

## *Report of the Children and Young People Scrutiny Panel*

### *Review of child and adolescent mental health services in North Lincolnshire*

October 2007 - May 2008

The council's scrutiny panels examine in detail selected areas of the council's work, responsibilities and policies.

The aim is to find out if there are ways in which the council could be doing things better, and to influence national issues.

This report is the end result of a review into a particular subject. It sums up how the review was carried out, its findings/considerations, conclusions and recommendations for any improvements which could be made.

## **SCRUTINY REPORT**

### **REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN NORTH LINCOLNSHIRE.**

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## **INTRODUCTION BY THE CHAIR OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL**

The Children and Young People Scrutiny Panel present this review as a contribution to the improvement of the CAMH Service in North Lincolnshire. We undertook this review as a consequence of a generally perceived view that the service needs improvement if it is to offer a high standard of help to its users.

Children and young people can suffer from a wide range of behavioural and psychiatric problems and need the best help that our society can provide for them. A young person with problems will become an adult with problems unless they are dealt with effectively.

We hope therefore that this review and its conclusions and recommendations will prove to be of value to those who commission and those who provide this service, and will enable them to offer better and more comprehensive help to the young people of North Lincolnshire.

Whilst this review is intended to improve the service where we feel there are deficiencies, we would not wish to imply any criticism of those who work in the CAMH Service whom we recognise as hardworking and dedicated.

Councillor Stuart Wilson  
Chair, Children and Young People Scrutiny Panel

## **MEMBERSHIP OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL**

The review was carried out between October 2007 and May 2008.  
The Membership of the Panel during the review was as follows:

Councillor Stuart Wilson (Chair)  
Councillor Mrs Jean Bromby (Vice-Chair)  
Councillor Mrs Linda Cawsey  
Councillor William Eckhardt  
Councillor Carl Sherwood\*  
Councillor Nigel Sherwood  
Councillor Mrs Margaret Sidell\*  
Councillor Mrs Margaret Simpson  
Councillor David Whiteley

Statutory co-opted Members (voting rights on educational issues)

Mr Philip Bacon (Parent Governor Representative)  
Mrs Angela Dunkerley (Parent Governor Representative)  
Mrs Wendy Witter (Diocesan Board of Education Representative)

Co-opted Member (non voting rights/advisory capacity)

Mr Mick Gibbs (Head of Children and Family Services – North  
Lincolnshire Council)

\* Denotes changes after Annual Meeting of the Council, May 2008.

# **1. THE SELECTION AND SCOPE OF THE REVIEW**

## **1.1 The selection: -**

The Children and Young People Scrutiny Panel agreed to undertake a review into Child and Adolescent Mental Health Services (CAMHS) in North Lincolnshire in October 2007. The selection of this review followed discussions held in members surgeries and with those working with children in areas such as education, social care and health services.

During the initial fact finding session carried out by the panel, it was apparent that there were five key areas that would form the basis of this review. These sought to test how easy it was for young people and their families to get access to CAMHS services in North Lincolnshire. The five areas were: -

- (i)** To examine the conditions of the National Service Framework (NSF) for CAMHS (CAMHS is one element of the NSF for Children, Young People and Maternity Services), and whether these are being met within North Lincolnshire.
- (ii)** Whether young people's mental health services in North Lincolnshire are being provided in a way that meets the needs of service users, their families and carers, and that enables ease of access for all.
- (iii)** The effectiveness of care pathways for children and young people, with particular focus on the transition from CAMHS to adult services. Conclude on how far the needs of all young people with mental health problems within the 16-19 years age range are being met.
- (iv)** The extent to which relevant agencies are engaging with the 'Every Child Matters' agenda, as it relates to CAMHS, with particular emphasis on partnership working between statutory and non-statutory organisations.
- (v)** To consider any shortfalls within the current service provision, and any proposed initiatives to address these.

## 1.2 How the review was carried out: -

During the course of the review that followed, the panel's approach was to gather evidence in a number of ways. This included using desktop research, interviews with expert witnesses, visiting services and holding workshops.

\* **Interviews:** - were held with the following internal and external witnesses: -

<b>Date of Meeting:</b>	<b>Witnesses:</b>
1 October 2007 and 4 February 2008	Sylvia Pounds – Rotherham Doncaster and South Humber Mental Health (RDaSH) Manager
6 December 2007	Angela Waddingham – North Lincolnshire Primary Care Trust
6 December 2007 and 4 February 2008	Tracey Clark - Assistant Director of CAMHS (RDaSH).
3 March 2008	Steve Carver-Smith – Child and Family Unit.
3 March 2008	Darren Brierley – South Bank Clinical Psychology Service.
17 March 2008	Workshop evening with 20 Head Teachers from across North Lincolnshire Schools.
31 March 2008	Jayne McGregor – North Lincolnshire Youth Offending Team Manager.
28 April 2008	Allison Cooke – Chief Executive of North Lincolnshire Primary Care Trust.
28 April 2008	Richard Stiff – North Lincolnshire Council Deputy Chief Executive – Individuals.

- \* **Visits:** - Some of the members of the panel took the opportunity to visit two Tier 4 (see page 6) establishments. They were Ash Villa in Sleaford, and West End in Hull.
- \* **Meetings:** - A series of public meetings were held with the full panel for witness interviews and presentations, together with planning and evaluation meetings to consider information collated and presented to members.

Sub-groups made up of panel members also met to deal with urgent business to enable the review to proceed efficiently and effectively.

During this review the panel spoke to a large number of individuals who added a huge amount to members' understanding of the issues relating to CAMHS in North Lincolnshire. Without the support of these individuals, who gave their time and expertise so freely, the panel would not have been able to produce this report.

## **2. BACKGROUND**

The provision of services for children with mental health problems is complex and has to meet the needs of children and young people with very different experiences. This includes those with very clearly defined mental and psychiatric difficulties, as well as a broader range of children with less well-defined emotional needs and behavioural issues.

The NHS Health Advisory Service review of CAMHS, 'Together We Stand' (1995), set out the currently accepted four-tier strategic framework for planning, commissioning and delivery of CAMHS. This tiered approach is intended to identify a continuum of need and ensure that a comprehensive range of services is commissioned.

### **2.1 CAMHS Tiers explained: -**

#### **Tier One:**

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 Two:**

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 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 Three:**

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 Four:**

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 disorder 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.

This four tier strategic framework acknowledges that many different agencies contribute towards the mental health and psychological well being of children and young people, including GPs, schools, social workers, youth justice workers and voluntary agencies. 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 the area, with clear referral routes between tiers.

The Every Child Matters agenda, underpinned by the Children Act 2004, and the NSF for Children and Young People and Maternity Services, provide the key policy drivers for developing a joint commissioning strategy through recognition that a commissioning of CAMHS is inescapably a multi-agency activity.

The Every Child Matters agenda is intended to stimulate integrated working to support every child, whatever their background or their circumstances, and underpins the role of this panel, in order to achieve the following five outcomes for children and young people in North Lincolnshire:

- 1 Be healthy
- 2 Stay safe
- 3 Enjoy and achieve
- 4 Make a positive contribution
- 5 Achieve economic well-being

All these contribute to good mental health of children and young people in North Lincolnshire. *Young Minds 2005* indicates that there is much evidence to show that some childhood mental health problems can be prevented, and many others can be prevented from causing long-term damage. However, this can only happen with early identification and intervention. *Young Minds 2005* also highlighted that in an average primary school of 250 children, you can expect to find 3 children suffering from serious depression, 11 suffering significant distress, 12 with phobias and 15 with conduct disorders. This is another reason that the panel felt it was vital to carry out this review in order to assess the service provision in North Lincolnshire.

Early indications during the background research into this review highlighted the importance of different agencies working together to promote emotional well being, which is also reinforced by the NSF. The need for timely, integrated multi-disciplinary services is essential, and was therefore a priority for this panel to investigate during the review.

### 3. THE PANEL'S FINDINGS/CONSIDERATIONS

#### 3.1 Defining CAMHS in North Lincolnshire: -

CAMH Services are provided by the statutory agencies responsible for the health, social care and educational needs of children and young people in North Lincolnshire.

**Comprehensive CAMHS** – refers to all provision that aims to meet health needs of young people. This can be provided by professionals specifically working in this area or other workers for whom CAMHS is but one component of their work e.g. health visitors, teachers, Special Educational Needs (SEN), support workers and social workers. To be a comprehensive CAMH Service all four tiers should be evident and fully functioning.

**Specialist CAMHS** – refers to specialist mental health professionals employed by the NHS working either individually and/or in teams whose sole function is responding to mental health referrals for children and young people. Locally these are commissioned by the Primary Care Trust and provided by Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH). The Primary Care Trust commissions Tier 4 services and other specialist services (eating disorders for example) through individual cost per case arrangements to meet assessed needs for the most complex cases.

Originally at the start of the review members agreed to follow the brief as outlined in the scope of the review and attached at appendix one. Unfortunately as the review progressed it was apparent that the issues/areas were far too wide, complex and time consuming to cover. Therefore, it was with the agreement of all panel members that in the main they would concentrate on part 2 of the brief, namely: -

*' to establish whether mental health services in North Lincolnshire are being provided in a way that meets the needs of service users, their families and carers, and the ease of access for all'*

In doing this they agreed to focus particular attention on Specialist CAMH Services provided in North Lincolnshire.

### 3.2 Specialist CAMHS in North Lincolnshire

Specialist CAMHS in North Lincolnshire, as mentioned previously, is currently provided by RDaSH, a Specialist Mental Health and Learning Disability Trust since 1999, and has been a Foundation Trust since August 2007. It serves a total population of approximately 152,850 in North Lincolnshire of which 38,200 are aged 0-19 years. A minimum of 10% of these children and young people will experience mental health problems according to the *Office for National Statistics, 2004*.

The NSF (standard 9 CAMHS) paragraphs 9.1 to 9.3 recommends a core team of Tier 3 CAMHS for the North Lincolnshire population (circa 150,000) of a minimum of 22.5 whole time equivalents (wte). CAMHS in North Lincolnshire has 10.08 wte, leaving a shortfall of approximately 12.5 wte.

There are also three Primary Mental Health Workers; two wte psychologists working directly with children's social care, and one wte CAMHS worker in the Youth Offending Team. However, these are excluded categories from the calculation for the core team above as indicated in *paragraph 9.3 of the NSF*.

What should Specialist CAMHS do? -

- Work directly with the child and family (as appropriate) using a variety of treatment techniques e.g. behavioural, cognitive, play and family therapies.
- Produce specialist reports, including those for the courts.
- Collaborate with other agencies by providing advice, involvement in case conferences and statutory proceedings.
- Provide a liaison and consultation service.
- Facilitate access to inpatient/residential facilities where necessary.

And provide

- Indirect work supporting Tier 1.
- Teaching sessions on paediatric wards.

- Regular group work, consultation, advice and behavioural management planning in schools.
- Regular monthly support to teaching staff for complex cases.
- Input into school fairs.
- Joint anger management/parenting and other groups with Tier 1 staff, which they will eventually run themselves, with RDaSH as a contact point for advice.
- Regular consultation with foster carers and residential care staff.
- Support for tiered foster care.
- Leadership and promotion of the consistency in parenting advice and support.

North Lincolnshire currently has a non-emergency community service which functions between 9am and 5pm, Mondays to Fridays (except bank holidays). It is a service for children with moderate to severe difficulty in child mental health terms. There is no provision of a day hospital, in-patient beds or an out of hours service as it is not considered cost effective.

The panel was advised that a North Lincolnshire CAMHS strategy had recently been put in place, which sets out a new service model. As this model was discussed, developed and implemented, a parallel exercise of process mapping and redesign was undertaken in order to reduce/eliminate waiting lists and meet the following three key targets: -

- 1 To raise the awareness of children, young people and their families and front-line staff, and highlight the importance of their contribution to a child/young person's developing mental well-being
- 2 To create equitable and easy access when a child/young person experiences mental distress and requires information and/or support
- 3 To be proactive in tackling the current stigma associated with accessing mental health services.

### **3.3 Waiting Times**

The three key target areas of the strategy proved interesting to members as findings from this review suggested waiting times and ease of access to the service were poor after gathering evidence from different organisations. From documentation received and discussions held with professionals, members learned that waiting lists remain a considerable barrier to providing children with early interventions.

When the panel investigated these issues RDaSH provided the panel with statistics on numbers waiting as at 31/12/07 (see appendix 2). Tracey Clarke, Assistant Director of CAMHS attended and informed the panel that the current workload was 747 referrals, two thirds of which were boys under 10 years of age, and it was explained that this was typically due to behavioural issues.

Also highlighted during this interview was the fact that 105 children/young people were still waiting across North Lincolnshire for a referral, with the longest wait being 66 weeks! Members expressed their concerns on the waiting times and the impact this could have on the individuals involved. Tracey Clarke explained that the figures quoted had been reduced significantly since December 2006, but it was acknowledged that there was still the need for further improvements. It was hoped that the new CAMHS Outreach Choice and Partnership Model for North Lincolnshire (version 2), which was published in January 2008, would combat some of these issues. However, the figures were still of great concern to the panel, in particular the total number of 33 young people who were currently still waiting over 18 weeks as of 31 December 2007.

### **3.4 Delivery of a Tiered Service**

It was noted earlier in the report that CAMH Service in North Lincolnshire is based on a tiered model. (As described in detail on pages 5 and 6 of the background to this review).

During the first interview held with Sylvia Pounds, RDaSH, CAMHS Manager, there was major concern amongst the panel when they were told that there was no established Tier 2 service for North Lincolnshire, and that the Specialist CAMH Service at Tier 3 was having to try and cover all the areas at Tier 2, as well as cover all issues at Tier 3 which they should be concentrating on. The panel was informed that the lack of Tier 2 provision was a vital missing link within the service for North Lincolnshire.

Tier 2 provision is vital for working with the community and providing links between the tiers. Their involvement is to focus on identifying needs within the localities and providing consultation, training and support to Tier 1 staff. With assistance from Tier 3 they would also have a role in filtering referrals and managing the work flows in and out of Tier 3. On several occasions throughout the review members were informed of the lack of this particular service, and how it was having a knock-on effect on waiting times, referrals and workloads.

Steve Carver-Smith from the Child and Family Unit, and Darren Brierley from the South Bank Child Clinical Psychology Service were invited as witnesses during the review and also highlighted issues due to the lack of Tier 2 provision. They emphasised that the specialist teams were having to deal with the high risk/most needy cases, often resulting in those deemed to be at lower risk being delayed. A screening process was in place to highlight the most needy cases. But it was felt that these limitations urgently needed to be addressed, and it was resulting in those needing care at the lower end of the scale not receiving treatment soon enough.

Comparisons were made with neighbouring North East Lincolnshire Council, where the panel was advised that there had been a substantial increase recently in their Specialist CAMH Service provision. These consist of a core team of nine full time equivalent staff, some of whom are currently undergoing training and development to become fully qualified specialist CAMHS workers. This was soon to be completed, giving them a team of fully qualified workers, who would then work in partnership with the Youth Offending Team, Substance Misuse Service and also Behaviour Team.

The panel was also informed that there were no Tier 4 services locally within the trust area of North Lincolnshire. However, the PCT do have access to two Tier 4 units, one at West End in Hull and the other at Ash Villa in Sleaford.

Panel members split into groups and visited the two Tier 4 units in order to establish the referral routes and discuss issues surrounding emergency situations. However, it was to the panel's amazement that the staff at Ash Villa could not recall the last time they had had a referral to the unit from North Lincolnshire, and West End in Hull indicated that the last referral from Scunthorpe was a day referral in 2006, and the last boarding referral was in 2003.

When Sylvia Pounds was questioned about the lack of Tier 4 services being used by North Lincolnshire, she explained that there is a clear correlation between mental health issues and areas of deprivation.

She concluded that North Lincolnshire did not have the level of need for Tier 4 specialist units and therefore the services provided locally had been designed to reflect this.

Questions were also asked about the referral pathway used within North Lincolnshire and whether it was meeting the requirements of children and young people who required support from all four tiers. The panel was advised that the Specialist CAMH service was aiming to move towards a single access point rather than the three currently adopted. Support arrangements were to be improved to provide sufficient assistance within Tier 2 of the referral system, and negotiations were taking place with the Primary Care Trust to achieve this. It was unclear as to whether a new team would be created or whether this would be a virtual team, calling upon the expertise of professionals from all sectors. Other professionals interviewed felt that North Lincolnshire would benefit greatly from a dedicated, but targeted Tier 2 service that would work proactively with the Tier 3 teams already in place. This should consist of professional and qualified mental health specialists.

### **3.5 Accessing Services**

The main problem that has been apparent to the panel throughout the review was the referral system via schools/head teachers. The panel held a workshop evening to discuss this matter inviting head teachers or their nominated representative from across North Lincolnshire, of which 20 attended.

It was split into three groups and discussions were held with members of the panel. Interviews were also held with other organisations with regards to referrals and access to the service, and across the board the following issues were highlighted: -

#### **Teachers:**

- Schools are feeling more and more isolated, and feel they have to deal with all the problems on their own, and it is very difficult to get help and assistance from any other organisations.
- Head Teachers felt that they should be able to refer children to CAMHS to get things moving quicker. They expressed views that they are the individuals working with that child on a daily basis, they are aware of the problems and therefore know when external assistance is required. They feel there is no one to refer them to, parents feel let down when the school's only advice is to go to their GPs, and it is often the case that schools are the one in whom parents choose to confide.
- Schools find the situation very frustrating, especially when they have to rely on the school nurse to refer children, and some said they never have a school nurse visit them. Others said the school nurse was very good. There appeared to be little or no consistency across the board.
- They felt that there was no information sharing protocol between schools, GPs and CAMHS as information is 'confidential'. There is no dialogue between CAMHS and the schools. Also schools do not feel they are kept in the information loop once a referral has been made i.e. no

- information on appointment dates, or if a child actually attended the appointment. Evidence and behaviour, which is gathered in schools, is lost because of lack of referral powers. Nothing ever gets fed back to the schools, and communication issues with regards to CAMHS are particularly poor.
- Training was a major issue amongst the groups, as they did not feel they knew enough about the services provided by CAMHS, or other outside agencies that could help them. Teachers felt they might be able to deal with issues much better if they were given advice/training/information on these areas. They do not feel they have anyone to turn to including the councils Children and Young People Service and felt in a very lonely place at times.
  - Head Teachers/Special Education Need Co-ordinators (SENCOs) are asking for the CAMH Service to inform schools of its capacity, entry criteria, and average waiting list time. If the most severe cases are only accepted by CAMHS then schools need to be made aware of that and advised where to refer lower risk cases.
  - Steve Carver-Smith from the Child and Family Unit was also asked about referrals from schools. Steve explained that because of changes to the referral system, Head Teachers were no longer able to make a referral. It was acknowledged that due to restrictions as to who were able to make referrals, schools survived on a reactive basis rather than a proactive basis, often resulting in the child/parent being seen as the problem. It was concluded during this interview that earlier intervention was necessary to avoid these problems escalating and becoming deep rooted.

### **Children and Young People Service (Formerly Social Services):**

- Darren Brierley who attended from the South Bank Clinical Psychology Service, dealt mostly with referrals that came directly from Children and Family Services or the paediatric service within Scunthorpe General Hospital. He informed the

panel that they dealt with between two and 20 referrals each week, with waiting times being around six to eight weeks. The panel compared this with general waiting times provided to the panel by Sylvia Pounds who indicated a total of 33 young people as of 31 December 2007 were waiting over 18 weeks for a referral.

### **Youth Offending Team:**

- The panel decided to interview Jayne McGregor from the Youth Offending Team (YOT) to provide an insight into how they dealt with referrals to CAMHS. She advised the panel that the YOT is a multi-agency team dealing with 8 – 18 year olds who had either committed an offence or were deemed capable of doing so in the future. She went on to inform members that they had a dedicated full time qualified specialist CAMHS worker on site, delivering Tier 1, 2 and 3 services. He in turn provides training to staff within the YOT team to assist with initial assessments.
- All young people are initially screened when they are referred to the YOT. This is to identify any emotional needs. If needs are then identified the young person is referred to the CAMHS specialist on site. She highlighted that it was a very effective service provision, and considered themselves to be fortunate to have a CAMHS practitioner within the service.

### **Educational Psychology Service:**

- Members learned that across the country, Educational Psychology Services (EPS) are under great pressure due to a shortage of qualified educational psychologists, partly as a result of the extensive training required before qualification. Teachers felt that EPS work was invaluable and schools have regular contact with them. However, they did have concerns that once contact had been made, there may well not be any further contact for up to three months. It was felt to be a very long-winded way of accessing help for a child.

## **School Nurses:**

- Throughout the review, the issue of a perceived shortage of school nurses arose. Concern was also raised that because the nurses are employed in term time only, children couldn't be supported or referred outside of these dates.
- There are currently 8.4 term time nurses operating in North Lincolnshire, significantly below the figure suggested by national guidance of 14 whole-time equivalent nurses. This leads to problems of referrals being delayed if the school nurse is not due to visit or it is school holidays, and the teachers have no powers to refer.
- Whilst one option would be to employ more nurses, it may be appropriate to look at the wider issue of coverage and skills mixes in order to ensure that young people get the support they require. The government document Aiming High: A Ten Year Strategy for Positive Activities discusses this issue. Signalling an ongoing government review, the evaluation "will involve looking at the potential for reshaping the existing school nursing service and, where appropriate, locating them within emerging or newly developed multi-disciplinary teams being established as part of the Every Child Matters reforms".

## **3.6 Information Sharing**

Members learnt that information sharing between professionals remains an issue for many, with concerns around the legality and ethics of sharing information. For example, there is still a sense of stigma attached to the term 'mental health' and protecting children from risk of this stigma is an important issue for CAMHS. The service has concerns around maintaining the privacy and respecting the confidentiality of service users. Where multi-disciplinary teams are in place or where professionals from different organisations work closely together, sharing of information does seem to happen, to the benefit of the child.

However the panel found that barriers between, and in some instances within, organisations must be overcome to ensure child-centred services. Members welcomed the use of the Common Assessment Framework, which is now in place as a tool for providing effective multi-agency support for children. However, there were some concerns that this was not being used to its full capacity in all areas.

## **4. THE PANEL'S CONCLUSIONS AND RECOMMENDATIONS**

Arising from the evidence presented during the panel's findings and considerations, its conclusions and recommendations are as follows: -

### **4.1 Waiting Times/Referrals:**

The panel originally set itself the task of understanding the CAMH Service and how it is delivered in North Lincolnshire. As described within the report, this service area is particularly complex, reflecting the range of clients and issues that this service supports. Whilst the panel were provided with various statistics on waiting times, they were difficult to interpret at times making it hard to form an accurate picture. However, the panel was informed that waiting times were being reduced and that the service was making improvements. Overall, the panel is not convinced from the evidence received that waiting times are anywhere near acceptable, and therefore require further improvements.

Waiting too long for a service is clearly unhelpful. The parent, child or young person may be less willing to take up a service where the wait has been excessive. There is also the risk that the young person's condition may deteriorate and become more difficult to treat. According to the *Department of Health's 'Change for Children – Every Child Matters'* document there is strong evidence to suggest that poor attendance rates in CAMHS are most closely associated with longer waiting lists and with whether parents understand and agree with referral.

An issue that arose several times during the review was the referral route from Tier 1 (Generic Services) to Tier 2 and 3 (Specialist Services). The service recognises that referrals can be 'confusing' and that there is a tendency for an agency to choose to refer a client to CAMHS should referral become an option. This obviously has a considerable impact on the service and whilst the panel recognises and welcomes steps taken to address the issue, they believe it can only be resolved through the development of specific referral criteria, which should be agreed by all agencies involved. In addition, specific training should be developed on referral management.

Recommendation(s): -

- (i) That the commissioners and service providers need to agree and implement a more explicit referral criteria and pathway, focusing on a single access point rather than the three that are currently being used.
- (ii) That the need for an earlier intervention/assessment be made available for low/medium risk cases to avoid these escalating into high-risk cases.
- (iii) That appropriate training be devised by CAMHS in respect of managing referrals, and be provided for all non-specialist Tier 1 staff.

#### **4.2 Comprehensive Service:**

The Children's NSF reported that all statutory agencies would be required to have a Comprehensive CAMH Service in place by 2006. In order to do this, both the Green Paper including *'The Every Child Matters'* and the *'Children's NSF'* use the familiar terminology of four tiers of provision for a comprehensive CAMH service.

Concerning the panel throughout this review was the fact that the Tier 2 provision 'A service provided by specialist individual professionals relating to workers in primary care' appeared to be non-existent within North Lincolnshire.

The panel felt that the lack of any dedicated Tier 2 provision was having a knock on effect and creating problems throughout the wider service. Tier 2 should support the work of Tier 3 specialist services that should be working with the more complex cases. However, because this service appears to be non-existent, Tier 3 is being expected to carry out both roles, adding increased pressure and increased waiting times.

It was obvious to the panel that a Tier 2 service needs to be put in place to be able to support the work of a range of community professionals. It would also enable services to respond more urgently to vulnerable parents and young people. In turn this would

allow the needs of those parents/carers and their young child whose problems are more serious and complex, to be dealt with quicker by more specialist CAMHS professionals at Tier 3.

Serious consideration also needs to be given to developing holistic services open 24 hours, 7 days a week, including psychiatric nurses in Accident and Emergency and for 'out of hours' cover where medical interventions seem available only to known clients or through admittance/self-referral at Accident and Emergency. Clearly this situation is not satisfactory.

Resources within the CAMH Service, as highlighted within this report, are well below what they should be according to the NSF, with a shortfall of 12.5 whole time equivalents. This is evident in some of the problems the service is experiencing including long waiting times and referrals. It caused great concern to the panel that due to the lack of qualified CAMHS support at Tier 2, there was a strain on the services currently being provided, focusing in the majority on high-risk cases.

The panel therefore concluded that although the CAMH service within North Lincolnshire faces a number of constraints in which it operates, the framework is in place for the delivery of basic services to all people throughout the area. However, it must be noted that there appears to be a significant lack of resources, which severely limits the development of the service.

Recommendation(s): -

- (iv) That the creation of dedicated and targeted Tier 2 service provision for North Lincolnshire be investigated as a matter of priority.
- (v) That clear links be made between the four different tiers, with services brought together into a central locality to make the overall CAMHS provision more effective within North Lincolnshire.
- (vi) That the provision of the 'out of hours' service be investigated further.

### **4.3 School Nurses:**

The panel believes that the existing school nursing, or the more multi-disciplinary approach as envisaged by the Government, is vital to implementing the support and action necessary to tackle Children's Mental Health in North Lincolnshire. Limited resources and problems associated with term time or time-limited funding was repeated throughout the review and remains a cause for concern. Especially with the inconsistency that appears to exist within schools across the area.

Recommendation(s): -

- (vii) That the provision of school nursing throughout North Lincolnshire be reviewed urgently, as part of the 'Every Child Matters' agenda.
- (viii) That the above review should include consideration of skills mix, and the potential gaps caused by term-time only provision.

### **4.4 Schools:**

During the review, as indicated in the findings, the panel heard anecdotal evidence from a cross section of teachers and Special Education Needs Co-ordinators from schools within North Lincolnshire. The evidence gathered from speaking with them was very worrying and disheartening for the panel. It was the panel's view that the CAMH Service is not reaching all the areas that are crying out for their help and assistance.

Schools appear to be struggling with the fact that they are no longer able to refer young people to the CAMH Service. They feel they have no choice but to refer the matter to a School Nurse (which can be a problem in itself), or they have to send the parent to their GP for referral. A major problem with this is parents trust and confide in the schools, and when they are told they have to go see someone else with their problems they decide to leave the problem and do nothing. Ultimately, this might escalate into a high-risk situation.

It was also apparent that schools are desperate for more guidance and assistance from the CAMH Service. It is not only teachers and SENCOs that need this assistance, but teachers aides and support staff also need training in how to deal with mental health problems/ behavioural problems in order to relieve some of the stress on teachers.

The panel was concerned that some of the schools felt they were failing the children due to a lack of powers or knowledge currently available to them, and with the problems they were experiencing in trying to access the CAMH services. Issues included:-

- (i) Teachers no longer being able to refer a child;
- (ii) Long waiting times, and never knowing the outcome of a child under their supervision who has been referred, and
- (iii) Having no clear pathways to follow.

However, having made these conclusions members of the panel did feel that a young person under the care of the council, or within the Youth Offending system benefited from excellent referral pathways and access to CAMH Services, as they appear to have all the links and expertise readily available to them. It was clear to the panel that it was the young people in North Lincolnshire's mainstream schools who were struggling to be recognised within the CAMHS system in North Lincolnshire, should they require help from the service.

Recommendation(s): -

- (ix) That the provision for Head Teachers to be able to refer to the CAMH service be investigated in line with practice used in North East Lincolnshire following a successful training programme.
- (x) That schools be kept informed by caseworkers and CAMHS staff of individual cases as much as confidentiality allows, so that teachers are given an indication as to the course of action that is being taken. This would allow more consistency and enable the school to support/facilitate any therapy that might have been agreed.

- (xi) That the production of a directory highlighting services that are available to provide help and assistance to statutory agencies, including schools, be produced and made available as soon as possible.

#### **4.5 Future Issues:**

For the final conclusion of this report, the panel wishes to put on record that they are fully aware of the North Lincolnshire CAMHS strategy 2 currently being implemented. This has been put in place to try and underpin changes in working practices, increase investment, and also to highlight the new service model, the panel remains keen to learn the outcome of this strategy, and intends to keep a check on its progress.

Recommendation: -

- (xii) That this review be re-visited in 12 months time

**SCRUTINY REVIEW CAMHS – BRIEF FOR THE REVIEW**

That the panel agree to examine the following issues:-

1. The conditions of the National Service Framework for CAMHS and whether these are being met within North Lincolnshire.
2. Whether mental health services in North Lincolnshire are being provided in a way that meets the needs of service users, their families and carers, and the ease of access for all.
3. The effectiveness of care pathways for children and young people, with particular focus on the transition from CAMHS to adult services. Conclude on how far the needs of all young people with mental health problems within the 16-19 years age range are being met.
4. The extent to which the relevant agencies are engaging with the 'Every Child Matters' agenda, as it relates to CAMHS with particular emphasis on partnership working between statutory and non-statutory organisations.
5. Consider any shortfalls within the current service provision, and any proposed initiatives to address these.
6. How to raise awareness of the issues and, if necessary, make conclusions and recommendations for improvements.

## Appendix Two

### Numbers waiting for referral to CAMHS (as at 31/12.07)

	<b>Nos waiting</b>	<b>Longest Wait Weeks</b>	<b>Numbers waiting Over 18 weeks</b>
Scunthorpe Primary Care and Education	<b>49</b>	<b>43</b>	<b>11</b>
Scunthorpe Social Services	<b>13</b>	<b>66</b>	<b>3</b>
Scunthorpe ADHD Clinic (Paeds)	<b>1</b>	<b>6</b>	<b>0</b>
Scunthorpe ADHD Non Clinic (Paeds)	<b>0</b>	<b>0</b>	<b>0</b>
Scunthorpe ASO (Paeds)	<b>19</b>	<b>26</b>	<b>9</b>
Scunthorpe Behaviour Management (Paeds)	<b>9</b>	<b>24</b>	<b>3</b>
Scunthorpe General (Paeds)	<b>11</b>	<b>26</b>	<b>5</b>
Scunthorpe Neuro Assessment (Paeds)	<b>0</b>	<b>0</b>	<b>0</b>
Scunthorpe CDC Assessment (Paeds) * inaccurate wait due to problem with maracis	<b>3</b>	<b>156</b>	<b>2</b>
<b>Totals</b>	<b>105</b>		<b>33</b>

REFERRALS RECEIVED 1.4.07 - 31.12.07 North Lincolnshire

<b>Referrals Received</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b><u>TOTAL</u></b>
GP/Primary Care	20	22	19	27	14	18	20	23	18	<b>181</b>
Education	0	0	0	0	1	0	0	1	2	<b>4</b>
Social Services	1	6	0	5	3	3	16	11	5	<b>50</b>
Paediatrics	5	9	4	14	16	2	7	17	7	<b>81</b>
Other	2	5	3	1	0	0	3	2	2	<b>18</b>
<b>TOTAL</b>	<b>28</b>	<b>42</b>	<b>26</b>	<b>47</b>	<b>34</b>	<b>23</b>	<b>46</b>	<b>54</b>	<b>34</b>	<b>334</b>

<b>AGE AND GENDER OF CASELOAD as of 31.12.07 North Lincolnshire</b>											
<b><u>SEX</u></b>	<b>Age Range</b>	<b>04/07</b>	<b>05/07</b>	<b>06/07</b>	<b>07/07</b>	<b>08/07</b>	<b>09/07</b>	<b>10/07</b>	<b>11/07</b>	<b>12/07</b>	<b><u>TOTAL</u></b>
Female	10 Yrs & Over	29	36	15	25	13	27	14	18	20	<b>197</b>
	Under 10 Yrs	2	9	5	4	6	12	11	6	8	63
<b>Female Total</b>		<b>31</b>	<b>46</b>	<b>20</b>	<b>29</b>	<b>19</b>	<b>39</b>	<b>26</b>	<b>24</b>	<b>28</b>	<b>260</b>
Male	10 Yrs & Over	28	37	28	39	33	65	44	39	27	<b>340</b>
	Under 10 Yrs	10	6	7	13	11	48	26	9	17	<b>147</b>
<b>Male Total</b>		<b>38</b>	<b>43</b>	<b>36</b>	<b>62</b>	<b>44</b>	<b>113</b>	<b>70</b>	<b>48</b>	<b>44</b>	<b>487</b>
<b>TOTAL</b>		<b>69</b>	<b>88</b>	<b>66</b>	<b>81</b>	<b>63</b>	<b>162</b>	<b>96</b>	<b>72</b>	<b>72</b>	<b>747</b>