

# **CHILDREN'S EMOTIONAL WELL BEING AND MENTAL HEALTH**

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



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## **I 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 I.

### 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 11<sup>th</sup> and 12<sup>th</sup> 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, Director of Joint 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<sup>1</sup>, 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.

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<sup>1</sup> 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:

<b>Area of Work</b>	<b>Outcomes</b>
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:

	<b>Certainly True</b>	<b>Somewhat True</b>	<b>Not true</b>
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

	<b>Yes</b>	<b>No</b>
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?

	<b>% Answer</b>
<b>Friend</b>	29%
<b>Parents</b>	22%
<b>Youth Worker</b>	14%
<b>Teacher</b>	9%
<b>Doctor</b>	7%
<b>Sibling</b>	7%
<b>Other members of family</b>	6%
<b>Someone else</b>	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
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## 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 earliest stage – not normal, service model designed around the child as opposed to the professional working with the child.
- 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
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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
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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 2<sup>nd</sup> 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
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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
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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
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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.