

Extract of Minutes of the meeting of the **Health Scrutiny Committee** held on Tuesday 7 July 2015 at 10:30 am in the King Edmund Chamber, Endeavour House, Ipswich.

7. Child and Adolescent Mental Health Services (CAMHS) in Suffolk

At Agenda Item 7 the Committee considered a report on the operation of child and adolescent mental health services in Suffolk, their effectiveness in improving outcomes for Suffolk children, and the actions being taken to develop and improve services going forward.

In consideration of this issue, the Committee received written evidence from the Children's Emotional Health and Wellbeing Group and Public Health, Suffolk County Council.

The following witnesses were also in attendance to provide the Committee with verbal evidence:

Anne Humphrys, representative of a parent support group called PACT (MH) UK (Parents and Carers Together) for parents and carers of children with mental health issues

Rebecca Jasper, representative PACT (MH) UK

Richard Selwyn, Assistant Director Commissioning, Children and Young People's Services, Suffolk County Council.

Cliff James, Head of Corporate Parenting, Children and Young People's Services, Suffolk County Council.

Eugene Staunton, Associate Director of Redesign, NHS West Suffolk Clinical Commissioning Group, and Chairman of the Suffolk Children's Emotional Wellbeing Group

Patricia Hagan, Programme Manager for Children and Young People, HealthEast, NHS Great Yarmouth and Waveney CCG

Dr John Hague, Clinical Lead for Mental Health, Ipswich and East CCG

Denise Clark, Interim Head of Specialised Mental Health Commissioning, NHS England

David Wright, CAMHS case manager, NHS England

Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust

Alison Armstrong Director of Operations for Suffolk, Norfolk and Suffolk NHS Foundation Trust

James Leese, Head teacher St Mary's Church of England Voluntary Aided Primary School and member of Suffolk Children's Emotional Wellbeing Group

Inspector Chris Galley, Mental Health, Lead Suffolk Constabulary

Recommendations:

The Committee agreed:

- a) To commend the partnership approach being taken to developing the refreshed CAMHS strategy and Transformation Plan, and the evidence presented to demonstrate steps being taken towards integration of services. However, the Committee agreed that it wished to see evidence of increased co-production, collaboration, integration and service user involvement in practice, and targets for achieving this.
- b) To ask the Children's Emotional Health and Wellbeing Group to:
 - i) give consideration to whether the support and advice being offered by Primary Mental Health Workers to schools and GP surgeries could also be extended to nursery provision;
 - ii) collaborate with the Committee in the development of a workshop event for councillors, to take place before the end of 2015 as part of the engagement plans;
- c) To ask the Chairman of the Health and Wellbeing Board, in liaison with the Director of Public Health, to consider whether more could be done to improve the information and advice available to parents regarding children and young people's mental health and wellbeing, and to provide the Committee with an Information Bulletin item to explain how this could be achieved.
- d) To undertake, in early 2016, further scrutiny of the CAMHS Transformation Plan, to include the impact of co-production and collaboration on service users, relatives and carers, information on the timescales associated with the work and details of measurable outcomes.
- e) To ask the Chairman and Vice-Chairman to consider:-
 - i) what further scrutiny should take place in respect of CAMHS, what format this should take and whether there would be merit in undertaking joint scrutiny with Norfolk Health Overview and Scrutiny Committee;
 - ii) whether the Committee should give further consideration to what is being done in Suffolk to promote the safety of children on the internet and "e-safety";

Reasons for Recommendations:

- a) Members heard that a multiagency approach to CAMHS support was being taken in Suffolk, led by the Suffolk Children's Emotional Wellbeing Group, and agencies were currently working to a 3 year strategy and action plan, agreed in October 2013.

In response to national drivers and significant political focus on children's mental health provision, CCGs, working with partners, were required to develop a system wide Transformation Plan for CAMHS.

The Children's Emotional Health and Wellbeing Group had a planned programme of work to refresh the existing CAMHS strategy and to develop the required Transformation Plan by December 2015. Stakeholder engagement was taking place through the Suffolk County Council engagement hub, working with health communication teams and the Suffolk Youth Ambassador

The Committee received evidence from the witnesses present about initiatives to improve partnership working.

Members were informed that NHS England had responsibility for commissioning Psychiatric Intensive Care Unit (PICU) beds (Tier 4 services) for mental health patients to the age of 18. These were procured to nationally agreed service specifications and standards. A need for 5 extra PICU beds had recently been identified, and these had been procured and were now being used. There were a total of 164 specialist beds across the East of England (Norfolk, Suffolk, Cambridgeshire, Hertfordshire, Bedfordshire, Luton and Essex), for children with mental health issues, learning disabilities and eating disorders. The availability of these was reviewed each week and shared with the Tier 3 Teams to ensure beds were used efficiently.

At a local level, Primary Mental Health workers had been commissioned to provide support and advice to schools and in primary care settings (GP surgeries) to help with early identification of mental health problems. The CCGs had also commissioned more support for young people with eating disorders in the West of the county, to provide parity with the support already available in the East.

The Committee heard that Constabulary emergency response teams were being supported by mental health practitioners to assist with street triage, as a joint response to a person coming into contact with the police at a point of mental health crisis. This had originally been a pilot, and continued to be funded by the CCGs in its contract with NSFT. NHS England was also looking at an initiative to provide mental health practitioners in police custody centres to assist people early in the justice system.

Members heard from the representatives of PACT that there were still long waiting times (sometimes several years) until children were considered to be "ill enough" for treatment and even longer waiting times for therapy. Children were still experiencing isolation, stigma and judgemental behaviour and family, friends and school staff were not provided with sufficient support by agencies.

The Committee heard from HealthEast CCG about the 0-25 years CAMHS support being developed in Great Yarmouth and Waveney. It had input from Waveney Youth Team, with a "Youth Matters" website managed by a young apprentice, and the local provider had a close relationship with some schools. There were plans to train A&E staff in mental health matters. Psychological support was also provided in paediatric clinics for long term conditions such as diabetes.

The representatives from PACT were enthusiastic about the possibility of a service covering ages 0-25 across Suffolk, which would provide continuity of care for young people aged 18-25, as they said that adult mental health staff did not operate in the same way as those dealing with children, which meant that young people often experienced a discontinuity of care when they reached the age of 18.

The Committee heard that PACT was keen to support improved partnership working going forward, and considered that there was a need for parents and young people to be fully involved in the production of the refreshed CAMHS strategy.

b)

- i) The Committee heard that mental health problems in children often manifested as behavioural issues at an early stage. The Committee also heard from parents that, without access to the right support and advice, there was the possibility that parents and indeed school staff, would find it increasingly difficult to cope, which could result in a downward spiral.

Every school now had a lead professional responsible for mental health, and on-line training was being developed for school staff. Increased investment by SCC and the CCGs in Primary Mental Health Workers meant a named individual was now available to provide support and advice to schools and GP practices. The Committee heard that Primary Mental Health Workers were making a significant difference to school inclusion. The Committee commended this approach and questioned whether this service could be extended to pre-schools and nurseries.

- ii) The Committee noted the complexities of the commissioning and delivery of services to improve children's mental health and wellbeing. Members requested the Children's Emotional Wellbeing Group arrange a workshop for all County Councillors to raise awareness of these issues, update them on the systems being put in place to address them and improve awareness of the role County Councillors could play in the provision of support to families.

- c) Members heard from parents of children with mental illness that children were often diagnosed as "not ill enough" to access support from mental health services and therefore did not access services until symptoms had worsened. Parents reported that one of the biggest problems was access to information about support available. The information currently available on-line had proved to be unsatisfactory, as websites were hard to access, and the information on them was often out of date or not relevant to Suffolk. The Committee was aware the Health and Wellbeing Board had a priority of ensuring that every child in Suffolk has the best start in life, and that early intervention, before behaviours become entrenched, was more likely to be effective and would help reduce future costs.

- d) The Committee was concerned that, in working to refresh the CAMHS strategy, implementing changes in one area could impact on other parts of the service and wanted to revisit this work to ensure that all parties were working together. Members recognised that to achieve an appropriate system redesign, it was also important to listen to and take account of young people's experiences, and the views of parents and carers and wanted reassurance that this had taken place and that the review would result in tangible outcomes for service users. Members also agreed that it was critical that the timescales associated with the development and implementation of the strategy and Transformation Plan were clarified.
- e)
- i) The Committee was aware that many parties had extensive responsibilities in this matter. Witnesses asked for scrutiny of Tier 4 services and also unmet needs in children's care plans. Concern was also expressed about the ability of primary mental health workers to access academies, free schools and private schools and whether these schools could be held accountable if they did not address their responsibilities. However, Members recognised that some of these concerns could fall more appropriately within the remit of other scrutiny committees. The Committee was aware that services provided by NSFT also covered Norfolk and questioned whether there would be merit in considering some of the issues jointly with Norfolk Health Overview and Scrutiny Committee. In light of the complexities identified, a suggestion was also made of undertaking a Task and Finish Group or a holding a workshop to explore the issues for scrutiny in more depth.
- ii) Members questioned whether the immediacy of access to social networking and the internet was a causative factor in the increase in mental health problems in young people and asked the Chairman and Vice Chairman to consider whether this issue should be scrutinised.

Alternative options: None considered

Declarations of interest: None declared

Dispensations: None received

