

HEALTH AND WELLBEING BOARD

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MEDWAY CHILDREN and YOUNG PEOPLE EMOTIONAL WELLBEING STRATEGY and ACTION PLAN

Portfolio Holder:	Councillor Mike O'Brien
Overview and Scrutiny Committee:	Children's Overview and Scrutiny Committee
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SUMMARY

This report sets out proposals to develop a comprehensive Medway Emotional Wellbeing Strategy for children and young people, through the adoption of a strategic framework for the purpose of focussing attention on emotional wellbeing outcomes for children and young people and their families, across Education, Health and Social Care. Particular attention is required for identified vulnerable groups at risk of developing more pronounced and longer-term mental health issues and neurological conditions - including looked after children, care leavers and children and young people in transition. However, the overall purpose is the development and promotion of emotional wellbeing across the whole population and not limited to a specific group.

Following adoption of the framework through the process described in this report, stage two of the strategy must deliver improvement on the agreed priorities.

1. Budget and Policy Framework

- 1.1. The Joint Health and Wellbeing Strategy for Medway 2012-2017 has set five strategic themes, including working together to give every child a good start (theme 1) and to improve physical and mental health and wellbeing (theme 4).
- 1.2. Currently the combined annual direct expenditure in Medway Children and Adolescent Mental Health Services by Medway Clinical Commissioning Group (CCG) and Medway Council is in the region of £1,850,000. This figure does not include Council and School expenditure on tier 1 early intervention in schools, current Public Health programmes; or Medway CCG expenditure on Looked After Children nursing provision, prenatal mental health provision and other specialist services.

Background

- 2.1. Mental ill-health is very common and issues around mental health and wellbeing directly affect many of us. Between one in four and one in five adults will experience a significant mental illness during their lives. 60% of people who go on to develop a severe mental illness have experienced their first episode of mental illness by the age of 14 years (1).
- 2.2. Research suggests that, in comparison with other major health and illness categories (musculoskeletal, injuries, chronic respiratory, neurological, cancer and cardiovascular disorders) mental ill-health has its greatest impact for people between the ages of 15-25 years.
- 2.3. Mental ill-health is also associated with other illnesses and long-term conditions. A history of anxiety and depression is found to be a long-term predictor of heart disease and is associated with an increase in cancers.
- 2.4. In recent years there has been a significant rise in the level of self-harm among young people, demonstrated in a 68% increase in hospital admission as a result of self-harm since 2002. Self-harm is associated with a higher incidence of suicide. For these reasons, the emotional health and wellbeing of children and young people is a vital health and social care issue. Recent research indicates that early intervention has a strong impact in limiting the development of mental illness.
- 2.5. *No Health without Mental Health* (1) places emphasis on early intervention to prevent serious mental health issues developing, particularly amongst children. It highlights that, in addition to mental health professionals, there are a wide range of professionals and groups who can support and improve a child or young person's psychological well-being - including midwives, health visitors, school teachers, school nurses and community workers.
- 2.6. The government policy update in January 2014, *Closing the Gap: Priorities for essential change in mental health* (2) set three particular priorities to support the mental health of young people: to support schools to identify mental health problems sooner; to improve support in transition from adolescence to adulthood; and to improve access to psychological therapies for children and young people. In October 2014, the Department of Health published *Achieving Better Access to Mental Health Services by 2020* (3). This

emphasizes the need to bring about 'parity of esteem' between mental health services and physical health services and to put into place better prevention and early intervention to support children and young people.

- 2.7. The last comprehensive review of Medway Child and Adolescent Mental Health Services (CAMHS) took place in 2008. The Medway Child and Adolescent Mental Health Strategy 2009 to 2011 was published in June 2009. An updated Joint Strategic Needs Assessment (JSNA) in relation Children and Young People and Mental Health will be published shortly.
- 2.8. A brief review of current CAMHS services operating in Medway was conducted during spring and summer 2014 and reported to Children's and Young People Overview and Scrutiny Committee on 15 July 2014. The purpose of this review was to understand, ahead of forthcoming changes, what opportunities existed to improve our response in Medway to children's and young people's emotional health and wellbeing. It scoped out future commissioning options for the delivery of CAMHS in Medway; made new management arrangements for Medway's Tier 2 service; worked with the CAMHS provider and Medway Childrens Services to seek urgent improvement to specialist CAMHS provision for Looked After Children; and established new working arrangements to improve transition for young people from CAMHS to Adult Mental Health Services.
- 2.9. The current CAMHS contract in which Medway Council is a commissioning partner with Kent County Council, Medway CCG and the Kent CCGs, subject to Kent County Council taking the same position as other commissioning partners, will be extended for a further year to September 2016. This makes available time for the future model for provision to be considered.
- 2.10. Across Medway there is urgent work to be undertaken in devising an relevant Emotional Wellbeing Strategy, to ensure the model of delivery adopted across Education, Health and Social care provides the effective information, support and service for Medway children, young people and young adults. The scope of the strategy must be sufficiently broad so that it is relevant to the emotional health and wellbeing of all Medway children, young people and young adults, and does not only focus attention on targeted and specialist mental health services.

3. Options

~~There are three options available to take forward this work were considered by the Director of Children and Adult Services to take forward this work and after due consideration Option 2 was selected:~~

3.1. Option 1: Previous Medway CAMHS strategy is updated

Advantages:

- Recent JSNA is used to update previous strategy, taking into account changes since the previous CAMHS strategy publication.
- Limited consultation necessary.
- Progress in completing task can be swift.

Disadvantages:

- Previous strategy written from a CAMHS service delivery perspective and not relevant to the majority of Medway Children, Young People and Young Adults.
- Narrow scope and applicability since likely to focus again on specialist services/interests only.
- Risk of disconnect from other important local current strategies, e.g., Early Help, Moving On Medway.

3.2. Option 2: Emotional Wellbeing Strategy is established following consultation to set Outcomes Framework

Advantages:

- Relevant to the promotion of emotional wellbeing of all Medway children, young people and young adults.
- Requires direct engagement of broad stakeholder group, including children, young people, young adults, parents as well as practitioners and managers across Education, Health and Social Care.

Disadvantages:

- Raises expectations of new resources at a time when budgets across all areas are shrinking in relation to demand.
- Differences of perspectives may not be easily reconciled.
- The time and resources available to carry out broad consultation is limited.

3.3. Option 3: Emotional Well Being is incorporated into Early Help Strategy

Advantages:

- Potential to redress the balance and give priority to promotion, prevention and early intervention
- Alignment to important local strategy for children

Disadvantages:

- Emotional health and wellbeing may not have a distinct profile
- Competition with other priorities for early intervention and prevention
- Early Help focus on younger children - emotional wellbeing is particularly at risk at latter stages of childhood and adolescence.

~~3.4. These options are considered in the following section.~~

4. Advice and analysis

4.1. Medway currently lacks an overall emotional wellbeing strategy for children, young people and young adults, which sets out:

- The views of children, young people and their families, as well as professionals across education, health and social care to inform the strategy to bring about the improvement of emotional wellbeing;
- A full needs assessment to indicate the nature of the problems faced by some children, young people and their families in relation to achieving or maintaining emotional wellbeing, as well as an indication of the scale of the problem in Medway;

- Clearly identified and well-known resources and services - and how these may be accessed - to enable an earlier response to be made to emerging emotional health needs;
 - A set of strategic outcomes, to bring education, health and social care focus on jointly agreed priority areas, to measure progress as well as shortfalls.
 - Explicit links to other strategies where there is significant mutual impact where there is alignment or misalignment, e.g., LAC Strategy (4); the development of the Neurological all-age care pathway; the Medway Early Help Strategy and Moving on Medway.
- 4.2. Previous CAMHS strategy made much of prevention and early help, but was weak on delivery in these areas, because these are specialist services with high boundaries and limited criteria for access. CAMHS services reach less than 10% of children and young people with higher levels of need. Such strategies separate from the broader experience on the ground, and are at risk of losing relevance.
- 4.3. The approach recommended by NICE (5) is to broaden the scope of the strategy to Emotional Wellbeing and to bring into its development a wider stakeholder group with partners including children, young people and young adults, parents and education, health and social care stakeholders, as well as commissioners. There will need to be a careful management of stakeholder expectation, to ensure that the strategy is balanced and relevant to a broader stakeholder group. Particular issues shall need to be addressed with reference to other important work streams, as well as to other matters that are of current particular local concern, e.g., self harm; the impact, treatment, and support of neurological conditions.
- 4.4. This development ~~can~~will be undertaken in two distinct stages. The first stage is to articulate and seek agreement upon an overall framework for the outcomes the stakeholders wish to see delivered. The second stage is to move on to the delivery of these outcomes.
- 4.5. A clear, limited set of Strategic Outcomes can enable a framework to be understood, agreed and owned across this broader stakeholder group. It will be vital to ensure that the developed framework is broad enough to capture diverse interests and needs, does not adversely impact upon minority communities and those with protected status, and is specifically focused on Medway priorities, so the work to be done locally is recognised as important and relevant.
- 4.6. The set of agreed Strategic Outcomes will also need to be sufficiently aligned to national and other local drivers, for example, Moving on Medway.
- 4.7. At the strategic level, the local framework outcome headings are likely to be articulated as a focus on achieving early help; accessible support that is easily found by children and families; A whole-family approach to delivery; and effective support to bring about recovery, resilience and effective transition. This preliminary set of headings provides the basis on which to carry out engagement and consultation.

- 4.8. Particular emphasis must be maintained and strengthened on ensuring effective access and intervention for looked after children and those children and young people on the edge of care.
- 4.9. The development of this strategy must take place within the current financial envelope and have regard to the likelihood of further financial stringency imposed upon Education, Health and Social Care budgets during 2015/16 and thereafter. The main direct early costs arising from this proposal is the officer time necessary for the development and publication of the JSNA, the Outcomes Framework, the Resource Map and Delivery Plan, and the costs associated with carrying out timely and sufficient consultation. There are opportunities to use some of recent local initiatives to reach out and engage stakeholders, e.g., launch of Medway ~~Childrens~~Children's Action Network (Medway CAN) and the Youth Wellbeing Forum. A preliminary Equality Impact Assessment will also need to be undertaken at the start of this project to assess the potential adverse and positive impact of the Action Plan in relation to equalities, and to ensure that the Council complies with its legal obligation in section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. These matters must form an integral part of the decision making processes in relation to the Medway Emotional Wellbeing Strategy.
- ~~4.10. Taken into account all of these matters, the advice offered is for Options 2 to be followed.~~

5. Risk management

- 5.1 Four key risks have been identified that must be mitigated to bring about the development of this strategy while ensuring that key changes are sustained over the longer term.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Reputation	The organisations involved in the development of this strategy may be criticised if the strategic outcomes are not delivered upon.	Keep in focus what will need to be built into commissioning intentions and operational delivery plan through the course of the whole development.	High

Raising expectations	By undertaking engagement with a broad range of stakeholders, including children, young people and young adults, expectation of new resources to improve promotion, prevention and early help are raised that cannot be met within resources available.	Manage expectations and be clear on what can be achieved.	High
Engagement	Failure to engage Medway children, young people and young adults directly in this strategy development as well as other important stakeholders across Schools, Health and Childrens Services.	Put in place and work through robust engagement plan.	High
Disagreement	Divergent and different views of the priorities to be set in the Outcomes Framework emerge and cannot be resolved and strategy stalls.	Keep focus on common purpose and ensure Outcomes broadly reflect where there is agreement and common interest	High

6. Consultation

6.1 The action plan below sets out the key areas necessary for the development of a comprehensive strategy through incorporating the views and recommendations of key stakeholders and organisations.

Item	Activity	Owner	Indicative time-scale
Children & Young People Emotional Wellbeing Strategy Joint Strategic Needs Assessment (JSNA)	Publish and ensure wide distribution. Communicate next steps	Medway Council Public Health Directorate	January/February 2015
Draft Medway Outcomes Framework for Emotional Wellbeing	Medway Health and wellbeing Board Present to Children & Young People O&S and CPF Committee, Medway CCG. Publish draft proposal with wide, targeted distribution to Education, Health and Social Care stakeholders	Joint Commissioning Team	January 2015 February 2015 February 2015
Map Emotional Wellbeing resources in schools and	Consolidate existing resource data and publish as a single	Medway Public Health and Joint Commissioning Team	March 2015

colleges, health and social care	Child, Young People friendly resource map.		
Consult on Outcomes Framework and Resource Map	Consult with children, young people and parents	Medway Public Health and Joint Commissioning Team	April 2015
	Consult with Education, health and social care professionals		
Medway Emotional Wellbeing Strategic Outcomes Framework	Present to O&S and CFP	Medway Council and CCG	May 2015
	Publish Framework and next Steps		
Delivery Plan	Publish commissioning intentions to achieve delivery against outcomes, specifying Education, Health and Social care resource investments.	Medway Joint Commissioning Team	July 2015
Operational framework for service delivery	Bring service providers together across Education, Health and Social Care to work together on an operational framework to deliver activity and services that are aligned to the Operational Framework.	Medway Council and Medway CCG	September 2015

7. Financial implications

7.1 There are no financial implications arising from this report.

8. Legal implications

8.1 ~~All reports should contain recommendations and the report must set out the legal implications of these. The legal implications section of the report should only be completed by colleagues in Legal Services, though you may wish to suggest wording for them using square brackets and italics. Reports will need to be cleared by colleagues in legal. The legal implications should initially consider the statutory and Constitutional powers associated with the proposals and then any other legal implications of the recommendations and options set out the report. The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway. Supporting the development of a comprehensive Medway Emotional Wellbeing Strategy for children and young people is therefore within the remit of the Health and Wellbeing Board.~~

8.2 ~~Please allow sufficient time for Legal colleagues to read and consider the report. Your report may benefit from early discussions with these colleagues – there is no need to wait until the report is in final form before discussing it with them. The decision to approve and adopt the Medway Emotional Wellbeing Strategy will ultimately be a decision for Cabinet in due course.~~

9. Recommendations

9.1 The Board is asked to consider and support the development of ~~thea comprehensive~~ Medway Emotional Wellbeing Strategy for children and young people, ~~in line with Option 2,~~ taking account the scope of the action plan set out above in section 6 and the risks that will require mitigation in four key areas described in section 5.7

Lead officer contact

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Background papers

1. No health without Mental Health (2011)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
2. Closing the Gap: priorities for Essential Change in Mental Health (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
3. Achieving Better Access to Mental Health Services by 2020 (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

4. Medway Looked After Children Strategy (2013-2016)

http://www.medway.gov.uk/pdf/Looked_After_Children_2014.pdf

5. What can local authorities achieve by promoting the social and emotional wellbeing of children and young people? (NICE Briefing, September 2013)

<http://www.nice.org.uk/advice/lgb12/chapter/what-can-local-authorities-achieve-by-promoting-the-social-and-emotional-wellbeing-of-children-and-young-people>