
Report to:	Cabinet	Date of Meeting:	1 December 2016
Subject:	Children and Young People's Emotional Health and Wellbeing Strategy	Wards Affected:	(All Wards);
Report of:	Director of Social Care and Health		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

The purpose is to bring the Strategy attached to the Cabinet. The Cabinet are also asked to receive the full report in respect of the event held on the 14 July 2016 facilitated by Sefton Young Advisors which has been used to help shape the Strategy.

Recommendation(s)

The content of the Strategy be agreed, as described in the report;

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	x		
2	Jobs and Prosperity	x		
3	Environmental Sustainability		x	
4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy	x		

Reasons for the Recommendation:

Communities of Sefton face increasing health inequalities and poor health and wellbeing outcomes. In order to ensure that these outcomes are improved, particularly for the most vulnerable people, we need to ensure that the priorities of the Health and Wellbeing

Strategy and our Children and Young People`s Plan which includes Mental Health are fit for purpose / financially sustainable. This strategic plan plays an important role in helping to deliver the required improvements.

Alternative Options Considered and Rejected:

There are no alternative options

What will it cost and how will it be financed?

(A) Revenue Costs

It is anticipated that revenue costs associated with the action plan will be cost neutral against existing CAMHS budgets.

(B) Capital Costs

Non identified

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial		
Legal		
Human Resources		
Equality		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

The Strategy provides a context from which an action plan has been developed for the delivery of the strategy in the context of the Strategic Objectives in the Sefton Health and Wellbeing Strategy and the priorities within the Children and Young People`s plan.

What consultations have taken place on the proposals and when?

The Chief Finance Officer (FD.4344/16) and the Head of Regulation and Compliance (LD 3627.16) have been consulted and any comments have been incorporated into the report.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Background Papers:

None

1. Introduction/Background

Sefton's Health and Wellbeing Strategy and the Children and Young People's Plan provides the overarching strategy framework for this Strategy.

This Strategy has been produced by the Children and Young people's Emotional Health and Wellbeing Steering Group and informed by the outcome of events with Children and Young people facilitated by Sefton CVS and the Young Advisors. In its construction the Strategy has been to many other forums and groups and many individuals have contributed. We have also sought a perspective from the Councils Children and Young People Overview and Scrutiny Committee and Young Minds and their comments have been incorporated into the final version. As a Partnership Strategy it has also been presented to South Sefton CCG and Southport and Formby CCG.

2. Outcome of Consultation and Engagement

The Strategy has been developed in partnership with many stakeholders. The primary reference group for this work has been the "Children and Young People's Emotional Health and Wellbeing Group". This multiagency group have steered the strategy and offered robust challenge and expertise across the life cycle of from babies, infants, children and adolescent and across the agencies that support parents, schools, health and social care in its widest sense and of course the community both in terms of the youth offer and the third and voluntary sector. We have also sought to engage with Schools and have shared the evolving strategy with Heads of Schools. Virtual, Junior and Senior Schools were consulted and as such the strategy pays particular focus on the support Children would benefit from in a school context and how important schools are to helping Children and Young People develop resilience. There has also been engagement with the Third and Voluntary sector and through them onto the forums and groups that they facilitate. In particular we have benefited from the insight from the "Emotional Health and Wellbeing Network" and as the Mental Health Strategy is an all age Strategy we have sought to receive input from those working on this Strategy and associated action plan.

Equally, as a partnership strategy we have engaged with the Clinical Commissioning Groups and in particular the Commissioning Lead for Children and Young People. The draft Strategy has been presented to both Governing Bodies of South Sefton Clinical Commissioning Group and Southport and Formby Clinical Commissioning Group.

We also took the opportunity to ask that the draft strategy was reviewed externally by Young Minds. As a consequence we are reassured that Sefton's strategy has referenced National policy guidance as well as ensuring that our strategy has been informed by our local needs and circumstances.

The Health and Wellbeing Board formally have also been sighted on the emerging Strategy and its members have contributed to its formation. The Overview and Scrutiny Committee (Children's Services and Safeguarding) also received the draft strategy and associated consultation report and tasked that the Strategy reflected the needs of Children and Young People as indicated in the report produced by the Young Advisors.

Our Strategy has been informed by the engagement event held with Children and Young People facilitated by the "Young Advisors". We have a clearer understanding of our young citizen's views and experiences. This will steer future work to ensure that all

children and young people who live in Sefton are supported to be happy, healthy and confident in order that they are prepared well for adult life. Equally, we have now been tasked by Children and Young people to act on the priorities and we will work together to ensure that we harness their energy, intelligence and positivity about the future. Sefton CVS and the Young Advisors have committed to working with together with others to deliver on all of the actions contained in the strategy.

3. What is Emotional Health

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

“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 Mental Health Foundation states that emotional health and wellbeing is:

“Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; lay and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them.’

The Children’s Society (2015) reported upon ‘subjective wellbeing’ following extensive research. Children define their wellbeing in two areas, the first being ‘life satisfaction’ and how children view their lives in various areas such as relationships or educational attainment, and the second being the way children feel emotionally which can change from day to day

4. The National Policy Context

The national policy context is informed by a wide range of policies and models, including:

Five to Thrive⁵ programme - This programme promotes five activities, in order to give children the best start in life. Five to Thrive approach is the set of five key activities and are our ‘building blocks for a healthy brain’

Respond · Cuddle · Relax · Play · Talk

No Health without Mental Health 2011 - The government strategy for mental health captures the ambition to mainstream mental health in England and gives emphasis to the notion that mental health is everyone’s business

- 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.

Future in Mind - In March 2015 the Department of Health and NHS England produced a taskforce report. The task force considered ways to make it easier for children, young people, parents and carers to access help and to improve how children and young people's mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

Local Transformation Plans - In August 2015 guidance was issued to CCGs about developing for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes.

Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

The Five Year Forward View for Mental Health - In February 2016 NHS England published this report. Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people, the report finds, get no support. Even for those that do the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16.

Counselling in Schools - In February 2016, A Blueprint for the Future was published by the Department of Education. This advice is non-statutory,

The future expectations are

- The mental health and wellbeing of children and young people is everyone's business.
- The current extent of counselling provision in schools makes it clear that many schools already recognise the value of making counselling services available in school settings.
- Counselling services play a significant role in overall provision of mental health services for children and young people.

- There is a strong expectation all schools should make counselling services available to their pupils.
- To support schools to ensure that the services they offer are of high quality
- The policy affirms that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing.

Mental Health and behaviour in schools - In March 2016, the Department of Education published advice for school staff. This non-statutory advice clarifies the responsibility of the school. The key points are that

- Schools have a role to play in supporting them to be resilient and mentally healthy.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support..
- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them.
- There are resources available to help school staff support good mental health and emotional wellbeing.
- Schools should consider if their pupils would benefit from the offer of school counselling services.
- There are things that schools can do for those showing early signs of problems.
- Schools can influence the health services
- There are national organisations offering materials, help and advice.

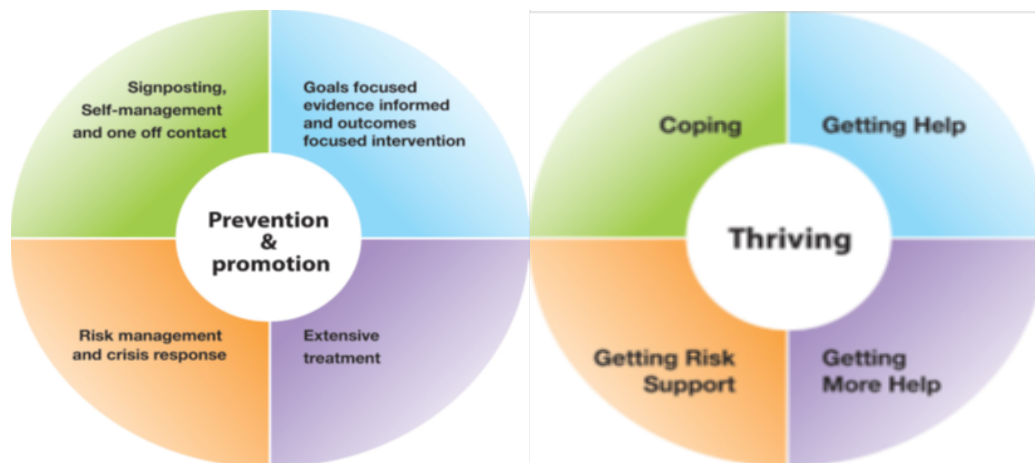
5. Our Future Approach

The Emotional Health and Wellbeing Steering Group has begun to look at what approach we need to have in place to ensure that we achieve better outcomes for children and young people, moving away from a pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by children and young people themselves.

The consultation has concluded that we need to develop in detail the **Thrive Model** in the months to come. The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered. This model moves away from the tiered approach which is much more linear and service based and less focused upon putting the individual at the heart of the process.

The developing model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area.

Thrive Model



Specific actions in developing the model will be to

- Map IAPT – in full Partnership and other significant services onto the Thrive model
- Map the population onto the model
- From this mapping identify any crossover, gaps and under-resourced aspects and also what doesn't fit onto the model
- Choose what delivery we want to underpin the strategy - the minimum key strands, services (building blocks) such as crisis intervention, CAMHs, early intervention
- Describe a handful of typical CYP journeys and how a new system would work for them
- Ensure we strengthen work with staff from within adult services regarding transitions

6. Equality Analysis Report

In developing the draft Plan, the Council has shown due regard to the Equality Act 2010.

7. Conclusion

The Strategy is centred on building resilience, promoting early intervention and prevention, enabling access to counselling in schools and improving the whole school context. The Thrive Model is person centred and whilst still to be developed signals the partners intentions to implement this model in full. A detailed action plan is included within the strategy and the cost of implementing this strategy is cost neutral, yet the outcomes for young people significant. The Children's and young People Overview and scrutiny committee have a topic group which will map progress of the strategy in 2017.