

NORTH LINCOLNSHIRE COUNCIL

CABINET

**REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
IN NORTH LINCOLNSHIRE**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To consider the recommendations of the Children and Young People's Scrutiny Panel in relation to a review of child and adolescent mental health services in North Lincolnshire.

2. BACKGROUND INFORMATION

- 2.1 At its meeting held on 25 June 2008, council considered a report of the Children and Young People's Scrutiny Panel in relation to a review of child and adolescent mental health services.
- 2.2 The report was approved by council and referred to cabinet for consideration of the recommendations with a view to the preparation of an action plan.
- 2.3 The panel completed its review in May 2008. It was carried out 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 -
- 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.
 - 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.
 - 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.

- The extent to which relevant agencies are engaging with the "Every Child Matters" agenda, as it relates to CAMHS, with particular emphasis of partnership working between statutory and non statutory organisations.
- To consider any shortfalls within the current service provision, and any proposed initiatives to address these.

2.4 The panel made a number of detailed recommendations. A copy of these are attached as an appendix to the report along with the conclusions.

3. OPTIONS FOR CONSIDERATION

3.1 There are no options associated with this report.

4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

4.1 There may be some resource implications associated with the recommendations when they are implemented.

5. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

5.1 There may be other implications associated with the implementation of the recommendations which will be highlighted in any action plan.

6. OUTCOMES OF CONSULTATION

6.1 The panel consulted other scrutiny members and officers and other relevant organisations in relation to the preparation of the original report.

7. RECOMMENDATIONS

7.1 That the report and recommendations be approved and adopted.

7.2 That the relevant officers within health be asked to prepare an action plan in response to the recommendations of the report.

SERVICE DIRECTOR LEGAL AND DEMOCRATIC

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Background Papers used in the preparation of this report – Nil

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