Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Emotional Wellbeing and Mental Health of Children and Young People in Plymouth
Responsible Officer	Paul O'Sullivan
Purpose of Item	The Children and Young People's Trust Board are requested to receive : i. the report of the OSC Task and Finish Group and the action plan developed in response. ii. an update from PCH on actions being taken to improve the waiting times for planned referrals for CAMHS PMDT
Recommendations	The Children and Young People's Trust Board are requested to note the content of the report and request that the Children & Young People's Trust Executive monitor and review progress on the proposed action plan.
Consultation Record	
Meeting Notes:	

CHILDREN'S EMOTIONAL WELL BEING AND MENTAL HEALTH

Children and Young People Overview and Scrutiny Panel Task and Finish Group

CONTENTS

1 INTRODUCTION

The Children and Young People's Overview and Scrutiny Panel scrutinises matters relating to the health and well being of children and young people living and learning in the city. The Panel reviews the impact of services provided by agencies ranging from the Council, Health, Police, schools and colleges and the Voluntary and Community Sector. The panel also considers the impact of partnerships such as the Children and Young People's Trust, the Plymouth Safeguarding Children Board and Plymouth 2020 Wise Theme Group.

One of the issues considered by the panel is the emotional wellbeing and mental health of children and young people. This has been prioritised because of concerns about the emotional health of children as reported through the Tellus 4 survey and through campaigning in Youth Parliament elections. The Children and Young People's Overview and Scrutiny Panel convened a task and finish group in October 2011 to hear evidence from professionals from across the city to understand the prevalence of mental health needs among children and young people and to review the Children and Young People's Emotional Wellbeing and Mental Health strategy and its development.

This report summarises the findings of that review and makes recommendations for improvements to key services.

2 EXECUTIVE SUMMARY

The scope of this review encompasses the broad range of mental health needs among children and young people across Plymouth, and the extent to which they are being effectively met. Around 15% of the the under 18 population, or 7800 individuals need some form of support in relation to their emotional wellbeing and mental health. The panel found that, although there is a broad range of services in place to provide preventative or early interventions, there does not appear to be a coherent framework in place providing appropriate access to these services for young people and their families. Schools do not feel fully supported by professional services in addressing emotional wellbeing issues once identified, and there is a perceived lack of direct intervention services, including counselling and family therapy.

Crucially, the review identified performance issues relating to the Child and Adolescent Service Multi-Disciplinary Team provided by Plymouth Community Healthcare, resulting in a backlog of over 250 children awaiting treatment, some for several months. The Panel are concerned about performance management arrangements relating to this service, and the resulting impact on the affected children and young people.

3 RECOMMENDATIONS

R1	The Panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feed back on the report and recommendations following task and finish review
R3	The Council should consider the use of social media networks to promote consultation initiatives
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people.
R5	The Children's Trust review reasons for non attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available in the city.
R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on Children's emotional well being and mental health services in six months
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report
R12	PCH review the cost effectiveness of participation support services for young people using mental health services
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better coordinated with respect to mental health support
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report.
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.

4 SCRUTINY APPROACH

The Overview and Scrutiny Management Board approved in principle on 21 September 2011, the establishment of a Task and Finish Group to review Children's Emotional Well being and Mental Health with membership drawn from the Children and Young People Overview and Scrutiny Panel.

Task and Finish Objectives

The group was asked to:

- Understand the prevalence of mental health needs among children and young people
- Review the Children and Young People's Emotional Wellbeing and Mental Health strategy and developments

The Work Programme Request (PID) is attached as Appendix 1.

Membership

The Task and Finish Group had cross party membership comprising the following Councillors –

- Councillor Wildy (Chair)
- Councillor Stark (Vice Chair)
- Councillor Bowie
- Councillor Mrs Bowyer
- Councillor Delbridge
- Councillor Tuohy

For the purposes of the review, the Task and Finish Group was supported by -

- Claire Oatway, Lead Officer for Children and Young People OSP
- Liz Cahill, Commissioning Officer and Panel Adviser
- Amelia Boulter, Democratic Support Officer

Methodology

The Task and Finish Group convened over two days 11th and 12th October 2011 to consider evidence and hear from witnesses –

- Camille Smith, Routeways
- Alistair Baggott, Routeways
- Caroline Storer, Platform 51
- Wendy Brett, Headteacher, Sir John Hunt
- Lisa Hartley, Excellence Cluster
- Mel McMahon, Excellence Cluster
- Emily Carter, Member of Youth Parliament and Kerry Whittlesea
- Alan Fuller, Principal Educational Psychologist, Plymouth City Council
- Cate Simmons, Head of Children Services, Plymouth Community Healthcare
- Dan O'Toole, Director of Finance, Plymouth Community Healthcare

- Michelle Thomas, Operations Director, Plymouth Community Healthcare
- Fiona Fleming, Commissioning Manager, Plymouth City Council
- Paul O'Sullivan, Joint Director of Commissioning, Plymouth Primary Care Trust

Background material provided to the group included:

- Briefing Paper
- Mental Health 5-a-day leaflets for Children, Young People and Young Adults
- Extract from Children's Fund Consultation 2010 – Mental Health and Emotional Wellbeing
- 'Improving the State of our Minds' – Emotional Wellbeing and mental Health of Children and Young People in Plymouth – Joint commissioning Strategy 2009 – 2014
- An Introduction to Children and Young People's Emotional Wellbeing and Mental Health in Plymouth Needs Analysis
- South West Public Health Observatory – Children's and Young People's Mental Health in the South West
- Presentation from Youth Parliament

5 KEY ISSUES ARISING FROM THE EVIDENCE

The focus for the task and finish group was intended to be on the range of emotional wellbeing and mental health issues in the city. There are some findings and recommendations relating to this broad spectrum of work. However, a disproportionate amount of time was taken to consider performance issues within Plymouth Community Healthcare's Child and Adolescent Service Multi-Disciplinary Team. This specialist service currently has 254 children awaiting treatment, some for several months.

- It is estimated that approximately 15% of the under-18 population need some form of support in relation to their emotional wellbeing and mental health. there are a number of young people who are effectively hidden and not accessing services who are at a higher risk because they haven't been able to access preventative or early intervention services.

- A broad range of services are in place across the city to provide preventative or early intervention services. However, there is no coherent framework around these services which can make it difficult for young people or families to access them.

- Schools have a number of professionals who have been trained to intervene. Where children need more targeted support a CAF assessment will be held. It can be difficult to pull together all relevant professionals around the table which leads to a lack of knowledge among workers and delays in the support provided. This also leads to schools feeling left with an issue that should have multi-disciplinary ownership.

- Young people do not tend to seek advice from professionals – particularly GPs and teachers if they have a problem. Friends were seen as more of a comfort when young people have an issue and could be in similar situation.

- Direct interventions including counselling and family therapy were seen as effective in containing and resolving issues. However, there was a perceived lack of services in the City.

- More than 250 children are currently on a waiting list for the specialist multi-disciplinary team. For children had waited 6 months and longer for a referral, it is quicker for parents to refer through their GP.

- Contract monitoring had identified a backlog in Autumn 2010. However, there has been a significant delay in remedial action by the provider service. An intervention plan has now been developed – awaiting sign-off - that brings in professionals from other services to ensure young people and their families get urgent support.

- By the time the children were referred to CAMHS their needs were complex and the service could not respond to new children coming in.

- Issues of confidence in resolving the problems emerged during the review. There was significant concern among members of the panel about the impact that delays were having on children and families and the impact this backlog was having on other services for children

6 FINDINGS

6a Context In Plymouth

The World Health Organisation defines mental health as :

'A state of well being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'

The Mental Health Foundation describes emotional wellbeing as :

'A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'

For the purpose of the strategy and this paper child and adolescent mental health services or 'CAMHS' is defined in its broadest sense to include all services that promote emotional well-being and develop good mental health, as well as those which respond to and meet the mental health needs of children and young people through assessment and support.
An Introduction to Children and Young People's Emotional Wellbeing & Mental Health in Plymouth: Needs Analysis November 2008 gives a full breakdown of need, including stakeholder consultation, and found that national prevalence of mental health need for children and young people under 18, described at three levels of need[1], is:

- Those whose needs require use of a specific specialist service. This is estimated at 2.5% of the population (1,040 in Plymouth), including a very small % that may require inpatient care.
- Those whose needs can be managed by other professionals with the relevant skills and experience. This is estimated at 7.0% of the population (3,600 in Plymouth)
- Those who experience mild emotional and behavioural difficulties or early stages of disorders. This is estimated at 15% of the population (7,800 in Plymouth)

We should expect to see increased levels and severity of the problems faced in Plymouth due to the correlation between social deprivation and mental health problems

There are some groups of children and young people who experience particular risks to mental health, these include; those with learning disabilities; Children in Care; asylum seekers and refugees; those in the criminal justice system.

There are also some clear inter-relationships between mental health and childhood abuse and trauma, substance misuse, chaotic family backgrounds and parental mental illness.

The Panel was impressed with engagement work undertaken in the city, but concerned with value for money issues with the Routeways contract relating to the very small number of young people they were working with and funded by CAMHS. Queries were raised as to how much of CAMHS works is subcontracted and to whom.

[1] Research by Child and Maternal Intelligence Unit

On behalf of the Children's Trust, the Children and Young People's Emotional Wellbeing and Mental Health Partnership (the Partnership) was formed in 2007. It consists of representatives across schools, health services, early years services, youth services, social care and the voluntary and community sector. It was formed to have oversight of improvements in children's emotional wellbeing and mental health services.

The strategy outlines key objectives for improvement based on three strategic outcomes:

Area of Work	**Outcomes**
Promotion and Prevention	Raise aspirations, address stigma and discrimination, and increase resilience of children, young people and their families in relation to their emotional wellbeing and mental health.
Early Intervention	Children, young people and families with emerging mental health needs receive support that prevents problems developing further, and reduces the impact of this on their lives.
Specialist Services	Ensure delivery of integrated services for children and young people with identified mental health needs.

This framework will be used to organise findings from other written submissions and evidence

6b. Prevention and Promotion

The panel received a variety of evidence outlining young people's views of mental health and support. The 2010 Children's Fund consultation asked 2532 young people aged 10-16 about mental health and emotional wellbeing including feeling angry or unhappy and support they receive. Headline results are shown below:

	Certainly True	**Somewhat True**	**Not true**
I get very angry and often lose my temper	632	1141	515
I worry a lot	459	1143	685
I am often unhappy, downhearted or tearful	206	785	1274

	Yes	**No**
Would you talk to someone if you were worried about your emotional health?	1548	682
Have you ever asked for advice about your emotional health	200	1958
If yes, was the advice helpful?	162	36

Young people responded to the invitation to provide evidence by carrying out an online survey. The survey was supported by PCC and was advertised via an independent facebook page, more than 120 young people took part in the survey over a two week period and the spread was representative across the City.

Who would you talk to if there was a problem?

	% Answer
Friend	29%
Parents	22%
Youth Worker	14%
Teacher	9%
Doctor	7%
Sibling	7%
Other members of family	6%
Someone else	6%

- Respondants would like to see a range of options not necessarily through GP and someone to talk to
- Young people are worried about being judged if they ask for help and don't feel that they necessarily trust a doctor enough to tell them exactly what is going on.
- Friends were seen as a good source of support because they are with young people on a regular basis, are normally the same age and young people would trust their advice
- Perception that 'something is wrong with you' if you have poor mental health
- Over a quarter of people asked didn't know if services were available close by to help them if they needed it
- Almost 60% of young people had received counselling, however this may include a range of support including mentoring at school, may be over different lengths of time and may not be of a consistent quality.
- Young people hear about emotional health through school lessons and youth work session but the experience was inconsistent across schools and year groups
- Other results could be due to relationship between teacher and student and whether young people access youth services. Other members of the family wouldn't be approached because of concern that parents would be told.

R1	The Panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feed back on the report and recommendations following task and finish review
R3	The Council should consider the use of social media networks to promote consultation initiatives

The panel heard that a number of services had developed prevention and promotion responses. Schools in particular are playing a major role. In 2010, 97% of Plymouth schools achieved Healthy School status. Healthy Schools Plus has now been rolled out in three phases with a total of 28 schools choosing to focus on mental health as their key area of need. A recent evaluation of this

programme showed that young people report they are better at managing their feelings and are more ready to learn.

The panel heard from a headteacher:

- If a child is not 'in a good place to learn' then they will not progress. Whilst there is an underlying drive towards teaching and learning schools are providing appropriate pastoral care to support that learning. In addition, schools tend to be where a crisis happens and rapid support is needed.
- A range of pastoral support is available including learning mentors, pastoral leaders and family liaison workers in school. Targeted services are bought in e.g. this school currently buys in two days a week counselling service. There are good links with other services including voluntary and community services, the Salvation Army, the Youth Service and a Connexions adviser
- The school workforce had been trained at the discretion of the headteacher to identify mental health issues and to provide a first level of response.
- Where schools have a concern they will call a Common Assessment Framework (CAF) meeting. Not all professionals attend which can lead to a delay in interventions starting, gaps in knowledge and concern that not all professionals working with the family have heard the issues. Sometimes the meeting is delayed or does not go ahead – instead being escalated via another route. In particular Educational Psychologists and Communication Interaction professionals miss meetings. This in effect leaves the issue as a school problem when the support of other agencies is needed.
- Headteachers had to make choices about how to allocate resources. Many schools worked together to provide support through economies of scale. Schools do not have a clear framework around levels of support and share expertise across school areas, sometimes developing pilots together.

R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people.
R5	The Children's Trust review reasons for non attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.

The panel heard that the Plymouth Community Healthcare had commissioned a series of leaflets promoting mental health to children, young people and young adults. The leaflets had been designed based on survey evidence from young people through Routeways and the actual format was developed by students at Notre Dame school. The leaflets had been launched in April 2011 and the level of reach would be tested in an upcoming survey of young people this Autumn.

Panel members were concerned that the language used in the leaflets was duplicated across all age groups and the only apparent customisation was in the use of pictures or photographs. It was felt by several members of the panel that the text used whilst general was not accessible or engaging for target audiences, particularly older young people.
Panel heard that the leaflet was left in key areas on school sites and the issues formed part the wider Social Emotional A Literacy curriculum.

R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate

6c. Early Intervention

A broad range of services were commissioned by members of the Children's Trust to deliver counselling or psychological therapy services. This support was either on a consultative basis – for example providing support including training to professionals working with children and families, or on a more directive basis with direct work – typically counselling or psychological therapy including family therapy being provided directly to the young person. There is mixed opinion about sufficiency of services – including a feeling that young people are having a lot of direct, informal work through support staff working as para-professionals.

The Excellence Cluster described their services:

- Providing mentoring support, counselling and therapeutic support and integrated professional sport advising professionals and schools.
- Providing intensive support at ealiest stage – not normal, service model designed around the child as opposed to the professional working with thechild.
- Working as part of a practice network with other professionals providing psychological support at a targeted level – coordinated by CAMHS, Routeways, Zone, Hamoaze etc. However need to do more to develop model of cohesive and connected services. Perception that there is 'plenty of work for everyone'.
- Reported a high degree of interest from schools with previous linked schools reinvesting / recycling their package of support so that other schools can have same experience
- Reported requests from schools and other services to review targeted intervention and how funding is used to access counselling and therapeutic work to ensure spread and access and so de-escalate need.

The Excellence Cluster described perceived gaps in service provision:

- family therapy in primary and secondary schools
- limited access to art or drama therapy then only provided after been through different elements of service
- time limits on services don't necessarily meet with needs of the child.
- not all schools take up service – secondary schools may get cheaper service elsewhere
- lower cost or free to access counselling services

R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work

Among the examples given was the Zone's counselling service. This was an open access service that was funded via Public Health. It was recently publicly announced that the Zone would be ceasing the CAMHS service. In a paper submitted to the panel the organisation suggested that demand outstripped the level of funding and that it felt that it could no longer subsidise the service. According to the report, demand increased by 36% year on year with 136 young people seen in the first quarter.

The panel asked witnesses about the service, some had used the service to support young people as an independent setting outside school. Witnesses had not been made aware of the closure of the service nor of alternative provision available in the City.

R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available in the city.

The panel heard from the Educational psychology service about the reorganisation of services around localities with a more focussed offer of prevention and early intervention support for children and young people. In the new service design multi-disciplinary teams would include staff from educational psychology service, youth service and education welfare. All schools have a linked educational psychologist and the locality approach should provide an additional layer of support. Essentially though the service is on consultative basis – direct work can be provided but is costly compared to other providers.

R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on Children's emotional well being and mental health services in six months

The panel were told by representatives in the voluntary and community sector that

- young people and young adults, particularly young women were concerned that services were not available, that there were often long waiting lists and services were not generally available in their communities. For example, specialist counselling such as for sexual abuse or rape could have 3-6months waiting time.
- there was very limited access to free counselling and to counselling for under 18's and there was no therapeutic work in the City.
- Mental illness is often hidden and can be avoided through prevention work earlier on.

6d. SPECIALIST SERVICES

In-patient care Plymouth Primary Care Trust (PCT) has commissioned an in patient CAMHS unit, Plymbridge Unit in partnership with Devon, Torbay and Cornwall PCTs. This is a variable contract which depends on uptake. There are 12 bed spaces available for the Peninsula.

Community Specialist Services Plymouth PCT and Plymouth City Council have specific funding for CAMHS which has been bought together as an aligned budget since 2005. In 2010 a Joint Commissioning and Pooled Funding Agreement was established under Section 75 of the National Health Service Act. Under this agreement the PCT act as the lead commissioner.

The overall budget in the pooled fund for this service is:

Plymouth PCT	£ 2,582,000
Plymouth City Council	£ 731,006
Total Pooled Fund	£ £3,313, 006.00

This model includes:

a. An Outreach Team: To manage the needs of Children and Young People who are at risk to themselves or others.
b. An enhanced service for Children in Care: Co-located with Children's Social Care
c. An enhanced service for those with Severe and Profound Learning Disability: Working with Special Schools and the Integrated Disability Team
d. An Infant Mental Health Team: Working with parents and 0-5 year olds who are presenting with mental health need.
e. A Multi-Disciplinary team: Operating a Single Point of Access to mental health intervention for those who do not require an emergency or enhanced response. This also includes enhanced provision to the Youth Offending Service.

All teams except the multi-disciplinary team are delivering the expected volume of service. The latest report from the service shows there are 254 children and young people waiting for an assessment, with the longest wait being 32 weeks. Over 90 children are waiting longer than the contracted 18 week period.

The contract is monitored on a quarterly basis and capacity issues began to emerge in the 2nd quarter 2010/11 – six months into the new contract. The panel received a chronology of activities since then that log concerns and on behalf of commissioners in PCT and PCC demand improvement action plans. The issue had also been escalated to key partnership and executive boards including the Plymouth Safeguarding Children's Board, Plymouth Children and Young People's Trust and the NHS Plymouth Trust Board.

Between June 2011 and September 2011, feedback from the provider has not included a satisfactory improvement plan to improve access. Concerns have been fed back from clinicians that the caseload was more complex than anticipated and as a result that clinicians were not able to deliver expected turnover in cases. Additional information was received however that suggested that vacancy freezes had reduced capacity within the team exacerbating the issues.

In October 2011, an intervention plan has been developed by the commissioners and representatives of the provider to develop an emergency response to the excessive waiting list. This was shared with the panel as a confidential document awaiting signoff by PCH Board.

Representatives of Plymouth Community Healthcare attended and fed back:

- Only one of five teams had a waiting list
- Clinicians were indicating that the caseload included significant risk cases in their opinion and this had led to a backlog. It was felt that by the time cases get to treatment issues are complex and that this absorbs team capacity.
- First priority was to bring the current referral to treatment time back down to 18 weeks. It is planned to review the current caseload in a multi-agency panel – identifying whether appropriate or alternative services could be put in place to support families including removing names from the list. With an understanding of the cases and capacity PCH would be able to project how long it will take to reduce down the waiting list.
- Second priority to review the working model of the multi-disciplinary team to achieve a faster throughput of cases on a more sustainable basis – this is expected to be delivered by end of March 2012.
- PCH asserted that there are not enough staff to respond to the need of the community but recognized that the team is not performing within existing expectations.

- PCH asserted that the clinician group was autonomous and that their judgement must be taken regarding levels of risk and most appropriate package of care

Members of the panel were concerned that the issues regarding the multi-disciplinary team coincided with wider issues around the reorganisation of the provider service into a social enterprise model. That organisational context combined with the failure to respond in a timely manner escalated the risk of delivering actions that would keep children safe in their communities and presented concerns about transparency. The panel was particularly concerned about the impact that pressures on the multi-disciplinary team waiting lists would have both for individuals and families on the waiting list and on other services for children.

R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report

The panel heard from Routeways regarding projects that provided advocacy services for young people in the secure unit and participation work "In Other Words" with young people using CAMHS to empower young people that access the service to challenge their workers. CAMHS staff put forward young people who may benefit from the service and to date only 6 young people were working with the service. Young people fed back that they were generally happy with the service with some minor complaints.

R12	PCH review the cost effectiveness of participation support services for young people using mental health services

Feedback was received from other witnesses that:

- waiting times can be 6 months or more with known cases of 12 months, and up to two weeks if high risk
- referrals via a GP were treated more quickly than referrals from school.
- Once in the system there needs to be greater transparency for cases and better engagement between multi-disciplinary team clinicians and other professionals – for example clinicians making recommendations that don't fit with a school structure and not investigating other factors including bullying.
- Schools are not necessarily made aware if children are medicated and sometimes there can be delay between work with children and the report reaching schools.
- CAMHS workers experiencing a crisis in terms of workload etc
- Individual cases where CAMHS are cancelling appointments over a series of months – so child is not engaging in therapy, no replacements if workers are ill or no maternity cover.
- where children do not attend service is withdrawn – concern that non attendance is not seen as a symptom of mental illness as opposed to as a reason for not providing service.

R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better coordinated with respect to mental health support

Witnesses representing Plymouth City Council and Plymouth Primary Care Trust Cluster commented as follows:

- An action plan had been developed to tackle the waiting list.
- nationally few people have the expertise to provide the service, so it is difficult to substitute with another service
- there is a good history of partnership working but the delays are unacceptable. Commissioners had to give the provider the opportunity to understand the problem – prevalence, demand and activity. Commissioners were looking for the provider to create a response, which had not been timely or sufficient and the intervention plan was developed to support those families affected.
- there was a need to get the service to work alongside other people across the City if and when the service improves sustainably.
- the ultimate sanction is to find an alternative supplier, however Commissioners were concerned that due to the delay in tendering the service this would not ensure that young people on the waiting list would be seen any sooner. However, this has not been rejected as an option.
- PCC has responsibility to act under probity for LA finance, responsibility through the section 75 agreement and through wider corporate parenting role and the Children and Young People's Trust. Under the s75 agreement, if PCC felt that the agreement was no longer working the Council could issue notice and withdraw cash in line with the agreement. However, other elements of the agreement were working well – such as the support to children in care.
- The issue has been escalated to the Plymouth Safeguarding Children Board and the Children and Young People's Trust who are holding this as an urgent issue to resolve. The Children's Trust Executive are clear that this action plan is an intervention plan and are clear in their challenge to the provider. The solutions that are provided are put forward to consider and safeguard the whole needs of children and families – the delays are putting pressure on other areas of children's lives including education. The timing of scrutiny review coincides with the actions that are being taken to escalate and resolve the issues.

R14	The Childrens Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report.
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.

EMOTIONAL WELLBEING AND MENTAL HEALTH

Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Date to be Competed by
R1	The panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is reference in this report	Prepare letter on behalf of Chair of CYPOSP	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feedback on the report and recommendations following task and finish review	Arrange session for feedback to the group	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11
R3	The Council should consider the use of social media networks to promote consultation initiatives	To include within design of PCC consultation framework	Giles Perritt, Head of Performance, Policy and Partnerships PCC	31/12/2011
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people	Children and Young People's Trust Executive identify staff team to produce framework document of services responding to differing levels of need and available at both locality and city wide level, including those provided by the statutory and non-statutory sector. This framework to be used to support action in respect of recommendation 8.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Lead staff confirmed by 31/12/2011 Framework document produced by 31/01/2012
R5	The Children's Trust review reasons for non-attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction	Common Assessment Framework team prepare a review of attendance issues to be reported to the Children and Young People's Trust Executive	Amanda Paddison, CAF Co-ordinator PCC	Report to be prepared for Exec meeting scheduled 18/01/2012

EMOTIONAL WELLBEING AND MENTAL HEALTH Task and Finish Report Recommendations				
	Recommendation	**Action Required to Deliver Recommendation**	**Lead**	**Date to be Competed by**
	professionals.			
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate.	To ensure partners and young people are made aware of the services that are available to them and how those services are developing	Jacqui Gratton, Communications Manager PCH Michelle Thomas, Direct or of Operations PCH Cate Simmons, Interim Head of Children's Services PCH	16/12/2011
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work.	Letter to be drafted for sign off by Chair	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.	Joint Commissioning Plan to be developed by PCC and NHS Plymouth to maximise use of available resources for commissioning appropriate and effective services early intervention services. Draft Joint Commissioning Plan to be developed during 2011/12 Q4 for approval with view to implementation in financial year 2012/13	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth (Commissioning officers from PCC and NHS Plymouth)	31/03/2012
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available within the city.	Communication to be prepared	Maggie Carter, Assistant Director - Learner & Family Support PCC	Communication to be prepared
R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on children's	Schedule update to CYPOSP	Maggie Carter, Assistant Director - Learner & Family	30/04/12

EMOTIONAL WELLBEING AND MENTAL HEALTH

Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Date to be Competed by
	emotional wellbeing and mental health services in six months		Support PCC / / Alan Fuller, Principal Educational Psychologist PCC	
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report	Meeting took place 26th October 2011.		Complete
R12	PCH review the cost effectiveness of participation support services for young people using mental health services	Director of Finance to work with the Chief Executive of Routeways	Dan O'Toole, Director of Finance PCH	31/12/2011
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better co-ordinated with respect to mental health support	Learning from the current multi disciplinary review underway of the cases waiting for CAMHS assessment will be used to inform how professionals can improve coordination at both an early intervention stage and during treatment with particular reference to use of CAF (R5). The framework document (R4) and Joint Commissioning Plan (R8) will incorporate this.	Cate Simmons Interim Head of Children's Services PCH Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Initial report from waiting list review to be provided fro Children Trust Exec 18/01/2012 Incorporation in Joint Plan by 31/03/2012
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report	Mechanism for reporting of performance through Children's Trust Executive and Board to be reviewed and refreshed	Claire Oatway, Policy, Performance and Partnership Manager PCC	31/01/2012
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.	Progress report to be reviewed by Children and Young People's Trust Exec and dates for reporting to CYPOSP to be agreed with Chair.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	31/12/2011

INTRODUCTION

The report of the Children and Young People Overview and Scrutiny Panel Task and Finish Group into the emotional well being and mental health of children and young people in Plymouth, along with the services that are provided, is welcomed in providing an objective mid-point review of the implementation of the Joint Commissioning Strategy 2009 – 2014 “Improving the State of Our Minds”. This strategy was named by children and young people themselves and was formulated to provide a multi agency partnership response to their identified mental health needs.

Many individual initiatives have been taken forward following the launch of the strategy in order to address mental health at differing levels of need, for example the training of over 600 staff working with children to raise their awareness and knowledge on how best to support children, the involvement of 23 schools in the Targeted Mental Health in Schools Pilot (TaMHS) to develop new ways of working with schools in providing early support and intervention, and the development of specific services for those young people at higher risk of developing poor mental health such as Children in Care. The Task and Finish Group report has provided a constructive view on those developments that are working well alongside those areas that require further development and improvement.

Since the launch of the strategy in 2009 there have been a number of changes at both national and local level. National policy changes are resulting in structural changes for those partner agencies that worked together to develop the local strategy, for example in the education sector specifically with the acceleration of the academies programme and through the current Health and Social Care reforms. Local reorganisations have also seen changes in many of the staff involved in implementing the Strategy. Consequently there will be a need to review and refresh working relationships between professionals in some areas. At the same time the continued commitment of partners to work together through the Children and Young People’s Trust provides a foundation that can support the delivery of the objectives of the strategy. The new Children and Young People’s Plan provides a mechanism for this through local multi disciplinary teams and increased use of the Common Assessment Framework to facilitate joint professional / multi agency care planning and coordinated service delivery. These factors are essential for identifying need and providing services at an early stage to prevent escalation. In turn these factors also enable children and young people to receive a level of service appropriate to their need.

The recommendations of the Task and Finish Group report reinforce the objectives originally set out in "Improving the State of Our Minds" and identify aspects that need to be strengthened to support delivery[1]. A draft action plan has been prepared in response to these recommendations (NB. the plan is draft pending further refinement and approval by the Children and Young People's Trust Executive, the next meeting of which takes place after the Scrutiny Management Committee). This draft action plan is included as an addendum to the Task and Finish Group report in order to illustrate how the recommendations will now be progressed. An additional report has also been produced by Plymouth Community Healthcare (PCH) to describe the actions that are being taken to address the waiting times for referrals to the Child and Adolescent Mental Health Service (CAMHS) as identified in the report. The Children and Young People's Trust Executive will review progress on the actions described in the plan and produce update reports for the Children and Young People's Scrutiny Panel, as per the final recommendation.

In 2009 "Improving the State of Our Minds" sought to raise the profile of mental health and enable people and professionals to talk about mental health without fear of stigma, but rather as a key component that enables children and young people to achieve their potential and grow into healthy, productive adults. The Children and Young People's Overview and Scrutiny Panel Task and Finish Group report supports the continuation of this dialogue and the ongoing process to improve how the needs of children and young people can best be met.

Paul O'Sullivan
Director of Joint Commissioning
NHS Plymouth

22 November 2011

[1] **'Improving the state of our minds' Emotional Wellbeing and Mental Health of Children and Young People in Plymouth**
Joint Commissioning Strategy 2009-2014 (Appendix IV page 33)

http://www.plymouth.gov.uk/pcypt_mental_health_strategy_2009-2014.pdf

Plymouth Community Healthcare

Delivering services on behalf of the NHS

NHS

Child and Adolescent Mental Health Services

Waiting Lists

Update Report for Children and Young People Overview and Scrutiny Panel

November 2011

1. Purpose of the report

1.1 In October 2011 the Child and AMHS Plymouth Multi-disciplinary team (PMDT) had a waiting list of 245 children and young people (CYP) with a longest wait 32 weeks. This is a breach of the required referral to treatment time (RTT) of 18 weeks.

1.2 A Children and Young People Overview and Scrutiny Panel (CYPOSP) was held on the 11th and 12th October 2011. One of the recommendations from that panel was for a summit meeting to be held between strategic leads from the CYPOSP, Plymouth City Council (PCC), NHS Plymouth and Plymouth Community Healthcare (PCH).

1.3 The summit meeting took place on the 26th October 2011 and this report is an update on progress that was agreed as an outcome of that meeting.

1.4 The report outlines the steps taken towards achieving the RTT of 18 weeks by the CAMHS Plymouth Multi-disciplinary team (PMDT) and outlines the plans that will help the team to keep it in place.

1.5 The Plymouth Mainstream Child and Adolescent Mental Health Service (CAMHS) is made up of six teams that provide a discreet service to groups of children and young people (CYP) with particular needs. At the CYPOSP on the 12th October, there was insufficient opportunity to provide detail on the performance and strengths of five of those teams. Instead, they have been included as part of this report.

1.6 The report also highlights the learning points from this process both inside CAMHS as well as its function as part of the wider emotional well-being and mental health network.

2. Context of the Service

2.1 The Mainstream CAMHS is provided by Plymouth Community Healthcare to deliver a specialist mental health assessment and intervention service to those CYP aged 0-18th birthday (19 in the case of a child in care) who present with *complex, severe and/or persistent need.*

2.1 Since March 2011 the clinical staff members of PMDT have been working with senior leadership and commissioners to achieve improvements. Progress was judged to be too slow and the CYPOSP placed a requirement upon Plymouth Community Healthcare to speed up on improvement. This is monitored by commissioners from PCC and NHS Plymouth on a weekly basis.

3. Actions to date (children grouped by need)

3.1 During April 2011 to August 2011 the PMDT completed a piece of work to try and understand how the service may better be arranged to meet the needs of CYP. The approach was that of clinical systems

engineering put simply this means that CAMHS needs to understand its children based on their specific needs and place appropriately skilled staffing the right place to meet that need. This is known in the NHS as a 'demand stream'.

3.2 The CYP that are referred to PMDT fall into three needs groups. Primary Mental Health Work, Neurodevelopment and Generic. We have now begun a piece of work to understand the numbers of CYP in each needs group and in order to do this, a paper review of each referral upon the PMDT waiting list was completed and the CYP were placed into groups.

3.3 The group of CYP waiting to see a Primary Mental Health Worker (PMHW) is the first to be properly completed. 102 CYP are waiting for an assessment with a PMHW and 50 of those are breaching the RTT. The capacity of the PMHWs has been mapped against demand and a decision taken to cancel for a three month period, all of the multi-agency training that the 4.6 PMHW's were scheduled to deliver. This increases their capacity by 100% and the trajectory shows that the PMHW team will achieve RTT by the beginning of February 2012. It should be noted that should referrals exceed the anticipated 22 per month, the capacity to meet demand will not be in place and the RTT achievement will be delayed.

3.4 The remaining 131 CYP remain on the PMDT waiting list whilst they are placed into a neurodevelopment or generic needs group. This work will conclude by the end on November 2011. At this point 131 CYP are on the list and 42 are breaching the RTT.

3.5 A trajectory for the CYP waiting to see the PMDT was due by the 11th November 2011 but could not be created because the staff needed to review the existing caseload of over 600 CYP to see whether any could be discharged and space created to take more. The plan is to produce this by the end of November 2011.

3.6 This process of robust caseload management has been developed with the clinical staff of PMDT and the trajectory at the end of November will mean that we know how many appointments we need to plot against the neurodevelopment and generic needs groups. Staff members have also begun to move their practice into the needs groups such that the PMDT will cease to exist in January 2012 and work will be delivered within focused pathways based upon demand.

3.7 PCH has also reduced the number of clinical and business meetings that the team members attend by 50% so that they are able to see more CYP.

3.8 The neurodevelopment pathway is being supported by a commissioner to ensure that the multi-agency pathway for CYP within this needs group is properly arranged to make sure that CYP stay in the service for the minimum time appropriate..

4. Actions to date (multi-agency review of the CYP waiting for an appointment with the PMDT)

4.1 By the end of October 2011 a multi-agency group of senior staff from across the city had come together with staff from the CAMH Service to review all of the 254 CYP waiting for an appointment with the PMDT.

4.2 The purpose of this was to identify those CYP who could potentially be diverted to other appropriate services and receive appropriate intervention at an earlier point. It was assumed that should a number of CYP meet this category, they would also require the consultation input of a PMHW. Only 8 CYP were able to be immediately diverted to the Integrated Youth Service or Educational Psychology Service and all required a consultation input from a PMHW.

4.3 A further 71 CYP could fall into this category but further work is required to understand whether this is possible and appropriate. This is largely due to their length of wait and the duty to check out their present situation. A decision for diversion has to be made on current information and not a historical snapshot. For some, this will mean completing an assessment or triangular consultation.

4.4 Once an alternative but appropriate response is identified, the commissioning team from the Local Authority has pledged support to facilitate a multi-agency response that involves any Local Authority commissioned or provided services.

4.5 It is important to note that CYP will only move to a new service if they can see them immediately upon transfer. There is no intention to extend their wait by transferring them out.

4.6 The 71 CYP currently sit within the PMHW needs group in 3.3 above. Any appropriate diversion of CYP to partner agencies will improve this team's ability to achieve the RTT before the scheduled date of early February 2012.

4.7 It must be noted that many of the identified services may also full to capacity and have waiting lists.

5. Action to date (a peer review and a multi-agency review of those CYP who have been on caseload for in excess of 20 contacts).

5.1 Plymouth Community Healthcare is to commission a review in two parts.

5.2 The first is a peer review of the service with an invitation to comment on the move to needs groups and its intended outcome to improve patient experience and speed of response, intervention and discharge.

5.3 The second is a multi-agency review, chaired by an external expert, of those CYP within a specified group that includes in excess of 20 contacts with the service.

5.4 This latter attempts to answer the question about why the service is blocked and is linked to a narrative about the numbers of CYP in the service with a complex, severe and/or persistent need that requires long term intervention versus an external view that the clinicians are 'holding on' to CYP that could be stepped down into a multi-agency discharge plan. Evidence exists to support neither position at this time and the review seeks to provide that.

5.5 PCH is working to make sure that the staff who will be involved in the review feel that it will be helpful and are fully signed up to it.

6. The Wider Mainstream CAMH Service

6.1 The Infant Mental Health Team (IMHT) is based at TamarFOLK Children's Centre and works with infants aged 0-5 and their families. This is an excellent example of joint commissioning and provision for early intervention. The staff mix is multi-agency in that a Senior Educational Psychologist is based in the team. The team is small with only 3.9 clinicians.

6.2 The IMHT provides face to face assessment and intervention as well as consultation and training to staff working in the Early Years system.

6.3 The IMHT do not breach the RTT, the longest wait being 6 weeks.

6.4 They collaborate with other professionals to deliver early intervention to vulnerable groups e.g. working with a Health Visitor to deliver the Healthy Child Programme and parenting advice sessions to mothers who attend the Racial Equality Council.

6.5 The IMHT deliver 'Safety in Numbers' a group intervention for women experiencing mild to moderate post natal depression. 82 mothers have attended this programme over the past 12 months and clinical outcome measures evidence improvements in mood and anxiety that will have an impact on mothering and attachment.

6.6 The Children in Care CAMHS Team is funded by PCC and is a small team of 4.4 clinicians who work with children who are placed in the care of the local authority. They are based at Midland House and provide face to face assessment and intervention to CYP as well as consultation and training to foster carers and social care staff.

6.7 The team do not breach the RTT. The longest wait at this point is 10 weeks.

6.8 The Children in Care CAMHS Team also work with Band 4 Foster Carers (18 at time of writing) and support their role in caring for complex CYP who would be at significant risk of being placed for out of area residential care.

6.9 The team deliver attachment training on the multi agency LSCB programme.

6.10 The CAMHS Outreach Team was generated by closing an adolescent day programme and 6 beds and instead developing an outreach model. This enables CYP to stay at home and in school. It prevents admission to hospital.

6.11 The team see all of their referrals within 24 hours. These are known as Priority 1 referrals. They also provide a next working day assessment for CYP presenting to Derriford Hospital following an episode of deliberate self harm. Due to the issues in the PMDT the team are also picking up Priority 2 referrals; those CYP who need to be seen within 7 days of referral. The team carry a significant level of risk in a complex group of CYP and most often do this in multi-agency packages of care.

6.12 The CAMHS Team for CYP with a Severe and Profound Learning Disability (SLD Team) are another small team of 2.2 clinical staff who work predominantly with CYP who attend Downham, Mill Ford and Woodlands School. The staff have specialist skills in working with families where there is a child with a severe learning disability; functional analysis of behaviour is only one example.

6.13 The team do not breach the RTT and the longest wait is 11 weeks. They collaborate as a virtual team within the Children's Integrated Disability Service.

6.14 Finally, the Children's Day Programme is a day assessment and intervention programme for CYP aged from 5-12 who have a complicated neurodevelopmental problem that cannot be helped within a community based response. It is delivered with the Alternate Complementary Education Service ensuring that mental health and educational assessments and intervention programmes are delivered together.

6.15 The team assessed 28 children in a six day assessment programme between April and September 2011. 11 of those went into an intervention group and the remainder returned to community care.

6.16 What is clear from the above is that when a team is designed around a demand stream, the appropriate multi-agency relationships and pathways may be developed to support step up and step down and therefore flow. The PMHW team did not breach the RTT when they were a discreet team based in localities and integrated into multi-agency response. Their withdrawal from that to join the staff of the specialist

service has resulted in a retraction of the collaborative advantage and we now see a clear breach position albeit with a clear plan to resolve.

6.17 The intention is that a move to needs groups for all CYP and clinicians will reap the same benefit of collaborative advantage. There will of course always be CYP who do not fit neatly to a single demand stream and the pathways will be sufficiently flexible to accommodate them.

7. Learning Points

7.1 It is clear that during the past six months, the PMDT have been accepting a number of referrals of CYP who do not meet the threshold of *complex, severe and/or persistent need.* The internal intake process is being reviewed during November 2011 and will be improved throughout December 2011.

7.1 To assist the intake decision making process, the new needs groups will move to a position where they no longer receive routine referrals that is not accompanied from the outset, by consent to share information. This allows greater capacity to understand who else may be already involved and allows us to commence each piece of work from a principle of collaborative advantage. This has already been put in place around referrals from GPs and we need to get it right for all other referrals.

7.2 That arranging services around needs groups offers the best opportunity for the collaborative advantage in that CYP with specific needs fall often fall into natural communities. This is evidenced by some of our existing teams.

7.3 The service will consider the requirement for a standardised referral form and work out how this links with the CAF.

7.4 Primary Mental Health Workers are best placed to respond to children and young people's emerging health needs within an integrated multi-agency locality team, expanding their potential to work with colleagues to prevent escalation to requiring input for *complex, severe and/or persistent need.*

8.0 Summary by Chief Executive

This update provides an in depth overview of the current waiting list position, the action being taken to address those waiting in excess of 18 weeks. There are clear monitoring processes in place, including weekly meetings attended by Health and Local Authority Commissioners, Clinicians and Managers from Plymouth Community Healthcare.

The Board of Plymouth Community Healthcare places the management of this waiting list and the reduction of the over 18 week waiting list as the highest of priorities.

Stephen Waite
Chief Executive