

This proposal addresses one of the top 10 priority questions identified by the James Lind Alliance Children and Young People Mental Health Priority Setting Partnership:



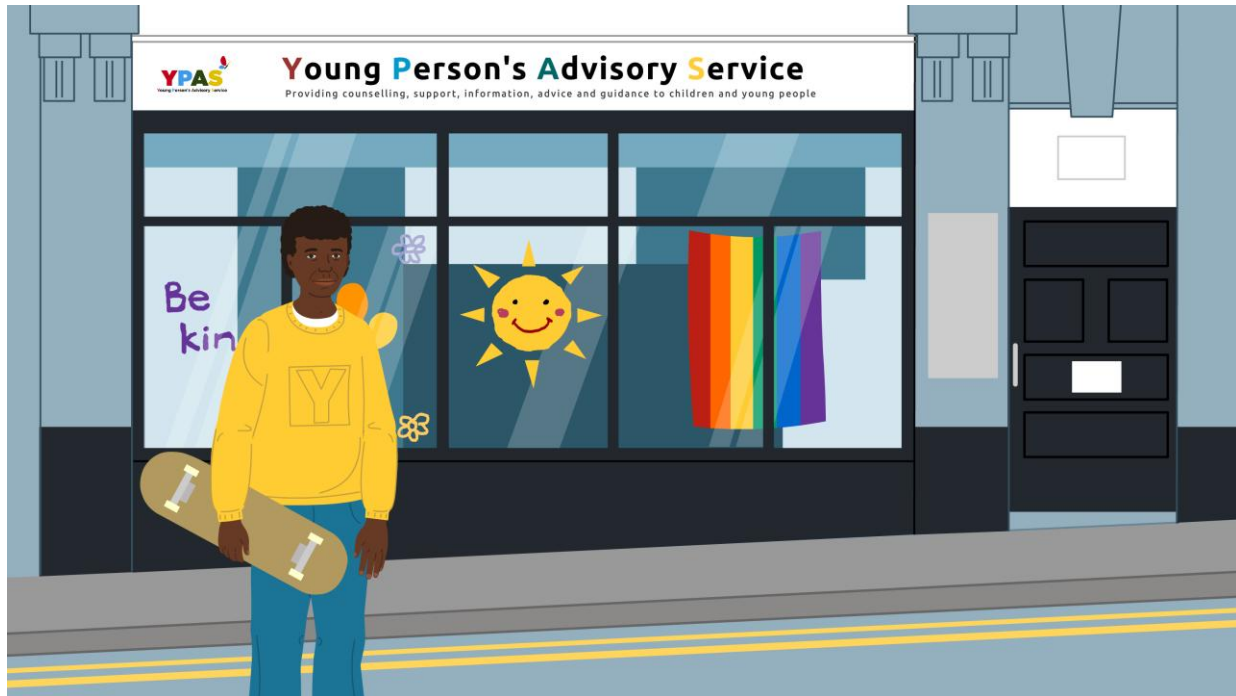
“How can Child and Adolescent Mental Health Services, education providers, and health and social care departments work together more effectively to improve the mental health outcomes of children and young people?”

Currently, children and young people in Liverpool, as in many parts of England, do not always receive the right mental health support at the right time. Services can be fragmented, with health, social care, schools, and voluntary organisations often working in parallel rather than together. This means children, families, and professionals struggle to navigate the system and secure the right help.

Our approach tackles this challenge through three core features:

1. A robust diagnostic of partnership working using the Whole Systems Partnership's Relational Value Framework (RvF) tool.
2. A system user design approach, co-designing solutions with children, families, and frontline professionals.
3. Creation of a real-world, nationally relevant guide for joining up care through the Early Support Hub (ESH) mechanism.

Early Support Hubs (ESHs) offer a practical way to bring children, young people, and professionals together to provide 'drop-in' mental health support and embed within the communities they live in. Our research will explore how ESHs can act as a foundation for joined-up care, supported by a whole-school approach (universal prevention and emotional literacy for all pupils) and a whole-family approach (including families and carers as key partners).



Researchers from the University of Liverpool will work closely with leaders and frontline staff from health, social care, education, and voluntary sector partners over three years. Most importantly, children, young people, and families will be instrumental in shaping the work, ensuring their voices drive the co-design process and the piloting of changes. Together, we will identify the current position, co-design an optimised hub model, test it in real-world settings, and evaluate its impact. This collaborative approach will produce a practical guide for others and highlight priorities for future research.

This work brings together NHS trusts, academic institutions, local authorities, the Integrated Care Board, schools, voluntary and community sector organisations, youth services, data and analytics platforms, and specialist consultancies to co-design and deliver joined-up mental health support for children, young people and their families.

We recognise that this work cannot solve every problem or evaluate every intervention. Our aim is to make meaningful improvements now, create a blueprint for wider adoption, and identify areas for further study.

Expected Benefits:

This work will deliver tangible improvements for children and young people by making mental health support easier to access, earlier, and more joined-up. Families will benefit from clearer pathways and inclusion in decisions. Professionals will gain a practical model for collaboration, reducing duplication and improving efficiency. At a community and neighbourhood level, the hubs will help build local capacity, strengthen partnerships between services, and ensure support is tailored to the unique needs of each area. At a system level, the guide will support wider adoption, helping to reduce health inequalities and improve outcomes locally, regionally and nationally.



Aims and Objectives

Aim: To demonstrate how Early Support Hubs, underpinned by strong prevention in schools and a whole-family approach, can act as a foundation for joined-up care and better outcomes for children and young people.

Objectives:

- Establish a baseline of current partnership working for CYP mental health and provide actionable recommendations for improvement.
- Understand how ESHs currently operate and how children, young people, and families experience these services.
- Explore alignment between ESHs and other hub models in the city, such as Family Help hubs and emerging Neighbourhood Hubs.
- Identify gaps in access, experience, and outcomes, with a focus on vulnerable and underserved groups.
- Apply a system user design approach to co-design practical changes with children, families, and staff.
- Pilot co-designed changes to the ESH model.
- Measure the impact of these changes using real-world data and feedback, focusing on joined-up working, equity of access, user experience, and health inequalities.
- Explore cost models underpinning ESHs and cost considerations/impacts of co-designed changes.
- Produce a concise, nationally relevant blueprint for joining up care through ESHs.
- Highlight priorities for future research and evaluation.
- Highlight opportunities for commissioning decisions.

Methodology / Plan

We will deliver four focused work packages.

Work Package 1: Baseline and System Description

We will describe Early Support Hub (ESH) services and who uses them. Using the Relational Value Framework (RvF) from Whole Systems Partnership, we will map how well organisations work together and where relationships can be strengthened. We will document typical journeys through ESHs, including handovers between services, and the involvement of schools and families. This baseline will guide improvement priorities and serve as a reference point for later evaluation.

Work Package 2: System User Design & Community Engagement

We will run pop-up co-design sessions in priority neighbourhoods and workshops focused on accessibility and usability to ensure changes meet real needs. Children, young people, families, schools, and partners will help shape what the hub should look like and how it works, including its engagement approach and the services it offers. Together, we will map journeys through services and create simple service blueprints to show how support works now and how it could improve. From this, we will develop and refine an ESH operating blueprint and a practical implementation guide, shaped by lived experience and ready for testing.

Work Package 3: Translation and Implementation

System partners and the research team will test the co-designed changes in selected ESHs. We will support staff and families to try new ways of working, provide training and troubleshooting, and gather feedback on what works and what needs adjustment. Outputs from WP1 and WP2 will be consolidated into a practical blueprint that describes processes, roles, governance, and data flows to enable joined-up care through ESHs. We will share learning with all partners and prepare materials for wider adoption.

Work Package 4: Proportionate Evaluation and Blueprinting

We will repeat the RvF assessment to track changes in partnership working and joined-up care. We will measure outcomes such as improved access, reduced inequalities and positive experiences for children, young people, families and staff. For myHappymind, we will focus on its system contribution in schools (referrals, time to support, escalation rates, alignment with partners), recognising its universal, preventative role. Using surveys completed by the partners, we will describe the cost models underpinning ESHs (before the co-designed changes) and explore cost considerations/impacts of the changes.

Data and evaluation will be supported by MRIC and Sentinel platforms, which provide secure multi-agency data linkage and analytics. These tools will help us evaluate changes, identify gaps and share timely insights, while being realistic about which datasets we can access.

The final guide will summarise what works, the conditions required and recommendations for wider adoption and future evaluation.

Closing Summary:

Using the Relational Value Framework, system user design, real-world testing and academic evaluation, supported by rich data insights, we will directly address the James Lind priority question and create a practical, scalable model for joined-up care through Early Support Hubs.