

Children & Young People's and Adults Wellbeing & Health Overview and Scrutiny Committees' Joint Working Group Report



Support for Children and Young People with Mental Health Issues

January 2013



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Table of Contents

Chairman's Foreword	Page 1
Executive Summary	Page 2
Background and Methodology	Page 7
National and Local Context	Page 9
Evidence	Page 14
- Early Intervention and Prevention	
- Commissioning of Services	
- Support for Looked After Children	
- Child and Adolescent Mental Health in County Durham	
- Transitional Arrangements	
Conclusions	Page 30
Recommendations	Page 32
References	Page 33
Glossary	Page 34
Appendices	Page 35

Chairman's Foreword



Improved mental health is associated with a range of positive outcomes for people of all ages and backgrounds. At least one in four people will experience a mental health problem at some time in their life. One in ten children between the ages of 5-16 years old has a mental health problem which for many continues into adulthood. Improving the health and wellbeing of children and young people in County Durham is a priority which is detailed in the Altogether Better for Children and Young People section of the Council Plan.

The working group received information relating to early intervention and prevention, commissioning of children's mental health services, how looked after children are served by mental health services, the current level of support to children and young people and how quickly they can access services and transitional arrangements for young people moving from child and adolescent mental health services to adult mental health services.

Findings indicate that early intervention and prevention measures work as more people are reported to be coming forward for help at an earlier stage. Early intervention and prevention measures reduce stigma and the likelihood of more complex interventions at a later stage which lead to reduced costs. Looked after children and young people are some of the most vulnerable people in society and more likely to have mental health issues than any other group of children or young people. It is very important that all members of the Council recognise their corporate parenting responsibilities. The working group heard that CAMHS has demonstrated improvements in waiting times for initial referral appointments, all initial referral appointments are received within four weeks. They focus on all transitions in a child's life which impacts on their mental health including transitions to post 18 services. However, services provided by CAMHS do not always correspond with services provided by Adult Mental Health Services and there still remains a gap in service for a small number of young people.

Councillors Armstrong, Potts and me visited Full Circle at Ferryhill and learned of the excellent work they do with children and young people who have suffered trauma or abuse in enabling them to tell their story. We also visited the Acley Centre in Newton Aycliffe which offers a range of therapeutic services for children, young people and their families who experience moderate to severe emotional/mental health problems.

I would like to thank all those who have contributed to the review, fellow councillors from Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees including Mrs Hasoon who is a co-opted member of Adults. I would also like to thank Officers from NHS County Durham and Darlington, Tees, Esk and Wear Valley Foundation Trust and Durham County Council. I would especially like to thank Investing in Children for their involvement in the review.

Councillor Jan Blakey
Chair of Children & Young People's
Overview and Scrutiny Committee

Executive Summary

- 1 The topic 'Support for Children and Young People with Mental Health Issues' was identified from Children and Young People's Overview and Scrutiny Committee's work programme. The topic is cross cutting with Adults Wellbeing and Health Overview and Scrutiny Committee and therefore membership of the working group was taken from both committees. The review focused on:
 - How early intervention and prevention methods can reduce the need for specialist services
 - How services are commissioned
 - How looked after children are served by mental health services
 - Current levels of support to children and young people with mental health issues and how quickly they can access services.
 - Transition to adult mental health services from Child and Adolescent Mental Health Services (CAMHS).

- 2 National and local policy indicates the importance of good mental health and emotional wellbeing. The Health and Social Care Act 2012¹, which is the main policy driver, makes significant changes to the way in which health services will be organised from April 2013. The Act is significant to this review in terms of changes in commissioning arrangements of children and young people's mental health services. The Act makes provision for:
 - The establishment of Health and Wellbeing Boards.
 - The transfer of commissioning of services to NHS Commissioning Boards and Clinical Commissioning Groups.
 - Local authorities and commissioning consortia to prepare a Joint Strategic Needs Assessment (JSNA) and to produce a Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the assessment.

- 3 Improving the emotional health and wellbeing of the children and young people of County Durham is a priority which is detailed in the Altogether Better for Children and Young People section of the Council Plan 2012-2016 and the Children, Young People and Families Plan 2012-2016 which is under pinned by the Sustainable Community Strategy.

- 4 County Durham's Shadow Health and Wellbeing Board has refreshed the JSNA for 2012 which provides a detailed overview of the current and future health and wellbeing needs of the population of County Durham and informs the JHWS which is a long to medium term strategy that will be reviewed annually. The vision of JHWS is to improve the health and wellbeing of the people of County Durham and reduce health inequalities. Aligned to the vision are a number of priorities the Shadow Health and Wellbeing Board will focus on. The priorities that relate to this review are:
 - Children and young people make healthy choices and have the best start in life
 - Improve mental health and wellbeing of the population.

- 5 In 2004 Overview and Scrutiny carried out a review of mental health provision for 16-25 year olds in County Durham called '*Mind the Gap*'. The review made 36 recommendations all of which were implemented. Evidence indicates that improvements have been made in CAMHS since the '*Mind the Gap*' report such as a reduction in waiting times for referral appointments, greater engagement of young people and the adoption of a multi-agency holistic person centred approach to service development.
- 6 Investing in Children supports children and young people by providing challenge and change to situations to provide better outcomes for children and young people. Investing in Children have worked closely with commissioners of and providers in children and young people's mental health in transforming services to be more user friendly, such as the design and content of waiting areas and colour schemes in CAMHS buildings. They have carried out agenda days with young people to get their views on how they feel about the services they receive from CAMHS and are working very closely with CAMHS on the children and young people's Improving Access to Psychological Therapies (IAPT) proposals.
- 7 Intervening early in childhood can prevent mental health related problems at a later stage. Evidence indicates the importance of child/parent relationships and interactions to develop skills and behaviour which enables children to flourish. Early intervention and prevention programmes/measures can demonstrate they are working as there has been an increase in referrals at this stage indicating there is greater awareness of mental health issues and help is being sought at a much earlier stage. By intervening early in building the resilience of children, young people and their families, the likelihood of problems becoming more complex is reduced as is the need for more costly interventions. Using mainstream services reduces stigma associated with mental health issues as individuals are not targeted. It is important that training/refresh training is available for staff of mainstream services such as youth workers for them to recognise mental health issues in children and young people. Schools and colleges are well placed to promote good mental health and wellbeing to their students through Personal Social and Health Education (PSHE).
- 8 Currently children's mental health services are jointly commissioned via NHS County Durham and Darlington, Darlington Borough Council and Durham County Council. However from April 2013 children's mental health services will be commissioned by Clinical Commissioning Groups (CCGs). In County Durham there will be two CCGs: Durham Dales, Easington and Sedgefield CCG and North Durham CCG. It is important that local intelligence and historical knowledge regarding services and good communications established between current commissioners, providers and service users is not lost in the transfer to CCGs and that current commissioning intentions continue. It is essential that post April 2013 services are continually monitored and evaluated to ensure impact.

- 9 Children's mental health services are commissioned holistically using a "**Think Family**"³ approach of partnership working to support the whole family. Services are commissioned using four levels of service which reflect the four tiers of CAMHS.
- Level 1 – Universal Services
 - Level 2 – Targeted Services
 - Level 3 – Specialist Services
 - Level 4 – Regional Specialist Services including in-patient care and forensic services.
- 10 Evidence suggests there is good partnership working between commissioners and providers, and engagement of children, young people and their families, with parent/carers being full partners in service developments such as reviewing the impact of therapies. Services are regularly reviewed and performance managed to ensure services are fit for purpose.
- 11 Looked After Children have good access to CAMHS which was noted in a 2011 Ofsted inspection of Safeguarding and Looked After Services and in which the service received an outstanding result. All looked after children, children in need and adopted children have access to The Full Circle service, this is a therapeutic service for vulnerable children who have suffered trauma through abuse and/or neglect. At the time of the review it was reported that County Durham had 670 children in care though this has since reduced to 638. During a 12 month period to March 2012, there had been 211 referrals and 353 open cases to the Full Circle team. It is important that Children and Young People's Overview and Scrutiny Committee continue to receive the performance information relating to the numbers of looked after children to ensure that these vulnerable children receive the support they need. Looked After Children have a significantly increased risk of poor adult mental health, for these vulnerable children and young people, Durham County Council is their corporate parent. It is essential that all members of the Council are familiar with their corporate parenting responsibilities namely ensuring that looked after children are healthy, achieving, and are being cared for in a safe and secure environment. Further Corporate Parenting induction training should be offered to all members of the Council following the County Council elections in May 2013.
- 12 CAMHS are provided through Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust. CAMHS specialise in providing help and treatment to children and young people who experience emotional, behavioural and mental health problems up to the age of 18 years. The service offers a four tier approach to service delivery:
- **Tier 4** – A specialist regional in-patient services (based at West Lane Hospital Middlesbrough) there are also beds commissioned at Prudhoe Hospital too for under 12s.
 - **Tier 3** – Specialist CAMHS offering an out patient service (with bases four area bases North Durham, South Durham, Easington and Darlington TEWV also covers Tees and North Yorkshire areas)

- **Tier 2** – Targeted CAMHS, one team of 13 staff across County Durham and Darlington which includes Primary Mental Health Workers and Clinical nurse Specialist.
 - **Tier 1** – Universal services offered through mainstream services.
- 13 Referrals to the service can be made by anyone, however 50% come from GPs, 40% from the wider children's workforce and 10% from families. Referral waiting times to CAMHS continue to be reduced, with targets for first appointments being within 4 weeks of initial referral, however most are seen within 2 weeks and emergencies are seen within 24 hours.
- 14 There is evidence of multi agency partnership working within CAMHS. Both specialist and targeted CAMHS work very closely with the children's workforce who are appropriate to the needs of the child, young person or their families and carers at any given time. Targeted CAMHS Primary Mental Health Workers are aligned with the One Point Service and provide consultation and support to multi agency meetings to discuss families with complex needs. One Point provides support to children, young people and their families from pregnancy through to the age of 19 years through services such as anti-bullying; behaviour support workers and school nurses alongside CAMHS targeted and specialist staff.
- 15 Transitional provision within TEWV CAMHS has focused strongly on transitional arrangements over the last two years and it is currently a Commissioning for Quality and Innovation framework (CQUIN) target. The CQUIN framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
- 16 CAMHS focus on all transitions in a child/young person's life which impacts upon their mental health including transitions to post 18 services. CAMHS follow strict guidelines in relation to transition of young people to Adult Mental Health Services (AMHS). A transitional plan or post 18 discharge plan is produced with the involvement of the young person. Work begins on plans six months prior to transfer or discharge as identified as best practice by Social Care Institute for Excellence (SCIE). The SCIE have produced guidance which is to promote best practice and support effective transitions. They are currently working on a tool-kit to aid practitioners further with transitional processes.
- 17 Services provided by CAMHS do not always correspond with services provided by AMHS and there still remains a gap for a small number of young people. There is no record of the exact number of young people who are affected by this situation. However it is important that for this small group of young people work is carried out in their final months to signpost them to support groups and third sector organisations to enable them to build their resilience to cope with pressures and anxieties.

18 The report makes five recommendations:

- Cabinet note the importance of mainstream services (in this instance Youth Worker provision) in being aware of mental health issues in children and young people; that every opportunity is afforded to youth workers (ideally in the necessary appraisal process) to better understand the issues.
- Cabinet request the Shadow Health and Wellbeing Board to encourage Clinical Commissioning Groups in County Durham to:
 - a) Continue to work in partnership with providers, children, young people and their families to ensure the best possible outcomes for service users.
 - b) Continue the current commissioning intentions that have enabled children and young people to access mental health services via early interventions of universal services. By accessing services at this early stage, actions are taken that will prevent services being required at a later stage when more specialist interventions may be required.
 - c) Continue to evaluate and monitor services that are commissioned by them to measure their impact.
- Cabinet request the Shadow Health and Wellbeing Board encourage Clinical Commissioning Groups to continue to work in partnership with providers and service users as indicated in best practice and to take a Think Family approach to commissioning services.
- Cabinet request that Durham County Council as corporate parents continue to recognise the importance of their role and in doing so ensure that all members of the Council attend all necessary training courses including induction training for all members of the Council following the County Council elections in May 2013.
- Cabinet request the Shadow Health and Wellbeing Board and Tees, Esk and Wear Valley CAMHS and AMHS continue to follow best practice to ensure that the young people of County Durham receive effective transitions into AMHS through essential planning and delivery of services and stakeholder engagement.

Background and Methodology

- 19 Good mental health is essential to everyone's quality of life. It is more than an absence of mental health problems it is foundation of effective functioning and wellbeing. Like physical health, mental health varies through life no matter what you do or your background. Improved mental health is associated with a range of positive outcomes for people of all ages and backgrounds.
- 20 At least one in four people will experience a mental health problem at some time in their life. One in ten children aged between 5-16 years old has a mental health problem and many continue into adulthood.⁴
- 21 In 2004 Overview and Scrutiny's Strong, Healthy and Safe Communities sub-committee carried out a review specifically looking at the 'gap' between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). The sub-committee's final report made numerous recommendations relating to the transition process which relate to multi agency working, the involvement of young people in design and delivery of services and providing services relevant to their age group.

Terms of Reference

- 22 The Children and Young People's Overview and Scrutiny committee have agreed to carry out a review of support for children and young people with mental health issues. The review is cross cutting with Adults Wellbeing and Health Overview and Scrutiny committee and therefore membership of the working group is taken from both committees. The review will consider the work of Children and Adolescent Mental Health Services (CAMHS) specifically looking at service delivery, its approach, areas for improvement and impact on service users. In considering the work of CAMHS the review will look at the support given to Looked After Children (LAC) to ensure that they know how and where to access services. The review will also look at how other factors impact upon mental health and how early interventions and prevention measures reduce the need for specialist services.

Focus

- 23 The focus of the review will be the support offered to children and young people with mental health issues using the following key lines of enquiry:
- How early intervention and prevention methods can reduce the need for specialist services
 - How services are commissioned
 - How looked after children are served by mental health services
 - Current levels of support to children and young people with mental health issues and how quickly they can access services.
 - Transition to adult mental health services from Child and Adolescent Mental Health Services (CAMHS).

Approach

- 24 Information was gathered via desk research, meetings and site visits. Three evidence gathering meetings took place covering the following areas:
- Child and Adolescent Mental Health Services
 - Full Circle Services
 - Commissioning of Services
 - Transition from CAMHS to AMHS.
- 25 The membership of the working group is shown below along with a list of officers who have supported the working group using presentations and information.

Membership

Councillor Armstrong

Councillor Blakey (Chair)

Councillor Crooks

Councillor Potts

Councillor Simmons

Councillor Temple

Councillor Todd

Councillor Wilson

Mrs R Hasoon (Co-opted Member from Adults Wellbeing & Health OSC)

Officers Supporting the Project

Gail Hopper – Head of Child Care, DCC

Karen Robb – Strategic Manager, CAS, DCC

Lorrae Rose – Lead Commissioner, NHS County Durham & Darlington Foundation Trust

Chris Davis – Head of Service for Tier 3 & Learning Disability, CAMHS

Michelle Trainer – Team Manager Targeted CAMHS

Feisal Jassat – Overview and Scrutiny Manager, DCC

Ann Whitton – Overview and Scrutiny Officer

National Context

- 26 There is a plethora of national policy information that relate to children and young people's mental health covering legislation, guidance, policy frameworks and policy drivers. For more information relating to the national policy context please refer to appendix A.
- 27 Head of Policy at the Mental Health Foundation⁵ identifies that people's mental health is closely linked to socioeconomic conditions. In times of recession more people are affected by mental health issues such as unemployment, debt, low productivity all of which can be caused by poor mental health. Action for Children's Red Book report⁶ which looks at the impact of government policies and spending decisions on vulnerable children and families found:
- Two out of three of the most vulnerable families are struggling with more severe problems than a year ago.
 - More than 50 per cent of staff are reporting increasing demand so over stretched services are forced to focus on crisis intervention rather than cost-effective preventive services.
 - Short-term funding is placing further pressures on services' capabilities to make a lasting difference to vulnerable children and their families.
- 28 The Health and Social Care Act 2012¹ shifts responsibility for the commissioning of local services including mental health to Clinical Commissioning Groups (CCG) led by General Practitioners. These commissioning groups will be held accountable by the NHS Commissioning Board against the commissioning outcomes framework. The Act also introduces health and wellbeing boards as a forum where key figures from health and social care system work together to improve the health and social care of the local population and reduce health inequalities. As a result patients and public should experience joined up working between health and local authorities. Section 192 and 193 of the Act makes provision for local authorities and commissioning consortia to prepare a Joint Strategic Needs Assessment (JSNA) and to produce a Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the assessment.
- 29 Engagement between commissioners and local clinicians, as well as with young people and their families will be increasingly important in the new commissioning environment.⁷
- 30 Health and wellbeing boards will help give communities a greater say in understanding and addressing their local health and social care needs. They are a key part of broader plans to modernise the NHS to:
- ensure stronger democratic legitimacy and involvement
 - strengthen working relationships between health and social care, and;
 - encourage the development of more integrated commissioning of services.

- 31 Promotion of early intervention and prevention is at the heart of the government's approach to improving outcomes for children and families. The public health white paper Healthy Lives, Healthy People (2011) and the mental health strategy No Health Without Mental Health clearly sets out the case for early intervention and prevention.

Local Context

- 32 Improving the emotional health and wellbeing of the children and young people of County Durham is a priority which is detailed in the Altogether Better for Children and Young People section of the Council Plan 2012-2016 and the Children, Young People and Families Plan 2012-2016 which is under pinned by the Sustainable Community Strategy. A précis of local policy context can be found at appendix B.
- 33 From April 2013 NHS reform and the transfer of Public Health to local authority control will provide a key role in improving the health of the local population and working in partnership with clinical commissioning groups and others through health and wellbeing boards.

Joint Strategic Needs Assessment (JSNA) 2012

- 34 The Shadow Health and Wellbeing Board have refreshed the JSNA 2012 which provides a detailed overview of the current and future health and wellbeing needs of the population of County Durham. To help achieve positive outcomes for the local population, the County Durham JSNA aims to:
- Highlight areas where there is a need to improve health and wellbeing outcomes for the local community.
 - Aid decision makers in targeting resources to both areas and services.
 - Act as a resource document to support health and wellbeing planning and commissioning.
 - Help inform plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.
- 35 Analysis of the number of new referrals to Child and Adolescent Mental Health Services (CAMHS) in County Durham can provide an indication of mental health need amongst children and young people aged 0-17. Categories of need can include:
- Severe and enduring distress caused by significant life changes e.g. bereavement, divorce, parental illness.
 - Serious developmental concerns e.g. attention deficit hyperactivity disorder or autistic spectrum disorders.
 - Severe and emotional and behavioural difficulties e.g. depression, obsessive compulsive disorder, eating disorders.
 - Trauma associated with e.g. abuse or violence.
- 36 Across County Durham, there were 1,594 new referrals during 2011/12. Derwentside experienced the highest rate of referrals with 225 per 10,000 (408 referrals) in 2011/12.

Area	New Referrals 2011-2012	Rate per 10,000 0-17 population	% of total referrals 2011/12
Durham & Chester le Street	328	124	20.6
Derwentside	408	225	25.6
Durham Dales	207	116	13.0
Easington	372	185	23.3
Sedgefield	279	153	17.5
Grand Total	1594	158	100

Source: CAMHS

Based on 2010 mid year 0-17 year old population estimates

Note: Comparative data for previous years is not available due to change in recording methods.

Joint Health and Wellbeing Strategy

37 The Joint Health and Wellbeing Strategy (JHWS) is a statutory requirement to ensure NHS and social care agencies work together and agree service priorities within the strategy. Consultation has taken place with stakeholders in relation to the strategy's objectives. This will guide and influence the commissioning plans of the local authority and Clinical Commissioning Groups (groups of GPs, nurses and other health professionals) from April 2013 onwards. The JHWS is long to medium term but will be reviewed annually to ensure it reflects updated information from the Joint Strategic Needs Assessment (JSNA) which is also reviewed annually. The strategy has six objectives:

Objective 1	Children and young people make healthy choices and have the best start in life
Objective 2	Reduce the number of people dying prematurely, while reducing the difference between the least and most healthy communities and improve the least healthy communities more quickly.
Objective 3	Improve the quality of life, care and support for people with long term conditions and those recovering from episodes of ill health or injury to assist them to live independently as possible.
Objective 4	Improve mental health and wellbeing of the population.
Objective 5	Protect vulnerable people from harm.
Objective 6	Allow people to die in the place of their choice with the care and support that they need.

Source: Draft County Durham Joint Health and Wellbeing Strategy 2013-2017

- 38 The Joint Health and Wellbeing Strategy will enable the Health and Wellbeing Board to:
- Provide collective leadership to improve health and wellbeing.
 - Strive to improve the quality of life and outcomes of people within County Durham.
 - Adopt an integrated approach to health and social care, making the best use of collective resources.
 - Promote joint working and build relationships.
 - Work collectively and collaboratively to reduce health inequalities.
 - Work together to align priorities and produce coherent strategic direction.

Health and Wellbeing Board

39 The Health and Social Care Act 2012, makes provision for the establishment of Health and Wellbeing Boards. In County Durham a shadow Health and Wellbeing Board has been established and will continue until April 2013 when the new Health and Wellbeing Board will come into existence. The boards will give communities greater say over addressing and understanding their local health and social care needs.

Healthwatch

40 Healthwatch is the new health consumer champion which will operate on two levels from April 2013: locally and nationally. Local Healthwatch will be an independent organisation that will keep accounts and make annual reports available. The aim of Healthwatch is to give communities a stronger voice to challenge and influence how health and social care services are provided in their local areas. Local Healthwatch will influence commissioning decisions about publicly funded services through its seat on the statutory health and wellbeing board.

Mind the Gap

41 In 2004 the Scrutiny sub committee for Strong, Healthy and Safe Communities produced a scrutiny report that looked specifically at the mental health provision for 16-25 year olds in County Durham. The focus was to review the level and adequacy of provision of support to 16-25 year olds with mental health problems in County Durham, with a view to considering: how far it meets the needs of users of services and their carers, whether it is timely and proportionate, whether it is correctly targeted and to raise awareness of the issues. The report suggests "effective and sensitive transitional arrangements are required between Child and Adolescent Mental Health Services and Adult Mental Health Services." Although evidence suggests this has improved (CAMHS now goes up to 18 years of age) there is still a potential gap for young people moving into Adult Mental Health Services.

42 The report acknowledges that the transitional age range of 16 – 25 years does not fit comfortably into either children's or adult mental health regimes. This transitional age group has different needs and a different culture not always served best by existing services. The report makes reference to the way referrals into CAMHS are made. Evidence suggests (paragraphs 73-75) that this practice is changing with referrals coming from many sources including self-referral.

43 The main themes identified in evidence and on which recommendations were based were:

- Early Identification and Intervention
- Young People's needs
- A Greater role for Young People
- Education about mental health issues
- Looked After Children
- Joined-up services

- Funding and training issues
- Carers

- 44 The report makes 36 recommendations and appended to the report is an action plan with 40 actions.
- 45 Changes in legislation, policy and practices have changed from 2004 when the study was carried out. In relation to transitional arrangements CAMHS service now has an upper age limit of 18 years old and improvements have been made in the support young people receive. More information on transitional arrangements within CAMHS can be found at paragraphs 104-117.

Evidence

Early Intervention and Prevention

- 46 Early intervention is at the heart of the government's approach to improving outcomes for children and families². The public health white paper *Healthy Lives Healthy People* (2011) and the mental health strategy *No Health Without Mental Health* clearly set out the case for early intervention.
- 47 Intervening early in a child's life can prevent mental health related problems at a later stage. Sometimes pre birth or perinatal interventions are needed such as the Family Nurse Partnership (FNP) to ensure that there is an understanding that the mother is aware of how to care for the baby. The family nurse partnership programme is only available to the most vulnerable young mothers, it is offered to young women under the age of 20 who are pregnant with their first child. The FNP nurse makes visits to the expectant parents in their home during pregnancy and after the child is born until the child's second birthday. A secure parent/child relationship is important for the development of positive attachment and to build emotional resilience in children. Parenting programmes provide parents with the knowledge, guidance and support to give their children the possible start in life.
- 48 Positive experiences in a child's life provide a good foundation for brain development and a broad range of skills and learning capacity. One of the most important experiences is for a child to have interaction with parents/carers to develop attachment, good communication skills and empathetic behaviour. These experiences in infancy encourage babies and children to flourish and reduce problems in later life².
- 49 Clark et al (2005)^{8&9} suggest "many things affect mental health, and better mental health has potential benefits. A concern for mental health and wellbeing should therefore be everyone's business. A key role for local government should be to foster this wider perspective and encourage the mainstream of wellbeing in as wide a range of settings and organisations as possible." Evidence provided to the working group on *how services are commissioned* suggests this is what is being done in County Durham. If U Care Share is a suicide prevention workshop aimed at year 10 students and is delivered in some schools. Evaluation feedback shows it is having a positive impact in raising awareness amongst young people.
- 50 Early intervention and prevention of mental health issues is provided by universal mainstream services however it is important that training is available for staff of mainstream services such as youth workers for them to recognise mental health issues in children and young people.
- 51 Schools have a major role in the promotion and enhancement of children and young people's mental health. Good schools recognise the link between mental health and wellbeing and good education and wider outcomes and have effective systems in place for monitoring and

responding to children and young people's issues, such as addressing bullying. Young Minds suggests that we as society need to look at the life skills we are providing children, both at home and school. Academic achievement is vital for a striving nation but so is preparing children to cope with life¹⁰. The Healthy Child Programme places great emphasis on health promotion, prevention and early intervention.

- 52 Many of Durham County Council's Area Action Partnerships have children and young people and health and wellbeing as priorities. Some have used area budget funding to provide Counsellors in local schools. More information on early intervention initiatives supported by AAPs can be found at appendix C.
- 53 Acting at an early stage can often prevent problems from occurring or escalating out of control. It makes economic sense too by investing at an early stage will reduce the need for more expensive complex interventions at a later stage. The health and wellbeing of children and young people is crucial for the prosperity and future of the country.
- 54 The Audit Commission suggest "If services had intervened early for just one in ten of the young people sentenced to prison each year, public services could save over £100 million annually."¹¹

Summary of Key Issues

- Early intervention and prevention makes sound economic sense, by intervening early the likelihood of problems becoming more complex is reduced therefore reducing the need for more costly interventions.
- Training should be made available to those who work in mainstream services who may be required to provide support to children and young people with mental health issues and make decisions to make a referral.
- Schools have a major role in raising awareness amongst children and young people in relation to health and wellbeing. Good schools recognise the link between mental wellbeing, good education and wider outcomes and have effective systems in place for monitoring and responding to children and young people's issues.¹³

Commissioning of Services

- 55 The government make it clear in the mental health strategy¹ that high quality services depend on high quality commissioning. This can be challenging as mental health provision spans a wide range of agencies.
- 56 Effective commissioning is based on the assessed needs of children, young people and their families being taken into consideration. The involvement of providers in the commissioning process is helpful in assessing needs and workforce planning it also ensures that responsive and flexible services can be delivered. The Mental Health Foundation tell us that 20% of children and young people have a mental health problem in any given year and about 10% at any one time.

- 57 Local drivers for the commissioning of mental health provision for children and young people in County Durham are the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. Commissioning of children and young people's mental health services is carried out holistically using a *Think Family* approach of working in partnership to support for the whole family and early intervention.
- 58 Services are commissioned by NHS County Durham and Darlington, Durham County Council and Darlington Borough Council and are performance managed to ensure they are fit for purpose and providing value for money. Funding for the commissioning of Children and Young People's mental health services in County Durham and Darlington is a three way funded process, with funding coming from NHS, Durham County Council and Darlington Borough Council. Current funding into children and young people's mental health services is £3.8 million. Currently there is no intention of reducing funding however reductions in the amount of early intervention grant funding from central government may impact on local authority contributions. The government will announce local authority settlements in December 2012, it is expected that early intervention grant funding will be reduced. The early intervention grant is not ring fenced for specific services and is used to fund many different services including commissioning of children and young people's mental health services.
- 59 Services are commissioned on four levels:
- At level one services are delivered universally through mainstream settings to ensure that those who are apprehensive of coming forward receive information that will assist them to seek the help they need. This enables those who may be anxious about coming forward to seek help to receive information in a less obtrusive manner. It is important to engage with children and young people when commissioning services for them and commissioners have worked closely with Investing in Children (IiC) in raising awareness of children and young people's mental health by producing a Facebook page – "Sortstuffout" and emotional wellbeing road-shows. Investing in Children attend regular meetings between commissioners and providers to provide a user perspective.
 - Support for children and young people with mental health issues is essential in schools, to assist in providing this support two books have been published by commissioners, one aimed at pre school children called "The Boy who Lost his Smile" and another aimed at children aged 9-12 years called "What's up". These books are a useful tool to help children understand their feelings. Schools use lots of different approaches in supporting children and young people with mental health issues including 'If U Care Share' workshop which is provided in schools. The people who ran the workshop had set up as a charity. The feedback response from young people was very positive with 93% of young people

stating the presentation was 'good' or 'excellent'. All schools were invited to take up the offer of the workshop but not all schools took advantage of this offer, it has now been extended into a second year for schools who didn't take up on the original offer.

- Level two services referred children and young people with mental health problems to various services funded by the Department of Health. Emotional Wellbeing (EWB) workers work in schools with vulnerable children and young people and their families, this is as a continuation of Targeted Mental Health in Schools (TaMHS). They travel from school to school working for a period of one term before moving on to another school where they are needed. Evidence indicates that maternal mental health affects children to reduce this occurrence parent and pre parenting courses are commissioned.
- Level three services are more targeted or specialised support such as specialist CAMHS. A community eating disorder service has recently been commissioned which is having good results. This service reduces the need for the number of in-patient beds. Short breaks and respite services are available at Holly Centre, Darlington.
- Level four services are commissioned regionally through tertiary centres at Middlesbrough or Newcastle. There is not sufficient need for an in-patient facility to be located in County Durham. Families of children and young people who are admitted to these in-patient centres receive support where appropriate to enable them to visit and attend appointments/meetings. County Durham operates a community based eating disorder service. Evidence suggests that community based services are better for children and young people because they are familiar with their surroundings and are not separated from family and friends.

60 In a presentation to the working group, commissioners highlighted key commissioning priorities for children and young people with mental health issues:

- Autistic Spectrum Disorder - a pilot programme which assessed and diagnosed the condition within a fourteen-week period is in place which is exceeding the latest NICE guidance and being monitored. This assessment and diagnosis process had previously taken between 18 and 24 months.
- Performance Management - overall referrals were increasing which could indicate that level 1 and 2 services were successful in identifying problems as the training and development of these staff groups had significantly improved.
- Attention Difficulties Hyperactivity Disorder
- Mental Health & Looked After Children
- Links to Substance Misuse
- Early Intervention & Prevention programmes of work
- Eating Disorders
- Improved Access to Psychological Therapies (IAPT)

- Quality provision

- 61 Commissioners regularly review services to ensure they are fit for purpose, the following reviews have been carried out since 2009:
- CAMHS Transition Service 16-17 – young people were involved in this review and as a result of the review this service was decommissioned and a 0-18 service was commissioned. The review makes reference to the ‘Mind the Gap’ report which had instigated the establishment of the transitions service 16-17.
 - Psychology Service
 - Autistic Spectrum Disorder
 - Attention Difficulties Hyperactivity Disorder
 - Community Eating Disorder*
 - Looked After Services*
 - Therapies*

**Reviews are current at the time of writing the report.*

- 62 From April 2013 children’s commissioning responsibilities will transfer to the National Commissioning Board, Clinical Commissioning Groups or Local Authority. Services that will be the responsibility of the National Commissioning Board are:

- Antenatal and New-born screening*
- 0-5 health visiting (Healthy Child programme)*
- 5-19 School Nursing (Healthy Child Programme)*
- Family Nurse Partnership*
- Healthcare in secure settings

* indicates services that will be transferred to the local authority 2015.

- 63 In County Durham there will be two Clinical Commissioning Groups that will cover the area Durham Dales, Easington and Sedgefield and North Durham. Children’s NHS commissioning responsibilities that will be transferring to Clinical Commissioning groups are:
- Mental Health and Learning Disabilities (Tiers 1-3) including psychological therapies (IAPT)
 - All children’s physical healthcare (including therapies; wheelchairs; complex cases; short breaks)
 - Maternity and new born services excluding neonatal intensive care services.

- 64 It is important that there is communication with current commissioners, CCGs and providers to ensure there is no loss of local or historical intelligence. Clinical Commissioning Groups will be supported by NHS Clinical Commissioners, Commissioning Support Services and local commissioning support units. CCGs will work with Durham County Council on areas of joint interest to improve the overall health of the population of County Durham and will be represented on the Health and Wellbeing Board.

Summary of Key Issues

- Commissioning of services is carried out holistically using a Think Family approach of partnership working to support the whole family and by intervening at an early stage to prevent problems escalating.
- There is currently no intention of reducing funding for commissioning of children and young people's mental health services, however reductions to the Early Intervention Grant funding from central government may impact on local authority contributions.
- Post April 2013 commissioning of children and young people's mental health services will pass to clinical commissioning groups it is important that the commissioning intentions and programmes are continued to address mental health in children and young people. Services should be monitored and evaluated to measure impact.

Support for Looked After Children

65 Local authorities are responsible for looking after children and young people who for whatever reason cannot be cared for by their own families. Corporate Parenting is everyone's business, it is more than carrying out a statutory duty it is ensuring that some of the most vulnerable members of society are cared for in the way that we would care for our own children. Members of the Council should be aware of their corporate parenting responsibilities namely to ensure that looked after children are healthy; achieving, and are being cared for in a safe and secure environment.

66 Looked After Children have significantly increased risks of:

- Adult Mental Health problems
- Poorer outcomes for educational achievement/attainment
- Complex adult relationships and parenting difficulties

Therefore it is essential that they have good access to services which will provide them with better outcomes.

67 CAMHS works very closely with the Children's workforce. Looked after children have access to all CAMHS services however there are cases when a therapeutic service is needed this is provided through Full Circle.

68 Full Circle was launched in November 2009. It is an integrated, children's mental health service, working with looked after children, children in need and adopted children, post trauma through neglect and abuse and is grounded in evidence based practice. Full Circle is a county wide provision, although in order to promote a sense of stability and safety for Durham's looked after children, those placed in neighbouring authorities, such as Northumberland, North Yorkshire and Cumbria, continue to receive a service.



69 The aim of Full Circle is to increase the life chances of vulnerable children and young people. Their work is guided by the MALAP (Multi Agency Looked After Partnership) priorities:

- maximise potential
- health and transition to adulthood
- promoting placement stability
- corporate parenting.

It is a priority of the team that all children and young people have access to appropriate health services and that care leavers receive a seamless access and transition to adult services, which is achieved through holistic assessment of a child's mental health.

70 There is a clear commitment amongst the Full Circle team who work closely with schools to help develop an understanding of a child's emotional needs and the impact upon school life. The team have provided training sessions to designated teachers and school teams to improve recognition and understanding of this vulnerable group of children and their complex needs. The team use a wide range of therapeutic approaches in a variety of ways to help children, this could be individual work, working with parents and carers, and working together to enhance relationships. The team are trained in Developmental Attachment Therapy (DAT), this is a specialism the team hope to develop further. Attachment is the deep connection between child and caregiver that can affect a child's development, ability to express emotion and develop relationships. Attachment therapy is used to help many children who are fostered or adopted, or to assist them in being prepared for adoption or permanence.



71 The team has close working partnerships with colleagues in health including looked after nurses, consultant clinical psychologist and looked after children's paediatrician and with CAMHS.

72 At the time of the review there were 670 looked after children in County Durham, though this figure has since reduced to 638. The Children and Young People's Overview and Scrutiny Committee will continue to receive performance information relating to the numbers of looked after children by the County Council. During a 12 month period to 31 March 2012, there have been 211 referrals and 353 open cases to the Full Circle team. In addition 352 one off consultations were undertaken.

73 A visit was arranged to Full Circle but due to the sensitive nature of Full Circle's work only three members attended the visit. A précis of the visit can be found at appendix D.

Summary of Key Issues

- Looked after children are more likely to have mental health issues than any other group of children. Good partnership working is evident between safeguarding and CAMHS. This was noted in

the Ofsted inspection report for safeguarding and looked after services which took place in November/December 2011. Full Circle provides an excellent service for looked after children enabling them to work through their problems and find stability with parents, foster-carers or new adoptive parents.

- All members of the Council should receive induction training on corporate parenting and be aware of their corporate parenting responsibilities.
- Children and Young People's overview and scrutiny committee continue to receive performance information relating to the number of looked after children by the County Council.

Child and Adolescent Mental Health in County Durham

- 74 The child and adolescent mental health service (CAMHS) in County Durham is provided through Tees Esk and Wear Valley NHS Foundation Trust. CAMHS specialise in providing help and treatment to children and young people who experience emotional, behavioural and mental health problems up to 18 years of age.
- 75 The service offers a four tier approach to service delivery.
- Tier 4 – A specialist in-patient unit in West Lane Hospital, Middlesbrough
 - Tier 3 – A specialist out patient service
 - Tier 2 – A targeted out patient service
 - Tier 1 – A universal service
- 76 Tier 4 In-Patient Unit: The in-patient unit is located in West Lane Hospital Middlesbrough in three centres.
- The Newbury Centre is an acute inpatient service with 14 beds in single rooms, offering care to boys and girls of ages 12-18 years. Facilities at this centre include a gym and sports hall, pool room, phone and computer room, a large lounge and a conservatory with a Wii, musical instruments and a juke box in addition there are also education room, kitchen, laundry, dining room, bathrooms, nurses office and garden.
 - The Evergreen Centre is a regional eating disorder unit with 12 beds providing care to children and young people up to the age of 18 years. The Evergreen Centre offers care to those that no longer need to stay in hospital. Young people leaving the evergreen centre will have a stable eating plan and will be well enough to manage the rest of their recovery at home. The centre offers single on suite accommodation in a spacious modern environment.
 - The Westwood Centre is a regional forensic unit with 12 beds caring for boys and girls between the ages of 12 -18 years. The centre has been operational since 2004 and provides an inclusive secure care service tailored to young persons needs. The centre offers a range of facilities including communal areas, gym and sports hall.

77 Service Delivery in County Durham

As well as the tier 4 provision of in patient care at West Lane site. CAMHS offers an out patient service through four specialist teams at a tier 3 level to children and young people in County Durham through locality teams based at:

- North Durham including Consett, Chester-le-Street and Durham City areas;
- South Durham has a base at Acley Centre in Newton Aycliffe;
- Easington area has a base at Winchester House, Peterlee;
- Darlington area a base at Darlington Memorial Hospital – The Mulberry.
- CAMHS also provides a community eating disorder service as an out patient service.



78 There is one targeted CAMHS early intervention and prevention team. This team has connections with mainstream services (education and health) and continues to strengthen these links.

79 CAMHS provides an Early Intervention in Psychosis (EIP) service for young people aged 14-35. The service aims to see people as soon as possible to give them and their families the help they need. The aim of early intervention is to minimise the disruption psychosis has on the young person and their family.

80 The service has two Community Child Learning Disability Teams; one operates in the north of the county and the other in the south. These teams offer an early intervention service to support children and young people with a learning disability who also experience mental health needs.

81 The service offers a respite facility at The Holly Unit, West Park, Darlington. Following a public consultation respite facilities were moved from Heathways at Seaham to The Holly Unit, West Park. Overview and Scrutiny took part in the consultation and agreed to support the move to relocate and re-provide short break provision.

82 Investing in Children have worked closely with CAMHS to improve the experience when attending appointments. Their recommendations have improved waiting areas, made buildings more welcoming, encouraged service users to become more engaged with services.

83 A visit was arranged to the Acley Centre at Newton Aycliffe due to the sensitivities and nature of the environment only three members could take part in the visit. A précis of the visit can be found at appendix D.

Referrals to CAMHS

84 Urgent or emergency referrals contact is made with the service and service user within 24 hours. In cases of Deliberate Self Harm (DSH) where the patient was under 16 years and admitted to hospital, the

patient would usually be seen that day. Referral to CAMH services can be made for any child up to their 18th birthday, including children with a learning disability and identified mental health problem. Children and young people should only be referred to targeted and specialist mental health services after assessment and input from universal services staff e.g. health visitors, child health/education/specialist. It is important that the right interventions are made at the right time.

- 85 All CAMHS teams operate an open consultation or referral system that is for anyone who is concerned about a child's or young person's emotional/mental health can access the services. This includes self referrals from the child or young person or their parent/carer. The percentage breakdown of where referrals come from is currently:
- 50% of referrals come from GPs
 - 40% of referrals come from the wider children's workforce
 - 10% of referrals come directly from the person themselves or families of children and young people with mental health concerns.
- 86 In order to promote better communications and access to services and referral, the service is establishing a single point of contact. The service is also promoting consultation and self referral. Concerns were expressed by young people via Investing in Children in relation to using a 03000 telephone number as it is expensive to call 03000 numbers from mobile phones.

Referrals to Specialist CAMHS

- 87 Direct referrals can be made to specialist CAMHS who see a wide range of significant and complex mental health problems/disorders. A priority system is used, based on the presentation and risk issues provided by the referrer.

Multi Agency Working

- 88 Tees, Esk and Wear Valley CAMHS values very highly inter-agency collaboration, and works with any agency or service that may be involved with children and young people in their care. Consent is always sort and when safeguarding is involved CAMHS staff liaise with the services as appropriate. Staff from CAMHS work routinely with:
- One Point,
 - Safeguarding service,
 - education,
 - youth workers,
 - GPs,
 - Young carers,
 - domestic violence services,
 - 4Real and
 - Yes.

This is a non exhaustive list and CAMHS work with other services as and when required such as health, social care, the police, probation and other non statutory services to ensure the health and well-being of individuals are fully assessed and addressed in the most appropriate setting.

- 89 Specialist and targeted teams work 'hand in hand' with children's workforce who are appropriate for the needs of the child, young person or family/carers at any given time.
- 90 Targeted CAMHS teams are aligned to the One Point Service and provide consultation and support to multi agency meetings to discuss families with complex needs.
- 91 The service is currently focusing on working with the voluntary sector in relation to the provision of care and establishing clear pathways for consultation and referral in CAMH services.
- 92 Evidence suggests there is good partnership working between CAMHS and other agencies such as the wider children's workforce. This is demonstrated by the close working with looked after children and was noted in the recent Ofsted inspection report of Durham County Council Safeguarding and Looked After Services.

Factors impacting on CAMHS

- 93 Budget restrictions impact on services delivered by CAMHS including a reduction in behaviour services for children and young people. Other factors that impact on services are:
- Capacity of the CAMH service
 - Unclear pathways
 - Scattered referrals
 - An increase in complex presentations which span agencies.
- 94 Improvements have been made in waiting times. During the period 2010-2011 waiting times could be in excess of six weeks for some people but the majority were seen within six weeks. During the period 2011 – 2012 waiting times had significantly reduced to a maximum of four weeks, but patients are usually seen within two weeks.

Improving Access to Psychological Therapies (IAPT)

- 95 The Children and Young People's (CYP) IAPT project is a transformational service project for child and adolescent mental health services working in targeted and specialist settings including both statutory and third sector organisations. This is not the same as the Adult Mental Health Services (AMHS) IAPT which offers a range of therapies.
- 96 In July 2012, the Health Minister Paul Burstow announced that the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme will extend to a further two new Learning Collaboratives and announced further sites to join the existing three Learning Collaboratives.
- 97 The Children and Young People's IAPT project will extend the geographical reach achieved in year one by offering the service transformation, parenting for 3 - 10 year olds and CBT training and support package through two new CYP IAPT Learning Collaboratives. The new sites are:

- North East, Yorkshire and Humber. The University providing the training is Northumbria University working with CAMHS partnerships in Tees, County Durham, North Yorkshire, Darlington, Rotherham, Doncaster and North Lincolnshire.
 - South West. The University providing the training is Exeter, working with CAMHS partnerships in Devon, Plymouth and Torbay.
- 98 The focus of CYP IAPT is:
- involving children, young people and their parents through participation.
 - embedding evidence based practice across services through involvement.
 - improving local strategies to improve access.
 - making sure that the whole service not just therapists use session by session monitoring.
 - supporting dynamic service leadership.
 - making use of new technology.
- 99 Children and Adolescent Mental Health Services (CAMHS) are already established and routinely offer psychological services. The IAPT programme was initially established to provide primary care psychological support for people of working age having depression or anxiety.
- 100 Investing in children is currently working on a proposal which will involve supporting children and young people to be involved in:
- recruitment and selection of staff
 - working with Northumbria University to support young people to be involved in working alongside the trainees and CAMHS managers on a monthly basis
 - making sure the new outcome measurements which need to be completed at the end of every session with the young person will work
 - supporting a conference in October 2013 to highlight the changes to the service.

What young people say about CAMHS

- 101 CAMHS works very closely with Investing in Children who have carried out agenda days with children and young people to find out what they think of the services provided. CAMHS have listened to comments and acted upon them making changes to waiting areas and reducing referral waiting times.

Summary of Key Issues

- CAMHS have demonstrated improvements in their service since the 2004 'Mind the Gap' review. They have improved on waiting times, communication and multi agency working.
- CAMHS have worked closely with Investing in Children on various projects to improve the experience of service users. They are currently working with IiC on CAMHS IAPT and the single contact telephone number.

Transitional Arrangements

- 102 Youth Mental Health: The Evidence and Consensus for Change¹⁴ highlights that seventy five per cent of mental health problems emerge before the age of twenty five and that there are major problems in the transition of young people from CAMHS to AMHS services at the age of 18 years. The report concludes that 'There appears to be considerable debate within the region about what is the best way to improve mental health services for young people. However, there are a variety of options which could improve the mental health of young people. Some people support a gradual improvement based on improving transitions. Other people appear to be advocating more radical change, with the development of youth services. It is likely that the development in this area will be an ongoing stepwise process that may take many years.
- 103 Social Care Institute for Excellence (SCIE)¹⁵ has produced guidance on transitional arrangements for young people. The guidance is to promote best practice within the Mental Health Service, the SCIE are currently working on producing a toolkit to aid practitioners further with transitional processes. The guidance tells us how to support effective transitions with several key areas:
- Start preparations 6 months in advance
 - Involvement of family/carers
 - Timely and accurate information and be sensitive to feelings
 - Young person is central to plans; clear explanations given on what to expect and what support will be available
 - Use care planning models that involve and empower the young person
 - Think about which professions need to be involved and establish links with them
 - Develop flexible ways of working to ensure transition is successful.
- 104 Transitional provision within Tees, Esk and Wear Valley CAMHS has focused strongly on transitional arrangements over the last two years and it is currently a commissioning for quality and innovation framework (CQUIN) target. CQUIN framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. CAMHS focus on all transitions in a child/young person's life that impacts upon their mental health including transition to post 18 services. Strict guidelines are followed in relation to transitions to post 18 services, a transitional plan or post 18 discharge plan is produced for all young people. The plans are started at least six months prior to transfer or discharge with engagement and co-operation of the young person which is in line with best practice¹⁴. Current services CAMHS plan transition with are:
- Third sector organisations
 - Adult mental health services
 - Talking changes (adult improving access to psychological therapies [IAPT])

- There is further planning/liaison with young people who are looked after by the local authority.

- 105 For effective transitions, each care plan is individual to the service user. The standard care plan commences when the young person reaches 17 and a half years old, this is to ensure timely handover or preparation for discharge from services.
An example of this given by CAMHS is:
'A 17 year old girl with a diagnosis of severe depression and who is currently being prescribed anti-depressant medication. At 17.5 years with her agreement we would hold a transitional planning meeting with our Adult Mental Health colleagues to introduce a new clinician and discuss and agree ways that the young person's care will be delivered within the adult service. At discharge from CAMHS the young person will have a clear transition and intervention plan. In all cases the GP (and other involved agencies) will be kept informed in order to provide further backup and support if required.'
- 106 Placement of under 18 on adult mental health wards is a very rare occurrence and is only done when there is no other viable alternative. Placing a young person on an adult ward is typically a temporary measure until an adolescent bed becomes available and this is only done when CAMHS trained and experienced staff are provided to the adult ward. These arrangements are scrutinised at the highest level within TEWW and by the Care Quality Commission. However, once a young person reaches the age of 18 they will be admitted to an adult ward.
- 107 Information given at paragraph 79 relates to early intervention in psychosis (EIP) access to this service is trust wide via specialist CAMHS. The poor outcomes of young people experiencing a first episode of psychosis led to the government investing heavily in EIP services throughout the lifetime of the Mental Health NSF. EIP services are multi disciplinary teams with protected caseloads, allowing the use of assertive engagement and intensive casework.¹²

Adult Mental Health Services (AMHS)

- 108 AMHS has a wide range of community based assessment and treatment services including:
- primary care
 - liaison
 - crisis intervention
 - assertive outreach
 - community affective disorders
 - eating disorders
 - community mental health & deafness services*
 - adult attention deficit hyperactivity disorder (ADHD)*
- * across Teesside, County Durham and Darlington

The Talking Changes

- 109 The Talking Changes (adult IAPT) is a new self-help and talking therapies service designed to deal with common mental health

problems such as stress, anxiety or depression as well as panic, phobias, obsessive compulsive disorder (OCD) and post traumatic stress disorder. This is a free confidential service that is open to people aged over 16, live in County Durham or Darlington whose mental health is causing concern and is affecting employment, health or home life.

- 110 Additional support is also given in other transitional areas include:
- Adult learning disabilities team
 - National Autism Society
 - ME North East
 - Young Carers – Horizon young adult carers
 - Substance misuse services
 - Mind
 - There is also additional planning for young people who are looked after by the local authority.
- 111 There are some young people who will need further support as services provided AMHS do not coincide with CAMH services. An example would be a young person who has low anxiety problems, this is not an issue that is addressed by adult mental health services therefore the young person would need to have the ‘tools’ to address this should the need arise or be signposted as to where to get help, e.g. their GP.
- 112 In October 2011 North East Mental Health Development Unit held an event looking at No Health without Mental Health – making it happen in the North East¹⁶. The workshop event suggested that good transitions should be lead through joint commissioning with involvement of service users, family/carers, third sector organisations and service professionals to review and monitor transition protocol.
- 113 The Social Care Institute for Excellence (SCIE), National Mental Health Development Unit (NMH DU) and National CAMHS Support Service (NCSS) are working together on a project sponsored by the Department of Health to produce guidance and tools to improve transitions for young people with psychological, emotional and behavioural problems to make the transition from CAMHS to adult services - including but not exclusively to Adult Mental Health Services. CAMHS is interpreted broadly to include services which are not specifically mental health services, but which give mental health support to children and young people.

Young People's Views on Transitions

- 114 Investing in Children provided information on transitions; young people were concerned about the issues listed below:
- Young people are aware of good mental health.
 - When young people were asked if they felt stigmatised they replied that young people always stigmatise others who are different. The young people thought that professionals should look at the young person's whole life.

- Young people said they were aware of 'sortstuffout' Face Book page but had problems accessing via mobile phones. A small number of the young people who provided information said they were aware of Emotional Wellbeing Workers going into schools/colleges but were unaware of how to access them. Other than speaking to teachers/lecturers they were not aware how to access information in schools/colleges.
- Young people suggested that there should be greater publicity of One Point Services in schools/colleges and youth clubs. They were unaware that they could access mental health services through their GP surgeries.
- The few young people that had accessed CAMHS said they had had a positive experience and spoke highly of the support they had received. However, they did ask that workers use language that is easier to understand.
- Young people who had gone through the transitional process explained that they had felt apprehensive and worried by the transition to AMHS.

115 Young Minds 'Very Important Kids' project consulted with young people in the North East about their CAMHS transition experiences. It should be noted that none of the consultees were from County Durham. The project acknowledges that transition planning on the whole follows best practice. The issues raised by young people relating to transitions were about breaking the relationship they had built with CAMHS staff. Young people said they felt much more supported within a CAMHS setting. The consensus amongst the majority of young people was that moving from child to adult services had resulted in a negative impact on their mental health. This impact varied from mild irritation to a strong belief that the transition had adversely affected their mental health. Following this project Young Minds have formed a group of young people (service users) from the North East region to form a regional Youth Board on Mental Health.

Summary of Key Issues

- There has been improvement in the transitional arrangements for young people moving from CAMHS to AMHS. CAMHS follows best practice guidance for transitions.
- For some young people there is no corresponding AMHS service and there is a danger they may fall through the net. CAMHS works with these young people to ensure they are able to cope independently of professional support.
- Young people have commented that transitions impacted negatively on their mental health as they had to break their relationship CAMHS staff.

Conclusions

- 116 Early intervention and prevention measures are crucial to reducing the numbers of children and young people suffering from mental health issues. Introducing early intervention and prevention measures into mainstream universal settings reduces the stigma as it is targeting individuals. Economically, early intervention and prevention will lead to reductions in costly interventions at later complex stages. Parenting programmes give parents the knowledge of how to interact with their infant which lay foundations for better parent/child interaction. Schools and colleges are well placed to promote good mental health and emotional wellbeing to their students through PSHE lessons.
- 117 Evidence suggests that referrals at CAMHS levels 1 and 2 (which are universal) are increasing which indicates that these services are successful in identifying children and young people with mental health issues and therefore reducing the need for interventions at a later stage. Services are commissioned holistically taking a think family approach and are regularly reviewed and performance managed to ensure they are fit for purpose. Recent commissioning of a Community Eating Disorder Service has reduced the need for in-patient beds. Evidence indicates that community based services provide better outcomes for children and young people with mental health issues as patients do not have to be admitted and taken away from family, friends and familiar surroundings.
- 118 Evidence tells us there is good partnership working between commissioners and providers of services and both commissioners and providers actively engage and involve young people in their services through Investing in Children.
- 119 From April 2013 health commissioning responsibilities for children and young people's mental health will lie with Clinical Commissioning Groups. It is important that there is engagement between current commissioners, CCGs and providers to ensure that local intelligence and historical knowledge regarding services are not lost and current commissioning intentions are continued. Services should be monitored and evaluated to measure their impact on children and young people with mental health issues.
- 120 In a recent outstanding Ofsted inspection of Durham County Council's Safeguarding and Looked After Services it was reported "Children, young people and their families have good access to CAMHS across County Durham. Although there is variability in the way that referrals are assessed, performance is good with no delays in accessing services and there are effective arrangements for transition into adult mental health services." The inspection report went on to acknowledge the work of 'Full Circle'. *"Looked after children and young people have good support for their emotional health and well being in schools and through access to services such as 'Full Circle'."* At the time of writing this report Durham County Council had 670 Looked After Children these children and young people are vulnerable and

more likely to suffer from mental health issues. For Looked After Children Durham County Council is their Corporate Parent and it is essential that all members of the Council are familiar with their corporate parenting responsibilities namely ensuring that looked after children are healthy, achieving, and are being cared for in a safe and secure environment. Therefore it is essential all Members of the Council receive induction training to Corporate Parenting following the County Council elections in May 2013.

- 121 Specialist and targeted CAMHS work with the Children's workforce that is appropriate to the needs of the child, young person or their families or carers at a given time. Targeted CAMHS teams are aligned to One Point Services and provide consultation and support to multi agency meetings to discuss families with complex needs.
- 122 Evidence indicates there have been major improvements in transitional arrangements for young people since the 'Mind the Gap' review was undertaken in 2004. Waiting times for referral appointments to CAMHS have reduced to a limit of four weeks but most are seen within two weeks. Young people are involved in having a say in the decoration of buildings. They are also engaged in their transitional arrangements with plans being developed six months prior to transfer. It is extremely rare for a young person to be admitted to an adult ward and any arrangements to do this are scrutinised at the highest level by TEWW and by Care Quality Commission.
- 123 CAMHS focus on all transitions in a child/young person's life which impacts on their mental health including transitions to post 18 services. CAMHS follow strict guidelines for transitional arrangements for young people at age 18. Work begins on transitional plans or post 18 discharge plans six months prior to transfer or discharge as identifies by Social Care Institute for Excellence as best practice.¹²
- 124 However, CAMHS and AMHS services do not always correspond and there still remains for a few young people no coinciding adult service for them to be transferred to. For this small group of young people work is carried out in their final months to signpost them to support groups and third sector organisations and to build their resilience to cope independently of professional support. The experience of a poor transition can contribute to poor outcomes in a young person's life impacting on their chances of achieving employment, accessing education and maintaining independence.¹⁵

Recommendations

125 The report recommends that:

- Cabinet note the importance of mainstream services (in this instance Youth Worker provision) in being aware of mental health issues in children and young people; that every opportunity is afforded to youth workers (ideally in the necessary appraisal process) to better understand the issues.
- Cabinet request the Shadow Health and Wellbeing Board to encourage Clinical Commissioning Groups in County Durham to:
 - a) Continue to work in partnership with providers, children, young people and their families to ensure the best possible outcomes for service users.
 - b) Continue the current commissioning intentions that have enabled children and young people to access mental health services via early interventions of universal services. By accessing services at this early stage, actions are taken that will prevent services being required at a later stage when more specialist interventions may be required.
 - c) Continue to evaluate and monitor services that are commissioned by them to measure their impact.
- Cabinet request the Shadow Health and Wellbeing Board encourage Clinical Commissioning Groups to continue to work in partnership with providers and service users as indicated in best practice and to take a Think Family approach to commissioning services.
- Cabinet request that Durham County Council as corporate parents continue to recognise the importance of their role and in doing so ensure that all members of the Council attend all necessary training courses including induction training for all members of the Council following the County Council elections in May 2013.
- Cabinet request the Shadow Health and Wellbeing Board and Tees, Esk and Wear Valley CAMHS and AMHS continue to follow best practice to ensure that the young people of County Durham receive effective transitions into AMHS through essential planning and delivery of services and stakeholder engagement.

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Glossary

AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Groups
CFS	Chronic Fatigue Syndrome
CQUIN	Commissioning for quality and innovation
CYP	Children and Young People
DAT	Development Attachment Therapy
DBC	Darlington Borough Council
DCC	Durham County Council
DSH	Deliberate Self Harm
EIP	Early Intervention in Psychosis
EWB	Emotional Wellbeing
FNP	Family Nurse Partnership
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
lic	Investing in Children
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
MALAP	Multi Agency Looked After Partnership
ME	Myalgic Encephalopathy
NCSS	National CAMHS Support Service
NMHDU	National Mental Health Development Unit
NHS	National Health Service
OCD	Obsessive Compulsive Disorder
PSHE	Personal, Social and Health Education
SCIE	Social Care Institute for Excellence
SHWB	Shadow Health and Wellbeing Board
TaMHS	Targeted Mental Health in Schools
TEWV	Tees, Esk and Wear Valley

List of Appendices



Appendix A – National Policy

Appendix B – Local Policy

Appendix C – Work carried out by Area Action Partnerships

Appendix D – Report of Site Visits

National Policy

This section sets out legislation and policies that are key to shaping mental health services to children and young people. The policy framework is broad as it covers all children services and some adult services.

- Legislation

Children Act 2004 – Sets out the responsibilities of local authorities and their partners to co-operate to promote the health and well-being of children and young people. The act specifically refers to mental health and emotional wellbeing. The act also makes provision for the establishment of Local Safeguarding Children Boards.

Mental Health Act 1983 as amended by Mental Health Act 2007 – This Act provides for the care and treatment of those with a mental health disorder including children and young people. It gives details of the circumstances in which a person may be compulsorily admitted and treated in hospital. A mental health disorder is defined as ‘any disorder or disability of the mind.’ The 2007 Act amends the 1983 Act in so much that hospital managers are expected to ensure that young patients (those under 18 years old) are accommodated in a suitable environment for their age. The purpose is to prevent inappropriate admission of children and young people to adult psychiatric wards. This duty commenced April 2010 and includes changes to the law on consent for 16 and 17 year olds. This Act is supported by a code of practice.

Mental Capacity Act 2005 – Provides the legal framework for acting and making decisions about admission or treatment on behalf of adults (including 16 and 17 year olds) who lack the capacity to make particular decisions for them. It is supported by a Code of Practice.

Care and Treatment of Young People with a Mental Health Disorder: A guide for professionals (2009) – This document provides a clear guide for the interaction between the Mental Health Act, the Mental Capacity Act and other relevant children’s legislation. It provides operational guidance and best practice information to assist practitioners to identify the appropriate legislative framework to use when assessing or treating a child or young person who may require inpatient treatment for mental health problems.

Health and Social Care Act (2012) – The Act contains provisions covering five themes: strengthening commissioning of NHS services; increasing democratic accountability and public voice; liberating provision of NHS services; strengthening public health services; and reforming the arm’s-length bodies associated with health and care. In relation to children’s mental health, a key provision is the establishment of a health and wellbeing board in every upper tier local authority. The core membership will include at least one local elected representative, alongside GP consortia, the director of adult social services, the director of children’s services, the director of public health and the local Health Watch organisation. The local boards will have a statutory responsibility to develop a joint health and wellbeing strategy to which

both local authority and NHS commissioners will be required to have regard.

- Statutory Guidance

Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (2009) -- Guidance for local authorities and their partners on the delivery of services to promote the health of looked after children and young people, including their mental health and emotional wellbeing. In relation to CAMHS, it requires that:

- a child is never refused a service on the grounds of their placement being short-term or unplanned
- there are referral pathways that are understood and used by all agencies that come into contact with the child
- CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. This could include a dedicated team or seconding a CAMHS professional into a looked after children multi-agency team.

Working Together to Safeguard Children (2010) -- This guidance recognises the importance of both health promotion and treatment services. It states that the general need to promote emotional wellbeing among children and young people is an essential component of safeguarding (para 2.98). Other key points include:

- CAMHS professionals may have a role in the initial assessment process for a child in need; and they may need to provide assessment and treatment services for those who offend and for those with learning difficulties and disabilities (para 2.100).
- CAMHS also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families, for example through the provision of reports for court and direct work with children and families (para 2.101).
- Consultation and training may be offered to services in the community, including, for example, social care, schools, primary healthcare professionals and nurseries (para 2.101).

Securing Sufficient Accommodation for Looked After Children (2010) -- This guidance sets out a commissioning standard to help local authorities meet the needs of looked after children in their area.

Its aim is to ensure that accommodation for looked after children meets their full range of needs, including mental health needs. The guidance stresses:

- the need to take earlier, preventive action to support children and families so that fewer children become looked after, so the guidance also applies to the broader group of children in need who are at risk of care or custody
- that best practice involves the full range of universal, targeted and specialist services working together to meet children's needs in an integrated way in the local area, including children who are already looked after, as well as those at risk of care or custody.

- Policy Framework

Equity and Excellence: Liberating the NHS (2010)

Achieving Equity and Excellence for Children: How liberating the NHS

will help us meet the needs of children and young people (2010)

Liberating the NHS: Legislative framework and next steps (2010)

The White Paper sets out proposals for putting local consortia of GP practices in charge of commissioning services to best meet the needs of local people, supported by an independent NHS Commissioning Board.

The subsequent documents set out a vision of how the proposed new arrangements are intended to improve services for children and young people and provide further information about local health and wellbeing boards and other measures included in the *Health and Social Care Bill*, published in January 2011.

Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)

– This document sets out the Government's long term vision for the future of public health in England, with new opportunities and incentives to forge local partnerships to deliver better health outcomes. Structural changes include the establishment of Directors of Public Health and health and wellbeing boards in each local authority area. Other important developments include the requirement for boards to carry out Joint Strategic Needs Assessments (JSNA) and produce Joint Health and wellbeing Strategy (JHWS). The white paper recognises the importance of parenting programmes, the healthy child programme and high quality universal services.

No Health Without Mental Health: A Cross Government Mental Health Outcomes Strategy for People of all Ages (2011)

– The Government intends a shift in emphasis to put mental health outcomes along side physical health indicators in assessment of quality in the NHS. The strategy takes a cross government approach focusing on outcomes that are meaningful to people of all ages including children, young people and their families. It is accompanied by a range of supporting documents, including an economic analysis and the four year plan for the talking therapies programme which includes a focus on children and young people. There is a broad consensus about the framework for children's mental health services. Many of the aspirations of the National Service Framework for children's mental health services and psychological wellbeing and its underpinning principles remain relevant. The strategy takes this vision forward in the context of the Government's wide ranging programme of NHS reform and a stronger focus on outcomes.

Green Paper on Disability and Special Educational Needs (SEN) (2011)

– This Green paper sets out to ensure that children with special educational needs and/or disabilities get the best quality support and care. It considers how to ensure greater choice and support for parents and carers, creating a less adversarial system. The ultimate aim to ensure better educational outcomes and life chances for children and young people from the early years to the transition to adult life. It aims to deliver more effective use of resources, for example through better early intervention and encourages working across service boundaries, reduced bureaucracy and local solutions.

Review of the Early Years Foundation Stage (2011) – This review was carried out by Dame Claire Tickell and examines how to best protect young children's safety and welfare and support their development and learning. It covers four areas: regulation; learning and development; assessments and welfare. It considers whether having one system is flexible enough; whether to follow the Early Years Foundation Stage (EYFS) should be linked to free early educational entitlement for three and four year olds, and whether additional needs (for example those with special educational needs and disabilities) are being identified and dealt with in the best possible way. Proposed changes come into effect September 2012.

Munro Review of Child Protection (2011) – Professor Eileen Munro looked at how the child protection system can be improved. Building on the work of the Social Task Force, the recommendations are grounded on three principles:

- early intervention
- trusting professionals and removing bureaucracy
- greater transparency and accountability.

Review of Commercialisation and Sexualisation of Childhood (2011) – This independent review reflects the Governments commitment to take action to protect children from excessive commercialisation and premature sexualisation to address parents' concerns that children are being pressured into growing up too quickly. It addresses the following themes:

- risk of harm and barriers to parenting
- principles around what is acceptable and what is not
- consumer voice
- corporate social responsibility.

- Policy Drivers

NHS Operating Framework for 2011/12

This statement of priorities for the NHS includes a number which are of direct relevance to children's mental health and emotional wellbeing:

- developing an expanded and stronger health visiting service
- expanding the Family Nurse Partnership programme
- implementing the mental health strategy
- improving young people's access to evidence-based early intervention services
- extending access to talking therapies (IAPT) to children and young people
- improving children and young people's physical and mental health

Core Funding Arrangements – The Local Government Revenue Support Grant (RSG) is the main route by which council receive funding for local public service delivery. It incorporates a whole range of separate grants to reduce the administrative burden and provide maximum flexibility. From 2011/2012 the CAMHS grant is incorporated into RSG, under the category of Ongoing Personal Social Services which is being increased year on year until 2014/2015. There is no indicative figure for CAMHS within this category.

Early Intervention Grant – The Early Intervention Grant (EIG) provides a substantial funding stream for early intervention and preventative services for children, young people and families. It is not ring fenced, bringing greater freedom at local level to respond to local needs and drive reform, while supporting a focus on early intervention in the early years and up through the age range. It brings together funding for a number of early intervention and preventative services, including Sure Start Children’s Centres. Schools and local areas have reported significant benefits from the Targeted Mental Health in Schools (TaMHS) programme, which is included in EIG funding.

Health Visiting Arrangements -- The Government has pledged to increase the health visitor workforce by 4,200 to offer all families support when they become parents and are caring for young children. The Government’s mental health strategy² outlines the role of health visitors in leading and delivering the Healthy Child Programme, linking with maternity services, general practices and Sure Start children’s centres, and the evidence-based Family Nurse Partnership programme, thereby helping to give all children the best start in life.

Pupil Premium -- The Pupil Premium provides additional funding for disadvantaged pupils (defined as those who are eligible for free school meals and those in care) in order to boost their attainment. The money is not ring-fenced but passed straight to schools.

Health Premium – This is being introduced to take account of health inequalities and reward progress on specific public health outcomes. The formula will be area-based and is being developed by the Department of Health and key partners. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

Local Policy

- Durham County Council Plans and Strategies
 - Sustainable Community Strategy (SCS)** – is the overarching plan for County Durham and takes into account all other local and sub regional plans. It sets the direction and provides the blueprint to deliver long lasting improvements.
 - Council Plan 2012-2016** – The Council Plan sets out the Councils objectives in the medium term. It is the continuing vision of the Council to build an Altogether Better Durham, for local people and to provide better places for people to live and work. The Council Plan sets out the Council's approach for delivering the vision.
 - Children, Young People and Families Plan 2012-2016** – The plan identifies the priorities for children, young people and families. There are three major objectives the one closely associated with Mental Health is "All children and young people are healthy and make positive choices" the two priority outcomes from this: Negative risk taking behaviour is reduced, and Children and Young People are more resilient.
- Altogether Healthier have an objective to "improve mental health and wellbeing of the population" the three priority outcomes from this objective are: Increase social inclusion; maximise independence and reduce suicides.
- Joint Strategic Needs Assessment (JSNA) 2012** – Provides a detailed overview of the current and future health and wellbeing needs of the population of County Durham. To help achieve positive outcomes for the local population, the County Durham JSNA aims to:
- Highlight areas where there is a need to improve health and wellbeing outcomes for the local community.
 - Aid decision makers in targeting resources to both areas and services.
 - Act as a resource document to support health and wellbeing planning and commissioning.
 - Help inform our plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.

The document covers the five thematic themes of the council Altogether Wealthier; Altogether Greener; Altogether Safer; Altogether Healthier and Altogether better for Children and Young People. The emotional health and wellbeing of children and young people

Joint Health & Wellbeing Strategy (JHWS) – The Joint Health and Wellbeing Strategy (JHWS) for County Durham will be the 'master plan' for health and wellbeing. It will use the key messages from the Joint Strategic Needs Assessment and national policy to determine what the priorities for health and wellbeing will be, to enable commissioning plans of the local authority and Clinical Commissioning Groups to be developed.

The JHWS has six objectives which are long to medium term aims:

Objective 1	Give children and young people the best possible start in life.
Objective 2	Reduce the number of people dying prematurely, while reducing the difference between the least and most healthy communities and improve the least healthy communities more quickly.
Objective 3	Improve the quality of life, care and support for people with long term conditions and those recovering from episodes of ill health or injury to assist them to live independently as possible.
Objective 4	Improve mental health and wellbeing of the population.
Objective 5	Protect vulnerable people from harm.
Objective 6	Allow people to die in the place of their choice with the care and support that they need.

The overarching framework for the Joint Health and Wellbeing Strategy is from the national outcomes frameworks:

Adult Social Care

NHS

Public Health

Performance management arrangements have been developed for the Joint Health and Wellbeing Strategy in order to measure the effectiveness of the Strategy. This ensures responsibility and accountability of the strategic actions with in the Strategy.

Shadow Health and Wellbeing Board – The Health and Social Care Act 2012 makes provision for the establishment of Health and Wellbeing Boards. In County Durham Shadow Health and Wellbeing Board has been established and will continue until April 2013 when the Board will take over. The Shadow Health and Wellbeing Board will hold NHS and social care organisations to account through the Health and Wellbeing Strategy.

The boards will give communities a greater say in addressing and understanding their local health and social care needs. Key leaders from the health and care system, including representatives from both Clinical Commissioning Groups in County Durham will work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and Wellbeing Boards are key part of broader plans to modernise the NHS to:

- Ensure stronger democratic legitimacy and involvement
- Strengthen working relationships between health and social care.
- Encourage the development of more integrated commissioning services.

Each health and wellbeing board will have a local Healthwatch representative member. Local Healthwatch will have a formal role of involving the public in major decision making around health and social care and its work is expected to feed into that of the health and wellbeing boards.

Healthwatch – will give local people and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch will be independent, keep accounts and provide annual reports that will be available to all. Local Healthwatch will influence commissioning decisions about publicly funded services through its seat on the statutory health and wellbeing board. These boards will lead the Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based. Local Healthwatch will be launched April 2013.

Support for Children and Young People with Mental Health Issues – Work Carried out by Area Action Partnerships

County Durham Area Action Partnerships (AAPs) review their priorities annually. Many AAPs have children and young people and wellbeing and health listed amongst their priorities. AAPs were asked if they could provide information of any projects that have helped/supported children and young people with mental health issues. Below is a list of AAPs who have provided details of initiatives in their local areas that have helped directly in supporting children or young people with mental health issues. Councillors have personally supported projects in their areas by using neighbourhood budgets to provide funding for various projects to support the wellbeing of children and young people. In addition to the activities mentioned below many AAPs have helped and supported children and young people in providing positive activities that aid their wellbeing such as providing sports and leisure activities. The projects below are those that specifically relate to supporting children and young people with mental health issues.

3 Towns AAP

School Counselling- AB Allocation £8,000

The funding is being used to continue with a young person's counselling support service at Parkside Sports College to improve the emotional wellbeing of some of the neediest students.

The service operates one day per week during term time. The project started in 2009 has been a huge success. The counsellor sees on average 8 students per day and in 2010/11 supported 35 students. The counsellor has operated a heavy waiting list since taking up post and as a result the school has started using volunteer counsellors to see some of the low level cases in order to reduce waiting times. Issues were varied and ranged between difficult family situations to eating disorders. The service provided a professional listening ear to students and gave them strategies to cope in everyday life. The service is well established and parents, students, staff and agencies are all aware of what's available and are able to make referrals.

The project will have a positive effect on the long term mental health of the young person as it is a preventative strategy that will reduce problems in adult life.

3 Towns and Weardale AAPs

The following project is a Councillors Neighbourhood budget project Councillors Bailey, Jopling from 3 towns £2000 each and Councillor Savory £2000 from Weardale.

Wolsingham School Counselling, Total NB Amount £ 4,000

This project is a joint project with Weardale AAP. The project will provide counselling for individual students to help improve their well being and

achievement. Counselling sessions will be held over one day a week for 6 half terms. Students requiring counselling will be identified through referrals to our Specials Educational Needs Coordinator (SENCO). Referrals can come from other members of staff, school nurse, anti-bullying worker and self referral. Students who receive counselling will work directly with the counsellor to agree and review their own outcomes and also to evaluate and reflect upon the process. The personal; development of self sufficiency strategies and increasing emotional robustness is a key aspect to this counselling.

Derwent Valley AAP

Durham Schools' Counselling Service - 2009-10 project

In the Derwent Valley area, Durham Schools' Counselling Service is funded by COL 4 in both Consett Community Sports College and Moorside Community College. This funding started in 2007 and enabled a counsellor to operate a service in school for one day a week. This funding was initially for three years and because the service was valued by the Secondary Schools the COL extended it for a further two terms. The funding will run out in March 2011. Consett Community Sports College at present do not have the means in their budget to continue or extend the service for the extra day to meet the needs of the young people in school. Funding provided for this project will enable the counselling service to be delivered one extra day per week for one year.



Primary Schools Counselling Service - 2010-11 project

The aim of this project is to ensure there is a Counsellor working within a number of primary schools in the Derwent Valley area. The project will not only benefit the primary school pupils and their families but also impact across the whole of the Derwent Valley area. The Durham Schools' Counselling Service will impact on a number of the priorities of the Derwent Valley Partnership. The Counsellor will work with individuals, families and deliver group work which will be beneficial to all the pupils involved.

Stanley AAP

Durham Schools' Counselling Service (£11,978) -This project aims to provide support to children who have experienced loss, bereavement, bullying, friendship issues, and who may have low self-esteem and self-confidence. This project will give primary-aged children in Stanley the chance to either talk or use play and art materials to explore their feelings. Parents and teaching staff will also be supported around their concerns over children in their care. There is no counselling support for children in the Stanley area, but the service has regular calls from head teachers and parents with requests asking for this help.

Report of Site Visits

Due to the vulnerable and sensitive nature of the work in Full Circle and the Acley Centre it was agreed that only the Chair, Vice Chair and the Chair of Overview and Scrutiny Board would attend the site visits to the two centres. The site visits took place on Tuesday, 23rd October.

Full Circle – Clevesfreye House, Ferryhill

Following a presentation given to the working group it was agreed that a site visit be arranged to see Full Circle at work.



The team is a small and dedicated, their commitment to the children in their care shone through. It was explained that Full Circle was part of the Looked After Children service. It is an integrated part of children's mental health service for Looked After Children, Children in Need and adopted children who have experienced trauma through abuse and neglect. Members were given a tour of the building and were shown psychologist consulting rooms which have bare walls to limit distractions to the child during consultation. There are therapeutic assessment rooms which help children to tell their stories through play. Toys such as doll's houses, sand pits and story books all aid children in this way. Therapists help children who cannot convey their feelings through speech by using cards (example shown below) that depict cartoons of animals or children showing various emotions.



Members were advised that there are times when children will not speak directly to them preferring to talk to carers.

Training and therapeutic workshops are given to adopters, fostercarers, social workers and other professionals. The emphasis for the training and workshops is on helping others to understand the impact of disrupted attachments on a child's development, behaviour and ability to form future relationships.



Information was given on Full Circle's involvement in schools and how training sessions were delivered to school staff relating to impact of trauma through neglect and abuse. Annually training is provided in partnership with Looked After Children Education Support Services to dedicated teachers on the impact of disrupted attachments, neglect and abuse. A discussion ensued

relating to leadership in schools and how it is necessary that there is buy-in from Head Teachers when therapists go into schools to work with pupils.

The service works with children and young people up to the age of 18. However, work would continue if needed, especially with young people in higher education who can remain in care until the age of 24.

Members asked the team about working with children from other local authorities and how this worked. Members were advised other local authorities who had used the service had been charged but that this practice was no longer available due to staff shortages. Members queried staff shortages and were informed that there had been problems recruiting social worker staff.

Acley House – Newton Aycliffe



Acley House is based within Sedgefield CAMHS and provides care for children and adolescents with mental health issues, learning disabilities, support, information and advice for parents and carers living within the Sedgefield, Bishop Auckland and Dales areas including an outreach service. The centre is very welcoming and friendly again the dedication of the staff is clear on visiting and speaking to them. CAMHS has worked closely with Investing in Children and have made improvements to waiting areas which are user friendly, input into the decoration of the building and room naming.



support workers.

There are two teams based at the centre a CAMHS team and a LD (learning disabilities) CAMHS team with a range of professionals that support both teams which include psychologists; psychiatrists; CAMHS clinicians (including nurses and social workers); child psychotherapists; primary mental health workers; dieticians and junior doctors. The team is supported by administration staff and

The team carry out assessment and treatment of children and young people aged 0-18 with mental health problems. Promote positive mental health in children and young people and reduce stigma. The centre is also used in the training of medical, nursing and psychology students and trainees in psychiatry.

Following individual assessment the centre a range of generic and specialist interventions such as:

- Individual therapy

- Cognitive and behavioural therapy
- Solution focused therapy
- Interpersonal psychotherapy
- Hypnotherapy
- Psychotherapy
- Parenting work
- Pharmacological

In addition to the above interventions the centre also provides access to other services and offers:

- Play therapy
- Family therapy
- Webster-Stratton parenting group



The type of intervention is agreed following the assessment of the patient and the length of treatment is determined by the complexity and severity of the problem. The centre has discrete facilities for observational assessments of the child.

Members were informed that the transitional process for young people had got a lot better than it had been in previous years. Work is started on transitional arrangements with young people at the earliest possible stage to ensure best possible outcome. When young people are discharged from LD CAMHS they are advised that should they need help or support with their learning difficulty they should contact the team. CAMHS is slightly different as their problem may have changed slightly and could need to be reassessed. Therefore it is better that they go through the referral process.

The service has a good relationship with schools and the one point service in the area.