

13 December 2011		ITEM 6
Children's Services Overview and Scrutiny Committee		
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES: PATTERN OF CURRENT SERVICE DELIVERY AND COMPARATIVE ANALYSIS WITH THE BEST IN CLASS. OPTIONS TO STRENGTHEN PROVISION ACROSS ALL TIERS/NEED GROUPS		
Report of: Nick Stacey, Strategic Leader, Children's Joint Commissioning Unit		
Wards and communities affected: All	Key Decision: Yes	
Accountable Head of Service: Barbara Foster, Head of Children's Social Care		
Accountable Director: Jo Olsson, Director of People Service		
This report is Public		
Purpose of Report: To advise on the pattern of current provision, comparative analysis with provision elsewhere and future planning for 2012/13.		

Comment [sj]: PLEASE CLICK THIS BOX ONCE and enter the date of the meeting (in font 16, not capitals)

Comment [sj]: Please leave this for completion by Democratic Services

Comment [sj]: PLEASE CLICK THIS BOX ONCE and enter the title of your report (in font 16 and in capitals) – a Cabinet Report should be consistent with the wording on the Forward Plan – see Guidelines 2.3

Comment [a j]: Please enter the name and job title of the person who will be presenting the report

Comment [sj]: Please enter details of any Wards and Communities affected by the report. If this section is not applicable, you should enter "none".

Comment [sj]: Yes/No/Not Applicable – a 'Key Decision' is generally one affecting more than 2 wards or above £50,000 expenditure – see Guideline 2.7

Comment [sj]: Please state the Head of Service's name and job title

Comment [sj]: Please state Director's name and job title

Comment [sj]: State whether your report is Public or Exempt. If Exempt (i.e. not to be given to the public or discussed in

Comment [sj]: Briefly set out the purpose of your report

Comment [sj]: Please provide a summary of the key points in your report

EXECUTIVE SUMMARY

The Thurrock CAMHS offer across the tiers of need is comprehensive. Self assessment and needs analysis provides good intelligence on areas where the offer requires strengthening. The current climate of financial reductions presents difficult choices about prioritising services for groups of children and young people with higher levels of presenting need.

Comparisons with other local authorities are difficult as there is a relative dearth of reliable, consistent data and intelligence to inform both prevalence trends and service provision. The emergence of a Thurrock JSNA will develop stronger needs assessments, noting recent local needs assessments have revealed both consistent and dominant themes.

The Thurrock Early Offer of Help Project is intrinsic to future CAMHS service provision as it will comprise the cornerstone of Thurrock's core offer of early help to families with emerging and additional needs.

The role of schools both as providers and commissioners of services is increasingly prominent and important as they acquire increased autonomy

from the local authority. Partnership work with schools is of increasing significance in showcasing effective service offers that they may either commission or top up when commissioned by the local authority.

The current period of transition presents considerable opportunities for reshaping and strengthening the CAMHS offer across the tiers of need. As in any transition, there are risks, but these are understood and controls either have or will be put in place.

1. RECOMMENDATIONS:

- 1.1 **Committee notes and endorses the Early Offer of Help Project as the major strategic and operational vehicle for the transition and improvement of early intervention services which incorporates non-clinical CAMHS services.**
- 1.2 **Committee also notes and endorses the re-specification of the former Primary Mental Health Care Team to the Thurrock Targeted Therapeutic Service.**
- 1.3 **Committee recognises the difficulty of reliably comparing service provision with other local authorities, recognising the ongoing self assessment and needs analysis activity which is providing better intelligence about needs and service provision in Thurrock.**
- 1.4 **Committee notes that the Tier 3 CAMHS service has a new service specification which has a more explicit outcome focus. The national imperative for clinical CAMHS services to demonstrate the effectiveness of their interventions is gaining momentum.**

2. INTRODUCTION AND BACKGROUND:

- 2.1 National benchmarking projects and government reports have recognised that CAMHS services do not currently easily lend themselves to mainstream comparisons and performance analyses across the NHS and English local authorities. There is a wide variability in service models and funding arrangements.
- 2.2 **Prevalence:** (Table below is taken from the World Health Organisation Guide to Mental and Neurological Health in Primary Care)

Rates/1000	Boys aged 5 to 10	Girls aged 5 to 10	Boys aged 11 to 15	Girls aged 11 to 15	Total
Anxiety	3.2	3.1	3.9	5.3	3.8
Depression	0.2	0.3	1.7	1.9	0.9
Conduct Disorder	6.5	2.7	8.6	3.8	5.3
Hyperkinetic	2.6	0.4	2.3	0.5	1.4

Comment [s]: The recommendations should be set out in bold in the form of the decision that the decision-maker is being asked to make - See para. 5.2 of the report writing guidelines

Comment [s]: You should briefly explain why the report is on the agenda - See para. 5.3 and 5.4 of the report writing guidelines.

Disorder					
Others: e.g Obsessive Compulsive Disorder	0.8	0.2	0.5	0.7	0.5
Any Disorder	10.4	5.9	12.8	9.6	9.5

Research shows, in general, a lack of consistent national data on the overall psychological wellbeing of children and young people in England and also on the prevalence of ‘lower level’ mental health problems that do not meet the need for a clinical diagnosis. The most comprehensive statistical survey of the prevalence of mental disorders in the UK (Green, McGinnity, Meltzer et al 2004) found that 10% of children aged between 5 and 15 years had a clinically diagnosable mental disorder. Prevalence rates varied according to a number of characteristics, in particular:

- Gender, with problems more common in boys than girls.
- Age, with problems more common among 11 to 15 year olds than 5 to 10 year olds.
- Nearly 50% of children in local authority care have a clinically diagnosable mental health disorder, compared to 10% of the general population. This increases to 70% of looked after children placed in residential units
- A high proportion of children and young people in contact with the youth justice system have a mental health problem (approximately 40%).

In Thurrock, the above prevalence rates suggest that 2,500 children and young people of school age will have a significant mental health difficulty and 3,900 in 0 to 19 years population. Anecdotally, boys with conduct and behavioural problems constitute a significant proportion of referrals into the various referral portals in Thurrock.

2.3 Comparing Thurrock’s CAMHS’s provision with the ‘best in class’ elsewhere is not feasible using a quantifiable methodology. The Department of Education has a national indicator, N151, which was a self-assessment of four key questions around LA CAMHS performance indicators. This indicator was seen as a temporary measure until more reliable, robust measurements could be devised. These remain outstanding, revealing, perhaps, the difficulty of producing meaningful measurements enabling quantitative and qualitative comparisons. The N151 indicator is discussed further in this report.

2.4 The definition of Child and Adolescent Mental Health Services has broadened markedly in recent years, now encompassing children and young people’s emotional, behavioural, social and cognitive attributes of well being across the

spectrum of universal, targeted and specialist services. The earlier, narrow definition of clinically assessed and treated mental illness by trained mental health clinicians under the supervision of a Child and Adolescent Psychiatrist, now applies only to the 'Tier 3' core NHS commissioned clinical service, (previously titled Child Guidance Clinics or Child and Family Consultation Services). This is the only 'standardised' offer present in every local authority setting. The other elements of CAMHS provision tend to be localised and different, as noted above.

- 2.5 The Tier 3 clinical CAMHS Service in Grays comprises 5.6 clinical posts and a 0.5 manager position. In January to August of this year the service received 340 referrals of which 84 were referred to other agencies. The PCT have produced a revised service specification for the service with local authority input. It has been very difficult to secure detailed information on the outcomes and effectiveness of services offered. This is not a challenge unique to Thurrock: there is considerable national effort under the CAMHS Outcome Research Consortium (CORC) to improve the use of evidence based interventions in clinical CAMHS settings.
- 2.6 The 'Tier 2' CAMHS service, funded by the local authority, has been redesigned in the last year. It was formerly known as the Primary Mental Health Care Team operating from the Jack Lobley site in Tilbury. It is now titled the Thurrock Targeted Therapeutic Service and is situated with the Tier 3 service following the closure of the Jack Lobley site. The service has retained the same level of investment as its predecessor (£202,000), featuring 3.1 clinicians and a 0.5 manager. The TTTS service prioritises referrals from four key Thurrock priority groups: looked after children; children who are subject of a child protection plan or a social work child in need plan and children excluded from school.
- 2.7 The redesign of the Tier 2 service was essentially concerned with ensuring that children in Thurrock with the greatest needs received skilled, clinical interventions in a climate of reduced grant from central government. The former Primary Mental Health Care Team saw approximately 200 families each year, predominantly referred by schools for children and young people exhibiting behavioural difficulties. The service offered family work.
- 2.8 The conclusion of the PMHCT has inevitably led to a reduced service for children and young people who do not meet the threshold criteria for the Tier 3 service. However, a period of constrained resources inevitably requires difficult choices; the offer of clinical interventions to looked after children and the other high need groups is a rational reordering of resources given these constraints.
- 2.9 It is important to note, however, that the reconfiguration of the Tier 2 service is not indicative of indifference to children and young people with lower level emotional, social and behavioural difficulties. Thurrock has a suite of commissioned early intervention services known as 'Think Family' which have been operational since April 2009 running to March 2012. These services will be commissioned for an additional year until March 2013 spanning an interim period during the formation of a new Early Offer of Help configuration planned to become operational in January 2013.

- 2.10 The current commissioned services offer a wide spectrum of early help to children and their families with emerging difficulties. All are operating at full capacity and most accept referrals above agreed commissioned limits. All of the children and young people accessing these services are reporting improved outcomes at the end of their engagements. These outcomes are collected any analysed by the Children's Commissioning Unit.
- 2.11 Thurrock planned and delivered an innovative and successful TAMHS project in the Central Cluster. The effectiveness of this offer was exemplified by the schools purchasing additional counselling sessions. The TAMHS project demonstrated that an effective approach to children and young people's emotional and social difficulties in school is multi faceted, straddling direct short term counselling for students; enabling children to better manage their emotions and assisting school staff to manage their own personal stress to enhance their classroom management techniques. Finally, emotional first aid training was offered to school staff to equip them to offer informed responses to children and young people experiencing emotional distress before specific, targeted help is considered. This 'whole system' approach to school students' emotional health and wellbeing is a programme the Commissioning Unit is endeavouring to replicate across all the school clusters in Thurrock. The post holder has been retained and is working on furthering this objective.
- 2.12 Thurrock's Youth Offending Service has a dedicated CAMHS practitioner deployed permanently in the service identifying the significant proportion of young offenders with mental health difficulties through direct interventions or onward triaging to other services.
- 2.13 Tier 4 CAMHS services are commissioned regionally through the East of England Specialised Commissioning Group. These highly specialised services primarily feature a Crisis Intervention Service offering a 24 hour service for young people presenting at A&E or tier 3 services and the residential Poplar Psychiatric Service based at Rochford Hospital. There is also an Early Intervention in Psychosis Service for young people developing early illness and a specialised Eating Disorders Clinic based in Cambridgeshire.
- 2.14 As noted above, the N151 indicator will be discontinued as its value as a reliable comparison instrument is extremely limited. Two years ago, the former East of England Government Office reviewed Thurrock's self-assessment, and commented favourably on the CAMHS Strategy and partnership working, particularly joint work between the LA and PCT. The review also reported positively on Thurrock's progress across the four proxy indicators.
- 2.15 In 2011, the Physical and Emotional Health and Wellbeing Group undertook a detailed self assessment across a number of key fields: partnership working; strategy; effective commissioning; multi-agency provision of universal services; multi-agency provision of targeted services; multi agency provision of specialist services; workforce development; specialist CAMHS infrastructure; accessibility and appropriateness and acceptability. The exercise revealed good progress across all the fields although few were fully

achieved. Particular challenges were highlighted in needs analysis; service user involvement; workforce analysis and lack of diversity in the workforce; children on the autistic spectrum and/or with learning difficulties with co-morbid mental health problems.

- 2.16 The Thurrock CAMHS Strategy completed in May 2009 is in the process of refreshment and a final draft has been produced for consideration at the next Physical and Emotional Health and Wellbeing Group. The strategy is an interim one for one year recognising that CAMHS provision across the tiers in inextricably interwoven with the emerging Thurrock Early Offer of Help Strategy. The Early Offer of Help Project (EOHP) encompasses the formation of new triaging arrangements, in addition to a core offer of evidence based commissioned services which will arrive on the ground in January 2013. The interim CAMHS strategy is proposing local indicators to measure effectiveness, noting the limitations of the national indicator outlined above.
- 2.17 Of particular importance in the new triaging arrangements will be a 'Single Gateway' for all referrals for children's social care. This is an integral part of the EOHP plan. The fundamental principle of the gateway will be to ensure that children and families with additional needs are considered by a multi agency team of professionals to direct them to the right service. This will, in many cases, be a direction back to universal services to undertake further work with the required support and guidance to do so. Targeted services will operate in accordance with the principle of being offered to the right children and families at the right time. This will ensure that more expensive, targeted interventions and treatments are reserved for children and young people for whom they are appropriate.
- 2.18 The Children's Commissioning Unit has been undertaking extensive local needs assessment for the EOHP plan. This is yielding consistent themes about both common presenting issues and the manifestations arising from them. The primary issues emerging are: witnessing domestic violence at home; drug and alcohol abuse witnessed at home; family break up and bereavement. The consequences of these issues are most commonly manifested in poor behaviour at school and home, poor school attendance and low self-esteem.
- 2.19 Close attention is being made to identifying and monitoring gaps in provision. The closure of some services has resulted in gaps, particularly individual counselling and therapy for children who have undergone abuse, systemic work with families work and reduced resources for children presenting behavioural problems in schools.

3. (ISSUES AND/OR OPTIONS):

- 3.1 Thurrock's Children and Young Person's Plan 2010 to 2013 requires that all guidance for the provision of CAMHS services will be met. This report contends that Thurrock's current offer of early help to children and young people with emotional difficulties is reasonably comprehensive.

Comment [s]: Other headings may be appropriate. The report should outline the reasoning that leads to its recommendations and **must** include:

1. a brief summary of options considered;
2. consultation outcomes
3. a risk assessment.
4. Whether the responsible cabinet members have been consulted/contributed to the report (NB professional and political advice must be clearly distinguished)

- See para.5.5 of the report writing guidelines.

- 3.2 The shortfalls in the current arrangements for children with emotional difficulties are understood and are being addressed and considered in the Early Offer of Help Project. It is acknowledged that children and young people who do not meet the threshold or referral criteria for a particular service are too often not signposted to another service, and/or their presenting needs are not sufficiently assessed.
- 3.3 The new Early Offer of Help Project will, through more cohesive and careful triaging arrangements, seek to ensure that children and young people are not left 'bouncing around' the system through better identification and assessment in a multi-agency system and informed onwards signposting to the right service. Children and young people have been very clear about what issues they would most like assistance with and how they would prefer intervention to be offered.
- 3.4 There is recognition that the current NHS commissioning arrangements for the Tier 3 CAMHS are in need of urgent reform. The service is commissioned by a 'host' trust in another geographical area of Essex and this both blurs and weakens accountability and performance management. From March 2013, the commissioning of the service will transfer to the 'home' PCT in South Essex. It is quite possible that a contestability exercise will be instituted at that stage to invite other appropriate providers to bid for the Tier 3 CAMHS contract.

4. **CONSULTATION (including Overview and Scrutiny, if applicable)**

4.1 Not relevant at this stage.

5. **IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

5.1 The provision of good quality CAMHS services in the wider context of Thurrock's Early Offer of Help Project is integral in the progression of Children's Services to commission high quality services based on identified needs and best outcomes, rather than continuing patterns of service delivery based on historical provision and professional preference.

6. **IMPLICATIONS**

6.1 **Financial**

Implications verified by: **Sean Clark**
 Telephone and email: **01375 652010**
sclark@thurrock.gov.uk

The resource for Thurrock Council's contribution to the Tier 2 and Tier 3 clinical CAMHS services remains unchanged in this financial year. The resource envelope for the new Early Offer of Help commissioned services has been identified and a growth bid has been included within the Medium Term

Comment [j]: This should include any consultation with Ward Members and Shadow Portfolio Holders, as well as any public or statutory consultation

Comment [a]: Please refer to Section 5.7 of the Report Writing Guidelines

Comment [sj]: This section should always be completed – if they are dealt with fully in another part of the report, they also need a brief cross reference here. The names and job titles of the officers providing the implications should be provided in full – see Guideline 6.1 and please note Democratic Services Deadlines and ensure that officers providing implications are given 5 clear working days to work on the report. Authors can write implications but they must be signed off by the appropriate officers

Comment [sj]: See Guideline 6.2

Financial Strategy that is currently being progressed through the budget process.

Comment [sj]: See Guideline 6.3

Comment [sj]: See Guideline 6.4

Comment [sj]: This should inform the recommendations in the report

6.2 **Legal**

Implications verified by:
Telephone and email:

Implications to follow.

6.3 **Diversity and Equality**

Implications verified by: **David Lawson**
Telephone and email: **01375657087**
dlawson@thurrock.gov.uk

It has been noted in needs analysis work for the Early Offer of Help Project that Thurrock's BMI communities are not accessing the current range of early intervention services in proportion to their representation in Thurrock. Conversely, some BMI communities are over-represented in referral rates to statutory children's services. This has been reported to People Services Divisional Management Team, The EOHP Project will pay close attention to ensuring that new services are culturally sensitive to encourage greater take up by under-represented communities.

It has also been noted that the CAMHS workforce across the tiers of provision in Thurrock is not representative of the BMI composition in the community. This is possibly a factor in the low take up of the current suite of early intervention services.

6.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

7. **CONCLUSION**

7.1 The Thurrock Children's Trust Partnership Emotional and Physical Health and Wellbeing Group will continue to monitor, evaluate, self-assess and improve CAMHS provision across the 4 tiers.

7.2 Officers will be engaging closely with schools during the next 12 months to persuade them to both commission services for their vulnerable pupils and/or purchase services commissioned by the Council. This will ideally entail schools acting in clusters or federations to secure better value. This initiative recognises that schools will have to commit greater resource for Tier 2

services than they might have done in the past in light of the declining levels of central government grant support to local authority children's services.

- 7.3 Officers will continue to work closely with South Essex PCT to ensure that the Tier 3 service improves its capability at demonstrating the outcomes of interventions and will actively evaluate the viability of a contestability review when commissioning responsibility is transferred to the host PCT in 2013.
- 7.4 Officers are fully cognisant of the challenges in attempting to identify, assess and meet the needs of children and young people with emotional and behavioural difficulties when resources are reducing. Thurrock's Early Offer of Help Project is an ambitious and important initiative in ensuring that the marshalling and deployment of earlier help is targeted and underpinned by an improved core offer of services. A single access or gateway referral system will reduce the number of children and young people who 'bounce' around the system between agencies' thresholds thus delaying or impeding a timely offer of earlier help.

Report Author Contact Details:

Name: Nick Stacey
Telephone: 01375-652099
E-mail: nstacey@thurrock.gov.uk

Comment [sj]: Insert the full contact details of the author of the report