

## Divisions Affected – All

### CABINET

19 December 2023

## Emotional Wellbeing and Mental Health of Children Report of the Oxfordshire Joint Health Overview and Scrutiny Committee

### RECOMMENDATION

1. The Cabinet is **RECOMMENDED** to —
  - a) Agree to respond to the recommendations contained within this report within 28 days.
  - b) Agree that relevant officers will provide an additional progress update on these recommendations to HOSC in 6 months time.

### REQUIREMENT TO RESPOND

2. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

### INTRODUCTION AND OVERVIEW

3. The Joint Health and Overview Scrutiny Committee considered a report by the Director of Public Health and the Interim Director of Children's Services on the Children's Emotional Wellbeing and Mental Health Strategy during its meeting on 23 November 2023.
4. The Committee would like to thank the Cabinet Member for Children's Services (Cllr John Howson); the Executive Director- People (Stephen Chandler); the Director of Public Health (Ansaf Azhar); the Interim Director for Children's Services (Anne Coyle); the Lead Commissioner- Start Well (Caroline Kelly); the Head of Public Health Programmes- Start Well (Donna Husband); the Health Commissioning Manager – Start Well (Doreen Redwood); the Head of Service Oxfordshire CAMHS & Eating Disorders, Oxford Health Foundation Trust (Vicky Norman); and the Service Director- Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate OHFT

(Katrina Anderson); for attending and answering questions in relation to the report.

5. The Committee would like to express that it recognises the work being invested into promoting children's emotional wellbeing and mental health; particularly in the context of the development and delivery of the Children's Emotional Wellbeing and Mental Health Strategy.
6. This report was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the Council and its Partners (including the NHS) to promote the emotional and mental wellbeing of children. When commissioning this report on the emotional wellbeing of children, some of the insights that the Committee sought to receive were as follows:
  - The level of engagement that has continued with children and young people as well as their parents/carers.
  - The degree to which there has been further/continued collaborative work between Children's Services and Public Health to improve children's emotional wellbeing and mental health.
  - Whether there is ease of access to the range of services related to children's emotional wellbeing and mental health.
  - Details of any extended elements of basic Mental Health First Aid training that could be part of the core curriculum for all school staff, as well as other relevant support services which work within schools or with children.
  - Details of any digital platforms that may have been developed for children and young people.
  - The process and effectiveness of transitions.
  - Details on whether it is felt that there is sufficient funding and resource allocated towards children's emotional wellbeing and mental health.

## **SUMMARY**

7. During this item held on the 23 November 2023, it was highlighted that this item was previously held in 2022, where the Committee recommended an urgent prioritisation of funding to support the Children's Emotional Wellbeing and Mental Health Strategy. Hence, this item constituted an update on the effectiveness of the Strategy as well as its deliverability in the context of Children's emotional wellbeing and mental health services overall.
8. The Committee were informed that this was a system-wide strategy that was launched over 12 months ago, with a view to improving the emotional wellbeing and mental health of Oxfordshire's young people. It was highlighted

that the strategy partly aimed to improve the mental wellbeing of children in ways that could preclude young residents from having to be on CAMHS waiting lists to begin with. Public Health had conducted a needs assessment in conjunction with the Children's directorate to examine the underlying need within the County with respect to children's emotional wellbeing and mental health. It was explained to the Committee that it was in this context that the strategy was formulated. The Committee were also informed that the strategy contained four key principles which are:

1. Providing early help and creating supportive environments.
2. Developing a confident workforce.
3. Ensuring positive transitions.
4. Improving access.

9. There was also a discussion around the digital offer, with the Lead Commissioner for Start Well explaining to the Committee that there was a digital offer that was currently being tendered, with bids having been received for the new service which was due to initiate in April 2024. An analysis of the parent course offer was also conducted, alongside the use of support groups, to understand what was already available, what was working well, and to receive feedback from parents and carers to understand what else could be undertaken in the digital space.
10. The Committee were also informed that there was work with schools to understand how they operate to support children and young people with their wellbeing and resilience; with various frameworks including the I-THRIVE model and Oxfordshire's Family Links being looked at. The system's dashboard had also been developed to understand the initiatives that were being worked on and the degree to which these were making a difference to children, young people, and their families.
11. The imperative for wider collaborative work within the system for improving the mental wellbeing of children, young people, and their families was also emphasised during the discussion. The Committee agreed that intervention needed to occur at an early stage for services to be effective. Some of the progress in this area included the following:
  - Delivering a joint initiative between Early Years and Public Health to target speech and language communication to children before they go to school.
  - The Oxfordshire Inclusive Economy Partnership had developed a Charter for employers to demonstrate support for and commitment to making Oxfordshire a fairer and more inclusive place to live and work.
  - There were also broader initiatives that occurred in the grassroots of local communities which would inevitably impact on the betterment of the wellbeing of families.

12. Furthermore, opportunities and constraints were discussed. Some of these constraints included; an increased need and access for mental health support and services; recruitment challenges for the local community CAMHS service; and significant financial challenges across the integrated care system.
13. Moreover, funding avenues for the strategy were also discussed. The Committee urged that adequate levels of funding be secured, as well as for considerations to be given to securing sustainable sources of funding to ensure the strategy's deliverability in the long-run.

## **KEY POINTS OF OBSERVATION AND RECOMMENDATIONS:**

14. Below are some key points of observation that the Committee has in relation to Children's Emotional Wellbeing and Mental Health in Oxfordshire. These key points of observation relate to some of the themes of discussion during the meeting on 23 November, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

***Navigation Tools and patient access to services:*** The Committee believes that it is vital that patients are aware of, as well as able to access the emotional wellbeing and mental health services that may be available to them. There are a plethora of services on offer for children and young people in Oxfordshire, although children and their families may not be aware of what is specifically available, as well as how access or be referred to services which would be of great benefit to them. It is for this reason that the Committee is recommending that explicit and comprehensive navigation tools are developed for the purposes of assisting residents and guiding them towards the relevant services they may be eligible for. Communication is a key aspect of ensuring good awareness of services. Additionally, the Committee also understands that residents may have slightly more familiarity with physical health services that may be available, but that they may not be entirely aware of mental health or emotional wellbeing services, including the extent to which such services have grown in their breadth and depth.

That residents should be aware of, and if necessary be guided toward, the services available to them and that they may be eligible for is also crucial given that some families from ethnic minority backgrounds may experience language barriers, or could potentially lack a solid understanding of how services or the health system operate. Therefore, it is vital that infrastructures and processes are in place to enable residents to have ease of access to services, as well as to benefit from swift and smooth referrals.

The Committee strongly feels that such navigation initiatives should operate at the community level and within neighbourhoods. This will also be of significant benefit to neighbourhoods or communities in more rural areas of the County, where it can often prove complex to navigate and

understand the services available for residents in such rural localities. It would be an opportunity to explore the usefulness of navigation tools in relation to helping groups of children who are known in local schools and services to experience mental health inequalities. It would also be ideal to have richer insights into how early intervention can meet the needs of higher risk and frequently socially excluded groups. These could include children with SEND, children subject to the pupil premium or otherwise deprived, young carers, looked after and formerly looked after children, children in contact with the justice system, children with physical health inequalities, and children and families who experience multiple causes of disadvantage. There is also a point relating to transparency. Good transparency across both the public and voluntary sector within neighbourhoods could help with improvements in access to services, in collaborative work, as well as improvements in avoiding unnecessary duplication and inefficiencies wherever these may exist in services.

Indeed, the Committee understands and appreciates the complexities behind creating such comprehensive navigation tools in every locality within the County, and therefore urges that considerations are given to piloting navigation tools within specific communities, as this may constitute a positive step toward the following:

1. Testing the use of navigation tools at the local level.
2. Understanding the extent to which residents actually benefit from such tools.

**Recommendation 1:** *To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.*

**Co-production with Children and Families:** The Committee understands and appreciates that the report describes that there have been engagements with children and young people and their families. The Committee feels that the continuation and enhancement of such engagements is crucial so as to ensure that children and their families remain at the heart of shaping not merely the strategy itself, but the very nature of the services that are being delivered. Emotional wellbeing and mental health are sensitive areas which require careful consideration of how children and their families feel. In order for residents to have confidence and trust in the services available for their mental health, it is pivotal that they feel that they can have a say in determining the nature of the services that will be made available to them.

The Committee feels that co-production should even exist at the heart of commissioning services as part of this strategy. Indeed, co-production will not only be of benefit to those on the receiving end of emotional wellbeing and mental health services, but also for elected officials, commissioners and senior officers involved in the designing of services. Through co-

production, elected officials, officers and commissioners can be increasingly informed as to how to better design and commission services.

Furthermore, the Committee is pleased to see a digital offer that will be made as part of the strategy. Digitisation of emotional wellbeing and mental health services can be useful in that some children, as well as their families for that matter, may not only enjoy the convenience of digital offers but may in some cases also prefer this form of service. However, whilst the Committee is broadly supportive of the digital offer, it does urge that subsequent to the launch, this offer is subjected to an early review and that this is undertaken with a range of children identified in the June 2022 HOSC report to include a group of neurodivergent children and other population cohorts known to be at higher risk. This is to ensure that the service is working effectively as well as to ascertain the extent to which relevant children and their families who utilise such services are satisfied with such digital avenues of support. In essence, whilst there are multiple advantages to digital offers of this nature, it is crucial that the following two points are ascertained:

1. For those children and their families that are happy to use the digital offer, to what extent has the offer proven effective in helping to improve the emotional wellbeing of the child in question.
2. There may be children or families who would prefer not to use such digital services, or other children for whom the specific digital offer is not meeting their needs who may, for a plethora of reasons, prefer face-to-face support or other alternative provision. For this category, it will be ideal to determine the degree to which their preferences are taken into account.

**Recommendation 2:** *To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health.*

**Funding for the Strategy:** The Committee had received a report and discussed this strategy as an item in a meeting in 2022. Upon initially discussing this item over 12 months ago, the Committee issued a recommendation calling for the securement of adequate levels of funding for delivering the strategy from all system partners and government. The Committee also urges for further funding to be secured and utilised for the purposes of working more closely with schools. The Committee recognises that significant efforts are being made to utilise existing sources of funding to design and deliver services to support the emotional wellbeing of children and their families. Nonetheless, it is vital that additional sources of funding are sought, particularly in light of the increased demand for emotional wellbeing and mental health services in recent years. It is equally vital that any sources of funding for this strategy are sustainable in nature. Given that this is a

strategy that is system-wide and that aims to generate long-term improvements in children and young people's emotional and mental wellbeing, it is imperative that the avenues of funding are able to support long-term commissioning or provision of services. In order to determine the degree to which any services are proving effective, such services need to have been implemented and delivered for a relatively sustainable period. This can indeed only be supported through funding that is also long-term and sustainable.

**Recommendation 3:** *To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.*

**Needs-Based Approach:** The Committee recognises that there is a commitment to developing services that are co-produced, and this is something that is welcomed. However, there is also a crucial point relating to the approach that is adopted not merely in the designing of services, but also in the manner in which services are delivered to children, young people and their families. Families need to feel a sense of reassurance, as well as a sense of being supported by the systems and processes in place. This sense of reassurance and support can be maximised and enhanced through adopting a "Needs-Based Approach". Adopting a Needs-Based Approach as opposed to a purely Diagnosis Based Approach can prove helpful for three reasons:

1. This enables a transition away from a strongly medical approach toward services provided to children and their families.
2. It involves a recognition that each child is different and that they should be treated as individuals with their own unique set of symptoms, feelings, and experiences. This can avoid the proclivity to use stark labels and categories predicated on specific diagnoses. Not every child that falls under the category of a diagnosis should be treated identically to other children that fall into this category. Each child may have a unique set of needs that should be adequately taken into account and addressed. That such a Needs-Based Approach should be adopted is even more significant in light of the fact that mental health and emotional wellbeing can prove far more complex than physical health.
3. By adopting a Needs-Based Approach, children that may be awaiting a diagnosis can actually receive support as early as possible in a manner that avoids the need to wait for a diagnosis to be determined. Early intervention is key so as to ensure that a child's emotional and mental wellbeing do not deteriorate further. Ultimately, this approach will also help instil further confidence in the system and its services by children and their families.

**Recommendation 4:** *To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.*

**Evaluation Measures:** As was highlighted during the meeting on 23 November, the services being commissioned or provided under the strategy should be evaluated at the earliest opportunity. This is crucial for two reasons. Firstly, the strategy would benefit from an early evaluation so as to determine the degree to which its rationale, as well as the services commissioned within it, are working effectively and providing genuine support and outcomes for children and their families that can be measured. Secondly, it is important for there to be explicit indicators that are adopted and utilised for the purposes of evaluating the effectiveness of the strategy's delivery in the long-run. The Committee urges for consideration to be given, if possible, to the use of an explicit and evidence-based evaluation measure that is standardised and useful as a base line measure (e.g. The Strengths and Difficulties Questionnaire [SDQ] even if some more complex measures are being used in specialist medical settings as well). It is equally important that such an evaluation measure is applicable to and suitable for all the relevant services that work on Children's emotional wellbeing within community settings also.

**Recommendation 5:** *That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.*

15. As such, the Committee believes that there is a need for a clear understanding of the root causes of any decline in children's emotional wellbeing and mental health, and for closer coordination between system partners, including the County Council, and the NHS, for the purposes of further identifying trends in children's emotional and mental wellbeing; and in developing measures to support children and their families in this regard. There is also a point about working to support ethnic minorities or vulnerable groups, as well as thinking of how to address the degree to which residents, communities, and families may be receptive to messages around emotional wellbeing and mental health also.

## LEGAL IMPLICATIONS

16. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.
17. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2 (3) iv) the Cabinet will consider any reports from Scrutiny Committees.
18. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**



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Annex 1 – Scrutiny Response Pro Forma

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