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West Northamptonshire Council

SUPPLEMENTARY INFORMATION

People Overview and Scrutiny Committee

Tuesday 21 February 2023

Agenda Item Number	Page	Title	Report Author	Reason for delayed publication
7.	(Pages 3 - 66)	Report of the Child and Adolescent Mental Health and the Risk of Self-Harm Task and Finish Panel To receive and approve the report of the Task and Finish Panel.	Task and Finish Panel	Report not available at time of agenda publication

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West Northamptonshire Council

People Overview and Scrutiny Committee

Child and Adolescent Mental Health and the Risk of Self-Harm Scrutiny Review

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APPENDICES

Chair's Foreword

I am pleased to present the final report of the People Overview and Scrutiny Committee's scrutiny review of support for children and young people in West Northamptonshire with mental health needs who may be at risk of self-harm.

This was the first piece of in-depth scrutiny work that the Committee agreed to do when setting its original work programme for 2021/22. This was a reflection of increasing awareness of the importance of children and young people's mental health and councillors' interest in ensuring that services in West Northamptonshire are as effective as possible.

Evidence-gathering for the scrutiny review eventually ran for the majority of 2022 and included input from a range of different perspectives. I would like to thank the professionals who contributed information and views and, particularly, the impressive young people who gave the Task and Finish Panel the benefit of their own and their peers' views and experiences on the subject that were absolutely essential for the Panel to hear. I would like to commend the councillors who made up the Panel with me and whose commitment and constructive approach have enabled this scrutiny review to reach a productive outcome.

As will be seen from the report, the evidence gathered by the Task and Finish Panel indicated that demand has risen substantially, particularly during and after the COVID-19 pandemic, but resources have shrunk. In particular, the Panel heard that support from core CAMHS was nearing a two year waiting list. In combination with changes to the criteria for referral over time this made it seem that the waiting list was effectively closed. This cannot be acceptable. The Panel also heard about the range of agencies providing services and support for children and young people's mental health at different levels of need but felt that this produced a complex overall offer.

The establishment of the new Integrated Care System in Northamptonshire now gives a unique opportunity to take action on these issues, for agencies to work more closely together to support need at lower tiers and therefore help to control the demand on more specialist services.

West Northamptonshire Council's Corporate Plan includes the vision to make the area one where children and given the best start in life and vulnerable children are supported and protected. The Task and Finish Panel has had this aim in sight throughout the scrutiny review and when identifying and presenting the final recommendations resulting from it.

Councillor Rosie Herring, Chair, Task and Finish Panel – Child and Adolescent Mental Health and the Risk of Self Harm

Acknowledgements to all those who took part in the Scrutiny Review:

- Councillors Muna Cali, Rupert Frost, Wendy Randall, Sue Sharps, Zoe Smith, Nick Sturges-Alex, and Danielle Stone, who sat with me on the Panel.

- Ms Sharon Robson, Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust, and Ms Jo Fletcher, Clinical Lead, Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership who provided the Panel with an initial overview of the provision of support for child and adolescent mental health in Northamptonshire.

- Ms Sharon Womersley, Chief Executive Officer, The Lowdown; Ms Cladia Slabon, Chief Executive, Service Six; and Ms Julie Luvaglio, Trustee and Counsellor, Time2Talk, who provided information and comment from the perspective of service providers.

- Members of the Northampton Youth Forum and the peers who they represent, who provided young people's views about services and support for mental health.

- A young person previously in foster care who spoke to the Panel about their own direct experience as a mental health service user.

- Representatives of schools in West Northamptonshire who provided information and comment from this perspective in person or in writing: Mrs Beverley Maughan, Deputy Head Teacher – Secondary, Danetre and Southbrook Learning Village; Miss Kelly Mitchell, Head of Year 11 (North Campus), Elizabeth Woodville School; Dr Hayley Singlehurst-Mooney, Senior Mental Health Lead, The CE Academy; Mrs Claire Walton, Mental Health lead, Campion School; Mr Phil Swallow, Director of Wellbeing, Northampton Academy; members of the Social, Emotional and Mental Health Team, Vernon Terrace Primary School; and Miss Ilona Farkas, Social Emotional and Mental Health Lead, Northampton School for Boys.

- Dr Jane Cassidy and Dr Jean Ker from Brackley Medical Centre, who provided information and comment from a General Practitioner's perspective.

- Mr Iain Anderson, Youth Development Manager, Northamptonshire Association of Youth Clubs, who provided information and comment on the role of youth activities in supporting mental health and wellbeing.

- Detective Sergeant Julie Allington, Northamptonshire Police Public Protection Team, who provided information and comment on how the force comes into contact with young people with mental health needs.

- Senior leaders at West Northamptonshire Council and Northamptonshire Children's Trust who provided information and comment from this perspective: Councillor Fiona Baker, Cabinet Member for Children, Families and Education; Mr Chris Kiernan, Interim Director of Children's Services; Mr Colin Foster, Chief Executive of Northamptonshire Children's Trust; Ms Debbie Lloyd, Assistant Director – Children, Young People, Family Support Services and Youth Offending Service, Northamptonshire Children's Trust; and Ms Victoria Ononeze, Consultant, Public Health.

1. Executive Summary

1.1 The purpose of the scrutiny review was to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS definition of self-harm is "when somebody intentionally damages or injures their body".

1.2 The scrutiny review links to West Northamptonshire Council's corporate priority to improve the life chances of residents.

1.3 The scrutiny review was carried out by a Task and Finish Panel of the People Overview and Scrutiny Committee across 10 meetings from January – December 2022. The Panel gathered information from representatives of the following organisations or perspectives:

- Northamptonshire Healthcare NHS Foundation Trust
- Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership
- Voluntary and Community Sector service providers
- West Northamptonshire Council
- Northamptonshire Children's Trust
- Schools
- Northamptonshire Police
- Young people
- Youth clubs

1.4 The key findings and conclusions reached by the Task and Finish Panel, and its resulting recommendations, are set out in full in section 10 of this report below. Some of these recommendations are directed to the Northamptonshire Integrated Care Board and some to the Cabinet of West Northamptonshire Council, depending on whether recommendations concern health or local authority functions.

1.5 In summary, the Task and Finish Panel makes the following recommendations:

Development of overall provision for children and young people's mental health to respond to increasing demand

A) The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people's mental health in West Northamptonshire that incorporates the following principles:

- Local access to services throughout the authority

- No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis

- Delivery of services from locations that encourage young people to use them

- Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations

- Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.

- Effective oversight and leadership of an overall offer that involves a range of different service providers.

Ability of core Child and Adolescent Mental Health Service (CAMHS) to meet demand

B) The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:

   - Maximising capacity to meet future demand and to reduce waiting times to an acceptable level

   - Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.

C) The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.

D) The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and school and youth counselling (tier 2) and specialist community CAMHS (tier 3).

In-patient mental health services for children and young people

E) The People Overview and Scrutiny Committee to agree that information given to the Task and Finish Panel by a young person with direct experience as a mental health service user be sent to Northamptonshire Healthcare NHS Foundation Trust.

Children and young people's mental health and the police

F) The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire and Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.

Support in schools for children and young people's mental health

G) The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.

H) The Cabinet to agree to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.

I) The Cabinet to agree to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.

Information about mental health and wellbeing for children, young people and their families

J) The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

Support for young people's general health and wellbeing

K) The Cabinet to commit to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.

L) The Cabinet to agree to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.

M) The Cabinet to support the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.

Assessing the impact of the scrutiny review

N) The People Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

2. Purpose and Rationale

2.1 The purpose of the scrutiny review was to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS definition of self-harm is "when somebody intentionally damages or injures their body".

3. Key Lines of Enquiry

- To examine what lower-level services and support are available to support the mental health and wellbeing of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm. To consider whether the services and support provided by different organisations are linked together effectively.

- To examine what specialist health services are available to support children and young people who have a higher level of need, the routes into these services and how accessible and how quick to respond they are in practice.

- To consider the extent of self-harm by children and young people in West Northamptonshire, in light of Public Health information shared with councillors at the West Northamptonshire Council councillors welcome day in June 2021 showing that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was above the national average. To examine how the latest position compares to that in similar authorities and the reasons for any differences.

- To identify any opportunities that exist to strengthen existing provision, if this is necessary, taking account of the current context in which service providers in West Northamptonshire are operating.

A copy of the scope of the Scrutiny Review is attached at Appendix A.

4. Context and Background

4.1 Following approval of its work programme for 2021/222, the People Overview and Scrutiny Committee at its meeting on 16th November 2021 commissioned the Task and Finish Panel to undertake the scrutiny review of child and adolescent mental health and the risk of self-harm. The scrutiny review commenced in January 2022 and concluded in November 2022.

4.2 The Task and Finish Panel comprised Councillor Rosie Herring (Chair) and Councillors Muna Cali, Rupert Frost, Wendy Randall, Sue Sharps, Zoe Smith, Nick Sturges-Alex, and Danielle Stone.

4.3 Children and young people's mental health has been an area of increasing attention in society over the past 10 years. The impact of the COVID-19 pandemic has further increased this awareness, at the same time as it has contributed to increasing numbers of young people needing help. The study

Mental Health of Children and Young People in England 2021 commissioned by NHS Digital identifies that rates of probable mental disorders have increased between 2017 and 2021: from one in nine to one in six people amongst 6 to 16 year olds; and from one in ten to one in six people amongst 17-19 year olds. Further NHS Digital statistical data identifies that 395,805 people in England were in contact with children and young people's mental health services at the end of June 2022. This would represent around 4% of people aged 5-19 years in England based on the Census 2021 population estimate.

5. Corporate Priorities

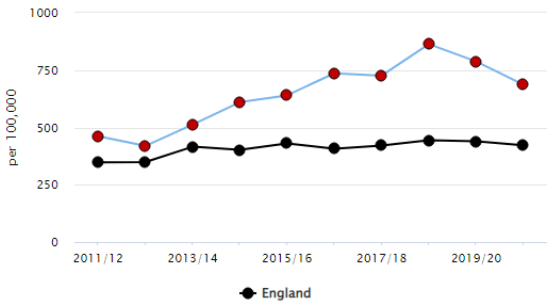
5.1 This scrutiny review links to the Council's corporate priority to improve the life chances of residents.

6. Background data – level of need in West Northamptonshire

6.1 The decision to scrutinise this topic stemmed from an introductory presentation on Public Health given to councillors in June 2021 as part of West Northamptonshire Council's councillor induction programme. Focus areas for Public Health set out in this presentation included that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was 1,075 per 100,000 in 2019/20, which compared to 665 per 100,000 for England overall.

6.2 Data from the Fingertips public health data collection – produced by the Office for Health Improvement and Disparities in the Department for Health and Social Care – shows the following position for children and young people at different ages in Northamptonshire over recent years:

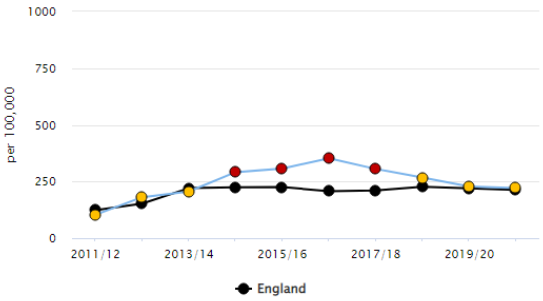
Hospital admissions as a result of self-harm (10-24 year olds)



Recent trend: ➡ No significant change

Period		Northamptonshire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2011/12	●	573	461.5	424.3	501.0	333.4	347.4
2012/13	●	518	419.5	384.1	457.3	327.5	348.9
2013/14	●	632	512.3	473.0	553.9	446.4	415.8
2014/15	●	752	609.9	567.0	655.2	418.4	401.9
2015/16	●	792	640.0	596.0	686.2	449.2	430.5
2016/17	●	914	736.1	689.0	785.5	432.2*	407.1
2017/18	●	892	725.9	678.8	775.3	436.2	421.2
2018/19	●	1,045	863.5	811.6	917.8	447.4	444.0
2019/20	●	950	787.9	738.3	839.9	445.0	439.2
2020/21	●	840	686.9	640.8	735.3	411.4	421.9

Hospital admissions as a result of self-harm (10-14 year olds)

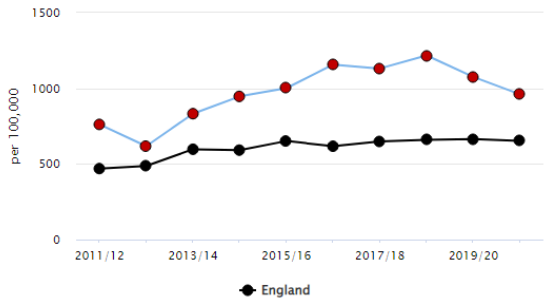


Recent trend: ⬇ Decreasing & getting better

Period		Northamptonshire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2011/12	●	43	102.7	74.3	138.3	-	123.8
2012/13	●	75	180.7	142.1	226.5	161.5	152.5
2013/14	●	85	205.7	164.3	254.3	275.9	220.5
2014/15	●	121	291.2	241.6	348.0	249.8	224.2
2015/16	●	129	307.3	256.6	365.1	260.2	225.2
2016/17	●	152	352.2	298.4	412.8	221.9*	207.2
2017/18	●	137	305.3	256.3	360.9	213.1	210.4
2018/19	●	125	267.1	222.3	318.3	232.0	226.3
2019/20	●	110	228.3	185.8	272.9	224.9	219.8
2020/21	●	110	221.3	181.9	266.7	174.4	213.0

Source: Hospital Episode Statistics (HES), Copyright © 2020, Re-used with the permission of N HS Digital. All rights reserved Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Hospital admissions as a result of self-harm (15-19 year olds)

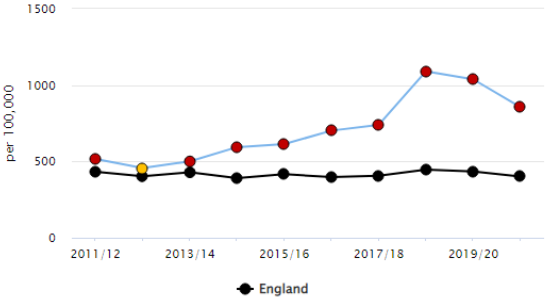


Recent trend: ➡ No significant change

Period		Northamptonshire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2011/12	●	326	761.2	680.8	848.5	-	469.2
2012/13	●	261	617.6	545.0	697.3	453.4	486.4
2013/14	●	351	832.1	747.4	923.9	663.1	597.1
2014/15	●	397	946.5	855.6	1,044.3	626.1	591.3
2015/16	●	421	1,001.2	907.8	1,101.6	695.0	651.6
2016/17	●	485	1,157.1	1,056.4	1,264.8	658.7*	617.1
2017/18	●	467	1,131.1	1,030.8	1,238.4	673.2	648.6
2018/19	●	500	1,217.4	1,110.7	1,326.4	628.4	659.5
2019/20	●	445	1,075.0	982.0	1,184.7	636.8	664.7
2020/21	●	400	960.0	872.8	1,063.9	599.6	652.6

Source: Hospital Episode Statistics (HES), Copyright © 2020, Re-used with the permission of N HS Digital. All rights reserved Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Hospital admissions as a result of self-harm (20-24 year olds)



Recent trend: ⬆ Increasing & getting worse

Period		Northamptonshire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2011/12	●	204	515.6	447.2	591.4	-	432.3
2012/13	●	182	456.9	392.9	528.3	364.3	403.0
2013/14	●	196	500.1	432.5	575.2	404.0	428.6
2014/15	●	234	593.6	520.0	674.8	382.5	391.3
2015/16	●	242	613.7	538.8	696.1	397.1	416.2
2016/17	●	277	702.1	621.8	789.8	417.5*	397.9
2017/18	●	288	739.9	656.9	830.5	423.6	406.0
2018/19	●	420	1,090.5	986.2	1,197.2	478.9	446.0
2019/20	●	395	1,037.9	935.5	1,142.7	471.6	433.7
2020/21	●	325	856.2	768.2	957.3	455.5	401.8

Source: Hospital Episode Statistics (HES), Copyright © 2020, Re-used with the permission of N HS Digital. All rights reserved Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

6.3 This data presents a position in Northamptonshire that compares unfavourably with that for both the East Midlands and for England. The latest Northamptonshire Suicide Prevention Strategy 2022-25 published in September 2022 recognises this, stating: “The rate of hospital admissions as a result of self-harm (10–24 year-olds) in 2020/21 for Northamptonshire…is statistically worse than both the East Midlands and England rates in the same time period”.

6.4 An analysis of hospital admissions for self-harm in 10-24 year olds in Northamptonshire from 2012 to 2017 (August 2018) produced by Public Health Northamptonshire highlights the complexity of this issue:

> *Self-harm is not always linked with mental health problems and the reasons and causes behind self-harm are varied. Self-harm and suicide in adolescents is the end product of a complicated interplay between biological, psychiatric, psychological, social and cultural factors combined with exposure to negative life events including both early and recent adversity and psychiatric disorders.*

6.5 Information on children and young people's mental health published by the Local Government Association further summarises the range of risk factors that can be involved:

> *Children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identify as LGBQT are also more likely to suffer from a mental health condition. Looked after children are four times more likely to experience mental health issues than their peers. A third of people in the youth justice system are estimated to have a mental health problem.*

6.6 It should also be stated that the number of hospital admissions as a result of self-harm occurring in Northamptonshire does represent a fraction of the number of children and young people in the local population. The 510 admissions of 10-19 year olds in Northamptonshire in 2020/21 compares to an estimated population of 93,800 10-19 year olds (50,800 in West Northamptonshire and 43,000 in North Northamptonshire) in the Census 2021. Of course this presents the issue in statistical terms, rather than in terms of the impact of self-harm on the individuals concerned and on those connected with them.

7. Background data – national policy and priorities

7.1 The Task and Finish Panel was informed by the House of Commons Library Research Briefing *Support for children and young people's mental health* (June 2021). This explains the provision of Child and Adolescent Mental Health Services (CAMHS) in England as follows:

CAMHS are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

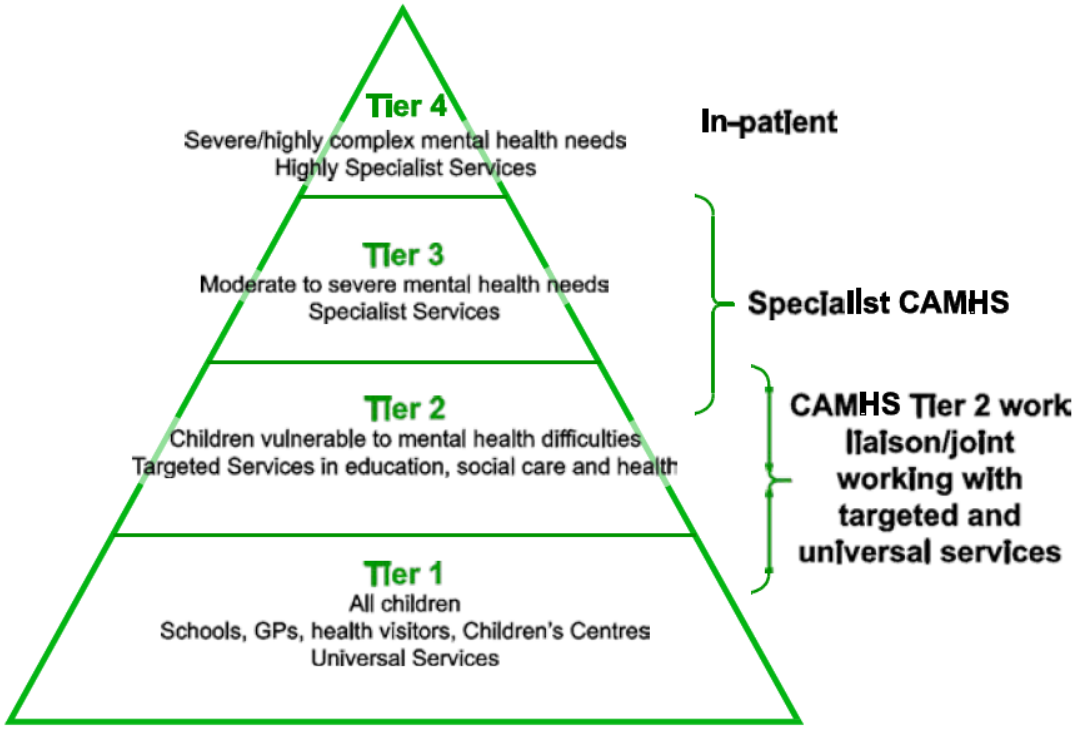
Universal services (Tier 1 CAMHS)

Targeted services (Tier 2 CAMHS)

Specialist community CAMHS (Tier 3 CAMHS)

Highly specialist services (Tier 4 CAMHS)

Tier 1 CAMHS includes universal services such as early years services and primary care; Tier 2 includes targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education); Tier 3 encompasses specialist community CAMHS; and Tier 4 includes both highly specialist inpatient and outpatient services. The Health Committee's 2014 report on Children's and adolescents' mental health and CAMHS included the following diagram:



CAMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities and the private and voluntary sectors. In England services are commissioned by clinical commissioning groups and NHS England (particularly for the most specialist services). Guidance for commissioners of CAMHS notes that:

> *Commissioners will need to liaise with colleagues responsible for other children's health services, as well as schools and local authorities. In many areas, voluntary sector organisations provide services for children, young people and families often at the targeted service level (Tier 2 CAMHS). Such services may have complex funding arrangements and it is important this aspect of provision is not overlooked.*

7.2 The Research Briefing also summarises the development of national government policy and priorities relating to children and young people's mental health over the last 10 years. Most recently, the NHS Long Term Plan published in January 2019 set out the following measures:

- A commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

- Continued investment in expanding access to community-based mental health services to meet the needs of more children and young people. By 2023/24 at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.
- Additional investment in children and young people's eating disorder services over the next five years.
- Action to enable children and young people who are experiencing a mental health crisis to access crisis care 24 hours a day, seven days a week, with a single point of access through NHS 111.
- Action to embed mental health support for children and young people in schools and colleges, with NHS funding over the next five years for new Mental Health Support Teams to be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will provide specific extra capacity for early intervention and ongoing help.
- Action to extend current service mental health service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

7.3 The NHS Long Term Plan was of course produced prior to the COVID-19 pandemic, which now forms a massive part of the context for future public service planning and delivery. The last Health Secretary set out further priorities for developing health and social care in September 2022 in the policy paper *Our Plan for Patients*. The paper stated that: "[the government's] plan will sit alongside the NHS Long Term Plan, the forthcoming workforce plan, and [the government's] plans to reform adult social care." The paper goes on to identify the following aims relating to children and young people's mental health:

- *We want to strengthen resilience and the health of the nation, in particular mental health and wellbeing. We will expand mental health support for children at school, given that half of mental health conditions take root by the age of 14.*
- *We will continue to drive progress on: enhancing the availability of mental health support, through expansion and transformation of mental health services, including access to NHS talking therapies, children and young people's mental health services and enhanced community support for adults living with severe mental illnesses and expanded support in schools*
- *We will support the health and social care system to deliver by: supporting new models of care and new roles for frontline health professionals, including expanding the number of mental health practitioners in primary care and strengthening mental health support in schools.*

8. Background data – local service provision

Strategic framework

8.1 Services and support for children and young people's mental health in Northamptonshire are provided in the context of developing the Integrated Care System (ICS) in the county, which was formally established on 1st July 2022. Integrated Care Northamptonshire is a partnership of local health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in the area. Integrated Care Northamptonshire has four priority areas:

- Children and young people
- Elective care
- Care for older people (iCAN programme)
- Mental health and learning disability

8.2 Looking forward, Integrated Care Northamptonshire has stated the commitment to deliver better health outcomes for children and young people in the local community in the following ways:

- *Children, young people and their families will be able to thrive in Northamptonshire, getting the right information and the right help, at the right time in the right place*
- *We will work together to ensure children, their families and carers understand the types of support services available to them and how to access them*
- *We pledge to fulfil Northamptonshire's Children's Charter to put children, young people and their families at the heart of our services with a strong voice*
- *Together we will work with children and their families to help them choose healthy active lifestyles and behaviours to help them thrive*
- *Our ambition is that children with complex needs are able to live their best lives*
- *Children and young people will be given the tools to care for their own wellbeing and get the right help they need when they need it*
- *We will work together to equip all of our children and young people with the right tools to help them into adulthood.*

8.3 Future service delivery will be organised through a Children and Young People Collaborative: a partnership grouping bringing together practitioners from across Integrated Care Northamptonshire including Northamptonshire Children's Trust, Northamptonshire Healthcare NHS Foundation Trust, Northamptonshire Acute Hospitals Trust, West Northamptonshire and North Northamptonshire councils and a range of voluntary and community sector organisations.

8.4 Ahead of the establishment of the ICS, local health and care organisations in were already working together through the Northamptonshire Health and Care Partnership (NHCP). NHCP's main focuses included the Children and Young People Transformation Programme, which was intended to provide the basis for delivering local services that provided effective outcomes and that met the national commitments set out in the NHS Long Term Plan. The Transformation Programme consisted of four focus areas, referred to as pillars. The 'healthy minds, healthy brains' pillar had the following aims:

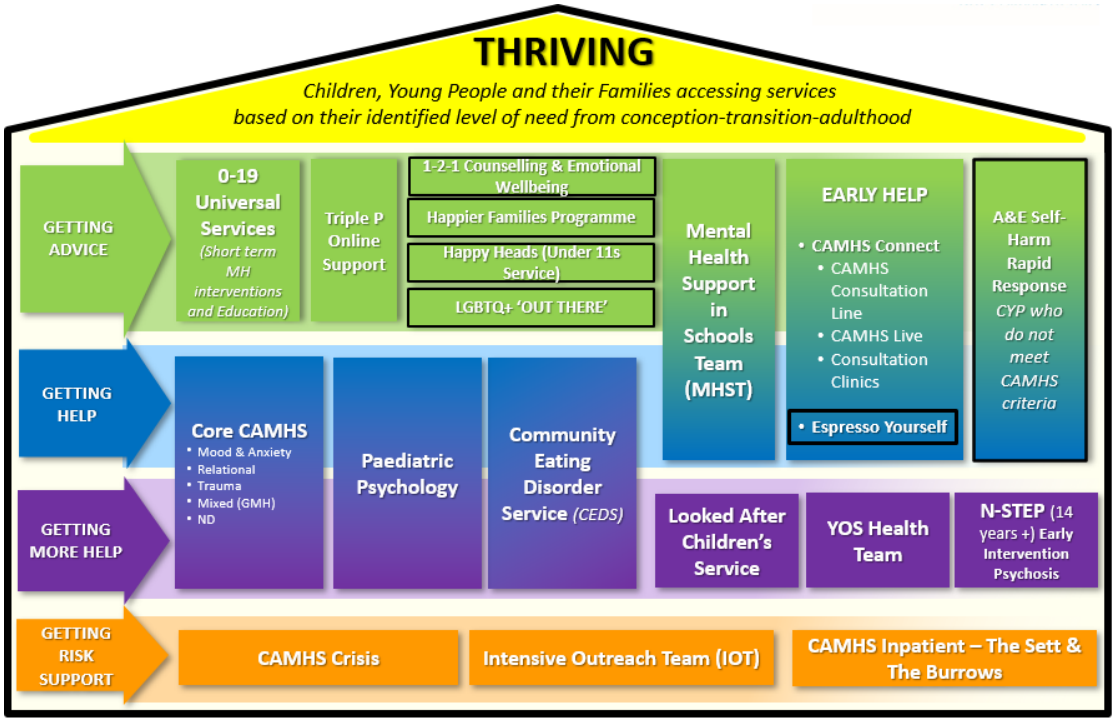
> *Empowering children and young people to care for their own wellbeing and access help if and when it is needed. Enabling children, young people and families living with neurodiversity to thrive with good access to family-based support. Ensuring children and families experiencing emotional, wellbeing, mental health and neuro-developmental need are involved in improving services through co-production.*

Service delivery

8.5 The Task and Finish Panel received an introductory presentation on the provision of support for child and adolescent mental health in Northamptonshire from the Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust in January 2022. The Task and Finish Panel was advised that provision was moving away from the four-tiered model set out above to a needs-led, person-centred approach based on the THRIVE framework:

8.6 Support provided for individuals who are thriving equates to Tier 1 universal services under the four-tiered model. 'Getting advice' equates to Tier 2 targeted services; 'getting help' and 'getting more help' to Tier 3 specialist community CAMHS; and 'getting risk support' to Tier 4 highly specialist services, including intensive outreach and in-patient support.

8.7 The children and young people's mental health services profile in Northamptonshire is as follows:

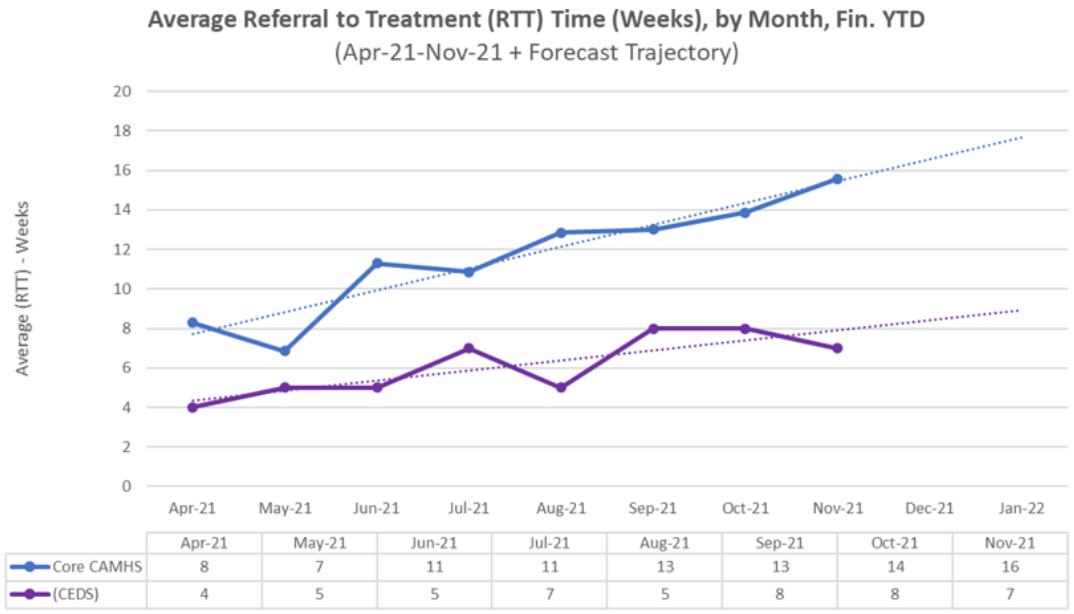


8.8 CAMHS is delivered by Northamptonshire Healthcare NHS Foundation Trust, which is responsible for providing local community healthcare services in the county. A person referred to CAMHS must meet the following criteria for further assessment:

- *Registered with a GP in Northamptonshire*
- *Aged between 0-18 years*
- *Presenting with signs of or on-going concerns of mental health difficulties that are:*
  - *Impacting on their developmental functioning*
  - *Or is likely to result in significant risk to themselves or others*
  - *And less intensive intervention hasn't worked or is unlikely to suffice*
- *Consent has been obtained from the young person and or parent / carer*

8.9 CAMHS Connect is part of the wider Core CAMHS function. It offers a consultation line, a telephone service and CAMHS Live: an online chat service providing advice and guidance for professionals and parents who have concerns about a young person's emotional wellbeing or mental health.

8.10 The Task and Finish Panel was advised in January 2022 that average referral to treatment times for Core CAMHS, and for the Community Eating Disorder Service, were on an upward trajectory. The position at that point was as follows:



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Core CAMHS	8	7	11	11	13	13	14	16
(CEDS)	4	5	5	7	5	8	8	7

9. Information Collection

9.1 Expert advisors provided information and comment to the Task and Finish Panel at meetings on 13th January, 10th March, 7th April, 28th April, 17th May, 16th June, 7th July, 4th August and 18th October 2022. Meetings with particular advisors involving some members deputed by the Panel for this purpose also took place on 4th May and 2nd August 2022.

9.2 This section of the report sets out comments made by expert advisors to the Task and Finish Panel. The Panel's own conclusions and recommendations are set out in section 10 of the report.

9.3 The date when expert advisors commented to the Task and Finish Panel is indicated in each case, in the interests of clarity and in light of the overall duration of the scrutiny review.

Service providers

Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust (13th January 2022)

- The new Northamptonshire Children's Charter had been developed in conjunction with young people as part of the Children and Young People Transformation Programme. This represented more effective engagement with young people than may have been the case in the past.
- Recent investment at the 'getting advice' level of the THRIVE framework aimed to avoid young people escalating to higher levels of need. Health visiting and school nursing played a crucial role. NHS Northamptonshire CCG had developed an online support programme for parents. The REACH Collaboration made up of five local organisations provided counselling services for young people, based on the principle of enabling people to get the right support at the right time.
- In Northamptonshire approximately 28% of young people needing an eating disorder service were seen within four weeks of a referral, against the national target of 95%. This performance reflected the significant increase in the number of cases over the past two years and that young people now being seen were more poorly. The pandemic reduced the opportunity to see signs of an eating disorder when a young person was at school. Young people could also be very adept at hiding an eating disorder from loved ones, for example, by wearing more concealing clothes or even putting weights in their pockets. Two new posts had just been created locally to work with schools on supporting young people with eating disorders.
- Good progress had been made in recent years on linking together services provided by different organisations in Northamptonshire but more still needed to be done. Information-sharing was the key issue in this regard, which would be improved by the development of the integrated Northamptonshire Care Record. There was good communication between NHFT and the REACH Collaboration: consideration was just being given to creating an additional post to help to avoid young people falling into gaps

between organisations. Overall, organisations were thinking as one entity across the 0-19 field much more than in the past.

- Work was currently being done to develop a self-referral form for services at the higher levels of need. This avoided a situation in which a GP made a referral based on their interpretation of a situation. CAMHS on-line support for young people worked well as it enabled the voice of the young person to be heard.
- CAMHS was subject to a target that people should be seen within 18 weeks of referral. Five weeks was a significant length of time for a family to have to wait in distress. If performance continued on the current trajectory there would be an 18 week wait for first appointments.
- Current pressures meant that support provided to young people with eating disorders was able to ensure that they were physically safe but there was not the psychological capacity to work with young people to move them through the process of understanding and addressing their condition.
- Local services had experienced massive additional pressure in recent times. The number of young people with a diagnosable eating disorder had increased by 250% in the last two years. The number of referrals to core CAMHS had increased by 180%. The COVID-19 pandemic had increased general anxiety amongst young people, had kept young people in the home and had increased their exposure to domestic violence. The protection provided by attending school had not operated, which created the need to re-think previous approaches to identifying and addressing issues.
- Health visitors in Northamptonshire had caseloads that were double those in other areas. There had been significant increases in the numbers of safeguarding cases and unaccompanied asylum-seeking children. Northamptonshire's good transport links also contributed to increased demands from gang-related activity and cuckooing.
- There was a long term plan for service provision in Northamptonshire and partners were working hard to establish the ICS. CAMHS had received an uplift in funding. The challenge was the significant increase in demand on services.
- The ideal support offer for a young person would vary according to their needs. Most young people were well most of the time: the number presenting at Accident and Emergency was under 1% of young people. Some young people receiving counselling would only need 2-3 sessions; some could need more than 6 sessions. Talking to someone else could help a young person to understand their situation and to build their resilience to go back into their usual environment.
- Some excellent work was being done in Northamptonshire:
    - Five teams had been introduced to support mental health in schools, with an initial focus on North Northamptonshire where there was greater need. Two more teams were due to be introduced, which would increase support in other areas such as south Northamptonshire.
    - Espresso Yourself wellbeing cafes for young people and their carers were based on the crisis café model operated by MIND. There were 7

Espresso Yourself cafes operating in the county, including in Northampton and Daventry in West Northamptonshire. The cafes were supported by CAMHS crisis teams. A young person could go into a café to speak to a counsellor or to do an activity such as mindful colouring that helped to support their wellbeing.

- CAMHS operated a consultation line for professionals, which was like a supervision, and provided on-line support for young people and carers.

- There were national pressures on the workforce for children's mental health. Locally, the 0-19 team and CAMHS had also been involved in supporting the Afghan refugees who came to Northamptonshire in late 2021.
- It was recognised that young people from BME community groups were under-represented amongst users of mental health services. Work was being done to address this situation.
- There were two mental health in-patient units with 20 beds in the county, although some of these beds belonged to the East Midlands region. Northamptonshire had funded an intensive care outreach project for a year, which operated a hospital-at-home model. This was operating well, although this reflected that there was high demand for it. Due to national shortages of psychiatric intensive care beds some significant cases were being treated using the hospital-at-home model.
- NHFT was continuing to develop the information about mental health on its website for young people and carers.
- Local schools engaged in work to support mental health to varying degrees. Some schools were not engaged, which contributed to exclusion rates.

Clinical Lead, Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership (13th January 2022)

- It was important that young people were able to say how they wanted services to work with them, particularly on a difficult subject like self-harm. It was intended to embed the voice of the child in work being done in Northamptonshire, although co-production was quite new for some partners. The voice of the child should be incorporated in key performance indicators and performance review. The Children's Charter should support this approach. Stakeholders wanted to sign up to the Charter but further infrastructure needed to be put in place to support the delivery of its aims. Stakeholders needed to have a good understanding of the services available in the county and how to direct young people. The priority was to create one front door to services. It was intended to launch the Children's Charter towards the end of the financial year when this could be done effectively.
- The REACH Collaboration offered a menu of support to young people. The typical offer was six counselling sessions.
- The agencies involved in the REACH Collaboration had worked together very effectively over the past two years whilst retaining their own identities. Organisations were able to support each other and submitted collective funding bids.

- NHCP had done specific work with young people from households that did not speak English in conjunction with Young Healthwatch. The accessibility pillar of the Children and Young People Transformation Programme focussed on providing good access to services for all.
- Increases in the number of incidences of eating disorders in Northamptonshire reflected national and international trends.
- The joined up response to COVID-19 gave extra impetus to a collective approach in other areas. If strategic leaders supported the community hubs model that was part of the ICS it would play a significant role in building community resilience and addressing needs that could otherwise contribute to the demand for mental health services.
- Third sector organisations had a wider involvement in the provision of mental health services and support than just the REACH Collaboration. However, the third sector in children's services did not have the same infrastructure and governance support available to support it as existed for adult care. Third sector organisations were good at working with young people at an early stage but West Northamptonshire currently lacked some of the infrastructure to support organisations to do so.
- The ICS included local authority directors of children's services but had no direct involvement from schools. It would be more difficult for schools to contribute to future service delivery if they were not involved in developing what was to be delivered. The benefit to schools of reducing mental health issues amongst young people should be clear.

Chief Executive Officer, The Lowdown (10th March 2022)

- The Lowdown was a mental health charity that provided free and confidential counselling, emotional wellbeing, sexual health and LGBTQ support services for 11-25 year olds. It had operated in Northampton since 1999. It provided counselling services in the NN1 – NN7 areas and other services throughout the county. It had an established location, which was known to young people. Its services were accessed through professional referral, with the consent of the young person concerned, or by self-referral.
- The Lowdown had supported 871 young people with 1-to-1 counselling in 2020/21. This number had increased in the current year.
- The Lowdown was part of the REACH Collaboration with five other voluntary and community sector organisations in the county, including Time 2 Talk in Daventry. The Collaboration had been key to securing more funding. The Lowdown had tripled its funding during the past three years.
- The Lowdown's funding came from Public Health Northamptonshire, NHS Northamptonshire Clinical Commissioning Group (CCG), service contracts with local schools and charitable donations. Public Health Northamptonshire provided a set level of funding for REACH, which had just been confirmed for the next two years.
- There was currently a 6-8 week waiting time for young people to access counselling with The Lowdown. However, the waiting times for CAMHS was thought to be currently 6 months for assessment and 18 months for

treatment and young people going to CAMHS were those with a significant level of need.

- The Lowdown had previously provided services at the tier 2 / targeted services level. In July 2021 it had received funding to provide support to young people with a slightly higher level of need. This was intended to prevent some young people from needing services provided by CAMHS and to support other young people who were waiting to access CAMHS. In the Chief Executive Officer's view approximately 10% of the young people now being supported by The Lowdown should be with CAMHS.
- The introduction of Espresso Yourself wellbeing cafes was a positive development in Northamptonshire. These gave young people access to emotional support throughout the week, with either remote or face to face access. This was a relatively new approach in some parts of the county following pilot projects in Northampton, Kettering and Corby. It needed to be fully embedded and attendance in some areas had been low so far as they were still quite new.
- Data from 2016 indicated that 15% of young people would experience mental health difficulties at some stage in their lives: this would occur before the age of 14 years for 50% of those young people and by their mid-20s for 75% of them.
- The Lowdown had already seen an increase in referrals in January – March 2020 compared to previous years. Following the COVID-19 pandemic it had quickly set up a remote counselling service, using qualified counsellors. From July 2020 it had then resumed face-to-face counselling to reflect that a remote approach was not suitable for some young people. The Lowdown now offered young people a choice of approach.
- The pandemic had added to the pressures on The Lowdown from needing to deal with increases in demand and increases in the complexity of individual cases, whilst maintaining staff wellbeing.
- The 871 young people supported by The Lowdown in 2020/21 represented a 43% increase in counselling sessions delivered compared to the previous year. It included some young people who had been due to receive counselling when the pandemic started who had then needed to wait for face-to-face counselling to resume.
- The monthly number of referrals received by The Lowdown in 2022 was consistently at the highest level in the whole period since 2019. The waiting list was now going up despite best efforts: The Lowdown currently had 257 young people on its waiting list, which was an unprecedented number. It had received some additional resources to help to manage its waiting list.
- Self-harm was often seen only in terms of cutting but covered a wide range of actions: The Lowdown had seen more incidences of restricted eating or overeating during the pandemic.
- Self-harm was a coping mechanism: the response to it involved helping the young person to deal with the underlying issues that caused them to self-harm.

- The Lowdown would escalate cases involving serious self-harm, such as cutting regularly and deeply, to the appropriate service-provider. The number of these cases had increased significantly, from 22 in 2018/19 and 20 in 2019/20 to 70 in 2020/21 and 117 in 2021/22. The young person's permission was needed to refer a case, although this could still be done without permission if there was a significant cause for concern. This was explained to young people receiving counselling and an individual would be told beforehand if their case was going to be escalated.
- The Lowdown's services were rated highly by service-users: 88% of service-users reported improved or maintained Clinical Outcomes in Routine Evaluation (CORE) outcome measures and 90% would recommend services to others.
- The biggest issue for young people engaging with The Lowdown was anxiety, followed by low mood and family problems. These issues were the same as before the pandemic: what had changed was that they were now having a greater impact.
- The services provided by The Lowdown consisted of counselling services; school outreach, rapid response, and tier 2/3 services for under-19 year olds; and counselling services for 19-25 year olds. It would shortly be launching a new transition service for 16-25 year olds and resuming previous sexual health services. It also provided LGBTQ support and a recently established support after suicide service.
- Student placements were a key part of increasing The Lowdown's capacity and developing the workforce of qualified counsellors to meet demand.
- REACH was committed to providing services that covered the whole of Northamptonshire.
- Volunteers delivered 10% of the counselling hours provided by The Lowdown, compared to 80% three years ago. This reflected young people's needs, which had changed from emotional wellbeing support to in-depth counselling. Shift managers were available at all times to support volunteers. Shift managers also supported counselling student placements.
- The Lowdown had a very good relationship with NHFT. NHS Northamptonshire CCG sub-contracted NHFT to deliver the Espresso Yourself cafes and NHFT worked with The Lowdown to do so. In terms of the overall support that NHFT provided to young people, the Chief Executive Officer considered that NHFT faced serious challenges to its capacity to meet the level of demand.
- New mental health support teams in schools in Northamptonshire were another positive development.
- Young people who used drugs were generally referred to other services rather than to The Lowdown: a person needed to be drug-free for counselling to be effective. More generally, the Chief Executive Officer considered that society was still working through the impact of lockdown on young people and their families. Young people were also affected by other issues in the world, such as the current situation in Ukraine. The Lowdown

did see a large number of young people self-harming due to difficulties with family relationships.

- It would be ideal if young people could be offered a referral to treatment time of two weeks, with an assessment in the first week and counselling in the second.
- Before the pandemic The Lowdown went into schools to raise awareness about its services as well as participating in local community events. It was not able to do this during the first lockdown and the number of referrals it received had declined significantly when schools and GPs were not really open / easy to access as this was the normal referral route. Referrals had soon picked up after the first lockdown and had continued to increase to record levels since. The Lowdown did have a strong social media presence on sites such as Facebook, Instagram, Twitter and LinkedIn.
- The Lowdown's relationship with schools varied. It had contracts with some schools to provide counselling services. The referrals that it received were broadly what would be expected. There could be a greater level of awareness about The Lowdown in schools, which reflected that it had not been able to carry out normal promotional activities during lockdown.
- KidsAid, Service Six and mental health support teams in schools provided support to younger children with mental health needs in Northamptonshire.
- The number of monthly referrals received by The Lowdown was linked to the school year: the number of referrals was higher when schools were open, reduced during the summer holidays, and reached its peak in the autumn after schools reopened. The Lowdown could carry out a preventative role by providing services in schools but it also needed to be recognised that some young people would not want to seek mental health support in a school setting, if they thought that their friends would find out or that they would need to attend counselling between lessons. A mixed approach including the option of support in schools was best.
- Severe bullying could represent a safeguarding issue. The Lowdown would work with the school to address such cases when they were identified.
- The most beneficial action for The Lowdown would be the provision of long-term sustainable funding. In previous years it had never been able to forecast more than 12 months ahead. This situation had improved with confirmation of multi-year funding provision from Public Health Northamptonshire and potentially from NHS Northamptonshire CCG. It was hoped that this approach would be continued, as it was unlikely that current issues affecting young people's mental health would be resolved soon. Demand on services had tripled in size and it was not known when this trend would end. On a positive note, organisations like The Lowdown were able to react to new situations very quickly.

Chief Executive, Service Six (17th May 2022)

- In 2021/22 the REACH collaboration as a whole had received 3,689 referrals, had supported 3,129 young people and had delivered 12,727 counselling sessions, using total funding of £550K. The number of referrals was a 37.7% increase on the previous year. This number was likely to continue to increase.
- Young people should be asked what they wanted if there was an opportunity to expand current services. Some chose to get help outside of their own area in order to be less visible. This should be taken into account in commissioning but service providers could currently only accept referrals from young people in their own local area. The ages at which young people ceased to be eligible for some services could also cause practical issues, although the REACH collaboration did help to address these.
- 64% of the clients for services provided under the core REACH collaboration contract were aged 13-16 years. 64% identified as female, 32% as male and a percentage as non-binary or other: this breakdown reflected that young females could be more oppressed than young males but also more willing to seek help, although young males were now seeking help at an increasing rate. Approximately 68% of clients gave their ethnicity as white British or Irish; 16% of clients did not disclose their ethnicity. Approximately 9% of clients were from Black, Asian and minority ethnic groups: this was an under-representation and the reasons for this needed to be understand and addressed. Approximately 3% of clients had been looked after children.
- Abuse, anger, anxiety and family problems were the main presenting issues for young people receiving services under the core REACH collaboration contract. Self-harm was a secondary presenting issue as it was a response to primary issues.
- Young people had been significantly affected by the COVID-19 pandemic, which had required them to adopt new ways of living and learning during lockdown and then to change again afterwards.
- Incidences of self-harm and suicidal thoughts had increased in the past year. This was also the case for disordered eating, which was not a recognised clinical condition.
- Service Six, T2T and Healthy Young Daventry were involved in the self-harm awareness and prevention enterprise (SHAPE) collaboration, which worked with the two secondary schools in Daventry to support young people. SHAPE representatives went to the schools to raise awareness of and provide information about self-harm. If the schools identified young people who were self-harming or at risk of doing so they could be referred to a six-week programme of group-based support. SHAPE was now looking to hold events for parents. SHAPE was also running a pilot project in Daventry to help teachers to deal with self-harm amongst young people, including support for teachers' wellbeing. This project was funded to the end of the summer term in 2022.
- The core REACH collaboration contract was funded by Public Health Northamptonshire and this funding had just been extended for another year.

REACH received a lump sum, which was split between the five agencies involved using a formula. REACH had just received an uplift in funding of £600K over the next two years after presenting a business case for this.

- The average waiting time to access services provided under the core REACH collaboration contract was currently 7 weeks. REACH was able to get to this level as it had received extra funding from NHFT to support young people who did not quite meet the threshold for CAMHS. This had been provided for the current year and would be repeated next year.
- CAMHS struggled to recruit experienced staff and had a gap in staff resources. This situation was affected by wider factors such as an imbalance in remuneration across children's and adult social care, which was perceived as favouring the latter. Service Six experienced similar challenges. Vacancies attracted a good number of applications but only around 30% had the right qualifications to be taken to interview. It was difficult to recruit counsellors across a range of ages, genders and backgrounds. Service Six had over 30 counsellors but this included only two men, three people from black, Asian and minority ethnic (BAME) backgrounds and three people with a disability.
- Each organisation in the REACH collaboration received a funding allocation for rapid response provision. Service Six did work with young people experiencing disordered eating up to a certain point but would refer cases involving an eating disorder to CAMHS. There was a waiting list for this support. Early identification of issues that could cause eating problems was helpful.
- Service Six had a good profile in secondary schools in the county and received referrals from schools. It attended community events and had a social media presence. It would be counterproductive if the organisation built its profile and generated an increase in the number of referrals that exceeded its capacity.
- REACH had recently put some unused funding towards producing information leaflets.
- There was scope to look at how service providers raised awareness amongst young people who did not need support at that point but might do so in future.
- Mental health school teams funded by NHFT were being rolled out in Northamptonshire. NHFT was also funding an early intervention pilot project in schools in Wellingborough intended to provide support to young people at a younger age.
- The Opal Project was another local initiative that provided support to young people who are self-harming as well as raising awareness of the issue. It had been founded in 2011 in Brackley by students from Magdalene College School, before being taken on by Service Six and extended countywide. The Project had two part-time staff and mostly worked in schools. Different funding streams were used to support it. It was challenging to get funding for work on self-harm as potential sponsors might not want their name to be associated with this issue.

Trustee and Counsellor, Time2Talk (T2T) (17th May 2022)

- The waiting list for CAMHS had been increasing dramatically in recent times. Voluntary counselling agencies were taking some of this demand.
- T2T had operated in Daventry for 30 years and knew the area very well. Self-harm was a significant problem. It was a way of coping with difficulties for some young people. They needed help to change this and to build their resilience.
- T2T had received 362 referrals last year, which included self-referrals and referrals from parents, GPs and schools. These referrals included 180 from south Northamptonshire: 45 from Brackley, 40 from Towcester, 16 from Silverstone, 8 from Middleton Cheney, 7 from Deanshanger and 64 from other locations.
- T2T had offices in Daventry but had the challenge of needing to hire facilities for activity at other locations such as in south Northamptonshire. Operating costs were also higher when using other locations due to staff travel costs.
- T2T had a counsellor based in Brackley and ran drop-in sessions in Brackley on two days a week. Some young people and parents did go to Daventry from other areas in order to be seen. T2T also provided remote services although this was not as good as face to face contact.
- Funding was a key issue for T2T. It received £96K core funding for the Daventry and south Northamptonshire areas, which was a relatively small amount. This funding was linked to the number of clients it saw but did not recognise the increased costs of providing services away from T2T's base.
- T2T provided a rapid response service and was able to offer young people presenting at Accident and Emergency an appointment within 3-5 days.
- T2T was operating an emotional wellbeing café as a pilot project as part of the REACH collaboration. There were currently cafes in Daventry, Northampton, Corby, Kettering, Thrapston and Wellingborough.
- T2T maximised the benefit of its funding but any increase in the current funding level would be welcome.
- She had previously been the lead for the CAMHS pathway for gender identity. More young people experiencing gender identity issues were being seen. They could be at risk from self-harm or disordered eating.
- Schools in Daventry had a good level of awareness of T2T.

Young people

Northampton Youth Forum members (4th May 2022)

- A member from Kingsthorpe College said that they had friends who were struggling with mental health issues and had been on the waiting list for CAMHS for several years. There was scepticism amongst students about seeking help for mental health issues, due to stories about waiting times for example. The member thought that previous stigma around mental health was reducing but younger children in particular had said that they were uncomfortable speaking about mental health to an adult such as a teacher. Kingsthorpe College had designated safeguarding teams and care teams but the member thought that there was not a high level of awareness about them. The member said that she knew people on the waiting list for CAMHS who had been deterred after speaking to others in the same situation who had said how difficult it was to get an appointment. The member felt that many young people just did not seek help for mental health issues and that if they did they had to go private as an alternative to going to a GP or to CAMHS.
- A member from Wootton Park School said that mental health was discussed in their school but that this was at quite a general level and did not include things like CAMHS. Students were advised about teachers who they could speak to for help but not about help available outside of school. The member thought that school staff possibly did not have sufficient knowledge of the relevant information to pass this on to students. The member said that young people went to their peers for support if they found that formal channels were not available to them. They could also relate to things shared on social media, which enabled young people to make contact with others who might be strangers to them but with whom they felt a connection.
- A member from Northampton Academy thought that young people still felt a stigma about raising mental health issues with an adult and preferred to speak to their peers. PSHE included a lot about mental health but it felt half-hearted: there was no follow-up and teachers did not ask students how they were. There should be more casual, everyday conversations about students' mental health. Support for mental health was available but young people didn't know how to access it. Support should be more visible.
- A member from Northampton School for Boys Sixth Form said that in their experience older students got less information about mental health as they were expected to know more already. However, they shouldn't be missed out. Students needed to have more information about and to be more aware of support available outside of school. The member thought that there was still a stigma about serious mental health issues. The member said that their previous school had operated a peer mentor scheme in which older students supported younger ones. This had been helpful. Mentors could pass on issues to teachers where necessary. Students found it helpful to be able to talk to a peer at their own school.
- A second member from Northampton School for Boys Sixth Form said that they felt more confident speaking to teachers about mental health issues than to peers. There was a stigma about mental health amongst students.

This needed to be addressed by raising awareness of the subject. The member thought that their school had good provision for mental health once students knew how to access it. It would be helpful to make it more of a natural thing to talk about mental health, rather than schools taking an overly academic approach to it.

- A member from Bosworth Independent College said that their school was in a different position as an independent school. It had a school nurse, who all the students knew; an external counsellor; and was due to get an internal counsellor in future. However, when a referral was made to outside services there seemed to be many blockages and people remained on the waiting list for years. Students could also be distrustful about seeking help due to concerns about information remaining confidential. The member said that issues with alcohol abuse and some drug abuse occurred at boarding schools. Some young people could miss out on the support they needed if they were not confident enough to ask for help. This could lead to further issues such as anger manifesting.

A young person with experience of using mental health services (16th June 2022)

- They had been born into a vulnerable family. Their mum had schizophrenia and was a single parent. Growing up, they had been put into inappropriate situations due to their mum's partner and had experienced exploitation.
- They had a borderline personality disorder, which caused extreme feelings and could make it difficult for them to act rationally. During an episode they would see and hear things and could not know their own name.
- They had shown signs of this condition when they were 5 years old but a GP had attributed these to an over-active imagination. They had been referred to CAMHS in 2014 but issues they were experiencing were attributed to anxiety and depression as inherited behaviours.
- They had been subject to more active intervention in 2015/16 when they were in Year 6. They had seen an occupational therapist to discuss issues affecting them and their emotional state. At the time they had felt overwhelmed and did not know why they were different from other people. They were hearing voices, which seemed real to a 10 year old who did not know any different.
- They had been admitted to a psychiatric facility for the first time in 2018, aged 13. Patients were generally 15-16 year olds. It was a very strange experience for a younger child and the facility had not seemed to know how to deal with them: the education provision had been for someone older.
- When adolescents with mental health conditions were brought together in a secure facility it could lead to a situation in which individuals encouraged each other in negative behaviours or responded negatively in that environment. For example, when a patient saw an alarm system being used to call for support for someone in crisis they could see using this as a way of getting attention. A more discrete response would be better.

- Their experience was that if a person with a mental health condition did not help themselves no one else could. The individual also had to recognise the need for help in order to ask for it.
- Issues affecting an individual should not be generically ascribed to causes such as hormones but should receive a more considered response.
- They had experienced a gap in the support available between low-level services focussed more on wellbeing and admission to a secure facility. There should be a middle level of response available.
- They had only seen an advocacy service when they had been a patient at Berrywood Hospital, Northampton. They had been able to meet with an advocate and discuss issues that the advocate could then raise with a doctor on their behalf. However, their experience was that medical professionals could give less weight to matters if they were not raised directly by the patient concerned.
- Healthcare assistants (HAs) tended to work with particular patients. Other patients could see this as favouritism. They had once damaged a secure facility after another patient wound them up by saying that they were attracted to an HA.
- HAs should have more training and understanding of the range of different mental illnesses and could how these could affect an individual.
- They had seen some individuals in secure settings who did not require this level of intervention and so were taking up a place that could have been better used for someone else. Effective professional assessment to give the right help to the right people was important.
- They had had three long term support workers. They felt that only one of these had really helped them and this was because they had gone beyond the requirements of the role. Other workers had approached the role as a 9-5 job. Support should be provided by compassionate people who dealt with patients as human beings and did not just focus on process. Services should also provide a consistent standard of support to all users.
- They had understood until the previous year that they had a borderline personality disorder and had been given information, treatment and medication for this condition. However, when a social worker had checked their records they found that this condition was not mentioned and that it would be treated as an emerging condition until they were 18 years old. There should be a more nuanced approach than this to questions of whether a young person's brain was still changing or it could be confirmed that they had a condition.
- They now dealt with their condition by recognising and accepting that they acted differently to other people. They had changed their medication as part of this, coming off medication that numbed their feelings and seeking to get used to having heightened feelings and emotions at times. They had medication that they could take when needed. They were able to recognise the physical signs of an impending episode and take medication. They were also able to talk to themselves about their behaviour and step out of their immediate situation. These approaches worked for them.

- Young people always talked to each other. When individuals with mental health needs were brought together in a secure setting this could lead to trauma bonding based on shared difficult experiences. A friend with their own mental health needs could also not be strong enough to provide support in difficult times, which could leave a young person with no friends when they most needed them.
- Young people in a secure facility could learn from each other the right things to say about their state of health in order to get discharged. Staff should be able to spot when a patient was doing this.
- The mental health support they had experienced had put significant emphasis on prevention but there should be more emphasis on people learning to cope with their conditions. The effect of advice on different people should also be considered: for example, advising someone at risk of cutting themselves to make sure that they used a clean blade could be taken the wrong way.
- There should be more use of specialist staff and less use of bank staff in supporting young people with mental health needs: a ratio of 4 bank staff to 3 permanent staff reduced service effectiveness. Bank staff were likely to have limited information about a young person in crisis.
- Their experience was that information about The Lowdown and Service Six was available in local schools and there was awareness about the services that they offered. Schools usually had a counsellor but their experience was that they were better at supporting young people with lower level issues such as stress around exams: a counsellor would not necessarily know how to deal with serious mental health needs.
- A young person had a physical assessment when they were taken into care. They could also have a mental health assessment.
- When they had been a patient at Berrywood Hospital they had been able to gain access to medicinal drugs on-site and take an overdose. It was possible to smuggle in drugs if searches just involved a pat down. Patients could learn ways around security measures from each other: for example, a woman could say that bra underwiring had set off a metal detector.
- They had been subject to a strip search when being admitted to a secure facility. This was very difficult for a young person who had experienced inappropriate relationships. The use of scrubs and metal detectors could be a helpful approach. They had been able to get a laptop into secure accommodation as searches were not carried out after visits on hospital grounds.
- There seemed to be a sense in current society that individuals all had some sort of mental health issues. The criteria for getting access to mental health support seemed to be a lot stricter once a person was over 18 years old.
- Their own experience gave them the impression that when young people were put on the waiting list for CAMHS it could be with the hope that they would ‘grow out’ of issues or that parents might say that they were just going through a phase. People now thought that they would only get help if they

were at a crisis point. Equally, if someone called the crisis team threatening to kill themselves the response would be to try to dissuade them.

School representatives

Deputy Head Teacher – Secondary and Designated Safeguarding Lead, Danetre and Southbrook Learning Village (DSLV) (7th April 2022)

- The DSLV trust had invested in mental health first aiders but provision had been delayed due to the pandemic and a postholder's maternity leave.
- There was a more fundamental issue that mental health provision was reducing and schools were being asked to fill the gap on top of their core education functions. Dealing with mental health needs was also demanding for the staff members involved. It could be helpful for this function to be carried out by a team outside of schools.
- DSLV took an approach based on supporting student resilience, which sought to help students to develop their ability to deal with difficulties that could occur at that point in their lives, whilst also recognising those with particular mental health needs.
- CAMHS was very stretched and under-funded. In one case, she had a student who was a suicide risk but was not getting guidance from CAMHS about a safety plan. When she was able to get through to a CAMHS worker they had been excellent and had risk assessed the case and used their experience to produce an action plan. Her own understanding of how to risk assess young people had also been enhanced by speaking with a CAMHS worker.
- The tiered approach to mental health provision was misunderstood in schools. CAMHS was not intended to provide support at the lowest level of need. However, some provision at this level was needed. This would reduce the risk of school staff members overreacting and judging risk excessively, which could cause the family of the young person to react in a similar way. Teachers needed to judge risk appropriately and refer a young person to the right level of support.
- DSLV had its own triage process to assess a student with mental health needs and to respond to these. This was intended to involve initial support but could include plugging gaps caused by a lack of capacity in other services.
- Ofsted did consider the pastoral care provided by a school as part of the inspection regime. There was a significant focus on students' personal development. Safeguarding reviews could also pick up any relevant issues. There was a planned long term curriculum for PSHE.
- DSLV used Adventure Ways to provide outdoor learning and development activities for its students, within the resources that the school could make available for this purpose.
- More attention could be given to the role of parents in providing support for young people's health and wellbeing. As an example, social media now gave young people far greater access to information about troubling issues

and could also be used for bullying. Parents could benefit from knowing more about using social media safely. This would be helpful to schools. Previous activity of this kind had been interrupted by the COVID-19 pandemic.

- DSLV was an all-through school and provided similar mental health support to students at primary and secondary ages.

Head of Year 11 (North Campus), Senior Mental Health Lead, Elizabeth Woodville School (EWS) (7th April 2022)

- It seemed that it was currently only possible to obtain support for students with mental health needs when those needs reached a certain level.
- EWS had two campuses. There was a mental health first aider on each campus. However, EWS had little to no budget to pay for this role. Staff members were asked to volunteer for it, which added to demands on them and meant that EWS had to train a replacement if the staff member carrying out the role left. It would be very beneficial to have a mental health first aider in all schools, rather than schools needing to use existing staff to carry out the role.
- There were not school nurses in all schools. It was understood that they had been redeployed during the COVID-19 pandemic and were not back in-place.
- There seemed to be a missing layer of support between schools and CAMHS. The threshold for CAMHS services seemed to have risen to the point where it would only take a young person if they had attempted to take their own life.
- There needed to be clarity about whether providing mental health support was part of schools' remit or not. If it was then this should be reflected in the curriculum, by allowing an appropriate amount of time for personal, social, health and economic education (PSHE) and by providing resources for school nurses.
- It should be recognised that it was normal for young people to have days when they could experience significant emotions and that this was not a situation that required mental health intervention.
- Before the pandemic EWS had a pastoral support pack that provided information on services available to help young people. This needed to be updated. The school website also directed people to relevant information.
- Teachers were seeing the need to have frank conversations with parents about responding to young people's mental health needs. Parents could raise mental health issues with the school as they thought that a referral from a professional was more likely to be productive. Teachers were now having to say that parents should make a referral themselves.
- Schools were now in a middle ground where they were subject to demands relating to providing mental health support but were not formally responsible for this. There needed to be a clear decision, potentially at national government level, about what schools were expected to do.

- Increased class sizes had not been a feature of her general experience of working in schools over the past 7 years, although it had been necessary to put together classes during the COVID-19 pandemic. There had been an increase in self-harm amongst young people before the pandemic.
- Teenage girls and boys who were questioning their sexuality could be more likely to stop participating in sporting activity that could support their health and wellbeing. There was scope to do much more work aimed at helping young people to stay involved in sports that they enjoyed.
- The other senior mental health leads on the training course that she had attended were all from primary schools, which was a positive indication regarding provision of support at that level. However, the role was not mandatory, there was not a specific budget for it and it relied on a member of staff being willing to do it. In many schools the designated safeguarding lead was also the mental health lead.

Occupational Therapist and Senior Mental Health Lead, The CE Academy (7th April 2022)

- Schools were asked to carry out a role in promotion, prevention and targeted intervention regarding mental health.
- Core CAMHS was set up for moderate to severe mental health needs only. Mental health school teams were currently being trialled in parts of Northamptonshire, as a means of providing the additional tier of support that had been mentioned. The mental health school teams used education and mental health practitioners to deliver short term early interventions. Practitioners completed a one year university course. The mental health school teams did not deal with promotion, prevention or targeted intervention or with young people experiencing mental health issues due to their social environment: there were still gaps in overall provision.
- The CE Academy had 8 sites across Northamptonshire and supported a relatively low number of young people with higher individual needs. It had identified that there was a significant gap in the mental health support available to it and she had been employed to help to address this. Her role was focussed on promotion, prevention and targeted intervention. A mental health first aider also provided support at a crisis point to prevent this from escalating further. The CE Academy had a budget for this, although it was not certain how long this would continue.
- Many young people referred to CAMHS experienced a two-year wait to be seen. Her role helped to bridge some of this gap. She had been able to build a good relationship with Core CAMHS.
- Teachers were being asked to carry out roles that went beyond teaching but this was not reflected in the national curriculum. If the education sector was required to carry out additional functions schools should be funded for the staff needed. However, this would require a significant change in outlook and budget. There were existing services that could be used but there was a long wait for them.

- The CE Academy used an approach that helped young people to identify when issues they were experiencing resulted from normal feelings and where to get support about this.
- The gap in provision that could cause particular frustrations for schools related to targeted support.
- The need to complete a greater range of training now than in the past could be another factor that affected the amount of deployable CAMHS capacity.

School Counsellor and Mental Health lead, Campion School (28th April 2022)

- Her role at Campion School focussed on counselling. The school's safeguarding lead did make referrals to mental health services and there was a significant waiting list. Campion School also worked with the Lowdown, Service Six and Time2Talk: the Lowdown had provided excellent support.
- Mental health and wellbeing issues were having a significant impact on young people in her experience. This included issues connected with anxiety, self-esteem, body image and eating. These needed to be addressed earlier with a focus on preventing issues from arising.
- Schools should engage and work with different young people in different ways. For example, a young person who did not like a particular subject could prefer to miss a lesson and be given detention than to attend.
- School staff members were not mental health professionals but they should consider how they could support the whole child not just how they supported them academically. Supporting wellbeing also helped young people to succeed academically.
- Students experienced difficulties resulting from the pressure to perform well at exams. There should be a more differentiated approach that focussed on students achieving at a level that reflected their individual capabilities, not aiming for perfection.
- Young people needed structure and boundaries but should also be offered choices in school that engaged and enthused them. For example, dance was no longer offered as an option but it was a physical activity that supported wellbeing. Schools should offer students options such as dance or even going for a walk rather than taking a prescriptive approach to PE.
- Girls tended to prefer gym activities rather than sport, whereas boys could find sport a release.
- Mental health should be woven into all subjects taught in school, for example, by looking at how the brain functions in science.
- She had one-to-one sessions with 25 students in a week. The risk that some students who needed support would not be identified remained a concern. Campion School used various in-school measures with students, including individual safety plans and time-out cards. The school had just introduced a drop-in wellbeing room where students could go for a chat and student wellbeing ambassadors, who received safeguarding training and were able

to speak to their peers about issues affecting them. The school did well with the available budget, although this was not enough.

- Campion School had used an outside expert to deliver sessions for students on anger management and dealing with bereavement.
- Campion School did not have a school nurse on-site full time. A nurse did come in to deal with cases referred to them: for example, the nurse had provided support to students on weight issues.
- Young people needed to face anxiety not to avoid it but to do so in a supported way. They should be subject to rules and consequences but ones that would move a situation forwards. She believed in restorative practice and thought that it should be used more widely.
- Campion School used the 0-10 approach, which asked young people to use this scale to say how they were feeling. This was good for people who might find it difficult to express themselves and provided a basis for discussing what could be done to improve a young person's situation.
- Communication, empathy and relationship-building were key to working with young people.
- Young people who could benefit most from after-school clubs or even detention as an opportunity to speak to someone who could provide support could be precisely the ones who were not able to participate, for example, if their parents could not or would not pick them up after school.

Director of Wellbeing, Northampton Academy (7th July 2022)

- Northampton Academy had been on a transformative journey over the last 5-6 years. Previously, behavioural problems were not managed, there were teaching quality issues. The current Head Teacher was keen to build a "school of character" and the school had since been awarded the Kitemark Plus Award for Character Education.
- The school had a challenging cohort of students as it was located in an area of deprivation. However, it had created an aspirational environment. The school was part of the "Nucleus Programme" for gifted young people from the Eastern District; last year the first group of students went to university, including medical schools, Oxbridge and London universities.
- He was a member of the leadership team as well as the safeguarding lead and oversaw the Wellbeing team. A full-time counsellor was employed who saw around 22 students per week, a full-time EHA officer (more than 60 students were currently under the EHA system under tier 2 support), and a member of staff responsible for providing wellbeing support to students. The team was looking to recruit an additional member of staff to reach out to students with poor attendance, in order to identify any issues and re-engage them with education before they were classed as "school refusals"; it became more difficult to offer support once this point was reached.
- It was very apparent that mental health needs amongst students were increasing. Over 2 years there had been a 30% increase in students accessing support for mental health for a range of reasons – self harm,

social anxiety, anger management, low self-esteem, and increasingly, gender identity. Students generally saw the school as very inclusive – a recent pride march was very well received. It was challenging to know how best to deal with a lot of issues and students were “triaged”. The Wellbeing team met weekly to discuss students referred to them and put in some form of intervention if needed. Students sometimes didn’t want to engage and some were in need of more bespoke support, for instance if they had not been in school for a long time. When all avenues had been exhausted it could be difficult to get further support.

- Northampton Academy had 1,458 students in years 7-11; 260 sixth form students; and around 220 staff members.
- His role also included working with staff members. Staff could face daunting situations when dealing with young people with mental health needs as well as wanting to do the right thing when approached for support.
- The consent of students and parents was always sought before any intervention took place. The only exception was when working with sixth formers who were over the age of 18, or Gillick competent.
- It was a challenge that when the school had tried everything it could to deal with issues affecting a young person it could be very difficult to get any further support.
- MASH referrals for serious situations beyond the school’s levels of support were sometimes bounced back, with requests to open an Early Help Assessment (EHA) before anything can progress. This was a time-consuming process that diverted capacity away from other uses. The school was currently leading on EHAs for 17 students and had another 39 students who were subject to EHAs led by other agencies, usually the primary school attended by a sibling.
- Northampton Academy had sent 12-15 students to a youth centre that the nearby Emmanuel Church had run for approximately 6 months in 2021. The students had benefitted from the structure and positive interactions with peers and adults. More youth work would be welcome and the positive impact was likely to be significant for the students. Youth activities should start as soon as possible after the end of the school day.
- The makeup of the Northampton Academy student body was 57% white British and the remainder were from other backgrounds. However, 82% of students who were seeing a counsellor were white British: it was noted that white British families were more willing to discuss problems. Some cultural backgrounds were unwilling to engage, which was a barrier that was not easily overcome. The school had reasonably diverse staff but the teaching profession overall was largely white British. Northampton Academy had a black member of staff who came from London who had recently trained as a Designated Safeguarding Officer. He was regularly approached by black students as they found him easier to identify with.
- Finances were always tight but Northampton Academy had a very viable financial model and invested heavily in Special Educational Needs, safeguarding, and wellbeing. This reflected that it had a good understanding of the local area and the needs of its students. Students’ progress was

carefully monitored, and successes were celebrated. Contact with parents happened on a regular basis.

- There school's learning support assistants included individuals who spoke a good range of different languages: they could be used for to support communication between staff members, students and families, for example by translating letters to parents.
- The school offered student drop-in sessions every day at lunch time. The school used CPOMS (Child Protection Online Management System) to record information or concerns about individual students identified by teachers, which was available to key members of staff. This enabled staff to spot patterns in terms of behaviour or any safeguarding issues.
- The school had five learning managers, who were non-teaching staff whose involvement with students was purely pastoral. They worked on a cycle and would be with students from year 7 to the end of their education at the school. They were also well-placed to identify any issues affecting a student. Staff members would always communicate with a student's family when responding to issues. Instances of bullying were taken very seriously by staff. CPOMS and the learning managers generated the majority of referrals to the Wellbeing team.
- The COVID-19 pandemic had accelerated demands that were likely to have arisen in any case, with factors such as the growth of social media and increased open discussion in society about mental health issues. Demands that might have occurred over 5-6 years had instead been condensed into two years.

Child Protection Coordinator, Deputy Designated Safeguarding Lead and Social Emotional and Mental Health Lead, Northampton School for Boys (written information considered on 17th May 2022)

Initial interventions

- Form tutors are there to support the pastoral needs of the children in their form, they meet with the form group every morning and teach a lesson of PHSE each week.
- Each year group has a weekly assembly on various topics that link in with PHSE programmes – this will include a focus on mental health and wellbeing.
- We create resources for all the awareness days and weeks - national and local as well as children's mental health week including Talk Out Loud. Two of our Sixth Form students have been involved in the Talk Out Loud working party liaising with the NHS about the support needed for young people in the district. Students from ethnic minorities have also given feedback about what resources are needed for specific communities and why ethnic minority students access help less than their peers.
- The year team leader has responsibility for both the academic and pastoral care of each year cohort of students.

- This team links in with the safeguarding and the Social, Educational and Mental Health (SEMH) team.
- The SEMH team works on targeted support throughout the school, support ranges from general wellbeing advice and guidance to all students, self-care programmes and information on effective strategies for continuing good mental health.
- When students have emerging needs, the student, any teacher, or parent can report that concern through our local learning portal. Once a need has been identified or reported this will be assessed and supported.
- The school has an additional intervention team that comprises specialists in SEND and SEMH. There is an Emotional Support Assistant (ELSA) who can work individually or in groups with students who have emerging mental health needs – this is a six-week programme and helps to start the journey of support available in the school.
- If this is not an appropriate intervention, then the student will be guided to alternatives. The school works closely with the School Nurse and 0-19 services who can direct them to support services through the NHS and complete direct work.
- In addition to that there are a range of services the school can link in with such as Young minds, the Lowdown, Service Six, Kids Aid, and Community Initiative to Reduce Violence. Links to these services are strong within the county and various levels of support can be accessed through these organisations.

Specialist support

- The school employs two counsellors for specialist mental health support within the school, these members of staff work with students with identified mental health concerns such as depressions self-injury and bereavement needs. The route into this service is through the local learning portal reporting system. This system does not preclude concerns reported directly to staff, be that verbal, email or telephone. The school encourages students' parents and staff to report concerns in a variety of ways to ensure there are no barriers to reporting concerns.
- The reporting system operates on a triage basis, needs are assessed and assigned to the correct intervention according to the need. There is usually a short period of waiting time between 1 to 6 weeks. However, if there is likely to be a prolonged waiting time students are encouraged to access their GP or the 0-19 service in addition to seeking support in school.
- For more complex cases there may be a need to seek support from the specialist mental health team from NHFT, CAMHS is the direct route, and the school will work with the team to support those with more complex or acute needs.

Opportunities to strengthen existing provision

- There is always scope for additional services within the county, we as a school have created links with the University of Northampton to offer

placements for student counsellors undertaking the Masters qualifications, this has supported both the university, and the school. This link is now promoted through West Northamptonshire Council councillors and in the West Northants magazine this month.

- This need has arisen due to the increasing demand on mental health services and needs within the current school cohort following the return to school from lockdowns and social isolation or less management of young people.

Social, Emotional and Mental Health Team and Headteacher, Vernon Terrace Primary School (written information considered on 7th April 2022)

Experiences of working with children with mental health needs:

- Too much expectation on a school
- School budgets do not allow for additional staff to support children with mental health needs
- Slow support from Education, Health and Care Plans teams to action requests to support urgent cases
- CAMHS 72-hour helpline might as well not exist as the advisors simply advise for you to complete online form – no advice given
- No emergency support for children and families who have a crisis
- MASH do not take mental health crisis as a risk
- Children should be signed off for mental health illness, which will reduce exclusions
- Children's feelings not recognised or taken seriously
- Lack of support for children's mental health in crisis
- Education for families and children on their conditions
- Families, due to lack of understanding, often play down the severity of the situation.

GPs from the Brackley Medical Centre (BMC) (2nd August 2022)

- Counselling for mental health issues was available in some schools. The secondary school in Brackley had a waiting list of about 20 students.
- CAMHS did not have a presence in Brackley. Young people needing the service went to Daventry or Northampton. There was a 6-9 months waiting time for assessment.
- CAMHS dealt with young people who were quite unwell and many young people with mental health needs did not meet the threshold to be seen: even someone who has having suicidal thoughts might not qualify. A young person in this situation could be referred back to a school nurse, who was not necessarily equipped to deal with this level of need.

- They had heard from young people who said that even when they were seen by CAMHS they did not get very far. Work with young people could be done in groups, which was more efficient but not the best way of meeting some individual needs. The feedback she heard about CAMHS was generally not very good.
- Parents sometimes asked about private mental health provision for young people. GPs were not supposed to recommend providers and the BMC generally directed parents to the British Association of Psychotherapists.
- Issues affecting young people's mental health included the effect of a dysfunctional family environment; a lack of support for bereavement; and a lack of parenting and family support. CAMHS operated an advice line for young people but it gave general advice such as eating healthily and limiting screen time.
- Service Six used to have a higher profile in Brackley than at the current time and local schools used to make more referrals to them. The situation may have changed because the organisation was not based in the area.
- Group work was a good approach with some young people but others needed 1 to 1 support, particularly when talking about sensitive issues. Local provision should include different options.
- BMC had used funding from a benefactor to provide additional support to young people. BMC funded a psychotherapist to work with young people with higher levels of need; the psychotherapist had around 5 patients at a time. BMC funded a worker to go into schools to provide advice on issues like dealing with anxiety: BMC had received feedback that this had helped some young people who had previously found it difficult to remain in lessons. BMC also funded a group intended to provide teachers with skills and support to deal with mental health issues affecting young people. Ideally this would be extended to parents but funding was not available for this. The donation received by BMC had helped to make up for a lack of other provision in Brackley, but it was finite.
- Statutory service providers should not see examples of locally-led support for children and young people's mental health operating in Brackley as a reason for reducing other provision in the area. It was a concern that this could happen.
- BMC did receive feedback on referrals made to CAMHS. In around 50% of cases when referrals were not successful it was advised that this was because the young person did not meet the necessary threshold and should be referred to a school nurse. BMC also quite often needed to re-refer young people who had been seen but were still experiencing problems.
- BMC did receive guidance about the thresholds for referrals to CAMHS but these were a moving target: school refusing and self-harm could be grounds to refer 5 years ago but the threshold had increased since then. Practitioners used their experience and professional judgement when deciding whether to make a referral and it was frustrating if a patient was directed back to a school nurse if this route had already been tried. More locally-based provision that improved communication between different parts of the health and care system would help to avoid this situation.

- BMC had definitely seen an increase in children and young people's mental health issues since the COVID-19 pandemic, possibly by as much as 50%. There were increases in issues around anxiety, self-esteem and the family environment.
- The cost of counselling was around £60 per session. Psychotherapy could be more. There were relatively few counsellors who had experience of dealing with young people and those that did had long waiting lists.
- They had seen significant increases in cases of school refusing by young people over the past 2 years, particularly amongst teenage boys. It could take a long time to assess cases with little support available after diagnosis.
- Young people were increasingly affected by feelings of not fitting in, anxiety or low self-esteem rather than depression.
- GPs could feel pressured to prescribe anti-depressants to young people. They highlighted one example involving a 13 year old who had been referred back to their GP from CAMHS.
- There was a lack of local provision in Brackley and some families were not able to travel to Northampton for it.
- There were fewer services and activities that brought young people together in society now compared to previous years.
- There seemed to be better links between schools and organisations providing support for young people's mental health and schools seemed more aware of students' needs.
- Feedback on CAMHS that they had heard from parents was that support was short-lived, involving one appointment and a follow up phone call; that therapists changed repeatedly; and that there was a long time between support sessions.
- If a young person had a bad experience with mental health support it could exacerbate issues such as anxiety.
- The ideal service would involve locally-based, face to face support provided continuously by one well-trained person.
- Extensive use of social prescribing was not worthwhile if those involved were not trained to deal with needs at the level presented by some young people.

Youth Development Manager, Northamptonshire Association of Youth Clubs (NAYC) (28th April 2022)

- NAYC supported community-based activities for young people. These activities were mostly run by volunteers who were affiliated to NAYC. NAYC was self-funding and was affiliated to the national organisation UK Youth. It now had around 90-100 affiliated groups. There had been around 200 prior to the COVID-19 pandemic, which had caused many groups to close.
- Youth work was about supporting young people through challenging times in their life.

- He had seen mental health issues affecting young people when he had worked in schools 20 years ago. At that time the waiting list for CAMHS had been around 3-4 months and schools had more pastoral capacity than they did now.
- Feedback from youth leaders – many of whom were also parents – indicated that issues with young people's mental health were worsening, particularly after the pandemic. Young people had fewer safe spaces, fewer people to talk to about issues, and faced more family difficulties. Issues related to body image and bullying were also getting worse.
- Relevant national reports showed an increase in mental health issues affecting young people. The NHS survey on the mental health of children and young people published in October 2020 found that one in six young people aged 5-16 years had a probable mental disorder, compared to one in nine in 2017.
- Re-establishing a local authority youth service in Northamptonshire would assist in supporting young people's mental health.
- Investment in prevention was needed. There was good evidence that youth clubs supported young people's mental health by offering a safe space and access to information and other sources of help. A young person who was able to speak to a trusted adult could turn their situation around rather than issues getting worse.
- NAYC offered Mental Health First Aid training to its workers.
- Current gaps in youth club provision in West Northamptonshire included Towcester and Brackley, which both had dedicated youth centres that had closed since the pandemic. In Daventry the Phoenix Youth Centre had also closed. It was possible to turn a community venue into a youth space but it needed to offer a certain level of service not just an hour a week. Providing a counsellor alongside a youth club was also a good approach.
- NAYC had a subsidiary company that ran activity centres, which generated funding to support its work. The activity centres had closed during the pandemic and NAYC had not received significant external funding since then.
- NAYC had the skills needed to start up youth provision in an area and hand it over to volunteers to run at the right point.
- There was a lack of provision for young people in villages in West Northamptonshire. The availability of public transport could also make it difficult for young people to access available provision in the wider area.
- NAYC was currently seeking funding from Northampton Town Council for wellbeing youth cafes, which would offer a safe space for young people and access to a counsellor and trained youth leaders.
- The national charity YoungMinds provided good information and resources for practitioners, young people and families on mental health issues.
- County lines was a national issue. Drug use could be a way for some young people to cope with mental health issues, which then left them vulnerable to exploitation by criminals. There was no easy solution to county lines but the

earlier it could be discussed with young people the better: it was very difficult to connect with a young person once they were involved. Informal conversations with young people could be used to put across messages and to raise awareness of the risks involved. Young people needed to feel that they were not on their own and to be empowered to make positive choices.

- There were existing representative bodies for young people in the authority area: Northampton Town Council ran a youth forum and there was the annual Youth Summit event.
- The wellbeing café model had been developed 20-30 years ago. A wellbeing café provided initial, social support and acted as a hub linked to other sources of support available to young people. Young people were involved in running a wellbeing café with support from appropriate adults.
- Property and workforce costs represented the two biggest demands on service providers.
- NAYC was speaking with the Leader of Northampton Town Council about the availability of community spaces in the town.

Detective Sergeant, Northamptonshire Police Public Protection Team (10th March 2022)

- The most significant issue for the police relating to children and young people's mental health concerned young people in their late teens or early 20s who presented at hospital or called the police saying that they would harm themselves or had already done so. Police officers then had to attend. The same people were seen regularly. They could include young people with mental health needs, who had been in care or who had been missing persons and had experienced trauma.
- Northamptonshire Police generally had to deal with up to 10 persistent callers at any one time. These people could call every day, might know each other and knew what to say to cause police officers to be deployed. They were people who might need therapeutic support but were in an immediate crisis.
- Under Section 136 of the Mental Health Act 1983 the police had the power to detain a person who was thought to have a mental disorder and to be at immediate risk of harm. The person would be taken to place of safety – such as Berrywood or St Mary's hospitals in Northamptonshire – where they would be assessed. This could happen 2-3 times per week with some individuals if they were assessed as not being in acute need and then able to leave. However, when police officers were called out they still had to make a judgement about whether a person needed to be detained. In some cases police officers could take a person back to their own home as a place of safety, but this was not always an appropriate option.
- Support was available from a CAMHS crisis team, but a young person needed to agree to this.
- Northamptonshire Police would benefit from more having more dedicated space where vulnerable young people could be taken. There was space at the Criminal Justice Centre but it was not specifically for young people and

was subject to other demands. In some cases it could be better if a young person was not taken to police premises but there was not an alternative available.

- There seemed to be an increasing number of cases ending with the police involving Section 20 of the Children Act 1989, when parents said that they could no longer cope with a young person's behaviour and agreed that the local authority would provide them with accommodation. This included cases involving older children, who could be worse affected.
- The police street triage car that deployed mental health professionals alongside police officers had worked well. Deploying social workers with the force could be even more positive.
- The majority of cases of missing children dealt with by the force involved young people who were in the care system. The force would benefit from action that would address issues that caused children to go missing.
- There was an imbalance in that a parent had some ability to stop a child from leaving the home for their own wellbeing but there was not the same provision for looked after children. Hospitals also did not have much power to make sure that a young person stayed in a safe location once they had been taken there. These factors added to the potential for situations in which police officers needed to remain with a young person to make sure that they stayed in a safe location in order to safeguard them.
- Additional funding for services such as CAMHS to ensure that support was available for young people with mental health needs, particularly at the times when they were most likely to be needed, would assist the police. Northamptonshire Police did seek to work with other organisations involved in mental health service provision. It was recognised that young people in a crisis would call on the police if they saw this as a recourse.
- Attending police officers made the decision about where a young person in a crisis would be taken. Police officers had access to support from mental health professionals in the control room, who might be able to advise on alternative options. However, the decision was ultimately based on the risk of harm.

West Northamptonshire Council

Interim Director of Children's Services (4th August 2022)

- Northampton Academy was an example of a school that put significant resources into wellbeing support for students and was working with young people who would otherwise have been referred to other agencies. However, schools did not have the expertise to help young people at tier 3 with moderate to severe mental health needs.
- The level of demand for children and young people's mental health services needed to be highlighted to the health sector. The NHS in general was focused far more on adults' than children's health.
- West Northamptonshire Council and schools might consider working together to provide extra resources for mental health support at tier 3, using

a top-slice. This would be a difficult conversation given that schools already contributed to central budgets. However, some schools might be interested in a system-wide approach on this issue.

- Schools were the key universal service for young people and should be the focus for efforts to engage with them. In practice, the majority of young people did not have issues with mental health, even after the COVID-19 pandemic.
- The key questions on this topic were what additional help was needed in West Northamptonshire regarding children and young people's mental health and how could resources be provided for this. Government funding for education went directly to schools. The West Northamptonshire Schools Forum could provide a means for having a constructive discussion about possible future approaches. However, this would need to fit in with the timetable for developing budgets.
- The resources for supporting children and young people's mental health were now held by schools, the NHS and Northamptonshire Children's Trust. Investment by West Northamptonshire Council would mean taking resources from another area. The Council could seek to work with partners to look at how to make best use of overall resources.
- Overview and Scrutiny was not likely to make progress if it made an individual case to the government about the need for additional resources to support children and young people's mental health. It could be more productive to contact the f40 group, representing the lowest-funded education authorities in England, to see if there was any appetite for a shared approach.
- A proposal to Schools Forum seeking extra resources for children and young people's mental health services might involve a request for match-funding from the NHS.

Cabinet Member for Children, Families and Education (4th August 2022)

- It would be helpful to invest in supporting young people in the last two years of primary school. This was a stressful period for many young people as they moved to a large secondary school.
- She agreed that it was necessary to work with schools to identify additional resources to support children and young people's mental health. Schools might be amenable to this approach if they knew it would mean that support would then be available when they needed it.
- Partners needed to consider innovative and creative ways of using resources.
- The establishment of a single Director of People position at West Northamptonshire Council, and the current Director's level of involvement in the development of the Northamptonshire ICS, should also assist in improving co-ordination between services and organisations.
- She was happy to act as a link with the f40 group.

Consultant in Public Health (18th October 2022)

- A refreshed Suicide Prevention Strategy for Northamptonshire and supporting Action Plan had been launched in September 2022. This reflected awareness of the issue. The rate of suicide in the county was relatively high, particularly as some people who self-harmed did not present at Accident and Emergency. Part of the refreshed Strategy was to ensure there was a good picture of the scale of the issue.
- The refreshed Strategy included the action to establish a sub group to focus on the support packages available for young people, including in schools. This would be a system-wide approach. It would also look at ways of making it easier for young people to talk about mental health.
- Additional focus was being given to work with boys to reflect rates of suicide amongst males later in life.
- There would be an audit of all cases of suicide recorded by the Coroner in the past 3 years in Northamptonshire to produce a better picture of the issue and inform targeted action.
- Integrated Care Northamptonshire had commissioned the REACH Collaboration to provide mental health services at a 'tier 2.5' level to mitigate pressures on CAMHS. There were also some young people on the waiting list for CAMHS who did not actually need to be there, including as a result of inappropriate referrals.
- The disaggregation of the Public Health function in Northamptonshire would take some time to implement fully and some work was still be delivered on a countywide basis.
- A range of local partners were involved in delivering actions supporting children and young people's mental health under the Suicide Prevention Strategy: NHS bodies; NHFT; CAMHS; the school nursing service, which was part of NHFT funded by Public Health; the healthy schools programme, which was part of Public Health; and youth clubs.
- Action was being taken in Northamptonshire to increase mental health awareness and to develop an associated training plan. Public Health included a workplace wellbeing team that worked with businesses and there was also an adult learning offer on mental health.
- Work on mental health with children and young people was delivered in schools and was integrated into work by school nurses and the REACH Collaboration.
- Integrated Care Northamptonshire's Children and Young People Transformation Programme included an element on mental wellbeing. Partner organisations were coming together as a Children and Young People Collaborative. There was a range of local activity on children and young people's mental health, although it was always possible to do more. A key focus was enabling children and their parents to tell their story once rather than needing to do so to different agencies.

- Funding for mental health compared unfavourably to that for physical health. Additional resources were being put into mental health in Northamptonshire, based on the Mental Health Prevention Concordat.
- Public Health had a budget of approximately £1m for mental health in West Northamptonshire. This was for health promotion and prevention activity. CAMHS was funded by the NHS through Integrated Care Northamptonshire.
- Engaging with young people from different community groups and backgrounds formed part of current work. It was recognised that particular approaches needed to be taken with children who had experienced trauma, which might include former Looked after Children as well as refugees. The Northamptonshire Health Inequalities Plan set out how partners aimed to work with community groups to address health issues.
- Public Health had a community development worker who was able to link in to local community groups in support of service provision. Consideration was also being given to peer support.
- The wellbeing cafes operating in Northamptonshire were a very good initiative.
- Support for new mothers and young parents was an example of wider provision that would contribute to supporting children and young people's mental health.
- Public Health received good information on young people from schools that helped to inform service provision. Engaging with young people who were not in school was more of a challenge, particularly as the government had made it easier for parents to choose home schooling. Information on children and young people's mental health was made available for parents but they were not obliged to consider it.
- The ICN Children and Young People Transformation Programme THRIVE model had been developed to improve mapping of organisations involved in providing services and support.

Northamptonshire Children's Trust

Chief Executive (4th August 2022)

- An effective early help partnership enabling a co-ordinated response was key to providing support at the lower tiers of need. He agreed that some Northamptonshire schools provided excellent support for students' mental health and wellbeing. The challenge was co-ordinating preventative services to avoid the number of different services causing frustration. There were also significant waiting lists for some services such as therapeutic support and speech and language services, which could lead to an escalation in individual needs. There were a combination of national and local challenges involved.
- There was still a considerable amount of work to do to improve the children's social care system as a whole in Northamptonshire. This should include

increasing the focus on young people in care and care leavers, given their particular need.

- Northamptonshire previously had a therapeutic support team that worked in children's homes until 2016. Therapeutic support that could operate in residential facilities and also wrap around foster carers would support both functions.
- Tier 2 / 3 therapeutic support might involve a peripatetic offer that could support all partners with therapeutic support through an effective early help offer; and a specific therapeutic support team for children in care placements. This could help with quicker diagnosis of conditions and providing better support for children with special educational needs and disabilities and on an Education, Health and Care Plan. It might involve a dedicated CAMHS worker in each locality accessed as part of the early help partnership.
- West Northamptonshire Council no longer held the budget to provide a therapeutic team as it had done in the past. It could work to encourage a move in this direction but did not have the power to direct it.

Assistant Director – Children, Young People, Family Support Services and Youth Offending Service (4th August 2022)

- Her service area had recently held a partnership event on the emotional health of young people. The range of partners which had spoken about their work was evidence of a positive approach.
- There was currently a team that provided emotional health and wellbeing support in some local schools. If additional resources were made available through a top slice of schools budgets this could be used to strengthen this team, building on existing skills.
- Strengthening schools-based support for early intervention and wellbeing would be a positive recommendation from the scrutiny review.
- She was aware of cases when CAMHS diagnosed a child but were not further involved with them as they were stepped down to other agencies. However, parents could need continuing support in managing a child's mental health condition after diagnosis. Community CAMHS workers could also help other professionals to identify a young person's tier of need and improve liaison between different service providers.

10. Key Findings, Conclusions and Recommendations

10.1 After all of the evidence was collated the Task and Finish Panel reached the conclusions set out in this section of the report.

10.2 It is worth highlighting that the Task and Finish Panel's conclusions and resulting recommendations are largely set at a strategic level. Children and young people's mental health is a complex service area that involves a range of organisations providing specific services, with an even broader range providing more indirect support that also contributes to the achievement of positive outcomes. The Panel has sought to look at the overall picture and has made recommendations reflecting this rather than necessarily identifying detailed proposals for future services. Similarly, the Panel recognises that some of its recommendations may highlight areas that are already known. This was always likely given the subject of this scrutiny review. In these cases the Panel hopes that its recommendations as an independent scrutineer can reinforce or add impetus to work that may already be underway.

Development of overall provision for children and young people's mental health to respond to increasing demand

10.3 The Task and Finish Panel gained a clear impression from the information that it gathered of increasing needs amongst children and young people relating to mental health, even if this could have been anticipated. Expert advisors were all seeing increased needs from their different perspectives. They highlighted the range of factors contributing to this, including existing pressures on young people in modern society; the impact of the COVID-19 pandemic and lockdowns; and more specific issues such as the experiences of children and young people coming into the authority as refugees.

10.4 The Task and Finish Panel recognised that an increasing general trend does not mean that individuals' needs are necessarily at a severe level. However, the situation increases the risk that needs will escalate to this level if not identified and addressed appropriately. In addition, Northamptonshire is working from a recent position in relation to hospital admissions of young people resulting from self-harm that compares unfavourably with other areas.

10.5 The Task and Finish Panel noted that local services supporting children and young people's mental health are delivered by a range of different statutory and non-statutory organisations, from the NHS to voluntary and community sector groups. Some services are delivered on a countywide basis; some in particular areas only. The Panel was left with the impression of a complex overall 'system', which increased the risks of services becoming splintered in practice, of children and young people falling between different organisations, and of opportunities to intervene early being lost. The Panel felt that a complex and variable approach to service provision also does not help potential service-users to understand how and where to access services.

10.6 The Task and Finish Panel ultimately raised the need for a more coherent strategy for children and young people's mental health services in West Northamptonshire. The Panel was concerned at the risks inherent in there being no single agency with overall responsibility, and accountability, for meeting these needs. The Panel emphasised that failing to provide effective support to children and young people with mental health needs will go to the heart of organisations' fundamental aims, such as the vision in West Northamptonshire Council's Corporate Plan to make the area one where children are given the best start in life and vulnerable children are supported and protected. Pressures on individual service providers will also continue to be greater if there is not a robust collective strategy for using overall resources.

10.7 The Task and Finish Panel considers that the Integrated Care System model provides an opportunity for a step-change to address these points. Integrated Care Northamptonshire is intended to embody a collective commitment to joined up working towards common objectives, relating to children and young people's mental health as much as other priority areas. Structurally, ICN could also offer more ownership and oversight of services that involve such a range of different providers. The Panel urges that this opportunity is maximised.

10.8 The Task and Finish Panel encourages that a long term strategy for the provision of children and young people's mental health services in West Northamptonshire developed by ICN should be directed towards authority-wide provision through a locally-focussed model. The Panel is keen to see effective initiatives such as the Espresso Yourself wellbeing cafes rolled out into all of the main areas in the authority. Services should be delivered from locations that encourage young people to attend and the Panel felt that local councillors might assist in providing relevant local intelligence. Services should also be informed by a good understanding of who is using them and potential barriers to access: the Panel heard from one school representative who provided information that young people from BME groups made up a high percentage of their total number of students but a low percentage of the students accessing support for mental health needs.

Recommendations:

A) The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people's mental health in West Northamptonshire that incorporates the following principles:

- Local access to services throughout the authority

- No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis

- Delivery of services from locations that encourage young people to use them

- Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations

- Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.

- Effective oversight and leadership of an overall offer that involves a range of different service providers.

Ability of core Child and Adolescent Mental Health Service to meet demand

10.9 The Task and Finish Panel concluded that the core CAMHS function in West Northamptonshire is under significant pressure and needs help.

10.10 The Task and Finish Panel heard at the start of the scrutiny review from the senior manager at Northamptonshire Healthcare NHS Foundation Trust that the number of referrals to core CAMHS had increased by 180% in the past two years and about increases in the waiting time for appointments. At the start of 2023 the CAMHS website advises that it aims to provide an initial assessment within 13 weeks of receiving a referral but that this can take longer. Expert advisors who spoke to the Panel during 2022 referred to young people ultimately waiting up to two years for treatment. The Panel felt that a service that involved an excessive waiting time to receive support is not a working service. School staff members and GPs who spoke to the Panel had different experiences of the quality of service provided by CAMHS. There was also a perception that the threshold for access had been raised over time. Young people who spoke to the Panel commented that perceptions about long waiting times could put people off from seeking assistance for mental health issues.

10.11 The Task and Finish Panel recognises that this is not only an issue in West Northamptonshire and heard, for example, that there are national pressures on the workforce for children and young people's mental health. However, the Panel raises the need for a long term plan to put core CAMHS on a better footing. The Panel would like to see more locally-based provision. This would also help to strengthen working relationships with key partners such as schools or GPs and to support understanding and good communication on areas such as the thresholds for a young person to be referred to core CAMHS.

10.12 The Task and Finish Panel considers that this approach to future provision can link into the Local Area Partnerships (LAPs) that will form part of the structure of Integrated Care Northamptonshire. There are due to be nine LAPs in West Northamptonshire, five in Northampton and four in Daventry and South Northamptonshire. They will each be responsible for leading the design and delivery of integrated care systems in their areas, bringing together the NHS, the local authority, voluntary and community sector bodies, residents, and other community partners that contribute to supporting health and wellbeing. The Panel understands that LAPs will be given a degree of autonomy to identify their own priorities to reflect issues in their particular area. The Panel recognises the aims and potential benefits of a locally-led approach. At the same time, it considers that children and young people's mental health is an

issue that should represent a priority throughout the authority. All LAPs would also need to support the implementation of the whole-system strategy for children and young people's mental health recommended at paragraph 1.6 in the report. The Panel therefore proposes that all LAPs should include this issue in their adopted priorities.

10.13 In commenting on the capability of the core CAMHS function in West Northamptonshire the Task and Finish Panel recognises that the services it provides are intended for children and young people with moderate to severe mental health needs; those at tier 3 in the diagram at paragraph 6.1 in the report. During its information-gathering the Panel heard about good examples of services and support being provided in Northamptonshire, for example through the REACH collaboration, at what might be called the 'tier 2.5' level, that is between targeted services at tier 2 and specialist community CAMHS at tier 3. The Panel saw how this action could help to manage some demand on core CAMHS, by supporting children and young people with mental health needs that did not reach the threshold for CAMHS but might escalate without some intervention or by supporting others whilst they were waiting to access CAMHS. The Panel encourages the continuation of this approach. However, the Panel also emphasises that it is not proposing this as a solution to the need for an effective whole-system approach to children and young people's mental health provision or for the fundamental issues affecting core CAMHS capability. If members of the public or professionals see CAMHS as their only recourse then high demand will continue. If core CAMHS does not have the capacity to provide services in a reasonable time to those children and young people who do require support at the moderate to severe level of need, they will continue to be poorly served.

Recommendations:

B) The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:

- Maximising capacity to meet future demand and to reduce waiting times to an acceptable level

- Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.

C) The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.

D) The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and

school and youth counselling (tier 2) and specialist community CAMHS (tier 3).

In-patient mental health services for children and young people

10.14 The scope for this scrutiny review was focussed on the lower-level services and support available to support the mental health of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm. The Task and Finish Panel therefore did not seek to consider in-patient services for people with severe or highly complex needs. However, during its information-gathering the Panel was able to hear from a young person with direct experience as a mental health service user in Northamptonshire and in other area parts of the country. This included experience of in-patient mental health care.

10.15 The young person who spoke to the Task and Finish Panel volunteered to do so and the Panel was impressed both by what they said and the way that they spoke to councillors. Although some of their information proved to be outside of the specific focus for this scrutiny review the Panel wishes to ensure that it is relayed to the relevant service providers, to inform them and so that it can be acted upon as necessary.

Recommendations:

E) The People Overview and Scrutiny Committee to agree that information given to the Task and Finish Panel by a young person with direct experience as a mental health service user be sent to Northamptonshire Healthcare NHS Foundation Trust.

Children and young people's mental health and the police

10.16 The Task and Finish Panel heard from a representative of Northamptonshire Police about practical demands on police capacity connected with children and young people's mental health. The Panel was advised that police officers were required to attend if an older teenager or young adult presented at hospital or called the emergency services saying they had or were going to harm themselves. The same people could be seen regularly. Police officers could need to conduct an individual to a place of safety, which might involve remaining with them until this could be done in order to safeguard their wellbeing. Northamptonshire Police did not have dedicated space for accommodating vulnerable young people. Taking a young person to police premises might also create a misapprehension about the reasons for this.

10.17 The Task and Finish Panel recognises that there are a range of factors that might contribute to a young person reaching a crisis point that brings them into contact with the police. This can include factors that are outside the scope of this scrutiny review. However, the Panel did not want this aspect of its evidence-gathering to be lost. The Panel therefore highlights that the development of effective overall provision for children and young people's mental health should

involve considering how other partners and Northamptonshire Police can best work together on this matter.

Recommendations:

F) The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire and Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.

Support in schools for children and young people's mental health

10.18 The Task and Finish Panel took a strong impression from information-gathering of the particular impact on schools of providing support for increasing mental health needs amongst children and young people.

10.19 The Task and Finish Panel saw one example at Northampton Academy of a school that operated an extensive non-teaching support function. Not all schools are in the position to do as much and it was highlighted that schools do not necessarily have a budget to fund roles such as mental health first aiders, meaning that staff are asked to fill them on a voluntary basis. In all cases, the Panel was conscious of how far schools are being asked to provide support for students' mental health on top of their core education functions and within existing resources. Practical demands do not match up to formal responsibilities, curriculum priorities and funding.

10.20 The Task and Finish Panel felt that representations should be made to the government about the effect of this situation. Rather than acting unilaterally, West Northamptonshire Council should approach the f40 group, representing the lowest-funded education authorities in England, to seek to make a collective case about the inadequacy of current resources to support children and young people's mental health and the impact of current demand pressures.

10.21 The Task and Finish Panel saw examples of existing and previous good practice in Northamptonshire concerning support in schools that should be built upon in future. The Panel heard that mental health school teams being rolled out were proving to be effective. On the other hand, it understood that since the COVID-19 pandemic there had not been school nurses in all schools. The Panel felt that there should be access to both types of provision in all schools.

10.22 The Task and Finish Panel saw the potential for West Northamptonshire Council to pursue a discussion with local schools about the scope to use their resources collectively to fund additional support for children and young people's mental health. This might be done using a top-slice from schools budgets. Resources contributed in this way might be used for different purposes that would reflect the overall aim: enhancing 'tier 2.5' support, local therapeutic support or the existing emotional health and wellbeing support teams operating in some schools. The Panel recognises existing financial pressures on schools

but considers that a system-wide approach on this issue might help to manage a situation that is already generating practical demands on them.

Recommendations:

G) The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.

H) The Cabinet to agree to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.

I) The Cabinet to agree to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.

Information about mental health and wellbeing for children, young people and their families

10.23 In carrying out this scrutiny review the Task and Finish Panel has frequently looked at bodies, such as schools or GP practices, who act as a link between children and young people needing support for mental health and the services providing this. It is clearly essential that the professionals concerned are sufficiently informed and equipped to direct children and young people and their families to sources of support. At the same time, information-gathering has brought home to the Panel how important it is also to consider what information on services and support is produced for children, young people, parents and guardians themselves.

10.24 Young people who spoke to the Task and Finish Panel highlighted the extent to which young people turned to their peers for support on mental health and wellbeing issues. This could occur if other routes were not, or did not seem to be, available to them. A young person might still feel a stigma about raising mental health issues with an adult. Peer support might be organised, for example through peer mentoring schemes in schools, or informal through making a connection with someone on social media who was sharing a relatable experience. Professionals who spoke to the Panel commented that more attention could be given to the role of parents in providing support for young people's mental health and wellbeing. This would reflect, for example, the dangers that could be connected with social media use.

10.25 The Task and Finish Panel recognises existing information about mental health produced for children and young people and families in West Northamptonshire. It encourages that this is maximised, in order to provide clear, jargon-free information about services and support to members of the public. This should take account of examples of good practice: the Panel particularly noted the NottAlone.org.uk online directory of mental health advice and support in Nottinghamshire, which received a Local Government Chronicle

Award in 2022. The Panel felt that the development of information about mental health services and support would ideally go as far as service providers having a social media presence that could use artificial intelligence in a similar way to targeted advertising to identify young people who may be in need and provide them with relevant information and a discrete means of seeking support. Clearly the availability of resources is a key factor in the ability to do this.

Recommendations:

J) The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

Support for young people's general health and wellbeing

10.26 During this scrutiny review the Task and Finish Panel considered the role of organised leisure time activities in supporting health and wellbeing amongst children and young people, by contributing to a positive and nurturing environment, providing opportunities to build self-confidence and for self-expression and in other ways. The Panel is not seeking to suggest that this is an answer to potentially complex needs, but that such provision can play a part in creating a nurturing environment, in preventing needs from escalating, or in directing young people or their families to additional sources of information and support.

10.27 The Task and Finish Panel acknowledged that West Northamptonshire Council does not have its own youth services, reflecting the general direction within local government over the last 10 years with regard to the delivery and funding of youth services. Through its information-gathering the Panel also heard about pressures on community-based organisations providing youth activities, particularly following the COVID-19 pandemic.

10.28 Given the role of youth activities in supporting health and wellbeing the Task and Finish Panel has sought to identify what action West Northamptonshire Council might now take to improve local provision. The Panel would ideally like to see a standard offer of youth activities available to all young people on a local basis, potentially organised according to the areas served by secondary schools.

10.29 The Task and Finish Panel understands that the Council has recently started work towards the development of a new Youth Strategy for West Northamptonshire. It wishes to support this as at least a move in the right direction. On a practical level, the Panel heard about the impact of property costs on organisations providing activities for young people and questioned the potential to make use of empty Council or commercial properties to alleviate this demand. The Panel hopes that West Northamptonshire Council would look constructively at opportunities to do this directly, or to encourage partners to the same end. The Council should also seek to encourage the take up of mental

health first aid training by community groups working with children and young people.

Recommendations:

K) The Cabinet to commit to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.

L) The Cabinet to agree to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.

M) The Cabinet to support the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.

Assessing the impact of the scrutiny review

10.30 It is good practice for Overview and Scrutiny to revisit issues that have been the subject of in-depth work, to assess how its recommendations have been implemented and what have outcomes they have produced.

Recommendations:

N) The People Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

Appendix A

OVERVIEW AND SCRUTINY

TASK AND FINISH SCRUTINY REVIEW – SCOPE

1. Topic

Child and adolescent mental health and the risk of self-harm.

2. Responsible Overview and Scrutiny Committee

People Overview and Scrutiny Committee (OSC)

3. Purpose of the scrutiny review

To examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS website defines self-harm as "when somebody intentionally damages or injures their body."

Key lines of enquiry

- What lower-level services and support are available to support the mental health and wellbeing of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm? Are the services and support provided by different organisations linked together effectively?
- What specialist health services are available to support children and young people who have a higher level of need? What are the routes into these services? How accessible and how quick to respond are they in practice?
- What is the extent of self-harm by children and young people in West Northamptonshire, given previous data showing that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was above the national average? How does the latest position compare to that in similar authorities and what are the reasons for any differences?
- What opportunities exist to strengthen existing provision, if this is necessary, taking account of the current context in which service providers in West Northamptonshire are operating?

4. Outcomes

To make evidence-based recommendations to the West Northamptonshire Council Cabinet and/or other applicable decision-makers that are intended to contribute to the provision of effective services and support for mental health and wellbeing amongst children and young people in the area.

5. Approach

The scrutiny review will be carried out by a task and finish panel made up of the following councillors:

1. Councillor Rosie Herring
2. Councillor Wendy Randall
3. Councillor Sue Sharps
4. Councillor Nick Sturges-Alex
5. Councillor Muna Cali
6. Councillor Rupert Frost
7. Councillor Zoe Smith
8. Councillor Danielle Stone

The task and finish panel will make use of the standard working methods applicable to scrutiny reviews, including evidence-gathering meetings (either in-person or virtual); desktop research; targeted evidence-gathering by individual members; and site visits, as appropriate.

6. Information required

Background data

- Scene-setting presentation – overview of current services and support in West Northamptonshire; numbers of young people accessing services compared to comparator authorities and the national average; successes and challenges
- Relevant local policies and strategies
- Relevant national and local research
- Examples of good practice from West Northamptonshire and other comparable areas
- Anonymised case studies of young people's experiences of getting access to services and support in West Northamptonshire

Views from internal expert advisors

- Cabinet Member for Children, Families and Education
- Director of Children's Services and/or specific service manager
- Director of Public Health and/or specific service manager

Views from external expert advisors

- Representative of Child and Adolescent Mental Health Service, Northamptonshire Healthcare NHS Foundation Trust
- Chief Executive of the Northamptonshire Children's Trust and/or specific service manager
- Young people

- Parents / guardians
- Organisations providing services and support relating to children and young people's mental health and wellbeing
- Teachers, school nurses or other relevant school staff members
- GPs
- Representative of Northampton General Hospital NHS Trust
- Representative of Northamptonshire Police

7. Resources and support

- Democratic Services officer support for evidence-gathering and for production of the scrutiny review report.

8. Timetable and key dates

Confirmation of overall scope by People OSC	16th November 2021
Initial task and finish panel meeting	January 2022
Evidence-gathering (specific dates for meetings and other activity to be set by the task and finish panel)	January – June 2022
Approval of draft report by task and finish panel	July / August 2022
Agreement of final report by People OSC	August / September 2022
Presentation of final report to WNC Cabinet	October 2022

The scrutiny panel will report back to the People OSC should it identify any need to request a variation to this timetable or any other amendments to the agreed scope whilst the scrutiny review is in-progress.

9. Follow-up

The People OSC will review the impact of the scrutiny review 6 months after the presentation of the final report to decision-makers.

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