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Scrutiny
Improving Public Services

Children & Adolescent Mental Health Services (CAMHS)

The First Interim Report of
A review by a Task & Finish Group of the
Health Overview & Scrutiny Committee

May 2009

Essex County Council

Content

Preface

Councillor Susan Barker
Chairman
Essex County Council
Health Overview & Scrutiny Committee

Protecting the wellbeing of our children and adolescents is one of the most important responsibilities of public services within Essex. An essential element of this is the provision of a Children & Adolescent Mental Health Service (CAMHS).

The Essex Health Overview & Scrutiny Committee is as interested with their mental stability as it is with their physical wellbeing. It is also aware of parental concerns around the need for speedy access to CAMHS, hence the decision to establish a small Task & Finish Group to review this important service.

The Group's work was initially deferred pending the outcome of the 2008 Joint Area Review inspection of the Schools, Children & Family Service. This is therefore an interim report presented as a milestone in what should be an ongoing piece of work following the County Council elections in June 2009.

Whilst much work stills needs to be done, particularly seeking further evidence from service users, it has been possible for the Group to reach a number of findings and recommendations. As Chairman of both HOSC and the CAMHS Task & Finish Group I am pleased to commend these on behalf of the Group and support the proposal that a similar Group be re-convened by the July 2009 meeting of HOSC to complete this important review.

Councillor S Barker
Chairman
Essex County Council
Health Overview & Scrutiny Committee

Glossary of terminology

BESD	Behavioural Emotional and Social Difficulty
BIP	Behaviour Improvement Partnership
SEAL	Social and Emotional Aspects to Learning
CAMHS	Children & Adolescent Mental Health Service
DSG	Dedicated Schools Grant
GP	General Practitioner
HOSC	Health Overview & Scrutiny Committee
LDG	Local Delivery Group
NSF	The National Service Framework for Children and Young People, published in 2004 by the Department of Health & the Department of Education & Skills. Standard 9 sets out the standards for Child and Adolescent Mental Health Services.
WTE	Whole Time Equivalents
CFCS	Child and Family Consultation Service
TASCC	Teams Around Schools Children and Communities
YOS	Youth Offending Service
SS	Social Services
BAP	Behaviour and Attendance Partnership
ISS	Intensive Support Service
PRU	Pupil Referral Units
BCFPI	Brief Child and Family Phone Interview
CYPSP	Children and Young Peoples Strategic Partnerships
EP	Educational Psychologist
APA	Annual Performance Assessment
Ofsted	Office for Standards in Education, Children's Services and Skills
CSCF	Civil Society Challenge Fund
DFID	Department for International Development
PCTs	Primary Care Trusts

Tier 1 - Universal workforce

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 justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2 - Targeted provision

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, assessments (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

Tier 3 - Specialist community provision

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.

Tier 4 - Specialist inpatient provision

These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (for children who have been sexually abused, for example), usually serving more than one district or region. Practitioners working in CAMHS will be employed by a range of agencies.

Many (but not all) of those working at Tier 1, for example, will be employed directly by the PCT or the local authority. CAMHS specialists working at Tier 2 are less likely to be working for the PCT (although some of them might be), and more likely to be working for another NHS trust (or local authorities in the case of educational psychologists).

Most practitioners working in the more specialised services at Tiers 3 and 4 will usually be working for other types of NHS trust (such as mental health trusts, acute trusts or care trusts, for example).

Clear supervisory arrangements and structures should be in place to ensure accountable and safe service delivery. Where service delivery demands effective partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education.

Summary

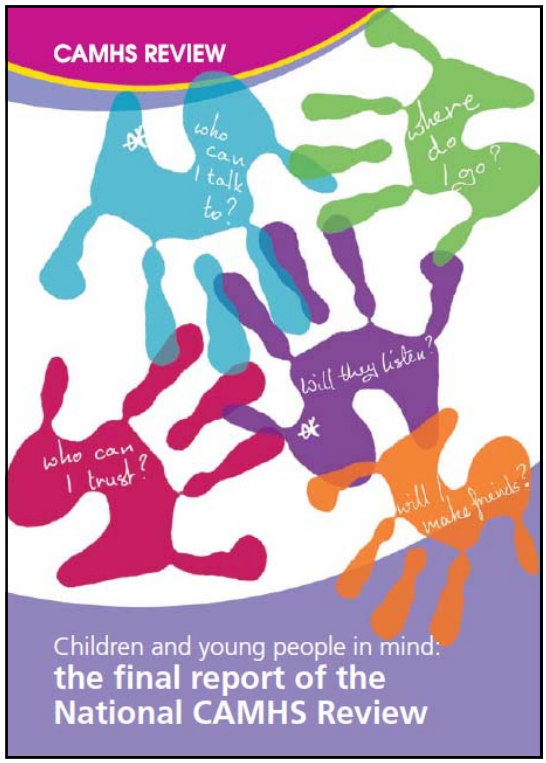
This interim report is intended as a milestone in an important scrutiny investigation that the Group who undertook it recommend should continue following the County Council's elections in June 2009.

It outlines the activities undertaken by Members in reviewing the important provision of mental health services to children and adolescents within Essex. In addition to receiving briefings on the level of need and current service provision, Members of the Task & Finish Group interviewed a number of professional witnesses.

Recognising the need to draw their work to an interim conclusion before the elections, there was insufficient time available to test appropriate aspects of the evidence against the views of service users. It would also have been beneficial to take evidence from a sample of schools throughout the County.

The report is detailed, seeking to bring all the evidence collected into a single document to make it easier for any successor group to take the work forward.

From the evidence collected to-date it is clear that the need to address some of the resource issues is both recognised and being addressed. There is a county-wide CAMHS Strategy and a clearly defined business case that seeks to match provision against need. Delivery against the CAMHS Strategy is one of the tasks that should be undertaken by any successor scrutiny group.



Mental Health however is not yet seen to be everyone's business across Essex. This is an important recommendation arsing from the national CAMHS Review and there is need to develop as such this should be a priority for all public sector organisations.

Whilst this is an interim report, the Group were able to reach a number of findings and recommendations. For ease of reference they have been summarised on the following pages with the detailed evidence forming the remainder of this report.

The recommendations will be monitored not only as part of any ongoing scrutiny review but also as part of the formal scrutiny monitoring process.

Findings	Recommendations
Finding 1 The proposals in the Business Case to support the delivery of Comprehensive Tier 2 and Tier 3 CAMHS Service are to be welcomed.	**Recommendation 1** Following the June 2009 County Council elections, the HOSC should reconvene the CAMHS Task & Finish Group to monitor: • the delivery against and impact of the Business Case to support the delivery of a Comprehensive Tier 2 and Tier 3 CAMHS Service • Any amendments to the Business Case in the light of the BCFPI pilot **Owner:** Chairman of HOSC **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011
Finding 2 The various access routes into the four tiers of CAMHs is complex and difficult to understand, with a lack of clear signposting across the County although it is accepted that the pilot BCFPI is one potential solution to this.	**Recommendation 2** Any reconvened CAMHS Task & Finish Group should take evidence from current and previous service users. **Owner:** Chairman of HOSC **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011
Finding 3 Mental Health is not seen to be everyone's business across Essex, and there is a need for further training and education of the universal workforce in schools, children's centres, TASCCS, GP Practices etc.	**Recommendation 3** The need to develop a culture whereby the mental health of children & young people is seen to be everyone's business should be a priority for all public sector organisations. **Owner:** Chief Executives/Chairmen of all Public Services in Essex **Implementation Review Date:** December 2010 **Impact Review Date:** December 2011
	Recommendation 4 The SCF Directorate should develop a guidance document for schools on how to handle mental health issues. **Owner:** Executive Member for Children **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011

Findings	Recommendations
	Recommendation 5 There should be an increase in outreach work targeted towards children who are educated either at home or within the private sector; and who may be in need of mental health support. **Owner:** Executive Member for Children **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011
Finding 4 If adequately resourced, the TASCCs provide an integrated model for delivering Tier 2 mental health services to children & young people	
Finding 5 There are significant organisational and resource issues which prevent the TASCCs from providing speedy access to Tier 2 services but these have been acknowledged and are being addressed within the department's review of TASCCs'	**Recommendation 6** The Executive Director's review of the TASSC structure and operation should be completed as a matter of urgency; and that the success of that review in respect of CAMHS Tier 2 Services should be reviewed in November 2009 and incorporated into the proposed review of the overall CAMHS Business Case by a reconstituted HOSC Task & Finish Group - (see recommendation 1). **Owners:** Executive Member for Children & Chairman of HOSC **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011
	Recommendation 7 The ECC Transitions Group should review how the transition from Children's to Adult Services works in respect of Mental Health Services and draw the attention of HOSC to any need for further scrutiny of this matter. **Owners:** Chairman of the Transition Group **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011

Findings	Recommendations
Finding 6 The BCFPI pilot screening tool could be an important element of the CAMHS strategy and Members should be kept informed of progress.	**Recommendation 8** A reconvened HOSC Task & Finish Group should monitor the success of the BCFPI pilot scheme. **Owner:** Chairman of HOSC **Implementation Review Date:** September 2010 **Impact Review Date:** September 2011
Finding 7 The existing Essex-wide CAMHS Strategy should be refreshed and further consideration given as to how this links with strategies for delivering adult mental health services.	**Recommendation 9** The CAMHS joint commissioning executive should continue work to identify need, and commission evidence based services within available resources; to ensure all children can access emotional well being support and there are improved outcomes for children with mental health issues across the county. **Owner:** Chairman of the CAMHS Joint Commissioning Executive **Implementation Review Date:** December 2010 **Impact Review Date:** December 2011
Finding 8 It is disappointing that the 2008 JAR inspection did not identify all the issues covered in this report.	

Introduction

This review was undertaken by a Task & Finish Group established by the Health Overview & Scrutiny Committee (HOSC) to review the provision of Tier 2 and 3 mental health support to children of secondary school age.

Its remit was to seek to improve the responsiveness of services to the needs of children and young people by enabling the HOSC to make recommendations that are likely to improve the experience of children, young people and their families.

The HOSC had no preconceived views of the relative strengths or weaknesses of services related to CAMHS. The Group was therefore tasked with developing a better understanding of the CAMHS 'jigsaw' of funding, through examining the issues listed in the box opposite.

It was charged with providing an interim report by May 2009 to include both recommendations for service improvement and areas for further scrutiny post-June 2009.

Members of the Task & Finish Group:

- Cllr Susan Barker (Chairman)
- Cllr K Bobbin, (vice-chairman)
- Cllr T Shelton
- Cllr R Smith
- Cllr J Whitehouse
- Cllr J Young

Issues covered by the review

- Incidence rates in secondary school children, including both age and geographical profile
- How grants and funding streams for this service are being utilised
- Provision within schools, including training for teachers in handling children with mental health issues
- The ability of Partners (particularly the PCTs) to deliver their mental health strategies
- Signposting for GPs
- How do we know what we are doing works?
- Potential recommendations for improvement
- Areas for further scrutiny post-June 2009

A schedule of meetings detailing the witnesses heard can be found in Appendix 1.

CAMHS Tiered Service Provision

The following extract from the 'Every Child Matters' website outlines the national policy in respect of CAMHS:

'Child and Adolescent Mental Health Services (CAMHS) promote the mental health and psychological wellbeing of children and young people, and provide high quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders to ensure effective assessment, treatment and support, for them and their families'.

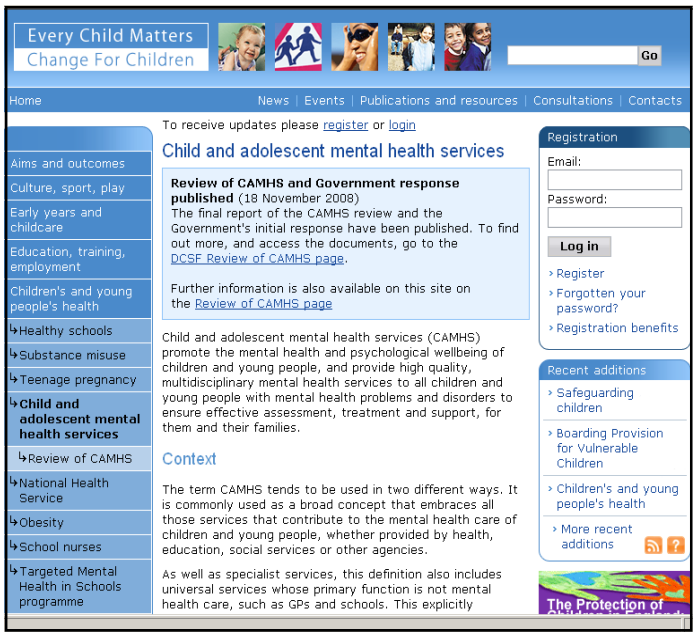
The term CAMHS tends to be used in two different ways. It is commonly used as a broad concept that embraces all those services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies.

As well as specialist services, this definition also includes universal services whose primary function is not mental health care, such as GPs and schools. This explicitly acknowledges that supporting children and young people with mental health problems is not the responsibility of specialist services alone.

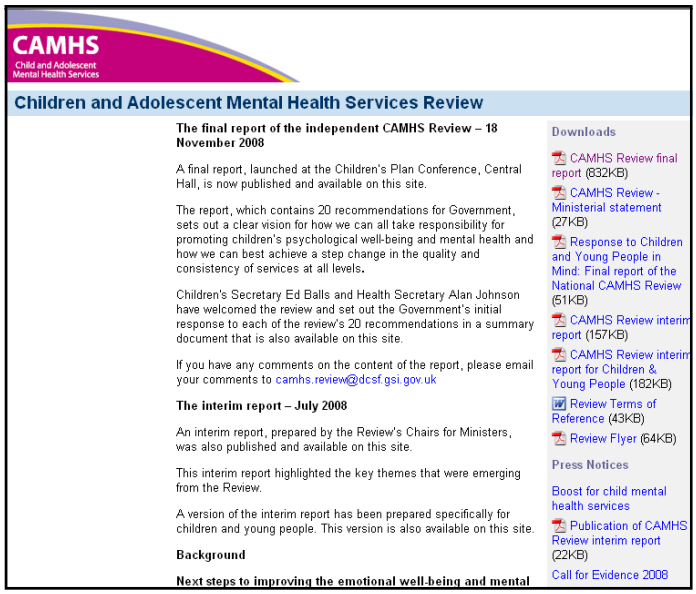
However, the term is sometimes used more narrowly to refer only to specialist child and adolescent mental health services (in other words, services operating at Tiers 2, 3 and 4 of the four-tier strategic framework - see glossary).

CAMHS delivers services in line with a four-tier strategic framework 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. Many practitioners work in both Tier 2 and Tier 3 services, for example.



For further information visit:
www.everychildmatters.gov.uk/health/camhs/
or
www.dcsf.gov.uk/CAMHSreview/



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.

History of the Essex CAMHS

The Essex Local Authority multi professional Tier Two Child and Adolescent Mental Health Service commenced in 2004 following a service review conducted in 2002 by The Kings College London, jointly commissioned by the Essex Primary Care Trusts (PCTs) and Essex County Council.

This review made a number of recommendations including the immediate development of a Tier Two service as Essex was lagging behind its statistical neighbours, relying predominantly on Tier three and four services. Since then it has gradually developed as funding became available, initially consisting of eleven Child and Adolescent Mental Health Workers located within the previous eleven PCTs.

The local authority's allocation of the CAMHS grant was increased during 2004-2006 and used to pump prime the service and since then various bids for funding have enabled further development, but a number of posts are short term funded, particularly from schools, and this poses a real problem regarding recruitment and retention.

In September 2007 the local PCT based Tier Two teams were relocated within the TASCC structure, however a number were retained by the Local Authority Central Core, to provide the clinical governance, quality control and clinical supervision to those staff located in TASCC, to ensure that a professional and clinically safe service is delivered to vulnerable children.

The Central Core also delivers more complex services to children in alternative education settings such as Integrated Support Service Units, Pupil Referral Units, and schools for children with Behavioural, Emotional and Social Difficulties, developing services in schools for children with learning difficulties and a small targeted Tier Two service is prioritising looked after children. Specially trained personnel offer Organisational Consultancy for senior operational staff and head teachers in schools.

Jane Harper-Smith, Assistant Director for Health

At its meeting on 5 November 2008 the Group received a presentation by Jane Harper-Smith (Assistant Director for Health; Schools, Children and Families) on the current issues associated with the CAMHS service within Essex.

This was based on draft papers to be submitted to the Schools Forum on 3 December 2008 detailing a business case to support the delivery of a Comprehensive Tier 2 and Tier 3 CAMHS Service aimed at delivering Standard 9 of the National Service Framework.

Standard 9, The National Service Framework for Children, Young People and Maternity Services (The Children's NSF)

'All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.'

Assessment of Need

The NSF and other national documents indicate that at least 10% of children over the age of five have a diagnosable mental health disorder, and similar numbers with mental health problems requiring Tier 2 services.

In Essex there are 329,100 children and of these 253,000 are over the age of five suggesting the level of need detailed in the following table:

Age Profile in Essex	5 - 9	10 - 14	15 - 19	TOTAL
Total number by age band	81,100	85,700	86,200	253,000
10% Diagnosable Mental Issue				25,300
10% Less severe Mental disorder				25,300
GRAND TOTAL with Mental/psychological Needs				**50,600**

Of the estimated 50,600 children in Essex who require some level of CAMHS provision there are:

- 25,300 children with a diagnosable serious mental health disorder requiring specialist Tier 3 services, many of whom will initially present and need to be followed up by Tier 2 services
- 25,300 with an acute psychological/ behavioural or emotional problems requiring targeted early intervention by Tier 2 CAMHS workers in community teams, social care and education.

Nationally it is estimated that 40% of these children are not getting any help or treatment leading to educational failure, family disruption, learning disabilities, offending and anti-social behaviour (ref: NSF).

The evidence suggests that the position in Essex is much worse than this. This is supported by the difficulties various professionals and schools in particular are having in accessing CAMHS provision at Tier 2 and Tier 3.

Within the cohort of children who are likely to have a diagnosable mental health problem there are some children who are statistically more likely to suffer from mental ill health, as indicated opposite.

Those more likely to suffer from mental ill health

Boys

The prevalence is twice as high in boys. In 2007/08 64% of Tier 2 referrals in Essex were boys.

Low income Households

Children who live in poverty, in families with a low household income or with no working parents are also more prone to ill health.

In 2006/07 Essex had 46,370 children who were living in out of work families. With the current economic conditions having worsened significantly since then these figures are likely to have increased.

Prevalence of mental ill health is also particularly high in the following children:

- Looked After Children (45%)
- Young Offenders (40%)
- Children with a Disability/ Learning Disability (36%)

Current provision

Capacity at Tier 3 and 4

The table below shows the NSF Standard for Tier 4 and Tier 3:

Current Provision compared to NSF standard

	NSF Standard	Actual Capacity	Gap in Provision
Tier 4	**Minimum 24 beds per 1 million population = 32 for Essex**	**17 beds plus 15 due to open in Jan 2009 = 32**	**None from January 2009**
Tier 3	**20wte per 100,000 = 270wte for Essex**	**Average of 6wte per CFCS team = 81wte**	**189wte**

This shows that by January 2009 when the new 15 bedded unit opens in Rochford, Essex will have broadly the correct in-patient capacity to meet NSF requirements.

However, at Tier 3, there is a significant gap in terms of workforce and capacity and this explains the significant unmet need.

There are 10 CFCS teams across Essex with an average of 6wte per 100,000 population compared to 20wte per 100,000 required by the NSF. There are therefore currently 81wte across Essex instead of the 270wte needed, leaving a gap of 189wte.

The PCTs are addressing this shortfall through significant financial investment into Tier 3. However the PCTs to date have only been able to commit to increase investment to 12wte per 100,000 by 2012. This would equate to a doubling of the current capacity but still significantly short of the NSF.

CAMHS Workers in Youth Offending Services.

- 4wte - Youth Offending Services

Capacity at Tier 2.

CAMHS Tier 2 workers in TASCC and Central Core:

In 2007/08 at Tier 2 there were a total of 42wte CAMHS Workers in Essex based in either the Central Core or TASCC covering 571 schools and their communities with a breakdown as follows;

- 10.86wte - Central core
- 31.24wte - TASCC.

Of the 31.24wte based in TASCC they were funded as follows:-

- 19.26wte funded by ECC CAMHS Grant (Temporary & Permanent Posts)
- 8.23wte funded by LDG's (Temporary Funding)
- 3.75wte funded by PCT's (Permanent Funding)

In addition there are 4wte CAMHS workers who are funded by central Government as part of the Behaviour Improvement Partnership (BIP) delivering support to the 3 BIP schools, in deprived areas such as Harlow.

The Central Core also provides CAMHS support to the 3 BESD schools. These staff are contained within the figures above.

CAMHS for Looked After Children:

Lionmead is a team of 9 specialist CAMHS staff who provide key services to our population of 1277 Looked After Children. 45% (574) of these children will have a diagnosable mental health problem and most will require some level of emotional support as a result of not being with their natural parents.

The composition of this team is as follows;

- 1 Senior Mental Health Nurse (RMN)
- 3 Senior Social Workers
- 1 Post Adoption Social Worker
- 1 Psychotherapist
- 2 Clinical Psychologists
- 1 Consultant Psychologist

Their workload is approximately 90 - 100 cases and focuses purely on four key areas including;

- Some Parenting Assessments for Courts
- Looked After Children with a disability
- Preventing Family breakdown to promote stability of placement
- Early intervention with children pre and post adoption

Access to Tier 2 services is via TASCC and access to Tier 3 services is via the Mental Health Trusts or Child and Family Consultation Services (CFCS). However in light of the capacity issues in both of these services the threshold to be seen is very high and children can therefore not always access these services.

CAMHS in Schools:

At present the resource for schools is very limited and the only resource is through TASCC and CAMHS Central Core. This includes the staff already mentioned including;

- 4wte Behaviour Improvement Partnership (1wte on Maternity Leave)
- BESD (Behavioural Emotional and Social Difficulty) Schools - covered by Central Core delivering services to 148 children.
- Educational psychologists working at Tier 3 also provide support and consultation to all the BSED schools, ISS and PRU units in Essex. The number of Tier 3 Educational Psychologists working in this is 7 currently.

In addition until recently there was no dedicated resource for PRU/ISS. There are now however;

- 2wte workers in PRUs covering 693 children with the most difficult behaviour funded by the Schools Forum until July 2009. *NB This has now been increased to 5 FTE on a permanent basis.*

Current activity

The table on the following page shows the current activity seen by CAMHS Tier 2 workers in the Teams around the School, Child and Community (TASCC), of which there are currently 31.24wte (whole time equivalents) and a further 10.86wte in the CAMHS Central Core at Norton Road.

The central core provides senior more specialist advice across the whole of the county to the TASCC and schools amongst others, monitor clinical governance and quality of care delivered ensuring professional development and clinical supervision to all of the CAMHS staff.

Clinical supervision of all CAMHS staff is crucial as there are on average only one CAMHS worker per team in the TASCC. They cover on average 13.5 schools each and are working with increasingly complex and demanding children and families. They therefore require professional and often personal advice on how to manage their workloads.

In 2007/08 the central core provided 1599 consultation sessions. These were made up as follows;

Central Core Consultation	Number of Sessions per Year
Clinical (Children and Families)	512
Organisational (i.e. schools)	725
Training and Supervision	362
TOTAL	**1599**

The total activity and number of face to face contacts for the 42wte in the Central Core and TASCC in 2007/08 was 33,120 contacts, an average of 17 contacts per week per CAMHS worker based on 46 weeks per annum.

The total number of children seen requiring a Tier 2 service was 9604.

This is 2% lower than the previous year, which is thought to be as a result of the reorganisation of staff into the TASCC during the year. This loss of productivity is expected to be corrected in this financial year now that staff are settled in their new teams. Despite this slight reduction in productivity, based on the prevalence data which indicates a need of 25,300 for Tier 2, this would indicate that the Tier 2 provision is only seeing 38% of the need.

There is therefore an unmet need of 62%, equivalent to 15,696 children and adolescents compared to an unmet need nationally in 2004 of 40%.

There is a 62% unmet need for CAMHS Services within Essex, equivalent to 15,696 children and adolescents compared to an unmet need nationally in 2004 of 40%.

This is supported by various reports and consultations with schools, Local Delivery Groups and the outcome of schools surveys all of which indicate an increasing frustration at the high thresholds to access Tier 2 services and the numbers of referrals which are returned to schools because they don't meet the eligibility criteria and they don't have the capacity the deal with them.

As a result the LDG's now fund 8.23wte(26%) of the TASCC CAMHS workers.

However in some regard this has exacerbated the problems as the funding is not permanent, staff are part time, usually on fixed term and term time only contracts. This has led to a high turnover of staff, low morale and increasing workloads particularly during the school holidays when full time staff have to pick up another

persons case load. More importantly some children fall through the gap in the school holidays at a time when they may be more vulnerable because they are out of school.

Unfortunately the situation is worse than this at Tier 3, where there are approximately a further 25,300 children with a diagnosable mental health condition who should be receiving a specialist intervention from Tier 3 CFCS (Child and Family Consultation Service) workers.

In 2006/07 the total activity seen by the 12 CFCS teams across Essex was 2647 (excluding Thurrock and Southend residents).

This would indicate that only 10% of need is being met and with an unmet need at Tier 3 of 90%. In reality Tier 2 are dealing with a lot of these complex cases which should be seen by Tier 3 staff.

Funding Streams

The 2007/08 funding streams within Essex for Tier 2, 3 and 4 CAMH Services is shown in the following table:

Organisation	CAMHS Grant wte	CAMHS Grant £	PCTS wte	PCTs £	LDGs wte	LDGs £	Total wte
TASCC	19.26	£1633k	3.75	£150k	8.23	£262k	**31.24**
Central Core	10.86	Inc above					**10.86**
BIP	4.0	nil					**4.0**
Special Schools	nil	nil					**nil**
PRU/ISS	2.0	DSG					**2.0**
LAC	9.0	Social Care					**9.0**
YOS	4.0	YOS					**4.0**
Tier 3	-	£1067k	81	£7271k			**81**
Tier 4	-	£58k	17 beds	£3155k			**-**
TOTAL		**£2,758k**		**£10,576k**		**£262k**	**142wte**

The business case for developing CAMHS requires the following additional amounts of funding from each of the contributing organisations:

Organisation	2008/09	2009/10	2010/11	2011/12	TOTAL
Schools (DSG)	£320k	-	-	£80k	£400k
PCTS (Tier 2 Only)	£200k	£240k	£460	£150k	£1.050k
BAP (Provisional)	-	£ 400k	£320k	£550k	£1.270k
ECC (SS/LAC)	£440k	£160k	£160k	£160k	£920k
CAMHS Grant	£300k	-	-	-	£300k
Total Additions	**£1.260m**	**£800k**	**£940k**	**£940k**	**£3940m**

In addition to the funding identified within the business case £354k has been secured through the Local Area Agreement. Following consultation it has been agreed that this will be split as follows again with a focus on supporting schools;

- £100k to develop a comprehensive fully costed service specification on CAMHS disability services across Essex which are currently fragmented.
- £100k to develop and deliver a teacher training programme on emotional behavioural and mental health problems, how to detect them, understand them and when and where to refer.
- £100k to accelerate the rollout of SEAL and programmes to develop resilience in children
- £45k towards a new internationally tested Brief Child and Family Phone Interview system (BCFPI) which can be used by staff, teachers, families and children for advice, assessment and if required referral to the appropriate agencies. The BCFPI will initially be tested in SW Essex before being rolled out across the County.

Primary Care Trusts have also been given additional resources to improve access to psychological therapies within the community for adults, children and families. In addition they have committed to double the workforce at Tier 3 (CFCS teams) from 6wte per 100,000 population to 12wte per 100,000, with an additional £7million over the next four years. This will equate to the Tier 3 workforce increasing from approx 81wte to 162wte.

Members welcomed the proposals in the business case which would see a significant improvement in the provision of mental health support to children and adolescents throughout Essex. They were also informed that the Schools Forum had agreed to provide the identified contribution from the Dedicated Schools Grant.

The Group was also informed of the ongoing review of the TASSCs by the new Executive Director for Schools, Children & Families and that this would take into account the investment required into this aspect of CAMHS. As the results of this review would not be available until after the Group had completed its interim report Members decided to recommend that the post-June 2009 the Health Overview and Scrutiny Committee (HOSC) should reconvene the CAMHS Task & Finish Group to monitor the delivery and impact of the funding identified within the business case.

Finding 1

The proposals in the Business Case to support the delivery of a Comprehensive Tier 2 and Tier 3 CAMHS Service are to be welcomed.

Recommendation 1

Following the June 2009 County Council elections, the HOSC should reconvene the CAMHS Task & Finish Group to monitor

- the delivery against and impact of the Business Case to support the delivery of a Comprehensive Tier 2 and Tier 3 CAMHS Service
- Any amendments to the Business Case in the light of the BCFPI pilot

Evidence Sessions

Having considered the background information outlined so far in this report, the Group then interviewed a number of witnesses:

YoungMinds

The Group received a presentation from Roger Catchpole, Principal Consultant at YoungMinds; a national charity committed to improving the mental health and emotional wellbeing of children and young people.

The following questions were raised and responses noted:

Mr Catchpole was asked if there was an optimum sized school and if Standard Assessment Tests (SATs) added to the anxiety of school children. Mr Catchpole explained that he was unaware of evidence to show an optimum size for schools, however a recent study into the transition from primary to secondary school showed the two main concerns for children were bullying and getting lost. Offering tours, maps and a buddying system helps ease children into new surroundings. The Good Childhood Enquiry showed SATs contributed to children's anxiety.

The Group noted the issues with mental health resource levels and asked what YoungMinds do to help? The Group heard that that YoungMinds offered capacity building, which is training in mental health skills; encouraging all parties to understand that everyone has a part to play. YoungMinds also offer a confidential free phone helpline for parents.

The Group queried if there were areas of best practice and if in this witness's experience, educational establishments are proactive in promoting innovative programmes aimed at children and parents.

Mr Catchpole advised that Merseyside have adopted a multi-disciplinary approach and use the extent of this to go into schools and address the issues. Previous training sessions show teachers generally look for practical solutions to getting the job done. YoungMinds expands on the essence of supervision when training teachers.

One of the slides used by Roger Catchpole. Copies of other slides used in the various presentations given at meetings of the Group can be requested using the contact details on the rear cover of this report

The Group also heard that schools should demonstrate in the way they function, their commitment to CAMHS issues by backing up their claims. Furthermore the Group heard that the identification of mental health issues requires a careful use of language to ensure no blame is laid. How teachers and schools engage with parents is vital and parents should also receive training to help them understand what's expected, what to look out for and how to empower their children.

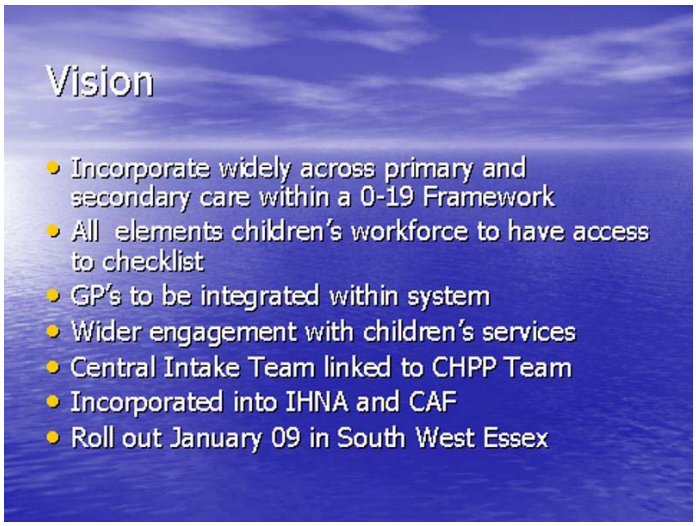
Health Service

Dr John Tuppen, South West Essex PCT

The Group received a presentation from Dr Jon Tuppen and the following discussions were noted:

Dr Tuppen explained in his experience the efforts of health and government to re-invest and reorganise does not necessarily ensure benefits to service users. Dr Tuppen believes most General Practitioners are aware of TASCC but are unable to access the services easily.

Dr Tuppen continued to advise that services provided and communication between the tiers is inconsistent however noted the communication and joint working with the multi-disciplinary is getting better.



One of the slides used by Dr Tuppen which outlines the vision for the introduction of the BCFPI

Dr Tuppen's presentation concentrated on the pilot Brief Child and Family Phone Interview (BCFPI), which examines all aspects of the child. The BCFPI is able to identify which tier the child falls into progressing them to the relevant groups for further help. Jane Harper-Smith advised that the BCFPI is being rolled out across Essex and trainers are currently gaining accreditation in Integrated Health Needs Analysis (IHNA). *NB Currently 30 staff have been trained across Essex.*

The Group queried the transition from primary to secondary school. Dr Tuppen explained he was not expert in this area however noted that things were progressing in terms of joint working; Dr Tuppen continued to highlight that simple basic intervention at tier 2 would help. Jane Harper-Smith noted that the South West provided better services at tier 2, and continued to advise of a current shortfall of approximately 200 staff in tier 3. Ms Harper-Smith has formulated a Multi Agency Plan and presented a business case for workforce development. Dr Tuppen advised that BCFPI examples in Canada and Sweden showed a 15 percent increase in resources through efficiency and performance saving over a period of several years.

Toni Scales - CAMHS North Essex Partnership Foundation Trust

Toni Scales gave an oral presentation on her experience in CAMHS, the following discussions were noted.

The Group heard when TASCC were established teams included a member of the Primary Care Trust (PCT) this ensured referrals were tightly guarded and did not encourage referrals from General Practitioners (G.P's), tier 2 CAMHS are now an integrated part of TASCC. The Children and Young Peoples Strategic Partnerships

(CYPSP) were influential in the development of tier 2 services and therefore service delivery differed across the county. The CAMHS budget originally funded tier 2 services however this became complex as PCTs also fund some of the tier 2 posts. Ms Scales also provided information of the geographical split of TASCC across the county and the various professions involved with TASCC based on the business case to target areas of greatest need.

Ms Scales linked the lack of tier 3 funding with the inability to improve services. Giving Clacton as an example with a capacity to manage 276 cases and a case load of 499, discussions moved to the management of these cases.

The Group were informed the majority of cases are assessed within the defined timescales however cases often span the disciplines within CAMHS and can incur internal wait times for Educational Psychologists, Family Liaison workers or other professionals. Ms Scales reiterated this scenario is not specific to Clacton and in fact occurs in all areas where CAMHS are oversubscribed.

The Group heard the National Service Framework (NSF) for Children, Young People or Maternity Services (standard 9) suggests 15 whole time equivalent (wte) staff per 100,000 population or 20wte per 100,000 population if including provisions for teaching, training and consultation.

PCTs in North Essex continue to commission specialist CAMHS services jointly with NHS West Essex hosting this function. All PCTs are increasing their investment this year in recognition of the known needs of children, young people and their families, which was also recognised in the recent Joint Area Review. The overall strategy is to build capacity in specialist services over three years to progress towards the capacity identified in Standard nine of the children's NSF which suggests that training services should have 20wte per 100,000 population. There are an average of 6.5wte across Essex currently. Each PCT is therefore increasing investment to work towards this standard. This increased investment during 2009/10 is at a different pace as some PCTs are able to increase at a faster rate. The overall aim is to get to the same point by the end of 2010/11. It is understandable that those able to invest more this year want to see the benefits for their own population. The NHS standard contract between PCTs and Foundation Trusts also requires separation of the investment/activity by PCTs.

Additional written evidence was provided in respect of Tier 3 CAMHS input into Secondary Schools by the North Essex Partnership NHS Foundation Trust

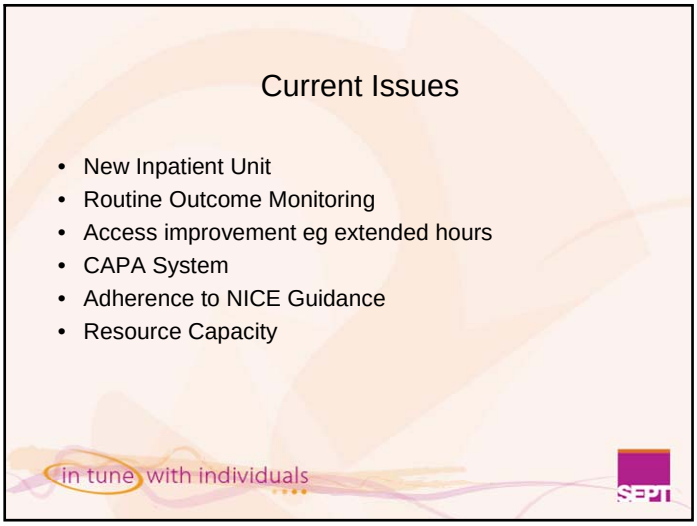
- Referrals to Tier 3 accepted from teachers
- Schools have access to specialist consultation from Tier 3
- Tier 3 staff provide crisis response as part of The Critical Incident Process e.g. Death of a pupil
- Educational Psychologists seconded into Tier 3 provide:
  - ⇒ 21 sessions (each) into other services such as, Residential Schools, Behaviour Support Teams, ISS & Inpatient Adolescent Units
  - ⇒ They also provide Mental Health training to “Patch EP’s” to cascade into schools
  - ⇒ They provide a range of teaching, training & consultation to education staff

- Tier 3 contributed to the manual “Mental Health in The School Environment “(2006). Every school has a copy & this will soon be available on the Intranet
- Staff have access to a Foundation Degree course at Essex University run by a Consultant Child & Adolescent Psychotherapist

Dr Anne Possamai & Dr Viviana Porcari, South Essex Partnership University NHS Foundation Trust

Drs Possamai and Porcari addressed the Group and the following discussions were recorded.

This presentation informed that the key age group for children with mental health issues is between 5 and 11 years, and that it is rare to work with Health Visitors and children under 3 years of age. It was highlighted that neither the South Essex Partnership University NHS Foundation Trust (SEPT) nor the TASCC accept direct referrals from children and families.



One of the slides used during the presentation showing some of the current issues facing the South Essex Partnership University NHS Foundation Trust

The SEPT deals in complex and clinical tier 3 cases in adolescents; strictly in the 11-18 age group. The Group heard that if a case was ongoing at the point of an 18th birthday any treatment would be completed before the case is passed over to adult mental health (if necessary); subsequently if a child under 11 needed a bed in a secure unit this would be sourced from outside of the county; London or Cambridge for example.

Again the issues of the relationship between GP’s and TASCC was put to witnesses, Dr Possamai whilst aware that TASCC had issues with recruiting and funding could not agree with the notion that as many as 90 percent of GP’s were not aware of TASCC and how to access the services they provide. Discussions progressed to partnership agencies as it was recognised that many work with children in the same age group; Maureen emphasised that this increases front line services and that it is positive for us to link with these agencies.

Members sought to investigate the effectiveness of promoting, training and recruiting professionals into CAMHS and were advised that the representation of dedicated CAMHS workers had increased over the past 5 years; furthermore a Clinical Psychology Doctorate is now available in Essex. The Group heard that nationally few tier 3 services are fully resourced; due to a lack of funding. The presentation continued to inform of the complexity of issues around funding. CAMHS provided by SEPT are funded by 3 Local Authorities and 2 Health Authorities; budgets are tied to recommendations and the services to be provided are outlined by the Commissioner. This information lead the Group to question the need for mental health trusts suggesting that services could be provided through the

PCT; Dr Possamai advised that mental health trusts pre-date PCT, and called on the Group to keep in mind that mental health is a specialised area.

In conclusion both witnesses were asked to outline their concerns for CAMHS; and heard that links with TASCC do not work as well as they should, in contrast links with the third sector were commended, stronger links and managing services under the umbrella of health were suggestions as the way forward.

Essex County Council

Rajvinder Singh Gill, Senior Educational Psychologist

The Group received a presentation from Rajvinder Singh Gill covering the issues listed in the slide shown opposite. The following areas were discussed:

Developing Capacity

- Training on Emotional Well Being and Mental Health for adults working in schools.
- Consultation and discussion groups.
- Nurture Groups and holistic interventions.
- Group work with young people.
- Developing understanding of adolescent development and states of mind.
- Parent workshops on play and listening to narratives.
- Family Cycles and Narratives.

The Group asked if there were guidelines for schools on identifying mental health issues. Mr Singh Gill informed that this was not the case and in his experience should not be encouraged due to the complexity of the issues. He suggested it would be helpful if as part of their training and during their NQT year all teachers were required to undertake training around mental health and emotional well being. Teachers are in many respects very influential in the young person's life and it would bode well to build capacity at this level. The training will need to take account of child development and issues of self-esteem, self-worth alongside literacy and numeracy difficulties. Educational psychologists are able to provide this training to build capacity and resilience within the schools to support mental health and emotional wellbeing.

Mental health issues need to be addressed alongside other issues. Studies have again and again suggested that young people living in difficult circumstances experience an accumulation of difficulties. It is the nature of this accumulation that leads to mental health difficulties. Resilience training for school staff in their support of young people would be helpful.

Questions centred on the shortage of educational psychologists; and the Group were informed of a shortage of Educational Psychologists (EP) in Essex but that this is also a national issue. This witness could not determine if this shortage related to shortages in funding, however did highlight recent changes in protocol means EP can now enter the workforce quicker.

Mr Singh Gill was asked if there would be fewer problems if our children were confident in reading and writing at an earlier age. The witness agreed this could be beneficial if adults read with children and engage in the child's environment; furthermore prenatal and postnatal talks with parents would identify issues as well as intervention from birth to the first year, offering training for parents in understanding communication would be of benefit. Mr Singh Gill informed the Group

that domestic violence and depression in parents are contributing factors for children with mental health issues.

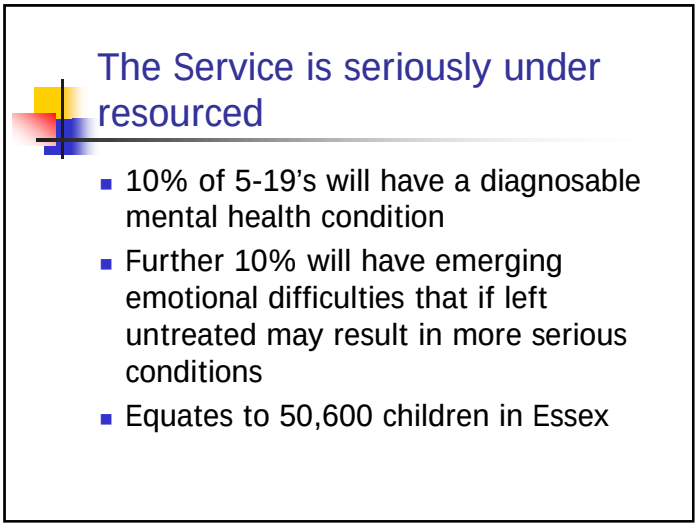
Maureen Bunce, CAMHS Service Manager

Ms Bunce presented on the diversity of issues surrounding Child and Adolescent Mental Health Services (CAMHS). A number of issues were noted.

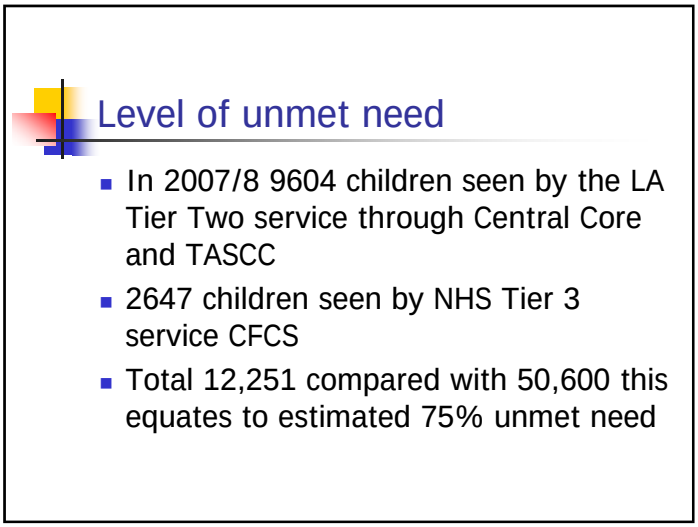
From Ms Bunce's knowledge of CAMHS and discussions with the CAMHS Commissioner; the multi agency approach to CAMHS is working well; in terms of collaborating with Commissioning, Local Trusts and Primary Care Trusts (PCT) furthermore this witness, believed having a dedicated CAMHS Commissioner helped.

The presentation informed that in 2002 Kings College were asked to asses the North Essex Child and Family Consultation Service (CFCS); results showed that Essex fell behind it's counterparts and so recommended the Local Authority (LA) take over the running of Tier 2 services. Tier 2 services have been provided by the LA since 2004; starting with just 11 CAMHS posts across the County covering all PCTs, rising an extra ½ post the following year.

The Group heard year-on-year funding was major factor in the National CAMHS shortage; we currently have 61 CAMHS workers in 29 TASCC teams. Furthermore attention was drawn to the confusion over the funding of CAMHS workers. The initial 11 posts of 2004 were funded through the CAMHS budget with the subsequent ½ post being funded through the Teams around Schools Children and Community (TASCC).



Questions were raised on the need to create and fill two posts to look into the CAMHS worker shortage, when all involved with CAMHS seem to be well aware of the issues. Ms Bunce advised that in her experience skills mix is the issue and believes efforts should be focused in this area. The Group sought to clarify the skills mix of CAMHS workers within school and were advised social workers, mental health nurses, psychologists and counsellor worked with schools. It is difficult to service 29 TASCC with the



number of TASCC workers available and some mental health workers are shared between the TASCC.

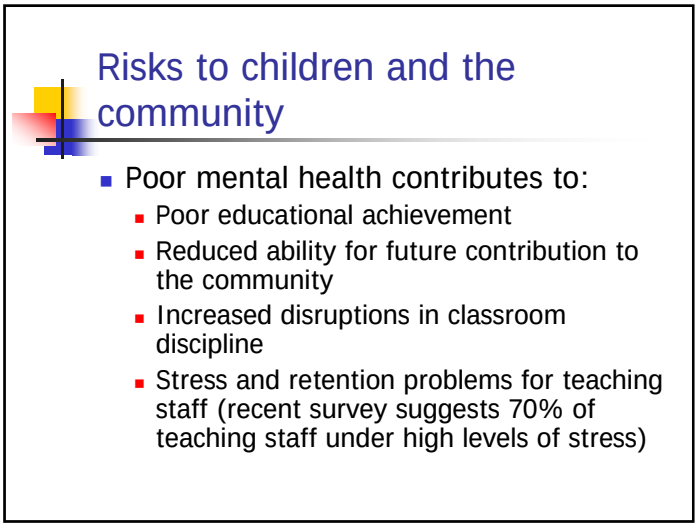
Discussion centred on the 75% of children in Essex who are not having their needs met and sought to establish if these children were indeed approaching service providers for help. Ms Bunce explained that the TASCC could not manage the number of referrals it receives however; there are many ways to manage tier 2 services. The efforts of voluntary organisations such as the Kids Inspire Project prove to be beneficial to children; many schools buy into such projects benefiting those children who are not referred but still require help.

The Group heard that 42 whole time equivalent (wte) mental health staff work within the 29 TASCC's, these staff service 571 schools within the county which equates to an average if 13 schools per worker; a breakdown of the professions represented in these figures is required for the next meeting.

Issues around access to CAMHS for children in private schools or those schooled outside the County were put to the witness who explained that services should be provided by the County in which a child is housed; highlighting that schools are not the only referral tool for CAMHS.

Information received in previous meetings concerning the relationship between General Practitioners (GP's) and TASCC, moved the Group to question the scenario of a school outside the County would referring to TASCC's within Essex. The witness continued to inform of the protocols when referring to tier 3 however reinforced these should ultimately be accessed through the GP.

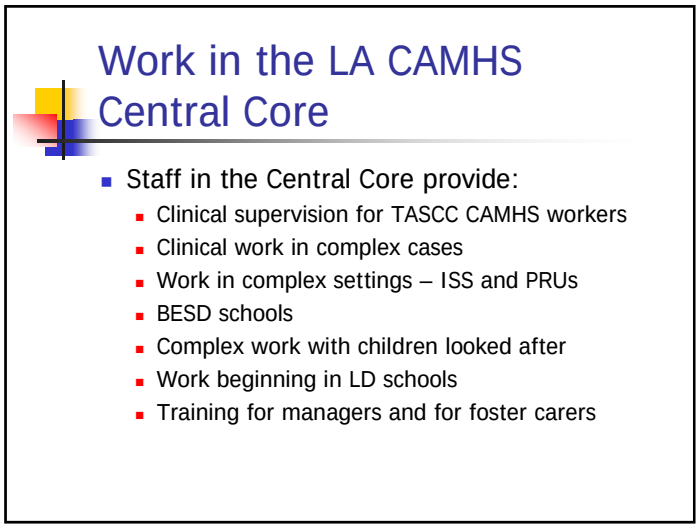
The shortage of CAMHS workers may mean schools need help to manage their environment and the level of demand for these services. Building health teams of counsellors, psychiatrists, mental health nurses and educational professionals may ease some of the pressures. The witness was asked how much emphasis is placed on working outside of the school environment; the Group heard, in order to get families together it was necessary to work outside of school hours; TASCC workers are placed on flexible contracts to accommodate this requirement. Discussions continued on schools, as the Group questioned why there were no mental health policies built into their working practices, Ms Bunce drew attention to training programmes aimed at identifying issues but confirmed there were no policies to govern this area.



It is understood that CAMHS are oversubscribed, and therefore the Group asked if there were alternatives for schools looking for additional help, and if indeed we were able to privately refer cases. Ms Bunce confirmed that the Central Core are receiving an increased number of calls, and continued to advise that it is possible to refer cases

privately however the majority of these cases will come back through the usual CAMHS route.

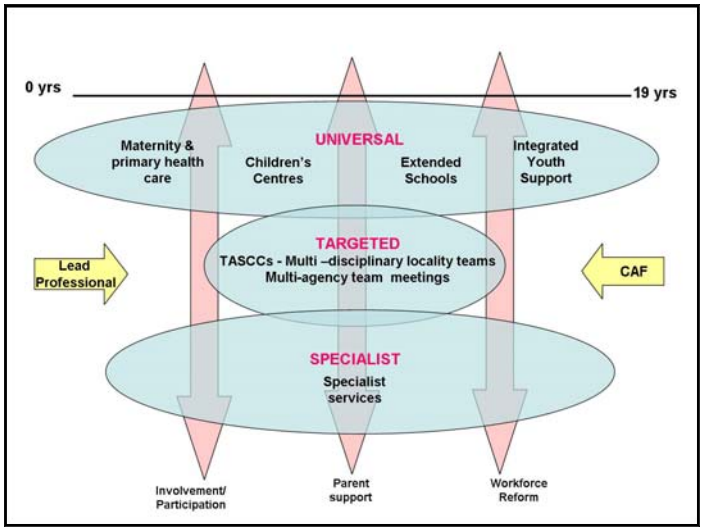
The witness clarified that TASCC Managers are responsible for the allocation of cases whilst the central core services provide clinical supervision to the CAMHS workers within the TASCC. The CAMHS workers are responsible for service however the operational management lies with the TASCC.



Jo Smith – Assistant Director For Localities

Following a briefing on the TASCCs, the following points were recorded.

The original TASCC structure of 2006 made provisions for 584 posts (not FTE), this number reduced the following year after discussions with senior officers and decision makers; today 469 TASCC workers are in post.



Relationship between the TASCCs, Universal & Specialist Services

When launched the TASCC system lacked the infrastructure to operate and therefore was unable to provide the services they had outlined. TASCC had planned to further evaluate staff requirements after 6 months; and removed the Early Years Special Educational Needs Coordinator (SENCO) role from the structure after 3 months due to the brief of this role not being compatible with the TASCC brief. The purpose of TASCC is to provide swift and easy access to those in need of their services. TASCC offers a single point of contact for each area, which is publicised in schools and G.P's offices.

TASCC are working to the Every Child Matters agenda and reported a 5 percent reduction in referrals in August 2008 (previously 5 percent over the past 4 years). Fallout from the Baby P case has impacted on children's services nationally; TASCC in Essex now find Managers cross working in a consultative capacity as well as taking on the management of cases.

Furthermore TASCC provide management supervision to staff paid for by schools and CYPSP and are in the process of arranging management fees for these staff. Discussions moved to Children's Centres and the requirement for better working in partnership with other children's teams; the Group were also informed that Children's Centres are judged on their usage rather than their outcomes. The Group

heard CAMHS providers from a range of sectors are seeking assistance from TASCC who have indicated they will assist with upper tier 2 cases in extreme circumstances.

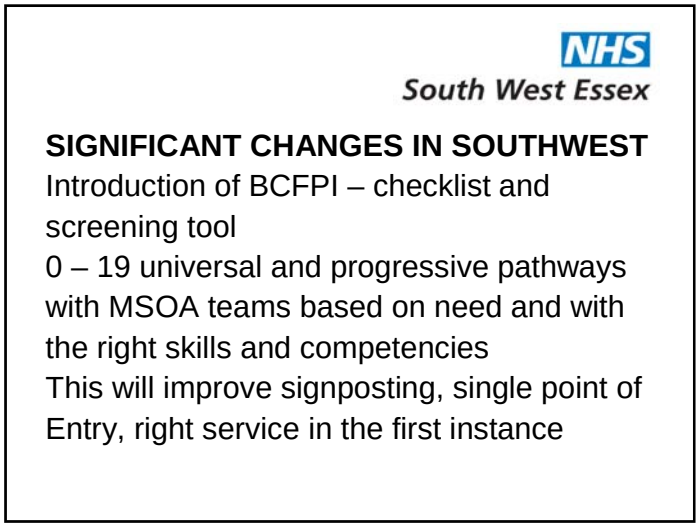
The Group queried efforts to increase the number of Social Workers in Essex and were informed of plans to develop 'Children in Need Teams'; the vision being to have 4 teams of 7 with one Manager in each team covering the quadrants of Essex with a view to bridging the gap between TASCC and current social care provision; progression of the 'Children in Need Team' is reliant on the recruitment of over 100 Social Workers. Confusion over salary scales was addressed as the Group were informed of the difference in pay for a TASCC employee to one employed in the same profession by an external agency; Essex is further compromised in securing qualified professionals due to its proximity to areas such as Redbridge and London.

The Group heard that schools are vocal in their need for tier 2 services which moved the Group to question the witness on the issues facing the lower tiers. Ms Smith advised they are working to promote awareness of early intervention and prevention methods but highlighted funding from the variety of agencies causes confusion as well as making management more problematic. The Group were informed that previous arrangements permitting short term year long contracts for CAMHS workers had been extended and can now offer contracts of 2½ years. The Group heard that referrals to TASCC usually come via the Common Assessment Framework (CAF) and that G.P's are among the lowest referrers. For parents and children there are several routes to make initial referrals but the need is to facilitate a single referral portal.

Stewart McArthur - Associate Director Commissioning & Quality Children, Young People, Maternity & Women's Services

The group welcomed Stewart McArthur who presented on his knowledge of CAMHS; the following points were noted.

The group heard of the 11 CYPSP across that part of the County and the Comprehensive CAMHS Needs Assessment of 2005 which informed the 2005-08 CAMHS Strategy. Discussions moved to PCT funding where the witness advised no investment should be made to tier 3 services until we note the benefits of the Brief Child and Family Phone Interview tool (BCFPI).



One of the slides used by Stewart McArthur detailing some of the proposed changes to mental health services in South West Essex

Mr McArthur informed the Group of plans to engage the 5 PCT of Essex and the Local Authorities of Southend and Thurrock in joint commissioning of CAMHS by September 2009. A CAMHS Commissioning Executive with members from all parties are discussing how this partnership will commission using the Section 75 Agreement. However it is agreed the partnership

will commission services in tiers 3 & 4, and oversee tiers 1 & 2 with the CYPSP commissioning tiers 1 & 2. Mr McArthur advised the aim is to enable the CAMHS executive to determine where funds should be directed; resulting in bespoke service arrangements in each area.

The Group questioned the ability to move finances between the tiers and were advised adopting this method would demonstrate our ability to commission effectively, recognising the lack of funding at all tiers which will to some extent restrict this. Currently finances are pooled between the districts of Essex for high end or progressive cases and Thurrock has a joint agreement through Section 75 who as a key agency, decide together who'll be funded and where best to place them. The group were informed most mental health workers within TASCC are joint funded and therefore a shared resource, however to deliver services effectively this resource needs to be addressed. The Group called for the operational plans and 5 year strategies for the PCT of Essex the Committee Officer will action this request. The creation of an Essex PCT was suggested and the witness advised that this may still result in 5 locality boards; the witness continued to address the issues in having to work with 1 County Council, 12 District Councils and 2 Unitary Councils.

Simon Walsh, Executive Member for Families

The Chairman voiced concern over the lack of provision in CAMHS and questioned if TASCC was the way forward. Councillor Walsh informed the Group that TASCC had been up and running for 18 months and that it is currently the subject of a structural review.

Councillor Walsh highlighted that the challenge is to get more CAMHS workers into teams and continued to advise that we need to investigate how these workers are paid. Councillor Walsh citied the 4-year funding plan for the Schools Forum as a reference as well as working with the PCT to fund the lower tiers.

The Group were advised of the Annual Performance Assessment (APA) and Ofsted (Office for Standards in Education, Children's Services and Skills) reports which highlighted major strengths in the services we provide however, there are weaknesses to build on and this will require cultural change. Councillor Walsh advised that the new Director of Commissioning will be in post by April 2009 and that a major part of this role is to investigate CAMHS issues.

Member visits to Schools

The Chairman had met with the head of the Dunmow, Teams Around Schools Children and Communities (TASCC). Discussions had highlighted the many vacant posts within TASCC and the pressures faced by the one behaviour support worker responsible for 22 schools and by other TASCC team members. The Chairman welcomed updates from Members.

Councillor Bobbin highlighted the issues for schools in Basildon East who have one of the highest Child and Adolescent Mental Health Service (CAMHS) referral rates in the county. Councillor Bobbin's meeting drew attention to the difficulty in recruiting permanent staff and issues around funding training for temporary workers. Councillor Bobbin informed the group that Basildon schools borrow staff from cluster schools as well as youth workers from youth clubs. Councillor Whitehouse updated the Group with information on the 2 TASCC teams in Epping Forest. The Group heard that both teams share one Behavioural Support Worker and one Educational

Psychologist who is mainly consultative; furthermore the majority of the staff in both teams work part time and during term time. Councillor Whitehouse advised the group of the issues with funding and the constraints in planning ahead. A lack of safeguarding at tier 3 along with poor communication were highlighted as key factors.

The Group noted the differences in provisions across the county and queried the role of Connexions workers within the TASCC; if they report back into the main Connexions group and indeed if they are specialists in CAMHS issues. The group requested Jo Smith to provide a breakdown of the skills mix within each of the TASCCs, details of which were provided at a subsequent meeting.

Initial Findings & Recommendations

Following consideration of all the evidence presented to the Group, its Members reached a number of findings and conclusions:

Complexity of Service Provision

Members understood the reason for the complexity of service provision but found the various portals into the various CAMHs tiers were difficult even for an informed group of Elected Members to understand. This was reinforced by some of the evidence which suggested, for example, that not all GPs had heard about TASCCs.

Time constraints had precluded the Group from taking evidence from services users and this is one aspect of further work that is suggested for a reconvened Task & Finish Group.

Addressing the Mental Health Culture

The National CAMHS Review made it clear that “Everybody has a responsibility to make sure that children and young people have good mental health and psychological well-being as they grow up.”

Evidence presented to the Group suggested that more needs to be done within Essex, particularly within schools, to make the stepped culture change necessary to deliver this clear objective. This should be a priority for all public agencies within the County.

Finding 2

The various access routes into the four tiers of CAMHS is complex and difficult to understand, with a lack of clear signposting across the County although it is accepted that the pilot BCFPI is one potential solution to this.

Recommendation 2

Any reconvened CAMHS Task & Finish Group should take evidence from current and previous service users.

Finding 3

Mental Health is not seen to be everyone’s business across Essex, and there is a need for further training and education of the universal workforce in schools, children's centres, TASCCS, GP Practices etc.

Recommendation 3

The need to develop a culture whereby the mental health of children & young people is seen to be everyone’s business should be a priority for all public sector organisations.

Other School-based issues

A number of other concerns were raised over the current situation in respect of the provision of mental health support within schools.

In addition to Member visit to schools, the Group also commissioned a review of the 'Blue & Yellow Book', Promoting Positive Behaviours. This does not include guidance on how to handle mental health issues.

Other issues included:

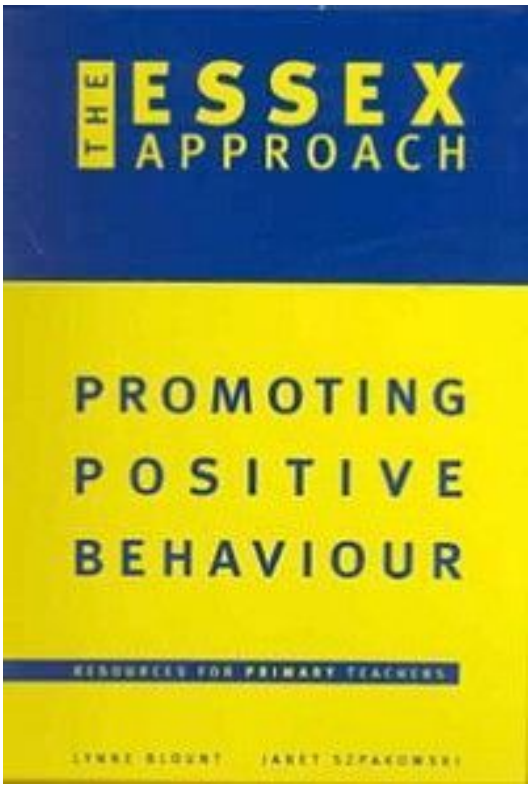
- Lack of clear signposts for teachers & GP's
- 50% of schools are without SEAL (Social and Emotional Aspects of Learning)
- Feedback from the Healthy Living Task & Finish Group established by the Children & Young People's PSC of the need for more schools to achieve Health Living Status
- Whether there is sufficient outreach work to meet the needs of children who were excluded from school, educated at home or within private schools

Recommendation 4

The SCF Directorate should develop a guidance document for schools on how to handle mental health issues.

TASCCs

The Group questioned a number of witnesses as to whether the introduction of the TASCC system had been helpful. They found a general consensus that the TASSC model of multi-agency working continues to be the best way forward. However, a number of lessons have to be learnt from their implementation. There are also significant organisation and resource issues which prevent them from providing speedy access to Tier 2 CAMHS services. The Group acknowledged that these are being addressed by a review being undertaken by the Executive Director but are concerned that this should be undertaken as quickly as possible.



Recommendation 5

There should be an increase in outreach work targeted towards children who are educated either at home or within the private sector; and who may be in need of mental health support.

Finding 4

If adequately resourced, the TASCCs provide an integrated model for delivering Tier 2 mental health services to children & young people

Finding 5

There are significant organisational and resource issues which prevent the TASCCs from providing speedy access to Tier 2 services but these have been acknowledged and are being addressed within the department's review of TASCCs'

Recommendation 6

The Executive Director's review of the TASSC structure and operation should be completed as a matter of urgency; and that the success of that review in respect of CAMHS Tier 2 Services should be reviewed in November 2009 and incorporated into the proposed review of the overall CAMHS Business Case by a reconstituted HOSC Task & Finish Group - see recommendation 1.

Transition of Children to Adult Mental Health Services

Whilst the Group did not have time to fully investigate the way in which adolescents transit from having their mental needs supported by CAMHS to Adult Mental Health Services. The County Council has however established a Transitions Group and it is recommended that this body review how the transition works in respect of Mental Health Services.

Recommendation 7

The ECC Transitions Group should review how the transition from Children's to Adult Services works in respect of Mental Health Services and draw the attention of HOSC to any need for further scrutiny of this matter.

Mental Health Strategies

During their investigation, The Group examined the statements in respect of Mental Health Services within the PCT strategy documents. Extracts from the PCT documents can be found in Appendix 2.

From the evidence received by the Group, there seemed to be a heavily reliance for the delivery of these strategies and the success of CAMHS Business Case on the implementation of the BCFPI. Whilst the rationale for this approach was understood, the Group would like Members to be kept fully informed of its progress in order that there can be visible local democratic accountability over the project.

The Group also had concerns about how the single CAMHS Strategy linked with the PCTs strategies for Adult Mental Health Services strategy for Essex.

Finding 6

The BCFPI pilot screening tool could be an important element of the CAMHS strategy and Members should be kept informed of progress.

Recommendation 8

A reconvened HOSC Task & Finish Group should monitor the success of the BCFPI pilot scheme.

Finding 7

The existing Essex-wide CAMHS Strategy should be refreshed and further consideration given as to how this links with strategies for delivering adult mental health services.

Recommendation 9

The CAMHS joint commissioning executive should continue work to identify need, and commission evidence based services within available resources; to ensure all children can access emotional well being support and there are improved outcomes for children with mental health issues across the county.

Issues for further review

In reaching the findings and conclusion within this interim report, the Group faced a number of time and resource constraints which limited its ability to drill into a number of aspects. It did however wish to draw the issues together in such a way as to make it easy for the work to be concluded following the County Council elections in June 2009. Areas suggested for further investigation include:

- Developing a wider evidence base in respect of schools including seeking evidence from representative bodies such as the Associations of School Head Teachers.
- Best practise elsewhere e.g. Merseyside and Sweden (in respect of BCFPI)
- Consideration of the Durham University CAMHS mapping exercise
- Views of service users
- More representative sample of GPs

In addition, any re-convened group should give further consideration to:

- Emotional Health & Wellbeing
- SEAL
- Healthy Schools
- Prevention - TASCCs
- Targeted Support - TASCCs & Nurture Groups
- Multi-Agency Investment

Conclusion

Finding 8

It is disappointing that the 2008 JAR inspection did not identify all the issues covered in this report.

As part of their investigation the Group considered the report of the Joint Area Review. It was clear that the issues identified by the inspectors had been recognised by both ECC and the Essex PCTs. The Group were however disappointed that the inspectors had not identified other concerns which are covered in this report.

There is however a clear acceptance between agencies of the need to provide better access to CAMHS across the County. This is to be welcomed but the mental health of our children and adolescents is an essential element of delivering the 'Every Child Matters' agenda. It is therefore vital that HOSC maintains a detailed overview of the CAMHS business case and holds all partner agencies to transparent democratic account for their delivery against this.

Appendix 1 - Schedule of Meetings

Date	Issues discussed
5 November 2008	Initial meeting with agreement to postpone until publication of the Joint Area Review (JAR) report
20 January 2009	Review of the scoping document
3 February 2009	1st Witness Session attended by: • Jane Harper-Smith – Assistant Director of Health Schools Children & Families • Roger Catchpole – Principal Consultant at YoungMinds • Dr Jon Tuppen – South West Essex PCT
12 February 2009	2nd Witness Session attended by: • Simon Walsh – Cabinet Member for Families • Maureen Bunce – Service Manager Child & Adolescent Mental Health • Dr Anne Possamai – South Essex Partnership University Foundation Trust • Dr Viviana Pocari - South Essex Partnership University Foundation Trust
6 March 2009	3rd Witness Session attended by: • Jo Smith- Assistant Director for Localities • Toni Scales - CAMHS North Essex Partnership Foundation Trust • Stewart McArthur - Associate Director Commissioning & Quality Children, Young People, Maternity & Women's
15 April 2009	Decision making meeting

NB: Copies of papers from all meetings can be obtain from:

http://comad.essexcc.gov.uk/

antoinette.mortley@essex.gov.uk

Appendix 2: Mental Health Extracts from PCT Strategy Documents

West Essex PCT

"We are committed to de-stigmatising mental illness and will work to ensure that it positively promotes wider acceptance and understanding of mental health problems. We will continue to commission and support the development of community based services which target severe and enduring mental illness, as well as providing support to prevent admission in crisis. However, we will also consider ways of supporting the development of primary mental health care services.

The overall approach will be to ensure that resources are targeted effectively at particular needs. For adults this will require:

- by 2008, a fundamental review of current community mental health teams to ensure that people with long-term mental health conditions receive the right level of support and care, and that current gaps in primary care start to be addressed more effectively
- by 2010, provide effective access, treatment and support for people from black and ethnic minority communities
- by 2012, provide an adequate range of primary mental health services for people with less serious conditions
- by 2012, further development of early intervention in psychosis services (target age group is 14 to 35)
- by 2012, develop more appropriate services for people who have multiple problems including those who have a physical and or sensory disability as well as mental health difficulties. By 2012, develop other specialist services to meet current gaps, in particular:
  - eating disorders
  - personality disorders
  - working with learning disability services for people with Asperger's Syndrome
  - younger onset dementia.
- By 2012, for older people the aims for community based services will be to:
  - retain and develop the current pattern of integrated health and social care community teams
  - start to consider how best to provide comprehensive day services across the whole of west Essex
  - consider how best to provide home treatment
  - ensure that good carer services are in place
  - ensuring a good range of psychological therapies.
- By 2012, tackle social inclusion by improving employment prospects and opposing stigma and discrimination. A range of initiatives are under way including:
  - taking forward the recent review of residential care, rehabilitation and supported housing to ensure that we have the right balance of effective housing support
  - completing the review of day services so that they are targeted.

Much of this strategy will need to be jointly provided in conjunction with Essex County Council. We are both are currently working on a joint strategy for older people with mental health problems. This is likely to be published summer 2008.
In addition to these nationally identified programmes there are a number of locally based issues which also need to be highlighted and
actions identified. These include:

- developing an effective strategy and range of services for adults under 65 who develop dementia
- providing effective support for people with a personality disorder which in the past has often been a diagnosis of exclusion from mental health services.

Commitment Five

We will improve mental health services

Mental health services are a key priority, both for children and adolescents where there are large gaps in services, and for adults and older people.

We will reduce levels of mental illness and address geographical inequalities in mental health services and access.

We will provide a 'step care model' for mental health in primary care (see diagram below) which recognises the different needs that people have – depending on the characteristics of their mental illness and their personal and social circumstances – and be able to respond to them.

We will ensure that people who present at their GP surgery with mild to moderate mental illness have access to a range of psychological therapies within primary care that will be available at times which are convenient for the patient.

What does this mean for you?
Our 'step care model' of mental health services will be personalised to your individual needs, offering you a choice of services, at the right place and time

Our ambition will be to develop more mental health services in primary care which will lead to a quicker diagnosis and reduce the number of mental health admissions to hospital (mental health secondary care). To achieve this will involve reallocating some resources away from mental health secondary care to fund mental health services in primary care (GP practices).

Step 5 Inpatient care – Crisis resolution home treatment	Risk to life, severe self-neglect	Partial hospitalisation, home treatment, medication
Step 4 Mental health specialist – Crisis resolution home treatment	Acute, severe and enduring mental illness	Medication, complex psychological interventions
Step 3 Primary care team – Community mental health team	Moderate or severe mental illness	Social support, medication, psychological therapies, cognitive behavioural therapy
Step 2 Primary care team	Mild mental health issues	Signposting, guided self-help, computerised cognitive behavioural therapy, exercise, psychological therapies
Step 1 GP practice nurse	Recognition	Initial assessment and referral to primary care team

South East Essex PCT

Shift from hospital to community

Our research identifies the potential to make a 3% shift in spending from hospital to community over 5 years – a 15% shift in total. This would start with £5.4 million in 2009 rising to £33 million over five years and this money would become available to invest in GP and community services.

The following areas offer the greatest potential:
- Angina
- COPD – the biggest potential shift
- Congestive heart failure
- Cellulitis
- Dehydration/gastroenteritis
- Diabetes complications
- Flu / pneumonia
- General abdominal disorders
- General surgery
- Gynaecology
- Orthopaedics
- Sprains, strains, minor wounds
- Urology

Expansion and innovation in mental health care

The NHS in South East Essex has been developing mental health services successfully over the last five years, including the opening of a new state of the art hospital in Rochford. The main focus has been on serious mental health problems, and we recognise that we now need to tackle the prevention of mental health problems with earlier interventions, leading to better mental health and well being. The challenges for the next five years are:

- A rise in mental health problems in both young people and adults
- A growing number of people with dementia associated with the increasing number of older people

Depressive disorders can have far-reaching implications for people, including physical health and well being. Similarly, for people with dementia there can be profound effects including the impact on Carers and families.

Potential benefits for patients and Carers:
- More convenient services closer to home
- Better care at an earlier stage supporting quality of life and independence
- People have more options and a say in decisions about the type of treatment that is right for them and where and when to have it
- More personalised services with day to day support for people with long term conditions from a coordinated team of health and social care professionals
- More efficient hospital services, able to reduce waiting times and improve the patient experience
- More health care and better outcomes for the money spent, leaving more money

available to support health improvement and preventative care

We have already started working with new service providers, including those in the voluntary and independent sector. In future these could work alongside GPs and primary care teams to improve access to mental health care as part of mainstream local services.

Developing GP premises and local centres

NHS South East Essex has a high proportion of small GP practices compared with other parts of England. National patient survey results show that local people are generally satisfied with the overall service they get from their local GP. Also small practices tend to score well in terms of people appreciating a personal service and convenient location. However, our recent review of GP premises shows that many are in need of refurbishment and some are simply unfit to meet the basic requirements of modern healthcare. As a consequence they cannot perform in service terms as well as GP practices in more modern facilities. There are other drawbacks to small GP practices. When there are only one or two GPs in a practice it is difficult for the GPs to provide the additional services and longer opening hours that other larger practices can provide. Smaller practices are more vulnerable to staff absences and tend to have to spend a disproportionate amount of their income on administrative overheads. The current condition of GP premises in South East Essex means high costs and low efficiency. It puts a constraint on professionals, giving them only limited scope to provide the kind of community based services that will offer better alternatives to hospital. Unless we improve the state of our local facilities and reduce the number of small practices, more money will have to be spent on premises in the future that could otherwise be available for better health care.

Potential benefits for patients and Carers:

- Easier access to mental health care such as psychological therapies and support with less of a stigma attached
- Better care for people with physical symptoms
- Prevention of more serious mental health problems
- Earlier detection of dementia leading to support at an earlier stage
- Better support for Carers, avoiding further health problems

Potential benefits for patients and Carers:

- Pleasing and comfortable, modern facilities that help professionals provide better services for patients
- Longer opening times and services those are more convenient for patients
- More opportunities for expansion and innovation in the range of services available from local GP practices
- More health care and better outcomes for the money spent, leaving more money available to support health improvement and preventative care
- Investment in some deprived areas that are currently not as well-served as other areas

South West Essex PCT

The programme of work to improve the quality and provision of mental health care in South West Essex has 4 main goals or focus areas:

- To develop a suicide prevention strategy by involvement of key stakeholder and an action plan to reduce the number and rates of suicides by 2011. To develop mental health promotion strategy by involving key stakeholders.
- Improving Access to Psychological Therapies
- To develop and implement a dementia strategy
- To reduce the rise in alcohol related hospital admissions in line with Essex LAA2.

What we will continue to do well:

- We have procured a team of community development workers to ensure views of BME communities influence strategic decision making.
- Invested in a new assessment unit to reduce out of area placements. Since introduction, we have not incurred any costs from acute out of area activity

Changes we will make first:

- Undertake a suicide audit
- Implement Improving Access to Psychological Therapies service.
- Implement dementia pathway.

Each of these goals delivers against some of the 15 strategic outcomes that are core to our strategy and are being met by a set of actions which will ensure that the population of South West Essex has access to a broad range of mental health services.

Mental health goals	DIrect actions to deliver
Develop a suicide prevention strategy by involvement of key stake-holder and an action plan to reduce the number and rates of suicides by 2011. To develop mental health promotion strategy by involving key stakeholders	• Raising awareness on mental health promotion and strategy during 2009/10 and 10/11 • Undertaking location and hotspot audit of suicides 2009 • Hosting workshops and stakeholder events to consult on strategy and engage with all partners 2009 • Implement strategy and action plan following audit during 2009–2011. Then review of progress and revise as required in 2010 to achieve target
Improving Access to Psychological Therapies	• Procure IAPT contract for 1 April 2009 and monitor/ review implementation during the five years
Develop a dementia strategy	• To review and revise the pilot dementia care pathway implemented from September 08 following full year implementation to ensure delivering as expected
Reduce the rise in alcohol related hospital admissions in line with Essex LAA2	• Introduce alcohol screening and brief interventions into primary care – during 2009/10 • Increasing the capacity within existing Tiers 2 and 3 specialist (D&A) services during 2009/10 focusing on relapse prevention and post detoxification support; review in 2011 following full year implementation to measure effect and revise approach as required • Work with Basildon Hospital during 2009 to support introduction and review of alcohol interventions developing an action plan for 2010 onwards

Detailed goals, metrics and actions:

GOAL 3.1: Develop a suicide prevention strategy by involvement of key stakeholder and an action plan to reduce the number and rates of suicides by 2011; develop mental health promotion strategy by involving key stakeholders

Associated local outcomes:

- Outcome 15: Mental health

Rationale

Our strategic direction is to reduce the number of deaths from suicides and promote mental health and well-being in the population. This supports the SHA pledge to ensure health and healthcare is available to marginalised groups and TTBT work stream on mental health.

Improving mental health will contribute to meeting many of NHS SW Essex and LAA targets. The actions will help achieve Standard 1 of the Mental Health NSF and Choosing Health delivery plan. Action will be geared towards marketing mental health and respecting equality and diversity.

Mid Essex PCT

Strategic Initiative G: Mental health & well being for the whole community

NHS EoE Pledges

Aim and overview	The initiative aims mainly at improving the mental health service within our community in response to the outcome of The Joint Strategic Need Assessment (JNSA), population profile and stakeholder consultation. In 5 years time, the population will have access to effective and responsive mental health services. Our staff will be better informed about mental health issues so as to ensure timely referral and access to appropriate interventions, to include crisis. We will develop mental health pathways for HMP/YOI Chelmsford in line with national guidance on prison healthcare. NHS Mid Essex is also committed to the development of comprehensive, user focused dementia services that are locally accessible to members of the community.
Impact on mid Essex	Lower wait times for access to secondary care mental health services Equity of service across Primary Care Better information about common mental health problems and earlier detection, diagnosis and treatment Positive action to tackle the stigma associated with mental health problems Decrease in the amount of medication being prescribed for anxiety and depression Improved access to memory assessment services leading to earlier detection, diagnosis and treatment Redesigned mental health Pathway redesign at HMP YOI Chelmsford Increased A&E liaison to focus on the reduction of self harm and suicide prevention
Financial Impact	09/10: 1,179 | 10/11: (58) | 11/12: (25) | 12/13: 0 | 13/14: 0 (£,000s) These figures show the change in investment as compared to the previous year. This represents a total investment over the 5 years of £5.6m
Risks to Delivery	• Service providers may take up IAPT at a slower pace than anticipated • Recruitment by providers of high and low intensity workers may be slower than planned

Essex Works.
For a better quality of life

This report is issued by

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