

**Meeting:** Children and Young People's Trust Board

**Date:** 17<sup>th</sup> March 2008

**Report of:** Director of Children's Services

**Subject:** Development of Child and Adolescent Mental Health Services (CAMHS)

**Wards affected:** All

### **1. Purpose of the Report**

- 1.1 The report sets out the actions that have been, or are being taken to further develop the comprehensive Child and Adolescent Mental Health service (CAMHS) for Brighton and Hove.
- 1.2 It also proposes some new developments for young people with mental health needs and to the emergency and crisis services. The PCT has made £230,000 recurring available for 2008/9 and proposals on how this may be spent are contained in this report.
- 1.3 On 24<sup>th</sup> January the CYPT was notified by the DCSF that the bid for £725,000, over 3 years, to Promote and Improve Emotional Wellbeing and Mental Health in Schools had been successful. This report summarises the work that will be carried out with the allocation.

### **2. Recommendations**

- 2.1 To note the progress being made in the implementation of the commissioning strategy for CAMHS.
- 2.2 To approve the spending plan re the young people's services paragraphs 3.11 – 3.15.
- 2.3 To note the work to be carried out to promote and improve emotional wellbeing and mental health in schools.

### **3. Background information**

- 3.1 A service review of CAMHS was undertaken in 2005/6 resulting in the development of a ten year commissioning strategy, which was agreed by the Children and Young People's Trust Board in March 2006. A progress report was last made to the Board in June 2007.
- 3.2 The strategy sets out five key objectives, which are:

- ❖ To maintain the existing high standards of performance and support the further development of effective, specialised Tier 3 & 4 CAMHS provided by Sussex Partnership Trust. These will offer evidence-based and cost-effective interventions to meet the needs of children and young people with severe mental illness and those with complex mental health and social care needs.
- ❖ To establish a robust, skilled and supported community-based CAMH service aimed at meeting the needs of those who are at risk or whose problems have not yet become severe (Tier 2) and providing early intervention services in accessible locations such as schools and family centres.
- ❖ To maintain the psychological well-being of all children and young people by offering effective information, training, support and consultation to Tier 1 (universal service) professionals, parents and carers.
- ❖ To develop a networked system of services with clear referral pathways between them, offering planned treatment programmes, which are responsive to the views and choices of users and their families.
- ❖ To enhance the planning & commissioning of services which reflect identified local needs, offer flexibility for children, young people and their families and can be demonstrated through effective performance monitoring to be the best possible within available resources.

3.3 The multi-disciplinary and multi-agency core group, which is the Strategic Implementation Group (SIG) developed the strategy further and identified the following more immediate priorities for action:

- A. Maintaining the existing high standards of performance and supporting the further development of specialist services by Sussex Partnership NHS Trust**
  - B. Establishing Community CAMHs for Brighton & Hove**
  - C. Service for older teenagers**
  - D. Service for children with moderate learning disability & mental health problems**
  - E. Parent support**
  - F. Training for Tiers 1**
- A. Maintaining the existing high standards of performance and supporting the further development of specialist services by Sussex Partnership NHS Trust**

3.4 A joint (Sussex Partnership Trust and Children and Young People's Trust) remodelling group has been working for the last 3 months to focus on improvements in CAMHS. This group has the following objectives:

- 3.4.1 To agree the core functions of SPT Brighton and Hove Locality CAMHS services (sometimes called tier 3, which is for children with the most severe and enduring mental health needs)
- 3.4.2 To agree the core functions of CYPT community mental health services (Sometimes called tier 2, which is for children with less severe but significant mental health needs)
- 3.4.3 To define the referral pathways, referral criteria, including screening/triage and guidelines for referrers
- 3.4.5 To determine the interface between the 2 services CYPT and SPT B&H including consultation advice and support, communication routes joint training and joint case-work.
- 3.4.6 To design an improved out of hours emergency and crisis intervention service
- 3.4.7 To describe what the service model will look like for the whole service

3.5 Work is well underway on these objectives.

For example:

- Core functions of the respective services have been agreed
- A referral pathway has been drawn up and will be piloted with a sample of schools and General Practices
- A task group has been meeting to refine the self harm protocol and out of hours emergency services
- It has been agreed to set up joint liaison meetings between tier 2 staff employed by the Children and Young People's trust and tier 3 staff in Sussex Partnership Trust to:
  - Allocate unclear cases
  - To provide best service for children.
  - To organise joint casework.
  - To understand roles and skills.

3.6 One area of weakness in the current service is the emergency and crisis response service. Over the last year there have been at least 3 instances of young people in crisis in the community whose needs have not been responded to as well as the families and professionals would have liked. Whilst SPT CAMHS have a clinician on call during the working day Monday to Friday 09.00 to 17.00 and a consultant on call out of office hours, the issue has been the questions of - in what circumstances will a clinician come out and assess the young person concerned. In addition

37 young people with mental health needs have been seen in A&E over the period April to Sept 2007. Unlike adult mental health services SPT CAMHS do not have a crisis response service, which would enable them to be more responsive to young people at severe risk of suicide or harm to others in the community.

- 3.7 It is proposed to support SPT CAMHS in developing a more responsive crisis service so that if a community CAMHS professional employed by the CYPT asks for an urgent assessment that this is carried out and within 6 hours.

## **B. Establishing an improved community CAMHS**

- 3.8 The CAMHS strategy needs assessment has recently been updated using projections from the work of Kelvin and Kurtz. Kurtz work, indicates that of 46124, 0 –18 year olds in Brighton and Hove, 853 would have complex problems needing a tier 3 response (for children with the most severe and enduring mental health needs) and 3229 needing a tier 2 (for children with less severe but significant mental health needs) response. More recent work undertaken by Kelvin in 2005 has estimated that 5-7% of 0-16 year olds should see Tier 2 specialists and 3% should see Tier 3 specialists each year. Of 41264 in Brighton and Hove, 0-16 year olds, 1238 would have complex problems needing a tier 3 response and 2888 needing a tier 2 response. Although, as part of the Children and Young People's Trust developments the tier 2 community mental health services have been increased due to PCT and Local authority investment, they are still under resourced to deal with the level of mental health need at tier 2 level and to support tier 1(universal) services.

- 3.9 The Strategic Implementation Group (SIG) has started to address this gap by funding a number of initiatives. These are as follows:

- ❖ Continuing to fund the existing community mental health teams of primary mental health workers
- ❖ Adding new disciplines to current teams of staff that include primary mental health workers as part of the CYPT schools and communities area based teams i.e. 3 WTE clinical psychologist (funded by the PCT budget) and 2.4 WTE family support workers. These workers have been recruited and are just established in their new teams. More staff are based in the East area of the Trust where needs are highest.
- ❖ Considerable work has been done to coordinate the joint funding for 2007/8 to establish one contract for schools and community counselling with Hove YMCA. This is delivering counselling in 37 primary schools one special school in the areas of highest deprivation. Several schools have

added parts of their own budgets or extended service money to provide additional schools based counselling which is highly valued and results evaluated each year. There are a total of 51 primary schools receiving a counselling service and many secondary schools buy their own service in. The evaluation shows positive impacts on wellbeing and school achievement. Impact Initiatives another voluntary sector organisation is supported to provide counselling for young people at their Ship Street walk in centre.

- ❖ A further development is having commissioned MIND in Brighton and Hove who have recruited a half time advocacy worker for children and young people to work in conjunction with the CYPT YAP. In addition, MIND in Brighton and Hove is delivering some participation work with young people who are helping to shape future services.

### **C. Service for older teenagers**

- 3.10 A three month project has been commissioned to remodel the services for young people with mental health needs. The aims are:
- 3.11 To produce a costed resource plan setting out a clear model of service to meet the needs of young people aged 14 –25.
- 3.12 For this plan to include:
- Recommendations on the locations for service delivery
  - The skill mix of staff required
  - Whether staff should be co-located or not
  - A care pathway with clear routes to access services
  - An implementation plan
- 3.13 This will be available sometime in April 2008.
- 3.14 This work is still at a relatively early stage of development and specific plans are yet to emerge. It is recognised that it is often difficult to unlock resources that have been used in a particular way for some time. So it is anticipated that an allocation of resources would facilitate change across CAMHS and adult mental health services. Therefore the proposal is to allocate £150,000 of PCT money to young peoples services. The CAMHS Strategic Implementation Group (SIG) would decide how best to spend the resources based the outcome of the remodelling findings and recommendations. The CAMHS SIG would keep the balance of PCT money in reserve at this stage for decision later in the spring.

### **D. Service for children with moderate learning disability & mental health problems**

3.15 A pathway has been developed setting out how children with both mental health and learning disability needs will be assessed and have their needs met. This includes access to a specialist team of staff “the learning disability mental health team”. The team comprises, consultant sessions, nursing support and psychology time. The team has been supplemented recently using PCT money to add a family therapist, counsellor and additional nursing time. Children will also access the wider expertise from CAMHS tier 3 services when needed.

#### **E. Parent support**

3.16 There has been investment in CAMHS family support workers as part of the development of the community CAMHS service as mentioned above. These staff work in each of the 3 areas with more hours being deployed in the east where there are higher levels of need.

3.17 In addition, Triple P (Positive Parenting Programme) is rolling out across the city with generic and targeted support for families in need.

#### **F. Training for Tiers 1**

3.18 In order to ensure that CAMHS really is everybody’s business as stated in the National Services Framework standard 9 staff at tier 1 (universal services) need to have their awareness raised re mental health and help to recognise the signs and symptoms. They need skills and techniques they can use to support such children and their families and understand where they can get further advice and support and if needed referral to more specialist services. A series of training programmes are being commissioned.

#### **G. Promoting and improving emotional wellbeing and mental health in schools**

3.19 In December the CYPT was asked by the DCSF to put forward a bid to become a pathfinder regarding targeted mental health in schools. It was announced in January that the Trust had been successful along with 24 other authorities. The Trust will receive £327,000 in 2008/9, £241,000 in 2009/10, £157,000 2010/11.

##### **DCSF requirements**

- ❖ To work with 3 –6 secondary schools and their feeder primaries
- ❖ To build on SEAL
- ❖ To combine whole school approaches with targeted group work and targeted therapeutic approaches

3.20 DCSF proposed that the following set of principles should guide the work of the project:

- Maintaining a whole school focus to create the climate and conditions for promoting mental wellbeing.
- Promoting the mental wellbeing of all pupils to prevent problems arising, and providing more targeted support for those already experiencing problems.
- Using evidence-based approaches for whole school, group and individual therapeutic work.

### **Aims and objectives**

1. Build on and develop further whole school approaches to:  
SEAL  
SEAL and Triple P  
Extra Skills for schools based staff re mental health, early identification of children in need, and support for their own mental health and emotional wellbeing
2. Early identification of, groups of, and individual children and young people who have precursors that may lead to emotional distress and potential mental health problems, including the use of sociograms
3. Build on the local Vulnerable Pupil Register system for identifying children and young people who are not achieving their potential due to behaviour, attendance or other difficulties
4. Once children and families needs have been identified through the Common Assessment Framework (CAF) to develop more group and individual interventions for children and their parents and carers to implement evidence based practice, in particular the draft NICE guideline Promoting the Mental Health Wellbeing of Children in Primary Education Nov 2007
5. To track a specific cohort of year 5 and 6 children from April 08 through their transition to secondary school and their progress in years 7 and 8 by implementing the objectives of this pathfinder proposal
6. To measure the outcomes for the year 5 and 6 cohort as they move through the school years
7. To compare these children's outcomes with schools across the rest of the city that are not part of the pathfinder

### **Schools selected**

3.21 The schools selected to be involved are:

| <b><i>Secondary school</i></b>                       | <b><i>Primary</i></b>    | <b><i>Primary</i></b>            |
|--|--------------------------|----------------------------------|
| <b><i>Longhill (East Area)<br/>1228 on roll</i></b>  | Whitehawk<br>391 on roll | Rudyard Kipling<br>396 on roll   |
| <b><i>Falmer (East Area)<br/>661 on roll</i></b>     | Coombe Rd<br>279 on roll | Moulsecoomb<br>385 on roll       |
| <b><i>Hove Park (West Area)<br/>1482 on roll</i></b> | Goldstone<br>368 on roll | West Blatchington<br>174 on roll |

**Patcham (Central Area)**  
**1013 on roll**

Carden  
424 on roll

Coldean  
276 on roll

3.22 The Cluster Steering Groups will be a key mechanism for sharing good practice and information across all schools in the cluster.

#### **Criteria for Inclusion in Pathfinder**

3.23 The following criteria were used:

- ❖ Deprivation
- ❖ Free school meals
- ❖ SEN and school action plus
- ❖ Fixed term exclusions data
- ❖ Capacity to engage with the project
- ❖ Known levels of need in each school



## Budget plan

| <b>Proposed service</b>  | <b>Cost Year 1<br/>£000s</b> | <b>Cost Year 2<br/>£000s</b> | <b>Cost Year 3<br/>£000s</b> |
|--|------------------------------|------------------------------|------------------------------|
| <b>Training and development to include</b>                             | 70                           | 35                           | 0                            |
| <b>SEAL roll out</b>   | 35                           | 25                           | 15                           |
| <b>Transitions and transfer</b>  | 12                           | 6                            | 0                            |
| <b>Triple P for targeted families in groups seminars or individual</b> | 10                           | 5                            | 0                            |
| <b>Staffing re individual and group interventions select from</b>      | 140                          | 110                          | 110                          |
| <b>Infrastructure to include</b>                                       |                              |                              |                              |
| Project management   | 40                           | 60                           | 32                           |
| Set up costs   | 20                           | 0                            | 0                            |
| <b>Grand total</b>   | <b>327</b>                   | <b>241</b>                   | <b>157</b>                   |

3.24 These resources will make a considerable difference for many children and families in across the city.

3.25 It should be noted by the Board that the DCSF requirements and expectations of this pathfinder are very demanding and challenging and there is going to be a very close monitoring system.

### The Next Steps

3.26 A project manager is being sought to take the pathfinder forward and they will be supported by a steering group of key partners who will be crucial in achieving the aims and objectives of the project.

|                       |   |
|-----------------------|---|
| <b>Meeting/Date</b>   | <b>Children and Young People's Overview and Scrutiny Committee meeting 5<sup>th</sup> February 2008</b> |
| <b>Report of</b>      | <b>Interim Director of Children's Services</b>  |
| <b>Subject</b>        | <b>Development of Child and Adolescent Mental Health Services (CAMHS)</b>                               |
| <b>Wards affected</b> | <b>All</b>  |

### **Financial implications**

The report updates on the Child & Adolescent Mental Health Service (CAMHS) for Brighton & Hove.

In 2007/08 the total grant funding received was for £461k but the indicative amount going into the LAA/ABG for 2008/09 shows a reduction by approx £42k which will prove difficult for the service to sustain the developments referred to in the report.

In addition next year a bid of £327k for 2008/9 has been bid to the DSCF for promoting and improving wellbeing and mental health in schools, which has been successful

**The overall funding will need to be reviewed once allocations are confirmed to ensure there are no additional costs to the council in 2008/09.**

*Finance Officer consulted: Paul Brinkhurst Date 10 January 2008/*

### **Legal implications**

As indicated in the body of the report the delivery and access to CAMHS services is crucial to the meeting of national standards and the delivery of statutory duties towards vulnerable young people and their families in need under the Children Act 2004.

*Lawyer consulted: Natasha Watson Date 11.02.08*

|  |   |
|--|---|
| <b>Corporate/Citywide implications</b><br>The development of CAMHS support the councils strategic principles and in particular the implementation of the Children and Young People's Plan which is a statutory requirement | <b>Risk assessment</b><br><br>The main risk has been highlighted in the finance comments  |
| <b>Sustainability implications</b><br>The key sustainability issue is ensure ongoing funding for the services newly developed through the Local Area Agreement   | <b>Equalities implications</b><br>Equality of access to CAMHS with priority given to vulnerable groups is highlighted in the provider service specification |

**Implications for the prevention of crime and disorder**

Giving priority to the more vulnerable young people and providing support through the Youth Offending Service has a positive impact on the prevention of crime and disorder

**Background papers** *[Part 1 reports only]*

1.National Service Framework Standard 9 CAMHS services

**Contact Officer**

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