

## North Yorkshire County Council

## Children &amp; Young People Overview and Scrutiny Committee

17th April 2015

## Children &amp; Young People's Mental Health Strategy

**1 Purpose of the report**

- 1.1 To provide the committee with information about the Children and Young People's Emotional and Mental Health Strategy 2014-2017.
- 1.2 To update the committee about progress made against some of the priorities set out in the strategy.
- 1.3 To identify how the increased national interest in children's emotional wellbeing and mental health might influence the future development of the strategy.

**2 Background**

- 2.1 National data illustrates the impact that poor mental health can have on the future lives of children with an estimated 1 in 10 of children aged 5-16years old having a mental health condition. (*The Office for National Statistics ;Mental health in children and young people in Great Britain, 2005*). There are also some worrying trends emerging, for example there has been a threefold increase in the numbers of young people who self-harm in the last 10 years. (*Public Health England: Health Behaviour of School-Aged Children, 2014*). The 'Growing up in North Yorkshire' survey provides local intelligence on factors that impact on our children and young people's emotional and mental health such as resilience and self-esteem. The most recent 2014 results indicate that there are some growing areas for concern, for example 6% (270) of Year 6 pupils had a self-esteem score that was indicative of poor mental health and 16% (273) Year 10 girls indicating that they self-harmed when feeling stressed or upset.
- 2.2 The importance of emotional wellbeing and mental health is identified within 'Young and Yorkshire'. In 2014 a Children and Young People's Emotional and Mental Health (EMH) Strategy was produced setting out how partners would work together to address key priorities. The document was developed by the North Yorkshire Child and Adolescent Mental Health Strategic Partnership Group which has subsequently been disbanded and replaced with the EMH Strategy Commissioning Group and the EMH Strategy Implementation Group.

**3 The Children and Young People's EMH Strategy.**

- 3.1 The strategy reflects the mental health outcomes as defined within the government's mental health strategy, *No Health without Mental Health* and the Children's Trust agreed that these should be adopted as the outcome measures for the North Yorkshire Children and Young Peoples' EMH Strategy.

The six outcome measures are:

- More people will have good mental health
- More people with mental health problems will recover

- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Further details about how these priority outcomes will be measured can be found on pages 32-40 in the Children & Young People's Emotional and Mental Health Strategy 2014-17

<http://cyps.northyorks.gov.uk/index.aspx?articleid=30312>

- 3.2 An implementation plan has been produced to capture the contributions made by service areas across the Children and Young People's directorate, by colleagues in other parts of the council for example in Stronger Communities and by external partners including the voluntary and community sector and other health commissioners. The full implementation plan is attached as Appendix A.

#### **4. Progress made against the EMH Strategy priorities.**

- 4.1 The endorsement of the EMH strategy by the members of the Children's Trust and the prevalence of the topic within 'Young and Yorkshire' has provided an impetus for joint work including improved strategic relationships, commissioning, guidance and support to schools and operationally through the development of care pathways. The following are examples of progress made against the actions included within the implementation plan.

##### 4.1.1 Strategic relationships.

At a strategic level the collaboration with colleagues from the Partnership Commissioning unit has ensured that there is consistency across service specifications and contracts. NYCC have been involved in scoping service requirements for newly commissioned provision, for example in the re-commissioning of services for York and Selby CCG.

##### 4.1.2 Commissioning.

Increased resources were allocated from the CYPs to a pooled budget with Public Health for improved access to emotional and mental health interventions as part of the commissioning of the Healthy Child Programme for 5-19 year olds.

##### 4.1.3 Support to schools

The intelligence gathered from young people, for example with regards to the impact that sexual orientation has on their emotional and mental health has been used to establish training courses and publicity for teachers and other practitioners. Guidance for schools has been refreshed to reflect the shared priorities from the EMH strategy.

##### 4.1.4 Care pathways.

A self-harm pathway has been developed that illustrates the excellent communication and working arrangements that have grown between service providers. The pathway was instigated by the EMH Strategy implementation group but it was the service providers who helped to finalise the pathway which is now being rolled out and will form part of the workforce training programme.

## **5. Increased national attention on the emotional wellbeing and mental health of children and young people.**

- 5.1 Interest in the topic of children and young people's mental health has been increasing since the publication of the Chief Medical Officer's report in 2012 in which the importance of emotional wellbeing and mental health on all aspects of child's development were highlighted alongside the growing concerns about the quality, quantity and range of provision that exists.
- 5.2 In March 2015 a cross parliamentary task-force looking at this topic published its findings in the document '*Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing*' sets out a convincing argument for the need to change. There is the likelihood of a significant injection of additional funding to support whole system design but this will be dependent on Local Authorities having in place a lead commissioner and a comprehensive transformation plan.
- 5.3 North Yorkshire is well placed to respond to this within whatever timeframe the government sets. There are excellent relationships with CCGs through the Partnership Commissioning Unit and operationally there are examples of joint work with key partners including the police, schools and the voluntary and community sector to develop service delivery.

## **6 Recommendations**

- 6.1 That the Young People's Overview and Scrutiny Committee note the production of Children and Young People's Emotional and Mental Health Strategy.
- 6.2 That the Young People's Overview and Scrutiny Committee recognise the progress that has been made against some of the actions within the implementation plan.
- 6.3 That the Young People's Overview and Scrutiny Committee be aware of the increased national interest in this topic and the drivers from government to improve mental health services for children and young people.

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Appendix "A" - CYP Emotional & Mental Health Strategy Implementation Plan Final  
9.2.15

### **Background documents.**

'Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing' (DoH March 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Children\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Children_Mental_Health.pdf)

**Priority area 1.**

- To promote emotional wellbeing and resilience in all children
- To increase understanding amongst children and professionals of emotional and mental ill-health in order to reduce discrimination and stigma.
- To provide a clear and transparent view of the services available to promote positive mental and emotional wellbeing in North Yorkshire.

	<b>What do we want to achieve?</b>	<b>What actions need to be taken?</b>	<b>By when?</b>
1.1	Ensure that 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.	<ul style="list-style-type: none"> <li>▪ Refresh the North Yorkshire Parenting Strategy.</li> <li>▪ Produce an updated implementation plan to reflect additional actions that are required. (See also 1.12)</li> <li>▪ Disseminate /promote the strategy.</li> </ul>	<p>June 2015</p> <p>June 2015</p> <p>September 2015</p>
1.2	Support schools and other settings to be good at promoting emotional wellbeing, including understanding of the impact of stigma and discrimination.	<ul style="list-style-type: none"> <li>▪ Develop an Emotional Health &amp; Wellbeing toolkit for secondary schools in partnership with the City of York Council. (See also 1.4 &amp; 1.12)</li> <li>▪ Update North Yorkshire guidance for schools on supporting LGBT young people in line with the information obtained from the Growing Up in North Yorkshire survey.</li> <li>▪ Support schools in understanding faith and culture of minority ethnic achievement pupils in North Yorkshire through the implementation of specific projects with North Yorkshire schools.</li> <li>▪ Review and update the Comprehensive Minority Ethnic Support packages for schools.</li> <li>▪ Provide training and specific projects (e.g. 2 year old project, baby room project) working with early years settings to promote emotional wellbeing in early years inc resilience, early attachment, PSED</li> </ul>	<p>July 2015</p>
1.3	Ensure that appropriate outcome focused emotional	<ul style="list-style-type: none"> <li>▪ Provide opportunities for schools to participate in</li> </ul>	<p>July 2015</p>

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	wellbeing and resilience promotion programmes are provided universally across North Yorkshire.	training and networks that focus on health and wellbeing of pupils. Use these events to disseminate evidence based practice. (See also 1.1 1.5 & 1.12)	ongoing
1.4	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 guide to services in North Yorkshire.	<ul style="list-style-type: none"> <li>▪ Produce a 'bookshelf' of guidance related to pathways linked to EMH that is available electronically and in hard copy.</li> <li>▪ Develop a Community Directory which will be produced, managed and updated by local voluntary sector.</li> </ul>	As for pathway development  Dec 2015
1.5	Look at better use of the internet to provide information to children, families and carers on services and emotional wellbeing issues.	<ul style="list-style-type: none"> <li>▪ Identify existing good quality sources of information and advice on the internet.</li> <li>▪ As part of the development of the care pathways publicise related electronic information sources.</li> <li>▪ Utilise existing local organisations' websites and facebook sites to promote key advice , guidance and links to services (see also 1.4)</li> </ul>	Sept 2015 & As required  Dec 2015
1.6	Help schools to understand and develop their role in commissioning emotional wellbeing services for children	<ul style="list-style-type: none"> <li>▪ Produce service specification templates and commissioning guidance with cross reference to the existing contracted Healthy Child services and NHS delivered CAMHS.</li> </ul>	July 2015
1.7	Explore the possibility of a social prescribing model across the system (linking children to activities in the community that they might benefit from).	<ul style="list-style-type: none"> <li>▪ Establish mechanisms for identifying and liaising with local services that provide EMH support to children/young people and families through the use of the local Directory and pathways.</li> </ul>	In line with pathway developments
1.8	Complete a comparative analysis of the data in the Growing Up in North Yorkshire Questionnaire completed by children biennially, to measure progress against more young people experiencing good emotional and mental health.	<ul style="list-style-type: none"> <li>▪ Using data from previous questionnaires produce a report highlighting any areas for improvement. Findings to inform activity to improve workforce development, the delivery of training (1.2) production of resources (1.3 &amp; 1.5) and service specifications.</li> </ul>	Dec 2014
1.9	Ensure that services for children are outcomes	<ul style="list-style-type: none"> <li>▪ Service specifications and contracts include key</li> </ul>	As required

	focussed, high quality and are non-stigmatising; placing children and family/carers at the centre of their care.	<p>performance indicators that relate to these requirements.</p> <ul style="list-style-type: none"> <li>▪ Contract monitoring reports includes these performance indicators.</li> </ul>	Quarterly
1.10	Review maternal mental health services to ensure that maternal emotional and mental health services are effective and consistently delivered across the county.	<ul style="list-style-type: none"> <li>▪ Scope the requirements for maternal mental health as part of the scoping of the 0-5 Healthy Child Programme.</li> <li>▪ Engage with service users to identify quality measures that need to be incorporated into the service specification.</li> <li>▪ Incorporate requirements as key performance indicators into contract.</li> </ul>	From October 2015
1.11	Utilise existing positive engagement with the voluntary and community sector to enhance skills and resources and build capacity.	<ul style="list-style-type: none"> <li>▪ Establish mechanisms for identifying and liaising with local services that provide EMH support to children/young people and families. (See also 1.7)</li> </ul>	In line with pathway developments
1.12	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).	<ul style="list-style-type: none"> <li>▪ Use existing national and local research to inform practice in relation to raising children, parents and young people's awareness about the impact of social media on their health and wellbeing (see also 1.1 to 1.5).</li> </ul>	Ongoing
1.13	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.	<ul style="list-style-type: none"> <li>▪ Produce a portfolio of experiences from the perspective of children from families of serving armed forces personnel about how their parent's deployment impacts on their emotions and what helps them to cope.</li> <li>▪ Report on the findings and make recommendations to the Children's Trust Board and Health &amp; Wellbeing Board which define what additional support could be made available to these children</li> </ul>	Dec 2015

**Priority area 2.**

- To ensure early identification of children exhibiting emotional problems so that they are able to access help and support in a timely way.
- To develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to service and the timeliness of response.
- To, where possible, ensure that services are informed by evidence and outcomes based.
- To understand the current and expected future demand for services to inform future commissioning decisions around priority needs and vulnerable groups.

	<b>What do we want to achieve?</b>	<b>What actions need to be taken?</b>	<b>By when?</b>
2.1	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.	<ul style="list-style-type: none"> <li>▪ Incorporate requirements in relation to support for emotional wellbeing in to the specifications for the Healthy Child Programme (HCP).</li> <li>▪ Specifications between the Core HCP and the Targeted HCP clarify the responsibilities of each provider in delivering EMH support.</li> <li>▪ New commissioning HCP service commences and is routinely monitored as part of contract management arrangements.</li> <li>▪ Local Authority commissioners and CCG commissioners to retain ongoing communication over commissioning priorities so responsibilities for commissioning of services are clear and are incorporated into service specifications.</li> </ul>	<p>Oct 2014.</p> <p>Oct 2014</p> <p>April 2015</p> <p>Ongoing</p>
2.2	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.	<ul style="list-style-type: none"> <li>▪ As part of the induction programme for the Prevention Service and Healthy Child Services scope the knowledge and skills of workforce.</li> <li>▪ Use the findings of the scoping to define professional learning and training needs for universal and early intervention.</li> <li>▪ Agree with Workforce Development (WFD) the learning requirements for the workforce.</li> <li>▪ Commission the training.</li> </ul>	<p>July 2015</p> <p>July 2015</p> <p>Sept 2015</p>

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		<ul style="list-style-type: none"> <li>▪ Training programme agreed and delivered to specification.</li> <li>▪ Evaluate training.</li> </ul>	<p>April 2016</p> <p>Sept 2016</p>
2.3	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.	<ul style="list-style-type: none"> <li>▪ Include service principles and quality standards as part of the development of integrated care pathways (see 2.4).</li> <li>▪ Include within specifications for recommissioning in VOY</li> <li>▪ Develop suite of indicators for current specialist CAMHS providers</li> <li>▪ Ensure that local variations to accessing NHS provided CAMHS are made explicit in pathways.</li> </ul>	<p>As required</p> <p>Dec 2014</p> <p>Ongoing</p> <p>As required</p>
2.4	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.	<ul style="list-style-type: none"> <li>▪ Establish pathway development group to include range of partners and stakeholders.</li> <li>▪ Produce self-harm pathway that is agreed by all key providers and includes performance indicators that can be used to evidence impact of the pathway.</li> <li>▪ Evaluate the implementation of the self-harm pathway and its impact on the performance indicators.</li> <li>▪ Refresh the Self Harm guidance for schools and disseminate.</li> <li>▪ Produce pathway for eating disorders that is agreed by all key providers and includes performance indicators that can be used to evidence impact of the pathway.</li> <li>▪ Evaluate the implementation of the eating disorders pathway and its impact on the performance indicators.</li> </ul>	<p>Nov 2014</p> <p>Feb 2015</p> <p>Dec 2105</p> <p>April 2015</p> <p>July 2015</p> <p>Mar 2016</p>
2.5	Review tier 3 provision, both in terms of understanding changes in demand, pressures and future requirements as well as incorporating best	<ul style="list-style-type: none"> <li>▪ Implement and adapt as needed the National CAMHS specification published in November 2014.</li> </ul>	<p>Ongoing from November 2014</p>

	practice and evidence based practice to maximise impact and value in improving outcomes for children and young people.	<ul style="list-style-type: none"> <li>▪ Ensure that the re-commissioning of mental health services for the Vale of York CCG reflect the requirements of the North Yorkshire EMH strategy.</li> <li>▪ Undertake a review of all the CCG commissioned CAMHS across North Yorkshire and make scope where these need to be improved in line with national guidelines (NICE, national specification, findings from CAMHS taskforce) and local priorities (Young and Yorkshire, JSNA, EHM strategy, CCG strategic priorities). NOTE: mapping solely to Tier 3 may not be helpful; principle of stepdown provision makes for more elastic boundaries between types of services, but certainly an emphasis on early intervention, including Tier 3.5. See also 2.6 and 2.9</li> </ul>	<p>November 2014</p> <p>From April 2015</p>
2.6	Ensure that there is a balance of local services that can meet the needs of children without recourse to premature inpatient care.	<ul style="list-style-type: none"> <li>▪ Annually review the range of EMH contracted services to ensure that there are consistent approaches to early interventions to reduce the need to escalate cases.</li> <li>▪ Work towards achieving co-commissioning arrangements between the Local Authority (Public Health and CYPS) and CCGs to procure services that provide a breadth of provision which includes early intervention and support.</li> </ul>	<p>From April 2015</p> <p>Ongoing</p>
2.7	Implement evidence-informed, outcomes-focused interventions which maximises the impact of services while maximising the benefit of funding.	<ul style="list-style-type: none"> <li>▪ Service specifications for contracts that impact on the EMH of children and young people incorporate specific requirements for the application of evidence based practice.</li> </ul>	Ongoing
2.8	Produce an annual CAMHS needs assessment to ensure that services are appropriately commissioned, targeted and reviewed in line with	<ul style="list-style-type: none"> <li>▪ Using intelligence collected by CYPS, Public Health CCGs and service providers to produce report that identifies potential commissioning priorities.</li> </ul>	November 2014

	the required outcomes.	<ul style="list-style-type: none"> <li>Establish SLA with PCU to refresh and produce needs assessment on annual basis.</li> </ul>	December annually
2.9	Produce a geographical map to show the voluntary and community sector provision	<ul style="list-style-type: none"> <li>Establish local profiles of community and voluntary sector provision including those related to EMH.</li> <li>Produce information in a format that is accessible to practitioners to enable them to make local contacts. (See also 1.7 &amp; 1.11 &amp; 1.5 &amp; 2.5 &amp; 2.6)</li> </ul>	July 2015
2.10	Develop a North Yorkshire CAMHS data set and associated performance scorecard to monitor demand for, and access to, services at all tiers of treatment to inform commissioning priorities. (This may be superseded by the introduction of a national CAMHS data set).	<ul style="list-style-type: none"> <li>Using KPIs from service specifications identify key performance indicators that are being used to monitor contracts.</li> <li>Design format for displaying KPIs incorporating national dataset information.</li> </ul>	December 2014
2.11	<p>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. Prioritise work to address the needs of: -</p> <ul style="list-style-type: none"> <li>Children who are looked after by the local authority or who have left the care of the local authority</li> <li>Children involved in the criminal justice system</li> <li>Children with learning difficulties, disabilities and SLCN</li> <li>Children with a diagnosis of autism</li> <li>Children with chronic physical health problems</li> <li>Young carers</li> <li>Children with complex, severe and persistent behavioural and mental health needs</li> <li>Lesbian, gay, bisexual and transgender children and young people</li> </ul>	<p><u>Looked After Children</u></p> <ul style="list-style-type: none"> <li>Contribute to the NSPCC research into mental health of LAC. Use findings from the research to review and update policies and practice for LAC.</li> </ul> <p><u>Children with Autism</u></p> <ul style="list-style-type: none"> <li>Conduct prevalence study of children with autism and mental health in mainstream schools and reported the findings to the schools that took part.</li> <li>Use the findings to develop a training programme for schools and offer training to schools.</li> </ul> <p><u>Children in the Criminal Justice System</u></p> <ul style="list-style-type: none"> <li>Review the impact of the Youth Communication Project on the SLCN of young people in the criminal justice system and use this to inform the work plan</li> </ul>	<p>July 2015</p> <p>July 2015</p> <p>Dec 2014</p>

		<p>2015-17.</p> <ul style="list-style-type: none"> <li>▪ Work with key partners to promote the EMH needs of young people in the criminal justice system including those in the secure estate</li> </ul>	Ongoing
2.12	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.	<ul style="list-style-type: none"> <li>▪ Include transition requirements in the service specifications for the Healthy Child programme</li> <li>▪ Include transition requirements in the service specifications for PCU commissioned CAMHS</li> <li>▪ Convene a transitions pathway project group with representative from adult mental health services.</li> <li>▪ Identify current arrangements and gaps in provision.</li> <li>▪ Agree quality standards for improving user experience so that all transitions are managed efficiently and effectively.</li> </ul>	<p>Oct 2014</p> <p>As appropriate</p> <p>June 2015</p>

**Priority area 3.**

- To ensure that services put children, families and carers at the centre of their care and ensure they are involved in planning, design and evaluation of services.

	<b>What do we want to achieve?</b>	<b>What actions need to be taken?</b>	<b>By when?</b>
3.1	Embed participation as a priority across multi-agency services.	<ul style="list-style-type: none"> <li>▪ Incorporate a requirement for engagement and participation with service users and families within service specifications.</li> </ul>	As appropriate
3.2	Extend our consultation work to cover young children, their parents/carers and report the findings of this back to the CAMHS commissioning group.	<ul style="list-style-type: none"> <li>▪ Design and conduct a project with children and young people (including those who have experience of EMH /CAMHS and those who do not) to identify the quality standards that they would expect from services.</li> <li>▪ Organise service user and stakeholder consultation event to inform future commissioning requirements.</li> </ul>	<p>Dec 2015</p> <p>Jan 2015</p>

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3.3	Ensure all new service design and / or re-specification will have an explicit consultation remit attached.	<ul style="list-style-type: none"> <li>▪ Incorporate service user involvement in scoping service specification.</li> </ul>	As relevant for commissioning timetable
3.4	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.	<ul style="list-style-type: none"> <li>▪ When scoping service specifications identify where there are potential barriers to access due to circumstance or geography and address these within the accessibility requirements for the service.</li> </ul>	As relevant for commissioning timetable
3.5	Ensure that children and families' satisfaction of services delivered will be measured at the exit point and reported via the North Yorkshire score card.	<ul style="list-style-type: none"> <li>▪ Include service user feedback as a key performance indicator within contract monitoring arrangements.</li> </ul>	As relevant for commissioning timetable
3.6	Ensure that consultation and participation of children and families/carers is included on the North Yorkshire Voice and Influence and Participation forward plan.	<ul style="list-style-type: none"> <li>▪ Link to the project 3.2</li> </ul>	