

6 January 2021**Agenda Item: 6**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: EMOTIONAL AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

Purpose of the Report

1. To request that the Health & Wellbeing Board approve the refreshed Emotional and Mental Health of Children and Young People's Joint Strategic Needs Assessment Chapter.
2. This report contains an executive summary of the chapter. The Health & Wellbeing Board is requested to approve the full chapter which is available as an appendix to this report and available for review.

Information

3. Good mental health and wellbeing is crucial for the healthy development of children and young people (CYP), helping them to develop resilience, face the challenges of adolescence and adulthood, and participate in society. Mental wellbeing is influenced by individual, familial, social and environmental factors that impact on CYP throughout their development. Whilst good emotional and social wellbeing is associated with good physical health, academic engagement and economical independence, poor mental health can have significant long lasting and far reaching impacts on CYP.
4. Half of all long-term adult mental health disorders are established by age 14 and three quarters by the age of 24.¹ The impacts of poor mental health can be seen on social relationships, educational attainment, physical health, crime, homelessness and employment prospects.²
5. Children are at a higher risk of developing mental illness if they experience adverse events in childhood, are looked after by the local authority, if they have a long-term illness or disability, if they are a young carer or if they have a parent with a substance misuse problem. On the other hand, children with stable home lives, who attend school regularly and who have positive relationships with their peers and adults have a reduced risk for mental illness.
6. Nationally, there has been a gradual rise in the number of CYP with a mental health disorder over the last decade so that in 2017 one in eight 5 to 19-year-olds had at least one mental health disorder compared to one in ten in 2014.

7. Currently, it is estimated that 17,600 children in Nottinghamshire have a diagnosable mental health disorder at any one time, with approximately 7,500 (local accepted referrals data) children and young people seeking formal help and support through a range of commissioned children and young people's emotional wellbeing and mental health services in the previous year (2018/2019). However, many more may in fact seek support through use of informal networks and charity/voluntary services.
8. Nottinghamshire has developed strong, evidence-based strategies to support CYP, particularly through improving access to mental health services, including the recent introduction of a policy to allow self-referrals. In addition, robust pathways have been developed around perinatal mental health and Mental Health Support Teams in Schools. A pilot project has taken place within the CAMHS Eating Disorder Service around Avoidant Restrictive Food Intake Disorder. There have also been two pilots in the youth justice cohort, which includes the addition of speech and language therapy and clinical psychology.
9. There has also been significant investment in the workforce; not only in those working in child and adolescent mental health, but across a wide range of public sector roles. In addition to this schools have made a concerted effort to build resilience. There is good evidence to show that school-based interventions can be a cost-effective investment.
10. However, despite good progress there are still significant unmet needs in both the understanding of CYP mental health and services provided in Nottinghamshire.
11. During the COVID-19 lockdown period between March and June 2020, there was a significant reduction in referrals to mental health services, partly due to school closures and restrictions on GP services, but also related to face to face work ceasing for all but the most vulnerable. Referrals have increased since then, but there is further work being undertaken to understand the impact of the reduction of referrals on CYP mental health and the impact of the reduction in face to face services.
12. The NHS Long Term Plan recognises the need to improve the experience young people have with their mental health and that changes need to be made to improve transitions and support for young children and young adults. These ambitions are described in more detail in the targets and performance section.
13. This JSNA Chapter has been endorsed by the Children and Young People's Mental Health Executive Group. The Children and Young People's Mental Health Executive comprises representatives from CCGs, Local Authority Children's Services, Public Health, local providers, NHS England and Elected Members from Nottinghamshire County Council and Nottingham City Council. This group will be responsible for driving and monitoring the recommendations.

Unmet needs and service gaps – What we still need to improve

14. The precise prevalence of mental health and wellbeing in CYP in Nottinghamshire is, however, still unknown. Data on the prevalence has been extrapolated based on NHS Digital estimates. Since April 2018 all NHS commissioned providers have been developing their systems to be able to provide service level data to the Mental Health Services Data Set (MHSDS). Therefore, we are now in a better position to understand local need and further develop services to meet this need. Further work is also required to understand the impact of inequalities within Nottinghamshire.
15. The [1001 days JSNA](#) (2019) identified the need to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties.
16. The [Self Harm JSNA](#) (2019) identifies that there is a gap in support for people of all ages who self-harm or who are at risk of self-harm, but do not meet acceptance criteria for clinical/mental health services.
17. Reductions in funding to early intervention services across the system have resulted in a reduction of universal provision and of parenting support, particularly around the skills they need to help support the positive mental and emotional development of their children.
18. Additionally, whilst there has been progress made to improve transition from youth to adult services, the question of the quality of transition remains an issue for our young adult service users, and there is potential to tackle this through the development of a comprehensive pathway for those aged 0-25.
19. More emphasis is needed on targeting inequalities seen in mental health and wellbeing particularly for looked after children, young carers, children with a special educational needs and disabilities and Lesbian Gay Bisexual Transgender, queer (or questioning) and others (LGBTQ+) young people.
20. There are also gaps around mental health support for children and young people in schools. Whilst there is additional investment in Mental Health Support Teams for Schools, the national ambition for rollout is coverage of 25% of schools by 2023/24. This means that a significant number of schools in Nottinghamshire will not have access to these teams.

Recommendations for consideration by commissioners

21. The recommendations identify key changes needed to address the emotional and mental health needs of children and young people in Nottinghamshire. These are set out in the table below;

	Recommendation	Lead(s)
1.	Review access to services by minority groups and ensure systemic barriers are mitigated or removed using the framework outlined in the Advancing Mental Health Equality Framework. This includes undertaking an equity audit, ensuring that services routinely collect data around protected characteristics and ensuring that the workforce have appropriate training and skills. This work should be overseen by a mental health equalities group. Consideration should also be given to developing specific pathways for these groups.	Clinical Commissioning Groups Nottinghamshire Healthcare Trust (NHT) Third Sector providers
2.	Commissioning should be planned as integrated multi-agency services, ensuring that services meet the needs of the 0-25 age group.	Integrated Care System's (ICS), Public Health (PH), Clinical Commissioning Groups (CCGs)
3.	Expand universal and selective parent education and training programmes to support preventative work around mental health and wellbeing.	Local Authority (LA), PH, CCGs
4.	Ensure that mental health and emotional wellbeing are considered in all policies relating to both staff, service users and pupils.	LA, ICS, Schools/ Colleges/Academies
5.	Embed a whole family approach to tackling children and young people's mental health needs, including qualitative work with parents.	PH, LA , CCGs
6.	Undertake research into the mental health needs of young carers across the county: their prevalence and their needs.	LA Childrens Services
7.	Invest resources to evaluate effectiveness of digital interventions locally and ensure that any beneficial changes identified from the rapid switch to digital /remote models of care are sustained beyond the COVID-19 emergency response period, in line with regional guidance from NHS England.	CCGs, PH
8.	Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing.	Third sector, PH, Primary Care Networks (PCNs)
9.	Consider regular collection of wellbeing data for children and young people locally.	LA
10.	Work with schools and wider partners to provide equitable access to prevention and early intervention mental health initiatives delivered at schools, focusing strategically on areas in proportion to the level of need and where the risk factors are most prevalent i.e. areas of high deprivation.	PH, LA , CCGs
11.	Undertake further work to understand the impact of COVID 19 on children and young people's mental health and identify appropriate steps to address these.	PH, LA, CCGs
12.	Continue to work with providers to improve the quality of data submitted to the Mental Health Services dataset.	PH

Other Options Considered

22. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendation/s

23. The chapter has been written to reflect current local issues.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

25. There are none arising from this report.

RECOMMENDATIONS

- 1) That the Health & Wellbeing Board approves the Emotional and Mental Health of Children and Young People (JSNA) chapter.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Rachel Clark
Programme Lead, Children and Young People's Mental Health
T: 0115 99332741
E: rachel.clark@nottscc.gov.uk

Constitutional Comments (EP 14/12/2020)

26. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 14/12/20)

27. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

¹ Kessler, R. B. P. D. O. J. R. M. K. a. W. E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 6(62), pp. 593-602

² Department of Health, 2009. *New Horizons: Towards a shared vision for mental health: Consultation*. Available at: https://www.nhs.uk/NHSEngland/NSF/Documents/NewHorizonsConsultation_ACC.pdf