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**Report to:** Cabinet

**Date of Meeting:** 21<sup>st</sup> July 2011

**Subject:** Children and Adolescent Mental Health Service (CAMHS) – Final Report

**Report of:** Director of Corporate Commissioning

**Wards Affected:** All

**Is this a Key Decision?** Yes

**Is it included in the Forward Plan?** Yes

**Exempt/Confidential** No

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**Purpose/Summary**

To formally present the recommendations of the Children and Adolescent Mental Health Service (CAMHS) Working Group.

**Recommendation(s)**

That the recommendations of the CAMHS Working Group, set out in paragraph 2.2 of the report, be considered by the Cabinet.

**How does the decision contribute to the Council's Corporate Objectives?**

	<b><u>Corporate Objective</u></b>	<b><u>Positive Impact</u></b>	<b><u>Neutral Impact</u></b>	<b><u>Negative Impact</u></b>
1	Creating a Learning Community	√		
2	Jobs and Prosperity	√		
3	Environmental Sustainability	√		
4	Health and Well-Being	√		
5	Children and Young People	√		
6	Creating Safe Communities	√		
7	Creating Inclusive Communities	√		
8	Improving the Quality of Council Services and Strengthening Local Democracy	√		

**Reasons for the Recommendation:**

The Working Group has made a number of recommendations that require consideration by the Cabinet

**What will it cost and how will it be financed?**

Existing budgets – with the exception of recommendation 11.

**Implications:**

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Legal</b>		
<b>Human Resources</b>		
<b>Equality</b>		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

**Impact on Service Delivery:**

Implementation of the recommendations will support the improvement of the CAMH Service.

**What consultations have taken place on the proposals and when?**

The Head of Corporate Finance (FD 852 /2011) and Head of Corporate Legal Services (LD173/11) have been consulted and any comments have been incorporated into the report.

The Strategic Director – People has provided the management response to the recommendations of the Working Group

**Are there any other options available for consideration?**

To not agree the recommendations made by the Overview and Scrutiny Working Group for improving service delivery.

**Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

**Contact Officer:** Ruth Harrison

**Tel:** Ext. 2042

**Email:** ruth.harrison@sefton.gov.uk

**Background Papers:**

There are no background papers available for inspection.

## 1. Introduction/Background

- 1.1 The CAMHS Working Group, established by the Overview & Scrutiny Committee (Children's Services) has undertaken a review on issues surrounding the service provision for children with mental health issues. The review took place between September 2010 and April 2011.

## 2.0 WORKING GROUP FINAL REPORT

- 2.1 Attached at **Appendix A** is the executive summary of the report and the full report is available at:

<http://modgov.sefton.gov.uk/moderngov/documents/s30929/CAMHS%20Final%20Report%202011.pdf>

- 2.2 **The recommendations arising from the review are set out below and each of these is followed by a management response from the Strategic Director - People:-**

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".

**Response;** There are two elements to this. Firstly the Council and PCT control the strategic planning group or partnership for CAMHS and can re brand the service as requested. However, the service is currently provided through Alder Hey and a change in the way in which they brand the service would be for them to decide. Discussions will certainly be held to try and achieve this.

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 3<sup>rd</sup> 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.

**Response;** The service specification is due for renewal and initial discussions have been held with the provider. A target date for agreeing a revised draft specification has been set for October. This aspect of work can be built into the service specification discussions. There may be an additional cost associated with the publication of materials advertising pathways but if these are placed on the council website and information services costs will be minimal.

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.

**Response;** This will be built into the service specification. There is already a training programme but clearly this is not as effective as it might be. An increase in clinician time spent training would impact on service provision in seeing patients. However, if fewer inappropriate referrals resulted this could prove cost

effective. It is difficult to estimate a cost for this activity but it can certainly be considered within the review of the service specification.

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.

**Response;** The council has a statutory duty to maintain a Family Information Service (FIS). Currently this is web based. It would be appropriate to enhance the information available through the FIS. This will require officer time to produce the appropriate materials and can be prioritised within existing workloads.

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

**Response;** A statementing policy for CAMHS does **not** currently exist.

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.

**Response;** This area is complicated not least due to issues of patient - doctor confidentiality. A statement could be included in the service specification encouraging the sharing of information with schools when this is in the best interest of the service user and where there is parental consent to share.

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.

**Response;** This is recognised as an issue nationally and this is why the existence of comprehensive services for 16 and 17 year olds was recognised as a proxy indicator for comprehensive CAMHS. Whilst comprehensive services do exist problems do persist across the child /adult divide, not least due to different service providers. This has been an issue but discussions are already underway between Alder Hey and MerseyCare to improve service provision and continuity and an agreed transition process is now in place.

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.

**Response;** A number of home visits do take place currently. Clearly the current level is insufficient to meet the needs of clients who have been involved in this process. However, there is potentially a significant additional cost associated with home visiting in terms of clinician time (this would incur travelling time and reduced appointments in clinics). There will always need to be balance here between risk, cost and client need. A cost benefit analysis would need to be undertaken to consider the additional cost as compared to potentially improved engagement with service users. We will also need to consider the lone working

policy of the provider. This can be considered as part of the service specification exercise.

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).

**Response;** This is agreed and it is proposed to take such a report to committee in the autumn.

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

**Response;** Tier 4 placements are currently commissioned by the Strategic Health Authority (SHA). It is not possible to control the flow of demand for tier 4 placements. When demand is averaged over a year there is sufficient capacity but if several cases arise at any one time there may be a need to spot purchase additional capacity. The SHA has commissioned a review of sufficiency and as part of this review is considering alternatives to in patient placements.

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

**Response;** This would be a decision for elected members but if this funding were to be reinstated during the current review an alternative saving of £150,000 would need to be found and this would need to be considered as part of the normal budget setting process.

Significant notice was served on the provider before budget reductions were implemented. This resulted in careful planning and as a consequence it is difficult to discern any negative impact on service provision and during this period waiting times have continued to fall.

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.

**Response;** The provider has managed service reductions through increased efficiency and through voluntary redundancy processes. If effects on service quality do become apparent these will be reported to Overview and Scrutiny.

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.

**Response;** It is proposed that a draft of the revised Service Specification be shared with Overview and Scrutiny at their meeting in November. The implementation of the new service specification would be from April 2012 and so a mini review in autumn 2012 would be appropriate.

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.

**Response;** Regular monitoring of the service is to be established at various levels. Firstly, there are monthly contract monitoring meetings between the PCT and the provider. On a quarterly basis the CAMHS partnership reviews progress and reports this to the Health sub group of the Children's Trust. As noted above the draft Service specification will be reviewed by Overview and Scrutiny Committee and there will be six monthly monitoring reports on the implementation. As noted a new draft service specification is currently being drafted. This draft will be shared with the Childrens Trust Board in September and Overview and scrutiny in Novemeber and any comments / changes incorporated before implementation in April 2012.

The major risk at this time to any development is the uncertain picture regarding national health reforms. This will require close monitoring and could potentially impact upon the responses above.