

A young man and woman are sitting on a wooden fence in an autumn setting. The man is wearing a black jacket and blue jeans, and the woman is wearing a beige jacket and black pants. They are both smiling and looking at each other. The background shows trees with yellow and orange leaves. A red circular logo with the text 'CENTRE FOR YOUNG LIVES' is in the top left corner.

CENTRE
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GROWING UP WELL

**A new place-based model to radically
improve children and young people's
mental health and wellbeing**

January 2026

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FOREWORD FROM BARONESS ANNE LONGFIELD, CBE

One of the most shocking and upsetting moments I experienced during my term as Children's Commissioner for England was being told by a parent that their child had attempted to take their own life. Their daughter had done this not because she didn't want to live any more, but because she was so desperate for treatment that she felt she had no other way of getting NHS support.

The NHS has come a long way over the last decade. Access to help and earlier intervention has improved support for many children. But at the same time there has been an extraordinary rise in the number of children and young people with mental health problems. Ten years ago, parts of the NHS were in a state of denial about this issue. That is no longer the case, and funding has increased. However, over recent months we have seen a growing and concerning trend amongst some to explain these problems as being due to 'Generation Snowflake'.

This is nonsense and is not grounded in evidence or in the daily realities of many children, young people, and their families. The fact is that a growing number of young people are now struggling to enter the workforce or dropping out of education due to mental health problems. This is a disaster not only for their life chances, but also for our economic productivity, public services, and society.

The current Government was right to recognise this in Opposition, and to commit itself to raising the healthiest generation of children following the election. For Ministers to

deliver on their aim, they will need to put systems in place that make children a top priority, and which recognise the wide-ranging and long-lasting benefits of tackling problems from the earliest possible moment.

The Government's new place-based, neighbourhood health models offer a crucial opportunity to do that, and to reform the health system so that support for children with mental health problems is transformed. The 10 Year Health Plan for England, "Fit for the Future", includes a welcome recognition that early help is crucial.

By adopting whole-system, place-based models, the Government can integrate health, education, and community support around families and children's needs in a way that hasn't happened enough over recent years. The new Best Start Hubs, Family Hubs and Young Futures Hubs provide great opportunities to reform and join up services, to embed early intervention, and to make children and young people's mental health everybody's business.

We have long argued for a more ambitious programme of reform and investment in children and young people's mental health - to cut the cost of crisis, and to deliver help to those who need it. Our Future Minds campaign with other leading children and young people's organisations has called for children and young people's mental health services to meet 70% of diagnosable needs by the end of this Parliament. That funding should focus on early intervention approaches delivered in communities, such as mental health hubs and other non-specialist services.

Our work in Humber and North Yorkshire over the last 18 months, set out in this report, shows what can be achieved when the whole system comes together to prioritise children and young people. The report provides an in-depth learning synthesis from a local reform pilot and sets out a practical model for ICB leaders, Directors of Children's Services, and local leaders to transform support for children and young people. It should be seen as a tool to use in tandem with the new national neighbourhood health model, new Best Start Family Hubs and Young Futures hubs. Taken together, these are the best opportunities in a generation to transform our approach to children's health and wellbeing.

Sticking our heads in the sand, simply blaming over-diagnosis, and hoping it all goes away is not a strategy. Building a modern, integrated, place-based system that meets the needs of children is the only way forward.

Baroness Anne Longfield CBE

Founder and Chair, Centre for Young Lives

EXECUTIVE SUMMARY

England is facing a profound and accelerating crisis in the mental health and wellbeing of children and young people. Over the past decade, the prevalence of mental health conditions has risen sharply, with one in five children aged 8-to-16 years and one in four young adults now experiencing a diagnosable condition. The demand for support has far outpaced system capacity: NHS children and young people's mental health services (CYPMHS) currently reach only around 40% of those in need; waiting times remain long, and many young people deteriorate while waiting for help.

While Integrated Care Boards (ICBs) planned to spend approximately £1.1 billion on CYPMHS in 2023/2024, children's mental health typically accounts for just 8% of total mental health budgets, despite the scale of the impact of children's mental health problems on childhood and adult life chances and the evidence that earlier mental health interventions have a high return on investment through improved wellbeing. Investment patterns remain skewed toward acute crisis services rather than prevention, and non-specialist community-based provision is thinly resourced in many areas. Geographic variation compounds inequity: spend per child can differ fivefold between areas, which means a young person's prospects of receiving help may hinge on their postcode rather than their need.

This report shows that the current system remains structurally misaligned with the nature of the problem despite increased funding and policy attention. The system is overly reactive, fragmented across sectors, and focused too heavily on crisis response and clinical thresholds rather than prevention, early intervention, and the wider determinants of mental health.

These problems require system transformation. This is why the Centre for Young Lives has tested a new approach and developed the 'Growing Up Well' model that can allow the insights to be adopted by ICBs throughout England and within the devolved nations.

A partnership approach focused on root causes, not symptoms

The Centre for Young Lives adopted a partnership-based approach in its work with the Humber and North Yorkshire Integrated Care Board. The Centre did not restrict its focus on the upstream symptoms of system failure - long waiting lists, rising referrals, or increasing crisis admissions - but worked with local partners to address the root causes of poor mental health and wellbeing.

This meant synthesising the evidence showing how poverty, inequality, trauma, educational disengagement, fragmented services, and lack of early support interact to drive rising needs. It meant understanding how an increase in the numbers of children not ready for school exacerbated the SEND crisis and how this, in turn, related to the increased levels of anxiety and depression seen in the adolescent population. The work involved understanding how system design itself can unintentionally exacerbate these pressures.

The outcome of this evidence-informed approach was recognition that children's mental

health cannot be “fixed” by the NHS alone. Sustainable improvement requires coordinated action across health, education (including universities), local government, voluntary and community organisations, and neighbourhood services, aligned around shared outcomes and informed by robust evidence.

The Centre for Young Lives positioned itself not as a service deliverer, but as a system partner and catalyst - bringing together evidence, data, lived experience and policy insight to support local leaders to rethink how support is designed and delivered. The Growing Up Model provides a mechanism that allows the ICBs to play a role as an anchor institution able to connect and coordinate all the stakeholders needed for a genuinely integrated delivery of services that can fully support children and young people.

An evidence-based model grounded in the Child of the North principles

The Centre’s work in Humber and North Yorkshire was explicitly grounded in an evidence-based framework that we developed through our national leadership role within the Child of the North campaign. This programme, led in partnership with universities across the North of England and the Northern Health Service Alliance, synthesised extensive research from health, education, economics and social policy to identify the structural drivers of poor outcomes for children and young people and to articulate a set of scientific principles for addressing these issues.

A clear message emerged from this work: inequality is not a marginal issue affecting only the most disadvantaged but a systemic problem that affects everyone. Concentrated disadvantage drives higher levels of need, greater demand for crisis services, and increased pressure on public systems, reducing their capacity to support all children, including those in more affluent communities. Inequality drains resources, limits resilience, and undermines outcomes across entire systems and regions. Addressing inequality is therefore both a moral and a practical imperative.

The Child of the North (CotN) reports articulated seven principles that should guide long-term reform for children and young people: putting children first; addressing inequity; adopting place-based approaches; ensuring public services work together; placing education at the heart of delivery; embedding research and innovation; and sharing information effectively. The principles form the conceptual foundation for the Growing Up Well model set out in this report. They provide a lens through which the challenges, the Humber and North Yorkshire experience, and the final recommendations should be understood.

The Humber and North Yorkshire trailblazer: evidence in action

We have translated the seven CotN principles into practice over the past eighteen months through a national trailblazer in Humber and North Yorkshire. In partnership with the ICB, local authorities, schools, voluntary organisations and universities, the Centre for Young Lives supported the development of the place-based, outcomes-led Growing Up Well model designed to radically improve children and young people’s health and wellbeing.

A critical enabler of this work was the Humber and North Yorkshire Futures Group, which created the space for long-term, strategic collaboration beyond the normal day-to-day operational pressures facing ICBs. Through the Futures Group, the Centre worked closely

with universities, businesses, the voluntary sector and research partners to bring evidence, data and evaluation directly into system leadership and decision-making. This included the development of connected data infrastructure, neighbourhood-level insight, and test-and-learn approaches to understand what works, for whom, and in what contexts.

The ICB's decision to make children and young people's mental health a "golden ambition" provided the leadership signal needed to align partners across sectors. Practical changes followed: expanded school-based and community support; stronger integration between clinical and non-clinical provision; improved use of data to identify gaps and inequalities; and meaningful engagement with children and young people to shape priorities. Challenges remain, and demand continues to rise, but the trailblazer has 'proved the principle' that system change is possible through ICB infrastructure when leadership, evidence, and partnership are aligned.

A model of national significance

This report sets out the Growing Up Well model as a framework of national significance. It aligns closely with the Government's NHS 10-Year Health Plan and the shift toward neighbourhood health systems, offering a practical way to move from hospital-centred, reactive care toward prevention, early intervention, and community-embedded support. It shows how Integrated Care Boards can work with local governments, education (including universities), and the voluntary sector to create a coherent system that meets children's needs earlier and more effectively.

The report shows how the Growing Up Well model translates the seven CotN principles into concrete actions for ICB policy, commissioning, and delivery. The actions include making children and young people's health a core system priority; rebalancing investment toward early help and prevention; scaling neighbourhood-based health and wellbeing hubs; strengthening the role of schools and colleges; investing in connected data and population health management; embedding co-production; and building leadership capacity and learning networks.

Looking ahead

Young people have been exceptionally clear about the kind of support they need and where they want to receive it. They ask for accessible, stigma-free help, in places they already trust - schools, youth clubs, community spaces - and adults who can form consistent, enduring relationships with them. They want the conversation about mental health to be open, visible, and normalised, with easy routes into support and practical help that does not depend on meeting a clinical threshold. They value holistic approaches: volunteering, sport, creative activities, cooking, and social connection that sustains their sense of belonging and self-worth. They emphasise continuity - "someone who believes in me and sticks around" - and prefer environments that feel welcoming and familiar rather than medicalised or intimidating.

Many describe traditional services as overly clinical, bureaucratic, and remote from their daily lives. When asked to contribute their views, they want to see tangible follow-through and feedback, signalling an appetite for genuine co-production. The Growing Up Well model is built on these requests from young people.

The Humber and North Yorkshire ‘test and learn’ programme shows what is possible when systems focus on the root causes rather than the symptoms. England has an opportunity to move from managing crisis to enabling wellbeing by adopting the Growing Up Well model across its ICBs and placing children first, addressing inequality, grounding action in evidence and working in partnership across places.

Summary recommendations

Evidence underpinned the approaches trialed and tested throughout the Growing Up Well project. The Growing Up Well model is built and can be scaled through concrete changes to policy, commissioning, and delivery.

1. **Put children first:** ICBs should oversee a dedicated strategy for children and young people’s mental health, owned at board level, and embedded in Joint Forward Plans.
2. **Address inequity:** ICBs should rebalance investment so that at least 20% of spending supports early intervention, open-access and community-based provision for children and young people; and resources targeted using population-level data.
3. **Put education at the heart of public services:** the rollout of Mental Health Support Teams should be used as a vehicle for connecting health and education support via educational settings and used to underpin the creation of ‘school health’ hubs.
4. **Adopt place-based approaches:** neighbourhood-based mental health and wellbeing hubs, including Young Futures Hubs, should be scaled and should integrate voluntary and statutory provision, alongside clinical pathways.
5. **Join-up public services:** ICBs should act as an anchor institution with the mandate to ensure all services adopt a single, shared outcomes framework for children and young people, and cross-sector governance and learning networks for shared accountability.
6. **Share information effectively:** ICBs should prioritise the creation of connected datasets; local and regional systems should invest in secure, connected data infrastructure that links health, education and social care, and partner with academic institutions where possible.
7. **Underpin reforms with evidence and evaluation:** co-production with children, young people and families should be embedded as standard practice in the design, delivery and evaluation of mental health support; and clear feedback loops to demonstrate trust and relevance of lived experience.

Part 1

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TODAY AND THE MENTAL HEALTH SYSTEM

1.1 Our children and young people's mental health and wellbeing crisis

There is an ongoing crisis in the mental health and wellbeing of children and young people in England which is not being adequately recognised or responded to by decision makers at any level and is still not a top priority.

The peak age for the onset of a mental health problem is 14.5 years old.¹ 50% of all mental health problems are established by age 14, rising to 75% by age 24.² Mental health problems during this period can significantly disrupt developmental processes, making young people particularly vulnerable to experiencing poor outcomes such as poor academic outcomes, unemployment, teenage pregnancy, drug and alcohol abuse, suicide risk, crime and exploitation, and physical health problems. Suicide is the main cause of death in people under the age of 35, with 1,840 people losing their life by suicide in 2023, over three-quarters of them boys and young men. Over 200 teenagers are lost to suicide each year.

- 1 in 4 young people in England have a mental health condition.³
- Among 16-24-year-olds, mental health conditions have risen by more than a third in a decade, from 18.9% in 2014 to 25.8% in 2024.⁴
- 15.6% of pupils aged 5 to 16 now have high levels of social and emotional need – up from 10.3% in 2018. It is estimated that 43% of school children (equivalent to more than three million pupils) require targeted support.⁵
- There was a 65% increase in the number of acute hospitalisations of 5-18 for mental health reasons between 2012 and 2022.⁶
- In 2023, eating disorders were identified in one in eight (12.5%) of 17-to-19-year-olds. Of the 24,300 hospital admissions (up from 13,200 in 2015-16) for those with eating disorders in 2020-21, almost half were under the age of 25 (11,700).⁷
- Among young people aged 10-24, self-harm hospital admissions rose substantially for females between 2012/13 and 2021/22 – from about 508 per 100,000 to 711 per 100,000, an increase of roughly 40%.⁸

The number of children with active referrals to Children and Young People's Mental Health Services (CYPMHS, previously CAMHS) increased from 949,200 in 2022/23, to 958,000 in 2023/24.

Around 8% of the 12 million children in England had an active referral in 2023/24.⁹ Of those, 296,300 (31%) children had their referrals closed before accessing CYPMHS (referral closed before their second contact) – down from 373,000 (39%) in 2022-23.

At the same time as need is rising, children continue to struggle to get help. More than one in four young people (26%) said they had tried to take their own life while waiting for help. More than half (58%) said their mental health got worse while they were waiting for support.¹⁰

Links to wider vulnerabilities

These challenges rarely occur in isolation. The evidence between adverse child experiences and trauma and increased poor mental health is well-established. Three in four adolescents exposed to these adverse experiences develop mental health problems by the age of 18, including major depression, conduct disorder, alcohol dependence, self-harm, suicide attempts, and post-traumatic stress disorders. Children living in poverty are more likely to experience a mental health problem¹¹ and many children with Special Educational Needs and Disabilities (SEND) are at greater risk of experiencing a mental health problem.^{12 13}

People from Black and Global Majority communities are at a comparatively higher risk of mental ill health overall, and more likely to be diagnosed with serious conditions such as schizophrenia and more likely to be admitted to hospital.¹⁴ They are also less likely to receive talking therapies, more likely to be managed through medication, and their pathways are more likely to involve crisis or institutional care rather than early intervention or community-based support. Black people are four times more likely to be detained under the Mental Health Act than white people.^{15 16}

The wider impacts of poor mental health for children and young people

Poor mental health is a major contributing factor to high levels of absence from school and college^{17 18}, increasing problems with behaviour, the widening attainment gap¹⁹ and the staggering increase in young people aged between 16 and 24 who are not in education, training or employment (NEET).²⁰ The 2022 Independent Review of Children's Social Care highlighted how teenagers were the largest growing cohort in both child protection and care. The review found that for teenagers, 'the most prevalent factor at assessment is the child's mental health and that from the age of 12 'there is a sharp increase in child alcohol and drug misuse, child sexual exploitation, trafficking, gangs, missing children, socially unacceptable behaviour and self-harm'.²¹

It is also costing the economy and employers billions every year.^{22 23}

1.2 Support for children and young people with poor mental health

As children and young people's experience of poor mental health has increased, services and support have failed to keep up. High thresholds for help, long waiting lists and a chronic shortage of community-based early intervention are common in every part of the country leaving some children and young people struggling without the help they need

and with deteriorating mental health. The NHS is only able to support around 40% of those in need. 45% of young people accessing CYPMHS wait three months or more for their first appointment for treatment, and over half receive no support while waiting.²⁴

Analysis of ICB spending shows that overall spending on children's mental health services (excluding Learning Disabilities) increased every year from 2018/19 to 2022/23. In 2023/24, ICBs planned to spend £1.1 billion on children and young people's mental health, with a further £96m on eating disorders. Yet this amounts to just 8% of planned total local mental health spending.²⁵

The Government has committed to the full rollout of Mental Health Support Teams (MHSTs) to every school and college in the country by 2029/30. However, children who have mental health problems that are more serious than "mild to moderate" rarely reach the threshold for specialist support.²⁶

It has also committed extra funding to Early Support Hubs which provide universal support to children and young people in their communities. No referral is needed, and services include specialist advice, groupwork, counselling and advice and support on wider issues facing young people that may be contributing to poor mental health.

In 2024/25, mental health spending overall amounted to £14.9bn²⁷ though the share of spend on mental health services against NHS baselines fell from 9% in 2023/24, to 8.8% in 2024/25.²⁸ Mental health spending as a share of NHS baseline is due to fall again by a further 0.07% in 2025/26, despite mental health accounting for 20% of illness treated by the NHS. It has been estimated that from 2025, an additional £167m would be needed in the first year, with further incremental increases each year, to meet 70% of mental health needs of children and young people by the end of this Parliament.²⁹

Centre for Young Lives' own analysis of spending on children and young people's mental health support shows significant variation across ICBs and mental health trusts on spending on non-specialist, community-based mental health support.

Among mental health trusts, on average only 12% of their overall mental health budgets for children and young people were spent on non-specialist services, compared to 34% for specialists and 53% for Community CYPMHS.

Analysis of ICB spending highlights the geographical disparities in spend per child. This inconsistency of investment and priority has led to some young people not having access to the necessary support in their community simply because of where they live – and having to travel long distances for support.³⁰ Nearly two in five (39%) young people in the poorest parts of England have reported waiting for, or not having received, the mental health support they applied for, compared to 28% in the most affluent areas.³¹

Yet there are clear benefits to intervening early in a child's mental health in community settings to prevent escalating need. Treatments provided by CYPMHS result in projected savings of between £1.7 and £2.7 billion in long-term societal benefits to individuals, and total long-term saving to the Government of between £0.9 and £1.4 billion in England.³² On a per-individual basis, this equates to approximately £4,400 to £7,000 in private benefits and £2,300 to £3,700 in government savings for each young person treated. For every £1 invested in CYPMHS, an estimated £2.20-£3.50 in benefits to individuals and £1.00-£1.80 in savings to the Government can be realised.³³

Despite the vital role for ICBs in commissioning crucial support for children and young people's mental health needs over recent years, analysis by the Centre for Young Lives of ICB public strategies has also found that fewer than 10% of the ICBs had a dedicated strategy for children and young people's mental health – and none of the ICBs surveyed identified children and young people's mental health as a key priority in their integrated care strategy or Joint Forward Plan.³⁴

What young people tell us about their mental health and wellbeing

One of the most shocking aspects of talking to many young people experiencing poor mental health is their lack of confidence in getting the help they need to recover. Clinical models designed to help young people often feel outdated, uncomfortable, and overly medicalised. Long waiting lists, high thresholds for help, and a lack of accessible support can also detract from faith in the health system. Many children and families from marginalised groups may also have negative perceptions of mental health services because they have previously had bad experiences of other statutory services. A 2025 survey exploring mental health stigma and service use among young adults in the UK found that perceived public stigma and internalized self-stigma also continue to hold young people back from accessing support.³⁵

Young people talk about solutions that are not just clinical but are wide and holistic and involve activities like volunteering, cooking, arts, crafts, and sport. They also want there to be an open and loud conversation about mental health with posters in schools and helpline numbers, and they want to see that 'everyone needs to be told that what they are feeling is okay', that 'saying you have a mental health problem is the same as saying that you have chicken pox'.

A study of the first three years of the Trailblazer programme for MHSTs has also highlighted how important it is to children and young people to feel their concerns were listened to so staff would be able to help them.³⁶ Schools and colleges reported a perceived positive impact of the MHST programme.³⁷

There was also a consensus among the young people we spoke with that the need for the development of trusted relationships was crucial, that support needs to be coproduced with local communities, giving them a continuity of support, and that if we keep using interventions in the classic and current way, we will end up just seeing the same results time and again.

1.3 Shifting the dial - a new approach to supporting children and young people's mental health

There is broad agreement that we need a once-in-a-generation rebalance to prioritise children's health and drive a new children's public health strategy through shifting health service delivery towards greater investment in early intervention and prevention. This includes specialist NHS care (community and inpatient), early intervention hubs, school-based support (MHSTs), Voluntary, Community, and Social Enterprise (VCSE) services, public health (school nursing, health visiting), social care, and digital platforms. Services span the full spectrum - from prevention to crisis support, including CYPMHS and broader community-led offerings.

Improved specialist and clinical support are vital for high-need groups such as under 5s, those adolescents on the cusp of severe illness, those with eating disorders, self-harm, and complex trauma. The Royal College of Psychiatrists supports expanding CYPMHS and MHSTs to ensure at-risk children—from early years through transition—receive specialist input before crises. This will increase NHS CYPMHS capacity to better serve diagnostic needs.

Over 20% of children have a diagnosable condition, and yet CYPMHS serves only 40% of diagnostic need. Inpatient admissions for children and young people have surged by 65%, overloading emergency/crisis pathways—highlighting inadequate community alternatives. Enhanced community-based clinical capacity will alleviate pressures on inpatient and emergency services, reducing waiting times, and re-engaging children and young people with education and wellbeing.

We also need to help children grow up well and to provide the right support as early as possible to stop problems escalating. The Government's Fit for the Future: 10 Year Health Plan for England commits to meeting children's mental health needs and recognises community-based provision as a mechanism to deliver mental health support in local communities. It sets the ambition to transform the NHS through the creation of integrated neighbourhood health systems, and a move towards place-based care delivered through local partnerships between the NHS, local authorities, social care, and voluntary and community organisations.

At the heart of this model are Neighbourhood Multidisciplinary Teams (MDTs), working across physical and mental health services to provide joined-up, person-centred support. This work is important given many young people perceive formal support such as NHS CYPMHS to be less helpful than other types of support, such as school mental health teams or support from family and friends.

There is also an economic incentive –delivering mental health treatment in the community for young people is 100 times cheaper on average than treating them as an inpatient.

National policies aligned to supporting children and young people's mental health in the NHS 10-Year Plan include:

- Community-based mental health hub models, including Young Futures
- Whole-school and approaches and Mental Health Support Teams (MHST)
- Neighbourhood multi-disciplinary teams
- Social Prescribing
- Parenting Support
- Targeted mental health support, including Talking Therapy Teams
- Specialist support for 16–25-year-olds to boost employment and training
- Youth clubs and support
- Best Start Family Hubs 0–19s (25)

Where there is money in the system, it is often spent in the wrong place. A model for integration of services should build on the principles of:

- NHS staff providing clinical oversight and governance of children and young people's mental health services;
- Open-access wellbeing support and case consultation with clinical oversight and trauma-informed support;
- Interventions delivered in a non-clinical, community setting, where staff present as 'one team' rather than individuals from different services;
- Embedded working relationships within specialist services, to provide early intervention for complex needs and support onward referral.

As local areas develop neighbourhood strategies, NHS and local authorities will need to build on those principles to test and learn from models that deliver value for money, improving outcomes and meeting young people where they are at, for inclusive and preventative support as part of the neighbourhood approach of a community-based health system.

ICBs are central to driving reform and improvements at local levels through delivering strategic, joined up working across health and care organisations. Mental health service providers have told us about the importance of strong local leadership from ICBs, including strategic commissioning that responds to local need and strategic leadership that prioritises children and young people. By decentralising decision-making in this way, and investing in local partnerships, the neighbourhood model can also strengthen trust, reduce barriers to access, and ensure that mental health provision reflects the realities of children, young people, and families in each community.

Growing Up Well

Over the last eighteen months we have worked with the Humberside and North Yorkshire ICB and their partners in a strategic collaboration, Growing Up Well, to make children and young people's wellbeing a priority. The aim has been to learn about how data-led, cross-sector leadership can transform children's mental health outcomes to develop a model that can be replicated in other areas. Our test and learn approach in Humber and North Yorkshire shows:

- A distinct strategic focus on future need enables ICBs to move beyond week-to-week priorities and demands to identify need
- A commitment to prioritise children and young people sends an important strategic signal to partners
- Distributed leadership and shared accountability across ICBs, councils, and schools underpin sustainable improvement
- Early intervention in schools and community hubs reduces demand for clinical services
- Shared data and local intelligence enable areas to identify gaps in treatment and plan for targeted investment and more equitable access

- Partnership-driven prevention models deliver measurable returns—social, economic, and emotional
- Embedding lived experience through co-production improves service relevance and trust
- An external catalyst is important to disrupt, provide focus and momentum and support a spotlight on children and young people

Humber and North Yorkshire ICB's test and learn experience demonstrates how evidence, innovation and collaboration can drive transformation. By co-designing local interventions with young people, aligning data systems, and evaluating outcomes iteratively, the model has generated real-time learning to inform national policy and local practice. It is both scalable and adaptable to local contexts. Shared data, trust, and commitment are key. Aligning education, health, and voluntary sectors creates collective ownership of children's wellbeing. By uniting around an outcomes framework, with proxy or intermediate indicators, partners can begin to move from managing crises to preventing them, and children and young people's mental health and wellbeing can begin to improve.

Part 2 of this report sets out the context, experience and learning from the trailblazing test and learn approach in Humberside and North Yorkshire and its national significance in shaping a national replicable model.

“Over-diagnosis” and “Over-medicalisation”

In December 2025, the Health Secretary Wes Streeting announced a review into the rising demand for mental health services, as well as ADHD and Autism services. The review is looking at the role of over-diagnosis, while also assessing the gaps in support.

There is a clear distinction between over-diagnosis and over-medicalisation of children and young people's mental health. There has been a growing strain of argument that children are being over-diagnosed when it comes to their mental health, pointing to the steep rises in identified mental health conditions, uptake of prescription medication, and referrals to CYPMHS. However, this approach fails to recognise the lived experience of children and young people – what they tell practitioners, professionals, family and friends about how they are coping and obscures the rising levels of unmet need – and the overwhelming data and evidence showing the impact of mental health problems on many aspects of children's lives.

Over-medicalisation refers to the system response to rising mental health needs for some children who have mild-moderate mental health need, to be overly clinical. Many, including many young people, advocate instead for a more holistic, early intervention approach to young people's mental health to de-medicalise the system's response to young people struggling. This includes greater provision and accessibility of non-specialist, often community-based support services, put in place as early as possible when young people are suffering to prevent problems escalating and working to avoid young people needing more specialist support such as a CYPMHS referral.

Part 2

PROOF OF CONCEPT: THE HUMBER AND NORTH YORKSHIRE TRAILBLAZER

Over the past eighteen months, the Centre for Young Lives has been working in partnership with Humber and North Yorkshire ICB to develop a national trailblazer to test and learn our approach to improving the mental health and wellbeing of children and young people in the region.

2.1 Why Humber and North Yorkshire?

Humberside and North Yorkshire covers a broad area comprising six upper tier local authorities, and three elected Mayors of Hull and East Yorkshire, York and North Yorkshire, and Greater Lincolnshire. This includes the cities of York and Hull and larger towns of Grimsby, Cleethorpes and Immingham in North East Lincolnshire which are highly concentrated in terms of population. By comparison, East Riding and North Yorkshire are more rural or coastal and have lower population density. The ICB has been established for three years with a population of 1.7 million people. Yorkshire and Humber had the highest proportion of children under 16 in relative low-income families at 30% in the financial year ending 2024, compared to a national average of 22%.³⁸ This is a 1% rise over the previous year.

Local variation in children and young people's wellbeing is significant across HNY combining areas of acute deprivation with rural and coastal communities facing specific challenges. This made the region a strong test case for place-based reform.

In York, the proportion of children identified with social, emotional, and mental health (SEMH) needs has risen sharply in recent years, now accounting for a quarter of all SEND provision.^{39 40} Younger pupils in York report positive emotional states, but by secondary age, wellbeing significantly deteriorates.⁴¹ One in five young people reported having self-harmed in the past year, with rates twice as high among girls as boys, and almost half of those affected said they had no one to turn to for support.

In North East Lincolnshire, referrals to the local CYPMHS, 'Young Minds Matter', and early intervention support have continued to increase, with anxiety and emotional regulation difficulties. Despite this sustained demand, the Adolescent Lifestyle Survey in 2024 recorded improvements in some measures of emotional wellbeing compared to 2021. Analysis of findings from the Adolescent Lifestyle Survey can be found in Appendix 3.⁴² However, underlying levels of worry and distress have not changed, with around seven in ten young people reporting that they worry about their future. Wellbeing remains lower among girls and among children who do not feel supported by family.

North Yorkshire presents a similarly mixed picture.⁴³ Only a quarter of pupils report high resilience, while half fall into the low resilience category, and worry is widespread among both primary and secondary school pupils. Among older students, the average wellbeing score on the Warwick-Edinburgh scale is 22 out of 35, lower than national averages, and half of secondary pupils report low resilience.

In Hull, levels of wellbeing are among the lowest regionally, and the prevalence of probable mental health conditions continues to rise. The City's 2024 Young People's Health and Wellbeing Survey found that over a quarter of 11–16-year-olds have poor or very poor mental health. This indicates a significant and entrenched level of need that sits well above national averages and places considerable strain on local services.

In July 2025, across the ICB, 61% of children and young people received their first contact with mental health support within 4 weeks. 45% were still waiting 12+ weeks. Overall, there has been a gradual upwards trend in long-wait referrals, with periodic fluctuations suggesting variability in service capacity, demand, and referral volumes. There was a 38% rise between April 2023 and July 2025 of referrals waiting over 12 weeks.⁴⁴

Returns from a Freedom of Information request submitted by the Centre for Young Lives on ICB spending on children and young people's mental health services reveals a total figure of £34m, which includes Core Funding (excluding learning disabilities and eating disorders) and Transformation funding. Between 2018/19 and 2023/24, there was a 72% increase in overall spending on children and young people's mental health services in Humber and North Yorkshire ICB.

The sub-total for core funding in 2023/24 was recorded as £26.4m, an increase of 35% since 2018/19. In 2023/24, £5.8m was spent on Mental Health Support Teams (MHSTs). Funding for MHSTs was introduced in 2021/22, and more than doubled over the next two years to 2023/24.

Analysis of ICB spending on children and young people's mental health⁴⁵ shows that in 2023/24, Humber and North Yorkshire ICB spent just over the national average on CYPMHS compared to all other ICBs, at £25m.⁴⁶ That equated to a spend per child referred of £879 in 2023/24. Likely due to the size of the ICB, this is lower than the national average of £1,249. On average, ICBs across the country spent 1.04% of their overall budget on CYPMHS. Humber and North Yorkshire ICB spend less, with 0.81% of their budget allocated to CYPMHS in 2023/24.

Further data on children and young people's mental health in Humberside and North Yorkshire can be found at Appendix 1.

2.2 Translating principles into practice

Over 2024 and 2025, the Centre for Young Lives worked with Humber and North Yorkshire ICB to develop a national trailblazer to improve the mental health and wellbeing of children and young people in the region. We wanted to understand how improving children and young people's mental health and wellbeing can be achieved if it is prioritised by the ICB. We also sought to better understand the drivers and system changes required to improve access to support and begin to move to prevention. The aim was to create and model approaches and to learn and demonstrate how ICBs and cross sector partners can work together to deliver responsive, joined up wellbeing support.

Our findings have evidenced and shaped a model which can be replicated across regions and across neighbourhoods to improve children and young people's mental health and wellbeing and deliver the ambitions of the NHS 10-year plan. While the Humberside and North Yorkshire approach was developed as a trailblazer rather than a classic 'test and learn', many of the test and learn principles apply:

- Defining common goals and delivering shared outcomes not policies, with a shift to agile ways of programme design and delivery that cuts across services and sectors; to create more local capacity and new capabilities to innovate, monitor, evaluate and adapt
- Working in the open, with transparency in sharing insights and outcome-based accountability with 'learning loops' which test critical assumptions and ensure data and evidence regularly inform policy design and implementation
- Starting with available data on leading indicators that signal the likelihood of success and where we have a basic understanding of the problem and policy levers to gain traction
- Engaging with established providers who deliver relevant services, for recognition and with appetite to solve the problem – especially by local partners where most of the delivery capacity sits
- Looking to improve data and digital capabilities, to access, link and use the data effectively at local and central government and, as a national trailblazer, learning that may lead to changes to funding rules, procurement mechanisms, service design, and innovation

The work is founded on the seven principles to reforming the system of children and young people's mental health developed by Child of the North and the Centre for Young Lives which provide a platform to learn what works best for which community:

- Putting our children first
- Addressing inequity
- Adopting place-based approaches
- Working together effectively across our public services
- Putting education and community groups at the heart of public service delivery
- Establishing Universities as the "Research and Development" departments for local public services
- Using and sharing information across public service providers effectively

What has emerged is a model of national significance that sets out an ambitious framework for strategic partnerships and neighbourhood approaches in other areas. At a time of significant reduction in funding to and reform of ICBs, the HNY innovation sought to improve children's mental health and wellbeing is more important than ever.

The Test and Learn Playbook

- Discovery: define the challenge
- Robust data: build in from the outset

- Iteration: design, test, evaluate, refine, scale
- Context: adapt to local contexts, not one size fits all
- Evaluation: pivot if results show limited effect
- Accountability: outcomes based
- Scale: embed and sustain

2.3 The Growing Up Well system architecture

Core components of the trailblazer approach were:

- **The Humber and North Yorkshire Futures Group** - a strategic body within the HNY Health & Care Partnership focused on innovation, longevity (healthy aging), digital data connectivity, and workforce development to improve long-term health outcomes and integrate services across the region. Its key initiatives include data for children/young people, "Living Labs" for aging, and workforce talent planning. The Futures Group provided the ICB with the space and forum to move beyond day-to-day priorities and concerns to long-term strategic issues.
- **A commitment to innovation & integration** - leading change for better integration across the health and care system by connecting people and innovating.
- **Connected HNY (Data & Digital)** - aiming for secure, real-time data sharing across health and care (children/young people focus initially), using insights to reduce duplication and improve care coordination. The Connected HNY Database and HNY Insights support integration across health and care services by providing data-driven insights for better decision-making, efficiency, and patient outcomes, leveraging data and innovation for a more connected, person-centred system.
- **A system-wide approach** to improve support for children with complex needs and move towards prevention in a HNY ICB Children's plan. This brings together the wider system – local authorities, communities, schools, and community organisations to plan and deliver change.
- **Proof-of-concept pilots in North East Lincolnshire to test** integrated care and community models. Strategic local engagement between the ICB, local authorities, schools, and the voluntary sector to form a regional network committed to improving mental health and wellbeing, with a focus on solutions deliverable in schools. This included a local wellbeing charter in NE Lincolnshire led by the council which secures further local buy-in to prioritise mental health and wellbeing.
- **Evaluation** - fidelity and impact are tracked via surveys, exclusion rates, and student wellbeing to ensure systemic improvements. Attendance rates reveal trends in student engagement and mental health, highlighting early warning signs for intervention, for example. Combining quantitative metrics and qualitative feedback guides resource allocation and commissioning strategies.

The Humberside and North Yorkshire ICB Joint Forward Plan 2023-28

The Humberside and North Yorkshire ICB Joint Forward Plan 2023-28 is a framework for system reform and innovation for children and young people's mental health in the

region.⁴⁷ The core principles of the plan align well with our test and learn principles and ambitions, with 'think person, think family and think community' at its core and a central commitment to prevention and early intervention and tackling health inequalities. Integrated, place-based care and collaborative leadership are also key principles. Children and young people are a core priority in the plan, as is support for mental health and wellbeing, again supporting the focus of Growing Up Well.

There are targets for the transformation to community mental health, trauma-informed care for children and young people and perinatal mental health as well as a focus on recruitment and retention and flexible workforce models in a workforce and people strategy. Digital transformation, inclusion, and analytics for population health and shared care records are also seen as key. In these ways, the Forward Plan creates a positive and enabling platform for the kind of ambitious changes needed to reform and radically improve support for children and young people's mental health. Strengthening the test and learning delivery further, HNY ICB has made children and young people's health a golden priority within the wider strategic plan.

Humber and North Yorkshire ICB Children's Plan

Core to delivering on the children and young people's priorities in the Forward Plan was the Children and Young People's Plan, which aims to radically improve wellbeing, health, and care for children and young people through collaborative and unified support. Its key focus areas include mental health, reducing health inequalities, and early intervention to improve outcomes by 2030, utilising partner resources, and addressing specific needs. Key Aspects of the Children's Plan are:

- **Strategic Goal:** The "golden ambition" is to significantly enhance the health and well-being of children and young people.
- **Key Outcomes:** Children are safe, healthy, and ready for school/life.
- **Core Principles:** Child-centred, prevention/early help, integrated "one system" approach (social care, public health, education, health).
- **Key Priorities:**
 - **Mental Health:** The 2025-2030 Strategic Transformation Plan focuses on addressing mental health issues early to reduce crises.
 - **Health Inequalities:** Action is aimed at narrowing the gap in healthy life expectancy for children.
 - **Obesity Reduction:** A goal to halve childhood obesity by 2030.
- **Collaboration:** The plan emphasises working with partners across health, education, and social care to create a unified support system.
- **Implementation:** Delivery is supported by existing resources, with a focus on testing new ways of working and improving access to services.
- **Governance:** The 'Start Well Board' drives the plan, emphasizing reduced inequalities and vulnerable child support.

The plan is designed to deliver transformation across the entire system and create a cohesive system for children, providing a seamless and coordinated approach to care and development. It was developed through the leadership of the ICB with local authority

directors, NHS providers, voluntary sector partners and universities, and research institutes.

At its heart is the belief that local support gives more control to local areas to make better decisions on how best to meet needs. Working with children, young people and their families through Family Hubs and Integrated Neighbourhood Teams will have better reach and also target resources at children and families most at risk of the poorest outcomes. By developing holistic services that focus on need at the most local level, reducing referrals and offering the right level of help, by the right professional, at the right time, the plan aims to support families to build resilience and independence.

Partnerships with schools and other community and education settings play a pivotal role in improving all children's safety, physical and mental health, including those with SEND, while investing in ongoing training and development to enhance staff skills and knowledge across the system enabling them to do what is best for each child. Taking a 'single door' and one system approach for children and young people is designed to foster healthy habits, mental well-being, and self-care. Early screening and assessments are key aspects of the plan for timely intervention and coordination.

The plan recognises that support for families is crucial in improving children and young people's health and wellbeing, strengthening interventions that support positive parenting and enhancing family dynamics and the resilience of children to help them cope with challenges. This works well with new and enhanced programmes of family support from the Government.

The plan adopts a child-centred approach by placing the rights, unique needs, strengths and voices of children and their caregivers at the heart of all decisions and actions, ensuring their experiences and realities are reflected in plans, and policies. Ensuring children and young people actively participate in their care and decisions that affect them by truly listening to and amplifying their voices, especially those facing inequalities, with knowledge and skills to make informed health choices, and self-advocacy.

It also seeks to promote and support trauma-informed practices for sensitive, comprehensive care that supports physical, emotional, and social well-being, and takes a strength-based approach that avoids labels, upholds rights, and recognises each child's unique potential. It sets out to foster partnerships to secure a holistic approach, while addressing emotional, social and developmental well-being, and consistency in continuous care for long-term well-being.

Priority actions for the children's plan were identified as improving early speech and language, ensuring access to timely therapeutic services, enabling participation for children with neurodiversity and/or SEND, enhancing the offer for care leavers, preparing young people for adulthood, and improving access to health and care careers.

The delivery plan is very much work in progress, however, there is now a framework for evidence and delivery in place in Humberside and North Yorkshire which demonstrates the importance of leadership, principles and ambitious delivery.

The Children Plan demonstrates how cross sector partners can meet challenges and work together to begin delivering responsive, joined-up mental health support. There is also

growing confidence in local delivery, strengthened by local proof of concept pilots. Modelling how governance and funding across the system can work together and be reformed to support children's mental health complements this work to inform next stage development.

Humberside and North Yorkshire children and young people's mental health strategic plan

The 2025-2030 Mental Health Strategic Transformation Plan focuses on addressing mental health issues early to reduce crises as a core aspect of the Children and Young People's plan. The detailed strategic plan, shown in Appendix 2, has specific aims to build capacity in the system and reduce the level of need for CYPMHS and high-level specialist interventions. It has been developed in partnership with health commissioners and providers, Local Authorities Children's Services and Public Health teams, VCSE, Primary Care and Education. It has also been co-produced with children and young people, supported by a young people's advisory group.

The plan aims to ensure an integrated system wide approach to improvements to prevention, early intervention, access, waiting times, outcomes, and experience across the system. It is inclusive and seeks to identify and reduce health inequalities and barriers for the most vulnerable children and young people, reducing the impact of poor mental health on wider outcomes.

It is designed to ensure a clear core offer, reduce inconsistencies and variation, address unmet need and gaps in provision, reduce duplication and improve quality and efficiency. It also promotes close working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive provision as part of a "team around the child/family."

Progress will be delivered through the HNY Children and Young People Steering Group, which has members representing a wide range of partners who worked collaboratively to produce this plan.

Good data, identification of need, and review of current provision are early priorities. Mapping current early intervention and improving mental health support for children and young people while on waiting lists are also priorities for the first year. Its aim is for no child or young person to wait more than 4 weeks for help, working with the Royal College of Psychiatry to improve access and reduce waiting times.

The plan builds on work with voluntary sector and community partners to develop a robust and consistent early intervention mental health offer across HNY by expanding Mental Health Support Team (MHST) coverage to 100% of schools and to work with education providers to strengthen the preventative approach and further embed the whole school approach. Workforce training to support professionals to identify and support mental health needs in the community is also included. Partnerships with health providers and children in care and leaving care teams is also planned to test new models of support, as is improving digital access while addressing digital exclusion.

A Children and Young People's Mental Health Partnership for HNY was established to implement the plan and work towards solutions that build on local and regional co-production, monitor the data, and collaborate on both preventative support and 'waiting well'. The early intervention focus is now being built through Best Start Family Hubs,

effective early years programmes of Family Foundations and the SEND strategy with a strong emphasis on inclusion and belonging. This will contribute to wider outcomes where mental health is a factor, for young people to thrive and grow up well, including improved school readiness; improved school attendance and reduced exclusions; improved physical health; reduction in NEETs; and preparing young people for adulthood.

The Mental Health Plan aligns well with the Child of the North reform principles and the NHS 10 Year Plan transformation. If delivered successfully, it has the potential to deliver real change to support children to grow up well.

What this looks like for Learning Disability and Autism

The Humber and North Yorkshire Collaborative's Children and Young People's Mental Health Workplan (Nov. 2022–Oct. 2023) embeds a fully inclusive approach for children and young people (CYP) with learning disabilities (LD) and autism. A “No Wrong Door” approach ensures clarity of thresholds and pathways, enabling children and young people and families to access advice and support without unnecessary barriers. Integration pilots in primary care aim to streamline referrals and reduce pressure on specialist CYPMHS services. A dedicated Transition Task and Finish Group is working to create needs-led, rather than age-led, transitions from child to adult services, and the 10-year Trauma-Informed Care programme includes LD and autistic children and young people, with place-based pilots designed to divert at-risk individuals from offending or crisis situations. The Collaborative's engagement strategy prioritizes the voices of children and young people with LD and autism and their families, and a comprehensive data dashboard tracks autism assessment waiting times and other key metrics, supporting transparency and performance monitoring.

2.4 What was tested and delivered

The importance of leadership

Delivering these strategies requires a whole system approach and the will, capability and capacity to make it happen, bringing together professionals from different disciplines with a willingness to convene professionally around children and young people. It is clear from the HNY trailblazer that it takes leaders who can and will convene and facilitate, taking care not to create a hierarchy, each with a clear role and responsibility for the joint approach. Establishing trust between organisations and professionals working towards a common goal and plan was key. Challenge was possible because relationships were in place. This crosses any political divide, professional silos and single services to get behind a clear strategy and one plan. It is widely recognised that the current system has funding that supports much needed services, but which can be seen in the wrong place and at the wrong times.

The new ICB model of strategic commissioning, population health management, and financial control, focusing on reducing inequalities, enhancing productivity, streamlining boards, and long-term, evidence-based planning may work well to support the changes needed.

The importance of a child-centred approach and focus on outcomes as well as dialogue to overcome barriers

Taking a child-centred view is very different from a system-specific view. Over time, through regular monthly meetings with Directors of Children's Services, there emerged an overarching single plan and shared language to read across for a consistent approach and collective ownership of the strategy – what we want to do and how we want to approach this, together. The process produced more than a strategy. The binding and consistent use of language that is outcomes-led moved beyond service progress and KPIs. It built trust and common purpose, leading to communities of practice across services pulling in one direction.

Funding and governance reform is vital

The ambition is to turn high costs for high-level needs on its head. Mental health is identified as a particular challenge, given less than 10% of the ICB's mental health budget goes to children and young people. This might suggest there is less scope for savings to be found. However, moving from lifecycle funding by age to the whole life-course of the child to address children and young people's mental health will drive down the costs of adult mental health services - currently accounting for 90% of resources spent on mental health, over time.

Partnership Principles

Starting with available data and engaging with established providers, Humberside and North Yorkshire has led initiatives to gain early traction for cross cutting, multi-agency support. This work is based on shared ownership, working together as equal partners and as one system for common outcomes, avoiding gaps or overlaps, and pushing forward the agreed strategy to concentrate on a few agreed priorities, and then tracking progress against them.

Effective partnership requires clear communication to keep everyone informed, included, and connected:

- Enabling - to create space for innovation, flexibility, and practical solutions.
- Strengths-based - to seek out, value, and scale what works rather than rehearsing problems.
- Strong local links – to recognise communities as co-owners of the strategy, and to check that what is done makes a difference to improve lives.

Data-informed

Moving to an outcomes-led framework needs a baseline and effective ways to capture qualitative data five years down the line. A disadvantaged community can often be characterised by significant informational failures. Communities can find it difficult to collate information and share their needs with public services. Families can struggle to know how to access support and make the changes they need. Statutory organisations lack the contextual information needed to design efficient services, capable of adapting and working for the people they serve. Information sharing across public services is limited or non-existent and leads to safeguarding failures and diminished life chances.

In identifying need, much of the data needed sits within local authorities and health. When both agree to share data it allows for analysis across an age-range - the number of children by age and the percentage likely to need mental health support at a

neighbourhood level across HNY - and to identify levels of need pre-diagnosis. And then mapping what is being done to identify good practice and grow from within the community to develop neighbourhood plans. The data measurement challenge has been to understand what is being done in the present and within the wider experience of the ICB and what it takes to move the dial for children's mental health and wellbeing, to determine which outcomes to measure. What does that look like, and how do we know if anyone is better off as a result? The HNY ICB has had place-based teams embedded in local authorities, but this practice is likely to change following consultation ending in January 2026 and the re-organisation and reduced budgets for ICBS.

In measuring outcomes, there was no single universal indicator, but proxy measures included:

- Mental health access rates for children and young people
- Reduction in inpatient admissions for under-18s with learning disabilities/autism
- Annual health checks for young people with learning disabilities
- Digital access and uptake of poverty-proofing interventions
- School readiness and attendance

A unifying indicator across stakeholder groups draws on wider partnerships, for example, for school attendance, and supports a community of practice around school-based wellbeing which can de-escalate mental health needs. The data shows a real return from school attendance and learning outcomes.

HNY takes advantage of existing work in Bradford, who built and tested the first 'Connected District' centre. Connected Bradford directs and improves the design, delivery, and evaluation of public services (with a current focus on autism and 'early help').⁴⁸ This shows how health and education can come together to effectively support children and young people and highlights the need for effective information sharing. This will help engage communities within Connected HNY from the outset and lay out the groundwork for the practical implementation of information sharing systems.

The creation of a Connected HNY centre builds on the work of Bradford to transform policymakers' understanding of demand 'on the ground', facilitate its ability to predict need, and provide data tools for designing and evaluating the impact of policies. Bradford has shown the power of connecting routine administrative records, including health, social and educational data, through both the Born in Bradford project and the Connected Bradford database. The evidence is clear that the Connected Bradford concept is functional and effective in Bradford, and there is a need to expand this further across Yorkshire to create integrated service provision and improve the health and wellbeing of a whole population.

Evaluation

HNY IDEA Centre and Connected HNY platform create a secure environment linking health and education data. Mapping mental health needs helps identify risks and target resources at a neighbourhood level. Data driven insights support continuous improvement cycles in services.

This positions HNY as a leader in the use of connected data for public service

enhancement to:

- Focus initially on data applications involving children and young people
- Form an ‘oversight and scrutiny’ group containing national stakeholders
- Prioritise linking ‘health’ records with education records in the first phase of work
- Adopt a place-based level approach (based on Bradford’s Act Locally programme) that brings the relevant stakeholders (health and education) together with communities to adopt data driven solutions to specified problems.

In Bradford, the lives of over 13,500 children and their families have been followed via the ‘Born-in-Bradford’ longitudinal birth cohort study from 30,000 people. The study connects and draws insights from routine data held by education, health, care, and policing services, to better understand risks and vulnerability, as they vary from place to place, community to community. It builds tools that can deliver data insights to front line professionals and uses visualisation methodologies to help families, communities, professionals, and policymakers understand and interact with data – enhancing the accuracy of data insights, improving transparency and trust, and allowing the redesign of systems. The project also links schools with health systems through its Department for Education funded Born in Bradford Centre for Applied Education Research (CAER).

The Humber and North Yorkshire system is already making strides in this area. ICB investment is enabling significant progress in the development of a linked data environment, bringing together health and care data from across the system. The opportunity afforded through the creation of Connected HNY is to build on existing work and ensure close alignment, at an early stage, with regional development in this space, as a starting point for community engagement, service prioritisation and demonstration of linked data for improved health outcomes.

Evidence based and informed plans and practice

The challenge was to move from identifying a problem and spending on the problem to working with children and young people on prevention and early help and spending less. This requires a strategy and partners who can deliver at scale and who are agile, so they can shift resources and commissioning based on neighbourhood approaches and outcomes. That in turn needed a clear plan to evidence, deliver and show results; putting policy into practice and making it hard to turn back on the vision and mission, overriding political and policy changes which occur over time.

The Humberside and North Yorkshire plan has:

Expanded Early Intervention and Prevention

HNY has significantly increased access to early help through Mental Health Support Teams in schools, delivering direct early intervention support to children and young

people, and embedding a Whole School Approach to mental wellbeing. This is complemented by the development of digital platforms coproduced with children to widen access to self-care tools and virtual support, increasing flexibility for children, young people, and families.

Focused on Trauma-Informed Transformation

As one of only 12 national vanguards, HNY is pioneering trauma-informed care across health, education, local authority children's services, voluntary sector, police, and the youth justice system to embed a trauma informed approach across the system in all partners working with children and young people.

Prioritised System Intelligence and Access

A new children and young people's mental health dashboard provides real-time insight into access, waiting times, and outcomes. This data-driven approach helps target resources, reduce inequities, and continuously improve service delivery.

Recognised the Importance of Integrated Workforce Development

HNY is actively reshaping the mental health workforce through role expansion, system-wide mobility, and new training pathways. This ensures a future-ready workforce with the capacity and flexibility to respond to evolving needs. The approach is already contributing to improved health and educational outcomes – for example, supporting school attendance where mental health was a barrier— and is reducing the risk of escalation into crisis or inpatient care by intervening earlier and more effectively.

Embedded Co-Production with children and young people with lived experience

HNY embeds lived experience at every stage of its work and across its partnerships. Young people with lived experience shape priorities, policy and practice, improve training and service design, and drive accountability through active participation and co-leadership delivering real-time improvements to meet needs.

Place based system-wide change

Key learnings from HNY to deliver system-wide change is to make children and young people's health a strategic priority, mission led with a clear commitment shared by partners and stakeholders – make it everyone's business, and clear on the part they can play.

- To bring this to life requires the Integrated Care Board as an umbrella body or 2-3 partners as the driver for change, and to deliver against the government's 10-Year Health Plan
- Local authorities bring together children's services and public health and as a convener for community groups and stakeholders
- Schools and colleges as anchor institutions at the heart of the community, in a whole-school approach and wrap around support for children and young people
- It benefits from distinctive roles including a 'disruptor' and external ally to both challenge and connect to the national agenda such as the Centre for Young Lives

The Centre for Young Lives acted as a catalyst for change in Humberside and North Yorkshire to create a space and facilitation to think differently, take different approaches and to sustain momentum.

Children and Young People voice and experience at the heart

Children's and young people's voices and experiences run through the core of the Humber and North Yorkshire approach. 'Nothing About Us Without Us' is a mental health advisory group of young people aged 10-25 with lived experience from across HNY. It ensures their voices and lived experiences shape mental health strategy, policy and practice. Young people were recruited through engagement events and outreach for voluntary participation.

Three local area groups meet regularly and represent diverse communities especially those more at risk of poor mental health. Co-produced consultations focused on improving access and experience of mental health services and support, with 50 recommendations now being worked on with professionals. This has enabled a shift from consultation to true co-production enabling services to embed lived experience in service development and improvement.

A key recommendation from the group is to normalise mental health needs, removing stigma, and raise awareness of existing services and support groups with clear, accessible, and up to date information, with relatability in promotion from different cultures and testimonials from young people. This includes mental health as part of the school curriculum, more prevention support and simpler referral routes and pathways.

Governance

The Humberside and North Yorkshire approach established collective leadership with the Directors of Children's Services under a single shared plan with the ICB as the umbrella body, supporting place-led delivery. The strategy aligns with the NHS Long Term Plan and is governed by the ICB and local authority Health & Wellbeing Boards. Directors regularly meet to align priorities and develop unified plans that break down service silos. The approach balances strategic coherence and local adaptation to meet diverse community needs. Partners convene to foster shared language and focus on shared outcomes across services. Biannual learning events, performance dashboards, and assurance frameworks support transparent reporting.

A focus on place and partners: North East Lincolnshire – a trailblazer within a trailblazer

The Centre for Young Lives worked with health and the local authority in North East Lincolnshire (NEL) as a trailblazer authority within the wider ICB trailblazing region. The project brought together partners to build children and young people's resilience, trust, continuity of relationships, and belonging as core aspects of a strategy to open opportunities and prevent poor mental health. Historically, NEL has experienced disparities in children's health outcomes, often exacerbated by socio-economic challenges. The interface of poverty, deprivation, and mental health presents a significant challenge.

Chosen because of its ambition to achieve rapid improvements in system reform and improvements in outcomes for children and young people, NEL set its Growing Up Well programme within a raft of measures designed to help take the local authority children's

services from an Ofsted judgement of 'inadequate' to one of 'good' or 'outstanding'. The approach was both ambitious and pacy with strong leadership and messaging, a relentless drive to improve and an infectious 'can do' spirit and determination to achieve change.

The authority has undertaken and introduced a range of strategies and interventions during this period to realign support for children, young people, and families which have supported the move to prevention and community support, including:

- Children's wellbeing is a top priority in the NEL "Stronger Together" children, young people and families' strategy (2025-29) which aims to ensure children and young people in the area have a safe, happy and healthy childhood, with the best possible start in life
- A focus on improving attendance, belonging and inclusion in work with schools
- Social care reform to support families to prevent crisis and encourage and support kinship care
- Flagship new youth provision from Horizon Onside

Aligned to the Health and Wellbeing Strategy, NEL aims to deliver improved early identification and intervention of emerging mental health, achieve improved access to mental health services with reduced waiting times, and improved outcomes and experience. They are committed to a reduced need for crisis services and inpatient admissions and seeing reduced presentations at A&E for mental health issues with reduced suicide risk.

By fostering a supportive environment, the programme now has the potential to lay a solid foundation for positive health and wellbeing leading to improved academic performance, better social skills, and better life chances. The local authority has recently been awarded a judgement of good with outstanding features from Ofsted – a remarkable achievement over eighteen months. The team recognises the importance of Growing Up Well to that journey and to the improved support to children and young people that it reflects.

Partners working together to achieve change

Centre for Young Lives and the local authority brought together almost 100 organisations including schools, health, and community services – from early years to youth workers, teachers and health providers - to start the conversation, identify levels of need and support and to commit to change. Presenting national and local data, highlighting good practice and providing space and time for conversations and planning, it was clear that there was a high level of interest in working together on a common mission and plan, without the commitment of any significant level of new additional resources. A mid-point webinar was held to further develop connections and continuation of a place-based buy-in.

Feedback has been positive with a strong sense of purpose and clear leadership in driving improved wellbeing for children and young people.

A new Growing Up Well Charter

At the heart of the process has been the development of a Growing Up Well Charter that

will align with and be delivered as part of the NEL Health and Wellbeing Strategy. The detailed charter can be found in Appendix 4. A Charter steering group considered how open-access hubs, social prescribing, and whole-school approaches and wider recommendations from earlier Growing Up Well and Child of the North reports could be developed to provide ambitious and responsive support in the area. It also sought to align with the ICB Children's Plan and NHS neighbourhood health approach.

Over the year, there has been consultation with parents, professionals, children, and young people to identify needs and aspirations and a rolling programme of engagement and discussions with schools, youth and community groups.

The Charter has core principles of belonging and relationships - young people want to be seen for their potential and to have trusted adults who stay with them. It has a focus on prevention and joy - requests for everyday activities such as youth clubs, sport, green spaces, contact with animals, and creative arts, were consistently made. They want to see inclusion and diversity - mental health responses tailored because of uniqueness, not despite it. Young people also wanted to see partnership and collaboration - something everyone works on with long-term plans and long-term relationships with workers.

Work on the Charter has resulted in consensus around strategic intent to develop a place-based approach and greater connectivity, with greater awareness of NEL challenges and opportunities -developing understanding of the local offer, views and experiences, local populations, and prevalence. It now needs to contribute to improved wider outcomes where mental health is a factor such as improved school readiness, school attendance and reduced exclusions, reduction in the number of young people not in education or training and reduced vulnerability to harm and crime.

The Charter has drawn from over 50 good practice examples of organisations leading the way in North East Lincolnshire. Strong governance and leadership of the Charter is put in place through the Health & Wellbeing Board to make sure it is embedded and is supported to happen. The initiative has been warmly received with the backing of the Lead Council Member for Children, the local authority CEO and officials, the Director of Children's Services, health and voluntary sector. Schools, Trusts, and their partners were invited to attend HNY wide events to share learning and best practice.

The Charter was launched with a 'call to action' to stakeholders to develop their own commitments. It will be referenced in the reset Children's Strategy, as one of the core commitments and approaches across the borough.

The commitment to the Growing Up Well Charter is also already being seen in the development of wider projects such as Marmot Towns. It is also the driver of a new Centre for Young Lives initiative to develop playful places in Grimsby and Immingham. There are also plans to develop sport and creativity-based opportunities, joined up youth provision, wellbeing in schools, and support for vulnerable children and families.

An ongoing partnership with the City of York is now being developed to share learning and collaboration on children and young people's mental health in the future. Further information on York's journey to improve its children and young people's mental health can be found in Appendix 5.

2.5 What changed and what was learned

The Growing Up Well trailblazer has shown how an area can move the children and young people's mental health system away from high cost, crisis intervention that is unable to meet demand, towards a system of community-based neighbourhood prevention and wellbeing that helps children to grow up well. This shift from hospital to community, from sickness to prevention, and from fragmented provision to integrated neighbourhood teams creates a once-in-a-generation opportunity to redesign how support for children and young people's physical and mental health is delivered.

The trailblazer provides a model of delivery which has shown to be capable of breadth and pace. The local place-based approach in North East Lincolnshire shows the appetite for change from communities and young people and families and how swiftly partnerships and initiatives can be developed and begin to be delivered to signal change.

The model provides vital learning for national and local agencies seeking to implement the NHS 10-year plan to reform our mental healthcare system. This learning is particularly relevant to ICBs as they implement their new strategic role and local authorities and schools as they seek to deliver new integrated partnerships of preventative support for children and young people.

The development of an ambitious Children and Young People's Plan, the use of connected data to understand and project need, the expansion of school and community-based support, and the embedding of children's rights and views through co-production provide a blueprint for national reform.

The Growing Up Well model was built directly on the principled framework to reform the system of children and young people's mental health developed with our Child of the North University partners and based on evidence. Its success is a testament to the deep commitment to children and young people's health of our trailblazer partners, extensive experience of system delivery and reform, and an openness and confidence to innovate.

The Humber and North Yorkshire trailblazer shows system change is possible

What changed

- Children and young people's mental health was elevated from a service issue to a shared system priority, owned collectively by the ICB, local authorities, schools, and partners.
- Delivery shifted from fragmented, threshold-based pathways to earlier, place-based support, through schools, neighbourhood provision, and open-access models.
- Data moved from retrospective reporting to real-time intelligence, enabling partners to identify gaps, target investment, and adapt provision at neighbourhood level.
- Children and young people's lived experience was embedded as a driver of design and accountability, not a consultation exercise.

What we learned

- **Leadership signals matter:** declaring children's mental health a 'golden priority' unlocked alignment across sectors. Making children and young people a golden priority for the ICB in its Forward Plan and creating a children and young people's

plan as a framework for a whole system reset created a powerful vehicle for change. Investing in system and relationship building and working through the priorities and challenges of local authorities, schools and wider partners to achieve a collective and collaborative ownership of the plan underpinned the move to an integrated place-based approach which is now underway.

- **Architecture enables change:** shared governance, data infrastructure, and outcomes frameworks are prerequisites for delivery. Focusing governance on outcomes, not organisational boundaries; where partners share responsibility for wellbeing, attainment, and equity has been essential. The use of shared intelligence and outcomes frameworks to guide collective decisions, as a model for understanding and tackling the longer-term drivers has been vital and the investment in a Connected Humber and North Yorkshire database that will allow data insights to drive efficiencies in integrated public service delivery and improve population health and wellbeing crucial.
- **It takes time to develop strategic plans and deliver systems change:** This is not a quick process and cannot be rushed. It took a year from the first workshop to agree on the priorities that each service and area would coalesce around. This led to a second workshop and culture-shift for each to sign up to the strategy and plan with real conviction of hearts and minds - at first seeing gaps and duplication of services, and then the relationship to connected priorities and multi-faceted needs of children, young people and families.
- **Schools and community organisations are critical anchors:** whole-school approaches provide trusted, non-stigmatising access to early help. There are already effective community-based initiatives in place which have the potential to extend their work to reach more children and young people. Highlighting good and promising practice, shared learning and building and supporting partnerships has been key.
- **Place-based approaches reduce escalation:** intervening earlier in communities eases pressure on specialist and crisis services. Place-based approaches can follow the life course of children and young people through childhood and adolescence, responsive to their needs in the moment whether pre-diagnosis or at the point of crisis. This recognises the need for ongoing support for children to step in and step out of services at different times. It requires consistent language and professional understanding for shared outcomes to be matched so that it is a seamless experience for children and families.
- **Co-production improves relevance and trust:** services designed with young people are more accessible and more effective. When the voice of children is overlaid, it helps to break down silos and the challenge – are we looking at the wrong things? – and focus on how resources can be realigned in the system. Children and young people's views, experience and hopes have been a vital element of the work of the ICB and its partners and are helping shape new approaches and systems that can better meet their needs. The North East Lincolnshire Children and Young People's Mental Health and Wellbeing Charter is a powerful tool for co-production and builds trust with service providers.

Taken together, these insights provide proof of concept for the Growing Up Well model and inform its wider application, set out in Part 3.

2.6 Why this matters nationally

The reform of the system of support for children and young people's mental health is both vital and urgent. The NHS plan and guidelines now require Integrated Care Boards, local authorities and health and care providers to progress neighbourhood health, and to create a common understanding of what lies at its core, and a framework for action that can be tailored to local needs. HNY demonstrates a model for distributed leadership and partnerships between the ICBs, local councils, agencies, the third sector and NHS to coalesce around non-medical support.

Whether it falls under national reforms, regional strategies, or local plans, HNY shows how not to lose sight of children and young people, when a key driver for health reforms is in response to an ageing population, preventing unnecessary time in hospital or care homes. It is to ensure primary care includes greater understanding and use of social prescribing; community-based care supports children and families closer to home and connected services in particular pre-diagnosis for children's mental health and wellbeing.

By re-balancing the funding for children and young people, the aim is to be able to reduce the level of need and adult spending over 10 to 15 years. It helps pivot from a medicalised approach of thresholds and crises, which does not have the capacity to meet nor stem the growth of mental health needs. Instead, it looks at place-based needs and connected data for support pre-diagnosis and early help neighbourhood approaches which support children and families in their communities. Robust governance and datasets help give the confidence of health and children's services and public health partners.

This leads to an outcomes-led model, for a health system that can commission intelligently for neighbourhood-level health outcomes. Its strength comes from starting with what you have and building out, and a willingness to 'let go' of the money against defined metrics on whether outcomes are met rather than how they are met.

This roadmap and model will now be tested in two further ICB areas, which along with HNY ICB, will form a learning network, supported by communities of practice.

Part 3

FROM LEARNING TO ACTION: THE GROWING UP WELL MODEL

3.1 The Growing Up Well model

The Growing Up Well model draws from the national, regional, and local work of the Growing Up Well project undertaken by the Centre for Young Lives and its collaborative work with children and young people's mental health charities in Future Minds. It also learns from the children and young people's trailblazer with Humberside and North Yorkshire ICB and its regional partners. The starting point for the new strategic framework is the 10-year NHS plan and its 3 major shifts in delivery:

- **From hospital to community** – improving clinical services while moving investment earlier to help young people grow up well. The emphasis for this will be a new major shift in the development of community-based support – including community interventions and in reach models which deliver clinically supervised support.
- **From analogue to digital** – maximising the potential of digital support to broaden access and complement wider care in a strategic and informed way.
- **From sickness to prevention** – taking a population approach that has excellent data on the scale and nature of need, that provides a context of wellbeing support in local services and communities and identifies and responds to need at the earliest opportunities to prevent problems escalate. This will include support for families.

The Independent Review into mental health conditions, ADHD and autism (December 2025) and the Milburn Review of youth inactivity (November 2025)⁴⁹ both provide a critical window to tackle intersecting challenges: rising prevalence, gaps in provision, and increasing economic inactivity among young people, particularly young people with health needs. These reviews must drive concrete action to understand young people's experiences, address root causes, and ensure that every child receives the support they need to flourish.

The Growing Up Well model also aligns with the national roadmap developed with our Future Minds partners – the Prudence Trust, Centre for Mental Health, Young Minds and the Children and Young People's Mental Health Coalition - for transformation in support for children and young people's mental health which is underpinned by the following principles:

- **Early help and prevention:** Early intervention and prevention produce better – and less costly – outcomes. This is true across the full spectrum of need, including

milder mental health needs – where diagnosis or clinical language and approaches are often unnecessary. The importance of this principle has long been recognised, but the allocation of resources and personnel must better reflect it - including the explicit prioritisation of funding for children and young people’s mental health care.

- **Holistic focus:** Services should integrate clinical and non-clinical support, recognising that a secure base, safe relationships, and practical stability (such as in education, housing, and employment) are the foundations of good mental health.
- **Equitable:** Services must tackle inequities in access, as well as prioritising recognising and addressing social determinants of poor mental health as part of care. This should include commitment to tackling the inverse care law.
- **No wrong door:** Every young person should be able to find support wherever they first ask for help – this means more coordinated access points, greater multidisciplinary working and, where necessary, straightforward referral pathways between services.
- **Needs-led and flexible:** Care should be adapted to a young person’s needs and personal context – this means offering a meaningful say in their care, a choice of interventions, and providing some continuity of trusted relationships across ages and settings.
- **Safely embracing digital:** Harnessing the benefits of digital innovation and artificial intelligence can widen access to support and efficiency within the system. However, this progress must not come at the expense of trusted human relationships within mental health support.
- **Youth voice and empowerment:** Young people should be active partners in system reform – co-designing services, shaping decisions, and taking on roles such as peer support work.

Together, these principles reflect what young people, families, and professionals tell us matters most. By embedding them into policy and practice, we can create a system that not only responds to illness but actively builds and sustains the mental health of the next generation.

The NHS 10-Year Health Plan aims to reform children's mental health through a "whole societal approach," focusing on early intervention, expanded school support, and specialized "Young Futures Hubs". Key goals include reducing waiting times with £680 million in funding, ensuring 24/7 crisis care, and shifting from hospital-based care to community-based prevention.⁵⁰

3.2 Governance and leadership

The Growing Up Well model recognises the role of the ICB as an anchor institution. It asks the ICB to give a strategic commitment to deliver a wholesale neighbourhood shift to improved integrated mental health and wellbeing support for children and young people with a focus on early intervention and prevention.

According to the NHS Strategic Commissioning Framework, the new strategic role of ICBs is to become strategic commissioners and ‘intelligent healthcare funders’ within a leaner, more devolved NHS system. This is a shift from transactional, activity-based contracting to a long term, outcomes focused approach which prioritises prevention, tackles health inequalities and integrated care across different providers and sectors.

Core Functions of the New Role

The new strategic commissioning role involves a continuous, four-stage cycle:

1. Understanding the context: Using joined-up, person-level data and community insights to develop a deep understanding of local population health needs, including identifying underserved communities and the drivers of risk and demand.
2. Developing long-term population health strategy: Setting an evidence-based, five-year strategy and population health improvement plan that focuses on care pathway redesign, prevention, and shifting care from hospitals to the community.
3. Delivering through payer function and resource allocation: Allocating resources, managing contracts, and shaping the provider market to deliver the agreed-upon outcomes, potentially including the use of new contractual models (like single or multi-neighbourhood provider contracts) and decommissioning ineffective services.
4. Evaluating impact: Rigorously monitoring and evaluating the performance, quality, and outcomes of commissioned services using both quantitative data and qualitative feedback from patients and staff to inform future decisions and drive continuous improvement.

Learning Point: An external catalyst is important to disrupt, provide focus and momentum and provide a clear and unrelenting spotlight on children and young people’s mental health needs to all partners so driving change and holding agencies to account.

Key Shifts and Responsibilities

- From reactive to proactive care: ICBs will focus on anticipatory and preventative interventions in the community to manage long-term conditions and reduce demand for acute services.
- From competition to collaboration: The role emphasizes strong partnerships with local government (for public health and social care), the voluntary, community and social enterprise (VCSE) sector, and other NHS providers to co-design and deliver integrated care.
- Data-driven decisions: ICBs will build intelligence functions to leverage high-quality data, analytics, and technology (such as AI and the NHS Federated Data Platform) to inform commissioning decisions and measure value.
- Empowering local leaders: The new model devolves more operational and delivery responsibilities to providers and place-based partnerships, with ICBs retaining a strategic overview and system leadership role.
- Efficiency and value for money: ICBs are tasked with maximizing value from

available resources and driving efficiency, including significantly reducing their own running costs and eliminating waste across the system.

This new role for ICBs is central to the government's 10-Year Health Plan and the wider NHS operating model, aiming to create a more integrated, efficient, and outcomes-focused health and care system which the Growing Up Well model delivers.

Analysis by the Centre for Young Lives of ICB public strategies in early 2025 found that fewer than 10% of the ICBs had a dedicated strategy for children and young people's mental health. As most CYPMHS funding is not ring-fenced, ICBs must decide on local budgets based on their own priorities. To achieve the scale and ambition of change needed, it is essential for an ICB to commit to children and young people's mental health reform as a top strategic priority and as a core component of the delivery of the NHS 10-year plan. This priority will drive strategic decisions, impact on resources, including time and require monitoring, reporting and evaluation at Board level.

ICBs also have a requirement to meet the Mental Health Investment Standard on spending and are required under the Health and Care Act 2022 to have a designated board-level executive lead for children and young people (0-25), which includes line of sight of delivery of all children and young people across commitments by the ICB including mental health.

ICBs planned to spend approximately £1.1 billion for general CYPMHS and an additional £96 million specifically for eating disorders in 2023/24. Children's mental health typically accounts for about 8% of total local mental health spending. This is despite most mental health conditions developing in the teenage years and despite children and young people 0-to-18 making up 20% of the population.

Learning point: A distinct focus on long term strategy enables ICBs to move beyond week-to-week priorities and demands to identify need and build forward plans for change. The Humber and North Yorkshire ICB created a Futures Group 2023-25 to provide impetus for the system's long-term strategic goals and to challenge traditional ways of working through innovation. The group has acted as a group of senior "thought leaders" to question established thinking and drive innovation and has focused on narrowing the gap in healthy life expectancy by 2030 and increasing healthy life expectancy by five years by 2035.

Strategic Integrated Governance

The governance model for Growing Up Well must address three long-standing problems in children's mental health systems:

1. Fragmentation of accountability across health, local government, education, and VCSE sectors
2. Inability to shift resources upstream because budgets and decision-making sit in silos
3. Insufficient strategic grip at place level that enables leaders to make bold decisions based on the unique assets of place, the needs of local populations, and the context of evolving national and local policy

A joint governance framework aligning existing partnerships through shared outcomes and reporting will be crucial to the effective delivery of a new integrated local system and neighbourhood model.

Impactful governance of Growing Up Well would mean leaders confident in answering yes to questions such as:

- Has money moved upstream and stayed there?
- Are we clear at place level who can say ‘yes, no or stop’ to spending decisions?
- Can a child get help quickly without being ill enough?
- Is someone clearly responsible for each child at every point?

To mandate such governance requires a set of non-trivial and system changes, especially around commissioning authority, data sharing, workforce, and sustained investment. Furthermore, resources to support children’s mental health must be ring-fenced and devolved to place partnerships. Without these, there is a risk that the model remains an ambitious framework rather than a transformative intervention.

For reasons of pragmatism and expediency, the model proposes a two-stage governance approach. In the short term, it proposes a collaborative governance model, and longer term, a commitment to full place-based integration and single commissioning. This recognises that it is better to move early and create the conditions for deeper integration than attempt perfect governance from the off. However, there should be no doubt that the premium of place-based working will only be fully unlocked through a genuinely integrated approach to planning, resource deployment, accountability, and risk sharing.

Stage 1

Mandating a **Collaborative Governance Model (Networked Partnership)** will enable the ICB to deliver its new strategic responsibilities whilst also bringing clarity and cohesion to the roles of wider statutory and community partnerships. It will be central to a new strategic approach to data gathering and analysis to inform decision making and priorities in a whole system approach to children and young people’s mental health and wellbeing needs.

Key features of the model are that:

- Each partnership retains statutory duties but aligns via a Children’s Outcomes Dashboard
- The ICB Children’s Health Commissioner participates across all relevant boards
- A small Strategic Children’s Integration Group is established to ensure coherence and executive coordination

The Collaborative Governance Model builds on existing structures, so it will be quicker and easier to implement than a new and more formal structure which could require legislative changes. It promotes collaboration while retaining specialist focus. However, in practice, it does rely on goodwill and consistent participation with limited power to enforce change. Accountability may also remain fragmented. In the first instance, the Collaborative Government Model will enable an ICB and its partners to demonstrate its commitment to radically improving children and young people’s mental health through a new strategic approach.

Stage 2

In the longer term, the Growing up Well Model wishes to ‘test out’ a Full Children’s Integrated Commissioning Partnership (Single Joint Committee) to maximise integration and accountability through a fully joint commissioning committee pooling budgets and responsibilities for all children’s health, education, and care services at place.

Key features of this model are:

- A legally constituted joint committee between the ICB and local authorities
- Chaired by a Mayoral Chair or the Director of Children’s Services, with statutory input from the Children’s Health Commissioner and Director of Public Health
- Commissioning scope spans physical health, mental health, SEND, and public health
- Jointly accountable to the ICB and local authority cabinets

The Single Joint Committee Model brings maximum integration and shared accountability with clear levers for change and investment decisions. It enables strategic, data-driven commissioning based on population health needs, giving a strong platform for innovation and shared data.

The model does demand high trust and maturity between partners however and would require legislative mandate and complex alignment. For these reasons, implementation may be slower due to legal and financial intricacies, which is why the Growing Up Well model wishes to examine and test out these approaches in more detail in the first instance. However, the ambition would be to see national adoption within three to five years.

Comparison of Governance Models

Option	Integration Depth	Disruption	Accountability	Key Risk	Key Benefit
Collaborative Model	Low–Moderate	Low	Shared but diffuse	Fragmented accountability	Builds on existing structures; continuity & minimal disruption
Full Joint Committee	High	High	Fully shared	Complex to establish	Deep integration and clear levers for commissioning & pooled budgets
A Full Joint Committee Model provides the capacity for true system change to shift resources upstream, regardless of which organisation controls the funding. This model delivers the depth of partnership, statutory authority, and local empowerment necessary to truly improve outcomes for children and families.					

Learning Point: In 2025, Humber and North Yorkshire ICB established legally mandated joint committees with each of the six councils within the geography. This created the infrastructure for greater decision making and risk sharing between health and local government at place level. Underpinned by legal section 75 agreements, the ambition was to ensure that all influenceable spend⁵¹ relating to meeting health and care needs was visible through an open book approach. Depending on the context of each place, resources were described as aligned or pooled – this

enabled greater transparency and the ability to generate shared influence and control over decisions. In each case, the joint committees' decisions were informed by the wider place partnership, including representatives from primary care and VCSE. This approach reenergised place partnerships as a tangible intent to shift resources and decision making closer to communities.

The importance of embedding children and young peoples lived experience and views at the heart of the Growing Up Well model and plans

Young people are clear that they want mental health and wellbeing support that understands their needs, without stigma and that is easy to access – available in places they go to such as schools and youth clubs. Many children from marginalised groups may also have negative perceptions of mental health services because they have previously had bad experiences of other statutory services. Clinical models that are devised to help young people often feel outdated, uncomfortable, and overly medicalised. This can be very off-putting for children. Young Black men are less likely to seek formal mental health support through doctors, counsellors, or psychologists and racialised communities are also more likely to report more dissatisfaction with mainstream mental health care.

Young people also see the benefits of every day, low-barrier activities such as youth clubs, sport, green spaces, animals, and creative arts – somewhere to go, have fun and be with friends with trusted adults on hand.

When children and young people need more specialist mental health support, they want to know that they can talk to people who understand their experiences, that they are referred to high quality services that truly meet their needs and that waiting times are as short as possible, keeping them informed with support throughout.

When they are asked their opinion, they want to be kept informed and want to see youth voice and experience amplified within the decision-making processes, including co-design and co-production.

Children's and young people's voice and experience run through the core of the Growing Up Well model, and a Children and Young People Advisory Group should be established as soon as the Governance model is agreed.

The group should involve young people aged 10-to-25 who have their own experience of the mental health system and should represent diverse communities, particularly those more at risk of poor mental health. Engagement and co-production events with young people should be held to ensure their voices and lived experience shape mental health strategy, policy and practice, including regular events for evaluation and planning and ongoing online, WhatsApp and social media groups. Young people's expenses should be covered; staff support secured and funded.

Learning Point: A key recommendation from the Humberside and North Yorkshire Young People's Advisory Group is to normalise mental health needs, removing stigma, and raising awareness of existing services and support groups with clear, accessible and up to date information, and relatability in promotion from different cultures and testimonials from young people. This includes mental health as part of the school curriculum, more prevention support and simpler referral routes and pathways – 'don't signpost us, help us get there'.

Learning Point: Involving children and young people in decision-making about their transitions, based on needs rather than age, will support better planned and joined up approaches from all relevant services. With a whole person approach and professionals working together to deliver this, there will be better support for parents, carers and families of children and young people with mental health needs; and improved access to early intervention support – ‘so we don’t have to wait until we are in crisis to get access to a service’. More involvement of children and young people in their own treatment or care plan, and improved training for professionals working with them to improve understanding and communication, will inform ‘experts by experience’ services – ‘listen to us more’ and ‘don’t make assumptions’.

Learning Point: Co-produced consultations focused on improving access and experience of mental health services and support can produce recommendations that can be further developed with professionals. This enables a shift from consultation to true co-production enabling services to embed lived experience in service development and improvement.

3.3 Rebalancing investment toward prevention

As stated, the new strategic role of ICBs is to become strategic commissioners and ‘intelligent healthcare funders’ within a leaner, more devolved NHS system. This is a shift from transactional, activity-based contracting to a long term, outcomes focused approach which prioritises prevention, tackles health inequalities and integrated care across different providers and sectors.

For Ministers to deliver on their aim for this to be the healthiest generation of children, systems will need to be in place that make children a top priority, and which recognise the wide-ranging and long-lasting benefits of tackling problems from the earliest possible moment for a range of services. Local authorities have a broad range of statutory duties and strategic responsibilities for children’s mental health, primarily managed through children’s services, public health, and education departments as well responsibilities for wider determinants such as housing standards, access to green spaces and playing fields, and community safety. This makes local authorities vital partners in the successful delivery of a new neighbourhood approach.

This will include strategic leadership through Joint Strategic Needs Assessments and Health and Wellbeing Boards as well as the provision of high-cost support for children and young people with complex needs. This should also encompass wider responsibilities to support wellbeing through community-embedded approaches in schools, youth services, social care, and local voluntary organisations.

Fragmentation in the planning for and delivery of these services means that there is currently little comprehensive data on the level of overall investment in children and young people’s mental health in most local areas. This is compounded by significant variation across ICBs, mental health trusts, and local authorities on spending on non-specialist, community-based mental health support. Of those ICBs and local authorities who do have sufficient data, only a small proportion of overall children and young people mental health funding is dedicated to providing community-based, non-specialist services such as hubs and other voluntary sector services for children and young people.

A high-profile commitment to developing a new integrated system of needs led and responsive children and young people’s mental health and wellbeing support from the

ICB and their local authorities based on prevention and early intervention is vital to delivering the Growing Up Well model.

In the long run, to avoid the 'postcode lottery' there should be a minimum guaranteed offer for early intervention and prevention in every place - defined by children's experiences and outcomes.

A joint mission and collaboration

While ICB's have key responsibilities, other public services do too. Local authorities' duties regarding children and young people's mental health. Councils have statutory responsibilities to promote and protect the mental health and wellbeing of children and young people - including prevention and targeted support - working in partnership with the NHS, education providers, and the voluntary and community sector to facilitate access to a range of mental health support.

Statutory Duties & Safeguarding

- **General Duty to Safeguard:** Under the Children Act 1989, local authorities must safeguard and promote the welfare of "children in need" in their area. This includes children whose mental health is likely to be significantly impaired without local authority services.
- **Promoting Wellbeing:** Authorities have a legal duty to cooperate with partners (such as the NHS) to improve children's "wellbeing," which explicitly includes mental health and emotional development.
- **Mental Health Act Responsibilities:** Local authorities must ensure Approved Mental Health Professionals coordinate assessments and, when necessary, apply for a child's detention ("sectioning") for treatment.
- **Section 117 After-care:** Councils have a joint mandatory duty with the NHS to provide free after-care services for children moving out of hospital after being detained under certain sections of the Mental Health Act.

Local authority responsibilities for targeted Support for Vulnerable Groups

- **Children in Care (Looked After Children):** Councils act as "corporate parents" and must assess the emotional and mental health needs of every child in their care, often through annual health assessments.
- **Care Leavers:** Authorities must provide support to young people transitioning out of care up to age 25, ensuring they have access to necessary mental health services.
- **Special Educational Needs and Disabilities (SEND):** Local authorities are responsible for assessing and supporting children with SEND, which includes managing social, emotional, and mental health (SEMH) needs as part of an Education, Health and Care Plan.

Public Health & Early Intervention

- **Healthy Child Programme:** Local authorities commission public health services including health visitors (for 0-to-5s) and school nurses (for 5-to-19s) to identify early signs of mental health issues in children and parents.
- **School-Based Support:** Councils work with schools to implement "whole school approaches" to mental health, including training staff and supporting Mental Health

Support Teams (MHSTs) that provide early interventions.

- Early Help Services: Councils will provide or fund community-based "early help" including youth services, Young Futures, Best Start Family Hubs, and counselling to prevent mental health issues from reaching a crisis point.

Strategic Leadership & Commissioning

- Joint Strategic Needs Assessment (JSNA): Authorities must lead the JSNA process to identify the mental health needs of their local population and plan services accordingly.
- Health and Wellbeing Boards: Councils host these boards to bring together leaders from the NHS, social care, and public health to jointly commission and oversee local mental health transformation plans.

Learning Point: The appointment of a Director of Strategy was key in developing and delivering HNY ICB strategic approaches and innovation. A good knowledge of the workings and finances of local authorities and knowledge of children's policy and services brought additional and vital strengths to the role.

There are clear, long-term, and wide-reaching benefits to intervening early in a child's mental health, in community settings, to prevent escalating need. Analysis by Pro Bono Economics shows that treatments provided by NHS CYPMHS result in projected savings of between £1.7 and £2.7 billion in long-term societal benefits to individuals, and total long-term saving to government of between £0.9 and £1.4 billion in England.⁵² In a per-individual basis, this equates to approximately £4,400 to £7,000 in private benefits and £2,300 to £3,700 in government savings for each young person treated. The report concludes that for every £1 invested in CYPMHS, an estimated £2.20-£3.50 in benefits to individuals and £1.00-£1.80 in savings to the Government could be realised, highlighting the significant value of early mental health intervention.

3.4 Delivering at neighbourhood level

Our evidence and experience have shown us the importance of delivering place-based, community approaches to drive a move to early intervention and prevention to meet children and young people's needs and aspirations better.

The Growing Up Well model achieves this through bold, long-term interventions in a holistic and integrated strategy.

This section also draws on the work our partners in the Future Minds campaign, which brings together four leading children's and mental health partners – Centre for Mental Health, Centre for Young Lives, CYP Mental Health Coalition, and Young Minds. In January 2026, we published 'A Roadmap to Transform Children and Young People's Mental Health by 2035', which sets out decision actions to expand community-based early intervention, reform specialist and crisis services, and harness digital innovation to close treatment gaps and improve outcomes.

Extend and expand mental health support in schools

The Mental Health Support Team (MHST) programme aims to increase the availability of early mental health support in education settings. The programme began in 2018, and as of Spring 2025, over 600 MHSTs are now operational, covering 52% of the pupil population in England.

A study of the first three years of the Trailblazer programme for MHSTs highlighted how important it was for children and young people to have someone to talk to about mental health with. They highlighted how they felt their concerns were listened to, and staff would be able to help them. They mentioned how learning techniques helped them cope with stressful situations. They also highlighted how this helped them manage difficult experiences and feelings.⁵³ The same study found that staff felt more confident talking to young people about mental health, with advice and support for them much easier and quicker to access. It also resulted in some cases in stronger relationships between staff from different settings, helping to speed up referrals. Schools and colleges overall reported a perceived positive impact of the MHST programme in terms of improving their whole school or college approach and improving their understanding of available external mental health support.

Extending the programme to all schools and colleges is a major priority and should be planned as part of the Growing Up Well plan in order of priority of need.

Findings also indicated that MHSTs were unable to support the children who needed support the most, given their clear boundaries in meeting only “mild to moderate” need and Education Mental Health Practitioners (EMHPs) not being trained to work with active risk, suicidal ideation, or self-harm.

To address this, the Growing Up Well model should test an expansion of support in all schools to meet the clinical gap between existing MHSTs and specialist NHS children and young people’s mental health services.

Data on the level of counselling provision in settings and counselling outcomes will help identify where certain therapeutic approaches used by qualified counsellors can meet needs that MHSTs cannot. Additional training could be provided to mental health professionals to support them in delivering relational care, which is child centred, systems-focused, strength-based, and outcome-informed approach.

Learning Point: Oasis Community Learning Trust has a national mental health lead who oversees the development and implementation of a holistic and evidence-based mental health strategy across 54 academies, reaching over 30,000 students and staff. Placing mental health trained school staff in schools has made a significant difference to the level of referrals for specialist support – meeting needs at the earliest opportunity and working with students and their families to develop positive solutions. They also improved student and staff attendance and achieved better educational outcomes.

Provide open access mental health support through Young Futures hubs and extend wider youth provision

Young Futures is a new, ambitious, “Sure Start for Teenagers” model that provides high quality activities and support for young people out of school and joins up services and

support. Led by a co-ordinator and youth workers, it provides young people with access to a trusted adult and works with families, and local communities.

Young Futures Hubs aim to intervene early to support vulnerable young people at risk of being drawn into crime and with poor mental health and to widen access to opportunities. Targeted towards vulnerable and marginalised young people and located in areas of high need in the first phase of 50 Hubs in this Parliament, Young Futures Hubs should be planned for as an essential part of the development of community-based support for young people up to 25 in the Growing Up Well area.

The Government is developing the first Young Futures Hubs, announcing in July 2025⁵⁴ that 50 hubs will be established in this Parliament, with eight early adopter Young Futures Hubs operational by March 2026 – each backed with an initial injection of £100,000 for the financial year 2025/26. A further £3.4m (inclusive of capital funding) has been made available for the early adopter local authorities for the financial year 2026/27. The Youth Strategy, Youth Matters, committed a three-year settlement of £70 million from 2026/27 towards Young Futures Hubs and wider Local Youth Transformation.

The Young Futures Hub ambition is to provide drop-in mental health support, ensuring that young people have access to early wellbeing advice and can be signposted to mental health support in the Young Futures Hubs without young people needing a referral or to meet a clinical threshold.

It is essential that there is a clear distinction between wellbeing support and mental health support, and that Young Futures Hubs deliver both, rather than just signposting to - and increasing pressure on - CYPMHS. The mental health element of Young Futures should build on Youth, Information, Advice and Counselling Services (YIACS), otherwise known as ‘early support hubs’, which offer flexible, community-based advice and mental health support to children and young people aged up to 25, on a self-referral basis. These hubs are often delivered in partnership between the NHS, local authorities, or the voluntary sector depending on local need and existing infrastructure.

The Future Minds Campaign and partners produced a briefing on the key criteria for a successful Young Futures Hubs model of mental health support. The briefing calls for an in-reach model of mental health support, which acts as an integrated pathway, providing a bridge between Young Futures Hubs and specialist CYPMHS. This would be facilitated by embedded NHS support and clinical oversight and supervision in hubs to ensure children and young people with a wide range of needs can be appropriately supported with effective psychologically informed assessment and triage, safeguarding, and evidence-based interventions. These interventions should be delivered in the non-clinical environment of Young Futures Hubs and supported by embedded working relationships with specialist services.

To realise the full potential of Young Futures Hubs to improve young people's mental health, investment from DHSC is required, amounting to £200,000 per Young Futures Hub. This would provide two senior practitioners and three counsellors, qualified to provide effective psychologically informed assessment and triage, safeguarding, and evidence-based interventions.

Learning Point: *Southwark Council has developed a Sure Start for teenagers' scheme over recent years. Adolescent Sure Start is a Southwark Council Team offering support to young people living in Southwark aged 11-19 (or up to 25 for young people with SEND) and their parents and carers. The team offers support on a wide range of issues via sessions run on a drop-in basis in several locations around Southwark. The idea is that young people can access support close to where they live and access support early. The authority has also worked with health to establish The Nest, a drop in mental health hub which includes youth work, person-centred counselling, well-being practices, and traditional talking therapies through one-on-one sessions, group activities, and virtual support.*

Develop an ambitious strategy to extend wider youth provision and opportunities

Government commitments in their recent Youth Strategy to fund local youth transformation provide a positive framework and springboard for the development of wider youth provision, including youth centre, across the area.

The Strategy is a 10-year Government initiative aimed at empowering young people aged 10 – 21 (25 with SEND). It prioritises mental health stigmas, improving safety, expanding opportunities and rebuilding youth services by:

- Investing in youth facilities and supporting over 4,500 new youth workers roles
- Ensuring half a million more young people have access to a trusted adult outside their home
- Halving the gap in enriching activities between disadvantaged youth and their peers, while improving safety in local communities
- Involving young people in local and national decision-making to shape policies that directly affect them.

Youth provision has been proven to boost wellbeing.

Youth provision has been proven to boost wellbeing. A 2025 systematic review found credible evidence that universal, community-based arts/recreation programmes can improve mental health outcomes, including emotional/behavioural difficulties, and, in several studies, depressive symptoms.

There is also good evidence that this is a holistic intervention for children in the youth justice system to reduce reoffending rates. With the right support and close engagement with local systems, youth provision could be pivotal in reducing mental health needs and bringing down the cost to the NHS. Youth workers are already engaging with young people around their mental health and wellbeing, with 87% of youth workers supporting young people with their mental health frequently. It is critical that the role of youth provision in supporting good mental health is recognised at a national level – particularly in the context of population mental health policy development, and associated allocation of cross-departmental resources – as well as by commissioners at a local level.

Learning Points: At four of Onside's Youth Zones, wellbeing workers have been employed to provide one-on-one mental health support as part of an enhanced youth offer. Alongside providing this support, the workers triage and refer into additional support services, including mentoring, sexual health provision, and mental health support. Young people have reported improvements across all outcome areas, with the most significant gains in resilience (17.8%), mental wellbeing (16.13%), and self-esteem (15.7%).

Expanding mental health support for 16-to-25-year-olds to support employment

Support for 16-to-25-year-olds is a key component of the Growing Up Well model and the ICB and partners will have a commitment to provide employment linked mental health and wellbeing support through Youth Hubs and the Youth Guarantee, as well as through early support hubs and Young Futures hubs.

Emerging pilots are also exploring how Individual Placement and Support (IPS) – a model with strong evidence for helping people with severe mental health conditions into work – could also benefit young people with mild to moderate mental health needs. The People's Health Trust is funding a pioneering programme at early support hub sites in Manchester, Norwich and Southampton that embeds IPS roles within open access community mental health support.⁵⁵ Early indications suggest this approach could create new, cost-effective pathways into work that support recovery from mental ill health, build confidence and enhance wellbeing – helping break the cycle between poor mental health and youth unemployment.

Learning Point: Premier League Foundation and club charities are partnering with the UK government to provide employment training and skills support for young people aged 18 – 21 via the Youth Guarantee and Youth Hubs. These initiatives offer targeted mental health support, mentoring, workshops, and work experiences to improve employability with over 200 locations involved.

Providing a positive environment to grow up well

The interface of poverty, deprivation, and mental health presents a significant challenge. Children and young people growing up experiencing disadvantage results in fewer educational and extracurricular opportunities and lower attainment levels. The social stigma associated with disadvantage can also exacerbate feelings of isolation and

marginalization among young individuals, and impact on emotional wellbeing and lead to low self-esteem and sense of hopelessness that is both profound and long-lasting.

The Growing Up Well model introduces a range of local strategies and interventions to realign wider wellbeing support in the locality for children, young people, and families to provide a positive environment for positive mental health as children and young people grow up. Growing Up Well recognises the long-term benefits of investing in children's sense of belonging, health and emotional wellbeing to create sustainable and impactful change and enable children and young people to thrive.

By fostering a supportive environment, the programme aims to lay a solid foundation for positive health and wellbeing leading to improved academic performance, better social skills, and better life chances. This should include:

- Child and family friendly environment and planning commitments from local authorities to open public spaces and access to places to play safely, green space and family friendly housing.
- Ambitious strategies to ensure children and young people in the area have a safe, happy, and healthy childhood, with the best possible start in life. This will include support for families through Best Start Family Hubs 0 – 19 provision, accessible high-quality childcare to support parents to extend employment opportunities and specialist intervention to support kinship care for vulnerable children and families when needed as part of wider social care reforms.
- Wellbeing as a high priority in schools – fostering belonging and improving and supporting attendance and educational attainment. In addition to extending mental health teams in schools, Growing Up Well establishes learning and support networks to promote inclusion in schools and colleges, with a commitment to all children and young people having the opportunity to thrive in school with the support to do so when needed.
- A community of out of school enrichment activities, specialist children and young people's groups, access to sport, play, nature, and cultural and creative activities is encouraged and supported through a local Growing Up Well Network – committed to providing a positive environment and opportunities for children and young people's wellbeing.

Learning Point: North East Lincolnshire local authority and health brought together local organisations, culture and sport groups, schools, youth groups, businesses, and parents over a two-year programme to develop a Growing Up Well Charter. The Charter (which has children and young people's voice at the centre) is a commitment from all to lean in and contribute to a local plan to ensure children's mental health and wellbeing is developed and sustained as a priority for the area. The Charter aligns with and is delivered as part of the health and wellbeing strategy and driven by the Health and Wellbeing Board.

Learning Point: Chosen because of its ambition to achieve rapid improvements in system reform and improvements in outcomes for children and young people, North East Lincolnshire set its Growing Up Well programme within a raft of measures designed to take the authority from an Ofsted judgement of inadequate to good and outstanding which they achieved in under 18 months. The approach was both ambitious and pacy due to strong leadership and messaging, a relentless drive to improve and an infectious 'can do' spirit and determination to achieve change.

Innovate, pilot and deliver social prescribing to support children and young people's mental health and wellbeing.

Social prescribing can link children and young people to the wide range of community groups and activities in a Growing Up Well area. This may include creative activities such as art, drama, or dance, or other activities such as sport, play or youth provision for social support and opportunities to improve mental health and wellbeing.

Green social prescribing initiatives like nature play and gardening clubs can also improve mental health.

Supporting young people to take part in communities' activities and opportunities through social prescription has an important role in a Growing Up Well children and young people's plan and we would expect areas to work with health and community groups to innovate and test out the social prescription approach.

Social prescribing plays a key role in supporting children and young people's mental health by linking them to community-based activities, relationships, and services that promote and protect mental health and wellbeing. It offers a preventative, strength-based approach that complements clinical care and helps reduce pressure on overstretched health services. The National Academy for Social Prescribing has examined social prescribing in children and young people's services, highlighting examples of innovative and effective programmes.⁵⁶

Evaluations carried out in nine local health systems across England found that social prescribing can reduce funding and capacity pressures on the NHS, including through reduced GP appointments, reduced hospital admissions and reduced A&E visits. In some areas, GP appointments have been reduced by as much as 50% for those participating in social prescribing, and A&E attendances by as much as 66% - with even higher gains for regular health service users. In Newcastle, secondary care costs in 2019-20 were 9% lower than a matched-control group where social prescribing was not available.⁵⁷

Learning Point: *Parents and carers who took part in a five-week creative play programme for under-tuos had a significant reduction in postnatal depression symptoms and there were also benefits to children. The programme, Let's Play⁵⁸, was developed by Darlington-based children's arts charity Theatre Hullabaloo to boost parents' confidence and mental health, with support around speech and language delays. The free sessions are socially prescribed, which involves families being referred by GPs, health visitors, social prescribing link workers, or partner organisations to take part. Comprised of sing and play sessions in an informal, friendly setting, Let's Play brings parents with children under two together to learn simple, fun creative activities that contribute to child development. A key component of the programme is that the same parents and children meet every week, encouraging them to form relationships.*

Learning Point: *Turn the Page, a creative wellbeing initiative run by Comics Youth CIC in Merseyside. The programme supports young people aged 16 to 25 experiencing anxiety and depression through an autobiographical narrative tool. An independent evaluation by the University of Liverpool found that 86% of participants reported improvements in their mental health.⁵⁹*

Ensuring access to digital support

Digital interventions in children and young people's mental health care are an important component of the Growing Up Well model – popular with many young people and aligning well with increased use of digital technologies in the NHS.

There has been a huge and rapid shift in how young people seek information and support and digital support has a vital role to play in extending reach, providing immediate support that can prevent more serious problems developing and complementing specialist services, for example when waiting for or alongside and after specialist help.

Children and young people will often be attracted to digital interventions because of their autonomy, anonymity, and immediate accessibility using games, videos, and quizzes to help understand, manage, and improve anxiety or low mood. Many will also encourage self-awareness and expression and enable peer support.

It is important to recognise the weakness of the regulatory environment for digital interventions for children and young people and that many new AI innovations will be untested. Ensuring digital support is well evidenced and high quality will be vital in the Growing Up Well approach.

As AI is moving so fast, the era of digital tools may soon pass. We therefore need to equip children to be discerning users of AI as they turn naturally to platforms such as Chat GPT for interaction rather than seeking out trusted digital sources.

High-quality digital interventions:

Start with the problem: It is critical to first identify gaps in provision and needs of certain communities and then work out where digital interventions can be appropriately employed – this approach leads to more effective interventions that can truly complement existing mental health provision, as well as increasing equitable access.

Ensure services retain an emphasis on relational care: care should remain relational even if provision is digital. In practice, this means using digital tools to connect young people and health care practitioners, or supporting young people to use materials created and assessed by clinicians.

Embed digital interventions within communities: success remains dependent on the analogue and real-world elements that surround the digital tool – from targeted real-world referral pathways, to being properly embedded in the communities they serve.

Continue to test and evaluate digital approaches: to keep pace with a changing regulatory framework, quality measures, and technological advances

Build on what works: follow the evidence of what works. Where AI is involved directly in an intervention treat with caution and prioritise evidence-based, NICE approved models.

Learning Point: Providers can both grow organically from community need – as with 42nd Street in Manchester – or, for national providers, can undertake outreach work to embed themselves, as Kooth has done so successfully.⁶⁰

Learning Point: Anathem’s ambient voice AI product is already in use across several NHS trusts, supporting clinicians by automating routine documentation and pre-assessment data collection, which increases clinical efficiency and frees up time for direct patient care. It also facilitates outcome tracking and treatment matching, ensuring that young people receive timely, appropriate interventions.⁶¹

Strengthen specialist mental health care

Children and young people’s mental health: a priority in new neighbourhood health plans

The move to neighbourhood health for children and young people will rely on the raft of community-based interventions, activities, and environments as outlined in this model being in place to provide a solid foundation of early intervention and preventative support for children’s mental health and wellbeing.

These services will ensure that children and young people get the help they need at the earliest opportunities, tackling problems before they turn into crisis and reducing pressure on specialist services.

It will be vital that children, young people, their families and schools, and GPs have good information about these support services, and that early support is accessible. It will also be important for preventative and specialist services to work together to ensure that young people get the right help as early as possible. Specialist services can feel too siloed, and we want to ensure young people get the right help before a crisis, which is often not the case today.

An early evaluation of the programme in 2023 found that MHSTs are often unable to support children with more complex or escalating needs, given their remit to work only with “mild to moderate” presentations and the fact that Education Mental Health Practitioners (EMHPs) are not trained to work with active risk, suicidal ideation or self-harm. This has contributed to persistent gaps between MHST provision and specialist NHS children and young people’s mental health services, exacerbated by the lack of availability of other community-based services to meet this “missing middle”.

The Growing Up Well model will also strengthen specialist mental health support, reducing waiting lists and improving access to high quality integrated care. Ensuring that children and young people’s mental health is a priority in new neighbourhood plans is vital.

As part of the Future Minds Campaign, the Centre for Young Lives and colleagues have produced a roadmap for Government to transform children and young people’s mental health by 2035. We draw on the roadmap here to set out how we can strengthen specialist mental health care.⁶²

The priorities for children and young people are:

- Ensuring services are coordinated in a holistic plan, are responsive and centred on the needs and views of children and young people
- Ensuring that mental health is embedded as a core component of multidisciplinary neighbourhood health teams
- Ensuring that support for families – and wider community support is maximised

Targeted support for children and young people at points of vulnerability.

Approximately 50% of children in care are estimated to have a mental health disorder, yet they face disproportionate rejection from CYPMHS services. Key issues include anxiety, depression, and high risk of suicide, and support relies on trauma-informed care, stability, and prompt assessments. More than one quarter of children leaving care are not told how to get help with their health, including registering with a GP.

From 2026, care leavers will be eligible for a package of mental health support including a pilot program to prioritise and improve support for mental health.⁶³

Over time, Growing Up Well would like to see automatic mental health assessments and guaranteed mental health packages for children entering care and automatic assessments for children and young people at risk of exclusion from school, who go missing, at the point of arrest, or are involved in violence or crime as part of a preventative package.

Learning Point: The development of 24/7 neighbourhood mental health hubs demonstrate the ambition to improve access, continuity, and outcomes. Key principles underpinning this approach include integration, prevention, equity, person-centred care, community-led initiatives, and care close to home (via Future Minds Roadmap, 2026).

Scaling the Vanguard model of integrated, trauma-informed care for complex mental health needs

The Future Focus Newcastle Vanguard model demonstrates how multi-agency, trauma-informed approaches can transform support for children and young people with complex or overlapping needs. Its core components include:

- **Integrated pathways:** Coordinated delivery across health, social care, education, and voluntary services, reducing fragmentation and improving access
- **Trauma-informed practice:** Tailored interventions that recognise the impact of early adversity on mental health and behaviour
- **Early advice and consultation:** Support for frontline staff in schools, youth services, and community settings to intervene before crises escalate
- **Flexible, needs-led care:** Individualised support plans that adapt to the circumstances and priorities of each young person

Evidence from Newcastle shows these approaches improve engagement, prevent escalation into crisis, and deliver better outcomes across mental health, education, and wellbeing. Expanding this model nationally would embed a whole-system, community-centred approach, ensuring young people with complex needs receive coordinated, timely, and effective support wherever they live.⁶⁴

Learning Point: *The CHILDS model in Lambeth⁶⁵ provides a practical example of how this can work. By integrating mental health expertise into neighbourhood teams, it supports children and young people who do not meet NHS CYPMHS thresholds, using local data to proactively identify needs and provide personalised, preventative, and early-intervention support alongside broader health and wellbeing services (via Future Minds Roadmap, 2026).*

Expanding the choice of talking therapies

Cognitive Behavioural Therapy (CBT) has an excellent evidence base, strong workforce development pathways and is widely available in NHS services. For many young people, accessing CBT can have a transformative impact.

To create greater choice in CYPMH services, there are several existing therapeutic models whose role could be expanded. Family and systemic therapy, psychodynamic therapy, dialectical behaviour therapy, person-centred therapy, integrative therapy, art therapy, play therapy, music therapy and drama therapy are some of the models with an established evidence base for children and young people whose greater availability could be supported through NHS workforce planning processes, in partnership with professional bodies, training providers and voluntary sector organisations who already routinely provide these interventions.

Increasing the range of talking therapies available through NHS and NHS-funded services in the Growing Up Well model would enable services to cater to a wider range of needs and manage greater complexity. Many of the therapies listed above are context-focused, meaning that a young person's wider circumstances are given significant weight during the therapeutic process.

Their expansion should come alongside a focus on coordinating mental health support

with the work of other statutory agencies and interventions as outlined, so that issues such as poor housing or family can be appropriately tackled.

Transforming crisis care for young people

Providing community-based alternatives for crisis and urgent care offers both better outcomes and cost savings and is an important aspect of the Growing Up Well model.

As part of the move toward neighbourhood health it will be essential to develop new approaches to supporting young people in crisis in the community. This includes targeted interventions to support young people presenting at A&E with mental health concerns who do not meet thresholds for specialist services. This could include:

- 24/7 hubs opened across England, bringing together crisis services, community mental health teams, short-stay beds and wider support such as housing and employment. These centres represent a bold move towards integrated, community-based, round-the-clock mental health care.
- Tailored community or 'at home' sessions and family support.
- Digital crisis support.

Learning Point: Barnardo's Inner Resilience and Development (BIRD) offer six to eight tailored sessions over six to ten weeks, often delivered in the young person's home, focusing on building trust, reducing distress, and strengthening coping skills. An independent evaluation by the Centre for Mental Health found that 97% of participants reported improved wellbeing, greater confidence in managing their mental health, and strong relationships with staff. The service also reduced system pressures: only 2.8% were readmitted within six months, compared with 21.4% in wider data, and there was strong social return on investment observed with every £1 invested having the potential return of £3.04.⁶⁶

Learning point: Models of digital crisis support are also emerging. Services such as 'Shout' provide immediate support to people in crisis 24/7 via a free text messaging support service.⁶⁷ An evaluation of the 'Shout' service has found positive impacts on those accessing support, with 83% of service users saying they felt calmer after their intervention. What is more, since the service began, Shout has developed more than 38,000 safety plans for people whose lives were at risk.⁶⁸

3.5 Data, accountability, and learning:

The Growing Up Well Model establishes a system of shared data and local intelligence to identify need, gaps in treatment and inform the plan for targeted investment and more equitable access.

Connected Data including health, education and local authorities is a core requirement of the Growing Up Well Model to inform, direct and improve design, delivery, and evaluation of services, with an early focus on early help. It is essential to understanding the needs of disadvantaged communities and the linkages and root causes of problems before they become a crisis. This will allow identification of levels and nature of pre-diagnosis. To achieve this, the GUW model requires a necessary combination of permissions and mandates for data from national and local government, families and communities, and anchor institutions. These include Multi Academy Trusts, NHS Hospital Trusts, NHS Care Trusts, and Local Authorities across the area. This is in addition to area-wide public health data, prevalence, treatment and waiting times - essential to monitoring and

evaluation. Qualitative data from young people and families will also be essential.

A connected data centre should be established that connects academic expertise (data science, research, and evaluation) with system data at the most local place level. The Data Centre should provide a detailed annual report with quarterly reports to the Governance Board. This should be complemented by targeted technical reports on areas of priority.

Learning Point: Information Governance (IG) is a key challenge in accessing data, sharing data, hosting data, using data, and developing a linked dataset. An independent IG consultant supported Connected Bradford's commitment to ensure that data from healthcare, local government and other partners is always shared securely and lawfully. This resulted in the programme developing a Data Protection Impact Assessment and data sharing agreements that outline scope, the data linkage pseudonymisation process, mitigations to identified risks and concerns, engagement activities with data providers and the public, legal bases, and information security. Further advice was obtained from the Information Commissioner's Office, with subsequent buy-in from the Local Medical Committee and the NHS Clinical Commissioning Group, to secure further reassurances for the regional clinical workforce before agreements were issued and signed.

Learning Point: Core to the strategic plan in the HNY ICB was the creation of a Humber and North Yorkshire Integrated Data Engine for Analytics (HNY IDEA) centre that connects academic expertise (data science, research, and evaluation) with HNY resources at a system and at the most local place level. HNY IDEA oversees the creation of 'Connected HNY' – a database capable of providing the data insights necessary to support local professionals design improvements with local people and communities that impact on direct service delivery, improve outcomes and drive efficiency in integrated service delivery.

Part 4

SCALING AND REPLICATION: CONCLUSION AND RECOMMENDATIONS

A place-based model, with a sense of belonging built in so that the community bonds of trust are strengthened, with somewhere to go and someone who can stay with you who knows what is needed, not simply signposted to services when at the point of crisis.

This report has set out the scale and urgency of the crisis in children and young people's mental health and wellbeing, alongside a clear diagnosis of why the current system is failing to respond adequately. The rising prevalence, widening inequalities, long waits for help, and persistent gaps between need and access have become structural features of the system rather than temporary pressures.

Far too many children and young people continue to fall through the gaps. This is particularly true for those children whose needs are escalating but who do not yet meet clinical thresholds, and those living in disadvantaged communities where support is thinnest. These problems are getting worse despite increased funding and policy attention. This strongly suggests that investment and policy shifts are necessary but not sufficient – system transformation is required.

The Government's ambition to raise the healthiest generation of children is both necessary and achievable. Delivering this ambition requires systems that prioritise children, tackle inequalities, and act early to prevent problems from escalating. The Prime Minister's stated priorities already provide opportunities to prioritise children and young people's mental health and to reverse these worrying trends. There are proven cost-effective models of care that could have a transformative effect on young people's health and our economy with the right levels of investment.

The evidence presented throughout the report demonstrates that the mental health crisis is not primarily a failure of individual services or professionals, but a failure of system design. The existing NHS delivery model remains overly reactive, siloed, fragmented, and weighted toward crisis response and specialist intervention.

Meanwhile, early help, prevention, and community-based support remain underdeveloped and inconsistently commissioned. Child health has not been sufficiently prioritised within health systems, nor embedded as a shared responsibility across education, local government, universities, voluntary and community organisations, and neighbourhood services. This was shown clearly when we examined the root causes of the mental ill health epidemic.

There is hope. This report shows that there is a clear and credible alternative. **The Growing Up Well approach**, developed and tested through the Humber and North

Yorkshire trailblazer, demonstrates how a place-based, outcomes-led model can begin to shift the system towards prevention, early intervention, and support delivered in the places where children and young people live their lives.

The trailblazer has shown that it is possible to rebalance the system away from crisis management and towards wellbeing, resilience, and equity. The rebalance requires aligning leadership, data, commissioning, and delivery around shared outcomes for children. The Growing Up Well model has codified this approach so it can be followed by ICBs throughout England (and adopted within the devolved nations).

The Humber and North Yorkshire Growing Up Well ‘test and learn’ project shows that meaningful progress is possible, even in the context of rising demand and constrained resources. Progress was made when children and young people’s mental health was made a strategic priority backed by visible leadership, cross-sector accountability, and a commitment to test, learn, and adapt. This will be a catalyst and draws in funding and ways of working that will accelerate change through the strategic development of communities of practice with learning networks around children and young people’s wellbeing.

The development of a Children and Young People’s Plan, the use of connected data to understand need at neighbourhood level, the expansion of school and community-based support, and the embedding of lived experience through co-production together provide a blueprint for national reform. Notably, the GUW model shows how the aspirations of the NHS 10-Year Health Plan can be delivered on the ground.

The shift from hospital to community, from sickness to prevention, and from fragmented provision to integrated neighbourhood teams creates a once-in-a-generation opportunity to redesign how support for children and young people’s physical and mental health is delivered. The question is not whether change is needed, but how can the system act with sufficient pace, scale, and ambition to meet the needs of the next generation. The Growing Up Well model provides an answer to this question.

It requires regulators to also look to outcomes and not performance, giving a mandate to Directors of Children’s Services and of Public Health to be more agile and shift resources commissioned on outcomes – de-escalating need – and to push out demand to the voluntary and community sector in the community, GPs lined up around social prescribing, and schools partnerships.

Evidence underpinned the approaches trialed and tested throughout the Growing Up Well project. We worked with our Child of the North partners to synthesise the evidence on the underlying causes of the mental health epidemic and used the evidence to identify the core principles needed to guide long-term reform of how public services support children and young people. The seven principles we identify provide a clear framework for action. The Growing Up Well model built directly on this principled framework and shows how shared values around equity, prevention, place-based working, integration and evidence can be operationalised through concrete changes to policy, commissioning, and delivery.

1. Put children first

The evidence is clear: a prevention strategy must have an unrelenting focus on children and young people. The seeds of health in general, and mental health in particular, are sown in childhood. This means that children and young people must be placed at the heart of public services, and their mental health and wellbeing treated as a strategic priority rather than marginal or discretionary concerns.

Action: Integrated Care Boards should be required to create ‘Futures’ groups that oversee a dedicated strategy for children and young people. The strategy should include a specific mental health strategy, owned at board level, and embedded within Integrated Care Strategies and Joint Forward Plans. The Futures groups should hold the ICB to account on behalf of children and young people and help ensure children are a shared priority across health, education, local government and the voluntary sector, with clear accountability for delivery and outcomes.

2. Address inequity

The evidence shows that inequalities in childhood drive lifelong disparities in health, education, and economic outcomes. In mental health, these inequalities are reinforced by systems that intervene too late and allocate resources unevenly.

Action: ICBs should rebalance investment so that at least 20% of spend supports early intervention, open-access and community-based provision for children and young people. Resources should be targeted using population-level data to ensure children in the most disadvantaged neighbourhoods receive proportionately greater support (a practical way of operationalising ‘proportionate universalism’).

3. Put education and communities at the heart of public services

Schools, early year settings, and colleges are universal settings where early signs of distress often emerge, yet they are too often left to manage need without sufficient support. The NHS 10-Year Plan emphasises the need to shift health services from hospitals to community settings. Educational settings provide existing infrastructure that allow a prevention agenda to be pursued at pace without the need for large capital investment. This provides a means for strengthening mental health support in schools and colleges and meeting children and young people’s health needs more generally (which so often drive later mental health problems).

Action: The rollout of Mental Health Support Teams should be used as a vehicle for connecting health and education support via educational settings and used to underpin the creation of ‘school health’ hubs. The prevention of mental ill health should be accelerated and strengthened by the development of clearer pathways for children whose needs sit between mild-to-moderate and specialist thresholds. The co-location of support services and stronger links to community provision will allow the UK to make best use of its existing infrastructure and ensure that all stakeholders become integral partners in prevention and early intervention.

4. Adopt place-based approaches

Children's lives are shaped locally by their neighbourhoods, schools, families, and communities. Effective support must therefore be rooted in place and responsive to local context. The provision of public services with and through educational settings (including Better Start Centres) will support the delivery of place-based approaches and help ICBs to deliver strategic targeting within the disadvantaged areas driving most of the demand.

Action: Neighbourhood-based mental health and wellbeing hubs, including Young Futures Hubs, should be scaled as a core element of neighbourhood health systems. These hubs should provide accessible, non-stigmatising support for 10–25-year-olds, integrate voluntary and statutory provision, and sit alongside clinical pathways.

5. Join-up public services

Fragmentation across health, education, and social care remains a central barrier to effective support. The evidence generated through the Growing Up Well programme has made it clear that collaboration must be built into system design, not left to informal relationships. The connection of services requires shared outcome monitoring and distributed leadership.

Action: ICBs should act as an anchor institution with the mandates and permissions necessary to ensure all services adopt a single, shared outcomes framework for children and young people. The framework should span wellbeing, health, education, and social care. Leadership for delivery should be distributed across partners including local authorities, health services, and schools, supported by cross-sector governance and learning networks that promote shared accountability rather than siloed performance.

6. Share information effectively

Children's health is shaped by a complex interaction of education, family circumstances, housing, and local environments. Policymakers and practitioners see only fragments of children's lives, making it harder to identify risk early or design effective interventions. Connected data allows public services to understand inequalities as they develop, target support where it will have the greatest impact, and evaluate what truly improves outcomes for children and young people. ICBs should prioritise the creation of connected datasets, using the Connected Bradford model. Connected Humber and North Yorkshire has proved that ICBs can achieve this goal when there is sufficient leadership and political will.

Action: Local and regional systems should invest in secure, connected data infrastructure that links health, education and social care information. These systems should support population health management for children, enable evaluation of interventions, and inform commissioning decisions, using partnerships with academic institutions where possible.

7. Underpin reforms with evidence and evaluation

Our Growing Up Well work has emphasised the role that universities and research centres could and should play in system transformation. There is a need for ICBs to embed research and innovation in driving better outcomes. In practice, this requires robust evidence and a commitment to learning what works. Information is not only quantitative. Children, young people and families hold essential knowledge about what works, what harms, and what is missing from the system. This means that work on connecting data must embed co-production and lived experience.

Action: ICBs should draw upon the academic expertise that is funded by taxpayers within universities. Co-production with children, young people, and families should be embedded as standard practice in the design, delivery, and evaluation of mental health support. This must include clear feedback loops that demonstrate how lived experience has shaped decisions, building trust and relevance at neighbourhood and system levels.

A generational opportunity to reset children and young people's mental health

The mental health of children and young people is one of the defining challenges for the UK. The human, social, and economic costs of inaction are already evident and will continue to grow. But this report shows that solutions exist, are backed with evidence, and can be achieved via the Growing Up Well model. Our work has shown that it is possible to build a mental health system that is not only more effective, but more humane and more equitable, by shifting investment upstream, integrating support around neighbourhoods, and placing children's wellbeing at the heart of system design.

Nationally, there are already new Best Start Family Hubs, Mental Health Support Teams in schools and Young Futures Hubs. There are Young Futures partnerships in some areas, additional mental health drop-in hubs in others, and young and community network. This sits alongside the shift by the NHS to move to a neighbourhood health service and strategic development with communities of practice and learning networks, and a digital offer.

The Growing Up Well model provides a practical roadmap for the system transformation needed across ICBs. The Humber and North Yorkshire trailblazer has demonstrated that systems can begin to turn the tide with effective leadership, partnership and a willingness to rethink how support is delivered. Scaling this approach nationally would represent a decisive step toward ensuring that every child and young person has the support they need not just to survive, but to thrive and to truly grow up well.

APPENDIX

Appendix 1: Humber and North Yorkshire data on children and young people's mental health.

While social and emotional mental health needs in the wider Humber and North Yorkshire region are in line with the national average in 2024/25, Hull and North Yorkshire fell below the national average at around 3%, while North Lincolnshire had higher levels of SEMH compared to the national average at 4.5%.⁶⁹

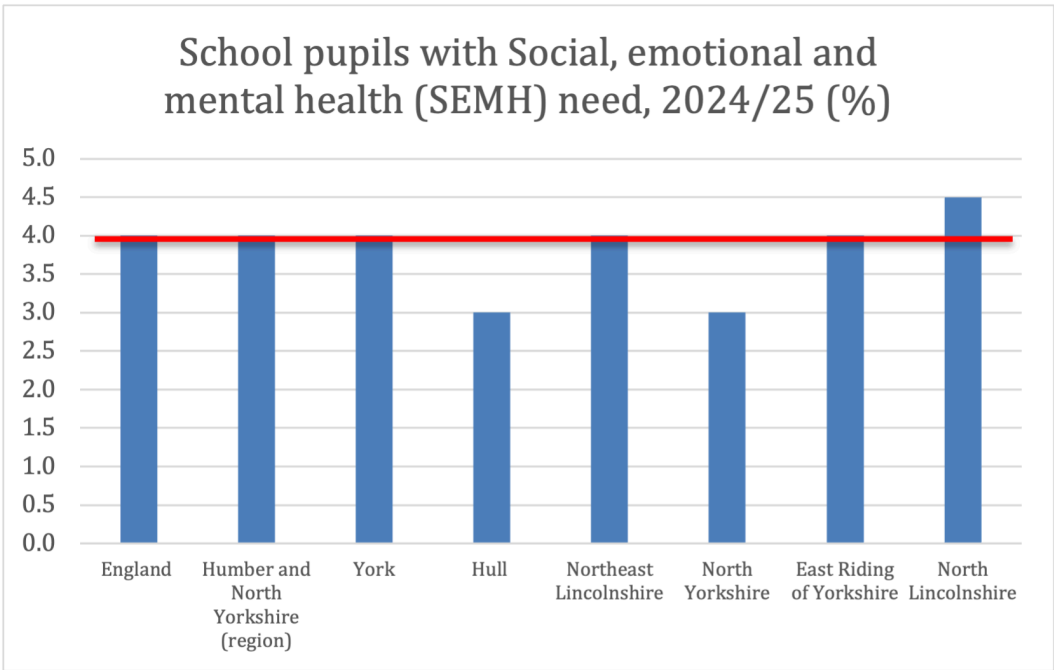


Figure 1: Source: Fingertips Public Health Profile, Perinatal, children and young people's mental health; Department of Health and Social Care

The national average of hospital admissions because of self-harm for children and young people aged 10-24 was 266.6 per 100,000.⁷⁰ By comparison, Humber and North Yorkshire ICB has a rate higher than the national average at 280.8 per 100,000. While most local authorities across Humber and North Yorkshire fell below the national average, Kingston Upon Hull had rates much higher compared to the national average and surrounding areas at 331.7 per 100,000.

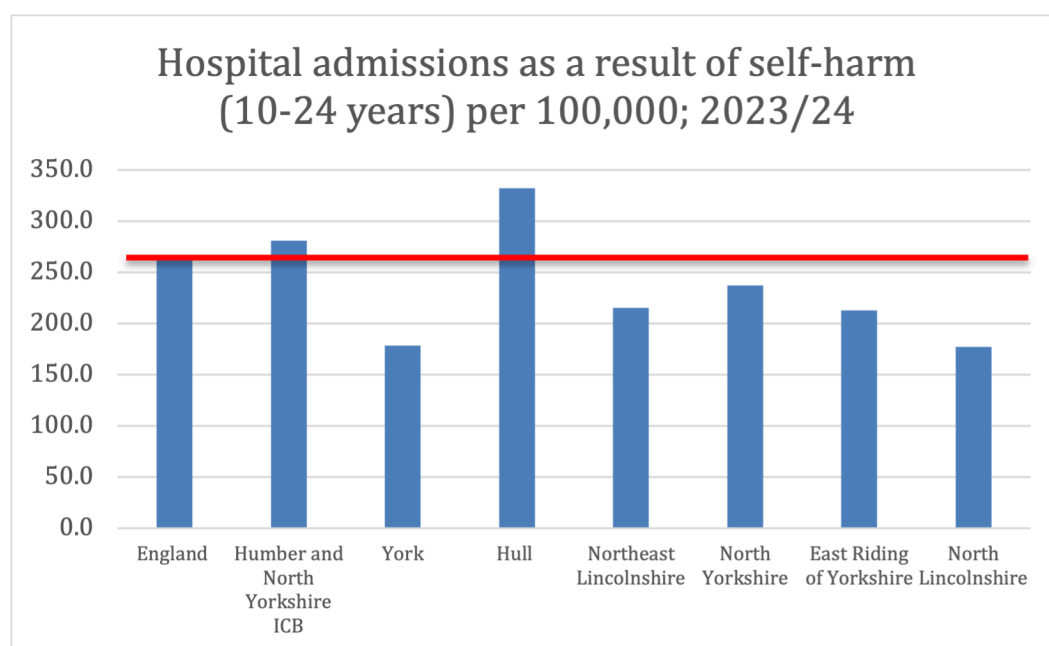


Figure 2: Source: Fingertips Public Health Profile, Perinatal, children and young people's mental health; Department of Health and Social Care

New referrals to secondary mental health services for under 18-year-olds reflect the previous chart, with Hull having a much higher rate of referrals than the national average and surrounding local authority areas. Rates of referral across the other local authorities under Humber and North Yorkshire ICB fall around the national average of 9,600 at 10,600 per 100,000.⁷¹

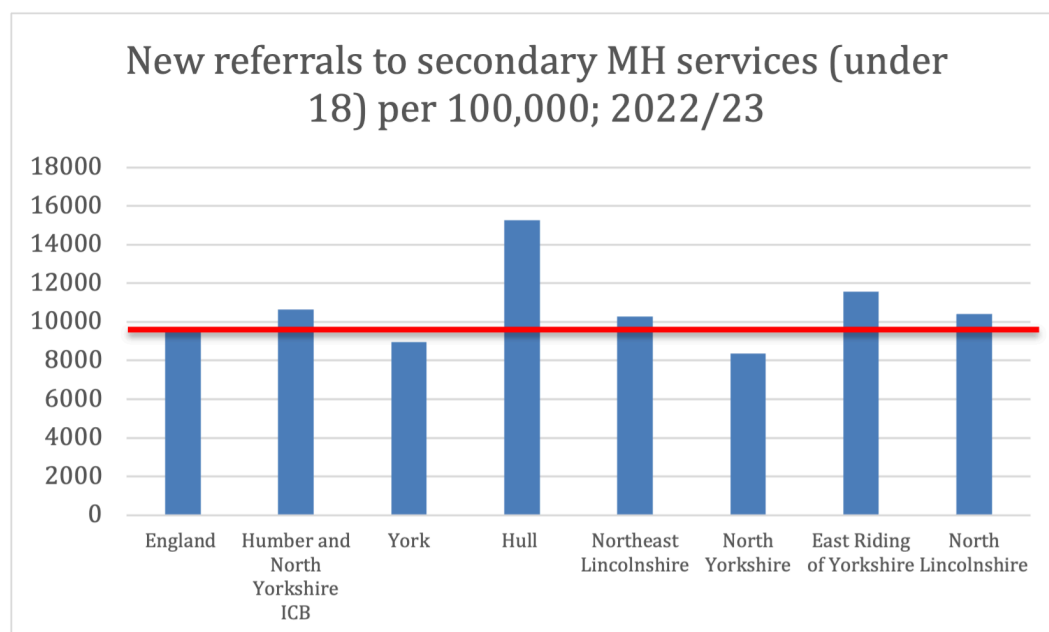


Figure 3: Source: Fingertips Public Health Profile, Perinatal, children and young people's mental health; Department of Health and Social Care

Fingertips data from the Department for Health and Social Care breaks down rates of NEET by local authority for 16–17-year-olds. The NEET rate for 16–17 year olds in the Humber and North Yorkshire ICB area in 2023/24 was 5.8%, slightly above the English

average of 5.4%.⁷² Across the ICB area, Hull and North Lincolnshire had the highest rates of NEET at 16-17 at 8.1%, while North Yorkshire, York and East Riding of Yorkshire fall below the national average at 4.9%, 3.4% and 3.9% respectively.⁷³ In the Yorkshire and Humber region, around 4% of school pupils were identified as having social, emotional and mental health needs in 2024/25 (equating to 33,726 pupils).^{74 75}

Access to mental health support

In July 2025, 21,545 children and young people accessed mental health services in the HNY ICB area. NHS England estimated that 21% of children and young people need some type of mental health intervention from early intervention to crisis. Across HNY ICB, that equated to approximately 60,000 children and young people needing a mental health intervention (this can include CYPMHS, counselling, MHSTs etc.), but at present due to capacity, the system can only meet demand of approximately 21,000 (7%).

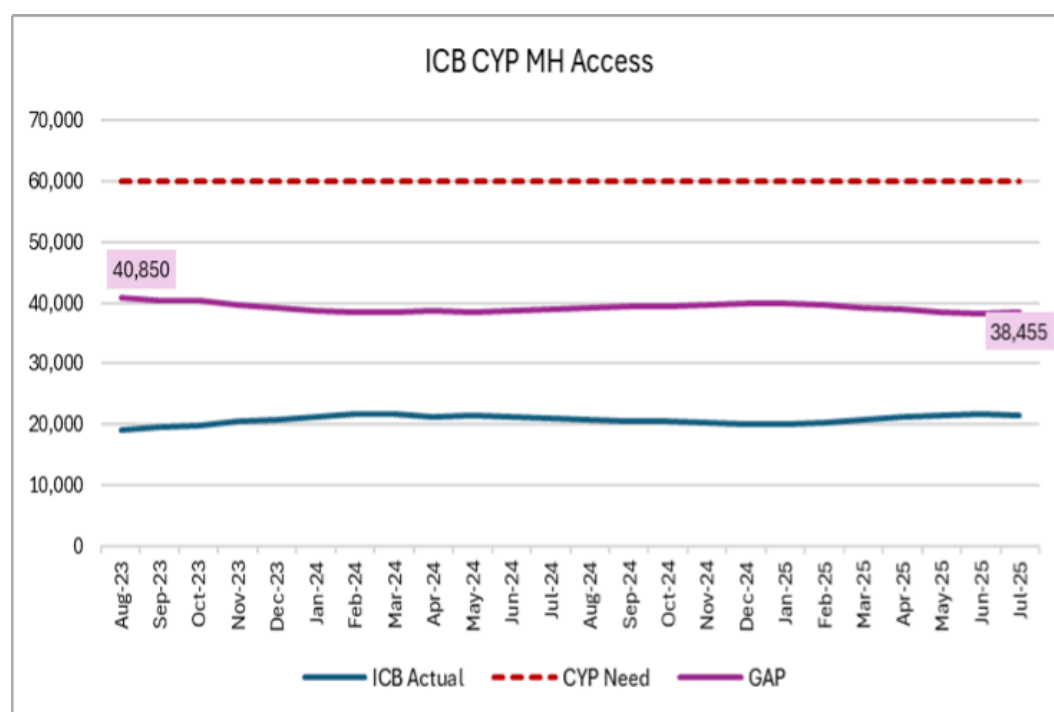


Figure 4: Source: Data obtained from Humber and North Yorkshire ICB

There has been continuous improvement in children and young people accessing mental health services in Humber and North Yorkshire ICB between January and July 2025 and the ICB achieved the target for children and young people accessing mental health services in July 2025.

In recent years there has been a gradual improvement in decreasing the so-called 'treatment gap' between need and children and young people accessing services, yet the gap remains substantial with ongoing unmet need for children and young people who are struggling with their mental health in the area. Access to support in Humber and North Yorkshire reflects in part the national picture in being similarly limited and unequitable with an estimated gap of 38,455 CYP to meet needs in the area. The Humber and North Yorkshire strategy acknowledges this and commits to narrowing the gap through improved access, investment, and targeted interventions.

By 2030 we will:

Improved performance and quality assurance

- Improve use of timely data through HNY CYP Mental Health data dashboard to inform developments and effective targeting of resources.
- Ensure capacity in the system to meet need so no child waits more than 4 weeks for an intervention when needed.
- Improved outcomes reporting to evidence impact as well as improving productivity and efficiency.
- Further embed the Thrive model across services to improve needs led approach.

Improved and Expanded Prevention and Early Intervention to reduce need and crisis

- Shifting funding parity towards prevention and early intervention to move away from crisis-driven models.
- Support CYP and families to build knowledge, skills, and resilience to cope with life's challenges.
- Ensure funding parity with clinical and physical health services.
- Shift from crisis driven, diagnosis led medical models to cost effective needs led models.
- Review current prevention and early intervention across the partnership to develop a robust and expanded offer and reduce unwarranted variation.
- Deliver 100% coverage of Mental Health Support teams.

Developing a core offer to reduce unwarranted variation across the system

- Review of current mental health services specifications, pathways, thresholds, and delivery to quality assure and redesign provision where needed to meet current needs.
- Improved use of evidence based digital offer as part of a blended provision to reduce barriers to access
- Ensure seamless transition and continuity of care between children and adult mental health services.
- Develop a more robust intensive mental health support provision in the community to reduce need for inpatient admissions and out of area placements in line with new national guidance.
- Ensure a well trained and adequately staffed mental health workforce including working across pathways to provide flexible capacity.
- Establish clear and consistent pathways and thresholds across for new and emerging conditions.
- Develop improved support for those waiting to access clinical mental health services.

By 2030 we will:

Reduce inequalities and ensure equitable access for CYP most at risk of poor Mental Health

- Undertake annual Equalities access audit and action plan across CYP Mental Health services to improve access by underrepresented vulnerable groups.
- Embed appropriate and adapted mental health support and interventions for CYP who have ADHD/Autism/learning disability (with or without diagnosis) and address barriers to access.
- Ensure clear and effective pathway to address the need for dual diagnosis for those with mental health and substance misuse issues.
- Looked after Children and Care leavers have improved access to appropriate mental health support and services at the earliest opportunity.
- Staff are confident in providing appropriate support and interventions and making reasonable adjustments to meet the needs of CYP with protected characteristics/health inclusion groups.

Embed a Trauma Informed Care Approach across all services working with CYP and Families

- Trauma informed approaches are embedded in policy and practice across all services working with CYP.
- Training is accessed by a wide range of stakeholders, evaluates well and communities of practice support embedding the approach into policy and practice.
- Organisations working with CYP who may have, experienced trauma work in a joined up consistent trauma informed way to develop effective plans of support.
- Current test and learn sites for delivering new models of care are sustained and embedded.

Improved and Embedded Effective Participation and Coproduction with CYP with lived experience across the system

- An evidence based strategy and robust systems embedded across the system to ensure participation and coproduction with children and young people with lived experience informs service design, delivery and improvement.
- Partners working in CYP MH at place have the skills and knowledge to embed engagement and participation and Coproduction in all processes through effective training and communities of practice.
- Young People from across our diverse communities can influence change to meet their needs.
- Services work with Children and Young People coproduce solutions to feedback and recommendations from consultations and research to deliver improvements.
- Feedback systems are in place to ensure Children and Young People can see evidence of improvements based on their recommendation.

Outcomes and success measures

Outcomes

Over the course of the 5 year plan we will deliver the following outcomes for childrens mental health:

- Improved early identification and intervention of emerging mental health issues
- Improved access to mental health services
- Reduced waiting times for mental health services
- Improved outcomes and experience
- Reduced need for crisis services and inpatient admissions
- Reduced presentations at A&E for mental health issues
- Reduced Risk of Suicide
- Services are trauma informed
- Services are coproduced with children and young people with lived experience

This will contribute to improved wider outcomes where mental health is a factor including:

Improved school attendance and reduced exclusions

Improved physical health

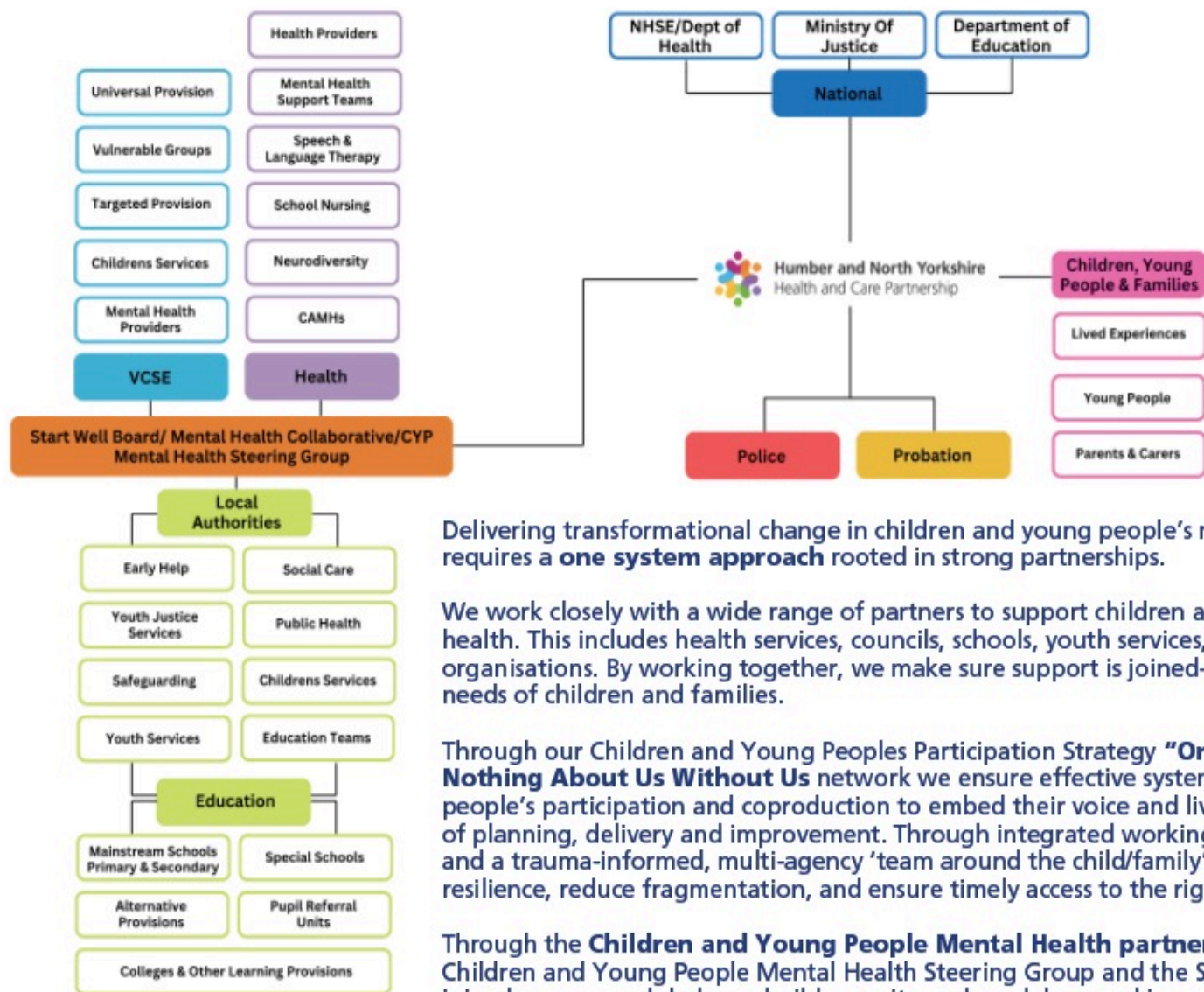
Preparing young people for adulthood

Reduction in NEET's

Improved school readiness



Delivering our Plan



Delivering transformational change in children and young people's mental health requires a **one system approach** rooted in strong partnerships.

We work closely with a wide range of partners to support children and young people's mental health. This includes health services, councils, schools, youth services, and voluntary organisations. By working together, we make sure support is joined-up, timely, and meets the needs of children and families.

Through our Children and Young Peoples Participation Strategy "**On Our Terms**" and our **Nothing About Us Without Us** network we ensure effective systems for children and young people's participation and coproduction to embed their voice and lived experience in every stage of planning, delivery and improvement. Through integrated working, shared decision-making, and a trauma-informed, multi-agency 'team around the child/family' approach, we aim to build resilience, reduce fragmentation, and ensure timely access to the right support.

Through the **Children and Young People Mental Health partnerships** and overseen by the Children and Young People Mental Health Steering Group and the Start Well Board our joined-up approach helps us build capacity, reduce delays, and improve outcomes.

Appendix 3: North East Lincolnshire data

Findings from North East Lincolnshire's Adolescent Lifestyle Survey indicate that emotional wellbeing deteriorated between earlier surveys, published every 3 years from 2004, and 2021, with fewer young people reporting happiness and more experiencing frequent worry and anxiety. However, the 2024 survey suggests some recovery. A higher proportion of children now report that they usually feel happy (81%, up from 71% in 2021) and that they have a lot to be proud of (67%, compared to 58% in 2021). Across most wellbeing measures, outcomes have either improved or remained stable. Alongside this, social, emotional and mental health (SEMH) needs identified in schools have continued to rise year on year recently in both primary and secondary settings – in line with the national trend. In 2024/25, 3.7% of pupils in North East Lincolnshire had an identified SEMH need, slightly below the national average of 4%.⁷⁶

This increase is mirrored in service use. Referrals to Compass GO Mental Health Support Teams have risen consistently, reaching 1,440 referrals in 2023/24, with difficulties managing emotions the most common reason for referral.⁷⁷ Use of Kooth, however, declined over the same period, although anxiety and stress remained the most common presenting issues.

Wider mental health indicators highlight contrasting pressures within the system. Hospital admissions for self-harm among 10–24-year-olds in 2023/24 were lower than the national average and continue to show a downward trend, suggesting some improvement in crisis-level outcomes. At the same time, new referrals to secondary mental health services for under-18s remain higher than the national average and are increasing, indicating growing demand for specialist support. In 2023/24, there were 1,846 referrals to Young Minds Matter (CYPMHS), the highest level recorded, with over three-quarters meeting referral criteria. Although rates of attended contacts with community and outpatient mental health services are lower than nationally, the overall pattern points to sustained and rising pressure on child and adolescent mental health services despite some positive shifts in wellbeing at a population level.⁷⁸

Our Commitments....

Our shared ambition is to keep children and young people well and working closely with others across our communities for young people and their families to thrive in North East Lincolnshire.

Prioritising Wellbeing

- Children and young people's mental and emotional wellbeing are the driving force behind local planning, delivery and policy decisions. We focus on prevention, play and joy, not only treatment, with an emphasis on the protective benefits of physical activity and helping young people develop resilience for life

Inclusive Support and Diversity

- Support is equitable, culturally aware, trauma and development informed and meets individual needs *because of* each child's uniqueness.
- We will prioritise access for all children and young people with additional help for those who need it.

Partnership and Collaboration

- We will work with partners in the voluntary sector, statutory services, education, health, local authority, police and youth justice, families and children and young people to co-ordinate and integrate what we do and share learning

Amplifying Young Voices

- Children, young people and families co-design, co-deliver and co-evaluate services.
- Parents and carers are recognised as equal partners and supported to help their children grow up well.

Sustained and Ongoing Commitment

- We help build long-term stable relationships, supported and trained workforces and with joined up delivery.



Practice Guide

This will include further consideration of the collective impact and development of the Charter. For example, themes emerging from the consultation include:

- a. Young People: publish a regular Charter update - Voice to Action - with a *“you said, we did”* summary and return visits to youth forums each term.
- b. Trusted Adults: develop a protocol for an appropriate skilled and trained named adult and mentor for education, youth or health pathways.
- c. Secure Pathways: design a step-up, step down pathway that support prevention and rapid re-entry spanning schools, Mental Health Support Teams, Voluntary Care Sector, youth services and primary care.
- d. Community Assets: create the Community Around the Child in use of community assets and social prescribing including open-access youth, sport/green space, arts and life-skills offers; embed digital inclusion.
- e. Prevention and Early Intervention: pool resources and prevention funding, to include joint training and supervision across sectors with shared outcomes (a cross-sector competency framework, trauma/development-informed, relational practice, anti-stigma).
- f. Transparency: a cross sector framework to map spend and coverage against the Charter and practice recommendations and align with our Marmot Place ambition and the Health & Wellbeing Strategy governance.

Working with existing partnerships and across services, there are sector specific commitments and initiatives which can be co-designed with children and young people and families which can impact – and be seen to deliver – at a neighbourhood level.



Sector Commitments in Practice

Practice guides will be developed to bring the Charter to life and to ensure consistent delivery at a local level in each sector, to include provision for Education, Health, Policing and Youth Justice, Families and Carers, Voluntary Care and Youth Sector, and Local Authority services.

The following commitments are a starting point, drawn from stakeholder contributions to the development of the Charter and insights from good practice examples of North East Lincolnshire services and organisations leading the way. Working with sector partners and stakeholders we aim to:

Children & Young People

- Co-design, co-deliver and co-evaluate through a standing Youth Voice / Young People Advisory Group panel that shapes priorities, language and evaluation.
- Make the Charter plain-English and accessible, and publish short, visual, subtitled video, easy-read versions and test with young people before release.
- Guarantee a named, trusted adult for any young person engaged with school, youth or health pathways, with warm hand-offs and rapid re-entry to support lapses.
- Create safe, inclusive spaces (in and out of school) recognising neurodiversity (ADHD, autism) and SEND; tackle bullying and offer real choice.
- Expand everyday offers that keep children and young people well; youth clubs, sport / green / blue spaces, arts, animals and life-skills available after school, weekends and holidays.
- Run visible “You Said - We Did” loops; quarterly feedback, return visits to groups, and simple routes to raise ideas.
- Support peer leadership and youth social action; peer groups, volunteering-to-leader pathways, and youth-led projects.
- Promote digital access and online wellbeing; safe, inclusive online spaces and clear, accessible information.
- Be authentic with children and young people and recognise that consistency of relationships is critical to their positive mental health and wellbeing.



Sector Commitments in Practice

Families & Carers

- Provide accessible training and resources; co-design local offers and embed routine feedback loops.
- Consider carers wellbeing in all plans and policy development.

Voluntary Care Sector and Youth

- Provide inclusive and safe spaces (including SEND-friendly); expand offers with proven impact (sport, arts, animal-assisted, outdoor).
- Offer volunteer-to-leader pathways and youth social action.
- Maintain an up-to-date “What’s On” directory with live links to charter commitments.

Police / Youth Justice

- Maintain a positive and regular school / community presence (careers, safety, diversion).
- Use trauma-informed, restorative approaches and ensure no wrong door into step-down supports.
- Join case discussions for at-risk children and young people with rapid access to prevention offers.



Sector Commitments in Practice

Local Authority

- Use the public facing commitments of the Charter to help deliver Health & Wellbeing Strategy (governance, KPIs, reporting).
- Maintain the Wellbeing Partner Network; commission multi-year services; publish a Best Practice Pipeline and Scaling Plan.
- Embed child-friendly design in public realm and greenspace, aligned with national initiatives and local priorities in a whole system place-based approach.

Health (incl. Mental Health Support Team / Primary Care)

- Provide early help in communities through youth-friendly access (hubs / Youth Information Advocacy and Counselling Services and social prescribing into youth, green and creative activities).
- Maintain shared protocols for step-up/step-down support, ensuring continuity of care and handover to a named adult.
- Deliver joint training with education and voluntary care sector partners on trauma-, development- and culture-informed practice.



Sector Commitments in Practice

Education

- Provide a named wellbeing lead and named adult for pupils needing support; embed relational practice (behaviour as communication).
- Integrate life skills (cooking, budgeting, digital citizenship), daily movement and nature access.
- Provide clear, simple access to Mental Health Support Teams/ school-based pathways with routine “You Said, We Did” feedback to students and parents.
- Uphold whole-school inclusion: SEND-friendly environments, anti-bullying culture, restorative approaches and safe online practice.
- Develop wellbeing strategies in schools and inclusion approaches to help children who are struggling and prevent them from falling out of school – including supporting attendance.
- Introduce play into playtimes with play programmes and support for staff.
- Extend enrichment outside school



Appendix 5: Local authority in the spotlight: City of York

York's Youth Strategy (2024–2028) and the Children and Young People's Plan (2024–2027) set out a unified ambition for York to be a place where children and young people are safe, healthy, happy, and able to thrive. Developed through extensive engagement with young people and partners, the two strategies provide a coherent framework for strengthening early help, building youth and community assets, and closing longstanding inequalities in outcomes.

The vision is consistent: to ensure children and young people feel they belong in York, have access to opportunities and supportive relationships, and are equipped with the skills and resilience they need to succeed in adulthood. The strategies emphasise a whole-system, partnership-led approach, built on shared values, co-production, and inclusive practice.

York is a city with strong assets—high-quality education, culture, and civic ambition. However, it is a city of contrast. While many children thrive, too many experience barriers that limit their life chances. The strategy emphasises improving young people's mental health and emotional wellbeing as a core priority. The strategy cites the Short Warwick-Edinburgh mental wellbeing scale (SWEMWBS) which shows York school students scored 14.9 out of 35, indicating low wellbeing.⁷⁹

In developing the strategy, young people gave their feedback. Appearance-related worries and concerns about the future are the most common anxieties among young people. Bullying remains a significant issue, with a quarter of students reporting being bullied about their looks.

Around 25% of secondary school and sixth form students reported self-harming in the past year, and 46% of those never sought help. 71% of students received unwanted messages from strangers online; and a quarter were asked to do something they did not want to do.

There are large education attainment gaps at 15 and 19 years of age, including a 43.6% gap for disadvantaged pupils achieving in English and Maths at GCSE. Only 56% of young people describe themselves as happy, with sharp declines by age (70% happy in Year 4 vs. 33% in Year 12). A quarter report self-harm in the past year, with half not seeking help. Non-binary, LGBT+ young people, and those with long-term health conditions report notably lower wellbeing and higher worry.⁸⁰

The response is for whole system change and four core priorities emerge:

- a. Best Start in Life – supporting early childhood development, protective relationships, and early years' education.
- b. Happy and Healthy – promoting physical and mental wellbeing, reducing health inequalities, and improving SEND support.
- c. Staying Safe – strengthening early help, reducing risk and harm, and supporting families and communities to build resilience.
- d. Ready for the Future – improving educational engagement, skills, and pathways into employment, training, and further study.

The youth strategy also identifies pressures on young people's sense of belonging and wellbeing. Young people report:

- Limited access to safe places to spend time with friends
- Inconsistent knowledge of what activities exist
- Difficulty travelling across the city
- Limited influence over decisions that affect them (only 21% feel their views make a difference)

Partnership working is central to the response for system-wide change and co-production of a children's rights toolkit, embedding the voice and experience of children and families in all decision-making.

The strategic goals for mental health are to provide safe spaces and activities to reduce isolation and stigma; to promote inclusion and belonging to combat marginalisation; encourage early intervention and prevention to reduce the need for costly targeted services; and to equip youth workers with skills to build trusting relationships and deliver high quality support.

The Children and Young People's Plan provides the strategic framework for all services with a shift from funder-provider relationships to shared ownership of delivery: strengthening collaboration; pooling and attracting funding; improving sustainability; developing shared quality standards. The plan sets out principles for delivery:

- Increasing collaboration and shared action
- Trialling new approaches and adapting to change
- Building fair, sustainable communities
- Creating new employment and education opportunities
- Ensuring good governance and accountability

The joined-up offer will define success through measurable improvements, and the City of York Safeguarding Children's Partnership will coordinate delivery and publish annual progress reports including:

- Wellbeing, self-esteem, and mental health
- Early childhood development and school readiness
- Safety, early help access and reduced need for statutory intervention
- Educational attendance, attainment, and post-16 outcomes
- Community belonging and positive perceptions of young people
- Engagement in youth provision and reductions in anti-social behaviour

The combined approach signals a shift towards prevention, early help, community-led provision, and a whole-system commitment to children's rights and wellbeing, through strong collaboration, shared ambition, and sustained investment.

ACKNOWLEDGEMENTS

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- 80 Survey data: annexes Children & Young People's Plan and York Youth Strategy.

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