Sefton Council

OVERVIEW AND SCRUTINY COMMITTEE
(Children's Services)

CHILDREN AND ADOLSCENT MENTAL HEALTH WORKING GROUP

FINAL REPORT
April 2011

Overview & Scrutiny

Overview & Scrutiny

'Valuing Improvement'

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Lead Member's Introduction

When we, with our colleagues from O&S Health, started this review I don't think any of us envisaged the complexity of the subject. The issues at times were quite worrying as we gathered more information and the subject became more challenging. I am very grateful to the Working Group for the incredible amount of hard work they have put in and their keenness to see the job done.

Officers from the Council, PCT and Alder Hey gave their time to help the review. I personally would like to thank them for their time and contributions. A special thanks to all those parents we interviewed, and who sent in written statements, the working group found that they were most informative.

The Working Group were concerned that the Council and the PCT has not had a detailed contract for our CAHMS provision, but was please to note that they are setting one up. We will want to see this as soon as possible.

Finally a special word of thanks to our Support Officer, Ruth Harrison, and her colleagues who have worked very hard over and above the call of duty to enable us to undertake this review.

Councillor R. Hands,
Lead Member,
Overview and Scrutiny Committee
(Children's Services).

Contents

1.0 Glossary of Terms

The Working Group came across many terms that professionals use to describe children in need under the Children Act 1989. Below are simple definitions of the most common:

CAMHS – The Children and Adolescent Mental Health Service.

Looked after children – these are children who are looked after by Sefton Council through a care order made by a court or by agreement with their parent(s), whether in a residential home, with other members of their extended family or with foster carers. Some may be placed outside the area of the local authority but will still remain the responsibility of Sefton Council. These are the children for whom the council is corporate parent.

Fast Allocations – These are cases that are given clinical priority for the waiting lists they are patients usually presenting as a risk to themselves.

Pending – These are cases that have been written to, to clarify if they still wish to be seen and the service are awaiting a response.

The Common Assessment Framework (CAF) – is a voluntary process, common to all children's services, to help identify a child's needs as early as possible and agree what support is appropriate. It engages the support of other agencies.

Pastoral Support Programme (PSPs) – useful to help pupils better manage their behaviour. A PSP will normally involve a number of interventions.

Commissioning –Where a body, such as the local authority, delegates the provision of a service to a 3rd party, including the funding for the service.

BICS – Brief Intervention Consultation Services. A tier 2 service where practioners offer consultation to families or outreach services to identify sever or complex needs which may require more specialist interventions at a different tier.

Multi-Disciplinary Team – Representatives from different agencies meet to put strategies in place.

3rd Sector – Organisations that are non-profit making and non-governmental, that undertake social activity.

CAPA Model –Choice and Partnership Approach.

2.0 INTRODUCTION – CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) REVIEW

The Overview and Scrutiny Committee (Children's Services) met on 13th July 2010 where Members of the Committee received a presentation from representatives of Alder Hey Children's Hospital. Following that presentation the Committee resolved to set up a Working Group to review CAMHS and referred a request to the Overview and Scrutiny Committee (Health and Social Care) to nominate two Members from that Committee to sit on the Working Group. It was felt that, as the Council in partnership with Sefton PCT has responsibility for CAMHS provision, the Overview and Scrutiny Committee (Children's Services) would be best placed to investigate the service provided by the commissioned body. (Corporate Objective No. 17 – Ensure the safety of Sefton Children and Young People). Minute No. 12 of the meeting held on 17 August 2010, resolved that a new Working Group be appointed.

2.1 Membership

Minute No. 19 of the meeting held on 21 September 2010, re-affirmed the Membership of the CAMHS Working Group, as follows:-

Councillors R. Hands (Lead Member), L. Cluskey, P.Cummins, Dorgan, Hubbard and McGuire and Mrs S. Cain (Parent Governor Representative).

2.2 Terms of Reference and Objectives

The objective of the review is to make recommendations to Cabinet on:-

1. What the Service is about.
2. How it operates.
3. The differences between geographical service delivery.
4. How the service works with schools.
5. The effectiveness of the service.
6. Service outcomes.
7. How CAMHS integrates with other services (Looked After Children).

2.3 Meetings / Site Visits

The following meetings have taken place:-

Date	Meeting	Venue
21 September 2010	Scope Review	Southport
13 October 2010	Presentation and Background	Bootle
25 November 2010	Interviewing Witnesses	Southport
30 November 2010	Interviewing Witnesses	Southport
18 January 2011	Review Witness Statements	Bootle

Date	Meeting	Venue
8 February 2011	Interviewing Witnesses	Southport
22 February 2011	Interviewing Witnesses	Southport
1 March 2011	Interviewing Witness	Southport
7 March 2011	Interviewing Witness	Bootle
21 March 2011	Interviewing Witnesses	Bootle
23 March 2011	Interviewing Witnesses	Bootle
28 March 2011	Interviewing Witness	Bootle
11 April 2011	Agree Draft Report	Bootle

3.0 BACKGROUND

3.1 The Working Group examined the Child and Adolescent Mental Health framework, which included information regarding service provision, statistics and data. Sefton Council, in partnership with Sefton PCT, commission Alder Hey Children's NHS Foundation Trust to provide CAMHS to the residents of Sefton.

3.2 The first meeting was arranged for Members to scope the review. The Scoping Document is attached as Appendix 1.

3.3 Once the scope of the review had been identified the following documents were obtained to support Members in undertaking:-

- Office for National Statistics – Mental Health of Children and Young People, 2004.
- Office for National Statistics – Mental Health of Children and Young People, 2208, News Release.
- Improving the mental health and psychological well-being of children and young people – National CAMHS Review Interim Report.
- Children and Young People in mind: the final report of the National CAMHS review.
- Keeping Children and Young People in mind – What the Governments full response to the independent review of CAMHS means for children, young people and families.

All the above information is available upon request – details at paragraph 13.5

4.0 WORKING GROUP APPROACH

4.1 Sefton Council in partnership with Sefton PCT, commissions Alder Hey Children's Hospital to provide a CAMH Service to Sefton as a whole. The Overview and Scrutiny Committee (Children's Services) made a decision to review the Service as a result of receiving a presentation from a Clinician from Alder Hey who revealed the following factors:-

- Inconsistent provision of Service across the Borough (inconsistent and fragmented support)
- Unacceptable waiting times/support provided too late in a crisis
- Discrepancies with regards funding

4.2 The Working Group felt that improving the mental health and psychological well being of all those Children and Young People who live within the borough of Sefton should be at the heart of this review.

4.3 Consequently it was agreed by Members that the review would explore the views of service users, providers of the service, the commissioners, G.P. Consortia and clinicians as well as exploring the background information provided about the service.

4.4 The following paragraphs will give some essential background information to the service.

5.0 WHAT IS EMOTIONAL WELLBEING AND MENTAL HEALTH?

5.1 "All children and young people face problems from time to time. Most manage well, but some find it difficult to cope or do not get the support they need to feel safe, happy and confident.
If a child or young person is feeling distressed or troubled, they may express their unhappiness in a number of ways, for example:-

- not sleeping, having nightmares;
- becoming disruptive in class;
- becoming sad and depressed;
- trying to harm themselves;
- getting fussy about food or cleanliness, or developing eating problems;
- having trouble making friends or finding relationships at home difficult;
- becoming fearful and resentful;
- getting into fights and becoming aggressive;
- feeling "invisible".

We want to help children and young people feel confident, make friends, form trusting relationships with adults, enjoy their own company and deal with the setbacks that everyone faces from time to time". (Keeping Children and Young People in Mind)

5.2 Growing up can be a happy, joyful and exciting experience. It can also be hard and, at times, confusing and upsetting. The way in which opportunities and challenges are faced and resolved depends upon the balance between resilience and vulnerability factors within children themselves, their parents and carers, families and wider communities.

5.3 **The Council commissions a vital service that providers need to ensure is accessible by appropriate signposting.**

6.0 CHILDREN AND ADOLOSCENT MENTAL HEALTH SERVICE - THE FRAMEWORK

6.1 Child and Adolescent Mental Health Services (CAMHS) deliver services in line with a four-tier strategic framework (tiers 1 to 3 local, tier 4 regional) which is now widely accepted as the basis for planning, commissioning and delivering services. Although there is some variation in the way the framework has been developed and applied across the country, it has created a common language for describing and commissioning services.

Most children and young people with mental health problems will be seen at Tiers 1 and 2. However, it is important to bear in mind that neither services nor people fall neatly into tiers. For example, many practitioners work in both Tier 2 and Tier 3 services.

Similarly, there is often a misconception that a child or young person will move up through the tiers as their condition is recognised as more complex. In reality, some children require services from a number (or even all) of the tiers at the same time.

The model is not intended as a template that must be applied rigidly, but rather as a conceptual framework for ensuring that a comprehensive range of services is commissioned and available to meet all the mental health needs of children and young people in an area, with clear referral routes between tiers.

6.2 Sefton currently commissions CAMHS services for Sefton from Alder Hey. As well as Tier 2 and 3 services, Sefton has specialist teams for Learning Difficulties and/or Learning Disabilities (LD), which work solely with youngsters who have severe and complex needs.

6.3 **Tier 1** – CAMHS at this level are provided by practitioners who are not mental health specialists, working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth workers, voluntary agencies and 3rd sector agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in a child's development, and offer referrals to more specialist services if required.

6.4 **Tier 2** – Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services). For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach services to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at different tier), and training to practitioners at Tier 1. Sefton Tier 2 service is known as BICS (Brief Intervention and Consultation Service).

6.5 **Tier 3** – This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service,

providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

6.6 **Tier 4** – These are essential tertiary level services for children and young people with the most serious problems. Sefton currently commissions such services through the Strategic Health Authority at a regional level, via the Countess of Chester Hospital NHS Foundation Trust and services include day teams, highly specialised outpatient teams and in-patient units. Serving more than one district or region these include secure adolescent units, eating disorders units, specialist neuro-psychiatric teams (e.g. for children who have been the victims of serious abuse). There is also a unit based at Alder Hey Hospital that operates differently to that of the Countess of Chester Hospital.

7.0 NATIONAL CONTEXT

7.1 In general, there is a lack of consistent national data on the overall psychological well-being of children and young people, nationally and also the prevalence of "lower-level" mental health problems that do not meet the criteria for a clinical diagnosis. However, there is data on the prevalence of diagnosable mental health problems and disorders, and this indicates that overall prevalence has increased since the 1970s. (Collishaw, Maughan, Goodman and Pickles)

7.2 The National Picture:-

- 1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder – that is around three children in every class.
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self harm and around 25,000 are admitted to hospital every year due to the severity of their injuries.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at time.
- Nearly 80,000 children and young people suffer from severe depression.
- Over 8,000 children aged under 10-years-old suffer from severe depression.
- 45% of children in care have a mental health disorder – these are some of the most vulnerable people in our society.
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder.

7.3 It is estimated that by 2026 the cost of mental health services will increase by 45% to about £32 billion. Service costs are not the only economic consideration. It has been estimated that the total cost to society of mental health problems in England is more than £77 billion a year, which is double previous estimates. The costs include NHS, social care and informal care by families and friends for people with mental health problems. The total cost of care is estimated to be over £12 billion. A further £23 billion is lost as many people diagnosed with a mental health problem are unable to work. Reduced quality of life and loss of life may account for nearly £42 billion every year. These figures look set to rise if nothing is done, therefore investing in services and support for children and young people not only reduces misery and loneliness but saves millions in future costs to the criminal justice system, NHS, education and social care costs. The children and young people now are our future adults, invest to save.

8.0 LOCAL CONTEXT - PERFORMANCE INDICATORS FOR COMPREHENSIVE CAMHS

8.1 Health service indicators are known as vital signs. The following are the vital signs for the Local Authority.

8.1.1 (1) Has a full range of CAMH services for children and young people been commissioned for the council area and does this service include learning disabilities, learning difficulties and emotional difficulties?

8.1.2 (2) Do 16 and 17 year olds have access to services and accommodation appropriate to their age and level of maturity?

8.1.3 (3) Are arrangements in place to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?

8.1.4 (4) Is a full range of early intervention support services delivered in universal settings and through targeted service for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership?

8.2 Each of the four indicators above is rated between 1 and 4. Sefton score the top mark of 4 on indicators 1, 2 and 3. Indicator 4 rated a score of 3.

8.3 **However the Working Group, after hearing all evidence from the expert witnesses, would challenge Sefton's score in 8.2.**

9.0 STATISTICS

Looked After Children

9.1 45% of Children in Care (Looked After Children) are likely to access CAMHS. 45% of Sefton's Children in Care translates to a figure of 180 Children. However, in Sefton this figure is actually 140 children (see paragraph 11.3).

All Children

9.3 **Waiting Lists:-**

Brief Intervention Centre Service – Tier 2 (Based in South Sefton but includes North Sefton)

No. of referrals	=	253
Waiting List	=	20
Total on Waiting List	=	20
Waiting Time	=	8 -10 weeks' for Appointment

South Sefton:-

No. of referrals	=	432
Waiting List	=	0
Total on Waiting List	=	0
Waiting Time	=	4 weeks to choice and 8 weeks for Follow up Appointment.

North Sefton:-

No. of referrals	=	296
Waiting List	=	Fast allocations 0 Waiting 37 Pending 11
Total on Waiting List	=	48
Waiting Time	=	Longest Wait: 10.12.09 to 02.02.10 Others: 4 weeks

Sefton 16-18:-

No. of referrals	=	156
Waiting List	=	0
Total on Waiting List	=	0
Waiting Time	=	4 weeks for Appointment

9.4 The service has made significant improvements in reducing the waiting lists. A waiting list of 80 was reported at the end of October 2010 which has reduced to 48 and a plan has been put in place to further reduce this to 20 – 25 by 1st May 2011. At that point the CAPA Model will be introduced where a choice appointment is offered immediately. The Working Group would like to thank the General Manager, Alder Hey, District Services Clinical Business Unit for addressing this issue.

9.5 It is worth highlighting that following a number of concerns which emerged during the autumn of 2009 about the ongoing effective management of CAMHS an independent external review was commissioned. The review was conducted by the Pennine Care NHS Foundation Trust between May and October 2010. The review found weaknesses in the service provided by Alder Hey which that Trust has acknowledged and is in the process of addressing.

10.0 INTERVIEWING WITNESSES

10.1 At their first meeting, Working Group Members scoped the review (see Appendix 1 to the report). This meant that they set out clear aims and objectives for the review and listed all key witnesses they would invite to interview. At that time the Lead Member suggested that the following lines of enquiry should be followed when questioning key witnesses:-

- Background information regarding reasons for the referral.
- Where the referral came from.
- How long it was before the first initial appointment was received (CAMHS)
- How long it was between the initial assessment appointment and the first appointment.
- Where the appointments were held.
- Was there any follow up care/after care services, after discharge.
- Any emergency number given.
- Anything else to add.

(It was highlighted that subsequent questions could and would be asked)

10.2 The notes of those Meetings are available upon request however witnesses' evidence has been referred to within the following paragraphs in relation to findings and evidence.

10.3 The following witnesses were interviewed:-

- Acting Chief Executive, NHS Sefton
- Children's Trust Director
- Assistant Director (Inclusion)
- Children's Centre Manager, Kingsmeadow
- General Manager, Alder Hey Children's Hospital
- G.P. Consortia North & South
- Service Users (face to face)
- Service Users (written)
- Director of Children's Social Care

10.4 The following statements will give a flavour and snap shot of what some key witnesses felt about CAMHS :-

> The voice of young people should be at the heart of what service is given and how it is delivered. From the messages we have already taken from young people, this would mean a flexible and responsive service that reaches out to them when they are ready rather than expecting them to fit in to a model of delivery that expects them to wait until experts are ready to give them a service.

We have three children; the conventional parenting skills we had adopted for two weren't working on the third. CAMHS put alternative strategies in place; they gave us a real opportunity, a life line. CAMHS have made a huge impact on us as a family.

CAMHS – No cohesive approach, no intervention for early years, North and South divide. There needs to be a Borough Wide Service that interacts and recognises emotional well-being early on in a child's development.

My experience of the CAMH Service has not been a positive one. I have self referred twice – G.P. wouldn't refer didn't recognise the behaviours until it was too late. The level of psychologist time/support fell short of what was required/expected (20/30 mins/week) – After discharge there wasn't any after care or follow up appointments, no emergency number made known to me. There wasn't any interaction between the school and the service. The Head didn't know how to support my child or our family.
Had my child been given the correct exploration work to underpin the reasons for the behaviour initially, the early intervention may have prevented the specialist care required years later. Key Witness (Service User) Interviewed.

Kings Meadow Children's Centre Manager – we commission CAMHS intervention for 1 day/week out of Kings Meadow Budget, this was a decision I took with the Head, the model works for Kings Meadow.

Alder Hey has a new management structure in place and improvements have been made. Those improvements must be sustained and the service modernised and made more efficient.

CAMHS has been funded jointly between the PCT and the Council for at least 7 years.
Funding from Health = £2.2 Million
Funding from Council = £0.5 million
Total Funding = £2.7 Million.

I didn't realise I was involved with CAMHS until I received the letter inviting me to give evidence as a key witness.

As commissioner of this Service we can influence the standards we expect in terms of delivering a quality service that meets the needs of Sefton's Children, Young People and their Families.
We can measure outcomes by delivery of the indicators and expectations set out in the contract specification.
We have a huge potential to influence commissioning of care by specifying what the Service should look and feel like. We need to involve those who access the Service.

During these two weeks he was very distressed by the suicidal thoughts and could not understand why there was no one available to help him. His actual words were "If I had a broken leg I would go to hospital and they (the doctors) would fix it". He knew he did not want to kill himself but the thoughts were so strong he was frightened he might. He was by my side constantly, 24 hours a day, seeking reassurance that I wouldn't let him harm himself. (Extract from written submission – key witness)

We have no complaints about the service he received once he had his first appointment. However I think we were let down by there not being any sort of support available while he was waiting for his appointment. Also there was a long wait for cognitive behaviour therapy. I fully understand that mental health has always been the "Cinderella" of the health service and in the case of children is under funded, but when it is your child who is suffering you are desperate for them to get help. (Extract from written submission – key witness)

10.5 Whilst interviewing key expert witnesses it was apparent from them that there is a clear commitment and genuine passion to provide the best possible service to the children and young people of Sefton.

10.6 There was positive feedback from the majority of key witnesses regarding CAMHS and a sense of relief that help and support was available. However frustrations were evident about waiting times and processes. Pre and after-care were highlighted as being just as important.

11.0 EMOTIONAL AND MENTAL HEALTH OF LOOKED AFTER CHILDREN (Evidence received from Service Manager – Looked After Children)

11.1 Since assuming responsibility for Looked After Children in September 2008, I have regularly been alerted by staff to difficulties in accessing the Tier 3 CAMHS Service. Delays in taking up referrals, narrow criteria, refusal to accept referrals on the basis of instability of placement, and closing referrals due to lack of cooperation from the young person have been recurring themes. Responsibility for these difficulties cannot always be laid at the door of the CAMHS Service since there are also issues of poor timing of referrals, lack of specificity, and referrals that do not meet the criteria for a tier 3 service. Sometimes it would appear that anything with an emotional and mental health label is referred to CAMHS when there could be other approaches to the problem that would be more appropriate – for example behaviour management strategies, providing suitable leisure activities, or school based interventions.

11.2 The introduction of the use of Goodman's Strengths and Difficulties Questionnaire to assess emotional health of looked after children (backed by the use of a national indicator NI58 by central government in 2008) offered an opportunity to generate some baseline data. In the first year a third of the questionnaires (61) were scored in the abnormal range and cross referencing this against CAMHS data suggested that only 11 of these were currently open to the Tier 3 CAMHS Service. Most of the high scores were concentrated under the headings of conduct problems and hyperactivity.

11.3 In an attempt to assess the level of unmet need associated with emotional and mental health of looked after children, I have recently conducted short focussed interviews with a sample of the social workers from the two social work teams who deal with the majority of looked after children's cases Looked After Teams 1 and 2. In total, they were dealing with 140 children, just over a third of the current looked after population of 382, ranging in age from 0-16. No attempt was made to screen the caseloads for age gender or placement type, but the results show a wide distribution in line with the overall LAC population.

Results

Table 1 Sample of looked after children – referrals to CAMHS

Child too young*	21
No current need identified	33
Previous CAMHS intervention	10
Current CAMHS intervention**	13
Awaiting CAMHS intervention	9
Future need identified	14
Unmet need/does not meet CAMHS criteria	30
Other Service provided	10
TOTAL	**140**

** children under 4. However, several younger children were counted in the 'future need identified'. There is scope to return to this category as some staff may not have fully considered the child's future needs.*

***this includes activity not directed towards the child e.g. consultation with foster carers.*

11.4 By its very nature this exercise lacked scientific rigour and gives an impressionistic account of how looked after children's emotional health needs are being met. However, there were a number of recurrent themes in the discussions with staff that resonate with national research and evidence.

11.5 While 20% of the sample had no additional emotional or mental health needs a further 20% did have unmet needs. It is worth unravelling this category somewhat. Among the 30 children and young people a significant number particularly teenagers, had been referred to CAMHS but had refused to engage with the service. Social workers reported a stigma attached to the CAMHS service among young people and a dislike of both the image and physical (clinic based) setting. These young people still had additional emotional needs that remained unmet. On the other hand a further group had been turned down by CAMHS as not meeting the criteria for the service. On closer inspection it was felt by staff that this was probably accurate and that the needs being presented by young people required an intervention at tier 2 rather than tier 3. Social workers repeatedly mentioned behaviour or emotional disturbance directly or indirectly related to pre-care experiences and children's lack of certainty about issues of rejection, loss, belonging and identity. There was a clear distinction drawn between children who needed life story work provided by support workers, family centre staff or social workers to understand their family history and those who needed a more specialist intervention to come to terms with this history.

11.6 In 10 cases agencies other than CAMHS had been identified to carry out direct work with children. In 4 cases schools had highlighted problems and had referred the child to counselling or a school mentor. In 5 of the other cases the children were placed with Independent Fostering Agencies (IFAs) who provided psychological therapies as part of the support package available to either the child, the foster carer or both. In one case the child was placed in a specialist residential placement dealing with sexually problematic behaviour and was receiving a regular input to address this issue.

11.7 Although there were 23 children who had either had a successful intervention or were still engaged with the CAMHS Service 9 children with quite complex emotional health needs were having to wait, sometimes months, for a referral to reach the head of the waiting list. In the meantime their problems did not go away and sometimes undermined the stability of their placement and education. At the same time there is a discrepancy between children within Sefton's own resources and those placed with agency carers.

These children and young people sometimes have access to a wider range of therapeutic intervention and support. This is clearly neither ethical nor related to greater need.

11.8 Although only a sample of looked after children the percentages of those with additional emotional needs is very similar at 45% to national research on the health of looked after children. (Office for National Statistics 2003; Meltzer 2003)

11.9 Care Matters (2008) asks local authorities together with health partners to establish targeted/dedicated CAMHS Services that appropriately prioritise the needs of children in care.

11.10 In the Department of Health Guidance on the health of looked after children 2010 PCTs are required to ensure that:

- The child is never refused a service on the grounds of their placement being short-term or unplanned.
- That referral pathways are understood and used by all agencies that come into contact with the child.
- That CAMHS provide targeted and dedicated services to looked after children where this is identified as a local need

The evidence gathered in the sample of looked after children suggests that there is some way to go to meet these requirements.

11.11 While looked after children do face specific issues particularly around loss and attachment and dealing with the aftermath of abusive adult behaviour, addressing their emotional health needs to have a much broader focus. At present what we are trying to do is to squeeze our children and young people into a small part of a service (CAMHS tier 3) which is trying to deal with acute health needs. We are then surprised when the service cannot respond in the way we require. What we need to ask as an authority is what the needs of our population are, and how we as corporate parents can develop a much broader focus on wellbeing. This inevitably does beg questions about resources but equally it is about the role of the Children's Trust and commissioning processes. Given that many looked after children neither fit the criteria for a tier 3 service nor wish to engage with it, there is an urgent need for a triage service, preferably provided by a psychologist, to assess and signpost young people and their carers to the right level and type of service. This would save time and energy for both social work teams and CAMHS and help ensure a better fit between young people's needs and the service they receive.

11.12 This focus needs to be championed by the role of designated doctor, a position that currently remains unfilled. The designated doctor can ensure better continuity, co-ordination and information sharing.

11.13 The voice of young people should be at the heart of what service is given and how it is delivered. From the messages we have already taken from young people, this would mean a flexible and responsive service that reaches out to them when they are ready rather than expecting them to fit in to a model of delivery that expects them to wait until experts are ready to give them a service. An interesting example of such an approach has recently been high lighted by C4EO who 'rebranded' the support CAMHS were offering to children's residential services in Kensington and Chelsea as 'life coaching sessions'. The project used a solution-focussed approach. The life skills areas covered were: planning for setbacks; dealing with loss; rediscovering motivation; identifying triggers for anger; mobilising support networks in crisis; problem solving skills; being accountable; self-belief; identifying negative thinking errors (such as 'all or nothing' thinking); understanding anxiety and managing panic attacks; coping skills; assimilating mixed cultural identities; coping with traumatic flashbacks; identifying preferred futures and resources to get there. The project resulted in much higher levels of engagement by young people and highlighted the need to tailor services to the particular needs and issues raised by young people and to be genuinely multi-agency and integrated.

11.14 An emotional health service for looked after young people should be as much about promoting health and wellbeing as with dealing with illness and symptoms. It should therefore join up with efforts to promote other aspects of their lives that we know make looked after children feel secure and cared for particularly maintaining placements where they are nurtured valued and encouraged, education training and employment, contact with their families, and the development of a strong sense of personal identity and self-efficacy. The service should ensure that children have every opportunity to be involved in wider networks of community activities to promote resilience and a sense of belonging.

11.15 At present the feedback received about the nature, scope, length and outcomes of interventions is piecemeal. Services need to develop robust outcome measures that can be used to test the effectiveness of the interventions planned and carried out. Interventions should not stand alone but should be built in to existing planning frameworks including the Personal Education Plan, Care Plan and Pathway Plan, so that there is a clear link established between the needs of the child the intervention carried out and the outcomes sought and achieved.

11.16 While young people are at the heart of the service an emotional health service needs to target interventions at key points in the life of looked after children and with key individuals. This may not always be the young people themselves but could for example include advice and guidance to families or carers to manage challenging behaviours and prevent placement breakdown. It could also include helping to plan a placement move to ensure that the placement can best meet the particular needs of a young person.

Some of this already takes place, but it was not clear from the sample how this work was prioritised and there was a lack of consistency and approach between the north and south of the borough.

11.17 Further work is needed to ensure that looked after children have access to both tailored interventions to support their emotional and mental health and wider support to foster their wellbeing and resilience. Although part of this needs to involve a review of the current mental health resources available to looked after children, this should be set within the context of wider discussions about preventative services for all young people. We have pledged to make it possible for our looked after children to enjoy healthy and fulfilled lives. Without a comprehensive health provision that includes their emotional and mental health we are failing to fully deliver on this promise.

12.0 FINDINGS

12.1 The title CAMHS be rebranded to the more modern and appropriate title of The Children and Young People's Emotional and Wellbeing Service.

Despite the fact that "mental health" is a positive term, there remain many people, professionals included, who equate it with mental illness or associate its use with the medicalisation of common problems found in childhood and the teenage years. The National CAMHS Review found that young people in the older age range (16 year olds and older) were more likely to view the term positively, while children tended to view it negatively.

Key witnesses the Working Group interviewed felt that the word "mental health" was unhelpful in the promotion of a positive service for children and young people. There remained a historic "stigma" associated with the term.

"I'm not going to a place called CAMHS" – Young Person, The National CAMHS Review.

"We know that many young people who are distressed and unhappy are not accessing services. Unmet mental health needs mean that problems are more likely to become chronic and enduring, and impact on young people's lives, their family and their communities. Statistics show that over half of all adults with mental health problems were diagnosed in childhood but less than half were treated appropriately at the time. So what is stopping young people getting the help they need? The answer is likely to be complex and vary from person to person, but one key reason why young people don't access services is the stigma associated with having a mental health problem." (Young Minds – Vision, Mission and Values)

12.2 That clear and consistent pathways be defined for people who work with Children and Young People in order that they understand the protocol in referring an incident (which is deemed to be one of a mental health nature) to an appropriate professional.

12.2 Appropriate training to all who make referrals.

12.2 Raise awareness and improve signposting including accessing Out of Hours.

Teachers, School Nurses, GPs, A&E staff and all those professionals who work with children and young people should be given further training in child and adolescent psychological development and mental health as an essential element of their knowledge base.
Knowledge and understanding of children and young people's mental health and psychological well-being is developing and there is a requirement for that training to be part of their continuous professional development.

Individual G.Ps commonly play a role in the promotion of Mental Health Services. Often they are an important first "port of call" for parents and carers concerned about their children. It became apparent from interviewing expert witnesses that very often G.Ps made inappropriate referrals as a safeguarding measure. The number of inappropriate referrals within Sefton is high and in North Sefton from April 2010 there have been 109 cases (1/3rd of referrals) that fit within that category. Those patients take up capacity that would be best used for those referrals which are appropriate.
This resulted in unnecessary referrals clogging up the process which in effect results in unnecessary longer waiting times for others. Therefore it was agreed that an "invest to save" measure would be to provide appropriate training to those professionals who refer children and young people.

Whilst also considering the effect of inappropriate referrals it is also important to understand that, some evidence the Working Group gathered found that G.Ps did not consistently recognise the signs of mental health problems, particularly lower-level problems which were likely to be more responsive to early intervention. Recognition was more likely when the child or young person had developed a more severe problem.

Had my child been given the correct exploration work to underpin the reasons for the behaviour initially, the early intervention may have prevented the specialist care required years later. Key Witness (Service User) Interviewed.

Whilst addressing the issue of inappropriate referrals it would be timely to raise awareness and provide clear accessible signposting in order that parents, carers, children and young people are well informed of the services and support groups available to them.

"Although services are important, parents and carers are key to their children's mental health and psychological well-being. Their capacity to nurture and promote it is affected by many personal, family, social and economic factors. It is also affected by the access they have to good, local information, advice and services, and by the way those services integrate to meet their needs and support their children." National CAMHS Review.

The Working Group agreed that some further work was required around raising awareness and improving the existing signposting in order that all parents, carers, children and young people are able to access good advice and support. Children and young people, too, need to be able to take some responsibility for their own well-being and indeed that of others, and need to be supported in that.
The Working Group recognised that this should be extended to include 3rd sector agencies working in this area.

12.5 Review of Statement of Policy (SEN)

The Working Group found that some witnesses interviewed had never received a statement for their child when it may have been appropriate to do so. One witness stated that she had attempted on three occasions to receive a statement for her child and had been refused, when the child met all the criteria.
Members agreed that it was absolutely crucial to that child's education to receive a statement in order that a holistic and co-ordinated approach in understanding that child's requirements is taken. A statement also ensures that funding for that child is transferred from school to school. It was agreed that this was an integral part of "Every Child Matters" in ensuring that all Children:-

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Achieve Economic Well-Being
- Make a Positive Contribution

12.6 Schools and their Children – Any Child or young person accessing CAMHS should be known and supported by the school.

After the family, schools are the most important organisation in the lives of the vast majority of children and young people.
Research (Survey on the development and emotional well-being of children and young people) shows that the school setting has a significant impact on children's mental health and psychological well-being. Exclusions, absenteeism, achievement at schools and the existence of special educational needs (SEN) can all be linked to the onset and persistence of a mental health disorder.
Children and young people need schools to be more aware of mental health issues. There is a requirement to ensure that staff have the confidence to support help and recognise issues before they arise.

"At my school it would have been good if they'd had a training day or something so that they knew more about my condition" – Young person, The National CAMHS Review.

12.7 A transition strategy be developed ensuring the smooth and seamless transition from CAMHS to Adult Mental Health Service (AMHS).

Young people go through multiple transitions as they move from childhood into adulthood. They are moving from school to college or the workforce, from being dependent to more independent living.
If young people are in contact with services, they are also likely to be making the transition from children's services to adult services.

Young people who need help and support from mental health services can find themselves with no help and support at a time when they really need it. When they reach 16 they can find themselves without any support from Alder Hey because the provider (Alder Hey) of CAMHS often ends at that age and they are too young or not considered ill enough for AMHS which start at the age of 18. In Sefton 16 – 18 year olds are able to access services through Merseycare and a specialist 16 – 18 year old service. However there are issues with this provision.

As part of the evidence gathering, the Lead Member contacted a senior manager representative of Merseycare who confirmed that Merseycare do find it difficult to provide a 16 – 18 Service. They also confirmed that they are having discussions with Alder Hey about this.

Most mental health problems have their roots in childhood, and many serious chronic mental illnesses appear before the age of 25. Approximately 75% of adults with mental health problems first experienced mental health problems in childhood. So it is a time when young people need more help and support, not less.

Adult services in general have a higher threshold before services are available meaning several young people may no longer be eligible for support. This creates an incentive to get more ill before a young person could receive support.

A transition process which places the young person at the centre of the service planning and provision is needed and ensuring a focus on young people's self esteem and self confidence. There is a requirement for the professionals from CAMHS to liaise and integrate with those from the AMHS to ensure that young people's views and needs are met accordingly. The service and professionals should be located within settings which are comfortable and approachable for teenagers and young adults and where young people are and not just where clinics are based.

12.8 Parents and carers have a choice – Home Visits.

Whilst interviewing key witnesses it became evident that there was a gap in the provision of offering home visits. Witnesses stated that some children and young people found appointments to be too clinical based, which could result in a negative way and non-attendance at appointments.
Expert witnesses provided a further explanation that clinical based appointments meant that clinicians could carry out more appointments throughout the day.
The Working Group agreed that home visits should be offered, as they are in the South of the Borough, in order that hard to reach groups have access to the service and to ensure that appointments are kept.

12.9 Sufficiency of beds Tier 3 (Alder Hey) & 4 Countess of Chester.

"When a child or young person is receiving specialist mental health services, good local areas are making sure that:

- they can get to services easily;
- they feel comfortable and welcomed;
- they can get help early……." (Keeping Children In Mind - Government's full response to the independent review of CAMHS means for children, young people and families".)

Evidence received from families highlighted the need for a specialist service local to Sefton. Members of the Working Group agreed that a child requiring this level of specialist care, who may already be feeling isolated with intricate issues and being approximately 80 miles round trip away from their families, would exasperate those issues.

Members of the Working Group asked Expert Witnesses about sufficiency of beds and if it was felt, in their expertise, that the demand was being met. The Working Group was perplexed to receive a contradiction in answers given and agreed that further work should be undertaken to identify if there were sufficient beds to meet demand.

12.10 When funding becomes available that the recently reduced funding for CAMHS be re-instated.

The Working Group was disappointed to hear that funding had been reduced. However, it was pointed out that the service was not unique in receiving a reduction in budget. Members agreed that this should be reviewed as and when funding becomes available. It was also suggested that the effect of the funding reduction should be monitored in order that service provision and performance may be mapped.

12.11 Lead Commissioner ensures that the provider complies with the contract across the Borough.

12.12 The Overview and Scrutiny Committee (Children's Services) to set up a Mini – Review (Working Group) to examine in more detail the contents of the separate specification which was being drafted as the Working Group was closing the CAMHS Review.

CAMHS provision should be a seamless Borough Wide service with genuine interaction between North and South.
Evidence received from key witnesses identified a worrying gap in service provision across the Borough.

The service in the North has experienced longer appointment waiting times to that in the South. Expert witnesses from Alder Hey reported that the team in the North of Sefton had carried a number of staff vacancies, which had been difficult to recruit to and so had an impact on capacity within the service.

Alder Hey has been addressing the issue of reducing the length of waiting times across the Borough over the past six months. There are plans for Alder Hey to move to a Mental Health Acute Trust, which is a positive sign. The Council in partnership with Sefton PCT will need to ensure that structures are in place in order that there is a stringent approach for ensuring compliance of the contract.

The Working Group was disappointed to be informed that the commissioners (Sefton Council and Sefton PCT) had not previously developed a detailed specification for CAMHS.
The Working Group was given the following information in relation to the contract with Alder Hey:-

"The contract is a block contract, it is a National contract, locally agreed.
Liverpool PCT are the host PCT for the Alder Hey contract on behalf of Sefton and Knowsley and they host monthly contract meetings, which are attended by the Sefton commissioner.
CAMHs is part of the block contract for South Sefton and North Sefton will also be part of the block from the 1st April 2011.
The block contract does not contain detail on the CAMHS service and a separate specification is being developed.
Liverpool PCT has produced a specification for CAMHS with Alder Hey and Sefton are negotiating to use the same specification for 2011/12 to maintain a consistent approach to the contract".

The Working Group agreed that a Mini-Review should be set up, once the specification is agreed, to examine the contents of the specification in relation to CAMHS. In this current climate Members agreed that it was extremely important that any spending within a service should be clear and transparent for audit purposes and performance reporting.

13.0 Conclusions

13.1 While the Working Group has been investigating CAMHS, Alder Hey Children's Hospital have been addressing some of the issues raised and making improvements to waiting times and access to the service. The Working Group would like to express its appreciation for the work already being done.

13.2 Everybody has a responsibility to make sure that children and young people have good mental health and psychological well-being as they grow up. If things go wrong, families need advice, help and support quickly. They need this from people who know what works or what can help. When problems arise, at whatever time of day, parents, carers, children, young people and practitioners themselves need to be confident that there is swift access to a network of support services to address the full range of needs, to ensure a holistic approach is taken.

13.3 From time to time specialist help maybe required. Currently the children, young people and their families of Sefton are required to travel to Chester. It was agreed that further work should be carried out to explore if this specialist care could be provided closer to Sefton.

13.4 In view of the proposed changes to the NHS we would urge the G.P. Consortia (North and South) to ensure there is one provider for the whole of the Borough.

13.5 The Working Group raised concerns regarding the conflict in statements received from the representatives of Alder Hey and Merseycare in relation to the 16 – 18 Service.

14.0 Acknowledgements and Supporting Information

14.1 The Working Group is grateful to all those witnesses and other persons who have assisted with research, provided and shared information and given up time to attend interviews.

14.2 The Overview and Scrutiny Officer will circulate the Final report to all witnesses who have taken part in the review.

14.3 The Working Group would like to take this opportunity to thank Members, Officers and Partner Organisations who are all working hard to provide CAMHS across the Borough.

14.4 During the process of this review, the Working Group has gathered a substantial amount of information and data, which has been invaluable in helping it to form its conclusions and recommendations.

14.5 Any background information that has been gathered so far is available on request from Ruth Harrison, Overview and Scrutiny Officer (telephone 0151 934 2042 e-mail: ruth.harrison@sefton.gov.uk)

15.0 Recommendations

15.1 That the Council in partnership with the PCT be recommended to re-brand the CAMH Service and change the title to the "Children and Young People's Emotional and Wellbeing Service".

15.2 That the Council in partnership with the PCT be requested to define clear and consistent pathways for those who work with Children and Young People (i.e. Teachers, Youth Workers and the 3rd sector working in that field) in order that they may identify and refer an incident (which is deemed to be one of a mental health nature) to an appropriate professional.

15.3 That the Provider, make available appropriate training to those professionals, especially GPs, who are required to make referrals in relations to CAMHS, ensuring appropriate referrals proceed into the system.

15.4 That the Commissioners be requested to raise awareness and provide appropriate sign posting for parents, carers, children and young people in order that they may be well informed of the services available, including how to access those services out of hours.

15.5 That the Strategic Director – People be requested to review the statementing policy with regard to CAHMS.

15.6 That the Strategic Director - People requested to urge schools, through SENCO Teachers and School Governors with SEN's responsibility, to ensure that, where appropriate, a young person accessing CAMHS (Tier 2, 3 and 4) be known and supported by the school.

15.7 That the Strategic Director - People ensures that a strategy is in place to ensure that the transition from CAMHS to Adult Mental Health Service is seamless and smooth.

15.8 That the Commissioners with responsibility for the service should ensure that the CAMH service received from Alder Hey Children's NHS Foundation Trust should include offering Home Visits across the Borough.

15.9 That the Lead Commissioner ensures that the provider complies with the contract across the Borough and reports at six monthly intervals to the Overview and Scrutiny Committee (Children's Services).

15.10 That the Commissioners be requested to investigate the sufficiency of beds for Tier 4.

15.11 That the Council considers re-instating, when funding becomes available, the funding that has recently been reduced for children with mental health issues.

15.12 That the Overview and Scrutiny Committee (Children's Services) receives regular information monitoring the effects that budget reduction has on the CAMH Service as a whole.

15.13 That the Overview and Scrutiny Committee (Children's Services) be requested to carry out a Mini-Review (Working Group) examining in more detail the contents of the separate specification, once it has been developed.

15.14 That the Strategic Director – People be requested to monitor CAMH Service ensuring that the provision is a seamless borough-wide service with a genuine interaction between North and South, with equality for all residents and consistent provision of service, as required of Alder Hey Children's Hospital.

Appendix 1

SEFTON COUNCIL

SCOPING EXERCISE

CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE WORKING GROUP (CAMHS)

MEMBERSHIP

Councillors — Hands (Lead Member), L. Cluskey, Cummins, Dorgan, Hubbard and S. McGuire; and
Mrs Sandra Cain

Extract:

Overview and Scrutiny Committee (Children's Services) Meeting 21 September 2010

RESOLVED: That the verbal update in relation to the CAMHS Working Group be accepted and the following Members be confirmed as Members of that Working Group:- Councillors Hands (Lead), L. Cluskey, Dorgan, Hubbard and McGuire and Mrs S. Cain

Extract:

Overview and Scrutiny Committee (Health and Social Care) Meeting held on 7 September 2010:-

RESOLVED: That

The Overview and Scrutiny Committee (Children's Services) be advised that Councillors L. Cluskey and S. McGuire would sit on the CAMHS Working Group.

TERMS OF REFERENCE AND OBJECTIVES

The objective of the review is to make recommendations to Council/Cabinet on:

- What the Service is about
- How it operates
- The differences between geographical service delivery
- How the service works with schools
- The effectiveness of the service
- Service outcomes
- How CAMHS integrates with other services (Looked After Children)

METHODS OF ENQUIRY

To receive background information in relation to:-

- CAMHS
- Local and National Guidance
- National CAMHS Review and Government response
- LGA document from 2007 CAMHS funding and priorities
- Dept. Health Benchmarking

Lead Officer: Colin Oxley

Overview and Scrutiny Officer: Ruth Harrison

OTHERS WHO WILL BE INVOLVED

- Colin Petrigrew
- Sefton CVS – Simone Hill
- Manager of Parent Caring team
- YOT practitioner
- Learning Difficulties Practitioner
- Representative 16-19 years
- Principal Educational Psychologist
- Jean Massam – Health Commissioner for CAMHS
- Sue Brown, Alder Hey
- Tier 2 Lead (Vacant)
- Tier 3 Lead, Craig Mears
- Parenting Commissioner
- Regional Development Worker

ARRANGEMENTS FOR REPORTING TO CABINET/COUNCIL

Final Report to Overview and Scrutiny Committee Children's Services	4 January 2011

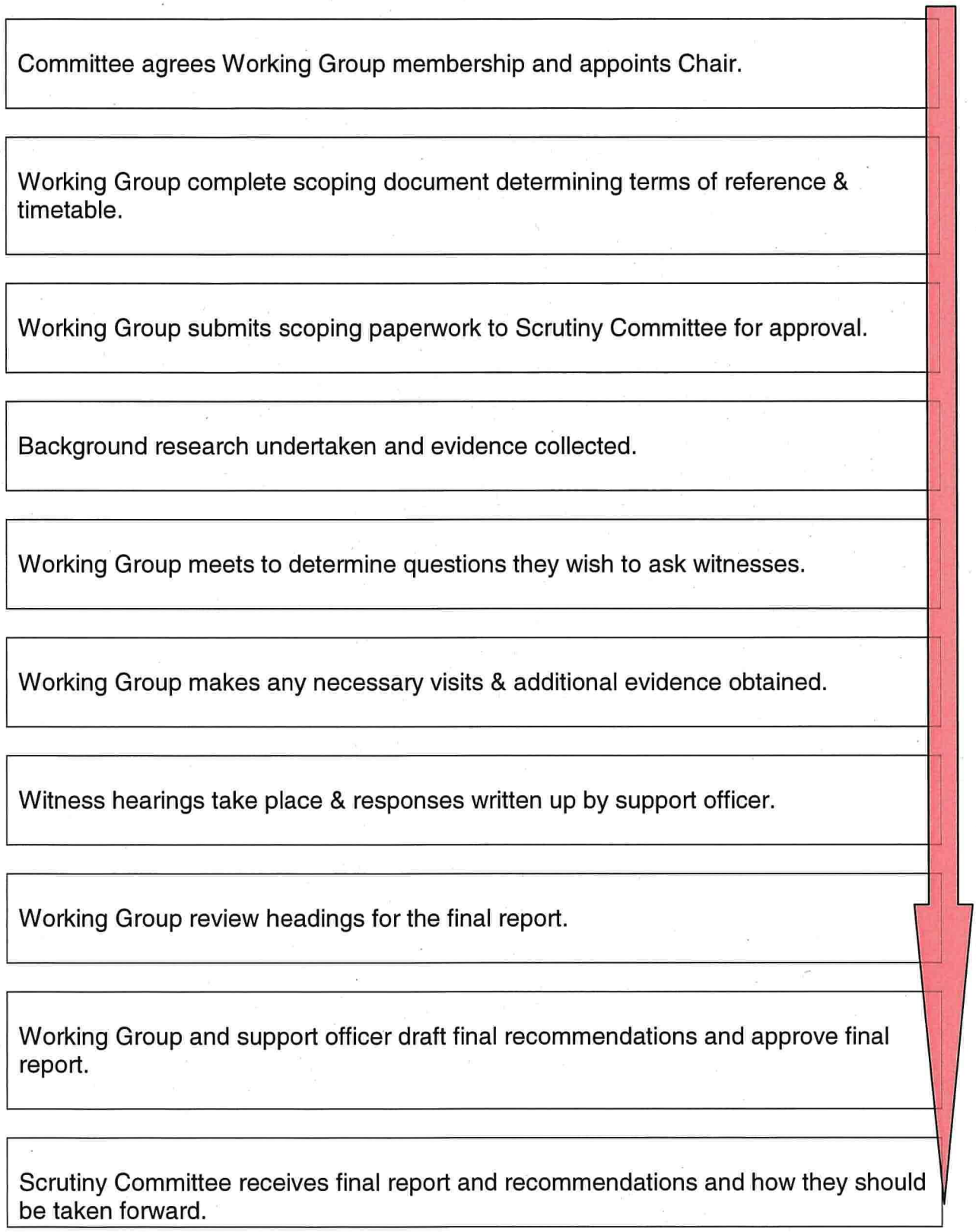
- **PLANNING CHART**

The Planning Chart is an example of the way reviews could/should be planned.

It is recommended that realistic time frames in which to carry out tasks should be considered including possible delays for public holidays and Council business. Effective planning suggests that more planning time be built into the chart.

Activity	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Scoping									
Consider Docs									
Witnesses									
Site Visits									
Initial Findings									
Draft Report									
O&S Cttee									
Submit to Cabinet									

Ten Step Process Flow Chart



List of Key Witnesses Interviewed

- Acting Chief Executive of PCT
- Children's Trust Director
- Assistant Director (Inclusion)
- Children's Centre Manager, Kingsmeadow
- General Manager, Alder Hey Children's Hospital
- Service Users – Focus Group
- Service Users – Individually
- Service Users – Written Submission
- G.P. Consortia – North and South

Overview & Scrutiny

For further Information please contact:-

Ruth Harrison

Overview and Scrutiny Officer

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ruth.harrison@sefton.gov.uk

Sefton Council