



**Haringey** Council

**Overview and Scrutiny Committee**

**On 29 June 2009**

Report Title: Child and Adolescent Mental Health Services (CAMHS) – Feasibility Report on Proposed Scrutiny Review

Report of: Chair of Overview and Scrutiny Committee

Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921

Wards(s) affected: All

Report for: **N/A**

**1. Purpose of the report (That is, the decision required)**

1.1. To consider the feasibility of the Overview and Scrutiny Committee commissioning an in-depth scrutiny review on CAMHS.

**2. Introduction by Cabinet Member (if necessary)**

2.1. N/A

**3. State link(s) with Council Plan Priorities and actions and/or other Strategies:**

3.1. Improving CAMHS in a specific LAA target (NI 51) for the Borough. In addition, any review into CAMHS would help the Council to meet three of its priorities, namely:

- Encouraging lifetime well-being at home, work, play and learning
- Promoting independent living whilst supporting adults and children when needed
- Delivering excellent, customer focussed, cost effective services

**4. Recommendations**

4.1. That the Committee commission an in-depth scrutiny review into CAMHS when resources allow.

4.2. That the Committee select one of the three potential options outlined within the report for the focus of the review.

## **5. Reason for recommendation(s)**

5.1. A review on CAMHS is considered to be an appropriate use of the Committee's powers, addresses key Council and LAA priorities and has the potential to provide recommendations for improvement.

## **6. Other options considered**

6.1. Three different options for the focus of the review are suggested. The Committee may also choose to not commission a review. However, this is an area of strategic importance and the Committee has not, to date undertaken any detailed work on it. The Committee would therefore be missing the opportunity to influence an area of some importance.

## **7. Summary**

7.1 Specific groups of children and young people within the Borough are at greater risk of mental health ill health, such as looked after children, children with chronic physical health problems and refugee and asylum seeker children. CAMHS provides a wide range of services for children and young people. Some services are generic and provided by non specialists whilst others are highly specialised. The service is multi agency in nature and there are partnership arrangements in place to commission, co-ordinate and resource services.

7.2 A new needs assessment for the Borough is in the process of being drafted and this will be used to develop further a commissioning strategy. A scrutiny review commissioned at this time would have the opportunity to feed into the current process of service development. However, CAMHS covers a wide area of services and the Committee will need to give careful consideration as to how the review is approached. There are nevertheless strategic issues that cut across all areas of the service that the Committee may wish to consider, such as partnership working, resourcing and value for money. Three possible options are therefore suggested as areas for the Committee to look at in detail.

## **8. Chief Financial Officer Comments**

8.1. Provision for Children's and Adolescent Mental Health Services in its widest sense as described covers provision made by a range of providers including schools and other partner organisations. Universal services within the Council tend not to be discretely identified in budgetary terms.

8.2. However, within the Area Based Grant allocation the CAMHS Grant which in total amounts to c£1m supports a range of costs within the Children in Care service in

CYPS.

## **9. Head of Legal Services Comments**

- 9.1. The proposed Scrutiny Review will help facilitate the Councils duties towards children in need under the Children Act 1989 and under the Children Act 2004. Under Section 10 of the Children Act 2004, the children's services authority is required to promote co-operation with its partners and others with a view to improving the physical, mental health and emotional well-being of children in its area.
- 9.2. The local authority also has statutory duties in accordance with Section 2 of the Local Government Act 2000 to promote or improve the economic, social and environmental wellbeing of all or any persons resident or present in the authority's area.
- 9.3. The local authority also has a duty to have regard to every local authority improvement target specified in the local area agreement which relates to it. (Section 108 Local Government and Public Involvement in Health Act 2007).
- 9.4. The proposed Scrutiny Review will help the discharge of statutory duties towards children in the local authority's area and also assist the implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services.

## **10. Head of Procurement Comments – [ Required for Procurement Committee]**

- 10.1. N/A

## **11. Equalities & Community Cohesion Comments**

- 11.1. There are several groups within the community that have a disproportionate risk of mental ill health including some black and minority ethnic communities. It is recommended that any review consider these issues in detail as part of their work.

## **12. Consultation**

- 12.1. It is suggested that one area of that the Committee may wish to consider as part of their review is how CAMHS listens to the views of children, young people and carers. In addition, any review that is commissioned will need to consider how it obtains the views of service users and carers as part of its work.

## **13. Service Financial Comments**

- 13.1. [click here to type]

## **14. Use of appendices/tables and photographs**

14.1. The

## **15. Local Government (Access to Information) Act 1985**

15.1. Background papers are as follows:

CAMHS Needs Assessment 2006-9  
JAR Action Plan – Feb 2009

## **16. Report**

### *Introduction*

16.1 The function of child and adolescent mental health services (CAMHS) is to promote the mental health and psychological well being of children and young people and provide multi disciplinary services to those of them with mental health problems to ensure effective assessment, treatment and support for both them and their families.

16.2 The term CAMHS can be used in two different ways;

- It is can be used as a broad concept that covers *all* of services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. As well as specialist services, this definition would also include universal services whose primary function is not mental health care, such as GPs and schools.
- It can also be used more narrowly to refer *only* to specialist child and adolescent mental health services.

16.3 The National Service Framework for Children, Young People and Maternity Services (NSF) is key national policy document providing the basis for development of local services. The NSF outlined the government's 10-year programme to stimulate improvement in children's health by setting standards for high quality integrated health and social care for children from before birth right through to adulthood. Standard 9 covers the mental health and psychological wellbeing of children and young people. It states:

“All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.”

16.4 The standard outlines the following vision for the future:

- An improvement in the mental health of all children and young people
- That multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems
- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies

*Factors Influencing Mental Health in Children and Adolescents*

16.5 There are known risk factors for the development of mental health conditions. These fall into four main groups:

- Child – e.g. genetic factors, low IQ or learning disability, long term physical illness or disability or substance abuse.
- Family – e.g. family breakdown, abuse, immigrant and refugee status, looked after children
- Environment – e.g. socio-economic disadvantage, homelessness, discrimination
- Life events – e.g. bereavement, disaster and war.

16.6 The existence of one problem can lead to others developing. There is also a link between mental health issues and low educational attainment, absence or exclusion from school and lack of friendships.

16.7 Some children are significantly more likely to experience mental health problems than others. Examples of this are as follows:

- Nearly 50% of children in care have a diagnosable mental health disorder compared to 10% in the general population. The figure for those in residential care is even higher.
- There are differences in the prevalence amongst minority ethnic groups. Two particular risk factors are academic failure and low self esteem, with young black men three times more likely to be excluded from school and five times less likely to be seen as gifted than their white counterparts.
- Approximately 40% of children and young people in contact with the youth justice system have been found to have a diagnosable mental health condition
- Teenage mothers are three times more likely to develop post natal depression and mental health problems than older mothers

16.8 There are particular risk factors that are directly relevant to Haringey:

- Unemployment rates in Haringey are above the national and London average. There are higher rates of mental health problems amongst low income families
- Some electoral wards in Haringey have a disproportionate number of children with chronic physical illness. Such children are three times more likely to have mental ill health.
- Haringey has significant numbers of children within local authority care. Figures from September 2008 show that the Council looked after of 447 children and young people, equating to a rate of 91 per 10,000, which is higher than the London average of 75. Of these, 41 were unaccompanied minors in care. In addition, over 70% were of black and minority ethnic origin, which is disproportionate compared to the population of the Borough.
- Children of parents with mental health problems are up to four times more likely to experience mental health problems themselves. Some electoral wards in Haringey have more than twice the national average for mental illness in adults
- There are significant numbers of homeless households, refugees and asylum seekers and unaccompanied children within the Borough, all of whom are at higher risk of mental ill health.

16.9 10.1% of 5-16 year olds in the UK and 8.6% in London have emotional or behavioural problems. Boys are more likely to have them than girls. This applies to both the 5-10 and the 11-16 age group. From the London wide figures (from 2004), it is possible to predict that there are approximately 2500 children between the ages of 5-16 with mental health problems within the Borough. Demographic predictions for London suggest that this figure is likely to increase to 2650 by 2013, an increase of 8.1%.

16.10 There is some evidence that that some forms of mental ill health are becoming more common in children and young people. Examples of these are the increases that have taken place in emotional and conduct disorders.

*Addressing Mental Health Needs of Children and Young People - Strategic Framework*

16.11 CAMHS generally follow a four-tier strategic framework, which is now widely accepted as the basis for planning, commissioning and delivering services:

- **Tier 1 – Universal services.** This includes services provided by GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners provide 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 2 – Services provided by specialists in community and primary care settings.** Practitioners at this level tend to be CAMHS specialists. Many will also work as part of Tier 3 services. 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, assessment and training to practitioners at Tier 1.

- **Tier 3 – Specialised multi disciplinary services for more severe complex or persistent disorders.** This is usually provided through a community mental health clinic or child psychiatry outpatient service. 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 4 – Highly specialised out patient services and in-patient units.** These are for children and young people with the most serious problems and include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams, usually serving more than one district or region.

16.12 Most children and young people with mental health problems are dealt with at tiers 1 and 2, although neither services nor people always fit neatly into the tiers. It is also not necessarily the case that a child or young person will move up through the tiers as their condition is recognised as more complex and some children require services from a number of the tiers at the same time.

16.13 Practitioners working in CAMHS are employed by a range of agencies. Many of those working at tier 1 will be employed directly by the PCT or the local authority. CAMHS specialists working at tier 2 are less likely to be working for the PCT and more likely to be working for another NHS trust or, in the case of educational psychologists, the local authority. Most practitioners working in the more specialised services at Tiers 3 and 4 will usually be working for other types of NHS trust, such as mental health trusts, acute trusts or care trusts.

16.14 As services are provided by so many different agencies, CAMHS has to involve close working and co-operation between a range of agencies. PCTs and local authorities also require an effective commissioning strategy to ensure the provision of a comprehensive CAMHS. Guidance from the Department for Children, Schools and Families (DCSF) is that there should be full participation and ownership of the process by health, social and children's services, as well as other key partners such as youth justice. It also states that, in order to provide adequate support to universal services (Tier 1) and to prevent unnecessary admissions to Tier 4 services, commissioners need to pay particular attention needs to the capacity of Tier 3 services.

16.15 Guidance also states that the commissioning strategy should be informed by a multi-agency assessment of need that is updated regularly. As well as locally adjusted epidemiological information, a needs assessment should include an audit of all local services that address mental children's health needs directly and indirectly, an analysis of current service usage, and the views of all stakeholders, including children, young people and their families.

16.16 For highly specialised services, such as many of those at Tier 4, collaborative commissioning arrangements between PCTs need to be established. Strategic health authorities oversee and performance manage these

arrangements. The only services currently commissioned at a national level are those for forensic secure in-patient provision and highly specialised in-patient provision for deaf children and young people with mental disorders.

### *Services in Haringey*

- 16.17 A description of services provided within Haringey and how they fit into each of the tiers is attached as Appendix A.
- 16.18 Haringey CAMHS services are overseen by the CAMHS Partnership Group. Membership of this is currently being reviewed but includes representation from a wide range of agencies and organisations. In addition, there is a joint commissioning group that includes representation from all relevant agencies, including the key provider agencies. This was set up following the identification of children and young people's emotional well being and mental health as a priority for joint commissioning by the Haringey Children and Young Peoples Strategic Partnership (CYPSP),
- 16.19 CAMHS services are currently financed by aligned budgets between agencies. Investment has recently been made in specific priority areas including early intervention in psychosis, early years mental health and CAMHS learning disabilities. A new draft needs assessment has recently been developed for the Borough. This is intended to inform the commissioning strategy and is a requirement of the Department of Health. It would also provide a useful starting point for any review, containing as it does a range of current information as well as future projections.

### *Relevant Targets*

- 16.20 Improving the effectiveness of CAMHS is a LAA target for the Borough (NI 51). Four elements of CAMHS are covered within this; learning difficulties, 24 hour cover urgent mental health, services for 16 and 17 year olds and early identification and intervention. This is scored on a scale of 1-4 with a maximum overall score of 16. Haringey's latest score is 13, which is in line with the target for the Borough and it is therefore showing green on the LAA score card.
- 16.21 Four of the recommendations within the JAR Action Plan refer specifically to CAMHS. These are based around improving access to services and specialist help.

### *Options for Possible Scrutiny Review*

- 16.22 There would appear to be a number of key overall themes that any review on CAMHS that is commissioned could address, such as:
- Data quality
  - Partnership working and its effectiveness
  - Co-ordination, joint planning and commissioning
  - Resourcing and value for money

- Thresholds for intervention
- The involvement of children, young people and carers in decision making
- Ethnicity and cultural issues
- Access to services and waiting times
- Setting, monitoring and evaluating service outcomes.
- How local services compare with similar local authority areas and identified best practice

16.23 There are options for how these issues could be approached. The breadth of the terms of reference will determine the depth into which any review will be able to go and consideration will need to be given to obtaining an appropriate balance. Suggested options are as follows:

*Option 1*

16.24 A review could be commissioned on a specific tier of service. However, tier 1 covers a very wide range of services – virtually any professional service working with children and young people – and tier 4 involves complex commissioning arrangements across and number of PCTs so therefore tiers 2 or 3 would appear to be most appropriate. A review commissioned on this basis could use the service area selected as a case study for the effectiveness of partnership activity within CAMHS as a whole and therefore still focus on the above mentioned generic themes and derive conclusions about them. The advantage of this approach is that the subject area chosen is likely to be more manageable and therefore possible to consider in greater depth. It is recommended that this be the preferred option.

*Option 2*

16.25 A review could be commissioned that looked strategically and from a high level at CAMHS overall and the full range of services that it covers, both specialist and non specialist. A review on this basis would have the advantage of looking at the service holistically and provide Members with a view of “the bigger picture”. This disadvantage of this approach is that it may be difficult to draw conclusions that can lead to recommendations with the potential to “add value” if the review is unable to look at areas in sufficient depth. Members could address this in part by selecting a particular theme or themes from the above list of generic issues.

*Option 3*

16.26 A review could focus on the support provided for a particular group of children and young people such as looked after children, refugee and asylum seeker children or children with chronic physical illness. Such a review would have the potential to be undertaken in some depth but its specialised nature may detract from consideration of the wider issues.

*Support for the Review*

- 16.27 A detailed scope, terms of reference and a project plan can be developed once the review has been commissioned by the Panel that is appointed to undertake it.
- 16.28 The review's work could be supported by the appointment of an independent expert advisor to provide an external perspective and suggest appropriate avenues of enquiry. There is a modest budget for such appointments. However, identifying and appointing a suitable person can take time and this will need to be allowed for in the project planning. In addition, the Panel would probably need to include relevant statutory education co-optees from the Committee as the review is likely to cover issues relating to the education of children and young people.

#### *Timescale*

- 16.29 The review would probably require a number of meetings – possibly around 4 – if it is to produce meaningful outcomes because of the complexity of the subject area. Due to the Council Elections, which are due in May 2010, any review commissioned for this Municipal Year, would ideally have to complete its evidence gathering activities before the end of 2009.

#### *Review Recommendations*

- 16.30 Recommendations of any review are likely to require action by more than one agency. In order to ensure a co-ordinated response, it is therefore suggested that a joint response be sought, led by the Cabinet Member for Children and Young People and drafted after liaison with relevant partners on the Children and Young People's Partnership Board.