



Developing & sustaining local health & education partnership working: learning from HeadStart



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Introduction

In 2016 six [HeadStart](#) partnerships were funded by [The National Lottery Community Fund](#) for a six-year £67.4 million programme, developing creative approaches to 'test and learn' how best to support young people aged 10 to 16 with mental health and wellbeing, considering proportionate universalism in implementing prevention and early intervention approaches. The HeadStart partnerships were formed in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton. They have each developed school and community-based responses and explored how the mental health and wellbeing support system can improve outcomes for young people.

Headstart has worked in nearly 650 schools, supporting over 220,000 young people through universal and targeted interventions, supported nearly 4,000 parents/carers to help young people's wellbeing and supported over 19,000 education professionals with tools and interventions.¹

These partnerships have become well-positioned and trusted to support schools, particularly during the challenging circumstances faced during [Covid-19](#). Here we bring together the experiences of HeadStart partnerships to identify the key ingredients of cross-system working between education and health for children and young people's emotional wellbeing and mental health. It is hoped that these insights are useful and transferable within local areas, particularly professionals involved in planning the development or improvement of partnership working.

The role of education in supporting mental health and wellbeing

Children and young people's mental health needs are increasing. Prevalence data indicates that in 2021 one in six children age 6–16 years old were identified as having a probable mental disorder, an increase from one in nine children in 2017.²

Schools and colleges have a role in promoting and supporting good mental health and wellbeing approaches, with school often among the first to identify an emerging mental health or wellbeing need, provide early support and refer to external specialist support when required.

Strategic aims set out in the Department for Education green paper '[Transforming Children and Young People's Mental Health](#)' (2018) and the NHS England '[Long Term Plan](#)' (2019) are for mental health support to be embedded in schools and colleges through:

- the introduction of Mental Health Support Teams
- training for senior mental health leads to support embedding of integrated mental health ethos in schools
- NHS-led piloting faster access to specialist services.

In addition to these three key commitments, the [Link Programme](#), funded by the Department for Education, supports local areas to work cohesively with schools and children and young people's mental health services. The [Wellbeing for Education Return](#) programme was launched in 2020 in response to the Covid-19 pandemic, to support local authorities to train and support schools to respond to the impact of the pandemic and this provided the foundation through further support through [Wellbeing for Education Recovery](#) support in 2021. [Guidance for schools](#) produced by DfE and CYP Mental Health Coalition outlines how the application of a whole school approach can help to protect and promote children and young people's mental health and wellbeing and how this can best be implemented, including working with partners.

The ambition of these national initiatives is to ensure that schools and colleges are well-placed to provide a supportive environment and help young people access specialist support. In supporting improvements in children and young people's mental health and avoiding worsening outcomes, children and young people, their families and schools need to feel better supported and equipped to identify issues early and know how to respond. A Whole School Approach is a vital component of developing a positive ethos within the school community and provides a framework for schools to collaborate with key partners, including children, young people and families, as well as the wider health and wellbeing system.

Strong local system partnerships are a vital component in the implementation of the strategic commitments outlined above and are key in supporting schools to ensure that pupils and families can access appropriate services and support where needed. There is an appetite both locally and nationally to support local health and education partnerships to develop swiftly, effectively and consistently to deliver better outcomes for children and young people's mental health and wellbeing.

Integrated Care Systems being introduced through the Health and Social Care Bill will be at the forefront of developing health and care partnerships to help address local need and better coordinate services, with an increasing emphasis on joint and integrated working.



HeadStart approaches to supporting emotional wellbeing

Each of the six HeadStart partnerships have adopted different approaches to partnership working but unanimously agree that it is key to improving resilience within the system, supporting early intervention and prevention ambitions and, where done well, has the potential to reduce the need for specialist services.

Schools: [HeadStart Kent](#) focus on building relationships with schools in Kent to support with implementing a whole school approach, including use of the free [Resilience Toolkit](#) to assess and develop approaches to wellbeing. The toolkit includes guidance, resources and activities based around the eight principles of Public Health England's '[Promoting children and young people's emotional health and wellbeing – a whole school and college approach](#)'. HeadStart Kent undertook a local evaluation to explore how a whole school approach had impacted and key successes were empowering students, creating a calmer school environment, improving attendance and behaviour and happier and healthier students.

System change: [HeadStart Blackpool](#) focused on embedding a [Resilient Framework](#) throughout the town, creating a system change approach to building resilience, reducing the inequalities that impact upon mental health via a social movement and supporting young people's mental health. The 'Resilience Revolution' recognises the impact of social, economic and cultural environments on an individual. In developing a whole town approach to resilience, the 'Revolution' recognises the need to build relationships and work closely with a range of community partners including [Blackpool Families Rock](#), [Special Guardianship Order \(SGO\) Group](#), [CAMHS](#), [Aiming High](#) and [Football and Community Trust](#), to help build, own and embed messages of resilience across the local system.



Children, young people and families: Co-production with young people and parents has helped to develop the HeadStart Wolverhampton programme and has enabled inclusion of young people in programme delivery through the established HeadStart Ambassadors (age 16 to 25). As well as facilitating other groups of young people, the Ambassadors also form the HeadStart Shadow Board that works closely with HeadStart leadership around key issues impacting young people. This ensures that young people's views remain integral to the programme's partnership approach. HeadStart Wolverhampton's work around co-production has also helped inform the development of a city-wide [Co-Production Charter](#) and this has been embedded in practice locally.

Workforce: [HeadStart Hull](#)'s training plan is designed to help implement an embedded citywide mental health offer to supporting children and young people, making mental health 'everybody's business'. This approach to workforce development acknowledges the different levels of knowledge and engagement around wellbeing for professionals working with young people. **Building workforce knowledge and skills helps increase engagement in emotional wellbeing approaches and confident partnerships to support young people and families.**

Digital: [HeadStart Newham](#) deliver training across the borough to use [BounceBack](#) online. They support schools around how best to use digital support (e.g. virtual demonstration of BounceBack use online and interactive downloadable pool of resources), recognising how this can **enhance face to face provision and provide space for practitioners to share ideas, further supporting engagement in partnership approaches to building emotional wellbeing approaches through schools.**

Cross-sector working: [HeadStart Kernow](#) have developed a partnership approach between CAMHS, Primary Mental Health, Early Help, education and other local community and voluntary organisations and services. [The Bloom consultation model](#) is **an opportunity for professionals to consider the emotional, social and/or mental wellbeing needs of young people, with health input to advise professionals on developing support and next steps for young people. This relies on close partnership working and ongoing support, including access to community-based organisations via the [Youth and Community Facilitators](#).**

Key learning for partnership working

Some key ingredients are vital to enabling and ensuring local partnerships to form, develop and grow. Here, we focus on what is required to initiate and develop partnerships both at programme inception and delivery phases focusing on:

- **why** developing good partnerships between health and education may be necessary,
- **who** may be involved in the development of the partnerships and
- **what** processes best achieve this.

This learning is intended to support local areas to consider how existing resources can be best utilised to support new ways of working together and strengthen existing relationships, but it's important to note that for the HeadStart sites, funded core teams were established and sought to build partnerships in order to develop the programme locally.

Why is better partnership working necessary?

An **identified need for change or determining strategic priorities locally or nationally** was frequently cited across the HeadStart partnerships as a possible driver or motivating factor in the development of partnership working.

Local need

Children and young people's emotional wellbeing and mental health are increasingly being identified as strategic priorities for local areas and this calls for greater collaboration and partnership approaches amongst statutory agencies. One HeadStart partnership described that once the local authority had identified mental health as a strategic priority, it created incentive for the development of partnership working.

HeadStart Newham identified higher numbers of referrals due to the impact of the Covid-19 pandemic on children and young people's wellbeing, which led to a longer waiting list for support. HeadStart Newham worked closely with partners and responded to this by developing [Newham's multi-agency collective \(Newham MAC\)](#). Partners involved include CAMHS, Mental Health Support Teams and a wide range of voluntary agencies, working closely together to allocate support for young people who may be waiting for support from CAMHS, or may have disengaged from CAMHS and benefit from community-based approaches in a social prescribing style approach.

A significant document has been the Local Transformation Plan (LTP), used as a '*single vision*' document containing ambitions for delivery of local services. Some HeadStart partnerships have been part of the Local Transformation Boards and HeadStart activity has in some cases been included in the LTPs, for example HeadStart Kent is able to contribute data to the Mental Health Services Dataset (MHSDS) in order to contribute to the 'Children and Young People Access' target. The development of specific local frameworks, such as the [iThrive Framework for system change](#) and local strategies, such as Cornwall Council's One Vision Partnership Plan, are significant and described by HeadStart Kernow as a '*vehicle for change*'. The use of the iThrive framework can support 'effective cross-sector working, with **shared responsibility, accountability and mutual respect** based on the five need-based groupings'.

National implementation

Local priorities may be driven by local need, as described above, but partnerships also reflected that local priorities may also be driven by national government priorities. National requirements for schools to create responses to increasing mental health and emotional wellbeing need were cited as influencing local priorities, including the ambitions for young people outlined in the [Future In Mind](#) (2015) report, [DfE's green paper](#) on transforming children and young people's mental health provision and the [NHS Long Term Plan](#). Having established local partnerships ensured that areas were able to react quickly and effectively to these national directives and provide timely and appropriate support to schools. This was particularly important as schools began to see the impact of the Covid-19 pandemic on children, young people and families.

...the green paper around mental health in schools meant that schools did need to find that support and have a focus on that, so we were able to support them. It was about finding those things that were already in existence or being developed.

Policy developments such as the [Ofsted Education Inspection Framework \(EIF\)](#) changes which include a greater focus on pupils' mental health and wellbeing, and the new [Personal, Social, Health and Economic \(PSHE\) education curriculum](#) to include health, relationships and sex education have been opportunities for better partnership working between health and education

delivery partners. HeadStart partnerships reflected that the opportunities provided by these policy changes reinforced the link between mental health and education and established this as a priority for local partners.

Linking the whole-school approach and referencing it against Ofsted criteria, that made schools jump on board, because it wasn't that they didn't see the relevance but it was another thing to do, whereas if you can join it up so it meets your priorities and their priorities it's the system working together.

Who is involved in partnership working?

Leadership

Having clear leadership was clearly and regularly cited as vital to the success and enablement of partnership development.

A **lead organisation** or identified person with sufficient seniority and **strategic oversight** was deemed necessary to **identify local gaps** and opportunities for join-up.

Key roles that were identified as helping to drive the programme and give it visibility included local authority directors e.g. director of Children's Services, Director of Public Health or Director of Education. In one HeadStart partnership, having local service director support '*enabled the delivery to be...flexible and agile*' and senior strategic buy-in enabled successful partnership working.

One partnership cited expertise from the local Children's Trust as being particularly valuable; another viewed school leaders' buy-in as essential to create the lasting cultural change required in schools.

It needs to be the person that's quite high up within senior leadership to be able to have an overview, to find where the gaps are, to identify where they can bring this together and also push the agenda.

You can have as many committed people and passionate people as you like but if somebody's not driving it, it's not going to get through the system and it's not going to embed.

The one thing that's been absolutely key is getting the leadership buy in from the senior school leads. Because [...] you can train as many people in the school if you like but if it's not being taken through the school as an approach and a culture [...] then it's not going to stick and staff will get frustrated.

Stakeholder expertise

Collaboration across a range of stakeholders was considered fundamental and reference was made to the **specific skills required to develop and operationalise partnership working across a range of partners** and a range of skills were identified as necessary to support transformation discussions. This ranged from competence and commitment to credibility and knowledge of the sector and local systems. Having the **right mix of skills and knowledge** within a partnership, especially in relation to **bringing knowledge from across education, clinical health expertise and social care** as well as **understanding of alternative approaches to supporting mental health, the role of community-based support and local connectivity** were supporting factors in successful partnerships.

I think what you need is people with the right skillset because this kind of transformation requires people with a skillset which is much less about driving an answer but creating a space for discussion. You need to be open, you need to disrupt and positively disrupt. You need to basically say, "we're going to invite these people in the room who don't like it and we need to persuade them that they need to be in the room."

We've got links into educational psychology, they've already got well-established links with schools, local authority and academies and so those two branches have been really key in setting up the team, getting buy-in from schools and getting everything in place really.

Engaging with a range of stakeholders requires inclusion of those who can enable and drive, and those who will implement change. Key players in bringing health and education together have been local education leaders, school nursing, commissioners, service providers, voluntary and community sector, children, young people and families. **Identifying and building good relations with a range of staff** in schools as opposed to relying on engagement of leadership roles or dedicated mental health roles was an important way of developing significant partnerships in schools. HeadStart Hull's Policy and Practice Officers worked closely with a range of different professionals in schools, for example pastoral leads and senior management, recognising that this supported the development of partnership working and helped to maintain and sustain relationships and engagement during periods of change.

HeadStart Newham and HeadStart Hull established joint roles between the local authority and the local Clinical Commissioning Group (CCG) and the importance of this joined-up approach is cited

in helping join-up within local systems. In Hull, the CCG input was described as integral to their local partnership but it was acknowledged that as the CCG expertise is in health, their knowledge about schools had also been strengthened by the expertise collated

through this joint role. In HeadStart Newham the joint post was held by a mental health professional with specialist knowledge of local mental health provision.

What we've done is we've built teams within the schools, because nationally the DfE say you need to have one designated lead for mental health, we've actually got teams who are made up of those senior leaders, because in a primary of 300 one person might be fine, but in a secondary of 2000 pupils and 200 staff, one person isn't significant enough. So, having that joint agreement helped maintain and sustain as people leave and staff change.

Local partners

A number of HeadStart sites reported how strongly they relied on **co-production of partnerships** with a range of professionals for their development and success.

Having '*different champions in different organisations*' and different people from across the system within a network of '*trusted and helpful relationships*' was vital to embedding partnership working locally. These '*key enablers*' or '*ambassadors*', included professionals

We just very much ran down the co-production route instead and really started to build those relationships on the ground more through interest rather than seniority. The more we did that, the stronger our case became...

from the local Clinical Commissioning Group and Public Health, who joined HeadStart partnerships in a desire to improve and create better links across the system.

Commissioners attending local education forums helped to **build relationships between schools and the local authority**. Individuals who were recognisable locally could adopt an '*influencer*' role and help to build trust, noting that '*it does take time to win hearts and minds*'. Attendance of HeadStart Hull at **existing local authority strategic networks** such as the Children and Families Board and Health and Wellbeing Board meetings served to raise issues and link local initiatives together at a strategic level. Targeting local '*friendly faces*' has been useful '*so find who your advocates are in the school system around mental health, get them on board*'.

In addition to co-production with other professionals, there has been a need to involve children, young people and families in partnership working and this has been a vital part of the development and implementation of these partnerships to be explored further within the 'processes section'.

What are the processes?

Collective vision

We can't improve emotional and mental wellbeing without it being a system approach: it's everybody's business.

Understanding **local priorities and the need for change** were important factors in developing a **clear focus and joint vision** for the partnership, alongside commitment for increased collaboration.

It's making sure that you're bringing all elements of that together. That then informs a vision that builds consensus and then you can also start to look at, okay, what might the priorities be falling out of that.

'So, having some of those strategic leads on board, but then I think it's about listening, and continuing to listen, and giving schools or health partners that space to really talk through what their big issues are. They might not be our big issues, but we need to help them solve their big issues to therefore make the partnership work.'

A clear benefit to partnership working experienced through the HeadStart sites was the ability to jointly define and contextualise a local 'problem', as well as **developing a joint understanding of each other's desired outcome and developing shared goals**.

...Even when you do have really ambitious outcomes around youth safety, levels of exclusions, understanding that each different team will put different inputs and outputs within that and chip away at the same outcome but quite differently.

In some instances, further analysis and consideration was able to be given to areas of concern that intersect with mental health and wellbeing to create a more holistic picture of need at the same time as addressing the aims and priorities of partners from different parts of the system, for example health, social care and education. **Understanding the goals of other services and developing joint goals**, further strengthened local partnership working. Working together can help to respond to joint challenges, whilst achieving greater outcomes overall for local areas.

...everyone knows what their responsibilities are in terms of supporting young people's emotional wellbeing, for the NHS, the local authority, schools and the system.

For example, highlighting the positive impact of wellbeing upon school attendance, readiness and behaviour has helped in some areas to improve school engagement.

'Speaking' the language of other services can help to help cultivate **an understanding and commitment to partnership working** between education and health, particularly to support a range of outcomes. This helps to move away from silo-based working by supporting health, education and social care to work more closely together.

Young people don't do well in attendance and attainment in school if they have poor mental health, and if young people can't get into mental health services in a timely way then that impacts [them]. So, it was looking at what are our personal goals from our own organisations and how do they intersect and how do we work together to address them so they become all of our responsibility.

If you talk to a school about inclusion and you talk to a school about how that helps their Ofsted progress, that's what they're interested in. Just saying "this kid needs to be in your setting", that's not the same. It's a language issue.

Domestic abuse notifications in Kent

In Kent the HeadStart partnership worked alongside schools and the Police to develop pre-warning notifications of domestic abuse which were invaluable for those young people impacted by domestic abuse, as this could trigger other behaviours in schools. These early warning notifications allowed schools to 'keep a young person in mind' and adjust or increase wellbeing support to those children and young people. Up to March 2020 6,959 young people in Kent were identified as requiring additional emotional wellbeing support and 20% were identified by a Domestic Abuse incident notification. ([HeadStart Kent Year End Report 2019-20](#)).

System Mapping

Core functions

Whilst services and schools deliver direct support to children and young people, they are not always able to drive systems or strategic change that is required for a 'city-wide' or 'area-wide' approach.

The development of core teams in each HeadStart partnership site has been vital to support local delivery and navigate local systems. The development of similar core teams in areas wishing to embed new partnership working approaches may be difficult to emulate due to local budget constraints but key learning from these core teams in HeadStart remains relevant.

Supporting schools

HeadStart Hull's Policy and Practice Officers were central to supporting schools to implement a Whole School Approach. Policy and Practice Officers established Mark of Excellence working with schools to coproduce a self-assessment system, evidencing their progress towards a Whole School Approach against Ofsted criteria.

Schools have responded positively to this approach, and have particularly benefited from the **sharing of best practice from other areas**. Having a signed Memorandum of Understanding with the schools also enabled continuation of partnership working and engagement of schools in local school networks **despite any local operational changes**.

The Officers have also worked with local Secondary head teachers to support with further engagement of other schools, therefore **making best use of existing structures** and for local school leadership groups to bring together schools and engage with the local strategic vision for emotional wellbeing and mental health support.

Community Policy and Practice Officers in Hull also adopt a similar approach in **bringing together the voluntary and community sector**.

System navigation

A system navigator, who proactively works to link different services and parts of the local system together, was widely cited as fundamental for strong and stable partnerships. One partnership referred to this person as 'the knitter', identifying opportunities for local partnership to develop. In other areas this could be someone in an existing relevant role with **local knowledge and connections** to support good partnership working.

Tips for system navigators

- Sharing local learning and knowledge;
- Identify processes and efficiencies;
- Establishing a commitment to partnership working amongst existing roles;
- Building local networks to share 'what works', for example school leadership groups, and agreement to gather evidence centrally.
- Developing mechanisms to support schools to engage with and navigate the local mental health and well-being system and services such as regular meetings with local school networks.

System mapping

In order to support collaboration, it was important for partners to understand **how the system joined up** and **where different agencies' responsibilities lie**. It was also important to ensure equity in distribution of support.

One of the barriers that we need to also be mindful of when we are talking about the difference between embedding something across organisations such as health and the local authority, is making sure that everybody understands what their bit of the business is and where the join up is.

I know it's maybe not everybody's favourite thing to go to, all those committees, but actually it's kept the profile up, both in terms of celebrating what works, but also being honest about the challenges and what we can and can't do

HeadStart Newham have been mapping which schools were most engaged in approaches to support emotional wellbeing and mental health, and which may require support. As part of this mapping, consideration is being given to those which have identified attainment as a priority, in order to understand how Newham can better support schools to include mental health and wellbeing as a priority.

In addition to mapping the needs of schools, it was also deemed important to map local services. Covid-19 has brought the needs of children, young people and families into sharp focus and being **familiar with local services** and having **good established relationships** across partnerships has supported implementation of mental health and emotional wellbeing support. Mapping local services helps to **identify the gaps** in addressing need, **avoids duplication** and spotlights community-based groups that may be less known, for example services provided by **faith and voluntary/community sector** organisations. HeadStart Newham has developed [a padlet](#) to link professionals with a range of resources to support school communities.



Cultivating a collective approach for cross systems working

The [HeadStart Hull checklist](#) can help identify if additional support is needed for a young person (and/or their parents/carers) and can be used as an assessment and request for support from all HeadStart services to help keep access to support simple for all partners, as well as a multi-disciplinary team developed with the local authority and CCG to manage the referral process for young people in accessing mental health and wellbeing support. In Hull this is called the Multi-Disciplinary Assessment Team who recommend support for young people do not meet the threshold for CAMHS. Pre-Covid data suggests that there had been in a reduction in CAMHS waiting times in Hull from over 12 months to 6 weeks. (Further details can be seen here [HeadStart Kent Year Report 2019-20](#))

A programme of workforce development can help to increase knowledge, skills and capacity of the children and young people's workforce to create a collective understanding of and approach to wellbeing.

A key part of HeadStart has not just been putting capacity into the system but it's been about upskilling school staff; professionals working in the community, professionals working in local services to develop a common language and a common approach. So, you're really bringing the system together with everybody coming at it from the same angle.

Workforce development in school has been a kind of key driver...it's just about reminding them how much they do already and then seeing those small next steps, I think is massive in terms of school engagement.

HeadStart Hull have developed a training programme designed to make mental health 'everybody's business' by building a whole organisation approach to improving mental health and wellbeing in the city. The programme aims to build knowledge and confidence for a range of professionals with different levels of training on offer from recognising early signs through to supporting young people with their mental health.

HeadStart Newham's local agencies collectively identified concern around levels of youth violence and youth safety, alongside a focus on inclusion and access to support for marginalised communities. HeadStart Newham's partnership working led to development of initiative for schools to receive advice from CAMHS professionals around those children and young people who may not ordinarily access traditional forms of mental health support and to support educational workforce development around mental health i.e. building alternative routes of access to emotional wellbeing and mental health guidance based on local need.

Coproduction

Co-production at a strategic and operational level, involving **children and young people, parents and partners** is key to the formation of good partnerships.

It's very hard to ignore a young person who is telling you like it is.

Co-production has been massive in regards to driving the agenda. We do genuinely put our stakeholders in the front seat and get their voice and opinion and we hold ourselves accountable for that, whether it's young people, whether it's parents, whether it's schools. Whoever that project or piece of work is aimed at, we genuinely take their voice onboard.

In Cornwall, Trauma Informed Practice has become the central narrative in considering emotional wellbeing support across all agencies and with families and young people. Navigating the system and navigating relationships means being close to those communities and understanding the local systems, demographics and needs of young people. Cornwall have been creative in managing local needs, developing a multi-agency consultation model known as Bloom, with one of the outcomes of Bloom being that young people can be referred to local Youth and Community Navigators. This is a collaborative approach, establishing strong links with the community, and working across the wider health and wellbeing system.

Working together with schools, health partners, voluntary/community organisations, young people and families **from the inception** and **co-developing goals** is paramount in prioritising what young people need and want from services. Training partnership members in what '*good co-production looks like*' can support engagement and embed these ways of working.

...because they're the ones who had to deliver it and make it work in their setting, and emotional well-being wasn't central to them...We've learnt an awful lot, actually, with young people and others just to make sure that our language, whatever we create, is appropriate to them, because if they're the beneficiaries, why are we writing in the language which is just full of jargon?

HeadStart Kent developed the programme in stages, delivering support in one area to schools, enabling them to learn, refine and improve as they move onto the next area and in doing so creating a feedback loop from partners that enables the partnership to constantly learning and develop. By developing goals for the programme with stakeholders, including parents, young people, schools and the local system this lay the foundations for ongoing collaboration and enlisting partners to 'sense check' proposals has further supported engagement and collaboration. One partnership spoke about how the local VCS had been key in providing alternative provision as well as building local intelligence around what is and isn't working.

Young people's input is especially significant as it was felt in Cornwall that they helped to galvanise a common purpose amongst a range of visions at the start.

What has driven us is a common vision that has been produced by young people...this has enabled us to come back and check into what young people want us to do. That was one of the first pieces of work that built and strengthened the collaboration.

HeadStart Kent's Youth Voice group worked in partnership with Children in Care Councils alongside Kent Youth County Council. By collaborating with these groups, this approach enabled feedback from the wider children's system into the partnership and therefore increasing the capacity and effective delivery of targeted support.

In Kent, co-production was also used within local commissioning cycles with the CCG. Young people on waiting lists or who have experience of CAMHS services were approached for feedback to inform local commissioning cycles, further joining up health with the local authority and building young people's experiences directly into the system.



Data led and evidence-based practice

Working together to support particular data requirements was recognised as a way of further developing partnerships, ensuring that the Mental Health Services Data Set (MHSDS) benefits from data capture from a wider group of services than the NHS. HeadStart Newham developed processes to streamline data collected from their services to the MHSDS, stating 'it pays for us to work together because we can do that for you [referencing the CCG's 'mental health dataset'] ...finding out what are those things that are in existence'.

HeadStart partnerships have also used analysis from the HeadStart-developed [Wellbeing Measurement Framework](#) (WMF), to help schools identify need and provide a more **targeted approach to local service development**, enabling **resources to be utilised most effectively**.

I think in terms of measuring what works we have a WMF that we're using in schools which is a series of validated measures that pupils answer through an online survey. That's been key in not just the national evaluation but also in giving the schools locally a really good picture of what their young people are feeling and using that data within an action plan to target where they should be putting their efforts and focusing their efforts.

We were very lucky to be able to use the WMF as a tool which schools have really engaged with, another one of those relationship things for schools, they've really relished and valued that.

As an example of this, prevalence data showed that levels of mental health need in HeadStart Hull were higher than the national rate. Referral numbers were captured through data from locally commissioned services which provided a more accurate picture to local partners and confirmed the heightened level of need and therefore the need for partner agencies to **target resources effectively**.

Data-led commissioning

An identified benefit of joint commissioning is that it better enables commissioners to develop a **holistic overview of children's needs** thus supporting **more effective service** delivery **better able to meet needs**.

...what happens is you've got public health nursing being commissioned by the local authority and then you've got other mental health services being commissioned by the CCG. Nowhere does any of that information come together to provide that really rich picture to inform what needs to be improved, to develop, be more joined up, to be more effective to meet the needs of children and young people...we are joined up in our boards...we've got really good relationships but still how services are commissioned and the outcome of those services are very siloed and isolated.

Having a clear set of coproduced and joint outcomes

can further embed partnership approaches, potentially improving how services are commissioned. Having the means to evaluate outcomes via an 'evidence-based system', using both quantitative and qualitative data is vital. Even if, for example, data on health outcomes is not available, reviewing alternative factors such as changes in attendance at school can help local areas to understand and build a picture of wellbeing holistically.

It's about, actually, how the system measures what they're doing, and recognised that actually, it's the outcomes. It's not just quantitative, it's qualitative. Some of the small voluntary community sectors are making a big impact in terms of emotional well-being, which isn't funded locally at all, which may be funded nationally, it's about making sure there's a space for them within this complexity of it.

HeadStart Hull's [Progress Report](#) demonstrates the importance of developing these **joint area outcomes and the impact of those** to schools. Demonstrating the impact of support was instrumental in securing engagement and 'buy-in' from schools. Other areas have also recognised the importance of evaluation and the sharing of learning to maintaining good partnership relationships and cultivating a collective approach, including at a strategic level, for example at Health and Wellbeing Boards.

Governance

In the development of HeadStart's local governance there has been consideration of:

- How partnerships are organised and interact, ensuring that a range of key partners help to inform and be part of local systems decision making
- The key partners who are particularly well placed to develop links with external governance structures, for example in Kent the HeadStart Strategic Lead is also involved in the 0–25 Health and Wellbeing Board.

As HeadStart activity evolved to plan for sustainability beyond funding from The National Lottery Community Fund, the governance developed to become embedded in different parts of the local areas.

When we started out the governance was very much we need a HeadStart board and it needs to link to all of these other mechanisms that currently exist. I think over the course of time what's happened is we've really rationalised that governance mechanism so whereas we started with the HeadStart board with lots of webs off into other areas, now it's much more aligned so we work much more closely. It now actually nests within existing things rather than being an entity in its own right so I think it's just become much more mainstream and much more embedded over the journey of the programme.

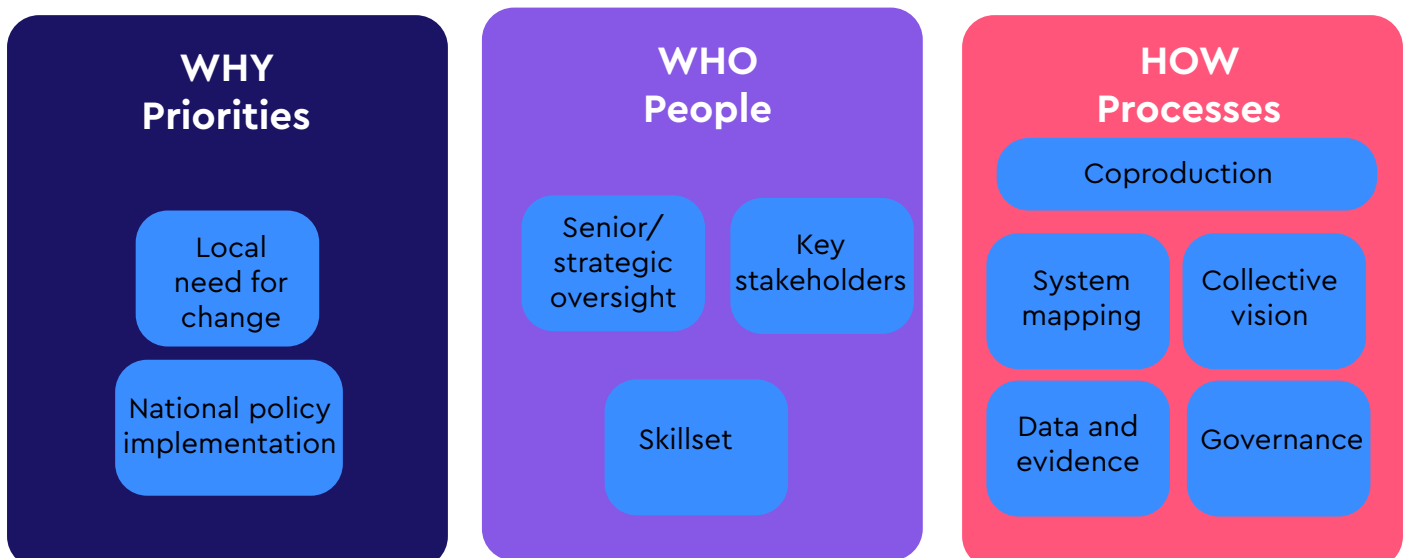
HeadStart partnerships developed with Operational and Strategic Boards. Here are a list of examples of Strategic Board membership from some partnership local areas:

- Director of Early Help
- Director Integrated Services
- Clinical Service Manager (NHS Foundation Trust)
- Youth Participation Coordinator
- Children's Services Service Manager
- Public Health Specialist
- Education Psychology
- Detective Inspector – Police
- Head of Information
- Programme Manager – Children's Commission Team
- Senior Commissioning Manager
- Head of Service, Education, Inclusion & Achievement
- Head of 0-19 Children's Health
- Cabinet Member Children's Social Care
- Head Teacher
- Voluntary & Community Organisation Director
- Youth Panel member

Example external structures:

- Children, Young People & Families Board
- Safeguarding Children's Partnership
- 0-25 Health & Wellbeing Board
- Local Transformation Board – CYP's Mental Health
- Strategic Learning Partnerships
- Young People's Partnerships
- Local Strategic & Operations Groups eg Local Authority Plans, THRIVE model
- Troubled families
- Schools Network
- Voluntary & Community Networks

Key ingredients for partnership working



Key reflections – 'getting started'

- Identify local priorities for CYP mental health and wellbeing and agree a collective vision and rationale for change
- Consider strategic health, education and social care vision and developments
- Consider relevant national developments and implementation around emotional wellbeing and mental health for young people
- Engage with senior leaders who can strategically influence partnership development and understand local gaps
- Engage with a range of key local stakeholders, young people and families to consider expertise and lived experience, as well as local knowledge and influence
- Identify key goals for different stakeholders that contribute to overall vision
- Undertake system mapping to avoid duplication and enhance existing initiatives
- Enlist local supportive 'ambassadors' to influence other key stakeholders
- Implement collective approaches that support cross systems working
- Think 'whole school, whole community' embedding co-production throughout
- Establish outcome and impact measuring and processes to ensure regular ongoing evaluation takes place
- Develop partnership governance processes considering how existing structures support this

End notes

1. Scott Hignett, Head of Funding at The National Lottery Community Fund presentation at NCB event ['Responding to emotional wellbeing and mental health needs of children and young people: learning from HeadStart partnerships'](#), October 2021
2. [Mental Health of Children and Young People in England, 2021: Wave 2 follow up to the 2017 survey, Mental Health of Children and Young People Surveys](#), NHS Digital



United for a better childhood

The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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