Scrutiny Advisory Boards

Children and Young People and Health

Children and Adolescent Mental Health Services
Introduction

The Children and Adolescent Mental Health Task Group was established jointly by the Children and Young People’s Scrutiny Advisory Board and Health Scrutiny Committee in October 2015.

Scrutiny Management Board (SMB) agreed that the aims and objectives of this review would be:

To enable Members to understand progress in the development of CAMHS that spans early support, prevention and acute support.

To enable Members to inform how the Council works with partners to ensure young people are getting the emotional health and wellbeing support they need.

- To understand how support is available for Tiers 1-4, spanning early help through acute need to specialist provision;
- To understand whether the wider children’s workforce is being enabled to provide Tier 1 and 2 support;
- To understand how the relationship between Tiers 2 and 3 is working, particularly where a child or young person is being passed between non-medical and medical support services;
- To gain an understanding of the issues in relation to CAMHS from a commissioning and a service delivery perspective as well as from the perspective
of people who have used the service;

- **To hear progress on prevention projects particularly Headstart and Primary Mental Health Commissioning;**

- **To find out how Children Looked After are supported by CAHMS, where required.**

The Membership of the Task Group was Duncan Fairbairn (Chair), Mark Wilson (Vice-Chair), Shirley Evans, Roger Bingham, Geoff Cook, Lawrence Fisher, Neil Hughes, Mike Hawkins, Bill McEwan, Marjorie Rae, Bill Wearing, Henry Wormstrup.

Officer support was provided by: Joel Rasbash (Policy and Scrutiny Team), Linda Graham (Policy and Scrutiny Team), John Barrett (Children’s Services) and Derek Houston (Policy and Scrutiny Team).

The following witnesses gave presentations:

- Greg Everatt, Cumbria Clinical Commissioning Group;
- Steve Wilkinson, Cumbria Association of System Leaders;
- Oliver Pearson, Healthwatch;
- Janine Wigmore, National Autistic Society;
- Helen Hogg, Parent;
- Steph Thompson, Parent;
- Helen Johnstone, Cumbria Partnership Foundation Trust (CPFT)

Individual members of the Task and Finish Group also took statements from the following people:

- Helen Johnson, Head of West Cumbria Learning Centre;
- Lesley Sanczuk, Children’s Services
- Joyce Hawthorn, Children’s Services.

Members of the Task and Finish group also attended events including a Mental and Emotional Health Forum organised by South Lakes and Barrow Children in Care Council, and a conference on the Mental Wellbeing of Children and Young People in School.

Write ups on the Member visits and conference reports are included as appendices.

The Chair of the Task Group would like to thank everyone who supported and gave evidence to this review.

### Overview of Findings

Overall the Task Group was reassured that progress has been made over the past year, and that this is reflected in the CQC report into Cumbria NHS Foundation Trust. However, there is still some distance for the CAMHS service to travel before it can demonstrate it has addressed all of the shortfalls identified by an independent report in 2012.

Taking that into account the main findings are summarised below.

**Commissioning:**

The Transformation Plan has identified additional resources that could improve clinical practice, tackle waiting times and free up capacity within the service.

**Support for schools and other community settings:**
Through Headstart and the My Time project there is evidence of good practice in integrating CAMHS staff into community and primary NHS settings. The countywide roll out of Headstart could significantly improve the capacity of schools to provide mental health and emotional wellbeing support to all pupils.

**Users’ perspective:**
There are families in South Cumbria who have long standing concerns about access and experience of CAMHS in Cumbria that are detailed below in the report. Members of the task and finish have met subsequently with the parents who are more confident that their concerns are being addressed.

**Service delivery perspective:**
The CAMHS service has undergone a number of changes over the past year and there is evidence of improvement emerging. This is reflected in the CQC report.

**Recommendations**

**Recommendation 1:**
That the Chair of Health Scrutiny Committee seeks a response from Cumbria NHS Foundation Trust to the CQC requirement that they take action to fully implement the findings of the independent report into CAMHS from 2012.

**Rationale:**
An independent report was commissioned by the Cumbria Clinical Commissioning Group and the Cumbria Partnership NHS Foundation Trust into CAMHS in 2012. It found serious shortcomings in relation to commissioning, clinical practice and service management. CQC’s report on their inspection of 2015, required that the findings of this report are fully implemented.

**To be actioned:**
Chair of Health Scrutiny.

**Recommendation 2:**
That the Assistant Director Early Help and Learning keeps the Children and Young People’s Scrutiny Board updated on progress in the delivery of Headstart, and a report to the Board on the implications of Cumbria not receiving the funding to roll out the programme countywide (in the event of this happening).

**Rationale:**
The Headstart programme is key to strengthening the capacity of schools to respond to the mental health and emotional wellbeing needs of children and young people. The pilots in Barrow and Carlisle have demonstrated its impact, and a lottery bid has been submitted to pay for the countywide roll out of the programme.

**To be actioned:**
Recommendation 3:
That the Health Scrutiny Committee receives an annual update on impact of the Transformation Plan on improving outcomes for users of the CAMHS service.

Rationale: The NHS Transformation Plan is committing an additional £1m per annum to improve the CAMHS service. The aim of this recommendation is to ensure that the Council is able to scrutinise whether this money is resulting in service improvements. In auctioning this recommendation it will be important that the views of service users and families are considered when assessing for improvements in outcomes.

To be actioned:
Health Scrutiny Committee.

Recommendation 4:
That the Health Scrutiny Board seek assurances on whether there has been progress across the Morecambe Bay and North Cumbria NHS Trusts in standardising their protocols in relation to CAMHS.

That there should be an integrated CAMHS pathway to include the County Council, all NHS Trusts and the Cumbria Clinical Commissioning Group.

Rationale: Evidence from witnesses identified this as an issue in terms of the hand-off between hospital and CAMHS services, as well as differences in policy and practice between the north and south of the county due to there being different trusts.

To be actioned:
Health Scrutiny Board.

Background and Context

In 2015 the Children and Young People and Health Scrutiny Boards agreed to form a joint task and finish group to look into Cumbria Children and Adolescent Mental Health Service (CAMHS). There are strong local and national reasons for the review.

National Context

In 2015 the British Youth Council’s Youth Select Committee produced a report into Young People’s Access to Mental Health that was supported by the House of Commons.

The report was commissioned against the background of a rise in national NHS spending on adult mental health since 2011 and a decline in spend on young people’s mental health services, and described mental health services for young people as the ‘Cinderella of Cinderella services.’ The report sought to understand the current state of provision, and to: ‘consider potential improvements to the mental wellbeing of young people, particularly through education, awareness and the services provided.’

The most important areas identified were:

- Transitions between CAMHS and adult mental health services;
- GPs as first contact;
- Education and putting mental health on a par with physical health, particularly in terms of the national curriculum and attainment;
- Developing a whole school approach to mental wellbeing, that builds confidence and awareness among teachers, support staff and the wider school community;
- The pressure on young people around exams, and looking at ways to support pupils to manage the stress during exam periods.

Local Context
In 2012 an independent report was commissioned by Cumbria Clinical Commissioning Group and Cumbria Partnership NHS Foundation Trust, which found significant shortfalls including:

- Severe staffing shortages compared to the national average;
- Inadequate clinical case recording;
- Failure to respond to rising demand on the service in relation to self-harm, attention deficit hyperactivity disorder and autism spectrum disorder;
- A deficit in the number of staff experienced in working with young people with major conditions, such as severe depression, eating disorders and psychosis.3

In response the Cumbria Clinical Commissioning Group and Cumbria Partnership NHS Foundation Trust agreed an action plan, and in November 2015 a CQC inspection of the Foundation Trust rated the Cumbria CAMHS service as Requiring Improvement, which is one level above Inadequate.

These findings reflected a number of concerns about access to CAMHS that Healthwatch made in a letter to the CEO of Cumbria Partnership NHS Foundation Trust on 15 April 2015. The letter shared the experiences of a number of families that had struggled to access the CAMHS service, and the results of a National Autistic Society survey in Cumbria which highlighted concerns that have informed the scope of this Task and Finish Group.

Remit of the Task and Finish Group
Taking into account the national and local context the Task and Finish Group sought to understand progress since the 2012 report into CAMHS, whether progress has been verified by the CQC in their 2015 report, and to hear from witnesses representing the commissioners, the school system, users and the CAMHS service.

Unfortunately, the Foundation Trust were unable to provide a witness to discuss the CQC report, however the Health Scrutiny Committee is in the process of seeking the Partnership NHS Foundation Trust’s action plan in response, which will include their actions in relation to CAMHS.

What is CAMHS?4


CAMHS is an NHS mental health service for children and young people who have emotional, behavioural or mental health difficulties.

The service can help with depression, eating difficulties, low self-esteem, anxiety, violent or angry behaviour, obsessions or compulsions, sleep problems, self-harming, the effects of abuse or other traumatic experiences. CAMHS can also diagnose and treat serious mental health conditions.

The most common way to get an appointment is through the child or young person’s GP. In addition other agencies can refer including:

- Teaching staff at schools
- Health visitors and school nurses
- Social workers and youth workers.

What are the tiers, or levels, of support available from CAMHS?

CAMHS forms part of a wider mental health and wellbeing system that is structured into four tiers of support.

Tier 1 is basic emotional health and wellbeing support that can be provided by teachers and other workers in universal settings, and does not require specialist CAMHS input.

Tier 2 involves CAMHS support being delivered in community settings or primary health care – which could include a councillor in a school or a GP surgery.

Tier 3 usually involves a multi-disciplinary team providing a specialised community based service for children and young people with more severe conditions. Team members often include psychiatrists, social workers, clinical psychologists, psychotherapists and other therapists.

Tier 4 involves complex treatment often in specialist or hospital settings.

This is summarised in the diagram below.

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4 Young Minds provides a helpful overview of CAMHS, including definitions, questions for carers and young people, and transition to adult services. 
http://www.youngminds.org.uk/for_parents/services_children_young_people/camhs/what_are_cahms
Summary of Witness Statements

A witness session was held by the Task and Finish Group on 7 March, which concentrated on the viewpoints of health commissioners, the education system, users and carers and the CPFT CAMHS service.

Witness 1: Greg Everatt – Senior Commissioner Cumbria Clinical Commissioning Group

Greg Everatt is responsible for commissioning of children’s health services, which includes responsibility for the commissioning of the CAMHS services from the Cumbria NHS Foundation Trust. He provided an overview of the key challenges from a commissioning perspective.

- The majority of demand for CAMHS is at Tier 2 and in community settings;
- The ability of Tier 3 services to operate effectively is undermined by a large number of Tier 2 referrals inappropriately accepted. Therefore in order to enable Tier 3 to maintain its specialist expertise better Tier 2 provision needs to be available;
- The Tier 3 CAMHS service is available to provide support for a range of conditions such as Depression, Anxiety, ADHD, and Eating Disorder and only a small number with psychosis. Many of these conditions have a behavioural component that may require working with partner organisations. Some behaviours, such as Self Harm, do not necessarily indicate a Mental Health condition as they can be triggered by other factors. He noted that eating disorder has become a greater problem.
- The CCG’s Transformation Plan has acknowledged the current difficulties facing CAMHS and will increase the funding by £1,000,000 per annum to help address the following:
• Development of Community Eating Disorder service;
• CAMHS ‘liaison’ in A&E and an improved response to young people in crisis
• Closer work and collaboration with schools and improved access to information and advice to schools from CAMHS;
• A roll-out of CYP Improving Access to Psychological Therapies (CYP IAPT) programme.

Witness 2 – Steve Wilkinson – Children’s Trust Board

Steve Wilkinson is the head teacher of Queen Katherine School Kendal, and is chair of the Emotional Health and Wellbeing Sub-Group of the Children’s Trust Board. He set out the context for the emotional needs of young people, and discussed the role of partnerships in addressing the mental health and emotional wellbeing needs of children and young people.

• Young people face greater pressures in terms of exams, school inspections, social media;\(^5\)
• The Emotional Health and Wellbeing Group brings together professionals to support mental health and wellbeing and reports to the Children’s Trust;
• Pastoral care has improved and newly qualified teachers have CAMHS training;
• Headstart is a lottery funded project to improve emotional wellbeing for 10-16 year olds, which has been piloted in Barrow and Carlisle. A funding bid has been submitted to roll this out across the county;
• Headstart would enable all secondary schools to designate a day per week for a senior teacher to focus on emotional health and wellbeing;
• Currently there is insufficient Tier 1 and Tier 2 support, so approximately 40% of CAMHS referrals are inappropriate.

Witness 3 - Oliver Pearson, Healthwatch, Janine Wigmore, National Autistic Society (NAS), Helen Hogg, Parent and Steph Thompson, Parent

In April 2015 Healthwatch wrote to the Cumbria Partnership NHS Foundation Trust\(^6\) drawing the Chief Executives attention to the findings of a questionnaire completed by the NAS into emotional health and wellbeing and CAMHS service support for children and young people with Autism. They joined the board via video link and provided an update on their experiences one year on.

\(^5\) See report published in the Lancet Psychiatry, 25 May 2016: 

• The NAS survey identified waiting times, and access to the service as major issues, as well as the lack of a crisis service, insufficient time for professionals to meet children and families, and general concerns about the CAMHS service’s awareness of working with Autism;

• The NAS also raised concerns about Tier 2 awareness among staff working with children, and the right pathway;

• In terms of recommendations the NAS would like to see a 24 hour CAMHS emergency support offer, and the opportunity for Autistic people to receive home visits;

• The parents told their stories, which included concerns about the frequency of changes to key staff without a proper handover, and an 8 week wait for an appointment after an emergency referral;

• A parent who had experienced the interface between hospitals and CAMHS services in Barrow and Manchester raised concerns about the way in which information was passed between services in Barrow and the general support available there compared to Manchester;

• One of the parents contrasted her experience with Manchester CAMHS who set the next appointment date at the end of each appointment.

Witness 4 – Helen Johnston Operational Manager CPFT (CAMHS)

Helen Johnston has been the operational manager for the CPFT CAMHS service for a year, and has direct responsibility for 60 staff, with a caseload of around 2000 children and young people. She spoke to the Task and Finish Group about the changes she has been putting in place, and responded to some of the issues raised by the previous witnesses.

• In response to the issues raised in the 2012 report about a lack of specialist psychiatric support, Helen informed the group that two new doctors have been recruited;

• She also acknowledged the south of Cumbria had experienced the greatest staff shortage, and has implemented a countywide system for staffing cover;

• The new MyTime Cumbria service is being set up to provide better support to people between tiers 2 and 3 at the primary health stage;

• In response to the NAS recommendations, there is no capacity for an out of hours service within current funding, though bed provision for out of hours assessments on a partnership basis has been established.

Summary of Member Community Visits

In addition to witness statements, members of the Task and Finish Group carried out visits and interviews with people in their local areas. This included:

• Interview with Lesley Sanczuk, Senior Manager for the West Cumbria Children’s Social Work Team;
• Interview with Helen Johnston, Head of the West Cumbria Learning Centre;

• Joyce Hawthorne, Service Manager for Early Help;

• Gillian Temple, Head of Mayfield School;

• Interview with two parents in west Cumbria;

• Interview with Jo Hiley, Associate Director for Nursing Cumbria NHS Partnership Foundation Trust

• Furness Carers Meeting.

A member of the board also attended two events, a forum run by the South Lakes and Barrow Children in Care Council and a countywide conference on schools and mental health and emotional wellbeing.

Interview with Lesley Sanczuk

The relationship between hospitals, CAMHS teams and children’s social workers was discussed as an issue that is problematic in West Cumbria, because people from Millom tend to use the Barrow hospital, while others use the Whitehaven or Carlisle hospitals, which are in different trusts. A development plan for CAMHS hospital staff could help to address some of these issues.

The new My Time service has been launched which is a new tier 3 service that has reduced the time taken for interventions, and there are opportunities to make better use of Children’s Centres.

For Tier 4 the problem of having to access out of county provision remains, and is likely to remain due to the cost and lack of people in the county who require this level of intervention.

Interview with Helen Johnston

Diagnosis particularly for key stages 3 and 4 are difficult as well as communications between CAMHS and other professionals at tier 1 and 2. Sometimes the West Cumbria Learning Centre does not receive information on someone known to CAMHS so a lot of time can be lost by both services doing the same thing. Also hospital interventions are programmed during the day which takes children out of education. This also impacts on staffing arrangements, particularly where an appointment is at lunch-time, so the centre is on reduced staff during the lunch period and after when the staff member returns and takes a break.

Interview with Joyce Hawthorne

There are now 30-40 Early Help Assessments each month, and about 10 are moved through CAMHS. There is more that could be done in Children’s Centres to carry out targeted work such as Early Help Assessments.
With Cumbria having two acute hospital trusts, there are different protocols around CAMHS. This should be standardised so that there is one pathway across Cumbria. This is something that is being explored currently.

**Interview with Gillian Temple**

In Mayfield School there is considerable CAMHS tier one and two support required, and currently it is difficult involving CAMHS workers in setting up a team around the child, but the workers do not know the child. She felt she was operating an in-house tier two service.

**Interviews with parents in West Cumbria**

Two parents were interviewed. Both felt that Tier 1 support provides a stepping stone to other services. The service, however, offer tended to be disjointed, and that without people to help them navigate services it would be very hard to know what support a parent can expect.

**Interview with Jo Hiley**

Jo Hiley emphasised that the budget for delivery is lower than the amount required, though she was positive that this could be offset by a single point of access and changes in the employee responsibilities in the Tier 1 to 4 structure. The Headstart funding could also be vital in addressing this issue.

The Financial Envelope for Cumbria to provide good co-operation, should include Community Centres, Multi agency scenarios, CAMHS and an integrated Midwifery service among other agencies. CHAT should be the Text Messaging Service across the above.

**Attendance at Furness Carers' Meeting**

There has been an improvement in how carers feel about the CAMHS service.

**CQC Inspection of Cumbria NHS Foundation Trust**

In November 2015 the CQC carried out an inspection of Cumbria NHS Foundation Trust and published their report in April 2016. The report includes a number of findings relating to CAMHS, which had an overall rating of Requires Improvement.

CAMHS performance:

- CAMHS not reaching the Trust's target of 95% of children seen within 18 weeks in out-patient departments;
- 32% compliance with mandatory training for CAMHS staff against a target of 80%.

Areas for improvement:

- Referral to treatment times;
- Risk assessments completed and reviewed including risk for young people waiting for first treatment;

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• Complete and accurate records for each user and decisions made;
• Feedback from users informing the evaluation of improvement work;
• Appropriate system of audit in place for quality and safety.

Action for the provider to undertake:
• Improve mandatory training;
• Implement full recommendations from CAMHS review 2012;
• Develop a comprehensive CAMHS service that includes Tier 2 out of hours provision.

Cumbria NHS Foundation Trust's Response to the CQC

Cumbria NHS Foundation Trust published their response to the CQC which focused on the outcomes of the whole systems review that has been introduced over the past 18 months:

• Head Start pilots to improve emotional resilience;
• Improved staff access to training on self-harm and suicide prevention;
• Improved access to psychological therapies;
• Mental health awareness training for schools developed;
• Implemented a pilot for lower level CAMHS delivered in schools;
• Started Nurse led ADHD services;
• Recruited more staff including two specialist doctors.

The action plan which sits behind this response is being developed by the Trust and is due to go to Health Scrutiny.

Conclusions

Overall there has been progress in addressing shortfalls in the Cumbria CAMHS services. This is to be welcomed, and it is clear that the issues have been acknowledged from a commissioning to a service delivery perspective.

The Task and Finish Group also recognised that new services such as My Time, could take considerable pressure off the CAMHS service, and that the potential for a countywide roll out of Headstart could enable schools to play a full part in supporting the mental and emotional health of all children.

While this progress is to be welcomed, the pace of change needs to be maintained, before Members can be fully assured that improvements have translated into a better CAMHS service, and better outcomes for children and young people.