

# Children and Young People's Mental Health and Wellbeing

A Joint Commissioning Strategy for Hull



Hull Children and  
Families Board

Hull’s vision, priorities and delivery model for improving the mental health and emotional wellbeing of children and young people in Hull over the next three years.

## Contents

---

Foreword	5
Introduction	6
Background	8
What people have told us	10
National Context	11
Local Context	13
Our Vision and Key Priorities	14
How this will be achieved	16
Next steps	19
Evaluation, Learning and Review	19



## Foreword

---

This Children and Young People's Mental Health and Wellbeing Joint Commissioning Strategy for Hull has been developed by Hull Clinical Commissioning Group, Hull City Council, Service Providers and Young People. The oversight of this Strategy is with the Hull Health and Wellbeing Board, and implementation is through the Children and Families Board.

This strategy has been developed to:

- Provide a clear sense of direction for everybody and every agency working in partnership to improve the mental health and wellbeing of all the children and young people in Hull
- Ensure services are child and family focused, and service users will have a positive experience of the service received
- Ensure services provide early help and support which are delivered in a flexible way, to meet the individual needs of young people and their families
- Help and inform children and young people about the services available, from the promotion and prevention of mental health through to services for those with acute psychological crises and those with chronic mental illness
- Enhance and develop the achievement and development of children and young people, to ensure that we listen and respond to the voice of a wide range of stakeholders.

Underpinning all of the above is the fundamental principle that 'no decision is made about me, without me' and children, young people and their families are fully engaged in all aspects of their care.

Through strategic partnership commissioning we can achieve real, sustainable change. We want children and young people in Hull to be active, confident learners, who can face challenges, make positive life choices, and know how to control their own behaviour and how to relate positively to others.

The Children and Young People's Mental Health and Wellbeing Joint Commissioning Strategy recognises and supports the Government's Mental Health Strategy which is clear that high quality services depend on high quality, integrated commissioning; and embraces the view that through joint commissioning the maximum benefits are extracted from the collective resources we have available in Hull.

# Introduction

Hull Clinical Commissioning Group and Hull City Council share a commitment to put children and young people at the centre of all planned developments and, where possible, jointly commission integrated services.

“ By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. ”

( No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy, Department of Health (DH), 2011)

Commissioning high quality mental health services can be particularly challenging because provision spans a wide range of agencies and settings, and across children’s and adult services. Over recent years, successful delivery models for Child and Adolescent Mental Health Services (CAMHS) have been developed which deliver effective and sustainable improvements for children, young people and their families. The successful models identified that:

- high quality, integrated services were more likely when there are joint and collaborative commissioning structures
- effective commissioning decisions were based on assessed need to ensure that the views of children, young people and their families are considered
- involving providers in the commissioning process was particularly helpful in relation to needs assessment and workforce planning, and can help ensure that they deliver responsive and flexible services.

Improved mental health and wellbeing for children and young people leads to better outcomes:

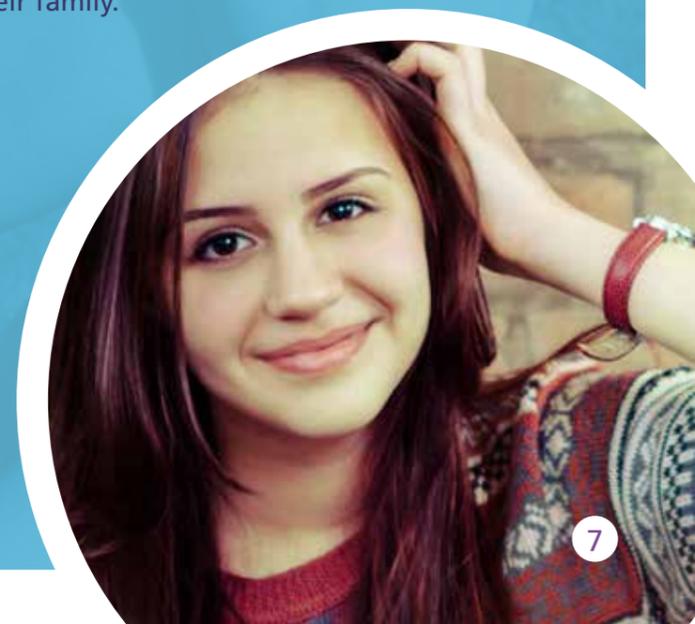
- ✓ improved physical health and life expectancy
- ✓ reduced risk of suicide
- ✓ better educational achievement
- ✓ increased skills
- ✓ reduced health risks
- ✓ improved employment rates and productivity
- ✓ reduced anti-social behaviour and criminality
- ✓ higher levels of social interaction and participation.

Children and young people’s mental health and wellbeing is a complex issue with many influencing factors including peer, parental, educational and societal influences. Young people have higher levels of anxiety, depression and behaviour problems than they did 30 years ago. Research points to an increasing number of children and young people with mental health disorders which has significant implications for society, not least in relation to other child health issues but also in wider areas such as educational attainment and youth crime, and longer term implications for adult mental health and social care services.

The cultural change required is not to be underestimated, it is achievable now because of the joint strategic direction, vision and principles of all involved. The engagement with children and young people and their families, and service providers in sharing the vision of this strategy will support the change required and drive improvement in provision.

The outcomes this strategy will deliver:

- An improvement in the mental health and emotional wellbeing of all children and young people in Hull.
- All the agencies working together and making a contribution to the needs of all children and young people in Hull, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs of children and young people with the most complex needs.
- The children and young people’s mental health workforce in Hull being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet the individual needs of the child, young person and their family.



# Background

In Hull between 2009 and 2013 CAMHS have undergone a series of internal and external reviews focusing mainly on specialist service provision, including inpatient provision.

The development of this Strategy is the result of a series of reviews, which even though initially focused upon Specialist CAMHS, highlighted the requirement for a whole system review of the prevention, promotion and management of children's mental health and emotional wellbeing in Hull.

The reviews identified that a lack of high quality data was available to assess CAMHS activities, outcomes and waiting times, and in particular the need for change was identified to the inpatient children and young people's mental health unit. As a result, an independent consultancy agency was commissioned to undertake a planned public engagement exercise with the aim to ensure that "...service users, parents/carers, commissioners and provider organisations are able to monitor quality, accessibility and outcomes effectively".

The public engagement provided a mixed picture of service user, parent and partner experience. Key themes which emerged included the requirement for:

- Quick and easy access to CAMHS with no long waiting list
- A desire for interventions to take place in a variety of settings, including home and within the community
- A demand for flexibility in terms of assessment, treatment, location and gender of CAMHS staff
- Service users were mostly positive about the services they had received from CAMHS however expressed a desire to be involved more in the planning of their care and the service.

In May 2013 a group of Senior Officers from Hull Clinical Commissioning Group and Hull City Council met to discuss the future planning, commissioning and delivery of children's mental health and wellbeing services for the city of Hull.



The group concluded that a whole-system approach to change was required with:

- A greater focus on promotion and prevention, so that we promote positive mental health and increased resilience in children and young people
- Earlier help, intervention and identification in children with emotional or mental health problems
- Movement away from CAMHS being distant and remote; improved access to specialist services for children and young people with complex mental health needs
- The removal of barriers which prevent access to child and adolescent mental health skills to enable staff working in universal settings, for example schools, to be supported and empowered to deal with issues
- A movement away from tiers of care to a continuum of care, developing services which 'wrap around' the child or young person and their family
- Everyone working with children and young people knowing their role, delivering care tailored to the individual, and knowing when and where to get specialist help
- The requirement to look at the journey of children and young people in Hull, and involving children and young people in the planning, development and evaluation of services
- Improved workforce development for all staff working with children and young people to enable them to identify issues early and respond appropriately.



## What people have told us

The development of this Strategy was steered by the Children and Young People's Mental Health Project Group. A number of stakeholder events were held to obtain the views of children and young people, parents and carers, professionals and others who may have involvement with children and young people.

The young people we spoke to were positive about CAMHS being more available in the community and were in support of improved access. An important theme throughout for children and young people was to have the same worker during their treatment time, and did not want to wait a long time for help from CAMHS.

The priority of workforce development was supported by professionals and the parents and carers we spoke to. Professionals fed back that on occasions it was hard to spot the difference between 'normal' teenage behaviour and a teenager with emotional health issues. Parents commented that they would like all agencies to understand mental illness better, which again links to the workforce development. Professionals, parents and carers also raised concerns about the stigma currently associated with CAMHS and how this may prevent people seeking support for their child.

Overall all groups welcomed the changes described in this Strategy, and as a priority this engagement must continue.



## National Context

We know the case for investment in children and young people's mental health service is strong. One in ten children aged 5 to 16 have a clinically significant mental health problem. Approximately 50% of lifetime mental illness starts before the age of 14, and it is estimated that, potentially, half of these problems are preventable. With the right services and support early on, future health problems and onset of symptoms can be minimised.

60–70% of children and adolescents who experience clinically significant mental health problems have not been offered evidence-based interventions at the earliest opportunity

(Meltzer et al, 2003)

Prevention and intervention in emotional wellbeing and mental health targeted at children and young people will result in greater benefits and savings than interventions at any other time in their life span

(DH, 2011)

In December 2008, the National CAMHS Review was published. The review recommended three fundamental changes, all of which are still imperative within the commissioning of services:

- **EVERYBODY'S BUSINESS:** Everybody needs to recognise and act upon the contribution they are able to make in supporting children's mental health and psychological wellbeing and recognise the contribution others make. For parents and carers, this means helping them to understand the importance of psychological wellbeing in their child's life, and what they can do to promote this
- **CHILD, YOUNG PERSON, PARENT AND CARER LOCAL INVOLVEMENT:** Local areas need to understand the needs of all their children and young people – at population and individual level – and engage effectively with children, young people and their families in developing approaches to meet those needs. For parents, carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly and in places they choose
- **WORKFORCE DEVELOPMENT:** The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed. For practitioners, this involves having access to the best evidence and knowledge on improving outcomes for children and young people. For parents, carers, children and young people this means having the confidence that the people they are in daily contact with, as well as specialists, understand mental health and psychological wellbeing and what works best if things go wrong.

The No Health Without Mental Health: Implementation Framework states “to improve people’s mental health and wellbeing, everyone needs to play their part, and that local leaders need to take action to ensure a range of services work together to promote wellbeing, to tackle the causes of mental ill health, and to act quickly and effectively when people seek the support they need to make their lives better” (DH, July 2012).

More recently ‘Closing the Gap: Priorities for essential change in mental health’ (DH, 2014) supports the continued improvements to prevent mental ill health and promote mental wellbeing, and many government departments have as a major policy priority identified joint working between agencies as essential in improving outcomes for people with mental health problems.

The Children Act (2004) proposed a national outcomes framework in order to ensure delivery of the five key outcomes for all children and young people. This remains the central policy driver for all work in this area. The Children Act places a duty upon all Local Authority partners to work together to ensure all children are able to: Stay Safe; Be Healthy; Enjoy and Achieve; Achieve Economic Wellbeing; and Make a Positive Contribution.

The nationally identified prevalent mental health disorders affecting children and young people are:

- Conduct disorders, for example defiance, physical and verbal aggression, vandalism
- Emotional disorders, for example phobias, anxiety, depression or obsessive compulsive disorder
- Neurodevelopment 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 anorexia nervosa and bulimia nervosa
- Post-traumatic stress disorder
- Psychosis
- Emerging borderline personality disorder



## Local Context

In 2012, within the city of Hull it was estimated that 3,265 children and young people aged 5-16 years had a mental health disorder. 33 per cent of children under the age of 16 were living in poverty, which is higher than the average in England; poverty is linked to an increased risk of mental health issues in children and young people.

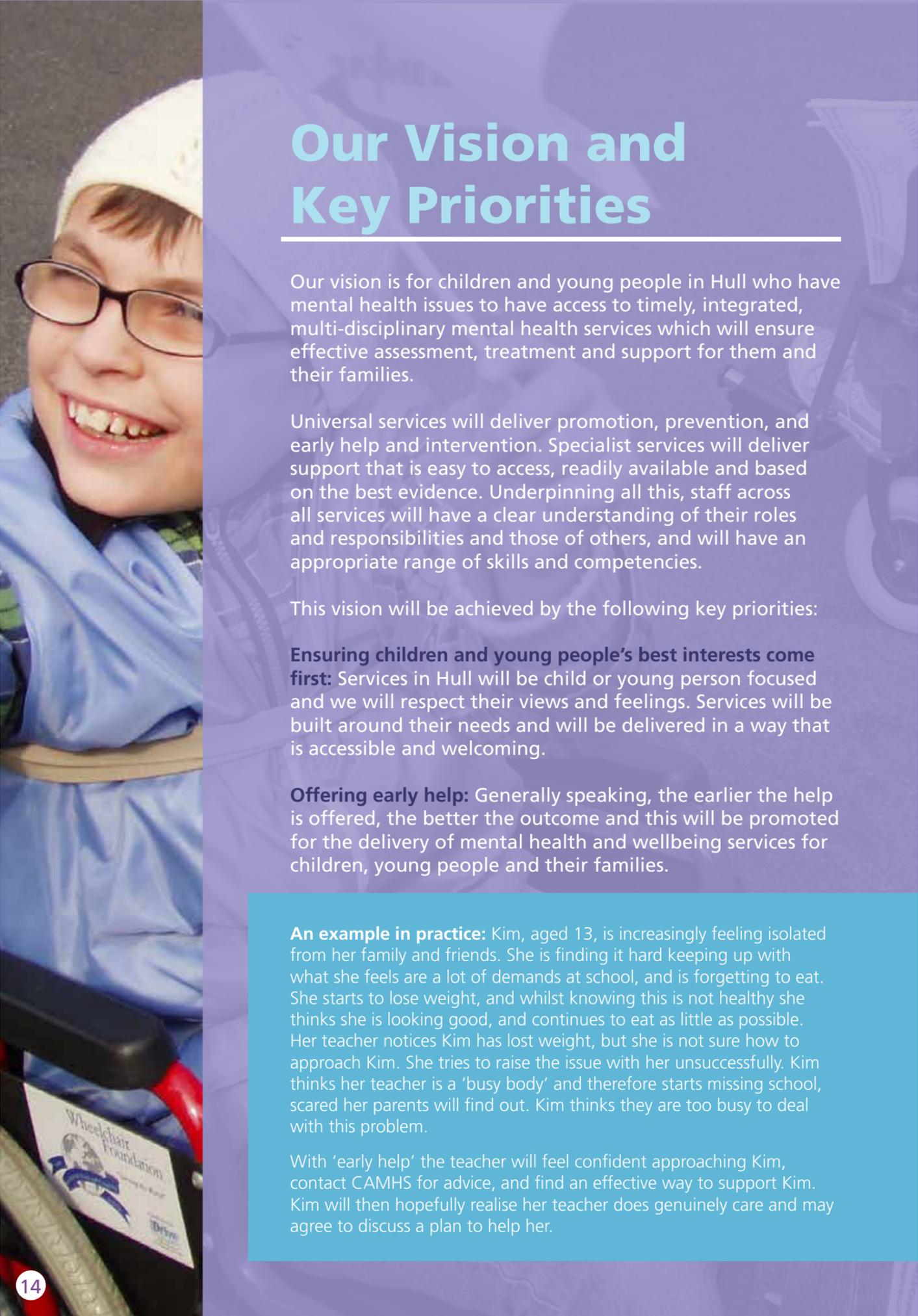
Hull City Council’s ‘Reclaiming Front Line Practice’ (December 2012) sets out the approach to Children’s Social Care and describes a new approach to the needs of children and young people in the city. The overriding purpose of the change proposed is to create a service in which the best possible outcomes for children and families are achieved through integrated working and outstanding practice.

The Children and Families Board Early Help and Intervention Framework aims to help parents and carers give children the best start in life. Early help and intervention provides support for those children, young people and families at risk of poor outcomes, which is key to the success of supporting children and young people with emotional and mental health difficulties.

The oversight of this Strategy is with the Hull Health and Wellbeing Board, and implementation is through the Children and Families Board. The quality of services planned and commissioned will be monitored based on the quality principles in the Hull CCG Quality Strategy:

- **Leading for Improvement:** Leaders and all care providers should be supported to learn, develop and act on safety and care concerns throughout their working life
- **Listen and Act:** Patient Experience is key: it should be considered, triangulated and acted on as a part of every action we take and every plan we implement
- **Be Transparent: Candour and Performance:** Openness and transparency within health and care communities is essential
- **Support Learning and Development:** Staff experience matters and is a strong indicator for the quality of care
- **Develop a Positive Culture and Values:** A strong safety and learning culture improves quality of care.





## Our Vision and Key Priorities

Our vision is for children and young people in Hull who have mental health issues to have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families.

Universal services will deliver promotion, prevention, and early help and intervention. Specialist services will deliver support that is easy to access, readily available and based on the best evidence. Underpinning all this, staff across all services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies.

This vision will be achieved by the following key priorities:

**Ensuring children and young people's best interests come first:** Services in Hull will be child or young person focused and we will respect their views and feelings. Services will be built around their needs and will be delivered in a way that is accessible and welcoming.

**Offering early help:** Generally speaking, the earlier the help is offered, the better the outcome and this will be promoted for the delivery of mental health and wellbeing services for children, young people and their families.

**An example in practice:** Kim, aged 13, is increasingly feeling isolated from her family and friends. She is finding it hard keeping up with what she feels are a lot of demands at school, and is forgetting to eat. She starts to lose weight, and whilst knowing this is not healthy she thinks she is looking good, and continues to eat as little as possible. Her teacher notices Kim has lost weight, but she is not sure how to approach Kim. She tries to raise the issue with her unsuccessfully. Kim thinks her teacher is a 'busy body' and therefore starts missing school, scared her parents will find out. Kim thinks they are too busy to deal with this problem.

With 'early help' the teacher will feel confident approaching Kim, contact CAMHS for advice, and find an effective way to support Kim. Kim will then hopefully realise her teacher does genuinely care and may agree to discuss a plan to help her.

**A voice for children and young people:** We will involve children and young people in decisions and processes that affect their lives and ensure a wide cross-section of young people are involved.

**Valuing families/carers:** We will ensure that families/carers have opportunities to play an effective role in the design and delivery of services. We believe in creating positive relationships in order to work in partnership with families and enable them to develop skills and knowledge to support their children and young people.

**Services based on evidence of their effectiveness and quality:** Services will be based on best practice and methods that have been proved effective, allowing scope for innovation.

**Services will be co-ordinated:** Provision to children, young people and their families will be holistic and co-ordinated so that wherever possible packages of support are provided by all relevant agencies for children and young people and their families. Services will be integrated where possible in order to deliver the best possible outcomes.

**An example in practice:** The advice Kim's teacher received, when she contacted CAMHS on how to approach Kim, was invaluable. CAMHS continued to provide advice and support to Kim's teacher and other school staff when required. In Kim's case, the same CAMHS worker continued to provide advice and support throughout. Her case was dealt with immediately so that her teacher did not have to phone back at another time, which she might have forgotten to do, which could have resulted in a delay in support for Kim.

The teacher and other staff in the school also received support to access further training on emotional and mental health to increase their confidence and knowledge of the issues.



# How this will be achieved

To support the vision for Children's and Young People's Mental Health, a delivery model has been developed. The model identifies how all agencies are required to work together to ensure the holistic mental health and wellbeing needs of children and young people are met. The model has a continuum approach recognising that children, young people and families may move along the continuum in either direction at various points in their life.

## I. Universal Promotion and Prevention

Prevention is viewed as an essential mechanism to minimise mental health and wellbeing problems occurring. A holistic universal prevention and promotion approach incorporates the provision of services to support positive parenting and attachment in the early years, delivering programmes to minimise risk, delivering services in and around schools, and within the community. The development of a Universal Promotion and Prevention action plan will provide direction to universal services to ensure that this element is embedded into a wide range of services such as children's centres, early year's settings and schools, youth services, GP surgeries, A&E and paediatric services, school nursing, health visiting, as well as key transition points. The outcome for children and young people will be that they will feel supported by people around them.

## II. Early Help (Identification and Intervention)

Early help is about taking action to tackle problems that have already emerged for children and young people, and is generally provided within a community setting. This element of the model recognises that many children and young people can be supported by universal and/or targeted services, within the community. Services will be developed to ensure they have the knowledge, skills and competencies, and provide access to the appropriate specialist advice/consultation. Children and young people will be supported earlier to help prevent mental health issues developing. Universal services will feel empowered to support children and young people.

The developed model identifies the importance of 'pathways' in the delivery of specialist CAMHS. However, unlike many other published pathways, which commence at referral into Specialist CAMHS, the Hull Mental Health and Wellbeing model recognises that these pathways should commence prior to access into specialist CAMHS, with the aim that many problems can be managed within the community and be prevented from escalating.

## III. Specialist Therapeutic Interventions

The model illustrates how pathways run across early identification and intervention and specialist therapeutic interventions. As such, the service delivery model encourages commissioning and service developments to be framed around the development of evidence-driven pathways which, where possible, are multi-disciplinary and multi-agency. Specialist mental health services are required to ensure that the problem is assessed further and, where appropriate, diagnosed and treated in order that the child or young person makes a swift recovery and has the appropriate follow up support to prevent problems recurring. Whilst acknowledging that these will evolve and will be subject to developmental review as new evidence emerges, the following care pathways will be developed:

- Self-Harm
- Psychosis
- Eating Disorders
- Substance Misuse
- Mood (including, depression, anxiety, attachment, trauma)
- Conduct Disorder
- Neurodevelopmental Disorders (Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder)
- Emotional Disorders (for example phobias, anxiety, depression, obsessive compulsive disorder, trauma)

## IV. Emergency Assessment Therapeutic Interventions and Intensive Community Support/Home Treatment

This element of the pathway relates to children and young people who are experiencing difficulties related to mental health problems of such severity that an emergency assessment of their needs is required or who require a time-limited intensive community based programme to enable their condition to be managed. The outcome being to prevent the requirement for an admission to a specialist unit; to help more families care for their children safely at home, and to manage risk proactively and collectively.

**An example in practice:** Kim has lost a lot of weight and is admitted to hospital. Kim is diagnosed with anorexia but slowly regains her health, and receives specialist help within the hospital from CAMHS. Once discharged, Kim and her family are fully supported at home with staff from CAMHS to avoid the possibility of Kim being discharged to an 'out of area' specialist unit

## V. Vulnerable Groups

National evidence has identified there are a certain groups of children and young people, who due to their individual circumstances and/or presentation, have an increased risk of developing emotional health and mental health problems and experiencing poor health outcomes.

These groups include children and young people:

- who are looked after by the Local Authority or on the Edge of Care
- who are in the criminal justice system
- with learning disabilities
- with a life-limiting illness and long term conditions
- who are lesbian, gay, bisexual and transgender
- who are from black and other ethnic minority groups
- who are from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who have a parent with a mental health problem
- who are misusing substances
- who are refugees or asylum seekers
- who are in gypsy and traveller communities
- who have suffered abuse or neglect
- who experience bullying
- who are young carers

Children and young people in need are recognised as a group who may also experience an increased risk of developing emotional health and mental health problems. Under Section 17 of the Children Act 1989, local authorities have a duty to 'safeguard and promote the welfare of children within their area who are in need'. Local authorities can provide a range of services for children who are 'in need', and such services are intended to provide support and help to families, including families of children with disabilities and other special needs.

This strategy acknowledges that the needs of children and young people in vulnerable groups are not always met by traditionally configured local services. The Strategy and model recognises that bespoke access and service models are required to meet the needs of the identified groups.



## Next Steps

The Children and Young People's Mental Health Project Group have the lead responsibility for the continued development of the mental health and wellbeing pathway for children and young people in Hull. The delivery of services covered by CAMHS in Hull has been reviewed and a new service specification is being implemented. The Project Group will report directly to the Children and Families Board. To support our commissioning priorities the following structures and processes will be put in place:

- We will develop a multi-agency Work Programme for the next 3 years
- We will develop an action plan with the focus on universal services and prevention and promotion
- We will continue to engage with children and young people and wider stakeholders
- We will commission services on a partnership basis and in the context of this Strategy
- We will monitor and review all services in line with evidence based practice
- Annual progress reports will be made available to all partners.

## Evaluation, Learning and Review

This Strategy will be reviewed annually and refreshed at the end of 2016, and will take into account changes to commissioning arrangements and structural changes within organisations.

The evaluation of services is seen as an integral process to commissioning, service development and service delivery. Service Specifications have been developed which will also be refreshed annually which outlines the requirement of each provider to gain meaningful insight from service users.

This insight will ensure we capture the voices of children and young people and incorporate them into future commissioning and business planning.

**NHS Hull Clinical Commissioning Group**

[www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)

01482 344700

**Hull City Council**

[www.hullcc.gov.uk](http://www.hullcc.gov.uk)

01482 300300

**MARCH 2014**