and Young People's Emotional and Mental Health Strategy. The six outcome measures are as follows: -

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

In North Yorkshire we want to ensure that our services are co-ordinated, integrated, deliver quality outcomes and value the voice of the child and family. In order to deliver against these outcomes, the Children's Trust has agreed eight local actions and will:

1. promote emotional well-being and resilience in all children
2. provide a clear and transparent view of the services available to promote positive mental and emotional well-being in North Yorkshire
3. increase understanding amongst children and professionals of emotional and mental ill-health in order to reduce discrimination and stigma
4. ensure earlier identification of children exhibiting emotional problems so that they are able to access help and support in a timely way
5. develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to services and the timeliness of response
6. ensure services put children, families and carers at the centre of their care and ensure they are involved in the planning, design and evaluation of services
7. where possible, ensure services will be evidence informed and that they deliver quality outcomes
8. understand the current and expected future demand for these services, so as to inform future commissioning decisions around priority needs and vulnerable groups

An implementation plan to support delivery of the strategy is currently being developed and this will be taken to the Children's Trust in December 2014 for approval. In the meantime, so as to maintain the momentum against the delivery of the strategy, four priority actions have been agreed which are being actively progressed. These are: -

- Increase capacity within tier 2 provision and the links with timely access to physical health services, within the commissioning of the 5–19 Healthy Child Programme (see 6.1 of this report: Lot 2).
- Develop and implement multi-agency, integrated care pathways across tiers 2, 3 and 4, including the development of a specific pathway for self-harm across tiers 1, 2 and 3. In conjunction with partners, develop a specific integrated, multi-agency pathway for older children who are in transition to adult services to ensure effective planning and support.
- To agree and implement a Workforce Development plan for the generic children's workforce to support the implementation of the Emotional and Mental Health Strategy
- Review tier 3 provision, both in terms of understanding changes in demand, pressures and future requirements as well as incorporating best practice and

evidence based practice to maximise impact and value in improving outcomes for children and young people.

#### 4.2 Linked delivery projects

We should also recognise that this work is taking place within a higher profile for mental health generally at both a local and national level. The Emotional and Mental Health Strategy will feature as a chapter of a new local all age mental health strategy currently under development. This will provide a more consistent approach to partnership activity but also specifically should assist with transition issues. Nationally, increasing concern is expressed about the underfunding and fragmentation of this important agenda and government is expressing interest in seeking opportunities to pool resources more effectively at a local level. We would as a partnership be keen to engage in those opportunities.

We would also seek to highlight opportunities which have already been taken to build capacity through partnership working to respond to the new strategy.

- The Children's Minister Edward Timpson announced, on 31 October, the award of £2.1M of innovation funding to expand our current Edge of Care – No Wrong Door – project. Included within this programme is funding to appoint dedicated clinical psychologists as members of our two edge of care teams. This service will provide additional capacity to support particularly our most complex teenagers at risk of very poor outcomes. The provision of this resource is being attached to our contract with the current main CAMHS provider.
- Over the past 12 months we have also been a pilot authority working with the NSPCC to better understand the emotional and mental health of looked after children (LAC). This has brought rich learning around assessment and responses to assessment; the importance of placement and workforce continuity, the significance of good contact with birth families, and the priority to be afforded to a range of activities with LAC which increase personal resilience.

#### 4.3 Progress accessing IAPT Programme

All three North Yorkshire CAMHS Teams are part of the national Improving Access to Psychological Therapies (IAPT) programme and have secured additional funding for the next year of the project. The service in Northallerton has completed the training and is now embedding the training in normal service delivery. The training is still underway in the Harrogate and Scarborough Teams. Initial feedback has been positive.

Each team has additional staff beginning training in evidence based psychological therapies in January and we continue service transformation including the use of Routine Outcome measures by all clinical staff, embedding evidence based psychological interventions, and participation of children, young people and their parents and carers in both their own care and in wider service development (eg being valuable members of recruitment panels).

#### 4.4 Tier 4 CAMHS

In a world where we aspire to increase integrated commissioning, we have also recognised the importance of ensuring that services currently commissioned by NHS England for those young people requiring residential clinical placements are joined to the local strategy. We share with NHS England the desire to see such placements



safely reduced and where required being provided as local as possible. We have been assured that any such placements are limited in number and come only after close involvement and recommendations from Tier 3 CAMHS professionals. We remain keen as part of any national or local opportunities (see for example section 9 below) to ensure such placements benefit from being considered within the wider context of tiered collaborative working.

#### 4.5 CAMHS Specification

Locally we are reviewing the current service provision against the specification to understand the delivery and impact of local services and how these interface effectively with the emotional wellbeing strategy. This work will lead to re-negotiations on the specialist services moving forward. The procurement of mental health services in Vale of York CCG has allowed us to consider some of these opportunities in the revised specification which will go out to procurement in the new year.

#### 4.6 National Developments

The government has established a national review of Children's Mental and Health and Well-being Strategy. A taskforce will look at how to improve the way children's mental health services are organised, commissioned and provided and how to make it easier for young people to access help and support, including in schools, through voluntary organisations and online. The task force will be co-chaired by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships at Department of Health and Martin McShane, NHS England's Director for People with Long Term Conditions and will bring together experts on children and young people's mental health services and people who know about wider system transformation from education, social care and health. It will commission external advice from experts and others with experience in children and young people's mental health. The taskforce will report both to Ministers and to the Children's Health and Well-being Partnership, and will publish its findings in Spring 2015.

The House of Commons Health Committee has also recently published its third report on its work around children's and adolescents' mental health and CAMHS. This makes very challenging reading but it is clear that in North Yorkshire we are making some progress against the issues raised in the report. The Committee particularly emphasised the importance of Health and Well-Being Boards engaging more actively in the children and young people's agenda. Further information is available online at <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/>

### **5.0 THE STRATEGY FOR MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH AUTISM IN NORTH YORKSHIRE**

5.1 Following the May report to the Health and Well-Being Board, the Partnership Commissioning Unit has been working hard to address the historically long waiting times for autism assessment and diagnosis. A waiting list initiative is about to commence with Socrates, an independent sector provider. This will enable a number of children who have been waiting longer than 9 months, to be seen in a timelier manner. The assessments are expected to take place over a 5 month period starting this month. Satisfaction surveys will be undertaken to seek feedback on the experience of children, young people and their families.

Monthly waiting list performance data is now well established and this enables progress with provider trajectories to be monitored, and identify where performance

may require challenge or further scrutiny. It also enables the CCGs to better forecast activity and consider their commissioning intentions with a much more robust approach.

Business cases and discussions are progressing with two CCGs to consider procurement for children's autism assessment and diagnostic services. The board will be advised of the way forward once discussions with CCGs have concluded. A market engagement is scheduled for later in the month to test the market.

The PCU plans to undertake a quality review of all commissioned autism assessment services. This will support CCGs in understanding how existing services perform against quality indicators, including the NICE guidance. It will address the following dimensions of quality: clinical effectiveness, safety and patient experience. It is anticipated that this review will address amongst other things: waiting lists (and management of), clinical pathways and whether they are NICE compliant, and a review of complaints received over the last 12 months. It will also enable good practice to be shared across the county.

The PCU also intends to promote the NAS Autism Access Award to CCGs, commissioned health providers and incorporate into newly developed service specifications.

- 5.2 Since May 2014 the demand for parent training has increased greatly as a result of increased commissioning of diagnostic assessments by health. The autism outreach team has responded to this need by increasing the number of parent training programmes offered further, this has been facilitated by the additional 0.5fte additional consultant post, funded through a LA "invest to save" initiative. This post has now been recruited to and the successful candidate will commence on 1 December. Part of this role will be to co-ordinate the autism specific -parent support programme offered.
- 5.3 The Local Authority are procuring a clinical psychologist with an autism specialism to work alongside the autism outreach service and Enhanced Mainstream Schools to better meet the needs of the most complex children and young people with autism in mainstream provision. The main objective for the postholder will be to reduce exclusions and out of county placements for these young people. The focus of this role will be direct family therapy and therapeutic interventions for young people with autism at risk of exclusion or refusing to attend school.
- 5.4 There are strategic plans in place to provide a three tiered training programme for all early years settings across the county during the academic year 2014/15 to ensure that those practitioners working within the Early years supporting young children with a diagnosis are appropriately supported to enhance their provision and remove barriers to learning for young children with autism.
- 5.5 The additional actions identified as requiring development during the strategy consultation are now complete. These include the development of a poster and information leaflet about challenging behaviour and autism, curriculum specific information leaflets, a sensory integration pathway, a training package relating to girls with autism, transition pathway documents and an early years support pathway.
- 5.6 A draft joint all age strategy for meeting the needs of children, young people and adults with autism and their families, is in development and consultation will be undertaken in the spring and summer terms with the intention of publishing the strategy in October 2015. Key priorities have been identified across County Council

and Health Services and all service areas have begun to address these priorities collaboratively.

## **6.0 PUBLIC HEALTH ISSUES RELATING TO CHILDREN AND YOUNG PEOPLE**

### **6.1 The Healthy Child Programme 5-19 years**

Board members will recall the national transfer of responsibilities for the Health Child programme to Local Authorities as part of the public health transfer. A distinction was made between 5-19 and 0-5 services with the latter deferred to October 2015. The procurement of services to deliver the contracted elements of the 5-19 Healthy Child Programme (HCP) has now concluded. A considerable amount of work was undertaken before the procurement was initiated to ensure the new contracts better reflected local need. There were four Lots to award each requiring a different delivery model and skill set. These were as follows:

#### **Lot 1 – Core Service**

The Core Service is the main provision within the HCP and includes work in universal settings including schools. One of the key objectives of the commissioning process was to define a service that alongside the new Locality Preventative Service could contribute to the attainment of the outcomes of the HCP and deliver a universal service for the benefit of all children, young people and their families.

#### **Lot 2 – Targeted Service**

The Targeted Service will provide intensive interventions and support and deliver the young people's drugs and alcohol treatment service. Whilst the Targeted Service will include many of the requirements as for the existing risk taking behaviour service it will be extended to include interventions and support for young people with emotional and mental well-being issues. The service will work closely with Child and Adolescent Mental Health services to establish effective referral pathways.

#### **Lot 3 – Community Healthy Lifestyle Service**

The Community Healthy Lifestyle Service will form part of a children and young people's weight management pathway. This is a new service area which will play a key role in tackling childhood obesity.

#### **Lot 4 - Residential Weight Management Service.**

This service provides an intense programme of support to a small number of children/young people whose weight is having a significant impact on their health and quality of life. Working closely with the Healthy Lifestyle Service the intention is that children and young people accessing this service will receive consistent and on-going support so that the benefits of the programme are maintained.

The Core Service (Lot 1) was awarded to Harrogate and District NHS Foundation Trust (HDFT). Their application illustrated a commitment to redefining the current school nursing delivery model and workforce into a service that will best meet the requirements of the local HCP specification.

The Targeted Service (Lot 2) was awarded to Compass. This organisation currently delivers the risk taking behaviour service and has established excellent working relationships across the county. It is a nurse led service which will build on the work of the core service to provide additional support to those most at risk of achieving poor health outcomes.

The Healthy Lifestyle Service (Lot 3) was not awarded. The applications did not reflect the creativity that was being sought and did not provide the assurances that the service specification could be met. A proposal to bring this element of work in-house hosted within the new locality prevention service is being considered.

The Residential Weight Management Service (Lot 4) was awarded to Morelife. This company has established a good reputation at delivering residential programmes for children and young people. The contract is for twenty places with the option of increasing this number if required and if resources allow.

All the services with the exception of the Healthy Lifestyle Service will become operational from the 1st April 2015. The aim will be to establish and implement the Healthy Lifestyle Service on or as soon after that date as is feasible.

## 6.2. Roll out of Childhood Flu Immunisation

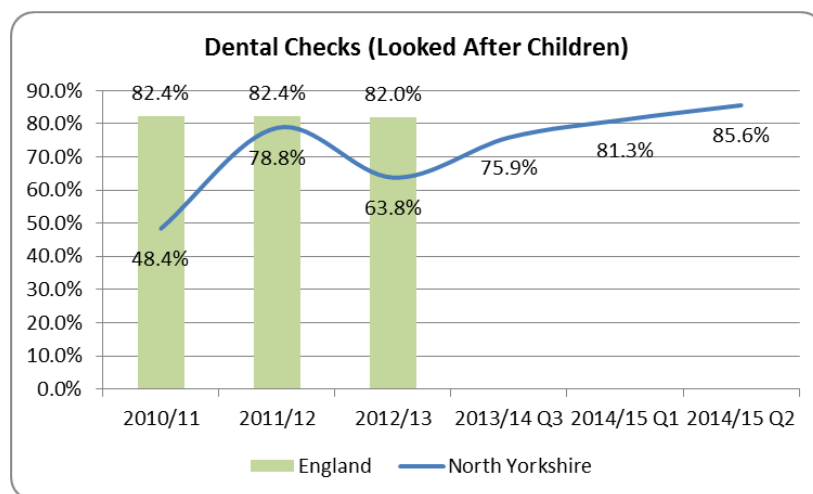
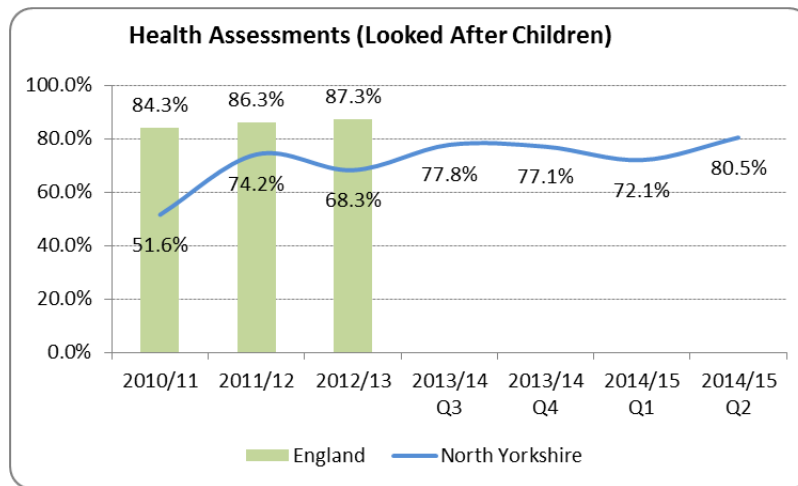
From November 2014 all Year 7 and Year 8 children in North Yorkshire are to be offered the flu vaccination via a nasal spray in school. The programme will be delivered by Harrogate District Foundation Trust School Nursing Service. All secondary schools have received information about the programme and parents are now receiving letters requesting their consent for their children to receive the vaccination.

Flu can be a serious illness for some and can be prevented by having the flu vaccine. This is offered each year to older people and to those with health conditions that increase their chance of becoming severely ill if they get the flu. Children who get immunised against the flu will not only benefit themselves, but will also help to reduce the spread to other members of their families,

Health experts have recommended extending the flu vaccination programme to healthy children to protect them from flu and to reduce the spread. North Yorkshire is piloting a national programme offering the vaccination to Year 7 and 8 children. The vaccine will protect the children as well as their younger siblings, grandparents and others who are at increased risk of becoming seriously ill from flu.

## 7.0 THE HEALTH OF LOOKED AFTER CHILDREN (LAC)

The following tables demonstrate the significant improvement being made in the percentage of looked after children who had a health assessment during the year. Of the 353 young people who have been looked after for the past 12 months, 284 (80.5%) had a health assessment recorded on LCS (the Council's social care case management system) as being on time. and 302 (85.6%) had a dental check recorded on LCS as being in time. In addition to the health and dental checks 323/353 (91.5%) have up to date immunisations and 309/353 (87.5%) had a completed eye test. Both these figures are a significant improvement on the previous quarter.



In response to inspection recommendations and following approval by the CCGs, from Autumn 2014, young people post 16 who are looked after now also have access to a review health assessment. The assessments will be undertaken by the Harrogate and District Foundation NHS Trust School Nursing service. To date the Looked After Children Specialist Nurse service has invited seven young people for a review health assessment; three in Scarborough, one in Ryedale, one in Richmond, one in Northallerton and one in Harrogate. Activity data will be received on a regular basis and each review will be audited to establish whether any unmet health needs were identified during the review.

In addition a Health Passport is being piloted in the Scarborough area and care leavers are being encouraged to participate. The Health Passport provides care leavers with a summary of their health, immunisation status and other key areas to support their transition from care and into adulthood. To date three Health Passports have been requested. The pilot will be evaluated from both the practitioner and the care leaver perspective and the findings will be shared with providers, commissioners and local authority partners. It is planned to engage with the Youth Council to seek views on the format of the Health Passport, and the PCU is offering interested young people the opportunity to support development of the care leaver Health Passport evaluation questionnaire as part of the Council's "Takeover day" on 21 November.

From April 2015 the 5-19 Healthy Child Programme will offer health assessments to all looked after children, regardless of setting, and a Health Passport to all care leavers.

The PCU has been undertaking a review of the current Safeguarding and Looked After Children service. This has been undertaken with the support of the Designated Doctors and Nurses for Safeguarding and Looked After Children. In addition the PCU has worked closely with Harrogate and District Foundation NHS Trust to articulate 'what a good service should look like' and how this might be measured. Based upon the findings of the review, the CCGs have confirmed their 2015/2016 commissioning intentions for the Looked After Children service. The PCU is currently developing revised service specifications for the Safeguarding and Looked After Children services which will build upon the engagement work with the Trust. The specifications will be based upon good practice, statutory guidance and will address a number of historic commissioning gaps for looked after children. For the first time the Looked After Service will have a comprehensive service specification which will clearly set out the responsibility of the service, how the quality of health assessments will be monitored and include activity, performance and quality indicators which will be monitored. It is hoped the new specifications will be implemented for 2015/2016.

## **8.0 CHILDREN AND FAMILIES ACT 2014: SPECIAL EDUCATIONAL NEEDS & DISABILITY**

8.1 This section describes progress to date with implementation of those strands of the Act which relate to children and young people from 0-25 years with special educational needs and disabilities.

### 8.2 Background

The Bill received Royal Assent in May and is being implemented in stages from September 2014. It has been cross-referenced with the Care Act 2014 to ensure that no young person can be 'lost from the system' on transition between children's and adult services. The key elements of Part 3 of the Act are greater influence and control for parents and young people; more integrated assessment and decision making; the joint commissioning of services for children with Education, Health and Care Plans (EHCPs), and improvements in preparing for adulthood. North Yorkshire continues to be a regional SEND Champion with York and Calderdale supporting other local authorities in the region by sharing learning and experience.

### 8.3 Implications for CCGs and NHS Trusts

Clinical Commissioning Groups (CCGs) and NHS Trusts in the area are essential for commissioning and actively engaging in co-ordinated assessments. In summary, health colleagues should:

- give professional advice for EHC assessments
- help draft EHC Plans at a meeting with the family and young person
- suggest achievable outcomes from a health perspective
- be clear about appropriate health provision to support young people to achieve the agreed outcomes
- describe Health provision and services in the Local Offer
- jointly commission services at local authority level or for individuals
- nominate a Designated Medical or Clinical Officer to be the main contact point between the LA and Health for assessments and planning.

The local authority has offered bespoke training to therapists, some paediatricians and CAMHS managers. We have worked closely with commissioners in Bradford,

covering Airedale Wharfedale and Craven areas. Whilst they appreciate the value of being part of the discussions there are capacity issues about health personnel attending review and planning meetings. We will look at the potential use of technology to enable them to contribute in other ways. Internal discussions continue within the North Yorkshire & York PCU.

The PCU has worked closely with CCG colleagues to raise the awareness of their responsibilities under the Children and Families Act and the Code of Practice for Children with Special Education Needs and Disabilities. A number of briefings have been prepared, presentations to CCG Governing Bodies and regular updates through the PCU children's newsletter. There continues to be close working relationship with NYCC colleagues and the PCU.

#### 8.4 Greater engagement with parents and families

The Local Offer website (<http://www.northyorks.gov.uk/article/23542/SEND---local-offer>) sets out what support is available locally across education, health and social care services and, increasingly, from the voluntary, community and independent sectors to help families and young people to have more choices and therefore more control over the provision available to them. The site map for the website has appeared in a number of national publications, most recently from the Local Government Association and the Communication Trust, as an innovative way to illustrate the essential components of a Local Offer.

A user survey over the summer about the ease of use and search facilities was generally positive, although from a relatively low response rate. Some gaps in descriptions of existing services are being addressed and some technical issues about search facilities are being actively pursued.

The PCU has worked with NYCC colleagues in the development of the Local Offer and the majority of children's health services are now mapped on the Local Offer. The PCU has developed a guide for commissioned health providers to support their requirement to provide information for the Local Offer, maintain good quality, user friendly websites and leaflets, and to maintain and review these at regular intervals. It is planned to also ensure that there are links to the Local Offer from each of the CCG websites.

The Flying High Group of disabled young people, supported managed on our collective behalf by Barnardos, are going from strength to strength. Their membership has grown to 18 and some of the older members have now moved on successfully to adult advocacy groups. As well as being instrumental in the creation of a young people's local offer on the Youth Support Service webpages, they were one of a small number of groups approached by the DfE to give their views on the draft SEND Code of Practice and more recently they have contributed to a report by the Children's Commissioner for England on the rights of disabled young people, which is due to go to a United Nations committee. They are currently supporting the LA at six training sessions for school SENCOs across the County about the importance of creating the right ethos and culture within schools so that young people feel able to contribute to decision making about their own futures, an essential feature of the new EHC Plans.

The Parent and Carer Forum, NYPACT, has been invaluable in preparing for the legislative reforms and the changes in culture and practice that are needed to implement them. They are represented at every level of discussion and decision-making about SEND with the local authority. They are supporting the six SEND

Roadshows around the County, at which we are explaining the implications of the reforms and the new 20 week assessment and planning process leading to an Education, Health and Care plan. The membership of NYPACT has trebled over this summer to 750+ members, partly as a result of better publicity and partly because of an incentive to join in the shape of a MAX Card, which gives families free or reduced entrance to hundreds of attractions throughout the country. A small financial contribution from the LA has enabled us to have much easier and quicker access to more families in North Yorkshire.

#### 8.5 Information and Advice, Disagreement Resolution, and Mediation

It is welcomed and anticipated that there will be fewer disagreements between the statutory services and families after the introduction of the new assessment and planning process that includes families and young people at every stage.

Most disagreements are resolved amicably and simply by officers involved in the process talking directly to families. Support at any stage is available to families and young people from the SEND Information, Advice and Support Service (DfE recommended name for Parent Partnership Services). The Council for Disabled Children has worked on behalf of the government to commission organisations to recruit, train and deploy Independent Supporters. In North Yorkshire and York, Core Assets Children's Services hold the contract and have been actively recruiting and training Independent Supporters. Our Memorandum of Understanding with them is that they will support families and young people, whose Statements of Special Educational Needs or Learning Difficulty Assessments are being transferred to EHC Plans in the next two years.

In the event that these services do not resolve matters satisfactorily, local authorities have a duty to provide information and advice to parents and young people directly about matters relating to their special educational needs. We must also arrange for an independent disagreement resolution service to be available to parents and young people in dispute about education, health or care services. Local authorities are expected to commission an independent mediation service free of charge to parents and young people over 16 who have a right of appeal to the SEND Tribunal and local progress is being made to establish such an independent service.

CCGs have received a briefing regarding the requirements of Information and Advice, Disagreement Resolution, and Mediation. A more detailed paper is expected to be shared with CCGs in the near future.

#### 8.6 Personal Budgets and Direct Payments

Parents of children with an Education, Health and Care Plan (EHCP), or a young person can request a personal budget from the local authority. This is the amount of money the council would pay for the additional help that is specified in the EHC Plan for their education and social care. The young person or their parent can ask for some or all of this money as a 'direct payment' to spend on the additional support they need in order to achieve the outcomes outlined in their EHCP or they could agree how the council will spend it on helping them.

There is a 2020 North Yorkshire project to create an Integrated Direct Payments Service, to add children and young people with EHC Plans to the service already in place for adults. NHS personal health budgets will be rolled out from April 2015 to a wider group of people than those who are eligible for continuing health care. The Bradford CCGs are managing personal health budgets internally.



Work is almost complete to develop a new resource allocation system for children and young people with EHC Plans which will suggest an indicative personal education budgets. The system is based on the strengths and abilities of a child not the deficits and weaknesses. There is considerable interest nationally in the final product as it appears to be a unique, holistic assessment and planning tool.

A process has been approved by the CCGs to support the integrated assessment and decision making. Work is now underway to translate this into provider contracts and the PCU is commencing engagement with health providers to support their interpretation and mobilisation to ensure that there is the right health input, at the right time, to the integrated assessment and writing of the Education, Health and Care Plan. The suggested Designated Clinical Officer role (who would, amongst other responsibilities, be responsible for signing off the plans) will be addressed through 'advice givers' within the relevant health services who will contribute to the assessment and planning. Identified Clinical Leads within health providers will be responsible for endorsing the plan on behalf of the CCG. The endorsed plan will then proceed to the SENAP Panel for formal agreement. The historic Designated Medical Officer role shall also be strengthened to support the requirements of the Code of Practice.

#### 8.7 Joint Commissioning of Care and Health Services for those with an EHCP

One of the biggest challenges for public services is to personalise services and adapt the ways in which we deliver them to better meet the needs of those who use them. This allows families and young people to take back more control of their own lives and to be able to make choices about how or when or where a service is delivered or a provision is made to support them. Personal budgets and direct payments are then just mechanisms to help make this work more smoothly.

Joint commissioning of services at a county wide level or down to an individual level are therefore an imperative written into education and care legislation and into the NHS Mandate. They give opportunities to re-design local systems to operate more effectively, both to improve the experiences of users of the services and to make the best possible use of local resources.

The first services to be considered for joint commissioning are those which support speech, language and communication needs. The four North Yorkshire and York CCGs, Airedale, Wharfedale and Craven CCG and the Local Authority have commissioned an organisation to scope the possibilities and to make recommendations.

#### 8.8 Preparing for Adulthood

Work continues on the development of an Integrated Transitions Service (14-25) across children's and adults services that will assist in the planning and commissioning of appropriate pathways and provision for young adults with disabilities and ensure that all young person with SEN and disabilities have a smooth transition to local authority adult services. It is essential that colleagues in Health will join with us to improve the transition across all the statutory services.

The SEND Code of Practice applies to further education providers in colleges or training establishments. Young people with special educational needs and disabilities aged 16 – 25 now have the same rights as their younger peers in school.

The young people's version of the Local Offer includes information relating to a variety of routes to employment, housing and accommodation and participation in society through leisure activities, friends and relationships.

In 2010/11 100% of special school leavers staying in education went to independent specialist Colleges and the Education Funding Agency were complaining that North Yorkshire was taking more than its fair share of the regional funding. Since then we have worked with and commissioned special schools, colleges, training providers, employment services, voluntary and community sector organisations, families and young people to create a series of personalised learning pathways for employment, independent living and personal skills delivered in local communities.

Each young person has an individual programme that might include some college time, some preparation for work skills, work experience, personal and social skills training, independent travel training, basic education and leisure time.

The numbers of young people opting for this have increased from five in 2011/12, to 28 in 2014/15 and an anticipated 34 next year. Each programme is bespoke, the outcomes are good, it is less costly than out-of-authority placements and it is being promoted as a national exemplar of good practice by the DfE.

## **9.0 ESTABLISHMENT OF A JOINT EXTERNAL PLACEMENT PANEL FOR ALL OUT OF AUTHORITY (EXTERNALLY PURCHASED) PLACEMENTS**

Where local services cannot meet the exceptional education, health and care needs of a child or young person (aged birth to 25) a referral for an out of authority (external) placement is often requested. In order to more effectively manage the process for reviewing requests for high cost out of authority residential provision, it is proposed to establish an Exceptional Placement Panel (EPP) with effect from January 2015. This Panel (chaired by the Corporate Director for Children and Young People) will bring senior professionals from across education, health & care to consider requests for out of authority residential provision and where local creative solutions to managing a child or young person's needs have failed to be found. Representation would be welcomed from Health and CAMHS colleagues on the Panel.

The EPP will seek to maximise the contribution of the statutory agencies to child health and well-being. It will provide a continued and high level focus on the improvement of local services in order to meet the education, health and care needs of children and young people across North Yorkshire. The EPP will:

- Manage the threshold for access to out of authority (external) placements
- Ensure that resources are appropriately agreed, allocated and reviewed based on clear value for money principles
- Monitor areas in which clarity and/or risk sharing is required in education, health and care planning for children and young people placed in out of authority (external) provision
- Monitor exit and transition strategies and managing the key point of transition from children's to adult services

## **10.0 RECOMMENDATIONS**

That the Health and Well-Being Board

- 10.1 Note, support and, where appropriate, challenge the joint progress against key relevant elements of the children and young people's agenda
- 10.2 Formally approve the Children and Young People's Emotional and Mental Health Strategy as a key chapter of our developing all age mental health strategy
- 10.3 Formally support the ambition of greater integrated commissioning to enable full delivery against that strategy
- 10.4 Ask partners to actively engage in new national opportunities to pilot more integrated commissioning which enhance emotional and mental health of young people
- 10.5 Endorse the priority given to enhancing speech and language therapy services and ask for further details of the implementation of recommendations arising from jointly commissioned work to be brought to the Board
- 10.6 Charge all partners to actively prioritise key work streams which will enhance transition arrangements for children and young people with additional needs
- 10.7 Endorse the development of mechanisms eg the External Placements Panel, which seek on a partnership basis to pool resources and support young people through wherever possible high quality local provision
- 10.8 Identify any priorities and concerns arising from the presentation to the Board on the "Growing Up in North Yorkshire" survey which are not addressed through the work streams described in this report

PETER DWYER  
CORPORATE DIRECTOR - CHILDREN AND YOUNG PEOPLE'S SERVICE

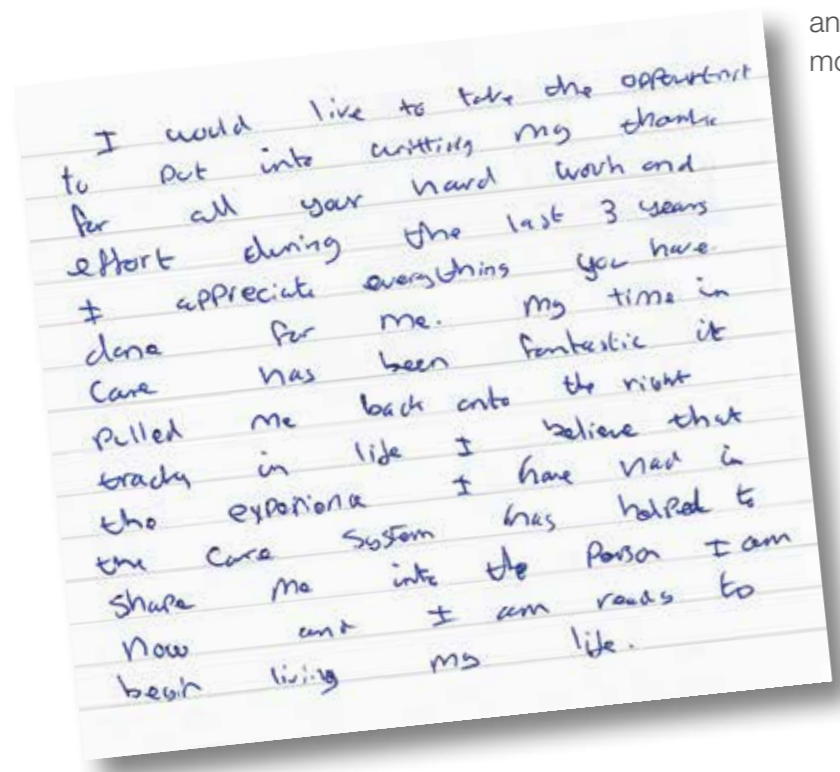
JANET PROBERT  
DIRECTOR - PARTNERSHIP COMMISSIONING UNIT

**Supporting Outcome (c): Looked after children are supported to leave the care system safely at the earliest opportunity**

7.22 Entry to care should be no more than a temporary and short-term solution for a child or young person, and so from the earliest opportunity we will work with children and their families to plan a safe route out of care. We believe that children and young people are best cared for wherever possible with their natural or extended family, and so we will support all children to safely return to the family home where possible, or to alternative permanent arrangements outside care, including family and friends arrangements or adoption. North Yorkshire already does well in terms of the speed and effectiveness of adoption arrangements. However, in line with national expectations, we will further improve and speed up the adoption process. The *North Yorkshire's Children and Young People Looked After Strategy 2014-2016* sets out how we will support children to leave the care system safely and at the earliest opportunity.

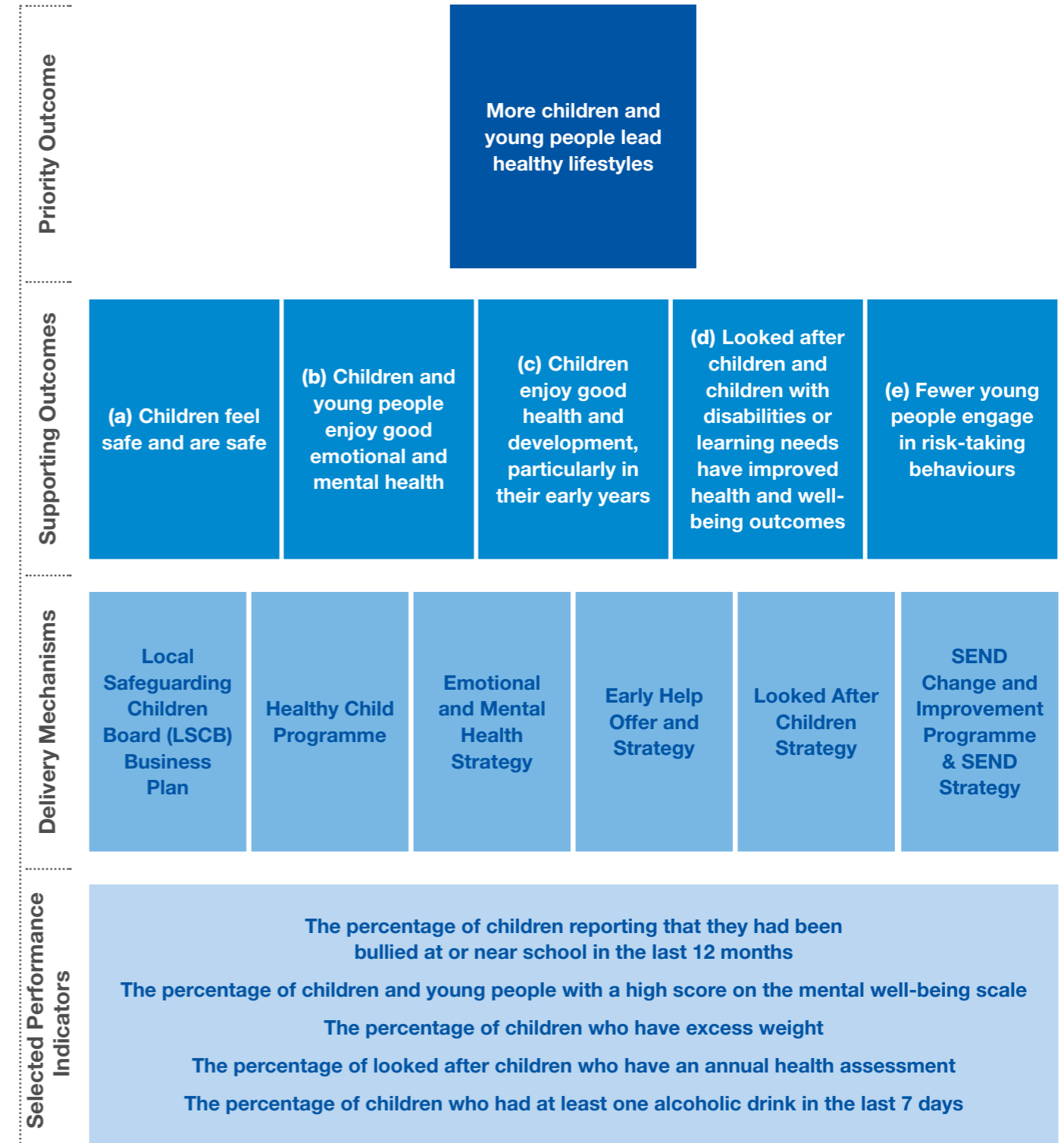
**Supporting Outcome (d): Looked after children experience stable and secure placements, within North Yorkshire and as close to home as possible**

7.23 There will always be some children in certain circumstances for whom a period in care is the best way to keep them safe. We will support all looked after children to live in stable placements with high quality care and a minimal chance of disruption. We know that doing so improves outcomes for children and young people, and reduces the potential risk and impact of harm to those who go missing from care. Looked after children in North Yorkshire generally experience good levels of placement stability but we strive to do even better, especially for older children for whom placement stability is less good. Compared to other parts of the country, in North Yorkshire relatively high numbers of looked after children are placed more than twenty miles from home. We aim to provide more looked after children with placements closer to their home. The *North Yorkshire's Children and Young People Looked After Strategy 2014-2016* sets out how we will improve the quality and stability of placements and place more children closer to their home.



Letter from a care leaver

**Priority 3: Ensuring a healthy start to life**

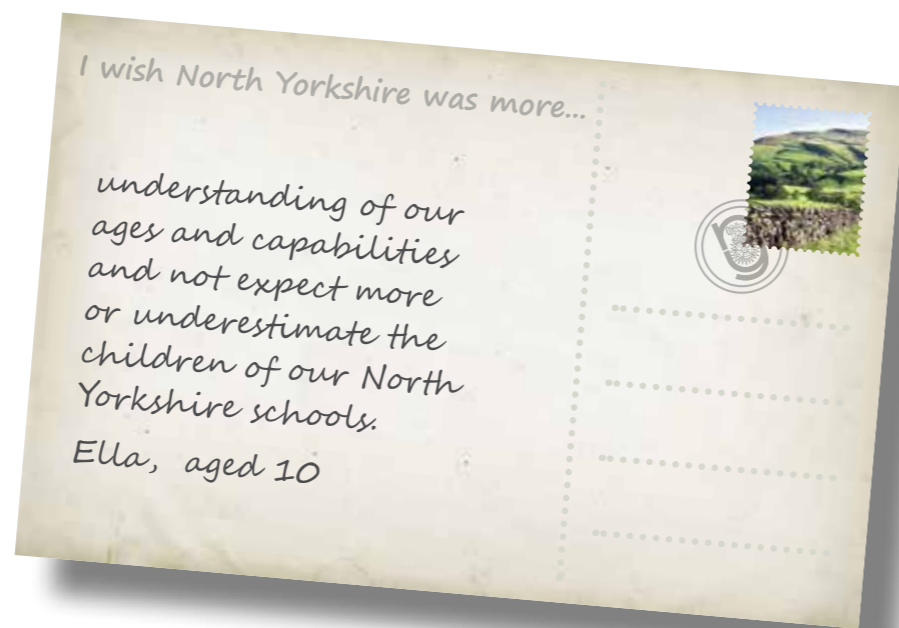


**Priority 3: Ensuring a healthy start to life**

7.24 We believe that all children and young people should enjoy good physical and mental health and well-being. The North Yorkshire Health and Well Being Strategy describes the importance of a healthy start to life as follows:

**“Giving every child the best start in life is crucial to reducing health inequalities in the whole of people’s lives. To have an impact on health inequalities we need to address children’s access to positive early experiences. Interventions in later life, although important, are considerably less effective when good early foundations are lacking. It is therefore vitally important that we help to support the early development of healthy behaviours and foster a supportive community for parents and families to give children the best opportunities in life.”**

7.25 Most children and young people in North Yorkshire are healthy and have good levels of physical and emotional well-being. However, this is not true of all children or all parts of the county. There are distinct pockets of ill health, often associated with poverty. For example, across the County, 21% of children aged 4 and 5, and 28% of children aged 10 and 11, are overweight or obese, and these figures are rising. Child obesity prevalence in the most deprived tenth of local areas is almost double that in the least deprived tenth, while boys from all minority groups are more likely to be obese than white british boys, as are girls from some groups. Similarly, although the majority of districts in North Yorkshire had below average teenage conception rates, in Scarborough the rate is above the national average. We want to reduce and ultimately remove such inequalities.



*My North Yorkshire special place by Robert, age 15 - “Grosmont. With its idyllic setting in the centre of the North Yorkshire Moors, even the drive to this isolated hamlet is an adventure. Its location on the North Yorkshire Moors Railway means that, for most of the year, you have beautiful trains running through its station.”*

**Priority Outcome: More children and young people lead healthy lifestyles**

7.26 Giving every child a healthy start in life is crucial to reducing health inequalities in the whole of people’s lives. Only 15% of 15 year olds eat five portions of fruit or vegetables a day, 29% of 15 year olds do not eat a proper breakfast, and 22% of 15 year old girls eat nothing at all before starting school. 63% of primary school aged respondents said they do 5 or more hours of physical activity in a typical week; only 50% of secondary school respondents did at least this level of exercise. We are determined to use the opportunities created by the transfer of public health responsibilities to the Local Authority to ensure that all children and young people are encouraged to adopt healthy lifestyles from the outset, and are supported to address any problems as they arise. This Plan is therefore aligned with the Health and Wellbeing Strategy, as set out in Chapter 5, and the success of this priority will depend on actions from right across the partnership, including Clinical Commissioning Groups.



**Supporting Outcome (a): Children feel safe and are safe**

7.27 We will work together across the Children’s Trust to ensure that children feel safe and are safe at all stages of their lives. This work will include further measures to promote safety on our roads and to reduce deaths and injuries from road traffic accidents. We will monitor carefully children’s hospital admissions to ensure that we understand the reasons, and that preventable admissions are avoided. We will work closely with the Local Safeguarding Children Board to ensure that all of our staff are aware of the possibility of child sexual exploitation, and what to do if it is suspected. More generally, we will continue to operate a zero tolerance policy towards hate crime, harassment and bullying of any kind. Encouragingly, 56% of North Yorkshire pupils have told us that they think their school takes bullying seriously; we need to increase this percentage to 100%. We also know, because young people tell us, that internet safety and cyber-bullying are an increasing worry for many. We have recently published comprehensive guidance for schools and other settings on bullying, and a separate note on cyber-bullying. Finally, we know that for young people who are old enough to go out on their own, community safety, and safe transport, is also an issue. Our aim is for all children and young people to feel safe, to be safe and to understand how they themselves can contribute to making that happen; and how to access additional, effective support as necessary.



### Supporting Outcome (b): Children and young people enjoy good emotional and mental health

7.28 Emotional and mental wellbeing is important across all age groups. In North Yorkshire around 16000 children and young people are likely to have some form of emotional or mental health disorder. Around 2500 of these are likely to have more complex emotional and mental health needs. However, good mental health is not just about the absence of a disorder: it is a state of wellbeing in which individuals have a good level of self-esteem, cope well with daily life, and develop healthy relationships with others. Some young people in North Yorkshire have low self-esteem, and others are anxious about their weight, body shape, and exams. The Emotional and Mental Health Strategy sets out how we will support good mental health for all children and young people, while providing tailored help for those with more complex needs.

### Supporting Outcome (c): Children enjoy good health and development particularly in their early years

7.29 It is important that we help to support the early development of healthy behaviours and foster a supportive community for parents and families to give children the best opportunities at the start of their life. In North Yorkshire less than half of children reach 'a good level of development' by the age of five.<sup>25</sup> Not all young children are immunised against diseases such as diphtheria, tetanus and polio. Some mothers still smoke during pregnancy, and breastfeeding is not as much the norm in some communities as others. The Healthy Child Programme and the Early Help Offer describe how we will work with parents, early years providers and community health services to ensure that all children have a healthy start to life, from birth onwards.

### Supporting Outcome (d): Looked after children and children with disabilities or learning needs have improved health and well-being outcomes

7.30 Children often enter care with poorer health than other children and longer-term health outcomes for young people leaving care may be less positive. *North Yorkshire's Children and Young People Looked After Strategy 2014-2016* commits partner organisations to "making a real difference for looked after children in North Yorkshire." In particular, we will improve access to appropriate health services. We will also empower all children and young people to make healthy decisions, lead healthy lifestyles and receive the personalised support to which they are entitled, including dental screening and treatment, and support from sexual health services and drug and alcohol services as required.

7.31 The responsibility for the commissioning of specialist services for disabled children and young people and their families will be managed for the Clinical Commissioning Groups by the Partnership Commissioning Unit. The first services to be considered for joint commissioning are those which support speech, language and communication needs. Work is also being put in hand between partners to align processes and funding arrangements for Continuing Healthcare between children's and adults' services, which will assist in Transition Planning.

### Supporting Outcome (e): Fewer young people engage in risk-taking behaviours

7.32 23% of 15 year olds in North Yorkshire are sexually active, but 41% of these do not always use contraception. One result of this is that the number of teenage conceptions, although comparatively low in the County, is rising. Survey results show that 12% of 15 year olds smoke, while 14% have taken drugs at some time and 42% had consumed alcohol during the week before the survey. To help reduce the numbers of young people engaging in such risk-taking behaviours like these we will review and re-commission sexual health services, and develop a new alcohol strategy. We will work together to ensure young people develop a healthy approach to risk-taking, recognising that it cannot be eliminated entirely (and indeed, to some extent, is an essential part of growing up).

My hope for the future is that...

lax on being ill. People get rewarded for being in school every day. What about a child with a chronic illness?  
Joe, aged 12



<sup>25</sup> As measured in the 2013 Early Years profile outcomes, however, changes to the assessment of a "good level of development" in 2013 make it difficult to draw conclusions from one year's data.

*My North Yorkshire special place by Tom, year 6 – "Whitby is one of the most special places to me. Geology is my hobby and Whitby is where I started off with just some protective glasses, hammer, chisel and magnifying glass. Amazingly, I found some banded iron stone and some flint. Since I've been to Whitby, I have taken my kit to every single beach which I have been to. But it was at Whitby where I caught the bug!"*

Priority Outcome	Supporting outcome	Measure	Position at the start of the Plan			Target		
			North Yorkshire	National	Statistical neighbours	Year 1	Year 2	End of the Plan
Helping all children enjoy a happy family life- with a safe reduction in the looked after child population	Looked after children are supported to safely leave the care system at the earliest opportunity	The average time taken entering care to moving in with an adoptive family (DfE Adoption Scorecard, threshold one)	564	647	643	547	487	426
		The percentage of care leavers at 19, 20 and 21 that are in suitable accommodation	96%	88%	86%	96%	96%	97%
		The percentage of care leavers aged 19, 20 and 21 that are in education, employment or training	70%	66%	59%	70%	70%	71%
		The percentage of care leavers who have lived in accommodation where they felt safe since leaving care	Not available	Not available	Not available	Baseline to be set	To be set when baseline established	To be set when baseline established
		The percentage of care leavers who when they left care felt ready and prepared to leave care	Not available	Not available	Not available	Baseline to be set	To be set when baseline established	To be set when baseline established
	Looked after children experience stable and secure placements, within North Yorkshire and as close to home as possible	The percentage of looked after children who experience three or more placements in the year	7.0%	11.0%	10.6%	7.0%	6.5%	6.5%
		The percentage of looked after children whose placement has lasted two years or more	73.0%	67.0%	62.1%	75.0%	78.0%	78.0%
		The percentage of looked after children placed more than 20 miles from their home address	37.9%	24.0%	15.7%	36.0%	34.0%	32.0%
	Ensuring a health start to life- More Children and young people lead healthy lifestyles	Children feel safe and are safe	The percentage of children reporting that they had been bullied at or near school in the last 12 months	"23%- KS2 18%- KS3/4"	29% (Tell us 2010)	Not available	"21%- KS2 16%- KS3/4"	Not available
The percentage of SEND Children reporting that they had been bullied at or near school in the last 12 months			"32%- KS2 30%- KS3/4"	56% (MENCAP 2007)	Not available	"32%- KS2 30%- KS3/4"	Not available	"31%- KS2 29%- KS3/4"
The percentage of children and young people who communicate with (chat or message) online with people they have met online and don't know in real life			Not available	Not available	Not available	Baseline to be set	Not available	To be set when baseline established
The percentage of children and young people who have experienced someone writing or showing things to hurt or upset them online (with text, pictures or video)			Not available	Not available	Not available	Baseline to be set	Not available	To be set when baseline established
Hospital admissions caused by unintentional and deliberate injuries to children under 15 years per 100,000			111.2	103.8	Not available	108.9	104.7	100.4
"Children killed or seriously injured in road traffic accidents (rate per 100,000)"			24.5	20.7	14.7	23.3	22.1	20.9
The number of referrals to Children's Social Care which identify child sexual exploitation as an issue			Not available	Not available	Not available	Baseline to be set	To be set when baseline established	To be set when baseline established
The number of child sexual exploitation prosecutions/ convictions			Not available	Not available	Not available	Baseline to be set	To be set when baseline established	To be set when baseline established
Number of children and young people presenting as homeless successfully diverted into suitable accommodation			"1,232 (69%)"	Not available	Not available	71%	73%	75%
Children and young people enjoy good emotional and mental health		The number of children and young people admitted to hospital for mental health conditions per 100,000	76.8	87.6	Not available	88	88	84
		The rate of children and young people admitted to hospital as a result of self-harm per 100,000	322.9	346.3	Not available	299.35	290.1	280.85
		The percentage of children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS3/4)	Not available	Not available	Not available	Baseline to be set	Not available	To be set after baseline
		The percentage of children and young people with a high measure of resilience	"32% - KS2 24%- KS3/4"	Not available	Not available	"33%- KS2 25%- KS3/4"	Not available	"34%- KS2 26%- KS3/4"
		The percentage of SEND children and young people with a high measure of resilience	"24%- KS2 19%- KS3/4"	Not available	Not available	25%- KS2 20%- KS3/4	Not available	26%- KS2 21%- KS3/4
		The percentage of SEND children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS4)	Not available	Not available	Not available	Baseline to be set	Not available	To be set after baseline
		The number of Education Health and Care Plans issued for social, emotional and mental health needs	Not available	Not available	Not available	Baseline to be set	To be set after baseline	To be set after baseline
Children enjoy good health and development, particularly in their early years		The percentage of babies born with a low birth weight	2.10%	2.80%	Not available	1.90%	1.87%	1.85%
		Breastfeeding initiation rate	74.0%	73.9%	Not available	74.5%	75.0%	76.0%
		Breastfeeding prevalence at 6-8 weeks after birth	46.8%	46.6%	42.3%	46.0%	46.5%	47.0%
		Admissions to Accident & Emergency by 0-4 year olds (rate per 100,000k)	333.3	510.8	Not available	333.0	328.0	326.0
		The percentage of children aged 4 or 5 (reception) who have excess weight	21.3%	22.2%	Not available	18.6%	17.9%	17.1%
		The percentage of children aged 10 or 11 (Year 6) who have excess weight	28.4%	33.3%	Not available	28.1%	27.8%	27.4%
Looked after children and children with disabilities or learning needs have improved health and wellbeing outcomes		The percentage of children and young people who engage in 5 hours or more physical activity per week	"63% - KS2 50%- KS3/4"	Not available	Not available	"65%- KS2 52%- KS3/4"	Not available	"66%- KS2 53%- KS3/4"
		The percentage of looked after children who have an annual health assessment	77.1%	87.3%	Not available	80.0%	83.0%	86.0%
		The percentage of looked after children who have an annual dental check	78.2%	82.4%	Not available	81.0%	84.0%	86.0%
Fewer young people engage in risk-taking behaviours		The percentage of SEND children and young people who engage in 5 hours or more physical activity per week	"45%- KS2 44%- KS3/4"	Not available	Not available	"47%- KS2 46%- KS3/4"	Not available	"49%- KS2 48%- KS3/4"
		The rate of under 18 conceptions per 1,000 15-17 year old females	21.4	27.7	24.3	20.4	19.4	18.5
		The rate of hospital admissions due to alcohol specific conditions (for under 18 year olds per 10,000)	45.8	42.7	TBC	41.6	36.2	30.8
		The rate of hospital admissions due to substance misuse (15-24 year olds per 100,000)	67.6	75.2	TBC	67.6	67.4	67.2
		The percentage of children and young people who had smoked at least one cigarette in the last 7 days	8%- KS3/4	Not available	Not available	7% KS3/4	Not available	6%- KS3/4
		The percentage of children and young people who had at least one alcoholic drink in the last 7 days	"8%- KS2 32% - KS3/4"	Not available	Not available	"0%- KS2 7%- KS3/4"	Not available	"0%- KS2 6%- KS3/4"
		The percentage of children and young people who have used cannabis in the last month	Not available	Not available	Not available	Baseline to be set	Not available	To be set after baseline
		The percentage of children and young people who have used any drug in the past	Not available	Not available	Not available	Baseline to be set	Not available	To be set after baseline
	First time entrants to the youth justice system aged 10-17 (per 100,000 population)	477	556	550	"5% reduction (equates to a rate of 453 per 100,000)"	"Further 3 % reduction (equates to a rate of 439 per 100,000)"	"Further 2 % reduction (equates to a rate of 430 per 100,000)"	





North Yorkshire  
Children's Trust

# Children and Young People's Emotional and Mental Health Strategy 2014 - 17

Supporting and promoting good emotional and mental health

Enter



**Growing up happy in North Yorkshire**



## Foreword

We recognise the significant impact that emotional and mental health problems can have on all aspects of children's lives; from poor educational attainment, family disruption, offending behaviour, social isolation, discrimination and self-harm. Without appropriate support and intervention, emotional and mental health issues will also impact on families, carers and the community. If not appropriately responded to, these issues can continue into adulthood and potentially affect generations to come.

All children and young people deserve the best start in life and building strong emotional resilience is an important element in helping children and young people achieve and succeed. In North Yorkshire we have strong partnership arrangements which work to deliver the best possible outcomes for children, young people and families. This strategy sets out our priorities over the next three years for improving emotional and mental health. It is a challenging strategy which represents our commitment, as a partnership, to ensuring our services meet needs while keeping children, young people and families at the centre of their care. It reflects our view that the emotional and mental health of children and young people is everyone's business. Working together with all stakeholders, we will begin to deliver on our vision of wanting all children and young people to enjoy good emotional and mental health through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

*Growing up happy in  
North Yorkshire*



**Cllr Tony Hall**

Lead executive member  
for children's services,  
special education needs  
and youth justice



**Pete Dwyer**

Corporate Director –  
Children and Young  
People's Service

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*Growing up happy in  
North Yorkshire*

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# Introduction



## Introduction

### *Growing up happy in North Yorkshire*

The North Yorkshire Children's Trust is committed to supporting and promoting the good emotional and mental health of children living in North Yorkshire.

Most children in North Yorkshire will grow up with a strong sense of identity, self-esteem and resilience, and will not require any form of intervention around their emotional and mental health. This strategy recognises the importance of strengthening protective factors which promote childhood resilience across a child's physical and emotional attributes, family life and the environment in which the child lives. However, the strategy also acknowledges that the impact of poor mental health or lack of self-esteem can be destructive to young lives and hinder a child's ability to fulfil their potential.

The national 'no health without mental health' Strategy<sup>2</sup> identifies that 1 in 10 children between the age of 5-16 years old has a mental health problem and many continue to have problems into adulthood, and that half of those with lifetime mental health problems first experience symptoms by the age of 14. Tackling mental health issues in early life and building on protective factors is, therefore, important to help children move on to positive and fulfilled lives.

Many agencies contribute both directly and in-directly to the emotional and mental wellbeing of children in North Yorkshire, including schools, early help services, social care services, the voluntary and community sector and a range of health professionals including GPs, primary mental health workers, psychiatric nurses and Child and Adolescent Mental Health Services (CAMHS) clinicians.

<sup>1</sup> In this document a child is defined as anyone who has not yet reached their 19th birthday. 'Children' therefore means 'children and young people' throughout.

<sup>2</sup> Department of Health. 2011. No health without mental health: A cross-government mental health outcomes strategy for people of all ages. London: DH



# Definitions



## Definitions

For the purpose of this strategy a mixture of definitions has been used for emotional wellbeing and mental health. 'Better Mental Health Outcomes for Children and Young People – A Resource Directory For Commissioners' uses the World Health Organisation (2004) definition of Mental Health which is: -

*“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”*

The National Institute for Health and Care Excellence (NICE) defines mental wellbeing as encompassing: -

- **Emotional wellbeing** (including happiness, life satisfaction and the opposite of depression)
- **Psychological wellbeing** (including resilience, mastery, confidence, autonomy, attentiveness /involvement, and the capacity for personal growth and development)
- **Social wellbeing** (good relationships with others, social skills, including conflict resolution and problem solving, emotional literacy, and the opposite of conduct disorder, delinquency, interpersonal violence and bullying)



Vision



## Vision

### *Growing up happy in North Yorkshire*

**Our vision is for all children in North Yorkshire to enjoy good emotional wellbeing and mental health.**

We aim to achieve this through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

The government's Mental Health Strategy (No health without mental health), sets out six shared mental health outcomes for children, working age adults and older people. The Children's Trust has agreed that the national strategy outcomes are formally adopted as the outcome measures for the North Yorkshire Children and Young People's Emotional and Mental Health Strategy.

The six outcome measures are as follows: -

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination



*Growing up happy in North Yorkshire*

In North Yorkshire we want to ensure that our services are co-ordinated, integrated, deliver quality outcomes and value the voice of the child and family. In order to deliver against the outcomes identified in the government's Mental Health Strategy and our vision, the Children's Trust in North Yorkshire has agreed eight local actions:

1. We will promote emotional wellbeing and resilience in all children
2. We will provide a clear and transparent view of the services available to promote positive mental and emotional wellbeing in North Yorkshire
3. We will increase understanding amongst children and professionals of emotional and mental ill-health in order to reduce discrimination and stigma
4. We will ensure earlier identification of children exhibiting emotional problems so that they are able to access help and support in a timely way

5. We will develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to services and the timeliness of response
6. We will ensure services put children, families and carers at the centre of their care and ensure they are involved in the planning, design and evaluation of services
7. We will, where possible, ensure services will be evidence informed and that they deliver quality outcomes
8. We will understand the current and expected future demand for these services, so as to inform future commissioning decisions around priority needs and vulnerable groups

Together, these local actions are cross cutting and will deliver against more than one outcome area. Delivery of the actions is underpinned by some shared principles: -

- The role of services is to ensure that the life chances of children and young people, especially those who are disadvantaged, are maximised.
- Parents have primary responsibility for, and are the main influence on, their children.
- Families are central to defining and addressing the problems that they face and they are key partners in the process.
- Children's needs are best met when addressed in the context of the whole family.
- Intervening early prevents longer term, more costly and more damaging problems later.

Scope of the  
strategy



## Scope of the strategy

North Yorkshire's Children and Young People's Emotional and Mental Health Strategy sets out how we will work to meet the mental health needs of children in North Yorkshire and to deliver the aims of the government's Mental Health Strategy (No health without mental health) which are as follows:

- To improve the mental health and wellbeing of the population and keep them well; and
- To improve outcomes for people with mental health problems through high-quality services that are equally accessible to all

North Yorkshire Children and Young People's Emotional and Mental Health Strategy targets children aged 0-18 years old (up to 25 for children and young people who have special educational needs and disabilities). It also relates to young people in transition from CAMHS to Adult Mental Health Services.

The Children and Young People's Emotional and Mental Health Strategy is a high level document that sets the direction of travel for CAMHS in North Yorkshire for the next three years.

The strategy covers the range of services across the levels of need set out in the Children and Young People's Plan 2014-17.



Background



## Background

Covering over 3000 square miles, North Yorkshire ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the county that are ranked within the 10% most deprived areas in England.

The county is also home to a significant military presence, including the UK Army's largest garrison at Catterick in the north of the county. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow in coming years as a result of redeployment of Army units to a small number of large garrisons across the UK.

The 2011 census recorded 132,358 children aged 0-19 across North Yorkshire. Overall, this represented a reduction in the 0-19 population of around 4000 in comparison with the 2001 census. Projections from the Office of National Statistics (ONS) indicate that over the next five years the overall 0-19 population will remain stable at around 132,000 (+/- 500 individuals). However, the projections also indicate that the proportion of children aged under-11 will grow by around 5% by 2018.

Within North Yorkshire, there are approximately:

- 5000 children from a BME background
- 3000 children from military families
- 1700 children for whom the authority maintains a Statement of Special Educational Needs, of which around 350 have a diagnosis of autism and around 280 have behavioural, emotional or social difficulties

## *Growing up happy in North Yorkshire*

- 1000 teenage conceptions per year
- 500 children looked after by the Authority
- 400 children subject to a child protection plan
- 344 children receiving specialist treatment for substance misuse
- 3109 children (age under 18) recorded as either Victim/Offender/Witness or Reporting Person for domestic abuse (2013/14).

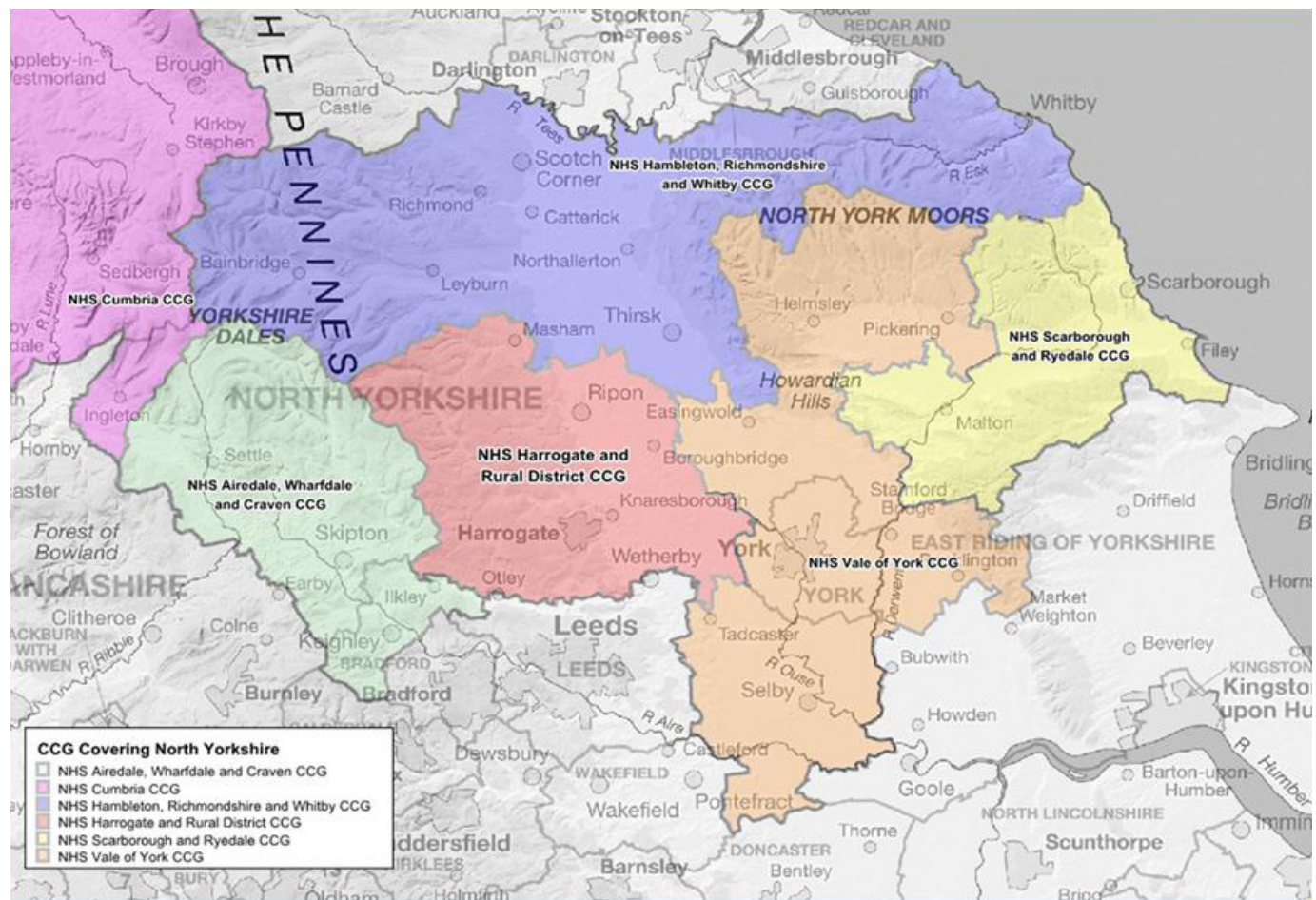
## Growing up happy in North Yorkshire

Across North Yorkshire it is estimated that at least 8000 children aged between 5 and 16 have a mental health disorder<sup>4</sup>. Conduct disorders (e.g. anti-social behaviours, aggression etc.) are estimated to be most common, with around 1800 children aged 5 to 10 years old and 2770 children aged 11 to 16 estimated to suffer from conduct disorders.

Primary care across North Yorkshire is commissioned by six Clinical Commissioning Groups (CCGs):

- Airedale, Wharfedale and Craven CCG
- Cumbria CCG
- Hambleton, Richmondshire and Whitby CCG
- Harrogate and Rural District CCG
- Scarborough and Ryedale CCG
- Vale of York CCG

The following map illustrates the geographic coverage of each CCG across North Yorkshire.



<sup>4</sup> Source – ChiMat CAMHS Needs Assessment Data, accessible via <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34> (accessed October 2013)



# Protective factors



## Protective factors

Evidence suggests that children's emotional wellbeing can be improved if the number of risk factors identified is reduced, and the number of protective factors is increased. There is a broad consensus that factors that can promote childhood resilience are located in the following domains:

- The physical and emotional attributes of the child
- The child's family
- The immediate environment in which the child lives<sup>5</sup>

Protective factors often operate to reduce children's exposure to risk. For example, a child with good social and emotional skills is able to make friends easily and is consequently less likely to experience social isolation (risk factor). Other protective factors serve to reduce the impact of risk factors. For example, a caring relationship with a parent, carer and/or teacher provides children with a source of support to help them cope with difficulties. Similarly, when children have a strong sense of cultural identity it can help to buffer the negative effects of discrimination and increase resilience. It is important to note that while protective factors have been found to be associated with a reduction in the risk of mental health difficulties, this does not mean that a particular factor or combination of factors will necessarily be protective for all children. The impacts of any of these factors may vary widely for different children and in different situations.

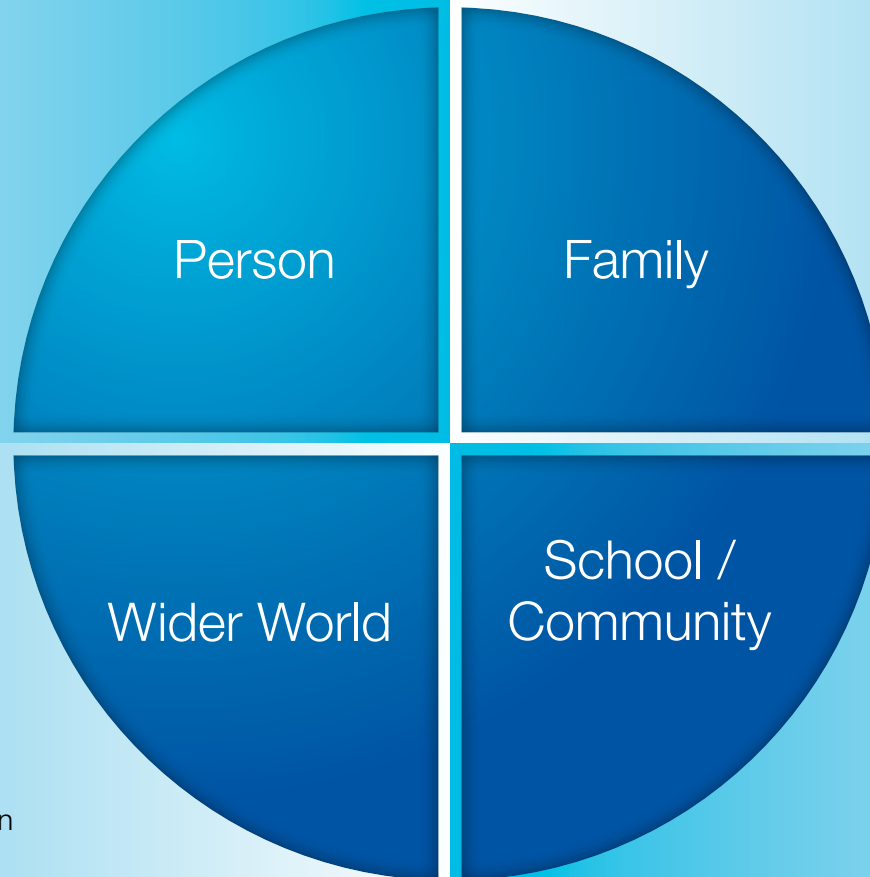
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The Children and Young People's Emotional and Mental Health Strategy encompasses a strengths based approach which seeks to reduce risk factors and enhance protective factors in order to build resilience, so that the number of children requiring CAMHS is appropriately reduced and children have learnt the skills to cope through childhood and as an adult. The diagram below helps the strategy to focus on those areas where resilience can be enhanced / developed and where emotional wellbeing can appropriately and effectively be promoted for maximum impact.



# Protective factors

- Biological resilience
- Good health and development
- Good problem solving skills / IQ
- Being female
- Secure attachment
- Good communication skills
- Humour
- Religious faith
- Belief in control



- Good relationship with parents
- Affection
- Supportive grandparents
- Lack of domestic tensions
- Family involvement in activities
- Being brought up by birth family

- 'Inclusive' policies
- Strategies for anti-poverty and employability
- Strategies for the promotion of equality and diversity

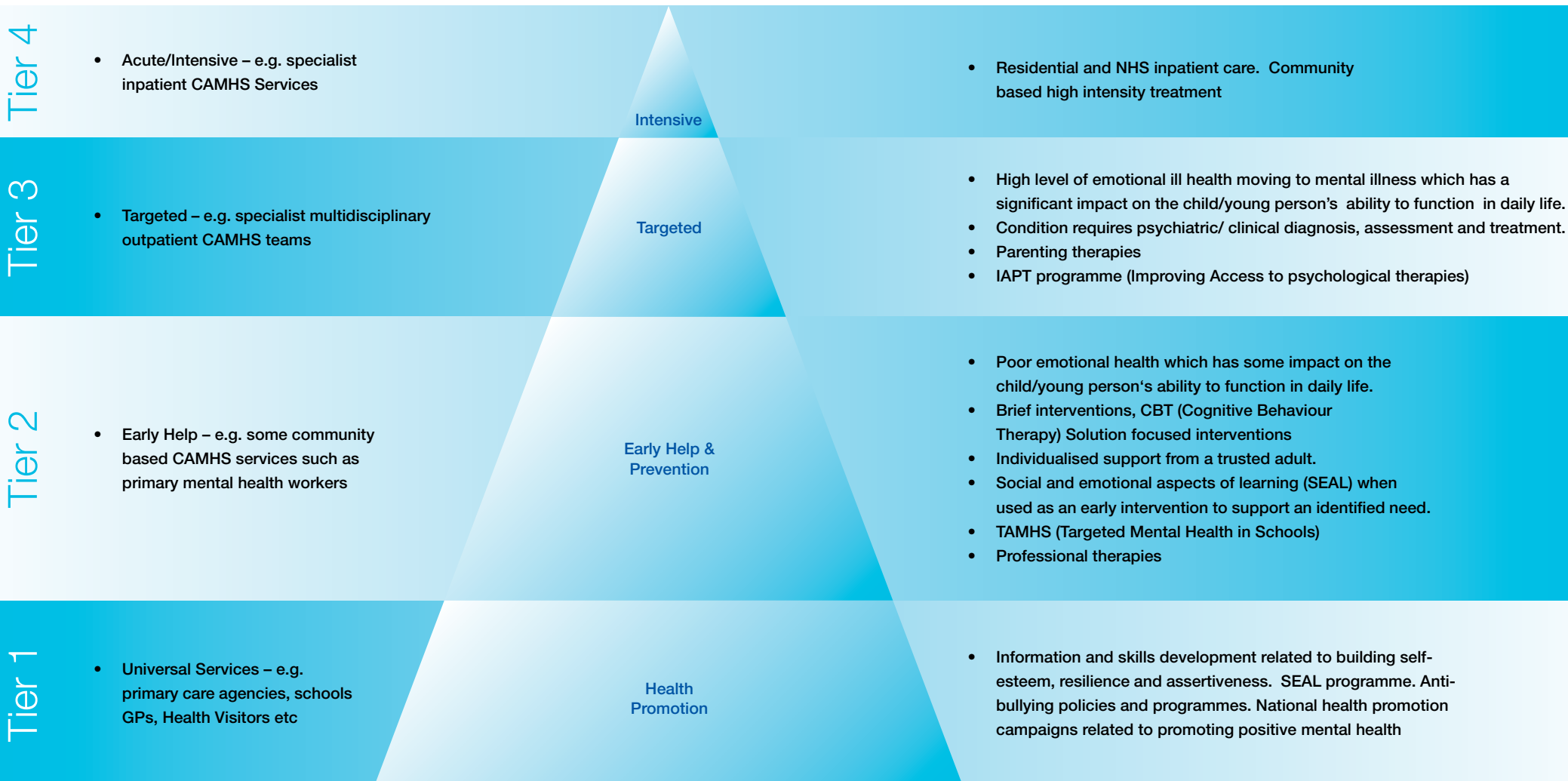
- Supportive community
- Schools with good rates of achievement, good 'ethos', lack of bullying
- Opportunities for involvement and achievement
- Good housing
- High standard of living
- Range of positive sport/leisure activities

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There are four tiers of child and adolescent emotional and mental health services to meet differing levels of need. This is illustrated in the following chart:

**Interventions to establish and maintain emotional wellbeing and positive mental health**

**CAMHS Tiers of Provision**



*Growing up happy in North Yorkshire***Remit of CAMHS services (national)**

Services provided under the umbrella of CAMHS deal with a range of problems including such things as: depression, attentional problems, anxiety, psychosis, self-harm, conduct disorders, family problems, obsessional behaviours, phobias and eating disorders. Services to address such problems are organised into a framework consisting of four tiers – the higher the tier the more severe the problem.

**Tier 1** - Services provided by practitioners working in universal services (such as GPs, health visitors, teachers, early intervention workers and youth workers) who are not necessarily mental health specialists. They offer general advice and interventions for less severe problems, promote mental and emotional health, aid early identification of problems and refer children on to more targeted and specialist services.

**Tier 2** - Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers, psychologists, and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessment and training to

practitioners at tier 1 to support service delivery. Community and voluntary sector organisations also provide a range of provision including counselling and systemic family therapy.

**Tier 3** - Services usually provided by a multi-disciplinary team or service working in a community mental health clinic, child psychiatry outpatient service or community setting. They offer a specialised service for those with more severe, complex and persistent disorders.

**Tier 4** - Services for children with the most serious problems. These include day units, highly specialised outpatient teams and inpatient units, which usually serve more than one area.

Specialist CAMHS support at tier 2, tier 3 and tier 4 in North Yorkshire is primarily delivered via three providers:

- Tees, Esk & Wear Valley Foundation Trust provides an early intervention service and community CAMH services across Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough and Whitby
- Leeds & York Partnership Foundation Trust provides acute inpatient services and a

community CAMH service via the Lime Trees service across Selby, York and Easingwold

- Bradford District Care Trust provides a community CAMH service and specialist support for a variety of mental health issues in Craven

Payment by results is already being implemented across adult mental health services and this will be further developed into CAMHS. This will enable commissioners to use payment systems increasingly to reflect quality and outcomes.

The commissioning body for tier 4 services is NHS England. Although the North Yorkshire County Council and CCG commissioning partnership do not directly commission tier 4 CAMHS or highly specialised services, the partnership has an important role in influencing and shaping these services through its relationship with NHS England.

North Yorkshire Children and Young People's Service (CYPS), schools and voluntary and community sector organisations offer a range of provision across tier 1 and tier 2. At tier 1 and 2 this includes direct work from support workers across preventative services and schools staff, whilst support from educational psychologists is available at tier 2.



The statutory and policy framework



## The statutory and policy framework

All children's services, as well as many adult services, have a role to play in promoting children's emotional wellbeing and mental health. This means that the relevant statutory and policy framework is a broad one.

### National context

The No health without mental health: a cross-government mental health outcomes strategy for people of all ages' (2011) strategy takes a cross-government approach focusing on outcomes that are meaningful to people of all ages including children and their families. The strategy also sets out a number of key areas for action; those specific to children include improvements to transitions between CAMHS and adult mental health by early planning of transitions, listening to young people and improving their self-efficacy; providing appropriate and accessible information and advice so that children can exercise choice effectively and participate in decisions about which services they receive; and, focusing on outcomes and improving joint commissioning, to promote flexible services based on developmental needs.

The consultation document, Liberating the NHS: Greater Choice and Control, contained proposals to provide service users with greater choice and control over their care and treatment and extended this to include those receiving mental health services (whilst recognising that choice is not always achievable, i.e. secure services). The issue of choice is relevant to children, including the choice to be treated in age and developmentally appropriate settings, care designed to enable children to be at home with their families as much as possible and treatment that enables them to lead as normal a life as possible. Following national consultation and the 'Future Forum' consultation, the Department of Health (DoH) released a revised set of proposals regarding commissioning consortia and budget responsibilities but retaining a focus on individual patient choice.

The DoH has also recently announced the launch of a new anti-discrimination campaign to help tackle mental health stigma and has allocated £20 million to fund the work. 'Time to Change' is being run by Mind and Rethink Mental Illness and will work alongside Comic Relief to take the work forwards. More information can be found at the campaign's dedicated website: <http://www.time-to-change.org.uk>

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### **Making Mental Health Services More Effective and Accessible**

Published in March 2013, "Making Mental Health Services More Effective and Accessible" represents the government's mental health policy. The policy sets out a number of areas for action:

- Prioritisation of mental health
- Effectiveness of mental health services
- Access to mental health services
- Suicide prevention
- Mental health for veterans
- Mental health for offenders

### **Implementation of the Health & Social Care Act 2012**

Enacted in March 2012, the Act disestablished Primary Care Trusts and Strategic Health Authorities. Local GP consortia based Clinical Commissioning Groups (CCGs) were established to commission services in local areas from a mixed economy of providers, supported by Commissioning Support Units and an NHS Commissioning Board.



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The Act also led to the creation of Public Health England, an executive agency of the Department of Health, charged with improving the nation's health and addressing inequalities. Responsibility for improving public health (for example smoking cessation services and drug/alcohol services) and public health commissioning (including commissioning of the Healthy Child Programme) has been devolved to local authorities.

A further provision of the Act was to establish Health and Wellbeing Boards in every top tier and unitary authority in England. The Boards act as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

## Children and Families Act 2014

Part 3 of the Children and Families Act will be implemented in stages from September 2012. It will bring about transformational changes for children and young people, (0-25) with special educational needs and disabilities. Key elements of the Act are greater influence and control for parents; integrated assessment and decision making; improvements in preparation for adulthood, and improved partnership working by agencies on behalf of children and families.

The SEND Code of Practice which accompanies the Act includes social, emotional and mental health difficulties as one of four broad areas of need. Children and young people may experience a wide range of social and emotional difficulties which may manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms which are not medically explained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

## Local context

Locally, there are a number strategic plans and programmes that impact upon or link to the provision of emotional wellbeing and mental health (CAMHS) services.

## North Yorkshire Health and Wellbeing Strategy

The strategy, which will be in effect from 2013 to 2018, was published in November 2012 and sets out a number of key challenges and priorities. The strategy includes explicit commitments to improving mental and emotional wellbeing and ensuring every child has the best start in life.

## North Yorkshire Children and Young People's Plan (CYPP)

The statutory requirement for Children's Trusts to produce a CYPP was repealed in October 2010. However, in North Yorkshire the CYPP will continue as the strategic plan which sets out priorities and goals for children's services and, via the Children's Trust, partners. The current CYPP ended in March 2014 and a new plan, anticipated to have a duration of three years, is in development. Emotional wellbeing and mental health are expected to be a priority area within the new plan.

*Growing up happy in North Yorkshire***2020 North Yorkshire**

2020 North Yorkshire is a North Yorkshire County Council wide programme which aims to re-shape the authority, and the services delivered, in a climate of continued austerity and budget challenges from 2015 to 2019. The focus of the programme will include a review of all services directly provided by the County Council and the development of strategies to reduce demand and increase prevention.

**Developing Stronger Families Programme**

The local interpretation of the government's Troubled Families Programme, the Developing Stronger Families (DSF) Programme brings together a number of agencies and organisations to work intensively with families to turn around the lives of families whose behaviour adversely impacts upon their future outcomes and their communities. Families eligible for intervention are defined as households who:

- Are involved in crime and/or anti-social behaviour (ASB)
- Have a child or children with school attendance issues
- Have an adult on out of work benefit
- Cause high cost to the public purse

**Preventative Services Review**

A review of preventative services was initiated by CYPS in June 2013. The review, the outcomes of which are expected to be implemented in early 2015, aims to create an all age preventative service from an existing range of services. In principle, the review will drive the creation of local, multi-disciplinary teams, working across the age range to deliver support and interventions consistent with tier 2 support.

**Re-commissioning of the Healthy Child Programme for 5-19 year olds**

The Health and Social Care Act 2012 gave new statutory responsibilities to local authorities for the health of their populations. Included within these responsibilities was the local co-ordination and planning to deliver elements of the Healthy Child Programme (HCP) for 5-19 year olds. The 5-19 HCP is defined as good practice guidance for prevention and early intervention services for children. Health and wellbeing is not restricted to physical health needs and there is frequent reference within the HCP to the importance of the emotional and mental health of children. There is an expectation that there will be structured and clearly understood integrated pathways to identify

and provide preventative services to those at risk of having poor health outcomes. Delivering the HCP is the responsibility of many partners and is not restricted to the contracted services that are being re-commissioned and which should be in place to commence on the 1st April 2015. It is important that there is effective coordination between the contracted HCP service and the range of other early intervention and prevention services that impact on health and wellbeing of children.

**CAMHS consultation report 2013**

In order to inform the development of the Children and Young People's Emotional and Mental Health Strategy, 'Leeds Involving People' were commissioned to carry out a consultation exercise with children from across a range of vulnerable groups. The consultation involved one to one interviews, focus groups and questionnaires with a total of 29 children. The findings and recommendations from the report have been incorporated in to the plans for how we will deliver against the agreed outcomes.

# Needs assessment





## Needs assessment

In order to inform the development of the Children and Young People's Emotional and Mental Health Strategy, a needs assessment was commissioned by North Yorkshire County Council's CAMHS Executive Board.

Data was drawn from a variety of external and internal sources. Analysis has been undertaken to establish the estimated prevalence of mental health issues and disorders in the 0 to 19 population across North Yorkshire. Current services have been mapped at tier 1, tier 2, tier 3 and tier 4 and an analysis of available activity (referrals and caseloads) has also been undertaken.

### Prevalence of mental health disorders in North Yorkshire

Aggregating estimated prevalence across the population as a whole with specific estimates of prevalence among known vulnerable groups<sup>6</sup> suggests that around 16,000 children have a mental health disorder, of which around 2500 are likely to be from a vulnerable group and are likely to have more complex needs.

Of this group of 16,000 children, at least 5000 are likely to require access to services at tier 2 and above. Of this group, almost 1500 are likely to require access to tier 3 services with around 100 requiring access to tier 4 services.

Harrogate district has the highest number of children likely to experience mental health issues or disorders. This is in part impacted upon by virtue of Harrogate district having the highest population of children relative to other districts. Similarly, the Ryedale and Craven districts are likely to have the lowest estimated number of children with mental health issues as a result of the lower overall 0 to 19 population in these districts.

The most common identified disorders by age group are summarised below:

- 5 to 16 age group - conduct disorders and emotional disorders
- 17 to 19 age group – common mental disorders (CMD)<sup>7</sup> and ADHD

Prevalence estimates by gender indicate that mental health disorders tend to be more common in males, particularly in the 5 to 10 age group. However, the gender gap narrows in the 17 to 19 age group.

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As already stated, North Yorkshire is home to the largest UK Army garrison at Catterick. Very few studies have been completed on the experience of deployment on children and families and in particular on their emotional and mental wellbeing. We know from the North Yorkshire Health Related Behaviour Questionnaire 2012 that 39% of Year 6 children from an Armed Forces family have high self-esteem, compared with 51% of all Year 6 children, which is statistically significant, that 32% of Year 10 children from an Armed Forces family have high self-esteem, compared with 40% of all Year 10 children and Year 10 pupils from service families also exhibit higher rates of smoking, drinking, drug taking, being sexually active, being bullied and worrying about being different and money, when compared with all Year 10 pupils.

***“It's very important to get input into services from the young people who use them as they know better than adults about what they need” - Young carer***

<sup>6</sup> For example, looked after children, children with Special Educational Needs and/or Disabilities (SEND), young offenders etc

<sup>7</sup> Common Mental Disorders: Mixed Anxiety & Depression, Generalised Anxiety Disorder, Depressive Episode, Phobias, Obsessive Compulsive Disorder, Panic Disorders

*Growing up happy in North Yorkshire***Service provision**

The geographic scale of North Yorkshire creates a uniquely challenging environment in respect of the commissioning and delivery of services. NHS England/Area Team is responsible for commissioning primary care across the county, and while there are four NHS providers of specialist CAMHS services providing support and treatment to children in different parts of the county, one of these provides to a very small area. This is most clear in the west of the county where in Craven there are two CCGs and two providers of specialist CAMHS services. For the purpose of the strategy development and implementation, there are three primary service providers.

In practice, a differentiated CAMH service is in operation across the county. However, it has proven difficult to obtain sufficient information and data to adequately clarify how the service is differentiated.

Analysis of spend per head data highlights that, in comparison with the figure for England, the spend per head on commissioned CAMHS is much less in North Yorkshire. Although the gap has narrowed, spend per head in North Yorkshire remains almost half of that observed nationally.

Alongside specialist CAMH services is a wide range of community and voluntary sector provision which includes commissioned services, spot purchased and services offered without charge.

**Prevalence of mental health disorders nationally<sup>8</sup>**

According to a study carried out for the Office for National Statistics in 2004, one in ten children aged five to 16 have a clinically significant mental health problem. Disorders most relevant to children are:

- conduct disorders, for example defiance, physical and verbal aggression, vandalism
- emotional disorders, for example phobias, anxiety, depression or obsessive compulsive disorder
- neurodevelopmental disorders, for example attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major caregivers
- substance misuse problems
- eating disorders, for example pre-school eating problems, anorexia nervosa and bulimia nervosa

Some children experience more than one mental health problem (comorbidity). This can make assessment, diagnosis and treatment more complex. The 2004 survey found that one in five of the children with a mental disorder were diagnosed with more than one of the main categories of mental disorder. This figure represented 1.9% of all children. The most common combinations were conduct and emotional disorder and conduct and hyperkinetic disorder.

Mental health disorders in childhood can have high levels of persistence:

- 25% of children with a diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later according to a national study
- persistence rates in both cases were higher for children whose mothers had poor mental health (37% and 60% respectively)
- children experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety disorders in adulthood.

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Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following domains:

- from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who are looked after by the local authority
- with disabilities (including learning disabilities)
- from black and other ethnic minority groups
- who are lesbian, gay, bisexual or transgender (LGBT)
- who are in the criminal justice system
- who have a parent with a mental health problem
- who are misusing substances
- who are refugees or asylum seekers
- in gypsy and traveller communities
- who are being abused.

While children in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the individual, in the family and in the community influence whether a child will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.

Based upon data from Leeds and York Partnership, emotional disorders account for the largest tranche of referrals and cases at tier 2/3. Data from 2011 from Tees, Esk and Wear Valley Foundation Trust also indicates a high proportion of cases result from either family/relationship issues or emotional disorders. However, prevalence estimates indicate conduct disorders are the most common disorders experienced by children.

This tends to suggest that tier 1 and tier 1/2 services are providing effective support to a high proportion of children exhibiting symptoms of conduct disorders. Conversely, the proportion of cases where an emotional disorder has been diagnosed mirrors prevalence estimates. This in turn may indicate that tier 1/2 services are not as effective in terms of supporting children exhibiting emotional disorders, or may simply indicate that cases involving emotional disorders tend to be more complex. There is insufficient available data to test either hypothesis.



# Key achievements





## Key achievements

*Growing up happy in North Yorkshire*

### Key achievements of the CAMHS Executive Partnership:

In North Yorkshire, we have had a strong CAMHS Executive Partnership for a number of years. The partnership meets every eight weeks and has representatives from all the providers, commissioners, local authority and the voluntary and community sector.

The CAMHS Executive Partnership has been working hard to develop the Emotional and Mental Health Strategy. This has been a challenging task mainly because of the changing landscape of the NHS commissioning environment, but also because of the lack of available data around actual incidence of emotional and mental health issues and the lack of a consistent approach to the mapping of services across the county. Successful and sustained partnership working through the CAMHS Executive Partnership has allowed us to deliver against the following priorities whilst developing the strategy:

- Establishment and completion of specific work streams in order to inform the strategy development
- Significant and valued contributions from the voluntary and community sector
- Strong commitment from the local authority, CCGs and CAMHS partners to work together
- Agreement that moving forward all CAMHS providers will routinely collect mental health outcome data and make it available to all commissioners
- Clearer mapping of available CAMH services both at tiers 1 and 2 and in specialist CAMHS (tiers 2, 3 and 4)
- Agreement to joint service specifications and commissioning between the Partnership Commissioning Unit (hosted by Scarborough and Ryedale CCG) and the local authority
- The development of a joint service specification to establish a minimum service offer from CAMHS for looked after children and enhanced workforce development for the wider children's workforce
- The beginning of work to develop integrated care pathways to establish a minimum offer at tiers 1 and 2, and tiers 2 and 3.
- Local authority CAMHS funding agreed and maintained 2014/15 year
- Completion of a comprehensive needs assessment
- Completion of mapping workshop and gap analysis around the promotion of emotional and mental health across all stakeholders
- Independent consultation completed with children

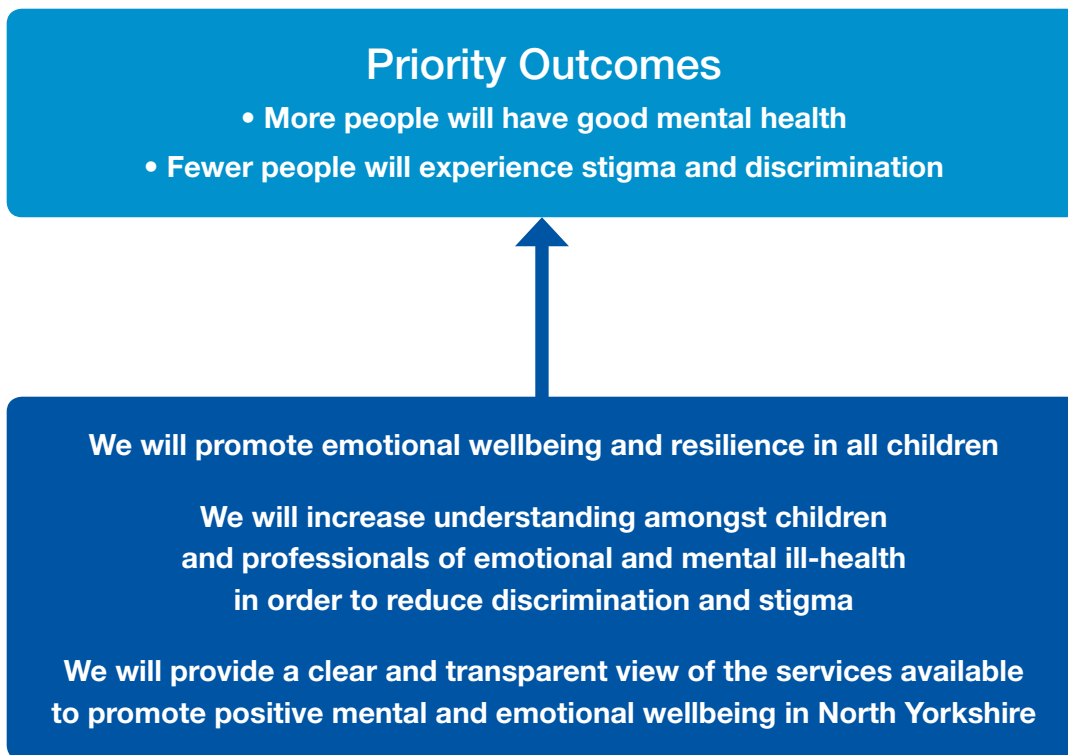
How we will  
deliver against our  
priority outcomes





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# How we will deliver against our priority outcomes



Emotional wellbeing and resilience in children is critical to ensuring that they achieve good mental health. As stated in the government's 'no health without mental health' paper (2011), by focusing on the prevention of mental health problems and promoting emotional wellbeing and resilience, the outcomes for children, across a broad range of measures will significantly improve. It is also envisaged that this will help to identify children who may be at risk from poor emotional and mental health at an earlier stage. In early years, this is achieved through supporting parents and carers to promote emotional wellbeing and resilience but for older children, schools and other organisations have a significant role to play.

In relation to fewer people experiencing stigma and discrimination, the national objective is being delivered through increasing public understanding of mental health which will, as a result, challenge and decrease negative attitudes and behaviours towards people with mental health problems. Very close links can be aligned with this work and the promotion of emotional wellbeing and mental health in children.

## *Growing up happy in North Yorkshire*

### **What we know**

Many services across the statutory, community and voluntary sector are playing a significant role in promoting emotional wellbeing, mental health and resilience to children and their families / carers. The awareness of the wide range of available services is limited and information and guidance is not readily available to parents / carers and agencies.

The North Yorkshire Parenting Strategy delivers a wide range of programmes to help build parental resilience and build emotional wellbeing in families. However, mapping has identified a gap with regard to maternal mental health services. Closing the gap: priorities for essential change in mental health recognises the need nationally for better support for postnatal depression and Health Education England is involved in training for midwives and health visitors with the intention that a specialist is in post in every birthing unit by 2017.

The Health Related Behaviour Questionnaire (Growing Up in North Yorkshire) completed biennially provides us with a wealth of information and the ability to track progress with regard to emotional wellbeing and mental health issues.

Schools and other settings are well placed to deliver health promotion but the work lacks some coordination and consistency of approach. We have never explicitly linked the work around health promotion with the reduction in stigma and discrimination of those accessing emotional and mental health services. Across services, there has been little evaluation work completed about 'what works' in delivering positive outcomes from health promotion.

The voluntary and community sector have a significant contribution to make to both the promotion of emotional and mental health and towards tackling stigma and discrimination. The Harrogate directory of services and the 'Young Minds' work on challenging stigma and discrimination, and signposting and guidance are good practice examples. Evidence demonstrates that voluntary sector services are well used by children and their families.



*Growing up happy in  
North Yorkshire***To achieve these priority  
outcomes we will:**

- Ensure the North Yorkshire Parenting Strategy has a range and intensity of programmes which is effectively targeted and accessible including the inclusion of antenatal programmes for targeted families.
- Support schools and other settings to be good at promoting emotional wellbeing, including understanding of the impact of stigma and discrimination.
- Ensure that appropriate outcome focused emotional wellbeing and resilience promotion programmes are provided universally across North Yorkshire.
- Provide a clear and transparent view of the services available to promote and support children with emotional and mental health problems through the availability of comprehensive information and guide to services in North Yorkshire.
- Look at better use of the internet to provide information to children, families and carers on services and emotional wellbeing issues.
- Help schools to understand and develop their role in commissioning emotional wellbeing services for children.
- Explore the possibility of a social prescribing model across the system (linking children to activities in the community that they might benefit from).
- Complete a comparative analysis of the data in the Health Related Behaviour Questionnaire (Growing Up in North Yorkshire) completed by children biennially, to measure progress against this outcome.
- Ensure that services for children are outcomes focussed, high quality and are non-stigmatising; placing the children and family / carers at the centre of their care.
- Review maternal mental health services to ensure that maternal emotional and mental health services are effective and consistently delivered across the county.
- Utilise existing positive engagement with the voluntary and community sector to enhance skills and resources and build capacity.
- Review the impact of the digital culture on children's emotional and mental health with recommendations for service provision where appropriate (joined up review with Public Health and Safer Communities).
- Develop an understanding of the experience of deployment on children of serving army personnel to inform what evidence-based support services are most appropriate to deliver.

## *Growing up happy in North Yorkshire*

### Priority Outcomes

- More people with mental health problems will recover
  - More people with mental health problems will have good physical health
  - Fewer people will suffer avoidable harm

**We will ensure earlier identification of children exhibiting emotional problems so that they are able to access help and support in a timely way**

**We will develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to services and the timeliness of response**

**We will, where possible, ensure services will be evidence informed and that they deliver quality outcomes**

**We will understand the current and expected future demand for these services, so as to inform future commissioning decisions around priority needs and vulnerable groups**

Early intervention in the lives of children is key to ensuring that problems do not escalate and become more severe, complex and long lasting. Early intervention makes sense both from the perspective of improving sustainable outcomes for children but also, in challenging economic times, in terms of ensuring that resources are targeted effectively. The strategy aims to promote early intervention at both an individual and system level.

Where more targeted / specialist intervention is required, practitioners across the children's workforce should be clear on what services are accessible and how they are accessed to ensure a timely response to need.

## *Growing up happy in North Yorkshire*

### **What we know**

In North Yorkshire we know that there has been pressure on all the tiers of service provision. From a CAMHS perspective, this is impacting on the ability to deliver a comprehensive CAMHS primarily at tier 3 or Specialist CAMHS level, working with children with mental disorder and complex, severe and/or persistent needs. Alongside this, some frontline workers across all sectors are articulating a lack of knowledge and understanding around emotional and mental health in terms of identification, knowing when and how they can intervene and knowing when and how to escalate issues. The fact that as yet, in North Yorkshire, we have not agreed integrated, multi-agency care pathways across all the levels of provision has added to the complexity of workers being able to respond appropriately and knowing how and when to access more specialist targeted help.

Embedding tier 2 services and funding in more mainstream provision, with a clear and effective care pathway between tier 2 and tier 3 services, is a better model of service for many reasons and has clear identifiable links with the aims of the Children and Young People's Emotional and Mental Health Strategy. Such an approach would require a substantial service transformation and transitions planning and management. Providing tier 2 interventions in schools and other NHS and social care and early help settings through the training and development of health, education and social care professional staff would maximise the value of existing staffing resources and improve the overall impact of service on emotional health and wellbeing.

Through a recent mapping workshop and consultation exercise, we know that there are a significant amount of services being delivered by the voluntary and community sector across the tiers. Some of these services are free but some are commissioned. These services have not been utilised in a consistent or co-ordinated way and yet they provide a substantial resource to children, families and professionals.

Given the size and complexity of the commissioning landscape across North Yorkshire, we are aware that there are inconsistencies across the county both in terms of access to services and provision of services. An agreement around a basic service entitlement across the tiers would help in providing consistency of provision.

It is critically important that in a time of significant austerity and wide-reaching changes in policy and organisational structures, we ensure that services deliver the best possible outcomes for children and families. Payment by results is already being piloted by some CAMHS nationally and this is additionally driving the outcomes culture. The DoH paper 'Closing the gap: priorities for essential change in mental health' (2014) indicates that in future, services that deliver the best outcomes i.e. recovery rates may get more funding. In North Yorkshire, we have not mapped our interventions in terms of their evidence base or the outcomes they achieve and this leaves us vulnerable in achieving our vision for children's emotional and mental health but also in ensuring continuity of provision as payment by results funding becomes more likely.

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Tees, Esk and Wear Valley NHS Foundation Trust have commenced a Children's Improved Access to Psychological Therapies (IAPT) project in the Harrogate, Northallerton and Scarborough areas. This is a service transformation project for CAMHS that focuses on extending training to staff and service managers in CAMHS and embedding evidence-based practice across services, making sure that the whole service, not just the trainee therapists, use session-by-session outcome monitoring. Decisions about the therapy training offered are based on best evidence (NICE) and the prevalence of emotional and mental health problems. In years one and two, training is in CBT and Parenting for 3-10 year olds. In year two, training will also be offered in Systemic Family Therapy (SFT) and Interpersonal Therapy (IPT). All partnerships will receive training in service development and outcome monitoring.

There is a national shortage of tier 4 beds which can mean that children have to be cared for in hospitals outside of North Yorkshire, sometimes in the far south east or west of the country. In the event, this can cause additional distress and inconvenience for the child and their family/carers.

Inpatient care can be particularly distressing for children and their families and should only be a last resort when it becomes both unsafe and impractical to continue caring for a child in their local community.

Given the fragmented nature of the CAMHS provision, the availability of actual data on referrals and caseloads has proved difficult and led to the use of prevalence data in order to assess and analyse need. An assessment of demand at tier 1 has also been problematic. Alongside this, we have limited data on key performance measures and outcomes across provision.

The response to self-harming behaviours in children needs to be strengthened to ensure that it is more effectively responded to at tiers 1 and 2. Some frontline workers are expressing a lack of knowledge and understanding around self-harm and the available interventions.

Recent studies suggest that approximately 70% of individuals with autism also meet diagnostic criteria for at least one other (often unrecognised) mental and behavioural disorder, and 40 % meet diagnostic criteria for at least two disorders, mainly anxiety, attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) (Hofvander et al., 2009; Simonoff et al., 2008).



## *Growing up happy in North Yorkshire*

Associated issues of children with speech, language and communication needs (SLCN) is also acknowledged. The incidence of this ranges from 1% of 5 year olds who have the most severe difficulties, to 7% who will have significant communication difficulties, and 50% of children at school admission in some parts of the county whose language skills are delayed. SLCN is the most commonly occurring SEN, and we know that these children are at significant risk of mental health difficulties due to problems in understanding communication and expressing themselves. This is further compounded by issues in accessing services - it is hard to participate in talking therapies when you can't talk. Of particular concern are the numbers of children who have underlying SLCN but their needs are misattributed to behaviour difficulties or only the outward signs are addressed. In North Yorkshire, two speech and language therapists have been commissioned to look at this within our Youth Justice Service and with other vulnerable children.

Although there is a wealth of information available on a number of vulnerable groups in terms of cohort size and characteristics, information in relation to their emotional and mental health needs is not readily available. Information systems are not being used to effectively and accurately ascertain the prevalence of mental health disorders within these groups. While we are in the process of strengthening provision to some of these groups, there remain some gaps around autism and complex and challenging behaviour. We also acknowledge the value of the voluntary and community sector in terms of their ability to reach and engage with vulnerable groups.

The draft Special Educational Needs (SEN) Code of Practice: for 0 to 25 years to be implemented from September 2014, introduces social, mental and emotional health as one of four broad areas of SEN. It acknowledges that for some children, difficulties in their emotional and social development can mean that they require additional and different provision in order for them to achieve.

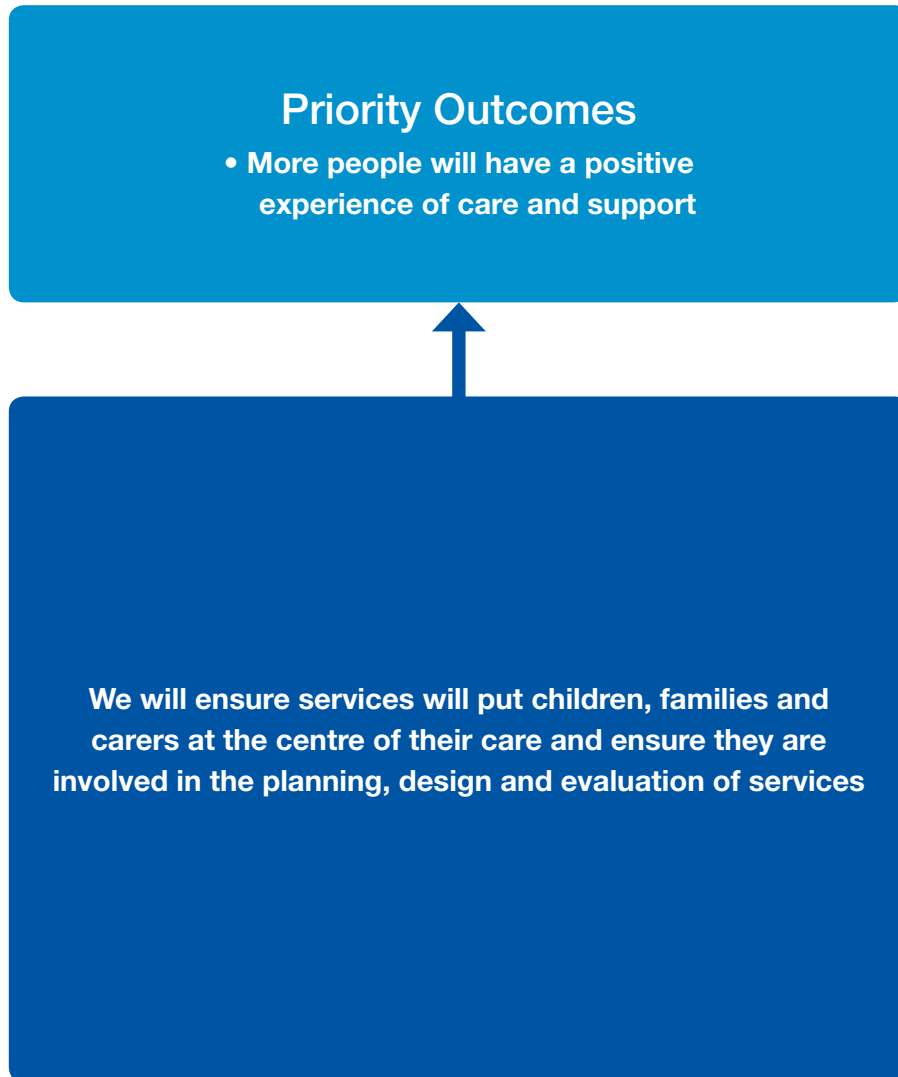
The Code of Practice talks about the need for schools, colleges and early years providers to have clear arrangements in place for making appropriate referrals to CAMHS. Any development of provision and integrated care pathways will need to take cognisance of the Code of Practice.

To date, the development of this strategy has not looked at issues around transition from children's emotional and mental health services to adult services. We are aware from consultation and feedback that too many children with on-going mental health problems have problems with the levels of support they receive when they move into adult services. This is a challenging area of work but one which has been planned as a separate phase of the strategy development and will inform an early review of the strategy.

*Growing up happy in North Yorkshire***To achieve these priority outcomes we will:**

- Increase capacity within tier 2 provision and the links with timely access to physical health services, within the commissioning of the 5 – 19 Healthy Child Programme.
- Through a comprehensive workforce development programme, ensure that workers across the spectrum of children's services have the appropriate knowledge, training and support to promote the wellbeing of children and their families and to identify, and where appropriate, work to address early indicators of difficulty and understand when and how to escalate to targeted / specialist services.
- Ensure all stakeholders agree a service offer, which is defined across tiers 1, 2 and 3 that can be accessed regardless of where the child or family lives in the county.
- Develop and implement multi-agency, integrated care pathways across tiers 2,3 and 4, including the development of a specific pathway for self-harm across tiers 1, 2 and 3.
- Review tier 3 provision, both in terms of understanding changes in demand, pressures and future requirements as well as incorporating best practice and evidence based practice to maximise impact and value in improving outcomes for children and young people.
- Ensure that there is a balance of local services that can meet the needs of children without recourse to premature inpatient care. To achieve this, commissioners will need to review the requirement for some enhancements to part or all of the whole system of health and social care services, or enhancements to particular services and/or skills sets, for example eating disorder services.
- Implement evidence-informed, outcomes-focused interventions which maximises the impact of services while maximising the benefit of funding.
- Produce an annual CAMHS needs assessment to ensure that services are appropriately commissioned, targeted and reviewed in line with the required outcomes.
- Produce a geographical map to show the voluntary and community sector provision and ensure these services are utilised, where appropriate, in the integrated multi-agency pathways.
- Develop a North Yorkshire CAMHS data set and associated performance scorecard to monitor demand for, and access to, services at all tiers of treatment and to inform commissioning priorities (this may be superseded by the introduction of the national CAMHS data set).
- Ensure the needs of children in identified vulnerable groups are met through the development of a whole systems approach to assessment, planning and commissioning, inclusive of all partners. Within North Yorkshire we will work to prioritise the needs of: -
  - o Children who are looked after by the local authority or who have left the care of the local authority
  - o Children involved in the criminal justice system
  - o Children with learning difficulties, disabilities and SLCN
  - o Children with a diagnosis of autism
  - o Children with chronic physical health problems
  - o Young carers
  - o Children with complex, severe and persistent behavioural and mental health needs
- In conjunction with partners, develop a specific integrated, multi-agency pathway for older children who are in transition to adult services to ensure effective planning and support.

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Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected. There has been a strong theme across this strategy to ensure that services reflect choice for the individual and give them some control to contribute to their care and help shape the services they receive.

*Growing up happy in North Yorkshire***What we know**

'Leeds Involving People' were commissioned to consult with children across a range of priority groups. Although a small sample

(29 older children), it involved all the priority groups and the quality of the feedback from the children was very high and has been valued for its contribution to the overall direction of the strategy. In summary, the consultation highlighted the following: -

- Children consulted who are attending school are more likely to find out about emotional and mental health services through school and valued those services provided by schools. Services provided by schools and youth groups were not always viewed as being linked to emotional or mental health.
- The older participants consulted who currently access mental health services found the access into them very straightforward and easy. However, comments were made by some children about waiting times for a service, distance they had to travel for services, confidentiality (conversations shared between agencies) and discharge from services before they felt ready.
- The age of transition to adult services was raised as an issue with some children feeling 18 is too young and that 21 would be a better age.
- The school age participants said that their ideal mental health service would be provided through arranged sessions with the same person on a regular basis, whereas the older participants said that they would much prefer a drop-in where they can see someone as and when they like without having to make an appointment. All the participants said that the person that they speak to would have to be unknown to them, but with an idea of their needs, respectful, trustworthy and friendly. They would much rather sit down and speak to someone face-to-face, as opposed to having a desk and computer screen between them.
- When it came to stigma around mental health there was very little in all of the groups engaged with.
- Trust and being listened to by staff came across as very important.
- The majority of participants saw that there was value in children being involved in designing the services that they use, as they have a better idea of their needs as opposed to professional adults. More than half of the participants said that they would get involved themselves.

The Tees, Esk and Wear Valley Foundation Trust was awarded the Investors in Children award in September 2013 following consultation work with children in relation to recruitment and selection training. In addition, Leeds and York Partnership Foundation Trust have undertaken consultation and work around the Personal, Social and Health Education (PSHE) curriculum development and are also working towards the development of a 'Mentally Healthy Schools Award'.



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North Yorkshire***To achieve our objective we will:**

- Embed participation as a priority across multi-agency services.
- Extend our consultation work to cover young children, their parents and carers and report the findings of this back to the CAMHS Executive Partnership.
- Ensure all new service design and / or re-specification will have an explicit consultation remit attached.
- Ensure that reducing barriers remains a priority within service design to ensure that services are flexible and accessible to children who may be reluctant to engage.
- Ensure that children and families' satisfaction of services delivered will be measured at the exit point and reported via the North Yorkshire scorecard.
- Ensure that consultation and participation of children and families/carers is included on the North Yorkshire Voice and Influence and Participation forward plan.

# Governance

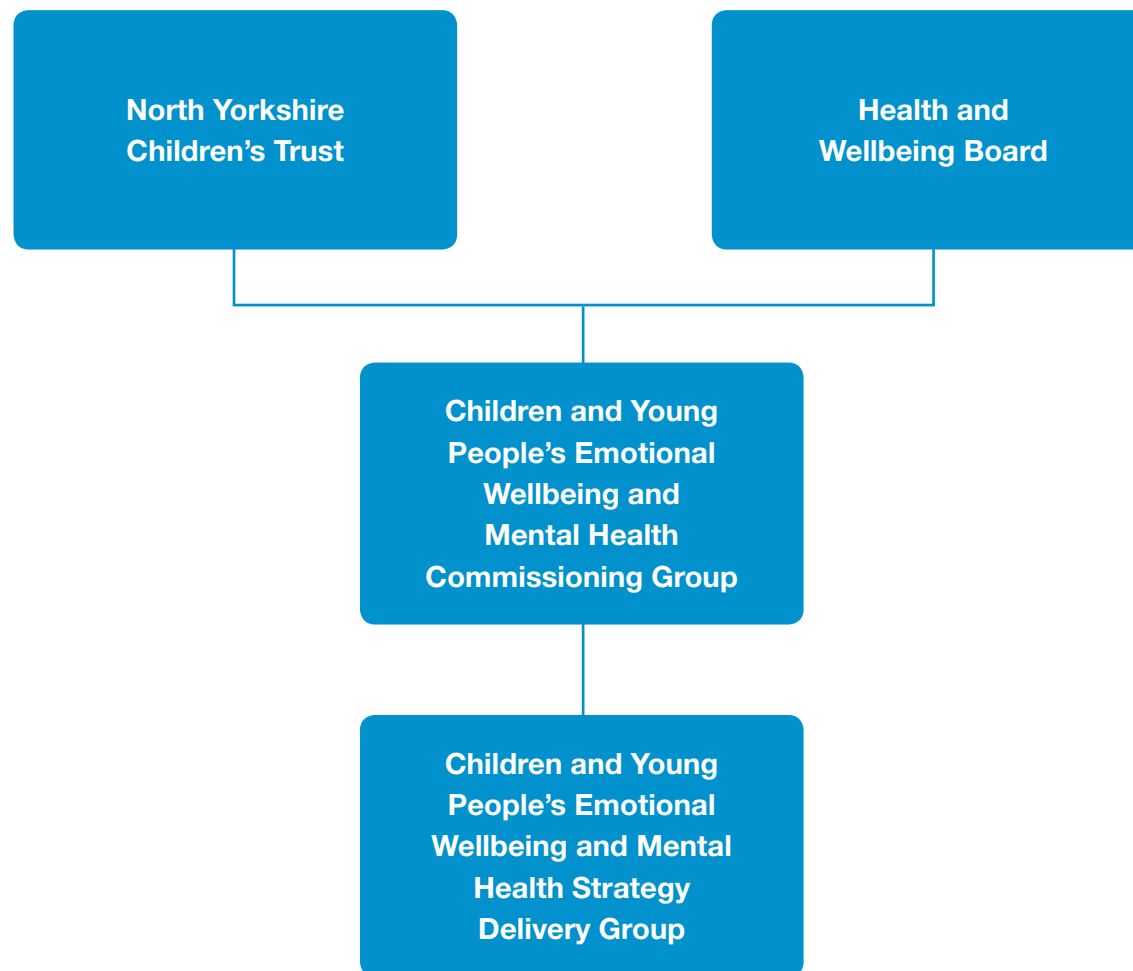


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## Governance

It is recognised that in order to deliver the strategy effectively, new governance arrangements, that replace the current CAMHS Executive Partnership, will be implemented. Oversight of the delivery of the strategy will sit with the Children and Young People’s Emotional Wellbeing and Mental Health Commissioning Group, who will be accountable to the Children’s Trust and Health and Wellbeing Board for the overall delivery of key outcomes.

The Emotional Wellbeing and Mental Health Commissioning Group will receive reports and performance information from the Children and Young People’s Emotional Wellbeing and Mental Health Strategy Delivery Group in order to monitor strategy delivery and consider and resolve any barriers to achieving the aims of the strategy.



## Contact us

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