

Notice of a public meeting of

Children, Education and Communities Policy and Scrutiny Committee and Health and Adult Social Care Policy and Scrutiny Committee - Commissioned Joint Committee

To: Councillors Baker, Barker, S Barnes, Daubeney, Doughty, Fenton, Fitzpatrick, Heaton, Hook, Maxine, K Taylor, Vassie, Wann and Webb

Date: Monday, 28 February 2022

Time: 5.30 pm

Venue: Remote

AGENDA

Until the end of February 2022, the Council is reverting to holding its scrutiny meetings remotely in the interests of minimising any risks to the public, elected Members and staff during the continuing Covid pandemic. Meetings continue to be held in accordance with statutory requirements. Scrutiny Committees are non-decision making bodies and as such this remote meeting will not be regarded as a formal meeting of the Committee. It provides an opportunity for Members of the Committee to comment upon the business set out in the agenda, without making formal decisions. Members of the public may register to speak as set out below.

1. Election of Chair

To elect a Member to act as Chair of the meeting.

2. Declarations of Interest

At this point Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering is **5.00pm on 24 February 2022**. Members of the public can speak on agenda items or matters within the remit of the committee.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts .

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Emotional and Mental Well-Being of Children (Pages 1 - 22) and Young People

The following reports outline the current factors that influence the emotional and mental well-being of children and young people (to age approximately 19) in the City, and how the local system can jointly support a high level of emotional and mental well being in the younger population.

5. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer

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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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Commissioned Joint Committee - Children,
Education and Communities Policy and Scrutiny
Committee and Health and Adult Social Care
Policy and Scrutiny Committee

28 February 2022

Joint Report of the Director of Prevention, Commissioning and Education
and Skills and the Director of Mental Health and Complex Care for NHS Vale
of York Clinical Commissioning Group Children's Services

Emotional and Mental Well-Being of Children and Young People

Summary

1. Members have requested a report outlining the current factors that influence the emotional and mental well-being¹ of children and young people² (to age approximately 19) in the City, and how the local system can jointly support a high level of emotional and mental well being in the younger population.
2. This report covers:
 - National and local policy
 - Mental health disorders in children and young people
 - The Covid-19 pandemic
 - What is on offer locally
 - Local concerns and challenges
 - What the future might look like

Background

3. **National and local policy framework**
Future in Mind (2015)³ set the direction of travel for the well-being of children: taking five key themes the report sought to secure focus on:

¹ This report avoids the term 'mental health', as it is often seen to imply ill-health, which in turn suggests automatic medicalisation of children and young people's emotional responses to themselves and the world and so suggests a deficit model of support.

² This report uses the term 'children'

³ FiM link

1. Prevention and promotion: particularly in early years (first 5 years)
 2. Early intervention
 3. Ease of access to the right support at the right time
 4. The right support for vulnerable groups of children
 5. Good workforce planning across the whole workforce, not simply within standard CAMHS services
4. Future in Mind came with some funding to the CCG: locally, a proportion of the funding was mandated into a community eating disorder service, and the remainder was invested jointly with the Council into the School Wellbeing Service.
 5. In 2019, the NHS published its long-term plan⁴ (LTP) for England, with targets for 2024:
 - 35% of pupils have access to an NHS funded mental health support team
 - 35% of children with a diagnosable mental health disorder can access NHS funded care
 - Digital offer for all children and young people
 6. The LTP expects that local systems will work together and jointly commission whenever possible and reflects a shift in thinking around commissioning in mental health from a service structured approach, to a needs-led system known as iThrive which is well adapted to systems working across agencies. One of the aims of the iThrive model is to ensure the system is giving sufficient focus on young people who are 'thriving' or benefit from the 'getting advice' and 'getting help' segments of the model.
 7. The diagram below illustrates the iThrive system. Essentially the model considers the needs of the child at any given point and offers the appropriate response, which could be form within local authority, health or third sector services: the role of schools, families and community organisations are recognised.



⁴[NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/](#)

8. Locally, the leading policy is the All-Age Mental Health Strategy 2018-2023⁵ which has two relevant themes:
 - Getting better at spotting the early signs and intervene early
 - Improve services for mothers, children and young people
9. The Mental Health Partnership Board has been more focused on adult mental well-being as NHS funding has been made available for adult initiatives since 2020. Partly in consequence and also to refresh the Yor-Ok Board, a new partnership group was established in 2021 to focus on children's health and well-being, including emotional and mental well-being: this group reports to the Health and Wellbeing Board
10. The plan for children's emotional and mental well-being was revised in 2021: it is structured around the iThrive model, setting out an ambition of supporting children and young people as early as possible from primary through secondary school. The iTHRIVE model approach support a social model of supporting individuals and families through getting help and getting more help reducing the need for longer term MH service input.
11. **Mental health disorders in children and young people**
A mental health disorder is one which significantly affects daily functioning and is of long duration; these are disorders for which specialist CAMHS (Orca House) is commissioned. Short term or predictable difficulties, for example exam nerves or loss/bereavement may be less severe and are appropriately treated in school or the local community and would generally not be appropriate for referral to specialist CAMHS: see below for further discussion regarding this.
12. Of lifelong mental health disorders, 50% begin to be seen between the ages of 14 and 18 (it is '50% by the age of 14 and 75% before their mid-20s' according to No Health Without Mental Health (2011) Such disorders include ADHD, psychosis, eating disorders, and personality disorders. Death due to eating disorder is a leading cause of death in women aged under 34, whilst suicide rates are highest among men aged 24-45 years.
13. We know children in care and those who are cared for by a parent with mental illness are more likely to require support. We are also seeing an increasing number of young boys requiring eating disorder services

⁵ MH strategy link

14. Since 2018, our knowledge of the prevalence of all mental health disorders in children has improved with more regular publication of national prevalence surveys:

Year of National Survey	National Prevalence (5-19)
2004	10%
2018	12%
2021	14%

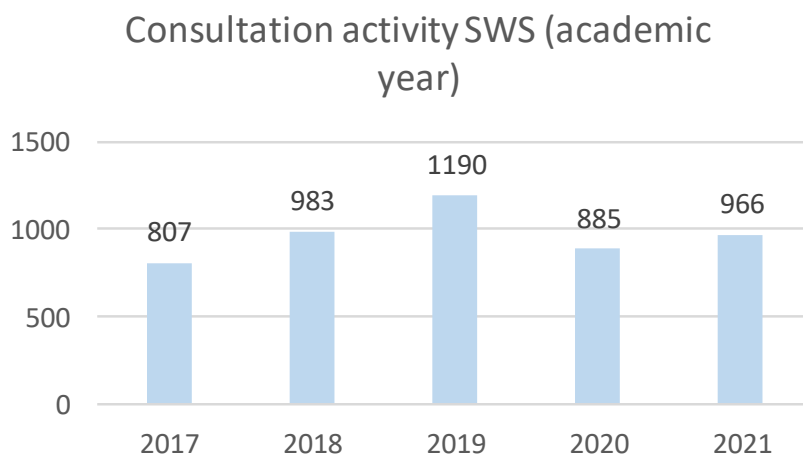
Source: NHS Digital

15. Prevalence is used for planning purposes and is not a statement of actual numbers, which are more difficult to analyse as the incidence of risk factors, such as deprivation, in the local population has an impact on the numbers with diagnosable illness.
16. The current NHS Long Term Plan performance targets state that providers should support at least 35% of children with a diagnosable mental health condition (see above), less than the predicted 75% requiring some form of support and noting that the target of 35% is based on the 2004 prevalence rate from 2004, of 10%. TEWW's performance is at 45%, well in excess.
17. The leading disorders recorded locally have since 2004 been low mood (depression) and/or anxiety (within the definition of emotional disorders). These disorders wholly accounted for the national overall increases in prevalence in 2018 and 2021. The distribution of increased prevalence is not even across all age groups, for example, the largest age group to be experiencing these difficulties is the 17-19 group of young women, of who some 22% are predicted to have a diagnosable emotional disorder. Other disorders, such as ADHD or conduct disorders have remained stable in terms of prevalence, although their incidence has increased because of population growth.
18. Autism is not of itself a mental health disorder, but may be associated with anxiety or obsessive behaviours which are mental health disorders. Likewise, trauma, in the sense of childhood trauma arising from poor attachment or neglect/abuse is also not a mental health disorder, but the correlation between adverse childhood experiences and mental health disorder or illness is high. The numbers of children locally falling into the higher categories of child protection, such as being looked after or carrying significant risk under a child protection plan is therefore an indicator of need.

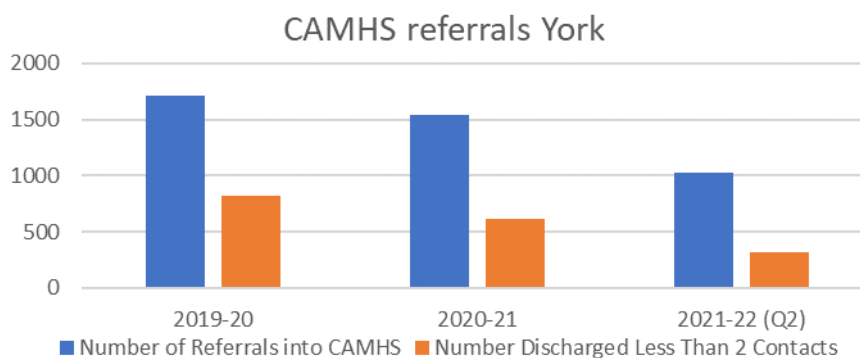
19. **The Covid-19 pandemic**

Locally, the pandemic has led and is predicted to lead to an increased demand for support to improve emotional and mental well-being.

Demand for the School Well-Being Service and its response has been disrupted by school closures during the pandemic.



20. We are now seeing a 50% rise in young people accessing school support and an increase in absenteeism as young people are trying to come to terms with life changes following the pandemic. Schools are noticing higher levels of acuity and need for young people in school in regards to emotional regulation leading to challenging behaviours; more schools are moving to trauma informed approaches to understand the underlying causes of adverse behaviours and changes in young people whilst at school.
21. The Well-Being in Mind service (funded through NHS England) has commenced (January 2022) in 8 schools and colleges: demand for support is already high, indicating it is meeting a need.
22. The local authority commission York Mind to support young people and equally the demand in service has increased and the level of input required due to levels of distress has also increased
23. Specialist CAMHS has also seen a reduction in referrals, probably due to reduced access to primary care and reduced school attendance during the pandemic, although data for 2021/2022 to Quarter 2 indicates a strong upward trend in referrals and acceptances. Quarter 3 (December 2021) data will be available for the scrutiny meeting.



24. Tees Esk and Wear Valleys Trust (TEWV) also noted the increase in acuity for those whose needs should be met by specialist CAMHS services with potential additional demands on service, notably for eating disorders and anxiety disorders: this is evidenced on the above chart through the reduction in the proportion of referrals signposted and diverted.

	2019-20	2020-21	2021-22 (Q2)
Number of Referrals into CAMHS	1710	1539	1022
Rate Discharged Less Than 2 Contacts	48%	40%	31%

25. The figures do not include crisis team referrals
26. The majority of referrals signposted out relate to anxiety or low mood and are appropriate for lower level intervention in community services in school or other setting.
27. TEWV forecast in 2020 that by 2025, in consequence of the COVID-19 pandemic there would be a 50% increase in the number of children requiring some form of intervention to support their emotional and mental well-being; the majority of these needs are predicted to be short term, and a combination of whole system (school, home and community) reassurance and short term interventions would suffice. This demands a whole system response to children's emotional and mental well-being and cannot be dependent on specialist CAMHS services alone to provide support: schools, public health, third sector and the community more generally have roles to play.
28. Initially, in 2020 and through to 2021 there was a significant increase in the demand for inpatient beds, which are commissioned by NHS England: the position is still of concern, but as restrictions have lifted

demand has reduced somewhat and currently there are fewer than 5 children from York in an inpatient bed.

29. The pandemic has accelerated some of the developments envisaged in the NHS long term plan, particularly in relation to the development of digital services: for example the specialist CAMHS offer is now fully blended between face to face and virtual, depending on clinical need and the preferences of children and young people. However, a full analysis is required to understand the impact

30. **What is on offer locally**

The commissioning map for services that contribute to children's emotional and mental well being in York is below:

VOY CCG	NHSE	ICS	TEWV	Vol Sector	Schools
<ul style="list-style-type: none"> Specialist CAMHS (TEWV) CAMHS in-reach to York Youth Justice Service Autism assessment service (TEWV) Mental Health Support Team York (Jan 2022) 	Forensic CAMHS/ Sexual Assault Referral Centre CAMHS inpatient beds Speech and Language in-reach to Youth Justice Service	Keyworkers for complex autism Kooth online advice and counselling (to March 2022)	CAMHS Community eating disorder service Learning Disability nurse for complex autism Early Intervention in Psychosis Crisis support Safe Haven (16+)	IDAS The Island York Mind NSPCC National websites and self help forums	Locally determined support, eg family workers, counsellors This support is not mapped across the City
CYC					
<ul style="list-style-type: none"> Counselling service 16-23 (York Mind) Healthy Child Service (school nursing and health visiting) Early Help Educational psychology (advice only) service 					

<ul style="list-style-type: none"> Emotional Literacy Support Assistants 					
Jointly commissioned					
<ul style="list-style-type: none"> School Well-Being Service FIRST service for complex autism Safe Haven 					

31. Local demand
The specialist CAMHS caseload figures indicate increasing demand.

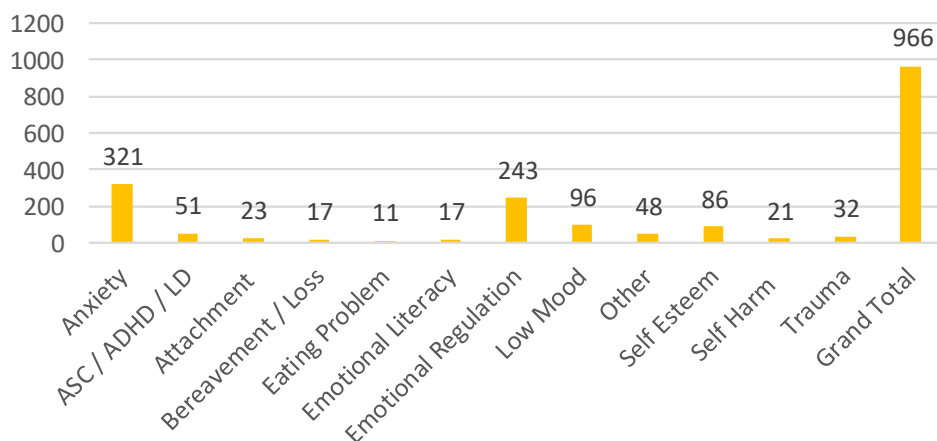
	Caseload 2019/20	Caseload 2020/21	Caseload 2021/22 (Q2)
Number on Caseload (waiting or in treatment)	2256	2456	2085

32. The leading conditions as indicated by the caseload and referral figures for specialist CAMHS are neurodevelopmental disorders (these exclude autism once assessed as requiring a full assessment, but do include ADHD), anxiety and depression.
Those conditions with more than 60 patients on caseload as at Q2 2021/2022 are:

Row Labels	Caseload 2019/20	Caseload 2020/21	Caseload 2021/22 (Q2)
ANXIETY	533	540	442
CONDUCT DISORDERS	198	244	202
DEPRESSION	323	359	279
EATING DISORDERS	10	47	60
IN CRISIS	102	140	108
MENTAL HEALTH	120	88	64
NEURODEVELOPMENT EXCL AUTISM (includes ADHD)	491	680	735
NEURODEVELOPMENTAL CONDITIONS (includes autism waiting list)	275	207	106

33. The figures for patients on pathways have remained largely stable, with notable exceptions for eating disorders and neurodevelopmental disorders both of which have increased significantly, but note this figure includes children referred for an autism assessment waiting for an initial decision as to whether a full autism assessment should be undertaken. There have been notable decreases in numbers on the autism waiting list due to more efficient assessment pathways, but the overall number of referrals has increased significantly and assessments are running at double the number in 2017/18. The number with anxiety disorders due to earlier access to group therapy has reduced waiting lists, but again masks an increase in demand.
34. TEWV performs well against the national target of treating seeing 35% of children with a diagnosable mental health disorder: as at Q3 (December 2021) performance is at 45%
35. The data relating to the school well-being service during an academic year disrupted by Covid-19 shows increasing demand. The service's remit is to work with children experiencing anxiety and low mood: we have seen an increase in requests around emotional regulation, undoubtedly driven by the pandemic, and particularly an increase in levels of work in primary schools.

Presenting needs 2020/21



36. **Local concerns and challenges**
 Across the local system in York, the following are seen as the leading concerns in relation to children's emotional and mental well-being
 - Gaps in provision for prevention and early intervention
 - Increase in levels of school avoidance generated by anxiety (a Covid response)

- Percentage of referrals to specialist CAMHS that are signposted and diverted, indicating unmet need elsewhere
- Increased complexity of referrals into specialist CAMHS evidenced by a reduction in referrals not accepted
- The significant increase in eating disorders
- The scope of the offer for children in care of the Council with complex needs (eg autism and mental health)
- The whole pathway of support for autism, although average waiting time for assessment has reduced, the offer for support pre-assessment and post-diagnosis is limited.

37. These concerns are set out in more detail in the Annex.

38. **What the future might look like**

The list below offers an indication of opportunities for further joint work through pathway redesign or commissioning into either the statutory or voluntary sectors. It must be noted that there is minimal funding available for new investment from either the Council or the CCG beyond the NHS Mental Health Investment Standard, which has increased the CCG funding for specialist CAMHS for the past 4 years. The reorganisation of NHS commissioning in 2022 means that future commissioning arrangements within health will be through the Integrated Care Board for Humber Coast and Vale with possible devolution for some elements.

39. Many of the suggestions are framed within the principle of an integrated whole pathway approach as envisaged by the York Mental Health Strategy. These potentially include a single gateway model, more active commissioning into the third sector, a formally adopted graduated pathway, a revised neuro pathway (autism and then ADHD) and use of the principles of the SEND Inclusion Review and sufficiency planning.

40. Using the iThrive model:

- Getting advice:
 - Improved web based offer for advice and self help
 - Single gateway into all emotional and mental health support to identify needs
- Getting help:
 - Integrated Counselling offer
 - Third sector led or provided information, advice and support at levels below specialist CAMHS

- Clear step down/alternative offer should a referral to specialist CAMHS not be accepted
 - Early offer for suspected autism
 - Getting more help
 - Specific offer for looked after children and child protection plans linked to the wider CAMHS offer.
 - Specialist teachers for SEMH (ADHD)
 - Getting high risk help
 - home treatment offer for those awaiting tier 4 provision and for those experiencing high levels of distress,
 - Revise the FIRST offer within the neuro pathway
41. On 14 February 2022 a summit of system leaders across North Yorkshire and York was convened to consider the challenges facing children's emotional and mental well-being and tasked with identifying and committing to transformational change. The challenges for York set out in this report were discussed, and, in line with the Mental Health Strategy aim of integrated systems, a commitment made to the development and piloting at pace of a multi agency hub in York including voluntary sector colleagues in one of the areas in the City with high levels of need across the system. The hub's role will be to undertake early assessment of the needs of the child to ensure the right support is provided and that the child can be followed up. Further information regarding this proposal will be provided at the Scrutiny Committee meeting.

Consultation

42. This is a joint report from children's services and the clinical commissioning group, and has involved consultation with council services and external health partners.

Options

43. Please see above.

Analysis

44. Please see above.

Council Plan

45. Not applicable.

46. **Implications**

- **Financial** There are no relevant implications
- **Human Resources (HR)** There are no relevant implications
- **Equalities** There are no relevant implications
- **Legal** There are no relevant implications
- **Crime and Disorder** There are no relevant implications
- **Information Technology (IT)** There are no relevant implications
- **Property** There are no relevant implications
- **Other:** There are no relevant implications

Risk Management

47. There are no relevant risks

Recommendations

48. Members are asked to consider the report.

Reason: To enable the committee to note the findings, the work that is ongoing and the further next steps.

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Report **Date** 14 February
Approved 2022

Jamaila Hussain
 Director of Prevention,
 Commissioning and Education and
 Skills

Report **Date** 14 February
Approved 2022

Wards Affected:

All

For further information please contact the author of the report

Annexes:

Annex 1 - Level of referrals signposted by specialist CAMHS

Abbreviations:

LTP: the NHS published long-term plan to 2024
 CAMHS: Specialist Children and Adolescent Mental Health Service
 ADHD: Attention Deficit Hyperactivity Disorder
 TEWV: NHS Tees Esk and Wear Valleys Foundation Mental Health Trust
 CCG: Clinical Commissioning Group
 NHS: National Health Service
 FIRST: Family Intervention Rapid Support Team
 SEMH: Social Emotional and Mental Health Needs
 CBT: Cognitive Behavioural Therapy
 EHCP: Education Health and Care Plan

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Level of referrals signposted by specialist CAMHS

We have seen the numbers of children referred into specialist CAMHS, but not accepted

	2019-20	2020-21	2021-22
Number of Referrals into CAMHS	1710	1539	1022
Rate Discharged Less Than 2 Contacts	48%	40%	31%

This indicates potentially a lack of understanding at system level of the alternative avenues of support to specialist CAMHS, or a gap in provision to meet needs in relation to advice and getting some short term help.

There are a range of factors that influence the continued demand on specialist CAMHS:

- Need for a more clearly articulated pathway and process for accessing support to ensure early access and avoid handoffs.
- Expectations and assumptions regarding need for support, which may over-medicalise concerns and encourage inappropriate referrals to specialist CAMHS.
- Insufficiently broad offer for lower level needs.
- Thresholds and barriers to some services, e.g. the commissioned counselling service and the Safe Haven crisis service are for children aged 16 and over.
- Historical lack of investment into services, driven mainly by the national funding settlements in local authority and health despite significant investment from the CCG under the NHS Mental Health Investment Standard since 2018.
- Increasing numbers of statutory Education Health and Care Plans since the new SEND Code of Practice (2014) has diverted some local authority services, such as Educational Psychology, into predominantly statutory roles or traded work.

Gaps in provision for prevention and early intervention

An ambition of Future in Mind was to prevent problems escalating to the point where specialist services would need to be engaged "We need to value the

importance of recognising and promoting good mental health and wellbeing in all people, not just focusing on mental illness and diagnosis. There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities"¹

The local offer for prevention and early intervention, mapped to the iThrive quadrants of Getting Advice and Getting Help

Getting Advice	Getting Help
<p>Self-guided online access: national organisations such as Young Minds, Beat, Childline that can be accessed 24/7, and offer information, advice (including goal setting and workplans) and some chat, depending on the organisation</p> <p>School nursing service: offers advice and signposting</p> <p>Emotional Literacy Support Assistants (ELSAs): these staff work mainly in primary school, their role is to work preventatively with individual children experiencing lower level social and emotional needs.</p> <p>School Well-Being Service: works into all schools, offering whole school approaches, consultation and advice to staff and direct 121 work using CBT informed approaches</p> <p>Well-Being in Mind: a new schools based service (January 2022) in 7 schools and York College working on whole school, consultative and CBT work 121. The service is funded for at least 2 years, and a second team may be funded from 2024.</p> <p>Schools commissioned provision: schools and York College commission their own arrangements, these include in house counselling.</p>	<p>School Well-Being Service: works into all schools, offering whole school approaches, consultation and advice to staff and direct 121 work using CBT informed approaches</p> <p>Well-Being in Mind: a new schools based service (January 2022) in 7 schools and York College working on whole school, consultative and CBT work 121. The service is funded for at least 2 years, and a second team may be funded from 2024</p> <p>Counselling service: commissioned by CYC from York Mind working with 16-23 age group.</p> <p>Inreach to Youth Justice Service: a CAMHS worker is embedded in the service and a psychologist works across the North Yorkshire and York services.</p>

¹ Future in Mind P30

<p>These offers are not mapped across the City</p> <p>Educational Psychology service: offer advice and training to schools under a traded offer, but do not work 121</p> <p>Family Information Service/early help</p>	
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There is an emphasis on advice and support provided through schools, which does not reach into all schools and may exclude access for those children not able to be in school (noting the increase in school avoidance, below), those excluded or electively home educated or those in schools who are unable to purchase staff training. Also, the offer does not automatically provide support during holidays.

The structure of support to meet levels of need below specialist CAMHS appears fragmented, reducing robustness and disguising lack of sufficient provision to meet demand at the appropriate level: noting that anywhere between 31% and 48% of referrals are signposted out of specialist CAMHS, most of which could readily be addressed through an easy access offer structured around a CBT/CBT-informed approach.

The structure of support also suggests a reactive approach which favours support from an 'expert' or a clinician: self-help approaches have not been well marketed at system level as a valid and sufficient offer: the evidence of low take up of Kooth indicates this to be the case and led to its de-commissioning by the Integrated Care System from April 2022.

Further, school budgets are constrained, many schools are unable to purchase and/or prioritise additional pastoral support, although some have family support workers and other staff as part of their pastoral support or attendance approach.

There is missing any offer for infant mental health other than the TEWV service for mothers with significant mental health problems during pregnancy and for around one year after the birth. There are known links between poor maternal mental well-being and the later development of emotional and mental health problems for their children.

Emotionally Based School avoidance

This encompasses those children with heightened levels of anxiety, who become unable to attend full time and frequently are unable to attend school; the offer from the specialist teaching team cannot fill the place of a fully structured school timetable, and an increasing number of children are at risk of losing significant education and with it opportunities for attainment. Schools struggle to provide staffing to work intensively with young people to re-integrate them back into their educational settings.

The pandemic has seen an increase in numbers of children unable to access a full time school timetable. A task and finish group is looking at the issues involved; analysis of data for the current academic year indicates 59 instances of referrals for an EHCP since September 2021 which reference school avoidance or significant anxiety. Social, emotional and mental health grounds are the fastest growing group within the SEND groups.

Education services have seen an increase in the percentage of Education Health and Care Plans (EHCPs) for Social and Emotional Mental Health (SEMH) and an increasing number of parental requests for statutory assessment for EHCP where anxiety impacting on school attendance is part of the presentation.

EHCPs by primary need	Number 2021	Percentage 2021	Compared to Percentage 2016
SLCN	126	11%	10%
ASC	428	37%	32%
SEMH	192	16%	12%

The scope of the offer for children in care of the Council with complex needs

Currently there is limited psychological or positive behaviour support specifically commissioned for children in care and who have experienced significant trauma that has affected mental health and emotional wellbeing. We have seen an increase in acuity for this cohort of young people and the council is working with health colleagues to look at specific service to support young people in care. For children looked after or on a child protection plan whose needs are complex there is currently no bespoke commissioned offer; we are seeing more children requiring intensive support in the community

with consequences for educational attainment, increased number of placement moves, and with less likelihood of finding a foster placement.

The increase in eating disorders

An eating disorder is an indication of heightened levels of anxiety, which children attempt to control through their food intake.

Covid has heightened anxiety levels, particularly among high achieving pupils who have developed serious concerns around their school work and performance, and brought some previously hidden disordered eating into the spotlight as families have been together much more since March 2020. The service has also seen an increase in acuity, with several children being admitted to paediatric wards to stabilise their physical condition before work can be started to address the mental health disorder. As a result, the caseload for eating disorders has risen by 500% over three years, and the specialist service is struggling to manage the demand. This upward trend is similar across the UK during the pandemic.

Whilst the numbers accessing the eating disorder service are small overall, the effects on their physical mental, long term mental health and the well-being of their families is significant. Death from an eating disorder, frequently due to associated physical health problems, is a common cause of death in women under 34.

There have not been resources within the service to undertake early preventative work which could assist schools in spotting early signs and seeking help and advice. The CCG has this year commissioned some training from the national charity Beat which is being offered to all secondary schools in the City, but currently there is no available investment to broaden the scope of the service to those children who have not reached the thresholds for formal diagnosis of an eating disorder.

The whole pathway of support for autism and neurodevelopmental conditions

The current commissioned offer for autism in York covers the assessment and diagnosis services commissioned from York Hospital (under 5 age group); TEWV (5-18 age group) and The Retreat (over 18s). All providers have a limited offer for advice and support associated with the assessment and diagnosis.

The demand for assessments and numbers diagnosed have increased in recent years. The capacity in the under 5 assessment service is 48-50 a

year, with a conversion rate of around 95%. Demand is now running at around 50% above capacity and a review of the internal referral and assessment approach is under way.

TEWV has doubled its assessment capacity in the last 4 years: in 2020/2021 the service diagnosed 190 York children, representing 72% of assessments. The diagnostic 'spikes' were in school year groups 5, 8 and 10, which correlates to increased in demand for EHCPs. Boys comprise the majority of diagnoses at a ratio of 3:1.

The autism specialist teaching team works with children and schools where a children has been diagnosed, offering general advice for children who are awaiting an assessment.

There is considerable scope to expand the autism pathway of support to include a structured offer for children where autism might be present and for those who have been diagnosed. There are a number of models available, which generally involve third sector organisations and a project to review and recommend options will start in February/March 2022.

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Background

Funded by Mind through the Co-op resilience programme, this project is designed to work directly with young people to suggest, develop and pilot systemic changes for young people to access support for their mental health. To achieve this in York, we have worked through service design principles, and are currently at the stage of beginning to pilot ideas.

Research

Researchers carried out 12, in depth, qualitative interviews with young people who had lived experience of mental ill health and had experience of accessing services ranging from mentoring at York Mind to statutory CAMHS. The researchers also carried out research interviews with 13 stakeholders including a GP, head teacher, and CAMHS staff amongst others such as parents with lived experience. We got together a small team to look over the research case studies and identify themes. These were:

- Young people simply don't know what to do, where to go or who to speak to
- They feel they have no voice and that they are not being heard
- There is a range of fear and stigma that prevents young people from reaching out for help
- There is a lack of personal connections and they feel they are left in limbo
- Some of the workforce are experiencing burn out

The themes were formulated into design principles, which we presented as questions that we could look at answering.

- How might we support the system to talk to each other in real time?
- How might we de-mystify services, particularly for underrepresented groups?
- How might we energise the workforce and ensure that resources are in the right place?
- How might we stop accepting lengthy waiting lists and communicate with those currently on waiting lists?
- How might we create a system where young people believe they will receive the support they say they need?

Co-Production

Through a series of co-production of workshops with both stakeholders and young people, we generated ideas to answer the "how might we" questions, which were shortlisted into the following:

- ❖ A single point of access website for all things to do with children and young people's mental health in York. With bespoke features such as flow charts of

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referral processes, up-to-date waiting times and a create your own mental health plan as well as details on services and information on conditions.

- ❖ An information campaign to be delivered via the website, social media, schools and youth services to raise the profile of mental health issues and destigmatise them.
- ❖ A positive stories campaign of videos of real life people who have lived experience of mental ill health to support the information campaign and signpost to support and services.

Prototype

The three ideas above have been prototyped with groups of young people and stakeholders to consider the purpose, detail, design and what they would look and feel like. We are now consulting with media companies and web design teams to find the best fit for our project.

Next Steps

We are now in the process of developing the website and campaigns to pilot. We have three Advisors aged 16-22 to help guide the project as well as York Mind's Young People's Steering Group. However we are looking to work closely with other local services and support to ensure that content is accurate, relevant and helpful for young people. We are seeking to work with a small number of providers to feature on the pilot website.