



Islington Child and Adolescent Mental Health Strategy

2009-2012

A decorative graphic at the bottom of the page consisting of overlapping wavy shapes in shades of green and yellow.

Contents

Section	Content	Page
1	Introduction	3
2	Vision and Values	4
3	National Policy Context	7
4	Previous strategy	12
5	Summary of Local Needs Assessment	14
6	Current Service Provision	17
7	Cost of services	19
8	User Views and Stakeholder Consultation	24
9	Service Gaps and Unmet Need	28
10	Strategic Aims	30
11	Recommendations	31
	Appendix A: Table of current CAMHS provision	40
	Appendix B: Further information regarding key policies of particular relevance to the development and delivery of CAMHS	45

SECTION 1: Introduction

1.1 Overview

- 1.1.1 This document is the strategy for child and adolescent mental health services (CAMHS) in the London Borough of Islington, for the period 2009-12 and builds upon and updates the previous strategy for the period 2006-2009.
- 1.1.2 As before, this strategy is a vision for improving services, and the way it is translated into action will be the real measure of its success. This document provides a working tool to assist progress and will be reviewed and revised as necessary.
- 1.1.3 The development of this strategy has taken place at a time of considerable change in all services for children and young people, not just CAMHS – with widespread moves towards services being categorized as *universal*, *targeted* and *specialist*.
- 1.1.4 These changes, alongside ongoing developments in joint or multi-agency working arrangements as a result of the Government's *Every Child Matters (ECM)* agenda and the *National Service Framework (NSF) for Children, Young People and Maternity Services*, have far-reaching implications for the delivery of local CAMHS in Islington now and in planning for the years ahead.
- 1.1.5 The following quote, taken from *Developing Comprehensive CAMHS: A Guide* (Young Minds, 2006) provides a useful summary:

“The emergent model of comprehensive CAMHS is based on the now established understanding that child and adolescent mental health is an integral part of children and young people’s health, development and well-being, and that CAMHS provision is embedded in a wider range of services for young people. This means that as well as comprising a range of specialist teams, providers of CAMHS work as part of universal health promotion and prevention programmes, in primary care, and in community health services and targeted provision for vulnerable groups – drawing upon a range of training, skills and approaches.”

1.2 Development of the strategy

- 1.2.1 Islington CAMHS Strategy and Commissioning Group has led on the development of this strategy which has been informed by an extensive process of consultation with key stakeholder groups from across the borough. From small-scale focus group meetings through to large events at the Emirates Stadium and the London Voluntary Resource Centre and encompassing young service users, parents and carers, and both frontline staff and managers from many different agencies in Islington working with children and young people, the consultation provided valuable information about what is working well within Islington CAMHS as well as suggestions for where there may be service gaps or areas of unmet need.
- 1.2.2 These findings, alongside analysis of the findings of the updated need assessment (the key findings of which are presented in Section 5) and analysis of CAMHS activity and cost data (outlined in Section y) have informed the recommendations for improving and developing CAMHS in Islington through 2009-2012.

SECTION TWO: Vision and Values

2.1 The context

“Children’s mental health and psychological well-being is now a priority concern for many people – and society as a whole – rather than just a specialist interest.”¹

2.1.1 The above quote, taken from the recently published CAMHS Review Final Report, highlights the importance now given to promoting the mental health of children and young people.

2.1.2 This builds upon and re-iterates the central message of previous national initiatives and government guidance such as the Every Child Matters (ECM) 5 outcomes and the vision set out in the National Services Framework (NSF) for Children, Young People and Maternity Services Standard 9 of a situation wherein:

“multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems.”

And:

“All children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.”²

2.1.3 Addressing these aims and supporting the development of accessible, high quality CAMHS for all children and young people, providing evidence-based models of treatment, in order to promote and support better mental health for **all** young people underpins this new strategy for Islington.

2.2 Building on the 2006-2009 strategy

2.2.1 In the 2006-2009 strategy the overall vision set out for all children and young people in Islington was of ‘One Islington’ and this remains our key aspiration.

2.2.2 Within this vision, all the organisations concerned with children and young people work together to make sure services are of the highest quality and easy to access and that every child and young person in ‘One Islington’ has the opportunity to achieve as much as they are able. Their parents, carers and communities have the support they need to nurture and care for them and all agencies within the borough will work to remove the barriers created by prejudice and inequality.

2.2.3 In addition however, and drawing upon recent national policy recommendations, all services for children and young people within Islington will work together in an effective and fully integrated way to provide:

- **Universal services** for all children and young people which will promote and support mental health and psychological well-being and which will “play a pivotal role in promotion, prevention and early intervention” (CAMHS Review report 2008).
- **Targeted services** for children and young people with specific needs including those with learning difficulties, serious behavioural problems, physical illness and those who are looked after.

¹ *Children and young people in mind* Final Report of the CAMHS Review (DCSF/DH 2008), Executive Summary page 9

² Department of Health/DfES (2006) Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services, page 8.

- **Specialist services** for those with complex, severe and/or persistent needs, with services being easy to access, readily available and based on the best evidence.

2.3 The vision for Islington CAMHS

2.3.1 Again drawing upon the final report of the CAMHS review, the vision for Islington CAMHS is to contribute to the above by working to achieve the following:

*“Local areas have to understand the needs of **all** their children and young people – at population and individual level – and engage effectively with children, young people and their families in developing approaches to meet those needs. For parents, carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly and in places they choose to go to.”*

2.3.2 In practice, this will mean developing and delivering a range of services that:

- Are **sensitive and responsive** to the social, emotional and psychological needs of all children and families in the borough.
- Span **all levels of need** including preventative work and early intervention through to the most specialist levels of care and treatment.
- Are **delivered flexibly from different settings**.
- Are provided by an **appropriately trained and experienced workforce** that draws upon and encourages **well co-ordinated, multi-agency approaches**.
- **Promote information sharing with parents, carers, children and young people** to ensure that they have up-to-date information about mental health and psychological well-being and about what services are available locally to help them.
- **Provide support and information for young adults approaching 18** who may require transfer to adult services of any type and where “services will focus on need, rather than age, and will be flexible” (CAMHS Review, final report 2008)

2.3.3 For those with more complex needs requiring specialised support, Islington services will provide **high quality assessments** which inform a clear plan of action and where there is a **lead person** as a main point of contact.

2.3.4 For children and young people who are vulnerable (for example, those with disabilities, or behavioural, emotional and social difficulties), assessments will consider **their mental health needs alongside all other needs, “no matter where the need is initially identified”** (CAMHS Review, final report 2008).

2.4 Values

2.4.1 The vision for Islington CAMHS is based on the following values that the CAMHS Strategy Group agree should continue to guide the provision and development of a comprehensive CAMHS service:

- Inter-agency strategy and collaboration must guide service development and change
- Integrated, multi-disciplinary, collaborative CAMHS must form the basis of comprehensive service provision

- CAMHS should be considered as an integral part of children's services and should be planned in line with Children's Trust development.
- CAMHS should have a well-organised interface with other children's services and with adult mental health services
- CAMHS should be available to all sections of the population and access should be equal for equal need
- Services should be provided according to the diverse needs of the local community, and should be provided appropriate to age; the particular needs of adolescents should be recognised
- Services should, where possible, be community based where there is greater access and acceptability to children, young people and families
- Services should actively promote the de-stigmatisation of mental health
- Services should be evidence based, consistent with standards of good practice and research findings, and subject to regular review and evaluation
- Services should make the best use of resources available and where resources are limited these should be targeted at areas of greatest need
- Users should be actively involved in the planning, provision and evaluation of services.

2.4.2 In making best use of available resources, and acknowledging that on its own, CAMHS will not be able to meet all local needs directly, it will be important that Islington CAMHS works to promote partnership working across agencies; for Islington CAMHS to maximise opportunities for supporting colleagues in other parts of the children's workforce, and for Islington CAMHS to take an active role in inputting into training and development of this workforce.

SECTION THREE: National Policy Context

3.1 Key policies and legislation

3.1.1 As described in the Islington CAMHS strategy 2006-2009, the following policies have played a key role in guiding the strategic direction of CAMHS:

- *The Children Act 2004*
- *The National Service Framework for Children, Young People and Maternity Services: Department of Health 2004*

3.1.2 More recently published and of importance in developing CAMHS in the years ahead are the following:

- *Youth Matters 2005*
- *Targeted Youth Support 2007*
- *The Mental Health Act 2007*
- *NHS Operating Framework 2008-2009*
- *The Children's Plan 2007*
- *Building Brighter Futures: Next Steps for the Children's Workforce 2008*
- *The Child Health Promotion Programme (CHPP) 2008*
- *Social and Emotional Wellbeing in Primary Schools. NICE guidance 2008*
- *Refocusing the Care Programme Approach 2008*
- *The National CAMHS Review*
- *Targeted Mental Health in Schools (TaMHS) programme 2008*

3.1.3 The key themes and recommendations of the National CAMHS review are wide ranging and include:

- The importance of **strategic leadership**, of CAMHS having **strong partnerships**, a **commitment to a multi-agency approach** and **good links to the wider Children's Trust agenda**.
- The importance of **promotion, prevention and early intervention** and of parents, carers, children and young people being able to access a wide range of services delivered by statutory, third sector and private providers in a variety of settings. Amongst the different areas of provision mentioned are schools, colleges, GPs, the police, youth services, play and leisure services, social care and school nursing services – with the conclusion that because in many areas of the country services operate as separate services, *“the resource and expertise available within universal services is not being used as effectively as it could be.”*
- That although there has been some improvement in access to specialist services, it is *“not always clear what parents can do if they are not able to access a service, or if they are not happy about a service that is being provided”* and this needs to be addressed.
- The need for a **needs-led system** and for clarity at the local level about **who is commissioning what** and about **what funding streams – direct and indirect** – can be used to help support children's mental health and psychological well-being.
- The importance of supporting young people in **transition between CAMHS and adult services**, with a recommendation that there should be national action by DH on this issue which should *“address those aspects of mental health policy that have an impact on the differing priorities and*

cultures of the two services” and which should assess the evidence of what has been found to work well.

- Recommendations regarding the **training and development needs of staff working in universal services** to assess the mental health and psychological well-being of young people, including that NHS areas and local authorities should develop a joint strategy for improving the capacity of children’s services to undertake this work. Alongside this, there is a need to **develop and disseminate information about evidence based practice**.
- A sustained focus over the next three to five years on developing **outcome measures** for children’s mental health and psychological well-being.

3.1.4 There are also likely to be significant implications for CAMHS with regard to the requirements in the **Mental Health Act 2007** that are specific to young people. This includes: arrangements when assessment for admission is needed; the provision of ‘age-appropriate’ inpatient facilities; the provision of advocacy support and Mental Health Review Tribunal (MHRT) procedures.

3.1.5 Changes to the **Care Programme Approach (CPA)**, in particular the move to one category rather than standard and enhanced levels of CPA, and the recommendation in the revised guidance that for children and young people CPA needs to be co-ordinated with other systems such as the children’s Common Assessment Framework (CAF), Special Educational Needs reviews and any local systems for Looked After Children, will also need to be considered.

3.1.6 As the DH guidance notes, it will be important to minimise the use of different approaches, to avoid duplication and to work towards agreeing clear links between the different frameworks. In particular, it will be crucial to ensure that young people are not overloaded with assessment and review meetings.

3.1.7 Finally a variety of PSA targets remain highly relevant to CAMHS services that concern the provision of services for adolescents aged over 16, early intervention support, services that are available 24/7, services for young people with learning disabilities and national waiting time limits.

3.1.8 Please see appendix B for further information regarding key policies of particular relevance to the development and delivery of CAMHS.

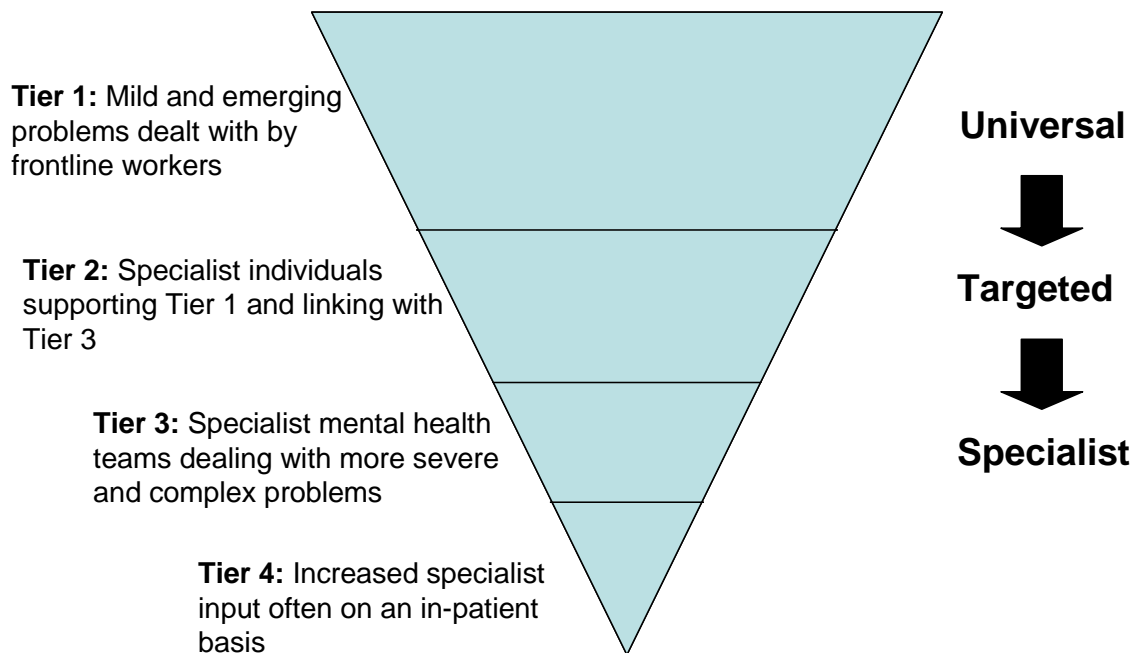
3.2 Delivering ‘comprehensive’ CAMHS

3.2.1 The term comprehensive CAMHS refers to all services that contribute to the mental health of children and young people whether provided by health, schools, children’s services, the voluntary sector or others. It is an acknowledgement that no one agency or type of service can effectively meet all types and severity of need.

3.2.2 Set out in *Together We Stand* (HAS, 2005) the four tier system is a conceptual framework for CAMHS designed to clarify roles, responsibilities and structures, not to completely reorganise services nor to be overly rigid or prescriptive in its implementation. The aim of such a framework is to ensure that timely, acceptable, appropriate help is offered to children, young people and their families by the most appropriate person(s) and to clarify referral routes between different levels of the system.

3.2.3 The 4-tiered structure for CAMHS commissioning is most usually depicted as the triangle or pyramid below. Recent language changes – i.e. the move to universal, targeted and specialist services – and the development of *stepped care*, still follow this conceptual model of, at the lowest levels (mild and emerging problems) providing services to the whole population in the least stigmatising *universal* settings, with services gradually becoming more targeted (in the middle tiers) on the smaller numbers of children and young people presenting with more complex problems, through to provision of the most specialist services at Tier 4/the top of the triangle.

Figure 1: The CAMHS tiers



3.2.4 In recent years, alongside changes in the language/terminology, there have been significant developments in the model of CAMHS, explained as follows in *Developing Comprehensive CAMHS: A Guide* by Kurtz and colleagues at Young Minds:

“CAMHS are increasingly seen as providing mainstream provision for children, incorporating two concepts:

- As a specialist service that has its primary function the provision of mental health care to children and young people by those with specialist training.*
- As a component of universal services for young people that addresses their mental health needs.³*

3.2.5 These changes in relation to the four tier model versus the universal, targeted and specialist model are also discussed in the CAMHS Review final report 2008 which states:

“both models are subject to local interpretation, although they share the same basic aim of helping people understand which services are available to everyone and which are available to some.”

The following definitions are also taken from the above report.

“Universal services work with all children and young people. They promote and support mental health and psychological well-being through the environment they create and the relationships they have with children and young people. They include early years providers and settings such as childminders and nurseries, schools, colleges, youth services and primary health care services such as GP’s, midwives and health visitors.

Targeted services are engaged to work with children and young people who have specific needs – for example, learning difficulties or disabilities, school attendance problems, family difficulties, physical illness or behaviour difficulties. Within this group of services we also include CAMHS delivered to targeted groups of children, such as those in care.

³ Kurtz, Z; Lavis, P; Miller, L. and Street, C. (2006) *Developing Comprehensive CAMHS: A Guide*. Learning from YoungMinds Training and Consultancy. London: YoungMinds

Specialist services work with children and young people with complex, severe and/or persistent needs, reflecting the needs rather than necessarily the ‘specialist’ skills required to meet those needs. This includes CAMHS at Tiers 3 and 4 of the conceptual framework (though there is overlap here as some Tier 3 services could also be included in the ‘targeted’ category). It also includes services across education, social care and youth offending that work with children and young people with the highest level of need – for example, in pupil referral units (PRUs), special schools, children’s homes, intensive foster care and other residential settings.”

3.2.6 The report also makes the important point that whichever model is used, a child or young person may be receiving services in one or more categories at any one time and that services can be delivered by public, private or voluntary/third sector providers.

3.3 Providing accessible and appropriate CAMHS services - the importance of provision at all tiers

3.3.1 A wide number of reports, including Standard 9 of the National Service Framework (NSF) for Children, Young People and Maternity Services *The mental health and Psychological Well-being of Children and Young People* have highlighted that many of the children, young people and families who could benefit from CAMHS are not accessing services – that is, that the current provision of services is still not well matched to delivering improved health outcomes for all children and young people.

3.3.2 A variety of factors have been identified, amongst which the style of delivery has been shown to be crucial, with *the* following being recommended in the NSF:

- Services able to respond flexibly and creatively.
- Services offered as near to home as possible, in a variety of settings, some with the opportunity for self-referral and including locations that may be seen as less stigmatising such as schools, family centres and the home, as well as traditional clinic settings.

In achieving the above, CAMHS working at Tier 1 and 2 have a crucial role to play.

3.3.3 Various reports also highlight that many referrals to CAMHS fail because people prefer to see someone they know, or at least someone in the service they know - hence the importance of Tier 2 in helping Tier 1 staff develop skills so they can work with the child/family, or offering co-work or direct work in a setting that is familiar to the child and family/carer.

3.3.4 In other situations, some children seen by professionals working at Tier 1 may need more help than Tier 1 staff unassisted can offer, but referral to a specialist service may well be unsuccessful (high eligibility criteria and waiting lists), inappropriate or not timely for the child and family.

3.3.5 In addition to providing an accessible and acceptable (to young people and families) entry point into CAMHS, the provision of support at Tier 2 services can be invaluable in improving service equity and the provision of targeted approaches, described by Kurtz and colleagues in the Young Minds guide as follows:

“Targeting services is an essential element in developing a comprehensive CAMHS because so many children and young people who are most risk of developing mental health problems have proved hard to reach through traditional service models.”⁴

3.3.6 Targeting is noted to involve mental health specialists working with staff in community and residential settings such as those for looked after children, young people leaving care, pupil referral units (PRUs), special schools, youth offending teams and young offender institutions.

⁴ Kurtz et al (2006) *Developing Comprehensive CAMHS: A Guide*

3.3.7 Other young people/groups that have been identified as traditionally hard to reach include:

- Young people who are homeless or living in temporary accommodation and
- Refugees and those seeking asylum.

3.3.8 Finally, and of key importance in this picture, is the role of parents and carers in promoting the mental health and psychological well-being of children and young people. This is a central theme of the CAMHS Review report which in recommending that all parents and carers should be able to access good advice and support, explains that the capacity of parents to nurture and promote the well-being of their children is:

“affected by the access they have to good local information, advice and service, and by the way these services work with them to meet their needs and support their children. This is crucial in determining how effectively their children’s needs are met.”

SECTION FOUR: Previous Strategy

- 4.1.1 Overall, the achievements in Islington since April 2006 have been impressive. All of the areas specified for development have been addressed with varying levels of success and in some areas the resulting service is exemplary.
- 4.1.2 Most of the CAMHS services provided in Islington are provided by the Islington NHS's (formerly known Islington Primary Care Trust) CAMHS service. Since the last strategy was produced a particular strength of this service has been the establishment of **routine outcome monitoring** in each of the CAMHS service teams. This involves the routine use of clinically validated tools to assess changes in global functioning before and after a course of treatment, obtaining feedback from service users and referrers and feeding this information back to clinicians to inform their clinical practice and improve the way in which services are delivered. Routine outcome monitoring in different service areas varies between 25-50%. This figure is not as high as previously anticipated because of reductions in posts as a result of a savings programme. However, commitment to this practice is well embedded and routine outcome monitoring is being undertaken as comprehensively as possible within existing resources.
- 4.1.3 In accordance with the strategy, there has been a clear focus on **prevention and early intervention** as shown by the commitment of the NHS Islington CAMH service to improving accessibility by locating itself wherever possible within universal services. Both the service now known as Islington Community CAMHS that provides clinics in all 11 Health Centres and works with Children's Centres and Primary Schools and the CAMHS Education Service that provides CAMHS in secondary schools have resulted in CAMHS having a bigger 'reach' than would otherwise have been the case and feedback from referrers and service users have shown both services to be both effective and in demand.
- 4.1.4 Gaps in services to vulnerable groups identified in the last strategy **i.e. to young people with learning disability** and to **refugees and asylum seekers** have been addressed through:
- the reconfiguration of funding to support the establishment of an albeit modest neuro-developmental team within the Tier 3 service (that works with young people with severe and moderate learning disability, attention deficit disorder, those on the autistic spectrum etc) and
 - commissioning the Refugee Therapy Centre to work with refugees and asylum seeking families with children and unaccompanied asylum seeking children and young people. The Centre can provide therapy in 13 languages.
- 4.1.5 The development of more **intensive community interventions** for severe and chronic mental health need groups has been addressed through a number of initiatives as follows:
- An intensive programme for working with conduct disorder was piloted and successfully evaluated and this model has since been used by Children's Social Care in setting up a Multi-Agency Support Service (AMASS) which includes CAMHS. This service is working with young people at risk of becoming looked after by the Council or those children and young people who are already looked after and whose placements are at risk of disrupting.
 - New Directions, a multi-agency day unit for young people with social, emotional and behavioural problems was successful in enabling young people to remain within their local community and reducing the need for joint funded placements out of borough. Psychiatric and Social Care input worked well but despite individually tailored educational packages the unit failed to demonstrate that it was meeting Ofsted requirements and after failing its Ofsted inspection, the unit was closed.

- A CAMHS treatment team for young people with drug and alcohol problems was established and is now integrated into a wider outreach team.
 - The Adolescent Outreach Team (AOT) was reconfigured following decommissioning of the service by Camden and in accordance with the strategy, some funding was redirected to enable the team to continue to provide outreach services to young people in Islington with severe and enduring mental health problems who would otherwise be unable to access clinic based services.
- 4.1.6 **Service user feedback** from users of the NHS Islington CAMH service has been consistently positive over the last 3 years. However, progress in relation to user involvement in strategic planning of Tier 2/3 services has been slower than planned. At Tier 4, an independent advocacy service has been established at Simmons House, the NHS Islington's adolescent psychiatric inpatient unit and together with the Young People's Council at Simmons House, this has facilitated improved involvement of service users in service planning and delivery within the unit.
- 4.1.7 Regarding cover for **urgent and emergency need**, a duty system was established within the NHS Islington CAMH service and the CAMHS Liaison Services at the Whittington, UCLH and Royal Free hospitals are providing emergency services to young people presenting there with self harm, suicidal ideation, psychosis or other acute mental health problems. The New Beginning Acute Psychiatric Unit has continued to be commissioned to provide acute inpatient care to Islington patients and over the last 3 years no young people have been admitted onto adult wards unless they were nearing their 18th birthday and this was considered to be clinically appropriate.
- 4.1.8 **Improved services for young adults:** The NHS Islington CAMH service is responsible for young people up to the age of 18yrs but also provides services to care leavers up to 21yrs and in some cases 25yrs. In accordance with the strategic aim of improving services to 16 and 17 year olds, a review of Tier 2 provision to both 16 and 17 year olds and 18 and 19 year olds was carried out and this resulted in the de-commissioning of a service provided by a voluntary sector provider and the re-commissioning of the Brandon Centre providing similar services but to more Islington young people. This service and the Tavistock Clinic are both providing services to Islington young people across transition i.e. up to 25 years. However there are still problems regarding transition from CAMHS to adult mental health services.
- 4.1.9 In relation to ensuring that young people requiring Tier 4 hospital services (inpatient/day/outpatient) receive safe and effective care, the Adolescent Outreach Team is providing CAMHS input to all young people in private sector or other NHS Tier 4 placements and a multi-agency Tier 4 panel was established in November 2006 which reviews all such cases monthly. The rebuild of Simmons House has been supported; completion was delayed but is now expected by March 2009.
- 4.1.10 Improvements to **strategic planning and commissioning** include the following:
- More inclusive CAMHS strategic partnership established with addition of a parent representative, voluntary sector representative, school governor, head teacher and more recently a Children's Centre head.
 - Service Level Agreement drawn up for the provision of the NHS ISLINGTON CAMH service and quarterly monitoring in place since April 2008.
 - Improved contract monitoring with all other commissioned services e.g. New Beginning, Tavistock Clinic, Refugee Therapy Centre and Brandon Centre.
 - All cases of young people with social, emotional and behavioural problems in placements that are funded by the Joint Agency Panel are reviewed by a CAMHS worker visiting and contributing to a multi-agency review. This process is working well.

SECTION FIVE: Summary of Local Needs Assessment

5.1 Overview

5.1.1 There is a comprehensive Needs Assessment that accompanies this strategy and upon which the strategy is based. Unlike the previous Needs Assessment it includes activity data regarding all CAMH services including those commissioned from the voluntary sector, other NHS trusts and the private sector. The following is a summary of some of the key points contained within it:

5.2 Population served

5.2.1 There are currently approximately 40,500 children and young people aged 0-19 living in Islington, accounting for just under one fifth of the local population, which is a lower proportion than the national average.

5.2.2 CAMH services in Islington are provided to children and young people who are of the following:

- resident in the borough,
- registered with a GP in the borough or
- attend a school in the borough or
- are looked after by Islington Council⁵

5.2.3 The reference population used in the needs assessment for the calculation of percentages of needs met is the resident population, but it should be borne in mind that activity levels refer to clients from all of the above populations served.

5.2.4 Additionally, the CAMH services in the borough see children and young people presenting at A&E at the Whittington who may not fall into any of the above categories, young adult care leavers up to the age of 25 and women experiencing postnatal depression.

5.3 Level of population need

5.3.1 The level of need for child and adolescent mental health services in Islington has been estimated from a survey undertaken by the Office of National Statistics in 2004⁶, adjusted for Islington's higher need. The survey estimated the prevalence of mental health disorders in the 5-16 year old population. Nationally, it found a prevalence of mental health disorders of 10% among this age group. An earlier ONS survey found that mental disorders were more likely among children affected by indices of socio economic deprivation. Taking this into account⁷, the estimated level of need in Islington in 2007 was 36% higher than expected when compared with the national average. This was equivalent to 3,179 children and young people or 1 in 7.6 children and young people aged 5-17 with a mental health disorder.

5.4 Risk and protective factors

5.4.1 There are a range of risk factors or circumstances that may put a child or young person at greater risk of developing mental health problems. There are also many protective factors which increase resilience to developing mental health problems in children and young people and help children and young people to flourish. Risk and protective factors may be related to the child themselves; to their family; their environment or community; or life events. There are higher levels of need associated

⁵ Subject to some qualifications outlined in the updated Responsible Commissioner Guidance 2007

⁶ The survey identifies prevalence of a diagnosable mental disorder, which is where the emotional wellbeing and mental health reported by an individual are likely to meet criteria for a diagnosed mental health condition, but the individual has not usually had a diagnosis in a clinical setting by a qualified mental health professional.

The survey included young people aged 5-16 so to estimate prevalence for children up to 17 years, the prevalence of mental health problems among 17 year olds is assumed to be that of 16 year olds.

⁷ ONS Survey adjusted for differentials in the proportions of different types of housing tenure in the borough as a proxy measure for deprivation

with children and young people experiencing disadvantage (such as poverty, multiple deprivation), experiencing discrimination and living in single parent family households.

5.4.2 The relatively high level of risk factors for children and young people within the borough highlights the importance of wider preventive actions across children’s services, for example through the Children and Young People’s Plan, and across all partners in the borough, for example through the Sustainable Community Strategy and Local Area Agreement, to address the wider social and economic determinants of mental health and to support evidence-based interventions that can directly promote mental health and wellbeing.

5.4.3 Vulnerable children are also likely to have higher levels of need for CAMHS. They include:

- Children with learning disabilities
- Children with chronic physical illness
- Refugees and asylum seekers
- Homeless children
- Children subject to a Child Protection Plan
- Children affected by domestic violence
- Children in the Criminal Justice System
- Young people abusing drugs/alcohol
- Children with parents with mental ill health or problems with drug/alcohol misuse.
- Looked After Children and care leavers
- LGBT (lesbian, gay, bisexual, trans) young people

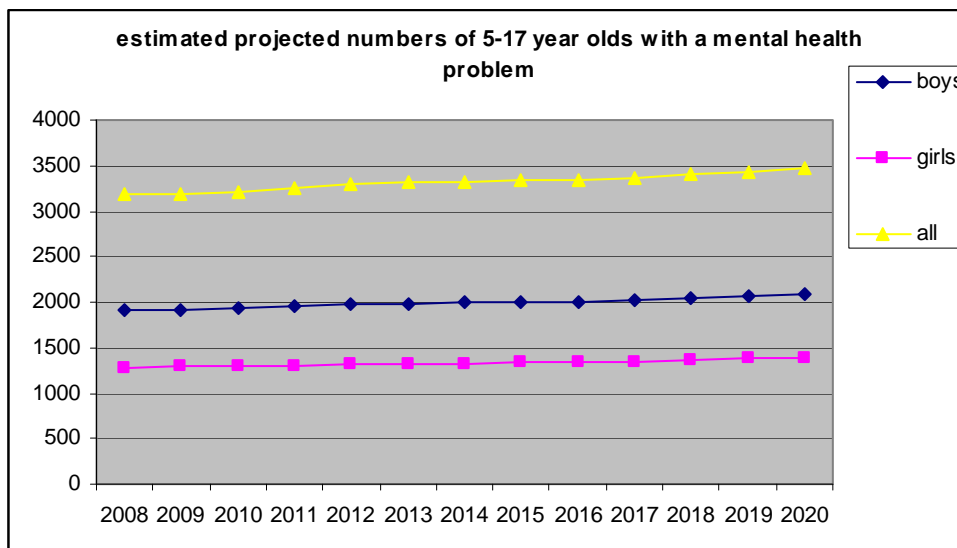
5.4.4 Again, services targeted towards these groups need to actively promote mental health and well being as well as linking in to CAMH services for consultation and direct help as required.

5.5 Trends in mental health problems

5.5.1 The projected numbers of children and young people with a mental health disorder to 2020 is shown in the figure below, based on projected changes in the population of the borough over the period. This projection assumes that the underlying prevalence of mental health disorders remains constant (i.e. that the relative balance of risk and protective factors that relate to Islington remain the same). This may not hold over the period: it is likely that some of these e.g. housing issues and the wider determinants of mental health e.g. social and economic deprivation, will change over the timescale.

5.5.2 In the immediate three year period covered by this strategy, particular consideration should be given to the potential nature and duration of the current economic downturn and the impact it may have on parents and carers and children and young people.

Figure 2: projected numbers of children and young people aged 5-17 with any mental health disorder from 2008 to 2020.



5.6 How much of Islington's need is being seen by CAMHS ?

- 5.6.1 In 07/08 the proportion of need that was seen by CAMHS in Islington was 46.8%. This is higher than the national average which is estimated at 40%.
- 5.6.2 The proportion of need seen amongst males was higher (44.6%) than amongst females (42.8%) although this difference was not statistically significant. This suggests that CAMHS appear to have been equitable in seeing the overall mental health needs of both genders in 2007/8.
- 5.6.3 Although more boys and young men were seen at Tiers 2 and 3, 70% of patients seen at Tier 4 by CAMHS services were young women. This needs to be taken into account in planning community based alternatives to inpatient care.
- 5.6.4 The proportion of need seen among 5-10 year olds (49.4%) was significantly higher than for 11-17 year olds (40.3%), suggesting that in 2007/8 CAMHS were better at addressing the need of younger age groups. This was true for both males and females. This strategy should seek to ensure that the needs of older children and young people are met as well as those of younger children.
- 5.6.5 The overall proportion of need seen by CAMHS among White communities, Black communities and those from 'other' ethnic backgrounds were not statistically different from the borough average.
- 5.6.6 The proportion of need seen among Asian communities was significantly lower (31% compared to 43%), indicating that in 2007/8 CAMHS appeared to be less effective at seeing children and young people from Asian communities, relative to need. It should be borne in mind however, that since only 8% of the 0-19 population is of Asian origin, the numbers of young people who fall into this category is relatively small.
- 5.6.7 Across 5-17 year olds the proportion of need seen among Black communities was not significantly different from the borough average (43.1%), among 11-17 year olds it was significantly lower (36.1%) and among 5-10 year olds it was significantly higher.
- 5.6.8 Education and social workers were more likely to refer children and young people from Black and Black British communities than other referrers.
- 5.6.9 In relation to specialist CAMHS and in particular, psychiatric in-patient provision, there was a year on year increase in inpatient activity over the three years 2005/06, 2006/07 and 2007/08 amounting to an overall increase of 18%. There was also a greater level of expenditure on these services in 2007/08 relative to other CAMHS provision in the borough compared with the national average and comparators. This has since been reducing. (Please see Section 7 for more details.)

5.7 Data collection

- 5.7.1 To improve the quality of future needs assessments and to assist commissioners and services to assess how equitably mental health needs are being met, improvements to routine data recording are required in relation to the following details: GP, postcode, school, disability, diagnosis and outcomes. The completeness and quality of information about mental health need dealt with by A&E Departments also needs to be improved to enable better understanding of how well mental health needs are being met across all services.

SECTION SIX: Current Service Provision

6.1 The Establishment of Islington Community CAMHS within NHS Islington CAMH Service in 08/09.

6.1.1 Following a presentation at the CAMHS Strategy and Commissioning Group by the Head of the NHS Islington CAMH Service, the group supported the proposals to integrate the (Tier 2) Community Child and Adolescent Service (that provides CAMHS within Health Centres and links to Children's Centres and primary schools) with the (Tier 3) Child and Family Consultation Service based at the Northern Health Centre. The purpose of this was to:

- Create continuity of care (in response to issues raised in user consultation)
- Reduce duplication and
- Increase flexibility of clinical decision making

6.1.2 This has resulted in the establishment of an integrated team referred to as **Islington Community CAMHS**.

6.1.3 The core components of this are as follows:

- The majority of all new referrals to be seen initially in community clinics for two/three appointments.
- If required, cases to be brought to the multi-disciplinary team for discussion before completion of three sessions.
- If further appointments are required, these to be provided either in the community clinic (for a further three appointments) or by receiving a multi-disciplinary clinical intervention at the Northern Health Centre.
- After six months, a review meeting is required in order to plan and agree further work from the service.

6.1.4 Within this framework, Islington Community CAMHS is expected to deliver interventions in as flexible a way as possible but also to ensure that waiting times for appointments remain similar to current provision.

6.1.5 The expectation is that flexibility will include both flexible entry into treatment and flexible exits. The service is also expected to maintain continuity of clinician relationship where possible, providing this is consistent with clinical need.

6.1.6 Islington Community CAMHS is actively supported by clear liaison arrangements with the CAMHS Outreach Service and CAMHS Neurodevelopmental (Disability) Services.

6.1.7 Within Islington Community CAMHS, the CAMHS provision into Children's Centres and primary schools has continued and has been unaffected by this restructuring.

6.1.8 This new arrangement was implemented in November 2008. This is a significant change that is yet to become embedded.

6.2 Implications for the rest of the Islington NHS Islington CAMH service

6.2.1 The CAMHS in Children's Services, CAMHS Education Service, CAMHS Outreach and Simmons House inpatient unit have not been included in this restructure for the following reasons:

6.2.2 **CAMHS in Children's Services** was managerially relocated as part of the new integrated CLA service from the beginning of April and there have been no specific proposals to change service

delivery for this clinical team. The service improvement priority continues to be increasing integration of service provision between the CAMHS CLA team and the CLA Health Team (that deals with health assessments and the physical, including sexual health, of CLA).

- 6.2.3 **CAMHS Education Service:** This was not included in changing the interface between Tier 2 and Tier 3 on the basis that it is increasingly recognized that the tiered model of service design does not adequately describe the current work of the CAMHS Education Service. It was proposed that CAMHS Education Service is seen as a specialist service to education settings providing a short and long term treatment service within education settings.
- 6.2.4 **The CAMHS Outreach Service** is focussing on developing specialist Tier 4 provision as part of integrated service provision for young people needing to receive inpatient hospital admission. It also acts as a resource to the other service areas.
- 6.2.5 A recommendation of this strategy is that consideration is given to extending the integrated Tier 2/3 model that has been developed for Islington Community CAMHS to all the outreach services in the community e.g. the CAMHS Education Service, CAMHS in the Youth Offending Service, CAMHS in Children's Services and CAMHS in Pulse N7.

FOR FULL DETAILS OF ALL OF CAMHS SERVICES PROVIDED IN 2007/08, PLEASE SEE APPENDIX A.

SECTION SEVEN: Cost of Services

7.1 Overview

7.1.1 The total cost of the CAMH service for Islington’s children and young people in 2007/08 was £7,583,437⁸. This consisted of two elements:

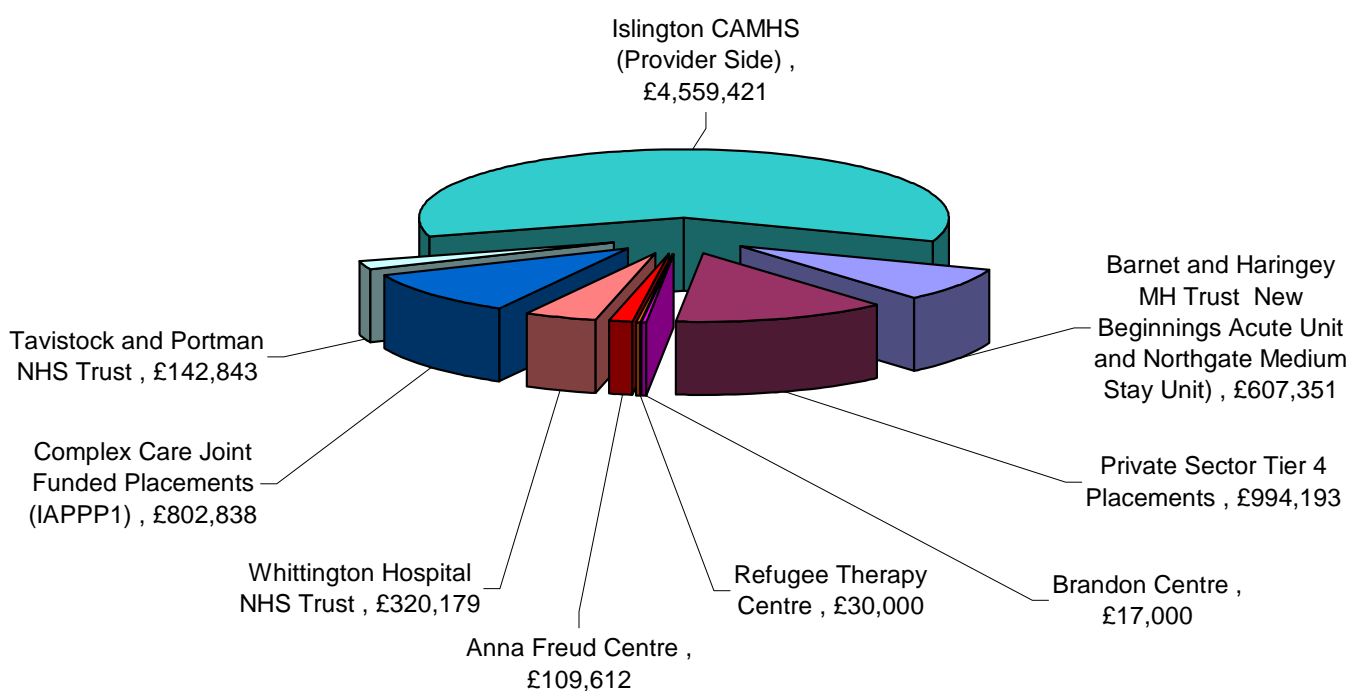
- the cost of services provided by NHS Islington CAMHS which was £4,559,421 and
- the cost of services commissioned by NHS Islington and provided by other providers e.g. Mental Health Trusts, the private sector and voluntary organisations. In 2007/08 the spend on these services was £3,024,016.

7.2 All CAMHS

7.2.1 See Figure 3 below for a pie chart showing the cost of all CAMHS services in 2007/08. Details of these services (including activity data) are contained within the tables in Appendix A.

Figure 3: Cost of all CAMHS services 2007/08

Total Spend on CAMHS Services in 07/08: £7,583,437



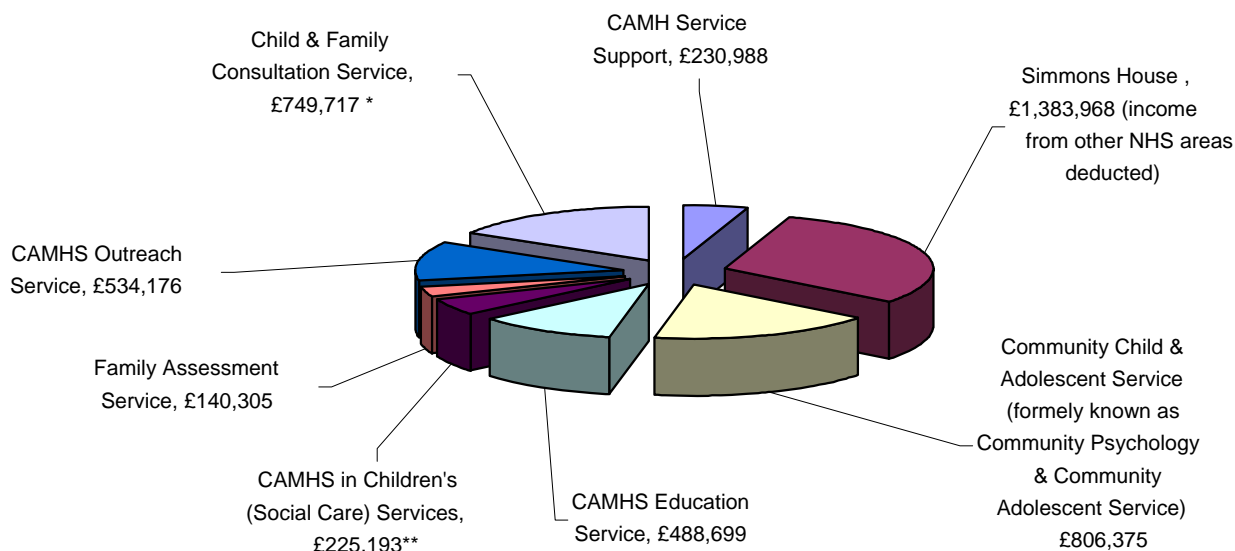
7.3 Services provided by the NHS Islington CAMH service

7.3.1 See Figure 4 for a pie chart showing the cost of services provided by NHS Islington CAMHS in 2007/08.

⁸ Specialist Commissioning costs not available at time of writing this report so not included: Tavistock Specialist Services and those provided by Great Ormond Street Hospital. Also not included: cost of Liaison services at UCLH and Royal Free Hospital

Figure 4: Cost of services provided by NHS Islington CAMHS in 2007/08.

Total Spend on NHS Islington CAMHS in 07/08: £4,559,421



* Includes £44,044 for CAMHS Medical Services

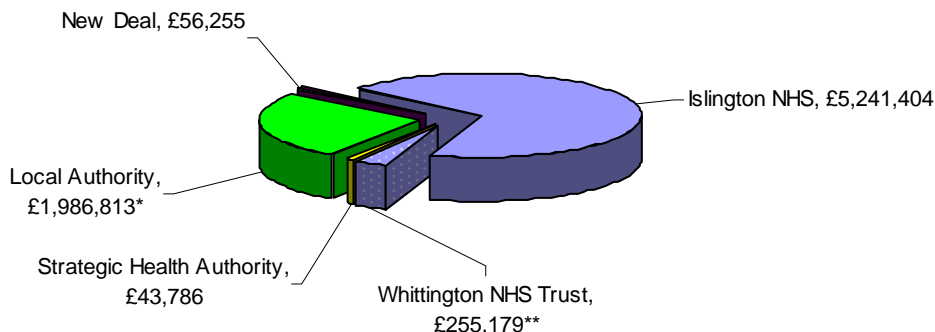
** Includes approximately £70,000 from CAMHS grant via Children's Social Care

7.4 Funding Sources for CAMHS

7.4.1 Since 2003/04 the CAMH services in Islington have expanded significantly as a result of the CAMHS grant which since 03/04 has been paid annually by the Department of Health/Department of Children, Schools and Families to Local Authorities. Up until and including 2007/08 this was paid to the Local Authority as ring fenced money for CAMHS that could only be spent with agreement from NHS Islington, Children's Social Care and Education. The grant increased year on year from 03/04 to 07/08.

Figure 5: Funding sources for all CAMHS services

Funding Sources for all CAMH Services 07/08: £7,583,437



* Includes CAMHS grant of £1,062,000 – since 08/09 part of the Local Area Agreement

** CAMH services commissioned by NHS Islington

7.4.2 In 08/09 the CAMHS grant was reduced by 297K, it ceased to be ring fenced and was paid into the Local Area Agreement (LAA). The Council agreed for this to be used exclusively for funding CAMHS services.

7.4.3 To date, almost all of this funding has been used to expand the NHS Islington CAMH service.

7.4.4 In future years this funding may be the subject of competing demands to fund other services, not necessarily related to mental health.

7.4.5 See below for further details of CAMHS grant and since 08/09, Local Area Agreement funding.

Year	03/04	04/05	05/06	07/08	08/09	09/10	10/11
CAMHS Grant/LAA	553K	793K	1,022K	1,062K	765K	807K	853K

7.5 Funding Sources by Type of Service

7.5.1 Specialist Services:

- NHS Islington funds all 100% of psychiatric inpatient care. In 2007/08 this cost £2,985,512⁹.
- NHS Islington also pays 32% of the cost of placements for children that are jointly funded by Health, Children’s Social Care and Education via the Joint Agency Panel. In 07/08 NHS Islington’s contribution to complex care placements for children with emotional, social and behavioural problems (JAP1) cost £802,838.

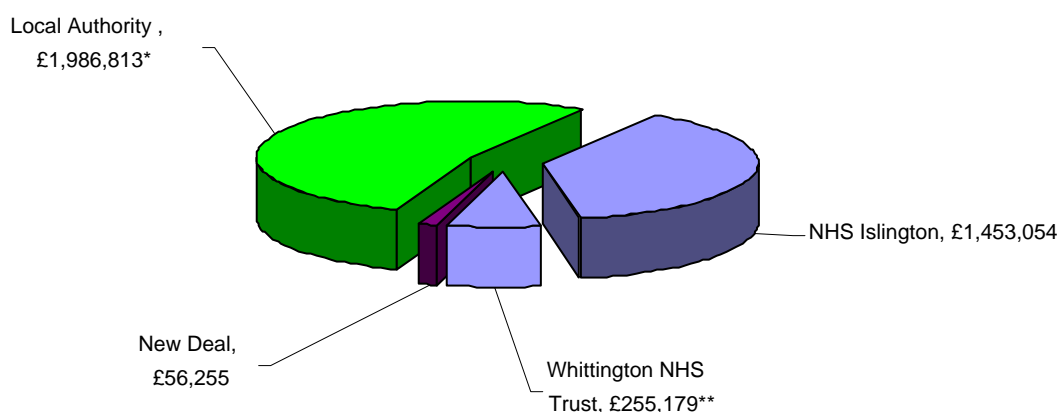
Total of the above: £3,788,350

NB: The cost to Children’s Social Care and Education for the above placements funded via the Joint Agency Panel (JAP1) was £824,478 and £402,652 respectively.

7.5.2 Targeted Services:

Figure 6: Funding sources for targeted services

Funding Sources for Targeted Services (CAMHS Tiers 2 and 3) 07/08: £3,751,301



* Includes CAMHS grant of £1,062,000 – since 08/09 part of the Local Area Agreement

** CAMHS services commissioned by NHS Islington

⁹ Cost of services commissioned from Great Ormond Street via Specialist Commissioning not included

7.5.3 All the NHS Islington Community based CAMH Services received CAMHS Grant funding in 07/08 which included the following:

- The Child and Family Consultation Service (Tier 3) : £200,022
- The CAMHS in Children's Services team: £112,253 plus 72K indirectly via Social Care
- The CAMHS Outreach Service: £82,754
- The CAMHS Education team: £139,076
- The Community Child and Adolescent Service (now integrated with the Child and Family Consultation Service to form Islington Community CAMHS team): £154,351

The total amount of CAMHS Grant received by NHS Islington CAMHS was £1m.

7.5.4 In addition, NHS Islington CAMHS received funding from other Local Authority sources including:

- Early Years: 201K
- Cambridge Education: Behaviour Improvement¹⁰ (172K), Behaviour Support (30K), Parenting from Extended Schools (15K), Parenting Support 15K,
- Social Care: CAMHS input into AMASS (Multi-agency Family Support Service) 109K, Family Assessment Service (148K)
- Drug and Alcohol Action team: £165K

This amounted to a total of £966K.

All of the CAMHS Grant funding and some of the above funding is now included in the Local Area Agreement.

This amounts to funding for approximately 53% of all targeted services.

It is vital that decisions are made to support the long term sustainability of targeted services in order to ensure that mental health needs are identified early and that effective early intervention services are in place to improve outcomes for children and young people with mental ill health and also reduce the future demand for more specialist services, including inpatient and complex care placements.

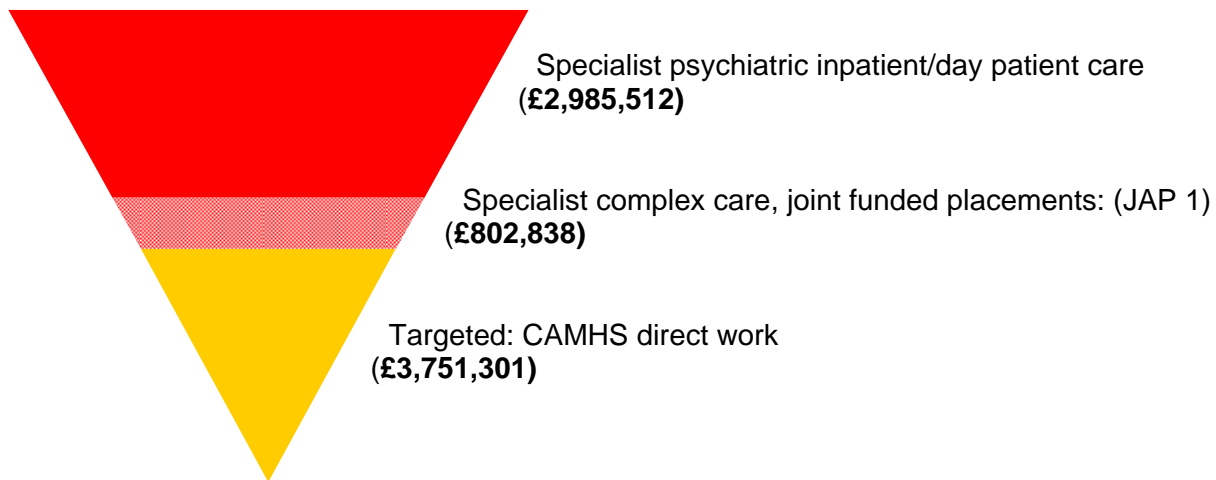
The funding for targeted services is also directly linked to the capacity of CAMHS to meet the NHS target of no more than 18 weeks wait from referral to treatment for what is known as 'consultant led' services. Within targeted CAMHS, consultant led services include Islington Community CAMHS, the Child and Family Consultation Service (including the Neurodevelopmental team), the CAMHS Outreach Service and the CAMHS Liaison service at the Whittington hospital. In the first half of 08/09 the CAMHS teams that were outside of the 18 week wait were the Child and Family Consultation Service and the Neurodevelopmental Team.

7.6 Commissioning of Targeted Services

7.6.1 Outside of the CAMHS Strategy and Commissioning Group, separate commissioning processes and decision making takes place with commissioners for services to Children's Centres and for Drug and Alcohol provision within the Safer Islington Partnership. It is recommended that in future all commissioning of CAMHS is co-ordinated with the CAMHS Strategy and Commissioning Group and through the CAMHS Commissioner, with wherever possible, a unified monitoring system.

¹⁰ Service funded by the Schools Forum

Figure 7: Analysis of the spend on CAMHS for Targeted and Specialist Services (i.e. across Tiers 2-4) for 07/08. (Details of the spend on universal services is not available at the time of writing this report.)



7.7 Spend per child seen at each level of service

7.7.1 The CAMHS Needs Assessment showed that the total spend on targeted services in 07/08 per child seen was **£1,380** per child. This included the spend on all CAMHS excluding the spend on the health contribution to joint funded placements (JAP1) for children with emotional, social and behavioural problems and the spend on inpatient psychiatric care.

The spend on the health contribution to joint funded placements per child in 2007/08 was **£29,738**.

The spend on inpatient psychiatric care in 2007/08 per child was **£110,575**.

The conclusion from the above is that there is a need to invest in services that can avoid the need for a joint funded placement or a placement in inpatient psychiatric care, or reduce the length of stay in these placements.

The cost of the Adolescent Outreach Service that provides community based services for children with severe and enduring mental health need was **£ 4,645** per child.

7.7.2 On the basis of this it is recommended that:

- Intensive integrated working across Health, Education and Children's Social Care is developed to prevent the need for JAP placements and placements in inpatient psychiatric care.

7.7.3 In pursuing the above, efficiency links between the following need to be considered:

- The Adolescent Outreach Service – that works to support young people with severe and enduring mental health need
- Multi-Agency Adolescent Support Service (AMASS) - commissioned by Children's Social Care to work with young people with conduct disorder who are at risk of becoming looked after or who are already looked after and at risk of a placement disruption
- The Islington Young People's Drug and Alcohol service (IYPDAS) that works with young people affected by substance misuse.

7.7.4 Robust community based alternatives to both joint funded placements and in –patient psychiatric care need to be developed.

- 7.7.5 In relation to young people with mental health problems who are placed in Pupil Referral Units and are unable to be re-integrated into mainstream education, there is a need for funding to more efficiently 'follow the child' so that multi-agency care packages can be created that enable the young person to remain within the community and avoid the need for expensive out of borough joint funded placements.
- 7.7.6 There is a need to strengthen the Adolescent Outreach Service and include within this multi-agency input, particularly from Young People's Services.
- 7.7.7 Provision for Early Intervention in Psychosis (EIS) for young people aged under 18 also requires development and various options for the provision of the Early Intervention in Psychosis model of care need to be pursued. This should include further exploration of the role of the Adolescent Outreach Team and the possibility of the EIS Service (run by Camden and Islington Mental Health Trust) taking on responsibility for working with Islington's young people presenting with first onset of psychosis aged 14 and over.
- 7.7.8 There is a need to create a greater synergy between the Adolescent Outreach Team and the NHS Islington's inpatient psychiatric unit (Simmons House) with a view to providing more effective 'step up' and 'step down' provision.
- 7.7.9 The use of Simmons House in- patient unit to support community based provision needs to be maximised.
- 7.7.10 The Tier 4 Panel, a multi-agency panel that meets monthly to review all children in inpatient psychiatric care, needs to have appropriate representation from Education and Young People's Services in addition to the current membership from Health and Social Care. Consideration should also be given to including representation from adult mental health services, given the often complex issues around transition.

7.8 Trends in provision of in- patient and day- patient psychiatric care against predicted need.

- 7.8.1 The Needs Assessment showed that in relation to the provision of psychiatric inpatient care for under 18 year olds, the Royal College of Psychiatrists estimates that NHS areas require 20-40 beds per million overall population. Using the top of these 2 figures (in the light of high indices of socio-economic deprivation in Islington) and given our population of 185,488, this would suggest that Islington requires 7.4 beds.
- 7.8.2 Averaged out over the year, Islington used 9.5 beds in 2005/6, 10.8 beds in 2006/07 and 11.2 beds in 07/08. As at the end of December 2008 the average number of beds used over 3.75 years was 10.38.
- 7.8.3 The above suggests that over this period there has been an average over-provision of 2.98 beds per year or 1087 bed days. This can be addressed by reducing the number of admissions or the length of stay, or both. Taking the 08/09 cost of a bed at Simmons House (£583 per day) as the average cost of a bed, the cost of this level of over-provision is 633k.

7.9 Models of psychiatric care

- 7.9.1 Currently inpatient care is being provided to Islington patients by a combination of the following:
- A block contract with New Beginning Acute Unit run by Barnet, Enfield and Haringey Mental Health Trust which provides acute care for young people for up to 42 days. This unit is jointly commissioned between NHS Barnet, Enfield, Haringey, Camden and Islington.

- A cost and volume agreement with Simmons House for the provision of 1145 Occupied Bed Days. Simmons House has until recently been categorised as a 'medium stay' unit i.e. taking admissions on a planned basis for up to a year and on average, for a period of 7 months.
- Spot purchasing in the private sector as needed.

- 7.9.2 A recommendation of this strategy is that Simmons House is encouraged to provide a more flexible model of care in the future and that lengths of stay within the unit should be monitored in line with the general re-focusing of the service towards a model of care based on shorter lengths of stay and more acute, rather than medium-term, management.
- 7.9.3 In supporting the re-development of Simmons House, the use of other Tier 4 inpatient resources (and funding arrangements), will need to be reviewed.

7.10 Changes to inpatient care arrangements – risks

NHS Islington is in an unusual (and possibly unique) position of running an adolescent psychiatric inpatient unit. (Usually these are run by Mental Health Trusts serving a number of NHS areas, or the private sector). In addition to its cost and volume agreement with NHS Islington, its financial viability depends on it also attracting patients from other NHS areas.

- 7.10.1 Islington does not require exclusive use of an in-patient unit. However, having a local unit that is part of the overall CAMHS Service offers the potential to provide significant support to strengthening community based services within the Borough, which has not yet been fully realised.
- 7.10.2 If Islington takes advantage of the new flexibility being offered by Simmons House (taking acute admissions as well), there is a risk that the New Beginning contract will be under used.
- 7.10.3 There is little that can be done to mitigate against this. However, in order to minimise overall risk, this strategy does not recommend immediate changes to the contract with New Beginning.
- 7.10.4 The reason for this is that if Islington were to disinvest from the New Beginning contract before other NHS areas had committed to purchasing beds from Simmons House and Islington NHS Provider side was then unable to attract sufficient custom from other areas for the unit to remain financially viable, the NHS Islington commissioning side would be left without any NHS in-patient psychiatric provision.
- 7.10.5 Islington NHS would then be required to purchase all of its psychiatric care for young people from the private sector. This would be an undesirable situation in terms of poorer outcomes for young people as a result of having to be placed further away from their local area. It would also result in substantial extra costs to the NHS Islington given the higher bed costs in the private sector in comparison to the NHS, particularly in relation to the provision of acute inpatient care.

Instead, this strategy recommends that Simmons House seeks to be commissioned by at least one other NHS area or Mental Health Trust (rather than beds being individually spot purchased) and that NHS Islington reviews the position regarding the New Beginning contract by September 2009 with a view to possible disinvestment from that contract or other changes by the financial year beginning in April 2010.

- 7.10.6 Nationally the Care Services Improvement Partnership has recognised that the procurement of inpatient care needs to be done on a regional basis and there are plans for this to be undertaken in future by Specialist Commissioning at NHS London. There is therefore likely to be better co-ordination of the purchasing of inpatient care from 2010/11 onwards.

7.11 Redirecting resources from specialist inpatient services to community based specialist and targeted services.

7.11.1 Over 3 years this strategy aims to redirect resources towards community based alternatives to inpatient psychiatric admission with a view to reducing the provision of in-patient psychiatric care to the levels indicated by the Royal College of Psychiatrists as being proportionate to the size of Islington's population, thus generating a saving by 2011/12 of 633k.

7.11.2 This aim is also underpinned by a wish to deliver services, whenever possible, in the most 'normal' and least stigmatising settings for young people, and in ways that maximise the maintenance of young people's links with their families, peers and local community and their continued involvement in school or college, training or employment. It also concords with the general emphasis within the CAMHS review of focusing greater activity in universal and targeted provision and of the overarching principle set out in our vision (para 2.4.2) of promoting partnership working across all agencies, and for Islington CAMHS to maximise opportunities for supporting colleagues in other parts of the children's workforce through its indirect work and input into training and consultation activities.

7.11.3 It is planned that the savings generated by the above realignment of services will offset the reduction in the CAMHS grant from the level in 2007/08 and will also allow re-investment in improving targeted mental health services within the community in line with the overarching priorities outlined within this strategy.

7.11.4 The following table gives targets for:

- reducing occupied bed days
- invest to save
- projected save on specialist services (inpatient or community based)
- re-investment in targeted mental health services in accordance with this strategy.

	Average for 05/06 to Dec 09	Target for 09/10	Target for 10/11	Target for 11/12
Occupied Bed Days (OBD's)	3788	3426	3064	2701
Projected save on OBD's	n/a	211K	422K	633K
Invest to save – community based alternatives	n/a	96K	150K	250K
Projected save on specialist services	n/a	115K	272K	383K
Reduction in CAMHS grant from 07/08 levels*	157K	115K	69K	No information available yet
New funding for targeted services	n/a	0K plus TaMHS funding of 150K for targeted mental health in schools	203K plus TaMHS funding of 220K for targeted mental health in schools	383K (providing the LAA funding remains at 10/11 amount).

* Assumes continuation of additional funding put in by both the LA and NHS Islington of 70K each in 08/09 to offset reduction in LAA funding that year.

7.12 Workforce Issues

7.12.1 A common view arising from the consultation with stakeholders in Children's Services (See Section 8) was that CAMHS services in Islington are good, but that stakeholders in Children's Services

wanted more of these services, wanted them co-located and integrated with the front line delivery of their services.

7.12.2 The size of the CAMHS workforce is a factor that needs to be taken into consideration. Excluding staff at Simmons House, NHS Islington CAMHS has 61.1 WTE equivalent members of staff providing services at:

- 11 health centres weekly
- 16 Children's centres
- (Linking to) 40 primary schools
- 10 secondary schools
- Pulse N7 (one stop shop for 13-19's)
- Islington's Leaving Care Service

7.12.3 CAMHS workers are also part of the Adolescent Multi-Agency Support Service (AMASS), Youth Offending Service and the Health of Looked After Children team.

The above is in addition to the services provided at the Northern Health Centre (which is the base for the service as a whole).

7.12.4 Consideration needs to be given to balancing the advantages of integration and co-location with the delivery of services in an efficient manner. It needs to be recognised that there is a point at which spreading services more thinly becomes less efficient.

7.12.5 CAMHS also needs to work with partner agencies to clarify the balance between the provision of mental health advice/consultation/supervision and direct work in each setting so that best use can be made of the time available.

7.12.6 There are problems with IT connectivity in many community settings (i.e. CAMHS staff not being able to access server files from community sites) and this needs to be addressed if staff are to be able to work on an outreach basis efficiently.

7.12.7 In 2008/09 Children's Services established six Area Children and Young People's Partnerships (ACYPP's) to promote and support local action to improve outcomes for children and young people and address the priorities in the Islington Children and Young People's Plan. These partnerships will encourage local providers to work together with the local community to co-ordinate what is on offer for children and young people. CAMHS has representation on two of the six ACYPP Boards and it is recommended that CAMHS continue to participate in these ACYPP's so as to derive maximum benefit from this opportunity to link up with local providers and service users.

SECTION EIGHT: User Views and Stakeholder Consultation

8.1 Summary

- 8.1.1 A wide ranging process of consultation was undertaken in developing the strategy. This aimed to gather feedback about existing CAMHS provision in Islington, to identify gaps and to seek stakeholder views as to the priorities the strategy should address including the development of new services in the future.
- 8.1.2 A considerable amount of information was generated through this process and this section provides a 'snapshot' of some of the prominent themes. A more detailed report summarising all the information gathered is available from the Children's Partnership Business Support Team (020 7527 5686).

8.2 Groups consulted

- 8.2.1 Via focus groups and two large scale meetings, (a Partnerships and Participation Board event at the Emirates Stadium and a CAMHS stakeholder event at the London Voluntary Resource Centre, the following groups were consulted:

- Young people (including young carers and young people using Children's Social Care)
- Parents, carers and grandparents
- Primary school and children's centre heads
- Secondary school staff
- Foster carers
- The Young People's Services Management Team
- The Children's Social Care Management Team
- Staff from Children's Social Care Children in Need (CIN) Services.
- Islington CAMHS Management Group and frontline CAMHS staff
- The Whittington CAMHS Liaison Team
- Community health staff including representatives from health visiting, paediatrics, physiotherapy, community nursing and occupational therapy.

- 8.2.2 The event at the Emirates Stadium was attended by over 100 children and young people (aged 7 – 21) from a number of Islington Schools, Colleges and Voluntary and Community groups and organisations. Ten parents, carers and approximately 30 voluntary sector providers also attended the event. At the CAMHS stakeholder event there were 53 attendees and most of the focus groups involved groups of around 7-10 people (the largest focus group, 18 attendees, being the community health providers meeting)

- 8.2.3 The information gathered was wide-ranging and covered:

- What are the 'everyday' worries and the more 'serious' worries that affect children, young people, their parents and carers.
- Awareness and understanding of local Islington CAMHS.
- Views about what services are working well, service gaps and areas of provision that need improvement.
- Ideas about what sorts of mental health services and sources of support children and young people in the borough want.
- The difficulties or barriers children, young people, parents and carers have encountered in accessing services.
- Management capacity, issues about inter-agency working, service thresholds and referral pathways.

8.3 Prominent themes of the consultation

- 8.3.1 The information gathered from children, young people, parents and carers highlighted concerns about: **social and peer pressures** including to smoke, drink, have a boyfriend/girlfriend and to take responsibility when their friends were in difficulty; worries about **crime and personal safety** with knife and gun crime being identified alongside worries about drugs, gangs and having safe places to stay; image pressures, concerns about weight, obesity, anorexia, sexual health and teenage pregnancy.
- 8.3.2 **Bullying**, both at school and in the local community area was something many had experienced. This included verbal, cyber and emotional bullying, physical abuse, harassment and in some cases, was described as 'blackmail'.
- 8.3.3 Within their **families**, a number of young people relayed experiences of neglect, domestic violence, abuse and paedophilia, and fights with parents.
- 8.3.4 In terms of the **types of services young people would use** these included: youth clubs; Connexions; Brook clinics; services such as *Listen Up* and *Pulse N7*; schools and religious groups. Young people also mentioned using helplines, books and leaflets and the internet. They suggested that email, texting, videos/DVDs and suggestions boxes were other means that they would use to get advice and information if they were available.
- 8.3.5 Important features of services included: help being offered in comfortable places; the ability to walk in and see someone; confidentiality and privacy; services offering activities and being 'fun'; offering help with conflict resolution and anger; promoting the active involvement of young people.
- 8.3.6 **Barriers to seeking help** were also wide-ranging and included:
- Embarrassment, guilt and fear of bullying and of other peoples' views including the views of their parents
 - Worries about getting other people into trouble.
 - Lack of confidence and worries about confidentiality.
 - Lack of knowledge about what local services exist.
 - Services are far away geographically and not open at convenient times.
 - Services are over-stretched and lack staff able to speak languages others than English.
- 8.3.7 Home visits were flagged up as a positive way to receive help (possibly due to a number of young people being involved in Islington's Children's Support Service which offers a home visiting family support service), however an emphasis was put on the fact that they would be unlikely to share information unless they felt like they knew the person.
- 8.3.8 Information gathered from local staff included the following:
- Ways of working based on '**Team Around the Child**' (**TAC**) and the work of the family support workers attached to children's centres is well regarded in promoting access to CAMHS – however, there are problems with service engagement due to parental reluctance and also some general difficulties in engaging help for children with behaviour difficulties.
 - Early intervention provision for children aged for 0-5 years, which is accessible through children's centres and health centres, was also highlighted as working well, likewise joint working with CAMHS to assess and support clients in clinics or home setting, and relationships between health visiting and Tier 2.
 - There needs to be a **better understanding of Islington CAMHS** - many people reported to still misunderstand or to believe that services are only for children and young people with severe problems. There are also concerns about service thresholds in some services and high staff turnover affecting continuity of provision.

- There should also be more delivery of CAMHS on-site or co-located in Children's Centres, schools etc.
- It was suggested that there is a need for **better feedback processes** from CAMHS – a number of the groups talked of referring on to CAMHS and then never hearing what happens.
- Staff from education talked of the families that are hard to engage and in particular, the difficulties schools face in supporting pupils who have problems that fall outside school and the capacity of many schools to make referrals to CAMHS. It was suggested that more work is needed at a **preventative level**; that more CAMHS practitioner time in school would be welcomed; that there should be increased training for school staff to help identify mental health issues; more immediate support for students; parenting groups and that referrals to CAMHS should be possible directly via the school rather than the GP.
- More work is needed on the development of **clear pathways and joint working** processes between health and CAMHS and with adult mental health services, and for integrated working at Tier 3. A single point of access for services was suggested, also more joined up training and a greater focus on children with learning or physical disabilities in mainstream and special schools.

8.3.9 Areas of concern identified through the consultation were as follows:

- The availability of outreach provision and access to Cognitive Behavioural Therapy.
- Provision for mothers with post-natal depression and for children and young people with dual diagnosis.
- Access to emergency assessments out of hours.
- A lack of understanding across different agencies which can impede joint working and the need for greater flexibility in some areas. Difficulties accessing services/treatment when the family situation is unstable.
- Long wait times for some services.
- The physical environment of some of the venues currently used by CAMHS.
- A lack of dedicated management time and demand outstripping resources.
- Difficulties arising from short term funding or complex funding streams.
- There is too much emphasis on output rather than outcomes.
- Limited resources are preventing early intervention.
- More resources for children with disabilities are required.
- There is a lack of consistency with regard to what is provided in the borough's schools
- There is a need to develop transition services including services for 18+ care leavers who are very 'disturbed' but do not meet threshold for adult MH services.
- Planning of provision for looked after children placed out of the borough
- Consultation to other agencies from CAMHS
- Out of hours provision for young people in custody with mental health issues.

8.4 Recommendations for service change and development

8.4.1 Many of the suggestions for change from those consulted related to the need for clearer and more widely disseminated information about CAMHS; clearer referral processes; for co-location of services and for a wider and more flexible range of approaches including the use of home visiting. It was also noted that it is important to understand the diversity of young peoples needs.

8.4.2 Specific suggestions include:

- A need to develop greater parity between clinic and home-based services, to develop a crisis intervention service and to explore options for step-up and step down models to work around Simmons House.
- The need to develop transition services for those leaving care, those requiring transfer to adult service and those requiring input from drug and alcohol services.
- To develop specialist education provision and specialist CAMHS treatment for long-term conditions i.e. autistic spectrum, also to explore possibilities for CAMHS to work collaboratively

with schools in developing such initiatives as Social and Emotional Aspects of Development (SEAD) which have the potential to offer preventative and early intervention support.

- The need to develop service user involvement and also feedback processes from CAMHS to other professional groups working with children and young people.
- To develop groupwork as a method of intervention with young people within the community e.g for young people who self harm – (raised by young people in the consultation process.)
- To develop groups for parents/adults with personality disorders/features
- To create a significant CAMHS provision for children with learning disabilities
- To provide more art/creative therapy in newly integrated CAMHS.
- To improving care to adolescents – with options here including extending the age range of CAMHS services to 21, to rethink the provision offered by the Adolescent Outreach team (AOT) and to consider development of a service specifically to form a 'bridge' between CAMHS and adult services.
- For YOS to be integrated into CAMHS.
- CAMHS to prioritise offering parenting groups as part of the core service.
- To compile a directory of relevant services.
- To look for opportunities for linking mental health provision with sports provision (as a means to promoting access, minimising stigma)

SECTION NINE: Service Gaps and Unmet Need

9.1 Universal

- 9.1.1 The Needs Assessment estimated that 53.1% of mental health needs amongst 5-17 yrs is not met by CAMH services. In view of this there is a need for mental health services to support staff throughout the Children's workforce in their work with children and young people who have mental health needs and their families.
- 9.1.2 The Needs Assessment also showed that the proportion of need addressed among 11-17 year olds was slightly lower than for 5-10 year olds. This strategy should seek to ensure that the needs of older children and young people are met as well as those of younger children.

9.2 Targeted

- 9.2.1 The Needs Assessment found that CAMHS appeared to be less effective at seeing children and young people from Asian communities, relative to need. This strategy should seek to address this bearing in mind the need for a proportionate response, given the small numbers likely to be affected.
- 9.2.2 Among 11-17 year olds the Needs Assessment found that the proportion of Black and Black British young people accessing CAMHS was significantly lower (36.1%) than the borough average (43.1%). This strategy needs to ensure that further analysis of this is undertaken and that appropriate measures are put in place to address this.
- 9.2.3 There is a need to continue to develop services for disabled children, in particular those with a learning disability.
- 9.2.4 Islington Community CAMHS Service is currently unable to provide a linking service to two of the borough's primary schools and there is one (new) secondary school that is currently not covered by the CAMHS Education service.
- 9.2.5 The CAMHS Education service's work with young people post 16 is limited as its current remit is to work with secondary schools and in Islington only three of these have sixth forms. The majority of young people attend City and Islington College, which is the borough's FE College.
- 9.2.6 CAMHS does not currently have a link to the pastoral care service at City and Islington College.
- 9.2.7 Waiting times for the Child and Family Consultation Service, including the Neurodevelopmental (NDT) team, have not been in line with NHS requirements. The NDT lacks the critical mass that is required to be able to deal with demand for its services.
- 9.2.8 The Adolescent Outreach Service has a limited remit. Partners in Children's Services wanted CAMHS to be able to occasionally do joint home visits and felt that the provision of consultation advice would subsequently be more effective as a result.
- 9.2.9 There was a lack of clarity amongst LAC services about the mental health interventions that are wanted for LAC and how these should be accessed, particularly for LAC placed out of borough.

9.3 Specialist Services:

- 9.3.1 The funding and staffing of the Whittington Hospital Liaison Team is fragmented and needs to be consolidated.
- 9.3.2 There is a gap in the availability of CAMHS Psychiatrists to do emergency mental health assessments out of hours for young people who are unable to get to the Whittington Hospital.

- 9.3.3 Where cases are not already known to CAMHS the NSF requirement that urgent cases have a mental health assessment within 24 hours is not being met.
- 9.3.4 The Adolescent Outreach Service can provide intensive visiting to young people with severe and enduring mental health need who are unable to access clinic based services but can only do so during office hours. The service lacks the critical mass that it requires and does not have at its disposal the full range of alternatives to in patient care. It also lacks multi-agency input – in particular from Connexions/Targeted Youth support.
- 9.3.5 There is a need to ensure full implementation of the Early Intervention in Psychosis Model.
- 9.3.6 What is described as 'high support' supported housing for Islington young people does not provide high enough support for young people with severe and enduring mental health problems.
- 9.3.7 Since the closure of New Directions, (previously a multi-agency day unit for young people with social, emotional and behavioural problems) young people are now being placed in complex care out of borough placements who could have had their mental health needs met locally. This situation has been compounded by a gap in provision for young people leaving the PRU at the end of year 9 who are considered too vulnerable as a result of their mental needs to be able to cope in the larger PRU provision for KS4.
- 9.3.8 There is a lack of a range of community based alternatives to in- patient psychiatric care.
- 9.3.9 In line with implementation of the Mental Health Act there is a need to commission independent mental health advocates (IMHA's) for young people who are detained under a MHA Section.
- 9.3.10 Service user participation in the design and delivery of CAMHS is underdeveloped.

SECTION TEN: Strategic Aims and Recommendations

- 10.1 The following strategic aims provide the overarching context for the more specific recommendations that follow. These aims pick up on the prominent themes of the service user and key stakeholder consultation undertaken in developing this strategy; they have also taken account of the key recommendations and 'direction of travel' set out in the 2008 National CAMHS Review report and of such targets as PSA 12 which for example, covers local authority and NHS area partnership working and the commissioning of early intervention support services and other national targets such as the 18 week waiting list time limit.
- 10.2 *The aims of the strategy are:*
- 10.2.1 To develop CAMHS services within the borough so that a **comprehensive and sustainable** range of services is in place that spans universal, targeted and specialist levels of provision and which promotes prevention, early identification and intervention and which promote good outcomes for all children and young people.
- 10.2.2 To ensure that services address the needs of **all** children and young people, their parents and carers, within the borough and that the diversity of the local population is fully taken into account. Within this, specifically to ensure that there is high quality provision children and young people with disabilities and older young people.
- 10.2.3 To promote **integrated** services that are delivered on a strong partnership, multi-agency basis, including with adult services, and that children and young people are supported in all **transitions** that may be needed between different services for children and young people and between services for children and services for adults. In acknowledging that on its own, and on the basis of available resources, Islington CAMHS will not be able to directly address all the mental health needs within its child and young people's population, a key principle of this approach is that Islington CAMHS will work to **maximize opportunities for indirect work** alongside its direct provision – i.e. to support colleagues in other parts of the children's workforce, including inputting into local workforce training and development activities as appropriate.
- 10.2.4 To develop **flexible and responsive** services, delivered from a wide variety of settings and offering different treatment approaches that are evidence-based and/or based on proven 'good practice'. Within this, to work to achieve parity between community and clinic based provision, to reduce the spend on specialist services (for example, inpatient care and joint funded out of borough placements) and to re-invest in the development of local community based alternatives including CAMHS outreach into universal settings.
- 10.2.5 To build into all activities opportunities for **active service user involvement and participation**, and to use all information gathered as the means to developing services in the future.
- 10.2.6 To ensure that all of the above is underpinned by a comprehensive programme of workforce training, support and development, robust outcomes monitoring, and planning and commissioning procedures that **make best use of existing resources**.

SECTION ELEVEN: Recommendations

11.1 CAMHS - universal provision

11.1.1. Awareness and understanding of CAMHS in the local area needs to be improved and it is recommended that:

- CAMHS review and update the information it produces about its services and also the information available about other sources of support (websites, help-lines, voluntary sector provision etc) in order to promote the mental health and psychological well-being of all Islington children, young people and families and to encourage ready access to help and support should this be needed.
- Such information to be accessible to young people and disseminated more widely, including via local services that are used by young people and being made available on line.
- CAMHS continues to participate in the newly established local Area Children and Young People's Partnerships to derive maximum benefit from linking up with local providers and service users in this way.
- Opportunities for CAMHS input into local training and the development of cross-agency, multi-disciplinary training about children and young people's mental health to be pursued and incorporated into the Children's Services Workforce Development Plan.

11.1.2. Access to support from CAMHS at an early stage and from a variety of settings, needs to be improved and it is recommended that:

- CAMHS work with partner agencies to clarify the balance between the provision of mental health advice/consultation/supervision and direct work in each of these settings so that best use can be made of the time available and opportunities for indirect input from CAMHS can be maximised.
- Increased flexibility around the direct delivery of CAMHS in Children's Centres to be explored further.
- The idea put forward in the stakeholder consultation of developing a cluster arrangement of schools to each of the Children's Centres, and linking CAMHS provision to this to be explored further.
- The CAMHS contribution to the 'Team Around the School' should be strengthened and any issues picked up by CAMHS through screening or direct work with individuals should be linked back into whole school approaches and the curriculum both at primary and secondary school level.
- Opportunities for improved access to consultation support from CAMHS, (including out of hours as needed) for staff in schools, youth services, social care and voluntary sector agencies are pursued.
- Consideration is given to balancing the advantages of integration and co-location with the delivery of services in an efficient manner. (It needs to be recognised that there is a point at which spreading services more thinly becomes less efficient.)
- Problems with IT connectivity in many community settings (ie. CAMHS staff not being able to access server files from community sites) are addressed so that staff are to be able to work on an outreach basis efficiently.
- Work towards the development of a single point of access to CAMHS is undertaken.

11.1.3. Access to CAMHS for older young people and in particular over 16's needs to be improved and it is recommended that:

- Consideration to be given to re-naming CAMHS services in order to be more acceptable to young people.

- Joint working arrangements are established with Young People's Services – Connexions, Youth Centre workers, and Targeted Youth Support.
- Mental health provision to be co-located within Young People's Service 'hubs'.
- Funding/support for voluntary sector provision of mental health services to older young people to continue, with work undertaken to develop referral pathways for signposting on.
- CAMHS identifies a named worker who will provide a link to City and Islington College, including supporting referrals to CAMHS where appropriate.
- As the ability to self-refer and drop-in type facilities are known to be especially important for older adolescents they warrant further attention and such moves would fit well with the policy emphasis on patient choice.

11.2 CAMHS – targeted services

11.2.1 Targeted mental health in schools to be extended using additional funding under the TaMHS programme and it is recommended that:

- The CAMHS link to primary schools is extended to the few primary schools not currently in receipt of this service.
- The current CAMHS Education service within secondary schools is augmented by increasing the capacity of CAMHS to provide shorter interventions to more young people ensuring that this provides best value e.g. consider using assistant psychologists/primary health care workers under supervision of more qualified CAMHS staff.
- Possibilities for work with parents/parenting support should be explored under this programme.

11.2.2 Existing CAMHS provision for children with disabilities, in particular, children with a learning disability is inadequate and it is recommended that:

- Opportunities to expand the Neurodevelopmental Team should be pursued and as the eligibility criteria for the integrated service for disabled children widens, the position of this team to be reviewed.
- Work is undertaken to clarify the needs of Samuel Rhodes School (moderate learning difficulties) for CAMHS input.

11.2.3 Access to culturally appropriate CAMHS to be maintained and developed and it is recommended that:

- Work with the voluntary sector and BME groups is undertaken to address the under-representation of Asian children and young people accessing CAMHS.
- Further analysis and actions undertaken to address the under-representation of Black and Black British young people over 11 years accessing CAMHS and take appropriate action to address this.
- Funding/support of the Refugee Therapy Centre to continue.

11.2.4 CAMHS provision for a range of priority groups needs ongoing development and it is recommended that:

- Provision for children and young people who are looked after, care leavers and children in need including young carers, children and young people affected by domestic violence, those with parents with mental health needs and those who are homeless should be developed further to meet their needs more effectively.
- Clear pathways to specialist CAMHS for when referral on is needed, to be developed.
- The CAMH service clarify with LAC Services what mental health interventions are needed for LAC and how best to access them, particularly for LAC placed out of borough. This should include ensuring that this information is effectively disseminated throughout LAC services.

- There needs to be more consideration given to the use of groupwork (for young people who self-harm and for those with experience of bereavement both of which were noted in the stakeholder consultation).
- More intensive community interventions, delivered on an integrated multi-agency basis, need to be provided for young people with severe and chronic mental health needs including those with dual diagnosis, substance and drug and alcohol problems and those in contact with the criminal justice system (where it is important to ensure identification of all health needs of the young person).
- The current work on developing robust systems for routinely screening for substance misuse and hidden harm (as a result of parental substance misuse) all young people using CAMHS, the training of CAMHS staff in substance misuse issues and the use of screening tools, to be continued.

11.3 CAMHS – specialist services

11.3.1 Urgent and emergency cover within the borough needs to continue to be improved and it is recommended that:

- Action is taken to ensure the CAMHS Liaison service at the Whittington hospital is sustainable.
- In accordance with the new Mental Health Act, arrangements are put in place to ensure that out of hours, CAMHS psychiatrists (as opposed to adult psychiatrists) are available to undertake mental health assessments in the community if needed, and that age-appropriate inpatient facilities are available as required.
- In all urgent cases requiring a mental health assessment, arrangements are made so that this can be undertaken within 24 hours.

11.3.2 Provision for Early Intervention in Psychosis (EIS) for young people requires further development and it is recommended that:

- Current arrangements for supporting young people under the age of 18 with first episode psychosis should be reviewed to determine the most suitable service options for Islington to pursue. This includes reviewing the current working arrangements of the Adolescent Outreach Team (AOT) and the options for Camden and Islington Early Intervention in Psychosis team to take on responsibility for working with Islington young people aged 14yrs and above.
- Alongside negotiations as to the most appropriate model of provision, consideration needs to be given to a) the geographic location of the service; b) its links to other services required by young people including schools, colleges and employment/training providers, and c) its links to age-appropriate inpatient beds should these be required.
- Funding options for ensuring improved implementation of the Early Intervention in Psychosis Model are discussed and developed with adult services.

11.3.3 A wider range of community based alternatives to inpatient provision need to be developed, including outreach models of service and services: offering ‘step-up’ and ‘step-down’ support from in- patient psychiatric care and it is recommended that:

- A robust Adolescent Outreach Service (AOT) is developed with evening and weekend cover.
- Options to give the AOT flexible use of 2 in- patient beds at Simmons House are explored, including the possibility of developing ‘step- up’ and ‘step-down’ support around inpatient admissions and the development of a crisis resolution service.
- The level of support provided to young people with mental health problems living in supported accommodation needs is improved and the links between providers of supported accommodation and the AOT are developed. Options for providing a higher level of ‘high support’ accommodation need to be explored.

- Options such as the use of Multisystemic Therapy (MST) as an intensive community-based intervention, and links with the Adolescent Multi-Agency Support Service, (commissioned by Social Care to work with young people at risk of becoming looked after) are explored further.

11.3.4 The current local Tier 4 service which is currently in the middle of a process of significant re-design and is about to move into refurbished premises will need to ensure that the new inpatient service is appropriate to the current needs of the local population and it is recommended that:

- On-going work and planning with the clinical team of Simmons House is undertaken as to the range of services to be offered on an inpatient basis.
- Links between the inpatient service and other local services such as the AOT and Children's Services, are developed including clarity of referral pathways and agreement of post-discharge support packages of care.
- Lengths of stay within the unit are monitored in line with the general re-alignment of the service towards a model of care based on shorter lengths of stay and more acute, rather than medium-term, management.
- Maximise the contribution that the unit makes to supporting community based provision is maximised.
- In supporting the re-development of Simmons House, the use of other Tier 4 inpatient resources (and funding arrangements), are reviewed.

11.3.5 There is a need to ensure full implementation of the Mental Health Act 2007 and it is recommended that:

- Commission independent mental health advocates (IMHA's) for young people who are detained under a MHA Section.

11.4 CAMHS – recommendations across all levels of provision and input

11.4.1 Integrated working needs to continue to be developed and it is recommended that:

- Models of working based on Team Around the Child (TAC) which were positively reported upon in the stakeholder consultation as promoting access and a flexible response to be more widely explored.
- Workers from all agencies who are part of the TAC need to support children and young people in keeping CAMHS appointments.
- Consideration is given to extending the integrated Tier 2/3 model that has been developed for Islington Community CAMHS to all the outreach services in the community e.g. the CAMHS Education Service, CAMHS in the Youth Offending Service, CAMHS in Children's Services and CAMHS in Pulse N7.

11.4.2 Waiting times and the provision of welcoming 'young person friendly' and age-appropriate environments for CAMHS need improvement and it is recommended that:

- Long wait times for some services which were highlighted in the stakeholder consultation and need to be addressed.
- The use of a number of the venues currently used by CAMHS which were identified as difficult to access and unwelcoming in the physical environment they provide should be reviewed and the use of a wider range of easily accessible venues (including a greater use of Children's Centres, schools, youth clubs and other community settings) should be promoted.

11.4.3 Support at transition points – between different children's services and for those moving from CAMHS into adulthood needs to be improved and it is recommended that:

- Work with adult service to develop innovative solutions to the problems of transition e.g. CAMHS continuing to work with some young people post 18 yrs, and the joint provision of mental health services for 16-25's.
- Commissioning of mental health services that already work across transition for example, the Tavistock Foundation Trust, Brandon Centre and Refugee Therapy Centre, should continue.
- Opportunities to increase funding for the Brandon Centre which is underfunded for the level of service currently provided to Islington young people, should be pursued.

11.4.4 User and carer involvement in service planning, delivery and evaluation throughout the CAMHS service needs to be improved and it is recommended that:

- Opportunities to use the variety of structures already in place within Islington that support the participation of service users including young people – for example, the Partnerships and Participation Board (PRB), Listen Up and CAIS. Opportunities to use these structures to gather feedback and involve young people in plans for service development should be pursued.
- Options to set up and support a CAMHS service user reference group should be considered further.
- Check the current provision against 'welcome' criteria and involve young people in this.
- The implementation of routine service user feedback for all clinical work to be continued.

11.4.5 Strategic planning and commissioning, in order to make best use of available resources, needs to continue and it is recommended that:

- The promotion of routine outcome monitoring through all services to continue.
- Work to be undertaken to engage GP's, voluntary sector organisations and adult services in the strategic planning, implementation and delivery of CAMHS.
- The commitment to reduce Tier 4 and JAP spend on out of borough placements should remain a priority, with opportunities pursued to re-invest in community based alternatives and step-down provision.
- Community based alternatives to in-patient treatment should be re-classified as Tier 4 specialist (community based) provision to make the distinction between this and the rest of the targeted work with young people.
- As the overall spend on specialist services (inpatient or local community based alternatives to inpatient or JAP placements) reduces, opportunities to re-invest in targeted services in line with the strategic priorities outlined in this strategy should be pursued.
- The recommendation in the National CAMHS Review that a local board is set up to oversee improvements in psychological well-being should be explored further with regard to developing the most suitable local structure to ensure that:
 - partners are addressing the social determinants of mental ill health
 - mental health promotion is being adequately supported throughout the Children's workforce
 - all partners working with vulnerable children use evidence based practice in developing young people's resilience.

Appendix A: Table of all CAMHS provision.

CAMHS in universal services (Tiers 2 & 2/3)

Service	Provider	Description	Staffing	Activity data 07.08	Funder	Costs
Islington Community CAMHS	Islington NHS	An integrated Tier2/3 service that links what was formerly known as Child and Adolescent Service (CCAS) with the Child and Family Consultation Service (CFCS). It offers a brief intervention service, delivered from health centres across Islington that can assess, treat and refer on when necessary. Outreach service attached to SureStart Children's Centres and primary schools. Also provides support and consultation to Tier 1.	18.45 (27)	1024 cases	Islington NHS £394k CAMHS grant £112k Children's Centres £183k BIP £50k New River Ed £12k Ext.sch. £13.5k	£806,375
CAMHS Education Service	Islington NHS	Multi disciplinary outreach service, with individual clinicians linked to different education sites (a day a week in each mainstream school and 2½ days in each PRU). Clinicians work as part of the school/unit's existing pastoral support systems providing broad ranging psychological assessments and short to medium term psychological interventions. The service acts as a bridge to CAMHS outside the school and facilitates the sharing of expertise with colleagues in education.	10 (17)	218 cases	Islington NHS £94k CAMHS grant ££139k BSS £30k EC1NDC £56k BIP£122k	£488,699
CAMHS in Children's Social Care	Islington NHS	Multidisciplinary team focusing on high priority groups including Children Looked After (CLA) and Careleavers, providing a range of treatments and assessments to individuals, families and groups. Provides regular consultation to Grosvenor Ave respite unit for CLA and the Adoption Team. Also provides CAMHS into PULSE N7 – a multi-agency one stop shop for 13-19's providing sexual health and Children in Need services.	5.02 (9)	136 cases	CAMHS grant £112k Islington NHS £43k	£155,193
Specialist community services: CAMHS input in the YOS	Islington NHS	A forensic service within the Youth Offending Service (YOS) offering screening to those young people where concerns have been raised about their mental health and providing rapid assessment and direct intervention. Offers consultation, training and supervision to YOS staff.		67	Islington NHS	Included in cost of CAMHS outreach service
Counselling and therapeutic services for refugees	Refugee Therapy Centre (voluntary sector)	Provides psychotherapy, counselling and support to refugees and asylum seekers. Offers support in Albanian, Deri, French, Spanish, Turkish, Amharic, English, Lingala, Tigre, Arabic, Farsi, Serbo-Croat, Tigrinian		21	Islington NHS	£30k

Young People counselling and psychotherapy	The Brandon Centre	Provides a range of community based services for young people 12-21 including: <ul style="list-style-type: none"> Sexual health advice and contraception Counselling and psychotherapy Parenting work 	7 (21)	31 (Kentish Town base) 43 (Drum EC1)	Islington NHS	£17,500
--	--------------------	--	--------	---	---------------	---------

Targeted CAMHS (or CAMHS Tiers 2/3 and 3)

Service	Provider	Description	Staffing	Activity data 07.08	Funder	Costs
Family Assessment Service	Islington NHS and The Anna Freud Centre	Provides independent multi disciplinary assessments for families in which there are significant child protection concerns.	3.5 (7)	20 assessments	LBI Children's Social care	£249,917
CAMHS Outreach services	Islington NHS	1. Input into Adolescent Multi-agency Support Service (AMASS) working with young people with conduct disorder to avert them from needing to become looked after or to avoid placement disruption for CLA 2. Adolescent Outreach Team - Provides an outreach service to young people aged 13-17 with severe mental health problems and their families who are unable to access clinic based CAMHS.	Overall staffing of specialist community services 9.2 (12) AOT staffing within this check	AMASS – check AOT 64	Children's Social Care (AMASS) £99k CAMHS grant £83k SIP £150k NRF ICON £54.5k Islington NHS £148k	£534k
Child and Family Consultation Service (CFCS)	Islington NHS	Multi-disciplinary CAMHS team providing mainly medium to long-term interventions to children with severe and complex mental health disorders. Creation of a neuro-developmental team (NDT) within CFCS has enabled children with ADHD, ASD and SLD to be seen by a multi-disciplinary team for emotional and behavioural needs. Consultations available to professionals from statutory or voluntary sector involved in cases where there may be a CAMH issue.	11.23	509	Islington NHS £401k + £61k for NDT CAMHS grant £1200k NCL SHA £48k	£705,672
Child and family and adolescent	Tavistock and Portman NHS Foundation	Provides psychotherapeutic interventions to children and families and young people up to the age of 25yrs. All referrals via Islington CAMHS.		96	Islington NHS	£142,843

clinic	Trust					
Child and family psychiatry liaison teams	Whittington hospital NHS Trust	<p>1. Promotes the mental health of children and young people who are patients in any department of the hospital (wherever they live) or whose quality of life and/or mental health are significantly affected by the medical condition (including death) of other members of their family who are patients in the hospital.</p> <p>2. Close collaboration with child and family social workers, A&E and the pediatric ward re management of deliberate self harm in young people under 18.</p> <p>Active multidisciplinary – paediatric, social work and psychiatric - intervention re other patients who are admitted in crisis i.e. with symptoms of mental illness</p>	1.6 WTE mental health staff and estimated 1 WTE social work post.	77 deliberate self harm admissions (nos of Islington patients?)	Islington NHS via acute commissioning	£255,179k
Child and family psychiatry liaison teams	UCH NHS Trust Royal Free Hospital NHS Trust	As above		Not available at time of writing this report	Islington NHS via acute commissioning – CAMHS cost not disaggregated	Not available at time of writing

CAMHS specialist services (Tier 4)

Service	Provider	Description	Staffing	Activity data 07.08	Funder	Costs
Tavistock Clinic Child and Family and Adolescent Depts & Portman Clinic (Specialist services)	Tavistock and Portman NHS Trust	<p>National specialist centre for uncommon disorders. Services include:</p> <p>Gender Identity Development Service</p> <p>Monroe Young Family Centre</p> <p>Portman Clinic- (age range 2-21yrs)</p> <p>Tavistock Clinic Learning Disability Service and</p> <p>Tavistock Mulberry Bush Day Unit for children aged 5-11</p>	N/A	Not available at time of writing this report	Islington NHS	Joint SLA with adults services, commissioned by Specialist Commissioning, Costs not available at time of writing this report.

Adolescent Mental Health Service	Great Ormond Street Hospital for Sick Children NHS Trust	Service consists of: Feeding & Eating Disorders Service- outpatient teams & Mildred Creak Inpatient Unit. Neuro-developmental Psychiatry Service Parenting & Child Service – working with children and families pre-, during or post-child protection.	58.3.(only some of which will be working with Islington patients)	Not available at the time of collating this report	Islington NHS via Specialist Commissioning team (BEH Mental Health Trust).	Not available at time of writing this report - costs met by Acute Commissioning.
Traumatic Stress Clinic	As above	Provides specialist assessment and treatment services for children up to 18 yrs suffering from adverse psychological effects of traumatic experience Work in partnership with local services to ensure a comprehensive service for the child/young person. Involves both direct and indirect work with families.	sessions of clinical time: check	check	Islington NHS	Not available at time of writing this report - costs met by Acute Commissioning.
New Beginning. Acute in patient unit.	Barnet, Enfield and Haringey Mental Health Trust	Acute 24/7 in- patient psychiatric provision for young people aged 13-18, with emergency and crisis response and short term, highly intensive package. Offers a short length of stay with a target of 42 days for 80% of admissions. 10-12 beds. Service jointly commissioned by a consortium of 5 NHS areas including Islington.		17 admissions, 14 patients, 613 OBDs	Islington NHS	£425,727
Northgate Medium stay unit	As above	Inpatient psychiatric unit for 13- 18's operating according to a medium stay model of care. It has 21 inpatient or day places, and operates on a five day basis although in emergency a young person can stay for the weekend. All admissions are voluntary.		2 admissions, 2 patients, 380 OBDs	Islington NHS	£181,624
Highly specialist inpatient beds	Various private providers	Provide high cost/low volume placements (e.g.forensic) when children cannot be treated within local NHS provision. Some of these are far from Islington. Units used in 07/08: St Andrews: 1 patient, 258 OBD's, Priory Hospital : 4 patients, 33 OBD's Capio Nightingale: 3 patients, 16 OBD's Ellern Mede: 1 patient, 26 OBD's Oakview: 1 patient, 366 OBD's Huntercombe: 1 patient, 356 OBD's		11 Total OBDs 1055	Islington NHS	£994,193

<p>Simmons House – medium stay in patient unit</p>	<p>Islington NHS</p>	<p>Provides assessment and multi-modal treatment service for a maximum of 12 adolescents. Up to 10 can be inpatients and up to 6 can be day-patients. Day-patients receive same range of therapeutic and educational programmes as inpatients. Previously a medium stay unit. NB: role in process of redefinition so able to respond more flexibly to individual need</p>	<p>33.21</p>	<p>13 admissions, 11 patients, 2053 OBDs</p>	<p>Islington NHS</p>	<p>Total spend £1,383,968</p>
<p>Complex care placements agreed by Joint Agency Panel (JAP1)</p>	<p>Independent and voluntary sector providers</p>	<p>These placements, jointly funded with Children’s Social Care and Education via a ‘virtual pooled budget’. (Include specialist social care/education placements, residential schools and therapeutic communities) are for children who cannot remain at home and need to be placed in complex care placements where they will have their mental health needs met. Young people often present with a range of difficulties as well as mental health issues. Ratio of funding contribution from each funding partner fixed according to a pre-determined ratio.</p>	<p>n/a</p>	<p>check</p>	<p>Islington NHS</p>	<p>£802,838 CAMHS contribution</p>

Appendix B: Further information regarding key policies of particular relevance to the development and delivery of CAMHS

The National Service Framework for Children, Young People and Maternity Services: Department of Health 2004

Standards 1, 2, 4 and 9 are especially relevant to CAMHS and set out recommendations for promoting the health and well-being of all children and young people through co-ordinated provision, including prevention and early intervention. There are also recommendations for the provision of information to parents to help them to care for their children (standard 2) and for all young people to have access to age-appropriate services which are responsive to their needs (standard 4). This standard also makes specific mention of the need to ensure that young people with learning disabilities and mental health problems are identified and supported.

Standard 9 of the NSF sets out the vision that all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, will have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support.

The 2006 report on the implementation of standard 9 explored the progress made in achieving the recommendations set out in the NSF and highlighted: the need for the ongoing development of joint commissioning; of agencies across education, health, social care, youth justices and the voluntary sector working together; of training and support for all staff who work with children and young people in any service in order that they can recognize the contribution that can make to children's emotional well-being. Addressing the needs of black and minority ethnic groups, that services are delivered in fit-for-purpose accessible locations and that user participation is improved, were also highlighted.

Youth Matters 2005 and Targeted Youth Support 2007

These aim to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together. A key focus is that the ways services and support are delivered should be shaped by the views and experiences of young people themselves.

Seven key elements of targeted youth support were set out:

- Strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change.
- Identifying young people early
- Building a clear picture of individual needs, shared by young people and the services working with them and using the Common Assessment Framework (CAF)
- Enabling vulnerable young people to receive early support in universal setting.
- The provision of a personalized package of support, information, advice and guidance, and learning and development opportunities, with support for parents and carers as appropriate.
- Providing support across transitions.
- Making services more accessible and attractive/relevant to young people.

NHS Operating Framework 2008-2009

Keeping adults and children well, improving their health and reducing health inequalities is one of the five national priorities of the NHS in 2008-09 and to help meet this priority, NHS areas are required to take action to improve the physical and mental health of children and young people in their area. It is suggested that NHS areas should work with local authorities and other partners in the context of the Every Child Matters (ECM) programme and the Children's Plan.

The Children's Plan 2007

This sets out requirements for Children's Trusts to have in place by 2010 high quality arrangements for identifying and intervening early with those children and young people who need additional health. The plan notes that in relation to the mental health of children and young people, there needs to be:

- Provision of better support for parents and families coping with challenging behaviour by their children
- Improvements in the local delivery of high quality services, with a focus on the faster integration of services for the most vulnerable
- Stronger action to tackle behaviour that puts young people at risk including alcohol and substance misuse.

The plan sets out a vision of *universal services in a preventative system* and highlights the importance of early years settings, schools and colleges as sitting at the heart of an effective system of prevention and early intervention.

Building Brighter Futures: Next Steps for the Children's Workforce 2008

Another policy document with a focus on early intervention and responsiveness via universal services. Running throughout is an emphasis on personalized service provision, holistic assessment and of integrated team working around the child, of co-ordinated and integrated service delivery and of planning being based on multi-agency reviewing processes.

For staff/practitioners working with children and young people, the vision of Building Brighter Futures Next Steps is that across all settings, practitioners, individually and collectively, are responsible for 'knowing' the children and young people they work with, monitoring progress and taking action if they think there is a problem.

The Child Health Promotion Programme (CHPP) 2008

This presents a model wherein NHS areas and local authorities commission a universal core programme, plus programmes and services to meet different needs and levels of risk. Some of the core requirements include:

- The early identification of need and risk.
- Health and development reviews.
- Support for parenting
- Considering the whole family, working with the family context and building family strengths and resources

Social and Emotional Wellbeing in Primary Schools. NICE guidance 2008

This sets out recommendations for practice in schools and also, that children's trusts and schools should:

- Develop and agree arrangements as part of the Children and Young People's Plan to ensure that all primary schools adopt a 'whole school' approach to children's social and emotional wellbeing.
- Provide a comprehensive programme to develop children's social and emotional skills and wellbeing, including training and support for staff, support for parents and integrated activities in school.
- Provide a range of interventions (that have proven to be effective) for those children with early signs of social and emotional difficulties.

The Mental Health Act 2007

In the overview of the Act produced by the Department of Health in 2007 (www.dh.gov.uk) some of the key changes to the 1983 Act are noted:

- The definition of mental disorder – a single definition now applies and there are no longer references to categories of disorder.

- A new “appropriate medical treatment” test applies to all the longer-term powers of detention.
- A broadening of professional roles; these allow a wider group of practitioners to take on the functions currently performed by approved social workers (ASWs) and responsible medical officers (RMOs).
- Differences regarding the “nearest relative”.
- The introduction of *supervised community treatment (SCT)* for patients following a period of detention in hospital.
- Introduction of an order that can reduce the time before a case has to be referred to a Mental Health Review Tribunal (MHRT) by hospital managers.
- A requirement for hospital managers to ensure that patients under 18 are accommodated in an age-appropriate environment, subject to their needs.
- A duty on the appropriate national authority to make arrangements for the provision of independent mental health advocates.
- New safeguards for patients requiring electro-convulsive therapy (ECT).

Chapter 36 of the Mental Health Act Code of Practice (DH, 2008) provides guidance on a range of issues specific to children and young people. This introduces the concept of the **zone of parental control** as an important factor in the giving of consent for treatment under the Act and sets out key provisions for young people aged 16 and 17.

Other important parts of the Act that are especially relevant for CAMHS concern the assessment of young people under 18 for admission, *the provision of age-appropriate inpatient services* (subject to a young person’s needs), the provision of advocacy and the procedures for review by a Mental Health Review Tribunal.

Refocusing the Care Programme Approach 2008

The Care Programme Approach (CPA) was first introduced in 1990 and was intended to provide a care management process, a framework to support and coordinate provision, for all people in contact with specialist or secondary mental health services and social care services.

CPA was first reviewed in 1999 following the publication of the National Service Framework for Mental Health. A second review, prompted by a number of important developments in the mental health field (not least, the review of the 1983 Mental Health Act), concluded in early 2008.

The relevance of the CPA planning process has been recognised for some time with regard to children and young people, and has particular significance for young people who may require inpatient child and adolescent mental health services (CAMHS). This is stated in Standard 9 of the National Service Framework for Children, Young People and Maternity Services (DH, 2006), as follows:

“When children and young people are discharged from inpatient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by the use of the care programme approach.”

When the Care Programme Approach was first introduced, there were two levels: standard CPA which was typically for people requiring the support of one agency or discipline, or low key support from more than one agency, and enhanced CPA for people likely to require multi-agency involvement and co-ordination of services, usually those with a diagnosis of a severe and persistent major mental illness. As a result of the 2008 review, these two categories no longer apply.

The overarching principles with regard to its use with children and young people are that it needs to be co-ordinated with other systems such as the children’s Common Assessment Framework (CAF), Special Educational Needs reviews and any local systems for Looked After Children. It is important to minimise the use of different approaches, to avoid duplication and to work towards agreeing clear links between the different frameworks. It is also recommended that CPA should be modified for children and young people at

a local level, with decisions about which framework to use being decided across agencies on a case by case basis.