

**Minutes of the Child and Adolescent Mental Health Scrutiny Study Panel held on  
26 January 2010 in Committee Room 1 County Hall Chelmsford**

**Membership**

*	Cllr Graham Butland
*	Cllr Eddie Johnson
	Cllr Margaret Hutchon
*	Cllr John Baugh

(\* present)

The following officers were present in support throughout the meeting:

Janet Mills	Committee Officer
David Moses	Head of Member Support & Governance
Tanya Elcock	Governance Officer

**1. Apologies and Substitution Notices**

The Committee Officer reported an apology from Councillor Margaret Hutchon.

**2. Declarations of Interest**

The following declarations of personal interest were recorded:

Councillor	Reasons
Cllr John Baugh	Chairman of Children Centre Partnerships And His Son was employed as a Social Worker.

**3. Minutes**

The notes to the Panel meeting held on 23 November 2009 were agreed and signed as a correct record by the Chairman.

**4. Children's Survey 2009**

The Group received report CT&F/01/10 giving details of a survey undertaken of Children who were receiving services from Child and Adolescent Mental Health Service.

David Moses, Head of Member Support and Governance, outlined the main details of the report to Members. Members commented upon the broad based

nature of the research. In answer to questions regarding where the research was undertaken, David Moses advised the Group that the survey had been undertaken in five districts across Essex.

In particular the Panel noted the list of implications as set out in the research paper. Members considered that these implications should form part of the basis of the Panel's scrutiny review.

## **5. Children and Adolescent Mental Health Services Review**

The Panel received CT&F/02/10 giving details of the Children and Adolescent Mental Health Service Review undertaken by the Strategic Health Authority in September. A report giving details of a CAMHS Self Assessment undertaken by the North Essex Partnership NHS Foundation Trust and a Progress Review undertaken in November 2009 attached at appendix 1 of the report, had also been circulated to Members.

David Moses advised that the report had been circulated to the Group to provide Members with background information. Members commented that they were impressed with scale of the CAMHS self assessment. The panel discussed in more detail the report at appendix 1 setting out the progress review undertaken in November 2009. In particular the Group noted the opportunities and barriers for service development as set out in the paper.

## **6. Children and Adolescent Mental Health Services**

The Panel received an oral presentation from Jane Harper-Smith who introduced herself as being an independent consultant who had been engaged by Essex County Council for two years to advise upon how to revise and reshape the CAMHS Service. Her engagement had taken place following the Joint Area Assessment review of Children's Mental Health Services. Under the terms of her employment contract she would be leaving at the end of March this year.

### **Essex Overview and Strategic Context**

- Essex Covered 1,300 sq miles
- Children made up 24.4% of the population of Essex
- 10% (25,300) of children between the ages of five and nineteen years would have diagnosable mental health problems
- In addition a further 10% (25,300) of children would have severe emotional, behavioural problems these were classed as lower types of mental health problems
- If these mental health problems were not addressed in childhood then it could lead to one in four adults continuing to have some type of mental

health problems. This outcome was not being recognised or properly addressed.

The area being covered by the service in a county the size of Essex was a problem. In some areas the service was good, and in some areas not so good, lack of staff resources was a key issue. Using standard 9 of the National Service Framework (NSF) - mental health related to children as a benchmark, the figures quoted above were broadly in line with the national averages. It was acknowledged that using average figures as a measure could mask the problems.

### **Deprivation Ethnic Minorities, Educational Attainment and Social Factors**

The link between poor mental health and areas of deprivation and the issues that effected ethnic minority groups were outlined to the Panel. The Essex picture was as follows:

- There were pockets of deprivation in parts of Tendring, Basildon Harlow and a small pocket of deprivation in the Colchester area.
- Essex had a low number of ethnic population this could be more isolating and access to service might be difficult, due to lack of peer support and language difficulties
- There were pockets of asylum seekers and travellers along the Essex coastline.

The effect that poor mental health had on children's education attainment and the effects upon life expectancy were also outlined. The Essex picture was as follows:

- People in Essex with mental health problems had an 18 year lower life expectancy rate when compared to other counties; this was the worst rate in the Country.
- Between 2003-2007 was below the national average for those attaining five A to C GCSE grades however the situation had improved since then because schools were now recognising and working with the problems.
- In the Southend on Sea Area the rate of educational achievement was considerably higher than the national average. The rate of self harm and suicide had also dropped significantly. Members questioned whether the renowned Grammar schools located in the Southend area, where only top grade students attended, may have skewed the figures. Members also questioned whether smaller sized population of Southend unitary authority, when compared to the Essex population had any bearing on the outcome. In answer to question the Panel was advised that the unitary authority had undergone its JAR assessment two years before Essex County Council. In response to the assessment the Southend on Sea CAMHs service had

tackled problem areas by targeted services. This approach was considered to have been successful.

Other social factors such as child poverty and the number of children with a child protection plan and the number of children looked after were outlined to the Panel as follows:

- It had recently been reported that there had been an increase in children living in poverty. In answer to questions from Members, how this was measured was explained as being measured against a percentage of the national average income of £24,000. Households receiving less than £9,000 per year are considered to be living in poverty. In Essex Harlow and Tendring were particularly affected by this increase.
- In Essex there had been a big increase in the number of children with a child protection plan and the number of children looked after during 2007 and 2008. Areas with particular problems included Southend on Sea, Harlow Basildon and Tendring. There was also a slight increase above the national average in Colchester.
- There had been a 40% increase in referrals to the child mental health service. The referrals had come from General Practitioners (GPs), Social Workers Schools, Accident and Emergency and the Police.

### **Performance and Contracts**

Essex County Council (ECC) worked jointly with the five Primary Care Trusts (PCTs) in Essex. Work undertaken over the last two years to reshape the CAMHS service was outlined to the Panel.

The Panel was advised as follows:

- All contracts and service level agreements had been reviewed. Partnership agreements between the ECC and service providers had also been reviewed. Some services which had been provided by voluntary sector and third party providers, were not giving value for money due to signposting issues these had been de-commissioned and re-provided.
- Contract terms were being changed from 'block' to cost and volume contracts.
- The model of service provision across Tier 2 and Tier 3 had been reviewed so as to provide a targeted workforce approach.
- Joint detailed service specifications for specialist provision had been reviewed and changed as necessary

- A robust performance management framework and joint contract monitoring process with providers had been established
- A new Crisis and Home Treatment Service was being commissioned

### **Joint Commission Priorities.**

Working closely with the 5 PCTs joint commissioning priorities had been established. The Panel was advised as follows:

- A three year commissioning action plan had been agreed and approved this week. Members requested a copy of the plan be sent to them.
- To ensure a universal provision
- To train the universal work force including teachers
- To roll out Mental Health First Aid Training across all 570 schools in Essex, this would cost £105,000.
- To accelerate rollout of the Healthy Schools and SEAL initiatives. It was acknowledged that work should also be undertaken at primary school level. implement the new BCFPI assessment system so as to identify children with additional needs
- To introduce parenting programmes  
To undertake parental work in children centres this would capture children under the age of five years old. (There were 60 centres in the areas of highest deprivation in Essex)
- Targeted support of early intervention would include the following aspects:
  - Redesign of local authority Tier 2 CAMHS into quadrants
  - Developing stronger links and support for child protection teams
  - Increasing staff capacity, currently there were 78.8 full time equivalent(fte) CAMHS workers, the NSF suggests there should be 270 fte to cover of the population in a county the size Essex.
  - Reduce the number of fixed term temporary employment contract, currently there were 10 of these.
  - Commission improvements in the CAMHS Learning Difficulties provision to meet the (N151) standard required.
  - Improve early detection using the new BCFPI system
  - Improve transitions for 16 and 17 year olds
  - To undertake two TAMHS pilot projects in schools, one in Harlow and one in Braintree. The two projects were of a different nature. Depending upon the results, the most successful would be rolled out to other schools.
  - Undertake dual diagnosis work across the county. Pilot projects in Basildon and Harlow would be undertaken
  - Improve Transitions for 16 and 17 year olds. IT solutions were required as one problem was that not all 16 and 17 year old were on the existing data base, this made transition difficult

- To Commission a new Home Treatment Service.

The CAMHS Tier 3 and Tier 4 services were outlined. The Panel was advised as follows:

- There were 10 CFCS teams in Essex. Seven teams in the north and three teams in the south of the county. Tier 3 services were also under resourced. Currently there were 150 fte CAHMS workers, this was to the nationally recommended requirement of 270fte.
- With regard to the reshaping of the Tier 3 and 4 Services, the CAMHS Commissioning Executive had agreed to commission the Brief Child and Family Phone Interview tool (BCFPI) by September 2009.

### **Brief Child and Family Phone Interview (BCFPI)**

The history and development of the BCFPI was outlined to the Panel. The Panel was advised as follows:

- Historically the system came from Canada. The Essex CAMHS service would be the first to use the system in the Great Brittan.
- This was web based and set out a checklist of 10 questions which could identify the child needs. Depending on the outcome of the answers given, the client could be referred for a telephone interview. The system would map all local service and voluntary organisations. The client would then be referred to the most appropriate services to meet their needs.

In answer to a question regarding how successful the system had been in Canada, the Panel was advised that the initial assessment tool had radically reduced initial assessment waiting times. Typically, after completing the web based questionnaire, where appropriate, a client would wait 2 days for a telephone interview. The client would then be directed to the most appropriate specialist service intervention.

In answer to a Member's question regarding the length of time it had taken to implement the BCFPI system, the Panel were advised that a number of adaptations had to be made to the system to make it a joint health and social care facility. It also needed to be adapted in order to become compatible with existing social services and safeguarding systems. Care was needed to ensure there were no data sharing issues and there had been some IT issues to overcome. There had also been the need to adapt the client questionnaire; researchers had helped to ensure same outcomes. It was envisaged that the system would be implemented over the next year. The system was to be piloted by each of the five PCTs and schools would pilot the check list.

Essex was well served with regard to the level of inpatient provision available. There were 17 beds available across Essex (Rochford and Colchester) and facilities at Brookside in North London. More universal training was required to stop inpatient escalation.

### **Commissioning CAMHS Workforce Development**

Work undertaken related to workforce development was outlined to the Panel. The Panel was advised as follows:

- Funds had been identified to provide 2 Integrated workforce development workers. These would be in post this year.
- Skills capability and capacity were being mapped so as to identify any shortfalls against the NSF suggested requirements.
- Universal training and education linking with the SHA pilots across the 5 PCTs was being undertaken.
- A county wide review of the CAMHS services for those with learning difficulties was being undertaken. Members requested a copy of the review be sent to them.

### **Financial Progress**

How the CAMHS service was financed and the service's key challenges were outlined to the Panel. The Panel was advised as follows:

- The service received a mixture of grants and reward funding. Some schools had used LDP funds to employ mental health workers. There would be no local development funds available this year.
- Historically the service had been underfunded and was not a high priority for PCTs. The Five PCTs in Essex jointly used their funds of £15m predominantly on Tier 3 and Tier 4 services. More funds needed to be directed into Tier 2 services to prevent escalation of referrals to Tier 3 and 4 services.

### **Key Challenges**

The key challenges for the service were outlined to Members. The Panel was advised as follows:

- All agencies needed to invest in the service so as to tackle the historic under investment in the service.
- To find a Champion and raise the profile of the service. The service played a key role in supporting Child Protection cases and safeguarding. Increases had been seen in self harm and suicides also referrals to the crisis team had increased. There were also concerns of under reporting and high thresholds. Members raised concerns that the momentum of work

undertaken so far to reshape the CAMHS service would stall when Jane Harper Smith left the ECC organisation in March this year.

- To address the shortfall in the workforce by phasing out fixed term appointments and bring the staff compliment in line with requirements as set out in the NSF.
- To tackle cultural issues such as Mental Health is not just an NHS issue.
- Introducing integrated models of service provision supported by an integrated workforce development strategy.

## 7. **Scoping Document and Work Plan**

The Panel received report CT&F/03/10 setting out a draft scoping document and putting forward a draft work plan. Members were asked to consider whether the Panel required additional information and what range of witnesses should be asked to attend a future Panel meeting.

The Panel discussed the information and agreed what additional information should be made available, and the range of witnesses that should be invited to attend future Panel meetings. Members also agreed that future meetings could be in the form of a visit.

It was **agreed** that Tanya Elcock Governance officer would redraft the scoping document accordingly.

## 8. **Dates of Future Meetings**

Members noted the dates for the next two meetings of the Panel as follows:

Friday 26 February

Wednesday 24 March