REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 26 March 2014
AGENDA ITEM:	12
SUBJECT:	Children & Young People's Emotional Wellbeing & Mental Health Strategy
BOARD SPONSOR:	Paul Greenhalgh, Executive Director of Children, Families and Learning, London Borough of Croydon and
	Paula Swann, Chief Officer, Croydon Clinical Commissioning Group

CORPORATE PRIORITY/POLICY CONTEXT:

Priority has been given to production of a JSNA in Croydon in recent years. The approach taken has been to produce an overview of health and wellbeing in Croydon alongside three additional 'deep dive' chapters on key topic areas selected by the health and wellbeing board after a formal prioritisation process. In 2011/12, it was agreed by the health and wellbeing board that the 2012/13 JSNA would focus on mental health.

The 2012/13 JSNA consists of an overview chapter on mental health and wellbeing (alongside separate, 'deep dive' chapters on depression, schizophrenia and emotional health and wellbeing of children. From the final chapter on emotional health and wellbeing of children the recommendation was to produce this strategy (Appendix 1).

Nationally, mental health is moving up the policy agenda across government and is now a major policy priority for many government departments. 'No Health Without Mental Health' (DH July 2012) made clear that tackling premature mortality of people with mental health problems is a priority, recognising that more must be done to prevent mental ill health and to promote emotional well-being.

Since the development our Croydon's Emotional Health and Wellbeing Strategy for Children and Young People, the Department of Health have issued *'Closing the Gap: priorities for essential change in mental health'* (DH January 2014) . It is recognised that the Croydon strategy will need to reflect the national priorities outlined within this policy document, as well as further expected guidance referred to therein.

'Closing the Gap' identifies 25 aspects of mental health and support where government expect to see tangible changes in the next couple of years to improving mental health. The policy recognises that half of those with lifetime mental problems first experience symptoms by the age of 14 and that early identification and intervention can make a massive difference in school achievement and avoidance of poor health outcomes. Some key aspects include;

- The development of a range of clinical commissioning tools that will support integration of physical and mental health care;
- The establishment of a Mental Health Intelligence Network (MHIN) to support

- HWBBs, CCGs and partners to decide what types of health and social care services are needed locally;
- The development of access and waiting time standards, including the delivery of nationwide service transformation for children and young people's mental health services;
- Actively incentivising CCGs to increase access to psychological therapies through the Quality Premium scheme;
- Increased use of the Friends and Family Test as a means of identifying poor quality services early;
- ① Ensuring young carers' assessments are simplified;
- The allocation of £3.8billion nationally to help HWBBs in their plans to support the integration of physical and mental health care;
- Improving the care and support offered to those who self-harm, with the aim of preventing the development of long-term mental conditions, or in some cases suicide;
- A focus on maternal mental health, including the plans of Health Education England to ensure there is enough training in perinatal mental health so that there are specialist staff available for every birthing unit by 2017;
- Improved training for health visitors and midwives to enable them to spot the early signs of mental health problems to ensure that families and children have the best start in life:
- Description: Helping schools to identify mental health problems in their pupils sooner, highlighting the statutory guidance set out in the Special Educational Needs (SEN) Code of Practice to ensure a child's mental health needs are captured in any assessment of their education, health and social care needs (expected to be introduced from September 2014);
- The improvement of transition planning through a cross-service approach, identifying the work of NHS England to develop a service specification for transition from CAMHS, to enable CCGs and Las to build on best practice;
- ② Ensuring appropriate assessment and support from the outset as soon as a young person comes into contact with the youth justice system, including through the Liaison and Diversion model.

FINANCIAL IMPACT:

Resources required tocontribute to the strategy's action plan.

1. RECOMMENDATIONS

- 1.1 The Health and Wellbeing Board is asked to:
 - ① Note the contents of the report and attached strategy (Appendix 1)
 - ② Agree the action plan for 2014

2. EXECUTIVE SUMMARY

2.1 The Children & Young People's Emotional Wellbeing & Mental Health Strategy provides a clear direction for promoting the emotional wellbeing and mental health of Croydon's Children & Young People, from conception to their 18th birthday, for the period 2014 to 2016. It is recognised that for some young people with significant special educational needs (SEN), the Council will maintain its responsibility until 25 years. The board is asked to note the strategy and ensure all partner organisations put the action plan into place.

3. DETAIL

- 3.1. The JSNA 'deep dive' on the Emotional Health and Well Being of Children & Young People aged 0-18 was completed in August 2013. This included a comprehensive needs analysis and a key recommendation for a strategy to be developed in order to progress the wider recommendations of the JSNA. The Executive Group of the Children and Families Partnership accepted in broad terms the recommendations of the JSNA and agreed to establish a task and finish group to develop the Strategy and action plan. This was endorsed by Croydon's Health and Well-being Board in September 2013.
- 3.2. The Children and Families Partnership constituted a task and finish group to devise the strategy to implement the proposals from the JSNA, with representatives involved from SLAM, CCG, Croydon Council, GPs, Schools, Croydon Health Services NHS Trust and the third sector.
- 3.3. The strategy details the response of Croydon's Children & Families Partnership to the needs and recommendations outlined in the recent Joint Strategic Needs Assessment (JSNA) which assessed the Emotional Health and Well Being of Children and Young People aged 0-18. The Partnership has seized this opportunity to develop a shared set of principles and clear strategic direction to provide a coherent and effective 'whole systems' approach to promotion, prevention, early intervention and treatment of mental health conditions to ensure the best possible outcomes for Croydon's Children & Young People.
- 3.4. The strategy summaries the needs analysis taken from the JSNA chapter and describes the intent of the strategy and the desired outcomes for stage 1 through to 4. It sets out the commissioning arrangements going forward and the operational arrangements for all partner agencies. The action plan focusses on a smaller number of strategic objectives, which embrace the recommendations of the JSNA chapter.
- 3.5. A new sub-group of the Children and Families Partnership is being established to take forward the implementation of the action plan. The sub group will have representatives from Croydon Council, schools/colleges, the third sector, Public Health, CCG and GP representation, Integrated Commissioning Unit, Croydon Health Services, South London and Maudsley NHS Trust, with links for young people's involvement.
- 3.6. A first task of the sub group will be to review the action plan to ensure that the aspects outlined within the newly published policy *'Closing the Gap'* are adequately addressed and cross referenced.

4. CONSULTATION

- 4.1 Engagement with children and young people, parents, carers and other associated stakeholders across the council, the NHS and the voluntary sector, was undertaken as part of the JSNA 'deep dive' and this strategy builds on outcomes of that engagement. Continued engagement with children and young people to enable them to shape service delivery will be critical as the strategy is taken forward.
- 4.2 The strategy recommends a change to governance arrangements. The Children and Families Partnership: Emotional Health & Wellbeing in schools sub-group and the CAMHS Partnership Commissioning Group will be merged to create the CYP Emotional Wellbeing & Mental Health Group. In governance terms the new group will report into the Children and Families Partnership.

5. SERVICE INTEGRATION

5.1 All board paper authors are asked to explicitly consider service integration issues.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 Financial and activity data shows Croydon to have comparatively low investment levels compared with other boroughs. Comparative figures on pages 17 and 18 of the strategy are undergoing further validation.
- 6.2 The opportunities presented through 'Closing the Gap' should be fully utilised.

7. LEGAL CONSIDERATIONS

7.1 Legal advice has not been sought on proposals set out in this paper.

8. HUMAN RESOURCES IMPACT

8.1 Capacity modelling will inform this.

9. EQUALITIES IMPACT

- 9.1 A full equalities impact assessment has not been carried out on this report. Equalities analysis was completed as part of the JSNA.
- 9.2 One in four people will experience at least one mental health condition at some point in their life. They can affect anyone in Croydon, regardless of age, race, gender or social background, although some groups have a higher risk of mental disorder and lower levels of well-being.
- 9.3 Evidence clearly shows that particular groups who suffer disadvantage and discrimination may be at risk of higher rates of mental ill health and have poorer mental well-being. Factors that influence mental health and well-being are interrelated. At any one time, a mix of social, psychological, and biological factors determine the level of mental health of a person.
- 9.4 Half of lifetime mental illness (excluding dementia) starts by the age of 14 and early intervention to treat childhood mental illness may reduce the risk of mental health problems in adulthood.
- 9.5 Reducing stigma associated with mental health is improving, but remains a

challenge. The Time to Change campaign (led by MIND and Rethink Mental Illness charities) is recognised as a significant driver of long-term change, highlighting the importance of targeting children and young people to this end.

10. ENVIRONMENTAL IMPACT

10.1 There is no specific environmental impact arising from this report.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 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

Strategy for children and young people's emotional well-being and mental health 2014 – 2016