Sefton Council

OVERVIEW AND SCRUTINY COMMITTEE
(Children's Services and Safeguarding)

CHILDREN AND ADOLSCENT MENTAL HEALTH WORKING GROUP

FINAL REPORT
November 2017

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, Clinical Commissioning Groups 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, along with special thanks to the MAD Group, the working group found that they were most informative.

The Working Group were concerned that the Council and the CCG's still did not have a detailed contract for our CAHMS provision despite the PCT undertaking back in 2011 to set one up.

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 and Safeguarding).

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.

PHSE – Personal, Social and Health Education

SDQ – Strengths and Difficulties Questionnaires

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

The then Overview and Scrutiny Committee (Children's Services) undertook a review of CAMHS, in 2010. The Final Report with the exception of one recommendation, due to the financial implications, was agreed by the Cabinet on 18 August 2011.

The Overview and Scrutiny Committee received update reports in relation to the implementation of those recommendations and whilst the majority of recommendations had been implemented satisfactorily some hadn't. Outstanding concerns in relation to Children transitioning from Children's Services into Adult Services in terms of being admitted onto wards that were inappropriate for young adults and also geographical service delivery relating to the inequality of referral waiting times and thereon after appointment times.

The Overview and Scrutiny Committee (Children's Services and Safeguarding) met on 12 July 2016 and agreed to establish a Working Group to investigate the outstanding concerns in order that improvements could be suggested and a partnership solution arrived at.

2.1 Membership

Minute No. 6 of the meeting of the Overview and Scrutiny Committee (Children's Services and Safeguarding) held on 12 July 2016, sets out the nominated Membership of the CAMHS Working Group, as follows:-

Councillors Bennett, Hands, Keith, Spencer and Webster and Ms. Libby Kitt, Healthwatch Representative.

Councillor Hands was appointed Lead Member of the Working Group.

2.2 Terms of Reference of the Review

- Clarify the regulatory and policy framework for commissioned CAMHS service.
- Clarify the extent of the provision of these services and ascertain the availability for Children and Young people in Sefton in terms of capacity, referrals and quantitative service data.
- Clarify the process by which referrals are expected to be made who can make a referral and how, received and the process for how the referrer is communicated with and what is communicated.
- Clarify criteria by which a referral is screened at first point of contact. This in particular to understand how risk is assessed and managed in early stage of referral to point of treatment.
- To understand the plans put in place for discharge.
- Understand the route back to support.

- Collect the experiences of Children and Young People and in particular explore the experience for Children and Young People with additional needs.
- Ascertain the beneficial outcomes that could be attributed as a result of access to commissioned CAMH services.
- Review the provision of CAMHS against the emerging Children and Young People Emotional Health and Wellbeing Strategy.
- Report to Cabinet on its findings.

2.3 Meetings / Site Visits

The following meetings have taken place:-

Date	Meeting
8 September 2016	Scope Review
11 October 2016	Drafting of Questions for Witness
10 November 2016	Information gathering
5 December 2016	Interviewing Witnesses
13 December 2016	Interviewing Witnesses
17 January 2017	Cancelled by Witness
19 January 2017	Interviewing Witnesses
17 February 2017	Interviewing Witness
15 March 2017	Interviewing Witness
21 March 2017	Interviewing Witnesses
6 October 2017	Interviewing Witnesses

3.0 BACKGROUND

3.1 The Working Group examined the Children and Young People Emotional Health and Wellbeing Strategy that had been developed with Seftons Young Advisors and the Making a Difference (MAD). The Working Group also considered National Policy; Five to Thrive5 Programme; No Health without Mental Health 2011, Future in Mind; Local Transformation Plans; The Five Year Forward View for Mental Health and Mental Health and Behaviour in Schools, a synopsis is detailed below.

National Policy Context

Five to Thrive5 programme

This programme promotes five activities, in order to give children the best start in life. Success of Five to Thrive is founded on the fact that it is not a rigid, one-size-fits-all programme. Rather, an array of resources, tools and training content is available to help tailor a strategy that best fits with local needs and aims. Central to the Five to Thrive approach is the set of five key activities:

Respond · Cuddle · Relax · Play · Talk

These are our 'building blocks for a healthy brain'. They are drawn from research into the key processes of attachment and attainment that forge bonds between young children and their carers. Crucially, they are designed to support positive feedback processes, enabling practitioners to observe and reinforce positive interaction between parents and their children.

No Health without Mental Health 2011

The government strategy for mental health captures the ambition to mainstream mental health in England and gives emphasis to the notion that mental health is everyone's business, as demonstrated by the subtitle 'a cross government mental health outcomes strategy for people of all ages'. A firm emphasis is placed on early intervention to stop serious mental health issues developing, particularly amongst children and its six key objectives detail how:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

Future in Mind.

In March 2015 the Department of Health and NHS England produced a taskforce report. The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

A. Promoting resilience, prevention and early intervention.
B. Improving access to effective support – a system without tiers.
C. Care for the most vulnerable.
D. Accountability and transparency.
E. Developing the workforce.

Local Transformation Plans

In August 2015 guidance was issued to CCGs about developing for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes. Accessing this funding is dependent on demonstrating "strong local leadership and ownership at a local level through robust action planning and the development of publically available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing." These plans will be based on the 2015 Department of Health and NHS England taskforce report 'Future in Mind'. What

is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.
Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

Objectives, actions and investment plans have been developed by bringing together current strategies and priorities and through further discussion with stakeholders.
Investment was released for plans fully assured by NHS England in late 2015/16. This investment supports realistic and viable plans to spend investment within a financial year. Such expenditure must make direct and tangible contributions to the development and implementation of any plan and/or meaningful and immediate improvements in local service delivery, some of the activity may be non-recurrent.

The Five Year Forward View for Mental Health.
In February 2016 NHS England published This report from the independent Mental Health Taskforce to the NHS found half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people, the report finds, get no support. Even for those that do the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. It recognised that a small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances.The report went on to detail that children and young people are a priority group for mental health promotion and prevention

<u>Counselling in Schools</u>
In February 2016, A Blueprint for the Future was published by the Department of Education. This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people. It also sets out the Government's expectation that over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them. It reflects views of children and young people on counselling, as well

as those of schools. It recognises that effective counselling is part of a whole school approach to mental health and wellbeing.

The future expectations are

- The mental health and wellbeing of children and young people is everyone's business. The benefits to the individual and to society in preventing problems from arising, and intervening early where they do, are significant. For schools this can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient pupils.
- The current extent of counselling provision in schools, alongside a range of other interventions and support programmes for pupils, makes it clear that many schools already recognise the value of making counselling services available in school settings. Schools have adopted a wide variety of approaches, and prioritised this within their existing funding, whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.
- While in some cases school based counselling services may have been introduced to address problems with access to services `outside of schools, it is clear that they are not only an established part of the school landscape, but play a significant role in overall provision of mental health services for children and young people.
- There is a strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.
- For the many schools that already have counselling services in place, the priority is to address the areas for development identified above. We want to support schools to ensure that the services they offer are of high quality, delivering value for money and improved outcomes for children and young people. This guidance draws on the direct experience of schools, the views of children and young people about counselling, and advice from an expert group drawn from key organisations.8 Many of these organisations have produced more detailed guidance and research which is referenced at the end of this document, and which schools may also wish to draw on in developing their services.
- The policy affirms that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Some of the whole school actions will be focused on
    - Improving wellbeing and resilience
    - Raising awareness of mental health through the curriculum
    - Promoting staff health and wellbeing
    - Reducing the stigma around mental health
    - Interaction with the pastoral system

- Leadership role

Mental Health and behaviour in schools.

In March 2016, the Department of Education published advice for school staff This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

The key points are that

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.
- Where severe problems occur schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the pupil and their parents/carers should always be considered.
- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways.
- There are resources available to help school staff support good mental health and emotional wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice for staff on children and young people's mental health and can help to sign post staff to targeted resources when mental health problems have been identified.
- Schools should consider if their pupils would benefit from the offer of school counselling services. The Department for Education has published advice on how to set up and improve schools counselling services. Additionally, Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with children and young people.
- There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur.
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children's Services and local Healthwatch are statutory members.

- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources.

4.0 WORKING GROUP APPROACH

4.1 Sefton Council in partnership with Sefton Clinical Commissioning Group for South Sefton and Southport and Formby, commissions Alder Hey Children's Hospital to provide a CAMH Service to Sefton as a whole. The Overview and Scrutiny Committee (Children's Services and Safeguarding) made a decision to review the Service as a result of some of the same concerns raised back in 2010 when the original review was undertaken regarding alleged unacceptable referral waiting times, discrepancies regarding funding and inconsistent provision of service across the Borough (inconsistent and fragmented support).

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, Head Teachers Association and Voluntary Groups who provide support 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. Estimates suggest that mental health problems affect approximately one in ten children (figures drawn from a survey conducted in 2004 which looked only at people aged 5 to 15 years, so is likely to underestimate the current position for children and young people of all ages).
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. A review dedicated to this cohort of Service Users has been established.

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 INTERVIEWING WITNESSES

7.1 At their first meeting, Working Group Members scoped the review. 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 Working Group met to draft a guide to the lines of enquiry that should be followed when questioning key witnesses.

7.2 Witnesses' evidence has been referred to within the following paragraphs in relation to findings and evidence.

7.3 The following witnesses were interviewed:-

- Ms. Debbie Fagan and Mr. Peter Wong, Clinical Commissioning Group for South Sefton and Southport and Formby Clinical Commissioning Groups
- Sefton Council - Director of Social Care and Health, Mr. Dwayne Johnson and the Head of Children's Social Care, Ms. Vicky Buchanan.
- Sefton – Making A Difference Group (MAD) along with Ms. Karen Gray, Corporate Parenting and Participation Officer.
- Services Users (Parents) also received written evidence
- Fiona Taylor, Chief Officer for South Sefton and Southport and Formby Clinical Commissioning Groups; and
- Representatives from Alder Hey.

The Working Group invited VENUS to attend a Meeting but unfortunately the representative had to cancel at the last minute. The Working Group also approached the Head Teachers Association and SASH but unfortunately never received a response.

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

There needs to be more early intervention at Tier one and two to avoid escalation into the more complex Tiers.

The experience never worked for me, I had therapy on and off for years at Waterloo 3 TC. The waiting times were too long. It would have been more beneficial to meet away from a building maybe by going out for a walk or doing something rather than meeting in a clinical setting.

The service never asked for direct feedback from service users.

I had various issues that I blocked out, I went into care and had to get on with it, I was never signposted to CAMHS or to any Voluntary Groups available. Having access to such services could have helped me come to terms with the events that I was going through.

My mum passed away when I was 17 and I was referred to Parenting 2000, this was of help. I went for bereavement counselling and I was told I was too optimistic. Looking back it would have been really helpful to have had a mentor in School. Two Children I know had mentors in School and they valued them.

I was 16 when I fell pregnant. My Mother kicked me out of the family home. There was a lack of continuity in terms of the support I received. I was diagnosed with depression and anxiety and so the baby was living with its Dad. I was transitioning from Child Services to Adult Services and Merseycare kept cancelling my appointments and if the appointments were kept it would be a different person so I had the ordeal of telling my story over and over, I found this emotionally draining. In my opinion there is a gap in the availability of specific services for 18 – 25 year old Looked After Children.

I found it more beneficial working with my key worker, it was more therapeutic.

"It would be beneficial to have a Leaving Care Mentor for ages 18 – 25"
"Post 18 years – I worry that they don't receive the emotional support that they may require"

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.

Parents Story:

"I have had a long battle trying to get a CAMH Service for my Daughter. I had problems getting her into School, it got to crisis point and she ran away from home. My G.P. referred her to CAMHS, at the assessment they stated that my case wasn't an appropriate case for CAMHS. There wasn't any support from the School. Each time there was an issue I had to phone the Police and they aren't equipped to deal with Children who have emotional difficulties. My Daughter threatened my Son and I with a knife, the CAMHS crisis team weren't working as it was a Bank Holiday. After that incident the CAMH Service undertook an assessment but they refused to offer the care at home and my Daughter wouldn't engage in a clinical setting so she was discharged. In total 9 appointments were made with the Social Worker who never attended. I found it upsetting when I was offered a parenting course, like it was my parenting that had failed my Daughter. Ultimately I felt like I had no support or help from the CAMH Service, Social Worker or School"

Parents Story:

"I feel like everything is down to me, I feel isolated with no help. I complained to the responsible Officer for Schools in the Council. The School stated that my child didn't meet the criteria for additional help, I've been asking for help since my child was 5 years old and is now 10 years old".

Parents Story

"My Daughters journey with CAMHS began when she was 6 years old, the School nurse referred her to CAMHS after she had a meltdown over the Christmas period and was threatening to kill herself. We had 6 sessions and then she was discharged. My Daughter found it difficult to maintain friendships, she had to go through little routines before doing the everyday things. At home she was displaying anxiety issues. Well Young People (WYP) have been brilliant in supporting her and the family in the transition to High School. A learning mentor was assigned to her at the age of 14, she was always tearful, any breaks in routine were barriers. She started self-harming, I made arrangements through the SEAS project for my Daughter to see a Counsellor who worked with my Daughter but she was still self-harming. As a family we sort out a private psychologist in Manchester who stated that my Daughter had a Social Communicative Disorder. My Daughter will be 18 soon and so will not be able to access the CAMH Service. It would be helpful if the Service went up to age 25 for all. I believe that the transitioning will be with Merseycare but I am not sure what the plan is. I knew that my Daughter had issues and it would have been more helpful if we'd been believed all those years ago instead I was told it was a parenting issue."

Parents Story:

"My Son is nearly 18 years old, we went through some bad times. My Ex Partner had issues which meant that they were bouncing off one another".

"There was no continuity with assigned Social Workers".

"He went to one particular place which didn't cater for his needs".

"Signposting to services was poor and needs to be improved with an explanation of what services are available".

I believe you would like info about people's experiences of CAMHS in Sefton.

Ours has been disgraceful. Our so-called case manager decided he knew better than a multitude of other professionals including the top paediatrician on Merseyside, refused to read my child's history, failed to understand or 'believe in' PDA, failed to communicate, offered nothing of any use, failed to even keep proper notes of sessions, and then blatantly lied about it.

When I put in a complaint about his lack of support he chose to go against all professional advice, and put in a vindictive social services referral accusing me of inventing my child's difficulties for my own gain. (Munchausen's by Proxy, which is actually a lot rarer than PDA, perhaps if he'd bothered to educate himself he would have known that.) This happened at the end of March 2016, on the VERY LAST day of his contract with Sefton, after he had not actually seen my son since May 2015.

This was disgusting unprofessional behaviour from someone in a position of trust, and he abused that trust. He acted like a spoiled child and in my opinion should be struck off as unfit to work with vulnerable families.

I am still waiting for the complaint to be properly investigated by the Health Ombudsman as Alder Hey's response was 'poor timing'. This does not come anywhere near close to an adequate response.

I hope lessons have been well and truly learnt, and that CAMHS educate themselves about autism and other conditions. I am aware that some staff have recently attended PDA training, this is a start, but not enough on its own.

We are now seen by Liverpool CAMHS, but still yet to receive any useful help.

Healthwatch complaints:

1) 6 month wait for daughter to be seen at CAMHS. Daughter is 13 years old and suicidal and self harming. The school have referred her in. Mum has said the school have been brilliant with her but she has no support at home. Mum has phoned Alder Hey to see if they have a crisis team but they have said if she goes in it would have to be through A&E and referred again from there. Mum stated if she took her daughter into A&E she would be able to hide it anyway. Mum stated this is affecting the whole family and she has a 15 year old son who is doing exams this year but he is so worried about his sister.

2) Having trouble with where to go with her son, who is 11, and has extreme behavioural problems. Has been for a general physical check up at Alder hey after referral from GP. Was then sent to CAMHS. CAMHS refused to continue as there was a 'chaotic home environment' - this seemed unfair because this chaos was being caused by her son who they were supposed to be helping. Has been trying to get him proper help for years but still getting nowhere - a social worker has got involved and pushed for him to be seen by CAMHS again. he is getting older now and has hit her & been violent over the years, she feels it's getting worse. Is on a waiting list for CAMHS but feels the process has been very long and difficult.

3) Referred to CAMHS by paediatrician. Has been referred to Liverpool CAMHS for assessment, due to a complaint which is ongoing with Sefton CAMHS. However after the assessment in Liverpool, he will be sent back to Sefton CAMHS - feels this isn't right. Due to CAMHS for Merseyside being funded by Alder Hey, all are interlinked. Wants to come away from the places being complained about and make an individual funding request to get him transferred to Lancashire CAMHS, given this would be less physical distance from their house than Liverpool.

4) Waiting too long with little support. I have had trouble finding mental health support for my son, who is 11 and has behavioural problems. He has been for a general physical check up at Alder hey after being referred by a GP. Was then sent to CAMHS – was going okay but then CAMHS refused to continue the treatment. This is unfair because CAMHS are involved because we needed the support. For years I wanted him to have proper help and support from mental health clinicians but we still haven't achieved this. A social worker became involved and pushed for him to be seen by CAMHS again. As he is older now and has been violent over the years, it is crucial we get some consistent support in place. My son is now on a CAMHS waiting list. This whole process has been very long and difficult.

7.5 The Working Group concluded its work by interviewing representatives from Alder Hey, who stated that its priority was to provide the best services to Children and Young people with a view to, as far as possible, ensure that Sefton was an area whose Children and Young People where emotionally well.

7.5.1 Members of the Working Group were keen to follow up concerns raised by key witnesses in relation to the transition arrangements. It was highlighted that concerns raised back in 2010 when the initial review took place where still apparent.

7.5.2 The representatives from Alder Hey stated that they were working with Merseycare to make the transitioning experience a smooth one and referred to the following improvements that had already been incorporated:-

- Transition Step by Step Guide.
- Transition Planning Checklist.
- CAMHS discharge and transfer of care referral template.

7.5.3 Representatives from Alder Hey provided the following information/evidence

(A) Sefton CAMHS vision

Through excellent clinical leadership create an environment in which staff are valued and empowered to provide high quality compassionate care.

To provide child, family focussed, effective, evidence based, efficient, high quality and safe interventions for children and young people with serious mental health difficulties and complex emotional and behavioural difficulties.

Encourage clinicians to be creative and innovative to provide an accessible, fair inclusive service including the hard to reach populations.

Work together with children and families in an honest and transparent way.

Create a nice, clean, bright, friendly, safe and containing environment from where clinicians will work and from where care will be delivered.

(B) Service Transformation CYP-IAPT

Sefton CAMHS (Alder Hey) is the lead agency for the Sefton Improving Access to Psychological Therapies Partnership for Children and Young People (CYP-IAPT) NHS England driven initiative for service transformation with 4 key concepts:

Participation – Sefton CAMHS has a young person and parent participation group and links/works in partnership with a Sefton-wide participation group to ensure an

active service user voice flourishes in Sefton and in particular with regard to Mental Health.

Routine Outcomes – we are working towards producing regular outcome reporting and increasing our pre and post data in line with IAPT ideals. Please see recent data later in the report.

Access (including self-referral) – We accept self-referrals and work with our partner agencies and commissioners to offer easier and quicker access to service when needs suggest these services are required.

Training for Evidence Based Programmes – 50% of our current staff have been facilitated to access CYP IAPT training programmes and we offer supervision and support to our Partnership to enable their employees to access these training packages.

(C) Service Delivery

Sefton CAMHS Activity Data:
October 2016-August 2017

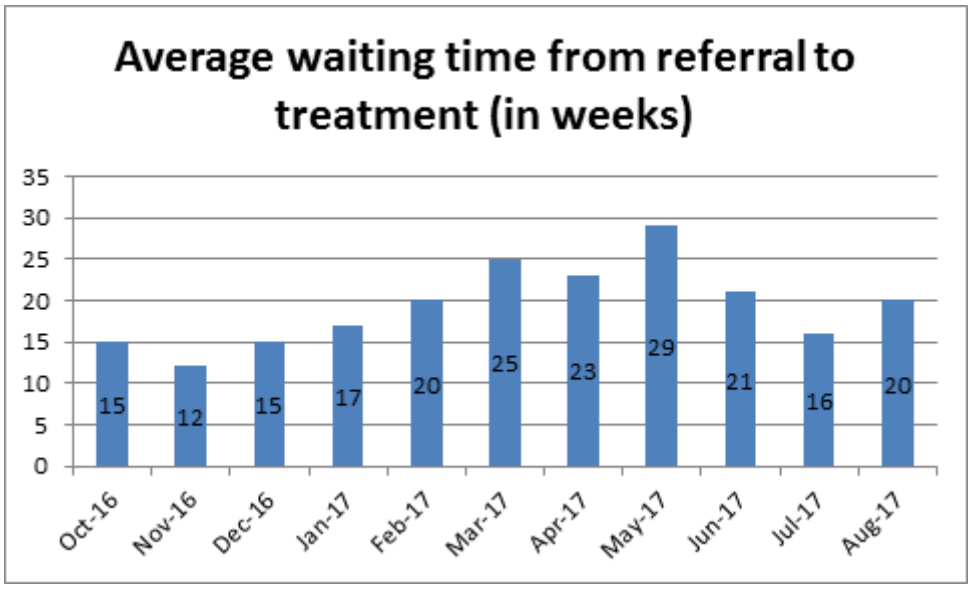
Referrals: All referrals for planned care are received via the SPA. Not all referrals into the service are appropriate. In these instances we try wherever possible to re-direct referrals to the most appropriate agency/service that can meet the specific needs of the child.

	Referrals Received	Accepted for Assessment
Mar-16	104	69
Apr-16	87	64
May-16	135	98
Jun-16	111	85
Jul-16	94	65
Aug-16	79	61
Sep-16	144	101
Oct-16	114	79
Nov-16	140	96
Dec-16	116	78
Jan-17	133	77
Feb-17	159	80
Total	**1416**	**953**

Comparison with neighbouring provider 5BP NHS Trust (this data is from 2016 figures as unable to make comparison for 2017 as lack of data available)

	Alder Hey	5BP (data from local transformation plan)
Referrals Received	1372	1137
Assessments Undertaken	974 (71%)	734 (65%)
Conversion to treatment	409 (42%)	204 (28%)
Average Wait referral to assessment	14	30
Average Wait assessment to treatment	52.5	58
Average wait referral to treatment	66.5	88
Service Caseload	528	298

Of the cases assessed (offered a Choice appointment) an average of 42% go on to treatment. This is based on a comprehensive assessment of need and mutual agreement between the child/family and the clinician.



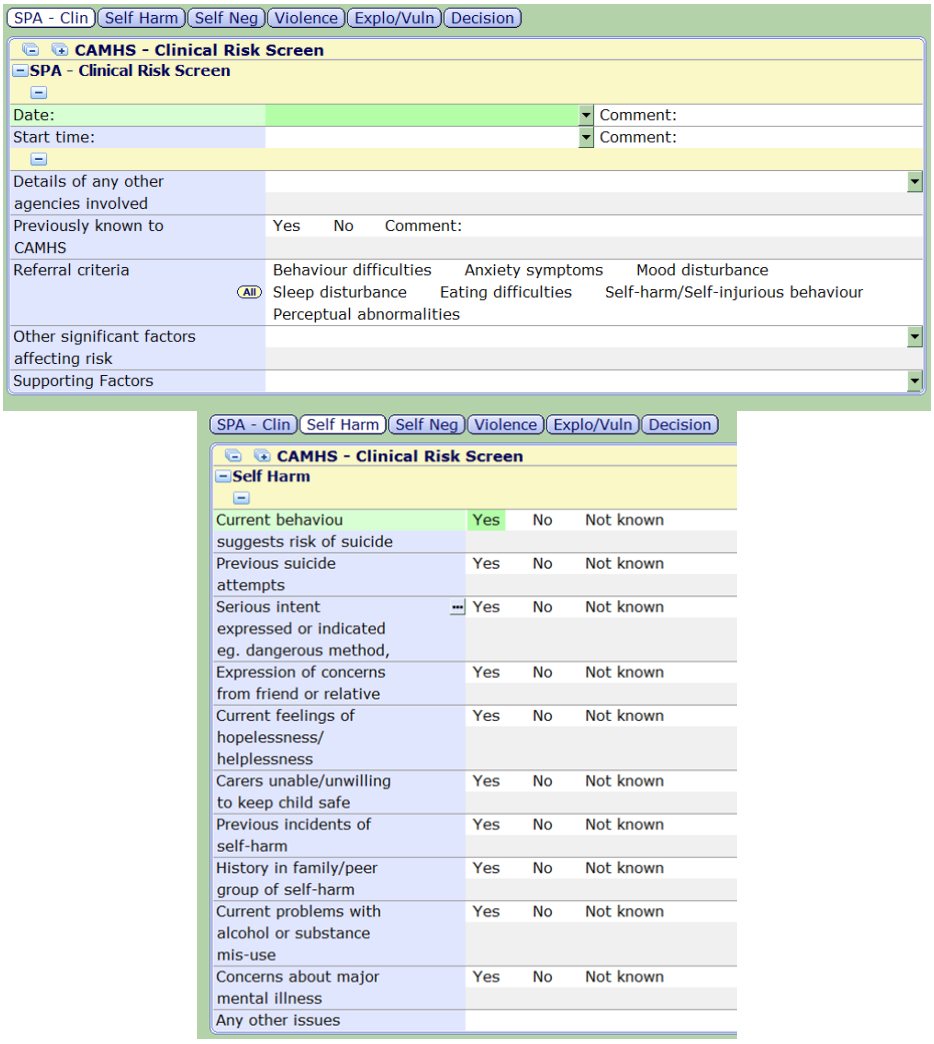
There are no national waiting times target from CAMHS and access and waiting times for CAMHS is an issue nationally. As you will see from the graphs above, waiting times for our service had decreased significantly until June this year. At that time disinvestment from the local authority, staff sickness and staff leaving had a negative impact. Waits have increased and we have an action plan to bring waits down.

We anticipate national wait times will have a 12 week referral to treatment target and we hope to be compliant with these waiting times when they are introduced.

(D) Providing a safe service

Risk Assessment and Management:

All referrals received are triaged by Single Point of Access (SPA) staff using a clinical risk screening tool. Referrals identified as urgent are seen within a maximum of 2 weeks and those deemed 'routine' will be placed on the routine waiting list (currently 16 weeks). The clinical risk tool is re-visited at both Choice Appointment (Assessment) and again at commencement of treatment. Young people requiring emergency treatment are seen the same day via the Emergency Department.



Our Single Point of Access is staffed by highly skilled and experienced mental health nurses (RMN's) and mental health practitioners (MHP's). In addition there is a named Consultant of the Day to provide senior medical overview and support.

(E) Staffing

	Sefton Specialist		*Single Point of Access (Sefton and Liverpool)*	
Category	***WTE***	***Amount***	***WTE***	***Amount***
Administration	***6.8***	***8***	***6.7***	***7***
Clinical Staffing	***20.4***	***24***	***14.78***	***15***
Medical Staffing	***2.4***	***3***	***2***	***3***
Managerial	***2***	***2***	***1.5***	***2***
Total	***30.3***	***37***	***24.98***	***27***

Clinical Staffing comprises:

- Clinical Psychologists
- Psychotherapists
- Nursing
- Family Therapists
- Mental Health Practitioners (social workers, other therapists)

Medical Staffing comprises Consultant Child & Adolescent Psychiatrists

All staff are required to maintain registration with their core professional bodies and receive robust clinical and managerial supervision to ensure clinically safe practice.

(F) Governance

All clinical staff are offered at least 1.5 hours of clinical supervision per month. This is consistent with professional guidelines. In addition, more junior staff are offered additional supervision (band 5 keyworkers offered weekly supervision, band 6 staff offered 2-3 weekly supervision).

Within Sefton CAMHS there are 3 multi-disciplinary teams (MDT). Each MDT meets weekly for 2 hours. During these meetings any children/young people who are at risk are discussed to review risk management strategies and clinically review the intervention. We also discuss any children/young people where progress is not being made, to review whether any additional work should be offered. Children/young people who are new to the service are discussed and the formulation/treatment plan reviewed. Successful outcomes are also shared.

In addition to the weekly MDTs, we hold a weekly staff meeting. This rotates between staff well-being, business, special interest groups and Continuing Professional Development (CPD). Recently, CPD topics have included incident reporting, information governance and transition.
Our Head of Quality provides a monthly quality update which includes information on incidents reported, PALS/complaints and friends and family feedback. Any actions arising are recorded and a plan developed to meet the needs.

(G) Clinical Outcomes & Quality Measures

Routine Outcome Measure:

Number of cases discharged from January – June 2017. N= 226

1. **RCADS & SDQ**

Number of cases with at least one T1 measure	145 (64%)
Number of cases with a paired outcome measure	49 (22%)

2. **RCADS**

Number of cases with T1 measure	132 (58%)
Number of cases with T2 measure	44 (20%)

Subscale	**Average Score**		
	T1	**T2/T3**	**% Change**
Total Anxiety Scale	50	31.85	33%
Total Internalising Scale	63.0	41	34.5%

3. **SDQ**

Number of cases with T1 measure	70 (62.5%)
Number of cases with T2 measure	35 (16%)

Subscale	**Average Score**		
	T1	**T2/T3**	**% Change**
Total Difficulties	18.4	11.5	38.4%
Total Impact	5.4	1.8	60%

(H) Experience of Service Questionnaire:

Recently we completed a week long dip test for parent and young person experiences of our service using the Experience of Service Questionnaires. 28 questionnaires were completed by parents and 12 by children and young people. The qualitative findings were as follows:

For Parents:

100% of parents reported that the person who saw them listened to them and was easy to talk to.

100% of parents reported that they were treated well by the service and that the help they received was good.

97% of parents reported that the person they saw knew how to help them.

91% of parents reported that they were given enough explanation about the treatment and that professionals were working together. The rest of the parents reported that this was partly true.

89% of parents reported that they views were taken seriously and 86% of parents reported that they would recommend the service to a friend. Again the other parents reported that this was partly trust.

Only 80% of parents felt that the appointments were easy to get to and the facilities were comfortable.

Only 74% of parents reported that the appointments were at a convenient time.

For young people:

100% of young people reported that their views were taken seriously and that they were treated well by the people who saw them.

100% of young people reported that they had enough explanation of their treatment and the people who saw them were working together.

100% of young people said that the appointments were easy to get to.

100% of young people reported they would recommend the service to a friend and that the help they received was good.

95% of young people reported that the person they saw knew how to help them and the person they saw listened to them.

94% of young people reported the facilities were comfortable.

50% of young people reported it was totally true that the person was easy to talk to, 35% said this was partially true.

73% of young people said appointments were at a convenient time.

From the written responses that were given we were able to enter the words into a programme which provided a pictorial representation. The larger words are those mentioned more often. The larger the font the more that word or them featured in the written feedback on the questionnaires.

7.5.5 Members of the Working Group acknowledged that the unacceptable appointment waiting times were not unique to Sefton and this was a National issue however Members were concerned that there didn't seem to be any improvements made since the initial review in 2010.

7.5.6 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.

7.5.7 There didn't seem to be any positive feedback from the majority of key witnesses regarding CAMHS which contradicts the survey undertaken by Alder Hey, detailed analysis above. The same frustrations that were raised by Sefton's service users in 2010/2011 were evident and they were in relation to waiting times, missed/cancelled appointments and processes. Pre and after- care were highlighted as being just as important.

8.0 FINDINGS/CONCLUSIONS

8.1 In 2010/11 a Working Group of Members appointed from the then Overview and Scrutiny Committee (Children's Services) undertook a review, investigating CAMHS. It was disappointing to learn that issues with regards delayed waiting times for those requiring accessing to CAMHS had not improved. Evidence received from parents, young adults (representatives from the MAD group), Clinical Commissioning Group representatives and representatives from Alder Hey illustrate this. Working Group Members felt that they were left with no other alternative than to suggest that the Clinical Commissioning Group for South Sefton and Southport and Formby be requested to issue a statement to Alder Hey expressing concerns regarding all waiting times within the referral into the CAMHS process (Reference Recommendation 1)

8.2 During the investigation and interviewing key witnesses it became apparent that there seemed to be an alleged knowledge gap in teachers understanding Children who are emotionally challenged. An invitation was sent to the Head Teachers Association to attend a meeting of the working group, unfortunately a response to that invitation wasn't received. Members of the Working agreed that some training should be provided to key staff in Schools in order that the signs of emotionally challenged children could be picked up early and a mentoring scheme introduced – early intervention and prevention is key to preventing Children and Young People escalating into the more complex areas of CAMHS. (Reference Recommendations 2 and 3)

8.3 Throughout the investigation the lack of quality signposting with an explanation of services available was echoed. Working Group Members were surprised to hear of support groups available that were unknown to them. Members of the Working Group felt that if they didn't know of some of the services available then neither would the majority of residents. (Reference Recommendation 4)

8.4 Representatives from the Making A Difference (MAD) group referred to the transition arrangements into adult services as being poor with weak joined up working. The representatives from Alder Hey had made reference to some changes that have been made however Members of the Working Group agreed that a gap remained in transition for all Children and Young People including Looked After Children. (Reference Recommendation 5)

8.5 There is a wide recognition of the vital role that schools play in supporting the mental health of their pupils. From tackling bullying, to identifying the early signs of mental health problems, to promoting wellbeing through all aspects of school life, schools are well placed to support children and young people with their social, emotional and mental wellbeing. Positive relationships between staff and pupils are also important, as teachers may be among the first adults

to notice the signs that a child or young person's mental health is deteriorating.
Drawing on evidence received, Members of the Working Group agreed that social stigma associated with mental health (emotional wellbeing) issues still existed. Members were keen to see Schools promote health, emotional and wellbeing in educating Children and Young People from an early age. There was a view that this could also provide opportunities for Early Intervention and Prevention measure to be put in place which could prevent issues escalating. (Reference Recommendation 6)

8.6 The Lead Member, Councillor Hands wrote to the Rt Hon Norman Lamb raising concerns with regards funding that had been released to be used for children's mental health issues. The response received was:

"The final Coalition budget secured an additional £1.25bn for children's mental health funding, to be spread over five years (i.e. £250 million a year).

However, in the first year of the programme (2015-16), only £143m was released by the Government. This was broken down as follows:

- £75m - Clinical Commissioning Groups
- £21m - Health Education England
- £15m - Perinatal care (£11m underspend)
- £12m - Improving Access to Psychological Therapies programme
- £10m - Hospital beds
- £5m - Administrative costs for NHS England (£4m) and Department of Health (£1m)
- £2m - Improving care for young people in the justice system
- £2m - Joint programme with Department for Education to improve services in schools
- £1m - Support for children with learning disabilities in long-term care

In the second year of extra funding (2016-17), research by the charity Young Minds revealed that only 50% of CCGs increased their CAMHS spend by as much as their additional government funds. The other half are using some or all of the extra money for other priorities. Part of the difficulty is that the funding has not been ring-fenced and is included as part of the CCG's baseline allocation. As a result, it is thought that some of this money is being diverted to keep other services afloat".

Working Group Members agreed that the funds released to Clinical Commissioning Groups to be used for children's mental health should be used for just that. Members urge the Director of Social Care and Health in consultation with the Head of Children's Social Care to work in collaboration with the Clinical Commissioning Groups for South Sefton and Southport and Formby to release funds to the CAMH Service and more specifically Tier 1 and Tier 2 to invest in Early Intervention and Prevention, without delay. (Reference Recommendations 8 and 9)

8.7 Members of the Working Group requested the representatives from the Clinical Commissioning Groups for South Sefton and Southport and Formby to provide a detailed analysis of how funding was spent in relation to CAMHS. Unfortunately this information has yet to be provided. (Reference Recommendations 8, 9 and 10)

9.0 ACKNOWLEDGEMENTS AND SUPPORTING INFORMATION

9.1 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.

9.2 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.

9.3 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.

9.4 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)

RECOMMENDATIONS

(1) That the Clinical Commissioning Group for both Southport and Formby and South Sefton be requested to issue a statement to Alder Hey expressing concerns regarding all waiting times within the referral into CAMHS process and notifying them that unless improvements are made within a reasonable timescale (6 months) then notice will be given to terminate the contract;

(2) That the Head of Schools and Families in consultation with the Head of Children's Social Care be requested to investigate with all sectors of schools and colleges the feasibility of providing Emotional Health and well-being training to nominated staff working in Sefton's Schools;

(3) That the Head of Schools and Families in consultation with the Head of Children's Social Care be requested to work with the Head Teachers Associations to investigate establishing an Emotional health and well- being mentoring scheme.

(4) That the Head of Children's Social Care in consultation with Sefton CVS, be requested to provide a comprehensive list of all voluntary and charity groups that work with emotional health and wellbeing, publishing the list on the website, the Councils website and disseminating the information to all Schools throughout the Borough, signposting individuals to all the groups available;

(5) That Merseycare be requested to investigate setting up a transitional arrangement in the Borough for outreach facilities for CAMHS ages 16 – 19 years (25 years for Looked After Children);

(6) That the Head of Schools and Families in consultation with the Head of Children's Social Care be requested to work with the Head Teachers Associations to consider incorporating Emotional Health and well-being into the Personal and Social Education Curriculum.

(7) That the Head of Regulation and Compliance be requested to approach Alder House with a view to extending an invitation to all Members of the Overview and Scrutiny Committee (Children's Services and Safeguarding) to attend a site visit to Alder House;

(8) That the Director of Social Care and Health in consultation with the Head of Children's Social Care be requested to work in collaboration with the Clinical Commissioning Group for both Southport and Formby and South Sefton, be

requested to identify and release funds to Emotional Health and well – being specifically Tier 1 and Tier 2 to invest in Early Intervention and Prevention;

(9) That the Chief Officer for both South Sefton and Southport and Formby Clinical Commissioning Groups be requested to notify the Head of Regulation and Compliance of the re-aligned budget allocation for Children and Adolescent Mental Health Services in Sefton as a result of Recommendation (8) above;

(10) That the Chief Officer for both South Sefton and Southport and Formby Clinical Commissioning Groups be invited to a future Meeting of the Overview and Scrutiny Committee (Children's Services and Safeguarding) to present it's budget allocation for Children and Adolescent Mental Health Services in Sefton;

(11) That the Head of Schools and Families in consultation with the Head of Children's Social Care be requested to provide an annual update in relation to the implementation of recommendations to the Overview and Scrutiny Committee (Children's Services and Safeguarding); and

(12) That the Cabinet be requested to refer the Children and Adolescent Mental Health Services Final Report to the Health and Wellbeing Board for information and comment.

For further Information please contact:-

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Sefton Council