

# Croydon Council

For General Release

<b>REPORT TO:</b>	<b>HEALTH &amp; WELLBEING BOARD (CROYDON)</b> <b>11 September 2013</b>
<b>AGENDA ITEM NO:</b>	<b>9</b>
<b>SUBJECT:</b>	<b>Croydon's 2012/13 Mental Health Joint Strategic Needs Assessment:</b> <ul style="list-style-type: none"><li>• <b>Emotional Health and Wellbeing of Children</b></li><li>• <b>Summary of Key Themes arising from the Emotional Health and Wellbeing Chapter</b></li><li>• <b>Children and Families Partnership Executive response to Key Themes and Recommendations</b></li></ul>
<b>BOARD SPONSORS:</b>	<b>Dr Mike Robinson, Director of Public Health</b> <b>Paula Swann, Chief Officer, Clinical Commissioning Group</b> <b>Paul Greenhalgh, Executive Director of Children's Services</b> <b>Hannah Miller, Executive Director of Adult Services, Health and Housing</b>
<b>CABINET MEMBER:</b>	<b>COUNCILLOR MARGARET MEAD CABINET MEMBER FOR ADULT SERVICES AND HEALTH</b>
<b>WARDS:</b>	<b>ALL</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> <p>Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and clinical commissioning groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).</p>	
<b>FINANCIAL IMPACT</b> <p>The main financial implications lie in the unmet need that is identified and the projections of growing need in the future.</p>	
<b>KEY DECISION REFERENCE NO.: N/A</b>	

## 1. RECOMMENDATIONS

This report recommends that the Health and Wellbeing Board:

1. Consider the full chapter: emotional health and wellbeing of children and young people; approve the document in principle; and delegate final approval of any further amendments to the responsible directors.
2. Note the summary themes and composite recommendations arising from the emotional health and wellbeing of children chapter.
3. Comment on the response of the Children and Families Partnership Executive to the recommendations (appended)

In addition, this report recommends that the Health and Wellbeing Board:

4. Endorse the recommendations of the emotional health and wellbeing of children JSNA; and endorse the response of the Children and Families Partnership Executive to the next steps as a result of these recommendations.

## 2. EXECUTIVE SUMMARY

- 2.1 This chapter forms part of the overall 2012/3 Joint Strategic Needs Assessment (JSNA), which focuses on mental health. This chapter focuses on the mental health needs of children and young people aged 0-18 years. It should be read in combination with the *Overview Chapter*, which focuses on prevention of mental health problems.

The intention of this JSNA chapter is to support the development of a Croydon wide strategy for improving the emotional health and wellbeing of children and to inform commissioning priorities and intentions for future service provision.

The emotional health of any young person is crucial to their development, with the foundations being laid early in life, even before a child is born.

There is increasing evidence of the cost benefit of early intervention especially in relation to conduct disorders.

Children and young people who are emotionally healthy achieve more, participate more fully with their peers and their community, engage in less risky behaviour and cope better with any adversities they may face during their life.

It is estimated that during 2011 there were around 21,000 under-18s in Croydon with some form of mental health need. By 2021 this figure may rise to 24,000. The number of children with an Autism Spectrum Disorder (ASD) is expected to rise significantly over the next decade.

Whilst there is an increasing evidence base of effective interventions, there is a paucity of information on mental health outcomes and data, which is acknowledged nationally.

It has been estimated that the cost of treating child and adult mental health problems could double over the next 20 years. There are strong economic arguments for increasing the focus on prevention and provision of early intervention.

### **3. DETAIL**

- 3.1 The overall aim of the chapter is to improve outcomes for the children and young people of Croydon through influencing commissioning. The aim of the children and young people's chapter is to provide an overview of current and future need, to identify gaps and assets in service provision and identify priorities for future development.
- 3.2 The chapter has an executive summary with key messages and recommendations.
- 3.3 The chapter will be made available online on the Croydon Observatory website.

### **4. CONSULTATION**

The chapter has been shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. An implementation group guided the development of the chapters. Presentations were given to:

- JSNA Steering group
- The Health and Wellbeing Board
- Croydon Council's Extended Management Team
- SMT CCG
- Children and Families Partnership

The executive summary and recommendations were presented to:

- Children Families and Learning DMT
- Children and Families Partnership Executive

### **5. STRATEGIC DEVELOPMENT**

- An integrated approach to promotion, prevention, early intervention and treatment of mental health conditions is urgently needed, underpinned by the emerging evidence base and local needs analysis.
- Action across the age ranges, including support in the early years, in order to address risk and protective factors in a number of settings is essential.
- A high level strategic overview is necessary to ensure a cohesive approach. The Children and Families Partnership Executive has agreed this as an immediate next step in addressing the accepted recommendations.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 6.1 It is the responsibility of commissioners to agree how to make use of the financial resources available to address the recommendations of the children's emotional health and wellbeing chapter. Funding decisions will need to be made in the context of the development of pathways for the emotional health and wellbeing of children and young people and the wider commissioning of children's services.
- 6.2 Many groups, individuals and organisations were involved in the development of the chapter including young people, parents, carers and service providers. A failure to take account of the recommendations in future commissioning decisions could represent a reputational risk to the constituent organisations.

## **7. LEGAL CONSIDERATIONS**

Producing a local JSNA is a statutory requirement.

## **8. HUMAN RESOURCES IMPACT**

There may be an impact on staffing levels and skill mix of staff for providers of services for children and young people

## **9. EQUALITIES IMPACT**

These considerations are addressed within the body of the JSNA chapters.

## **10. ENVIRONMENTAL IMPACT**

There is no specific environmental impact arising from this report.

## **11. CRIME AND DISORDER REDUCTION IMPACT**

Achieving more, participating more fully with their peers and their community, engaging in less risky behaviour and developing resilience throughout the life course can support reductions in crime and disorder in this age group.

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## **BACKGROUND DOCUMENTS:**

Croydon JSNA 2012/13: Emotional Health and Wellbeing of Children and Young People.

## APPENDIX



<b>REPORT TO:</b>	<b>Health and Wellbeing Board</b>
<b>TITLE OF REPORT:</b>	<b>Appendix - Children and Family Partnership Executive responses to JSNA recommendations on Children's Emotional Health and Wellbeing.</b>
<b>LEAD:</b>	<b>Paul Greenhalgh</b>

### Introduction

1. The Croydon Children and Family Partnership (CFP) Executive met on 27 Sep 2013 to agree responses to the recommendations in the JSNA deep dive on Children's Emotional Health and Wellbeing.

### Responses to recommendations and next steps

2. The responses are shown beneath each recommendation in section 8 below. The recommendations have been numbered in the order in which they appear in the JSNA executive summary.
3. The CFP Executive agreed to accept every recommendation made in the report. In general the Executive agreed that a number of the timescales proposed for implementing recommendations would need to be reviewed and that appropriate milestones should be agreed in the process of developing the strategy.
4. The CFP Executive agreed that the immediate next step was to set up a time-limited task and finish group to take responsibility for developing the children's emotional health and wellbeing strategy for Croydon. This strategy would need to address accepted JSNA recommendations. The task and finish group would be expected to agree the timescales for implementing recommendations.
5. **Action: Paul Greenhalgh (Executive chair) to convene a task and finish strategy group which he would chair. Membership to include:**  
SLAM - Sue Goode/Virginia Jones  
CCG - Sean McAllister/Steve Warren,  
LA - Dave Worlock (Social Care and Family Support), Rachael Turner (SCPP), Sarah Nicholls (Public Health), Daniel Davis (Healthy Schools), Amanda Tuke (Partnership), Debby MacCormack (Early Years)  
GPs - to request nomination  
Headteacher – see 6 below.  
Community Paediatrician – to request nomination  
Voluntary and community sector – see 7 below.

6. **Action: David Butler to identify a headteacher willing to join the group.**
7. **Action: Dave Worlock to propose voluntary and community sector representative from CAMHS group.**
8. The detailed responses from the Children and Families Partnership Executive to each recommendation are as follows.

**Recommendation 1** *“Strategy development - Develop a holistic Children and Young Peoples Emotional Health and Wellbeing Strategy across the whole system to improve the emotional health and well-being of children and young people in Croydon. The strategy should include the following key elements: - health education and health promotion, prevention and early intervention, specialist services and treatment, training for associated staff groups and the involvement and participation and involvement of children and young people and their parents and carers as part of the comprehensive plan (Timescale: Nov 2013)”*

Response to recommendation 1: The Executive accepted the recommendation but agreed that:

- The strategy would need to clearly define the relative ongoing responsibilities of the Children and Families Partnership and the Health and Wellbeing board in relation to children’s emotional health and wellbeing.
- The scope of the strategy should include interventions across stages 1 to 4.
- The strategy should include efforts to increase the resources available in Croydon by supporting wider VCS providers in accessing available funding.

**Recommendation 2** *“Funding - Review the funding of local CAMHS services and suggest recommendations for commissioning priorities for 2014-15, taking account of the funding gap and in relation to need. (Timescales: In year 2013/14)”*

Response to recommendation 2: The Executive accepted the recommendation but agreed that:

- The review of CAMHS funding would need to take place in the context of EHWP pathways and wider discussion of priorities for the children’s team of the Integrated Commissioning Unit

**Recommendation 3** *“Strategic Governance - Croydon Children and Families Partnership Board to provide leadership around the issue of children and young people’s emotional health and wellbeing, using appropriate local structures, with representation from relevant local authority services, CCG and community health providers, associated mental health trust and voluntary sector services, and ensure that key senior managers act as champions”*.

Response to recommendation 3: The Executive accepted the recommendation but see response to recommendation 1.

**Recommendation 4** *“Ethos and values - Develop a coherent vision and ethos that parents, managers and frontline staff can understand, commit to and be part of in order to underpin improvements in this area of work. Particular emphasis should be placed on service and individual responsibilities and the importance of relationships*

*and resilience. (Timescales: 2013-14)”*

Response to recommendation 4: The Executive accepted the recommendation.

**Recommendation 5 “Evidence base and best practice – Improve awareness of the evidence base and best practice amongst commissioners and providers. (Timescales: 2013-14 and ongoing)”**

Response to recommendation 5: The Executive accepted the recommendation but agreed that:

- The strategy should clearly draw on the evidence base and best practice.
- A priority area for using the evidence base and best practice was in the use of pupil premium funds by schools.

**Recommendation 6 “Data and Performance Monitoring - Develop a CAMHS minimum data set to improve the assessment and monitoring of locally commissioned services activity, quality and improvement in associated outcomes. N.B. National CYP IAPT measures must be considered as part of any new data set and outcome measures in order to support national comparisons. (Timescales: November 2013)”**

Response to recommendation 6: The Executive accepted the recommendation but agreed that:

- In relation to this recommendation, CAMHS needs to be interpreted in its widest sense as the dataset needs to cover a range of providers including data provided by SLAM, CHS and others.
- Implementing this recommendation needed to be closely aligned to strengthening service specifications to ensure that data is routinely supplied by providers.

**Recommendation 7 “Service Specifications - Commissioners to ensure the consideration and delivery of CAMHS services are explicitly included in relevant service specifications and contracts with acute, community health and local authority providers, particularly maternity services and child health services including health visiting, school nursing, children centre provision and early years, homelessness and supporting people etc. (Timescales:2014-15 and on-going)”**

Response to recommendation 7: The Executive accepted the recommendation but agreed that:

- As in the response to recommendation 6, CAMHS needed to be interpreted in its widest sense.
- Maternal mental health services should be specified in implementing this recommendation.

**Recommendation 8 “Service Specifications - Commissioners to ensure that local service specifications for commissioned CAMHS services take account of appropriate evidence base and best practice guidance, and where services are not meeting recommended practice, that plans are drawn up to address this as part of the service level agreement. Children and young people, particularly vulnerable groups of young people should also be consulted and involved in the development of locally commissioned services (Timescales: 2013/14 and on-going)”**

Response to recommendation 8: The Executive accepted the recommendation but agreed that:

- As in the response to recommendation 6, CAMHS needed to be interpreted in its widest sense – i.e. across the Croydon four stages of intervention

**Recommendation 9 “At risk groups of children and young people -**

*Commissioners to consider improving access to mental health services for at risk groups of children and young people (such as children in need, children in care, those with disabilities, young offenders, young refugees, BME young people, young carers and those with behavioural, emotional and social difficulties) subject to resource constraints. (Timescales: 2013-15)”.*

Response to recommendation 9: The Executive accepted the recommendation but agreed that:

- Addressing the needs of at risk and vulnerable groups of children should be part of the implementation of recommendation 4.
- Vulnerable and at risk groups should include children not defined as with a disability but with long term health conditions, for example those with weight issues and diabetes.

**Recommendation 10 “IAPT - Commissioners to explore opportunities to develop and increase Children’s IAPT services further from 2013-14 onwards, so that more children have timely access to evidence based psychological therapies. (Timescales: In year 2013/14).**

Response to recommendation 10: The Executive accepted the recommendation but agreed that:

- This should be implemented in the context of a range of evidence based interventions.

**Recommendation 11 “Specialist CAMHS services - Commissioners to ensure Specialist CAMHS services meet national standards as set out in associated NICE guidance and the CAMHS NSF. A comprehensive service review and the development of creative solution focused initiatives should be prioritised (e.g. ASD/ADHD shared care protocol) in order to address waiting lists and other pressures on specialist CAMHS services. (Timescales: 2013-15)”.**

Response to recommendation 11: The Executive accepted the recommendation.

**Recommendation 12: “Parents and Carers - Commissioners to ensure that parents and carers (including foster carers and adoptive parents) can access advice and support when they are concerned about their children’s mental health. This should include improving awareness of local CAMHS services so appropriate referrals can be made and integrated support developed. (Timescales: In year 2013/14)”.**

Response to recommendation 12: The Executive accepted the recommendation.

**Recommendation 13: “Local Service Offer - The Children and Families Partnership to clarify expectations of what universal services should do at Stages 1 and 2 of**



*Croydon's Model of Staged Intervention and the local offer at Stages 3 and 4 (Timescales: 2013/14)".*

Response to recommendation 13: The Executive accepted the recommendation.

**Recommendation 14: “*Universal Offer* - Increase the support and information provided from universal services to families, and children and young people in need of mental health services. (Timescales: 2013/14)”.**

Response to recommendation 14: The Executive accepted the recommendation.

**Recommendation 15 “*Early Intervention* - Improve the identification, assessment and early intervention undertaken in universal services to address emerging mental health needs of individual children and young people and ensure increased provision and delivery of Tier 1 CAMHS services in these settings. Increased provision of Tier 2 services should also be developed in universal settings.(Timescales: 2013-15)”.**

Response to recommendation 15: The Executive accepted the recommendation but agreed that:

- This should be done as work currently underway to refresh the early intervention processes and pathways and communicate this to partners.
- Processes for children with special education needs, disabilities or learning difficulties and disabilities should be explicit in the implementation of this recommendation.

**Recommendation 16 “*Schools and Colleges* - Schools and colleges should adopt a ‘whole school’ approach to supporting pupils’ wellbeing and resilience, with an emphasis on strengthening and building protective factors. This should include both universal approaches, and targeted services for children and young people with, or at risk of developing, behavioural difficulties or emotional problems as part of strengthening the approach to inclusion. Mental health stigma should also be tackled in schools and colleges and ensure pupils, students and staffs awareness around emotional health and wellbeing is improved so they know when to seek help, and how to improve their own emotional health and well-being. (Timescales: on-going)”.**

Response to recommendation 16: The Executive accepted the recommendation but agreed that:

- This recommendation should be implemented in the context of the healthy schools
- The capacity which schools have from pupil premium funding should be addressed in the implementation.

**Recommendation 17 “*Referrals and Care Pathways* - Specialist and Universal CAMHS providers to review local care pathways and improve the awareness and understanding amongst local professionals of associated referral mechanisms, protocols, and care pathways to support appropriate and timely intervention. (Timescales 2013-2015)”.**

Response to recommendation 17: The Executive accepted the recommendation but agreed that:

- This recommendation should be explicitly linked to recommendation 15.

**Recommendation 18** *“Training and Development - Improve training available to practitioners by evaluating current provision and ensuring a more coherent local offer for all relevant staff service groups. (Timescales: 2014)”*.

Response to recommendation 18: The Executive accepted the recommendation but agreed that:

- Implementation should include enabling practitioners to better understand the work of other professionals.
- It should be implemented in the context of wider partnership workforce development.

**Recommendation 19** *“Transition - Review service delivery including joint working and transition arrangements between CAMHS and AMHS and ensure an updated CAMHS transition plan and pathway is developed and clearly defined and signed up to by CAMHS and AMHS. Services should also ensure that high quality services at the point of transition are in place, including services for young people in out-of area placements. (Timescales: 2014).”*

Response to recommendation 19: The Executive accepted the recommendation.