

NORTH SOMERSET

**JOINT STRATEGY FOR
THE MENTAL HEALTH AND
PSYCHOLOGICAL WELLBEING
OF CHILDREN AND YOUNG
PEOPLE
(INCLUDING THOSE WITH
LEARNING DISABILITIES)**

2005 - 2008

**NORTH SOMERSET PRIMARY CARE TRUST
NORTH SOMERSET COUNCIL
WESTON AREA HEALTH TRUST**

North Somerset 
Primary Care Trust

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BIBLIOGRAPHY

POPULATION & NEEDS ASSESSMENT – (separate document)

1. INTRODUCTION

This document sets out a jointly agreed strategy for the development of services for improving the mental health and psychological wellbeing of children and young people in North Somerset. It follows on from the “Joint Strategy for Children and Young People with Emotional, Behavioural and Mental Health Needs 2001/02 – 2003/04” published in May 2001 which set out the initial plan for these services in North Somerset.

This document reviews that strategy and brings it up to date.

2. BACKGROUND AND CONTEXT

2.1 Incidence and Prevalence

The mental health and psychological wellbeing of children and young people has become a matter of growing concern over the last 10 years. The Audit Commission report *Children in Mind* (1999) found that approximately 1 in 5 (20%) of children and adolescents will have a mental health need at some time.

Other recent findings (summarized in the Office for National Statistics ONS Report March 2004) suggest that at any one time, 10% of the child population are likely to be facing emotional or behavioural difficulties severe enough to impact on their own functioning and that of their families. Further detail is provided in the separate needs assessment.

2.2 Plans and Strategies

The *NHS Plan* (2000) required health and local authorities to work closer together to produce a Joint Development Strategy in their local areas.

The children’s green paper *Every Child Matters* (September 2003) and *Every Child Matters Next Steps* (March 2004); the *National Service Framework for Children, Young People and Maternity Services* (September 2004) and the Public Health White Paper *Choosing Health* (November 2004) all place great emphasis on the significance of the mental health of children and young people.

In *Improvement, Operation and Reform : The Next Three Years Priorities and Planning Framework 2003-2006* (October 2002) also set out the Government vision for CAMHS improvements. A wide range of other national strategies and policy initiatives for children and young people also have relevance in this area. These include:

- National Service Framework for Children, Young People and Maternity Services
- National Healthy Schools Programme

- Connexions strategy providing universal and targeted support for 13 to 19 year olds
- Youth Justice plans
- Behaviour Support Plans (targeting the education of children and young people with emotional behavioural difficulties)
- Teenage Pregnancy Strategy
- Children's Services plans including new guidance to improve the co-ordination between the various strategies.
- National Service Framework for Mental Health (predominantly for adults) which includes the early assessment for young people when they show signs of mental health need, and on-going arrangements for transition from child to adult services as priorities

2.3 Reports

The need to review and develop services and to improve inter-agency working has also been supported by a range of other research and good practice documents produced over the last 10 years including:

- "Together we Stand" Health Advisory Service 1995
- "Treating Children Well" Mental Health Foundation 1996
- "Children in Mind" Audit Commission 1999
- "Bright Futures: Promoting Children and Young Peoples Mental Health" Mental Health Foundation 1999
- "Working Well Together: Troubled Children" Barnardos 2000

The review in 1997/98 of community based health services for children across what was then the Avon Health Authority area resulted in the development of a jointly agreed specification for children's health services, with implementation since 1999 of a new model of service. This involved the development of locality based teams and for services to be organized to be more coterminous with local authority and primary care trust boundaries to assist in commissioning, planning and multi-agency delivery. This approach formed the basis for the North Somerset "Single Provider Strategy" (see Section 5 for further details)

The Health Advisory Service report, Together We Stand (1995), proposed the use of a 4 tier framework for provision of CAMHS, and this is summarized below:

The Four Tier CAMHS Framework.

- Tier 1 : A primary level of need and care (eg provided by teachers, health visitors, school nurses)
- Tier 2 : A level of need and service which can be met by uni-professional groups (professionals working on their own) of staff specifically trained in mental health, eg psychologists; social workers; specialist nurses
- Tier 3 : A severe, complex and/or persistent level of need which requires a specialized multi-disciplinary service (eg provided by staff trained at a more specialist level and working as a team)
- Tier 4 : A more severe and/or complex level of need which requires a highly specialist service (tertiary level) such as day units; specialist out-patient teams or in-patient units (provided by highly specialist staff)

Children may move between the tiers as their level of need changes; and staff may work across the tiers according to organizational arrangements (eg a psychologist may work with an individual at tier 2 and as a member of a team at tier 3)

Staff working at tiers 2 and 3 may also work in support of staff at tier 1.

2.4 National Guidance and Targets

The Guidance associated with the issuing of the Local Authority CAMHS Grant expanded on that provided in the Priorities and Planning Framework, and lays down certain conditions which govern the way it should be used. These are listed in Appendix 7.

These include the requirement that local CAMHS development strategies (which this document represents) should outline how the increased resources will be used to achieve the Public Service Agreement (:PSA) target:

- To improve life outcomes for adults and children with mental health problems through year-on-year improvements in access to crisis and CAMHS services, and reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010.

This should be in the context of the expectations and capacity assumptions underpinning the target which are:

- All CAMHS to provide a comprehensive service (and all areas to provide a comprehensive CAMHS), including mental health promotion and early intervention, by 2006 (Appendix 8)
- Increase CAMHS by at least 10% each year across the service according to agreed local priorities (demonstrated by increased staffing, patient contacts and/or investment)

2.5 Workforce Issues

All the Guidance and reports referred to above stress the importance of having appropriate workforce to deliver the service improvements needed.

This includes the need for training and development of existing and non-specialist staff (eg at Tier 1) as well as the need for those undertaking more specialist roles to have appropriate skills. This has implications for recruitment of staff to the new posts that may become available. Tackling this problem at a local level requires consideration of new ways of working, including clarifying the role and responsibilities of different workers and agencies and options for changes to roles.

This includes the role of psychiatrists whose work with adults is the subject of a review by the National Institute for Mental Health in England (NIMHE). This review has some relevance for child and adolescent psychiatry.

This North Somerset Joint Strategy has been developed by a multi agency group, membership of which is described in Appendix 1.

This group will continue to act as the co-ordinating group for implementation of the work programme and development plan across North Somerset.

3. VISION

3.1 STRATEGIC STATEMENT

The North Somerset Strategy Group and the stakeholders it represents are signed up to the following aspiration.

“To work collaboratively with children, young people, carers and families to promote, maintain and improve the psychological well being of all children and young people in a way which respects children as individuals, acknowledges their rights under the UN Convention on The Rights of the Child, the Children Acts 1989 and 2004 and other guidance, and is sensitive to their cultural needs”

3.2 Aims

In order to move towards achieving his vision we have adopted six main aims

- 3.1 To promote good psychological well being enabling children and young people to reach their potential within their families, schools and their community.
- 3.2 To develop services in line with locally identified need (and in the light of national guidance).
- 3.3 To develop and provide services for children, young people and families where the users of services can expect:
 - 3.3.1 A range of early identification, advice, consultation and care within primary settings, schools and community based initiatives.
 - 3.3.2 A comprehensive assessment and, where indicated, a plan for intervention without a prolonged wait.
 - 3.3.3 A range of specialist interventions based on the best evidence of effectiveness.
 - 3.3.4 Access to intensive intervention (including day and residential) appropriate to age and clinical need.
 - 3.3.5 Equity of access across North Somerset.
 - 3.3.6 Provision of services in line with national guidance.
 - 3.3.7 Ensuring smooth transition from adolescent to adult services.
 - 3.3.8 CAMHS services that will actively work to achieve participation from users and carers. This will be achieved by developing standards to ensure that children and young people are actively supported and enabled to become involved in meaningful and informed decision making at all levels of service planning and delivery, in order to enhance their life opportunities
- 3.4 To create mechanisms which evaluate the effectiveness of services across all tiers within and between agencies.
- 3.5 To work in partnership across agencies and with the non-statutory sector and with children and young people and their carers in developing and evaluating services.

4. COMMISSIONING ARRANGEMENTS

The planning and commissioning of services covered by this strategy in North Somerset is coordinated through the *North Somerset Strategy Group for the mental health and psychological wellbeing of children and young people (including those with learning disability)*, the membership of which is set out in Appendix 1.

This is chaired by the Children's Service Development Manager in North Somerset Primary Care Trust and membership reflects the local stakeholders in the statutory and non-statutory sectors.

It is this group which coordinates the implementation of our local strategy and the use of the Local Authority CAMHS Grant and PCT Funding for CAMHS in a "Joint Commissioning" forum. Terms of reference are included as Appendix 2.

This strategy group reports to the North Somerset Children and Young Peoples Strategic Partnership which acts as the main forum for discussion and agreement of planning priorities for services to children and young people in North Somerset (see Appendix 3). There is a considerable amount of work currently taking place to consolidate and strengthen joint planning and commissioning functions across all agencies in North Somerset by moving towards Children's Trust Arrangements, with proposals for a shadow board to be in place by April 2006.

5. PROVIDER ARRANGEMENTS

The provision and management of staff working with children and young people who have mental health needs varies according to their agency. This is through the North Somerset Primary Care Trust for health visitors and school nurses; the North Somerset Council Education and Social Services departments for teachers and other education staff and social workers and other social services staff; and through Weston Area Health Trust (WAHT) for mental health professionals working at tiers 2 and 3.

WAHT took on the management and employment of all of the health CAMHS professionals working in North Somerset at tiers 2 and 3 from November 2004 as a result of implementation of the North Somerset "Single Provider Strategy" which transferred services from the Bristol based North Bristol NHS Trust (NBT) and United Bristol Healthcare NHS Trust (UBHT) which previously provided these services in the north part of North Somerset.

Tier 4 health services are provided either by North Bristol NHS Trust or the UBHT dependent upon which element of the service is being referred to. See section 8.4.

6. PREVIOUS STRATEGY 2001 – 2004

The previous strategy dated 2001 – 2004 included a work programme, the overall objectives and progress of which are summarized below. Progress has been achieved against all of these objectives to a greater or lesser extent, with work in most areas on-going.

1. To implement and develop a service for children and young people in North Somerset with emotional, behavioural and mental health problems using the principles and model set out in the Avon Health Authority children's services review and which meets the needs which have been identified.

Achieved and on-going.

2. To ensure that services for children and young people with emotional, behavioural and mental health problems are equitable in terms of access and distribution across North Somerset.

Achieved and on-going.

3. To ensure that services are operating within the best available evidence base and to ensure that the effectiveness of therapeutic interventions are routinely evaluated.

On-going.

4. To work in partnership across agencies to improve services for children with emotional, behavioural and mental health problems.

Achieved and on-going.

5. To develop and improve health promotion and prevention of emotional, behavioural and mental health problems in children and young people.

On-going.

6. To work in partnership with children and young people and their carers in developing and evaluating services.

On-going.

7. To promote and enhance professional development and to provide professional consultation and support in order to ensure safe and effective practice.

On-going.

8. To develop services across North Somerset based on an investment plan which:

- Reflects the objectively assessed needs for service development;
- Provides adequate staffing and cover arrangements;
- Addresses existing inequities in terms of access and distribution by new investment rather than by spreading existing resources more thinly.

On-going.

9. To link this strategy to other relevant strategies, plans and policies.

Achieved and on-going.

A new work programme for this revised strategy is outlined in Appendix 6.

7. INVESTMENT

The North Somerset Local Authority CAMHS Grant and the North Somerset PCT CAMHS Investment Funding has been used as an informal pooled budget against the priorities identified in the previous strategy.

A summary of the investment carried out during 2004-6 is included as Appendix 4. This was used in conjunction with the investment provided by the North Somerset PCT as part of the transfer of services from NBT and UBHT to re-provide a coterminous service across the whole of North Somerset. This approach has resulted in a net increase in health CAMHS capacity working across the whole of North Somerset as well as in the north part of the area.

8. CURRENT SERVICES IN NORTH SOMERSET

8.1 Tier 1 Services

Tier 1 services represent a universal entitlement for all children and young people in North Somerset and can be the route to accessing other more targeted services.

They involve General Practitioners, health visitors, youth workers, social workers, school nurses, residential care staff, foster carers, teachers, learning support assistants and voluntary sector staff working with children, young people and their parents and carers in a range of primary settings including home, schools and health and community settings.

Tier 1 provision includes the following activities:

- Mental health promotion and prevention of mental ill health
- Early intervention programmes
- Initial assessments involving parents and any appropriate staff and workers
- Development of care plans for individual children and young people
- Advice and support from specialist services as appropriate
- Refer on to services at tier 2 or more specialist services at tier 3 where necessary

8.2 Tier 2 Services

Tier 2 services involve a range of professionals who would work individually with children and their families and also provide professional support and advice to staff working at tier 1.

These professionals include paediatricians, educational psychologists, mental health workers, nurses, clinical psychologists, child and adolescent psychiatrists, social workers, counsellors working in a variety of settings.

8.3 Tier 3 Services

The most specialist CAMHS resources in North Somerset consist of a community based multi-disciplinary team working with increasingly complex cases.

This is a relatively scarce resource and has benefited from some investment in recent years as detailed elsewhere in this report.

Professionals include psychiatrists, psychologists, nurses, art therapists from within the health service, and educational psychologists, specialist teachers, and social workers, particularly as part of the specific service developments for Looked After Children, children with ADHD, children with intensive support needs and others.

8.4 Tier 4 Services

Tier 4 services currently accessed by children and young people from North Somerset are as follows:

- Lumsden Walker House (UBHT) providing day services for children aged 5 to 12 based in Bristol. This is currently under review and reorganization.
- Riverside Adolescent Unit (NBT) providing in-patient services and day services to 13 – 18 year olds based in North Bristol.
- Young peoples drug treatment service (UBHT) providing out-patient services intensively within Bristol and on an outreach basis in support of tier 3 workers in North Somerset.
- Forensic services (UBHT) are provided on an assessment basis for those young people from North Somerset who are associated with one of the young offenders institutions in Bristol and South Gloucestershire.
- Other specialist placements are accessed on an individual case by case basis.

8.5 North Somerset Single Provider Strategy

The health component of CAMHS in North Somerset is now provided by one main NHS Trust. Weston Area Health Trust provides services to the whole of North Somerset following a transfer of services in the north part of the area from NBT and UBHT with effect from 1 November 2004.

9. NEEDS ASSESSMENT

A comprehensive needs assessment is provided as a separate document. A summary of this is provided below.

9.1 POPULATION PROFILE

North Somerset has a total population of 191 439 (2003 mid year estimate from the Office of National Statistics ONS).

35% to 40% of this population is concentrated in Weston-super-Mare with a further 30% located in the towns of Nailsea, Clevedon and Portishead. The remaining 30% live in smaller towns, villages and more rural locations.

The breakdown of 0 – 19 year olds is shown in the needs assessment

Census figures indicate that 2.4% of the population are from black and minority ethnic groups.

9.2 INDICATORS OF NEED

It is known that economic and social factors can have a bearing on the mental wellbeing of children and young people.

Surveys of social exclusion factors such as lone parenthood, long term illness and poor basic skills indicate that these factors are concentrated in parts of Weston-super-Mare as well as Clevedon.

The important economic and social problems of areas in Weston-super-Mare arise from a combination of high levels of unemployment, poor housing, health needs, low educational attainment, social and environmental conditions. These issues are considered in more detail below.

9.2.1 DEPRIVATION

Analysis of the Department of the Environment (DoE) Index of Local Conditions indicates that considered as a whole North Somerset ranks as a prosperous district. However, this overall pattern masks some substantial concentrations of difficulty in central Weston-super-Mare as well as in other parts such as Pill and rural locations. Under the wards intensity data Weston has the sixth highest score out of the whole of the South West and was ranked in the highest third of all English districts in terms of deprivation.

9.2.2 UNEMPLOYMENT

The unemployment rate in the Weston Travel to Work Area (TTWA) is much higher than the average for the district, South West and Great Britain. The average rate throughout 1998 was 8.7% compared with the Great Britain average of 6.7%. Unemployment rates average 13.4%.

Long term unemployment rates are particularly high and include high levels of unemployment amongst younger people.

9.2.3 INCOME LEVELS

Many of the socio economic indicators for the area show that income levels are low. In addition to the high unemployment rates, the other factors are a high incidence of children eligible for free school meals, high proportion of lone parents, and low rate of car ownership.

9.2.4 HEALTH

Some parts of Weston-super-Mare demonstrate significantly above average incidence of health problems, particularly related to heart disease. These areas exhibit the classic problems as outlined in “Saving Lives-Our Healthier Nation” which shows unemployment, poor housing, less education and lower car ownership all contributing to patterns of food consumption associated with poorer health.

9.2.5 FACILITIES FOR CHILDREN AND YOUNG PEOPLE

Concerns have been raised amongst residents in certain parts of North Somerset relating to nuisance from children and young people including problems with drug use and the need for improved community facilities.

Young people in North Somerset over the age of 11 attend 10 secondary schools. There is also one independent school, three special schools, a post 14 Centre, a North and South Inclusion Support Service for pupils with emotional and behavioural difficulties.

9.2.6 VULNERABLE GROUPS

- There are currently 167 Looked after Children (LAC) within North Somerset. (as at 31.03.01). 48% in care as a result of abuse/neglect and 19% as a result of family dysfunction.
- The North Somerset Care Leaving Service works with 90 young people. (as at January 2001).
- The Young Carers Service has contact with 145 young people across North Somerset, and is actively working with 50 (as at December 1999).
- Drug use is an increasing problem among young people in North Somerset with 25% of parents of children on the Child Protection Register misusing substances.
- There are a total of 55 children on the child protection register (as at 31.03.01)

- The number of fixed term and permanent exclusions in North Somerset were 684 and 42 in 1999/2000. In the first two terms of 2000/2001 the figures were fixed term 571 pupils in 746 events; and permanent 32.

10. STRENGTHS AND WEAKNESSES OF CURRENT SERVICES

10.1 Strengths

- There is a multi-disciplinary ethos within services and a strong commitment to developing this between agencies as part of our service development.
- Multi-agency partnership working is developing with the informed joint commissioning use of the CAMHS Grant and PCT funding being a good example.
- Investment during 2003-05 has led to improvements in capacity and access to psychology, mental health workers and on-going therapy and some specialist services.
- There are some high quality elements of tier 4 services available.
- Staff working within services for children and young people who have mental health needs are engaged in the changes and developments in service described in this strategy. Positive working relationships between clinicians, managers and commissioners have resulted from the strategy development.
- There are some specific areas of good practice including introduction of the Solihull approach for health visitors and others working at tier 1; training in the Webster-Stratton approach for Tier 2/3 staff in health and social services; multi-agency developments for Looked After Children; children with ADHD; learning disability; young offenders.
- A successful introduction of an outcomes measurement approach in specialist CAMHS

10.2 Weaknesses

- There is a lack of equity in provision of services and access to services. This is partly geographical. Services developed differently in the past across the different NHS Trusts and the same level of service is not yet available in all parts of North Somerset or when compared with other parts of the former Avon area. This situation should now improve following the transfer of services from Bristol.
- Demand for specialist services exceeds provision. There are waiting lists for services, high case loads and limited staff for the development of the CAMHS teams and provision of support at tiers 1 and 2.

- There is a relative lack of knowledge about the non-statutory sector and the services that they provide to children and young people. Links with Education are also relatively under developed. Stronger links also need to be made with acute paediatrics and adult mental health services. The latter is particularly important in order to address the needs of young people when making the transition from children's services to adult services.
- Tier 4 services tend to be isolated. Improvement in access from North Somerset and in the continuity of care and link between these services and services delivered by other agencies needs to be improved;
- Specialist services tend to be based in clinics rather than community bases. Children and families often have to travel long distances to clinics and there are few services based in schools or health centres or available on a drop in basis.
- There is a relative lack of infrastructure around some services, including in relation to accommodation, IT and administrative support.
- There is limited capacity to collect meaningful information about services delivered and a need to develop systems and minimum core data

11. PLANS AND PRIORITIES FOR SERVICE DEVELOPMENT

Given the progress made on our previous strategy; our needs assessment and the strengths and weaknesses identified above, the priorities for service development within North Somerset have been identified as follows:

- 11.1 To develop better coordination and joint working of existing activity at tier 1 especially between education and health.
- 11.2 Increase and develop the skills and capacity in frontline tier 1 workers (eg school nurses, teachers, voluntary sector) for example by providing improved training, access to support and consultation.
- 11.3 Invest in mental health workers with a specific brief to assist with the above as well as provide tier 2 services to individual children and young people
- 11.4 Continue to develop services targeted at high priority and at risk groups of children and young people including Looked After Children and Young People and those in the adoption process; children with ADHD and similar needs; children with learning disability including those with challenging behaviour; children with other special educational needs; young offenders and those at risk of offending
- 11.5 Extend the age range of access to CAMHS to age 18 and improve the transition arrangements to adult services
- 11.6 Review and develop tier 4 services specifically in the areas of:

- Forensic services
 - Children and young people with learning disability including access to existing tier 4 services and/or development of specific services to meet their needs
 - Developing better links between local tier 3 and existing tier 4 services and involvement of local services in the review of existing services (including day services; in-patient services; drug services)
- 11.7 Develop and implement standards for the routine involvement and participation of users and carers across all services
- 11.8 Monitor the use of outcome measurement approaches within services and extend the scope of these beyond health to other agencies
- 11.9 Address accommodation and other infra-structure issues for more specialist services and broaden the locations of service delivery
- 11.10 Monitor access to services and develop greater equity in access whilst targeting priority groups identified above and including priority geographical areas and/or specific schools as identified as part of the needs assessment
- 11.11 Develop service capacity in light of the above across tiers 1, 2 and 3
- 11.12 Ensure service developments address the need for providing safe and secure response during out-of-hours and at times of crisis
- 11.13 Develop improved data collection to help inform needs assessment and activity monitoring in the future
- 11.14 Ensure services develop improved information for users and carers and that this is easily accessible and well publicised

Appendix 1

Membership of the North Somerset Strategy Group for the Mental Health and Psychological Wellbeing of Children and Young People (including Learning Disability) as at November 2004

Dali Sidebottom
Service Development Manager for Children and Young People
North Somerset Primary Care Trust (Chair)

Dr Bob Britchford
Consultant Child & Adolescent Psychiatrist
Weston Area Health Trust (WAHT)

Liv Kleve
Consultant Clinical Psychologist
WAHT/Avon & Wiltshire Partnership NHS Trust (AWP)

Carol Franzen
Principle Educational Psychologist/Inclusion Manager
North Somerset Council Education Directorate

David Colyer
Acting Locality Manager
AWP

David Goodban
National CAMHS Support Service
Department of Health

Jackie Edwards
Supportive Parents/National Autistic Society

Chris Sparkes
Nurse Manager
Health Visiting and School Nursing
North Somerset PCT

Mike Rees
North Somerset Youth Offending Team Manager

Dr Mike Pimm
GP

Caroline Dowson / /Peter New
Team Leader
Connexions South West

Rosemary Gallagher
Service Manager
Child Care Commissioning
North Somerset Council
Housing and Social Services Department

Sayra Shah
Clinical Psychologist
WAHT

Alison Shepherd
Children's Services Manager
WAHT

Dr Trisha Tallis
Consultant Child and Adolescent Psychiatrist
WHAT

Rebecca Milford
Specialist Nurse, CAMHS
Weston Area Health Trust

Gavin Thistlethwaite
Avon and Wiltshire Partnership NHS Trust

North Somerset Strategy for the Mental Health and Psychological Wellbeing of Children and Young People (including those with learning disability)

Children and Young People Mental Health Strategy Group Terms of Reference

1. Purpose

- 1.1 To identify and agree the strategic priorities for meeting the mental health and psychological well being needs of children and young people in North Somerset (including those with learning disability).
- 1.2 To develop and review the North Somerset joint strategy for mental health and psychological wellbeing of children and young people.
- 1.3 To steer the implementation of the mental health and psychological well being module of the National Service Framework for children, young people and maternity services.
- 1.4 To make recommendations to the commissioning agencies (North Somerset PCT; North Somerset Council Social Services and Education Departments) on priorities for the allocation of the Local Authority CAMHS Grant and Primary Care Trust CAMHS monies.
- 1.5 To exercise delegated responsibility on behalf of the commissioning agencies in respect of decisions related to the North Somerset Strategy.
- 1.6 To be accountable to the commissioning agencies and also to the North Somerset Children and Young People Strategic Partnership.
- 1.7 To report to the North Somerset Children and Young Peoples Strategic Partnership; the North Somerset Primary Care Trust Professional Executive Committee; the North Somerset Council Children and Young People Scrutiny Panel at a frequency to be set by them.
- 1.8 To consult with and report to users of services and their carers and develop mechanisms to achieve this.

2. Structure

2.1 The development and delivery of this strategy will be co-ordinated by a strategy group which will have a number of smaller sub-groups working on specific areas as follows:

- Tier 1/2 services
- Tier 2/3 services
- Tier 4 services
- User/carer views
- Outcomes and evidence (including needs assessment monitoring and review)

Each of these sub-groups will consider the mental health needs of children and young people with learning disabilities as part of their work.

3. Membership

The Strategy Group will comprise:

- North Somerset Primary Care Trust Children's Commissioning Lead
- North Somerset Council and Education Department commissioning representative *
- North Somerset Council Education Department provider representative *
- North Somerset Council Social Services commissioning representative *
- North Somerset Council Social Services provider representative *
- 2 x Weston Area Health Trust CAMHS representative
- 2 x user/carer representatives
- Weston Area Health Trust Learning Disability Service representative
- Adult Mental Health Services representative
- Primary Care/GP representative
- Connexions West of England representative
- Youth Offending Team representative
- North Somerset Primary Care Trust nurse manager/provider representative

* These representatives need to include learning disability as part of their brief

All members have a general representative role on behalf of their area of responsibility and expertise. If they cannot attend a meeting they should attempt to send a briefed representative.

Membership of sub-groups to be decided as and when tasks are identified.

4. Frequency

4.1 The Strategy Group will meet a minimum of 6 times per year with the sub-groups meeting with a frequency to be confirmed.

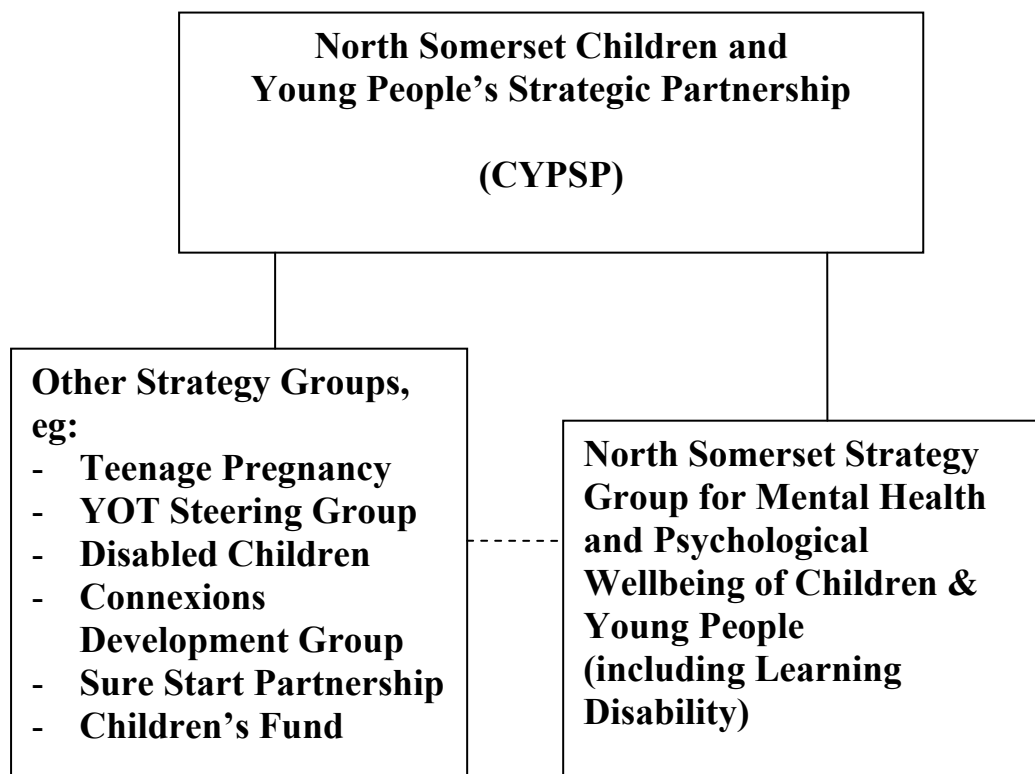
4.2 Sub-groups will meet at a frequency to be determined by their work programme.

5. Chair

5.1 The Strategy Group will be chaired by North Somerset Primary Care Trust Children's Service Development Manager who will have an element of delegated responsibility from the commissioning agencies.

5.2 The sub-groups will each be chaired by a member of the Strategy Group.

**Relationship of this Strategy Group
with other Strategic Groups
in North Somerset**



Note : The structure of the Children and Young People's Strategic is currently being reviewed and likely to change with some rationalisation of strategy and planning groups.

SUMMARY OF INVESTMENT 2003 – 2006

Appendix 4

Tier	Activity/posts	Host	Spend	Source
Tier 1/2 Development & Capacity	<ul style="list-style-type: none"> Mental Health Development Worker 0.8 	CAMHS, (WAHT)	23,236	PCT (CFIS)
	<ul style="list-style-type: none"> Primary Mental Health Worker 	CAMHS, (WAHT)	30 000	PCT (CFIS)
	<ul style="list-style-type: none"> Mental Health Worker (LD) 	CAMHS, (WAHT)	15 000	PCT(CFIS)
Tier 2/3 Capacity	<ul style="list-style-type: none"> Community Nurse Learning Disability 0.53 	Learning Disability Children's Team (LDCT), WAHT	17,986	CAMHS Grant
	<ul style="list-style-type: none"> CAMHS Specialist 0.8 (Enhancing capacity and releasing time for MPAC) 	CAMHS, WAHT	28,391	PCT (CFIS)
	<ul style="list-style-type: none"> Art Therapy Service II 0.2 	CAMHS, (AWP)	6,794	PCT (CFIS)
	<ul style="list-style-type: none"> Admin Support for above 	CAMHS, WAHT	3,923	PCT (CFIS)
	<ul style="list-style-type: none"> Admin Support for above 	Learning Disability Children's Team (LDCT), WAHT	2,100	PCT CFIS
	<ul style="list-style-type: none"> Non-pay 	CAMHS, WAHT	10 000	PCT CFIS
Tier 2/3 Transfer from Bristol and capacity	<ul style="list-style-type: none"> Consultant Child & Adolescent Psychiatrist 	CAMHS, WAHT	98,000	PCT Dev. Fund + WAHT
	<ul style="list-style-type: none"> Clinical Psychologist A Grade (North team 0.6) 	CAMHS, (AWP)	22,100	PCT Dev. Fund
	<ul style="list-style-type: none"> Art Therapist (North 0.8) 	CAMHS, (AWP)	28,482	PCT Dev. Fund
	<ul style="list-style-type: none"> Nurse G Grade (North 0.4) 	CAMHS, WAHT	13,300	CAMHS Grant
	<ul style="list-style-type: none"> Nurse F Grade (North 0.8) 	CAMHS, WAHT	22,400	CAMHS Grant
	<ul style="list-style-type: none"> Nurse G Grade (South 0.2) 	CAMHS, WAHT	6,650	CAMHS Grant
	<ul style="list-style-type: none"> Clinical Psychologist B Grade (North team 0.5) 	CAMHS, (AWP)	31,668	CAMHS Grant
Tier 3 Development	<ul style="list-style-type: none"> Family Therapy 0.2 	CAMHS, WHAT	8,600	PCT Development Fund
	<ul style="list-style-type: none"> Increase Family Therapy 	CAMHS, WHAT	32 360	PCT CFIS
	<ul style="list-style-type: none"> Secretarial support for CAP (ASD) 	CAMHS WAHT	1 270	PCT CFIS
	<ul style="list-style-type: none"> Specialist supervision for Eating Disorders Team 	CAMHS, WAHT	1 600	PCT CFIS

Tier	Activity/posts	Employer	Spend	Source
Multi –agency Support Team	<ul style="list-style-type: none"> • Community Nurse Learning Disability 0.1 	LDCT, WAHT	3 810	CAMHS Grant
	<ul style="list-style-type: none"> • Clinical Psychologist 0.1 	CAMHS, (AWP)	4 086	CAMHS Grant
	<ul style="list-style-type: none"> • Educational Psychologist 0.1 	Educational Psychology Service	4 529	CAMHS Grant
	<ul style="list-style-type: none"> • Social Worker 0.1 	Disabled Children’s Team, NSC	3 300	CAMHS Grant
	<ul style="list-style-type: none"> • Occupational Therapist 0.1 	Disabled Children’s Team, NSC	3 300	CAMHS Grant
Multi-Professional Assessment Clinic (MPAC) – ADHD and related needs.	<ul style="list-style-type: none"> • Nurse – F Grade 0.2 WTE 	CAMHS, WAHT	5 600	CAMHS Grant
	<ul style="list-style-type: none"> • Assistant psychologist 0.4 	CAMHS, (AWP)	8 236	CAMHS Grant
	<ul style="list-style-type: none"> • Educational Psychologist 0.1 	EPS, NSC	4 528	CAMHS Grant
CONSULT! Service for Looked After Children & Young People. Service Development Capacity	<ul style="list-style-type: none"> • Clinical Psychologist 0.4 	CAMHS, (AWP)	16 894	CAMHS Grant
	<ul style="list-style-type: none"> • Educational Psychologist 0.2 	EPS, NSC	9 507	CAMHS Grant
	<ul style="list-style-type: none"> • Social Worker 0.4WTE 	Social Services (HSSD) NSC	15 681	CAMHS Grant
	<ul style="list-style-type: none"> • Admin Support 	HSSD, NSC	1 680	CAMHS Grant
	<ul style="list-style-type: none"> • Non-pay Budget 	HSSD, NSC	750	CAMHS Grant
	<ul style="list-style-type: none"> • Expansion of Consult 		16 000	CAMHS Grant
Early Birds	Multi-agency Programme (Training/Support for parents of children with Autistic Spectrum Disorder)	WAHT	6 400	CAMHS Grant
Counselling and Support for Care Leavers	Next Step service	Next Step, (HSSD), NSC	5 000	CAMHS Grant
User/Carer Involvement	User/Carer Involvement	HSSD, NSC	3 000	CAMHS Grant
Provide capacity across all tiers	Specialist Mental Health Worker	CAMHS WAHT	20 000	PCT CFIS
Tier 4 capacity	Contribution to Tier 4 service (SPR rota)	UBHT	13 000	PCT CFIS

Update on progress with Child and Adolescent Mental Health Services (CAMHS) in North Somerset

The North Somerset Mental Health and Psychological Wellbeing of Children and Young People Strategy Group which has multi-agency membership has reviewed its strategy and update the action plan for 2005-8. Extra investment for Child and Adolescent Mental Health Services and transfer of services from UBHT and NBT has enabled a significant increase in capacity to be realized and the following services based on clear priorities of prevention, early intervention and multi-agency to be developed:-

Investment	Activity	Outcomes/Evaluation
Two primary mental health workers	Advice, support, liaison, consultation and supervision training for Tier 1 staff providing universal services for children and young people (esp. school nurses) Support and develop accessible preventative and early intervention services in partnership with colleagues in health, education, social care and other agencies	Secondary School - Mental Health Workshops Solihull approach to behaviour management programme for health visitors Care pathway for maternal mental health and attachment difficulties completed and outcome review conducted
Extra capacity for learning disabilities work .	New learning disability nurse appointed in November 2005 to focus on tier 1/2 work	Expansion of small LD team working on early intervention work, (e.g. work in schools, group work) with 0-19 year olds with mental health needs
Extra clinical capacity for CAMHS including art therapy, family therapy, eating disorders etc.	Activity levels for 'specialist CAMHS' increased in 2005 from 285 (Jan- Mar) and 391 (April- June) to 443 in July-September	Developing services targeted at priority groups Effectiveness of CAMHS 'parenting' intervention (ongoing). Service satisfaction (ongoing) Audit and evaluation of 'eating disorder' service
Multi-agency Support Team (MAST) service for children with severe and challenging behaviour	A service for children and young people presenting with severe learning difficulties and challenging behaviour	Team have worked with two special schools, the NCH short breaks respite service and individual children and their families.
Service to support carers of Looked After Children (CONSULT)	An accessible specialized mental health service for children and young people looked after – consultation, training and support to foster carers	Ongoing evaluation – six monthly reporting (Jan- July 05 - 33 session of direct work with foster carers/parents, 18 sessions with families, 25 sessions with children/young people)
Multi-professional assessment clinic for Children with Attention Deficit Hyperactivity	Combined health and education service for children with complex difficulties which	Co-ordinated multi-agency assessment for children with complex difficulties. Planning

Disorders	include difficulties in concentration, attention, hyperactivity and impulsiveness.	and developing intervention. Service satisfaction (ongoing)
Multi-agency programme of support for parents of children with Autistic Spectrum Disorder	Earlybird programme delivered to parents/carers of pre-school children	Ongoing evaluation, with positive feedback. Three groups completed Early bird course First Earlybird Plus course about to finish and second course starting in Jan 06
Counseling and advice service for Care Leavers	Lifeskills groups addressing anger management, bereavement, sexual health, relationships and drug and alcohol misuse	Increased access to counseling service for vulnerable care leavers
Increased capacity to consult with children and families on their needs	Participation worker from social services with dedicated time to developing participation strategy for CAMHS	Participation policy, action plan and toolkit produced – will inform broader participation activity with all agencies across North Somerset

The work of the strategy group has increased joint working between health, education and social services and will now concentrate on consolidating activity and work towards having a 'comprehensive CAMHS in place by December 2006. This will include providing 24/7 cover for urgent mental health assessments and services for all 16/17 year olds and those with learning disabilities.

**North Somerset Strategy for Mental Health and Psychological Wellbeing of Children and Young People
Work Programme - 2005 – 2008**

Strategy Group – ensure a comprehensive strategy is in place with clear processes for needs assessment, user participation and outcomes and evidence for activities

Objectiv	Tasks\Steps	Timescale	Who?	Resources Required	Progress
Achieve participation from users and carers by developing standards to ensure children and young people are enabled to be involved in meaningful and informed decision making and delivery in order to enhance their life opportunities	<p>Research other services who have adopted 'standards of participation' Adapt these to fit within North Somerset</p> <p>Employ worker for 3 months one day a week to: (i) draft standards (ii) set up consultation event (ii) write up feedback from consultation event</p> <p>Agencies to agree</p> <p>Feedback from users</p>	<p>By end of March 2005</p> <p>April 2005</p> <p>Quarterly basis</p>	Worker to be instructed by ? User/Carer Group or Strategic Group	Use of £3,000 CAMHS Grant	
To have an accurate, up-to-date and verifiable needs assessment for North Somerset.	<p>To produce an annual report bringing together all relevant and available data</p> <ul style="list-style-type: none"> • Identify relevant data sources • Monitor relevant research • Collate and update previous report • Analyse data to help inform local strategy and decisions 	<p>On-going</p> <p>On-going tbc (depends on agency returns) tbc</p>	<ul style="list-style-type: none"> • Commissioning leads – health; education; social services • ? external resource 	<ul style="list-style-type: none"> • Information officers in agencies • Possible external resource? 	
To have a routine system for measuring outcomes implemented across services.	<p>Monitor and evaluate the system implemented within health</p> <p>To gather data before and after CAMHS intervention</p> <p>Share this approach across other relevant services to implement</p>	March 2006	Liv Kleve, Claire Luker, Paul Dillon	Help to analyse data, possible IT/clerical support	Started in Sept. 2004, ongoing

North Somerset Strategy for Mental Health and Psychological Wellbeing of Children and Young People

**(including learning disability)
Work Programme - 2005 – 2008**

Tier One Strategy Aim: ‘To offer first line, universal services to children, young people and their families and with whom they make direct contact in order to promote the emotional health and wellbeing of every child and young person in North Somerset’.

Objective	Tasks/Steps	Timescale	Who?	Resources Require	Progress
<p>To build capacity and confidence in Tier 1 professionals to address the mental health needs of children and young people.</p>	<p>Develop a multi-agency training plan to coordinate and develop joint training initiatives as a key part of specialist services work programmes:-</p> <ul style="list-style-type: none"> • Map existing provision • Set up joint training where appropriate • Ensure needs of ‘vulnerable’ children and young people are prioritised in training, advice and support for Tier 1 staff, eg SEN, BME, LAC, those living with domestic violence etc 	TBC	<p>Broader agenda to be addressed by CYP Strategic Partnership with links to Tier One group = Rebecca Milford</p>	Coordinator	<p>Plans to arrange multi-agency training session in the autumn. One session from each agency as a feasibility experiment.</p>
<p>To develop closer working between CAMHS specialist, social services, education , Connexions and other services</p>	<p>To put in place ‘managed referral processes’ ensuring that children, young people and families receive prompt and appropriate support at every tier.</p> <ul style="list-style-type: none"> • Consultation for Tier 1 workers • Referral pathway flow chart 		CAMHS specialist team – Jo Scott		

Tier One (cont)

Objective	Tasks\Steps	Timescale	Who?	Resources Required	Progress
<p>Develop whole school approaches to promoting emotional health and wellbeing along the lines of the healthy school approach</p>	<p>Ensure schools involved in Schools for Health are encouraged to prioritise emotional health and wellbeing</p> <ul style="list-style-type: none"> • Provide advice, support, resources and training to schools on emotional health and wellbeing • Schools to be supported by partner agencies in a planned and coordinated way – directory ? • Explore the application of healthy schools programme to statutory nursery provision 		<p>Healthy Schools coordinators Sue Walker and Shaun Cheeseman</p> <p>Dali Sidebottom, Jennie Eastman</p>		
<p>Engage with parents and address their needs</p>	<p>To develop support networks for parents and families</p>		<p>Sheila French</p>		

North Somerset Strategy for Mental Health and Psychological Wellbeing of Children and Young People

Work Programme - 2005 – 2008

Tier Two/Three Strategy Aim – ‘Early assessment and intervention offered by individual staff – may be Tier 1 staff or specialist CAMHS workers.

Objective	Tasks\Steps	Timescale	Who?	Resources Required	Progress
To have in place a robust service to support children and young people with ADHD and similar complex disorders	Consolidate the MPAC service based on a multi-agency model of assessment and intervention.	April 2005	MPAC Team	Funding for additional posts	<ul style="list-style-type: none"> • Priority needs in process of being clarified • Model of assessment being developed and up and running • More specialist evidence based ADHD intervention to be developed
	Develop and implement an assessment service to young people referred to the MPAC clinic. Offer a range of interventions in the support of children and young people’s families and school in supporting complex needs. <ul style="list-style-type: none"> • Offer Webster-Stratton parenting group on regular basis 	September 2005	MPAC Team		
To have in place an extended service for Looked After and Adopted Children and their families	<ul style="list-style-type: none"> • Offer a range of assessment, intervention, support and training. • Extend service for children who are adopted 	September 2005	CONSULT Team	Funding for adoptive work	<ul style="list-style-type: none"> • Team offering individual support plus group consultation plus support to schools.

Tier Two/Three (cont)

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
<p>To meet NSF requirements of expanding 'specialist CAMHS team</p>	<p>Increase number plus capacity of posts in CAMHS team.</p> <p>Extend the range of services and specialities available to users in North Somerset.</p> <p>Production of an eating disorder service and strategy, including links with relevant services, training and supervision</p>	<p>April 2005 and on-going</p>	<p>Appropriate professional leads, eg Nursing, Clinical Psychology and Psychiatry</p> <p>Liv Kleve and ED team</p>	<p>Travel expenses, training and supervision</p>	<ul style="list-style-type: none"> • Specialist mental health post in place • Family therapist recruited. • North CAMHS team in process of recruitment • Reorganization of Eating Disorder team • Webster Stratton embedded as a positive initiative. • ED team identified and meets regularly, ED protocol developed. Members undertaken training. Meetings held with local ED services. Need further training, experience and specialist supervision
<p>To identify ways of improving support to meeting the mental health needs of children with SEN</p>	<ul style="list-style-type: none"> • Improve contact with hospitals and Tier 4 provision • Evaluate the communication and provision for accessing CAMHS service and education for SEN pupils 	<p>September 2005</p>	<ul style="list-style-type: none"> • Multi-agency and professional managers 		<ul style="list-style-type: none"> • Guidance drafted being distributed to schools and relevant professionals

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
<p>Improve liaison, access and support between CAMHS teams and YOT teams</p>	<p>Develop links between CAMHS and YOT opening up access and communication.</p> <ul style="list-style-type: none"> • Protocol for access developed • Robust communication in terms of IT and relevant meetings established • Develop a range of holistic preventative services to work with young people at risk of offending and their families 	<p>September 2005</p> <p>April 2006</p>	<p>YOT and CAMHS Managers</p>	<p>Sustained long term funding</p>	<ul style="list-style-type: none"> • Nurse specialist, YOT Health Worker in place and liaising with CAMHS • Mental Health Specialist to represent CAMHS at YISP meetings • Existing projects include YISP, Crime prevention Junction 21, Positive Activities for Young People Programme (PAYP) SHAPE
<p>To participate in the development of a multi agency Autism strategy</p>	<p>To strengthen robust pathways for assessment through the CAP process</p> <p>To ensure that Parents are supported through the identification and assessment process.</p> <p>To develop a range of intervention and provision for families, children and young people following the diagnosis of Autism e.g. Early Bird;</p> <p>To work with Social Services, Education and other voluntary groups to ensure coordinated approaches and support are in place.</p>	<p>December 2005</p>	<p>Autism Steering Group</p> <p>CAP review Group</p>	<p>Funding for Early Bird</p> <p>Support for CAP process</p>	<ul style="list-style-type: none"> • Autism Strategy in place and shared with the Community • CAP process working smoothly and evaluated as good. • Early Bird, Early Bird Plus and HELP programmes in place.

North Somerset Strategy for Mental Health and Psychological Wellbeing of Children and Young People

Work Programme - 2005 – 2008

Tier Three/Four Strategy Aim – provide a specialised service (including tertiary level) for more severe, complex or persistent disorders

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
<p>To ensure appropriate links are made with adult mental health services so that children and young People between 0-18/19 are able to access ‘specialist’ CAMHS</p>	<ul style="list-style-type: none"> • Review transition protocol with adult services • Implement protocol for the transfer of information • Link in with relevant strategy groups, eg Early Identification of Psychosis • Provide information to this group of service users as they transfer • Identify and agree timescale and level of funding required for the desired service • CAMHS rep to attend meetings regularly to feedback 	<p>September 2005</p>	<p>BNSSG- Dali Sidebottom Relevant Managers Consultant Psychiatrist and Art Therapist</p>	<p>To be finalized</p>	<ul style="list-style-type: none"> • Networking with BNSSG Group in place • Discussions with adult services in place. • Meetings are being established with appropriate professionals

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
<p>To have access to appropriate specialist forensic services (tiers3/4)</p>	<ul style="list-style-type: none"> Clarify service level agreement for forensic child and adolescent services in Avon. <p>PCT to clarify SLA and identify funding provided To ensure access to Tier 4 forensic service for North Somerset</p> <p>If no SLA, to develop this</p>	<p>March 2005</p>	<p>PCT led</p>	<p>To be worked out</p>	<p>Currently unclear whether there is any Tier 4 forensic provision for North Somerset</p>
<p>Improve access to appropriate specialist LD Service</p>	<p>To clarify to what extent existing Tier 4 (MH, drug and forensic) accept LD as part of their remit and services available for moderate to severe LD</p> <p>To develop and expand multi-agency support team to deal with complex LD cases</p> <p>Task group to develop vision, service specification and bid to extend service</p> <p>To develop a model of care. Identify management structure and lines of accountability. Clarify roles and tasks of team members. Time scale for service development and implementation.</p> <p>Offer assessments, intervention and consultation to appropriate LD cases.</p>	<p>March 2005</p> <p>March 2005</p> <p>November 2005</p>	<p>PCT – Dali Sidebottom</p> <p>Carol Franzen</p> <p>Members of MAST</p> <p>Steering Group and MAST</p>	<p>Funding</p> <p>Funding</p> <p>Bid to be submitted April 2005</p>	<p>Progress report to Tier 4 sub group.</p> <p>Bid to be developed</p>

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
<p>Improve access to specialist mental health services at Tier 4 (In-patient and day patient)</p>	<p>To have access to in-patient and day patient services for adolescents presenting with complex psychiatric disorders (Riverside Unit) To develop closer working links between CAMHS and Riverside re: care pathways</p>	<p>In place</p>	<p>CAMHS representatives to take part in meetings</p>		<p>SLA with Riverside being reviewed (date?)</p>
	<p>To have access to an acute in-patient unit for psychiatrically disturbed patients:-</p>	<p>November 2005</p>	<p>Liv Kleve Trisha Tallis Riverside Unit</p>	<p>Time</p>	<p>Trisha Tallis to liaise with Ian Skeldon to set up meeting</p>
	<ul style="list-style-type: none"> • set up annual meetings discussing care pathways and training needs of CAMHS 	<p>In place</p>			
	<ul style="list-style-type: none"> • participate in the development of the service level agreement for LWH • have access to Juniper Ward, Long Fox Unit and out-of-area placements 	<p>To be set up by UBHT</p>			

Objective	Tasks\Steps	Timescale	Who?	Resources	Progress
Improve access to appropriate specialist drug services at Tier 4.	To have access to specialist drug service (YPDTS) interventions including assessments, opiate detoxification; substitute prescribing, counselling and other psychological therapies, where appropriate	In place	DAT Weston Tier 4 Drug Team		SLA been reviewed 2004 and implemented
	To establish care pathways and protocol between Tier 3 drug service and CAMHS and YPDTS	November 2005	Trisha Tallis Bernie Chinnock	None	In progress
	To clarify services available for young people with alcohol problems	November 2005	Bernie Chinnock Trisha Tallis	Time	To be started
	Tier 3 to clarify which services to offer and care pathways				Training arranged for June
	To train CAMHS staff in 'START' assessments	November 2005	YOT Health specialist Tricia Tallis		Find out date of meeting
	CAMHS to be represented at North Somerset Drug Task Group	March			

Grant Conditions

1. The core grant should be used to improve CAMHS, in accordance with local needs and priorities, as set out in the local CAMHS Development Strategy.
2. The local CAMHS development strategy should outline how the increased resources will be dedicated to achieving the CAMHS Public Service Agreement (PSA) target:
 - Improve life outcomes of adults and children with mental health problems through year-on-year improvements in access to crisis and CAMHS services, and reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010
3. The Priorities and Planning Framework (2003-2006), issued to both the NHS and local authorities, set out the expectations and capacity assumptions underpinning the target. These are:
 - All CAMHS to provide a comprehensive service including mental health promotion and early intervention by 2006
 - Increase CAMHS by at least 10% each year across the service according to agreed local priorities. (Demonstrated by increased staffing, patient contacts and/or investment).
4. Plans for spending the grant should be agreed between councils with social care services responsibilities (CSSRs), Primary Care Trusts (PCTs), education and other partners. Local agencies should work in partnership at all levels of service planning and delivery. Joint commissioning arrangements and/or use of Health Act flexibilities should be used wherever possible.
5. Up to 5% of the grant may be spent on capital projects including the development of IT infrastructure and investment in the built environment.
6. Further expansion of the grant is anticipated through to 2006 and its use will continue to be determined by the Priorities and Planning Framework and the Local Delivery Plan guidance.
7. In addition to the £60.5M being distributed to CSSRs through the CAMHS Grant, other CAMHS funding is being distributed separately to councils or managed centrally:
 - £2.5M is being used to fund CAMHS Innovation Projects (Relevant CSSRs were informed of the details of this allocation in December 2003);
 - £3M is being spent on developing treatment foster care; and
 - £1M is being spent centrally in supporting the CAMHS Regional Development Workers

Publication title:

NSF for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People

Improvement, Expansion and Reform (1) has set the expectation that a comprehensive child and adolescent mental health service (CAMHS) will be available in all areas by 2006. This means that in any locality, there is clarity about how the full range of users' needs are to be met, whether it be the provision of advice for minor problems or the arrangements for admitting to hospital a young person with serious mental illness. This is reiterated in National Standards, Local Action (2), which sets out the priorities for 2005/06-2007/08 for the NHS, and emphasises the need to maintain the levels of service achieved through the 2003-06 planning round.

Clear pathways should be set out to show how the range of mental health needs of children and young people will be met, whether from within services whose prime purpose is to deliver mental health care or from other services with a different primary function. This will not necessarily mean that all services will be in their final configuration or available in every locality by 2006. Where local provision is not appropriate or possible, commissioners will need to set out the collaborative arrangements that will ensure that there is an agreed care pathway to meet the specific needs from an alternative service.

Further improvements and developments will be required throughout the lifetime of the National Service Framework implementation to extend the range of services provided and ensure the highest standards of care. The aspiration should be to continually improve and develop the services in the context of multi-agency partnerships across the spectrum of need, and informed by the best available evidence.

Commissioners will require a clear definition and description of a comprehensive CAMHS. This can be set out under a number of separate headings:

Underpinning Principles:

- Access to CAMHS should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.
- Effective CAMHS commissioning is a multi-agency activity and requires that the commissioners have the requisite skills, knowledge, time and executive authority to undertake the task.
- Both the commissioning and delivery of services should be informed by a multiagency assessment of need that is updated regularly. This needs to incorporate:
 - locally adjusted epidemiological information on the prevalence of children's mental health problems to reflect the diversity of the population and other local demographic circumstances.
 - An assessment of the needs of particular groups of children and young people in the locality who are vulnerable or at risk
 - An audit of services currently provided by all agencies that address both directly and indirectly the mental health needs of children and young people.
 - An analysis of current service usage.
 - Views of all stakeholders including those of the children, young people and families.
 - The available evidence of the efficacy and effectiveness of interventions and service models.
 - Current national and local policy priorities.
- Services should be commissioned to ensure that the workforce is of sufficient critical mass to have the capability to meet the range of defined needs safely, effectively and efficiently.

Range of Services:

- The range of services and their settings should reflect the specific needs:
 - related to the age of children and young people using the service
 - related to the circumstances of the child, particularly if they may affect access to services
 - Associated with the presence of a learning disability.
- Arrangements should be in place to ensure that 24 hour cover is provided to meet urgent needs and a specialist mental health assessment should be undertaken within 24 hours or during the next working day.
- There needs to be a balance of service provision in order that all levels of need can be met as required:
 - Within primary level services (Tier 1), those in contact with children need to be able to have sufficient knowledge of children's mental health to be able to: identify those who need help; offer advice and support to those with mild or minor problems; and have sufficient knowledge of specialist services to be able to refer on appropriately when necessary.
 - Child mental health workers (Tier 2) need to be available to support, train, liaise with, consult to and provide direct work with other agencies providing services for children.

Specialist multidisciplinary teams in all localities should be able to provide:

- Specialist assessment and treatment services
- Services for the full range of mental disorders in conjunction with other agencies as appropriate.
- A mix of short term and long term interventions and care according to levels of complexity, co-morbidity and chronicity.
- A full range of evidence-based treatments;
- Specialist services that are commissioned on a regional or multi-district basis, including in-patient care

Workforce and Skills:

- The professional mix within specialist services and teams should be balanced to ensure the availability of an appropriate representation of skills, in particular, professional and team isolation should be avoided in all services.
- Staff have the skills, competencies and capabilities that are necessary. All services should ensure they can:
Work across agency boundaries and within a variety of settings;
Engage children, young people and their families who have difficulty accessing services.
Deliver interventions based on the best available evidence.
- Services require management expertise with sufficient knowledge, understanding and executive authority to be able to support the effective and efficient multiagency delivery of CAMHS.
- The administrative workforce should be sufficient to ensure that all necessary administrative functions, including data collection, can be fulfilled.
- Commissioners in conjunction with specialist providers should support the development of CAMH expertise within all children's agencies.

Training and development:

- Clear supervisory arrangements and structures should be in place to ensure accountable and safe service delivery.
- Multi-professional training and consultative work, undertaken both within and across agencies, is essential.
- The necessary resources to support the training and development requirements of the CAMHS workforce should be available.

Organisational arrangements:

- Agreed protocols should be in place to manage waiting lists and times according to need.
- Services should be accommodated in buildings fit for supporting all the expected functions.
- Where services are located in non-CAMHS dedicated community settings (e.g. schools), arrangements should be made to provide suitable accommodation for supporting service delivery.
- The equipment and accommodation used for direct work with children should ensure that children's safety is of paramount concern.
- IT resources and equipment to support high quality care and the monitoring and evaluation of services should be available in all appropriate settings.
- Where interfaces exist between services, as between adult and children's mental health services, arrangements should be negotiated to ensure clarity and effectiveness of separate and joint service responsibilities and smooth transitions of care.
- Where service delivery demands effective partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education.
- Clinical governance arrangements should ensure that all staff are trained, supported and able to deliver sound, ethical and safe services.

Proxy Measures identified for PCT Local Delivery Plans

- Are arrangements in place to ensure that 24 hour cover is available to meet the urgent mental health needs of children and young people and specialist mental health assessments undertaken within 24 hours or during the next working day where indicated?
- Is a full range of CAMHS for children and young people who also have a learning disability explicitly commissioned by or on behalf of all of the PCTs in your area?
- Do all 16 and 17 year old in your area who need CAMHS have access to service appropriate to their age and level of maturity?
- How much did you spend on specialist (i.e. tiers 2-4) CAMHS in the health sector? (£000s)
- How much did you spend on specialist (i.e. Tiers 2-4) CAMHS in the social care sector? (£000s)
- How many patients were seen by a specialist (i.e. T2-T4) CAMHS?
- How many specialist CAMHS staff working for LAs were in post?
- How many CAMH workers were in post?

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- See also bibliography in Population Needs Analysis – Appendix 6