Cornwall Children’s Trust Board and Council for Isles of Scilly Children’s Trust Board

Improving the Emotional Wellbeing and Mental Health of Children and Young People

A Joint Strategy
September 2013 - March 2016

Jude Bowler, Joint Programme Lead
July 2013
Overall Aims of the Strategy

1. Children and young people voices are heard and are able to feed into service developments and commissioning decisions

2. Evidence based prevention and early interventions approaches and services are consistently applied across Cornwall and the Isles of Scilly

3. That enough of the right services are in the right place at the right time and delivered by the right people, delivered in a seamless way within existing resources

4. Children, young people and families know how to access services

5. The right processes are in place to effect the highest quality service and most capacity within existing resources

Introduction

1. Research has shown that emotional wellbeing and good mental health contributes to every aspect of a person’s life. It is important in helping to strengthen families, improve educational attainment, promote social inclusion, tackle antisocial and offending behaviour, expand opportunities and improve general health and well-being.

2. The purpose of this strategy is to improve the emotional wellbeing and mental health of all children and young people in Cornwall and Isles of Scilly to maximise the use of available resources to provide better outcomes. The aim is to change or drive the whole system through partnerships and joint commissioning, ensuring integrated and timely services, listening to children, young people and their families and investing in preventing and intervening early in problems before they become harder and more costly to address.
3. For the purpose of the strategy the term mental health is used to encompass the breadth of experience from emotional and social well-being through to mental ill health, distress and disorder.

**Why focus on emotional wellbeing and mental health**

4. There is a strong case for investment in children and young people’s services;
   - Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters of lifetime mental illness arises by mid-twenties.
   - Yet 60–70% of children and adolescents who experience clinically significant mental health problems have not been offered evidence-based interventions at the earliest opportunity.

5. There is now an indisputable wealth of evidence to show that interventions to improve emotional wellbeing and promote good mental health across the population will result in the following benefits for individuals, communities and populations;
   - reduced mental illness and suicide,
   - improved physical health and life expectancy,
   - better educational achievement,
   - reduced health risk behaviour such as smoking, alcohol and drug use,
   - improved employment rates and productivity,
   - reduced antisocial behaviour and criminality,
   - higher levels of social interaction and participation

6. Mental health and emotional and social well-being problems in children and young people are associated with a number of factors in relation to; the environment and community in which they live; their parenting and family life; and individual factors such as biology and genetics.

7. The causes of poor mental health are extremely complex and physical, social, environmental and psychological causes all play their part. We know that problems are unevenly distributed across the population and that some individuals, groups and even communities have an increased likelihood of poor mental health than others. Understanding risk factors can help with targeting resources in numerous ways from prioritising groups to targeting settings for preventative work.

8. It is recognised that in order to promote mental health and prevent and alleviate mental health difficulties it is vital to help not only the child, but to help their parents, families, schools and communities in which they live, as they all contribute to a child’s development and well-being.

9. **Prevention and intervention in emotional wellbeing and mental health targeted at children and young people will result in greater benefits and savings than interventions at any other time in the life span.**

10. Mental health and mental ill-health can be thought of as occurring on a continuum which requires a continuum of service provision.

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What’s in this Strategy

11. This strategy outlines the strategic priorities for promoting and improving the emotional well-being and mental health of children and young people in Cornwall and Isles of Scilly over the next three years and is based on a recent needs assessment. This included a review of evidence based interventions, local epidemiological data, and current service provision and access as well as the views of children, young people and their families and carers gathered through proactive engagement.

12. The needs assessment can be found [insert weblink]. This strategy does not repeat this, but builds on its content. This strategy is relevant to all services that contribute to the emotional well-being, resilience and mental health care of children and young people. This strategy makes a distinction between universal, targeted and specialist mental health interventions for children and young people as follows:-

**Universal interventions** are those which are available to ALL children and young people, promoting and supporting mental health and psychological well-being through the environment and relationships they have with children.

**Targeted interventions** are those which focus on children and young people with specific needs because of the circumstances in which they live; children with additional needs due to physical, learning and sensory disabilities; and children with mild to moderate mental health needs. This includes Children in Need and Children with Disabilities.

**Specialist interventions** are those which focus on children and young people with complex, severe or/and persistent mental health difficulties. It includes children who have been removed from their birth families for their safety and development and so includes Looked after Children and those living in specialist residential, secure, educational, in-patient and rehabilitation units.

13. The strategy identifies five key aims for in Cornwall and Isles of Scilly and provides an outline of the actions which needed to achieve these. It will also inform what services will need to be commissioned or decommissioned over the coming three years, to ensure a co-ordinated and coherent system of provision offering timely, evidence based interventions.

14. The strategy has been developed at a time of economic challenge and it is essential now more than ever that commissioning priorities are systematically identified and acted upon, and that all services current and future are challenged to ensure maximum effectiveness and efficiency.

Underpinning principles

15. These principles were identified in the needs assessment and are recommended in the development of strategic and operational policies and procedures regarding children and young people’s emotional and social well-being and mental health:

- Focusing on the quality of relationships and respectful engagement of all service providers (private, voluntary and statutory) and the local population;
- Intervening at multiple levels: universal, targeted and specialist;
- Collaborating with all stakeholders: children/young people, parents/carers and family/school/community;
• Taking a developmental perspective and preparing for transitions at three stages of development: foundation (0-4 years), primary (5-10 years) and secondary years (11-17 years);
• Acknowledging that some children, parents and families will require longer-term or on-going support to reach their potential;
• Supporting creative and collaborative practice so that services are sensitive to local needs and real choice is built into systems.

How did we agree these priorities

16. The priorities were arrived at through the needs assessment and underpinned by a consultation event with a wide range of professionals and by what children, young people have told us. These were then tested out with a wider group of stakeholders and amended. They have been agreed by the Children Trust Boards in Cornwall and the Isles of Scilly and endorsed by NHS Kernow Governing Body. The Emotional Wellbeing and Mental Health strategy consultation process was overseen by the Emotional Wellbeing and Mental Health Partnership Board

17. The needs assessment set out 22 priorities (contained at Appendix One) and these have been bundled into five overarching aims.

What this strategy does not cover and why

18. There are several areas where the Emotional Wellbeing and Mental Health Programme Board agreed should not be covered in the strategy, as either they were being considered elsewhere or they needed a separate needs assessment. These were

• The provision of specialised inpatient beds for young people – this is commissioned by NHS England and is being reviewed as part of their work programme

• The wider determinants on the public mental health of children and young, such as access to leisure activities and open spaces, learning and the impact of poverty. Some of these are being addressed in other strategies, however, there may be a need for a wider public mental health strategy being developed in the future.

• Early Help – as this is covered in another strategy

• The prevention of suicides – as this is covered in another strategy
Delivering the Strategy

19. As this is a three year strategy there are short, medium and long term actions to deliver the priorities. Over the next five years there will be developments that may not be included in this strategy and therefore the priorities and actions will be reviewed on an annual basis. For the shorter term actions i.e. to be delivered within one year there is a project plan and these are contained at Appendix Two(to be completed).

20. As emotional wellbeing and mental health cuts across practically all areas of a child or young person’s life some of the actions to achieve the priorities will be taken forward through other strategies.

| Aim One | Children and young people voices are heard and are able to feed into service developments and commissioning decisions |

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<tbody>
<tr>
<td>1.1</td>
<td>To develop a robust participation strategy for children and young people that includes a focus on engaging children and young people with mental health problems</td>
<td>Hear our Voice</td>
<td>By the end of August 2014</td>
<td>Evidence that services have been shaped around children and young people’s needs</td>
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<td>1.2</td>
<td>To ensure providers are engaging with children and young people on the development of service provision</td>
<td>CCG and Councils</td>
<td>By the end of March 2014</td>
<td>Contracts contain clause to ensure providers have to do this Assurance mechanism in place that demonstrates that this is place and having an effect</td>
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<td>1.3</td>
<td>To ensure commissioners are using children and young people feedback when commissioning/decommissioning services</td>
<td>CCG and Councils</td>
<td>By end of March 2014</td>
<td>Service specifications are shaped by young people’s feedback</td>
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### Aim Two

Evidence based prevention and early interventions approaches and services are consistently applied across Cornwall and the Isles of Scilly

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| 2.1 To develop a parenting strategy that will  
  ▪ review the number of parenting courses should to ensure that only evidence based courses are available;  
  ▪ To ensure that they are consistently offered across Cornwall and the Isles of Scilly;  
  ▪ ensure appropriate coverage at all levels from Universal to Specialist  
  ▪ identify the need for parenting courses for parents of children with complex needs | Councils                   | End of September 2014 | There is a clear understanding of the needs of parents and existing resources  
  Improved provision/offer of parenting support  
  Increased uptake of parenting courses  
  Better recording and evaluation of impact | Parents will be better able to understand and respond to their children  
Parents will understand how children develop and being able to identify any problems early and seek advice/help early |
| 2.2 To target the prevention of self harm and develop a specific self harm strategy for children and young people, including prevention and early identification and help and training | Public Health - Councils  | End of December 2014 | Better wider understanding of self harm in all areas, especially schools and GPs  
Increased preventative work undertaken | Self harm is understood more widely and preventative work is focused on this area |
| 2.3 To ensure that early attachment is promoted across all early years services, including maternity services (links to 1.1 – Parenting Strategy) | Public Health - Councils  | End of December 2014 | Evidence based/best practice around early attachment is implemented across all services | Early attachment is improved |
## Aim Three

That enough of the right services are in the right place at the right time and delivered by the right people and within existing resources

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| **3.1** To undertake an extensive capacity and demand modelling in the following areas  
- mild to moderate  
- vulnerable groups  
- specialist CAMHs | Commissio
ners | End of September 2014 | To review the gap in services for children and young people with mild to moderate mental health difficulties  
To review the services available for the most vulnerable groups e.g. CIC and children with complex needs to assess the level of capacity versus demand  
To map the range of services available should to better understand their capacity, offer and quality | There will be an improved understanding of the needs for the services and the current provision which will inform future plans and commissioning intentions |
| | TBC | TBC | October 2013 | |
| | CFT | | | |
| **3.2** To review the skills of the workforce across the Comprehensive CAMHS provision should to ensure that they are constantly reviewed and updated and fit for purpose (links to 3.1 and 3.3) | Commissio
ners | End of March 2015 | A clear workforce plan is in place  
Standards for services are set out and all commissioners understand them  
Service specifications reflect the | The right skilled staff are available to meet the needs of children and young people and their families |
## Emotional Wellbeing and Mental Health Joint Strategy for Children and Young People across Cornwall and the Isles of Scilly

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<td>3.3 To ensure there is a mechanism in place to ensure all emotional wellbeing and mental health providers can meet and discuss developments across Cornwall and Isles of Scilly</td>
<td>Hear our Voice</td>
<td>End of March 2014</td>
<td>A forum is set up to allow networking and sharing of best practice  Step up and step down protocols are developed and agreed  New developments are and training opportunities are raised</td>
<td>Providers are more aware of the developments in Emotional Wellbeing and mental health and can share and agree pathways</td>
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### Aim Four
- Children, young people and families and other professionals know how to access services and are delivered in a seamless way

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<td>4.1 To improve access into services</td>
<td>TBC Providers, CAMHS Shadow Board</td>
<td>TBC, TBC</td>
<td>To develop a single point of access for all mental health referrals  To ensure all literature is family and child friendly and available in different formats  To develop a web based information services by young people for young people</td>
<td>Children, young people and their families and professionals will know how to access services</td>
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<td>TBC</td>
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<td>TBC</td>
<td>To develop clear pathways into service provision, that they are in place and understood by referrers and providers</td>
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<td>4.2 To ensure that services are seamless</td>
<td>TBC</td>
<td>End of August 2014</td>
<td>A step up/step down protocol is developed between the steps or tiers need to be in place to ensure a seamless service</td>
<td>Children, young people and their families experience a seamless service across all agencies</td>
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<td></td>
<td>TBC</td>
<td>End of December 2015</td>
<td>Data sharing is enabled to ensure that there are no barriers to children and young people’s mental health, education and social needs being met across statutory agencies and the voluntary sector</td>
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<td>4.3 To ensure referrers and professionals understand emotional wellbeing and mental health, what early help they can provide and how to refer into a service</td>
<td>CFT</td>
<td>End of December 2013</td>
<td>Training is in place for referrers that includes when and how to refer</td>
<td>Professionals are more aware of emotional wellbeing and mental health and understand how they can help and where to refer</td>
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<tr>
<td></td>
<td>TBC</td>
<td>End of December 2015</td>
<td>To ensure all professionals in contact with children and young people are trained to better understand mental health and how they can offer early help</td>
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### Aim Five
Processes are in place to effect the highest quality service and most capacity within existing resources

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<tr>
<td>5.1 To improve the quality of the commissioning of mental health and emotional wellbeing services (links to 3.1)</td>
<td>Commissioners</td>
<td>End of March 2015</td>
<td>Evaluation is embedded into practice so that services are constantly monitoring impact</td>
<td>Commissioners understand what is needed in commissioning a good emotional wellbeing and mental health service</td>
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<td>TBC</td>
<td>Activity data is collected in a standardised format to ensure that future demand/capacity planning can be undertaken</td>
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<td>Commissioners</td>
<td>End of September 2014</td>
<td>Support in place for commissioners, including schools, when commissioning a quality mental health services including workforce standards; liaison with other services and support</td>
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<td>TBC</td>
<td>TBC</td>
<td>Commissioning of mental health services should is joined up across the Councils, schools/academies and NHS Kernow, and stronger links made with the voluntary sector and service specifications, where appropriate are shaped based on the 3 age ranges and 3 tiers of need.</td>
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### Actions

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<td>5.2 To take a lifespan and joint perspective and acknowledging that mental health issues relates to each and every one of us—so other interlinking and overlapping strategies should be reviewed to ensure that this can happen including the wider determinants of health and social wellbeing e.g. housing, PHSE offer</td>
<td>Councils – Public Health</td>
<td>March 2014</td>
<td>The PHSE offer in school is reviewed and a local offer developed</td>
<td>Prevention and promotion of good emotional wellbeing and mental health of children and young people is embedded across practice and strategies</td>
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<tr>
<td></td>
<td>Councils</td>
<td>March 2015</td>
<td>All strategies are reviewed to ensure cross cutting emotional wellbeing and mental health are understood</td>
<td>Poor mental health is not stigmatised and better understood by the wider community</td>
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<tr>
<td></td>
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<td></td>
<td>Prevention and promotion of good emotional wellbeing and mental health of children and young people is embedded across practice and strategies</td>
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| 5.3 To ensure the transition to adult mental health is working as best as it can | CFT                         | End of December 2013 | Clear transition protocol is in place and monitored                    | Young people and their families feel supported when they move from children’s to adult services |
| CFT                       | TBC                         |                     |                                                                       |                                                                                                    |

TBC = To be confirmed  
CFT = Cornwall Partnership Foundation NHS Trust
Strategic links

21. This strategy links in with other strategies and plans that have been developed or are in the process of being developed

- Cornwall’s Children and Young People’s Plan [insert weblink]
- Isles of Scilly Children and Young People’s Plan [insert weblink]
- Health and Wellbeing Board Plan [insert weblink]
- Cornwall’s Early Help Strategy
- Cornwall’s Early Years (in development and due end of 2013/early 2014)
- Carers Strategy (all ages) [insert weblink]
- Cornwall’s Child Poverty Strategy [insert weblink]
- Cornwall and IOS Suicide Prevention Strategy
- Maternity Strategy (in development and due early 2014)
- Any others?

Equality impact assessment (EIA)

22. The EWMH equality impact assessment was signed off by ?? (see Appendix Three).

23. The main findings relate to the systematic recording of faith data and embedding equality and diversity monitoring into the core EWMH strategy governance processes.
Appendix One – Draft Priorities

- The voice of the children and young people and their family’s needs to be captured in a way that can feed into service developments and also feedback to them
- The number of parenting courses should be reviewed to ensure that only evidence based courses are available; that they are consistently offered across Cornwall and the Isles of Scilly; and there is appropriate coverage at all levels from Universal to Specialist
- That the development of a parenting course for families of children with complex needs and those in care is explored
- To review the gap in services for children and young people with mild to moderate mental health difficulties,
- The services available for the most vulnerable groups e.g. CIC and children with complex needs should be reviewed to assess the level of capacity versus demand
- Specialist CAMH Services should be reviewed to assess the level of capacity versus demand
- Evaluation should be embedded into practice so that services are constantly monitoring impact
- Activity data should be collected in a standardised format to ensure that future demand/capacity planning can be undertaken
- The range of services available should be assessed to better understand their capacity, offer and quality
- The skills of the workforce across the Comprehensive CAMHs provision should be reviewed to ensure that they constantly reviewed and updated and fit for purpose
- There should be a mechanism in place to ensure all targeted providers can meet and discuss developments across Cornwall and Isles of Scilly
- That there is some level of support to commissioners, including schools, on the to ensure the quality of commissioned mental health services including workforce standards, liaison with other services and support
- Taking a lifespan perspective and acknowledging that mental health issues relates to each and every one of us requires joined up thinking – so other interlinking and overlapping strategies should be reviewed to ensure that this can happen including the wider determinants of health and social wellbeing e.g. housing, PHSE offer
- Clear pathways into service provision are in place and understood by referrers and providers
- Step up/step down protocols between the steps or tiers need to be in place to ensure a seamless service
- Transition to adult mental health services should be re-assessed and monitored to ensure it is working as best as it can
- Poor mental health should not be stigmatised and better understood by the wider community
- Professionals in contact with children and young people should be trained to better understand mental health and how they can offer early help
- Data sharing is enabled to ensure that there are no barriers to children and young people’s mental health, education and social needs being met across statutory agencies and the voluntary sector
- The commissioning of mental health services should be joined up across the Councils, schools/academies and NHS Kernow, and stronger links made with the voluntary sector and that service specifications, where appropriate are shaped based on the 3 age ranges and 3 tiers of need.
- In line with national policy, there should be an increased emphasis in the recognition of possible behavioural and mental health problems in the under five year olds.
- More needs to be done to improve the recognition of, and access to, non-discriminatory services for self-harm.

Appendix Two – Project Plans
Appendix Three - EIA