Divisions Affected -

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
– 10 MARCH 2022

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

Report by Kevin Gordon, Director of Children's Services

RECOMMENDATION

1.   **The Oxfordshire Joint Health Overview and Scrutiny Committee is RECOMMENDED to**

Endorse the new strategic partnership approach to support children and young people's emotional wellbeing and mental health in Oxfordshire.

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, as requested by the Oxfordshire Joint Health Overview and Scrutiny Committee.

3.   Following a workshop that reviewed Oxfordshire's current Health and Wellbeing Strategy that took place in September 2021, 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. Oxfordshire children and young people needs related to emotional wellbeing and mental health is around average when compared to England. Oxfordshire has comparatively strong protective factors that support emotional wellbeing and mental health, such as school readiness and educational attainment, although there are some stark inequalities in the County that this strategic work will seek to address.[2]

6. There are indications that COVID-19 has adversely impacted on the wellbeing and mental health of children and young people in Oxfordshire. This has been witnessed in statutory and non-statutory services where referral rates have increased alongside an increase in acuity when presenting to services (i.e., children and young people are more ill and there has been a 77% rise in the number of children needing treatment for severe mental health issues since 2019 nationally). Local surveys tell us that school age children reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[3]

7. We are advocating a prevention approach across the local 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. As outlined in the Oxfordshire Prevention Framework (2019-24).

8. 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 i-THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families and adopted by Oxfordshire Child and Adolescent Mental Health Services (CAMHS) – is a set of principles built on child and young person need.

9. We have worked with children and young people and will continue to do so 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 meet needs in a timely way for those that require specialist mental health support.

10. 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 full spectrum of people and organisations involved in providing care and support, including the local authority, health, and voluntary and community sector organisations.

11. The scope of this work is to include interventions and services that directly support children and young people's emotional wellbeing and mental health,

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[2] Children and Young People's Mental Health and Wellbeing area profile - OHID
[3] OxWell school mental health summary report 2020

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.

12. 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 annex 1).

13. We are currently in the planning phase of the development of the strategy (see figure 2 below).

14. So far, we have a conducted a needs assessment, a service mapping and engagement exercise to identify gaps, and have started engagement with key stakeholders as described in point 9. A workshop event with over 20 participants from different organisations took place in January 2022. Further engagement is planned with children and young people and families to take place in March 2022.

15. A longlist of opportunity areas has been developed using insight from the needs assessment, service mapping, and engagement to date. The opportunities on the list will be assessed by children, young people and families, and by an expert reference panel made up of a wide stakeholder group.

16. This report has been prepared in partnership with the local Health Education and Social Care (HESC) structure (Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group), OCC Public Health, and Oxford Health NHS Foundation Trust. A similar report was provided to the Oxfordshire Health and Wellbeing Board in December 2021.[4]

Strategic Context

National strategies

17. 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).

18. 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.

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[4] Children and Young People Emotional Wellbeing and Mental Health - Strategic Approach, report to the Oxfordshire Health and Wellbeing Board (16 December 2021)

19. [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.

20. 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

21. Much of this work dovetails with and complements key priorities and deliverables within the recently updated [CAMHS Local Transformation Plan (LTP) Refresh 2020-22.](#)

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

    - [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](#)

23. 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.

i-THRIVE framework

24. The i-THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 1). 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 i-THRIVE framework*

25. 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. [5]

26. 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

27. 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)
- 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).

28. Taking a prevention approach will require investing strategically across the system – primary, secondary and tertiary prevention – so that children and
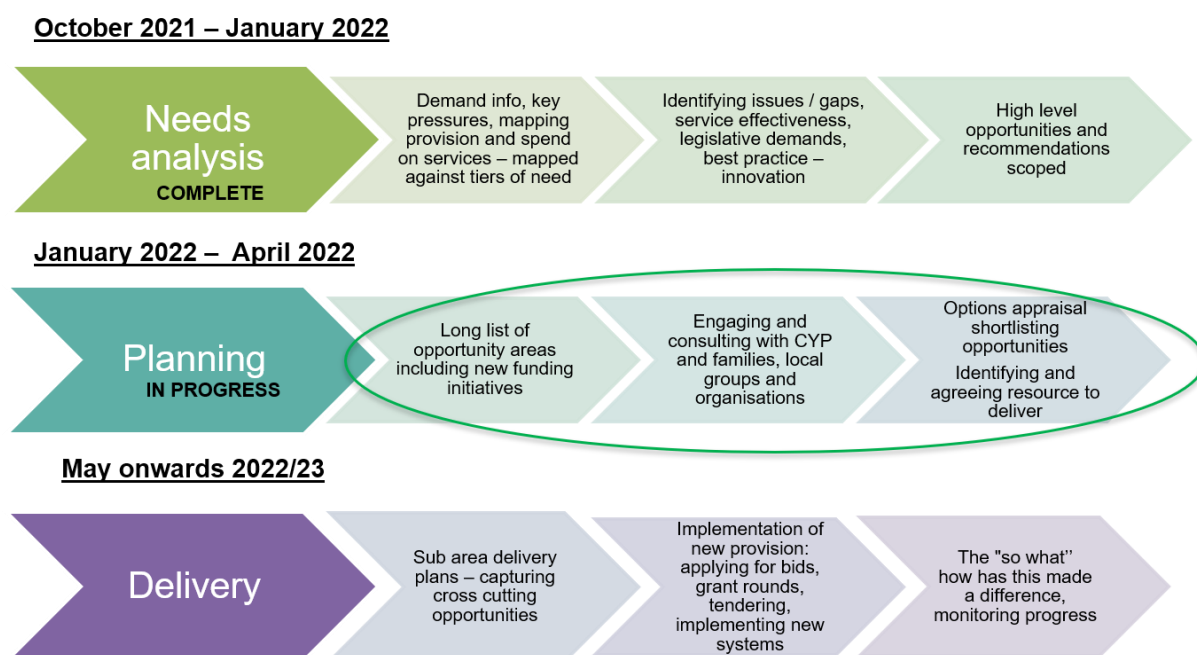
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[5] [THRIVE framework for system change](#)

young people can access a range of services to meet a range of needs from a range of settings and locations.

Progress to date

29.   We are currently in the planning phase of the development of the strategy (see figure 2 below).

Figure 2: CYP emotional wellbeing and mental health strategy – key milestone project plan

October 2021 – January 2022

| Needs analysis COMPLETE | 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 |

January 2022 – April 2022

| Planning IN PROGRESS | 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 |

May onwards 2022/23

| 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 |

30.   So far, we have a conducted a needs assessment, a service mapping and engagement exercise to identify gaps, and have started engagement with key stakeholders as described above (point 10). A workshop event with over 20 participants from different organisations took place in January 2022. Further engagement is planned with children and young people and families to take place in March 2022.

31.   Through the mapping process, workshop event, and the needs analysis, the following strategic themes were identified intended to inform future work in this area:

32.   There is a rich array of services and projects to support children and young people's emotional wellbeing and mental health in the county, provided by a strong voluntary and community sector and statutory health service provider.

33.   Despite this, the overall offer is not coordinated meaning there is an inequity of services and projects geographically and accessing support can be hindered by what is available in the local area. It is important therefore that services

work in a joint up approach enabling easy access routes for CYP and their families.

34.   Referral routes to the VCS sector are confusing and inconsistent and CYP, their families and professionals are not always aware of services or how to access them, which has resulted in a high rate of referrals that do not meet CAMHS thresholds being referred (38%). Exploring a universal digital offer and an enhanced Single Point of Access (SPA) that brings clinical and non-clinical pathways together were suggested as potential solutions.

35.   Additionally, innovative practices to expand reach and meet need earlier should include a balance of in-person interventions and emerging digital provision, and we should fully explore how technology could be used as an adjunct to support wellbeing outcomes and current services to a wide reach of children and young people across Oxfordshire.

36.   Waiting times for some non-clinical and non-statutory services have increased as demand has increased for all mental health interventions across the county, mirroring what is happening in statutory services.

37.   There is a gap in a coordinated early primary prevention offer of mental ill health that would promote good mental wellbeing and support those at risk of developing poor mental health in the future, including a gap specifically in eating disorder prevention and pre-diagnosis support for those in the neurodevelopment disorder condition pathway. It will therefore be important to take a prevention approach 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.

38.   Focus on promoting good mental health for all while targeting support to those who need it most to tackle health inequalities. Suggested specific target groups could include:

    o   CYP with autism/ADHD,
    o   CYP with disabilities,
    o   CYP who identify as LGBTQI+,
    o   CYP from low-income families,
    o   CYP with adverse childhood experiences (ACEs)[6],
    o   CYP and families from ethnic minority backgrounds,
    o   young carers.

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[6] Practitioner Toolkit | Family Information Directory (oxfordshire.gov.uk)

39.	A longlist of opportunity areas has been developed using insight from the needs assessment, service mapping, and engagement to date. The opportunities on the list will be assessed by children, young people, and families, and by an expert reference panel made up of a wide stakeholder group.

40.	A summary of the key prevalence and needs data are detailed in annex 1.

Next steps

41.	Consult with children and young people and families on the longlist of opportunities areas identified to support the themes highlighted above, in March 2022.

42.	Shortlist the opportunities against key objectives of the strategy and a range of metrics with a panel of key stakeholders by the end of March 2022.

43.	Create business cases for shortlist opportunities to identify funding and agree steps to implement over April 2022, including potential for joint work at the new Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care System (ICS) level in 2022/23, whilst ensuring the best outcomes for Oxfordshire Children and Young People.

44.	Implement agreed outputs of the Children and Young People's Emotional Wellbeing and Mental Health Strategy over 2022/23 and beyond. Outputs to be delivered via the Oxfordshire CYP Mental health and Wellbeing Project Board (formerly the CAMHS Assurance Board), with links to the CAMHS Local Transformation Plan.

45.	Launch the strategy in May and start the delivery aspect of the Strategy.

Conclusion

46.	Good 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. Partnership work among key stakeholders has been vital in getting the fullest range of views and expertise to support the development of an effective strategy to get the best wellbeing and mental health outcomes for children and young people in Oxfordshire.

47.	There is more work to do on this important agenda which will require investment into the VCS sector and digital solutions to enable system changes to work more effectively across services and continued engagement from across CYP and their families and partners, if we are going to achieve the transformational change that we want for children and young people's emotional wellbeing and mental health in Oxfordshire.

Corporate Policies and Priorities

48. The work described in the paper aims to support key corporate priorities, including:

Thriving People
- We strive to give every child a good start in life and protect everyone from abuse and neglect.
- Support families that need extra help to thrive.

Thriving Communities
- Focus on reduction the health gap between different communities.
- Encourage community-run services and self-help initiatives.

Thriving Economy
- Involve people in designing better services
- Work closely with our public, private and voluntary sector partners
- Giving communities more say in local services

Financial Implications

49. There are no financial implications to content of the report at this stage. A full funding review will be conducted as part of the shortlisting of opportunity areas as outlined in the 'next steps' section of the report.

Legal Implications

50. There are no legal implications to the content of the report at this stage however legal colleagues will be engaged with should OCC require the need to work with the market to ensure compliance with the Contract Procurement Regulations.

Staff Implications

51. There are no new or additional staff implications to the content of the report.

Equality & Inclusion Implications

52. One of the primary aims of the content of the report is to reduce health inequalities and a number of priority groups have been identified. Views and input from the main beneficiaries of the content of the report – children, young people and families – are being sought as the next key step in the development of the work.

Sustainability Implications

53. There are no sustainability implications to the content of the report.

Risk Management

54. A full risk management process will be conducted as part of the shortlisting of opportunity areas as outlined in the 'next steps' section of the report

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Annex: Annex 1: Prevalence, needs and access

Background papers: Nil

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28 February 2022

Annex 1: 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.[7]

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).[8]

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

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[7] 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

The Strengths and Difficulties Questionnaire (SDQ)21 was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Responses from parents, children and young people were used to estimate the likelihood that a child or young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'

[8] 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.

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%).[9]

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.[10]

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 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

[9] Children and Young People's Mental Health and Wellbeing – PHE Fingertips
[10] Special Educational Needs statistics January 2020 (published 2 July 2020)

- **Bullying** – decreases with age 9% in year 5 to less than ~5% in year 12[11]

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
   iv. +22% for people aged 25 and over.[12]

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.[13]

10. The **median** wait for a ASD diagnoses via the NDC pathway is **593 days** and the **mean wait is 615 days –** *although system improvements is expected to reduce that figure*

11. 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.[14]

12. 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).[15]

Impact of COVID-19 on needs and access

13. 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.[16]

14. 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

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[11] OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire
[12] Joint Strategic Needs Assessment | Oxfordshire Insight
[13] As above.
[14] CAMHS Transformation Plan 2021/22 (draft)
[15] Children and Young People's Mental Health and Wellbeing – PHE Fingertips
[16] Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk)

first lockdown period (April – July 2020), and returned to pre-pandemic levels out of lockdowns.[17] We will continue to monitor this data as it becomes available.

15. 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.

16. 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.[18]

17. Across Oxfordshire, the number of unemployment claimants rose significantly at the start of the pandemic. The highest proportion of unemployment claimants in Oxfordshire between December 2019 and December 2020, was in 16-24 year olds, rising from 945 to 3020.[19]

18. 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]

19. 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]

20. The performance report from the November 2021 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.

21. A Wellbeing Needs Assessment for Oxfordshire was recently completed and published here: https://insight.oxfordshire.gov.uk/cms/mental-wellbeing-needs-assessment-oxfordshire-temporary.

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[17] 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)[17] which suggests that there has not been a significant increase in self harm presentations to A&E in the John Radcliffe Hospital, Oxford.
[18] OxWell school mental health summary report 2020
[19] Workbook: Oxfordshire Unemployment Dashboard (tableau.com) (data from nomis web – official labour market statistics)