

Welcome

Introduction to the Day

Alison Michalska, LGA

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Anna Freud
National Centre for
Children and Families

What we'll cover today

Our purpose: To support DCSs, Lead Members and other Local Authority leaders in understanding and navigating Integrated Care Systems (ICSs)

Including:

- ☐ Understanding the formation and focus of ICSs
- ☐ Support to keep a focus on CYP
- ☐ Key questions you can ask
- ☐ Understanding what good looks like
- ☐ Drawing on the evidence



Understanding ICSs

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[Clinical support and services | Anna Freud Centre](#)



Anna Freud
National Centre for
Children and Families

Alison Jeffery – experience

- Currently working with NHS colleagues and DCSs for West Sussex and Brighton and Hove to establish a Children's Board for the Sussex Integrated Care System
- As DCS for Portsmouth 2016-2021, responsible for children's health commissioning for the Portsmouth CCG (now part of Hampshire and IOW Integrated Care System)
- Previously, as ESCC Assistant Director, Early Help and Commissioning, line managed the children's commissioner for the (then) 3 East Sussex CCGs

Who we are at Anna Freud and what we do

We are the leading Centre for Children and Young People's Mental Health treatment and research development in the UK.

We lead evidence-based research both for the UK and provide teaching and training to mental health professionals all over the world

We help Local Authorities by training the workforce and providing specialist Trauma, Early Years and complex Adolescent services for the CYP who are most in need.

We also host the National Centre for Family Hubs.



Understanding Integrated Care Systems (ICSs)

Time to think about ICS structures specifically

What are Integrated Care Systems (ICSs)

The bring together Commissioners and Providers across a local area and working closely with key partners, particularly Local Authority leaders - for collective strategic planning and commissioning.

They are designed to align and integrate commissioning (putting large budgets together to respond to needs) for NHS and local authority services to be:

- more strategic – reducing the fragmentation between social care and health economy
- more responsive to local needs and gaps – making sure Children's Services needs and risk analysis and Public Health data directly inform commissioning and service design priorities
- more innovative or agile – responding directly to the needs of CYP in local partnership
- a vision for compassionate and diverse leadership

and **more accountable for impact and outcomes**

Three Decision Making Levels: Neighbourhood – c.30-50,000 people; Place – c.250-500,000 people (likely to be local authority level); System – c.1-3m people

Provider Collaboratives have been established to enable health and social care to join up services more easily – for better outcomes and less fragmentation for CYP and families.

Ensuring the Local Transformation Plan for CYP Mental Health are robust and effective

Strategic Imperatives that link directly to LA functions

- Opportunity for a much greater emphasis on prevention and whole population well-being and health. This links to **Public Health** initiatives improve the general wellbeing of the population, but also opens up potential for **parks, sports, leisure, cultural facilities and youth services**.
- There is interest in **early intervention services**, including **voluntary and community partnership, family support**, etc to provide assistance to children and families
- There's an overt commitment to the **importance of the perinatal period** and parent/carer mental health, which supports **Early Years** and maternity development
- There's a **specific interest in Children's Social Care and Youth Offending** and their interface with Mental Health services, avoiding Crisis, creating integrated offers

What difference these arrangements are intended to make for children and young people (0-25)

- Halving still births, maternal mortality, neonatal mortality and serious brain injury in newborn babies by 2025.
- Specific commitments are included to improve outcomes for children with cancer
- Increase in support for children with learning disabilities and autism
- Improving children and young people's mental health services
- NHS spending growth in each year between 2019/20 and 2023/24 so that by the end of the period, mental health investment will be at least £2.3 billion higher in real terms.
- 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, including through schools and colleges.

Understanding and mitigating the potential strategic frailty of the arrangements

- The arrangements are vast and at times overwhelming, there is significant financial, organizational and legal change underway – focus on key priorities and the core components of good governance is essential.
- Health economy has often introspectively focused on partnership as within and between health providers and commissioners – really working with LAs requires understanding how they are structured, it is not uncommon for leaders to experience speaking slightly different ‘language’ to each other – invest time in explaining and understanding
- ICSs have often been Adult-centric – they have been required to focus on children – your leadership and guidance is crucial. You will find yourselves advocating and explaining

Patience, persistence and compassion will be needed.

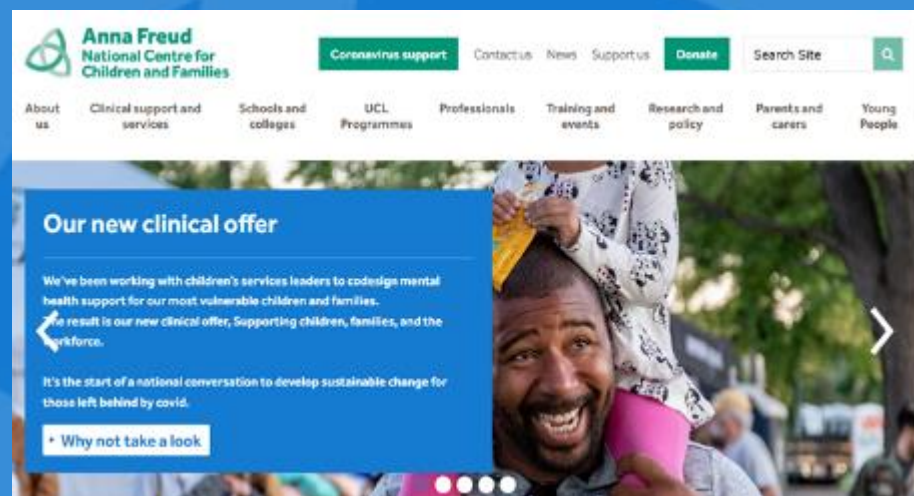
Key facts to take into discussion with ICS colleagues

To support these changes, the Long Term Plan mandates that investment in CYP mental health provision will grow faster than the overall NHS budget (and faster than total mental health spending).

Including:

- A comprehensive offer for children and young people, from birth to age 25, with a view to tackling problems with transitions of care.
- Strong focus on improving care for people with learning disabilities and autism.
- Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support.

Any questions or thoughts that you want to talk through at this point?



The mental health investment challenge – understand the history

Funding for CYP Mental Health started in 2015 – these services are often referred to as 'Cinderella Services'

Parity of Esteem is important – physical health needs often draw more investment than mental health needs, you can challenge this.

The **Future in Mind (2015) [report](#)** and **Five Year Forward View for Mental Health (2016)** set out the change in mindset and transformation required to deliver parity of esteem

Transforming C&YP MH: A Green Paper (2017) set the agenda for placing schools and colleges at the heart of early intervention

The **NHS Long Term Plan (2019)** set out changes in Governance that have led to the establishment of Integrated Care Systems, increasing investment in children's mental health services – recognising that at best 1 in 3 children gets the help they need.

Local Transformation Planning

An extra £500m was announced for mental health in the 2021 Spending Review, which included £79m for expansion of preventative services and £30m more specialist community services

Local Transformation Plans (LTP) remain the key Strategic Planning tool for you to influence. They consider the needs of 0-25 year olds.

They set out the budget for CYP mental health in your local area and how that funding will be used to respond to need and CYP experience.

The Plan should set out how the local area, including local authorities and the voluntary sector, will meet the objectives of the Long Term Plan and how those plans will be funded.

Understanding CYP MH and ICSs
All Local Transformation Plans are agreed by the Health and Wellbeing Board and are published. Corporate Parenting Panels have a specific interest in these plans.

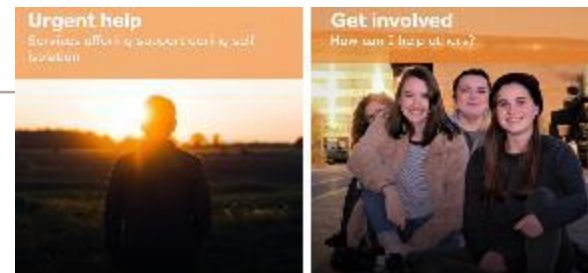
These plans have to meet a series of Key Lines of Enquiry which includes:

Increase the preventative support available in local communities and to schools

Support CYP with suicidal ideation, in Crisis and with Eating Disorders
Have a specific focus on vulnerable children and children with complex needs, including Children in Care and SEND children

What's the CYP Mental Health level of need currently?

- Mental health problems often develop early and, between the ages of 5-15, affecting one in six children - impact is life long
- Half of all adult mental health conditions have emerged by the age of 14 and 75% before the age of 24. The Royal College of Paediatrics and Child Health Prevalence Survey of children's mental health conditions in 2017 showed that the prevalence of all types of mental health issues were increasing.
- NHS Confederation analysis in 2021 suggested a further 1.5 million additional CYP need mental health support as a result of the pandemic
- Demand for Eating Disorder services increased by 104% in a year (19/20-20/21) – this has placed significant pressure on Hospitals & Secure environments
- Children in Care (CiC) have been adversely affected and the new national arrangements for CiC mental health support respond to this
- All Integrated Care Systems (ICSs) have been told that CYP Mental Health must be a priority for investment



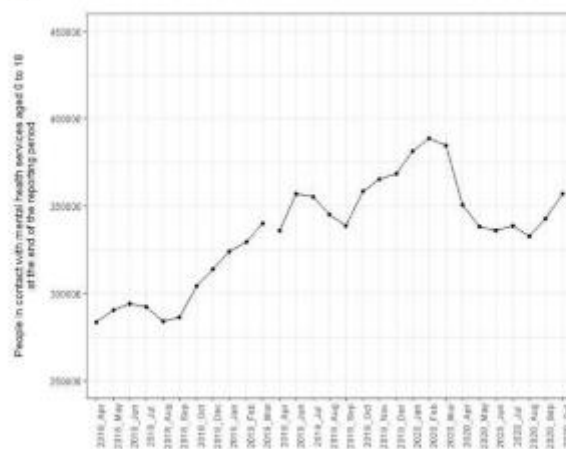
Key documents for you

Children's
COMMISSIONER

The state of children's mental health services 2020/21

January 2021

Figure 2: Monthly number in contact with children and young people's mental health services in England



Key findings:

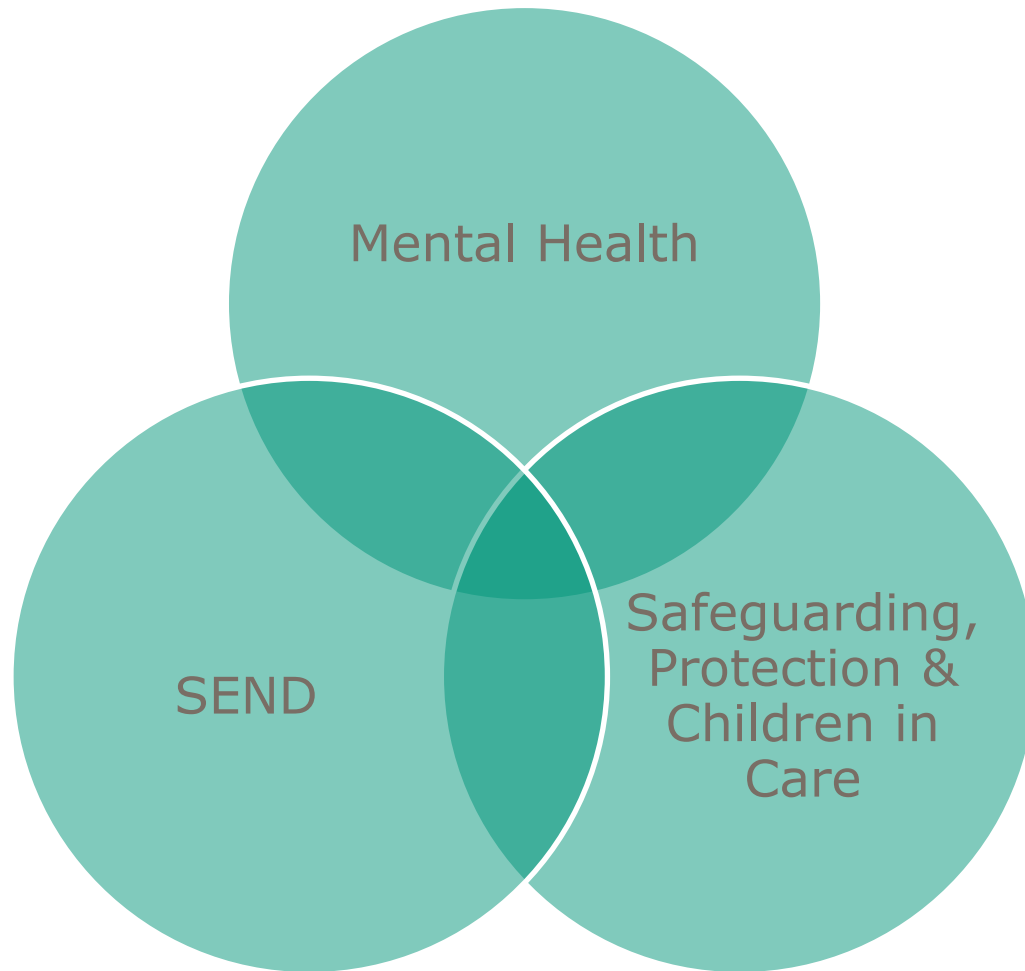
- **Access to children's mental health services is still not adequate**
- Spending on children's mental health is slowly increasing but highly variable and still inadequate
- **Postcode lottery – spend, wait times, access, treatment before closure**

<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf>

The World Health Organisation (WHO) reports

- Suicide is the second leading cause of death among adolescents in the UK
- The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities. There is a moral and economic argument for earlier intervention.
- Most at risk adolescents include:
 - ☐ those living in humanitarian and fragile settings;
 - ☐ experiencing chronic illness, autism, an intellectual disability or neurological condition;
 - ☐ adolescent parents;
 - ☐ those in early or forced marriages;
 - ☐ orphans;
 - ☐ and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.

The inter-relationship



Thinking deeper...the impact has been disproportionate....

Think Inequality –

Children living in poverty and those with experience of social exclusion, prejudice and discrimination have suffered the most

As Corporate Parents –

Children in Care had significant difficulties accessing MH support at the start of COVID lockdown – new national arrangements respond to this



The screenshot shows the NHS South East website. The header includes the NHS logo, 'South East Clinical Delivery and Networks', and navigation links: 'About Us', 'Our Networks', 'Health and Wellbeing', 'News', 'Webinars', 'Resources', and 'Contact Us'. The main heading is 'Children in Care shared agreements'. Below this is a graphic titled 'Children in Care shared agreements' with a blue and white design. To the right of the graphic, the text reads: 'In the South East senior leaders from C&P Provider Trusts, CCGs, Local Authorities and our wider partnership have worked together to create these shared agreements to respond to the mental health needs of Children in Care. Together we are Corporate Parents to our children in care and these agreements follow the child wherever they live. These agreements have been facilitated by the MHSEI South East C&P Mental Health team and set out South East Systems Leaders commitment to Children in Care in each of the following ways:'. A bullet point follows: '• Mental Health Ambition by making a promise as Corporate Parents to every child in care'. At the bottom of the screenshot, a small text box says: 'This website uses cookies to improve your experience. If you continue to use this site, you agree with this.' with an 'OK' button.

ADCS have recently sent these shared agreements to all Directors of Children's Services

Influencing ICSs

Who is sat at the ICS CYP Mental Health Board representing the Local Authority assessment of need, risk and gaps in service?

Where are the opportunities to join up the service offers – preventatively in the community and for complex children?

How can you advocate for the lived experience of children and families?

Do get actively involved in Local Transformation Planning

Making the economic case for prevention

John Bowden and Tim Eaves | 6 September 2021 | [Healthcareonline](#)



All children deserve the best possible start in life. Too many children face the kind of disadvantage that affects their development and threatens their future health and happiness. Early intervention can play a part in offering these children and their families the support they need to reach their potential.

What is early intervention? →

How do we know it works? →

Why is it good for children & families? →

Why is it good for society & the economy? →

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[Using lateral flow tests to reduce the risk of COVID-19 spread - January 2022](#)
[Following COVID-19 recovery in](#)

See Early Intervention Foundation Reports

<https://www.eif.org.uk/why-it-matters>

Key Questions to take with you into ICS dialogue

Example questions you might want to ask

How much money is being invested in CYP mental health (aged 0-25) and how does that compare with overall ICS spend?

How much of this investment is designed to increase the number of CYP receiving preventative support at the first sign of difficulty?

How much of this investment is targeted to meet the needs of Children in Care and other CYP with complex needs? How are they supported into adulthood?

How has our investment changed in response to Covid and what CYP tell us that they need – what are our local risks and how are they being mitigated?

What impact are these services having on outcomes for our children?

What does Good look like?

Some examples that might interest you

The THRIVE Framework

for system change

A set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support **in a common language** that everyone understands.

The Framework is **needs-led**. This means that mental health **needs are defined by children, young people and families alongside professionals** through shared decision making. Needs are **not based on severity, diagnosis or health care pathways**.

Download the summary [here](#).



The THRIVE Conceptual Framework



*Description of the
THRIVE groups*



Input offered



THRIVE Elaborated, Second Edition (Wolpert et al., 2016)

THRIVE Framework Key Principles



Common Language: based on the five needs-based groups

Needs-led: explicit in defining needs at any one point and what the plan or input is

Shared Decision Making: voice of children, young people and families is central

Outcome-Informed: clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved

- Discuss the limits and ending of interventions
- Consider full range of options including self or community approaches.

Partnership Working: shared responsibility, accountability, and mutual respect based on the five needs-led groupings

Proactive Prevention and Promotion: enabling the whole community in supporting mental health and wellbeing; building on strengths; proactive work with most vulnerable groups

Reducing Stigma: everyone's business

Accessibility: timely advice, help and risk support, where people are

Manchester

“The recent establishment of the GM Children’s Board will ensure we develop a coordinated approach to improving outcomes for children.”

Foreword

This children’s framework is one of the most important documents the Greater Manchester Health and Social Care Partnership will produce.



Jon Rouse,
Chief Officer, Greater
Manchester Health and Social
Care Partnership

Children and young people are the city region’s future and as it stands growing up in Greater Manchester is more challenging than in most parts of England. It is vital we



Focusing on children and young people first –as a preventative life-long strategy, the whole Council and all partners sign-up to

Manchester

Keeping it clear and manageable; a phased transformation

The work incorporated into **Delivery Wave 1**, some of which is already being implemented, centres around:

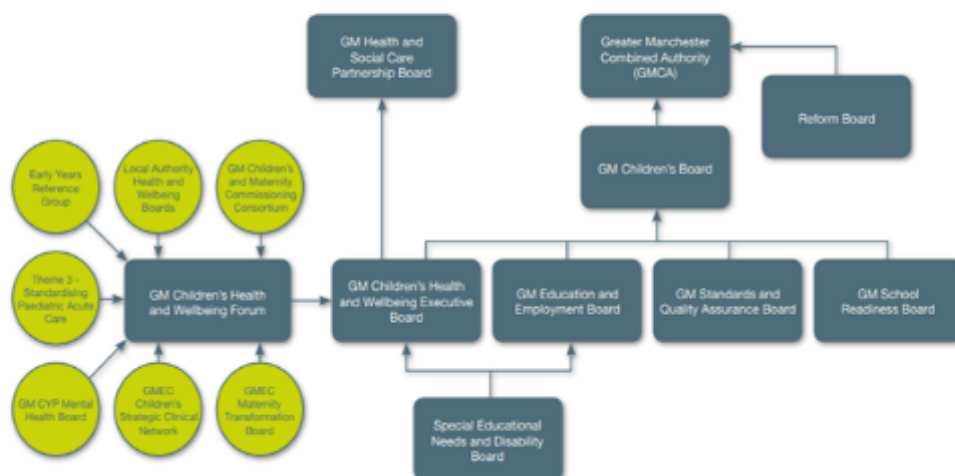
- **Objective 2** – Early years and school readiness
- **Objective 3** – Mental health and resilience
- **Objective 6** – Preventing avoidable admissions, particularly for long term conditions

The work in **Delivery Wave 2** still requires additional work with GM-wide organisations to be further developed and resources for delivery identified. This wave centres around:

- **Objective 4** – Supporting and protecting children and families at risk
- **Objective 5** – Working with schools to improve all children's safety, physical and mental health and especially those with special needs
- **Objective 7** – Transition of care for young people to adult services

The **Enabler** objectives are:

- **Objective 1** – Including children in planning based on a children's charter
...ing a modern, effective, safe and sustainable
...ance

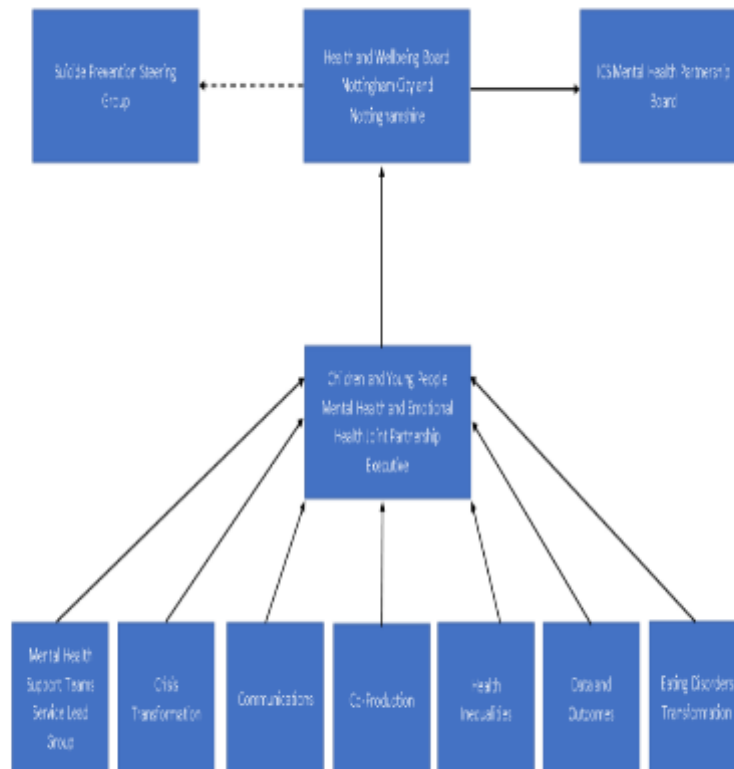


Clear and integrated governance

September 30,
2021

Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health 2016-2022

News



One integrated governance that
prioritises children first:

'The Executive includes representatives from CCGs, local authority children's services, education, Public Health, district councils, elected members, local NHS and non-NHS providers and NHS England in order to ensure a coordinated, whole system approach to improving children and young people's mental health.'



Derbyshire

Derbyshire

Integrated LA and Health economy leadership of the ICSs' focus on children.

Joined Up Care Derbyshire (JUCD) Children's Board and the Mental Health, Learning Disability and Autism and Children's System Delivery Board. Have aligned resources and expertise, crossing MH, SEND, Autism and a new arrangement with the Safeguarding partnership.

Two examples of early impact:

- Mobilising the new Provider Collaborative arrangement to respond differently to children in Crisis

'we saw a reduction in specialist CAMHS tier 4 bed use within Derbyshire'

whilst the rest of the country saw a significant rise.

- New Children in Care emotional health service, embedding Thrive and Trauma informed approach: specifically meet the needs of Children in Care and Care Leavers, the Derbyshire Emotional Health and Wellbeing Service for Children in Care (DECC)

Early indications of improved SDQ scores for Children in Care bringing the Derbyshire average in to the normal range of 13 and below

Time for a Break

See you in 15 minutes



Session 2

Time to talk together

Reflective Questions for Consideration – talking in smaller groups

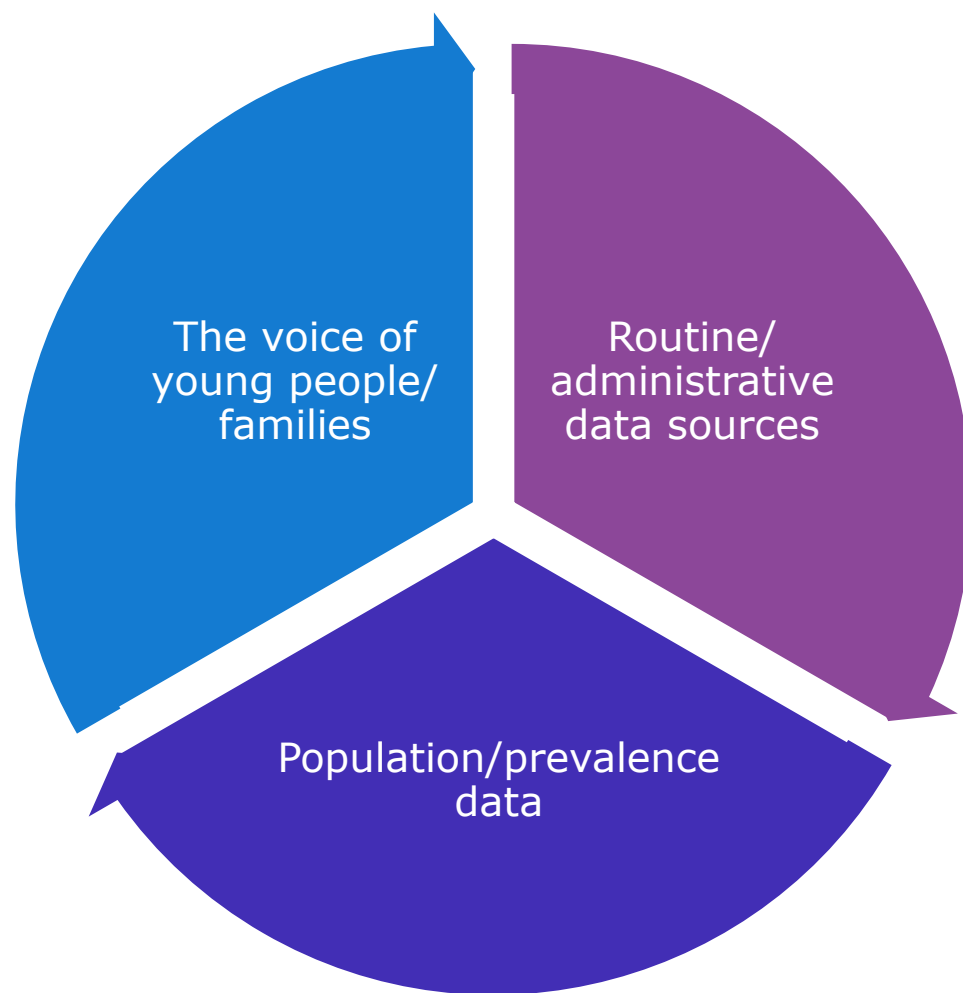
- What is your understanding of ICS development in your area?
- What level of focus is there in your ICS on CYP and the early intervention agenda?
- What are you struggling with?
- What's working well?

Moving beyond prevalence needs analysis

Triangulating information across sources

Each source has its own limitations and strengths

The most powerful way to inform understanding of need is to triangulate data sources



Population/prevalence data

Population data can provide a rich source information about the prevalence of specific needs

Unlike administrative data, good sampling can ensure those who do not access service are represented and reflected

Traditionally, Public Health needs analysis which has drawn on prevalence data has guided many of the CYP Commissioning decisions in health economy.

Often prevalence data is provided on a national level, which can fail to reflect regional or local variation

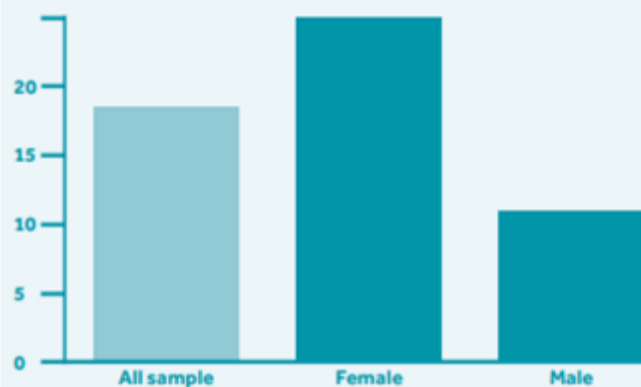


Population/ prevalence
data

The limitations of prevalence data – thinking wider

For example, these population data show overall levels of mental health problems. But they also show that the likelihood of experiencing these problems varies by risk factors such as free school meal eligibility and being a child in need

Percentage above the 'high' threshold for emotional difficulties
n = 30,129



Odds ratios for young people indicating they are experiencing emotional problems, based on a range of characteristics



Where risk factors vary by area, prevalence will vary

The limitations of prevalence data – thinking wider

In addition, cleansed data is typically a year out of date
Local Authorities have a rich source of data:

- understanding demand (real-time)
- understanding risk and level of need
- understanding quality of single and multi-agency practice
– where are your gaps, who are you reaching, who are you missing?
- understanding impact on outcomes

Routine/administrative data sources

Administrative data can provide a helpful comparison to other locations/regions

Data are standardised and can be tracked over time

Utilising routine data is a cost-effective and efficient way of drawing on existing data

The range of source across health, education and social care is extensive, e.g.:

- Education data (e.g., NPD): SEN, exclusions, schools attendance, FSM eligibility indices of deprivation
- Social care data: number of children LAC/CiN
- Fingertips profile
- Local NEET figures
- Service records



Routine/
administrative
data sources

Routine/administrative data sources

Limitations:

Often data are limited in multiple ways:

- Flawed
- Uncertain
- Proximate
- Sparse

Problems in geographical overlap between health and education/local authority clusters


Negotiating access can sometimes be costly/time consuming

Gaps in understanding of needs and provision from the perspective of small VCS providers

Both prevalence and routine data sources often lose the voices of young people and families



The voice of young people/families



The voice of
young people/
families

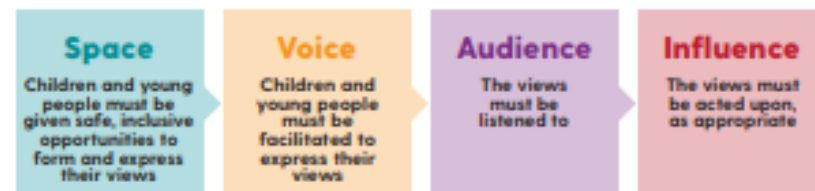
Prevalence data and administrative data can give a broad overview but can rarely tell us what our communities would like to prioritise.

Amplifying the voice and lived experience of CYP and parents/carers





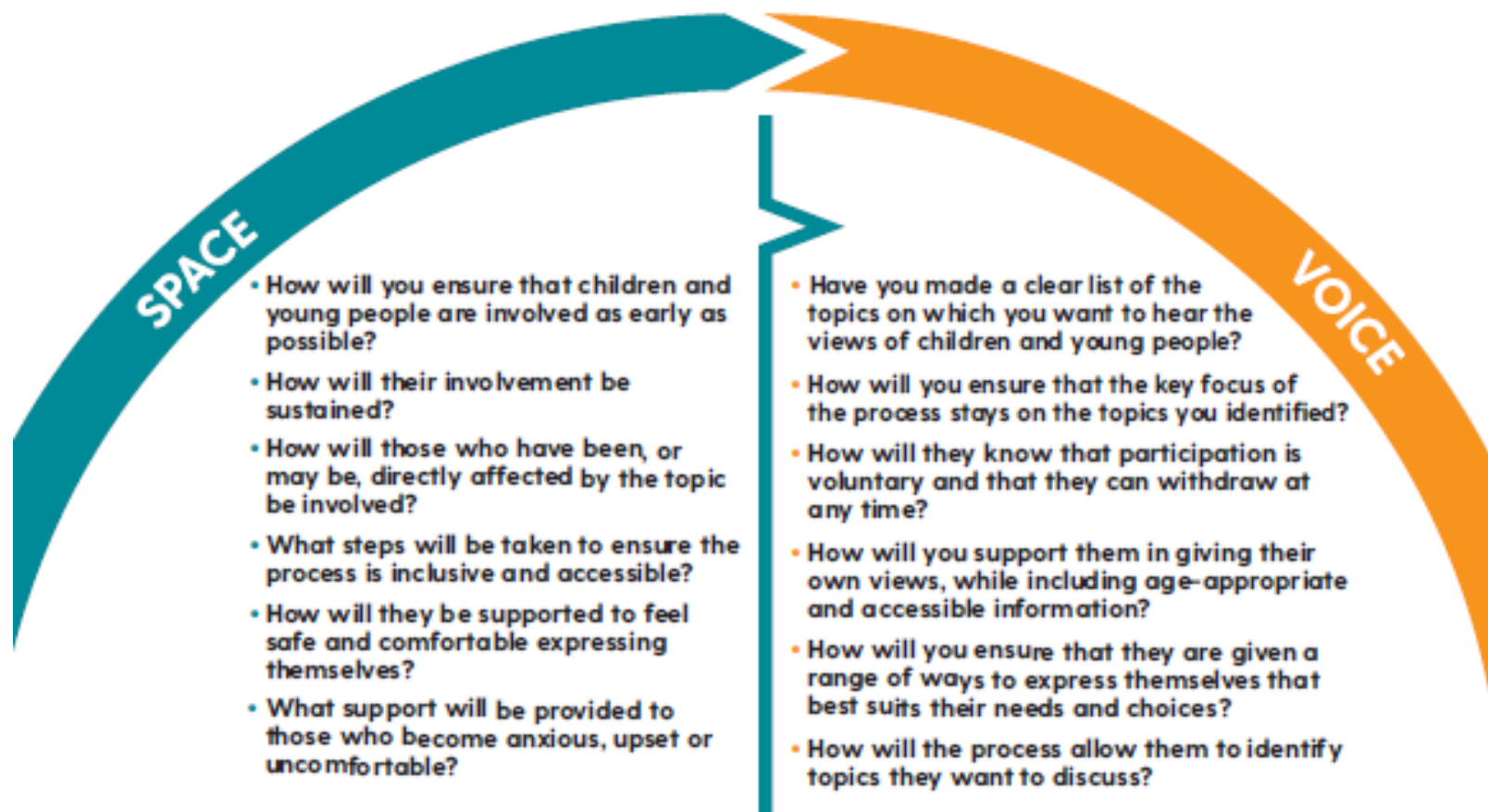
This model provides a pathway to help conceptualise Article 12 of the UNCRC. It focuses on four distinct, albeit interrelated, elements. The four elements have a rational chronological order.

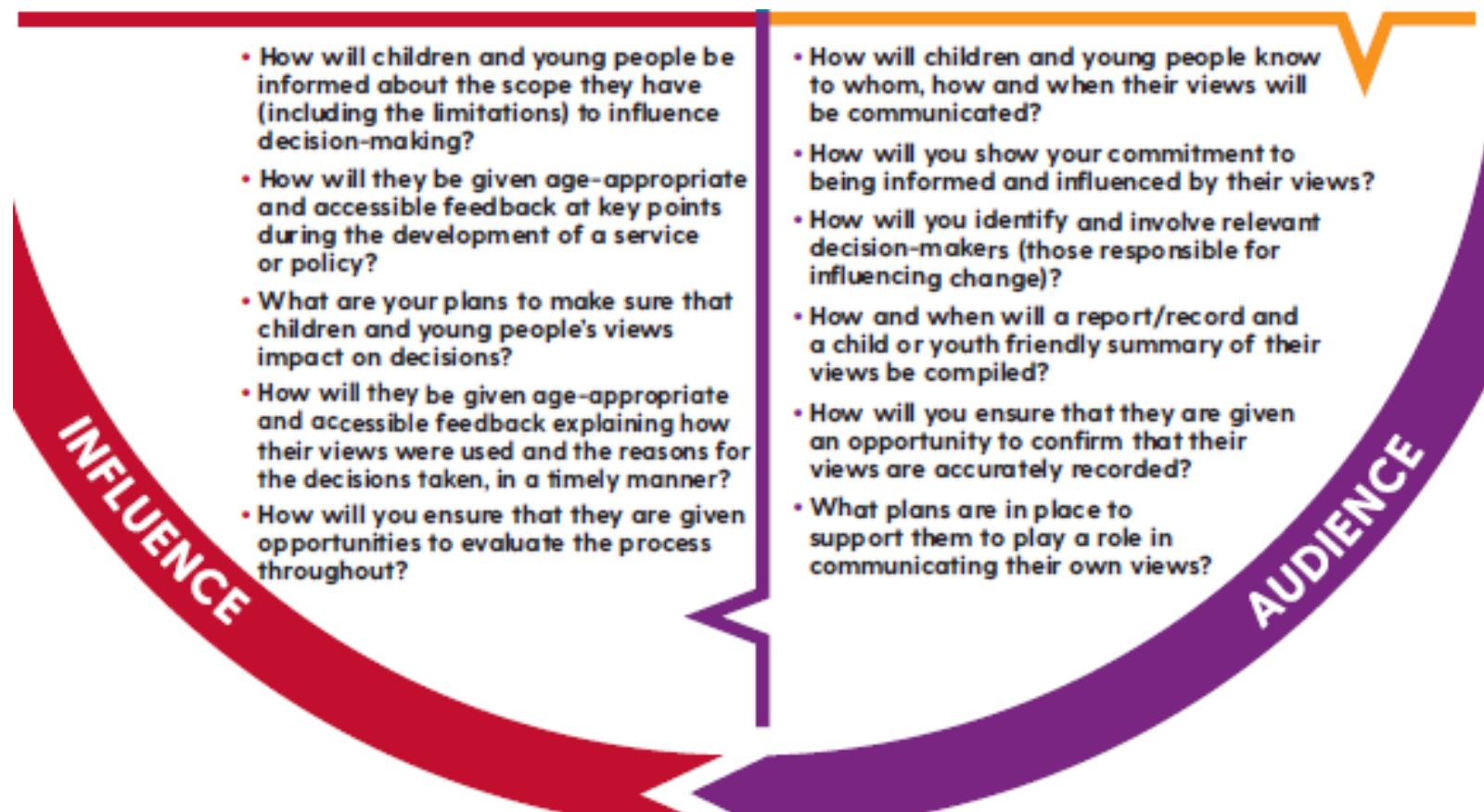


Planning Checklist

This checklist guides you on how to listen to children and young people and involve them in decision-making when you are developing policies, plans, services, programmes, governance, research and legislation at national, local and organisational level.

You should inform children and young people that they have the right to a voice in decision-making and that you will take their views seriously.





Why young people & parent/carers chose to get involved in our work?

'I joined as a Young Champion because I want to do as much as I can to prevent other people from going through the things I have been through and still have to experience!' **Laura, Young Champion**

'I have been a parent champion for approximately four years after receiving poor mental health care in my local area. I wanted to see a positive come out of our experiences and shape future provision'
Vicky, Parent/Carer Champion

'I wanted to take an active role to increase awareness around perinatal mental health!' **Alessandra, Parent Champion**

"There is a lot that needs to change within children and young people's mental health services. I've experienced first-hand some of the issues that young people encounter when trying to access the mental health support they need, and I really want to help ensure everyone gets the help they need!" **Maddie, Young Champion**

'I wanted to get involved in projects where I could make a difference. Mental health is something seldom discussed in my demographic and I want to change that. AFNCCF provides a platform for young people to express their views and help shape the way awareness and support is delivered' **Elliot, Young Champion**

A combined approach: What does it look like when we combine information sources? 1 example

#BeeWell

A partnership between The University of Manchester, the Greater Manchester combined Authority, The Anna Freud Centre
In collaboration with a team of experts, more than 150 young people from 15 pathfinder schools across GM designed the wellbeing survey to ensure it captures what matters to them.

The #BeeWell programme also includes a coalition of over 60 VCS, business and academic partners.

The annual #BeeWell survey is the first of its kind across a city region, and heard from almost 40,000 young people in its first year.

The approach:

- listen to young people's voices
- act together for change
- celebrate young people's wellbeing



A combined approach: What does it look like when we combine these approaches? 1 example



Domains and drivers chosen by young people

Domains

- 🎯 1. Meaning, Purpose and Control
- 👤 2. Understanding Yourself
- 😊 3. Emotions

Drivers

- 💓 1. Health and Routines
- 🏃 2. Hobbies and Entertainment
- 👥 3. Relationships
- 🎓 4. School
- ☀️ 5. Environment and Society
- ⏭️ 6. Future

Linkage to education data

Linkage to neighbourhood data



Headlines

- Findings on life satisfaction to mental wellbeing to emotional difficulties consistent with national prevalence studies.
- Gaps in wellbeing scores between males and females, with girls reporting lower wellbeing than boys.
- Inequalities for young people who identify as LGBTQ+, who report higher levels of stress and emotional difficulties.
- Only 1 in 3 reaching the recommended levels of physical activity.
- 40% of young people say they do not normally get enough sleep to feel awake and concentrate on schoolwork during the day.



Neighborhood dashboard

Neighbourhood:

Measure:

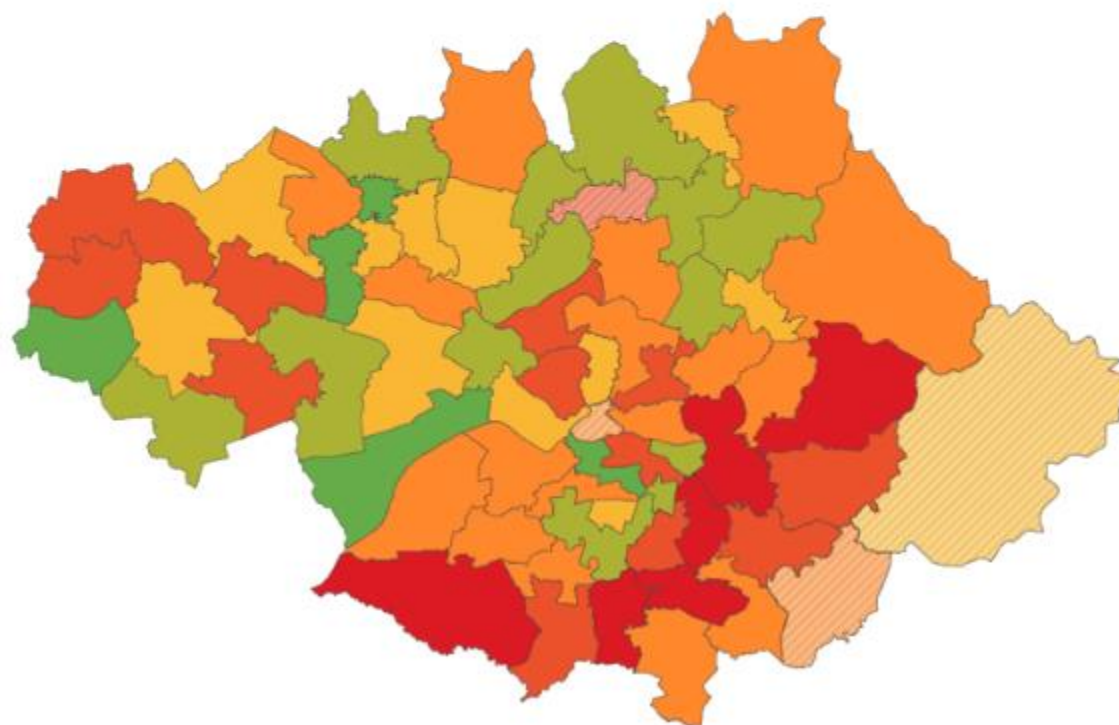
[*details on these metrics](#)

Year:

Gender:

FSM:

SEN:



red
amber
yellow
green



What next?

Findings discussed with young people

Community response:

- Schools, local authorities and local charities review findings to highlight areas of need and prioritise support
- Coalition partners drawing on findings to deploy support, e.g.:
 - A new social prescribing pilot in five neighbourhoods in response to the #BeeWell data.
 - The Politics Project will running borough-wide conversations between pupils and local politicians in the summer term to explore the data and decide on how they will respond collectively.
 - D of E will use findings to targets offers of more awards
- The Greater Manchester Strategy is using #BeeWell to ensure the city region is delivering positive change in all its communities.



Introducing Peter Fonagy

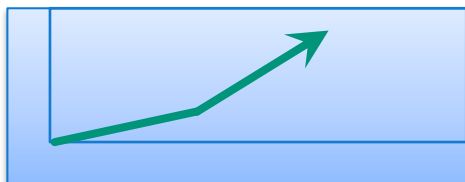
What does the evidence tell us?

The case for Prevention

The case for prevention

\$387.2m

In 2021 for the first time UNICEF in the flagship *State of the World's Children* report addressed the prevention and treatment of mental-health problems among young people and estimated that it represented around \$387.2 billion worth of lost human potential each year.



The prevalence of mental health problems has been steadily rising in recent years and continues to do so through the pandemic

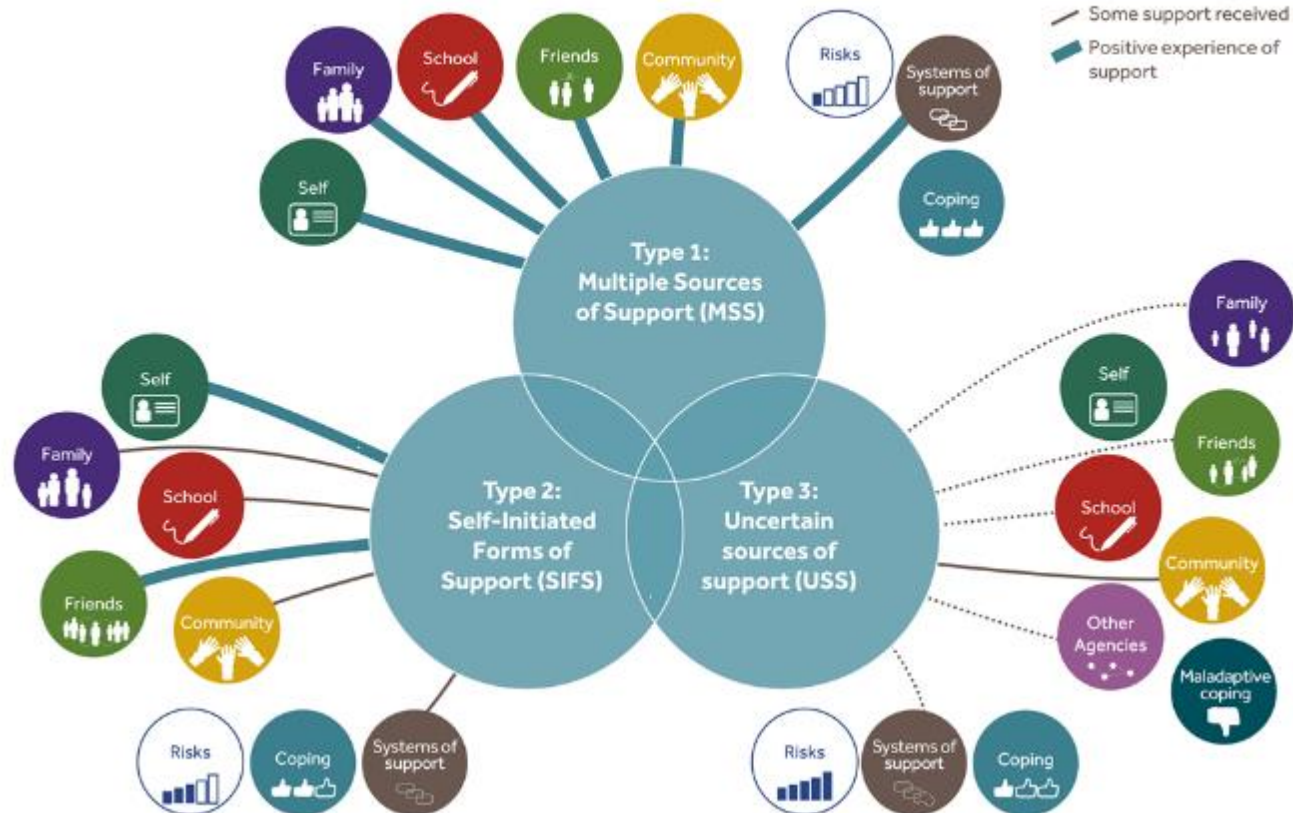


The pandemic has exacerbated a range of risk factors for children and young people, including increased isolation, greater likelihood of economic pressures, increased parental stress, disruptions to sleep patterns and reductions in physical activity

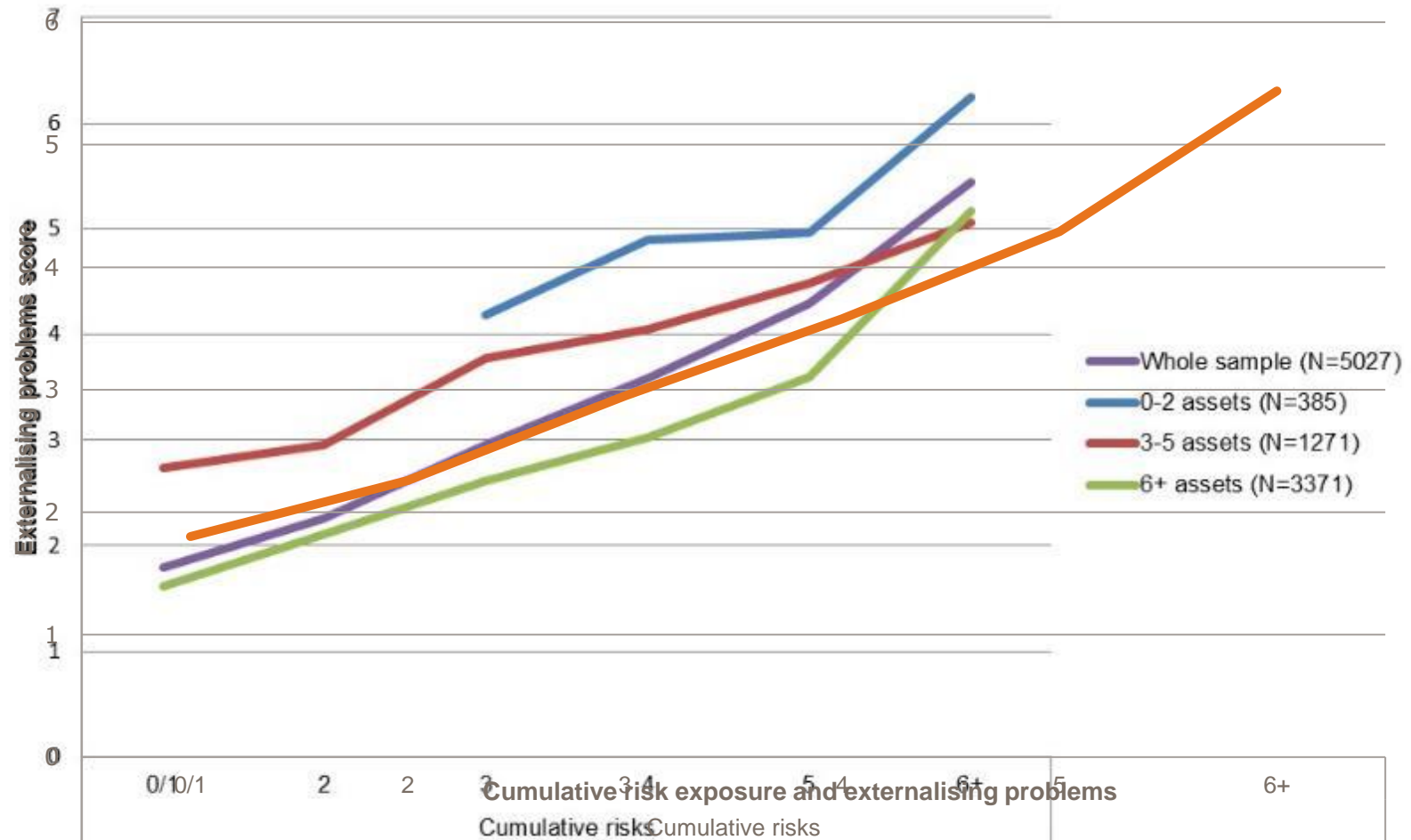
The case for prevention: risk and protection

Types of support reported by adolescents in relation to risk and well-being

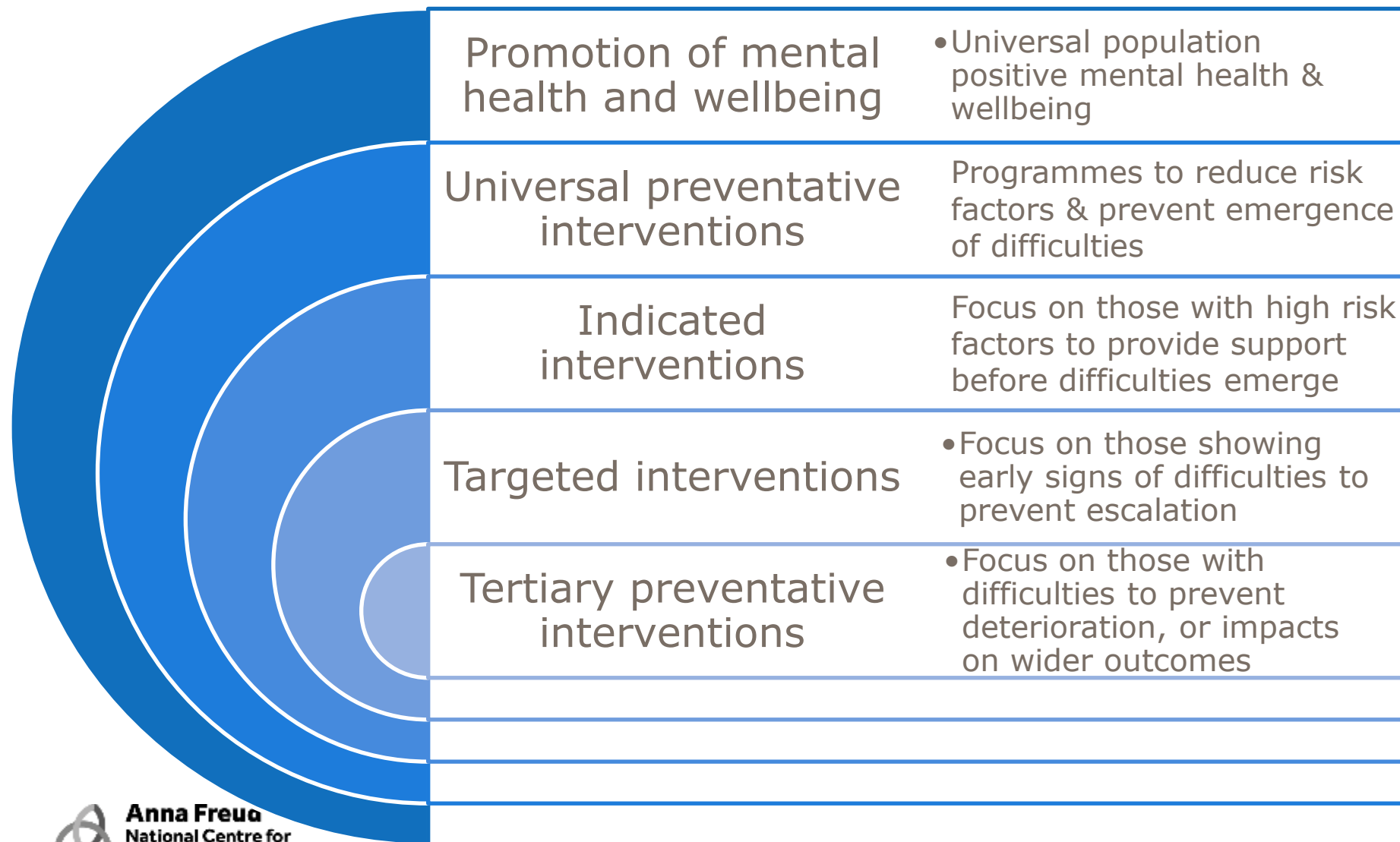
A qualitative study of adolescents eligible for targeted and universal interventions in HeadStart (N=63) in six sites in England



The case for prevention: risk and protection



Layers of prevention



Layers of prevention



Promotion of mental health and wellbeing

- Universal population positive mental health & wellbeing

Example: Sure Start

A universal community service designed as a “one-stop shop” for childcare and early education, health services, parenting support, information about health and child development, and employment advice.”

Evidence indicates the programme resulted in better health outcomes for children and that benefits were felt most in disadvantaged communities.

Cattan et al., 2019

Layers of prevention

The diagram consists of four concentric blue circles on the left side of the slide. The outermost circle is the darkest blue, and the inner circles become progressively lighter shades of blue. To the right of these circles is a table with three rows. The first two rows have white backgrounds and blue borders. The third row has a light blue background and a blue border. A blue line connects the third circle to the start of the third row. The text in the table is as follows:

Promotion of mental health and wellbeing	• Universal population positive mental health & wellbeing
Universal preventative interventions	Programmes to reduce risk factors & prevent emergence of difficulties
Example: Bullying prevention	

- Universal population positive mental health & wellbeing

Universal preventative interventions

Programmes to reduce risk factors & prevent emergence of difficulties

Example: Bullying prevention

Bullying is a major risk factor for poor mental health in children. A range of universal interventions exist to reduce bullying, including. Some of the most evidence based (e.g., Olweus) have been shown to reduce a range of bullying behaviours including verbal, physical, indirect bullying and cyberbullying.

Layers of prevention



Promotion of mental health and wellbeing

- Universal population positive mental health & wellbeing

Universal preventative interventions

Programmes to reduce risk factors & prevent emergence of difficulties

Indicated interventions

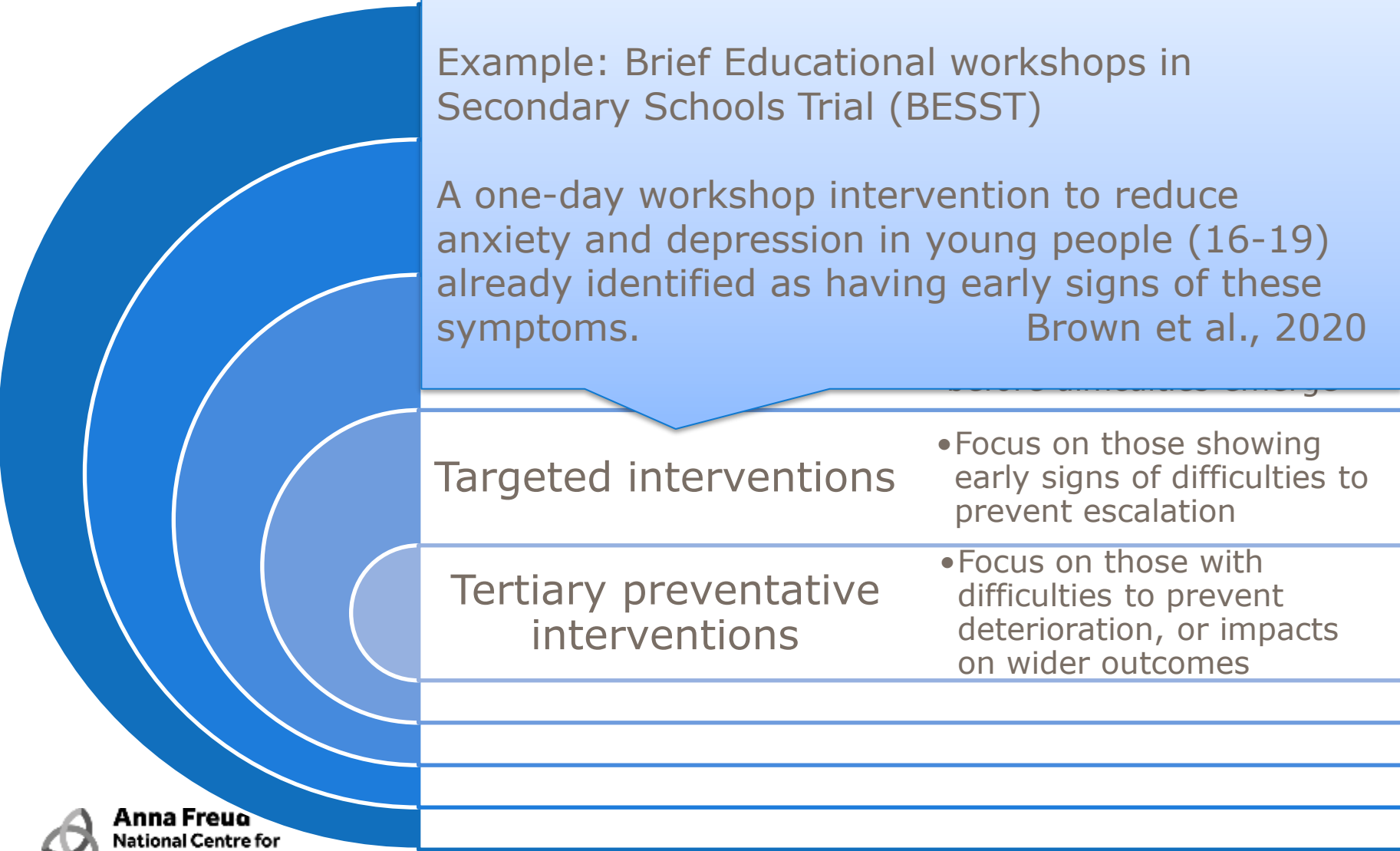
Focus on those with high risk factors to provide support before difficulties emerge

Example: Reflective fostering

Children in foster care likely to have experienced exposure abuse, neglect and trauma and are at greater risk of poor outcomes. Reflective fostering aims to prevent the escalation of mental health problems of children in foster care by promoting the carer's reflective parenting.

Midgley et al, 2021

Layers of prevention



Example: Brief Educational workshops in Secondary Schools Trial (BESST)

A one-day workshop intervention to reduce anxiety and depression in young people (16-19) already identified as having early signs of these symptoms.

Brown et al., 2020

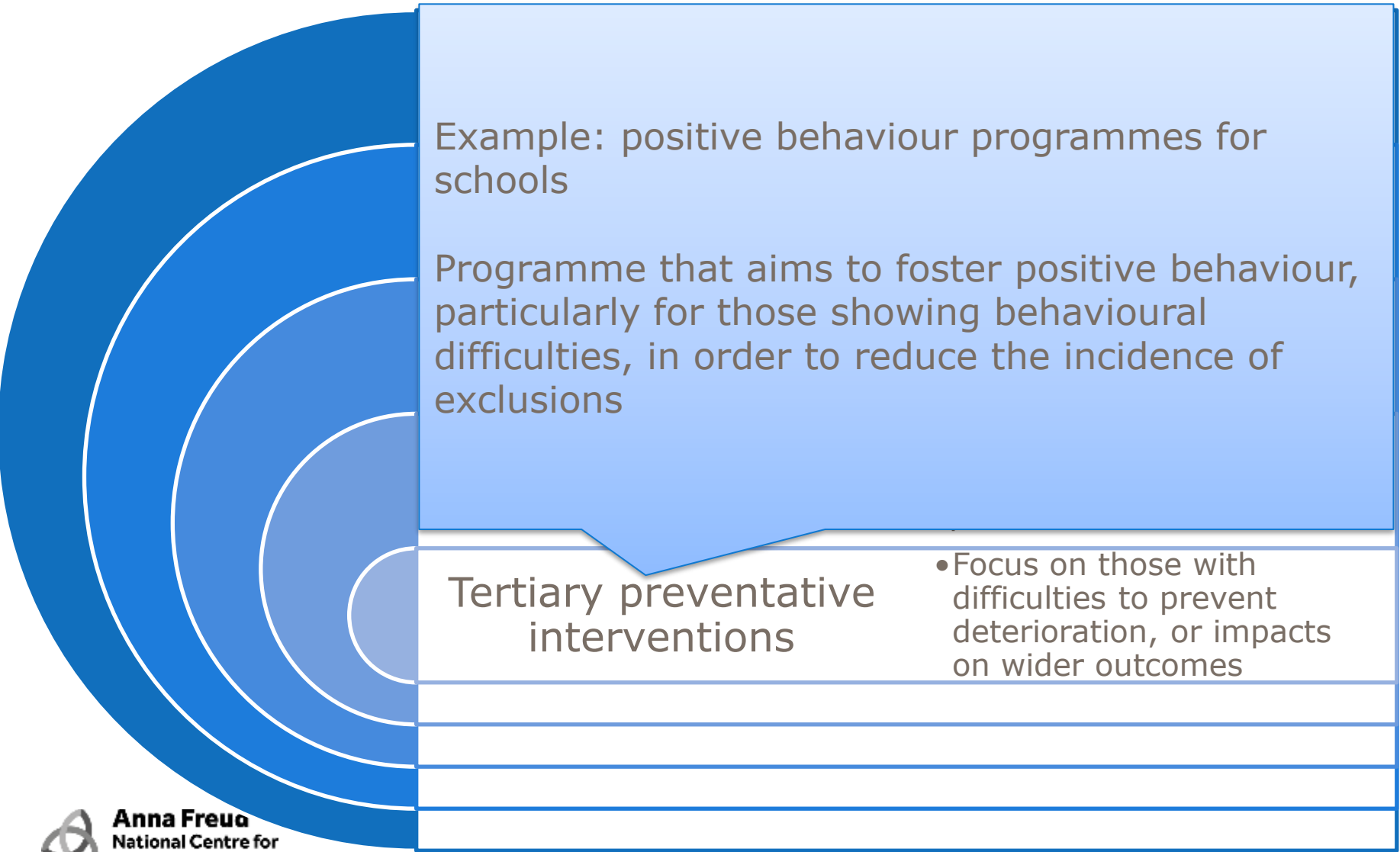
Targeted interventions

- Focus on those showing early signs of difficulties to prevent escalation

Tertiary preventative interventions

- Focus on those with difficulties to prevent deterioration, or impacts on wider outcomes

Layers of prevention



Example: positive behaviour programmes for schools

Programme that aims to foster positive behaviour, particularly for those showing behavioural difficulties, in order to reduce the incidence of exclusions

Tertiary preventative interventions

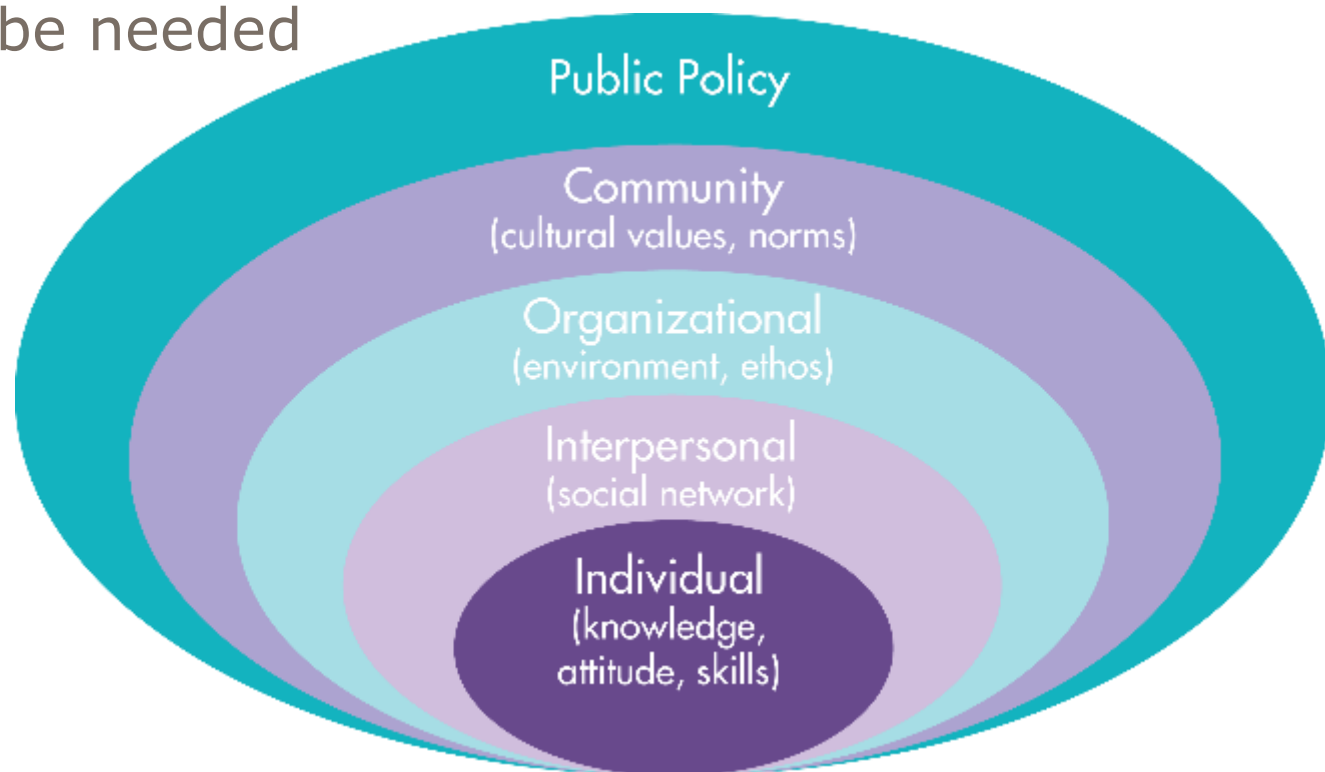
- Focus on those with difficulties to prevent deterioration, or impacts on wider outcomes

An ecological approach to prevention

No one approach will suffice

Support needs to be embedded across the system

Where risks are prolific and supports are few, sustained input is likely to be needed



Final discussion

Small group discussion your next three steps in ICS dialogue:

What are the three actions that you will take away from this session to progress in discussion with ICS leaders?

Research to draw on in discussion with Public Health

Impact of COVID on CYP Mental Health

<https://www.nhsconfed.org/publications/reaching-tipping-point>

Impact of CYP MH need in adulthood

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Benefit of Early Intervention

<https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

Understanding ICSs

<https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#commissioning>

More about Anna Freud's support

<https://www.annafreud.org/mental-health-professionals/>



Example questions you might want to ask

How much money is being invested in CYP mental health (aged 0-25) and how does that compare with overall ICS spend?

How much of this investment is designed to increase the number of CYP receiving preventative support at the first sign of difficulty?

How much of this investment is targeted to meet the needs of Children in Care and other CYP with complex needs? How are they supported into adulthood?

How has our investment changed in response to Covid and what CYP tell us that they need – what are our local risks and how are they being mitigated?

What impact are these services having on outcomes for our children?

Take Aways from the Session

Do keep in touch with us and don't hesitate to contact us if we can support you:

Andrea.King@annafreud.org

You can specifically talk to us about support your area needs by emailing us directly or by completing this five minute form:

https://forms.office.com/Pages/ResponsePage.aspx?id=lyB7OzDxNkCiCd9_O8wIcPF9QPL7-apAo78VsF1SiFJUQVBNMkpRVUQzSkhIRTdSRVAwQVRJNzNNUC4u