Appendix A

LUTON YOUNG PEOPLE'S MENTAL HEALTH NEEDS ASSESSEMENT 2021

Contents

Children and young people's mental health needs assessment

Version	Date of update	Name	Details of changes
1.0	25.05.21	Elizabeth Elliott	First draft
2.0	09.06.21	Bridget Moffat	Comments on first draft
3.0	11.08.21	Elizabeth Elliott	Addressing BM comments
4.0	27/10/21	Elizabeth Elliott	Including data and updated recommendations
5.0	02/11/21	Elizabeth Elliott	Executive summary added and SHEU data updated
5.1	15/11/21	Elizabeth Elliott	Added section on Chat health

Executive Summary

- One in six young people aged 5-16 in the UK had a probable mental health issue in 2020[1]. This young people's mental health needs assessment has been developed with this level of need in mind. The pandemic has had a devastating impact on the mental health of young people and its effects will be visible for many years to come.
- This needs assessment was delayed due to the pandemic but this gave the opportunity to gain an understanding of the impact of the pandemic on young people's mental health. Data analysis revealed that Lutons' young people were already facing high levels of need around their mental health, particularly amongst vulnerable groups such as looked after young people and young people with special educational needs (SEND), so the impact of lockdowns including homeschooling, families facing unemployment and bereavement was immense. The impact on young people's mental health did not always hit when it would be assumed it would. Some of the highest rates of crisis presentations ever seen were in May 2021, over a year after the start of the pandemic, highlighting that the impact of the pandemic is long lasting and critical.
- Luton is a town experiencing high levels of deprivation across it's geography, but with certain pockets with the highest levels of deprivation in England. Luton is a super diverse town, with 57% of the poulation identifying as not White British, it is one of the most ethnically diverse towns in England, and this figure is increased amongst the young people of Luton, where 22% of young people aged 0-24 identify as white British, 39% identify as Asian or Asian British, 10% as Black/Black British, 13% as White Irish, Traveller or Other, 9% as mixed ethnic group and 2% as other. Young people in Luton also face a range of indicators around deprivation, including high rates of free school meals, homelessness, families living with unemployment and school absense rates are high and educational attainment is low compared to the east of england region.
- The NHS Long Term Plan is the key policy driving investment in mental healthcare in England. It have five aims around improving young people's mental health and emotional wellbeing between 2019/20 and 2023/24, including disseminating mental health support teams in schools, improving mental health crisis provision including home treatment options.
- Luton Council and BLMK CCG are committed to improving young people's outcomes in all areas of the population wellbeing strategy including mental health through the Luton 2040 vision for the town. One of the six strands of the population wellbeing strategy is 'starting and developing well' and is focussed on supporting all young people in Luton to have the best start in life, including protecting and supporting their mental health and wellbeing.
- We also know that young people were facing concerns about their mental health before 2020. Data showed that young people with social emotional and mental health needs in school were decreasing in the face of increases at a national level, whereas hospital admissions as a result of self harm are rising in Luton in line with national figures, and worryingly looked after young people in Luton are reported to have the highest rates of mental ill health in England. Luton also has higher than average rates of young people with emtional and conduct disorders in the region and England.

[1] Mental Health of children and young people in England 2020. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up/copyright

- The Schools' Health Education Unit undertake surveys in Luton schools every year, and although they were not able to undertake their survey in 2019 and 2020, the 2021 survey highlighted the issues facing young people. This showed a deterioratation in the mental health and wellbeing of young people in schools in Luton between 2018 and 2021.
- The pandemic has had a devastating effect on young people across the world and has reached into all areas of everyday life. The SHEU for Luton reflected the impact in Luton, and Barnados have undertaken reseach across England, surveying 4,000 young people. They found that 69% reported an increase in mental health and wellbeing issues, with 70% experiencing increased anxiety, 20% increase in self harm and 15% reported increased suicidal thorughts or attempts. On a more positive side the report by Barnados also identified what works to address these needs and have reported 8 actions local areas can take to better support CYP with the mental health following the pandemic. The recommendations of this needs assessments takes these approaches into account.
- Luton has invested significantly over the last 5 years in the mental health structures and systems for young people, including the adoption of the i-Thrive model, which uses a holistic approach to young people's mental health rather than a linear route through services. This has worked to support young people wherever they present and whatever their needs.
- There has also been significant investment in the mild to moderate level of needs (also called 'getting help' and 'getting more help' in the i-Thrive model), leading to increased provision in the system and as they develop and build on the increased levels of need the services will develop.
- The process of this needs assessment including met with a range of services working with young people. They identified a number of areas where services were working well and meeting the needs of young people in their care. They also reported the difficulties and struggles within the system and these are also noted.

Positives within the system include:

- The development of the single point of access (SPOA) as the entrance route into the referral pathway. This was an improvement on the previous referral route. It has meant that all referrals received go through the same criteria and processes. This is a multi-agency group including a range of providers and ensures young people are referred accoring to their needs. It has also facilitated network working between providers.
- The implementaiton of the i-Thrive model has changed how young people both enter and navigate the system. It is a holistic model that works with young people, where their needs are, rather than a linear model where they need to work through certain stages. Using this model has supported the referral process
- The implementation of mental health support teams (MHST) across Luton, has augmented the support that can be offered within schools. A new MHST has recently been agreed furthering their progression into all schools. The workers will provide a wide range of support and training to their schools and are well regarded amongst school professionals
- CAMHS have established primary care helpline for all GP practices where they can discuss concerns or referral queries direct with a professional member of staff. This is to support primary care in managing young people's mental health concerns when they present
- Service providers are fully aware of the importance of listening to their service users, and have developed opportunities through forums for young people to feedback on their experiences and further than that, to be involved in co-production of future services.

- Since the last needs assement additional capacity has been added to the system for young people with mild to moderate mental health needs, (getting advice and getting advice parts of the i-Thrive model).

Areas in need of further development

- There is still a need to develop full awareness of how and where to access help at early stages. The system needs to be easy to access and to ensure young people know where they can go to access support and what to expect from services.
- The system supporting young people mental health needs to work together more closely to provide a systematic approach to meeting young people's needs. There are too many instances where lack of communication or understanding of the system means young people are not received the care they need and together to ensure best communication and outcomes.
- To ensure that all professionals who work with young people including teachers are confident and trained in awareness of signs and symptoms of mental ill health and how to signpost young people, as well as what to do in crisis situations.
- There is currently insufficient capacity within the local area for young people in crisis to have access to appropriate in-patient facilities. This is being addressed, but will take time for full implementation of additional capacity
- We know that young people who are looked after in the care system experience poor mental health. Additional support is needed for these vulnerable young people in both crisis and in ongoing concerns about their mental health.
- There are concerns regarding the best ways to support young people with SEND and NDD with their mental health and welbeing needs, which can be more complex and require increased specialist support.
- Young people from diverse communities are underrepresented in the referrals to mental health services. This is seen particularly strongly inyoung epople from asian backgrounds, but also YP from black, and white other backgrounds are underrepresented in the data.

Gap Analysis

- A gap analysis approach looked into the the areas of reducing risk and prevention, system processes and reducing inequalities to assess where the gaps are in the current system. It noted a number of areas where services require additional input or support to need to local needs.
- Reducing risk and prevention, identified gaps around early acess to support for all young people particularly those with SEND and NDD, the system processes area identifed gaps around current capacity within current services to meet the additional needs as a result of the pandemic, as well as need for improved multi disiplinary working and communication across professional groups. The reducing inequalities area identified that young people from diverse background are under represented in the referral data and further work is required to address this.

Recommendations:

- The recommendations have been developed from the gap analysis of the current provision for young people's mental health services and the current needs based on data and service provision. There are 4 main areas of recommendations, each with two to three priorities to take forward.

1) **Strategic Approach**: Ensure the CYP mental health system in Luton takes a systems approach to strategic development and transformation.

Priorities:

a) To ensure transformation and strategic development plans **take account of Luton CYP population needs as well as BLMK ICS** working collaboratively with commissioning organisations and providers.
b) To strengthen the system 'business intelligence/information' capability leading to fully **informed decision making**.

2) **Engagement and inclusion:** Identify and tackle inequalities in young people's emotional health and wellbeing provision and outcomes through engagement with the local community

Priorities:

a) Listen to the **voices of service users** and ensure views of young people and their families are included in strategic and operational decision making.
b) Address the specific **needs of young people with SEND and neuro developmental disorders** with mental health concerns.
c) **Identify and address where young people from BAME communities are underrepresented** as service users.

3) **Systems/service provision:** All Stakeholders in the CYP MH system **work together effectively** to meet the needs of CYP and their families.

Priorities:

a) **Deliver a consistent offer and service** across the system with evidence based standards as the basis of provision.
b) **Implement clear referral pathways**, understandable to all partners across the system and ensure they are consistently applied.

4) **Prevention and early intervention: Implement a clear prevention and early intervention offer for all CYP in Luton** which is easily available, accessible, acceptable, and meets the diverse needs of all young people in Luton.

Priorities:

a) **Improve access to early intervention services** including awareness of services and ensure accessible self-referral processes
b) **Build a culture of 'mental health is everyone's business,'** through ensuring all professionals working with young people are confident to signpost and/or refer a young person to the appropriate MH service as well as identify and approach a young person where they have concerns.

Introduction

One in 6 young people aged 5-16 were identified as have a probable mental health issue in 2020[2]. Since 2017 Luton has been developing services for young people based on the recommendations from the needs assessment undertaken in 2017 which identified 17 recommendations to improve the emotional and mental health of young people. Over this time many of these have been implemented, however in 2020 progress was hampered by the COVID -19 pandemic which meant that young peoples lives transformed; losing their schooling, socialising, and ability to live beyond their four walls and at the time of writing, spring 2021, the three lockdowns and months of homeschooling have taken ther toll on all of us, but CYP have experienced a disproportionate impact.

The pandemic has had devastating effects on young people's mental health across the world, including increases in anxiety, depression and eating disorders. In Luton, an area which was hit hard with the first wave, many young peple have experienced bereavement, financial concerns as parents were made unemployed, cancelling of exams and futures put on hold.

This needs assessment aims to see past the pandemic and to look at the current needs of young people in Luton, who are just getting back to a 'new normal', restrictions are still in place, but schools are open and society is starting to open up again.

Chapters 1 to 3 analyses local and national data around young people and their mental health,. This includes the basline dataset for Luton's young people, the prevalence of young people with mental health conditions, identification of young people at additional risk of mental ill health and the outcomes around young people with mental ill health.

Chapter 4 looks at the strategic context around young people's mental health, including national and local policies and strategies, and chapter 5 loks at the impact of COVID on young people's mental health both internationally and in the UK.

Chapter 6 identifies the current provision for Luton's young people who require mental health support, how these services are managing to meet their needs since the previous needs assessment and how they have adapted to both changing provision as well as the changing demands following the pandemic.

Chapter 7 brings the previous chapters together to identify stengths and weaknesses of the current provision. Through various frameworks including a strength, weakneses , opportunities and threat analysis the main challenges faced will be identified and in chapter 8 recommendations to move the system forward will be identified

[2] Mental Health of children and young people in England 2020. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up/copyright

Chapter 1: Profile of Luton's young people

Luton population

Luton is a one of the largest towns in England, with a population of just under 220,000.[3] It is a unitary authority set within the county of Bedfordshire in the East of England region for NHS purposes. However it has a very different demographic to the rest of Bedfordshire.

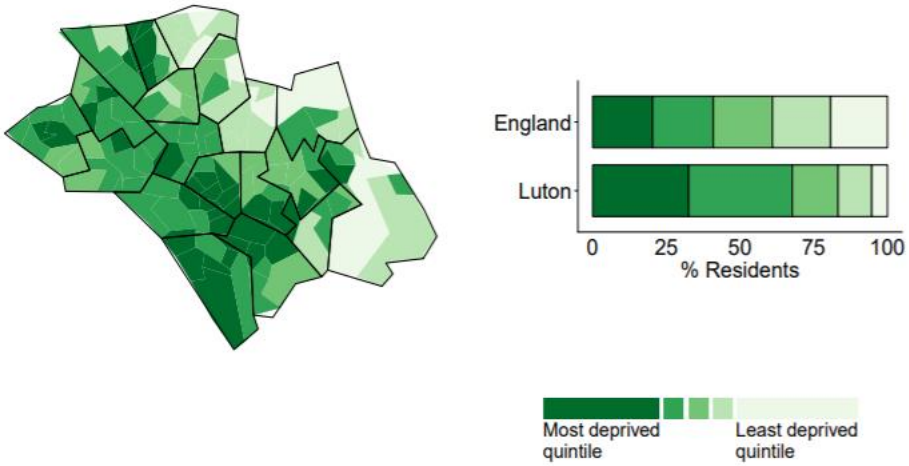
Luton the third most diverse area in England, outside of London, with just under half the population identifying as White british. There are large Pakistani, Bangladeshi, Indian, black African, black Caribbean and Irish communties in Luton. The town is more deprived than average

The health of people in Luton is varied compared with the England average. Luton is one of the 20% most deprived districts/unitary authorities in England and about 19% (9,960) children live in low income families. Life expectancy for both men and women is lower than the England average.

Life expectancy is 9.7 years lower for men and 4.1 years lower for women in the most deprived areas of Luton than in the least deprived areas.

The map of Luton below shows deprivation compared to the average in England[4] Nearly 75% of the areas in Luton are in the 2 most deprived quintiles, and these areas area round the west of the town, with some smaller pockets in the south east and north east.

Figure 1: Map of deprivation quintiles in Luton[5]



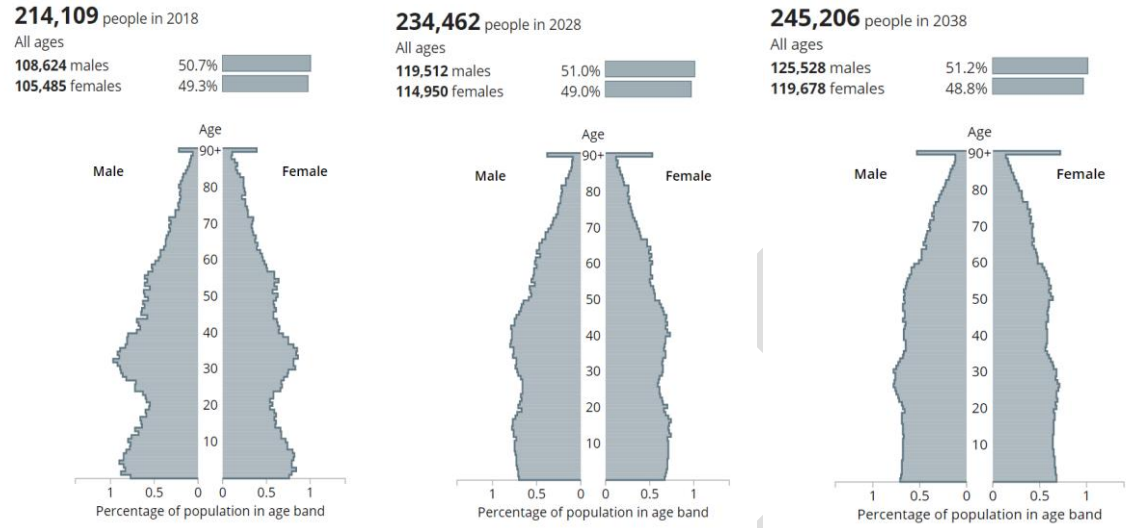
The age profile for Luton in fugure 2 below[6] shows over the coming 17 years the population of Luton is projected to increase by 31,000 to 245,206 by 2038, or 14.5%,

The shape of the population pyramid over this time moves from high numbers in the 1-7 year olds to a more evened out population age spread in the under 20s. The proportion of the population aged under 24 will reduce from 35.1% in 2018 to 33.8% in 2038, although as the population has increased

[33] (2019 ONS figures)
[4] PHE Luton Health Authority profile 2018
[5] PHE Luton Health Authority profile 2018
[6]https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/ukpopulationpyramidinteractive/2020-01-08

the total number of young people will increase from 75,185 in 2018 to 83,116 in 2028 and then fall slightly to 82,812 by 3038.

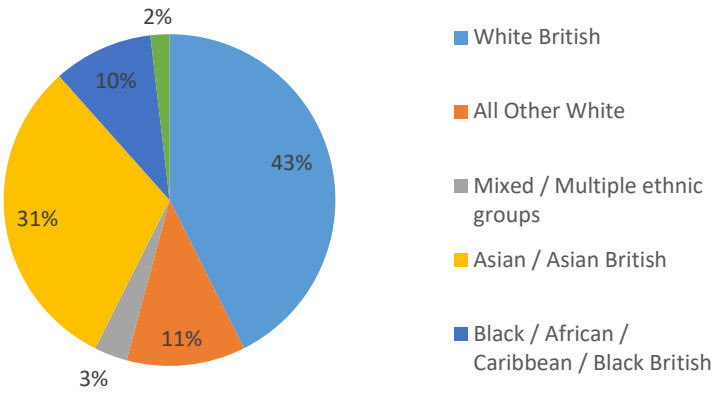
Figure 2 age pyramid for Luton 2018-2038



Ethnicity

Figure 3 below shows the ethnic breakdown of the population of Luton[7]. Less than half the population (43%) identify as white British, and almost a third (31%) identify as Asian or Asian British. Other white and black African and Caribbean comprise 11% and 10% of the population.

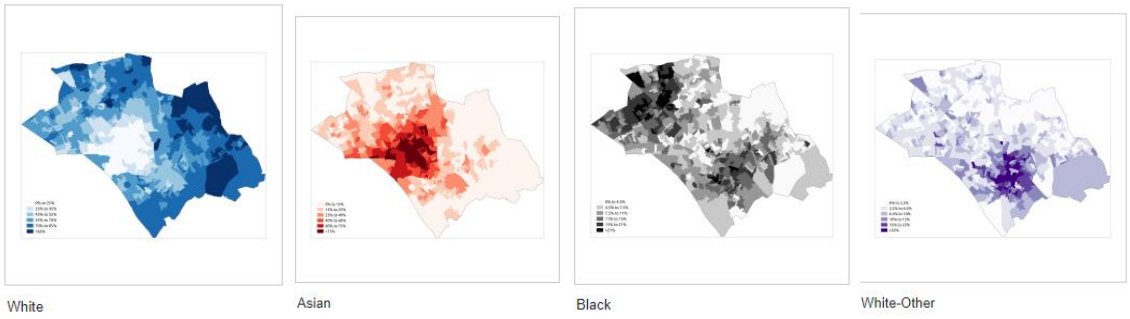
Figure 3: Ethnicity of Luton popuation (2019)



Outside of London, Luton has the third most diverse ethnic population in England, with 57% of the population identifying as an ethnicity other than white- British. The number is even higher in young people aged under 25, with 66% identifying as not white-British. The maps in figure 4 below show that the Asian community and the white-other groups tend to live in certain parts of Luton, whereas the white ethnic group tends to live in all areas, except for the area where the Asian and 'white other' population live. The black communities are also spread out across the town with a higher proportion in the north west of Luton.

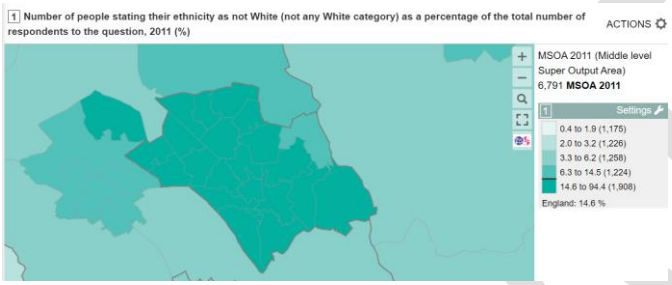
[7]https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationcharacteristicsresearchtables

Figure 4: Ethnicity of Luton 2011



As can be seen in figure 5 below, nearly every part of Luton is in the highest quintile for the proportion identifying themselves as non-white, meaning that the diversity is spread across the town, and not solely confined to one or two pockets.

Figure 5: ethnic diversity quintiles 2011

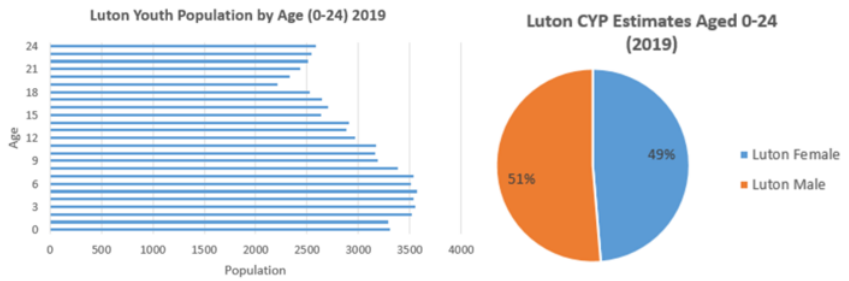


Young People in Luton

Age and Gender

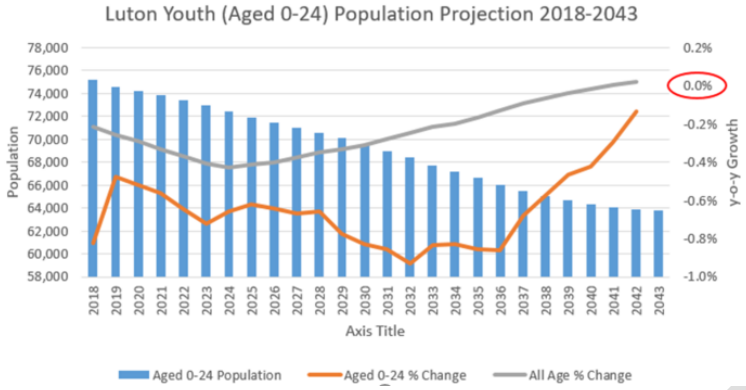
- In 2019 there were 74,624 young people aged 0-24 in Luton. Equivalent to 35% of the total Luton population. Luton has one of the youngest populations in England, see figure 6 below.
- There are more young people in the ages 3-8 than other other single age group up to 24. The ages with the smallest population are aged 20-23.
- Of the under 25s, 49% are female, 51% are male

Figure 6 age and gender of under 25s in Luton



- The population of young people is expected to fall over the coming years, see figure 7 below. From 75,000 in 2018 to an estimated projection of 64,000 by 2043.

Figure 7 Population projection Luton young people 2018-2043



Ethnicity

The following data is specific to young people aged under 25:

- **44%** of all young people aged 0-24 in Luton are from Asian backgrounds (including Pakistani, Bangladeshi, Indian, Chinese and other backgrounds), see figure 8 below.
- **34%** are white (including British, Irish, gypsy or traveller and other) and
- **11%** black and black British ethnicities (including black Caribbean, black African and black other) 9% from mixed or multiple ethnic groups
- **2%** from other ethnic groups.

The proportion of young people from non-white ethnicities is higher in 0-14 age group than 15-24, 77% compared to 72%, and the percentage of young people from Asian and black ethnicities is higher is the 0-14 age group than the 15-24, although not significantly.

Figure 8: Ethnicity in young people in Luton

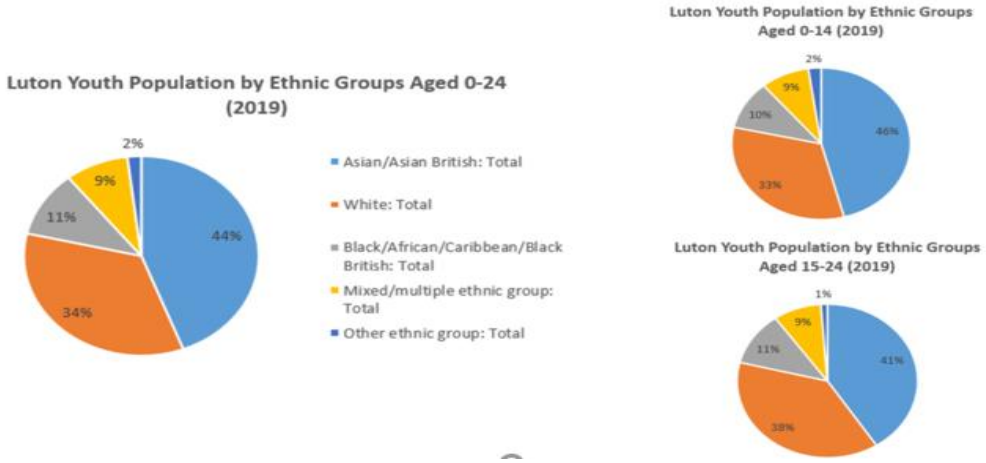
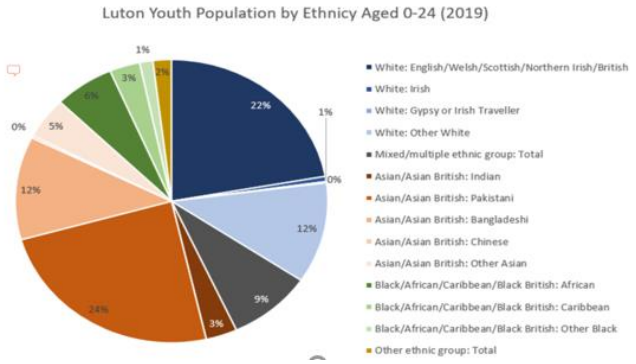


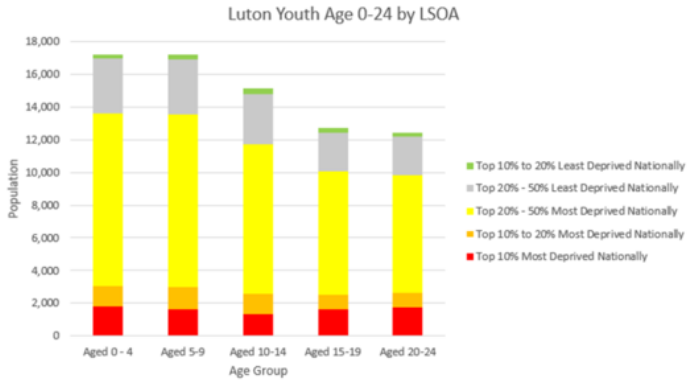
Figure 9 Detailed ethnicity of young people in Luton



Deprivation

- 11% of young people aged 0-24 live in the areas of highest deprivation, (poorest 10% of areas), whereas none live in the 10% most affluent area, and 2% live in the 2nd highest most affluent area). See figure 10 below.
- Around 80% of young people in Luton live in the 50% most deprived areas. Luton is the second highest area of deprivation in the East of England. The rates of deprivation do not vary across age ranges.

Figure 10 Deprivation in young people in Luton



Luton young people in comparison with the east of England region:

A range of indicators are available to provide a picture of life for children and young people in Luton in 2021. The picture that they show can be seen in detail below, but in summary:

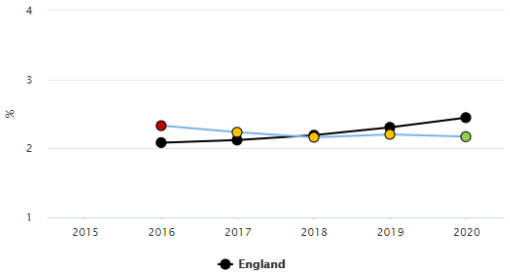
- Young people of school age in Luton generally are living in **higher deprivation** than their peers in the east of England.
- Luton children have the **highest rates of free school meals** in the region, and are in the three highest LA areas for **homelessness, low-income families, and families with unemployment**.
- Luton children have some of the highest rates of **experiencing neglect and abuse** in the East of England.
- Schools in Luton have the **highest rates of pupil absence in the region** as well as **low educational attainment, and high fixed exclusions at secondary school.** Young people were also noted to have one of **the lowest rates of satisfaction with life at age 15.**

Chapter 2 Prevalence of mental health conditions in Luton

Although it is important to accurately measure the need around young people's mental health, accurate numbers are difficult to obtain due to difficulties is registering some mental illnesses, and stigma attached to mental health can prevent some young people from coming forward with their needs. Public Health England do provide some data on the level of need of young peoples' mental health and track this over time to detect trends. Some detailed data on the mental health of children and young people can be seen below:

- **School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)** stood at 2.17% of pupils, and is reducing against the national trend which is increasing. For the first time since 2016 the rate in Luton is statistically lower than the national average.

Figure 11: School pupils with social, emotional and mental health needs (primary school)



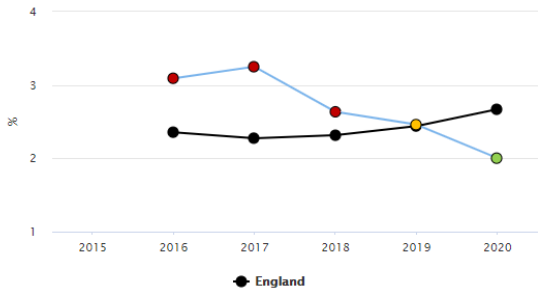
Recent trend: ➡ No significant change

Period		Luton Count	Value	95% Lower CI	95% Upper CI	East of England	England
2016	🔴	534	2.33%	2.14%	2.53%	2.05%	2.08%
2017	🟡	520	2.23%	2.05%	2.43%	2.11%	2.12%
2018	🟡	504	2.16%	1.98%	2.36%	2.16%	2.19%
2019	🟡	515	2.20%	2.02%	2.40%	2.29%	2.31%
2020	🟢	503	2.17%	1.99%	2.37%	2.53%	2.45%

Source: Department for Education special educational needs statistics: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

- **School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)** stood at2.0% in 2020. This has fallen significantly over the last 4 years, and is now statistically lower than the England average compared to statistically higher in 2018

Figure 12 School pupils with social, emotional and mental health needs (Secondary school age)



Recent trend: ⬇ Decreasing & getting better

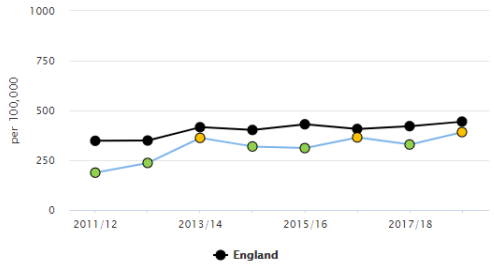
Period		Luton Count	Value	95% Lower CI	95% Upper CI	East of England	England
2016	🔴	419	3.09%	2.81%	3.40%	2.17%	2.36%
2017	🔴	450	3.25%	2.97%	3.56%	2.13%	2.27%
2018	🔴	369	2.63%	2.38%	2.91%	2.14%	2.31%
2019	🟡	350	2.46%	2.22%	2.73%	2.33%	2.44%
2020	🟢	296	2.00%	1.79%	2.24%	2.61%	2.67%

Source: Department for Education special educational needs statistics: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

- **Hospital admissions as a result of self-harm (10-24 years).** The rate is rising year on year, and stood at 155 in 2018/19, the trend is following the national average but has remained slightly below the national average, although in the most recent year was not statistically significantly below the England average.

- **When broken down by ages the numbers are as follow**s 17 young people aged 10-14, 58 aged 15-19 and 56 aged 20-24

Figure 13 Hospital admissions as a result of self-harm (10-24 years).

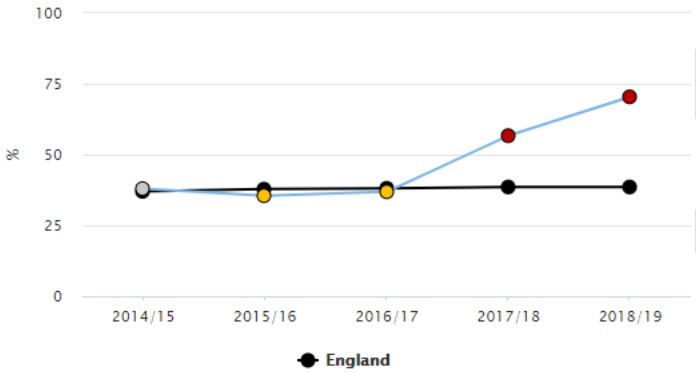


Recent trend: ➡ No significant change

Period		Luton Count	Value	95% Lower CI	95% Upper CI	East of England	England
2011/12	●	81	187.4	148.8	233.0	262.7	347.4
2012/13	●	103	236.3	192.8	286.6	291.4	348.9
2013/14	●	154	362.1	307.2	424.1	378.5	415.8
2014/15	●	135	318.9	267.4	377.5	354.8	401.9
2015/16	●	130	310.9	259.7	369.2	411.2	430.5
2016/17	●	151	364.7	308.8	427.7	353.1	407.1
2017/18	●	131	328.9	274.9	390.3	387.9	421.2
2018/19	●	155	391.3	331.6	458.6	387.4	444.0

- **Looked after children whose emotional wellbeing is a cause for concern**. The rate in Luton for this indicator is the highest in England, and has increased significantly between 2016/17 to 2018/19 (the most recent data).

Figure 14: looked after children whose emotional wellbeing is a cause for concern.



- **Prevalence of the following disorders in Luton:**
  - **Mental disorders aged 5-17:** 4,728 (2017/18)
  - **Emotional disorders in 5-16 year** olds 3.4% of the population (2015): 1,301
  - **Conduct disorders 5-16 year olds** 6.1% of the population (2015): 2,145
  - **Potential eating disorders in young people aged 16-24 :** 3,460 (2013 data)

All the above data has not changed significantly over the recorded timescale (only 1-2 years).

Figure 15: prevalence of mental health disorders in Luton

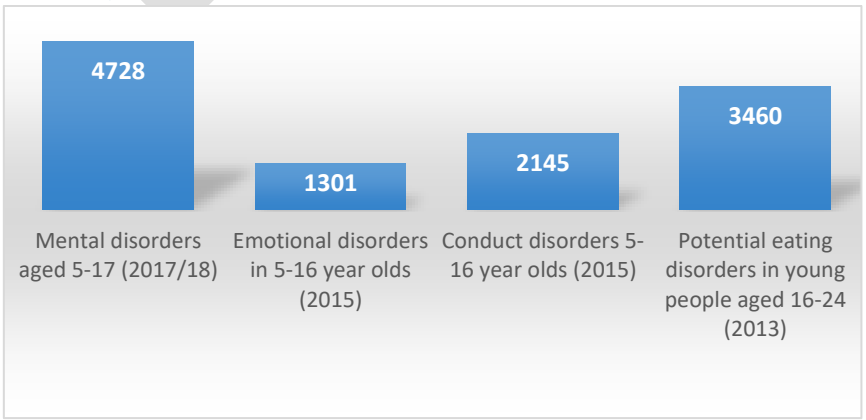
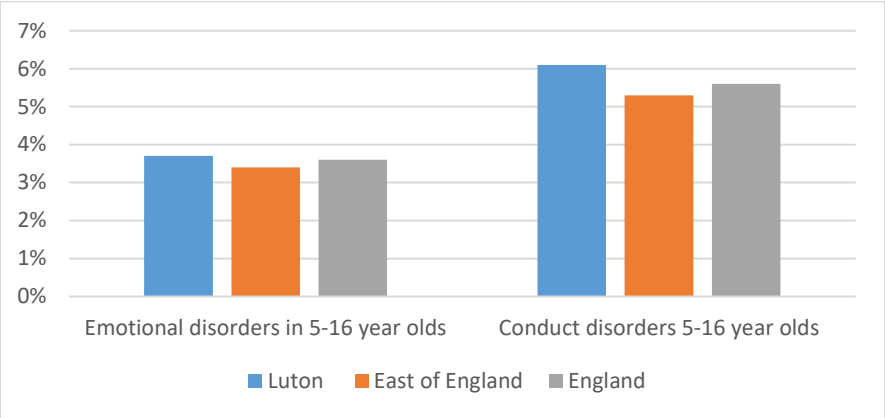


Figure 16 below shows how Luton compares to the region and to England. In both these areas the rates in Luton are higher than our neighbours and the nation.

Figure 16 Mental health disorders in Luton young people



School survey data on mental health

Every year the School Health Education Unit (SHEU) undertake an annual survey of young people in school, and Luton schools take part in this. There are separate surveys for primary and secondary school pupils. The most recent survey results are from 2018. 2,312 young people completed the secondary schools survey. 48% were girls and 52% boys. A small number didn't specify their gender. Ethnicity was broken down as in the table below, and reflects a higher proportion of young people from Asian backgrounds than in the Luton population and lower proportion of young people from white and black ethnic groups than in the general population.

Table 1 Ethnicity of young people in the school health survey 2018

Q3. Percentage of pupils describing themselves as the following (top 5):

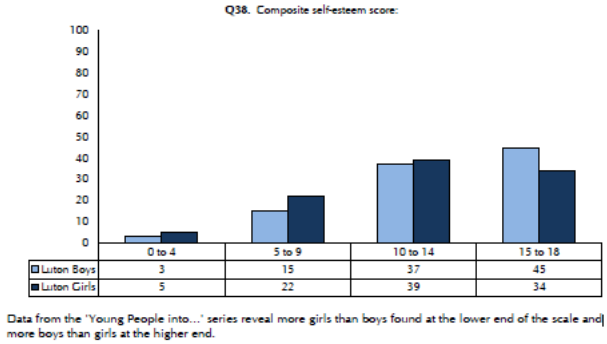
	Boys			Girls	
1	British Asian	25	1	British Asian	28
2	White British	23	2	White British	25
3	Pakistani Asian	12	3	Pakistani Asian	8
4	Other White background	6	4	Other White background	6
5	Bangladeshi Asian	4	5	Bangladeshi Asian	5

The main findings around mental health

- There was a reduction in the proportion of young people who responded that they have had a new family member (baby/adopted/new partner for mum/dad) in the last 2 years from 18% in 2018 to 15% in 2021 while there was a slight increase in the number who said they have experienced the death of someone important to them from 30% in 2017, to 31% in 2018 and to 32% in 2021.
- There was a reduction in the proportion of pupils who had a medium-low self-esteem score from 23% to 20%, between 2017 and 2018 but rose to 28% in 2021 (see figure 17). There was no change in the proportion of pupils had a high self-esteem score between 2017 and 2018, which remained at 39% but this fell to 36% in 2021. There was also no change in the

proportion of pupils who responded that they feel happy talking to other pupils at school remaining at 75% on 2017 and 2018 but this fell to 65% in 2021

Figure 17 proportion of pupils who had a medium-low self-esteem score



Data from the 'Young People into...' series reveal more girls than boys found at the lower end of the scale and more boys than girls at the higher end.

- The issues that young people worry about are different between boys and girls in the survey responses. Although the top worry is the same; exams and tests, girls are more likely to worry about the way they look, school work, and problems with their friends, whereas higher up the list for boys is career problems and money problems.
- In 2021 fewer young people did not wory about anything, and higher numbers of girls and boys responded that worrying stops them concentrating on or enjoying other things (15 and 31%) in 2018 compared to 20% and 39% in 2021)
- In addition, in 2018 more girls that boys had high levels of anxiety (13% compared to 5%) This increased in both sexes in 2021 to 21% and 7%, so an increase in both sexes.

Table 2: The issues that young people worry about are different

2018

Q41. Percentage of pupils responding that they worry about the following 'quite a lot' or 'a lot':

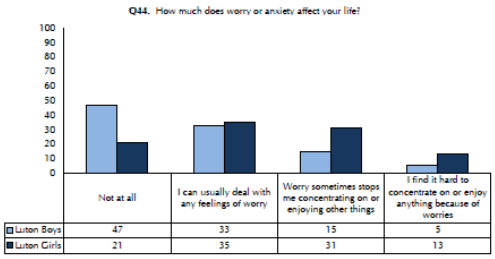
	Boys			Girls	
1	Exams and tests	40	1	Exams and tests	52
2	Career problems	21	2	The way they look	33
3	School-work problems	19	3	School-work problems	28
4	Health problems	16	4	Career problems	26
5	The way they look	15	5	Problems with friends	25
6	Family problems	14	6	Family problems	23
7	Money problems	13	7	Health problems	21
8	Being bullied	12	8	Being bullied	18
9	Problems with friends	11	9	Puberty and growing up	17
10	Puberty and growing up	10	10	Money problems	17
11	Thinking they are gay, lesbian or bisexual	3	11	Thinking they are gay, lesbian or bisexual	5

2021

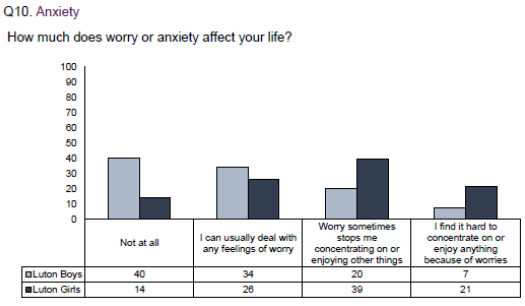
	Boys		Girls		
1	Exams and tests	44	1	Exams and tests	66
2	School-work problems	24	2	The way they look	46
3	Career problems	23	3	School-work problems	43
4	The way they look	19	4	Career problems	35
5	Health problems	16	5	Family problems	33
6	Family problems	16	6	Problems with friends	26
7	Money problems	13	7	Health problems	26
8	Puberty and growing up	12	8	Puberty and growing up	26
9	Problems with friends	11	9	Money problems	18
10	Being bullied	10	10	Being bullied	15
11	Thinking they are gay, lesbian or bisexual	5	11	Thinking they are gay, lesbian or bisexual	7

Figure 18: How worry affects young people's lives

2018



2021



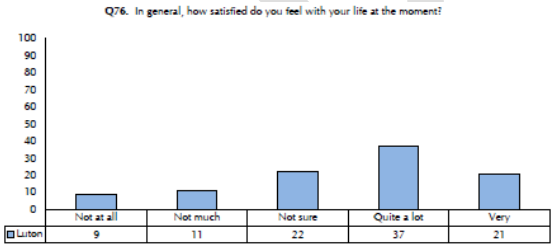
- There was a slight increase in proportion of pupils responded that there are no adults they can trust 8% from 7%, **this rose to 14% in 2021** and a decrease in number who responded that they can trust three or more adults 67% from 70%

- There was a slight increase in proportion of pupils who responded that they can 'usually or always' say no when a friend wants them to do something they don't want to do, from 68% to 69%. But also a slight increase in the number of pupils who responded that they can 'rarely' or 'never' say no when a friend wants them to do something they don't want to do, from 7% to 8%.

- A small increase in proportion of pupils responded that they worry about at least one of the issues listed 'quite a lot' or 'a lot' from 65% to 66%. There is an increase of proportion of pupils who responded they are quite a lot or very satisfied with life at the moment from 55% in 2017 to 58% in 2018. **This remained the same at 58% in total in 2021. There was a small increase in the percentage who were not at all satisfied with life from 9% in 2028 to 10% in 2021**

Figure 19 satisfaction with life

2018 *2021*



Satisfaction

Q16. In general, how satisfied do you feel with your life at the moment?

10% of pupils responded that they are 'not at all' satisfied with their life at the moment.

Percentage answering that they are 'not at all' satisfied with their life.

	Luton	
	Yr 8	Yr 10
Boys	8	11
Girls	9	12

49% of pupils responded that they are 'quite a lot' or 'very' satisfied with their life at the moment.

Q79. Percentage answering that they are 'quite a lot' or 'very' satisfied with their life.

	Luton	
	Yr 8	Yr 10
Boys	64	55
Girls	46	34

Summary

There were some small changes in the mental health of young people between 2017 and 2018. However the trend was small movements both positive and negative. These changes were smaller and of less concern than the results of the 2021 survey. In almost all areas in the emotional and mental health section the indicators showed a deterioration of young people's mental health between 2018 and 2021.

Although the number of young people in the survey who had a new family member fell from 18% to 15% between 2018 and 2021, there was an increase in the number who experienced the death of someone close to them, but only a fractionally; from 31% to 32%,

Over the same time period, the percentage of young people of secondary school age with low self-esteem rose from 20% to 28%, and number with high self-esteem fell from 39% to 36%. The number responding they could talk to other pupils at school fell from 75% to 65#5.

Although the issues that young people worry about were similar between the surveys, there was a increased percentage that worried about each area. Fewer young people did not worry at all and a higher percentage responded that worrying stops them concentrating on or enjoying other things. Responses indicating anxiety increased from 13% and 5% in girls and boys respectively to 21% and 7%, (almost a 50% increase in both sexes)

There was a smal increase in those who were not at all satisfied with life from 9% to 10%. Overall the differences in responses between 2018 and 2021 reveal a deterioration in young people's menta and emotional health.

Chapter 3 Vulnerable groups at risk of mental ill health

Some children and young people experience adversity which impacts on their mental health throughout their life, including ability to manage adversity, or resilience. There are factors which can predispose young people to increased chance of experiencing mental ill health, as well as protective factors that may reduce the chance of a young person experiencing mental ill health over their lifetime.

Factors that can negatively impact on young people's mental ill health include:

- **Adverse childhood experiences** such as domestic violence, neglect, drug and alcohol use in the home, social, emotional or sexual abuse.
- In addition CYP with **special needs and disabilities**, involvement with the care system and involvement in the justice system are more likely to experience poor mental health.
- **Poverty, deprivation**, unemployment in the home, risk of homelessness are all factors that impact on a young person's risk of experiences mental ill health

Public Health England have identified some of these factors and incorporated them into indicators that can highlight the risks of experiencing mental ill health in CYP. These indicators include:

- Poverty/deprivation
- Children who experience neglect or abuse
- Children who have experience of being looked after
- Children where parents are out of work,
- Children where families are at risk of homelessness
- Children who are refugees or asylum seekers, including unaccompanied asylum seekers
- Children with special education need
- Children living with disability
- Children who care for others
- Children who have been bullied
- Children involved with drugs
- Children involved with the criminal justice system
- 16-17 year olds not in employment, education or training. (NEET)

Across all of these indicators young people living in Luton generally perform worse across the east of England than their regional counterparts. This is particularly true around poverty, unemployment, homelessness and children experiencing neglect or abuse. Children and young people in Luton experience:

- High rates in indicators that are linked to poverty, low income, free school meals, unemployment and homelessness.
- Indicators around neglect are average in Luton compared to the east of England region, whereas indicators around abuse are high.
- Indicators linked to parents living with a disability are average in Luton for the region,
- Number of young people living in care are average, but numbers leaving care are high.
- The rates of children living with disabilities, learning difficulties and special educational needs are high in Luton compared to the region. However indicators linked to children living with long term illnesses are low.

- Number of children who are not in education employment of training (NEET) are low, but the number involved in the justice system are average.
- Luton also stands out as having high rates of school fixed periods exclusions in secondary schools, which compared to a very low rate in primary schools.

Schools:

- Highest rate of secondary schools fixed exclusion (increased significantly in 2016/17 (most recent data),
- Highest rate of pupil absence
- Highest rate of pupils with Learning difficulties
- Highest rate of children in need due to child disability or illness
- 2nd highest rate of pupils with SEND
- 2nd lowest level of educational attainment
- 3rd lowest rate of children achieving a good level of development at end of reception
- 3rd lowest rate of primary school fixed exclusions
- One of the lowest rates of children who say they are bullied (2014)
- 2nd highest rate of children with FSM achieving a good level of development

Socioeconomic deprivation

- The highest rate of children on low income families where all dependent children are under 20
- 2nd Highest rate of family homelessness (static, and England static)
- The second highest rate of Children from low income families
- 3rd highest rate of families out of work
- Highest rate of Free school meals uptake, (reducing in line with England)

Safeguarding

- Third highest rate of children requiring to be looked after due to abuse or neglect (rising in 2018, static in England)
- 3rd highest rate of children subject to child protection plans
- 4th highest rate of children in need due to abuse or neglect

Risky behaviour

- Highest rate of entrants to the youth justice system
- 2nd lowest level of satisfaction with life among 15 year olds
- The lowest rate of children with 3 or more risky behaviours at age 15
- Lowest rate who have taken drugs in the last month (2014)
- Lowest percentage of children who say they are regular drinkers (2014)
- Second lowest rate of smoking prevalence (2014)

There is significant variation across Luton in these indicators. With the south of the town experiencing higher rates of income deprivation and household living in poverty together with lower

rates of development levels at age 5. This is in line with the IMD2015 levels of deprivation. See figures 20-22 below.

Figure 20: Child poverty 2015

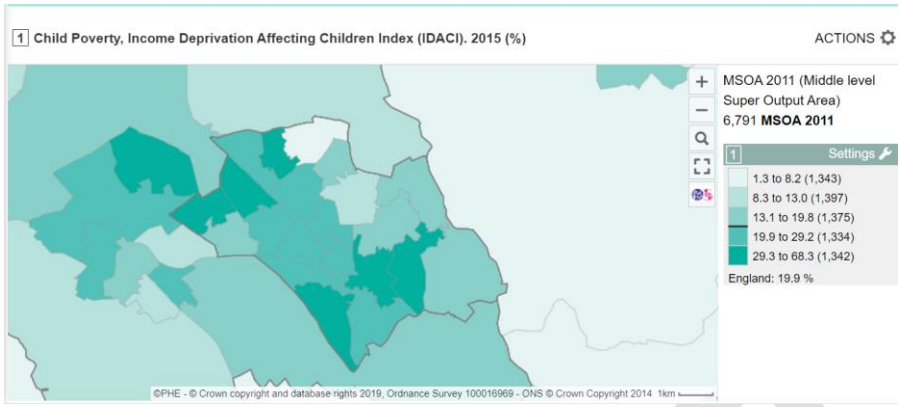


Figure 21 pupils achieving a good level of development

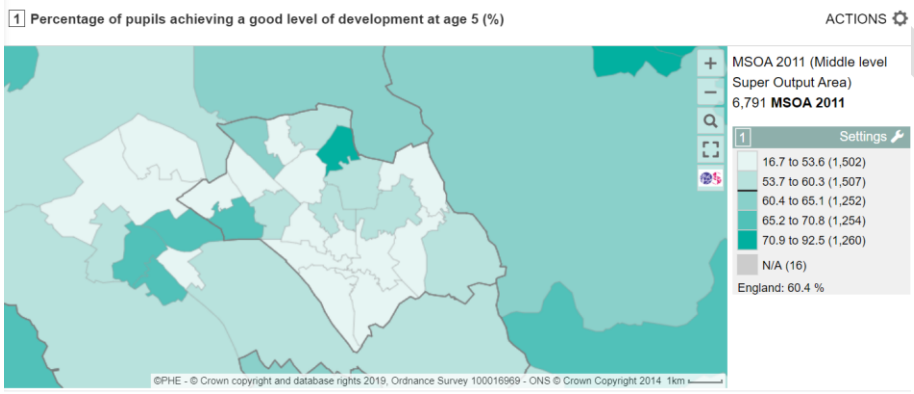
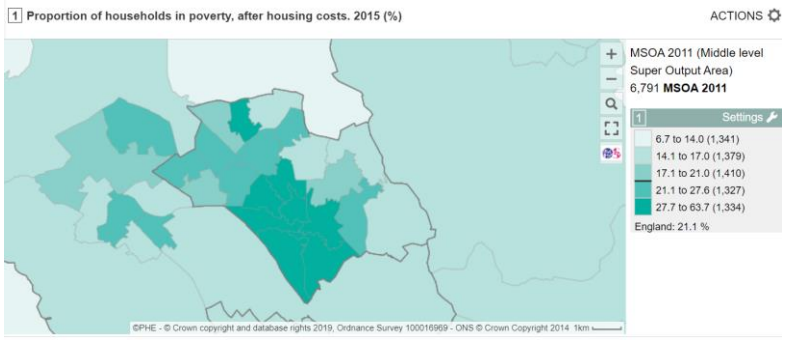


Figure 22 proportion of households in poverty



Indicator	Period	Luton			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in low income families (under 16s)	2016	↓	9,960	19.0%	14.1%	17.0%	31.8%		6.4%
Children in low income families (all dependent children under 20)	2016	↓	11,800	19.7%	13.9%	17.0%	32.5%		6.3%
Free school meals: % uptake among all pupils	2018	↓	5,586	14.4%	10.1%	13.5%	33.6%		4.7%
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2018	→	57	20.2%	20.7%	20.2%	30.6%		8.0%
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	–	97	17.0	10.8	21.2	59.0		3.0
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18	2018	–	105	18.4	16.6	21.8	63.8		4.4
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2018	–	141	24.7	13.6	16.4	60.5		4.4
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years	2018	–	1,501	263.1	146.6	181.4	480.8		60.4
Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	–	67	11.8	7.5	9.3	34.2		0.9
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	–	340	59.8	58.7	93.8	255.8		13.9
Families out of work: % of households with dependent children where no adult is in employment	2011	–	4,351	5.9%	3.4%	4.2%	10.4%		1.6%
Family homelessness	2017/18	–	318	3.9	1.7	1.7	7.7		0.1
Children in need due to parent disability or illness: rate per 10,000 children under 18	2018	–	29	5.1	5.4	8.8	70.4		0.7
Unaccompanied Asylum Seeking Children looked after: count	2018	–	27	27	490	4480	-	-	-

Indicator	Period	Luton			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in care	2020	→	385	67	50	67	223		24
Children leaving care: rate per 10,000 children aged under 18	2017/18	→	191	33.5	21.7	25.2	9.3		160.6
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18	2018	–	26	4.6	2.9	6.9	63.0		0.4
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2018	–	323	56.6	29.7	29.7	123.2		3.0
Percentage with 3 or more risky behaviours at age 15	2014/15	–	-	9.0%	17.0%	15.9%	23.8%		3.2%
Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils	2016/17	↑	496	1.3%	1.1%	1.4%	11.1%		0.3%
Primary school fixed period exclusions: rate per 100 pupils	2016/17	↑	238	1.02%	1.73%	1.37%	3.11%		0.22%
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	↑	1,990	14.4%	7.4%	9.4%	55.2%		3.0%
Pupil absence	2017/18	↑	632,905	5.14%	4.76%	4.81%	5.79%		3.51%
Pupils with Learning Disability: % of school aged pupils	2017	↑	2,607	6.9%	5.7%	5.6%	10.3%		3.1%
Pupils with special educational needs (SEN): % of school pupils with special educational needs (School age)	2018	↓	5,658	15.0%	13.7%	14.4%	19.8%		9.3%
Pupils with special educational needs (SEN): % of school pupils with special educational needs (Primary school age)	2018	–	3,409	14.6%	13.0%	13.8%	19.5%		9.3%
Pupils with special educational needs (SEN): % of school pupils with special educational needs (Secondary school age)	2018	–	1,753	12.5%	11.9%	12.3%	19.8%		7.1%
Percentage who were bullied in the past couple of months at age 15	2014/15	–	-	52.2%	56.4%	55.0%	63.1%		42.6%
Percentage of regular drinkers at age 15	2014/15	–	-	1.3%	6.4%	6.2%	12.3%		1.0%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	–	-	5.3%	8.9%	8.2%	14.9%		3.4%
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	2014/15	–	-	*	0.8%	0.9%	4.2%		0.1%
First time entrants to the youth justice system	2018	→	59	265.3	189.4	238.5	554.3		72.3
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	–	-	11.6%	14.5%	14.1%	18.6%		9.2%
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2018	–	240	4.7%	4.3%	5.5%	14.9%		1.5%

Chapter 4 Strategic Context

National Policies

NHS Long Term Plan 2019/20-2023/24

The NHS Long Term Plan (LTP) is the government's policy on improving mental healthcare in England. The Mental Health implementation plan has been in place since 2019/20 and is currently in year 3 of the 5 year plan to 2023/24, with the aim of improving all areas of mental health including Children and young people. The overall aim is to:

- Increase the number of CYP with access to NHS funded mental health support teams to 345,000 in England.
- There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions.
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]

COVID-19 Mental Health and wellbeing recovery action plan

In March 2021 the government published the recovery action plan[8] whose aim was to prevent, mitigate and responds to the mental health impacts of the pandemic during 2021 and 2022. The document identified that he impact of the pandemic affected all groups, but that children and young people were especially hard hit, due to the changes in their schooling and socialising and coping with the uncertainty of the pandemic. Additional mental health support teams have been funded and Luton has been successful in approval of funding for another MHST for the area as well as other initiatives aimed at considering how to best address the additional needs of young people since the pandemic started.

Local policies

Luton 2040

Luton 2040 is the overarching strategic plan for Luton[9], and is a shared vision that by 2040 Luton will be a healthy, fair and sustainable town where no-one lives in poverty. Young people are a key priority of this vision, as one of the 5 strategic priorities is to create a child friendly town.

> 'Making Luton a child-friendly town, where our children and young people grow up feeling happy, healthy and secure, with a voice that matters and the opportunities they need to thrive'.

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf

9 https://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Luton2020-2040/Luton-2040-strategic-vision.pdf

The vision will be delivered through two strategic partnership boards; the Inclusive Economy Board and the Health and Wellbeing Board (HWB). The HWB has established a population wellbeing strategy to meet the key areas of the strategy. Of the six areas of focus, one is to 'improve physical and mental health outcomes'. In addition the population well-being strategy (PWBS) has six strands, covering life course and settings. The strand, 'starting and developing well', focuses on child and maternal health and includes 'greater support for mental wellbeing for young people' and includes:

- Giving all Luton's children the best start to their education, including speech and language development; and meet the SEND agenda
- Increase school attendance
- Helping families to improve children's health and wellbeing, with particular emphasis on healthy weight and emotional wellbeing
- Decrease drug related harm in young people
- Keeping children and young people safe, with a focus on reducing serious youth violence, exploitation and neglect
- Raising young people's aspirations with a focus on increasing employment, education and training opportunities
- Reducing infant mortality

Children and young people's mental health is therefore a key component of local and national policies. Improving outcomes for young people around their mental health is key to both national and local strategic policies.

Governance

The Children's Trust board is responsible for the delivery of these goals and is accountable to the HWB board who are responsible for the overall ambition of Luton 2040.
One of the outcome measures from Priority 3 (Helping families to improve children's health and wellbeing) with particular emphasis on healthy weight and emotional health, includes the measure of the 'estimated prevalence of common mental disorders: percentage of population aged 16 and under'.

Chapter 5 Impact of COVID on young people

The COVID pandemic has impacted on everyone's' life in the last year. Our social emotional and physical wellbeing has been affected in so many ways including our jobs, our interaction with loved ones, friends and colleagues, school and socialising.

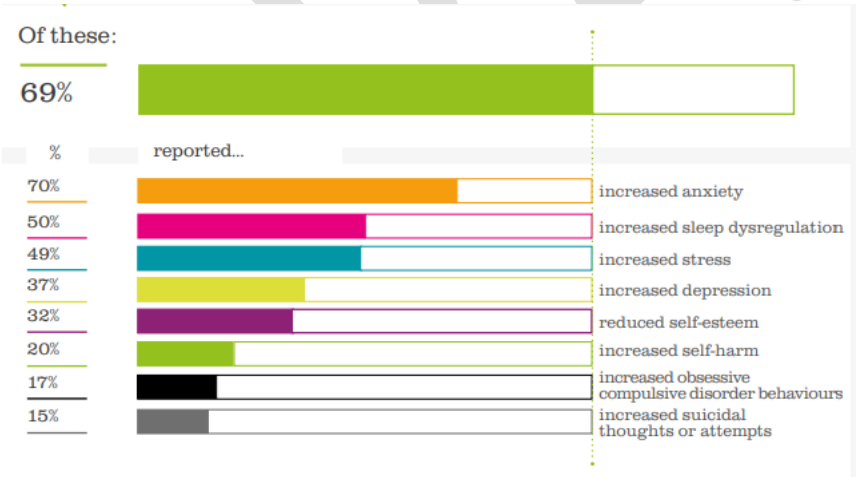
Some groups have been impacted to a greater extent than others, and young people are one of those groups who have been affected both directly and indirectly by the pandemic is greater than others and young people who were already facing discrimination found that COVID often made this worse.

From the impact of COVID in some ethnic communities resulting in bereavements and loss of family members, to loss of employment, and financial insecurity, isolation associated with lockdown and school closure, young people who were already experiencing mental ill health found their access to support was abruptly stopped and they were left in sometimes unsuitable and dangerous situations. This was in the context of a mental health system that was often not fully meeting the needs of young people.

These have resulted in the impact of COVID in young people one of the most affected by the pandemic.

Much research has been undertaken to assess the impact of the pandemic on young people below are some of key the findings:

Barnardo's undertook a study of 4,000 young people nationally aged 8-24 on the impact of COVID 'at least a third said they had experienced an increase of mental health and wellbeing issues including stress, loneliness and worry'



'Youth colleagues in Bristol found that over a third (34%) of children and young people they interviewed reported significant isolation'

- Although the pandemic has affected the mental health of people across age and social demographics, we know that young people who had existing mental health difficulties found managing through the lockdown, particularly hard, with 83% experiencing worsening mental health during the pandemic.'
- Black and minority ethnic communities were disproportionately impacted by COVID, including higher rates of death due to the virus as well as higher impact on employment and

financial security. We know that young people from these communities were disproportionately impacted by grief and bereavement. Recent statistics from Kooth show that children and young people from BAME communities are more likely to have contacted them needing support with their mental health and wellbeing during this pandemic than their white peers'.

- Children and young people living in poverty are more likely to experience poor mental health and wellbeing outcomes. This pandemic risks pushing many more children, young people and families into poverty, whilst also exacerbating problems for those who were already living in poverty'.
- Children and young people with Special Educational Needs often rely on routine and find change and uncertainty particularly difficult. This pandemic, which has brought with it so much change and uncertainty, will have a profound impact'.
- Care leavers often lack the support networks that their peers benefit from – and this pandemic is likely to have exacerbated this further.
- Young carers are particularly at risk of becoming cut off and isolated as a result of this pandemic – with many undertaking more responsibilities for shielding family members.
- LGBTQ+ children and young people are more likely to experience poor mental health across their lifetime, and some children and young people may have been isolated from supportive friends and family during this time.

Nationally Children and young people told Barnardo's that accessing CAMHS during the pandemic was variable. There is evidence of a drop in CAMHS referrals by an estimated 30-40% .Disruptions to the usual referral routes – schools and youth group closures and reluctance to attend GPs or A&Es – are likely to have contributed to this

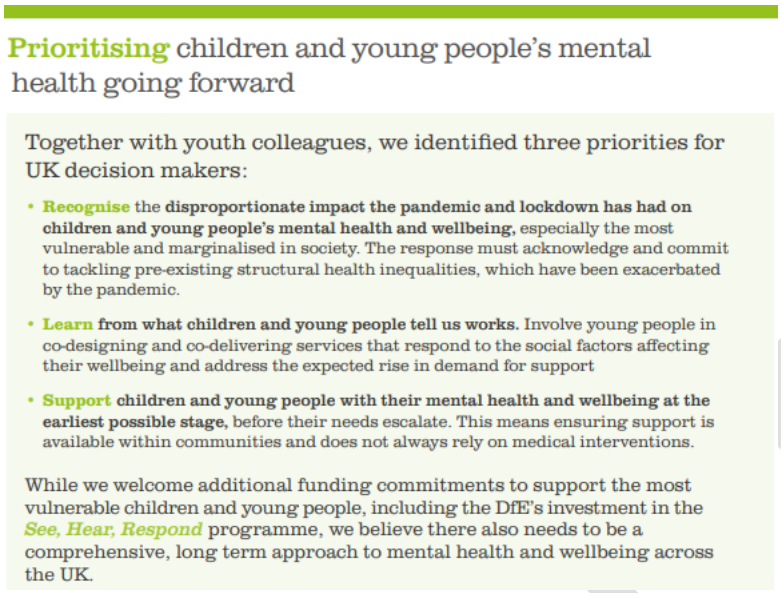
Some children and young people have embraced the provision of remote services, and it has increased engagement. For example, some children and young people with severe mental health and wellbeing difficulties have been accessing groups for the first time where they may not have been comfortable to attend in person. However, some young people find phone calls anxiety inducing or otherwise could not trust professionals when communicating in this way. Some children and young people may lack quiet and confidential spaces in their household to take calls, and others said it would be very difficult to engage in remote access during a crisis.

Learning from Lockdown – what works for wellbeing

Through the national survey children and young people that were spoke to, and youth colleagues working on the report, highlighted several ways that CAMHS could better support children and young people with their mental health:

- Ensure Support is available for children and young people early before their needs escalate
- Provide specific support for children and young people around Covid-19
- Offer flexible, consistent support with choice around methods of communication
- Allow children and young people to self-refer for support
- Support children and young people with how they can build their own resilience and practise self-care
- Connect with the wider network of support services to ensure children's needs are identified and met early
- Ensure contingency plans are in place in case of future emergencies

- Review tiers and thresholds to ensure children and young people who need CAMHS can access it.



Prioritising children and young people's mental health going forward

Together with youth colleagues, we identified three priorities for UK decision makers:

- **Recognise** the **disproportionate impact the pandemic and lockdown has had on children and young people's mental health and wellbeing,** especially the most vulnerable and marginalised in society. The response must acknowledge and commit to tackling pre-existing structural health inequalities, which have been exacerbated by the pandemic.
- **Learn from what children and young people tell us works.** Involve young people in co-designing and co-delivering services that respond to the social factors affecting their wellbeing and address the expected rise in demand for support
- **Support children and young people with their mental health and wellbeing at the earliest possible stage,** before their needs escalate. This means ensuring support is available within communities and does not always rely on medical interventions.

While we welcome additional funding commitments to support the most vulnerable children and young people, including the DfE's investment in the *See, Hear, Respond* programme, we believe there also needs to be a comprehensive, long term approach to mental health and wellbeing across the UK.

In Luton similar to across the UK, in March 2020 the first lockdown meant that almost universally, face to face sessions stalled. Everyone was confined to home except for one outing for exercise and essential shopping only. Schools were closed and for many did not reopen for six months. Mental health services had to drastically change how they managed their caseloads.

The local data showed that in the first weeks of lockdown referrals dropped within some services, however within weeks this changes and referrals started to increase; services found innovative ways to engage with their clients, including use of a variety of media platforms became the norm. For some young people this worked well, meaning they could still access the help they needed but in more convenient locations, they could engage on camera, or voice only, or even just through the chat functions. This allowed young people to proceed at the pace they were comfortable with, and this had benefits, however for others it was not so successful. Mental and social care professionals have noted that it was sometimes difficult to know whether the young person was in a safe environment when they spoke to them, particularly if the camera was off. Other professionals noted that this way of working worked better for teens and older young people, but was less successful for younger children where a more personable relationship needs to be built and this can only truly be done in person.

Others felt that if the relationship with the young person had already been established a virtual continuation was often straightforward, however to start an assessment in a virtual capacity was more difficult.

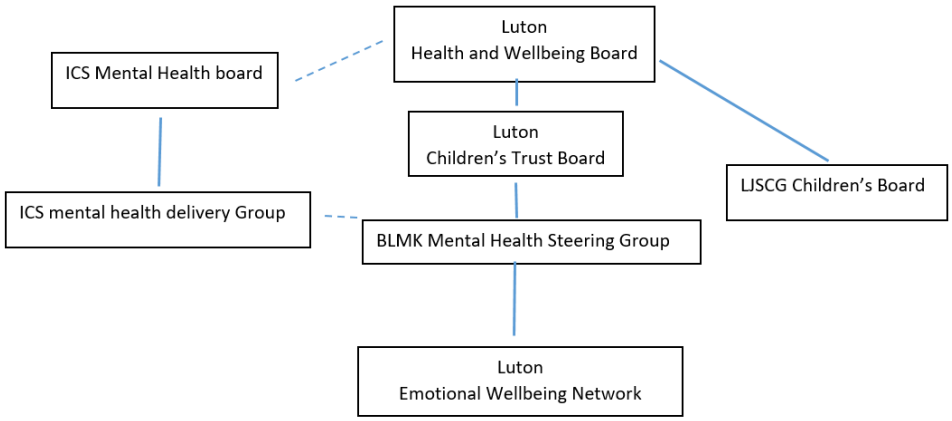
Overall, since the start of the pandemic services have all seen increases in referrals to their services. Almost universally, providers have noted that as well as an increase in the number of referrals, the complexity of the referrals has increased, increasing the demand on providers to manage these complex cases.

Chapter 6 Current provision for CYP mental health

In Luton Young people's mental health service are commissioned by both BLMK CCG and Luton Borough Council, however the responsibility for the majority of the YP MH services is with the CCG. The CCG commissions services across Bedford, Luton and Milton Keynes however for historical reasons there are some differences between how services are set up in each local authority area. This report focusses only on Luton.

Governance structures

The governance structure for young people's emotional and mental health can be seen in the figure below:

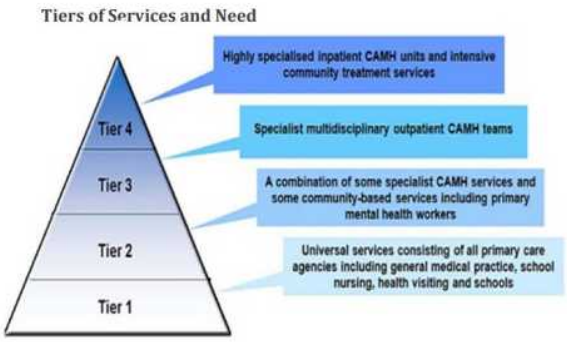


There is a clear line of accountability between the BLMK Mental health steering group to the Children's Trust Board for Luton and ultimately to the Luton Health and wellbeing Board. In addition to the governance structure here action plans, needs assessment and strategies and changes in service will be overseen by the Luton Health Scrutiny and Children's Scrutiny Panels.

Service provision

Young people's mental health services are commissioned based on level of need and complexity. Previously these were known as Tiers as can be seen in diagram 1. Whereby the lowest tier reflects the most general and lowest level of input needed. It includes universal services, such as schools, primary care, youth services. Tiers 2 and 3 reflect increasing levels of need, from specialist CAMHS and community services, through to outpatient CAMH teams, where the need is much greater. Tier 4 reflects highly specialist units for the most complex cases with the highest levels of need.

This model has now been replaced by the i-Thrive systematic approach, see diagram 2 below.



The i-Thrive model looks at the needs of the individual and takes a more systematic and cyclical approach. The i-Thrive model uses a holistic and systematic approach to young people's mental health. From the initial point of Getting Advice through getting help, getting more help and getting Risk Support, means that young people and services can work across all areas of the model and don't need to move through in a linear path from Tiers 1 through to 4.

Some providers will support young people through a range of areas of the model others focus only on a couple of areas. What is critical to effective delivery is clear and straightforward referral pathways and signposting to appropriate care.

Getting Advice

This provision was previously called Tier 1, includes services where young people can be supported and signposted by non-specialist professionals, such as teachers, primary care staff, youth workers and signposted to more specialist help if required. It includes settings such as schools, primary care, youth services, social workers, foster carers and even parents and carers. The aim is that all young people should be able to access effective and appropriate help at the earliest stage they seek it.

Young people present in a range of different ways, which are not always easily identifiable, as mental health issues, and therefore staff within these setting require training to recognise and identify when a young person may require some mental health input.

In addition young people with SEND and neurodiverse young people also often present with non-traditional behaviours and it can be difficult to identify the root cause. Evidence shows that young people with SEND and ND experience higher rates of mental ill health than the general population.

Another group requiring additional support are young people from BAME communities. Where overall referral rates to the SPOE and other commissioned services is generally lower than the representative proportions of young people from BAME communities.

Schools

Young people need to be able to access mental health support at the earliest stage and receive appropriate support or signposting. The school is the primary point of access for a majority of young people. There are a number of support services available within schools.

MHST and Schools' Liaison Teams

ELFT CAMHS delivers a comprehensive stepped care model of service in Luton, applying the national Thrive model. The CAMH Access Service CAS) offer first step care, Giving Advice and Getting Help (the first two quadrants of Thrive) to offer early interventions for mild to moderate mental health problems, to schools (CSLT and MHST) and GP Practices (Primary Care Access Service). When Getting More Help and Risk Management support is required, a seamless step-up to our multi-disciplinary service colleagues takes place, for moderate to severe mental health problems. This is always done in collaboration with children, young people, and their families.

The CSLT offers a broad-based early intervention service to all schools across Luton, excepting the 14 schools and provisions the MHST is working with. The two teams will be communicating an integrated offer to all schools and partners early in September 2021. There will be in integrated pathway and Helpline for all schools and school staff. The teams will also work together to offer an efficient and substantial whole school offer.

The CAMHS Schools service offer with and through schools will be expanded on in the next two years, as we have been successful in our bid for two more MHST Teams, one each in September 2021 and 2023. The teams will concentrate on the most deprived areas in Luton, with the MHST focus on tackling health inequalities. This will enable a greater resource to work with the schools serving these communities, while also allowing all schools in Luton to have a strong partnership with the schools' team, both for targeted early intervention and whole school approaches.

ELFT also works with third sector colleagues, such as CHUMS, to integrate the schools offer with theirs, to be more efficient in provision and response. Examples include advertising provision in joint newsletters.

LBC Schools Team

The Luton Schools Health Education Worker supports a range of services around the emotional and mental health of young people. Including:

- Developing Young People and Professionals MH support services posters were developed and disseminated across schools and youth settings.
- Adverse Childhood Experiences (ACE'S) Trauma informed practice within an educational setting guidance was developed for school staff
- ACES online training was rolled out to schools to ensure staff were trauma informed
- Emotion Coaching training was made available to schools
- Covid-19, Toxic Stress and Community Resilience training was rolled out to schools
- SHEU was funded to understand the views of young people around emotional health and mental wellbeing
- The Wellbeing for Education Return (WFER) Trainer the Trainer was a national initiative that seeks to address the potential harmful consequences and impact of Covid-19 on Staff, children, young people and families' mental health and emotional wellbeing. Luton were

allocated £24,037 to participate in this project. The aims of the project were to develop a training package for schools provide on-going support to schools until March 2020.

- A bespoke Luton programme was developed, from the national core resources, in partnerships with CHUMS, CAMHS, The Education Psychology service, education and public health Luton, and delivered to schools via online seminars. Developed to support the local needs of Luton schools the training paid particular attention to BAME, SEND and young carers along with staff wellbeing.
  Particular care was taken to ensure the training enhanced the current initiatives supporting mental health and emotional wellbeing in schools. TOKKO were commissioned to provide the further support (2021) to schools as required by the programme criteria
- Mental health in schools professionals' network A network is to be set up for service providers, practitioners and school staff. The aim being to bring together local leaders in education alongside practitioners to identify the support required by school communities people through collaborative working, the sharing of good practice, resources and training. Working together to ensure schools, families, children and young people are given the support they need. This initiative will require additional admin support.
- Luton accredited Mental Health First Responder Trainer the Trainer programme
  Funding has been allocated to develop bespoke local training for non-mental health specialists. Developed by local services the programme will teach the skills and confidence to spot the signs of mental health issues in a young person and how to guide them towards the support they need. The aim being to support a young person's recovery and stop a mental health issue from getting worse. This will be a train the trainer programme to build resilience and sustainability in schools and educational settings.

School Nursing and Chat health

The school nursing team is provided by Cambridgeshire Community Services and is commissioned by Luton Council as part of the 0-19 provision. A team of school nurses work with all primary and secondary schools as well as colleges and the PRU. Their mental health health offer includes providing support to a number of young people around their mental and emotional health needs, including 1-2-1 discussions and signposting and referral if necessary. The team have recently implemented a new assessment template calls 'ORS and CORS' to assess young people's needs and identify appropriate interventions.

In addition, the school nursing team, offer the 'Chathealth' service. This is a texting service where young people aged 11 and over can text a dedicated number and contact one of the school nurses with any worries or concerns and can further the interaction either through texting, signposting to relevant services or move to a face to face meeting. This service has been provided for the last 2-3 years. The number is monitored Monday- Friday 9am-4.30pm. Current activity to the service is low, sometimes with no activity in a whole month. There are a number of explanations for the low uptake, include lack of promotion of the number, inconvenient opening hours, and availability of other services that meet these needs.

Primary Care

Young people and carers will approach primary as their first point of call for MH support. GPs and primary care staff are able to refer young people to arrange of specialist MH providers. These will generally go through the single point of access for referral to the appropriate service.

ELFT provide a helpline for primary care staff in Luton to discuss any concerns around young people's mental health. This helpline can advise and support primary care in management of young people in their care.

Social Care including Looked after children and leaving care

Social Care support young people looked after or supported by the Local Authority, including those who are identified as being a 'child in need.' This is a very vulnerable group of young people and national data indicates that over 70% of young people in this group in Luton are in need of mental health support, this is the highest rate in England (see chapter 3). Significant problems include identifying suitable placements for young people with known mental health problems, and can lead to placements out of the area.

COVID has affected all young people, but locally it was identified that young people looked after experienced specific issues that has exacerbated mental ill health. for example, during lockdowns looked after young people were unable to meet their families and also many did not have access to digital equipment to see or speak to their families in addition they could not see their other friends or workers, leading to increased isolation and further exacerbating mental ill health.

Getting Help and getting more help

The getting help and getting more help sections of the i-Thrive model are delivered through services commissioned by the CCG and LBC. These section of the model are relevant when a mental health need has been identified and risk assessed to be in need of further dedicated support.

In Luton, referrals to any of these services are directed to the 'single point of entry' SPOE) which is led by CAMHS, but includes a multi-disciplinary team including all the services commissioned to deliver MH support in Luton. In addition most providers also accept direct referrals from professional as well as self-referrals.

Pathways and referrals Single Point of Entry (SPOE)

The referral pathway for all CYP MH services can be accessed through the single point of entry (SPOE). The SPOE is led by the main CAMHS provider (ELFT) but includes representative from all the CCG and LCB YP MH commissioned services.

All referrals are received via a dedicated email address to the SOPE and then assessed by a multi-disciplinary/multi professional team on a weekly basis to assign the appropriate service for each individual case, and put together a risk assessment for that individual with a plan to refer to appropriate service provider. Anyone can refer to the SPOE including self-referral.

CAMHS

CAMHS service is provided by East London Foundation Trust (ELFT). ELFT are commissioned by BLMK CCG to provide mental health services for young people aged up to 18 in Luton. ELFT also provide the CYP mental health service across Bedfordshire, there are currently differences in the commissioning arrangements between the different areas within the CCG.

CAMHS is commissioned to provide high quality mental health care to young people aged under 18 in Luton with moderate to severe mental health problems. They provide services directly to support young people with a wide range of mental health needs and levels of complexity. ELFT also work closely with the professionals who refer young people to support them in the referral process, including helplines for primary care, schools and social care teams.

ELFT deliver the schools support teams (see getting advice above) as well as a range of counselling, group support and crisis management for young people with symptoms including anxiety, depression, eating disorders, stress and low mood as well as thoughts of self harm and suicide.

All referrals are received through the SPOE and are addressed at the weekly SOPE meetings.

At the start of the pandemic most services move to working remotely and included using telephone, virtual platforms and messaging systems, there were still some face to face sessions which were socially distanced, use PPE and use staggered appointments to avoid busy waiting areas. However COVID has greatly impacted on the ability of services to provide mental health support to YP in need.

At the beginning of the pandemic and subsequent lockdowns the service set up daily Intensive Crisis Response Team which all staff contributed to and involved 2 daily multidisciplinary handover meetings to ensure patient care and safety was maintained. This has remained throughout Q3 and will continue for the foreseeable future. During and after lockdowns there was an increase in referrals to CAMHS with an increase in proportion of referrals accepted as well as an increase in the absolute number of referrals received

CAMHS has significant user involvement in their services through their YP participation group, which ensures young people's voices are heard within the service. This group undertake a wide range of activities, including supporting staff recruitment process, developing podcasts on their experiences and delivering training to staff. Their input is highly valued within the service.

Chums

Chums is a mental health and wellbeing social enterprise working with CYP across Luton and Bedfordshire providing counselling and therapeutic support services to YP. They have 87 staff and support 4,000 young people, families and carers. The service generally uses a model of 4 sessions counselling for each young person referred (more can be delivered if required) as well as group sessions for some young people. They focus on mild to moderate levels of need of mental health and emotional wellbeing need. CHUMS remodelled their services for Luton in 2019, changing from a bereavement service to a more general emotional wellbeing.

CHUMS also deliver a range of provision to deliver the getting help agenda. These include:

- Bereavement counselling
- Sleep workshops for parents and teenagers
- Resilience workshops
- Self-esteem groups for teenagers
- Supporting YP with COVID related interventions such as loss and frustration workshops
- Music therapy service
- Young Carers Service

YP can refer into Chums either through self-referral or the Luton single point of entry (SPOE) ,run by ELFT). Once referred they are assessed and assigned to the appropriate service.

346 referrals were received in 2020. There is currently little to no waiting time for new referrals into Chums. Referrals into CHUMS have increased since March 2020, but the service has been able to manage the increase workload, although there have been staffing issues, around shielding and burn out of some members of staff as complexity and acuity of cases increased over the pandemic.

Since the pandemic all sessions are delivered virtually and they have found this to be a positive for the young people they are working with, as sessions are virtual clients have the option of turning off their cameras and using the chat function, CHUMS report this has proved very successful and popular with many young people

The bereavement service found the online process challenging and is planning on going back to face to face in a COVID secure manner. CHUMS have also increased the provision of information and ability to contact staff through the website and this has led to an increase in investment into this part of the website.

Tokko

Tokko is a third sector organisation supporting young people aged 13-19(or up to 24 for young people with disabilities) at risk, and are commissioned by BLMK CCG to provide support for young people in Luton around a range of issues including those identified as vulnerable, young people affected by teenage pregnancy, risk of exploitation, domestic violence, and LGBTQI+. Tokko works across the getting help and getting more help sections of the i-Thrive model. They work with the young person for as long as there is a need, there is no time limit to support.

Referrals come from young people and their families, schools, SPOE, GPs, social workers, youth offending projects. Tokko are now represented at the SPOE assessments and this has led to increased referrals through this route.

Since the Pandemic Tokko have moved to online working at the start of the pandemic, but are now moving back to some face-to-face working, as it is preferable for some young people. The counselling services commissioned to work with 180 young people per year.

Kooth

Kooth are a national organisation commissioned to deliver online support to young people from 11-20 (or 25 for YP with SEND). Their offer consists of 4 main components;

- Accessing articles and information through the site with the ability to comment or post opinions etc on the content,
- Proactive communication with a young person if they post something which raises a concern,
- Messaging where a young person and a counsellor will engage in an online chat, which is not 'live' but they can post messages back and forth to discuss any issues of concern.
- Chatting/counselling, is a live and structured approach, where the communication is still through messaging function, but is live and consists of planned number of sessions with clear objectives and outcomes. They also offer services in schools including small group work for young people with specific issues, although this is not currently happening in Luton

Any young person living in Luton can access Kooth and it is advertised through a range of channels. It has benefits of being available up till 10pm 7 days a week, outside of other support facilities, however there is often a delay in accessing a counsellor at busy times.

COVID had an impact on the number of young people registering with the site, but this did not translate into increases in number accessing the chat/counselling function. They tend to see increases in registrations when they have been into a school, (but this has not happened in Luton).

Numbers of young people accessing Kooth are fairly low (16 young people from Luton engaged in a 'chat' with a worker in the most recent quarter's data). They have acknowledged this is low, and is put down to lack of their access in schools to promote their service directly to young people.

Kooth are able to signpost young people to local services through information they hold on other local provision if they think the young person requires additional support, however they are not involved in the SPOA or other local Luton services.

Risk support

CAMHS is the main provider of services around 'risk support' aspect of the i-thrive model. CAMHS work within A&E to manage cases within this setting through the crisis team. In recent times they have struggled to recruit to key posts within the team so have been using agency staff to meet the ever increasing amount of young people presenting in crisis, which has continued to increase since the start of the pandemic in March 2020 and the acuity of the young people presenting is increasing at all levels

CAMHS have managed some extremely complex cases, which have resulted in using paediatric beds more frequently due to the national demand on inpatient beds. On a few occasions young people have been placed on adult wards due to the lack of bed availability and there have been some cases that require social care placements which are also very difficult to access.

New investment for crisis and the development of the home treatment element to the service plus the news of an interim CAMHS in-patient unit to support young people from Beds, Luton & Milton Keynes. A countywide clinical team lead to support this new development and 2 fixed term Project Managers as part of the New Models of Care have been recruited. Recruitment for key posts continues. Funding has now been secured Intensive Support Team across BLMK, to sit alongside community Tier 4 / admission avoidance pathway

Additional needs (SEND and NDD)

Young people with special educational needs (SEND) neurodevelopmental disorder (NDD) are known to be at additional risk from emotional and mental health needs. Additional mental health problems are substantially increased amongst people with neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and global intellectual disability (ID). Children and adolescents with neurodevelopmental disorders are three to six times more likely than their peers to have other mental disorders such as anxiety, depression and antisocial behaviour. Furthermore, these additional disorders are less likely to be recognized, diagnosed and treated[10]. There is not sufficient data to fully understand whether the emotional and mental health needs of young people with SEND and NDD are being met. A Luton parent/carer forum of parents of young people with SEND and NDD is currently feeding back on experiences to all services and their input is highly valued source of feedback for all providers who are working to address the concerns of these families with complex and ongoing needs.

Summary Referral data from all service providers

Numbers of referrals

CAMHS received around 100 referrals per month prior to COVID with an acceptance rate of around 50-60%. At the start of the pandemic referrals initially rose, then fell towards summer. They rose

[10] https://www.kcl.ac.uk/research/mental-health-problems-in-neurodevelopmental-disorders#:~:text=Children%20and%20adolescents%20with%20neurodevelopmental,be%20recognized%2C%20diagnosed%20and%20treated.

again in the autumn of 2020 and remained high and continued rising throughout 2021. The complexity and acuity of referrals was highlighted by the proportion of referral accepted, at around 50-60% at the start of the pandemic, to around 90% in winder 2020/21. Since spring 2021 although referrals have continued to rise the proportion accepted has fallen again to pre-pandemic levels. However, Crisis referrals to CAMHS stood at around 10-20 per month before the pandemic, by early 2021 they were up to 60-100 per month.

CHUMS were receiving 20-30 referrals per month in 2019. By summer 2021 this has risen to 60-80 per month. Referrals followed a similar pattern as CAHMS, falling at the start of the pandemic and then increasing. They then remained static, although lower than previously throughout the rest of 2020. In early 2021 numbers started to rise and rose steadily until June 2021, and there has been a small drop off in referrals since then. Conversely to CAMHS, the referral acceptance rate has fallen throughout COVID, only rising in summer 2021, but it is still lower than pre-pandemic levels of referral acceptance.

Tokko, saw a reduction in referrals in April to June 2020 to under 5 referrals per month, but since then has seen a steady increase up till March 2021,(28 referrals) with total almost 400% higher than in April 2020,

Overall, referrals increased to all services between April 2020 and summer 2021, the increase was particularly strong after winter 2020 and seem to have increased to all providers and most of the time throughout 2021. Overall numbers of young people referred to mental health services has increased substantially, but in addition the services provider report increased complexity and acuity of cases they have seen. The increase in referrals in the crisis team are a reflection of the increase in complexity of cases being seen by mental health service providers.

Ethnicity

All providers record are required to ask the ethnicity of young people referred to their service, however 'not given' is often the response and it is not possible to determine the ethnicity of these individuals, so they are disregarded from the analysis if that is possible. However, it is possible that those who do not give their ethnicity, may be more likely to be from non-White backgrounds, and therefore all data will therefore be skewed towards the White-British population.

In Chums around half (47%) of all young people referred to the service are from White-British background, 7% from Black Caribbean, African or Black other ethnicity, and 19% from Asian, (Indian, Pakistani and Bangladeshi) communities. White-other accounted for 5% of the referrals

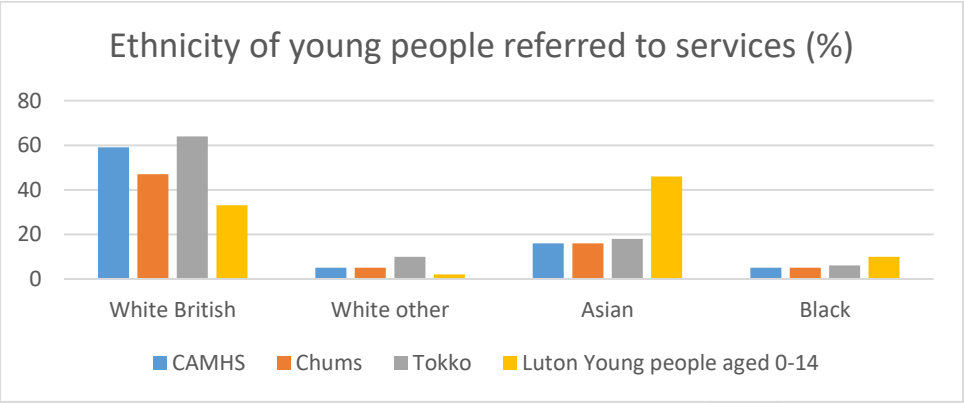
In CAMHS service 59% of all referrals for Luton were from White British ethnicity, 16% from Asian background and 5% from Black background, and 5% from White other backgrounds

In Tokko, excluding the 23% where ethnicity was not given, 64% of referred young people were white British, 10% white Irish or white other, 18% Asian and 6% black British African or Caribbean.

Overall there was strong similarities in the breakdown by ethnicity across all providers. Particularly around African and Asian ethnicities were all providers reported 16-18% or referred young people were from Asian background and 5-6% were from Black backgrounds.

Compared to the population of Luton where 46% of young people aged 0-14 living in Luton are from Asian backgrounds, 33% are White British and 10% are from Black backgrounds, it is clear that there is significant underrepresentation of young people from Asian and Black backgrounds in Luton's services. Young people from black backgrounds comprise 10% of the population compared to 5-6%

of referrals. Young people from 'White other' backgrounds are overrepresented but this may be due to differences in reporting practices.



Source of referrals

- CAMHS referrals came from a wide range of sources, and fairly equally divided between GPs, Education, CAMHS (internal) self- referral and A&E with lower numbers from paediatrics and social care.
- Chums referrals most common source was parent carer and schools followed by social services, and GPs
- Tokko referrals were mainly from other health professionals and parent referrals and a few GP referrals

The differences in source of referral reflects the different types of pathways and types of services provided by these services. The referrals to Chums have changed since this data was received and a higher number now are received from the single point of access and therefore numbers from other sources may be reflected in future figures.

Reason for referral/presenting issue

Tokko, most common reasons for referral were stress, anxiety and worry, followed by relationships issues and depression, confidence, and risk of self-harm.

Chums specialises in support for young people experiencing bereavement, so this is the most common presenting issue, followed by anxiety self-harm and behaviour issues and depression

Crisis referrals

In the CAMHS crisis service, the most common presenting symptoms was suicidal thoughts the most common reason for referral followed by overdoes, and deliberate self-harm including cutting, followed panic attacks and anger. Numbers of young people presenting in crisis have increased significantly since the start of the pandemic, from an average of around 15 per month in 2019 to an average of 73 in 2021, and in May 2021 alone saw 118 referrals.

Chapter 7 Current identified gaps in provision of services

Prevention and Reducing Risk

Where we want to be

- For all young people have access to good quality education around emotional wellbeing and mental health, either in school or through alternative provision Areas to include are: resilience, seeking support, information around signs and symptoms of concern around mental health
- For all young people to be aware of the services available in Luton to support mental health, and have an understanding of how they can access these services.
- For all services have straightforward and accessible pathways for entry for young people concerned about their mental health.
- For all vulnerable young people including looked after children, those with special education needs, young people who are not educated in school and young people involved in the justice system to have dedicated support to meet their specific needs around prevention and identification and support of their mental health.

Where are we

- We are not assured that **all** young people have full access to services appropriate to their needs?
- Pathways into early intervention services are good, and young people and parents can self-refer to these services, however the referral pathway needs to be more widely communicated and better understood by those referring into the system.
- Young people at risk, for example those with SEND or NDD do not always have all the additional support they require to meet all their needs and differential support required.
- Some communities and groups are under-represented in the data around accessing services, we need to know more about why this is the case and work with young people from these groups to address the barriers.

System Processes

Where we want to be

- Taking a fully strategic approach, where all stakeholders are aware of the strategic priorities, strategy and action plan and take responsibility for its implementation. The governance structures are clear and there is senior level buy-in of the priorities and strategy moving forward.
- We need to have timely, accurate and robust dataset to enable the system to understand needs and whether they are being met.
- The i-Thrive model needs to be fully embedded across services that support children and young people.
- Clear referral pathways that are easy to navigate, with clear eligibility thresholds and clear explanations if referrals are not accepted.

- Young people requiring an inpatient stay due to their mental health needs, should be accommodated close to home
- Transition to adult mental health services is known to be a particularly difficult transition for many young people. The transition process needs to be smooth and clear process for young people approaching 18.
- All LAC young people with mental health needs who are living out of the area have appropriate access to all mental health services, including primary and mental healthcare when they transition from the leaving care team and return to Luton.

Where are we

- There is still a need to fully embed the strategic priorities for young people's mental health into all organisations senior management teams, and to ensure fully buy-in across the system
- The SPOE has been successful in providing one place for referrals into services and as a multiagency team is able to ensure young people are referred to the appropriate service. However there is a need to improve awareness of the SPOE across all young people's services.
- There are a now a number of support services available at the getting help and getting more help areas of the i-Thrive model. This is a significant development
- Some misunderstandings remain amongst non-mental health professionals around the reason for non-acceptance of referrals to the single point of access (SPOE) and there is a need to further develop relationships and understanding to ensure all professional are working together to the same aims and objectives.
- The mental health crisis following COVID lockdown has resulted in increased pressures on services. This is particularly acute in crisis presentations and eating disorder services. Referrals and waiting lists are increasing and staff are dealing with higher stress levels and this has resulted in some staff having to take leave. As a system we need to ensure services are able to continue to provide care to all young people who require it.
- There are currently no hospital (Tier 4) in-patient beds in BLMK area. Work is progressing to establish this provision in the area.

Reducing Inequalities

Where we want to be

- Young people's needs and views of their journey through mental health services should be clearly understood and taken into account when planning new services. The process needs to include a representative group of young people, including ethnicity, age, gender, sexuality and socioeconomic deprivation.
- The mental health system meets the needs and is representative of the Luton community, with regarding to ethnicity, gender and other areas where young people are currently under-represented

Where are we

- Young people's voice is not always heard as much as it should be in the development of services and can be further developed.

- The mental health system is not currently seeing referrals that represent the population of young people in Luton, particularly around ethnicity. Further work is required to involve young people and families from these under represented communities

Chapter 8 Recommendations

The recommendations have been developed from the gap analysis of the current provision for young people's mental health services and the current needs based on data and service provision. There are four main areas of recommendations:

1) **Strategic Approach**: Ensure the CYP mental health system in Luton takes a systems approach to strategic development and transformation.

Priorities:

a) To ensure transformation and strategic development plans **take account of Luton CYP population needs as well as BLMK ICS** working collaboratively with commissioning organisations and providers.
b) To strengthen the system 'business intelligence/information' capability leading to fully **informed decision making**[11].

2) **Engagement and inclusion:** Identify and tackle inequalities in young people's emotional health and wellbeing provision and outcomes through engagement with the local community

Priorities:

a) Listen to the **voices of service users** and ensure views of young people and their families are included in strategic and operational decision making.
b) Address the specific **needs of young people with SEND and neuro developmental disorders** with mental health concerns.
c) **Identify and address where young people from BAME communities are underrepresented** as service users.

3) **Systems/service provision:** All Stakeholders in the CYP MH system **work together effectively** to meet the needs of CYP and their families.

Priorities:

a) **Deliver a consistent offer and service** across the system with evidence based standards as the basis of provision.
b) **Implement clear referral pathways**, understandable to all partners across the system and ensure they are consistently applied.

4) **Prevention and early intervention: Implement a clear prevention and early intervention offer for all CYP in Luton** which is easily available, accessible, acceptable, and meets the diverse needs of all young people in Luton.

Priorities:

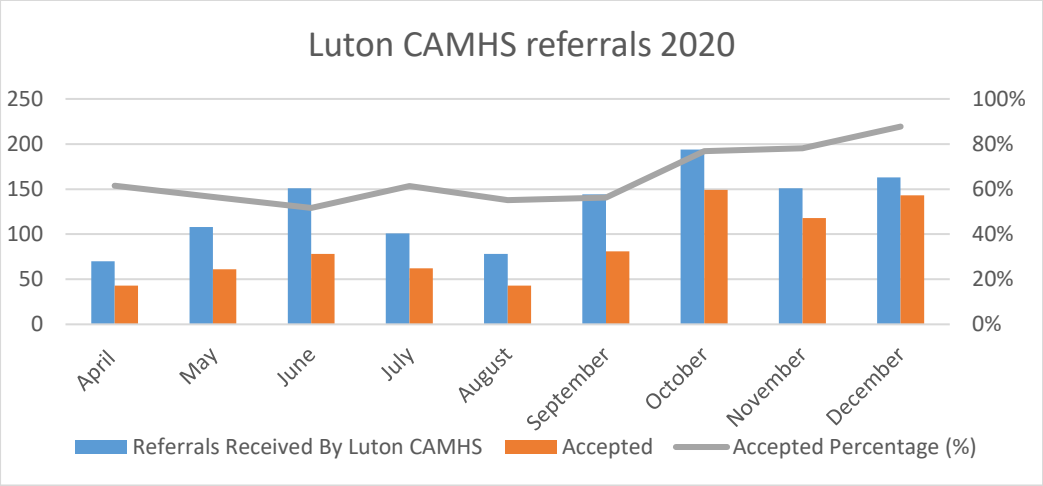
a) **Improve access to early intervention services** including awareness of services and ensure accessible self-referral processes
b) **Build a culture of 'mental health is everyone's business,'** through ensuring all professionals working with young people are confident to signpost and/or refer a young person to the

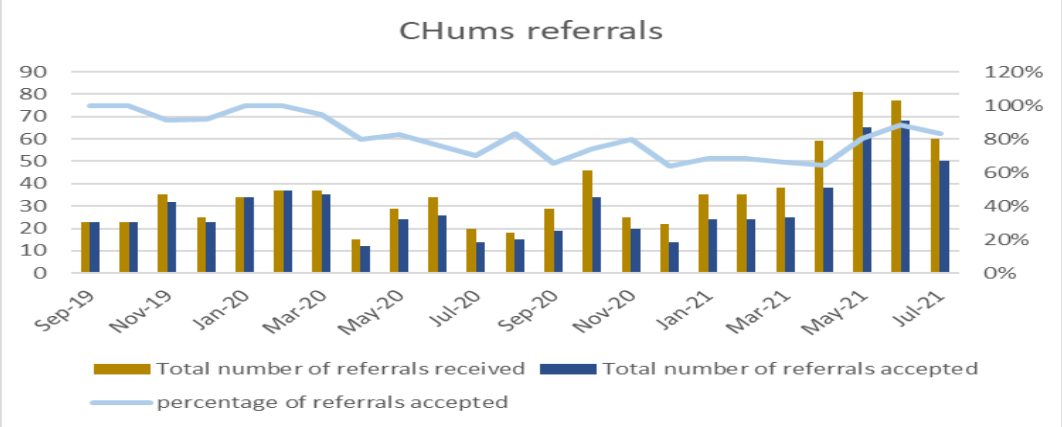
[11] action plan to include routine and ad-hoc intelligence and processes around data collection, analysis and availability to stakeholders

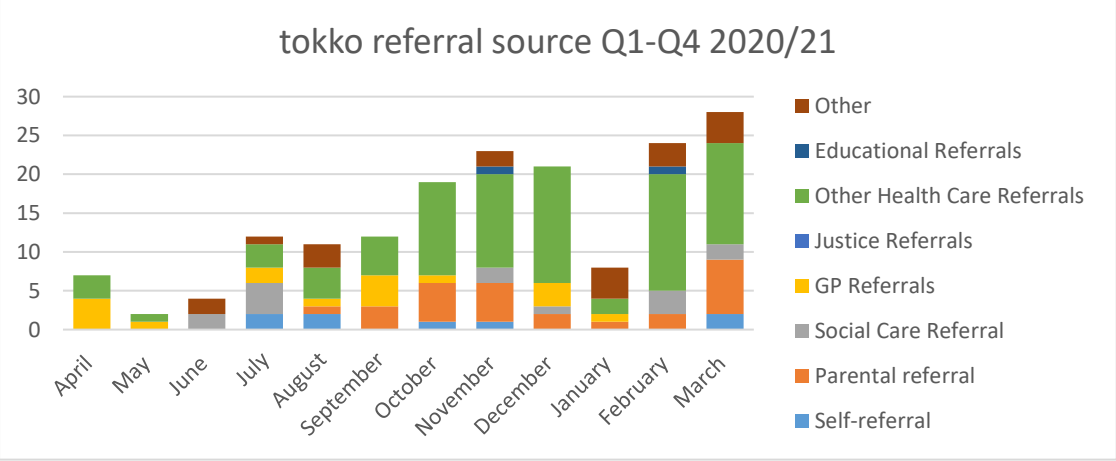
appropriate MH service as well as identify and approach a young person where they have concerns.

Appendix I Data on referrals

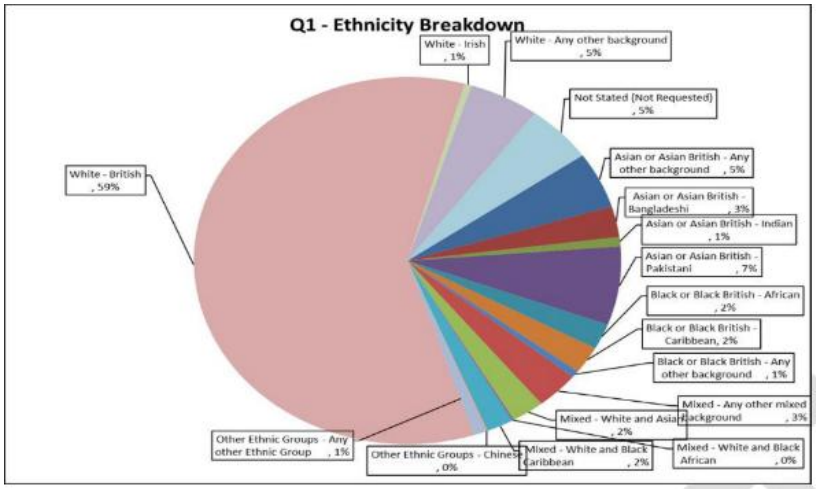
Referral numbers

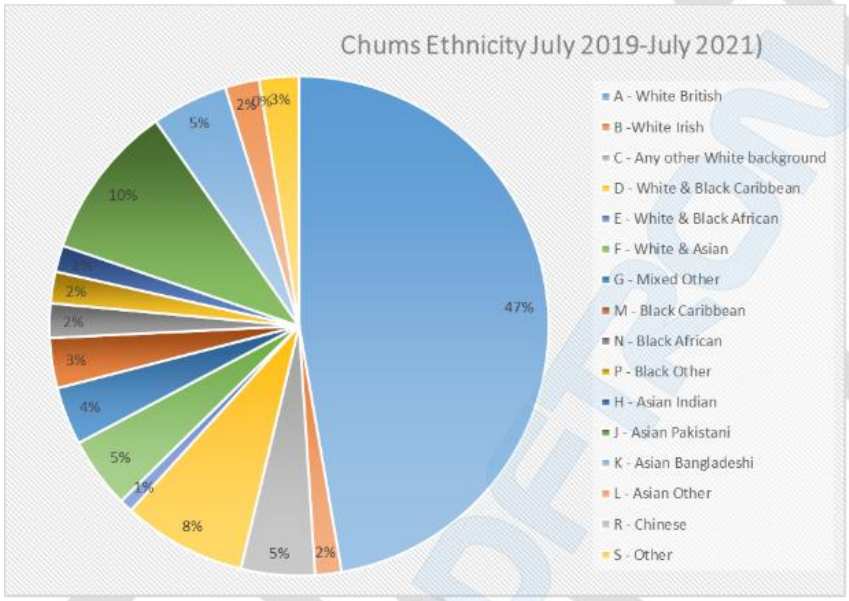


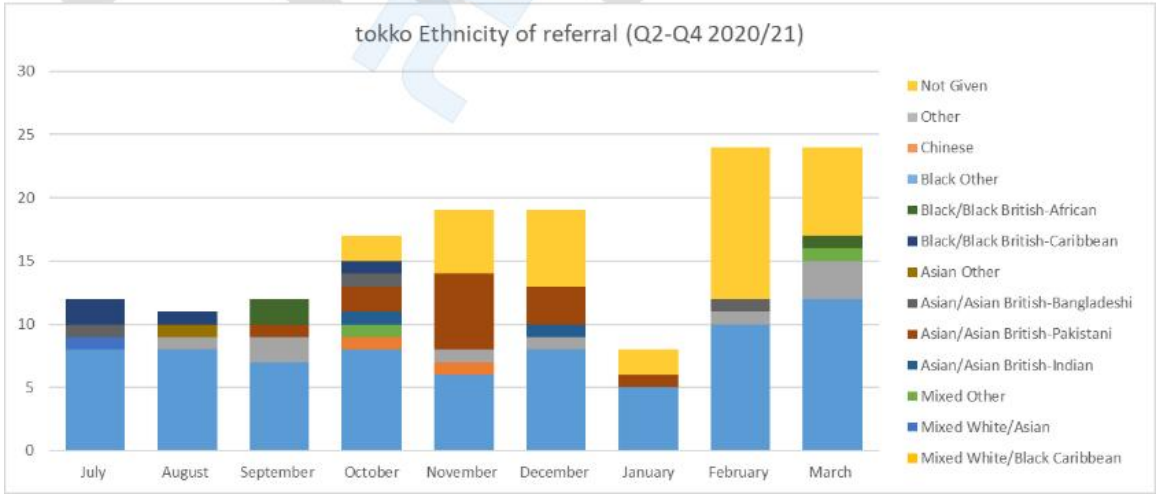




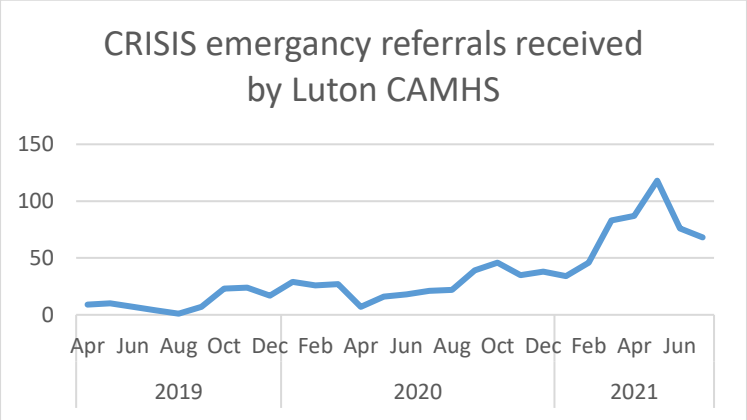
Ethnicity Data

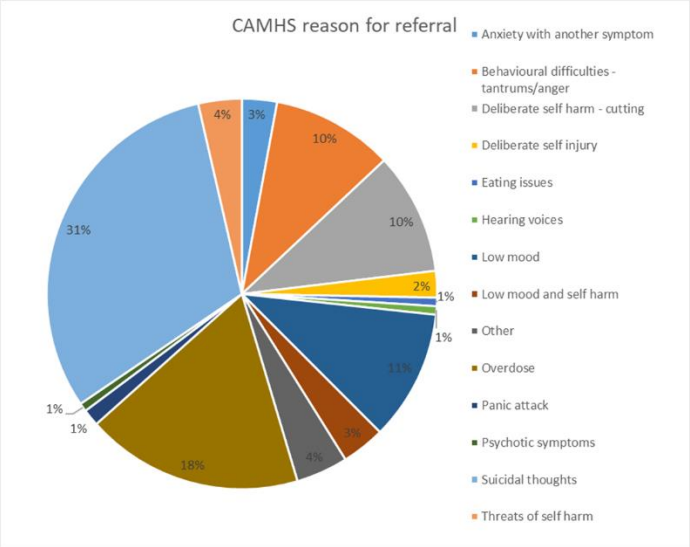




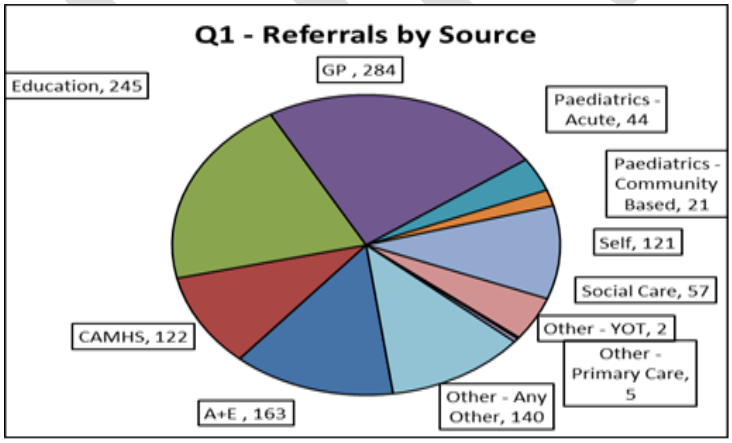


Crisis referrals (CAMHS)

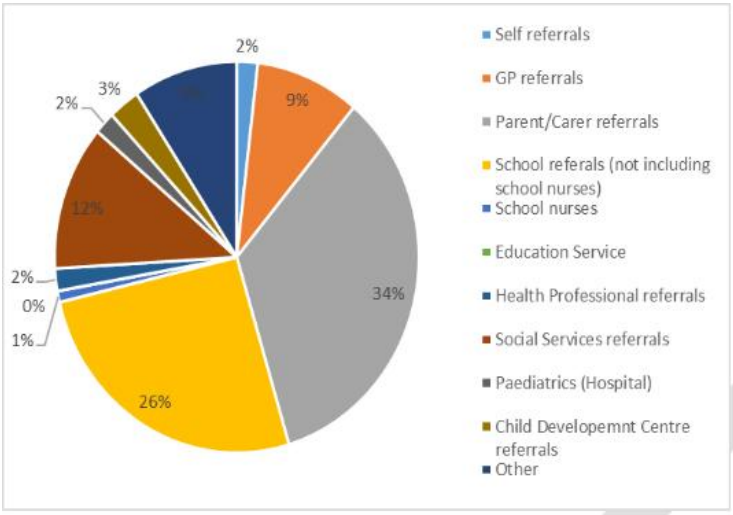




Source of referrals



Chums source of referral



Presenting Issues