

# A BETTER FUTURE TOGETHER

THE REPORT OF THE  
NORFOLK AND WAVENEY  
CHILDREN AND YOUNG  
PEOPLE'S MENTAL  
HEALTH COMMISSION



## Norfolk & Waveney Children and Young People's Mental Health Commission

The Norfolk and Waveney Children and Young People's Mental Health Commission is an independent body established in March 2018. The Commission was formed in response to local concerns raised about the effectiveness of services to support young people's mental health. The Commission's aims are to understand what is happening in mental health services locally and what needs to happen in the future. The Commission is made up of leaders from the NHS, education, charities and young people. The Commission met regularly during 2018 to undertake an extensive investigation. This report of our findings was published in January 2019.

### William Armstrong OBE, Commission Chair

William Armstrong is a lawyer who was Coroner in Norfolk for almost two decades. He has had a long-standing involvement in mental health issues and served as a Mental Health Tribunal Judge for thirty years. He was the founding chair of Healthwatch Norfolk. He is a former Sheriff of Norwich, and is a Lay Canon of Norwich Cathedral.

### Lauren Clancy

Lauren is a first year psychology student at the University of Southampton and was until recently a Young Commissioner on the Norwich Youth Advisory Board.

### Dr Timothy Clarke

Tim is a Research Clinical Psychologist and research development lead for children and young people's mental health services at the Norfolk and Suffolk NHS Foundation Trust (NSFT). He has helped with the implementation and development of the Norfolk youth service and is involved in local mental health transformation. He is the children and young people's mental health clinical advisor for the East of England NHS England Clinical Network and a co-chair of the Norfolk CYPIAPT partnership.

### Neil Cully

Neil is Head of Notre Dame High School; a research school with a strong focus on emotional wellbeing. Neil has 36 years teaching experience.

### Clare Kiely

Clare is a Senior Investment Partner at Comic Relief and is responsible for leading Comic Relief's work globally on mental health. Clare is part of the Early Action Funders Alliance and manages the Early Action Neighbourhood Fund, which has invested in mental health provision in Norwich.

### Dan Mobbs

Dan is Chief Executive of MAP, a youth charity providing advice, counselling and youth work across Norfolk; including community and schools based CAMHS services. He has worked as a consultant with the King's Fund, is a member of the Health and Wellbeing Board, Vice Chair of the CAMHS Strategic Partnership and Chair of the Norfolk Community Advice Network.

### **Mark Scrogie**

Mark is the CAMHS Strategic Lead for Ormiston Families and the Lead Manager for the CAMHS Point 1 Service in Norfolk and Waveney. Mark holds honours degrees in Social Work and Psychosocial Studies. He has delivered inter-professional practice teaching programmes with both UCS and UEA. Mark has worked operationally and strategically within statutory, private and voluntary sector settings for over thirty years, which has included involvement in work with the Chartered Quality Institute and Voluntary Sector Inspection Network in London.

### **Ruby Staton**

Ruby is a Young Commissioner on the Norwich Youth Advisory Board where mental health is a high priority. As a young person, Ruby has experience of the issues facing young people in Norfolk and Waveney and has been given insight into current CAMHS service by peers.

### **Jonathan Williams**

Jonathan is Chief Executive for East Coast Community Healthcare, an NHS social enterprise providing a wide range of community services including; health visiting, school nursing, speech and language therapy and public health improvement programmes for both children and adults. He is a Registered Nurse and has worked at director level in the NHS for the past 15 years. He was Associate Director of Public Health for Norfolk and is passionate about health and wellbeing promotion in young people.

### **Dr Jon Wilson**

Jon is a local Consultant Psychiatrist and one of the clinical leads and driving forces behind the Norfolk youth service at Norfolk and Suffolk NHS Foundation Trust (NSFT). He helped to lead the transformation and development of the 0-25 model locally and continues to be central to its sustainability. He is the research director for NSFT, a member of the Future In Mind task force, senior lecturer at UEA Medical School and Professor of Psychiatry at St Georges University, Grenada.

## Acknowledgements

We have greatly appreciated the expertise and contributions of all our members. We would particularly like to thank our Chair and Young Commissioners who have given their time freely because of their commitment to improving mental health services for children and young people. We would also like to thank Notre Dame High School for hosting our meetings.

## Glossary

The term “**CAMHS**” is used throughout this report. In this context CAMHS means targeted and specialist child and adolescent mental health services commissioned by the NHS and local authorities. The term the “children and young people’s mental health system” or simply “**system**” is also used and means CAMHS services and other services working alongside CAMHS supporting children and young people’s emotional wellbeing such as schools, social work, children’s centres and charities.

## Contents

Forewords	Page 1
Executive summary	Page 3
What is happening? The national and local context	Page 5
What do young people tell us they want?	Page 12
What have we learnt? Our conclusions	Page 14
What needs to happen? Our recommendations	Page 16
References	Page 18

## Forewords

According to research just published, one in eight children and young people are affected by mental health problems. Most of them are not receiving appropriate help at a sufficiently early age. Three quarters of all mental disorders in adults start before the age of 24. These statistics are staggering. They should shock and shame us all. We are failing our children and young people and we have to do something about it. The crisis is real. The need is urgent. The consequences of failing to take effective action will be devastating – not only for those directly affected but for us all.

We in Norfolk need more resources to tackle this issue in our community. Crucially resources need to be focussed to achieve results, and targeted to make a real difference. Our approach needs to be cohesive and co-ordinated – a fully multi-professional and multi-agency response. We need to build on good practice, to share ideas and to work together. Importantly we have to address individual needs and circumstances. Everyone is different.

Our Commission has worked hard at assessing our situation in Norfolk. We have researched extensively, consulted widely and utilised a range of expertise. It has been of paramount importance to us to ensure that the voices and views of young people are not only heard but taken into account. Two Young Commissioners have been full members of the Commission. Their input has been invaluable. We have been able to produce a report which contains recommendations which are evidence based, reasoned and, if acted upon, will transform our approach to these issues and plot a realistic way forward.

Our purpose has been not simply to stimulate discussion and promote debate. Our report is a call to action. Our mission is to change the lives of children and young people in Norfolk with mental health problems – and to change them for the better. We want to reduce their distress, alleviate their suffering and give each and every one of them the opportunity to live a productive, fulfilled and happy life. They are entitled to nothing less.

*William Armstrong, Commission Chair*

This report was designed and created in order to collate existing and new research to aid the improvement of mental health provisions for young people. As young people who have experienced, first and second hand, the challenges of poor mental health, we cannot stress enough the importance of this report, its findings, conclusions and recommendations. There is a national increase of young people trying to access mental health services. The system is under enormous stress. However, it seems, in some cases, it is hindering more than helping itself. This report is demanding an immediate call for action. Based on voiced issues from young people themselves, we have outlined a number of ways in which we think the services could be adapted to better support all young people regardless of background or varying mental health issues, from anxiety disorders to eating disorders to mood disorders and more.

A prevalent issue young people themselves voice is accessibility, which is made harder than it should be by mental health services waiting until 'crisis point' to get young people the support they deserve and more importantly, the support they need. By making pathways more accessible, it will be easier to prevent young people reaching crisis point, thus in turn putting less stress on services and resources. Young people need support and they need it now. Navigating the path to adulthood is challenging enough without poor mental health, not to mention the added confusion of where and when to get help, hence the need for clearer pathways. Being turned away until 'crisis point' is reached is an unsuitable and, quite frankly, appalling method used by the majority of mental health services. As well as this, there is a "band aid effect" which applies short-term "fixes" for long-term problems thus delaying the process of recovery and leading to an ongoing, unhelpful cycle of admission and discharge.

We need support from the beginning right through to the end of when we get the courage to say that we need help. We need long term solutions and consistency from the people we are putting our trust into, without fear of falling through service gaps - a common occurrence for most young people. Our suggestions are not colossal or expensive ones, and they cannot afford to be forfeited any longer, as the positive effect they will have is priceless. We just want to be able to access the support we need, when we need it, the basic principle of a mental health service, and we should not have to keep fighting for something that is within our rights as humans. Young people are the today, and the tomorrow, it is important that they are listened to.

*Lauren Clancy and Ruby Staton, Young Commissioners*

## Executive summary

Mental health for children and young people has become a very high priority for government and for young people. Our Commission was formed in response to concerns about services across Norfolk and Waveney. We aimed to understand what was happening and what needed to happen. The Commission was made up of leading clinicians, system leaders, educators and young people. We found a fractured and opaque system experiencing increasing demand. We agree with the Care Quality Commission (CQC) view of local NHS CAMHS who stated “the system is complicated, with no easy or clear way to get support”. We also found good practice and collaboration that other areas across the UK could learn from. Only recently NHS England visited to learn from our delivery of mental health services for 0-25s. Most mental health issues develop from the ages of 14-24 yet CAMHS end on a young person’s 18<sup>th</sup> birthday. In Norfolk we lead the development of 0-25s service provision.

There is strong national policy direction from government to improve services – policy such as Future in Mind and the Forward View for Mental Health. There is strong local strategy such as the CAMHS Strategic Partnership Vision document. However, there are many challenges to overcome:

- Increasing demand – 10-15% increases in demand year on year and increased prevalence.
- Increasing waiting times for mild and moderate mental health problems.
- Too much focus on crisis and insufficient focus on prevention or early action – most investment is in services supporting severe mental health problems.
- Lack of clarity around some referral pathways – different access points, tiers, inconsistencies in practice.
- Lack of clarity around what is provided – complicated pathways, little public information or online presence.
- Funding challenges – not all national additional CAMHS funding from the Department of Health has been allocated to local CAMHS, value for money in the system is unclear.
- Workforce challenges – difficulties in recruiting staff in some settings.

These challenges are big. However, it would be wrong of us not to focus on some of the strengths of our system:

- We have hard working and dedicated staff – CQC note care is good, experience of service questionnaires are positive.
- We have leading practice nationally, especially on the delivery of 0-25s services within our NHS CAMHS – ensuring young people don’t reach a “cliff edge” on their 18<sup>th</sup> birthday when they are most in need.
- We have some of the best “one stop provision” within the charity sector nationally – seen as best practice by Future in Mind.
- Where outcomes for young people are recorded, they report significant positive change, e.g. across the tier 2 Point 1 service.
- We are well known nationally for our research around children and young people’s mental health – this is unusual and sets us apart from other areas.
- We have excellent practice collaboration – our system may be fractured but senior clinicians are working together led by systemic practice developed with the Anna Freud Centre.

Young people's voices have been very important for this commission. If the users of our services do not find them responsive and of quality we are not achieving success. We have seen from local surveys with over 10,000 young people that mental health is the highest priority. Young people have consistently told us services are hard to access, they don't get what they need, have to repeat their story countless times, don't have online provision and aren't listened to. Young people are demanding:

- Treat us with respect
- Make it easy for us to access the service
- Have all the help we need in one place
- Provide a welcoming and age appropriate setting
- Provide support for young people up to the age of 25
- Have skilled workers that take us seriously
- Involve us in decision making

We concluded that the system needs to change whilst recognising and celebrating its strengths more. The system needs to respond to young people's demands and be more accountable. It needs to develop its workforce and practice in a collaborative way, using the national policy around Integrated Care as a driver.

We make the following **recommendations**:

- Convene a Norfolk and Waveney Children and Young People's Mental Health **Programme Board** with delegated authority made up of senior leaders including those from CCGs, local authorities, tier 2 and 3 CAMHS providers, Youth Advisory Boards, to work together and genuinely co-produce an integrated system as a trailblazer for Integrated Care.
- Take immediate action to develop and resource a **single access service** for CAMHS tier 2 and 3 to improve access, information and outcome measures whilst at the same time demanding clarity around the **allocation of national funding** for CAMHS.
- Develop **meaningful and sustained participation** by adopting a Charter and resourcing the involvement of young people in the planning and delivery of services.
- Design, commission and implement a better resourced **integrated children and young people's mental health system** with a stepped model of care based around individual needs not organisational need, working across the 0-25s age range, including a range of community provision, expanding early intervention, developing shared workforce plans and using a single set of KPIs and outcome measures.

# What is happening?

## National context

Children and young people's mental health is a government priority. It is high on the agenda for the Department of Health and Social Care. There are a variety of government strategies such as Future in Mind<sup>1</sup>, The Five Year Forward View for Mental Health<sup>2</sup>, and the recent Transforming Children and Young People's Mental Health Provision: A Green Paper<sup>3</sup>, all highlighting the importance of improving and transforming mental health services for children and young people. The majority of mental health difficulties develop between the ages of 14 and 25<sup>4</sup>, with an estimated common mental health disorder prevalence of one in eight for children and young people aged 5 to 19 and as high as 1 in 4 for young women aged 17-19<sup>5</sup>. Future in Mind recommends that we offer our children and young people the best opportunities to access developmentally appropriate, quality services in a timely manner. This is more important than ever.

Policy is focussed on improving access rates, reducing waiting times, improving workforce, improving attitudes to mental illness, improving transitions, early intervention and better integration across sectors<sup>6</sup>. Significant extra investment was pledged following the Future in Mind report to transform services. This included an additional £75 million allocated to Clinical Commissioning Groups (CCGs) to work with local partners to develop Local Transformation Plans which set out specifically how agencies will work together to improve services for children and young people. These were to be refreshed every year and explicitly state how additional investment and uplifts were being allocated to directly improve services at a local level. Positively, a Local Transformation Plan was developed for each area of the country. This process has led to identifying gaps in provision as well as improved collaboration between sectors. Independent reviews of the plans have recommended areas for improvement and demonstrate wide variation<sup>7</sup>. Areas of improvement include provision for children and young people suffering abuse, genuine involvement of young people, improved transparency, improved governance, level of ambition for service reform and early intervention. The Education Policy Institute also highlighted barriers to implementation of Future in Mind principles such as workforce, funding, commissioning, data, fragmentation and intervening too late. Additionally within the March 2015 budget, it was announced that £1.25 billion additional investment would be made to children and young people's mental health services over a five-year period on top of £150 million already allocated to eating disorder services. Additional funding was also announced for perinatal mental health services and for the roll out of the national programme of Children and Young People's Improving Access to Psychological Therapies. Furthermore, additional funding has been allocated to the impending implementation and roll out of recommendations from the Green Paper. Although this additional investment is welcomed and desperately needed there has been

---

<sup>1</sup> Department of Health (2015) *Future in Mind*

<sup>2</sup> Department of Health (2016) *The Five Year Forward View for Mental Health*

<sup>3</sup> Green Paper (2017) *Transforming Children and Young People's Mental Health Provision*

<sup>4</sup> Kessler et al (2005) *Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication*

<sup>5</sup> ONS/NHS Digital (2018) *Mental health of children and young people in England, 2017*

<sup>6</sup> House of Commons Library (2018) *Children and young people's mental health - policy, services, funding and education*

<sup>7</sup> NSPCC (2016; 2017); Education Policy Institute, (2016) *Progress and challenges in the transformation of children and young people's mental health care, Children and Mental Health*

concern that additional funding is not directly impacting on services and in most cases is at risk of not being allocated to children and young people's mental health services as it is not ring-fenced<sup>8</sup>. Recent research<sup>9</sup> supports this, suggesting that, of those responding to freedom of information requests, in the first year of the additional funding only 36% of CCGs increased their spending in line with additional funding, nearly two thirds used some or all of the additional funding to backfill cuts or spend on other priorities and in the second year only 50% of those responding increased their spending with the other 50% using some or all of the additional funds for other competing priorities.

As part of the Prime Minister's commitments to improving mental health services, the Care Quality Commission was commissioned to review the quality and access of mental health services for children and young people across the system. The first phase of their review<sup>10</sup> concluded that the system as a whole is complex and fragmented with significant variation in the quality and accessibility of care offered. In the second phase of the review<sup>11</sup> based on fieldwork evidence from across ten Health and Wellbeing Boards they acknowledged the hard work, commitment and dedication of staff working across the system, highlighting areas of good and innovative practice. However, alongside this, their report found that the disjointed systems resulted in disjointed care whereby commissioners were not working collaboratively alongside local people and providers. It also reported that the system in many parts was under pressure with gaps in service provision, high demand, long waiting lists and high eligibility criteria resulting in services becoming harder to access.

As a part of the government commitment to transforming and improving services the Department of Health in 2011 initiated the Children and Young People's Improving Access to Psychological Therapies, known as CYPIAPT<sup>12</sup>. Some of the additional investment following Future in Mind was allocated to the national roll out of this CYPIAPT aimed at increasing workforce and upskilling staff in evidence based practice. The programme aimed to facilitate system improvement through facilitating the adoption of core CYPIAPT principles: evidence based practice, improved accountability (including the rigorous use of routine outcome measures), improved access, increased awareness and improved children and young person participation in service transformation. With the CYPIAPT programme funding ending in March 2019 there will be less support for local partnerships. Local systems must consider how such important principles continue to be embedded in improvement plans. It is also anticipated that, with the CYPIAPT offer changing, local systems will have to consider how workforce requirements are met to meet the needs of children and young people and increasing demand on services. Health Education England<sup>13</sup> suggests that providers must work together to provide workforce solutions and think creatively about how to reduce significant vacancy rates and workforce shortages in children and young people's mental health services.

The importance of integrating systems and commissioning across health and social care is a national priority. In 2016 Sustainability and Transformation Partnerships (STPs) brought local councils and

---

<sup>8</sup> Education Policy Institute (2016) ; Royal College of Psychiatrists (2016) *What really matter in children and young people's mental health*; House of Commons Library (2017; 2018)

<sup>9</sup> YoungMinds (2017) *Stop the Leak Report*

<sup>10</sup> Care Quality Commission (2017) *Review of children and young people's mental health services*

<sup>11</sup> Care Quality Commission (2018) *Are we listening? Review of Children and Young People's Mental Health Services*

<sup>12</sup> Fonagy, Pugh, O'Herlihy (2017) *The Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme in England*

<sup>13</sup> Health Education England (2017) *Stepping forward to 2020/21: The mental health workforce plan for England*

NHS organisations together to form partnerships and develop proposals to improve health and care for their regions. The STPs aim to coordinate services, agree system-wide priorities and collaborate on how they can improve the health needs of their local population in line with the Five Year Forward View<sup>14</sup>. In a review of STP plans nationally, by the Royal College of Paediatrics and Child Health<sup>15</sup> it was noted that although CAMHS services were often mentioned there was generally a lack of recognition of the needs of infants, children and young people. It was also noted that a clear omission from many plans is how local systems will address children and young people healthcare workforce shortfalls. The Royal College of Psychiatrists<sup>16</sup> adds that STPs focusing on transformation of acute hospital care have the potential to undermine parity of funding for mental health care. In a further bid to integrate health care systems across providers and sectors, some STP areas will evolve into Integrated Care Systems where they will collectively take responsibility for managing resources, delivering NHS standards and improving their population tailored to their needs. It is anticipated that system leaders will have greater authority to manage operational and financial performance in their areas and draw on the experience of new care models across the country<sup>17</sup>.

Such emphasis on integrated working across the system with all providers is paramount. Among the barriers identified to improving children and young people's mental health services nationally and implementing policy recommendations are workforce, funding, commissioning models, system fragmentation, and gaps between services<sup>18</sup>. Furthermore, it is recommended that when designing services for children and young people, a whole-systems approach is essential, incorporating shared language and values across all stakeholders. As change in one part of the system affects demand and delivery in another, this interdependency will cause risks if not carefully considered when commissioning and designing mental health services<sup>19</sup>. As children and young people's mental health services are made up of a multitude of agencies and generally designed and commissioned in a fragmented way, this interdependency must be carefully considered in future commission and service provision planning. Systems must acknowledge the benefit of involving varied organisations from across sectors, while recognising their individual specialisms and learn from one another.

National and local charities have been influential in delivering, campaigning for and steering service improvement. YoungMinds<sup>20</sup>, a national charity for young people's mental health, have issued guidance on participation in children and young people's mental health policy and improvement, conducted research and have called for ten priorities to be taken by government to tackle what they believe is a crisis in young people's mental health:

1. Rebalance the education system to prioritise emotional wellbeing and mental health
2. Prioritise the prevention of mental health problems among children and young people
3. Invest additional and sustained funding for CAMHS
4. Improve access to CAMHS for children and young people who need it
5. Tackle the crisis in recruiting and retaining staff in CAMHS

---

<sup>14</sup> [www.england.nhs.uk/integratedcare/stps](http://www.england.nhs.uk/integratedcare/stps)

<sup>15</sup> Royal College of Paediatrics and Child Health (2017) *Short report series: Sustainability and Transformation Partnerships*

<sup>16</sup> [www.rcpsych.ac.uk/mediacentre/pressreleases2017/responsetokingsfundreport](http://www.rcpsych.ac.uk/mediacentre/pressreleases2017/responsetokingsfundreport)

<sup>17</sup> [www.england.nhs.uk/integratedcare/integrated-care-systems](http://www.england.nhs.uk/integratedcare/integrated-care-systems) for further information

<sup>18</sup> Education Policy Institute (2016)

<sup>19</sup> Joint Commissioning Panel for Mental Health (2013) *Guidance for commissioners of child and adolescent mental health services*.

<sup>20</sup> [www.youngminds.org.uk](http://www.youngminds.org.uk) for further information

6. Strengthen and enforce rights for children in mental health hospitals
7. Give young people an equal say on the mental health care they receive
8. Help children and young people cope with the pressures of the online world
9. Require that all children's services understand the impact of childhood trauma on young people's mental health
10. Help families, parents and carers to support children with their mental health

## Local context

Norfolk and Waveney is a large rural area with urban centres, especially in Norwich, King's Lynn, Lowestoft and Great Yarmouth. There is a population of just over one million including nearly 300,000 children and young people up to the age of 25. Mental health is a very high priority for young people. Each district has a Youth Advisory Board (YAB). This year they consulted with over 10,000 young people. Concern about mental health was a high priority in every district. Mental health provision for young people is facing challenges of increasing demands, pressure on funding and delivery of quality services. Leaders of the CAMHS system recognise that things need to change. Both commissioners and senior managers are committed to improving services.<sup>21</sup>

Mental health services include Child and Family teams (0-14) youth mental health services (14-25), targeted tier two CAMHS offer (0-18) and other services such as universal provision within schools. CAMHS are jointly commissioned by Norfolk and Waveney Clinical Commissioning Groups (CCGs) and Norfolk County Council (NCC). The community services are currently split into tier two and tier three services with tier four inpatient services funded directly by NHS England. Tier two services provide time limited support for those with mild to moderate mental health problems and tier three services provide both crisis and longer-term support with moderate and severe problems up to the age of 25. The tier two service is known as Point 1 and is a consortium of providers led by Ormiston Children's and Families with MAP (Mancroft Advice Project) and the Norfolk and Suffolk NHS Foundation Trust (NSFT). NSFT provide the tier three services.

The CAMHS Strategic Partnership "Vision for Norfolk and Waveney" (2018) describes the cost and activity of the current system. The tier two service supported 4,164 young people in 2016/17 whilst the tier 3 service worked with 4,186. CCGs in Norfolk and Waveney invest £15m in CAMHS services whilst NCC invests £3.9 million (plus additional for individual placements). This makes up much less than 1% of the area's health and social care budget. In addition, Point 1 and NSFT have worked together with CYPIAPT with additional investment to develop a programme of support to prevent young people getting lost between the tiers. The funding of CAMHS is quite static, with no significant increase year on year in funding for core services as expected following the announcement in the 2015 budget of annual uplifts. However, demands on services are increasing by at least 10-15% every year. Recent figures suggest that the numbers of those accepted into tier 3 youth mental health services has increased by 102% from between 2013-2015 and 2016-2018. Tier 2 services work with similar numbers of individuals as tier three services but receive only approximately 10% of

---

<sup>21</sup> CAMHS Strategic Partnership (2018) *A Vision for Norfolk and Waveney*.

overall CAMHS funding. Differences in costs are unexplained. There are different clinical approaches, requirements and needs across the system.

There are currently multiple contact points for accessing services across tiers. Access across the system has been highlighted as problematic, with young people and referrers still being unclear as to where to refer. The Care Quality Commission (CQC) currently rates NSFT as inadequate and commented in particular on difficulties of access within CAMHS, reflecting the high level of demand being placed across services. The CQC noted that “the system is complicated, with no easy or clear way to get support.” It also had concerns about leadership and safety, although not specific to children and young people’s services. Young people evaluated access to NSFT’s young people services<sup>22</sup> and found that self-referral, despite commissioner expectations, was not possible and that it was difficult to navigate pathways and understand what support was available. Waiting times for tier two services are lengthening significantly as demand increases, making access increasingly problematic. Peer research by young people (led by co-authors of this Commission) found low levels of satisfaction with young people’s services across the CAMHS system with only 21% satisfied with accessibility, 24% with navigation between pathways and 33% with transition to adult services.

Despite these challenges there are positives. NHS England visited Norfolk in 2018 to learn how local NHS CAMHS have managed to deliver a 0-25s service. Norfolk is a leader and NHS England were keen to see how it had been achieved. They noted that it was led by practitioners with a strong commitment to meeting needs. Feedback about provision is also positive. Outcome measures for tier two provision and the regular feedback from young people is very positive as regularly reported to commissioners<sup>23</sup>. The CQC rate NSFT as good for care and Experience of Service Questionnaire (ESQ) for tier three services together with Friends and Family feedback is consistently high for the domains of feeling listened to, understood, flexibility, involvement in care, acknowledgement of personal needs and treatment provision<sup>24</sup>. Furthermore, the number of pathways and length of pathways to accessing care has significantly improved with a recent review of cases demonstrating that a majority of cases have complex, co-morbid and heterogeneous needs and report in the severe, very severe and enduring clusters as recorded using the mental health clustering tool.

There is a strong willingness to collaborate. For example, representatives from across the system facilitate ‘systemic conversations’ between senior leaders within Point 1 and NSFT to share values, align services and improve pathways, based on system practice developed with the Anna Freud Centre. These ‘systemic conversations’ have demonstrated a shared vision for child and young person mental health services locally, and a willingness and motivation to work together<sup>25</sup>. Furthermore, the development and integration of Children and Young People’s Wellbeing Practitioners across the system to improve transitions is a result of joint working (see case study below). The creation and funding of a counselling pathway from tier three to tier two provision is also being piloted with some promising results. Additionally, there are leading practitioners employed across the system – including those providing regional leadership, advice nationally and research expertise. The NSFT Youth service and voluntary sector organisation MAP as part of the

---

<sup>22</sup> Healthwatch Norfolk (2016) *Young People’s Review of Tier Three CAMHS*.

<sup>23</sup> Point 1 (2018) *Service Reports*

<sup>24</sup> NSFT (2018) *Service Reports*

<sup>25</sup> Clarke & Mihill (2018) *Systemic Conversations across Children and Young People’s Mental Health Services*

Point 1 consortium are acknowledged nationally for their expertise in children and young people's mental health where representatives were members of the Future in Mind taskforce and approached nationally for advice. Within the Point 1 service both one-stop-shops and school link work provision is provided, as recommended by Future in Mind and the new Green Paper, available in only a small number of areas nationally. NSFT have been acknowledged for developing the first tier three Youth Mental Health Service for 14 – 25 year olds<sup>26</sup> and better meeting the developmental and social recovery needs of children and young people and reducing transitions to adult services<sup>27</sup>.

#### **Case study of integrated working: Children and Young People's Wellbeing Practitioners (CWPs)**

Through the Norfolk CYPIAPT leads and partnership forum it was identified that workforce solutions to reduce young people falling through the gap between tier 2 and tier 3 services was required. It was identified that many young people often in the 14 – 16 year old age group bracket presented with moderate mental health difficulties that could be seen in either service and would likely respond well to evidence based psychological interventions fell through service gaps. The local CYPIAPT partnership representatives were successful in a funding application to the London and South East CYPIAPT collaborative for wave 1 of the National CWP programme. Representatives from both provider organisations were responsible for recruiting four CWP candidates, managing the project, screening referrals, offering training and supervision, evaluation and sustainability. The CWPs work well across providers to offer this additional resource to children and young people who might have otherwise fallen through service gaps, and offered timely access to good quality evidence based practice. The CWPs have been sustained and reflect additional capacity within the system. Subsequently, the Norfolk CYPIAPT partnership have also been successful in wave 2 of the CWP programme recruiting a further 3 CWPs to work across tier 2, tier 3 and the local authority's early help provision.

Commissioning of children and young people's mental health services is through a CAMHS Strategic Commissioner for the five CCGs and local authority with a lead CCG responsible for children, young people and maternity and another for mental health. Commissioning of CAMHS services is through separate contracts with varied key performance indicators and durations. Commissioners have embarked on a plan to transform children and young people's mental health services in Norfolk and Waveney<sup>28</sup>. They have created a strong vision to "have a transformed mental health and emotional wellbeing system that puts children and young people at the heart of all we do, with a focus on getting the right support first time and preventing ill health." It notes:

- Geographical equality of service delivery - A service that operates across Norfolk and Waveney on an equitable basis, making effective links to services in other counties as needed
- "No wrong door" i.e. all children, young people and families will be supported to find the right help at the right time
- An approach which ensures that no child or young person falls between services: there will be no "gaps", and a system ownership of the person in need
- Services which are accessible, including flexible locations for delivery and an improved online offer, designed alongside children and young people

<sup>26</sup> Wilson et al (2018) *Creating an innovative youth mental health service in the United Kingdom: The Norfolk Youth Service*

<sup>27</sup> Maxwell et al (2018) *The effect of a youth mental health service model on access to secondary mental healthcare.*

<sup>28</sup> CAMHS Strategic Partnership (2018) *A Vision for Norfolk and Waveney*

- Investment from commissioning partners at least at the same level as now. The balance of resource will be commensurate to need and reflect our recognition of the need to invest existing resources differently within and across the four strands
- Evidence based pathways shaped by NICE and other national guidance which align with other children's service provision and duties, including the Transforming Care agenda and the Children and Families Act 2014
- Prevention and early intervention is embedded across the system, so that escalation to a point of crisis is avoided, where possible
- Integrated pathways between Health, Education and Social Care

This is supported by the Norfolk and Waveney STP's commitment to integrating health and social care, avoiding silos and committing to a ten year mental health strategy. It expects organisations and teams to work together better and recognises that commissioning in silos is unlikely to lead to meeting needs or improving services. Current providers of services have offered their expertise and commitment to engage with this process while sharing this vision, ambition and commitment to improve services in line with children and young people's needs.

## What do young people tell us they want?

Children and young people's mental health services are the highest priority for young people. Over 10,000 young people<sup>29</sup> surveyed by local Youth Advisory Boards across Norfolk put mental health as top priority. It is the highest priority in Norfolk for the Youth Parliament<sup>30</sup>.

Young people have been repeatedly asked about what they want and are consistent in what they say. The Altogether Better Charter<sup>31</sup> was recently developed with hundreds of young people all over England who participated in group consultations, Mental Health Takeover Day and meetings in drop-in centres; led by a youth editorial board. This extensive consultation was funded by the Department of Health and Social Care and coordinated by Youth Access. The Charter outlines a person-centred way of working with seven key demands:

1. Treat us with respect
2. Make it easy for us to access the service
3. Have all the help we need in one place
4. Provide a welcoming and age appropriate setting
5. Provide support for young people up to the age of 25
6. Have skilled workers that take us seriously
7. Involve us in decision making

Local representatives have been involved in a systematic review focussed on thematically analysing studies across the UK where young people's views were gathered on children and young people's mental health services. Thirty-one studies capturing the views of 13,605 young people (625 with mental health difficulties) suggested that the positive themes of services included qualities of mental health workers and encouraging self-resilience. The negative themes of services included stigma, lack of information, medicalisation, and a lack of continuity of care, particularly at transitions<sup>32</sup>.

Other more local research projects with young people have found similar recommendations. Stakeholders and young people across Norfolk were engaged in a series of evaluated participation events to inform the development of a mental health service re-design. This study<sup>33</sup> highlighted that there were many concerns about current CAMHS provision prior to 2011 and gave a clear justification from the voices of young people to re-design services. Participants suggested that they wanted more accessible services with multi-agency collaboration and a 'one-stop shop' type design across the system. The study highlighted the importance of participation in service re-design and as a result these findings directly influenced the development of a new service landscape, including a youth mental health team spanning traditional CAMHS and adult services boundaries.

In November 2014 NSFT commissioned Early Lab to help them continue the process of service transformation and improvement. A team of design students and academics from University of the Arts London embarked on a field trip to Norwich in March 2015 where Early Lab hosted a series of

---

<sup>29</sup> Norfolk Youth Advisory Boards (2018) *Annual Consultation 2018*

<sup>30</sup> Youth Parliament (2018) *Make Your Mark*

<sup>31</sup> Youth Access (2018) *The Altogether Better Charter* ([www.youthaccess.org.uk](http://www.youthaccess.org.uk))

<sup>32</sup> Plaistow et al (2014) *Young people's views of UK mental health services*

<sup>33</sup> Collins et al (2017) *Participation in developing youth mental health services: "Cinderella service" to service re-design*

workshops with NSFT service users and local providers. The objective of the workshops was to engage stakeholders in envisioning a new mental health service for children and young people. The aim was to help NSFT articulate not only how an entirely transformed service could operate, but also what it could look like and what it might feel like to use and to deliver. The project used the lived experience of those using and delivering the service to establish their aims. The design team worked together with service users, clinicians, managers and wider stakeholders during a week-long set of design activities which supported the expression and reflection of ideas and visions which were then presented to NHS commissioners and informed local transformation planning. Through a co-design process in workshops, participants worked together using a variety of creative tasks culminating in expressive physical objects named ‘empathy tools’ that aimed to activate and develop local capacities. The co-design process developed themes and recommendations:

- Decentralising and distributing services across the sparsely populated region
- Offering a mobile and pop-up service for the convenience of users – going to where they are
- Connecting to users through online platforms designed to speak in their voice and providing information, access to services and youth provisions through an online platform
- Creating a seamless, integrated service across health, social care, education, voluntary sector and youth justice
- Concentrating on normalisation, prevention, awareness and early intervention, especially within schools.

Additionally, in a recent review of experience of service questionnaires (ESQs) alongside qualitative interviews for children and young people accessing the Norfolk Youth Mental Health service there was agreement that the service was viewed positively and people generally felt listened to, respected and that the service was collaborative and convenient. The service needs to improve how it communicates with young people and parent/carers in addition to improved details regarding crisis contact and overcoming their problems. Recommendations for developing the service were made, which include increasing support for families, providing clear information in various formats and offering service users more treatment options and choices.

Young people<sup>34</sup> are calling for easier access points, better online information and self-referral. Young people don’t want to “tell their story” several times, have to wait for lengthy periods to get vital support or feel like they are lost in the system. They want young people specialist workers who are warm, empathic, interested in them, professional and qualified.

---

<sup>34</sup> Healthwatch Norfolk (2016) *Young People’s Review of tier 3 CAMHS*

## What have we learnt? Our conclusions

Local children and young people's mental health services require improvement and do not meet the aspirations we have for Norfolk. Although children and young people accessing services are generally satisfied with the quality of service, the system needs to change to improve information and accessibility and meet growing demand. Change must be supported by evidence and national policy recommendations. Importantly, the whole system, provider organisations and commissioners, need to come together in a fully integrated way to deliver services that are easy to access, simple to navigate and offer excellent quality care. Research and collaboration with children and young people informs us what change is needed and what services need to be like. It tells us that systems are complicated and change must focus on an integrated approach. The system works with numerous partners such as education, paediatrics, primary care, early help and safeguarding; across health and social care. Children and young people's mental health can't be supported in isolation as a separate service but must be a part of an integrated pathway. Young people are very clear about the need not to repeat their stories and be "bounced around" a system. This is a bigger issue than a single piece of commissioning.

National and local reports suggest that demand for services are increasing annually without capacity or resources rising in line with such demand. It is also widely acknowledged that although additional funding, in line with policy recommendations, have been allocated to CCGs with the explicit purpose of improving children and young people's mental health services and enhancing capacity, such funding is not generally making its way to frontline services. Services are often provided by different organisations, which reflect their specialisms and diverse needs. Although positive, this can lead to system fragmentation. To mitigate such complexity and prevent children and young people falling through service gaps or having poor service transitions the system must work closer together including commissioners, provider organisations, stakeholders, education institutes, young people and parents/carers.

Local system leaders are committed to change and transforming services for children and young people; including the NSFT and Point 1 providers and the CCG and NCC commissioners. Partners from across the system are already working together to make improvements and there are examples of the system collaborating well together. This is in line with the place-based commissioning, STP and Integrate Care System agenda. Local 'systemic conversations' have developed strong connections recognising strengths across the system and senior representatives have acknowledged that such conversations have improved integration.

There is a requirement to improve transparency across the system and further open conversations are required about how resources are allocated. A review is needed to examine what changes may be required to meet the changing needs of children and young people. The strengths of the current but small local workforce must be recognised and used appropriately to enrich the system. Any potential changes in how resources are distributed and used must be based on an assessment of what children and young people need, in line with clinical guidelines, directives and models. Commissioning models must be well planned, managed and done over reasonable period to allow for shifts.

There must be clearer accountability in the leadership and commissioning of the system. Any changes in commissioning must not destabilise the system. The system may consider making the most of local evaluation and external consultation including:

- An evaluation of the needs and complexity of children and young people currently accessing services
- An independent health economic evaluation of local children and young people mental health service spend and resource use
- Engaging with support offers such as NHS Improvement to conduct a review of demand, capacity, flow and workforce.

The system must make use of any additional funding/uplifts that are allocated, e.g. Local Transformation Plans. An independent analysis of how much of the additional annual funding/uplifts has been allocated to frontline providers should be conducted. Where such funds have not been allocated to children and young people's mental health there should be a clear justification from CCGs made available to all stakeholders including children and young people. Further agreement of how further additional funding is protected should be considered with a clear plan developed alongside local people, providers and service users to ensure that services are growing with demand. New investment needs to be for more preventative services highlighted in national policy.

Workforce demands are a potential issue and solutions must be considered to protect against long-term workforce and skills shortages. In line with national policy and Health Education England recommendations the local system has an opportunity to be creative and shape workforce. The system must use the levers of Local Transformation Plans, STPs and the forthcoming integrated care agenda to ensure that children and young people's mental health is prioritised. Experts from the local system should advise such plans on incorporating a life course approach to mental health, children and young people, and parent/carer views on improving services and 0-25 service models. Broad thinking for a modern workforce is needed – including advisers, youth workers and counsellors as well as social workers, nurses and doctors. STPs and other local boards must explicitly develop and commit to local workforce plans to meet demand in their plans. Long term workforce solutions, investment and sustainability in line with CYPIAPT principles must be considered. The Green Paper and forthcoming expansion of the children and young people's mental health services workforce through schools and colleges must be prepared for, and the integration of new posts with current provision carefully considered.

We must celebrate and promote our success where we have it. We are a leader in research and the development of 0-25s services. We have some excellent practitioners.

It is clear that we must genuinely listen to children and young people, and their parent/carers who access the local system. We should rally behind young people that seek change and facilitate them to lobby local system leaders and CCGs to demand change in line with national policy recommendations and funding allocations. Improving transparency with children and young people, stakeholders and the wider community is important and we must consider how they can help hold the providers and commissioners to account.

## What needs to happen? Our recommendations

We make the following recommendations in order to improve the children and young people's mental health system across Norfolk and Waveney.

### 1) Convene a local children and young people's mental health programme board

- **Forming a children and young people's mental health programme board** to design, implement and monitor a new system and provide genuine co-produced integrated care. This board must have both commissioners and providers working jointly together and have delegated responsibility to make decisions about resources. The board is responsible and accountable for the delivery of children and young people's mental health services and has decision making authority. The board must be collaborative and solution focussed. The board must include Chief Executives and senior leaders responsible for making decisions. The commission recommends:
  - Chief Executive/s of lead Clinical Commissioning Groups (CCGs) responsible for Children, Young People and Mental Health
  - Director of Norfolk County Council Children's Services
  - Chief Executives of main voluntary sector providers: Point 1 Consortium (Ormiston Families and MAP)
  - Norfolk CYPIAPT Partnership lead representatives
  - Chief Executive of Norfolk and Suffolk NHS Foundation Trust (NSFT)
  - Education sector (schools, colleges and higher education institutes) senior representatives as appointed by established local forums (e.g. Heads Association)
  - Children/Young people and parent/carer representatives (Chair of the Youth Advisory Board and Chair of local Parent Carer Network/s)
  - Chief Officer for the Norfolk & Waveney STP

### 2) Urgent children and young people's mental health system actions

- Design, resource and implement a **single access service** to the children and young people's mental health system with clear information about what is available and how to access services, with clarity on service criteria. It must ensure that no children and young people who require mental health service provision fall through any service gaps. There must be shared measures. This should start with Tier 2 and 3 CAMHS. The service must provide age-appropriate approaches and offer support, advice, consultation and brief intervention. It must be available on-line and through drop-ins and be able to bring in, rather than refer on to, specialist support when needed.
- Examine spend on mental health services and ensure that any **additional funding / uplifts allocated to children and young people's services are ring-fenced locally and spent on improving and increasing capacity in frontline services**, in line with children and young people's mental health policy and budget directives.

### 3) **Meaningful and sustained participation / development of a charter**

- Adopt or create a **charter** for children and young people's mental health service provision based on the wishes and needs of children and young people ensuring the ongoing involvement of children and young people and their families in the development, delivery and implementation of children and young people's mental health services.
- **Ongoing support for local children and young people participation and parent/carer forums** to help monitor the quality of children and young people's mental health services and for representatives to have a role in steering transformation. This requires resources.

### 4) **Design, commission and implement an integrated children and young people's mental health system**

- **A stepped model of integrated support** is created where children and young people have services based around their needs rather than the needs of organisations; developing and strengthening links with other services and sectors such as education.
- **Adopt and implement a clinical model / clinical pathways** that account for the needs of children and young people across the whole system e.g. THRIVE.
- Ensure the children and young people's mental health system works for **0-25** age range and that provision is developmentally appropriate, minimises transitions and is **easily accessible through 'one stop shop'** models.
- Ensure that there is a stronger focus and investment in **prevention and early intervention**.
- **Develop and commit to local workforce improvement solutions across the system** and ensure that children and young people's mental health workforce plans are explicitly embedded in Sustainability and Transformation Partnership workforce plans and Local Workforce Action Boards (LWABs).
- Create **one set of KPIs – output, impact and quality measures** for the entire system that are clinically informed and meaningful for children and young people and clinicians.

## Selected references

Care Quality Commission. (2017). Review of children and young people's mental health services. Retrieved from [http://www.cqc.org.uk/sites/default/files/20171103\\_cypmhphase1\\_report.pdf](http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf)

Care Quality Commission. (2018). Are we listening? Review of Children and Young People's Mental Health Services. Retrieved from:  
[http://www.cqc.org.uk/sites/default/files/20180308b\\_arewelisting\\_report.pdf](http://www.cqc.org.uk/sites/default/files/20180308b_arewelisting_report.pdf)

Collins, R., Notley, C., Clarke, T., Wilson, J., & Fowler, D. (2017). Participation in developing youth mental health services: "Cinderella service" to service re-design. *Journal of Public Mental Health*, 16(4), 159-168.

Department of Health. (2015). Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Retrieved from:  
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Department of Health and Social Care. (2017). Transforming Children and Young People's Mental Health Provision: a Green Paper. Retrieved from:  
<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

Education Policy Institute. (2016). *Progress and challenges in the transformation of children and young people's mental health care Children and Mental Health*. Retrieved from:  
<https://epi.org.uk/wp-content/uploads/2016/08/progress-and-challenges.pdf>

Fonagy, P., Pugh, K., & O'Herlihy, A. (2017). The Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme in England. *Child Psychology and Psychiatry: Frameworks for Clinical Training and Practice*, 429-435.

Green, H., McGinnity, Á., Meltzer, H., Ford, T., & Goodman, R. (2005). Mental health of children and young people in Great Britain, 2004. National Statistics report. Retrieved from:  
<https://sp.ukdataservice.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>

Health Education England. (2017). Stepping forward to 2020/21: The mental health workforce plan for England. Retrieved from:  
<https://www.rcpsych.ac.uk/pdf/FYFV%20Mental%20health%20workforce%20plan%20for%20England%20FINAL.pdf>

House of Commons Library. (2017). Children and young people's mental health - policy, services, funding and education. Retrieved from:  
<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7196>

House of Commons Library. (2018). Children and young people's mental health - policy, services, funding and education. Retrieved from:  
<http://researchbriefings.files.parliament.uk/documents/CBP-7196/CBP-7196.pdf>

Joint Commissioning Panel for Mental Health. (2013). Guidance for commissioners of child and adolescent mental health services. Retrieved from [www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf](http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf)

Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 617-627.

Mental Health Taskforce. (2016). The Five Year Forward View For Mental Health. Retrieved from:  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

McManus, S., Bebbington, P., Jenkins, R., & Brugha, T. (2016). Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014: a Survey Carried Out for NHS Digital by NatCen Social Research and the Department of Health Sciences, University of Leicester. NHS Digital.

NSPCC. (2016). Transforming mental health services for children who have experienced abuse. Retrieved from: <https://www.nspcc.org.uk/globalassets/documents/research-reports/transforming-mental-health-services-children-experienced-abuse.pdf>

NSPCC. (2017). Not alone anymore: Childline Annual Review. Retrieved from:  
<https://www.nspcc.org.uk/globalassets/documents/annual-reports/not-alone-anymore-childline-annual-review-2016-17.pdf>

Patalay, P., Moulton, V., Goodman, A., & Ploubidis, G. B. (2017). Cross-domain symptom development typologies and their antecedents: results from the UK millennium cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(9), 765-776.

Plaistow, J., Masson, K., Koch, D., Wilson, J., Stark, R. M., Jones, P. B., & Lennox, B. R. (2014). Young people's views of UK mental health services. *Early intervention in psychiatry*, 8(1), 12-23.

Prime Minister, January 2017. Speech. The shared society: Prime Minister's speech at the Charity Commission annual meeting. Retrieved from: <https://www.gov.uk/government/speeches/the-shared-society-prime-ministers-speech-at-the-charity-commission-annual-meeting>

Royal College of Paediatrics and Child Health. (2017). Short report series: Sustainability and Transformation Partnerships. Retrieved from: [https://www.rcpch.ac.uk/sites/default/files/2018-04/sustainability\\_and\\_transformation\\_partnerships\\_-\\_may\\_2017.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-04/sustainability_and_transformation_partnerships_-_may_2017.pdf)

Royal College of Psychiatrists: The Values-Based Child and Adolescent Mental-Health System Commission. (2016). What really matter in children and young people's mental health. Retrieved from: <https://www.rcpsych.ac.uk/pdf/Values-based%20full%20report.pdf>

Young Minds. (2017). Stop the Leak Report (Reveals that CAMHS funding is being spent on different services). Retrieved from: <https://youngminds.org.uk/resources/policy/stop-the-leak/>

Wilson, J., Clarke, T., Lower, R., Ugochukwu, U., Maxwell, S., Hodgekins, J., & Fowler, D. (2018). Creating an innovative youth mental health service in the United Kingdom: The Norfolk Youth Service. *Early intervention in psychiatry*, 12(4), 740-746.

Authors: Clarke, T. & Mobbs, D. (2019)

Copies can be found at:  
[map.uk.net/publications](http://map.uk.net/publications)

© Norfolk and Waveney Children and Young People's  
Mental Health Commission (2019)