

CAMHS Scrutiny Task Group Report

February 2009



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FOREWORD

We probably did not choose the best time to involve ourselves with a review of the CAMH Service but too many reports of an inadequate, understaffed and costly service drove us to continue. As we began our work the local statutory partners increased their efforts to take a good look at what was happening and to develop different ways of identifying and responding to needs. I prefer to think that our questioning may have had some impact on prompting a new commitment.

The mental health and well being of children and young people in the borough remains of great concern to us and we know that the earliest possible diagnosis given the appropriate treatment will pay dividends. At the end of our work after several necessary changes of focus we still have concerns and questions: these are outlined at the end of the document. We must now pass these over to the Children's Services Overview and Scrutiny Committee to pursue, and urge them to do so.

I would like to thank everybody who took part in the review especially the members of the Borough Youth Forum who told us their stories and made some valuable suggestions for future developments.

Councillor Nicola Urquhart
Chair of the Child & Adolescent Mental Health Services Task Group and
Chair of the Health, Housing & Social Care Overview & Scrutiny Committee

EXECUTIVE SUMMARY

Establishing the Scrutiny Review

On 19 September 2006 the Health Overview & Scrutiny Committee agreed that a review be set up to investigate Child and Adolescent Mental Health Services (CAMHS) in the borough. In November 2006 a broad approach was agreed and information was gathered from the Primary Care Trust, South West London & St George's Mental Health NHS Trust and the Borough's Children's Services. In March 2007 the Committee decided to focus on 3 key issues:

- How do children and young people and their families find out about what's available to help them with issues to do with mental health and well being?
- Is there sufficient emphasis on promoting mental health and well being for children and young people, and do issues get picked up at an early stage?
- Is there effective and efficient working across agencies at all levels?

Originally the Committee wanted to set up three review sub-groups to examine the identified key issues but it became clear that a smaller scale approach would be more appropriate given the amount of review work of CAMHS services that the local statutory agencies had now put into place, which was already to an extent being influenced by the Committee's earlier scoping work. It was therefore agreed in July 2007 to delay the review and to adopt a smaller scale Task Group approach. The Task Group had five meetings between January and June 2008.

Work of the Task Group

- At the initial two meetings the Task Group considered the Joint Area Review report and a draft of the new local CAMHS Commissioning Strategy. The views of the Borough's Head of Integrated Youth Support were also taken.
- In May the Task Group met with 6 members of the Borough Youth Forum to explore the perspective of young people in relation to CAMHS services.
- In the final meeting the findings were reviewed and the next steps for the Task Group considered.

The development of the new Joint Commissioning Strategy to Promote and Develop Services for the Emotional Wellbeing and Mental Health of Children and Young People in Richmond-upon-Thames 2008-2011 coincided with the work of the Task Group and was launched in May 2008.

The Group was not formally involved in the production of the strategy but was pleased by the efforts made to undertake a comprehensive review.

Conclusion and Recommendations

The Task Group welcomes the shift away from a focus on services to a greater focus on the needs of children and young people for help and support, often requiring more generic services rather than specialist mental health ones. It considers that the strategy represents a useful step forward but that a good deal of progress is still required.

The general concerns to be addressed are: being clearer about specific needs; the provision of more detail about existing resources and their deployment; clarifying future funding streams; a commitment to involving children and young people in shaping future provision; a greater emphasis on working together across agencies and between practitioners and clear accountabilities for achieving progress.

The key service issues requiring attention are: improving access to services; more emphasis on early intervention and the promotion of good mental health; what progress has been made on moving towards a more personalised service delivery; work on overcoming the stigma attached to mental illness and working with the voluntary sector?

There are concerns about the funding of CAHMS services to be addressed; is it comparable with national guidelines; is Richmond subsidising neighbouring areas; what new monies are coming on stream for CAHMS services; are there any specific proposals for using additional funding and what analyses are the commissioners doing to find out if they could obtain better value from other CAHMS service providers?

In November 2008 the Health, Housing & Social Care Overview & Scrutiny Committee reviewed progress on the early stages of the Strategy's Action Plan. The Committee welcomed the early stage developments and offered advice on some detailed aspects, before passing responsibility for monitoring progress and giving guidance to the Children's Services Overview & Scrutiny Committee.

The Committee and Task Group undertook its review at a time of significant national and local developments. There is now an emergent national strategy likely to determine future developments. Locally the work of the Task Group may have had the effect of stimulating the responsible agencies into producing a joint commissioning strategy for the emotional wellbeing and mental health of children and young people.

It was clearly inappropriate to proceed with a comprehensive review as originally intended but the Task Group has been able to gain a clearer understanding of the strengths and weaknesses of the local system, has begun to engage young people in service developments and commented on the draft commissioning strategy.

The report offers a clear framework against which the Children's Services Overview and Scrutiny Committee can continue to monitor the implementation of the interagency action plan and review the effectiveness of the joint strategy.

Task Group Membership



Cllr Nicola Urquhart
Chairman



Cllr Carol Stratton



Paul Leonard



Richard Poxton



Catherine Mann

1. CONTEXT AND INITIAL SCOPING

1.1 National and Local Policy Context

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004) included guidance to support the development of a more comprehensive range of services frequently referred to collectively as 'child and adolescent mental health services' or 'CAMHS'. It required that Primary Care Trusts and Local Authorities develop a commissioning strategy for CAMHS.

The notion of a comprehensive service to meet the mental health needs of children and young people was recognized in the Children Act of 2004 and the subsequent 'Every Child Matters' programme.

As a result of this national policy thrust Richmond & Twickenham Primary Care Trust (PCT) commissioned a multi-agency assessment of needs that took place in the spring of 2006. Also in 2006, South West London & St George's Mental Health NHS Trust (the Trust) began a service redesign programme focused on the specialist services which it provides for the London Borough of Richmond upon Thames (LBRuT). In 2007, the Borough undertook a review of its Children and Young People's Plan (CYPP) which articulated a wider vision for the emotional wellbeing of children and young people and identified the development of a comprehensive CAMHS Commissioning Strategy as an objective of the Children and Young People's Strategic Partnership.

A Joint CAMHS Commissioning Group was set up to develop a common understanding of needs and service provision, together with a shared vision for the future. It hired CAMHS Consultants Ltd to assist with the production of a jointly agreed Commissioning Strategy for emotional wellbeing and CAMHS.

The final report of the independent (Government established) national CAMHS review was published in November 2008: it is expected that the findings and recommendations will shape the direction of services locally and across the country. The Executive Summary of the report emphasises the importance of a range of agencies and professionals supporting the notion of good mental health and psychological wellbeing; both universal and specialist services should work together to provide integrated child and family-centred responses; and staff across these services should have a clear understanding of respective roles and responsibilities. The intention is that children and young people together with their parents and carers should have:

- A more positive understanding of mental health and well being
- Better information and advice
- More confidence in the abilities and accessibility of local staff
- Better and more holistic assessments of need
- A nominated lead worker

- Signposted pathways to specialist services
- Personalized packages of care
- Smooth and effective transitions to adult services

1.2 Origins of Scrutiny Review and Initial Scoping

On 19 September 2006 the Health Overview & Scrutiny Committee agreed that a review be set up to investigate children's mental health services in the Borough, as part of its work programme for 2006/07.

Initial scoping of the review took place at the Committee on 17 October 2006 and at a meeting of Chair and Vice Chair on 8 November 2006. At that stage it was decided to review the three so-called "tiers" of the local CAMHS as they impacted on 11 to 16 year olds:

Tier 1:

Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.

Tier 2:

Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers, psychologists and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.

Tier 3:

Services usually provided by a multi-disciplinary team or service working in a community mental health clinic, child psychiatry outpatient service or community settings. They offer a specialised service for those with more severe, complex and persistent disorders.

(Children and young people in mind: the final report of the National CAMHS Review, November 2008.)

It was decided in particular to examine:

- The effectiveness of the linkages between the services and between different professional disciplines.
- How well users and potential users could access and then stay involved with their treatment and care.
- The extent of user and parent/carer involvement, especially the degree of choice on offer and how well they were informed.

- Comparisons with national standards, the other boroughs served by South West London & St Georges Mental Health NHS Trust, and Richmond's comparator boroughs (for both capacity and quality of provision).
- Support for looked after children
- Some indication of both post 16 years and transitional services to adult mental health and other services.

The Committee was concerned to gain a clearer understanding of the current CAMHS system in the borough – its strengths and weaknesses – in relation to the above focus and in light of the Trust's ongoing review of specialist services (Tier 3). It was important to be clear about what was meant by "effectiveness" of the CAMHS and to examine how the local service related to national standards. It would be necessary to consider local needs and experiences, and to determine whether the redesigned service would meet these needs and provide an improved experience for users and carers. Finally, the Committee would provide specific recommendations to the relevant statutory agencies and their partners that were capable of implementation. The Committee was also aware of the then current and proposed local reviews and determined that its own work should not duplicate what might already be taking place, as well as bringing added value for local residents.

The Committee decided to conduct the review involving all its members as well as representatives from the Education and Children's Services OSC. But it would also work in smaller groups and go out to meet relevant people. The first step would be to collect key information from the PCT, Trust and Children's Services of the Borough. Having gained a more thorough understanding of the local system members would then obtain the views of a range of users, parents, practitioners and local agencies. The Committee was interested in learning more about:

- Key issues affecting the mental health and well being of children and young people in the borough
- Levels of investment and expenditure on services
- Partnership arrangements between agencies
- The overarching strategy being pursued
- Leadership
- Access to services
- Outcomes being sought
- Areas where an impact might be made

Officers from the PCT, Trust and Council provided some useful material for the Committee by way of responses to the various questions posed – this was done at the meeting on 16 January and also by written follow up. Work on the redesign of specialist services had started in September 2006 and was due to finish by spring: there was a particular emphasis on increasing integration between Trust

and Council services, and to help support more generic practitioners (such as health visitors and school nurses) who could have an important role in mental health and well being. Better and earlier access to services was seen as a big issue.

2. THE WORK OF THE COMMITTEE AND TASK GROUP

2.1 Further Refinement of the Review

At its meeting on 1 March 2007 the Committee considered the detailed responses to its earlier questions together with the local needs assessment (referred to above) prepared in 2006 by the external consultancy that was then currently working with the PCT on the draft Strategy for the Borough. It was also able to obtain follow up information from the partner agencies. On the basis of this fairly comprehensive background information the Committee agreed that its review would now concentrate on how young people and their families find out and access the CAMHS services; whether there is sufficient emphasis on promoting good mental health; and whether there is effective and efficient partnership working at all levels. It would focus on the more generic Tiers 1 and 2 – in the knowledge that the Trust was undertaking its own internal review of specialist Tier 3 services.

Further to the initial scoping referred to above the Committee now decided to focus on:

1. How do children and young people and their families find out about what's available to help them with issues to do with mental health and well being?
 - The advertising of services and how to access them; any known preferences of children and young people.
 - Responsibilities for public awareness in this area, including any discussions in schools and other places for young people.
 - Knowledge and awareness of services amongst other staff.
 - Information sharing between the various practitioners.
 - Roles of parents and carers.
2. Is there sufficient emphasis on promoting mental health and well being for children and young people, and do issues get picked up at an early stage?
 - Effectiveness of training in mental health and well being for all front line workers.
 - Effectiveness of consultation and involvement between practitioners, especially support from specialist staff.
 - Accessing services and “moving through the system” – onward referrals.

- Clarity of responsibilities amongst different practitioners, including GPs.
- Mental health promotion – the role of Public Health.
- Identifying suitable locations for early stage work.
- Targeting particular groups of children and young people seen to be at particular risk.
- Looking at on call and emergency responses.
- The recording of “incidents” in schools and elsewhere.

3. Is there effective and efficient working across agencies at all levels?

- At Strategic level involving a strategy based upon multi agency needs assessment and jointly commissioned responses.
- At Operational Management level with the necessary protocols and procedures.
- At Practitioner level including understanding respective roles and how these should connect.
- Clear and acknowledged leadership within and between agencies.
- Information that is shared effectively between agencies whenever this is in the interests of the child or young person.

2.2 Establishment of the Task Group

The Committee having originally decided to form three sub-groups to begin gathering evidence on these aspects, it became clear that its Committee's intended review was running into difficulties. The main issue was that local CAMHS services were now the subject of significant other reviews, particularly the recently agreed Commissioning Strategy Review led by the PCT and the Joint Area Review of Children's Services. It was therefore agreed in July 2007 to resume work in the autumn on a smaller scale task group approach that took account of the ongoing review work (that was already to an extent being influenced by the Committee's earlier scoping work). A further postponement to January 2008 was then caused by a delay in the publication of the Joint Area Review and its availability to the Task Group.

Task Group meetings were held on 17 January, 6 February, 4 March, 22 May and 4 June 2008.

2.3 Consideration of the Draft Commissioning Strategy

At the initial two meetings the Task Group considered the Joint Area Review (JAR) report and a draft of the new local CAMHS Commissioning Strategy. On this latter document Members sought clarification on:

- The apparent expensiveness of CAMHS in Richmond when the service was only fifty per cent staffed.
- The availability of funds to recruit to the staff vacancies.
- The possibility of using less expensive CAMHS providers.
- The extent to which the voluntary sector had been involved in drafting the strategy.
- The numbers of children and young people in the Borough who might be in need of some support with their mental health and well being.

Members expressed the following views on the Strategy:

- It was crucial that schools were fully consulted.
- Any attempt to reduce the use of jargon such as CAMHS was seen as positive.
- The biggest issue concerned children and young people whose needs were not diagnosed: many children and young people needing support were not receiving it and there was a continuing stigma attached to the service.
- The service was not “children and young people friendly”.
- There should be more emphasis on co-location of professionals from different agencies.

2.4 Meeting with Key Local Stakeholders

The Task Group then held a useful meeting with the Council’s Head of Integrated Youth Support, from which the following issues arose:

- Some important co-working across services was already in place.
- Challenging behaviour, including from young people with Asperger’s Syndrome, did not always obtain a positive response.
- There was an important volume of work being referred out of Primary Care, where there is insufficient capacity and/or expertise to handle mental health issues.
- There was a real need for more linkages between “lay” outreach workers (with children and young people) and specialist mental health resources.
- Transition to Adult’s Mental Health Services remained problematic.

On 22 May 2008 the Task Group met with 6 members of the Borough Youth Forum.

The discussion began with a review of services available to young people in need of support on issues to do with mental health and well being. The young people referred positively about Off the Record and Child Line; Richmond

College's Counselling Service appeared to be difficult to access; at least some schools had arrangements for the school nurse and Connexions to be available but there was little enthusiasm for these in their present form; the "peer mediation" system (which was not specific to mental health) was seen more positively. Teachers were seen to be of little assistance here – inevitably being largely concerned with the academic side to the exclusion of anything else.

Confidentiality was seen as a real issue – there was an ongoing stigma attached to be seen to be using services (e.g. Sky Lights at Richmond College).

Accessibility was considered to be a major problem: a CAMHS mystery shopping exercise had come to nothing because the "shopper" could not locate Richmond Royal Hospital (owing to the lack of signage), never mind negotiate the offices within the building. The standard opening hours at Richmond Royal were seen as unhelpful. Similarly accessing services either at or through GPs and Primary Care was not easy. This was especially the case for under 16s, where parents had to be involved (unless for contraceptive advice) whether or not they (the parents) were part of the young person's problem.

There was also very little evident follow up work – incidents tended to be dealt with as a one off, whereas it was important to keep track of a young person's progression.

Of current services the ones that were preferred were those that covered a range of issues not just mental health and well being. So it was considered that there was some potential (but not yet realised) in the Connexions approach. School Planners were sometimes useful sources of phone numbers that could be pursued.

There was a range of ideas as to what might make a difference:

- A widely publicised generic phone number that operated locally, that was specific for young people and that could signpost onwards for more targeted support etc. as necessary.
- More advertising of existing services and how to access them, e.g. posters in schools and elsewhere, credit card size adverts as part of the Oyster Card holder.
- A website for answering questions that might be wide ranging across mental health and well being, that has some confidentiality but where young people can share experiences and good ideas.
- A school- based confidential service or phone line, with greater availability and accessibility: this might be based on existing staff e.g. school nurse or could be through a youth worker attachment to the school having a variety of roles. It is crucial here to get over the stigma issue.

- More focus on early prevention or promotion work, e.g. working with young people to promote self esteem (building upon what's currently provided in the curriculum).
- Identifying local GPs who are prepared to specialise in working with young people.

The young people indicated their appreciation of the discussion with the Task Group and asked to be kept in touch to review progress on the new Strategy, including as part of any group looking at service redesign.

2.5 Views on the Commissioning Strategy

The final meeting of the Task Group was held on 4 June 2008, to review the limited progress that it been able to make and to consider the next steps.

The Task Group's work had largely been overtaken by the development (by the Borough, PCT and Mental Health Trust) of the new Joint Commissioning Strategy to Promote and Develop Services for the Emotional Wellbeing and Mental Health of Children and Young People in Richmond-upon-Thames 2008-2011. The Task Group had not been formally involved in the production of the Strategy (launched in May 2008) but had been pleased by the efforts made to undertake a comprehensive review.

The Task Group welcomed the shift away from a focus on what had been termed CAMHS Services and instead seeking to look at the needs of children and young people for help and support, often requiring more generic services rather than specialist mental health ones.

It considered that the Strategy represented a useful step forward but that a good deal of progress was still required: being clearer about specific needs, more detail about existing resources and their deployment, clarity about future funding streams, more commitment to involving children and young people in shaping future provision, greater emphasis on working together across agencies and between practitioners, and clear accountabilities for achieving progress.

There were, however, a number of general concerns and queries relating to the Strategy:

1. The realism of some of the proposals was questioned, given the problems of access and perceived appropriateness with existing services (described by the young people who met with the Task Group); it was debateable whether there was sufficient local capacity and interagency coherence to take them forward.

2. More emphasis on needs (rather than services) was required throughout the Strategy. This should be based on real data relating to the borough rather than extrapolations from national figures.
3. Some key major issues had not received sufficient attention:
 - Access to services
 - Early intervention and the promotion of good mental health and well-being
 - Engaging with children and young people as users and potential users
 - Moving toward personalised “services”
 - Overcoming the stigma associated with mental health
 - Services (including more generic ones) available in the voluntary sector
4. More comparison of local provision with national guidelines would be helpful, e.g. number and roles of school nurses.
5. Whether or not Richmond was effectively subsidising neighbouring areas regarding CAMHS services had not been satisfactorily answered.
6. More clarity on priorities for any additional funding was needed.
7. The prospect of obtaining better value for money by turning to other Providers of CAMHS services should be addressed.
8. There were little detailed staffing and other resource data, an essential starting point for effective commissioning.
9. Partnership working between the agencies was still seen as patchy: the relevant proposals in the Strategy should be pulled together and given a sharper focus, including specific roles and responsibilities for moving forward.
10. Interagency decision making processes had to be clarified, both at strategic level and regarding the pathways at practice level that will be adopted.

The Task Group also made some comments regarding specific aspects of the Strategy:

1. NHS staff working in an education setting should be prepared to be available during term-time and not take annual leave: there are real issues about access to and availability of existing staff resources.

2. The new Joint Commissioner must be empowered to work effectively, to be able to impact on all agencies and to be knowledgeable about their resources and working practices.
3. The Strategy should make reference to the Council's Emotional and Behavioural Disorder Unit in Hampton.
4. More detail is required on the proposals regarding Primary Care and GPs, and how these will be taken forward: this is considered to be a key area for development.
5. The figures on children potentially at risk of mental ill health (paragraph 3.12) should be checked for accuracy, ensuring that they take account of information from Educational Psychologists.
6. The Borough's Transitions Co-ordinator should be involved.
7. There should be more reference to the roles played (current and potential) of Educational Welfare Officers.
8. The reference to generic children's services (paragraph 4.2) did not have sufficient detail: more detail was required on what is or might be involved and in particular the skills required to work with children and young people with issues of mental health and well being.
9. The proposed "self harm and suicide project" was potentially very important but it was vital to ensure that the terms of reference and membership were adequate, in particular bearing in mind current weaknesses of integrated working.
10. The whole issue of data protection and confidentiality should be examined to ensure that children and young people's best interests were being promoted.

2.6 Early Progress on the Commissioning Strategy

The Task Group decided to review progress on the Strategy Action Plan in November 2008. This took place at the full Health, Housing & Social Care Overview & Scrutiny Committee meeting on 24 November when the Plan was 6 months into its full 3 years. The PCT was able to report progress on the establishment of a Primary Mental Health worker role together with additional counselling services for children, young people and their families. The aim of this service was to work with primary care practitioners across a range of settings in order to facilitate access to mental health services. The service would be an

interface between specialist mental health and other services, so improving early recognition of needs and access to appropriate responses. The service would start on a pilot basis for 12 months.

The PCT also reported that attendance of the CAMHS Joint Commissioning Group had improved substantially and there was a high level of enthusiasm amongst all stakeholders. An extension of the membership of the group was being explored. The appointment of a joint Children's Commissioning post had been delayed pending restructuring of the Council's Children's Services Directorate. The JCG was committed to involving children and young people in shaping future provision and was working with the Borough's Youth Involvement service on the development of a focus group for users of CAMHS' services. Feedback from the focus group would help shape future commissioning decisions.

In addition the specialist service was actively engaged in developing clinics across a range of settings including schools, children centres and youth clubs.

The Committee welcomed these early stage developments and offered advice on some detailed aspects. Future responsibility for monitoring progress and giving guidance was now transferring to the Children's Services Overview & Scrutiny Committee, who would consider the next steps on receipt of this report.

3. CONCLUSION

The Committee and Task Group undertook its review of child and adolescent mental health services at what proved to be a time of significant national and local developments. There is now an emergent national strategy that is likely to determine future developments. Locally the proposed review may have had the effect of stimulating the responsible agencies into producing a joint commissioning strategy for the emotional wellbeing and mental health of children and young people. It was clearly inappropriate to proceed with a comprehensive review as originally intended but the Task Group was able to do some useful work in gaining a clearer understanding of the strengths and weaknesses of the local system, developing the engagement of young people in future developments and offering detailed comments on the draft commissioning strategy.

There is now a clear framework (below) which the Children's Services Overview and Scrutiny Committee can use to continue to monitor the implementation of the interagency action plan and review the effectiveness of the joint strategy. The key items are:

3.1 General Concerns to be addressed:

- Greater clarity about specific needs to be addressed.
- More detail about existing staffing and other resources and their deployment across the borough.
- Being clear about current and possible future funding streams within and between the respective agencies.
- Demonstrating a greater commitment to involve children and young people in shaping future provision,
- More emphasis on effective partnership working across agencies and between practitioners,
- Clearer accountabilities for achieving progress at both strategic and practice levels.

3.2 Key Service Issues requiring attention:

- Improving access to services
- More emphasis on early intervention and the promotion of good mental health and well-being
- Moving toward personalised "services"
- Overcoming the stigma associated with mental health
- Working with services (including more generic ones) available in the voluntary sector

3.3 Concerns about levels of expenditure in the borough:

- Comparing expenditure on local provision to national guidelines
- Addressing concerns that Richmond may be effectively subsidising neighbouring areas
- More clarity regarding new monies for CAMHS and any agreed proposals for any such additional funding.
- More analysis of whether Commissioners could obtain better value for money from other Providers of CAMHS services.

The Task Group recommends that this framework be used to monitor the implementation of the commissioning strategy action plan and the further development of local services and ways of working.

4. FRAMEWORK FOR MONITORING THE COMMISIONING STRATEGY IMPLEMENTATION

**IT IS RECOMMENDED THAT THE CHILDREN'S SERVICES OVERVIEW AND
SCRUTINY COMMITTEE CONTINUE TO MONITOR THE IMPLEMENTATION
OF THE THREE YEAR (2008-2011) INTERAGENCY ACTION PLAN AND TO
REVIEW THE EFFECTIVENESS OF THE JOINT STRATEGY**

They should do this by scrutinising the following:

1. GENERAL CONCERNS

- 1.1 What additional clarity has been given to the specific needs that the Strategy seeks to address?
- 1.2 What further detail has been provided about existing staffing and other resources and their deployment across the borough?
- 1.3 Are current and possible future funding streams clear, both within and between the respective statutory agencies?
- 1.4 How has a greater commitment to involve children and young people in shaping future provision been demonstrated?
- 1.5 Are there clearer accountabilities in place for achieving progress at both strategic and practice levels?
- 1.6 How has additional emphasis been placed on effective partnership working across agencies and between practitioners?

2. KEY SERVICE ISSUES

- 2.1 How has access to services been improved?
- 2.2 What further emphasis has been placed on early intervention and the promotion of good mental health and well-being?
- 2.3 What additional steps have been taken toward personalised "services"?
- 2.4 What has been done to overcome the stigma associated with mental health?
- 2.5 What additional work has taken place with voluntary sector services (including more generic ones)?

3. LEVELS OF EXPENDITURE IN THE BOROUGH:

- 3.1 How does expenditure on local provision compare to national guidelines?
- 3.2 How can concerns that Richmond may be effectively subsidising neighbouring areas be addressed?
- 3.3 What new monies are available for CAMHS and what are the proposals for any such additional funding?
- 3.4 Are Commissioners able to demonstrate that it is not possible to obtain better value for money from other Providers of CAMHS services?

5. SELECTED READING

Children and young people in mind: the final report of the National CAMHS Review, November 2008.

Joint Commissioning Strategy to Promote and Develop Services for the Educational Wellbeing and Mental Health of Children and Young People in Richmond-upon-Thames 2008-2011, May 2008.

Joint area review for London Borough of Richmond upon Thames Children's Services Authority Area, Ofsted, December 2007.

10 Questions on Child and Adolescent Mental Health Services, Centre for Public Scrutiny, June 2006.

6. GLOSSARY OF TERMS

ART	Adolescent Resource Team
CAHMS	Child & Adolescent Mental Health services
CYPP	Children & Young People's Plan
EWO	Education Welfare Officer
MHT	Mental Health Trust
NSF	National Service Framework
PCT	Primary Care Trust
YOT	Youth Offending Team

7. APPENDICES

Appendix A – CAHMS TASK GROUP MEETINGS & KEY MILESTONES

Date	Issues Discussed/Action	Attended/ Lead
Spring 2006	Richmond & Twickenham PCT commission multi-agency assessment of needs. South West London & St George's Mental Health NHS Trust begin service re-design programme	
19/09/06	Agreement to set up review to investigate Child & Adolescent Mental Health Services (CAHMS) in the borough.	Health Overview & Scrutiny Committee members
17/10/06	Initial scoping of review	Health Overview & Scrutiny Committee members
2007	Review of Children & Young People's Plan by London Borough of Richmond Upon Thames	
Feb 07	Review outline for CAHMS Services by Overview & Scrutiny Committee	
01/03/07	Committee to form 3 sub-groups to start gathering evidence	Health Overview & Scrutiny Committee members
25/07/07	Officers gave update on review's progress since March 07. O&S agreed review of CAHMS services to continue as a single Task Group	Health Overview & Scrutiny Committee members
17/01/08	Summary of Progress Joint Area Review Report discussed CAHMS Strategy Draft Consultation Plan discussed Scoping the Review	Cllr N Urquhart, Cllr C Stratton, Cllr J Dodds, Paul Leonard, Catherine Mann, Geraldine Herage, Aarti Joshi, Barbara Murray, Jeanette Phillips, Richard Poxton, Alastair Round

06/02/08	Draft CAHMS Strategy & Consultation Plan Discussed Further scoping of the review Identified need to meet Youth Service and to engage directly with young people.	Cllr N Urquhart, Cllr C Stratton, Cllr J Dodds, Paul Leonard, Catherine Mann, Richard Poxton, Alastair Round
04/03/08	Head of Integrated Youth Support attended, discussed YOT & Adolescent Resource Team's (ART) roles in supporting young people with mental health needs. Identified the need for a clearer local picture & more outreach work	Cllr N Urquhart, Cllr C Stratton, Cllr J Dodds, Paul Leonard, Catherine Mann, Richard Poxton, Christian Scade, Rob Henderson
05/03/08	Meeting with representatives of the Borough Youth Forum	Cllr N Urquhart, Cllr C Stratton, Paul Leonard, Catherine Mann, Richard Poxton, Bernadette Lee
May 08	Joint Commissioning Strategy to Promote and Develop Services for the Emotional Wellbeing and Mental Health of Children & Young People in Richmond-upon-Thames 2008-2011 launched. Includes Action Plan for 2008 - 2010	
22/05/08	Scrutiny Task Group met young people, representing the Borough Youth Forum's Health Group to discuss their concerns & ideas	Task Group, Lois Ratcliffe, representatives from Borough Youth Forum
4/06/08	Scrutiny Task Group met to review progress made in the review and consider how to take forward. Agreed to review progress of Commissioning Strategy Action Plan in November 2008	Task Group
November 2008	Final Report of national CAHMS review	
November 2008	Report of progress on implementation of Commissioning Strategy's Action Plan to Overview & Scrutiny	Aarti Joshi Health Overview & Scrutiny Committee members

Appendix B – Commissioning Strategy Action Plan (final draft 29/04/2008)

Richmond-upon-Thames Children & Young People's Emotional Wellbeing and Mental Health Strategy 2008-2011: Final Draft 29/04/2008

Section	action by when?	who will lead?
5.4	Appoint a joint children's commissioner Aug-08	PCT Director Strategy & Commissiong PC/AD LBRuT
5.5	Extend the membership of the Joint Commissioning Group Jul-08	Chair JCG
5.6	Establish the Tier 2 Network Mar-09	Chief Officer Richmond Partnership/Senior PMHW
5.7	Agree service model and appoint primary mental health workers Sep-08	JCG Chair & Co-Chair
5.8	Review and extend counselling provision Mar-0	Chief Officer Richmond Partnership/Senior PMHW
5.9	Review out-of-Borough placements Mar-09	AD Nursing/Head of Integrated CD Service/Con Psychiatrist
5.10	Task Group on challenging behaviour & conduct disorder Sep-09	AD LBRuT
5.11	Research into needs of vulnerable groups Sep-09	Children's Commissioner/Head Integrated Youth Support
6.2 & 7	Set up referral monitoring system & performance management arrangements Sep-08	Chair JCG
6.5	Develop joint assessment arrangements with referrers/CAF Sep-08	JCG Chair & Co-Chair
6.7	Ensure CAMHS specialists attend LSCB Child Protection courses Dec-08	CAMHS Team Manager
6.8	Commission self-harm & suicide project including paediatric liaison Jan-09	JCG Chair

6.9	Develop mental health in schools proposal Apr-09	JCG Chair & Co-Chair
6.10	Develop multiagency pathway for children with LD & emotional or behavioural problems Jan-09	Head of Integrated CD Service
6.11	Implement protocol and action plan for children with mentally ill parents Dec-08	Service Director SWLondon & St George's
6.12	Develop sadness & depression pathway Dec-09	Clinical Team Leader/GP rep/Chief Officer Richmond Pship
6.16	Set up 16-25 Task Group Mar-10	to be confirmed
7.4	Review & update Strategy Mar-09	Chair JCG

Appendix C – Commissioning Strategy Action Plan (update November 2008)

CAMHS Joint Commissioning Strategy Aug 08- Dec 09

Section	Action	Who will lead?	By when
5.4	Appoint a joint Children's Commissioner	PCT Director Strategy & Commissioning- PC/AD LBRuT	Mar-09
5.5	Extend the membership of JCG	Chair JCG	Jan-09
5.6	Establish Tier 2 network	Chief Officer Richmond Partnership/ Senior PMHW	March-09
5.7	Agree Service model and appoint primary mental health worker	JCG Chair and Co-Chair	Dec-08
5.8	Review and extend counselling provision	Chief Officer Richmond Partnership/ Senior PMHW	Mar-09
5.9	Review out-of-borough placements	AD Nursing/ Head of integrated CD Service/ Con Psychiatrist	Mar-09
5.10	Task group on Challenging behaviour & conduct disorder	AD LBRuT	Sep-09
5.11	Research into needs of vulnerable groups	Children's Commissioner/ Head Integrated Youth Support	Sept-09
6.2 & 7	Set up referral monitoring system & performance management arrangements	Chair JCG	Dec-08
6.5	Develop joint assessment arrangement with referrals/CAF	JCG Chair & Co-Chair	Dec-08
6.7	Ensure CAMHS specialist attend LSCB Child Protection courses	CAMHS Team Manager	Dec-08
6.8	Commission self-harm & suicide project including paediatric liaison	JCG Chair	Jan-09
6.9	Develop mental health in school proposal	JCG Chair & Co-Chair	Apr-09
6.10	Develop multiagency pathway for children with LD & emotional or behavioural problems	Head of Integrated CD Service	Jan-09
6.11	Implement protocol and action plan for children with mentally ill parents	Service Director SW London & St Georges	Dec-08
6.12	Develop sadness & depression pathway	Clinical Team Leader/GP Rep/ Chief officer Richmond P'ship	Dec-09
6.16	Set up 16-25 task group	To be confirmed	March-10
7.4	Review & Update Strategy	Chair JCG	Mar-09

To be noted that some timescales have been changed after discussion at CAMHS JCG meeting in September 2008

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