Divisions Affected - All

OXFORDSHIRE HEALTH AND WELLBEING BOARD
16 DECEMBER 2021

CHILDREN AND YOUNG PEOPLE EMOTIONAL WELLBEING AND MENTAL HEALTH – STRATEGIC APPROACH

Report by Corporate Director of Children's Services, Oxfordshire County Council

RECOMMENDATION

1.   **The Health and Wellbeing Board is RECOMMENDED to;**

     (a)   Note the summary of activity taken place to date
     (b)   Agree to the indicative strategic approach for children and young people's emotional wellbeing and mental health in Oxfordshire
     (c)   Endorse and support the work outlined in the forward plan

Executive summary

2.   This report summarises the work completed to date on the development of a shared strategic approach to children and young people's emotional wellbeing and mental health in Oxfordshire.

3.   Following a workshop that reviewed Oxfordshire's current Health and Wellbeing Strategy that took place in September, a focus on the mental health and wellbeing of children and parents was selected as a priority area under the Start Well programme.[1] Alongside this, there was recognition that the 16-24 age group has been particularly adversely impacted by the pandemic and specific interventions might be needed from across the system to address their needs.

4.   Oxfordshire's Joint Commissioning Executive (JCE) selected Children and Young People's (CYP) emotional mental health and wellbeing as a strategic priority in the first year work plan following the COVID-19 pandemic, via Oxfordshire's Health, Education, and Social Care (HESC) partnership. The reasons for this were in response to new funding opportunities, an increased prevalence rate due to impact of pandemic, that the work is cross-cutting across all tiers and requires a whole-system solution.

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[1] Health and Wellbeing Strategy review paper, Oxfordshire Health and Wellbeing Board (October 2021)

5. So far, we have begun to build a picture of services and projects that are available locally and have drawn together prevalence and needs from a variety of sources. We are advocating a prevention approach across the local CYP emotional mental health and wellbeing system so that children, young people, and families can access the support they need when they need it, which will prevent children and young people from becoming more ill and reduce their need to access specialist services.

6. Applying a prevention approach across the whole CYP emotional wellbeing and mental health system will be the cornerstone of this work. The prevention principals adopted by the Health and Wellbeing Board in the Oxfordshire Prevention Framework (2019-24) will be applied to prevent illness, reduce the need for treatment, and delay the need for care.

7. Children and young people's outcomes and needs will be at the centre of this work. In light of this, we will apply principles from the THRIVE framework. The THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families and adopted by local CAMHS – is a set of principles built on child and young person need.

8. We will work with children and young people to define what constitutes as good emotional wellbeing and mental health, and what they believe helps support them. We are advocating a definition of children and young people from 0 to up to 25 years old to include the key transition point into adulthood. The approach will consider the full continuum of emotional wellbeing and mental wealth, from continuing to support children and young people who are thriving to those that require specialist mental health support.

9. We are advocating a system-wide partnership approach, to include a wide stakeholder group including children and young people and their families, as well as the spectrum of people and organisations involved in providing care and support, including the local authority, health, and voluntary and community sector organisations. Engagement and partnership work is already underway between the organisations described above.

10. The scope of this work is to include interventions and services that directly support children and young people's emotional wellbeing and mental health, or targeted services aimed at those who are most at risk at developing poor wellbeing and mental health. Outside of scope are the wider determinants of health. The wider determinants of health – where we live, learn, work, and play – are fundamental to wellbeing and mental health, and this is covered by Oxfordshire's Healthy Place Shaping programme, among other cross-cutting programmes of work (see appendix 1 for a broad overview of the wider determinants of health)

11. The new strategic approach will seek to address issues relating to increased prevalence and acuity in Oxfordshire over the last few years and following the impact of COVID-19 on wellbeing and mental health (see appendix 2).

12. This report has been prepared in partnership with the local Health Education and Social Care (HESC) structure (Oxfordshire County Council and Oxfordshire Clinical Commissioning Group), and Oxford Health NHS Foundation Trust.

Strategic Context

National strategies

13. NHS Long Term Plan aims to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them (this includes the NHS-funded school-based Mental Health Support Teams).

14. Future in Mind (2015) highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support.

15. The Five Year Forward View for Mental Health (2016) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people.

16. In 2017 The Department for Health and Social Care (DHSC) and the Department for Education (DfE) jointly published 'Transforming children and young people's mental health provision':
    – designated mental health leads in all schools,
    – new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems
    – trialling reduced waiting times for specialist mental health services.

Local Strategies

17. There are several key local strategies and plans that support children and young people's emotional wellbeing and mental health:

    • CAMHS LTP Refresh 2020-22
    • Joint Health and Wellbeing Strategy 2018-23
    • Prevention Framework 2019-24
    • Suicide and Self-Harm Prevention Strategy 2020-24
    • Mental Health Prevention Framework 2020-23
    • Children and Young People's Plan 2018-23

18. There are also a number of local strategies and partnerships across the county that impact on the wider determinants of emotional wellbeing and mental health.

THRIVE framework

19. The THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 1 below). The framework has been adopted by local CAMHS and is a set of principles built on child and young person need. It can also be used to present information about the range and diversity of services and interventions already in place in Oxfordshire, and how they link together. Using the THRIVE framework in this way will allow us to clearly analyse and identify gaps in need and inform recommendations on what the local offer should be.

Figure 1: *The THRIVE framework*

20. The framework is a set of principles built on child and young person need, described as the following:

- **Thriving:** Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the Thriving group. Universal promotion and prevention interventions support this group such as School Based Health Nursing Services and some VCS services.

- **Getting advice:** This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing. The best interventions here are within the community with the possible addition of self-support, such as the [Five Ways to Wellbeing](#).

- **Getting help:** This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility directly with a specified individual or group.

- **Getting more help:** This is not conceptually different from Getting Help. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality. Young people and families in here benefit from extensive intervention. It might include children and young people with a range of overlapping needs, such as the coexistence of major trauma, autistic spectrum disorder (ASD), or broken attachments.

- **Getting risk support**: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions. Children and young people in this grouping are likely to have contact with multiple-agency inputs such as social services or youth justice. [2]

21. One of the fundamental principles is that children and young people are at the centre of the decision making around their own mental wellbeing and mental health and may be accessing more than one intervention or service at any given time.

Prevention

22. Applying a prevention approach across the whole CYP emotional wellbeing and mental health system will be the cornerstone of this work. The prevention principals adopted by the Health and Wellbeing Board in the Oxfordshire Prevention Framework (2019-24) will be applied in order to:

- prevent illness – preventing illness and keeping people physically and mentally well (primary prevention)

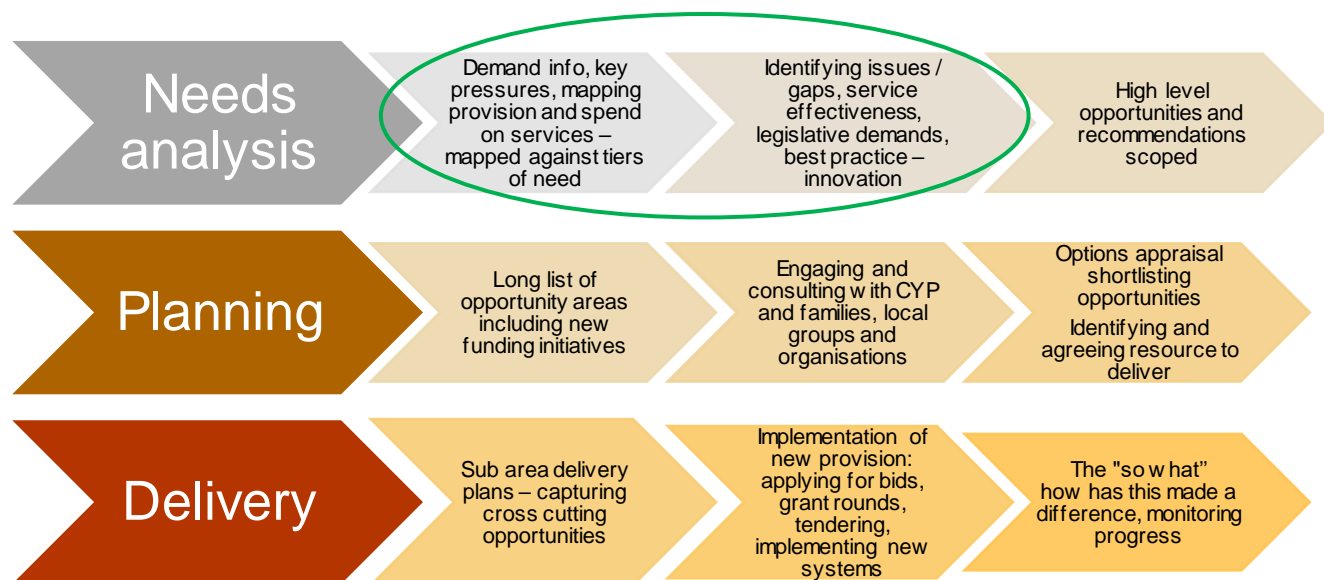[2] [THRIVE framework for system change](#)

- reduce the need for treatment – reducing impact of an illness by early detection (secondary prevention)
- and delay the need for care – soften the impact of an ongoing illness and keep people independent for longer (tertiary prevention).

23. Taking a prevention approach will require investing strategically across the system – primary, secondary and tertiary prevention – so that children and young people can access a range of services to meet a range of needs from a range of settings and locations.

Progress to date and next steps

24. We are in the 'needs analysis' phase of developing a strategic approach to CYP emotional mental health and wellbeing (see figure 2 below). We have started to map statutory and non-statutory service provision engaging with health and voluntary sector organisations across the county.

Figure 2: *Strategic approach to CYP emotional mental health and wellbeing*

Needs analysis	Demand info, key pressures, mapping provision and spend on services – mapped against tiers of need	Identifying issues / gaps, service effectiveness, legislative demands, best practice – innovation	High level opportunities and recommendations scoped
Planning	Long list of opportunity areas including new funding initiatives	Engaging and consulting with CYP and families, local groups and organisations	Options appraisal shortlisting opportunities. Identifying and agreeing resource to deliver
Delivery	Sub area delivery plans – capturing cross cutting opportunities	Implementation of new provision: applying for bids, grant rounds, tendering, implementing new systems	The "so what" how has this made a difference, monitoring progress

25. There are many partners from the health and voluntary and community sector delivering services and projects to support children and young people's emotional wellbeing and mental health in Oxfordshire. The annual Oxfordshire Youth in Mind Guide is put together by Oxfordshire Youth and Oxfordshire Mind and lists services across the county.[3] Approximately one-third of VCS organisations contacted so far have responded which accounts for 40 projects or services. Not all organisations provided budget figures or service capacity.

26. We have an overall budget position from Oxford Health CAMHS – including a breakdown at services level.

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[3] Oxfordshire Youth in Mind guide 2020

27.   Alongside the emerging service provision mapping, an assessment of prevalence, local needs, access, and priorities has been developed (see appendix 1).

28.   Next steps:

Table 1: *Indicative forward plan*

Phase	Activity	Completion date
Needs analysis	Complete service provision mapping across the CYP emotional mental health and wellbeing system	**January 2022**
	Identify gaps, service effectiveness, and explore best practice	**February 2022**
	High level opportunities and recommendations	**February 2022**
Planning	Engage with CYP and families, and people and organisations involved in providing care and support	**March 2022**
	Long list of opportunity areas including new funding initiatives	
	Options appraisal shortlisting opportunities / portfolio evidence-based interventions	
	Identifying and agreeing resource to deliver	
Delivery	Sub area delivery plans – capturing cross cutting opportunities	**2022/23**
	Implementation of new provision: applying for bids, grant rounds, tendering, implementing new systems	
	The "so what'' how has this made a difference, monitoring progress	

Conclusion

29.   Progress has been made in the development of a shared strategic approach to children and young people's emotional wellbeing and mental health in Oxfordshire.

Themes that have emerged so far are:
- The importance of taking a prevention approach across the system to support earlier intervention at every stage to give children and young people the help and resources they need to manage their emotional wellbeing and mental health.
- Ensuring that the interventions at every level are evidence-based and effective, to prevent higher level interventions being required.

- Focusing on promoting good mental health for all while targeting support to those who need it most.
- Focus on health inequalities and services delivered (by geography and/or demography).
- We do not yet have a full system picture; this is required before moving onto the next phase outlined in the indicative forward plan in table 1.
- We want to ensure that strategic commissioning priorities are linked to the Joint Health and Wellbeing Strategy, Prevention Framework, CAMHS Transformation Plan, local needs of children and young people, and prevalence. This should include a balance of in-person interventions with emerging digital provision, and fully explore how technology could be used as an adjunct to support wellbeing outcomes and current services.

30. There is more work to do on this important agenda which will require continued engagement from across the system if we are going to achieve the transformational change that we want for children and young people's emotional mental health and wellbeing in Oxfordshire.

Financial implications

31. There are no specific financial implications associated with this report

Legal implications

32. There are no specific legal implications associated with this report

KEVIN GORDON
CORPORATE DIRECTOR FOR CHILDREN'S SERVICES

Annex:

Contact Officer: Jack Gooding
                          Senior Public Health Principal
   Jack.gooding@oxfordshire.gov.uk

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Appendix 1: The Wider Determinants of Health

1. Positive mental health and wellbeing are vital for building population good health. Our social circumstances, environment where we live, learn, work and play, economic factors, physical and mental health can all support good mental wellbeing.

2. Our mental wellbeing enables us to get the most from life and feel connected to friends, family and neighbours, fulfil our potential, contribute to communities and to adopt healthy lifestyles.

3. Conversely, poor mental health and serious mental illness can be a significant burden to individuals, families and communities, affecting the quality of lives lived and leading to preventable early deaths. People with severe and enduring mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population.

4. Mental illness is closely associated with many forms of inequalities. Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic, geographical and other factors.

5. Inequalities in health are largely due to inequalities in society, meaning the conditions in which people are born, grow, live, work and age. It is the unequal distribution of the social determinants of health, such as education, housing and employment, which drives inequalities in physical and mental health, although the mechanisms by which this happens can be complex and inter-related.

6. Disadvantage can start even before a child is born and can accumulate over time and impact on future generations. Factors include:
    - adverse childhood events such as being a victim of abuse
    - poor housing
    - poverty
    - traumatic events
    - poor working conditions
    - Children facing multiple risks have a heightened risk of multiple and sustained childhood mental health difficulties.[4]

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[4] Points 5-19 from: Health matters: reducing health inequalities in mental illness

Figure 2: *The wider determinants of wellbeing and mental health*
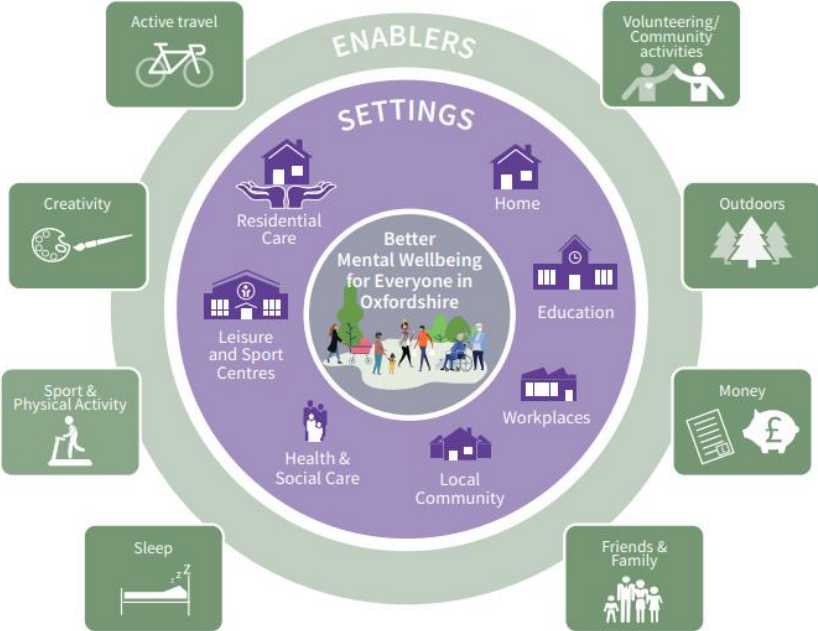
7. Our social circumstances, the environment where we live, learn, work and play, and economic factors – often referred to as the wider determinants of health – all impact wellbeing and mental health.

Appendix 2: Prevalence, needs and access

Prevalence

1. Applying the 2020 national prevalence rates of children and young people who have a probable mental disorder – 16% of 5-16 year olds and 20% of 17-22 year olds – to the mid 2020 estimated Oxfordshire population there are 16,159 children aged 5-16 years old and 11,069 children and young people aged 17-22 years old with a probable mental disorder in Oxfordshire.[5]

2. Emotional disorders and anxiety orders are the two most probable mental disorders in children and young people across ages 5-19 in Oxfordshire (see table 2 below).[6]

Table 2: *Count of top five probable mental disorders in Oxfordshire, across age ranges*

	5-10 years	11-16 years	17-19 years	All
Emotional disorders	2,124	4,435	3,711	10,163
Anxiety disorders	2,022	3,922	3,250	9,104
Behavioural disorders	2,579	3,087	197	5,848
Depressive disorders	156	1,347	1,198	2,649
Hyperactivity disorders	2,124	4,435	3,711	2,069

Needs

3. In 2020, Oxfordshire had a higher proportion of school age pupils with social emotional and mental health needs (3.11%) compared to the England average (2.7%).[7]

4. In 2020, a social, emotional and mental health need was the third highest need identified for EHCP and SEN support. Those requiring social, emotional, and mental health support is above average compared to England and has increased by 31% since 2016.[8]

5. From local intelligence, in the calendar years 2014 to November 2021, there have been twelve unexpected deaths of young people aged 13 to 18 years. It is

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[5] National data applied to Oxfordshire mid 2020 population. Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

[6] National data 2017 survey applied to Oxfordshire mid 2020 population, Mental health of children and young people 2017 - key facts. Given that overall probable prevalence has increased in 2020 it is likely that all disorders have increased.

[7] Children and Young People's Mental Health and Wellbeing – PHE Fingertips

[8] Special Educational Needs statistics January 2020 (published 2 July 2020)

important to note that not all of these deaths were recorded as suicide by the coroner.

6. The OxWell School survey 2021 collected data from over 30,000 children and young people aged between 8 and 18 years across Oxfordshire, Berkshire, Liverpool and Buckinghamshire. The survey asks questions on general wellbeing, highlights risk groups and populations of concern.

7. OxWell School survey 2021 key highlights:

   - **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)** score – similarly to previous surveys, self-reported wellbeing gets worse with age with 49% and 44% of those in years 12 and 13 (16-18 year olds) reporting low wellbeing compared to 20% in year 5 (9-10 year olds).
   - **Revised Children's Anxiety and Depression Scale (RCADS)** – a clinical measure for depressions and anxiety – is closer across age groups (years 8-13), with a range of those with a more serious outcome from 18% in year 8 to 26% in year 13.
   - As with WEMWBS, **loneliness** scores generally get worse with age. From year 5, where 13% often feel lonely, to year 12 and 13, where 24% and 20% often feel lonely, respectively. Over half feel lonely sometimes or often across all age groups.
   - **Self-image** – ~75% of females across all ages were worried/extremely worried about appearance and ~50%+ of males across all ages were worried/extremely worried about appearance.
   - Of the respondents from year 8–13 (ages 12-18) 6.7% reported as having **self-harmed** within a month of the survey, further analysis of the data needs to be completed to before conclusions can be made on intention and ongoing risk.
   - **Exercise** – students across most age ranges are doing more exercise compared to before the first lockdown
   - **Social media/gaming** – 48% are playing computer games for four hours a day / 37% on social media for four hours a day
   - **Sleep** – range across ages 22% - 37% that are too worried to sleep often – for year 12s (16-17 year olds) 37% are too worried to sleep often
   - **Bullying** – decreases with age 9% in year 5 to less than ~5% in year 12[9]

Access

8. In the four year period, 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:

   i. +83% for people aged 0-9
   ii. +58% for people aged 10-19
   iii. +36% for people aged 20-24

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[9] OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire

iv.　+22% for people aged 25 and over.[10]

9.　The median number of days of all children and young people waiting for CAMHS appointments peaked in August 2019 at 169 and had dropped to 36 by December 2020.[11]

10. The rate of those with a probable mental disorder see point 22) accessing CAMHS in 2020/21 was 60.3% compared to a national target of 35%. This equates to 9,700 CYP and demonstrates the continued increased demand to Oxfordshire CAMHS.[12]

11. In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000).[13]

Impact of COVID-19 on needs and access

12. National research indicates that there has not been an escalation in suicide figures during the pandemic. A subset of local areas (population coverage ~9million) has not shown a significant rise in average number of suicides when comparing pre- and post- lockdown periods.[14]

13. Early indications from local data show that self-harm presentations to A&E across age ranges has fluctuated over the pandemic. Overall presentations reduced in the first lockdown period (April – July 2020), and returned to pre-pandemic levels out of lockdowns.[15] We will continue to monitor this data as it becomes available.

14. However, risk factors for self-harm and suicide that have or have likely been adversely impacted by COVID-19 include unemployment, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, and loneliness.

15. The 2020 OxWell survey conducted across the South-East during the first lockdown, showed that for respondents in years 9-13, the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[16]

16. Across Oxfordshire, the number of unemployment claimants rose significantly at the start of the pandemic. The highest proportion of unemployment claimants in

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[10] Joint Strategic Needs Assessment | Oxfordshire Insight

[11] As above.

[12] CAMHS Transformation Plan 2021/22 (draft)

[13] Children and Young People's Mental Health and Wellbeing – PHE Fingertips

[14] Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk)

[15] In the absence of recent 2020/2021 Public Health Outcomes Framework data on self-harm rates (latest available is 2019/20) we have consulted with the Oxford Monitoring System for Self-harm, Department of Psychiatry (University of Oxford)[15] which suggests that there has not been a significant increase in self harm presentations to A&E in the John Radcliffe Hospital, Oxford.

[16] OxWell school mental health summary report 2020

Oxfordshire between December 2019 and December 2020, was in 16-24 year olds, rising from 945 to 3020.[17]

17. There is anecdotal evidence from engaging with health and voluntary sector partners that the pandemic impacted on service delivery and saw an increase in demand for some services. For example, there has been a 72% rise in eating disorder referrals from 2019/20 to 2020/21 (yearly increase from 172 in 2019/20 to 295 in 2020/21).[24]

18. In 2020/21 the number of pupils requiring support (SEN/EHCP) where the primary need was social, emotional or mental health increased by around 6% compared to the previous year (from 3,027 to 3,206).[25]

19. The performance report from the most recent Oxfordshire Health Improvement Board contained a number of indicators across the life-course focusing on mental wellbeing – available here: Item 8 18 November 2021 Health Improvement Board meeting - Performance Report.

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[17] Workbook: Oxfordshire Unemployment Dashboard (tableau.com) (data from nomis web – official labour market statistics)