

# Joint commissioning strategy for emotional health and wellbeing 2008 – 2011



**Phase 1**

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This strategy has been produced by Devon County Council and Devon Primary Care Trust for Devon Children's Trust.

Devon Children's Trust is a partnership between social care, education, health, community, voluntary and justice services working together to make a difference for Devon's children and young people.

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## Introduction

Devon wants all children and young people to have the best start in life. The ongoing support they and their families need to fulfil their potential, achieve as much in a range of areas as their peers, and to improve their outcomes, will allow them to benefit from the quality of opportunity and increase their involvement and inclusion in society.

This Joint Commissioning Strategy will seek to achieve improvements in comprehensive Child and Adolescent Mental Health Services (CAMHS) for children young people and their families over the next three years, from 2008-2011. The Strategy follows the previous **Joint Strategy for the Mental Health and Emotional Well-Being 2004-2007** and continues under the auspices of the Devon Children's Trust Partnership. It is intended to meet national targets for the development of comprehensive CAMHS levels 1, 2 and 3 through the further integration of services for all children and young people aged 0-18.

This Strategy will sit in a Strategic Planning Framework under the **Devon Children and Young People's Plan** and the **Integrated Strategy for Children with Additional Needs 2008-2011. The Devon Emotional Health and Wellbeing Needs Analysis 2008** Document links to the commissioning intentions outlined in this strategy.

Improved emotional health and wellbeing for children and young people continues to be a priority for all the main statutory agencies, health, social care and education. Service development and delivery should have the

child's welfare as paramount (**Children's Act 1989**). There should be recognition that children are children first regardless of their mental health difficulties or level of their learning disability. The intention of this strategy is to develop services and intervention plans to meet the child's needs rather than reflect service needs.

The National Service Framework (NSF) clearly states:

- all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

**Sustaining Improvements in CAMHS Children's Health Our Future (2007)** states:

- The NSF set out a vision that was relevant in 2004, and is no less relevant today. New evidence of emerging health trends, changes to our society and new advances in medicine, healthcare and children's services only reinforce the importance of the NSF and give it renewed vigour to ensure that the health needs of mothers and babies, children young people and their families are addressed.

The needs analysis of Devon County Council area indicates a total population of 755,200 (FHSA/ONS) and a total 0-18 population of 164,000.

## Executive summary

### Vision

Every child and young person with additional needs will be enabled and empowered to fulfil their potential.

### Changing the focus of services

We want to change the focus of services over the course of the three years 2008–2011 so that they are :

- planned and commissioned across Devon PCT and Devon Children and Young People's Services through the Devon Children's Trust Partnership
- led by a Partnership Board to be known as the Devon Emotional Health and Wellbeing Partnership Board
- commissioned through a Joint Commissioning Board for Emotional Health and Wellbeing linking all existing and developing functional strategies
- needs-informed rather than service driven with a focus on our vulnerable priority groups
- accessible, equitable and acceptable to all who need help, particularly those from more vulnerable or marginalised communities, so that services are available when children and young people need help and are delivered in less stigmatising places and ways
- evidence-based and consistent in their approach to interventions with ongoing research and development at its core
- provide a consistent journey for children and young people in a co-ordinated way across disciplines and agencies
- clinically effective and cost efficient, as measured by improved outcomes for children and young people aged 0-18.

## Local overview

Every child will be enabled to reach their full potential through a combination of health, education and social support.

We want to see:

- an improvement in the mental health of all children and young people
- that multi-agency services work in an integrated or joint agency service framework, 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
- that 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.

This requires the development of a system of appropriate, high-quality provision containing a range of services that take into account the best available evidence of effectiveness, are delivered in accessible or acceptable locations at the right time by a competent, skilled and supported multi-disciplinary workforce. It is envisaged that comprehensive CAMHS will form part of a wider integrated system of health and children and young people's provider services in Devon Children's Trust.

## Strategic direction for Devon

By 2011 local child and adolescent mental health services will:

- achieve an appropriate balance between prevention and therapeutic interventions
- provide clarity of information and access to services for children and young people and their parents or carers and professionals
- ensure that needs are identified in an appropriate, systematic and co-ordinated way at both individual and population levels based on the development of AXS clusters
- provide timely intervention at a level appropriate to need
- ensure the involvement of children, young people and their carers in the planning, implementation and monitoring of services
- support innovative practice responsive to local need
- be fully integrated as part of an integrated or joint agency provider service provision.

## Aims

This strategy sits in the ***Integrated Strategy for Children with Additional Needs 2008-11*** with the overall aim of improving the delivery of local, accessible, equitable and needs informed services for children and young people with additional needs in Devon.

***The Joint Strategy for Emotional Health and Wellbeing*** will identify and define the strategic direction for comprehensive CAMHS services covering level 1, 2, 3 service provision over the period 2008-11.

The strategy will define the multi-agency involvement in delivering these comprehensive services across all levels of identified provision using AXS levels 1, 2, 3 (Appendix 1) as indicators and Level 4 as very specialist.

The strategy will identify a formally agreed Joint Investment Plan which will identify how Devon County Council and Devon PCT finances are used to deliver the change agenda over the years 2008-11 (Appendix 2).

## Objectives

Service delivery to children and young people in Devon will be expected to be developed to meet the following objectives.

- Local accessible information service to children, young people and families.
- Supporting health promotion.
- Early identification using common assessment protocols and tools.
- Improved access to more specialist services through a single point of entry in each locality.
- Development of a multi-disciplinary service for children and young people with the most complex healthcare, social care and educational needs.
- Joint planning and commissioning across social care, education and health under the governance of Devon's Pathfinder Children's Trust to promote educational and social inclusion.
- Responsive to the needs of children and young people, taking into account factors such as age, gender and ethnicity.
- Diverse skill mix and confident workforce.
- Working in a performance management framework.

## Principles

The child or young person will be placed at the centre of every action undertaken by all members of the CAMHS service

Services will be commissioned which will maximise the opportunities for children and young people to engage with them.

The main NHS targets for CAMHS in the National Service Framework for children, young people and maternity services are:

- all child and adolescent mental health services to provide comprehensive service including mental health promotion and early intervention by 2010
- increase in child and adolescent mental health services by at least 10 per cent each year across the service according to agreed local priorities - demonstrated by increased staffing, patient contact and/or investment.

Access to CAMHS should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.

All services will actively seek to promote social inclusion.

Interventions will be provided at the appropriate level geographically closest to the child or young person.

Comprehensive CAMHS will be developed in the Devon Children's Trust Partnership adhering to the following principles.

- Health, social care, education and the voluntary sector have a unity of purpose and are all committed to this Strategy as part of the Children's Trust delivery.
- The health, education, welfare and development of children are the prime focus of all our activities with, and on behalf of, children and their families and carers.
- All developments will emphasise the preventative aspects of provision at all response levels in keeping with the local preventative strategies.
- The planning and provision of services will reduce inequality by reflecting the range of needs of the culturally diverse population it serves.
- Planning and provision of services takes into account the views of the community and service users.
- Services meet the standards and qualities defined in law, national policies and local priorities and guidelines.

## Definitions

### Comprehensive CAMHS

The commissioners require a clear definition and description of a comprehensive CAMHS from provider services. This can be set out under a number of separate headings:

#### Underpinning principles

Access to CAMHS should be available to all children and young people age 0-18 regardless of their age, gender, race, religion, ability, class, culture, ethnicity, sexuality, educational placement or employment.

Effective CAMHS commissioning is a multi-agency activity and requires that the commissioners have the requisite skills, knowledge, time and executive authority to undertake the task.

Both the commissioning and delivery of services should be informed by a multi agency assessment of need that is updated regularly. This needs to incorporate:

- locally adjusted epidemiological information on the prevalence of children's mental health problems to reflect the diversity of the population and other local demographic circumstances
- an assessment of the needs of particular groups of children and young people in the locality who are vulnerable or at risk  
An audit of services currently provided by all agencies that address both directly and indirectly the mental health needs of children and young people
- an analysis of current service usage
- the views of all stakeholders including those of the children, young people and families
- the available evidence of the efficacy and effectiveness of interventions and service models
- current national and local policy priorities
- services should be commissioned to ensure that the workforce is of sufficient critical mass to have the capability to meet the range of defined needs safely, effectively and efficiently.

## Range of services

The range of services and their settings should reflect the specific needs:

- related to the age of children and young people using the service
- related to the circumstances of the child, particularly if they may affect access to services
- associated with the presence of a learning disability.

Arrangements should be in place to ensure that 24 hour cover is provided to meet urgent needs and a specialist mental health assessment should be undertaken within 24 hours or during the next working day.

There needs to be a balance of service provision so that all levels of need can be met as required:

- within primary/AXS level 1 services (Tier 1) - those in contact with children need to be able to have sufficient knowledge of children's mental health to be able to: identify those who need help; offer advice and support to those with mild or minor problems; and have sufficient knowledge of specialist services to be able to refer on appropriately when necessary
- child mental health workers (AXS Level 2/Tier 2) need to be available to support, train, liaise with, consult to and provide direct work with other agencies providing services for children.

Specialist multidisciplinary teams (AXS Level 3/ Tier 3) in all localities should be able to provide:

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

## **Workforce and skills**

The professional mix in specialist services and teams should be balanced to ensure the availability of an appropriate representation of skills, in particular, professional and team isolation should be avoided in all services.

Staff have the skills, competencies and capabilities that are necessary. All services should ensure they can:

- work across agency boundaries and within a variety of settings
- engage children, young people and their families who have difficulty accessing services
- deliver interventions based on the best available evidence.

Services require management expertise with sufficient knowledge, understanding and executive authority to be able to support the effective and efficient multi-agency delivery of CAMHS.

The administrative workforce should be sufficient to ensure that all necessary administrative functions, including data collection, can be fulfilled.

Commissioners in conjunction with specialist providers should support the development of CAMH expertise within all children's agencies.

## **Training and development**

Clear supervisory arrangements and structures should be in place to ensure accountable and safe service delivery.

Multi-professional training and consultative work, undertaken in, and across, agencies is essential.

The necessary resources to support the training and development requirements of the CAMHS workforce should be available.

## **Organisational arrangements**

Agreed protocols should be in place to manage waiting lists and times according to need.

Services should be accommodated in buildings fit for supporting all the expected functions.

Where services are located in non-CAMHS dedicated community settings (such as schools) arrangements should be made to provide suitable accommodation for supporting service delivery.

The equipment and accommodation used for direct work with children should ensure that children's safety is of paramount concern.

IT resources and equipment to support high quality care and the monitoring and evaluation of services should be available in all appropriate settings.

Where interfaces exist between services, as between adult and children's mental health services, arrangements should be negotiated to ensure clarity and effectiveness of separate and joint service responsibilities and smooth transitions of care.

Where service delivery demands effective partnerships between agencies (for example children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social care services and education.

Clinical governance arrangements should ensure that all staff are trained, supported and able to deliver sound, ethical and safe services.

### **Outcomes**

An improvement in the mental health of all children and young people.

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.

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.

## **Mental health is important to everyone**

This strategy uses the definition from the **Mental Health Foundation (1999)** and defines mental health, in relation to children and young people, to fundamentally be where a child or young person is able to:

- develop psychologically, emotionally, spiritually, creatively and intellectually
- initiate, develop and sustain mutually satisfying relationships
- use and enjoy solitude
- be aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- face and resolve problems and setbacks and learn from them.

## Client definitions

Comprehensive CAMHS (AXS level 1, 2, 3 and specialist level 4) services will be provided to children and young people up to age 18 and their families.

The CAMHS service will be available to children and young people:

- registered with Devon general practitioners
- placed in care by DCC or children DCC is actively involved with, including children and young people using Youth Offending Teams
- Receiving inpatient care in local provision
- with developmental delays, neuro-developmental disorders and learning difficulties
- with chronic health problems
- in care in Devon, but placed here by other local authorities - Devon PCT will adhere to the guidance outlined in 'Responsible Commissioners' guidance.

Positive emotional and mental health in young people is indicated specifically by:

- a capacity to enter into and sustain mutually satisfying personal relationships
- continuing progression of psychological development
- an ability to play and to learn so that attainments are appropriate for age and intellectual level
- a developing moral sense of right and wrong
- the degree of psychological distress and maladaptive behaviour being in normal limits for the child's age and context.

Mental health problems are difficulties or disabilities in these areas, which may arise from any number of congenital, constitutional, environmental, family or illness factors.

***The International Classification of Diseases tenth revision: Diagnostic Classifications for Child and Adolescent Mental Health Disorders*** identifies the classifications used for Devon CAMHS.

## Strategic direction and priorities

### How will this be resourced?

We acknowledge that there are not likely to be any significant increases in funding in the statutory sector for these services in the foreseeable future, however investment has taken place consistently to provide the current framework in Devon.

Our plan for change therefore requires better and more effective use of the existing resources. This will require the development of a resource plan, which will need to identify how change will be implemented. The implications of this resource plan would be subject to the scrutiny processes of individual partner organisations affected by them.

The plan will run through all aspects of Comprehensive CAMHS and we will develop a Service Specification for all levels taking in services from early intervention through to level 2/3 specialist.

If we do this, it will mean

- more children having their mental health needs met more quickly and at a lower level of intervention with fewer children needing highly specialist services
- more children receiving an appropriate service and a smooth planned journey across services to meet their needs
- more children having their mental health needs met closer to home, reducing the number receiving care out of Devon
- Devon's vulnerable priority groups getting the support that they need, including working towards reducing inequalities amongst Black and Minority Ethnic groups
- an overall improvement in the emotional health and wellbeing of all children and young people in Devon.

## How will this be achieved?

Funding will need to be allocated so that lower level interventions are developed sufficiently to benefit more children and to enable effective early intervention; also to enable services are delivered to meet needs promptly while maintaining choice and flexibility

- Invest in AXS level 2 primary mental health workers to meet the demand. The new service will require careful monitoring over 2009-11 to assess effectiveness and ensure accurate future planning. Providers will need to ensure additional investment in PMHWs.
  - Ensure an effective pathway to gain consultation and advice for all practitioners working at level 2 to enable them to become more skilled in addressing mental health difficulties.
  - Ensure allotted time is commissioned within work schedules of Specialist CAMHS and PMHW to allow for consultation and advice to practitioners operating at lower levels of need.
  - Embed the common assessment framework in care pathways to ensure that needs are met through a multi-agency approach before they escalate
- Work with the voluntary and community sector to increase access to short term evidenced-based therapeutic interventions.
  - Ensure all commissioned services include processes to make sure that children and young people are seen within national target time limits.
  - Ensure all services are commissioned to provide flexibility about appointment times, therefore minimising missed appointments (introduction of CAPA).
  - Commission targeted level 2 interventions to be delivered in a variety of settings in the community that provide a less stigmatising environment and facilitate access.
  - Develop an Infant Mental Health Service in conjunction with input into a peri-natal mental health service.(Appendix 5 Perinatal /Infant MH Strategy).

Reduce the number of children placed in out of county in-patient units or specialist residential placements, by funding the development of appropriate interventions in Devon.

- Over the next three years gradually decommission a number of out of county inpatient beds while retaining a percentage relevant to the needs identified.
- Invest in 'wrap around' assertive outreach services to meet the highly specialist needs of children and young people at home or in local services.
- Develop the CAMHS core offer to Social Emotional Behavioural Difficulties (SEBD).
- Special Schools in Devon to provide co-located in reach/outreach services for the most vulnerable school population.
- Develop emergency residential provision in Devon area in age appropriate environments for those not meeting Tier 4 admission criteria but requiring a level of EHWPB support.
- Develop an effective joint commissioning process to address the needs of the very small number of children who require highly specialist interventions that are not available locally. Commissioners will require the identification of clear treatment plans, outcome measures and exit strategies so that children can return to in county mainstream provision as soon as is appropriate. The development of a Care Programme Approach will address this.
- Ensure agencies work together to provide a structured approach to mental health problems.
- Develop a programme of team building and multi-agency training, particularly across CAMHS and social care, to improve interagency working and communication. The Integrated AXS and Joint Agency Service Framework will address this.
- Development of the budget-holding lead professional framework in AXS clusters
- Investigate links with primary care practice-based commissioning GP clusters.

Involve children and young people in developing, monitoring and evaluating services

- Develop a programme of participation, consultation and involvement through the participation team.
- Work collaboratively with service users to identify needs and commission effective interventions.

Ensure an appropriately trained workforce in line with recommendations from national guidance in order to make sure practitioners respond promptly at the appropriate level of intervention.

- Training will include attachment, the needs of vulnerable and marginalised children - such as BME communities and those with disabilities.
- Adult mental health staff caring for 16 and 17 year old in-patients should be included in training, and should be subject to Criminal Records Bureau (CRB) checks.
- Develop the Comprehensive Training Strategy for level 1 EHWP
- Develop an integrated strategy for specialist training and professional development level 2 and 3.

Ensure interventions are effective and evidence-based.

- Commission services to provide interventions that are known to work.
- Decommission interventions not grounded in sound evidence.
- Develop a performance framework across agencies providing therapeutic services - the introduction of CAPA in all areas by January 2009.
- Performance management framework for joint agency services.

Ensure services are available consistently and equitably across the county.

- Over the next three years invest in a countywide infant mental health service.
- Work with adult mental health services to ensure we are meeting needs with regard to the early intervention in psychosis team.
- Work to the guidelines of an identified service specification for Devon based upon the NICE guidelines and Devon needs analysis.

Improve support offered to young offenders or those at risk of offending.

- Sustain and enhance service provision in order to meet the NSF standards
- Alignment of Joint Agency and CAMHS service in the Integrated Youth Services Strategy (IYSS).
- Provide earlier intervention by supporting the Youth Offending Team (YOT) through consultation and training with CAMHS as part of IYSS development.
- YOT/CAMHS to develop improved community links to enable better support for marginalised adolescents, especially those from BME communities.

Prioritise services for Children in Care (CiC), adopted children and those on the Child Protection Register.

- Because of the research evidence showing the association between abuse or neglect and brain dysfunction, children in care and those on the child protection register (or heading that way) should have their mental health needs assessed and offered appropriate intervention as early as possible.
- Develop clear pathways into CAMHS for CiC in residential care, foster care, including unstable placements and special schools - Service Around the Child Team and placement support officers.
- Develop services to address identified mental health needs of children on the child protection register, those on the edge of care, children in private foster placements and those in transition to adult services.
- Monitor the progress of the budget-holding lead professional pilot to examine if this could be a model of meeting the mental health needs of CiC.
- Develop an action plan for adopted children to analyse and support long term needs.

### Improve services for children and young people with Learning Difficulties and Disabilities ( LDD)

- Ensure that children with disabilities have equity of access to appropriate CAMH services as part of an Integrated Joint Agency Services Framework.
- Continue the work already in place to ensure that children and young people with learning disability have equity of access to all CAMH services.
- Monitor and be able to report the number of children with disabilities accessing all therapeutic CAMH services.
- Develop voluntary sector services for children with disabilities to ensure needs are met at the lowest level possible. This will include providing any necessary training.
- Develop countywide multi-agency care pathways for children who require co-ordinated support across health, education and social care (for example ADHD, autistic spectrum disorders and conduct disorders – neuro-developmental pathways).
- Parenting support should be offered to parents whose children attend special schools.
- Deliver services as part of the multi-agency core offer to special schools

### Improve services for children and young people from BME communities

- Develop links with voluntary and community organisations, to improve provision of therapeutic services at lower levels of intervention and to improve access to CAMHS.
- Develop systems and processes to disseminate accessible information regarding therapeutic services to BME communities.
- Develop a programme of recruitment to therapeutic services that better reflects the local population to improve cultural competency amongst the workforce and encourage uptake of services by BME communities.
- Develop links with the voluntary and community sector to provide training to schools and health professionals to improve an understanding of cultural issues and the skills needed to work effectively with BME groups.
- Develop a workforce development strategy for existing staff to enable links with training and development.

### Improve awareness and practice response to children and young people who experience domestic violence

- Work to develop the Devon ADVA approach throughout the services.
- Work with schools and voluntary agencies to develop a co-ordinated awareness of EHWB issues associated with domestic violence.

## Devon context

The detailed needs analysis undertaken as part of the DCC and NHS Strategic Review in autumn 2007 has mapped general population needs across Devon and an EHWP needs analysis document supplements this strategy.

Detailed analysis and review needs to be on-going and co-ordinated to ensure evidence-based practice and service development. This section of the document relates to the detail held in the **Devon EHWP Needs Analysis** document.

An overview of the local context has identified that the priorities vary depending on the needs of the population. Exeter, Teignbridge and North Devon have higher levels of deprivation, which has attracted several targeted funding initiatives to meet the need, including Sure Start, first wave of Children's Fund and Regeneration projects. The geographical spread and impact of these initiatives is limited to small pockets although development within the Children's Trust of Children's Fund programmes will see a broader alignment of service delivery.

**Table 1:** Total population by area

Area populations	Total
East Devon	<b>127,778</b>
Exeter	<b>140,330</b>
Mid Devon	<b>103,340</b>
North Devon	<b>162,111</b>
Teignbridge	<b>118,365</b>
South Hams and West Devon	<b>112,073</b>

**Table 2:** Estimated population figures and percentage mental health issues. (10% MH = severe enough to need some form of additional support which could be from any service)

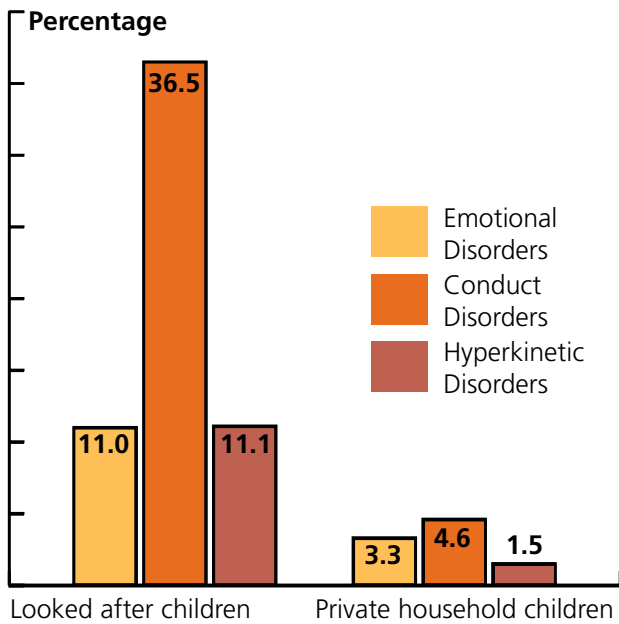
Area	Total children	0-4	5-9	10-14	15-19
Exeter	25,164	5,120	5,922	7,144	6,978
East	30,987	6,842	6,671	7,070	10,404
Mid	23,520	5,305	5,664	6,317	6,234
North Devon	35,784	7,614	8,293	9,847	10,030
Teign	25,230	4,923	5,931	7,072	7,304
South Hams and West Devon	24,228	5,105	5,602	6,612	6,909

## Priority groups

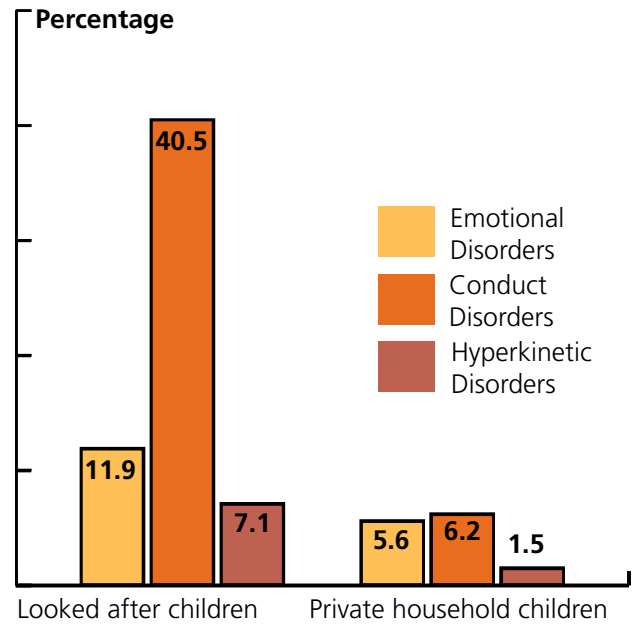
Our priority groups are Children in Care (CiC), including those who have been adopted; young offenders (especially first time offenders) and those at risk of offending; and children and young people with disabilities, including learning disabilities.

## Children in Care

This group is numerically small but has high levels of need and demonstrably poor outcomes. A 2002 survey<sup>1</sup> of 5-17 year olds in care found that 45% had a mental disorder, 37% had clinically significant conduct disorders and 12% had emotional disorders – see figs 1 and 2.

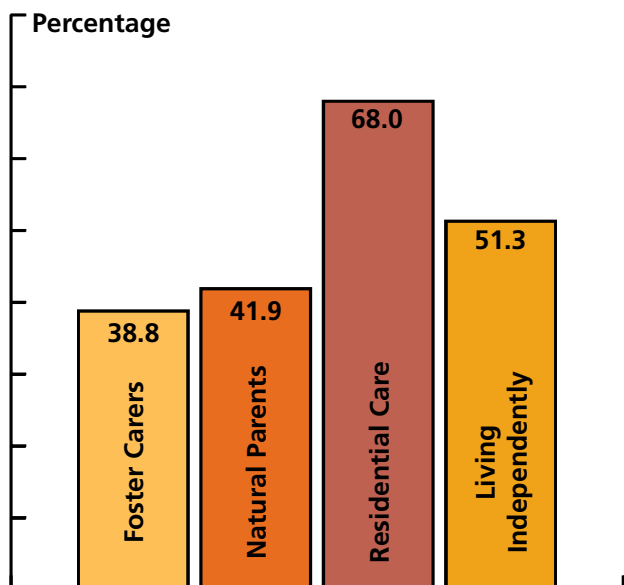


**Fig 1:** Prevalence of mental disorders among 5-10 year olds



**Fig 2:** Prevalence of mental disorders among 11-15 year olds

The same survey found that mental health problems were most common among children in residential care – see fig 3 below.



**Fig 3:** Presence of any mental disorder by placement type

National data shows that children who are looked after by the local authority have worse outcomes than children who remain in the family home. After leaving care, they are more at risk of: becoming teenage parents, being homeless, being unemployed and of drug and alcohol dependency<sup>2</sup>. **The Social Exclusion Unit's Report**<sup>3</sup> identified five main reasons why children in care have poor educational outcomes including 'children in care need more help with their emotional, mental or physical health and wellbeing'.

In addition:

- 40% of girls leaving care will become pregnant before their 20th birthday
- in 2005/06 children in care were 2.5 times more likely to be given a final warning reprimand or conviction than the overall population of children over 10
- 60% of children in care have some degree of difficulty with reading, spelling or numeracy<sup>4</sup>
- 14% of children in care have been in trouble with the police<sup>5</sup>

Local evidence of educational attainment clearly illustrates the difference in outcomes between children in care and non-looked after children:

Year	CiC	Devon general
2006-07	9.0%	<b>57.3%</b>

**Table 3:** Percentage of young people leaving care aged 16 or over with 5 or more GCSEs at grade A\*-C or a GNVQ compared to Devon overall.

1. Health Advisory Service (1995) *Child and Adolescent Mental health Services: Together we stand* London: HMSO
2. <http://news.bbc.co.uk/1/hi/health/4478428.stm> . Created 28.11.2005; accessed 26.6.2006
3. ONS (2005) *The mental health of children and adolescents in Great Britain* London: ONS
4. Mason J, Morley D, Smith P (2007) *Review of the emotional health and well being development in Gloucestershire Young Minds*
5. Buston, K. (2002). 'Adolescents with mental health problems: what do they say about mental health services?' *Journal of Adolescence*, 25 (2)p 231-42.

Children who are in care, or who have been adopted, may have suffered permanent psychological and emotional damage as a result of their experiences, especially if they have been abused or neglected from a very young age. This is because high stress levels can lead to 'hard wiring' of maladaptive responses, and to the development of disordered attachments<sup>6</sup>. This damage may manifest itself in many ways, for example lack of empathy or inappropriate sexual behaviour.

The experience of abuse or neglect can adversely affect all areas of development and lead to social, emotional or psychiatric problems that persist into adulthood. Evidence shows that 45% of children in care had some form of mental health problem (compared with 10% of non-looked after children), and that the actual experience of being in care can exacerbate mental health problems or lead to the development of new difficulties<sup>7</sup>.

Many adopted children come from the CiC population and are more likely than the rest of the CiC population to have suffered abuse and neglect<sup>8</sup>. For some families adoption carries an additional stigma in society. Their emotional needs stem from early abuse or neglect and sometimes rejection by birth parents. While in care they are likely to have had at least three placements and waited some time before an adoptive family was found and they take this legacy with them into their new family. Adopted children have to develop new relationships with adoptive parents, siblings, extended family, and peers. Sometimes children need help with:

- developing attachments in the new family
- issues of identity - who am I and why am I here? This can be particularly prevalent during adolescence<sup>9</sup>
- managing contact; especially managing multiple families.

## Young offenders

This group is also numerically relatively small yet has high needs and poor outcomes. The prevalence of mental health problems among young offenders is approximately 40%; problems include conduct disorder and autistic spectrum disorder. There is a high suicide rate for those in young offenders' institutions. They are also more likely to have a learning disability. A survey of psychiatric morbidity among imprisoned young offenders aged 16-20 was carried out in 1997<sup>10</sup>. This found that:

- almost 10% of females had been admitted to a psychiatric hospital
- 84-88% of males had a diagnosable personality disorder
- 4-6% of males and 9% of females had a diagnosable psychotic disorder
- 41% of males and 67% of females scored highly on tests to ascertain neurotic disorders

- 20% of males and 33% of females had attempted suicide at some stage in their lives
- 7% of males and 11% of females had self-harmed
- The average score on IQ testing was lower than in the general population
- 62-70% of males and 51% of females had high scores on a test to ascertain alcohol misuse
- more than 70% of all respondents reported using drugs in the 12 months prior to being imprisoned.

Although there have been some improvements in service provision for this group, a Healthcare Commission Report recommended that greater improvements were required for 16-17 year olds, as this age group is responsible for most of the crimes committed by young people, including the more serious crimes, but they have the greatest difficulty accessing child and adolescent mental health care<sup>11</sup>.

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[http://findoutmore.dfes.gov.uk/2006/10/lookedafter\\_chi.html](http://findoutmore.dfes.gov.uk/2006/10/lookedafter_chi.html) created October 2006; accessed 23.11.06

## Children and young people with Learning Difficulties and Disabilities (LDD)

Recent needs analysis in Devon has identified 4,400 children and young people known to Children and Young People's Services with CSN/SEN and disabilities at a level requiring assessment; and an additional 2,500 children and young people on School Action Plus registration in schools.

**Table 1:** Prevalence of specific child and adolescent mental health risk factors and impact on rate of mental disorder. Source Young Minds<sup>12</sup>

Risk factors in child	Impact on rate of mental disorders
Physical illness Chronic health problems Brain damage	3 times increase in rate 4-8 times increase in rate of disorder in young people with cerebral palsy, epilepsy or other disorder above the brainstem
Sensory impairments Hearing impairment (4 per 1,000) Visual impairment (0.6 per 1,000)	2-3.5 times increase in rate No figures but rate of disorder thought to be increased
Learning difficulties	2-3 times increase in rate, higher in severe rather than moderate learning difficulties
Language and related problems (2%, but improved identification needed)	4 times increase in rate of disorder

Mental health problems are more prevalent among children and adolescents with learning disabilities. Data from two large surveys by the Office for National Statistics were combined<sup>13</sup> and the following results were obtained:

- 3.5% of all children were identified as having learning disabilities (LD)
- Children with LD were more likely to have poor general health, live in a poorly functioning family and have been exposed to a variety of adverse events, such as abuse or domestic abuse
- 36% of children and adolescents with LD have a diagnosable mental disorder
- Children and adolescents with LD are 33 times more likely to have autistic spectrum disorder, 8 times more likely to have ADHD, 6 times more likely to have a conduct disorder and 4 times more likely to have an emotional disorder
- Children and adolescents with LD are more likely to have multiple mental health disorders.

Over one in three children and adolescents with a learning disability in Britain (36%) have a diagnosable psychiatric disorder. Children and adolescents with learning disabilities are over six times more likely to have a diagnosable psychiatric disorder than their peers who do not have learning disabilities.

The increased risk of having a mental health problem cuts across all types of psychiatric disorders. Children with learning disabilities are:

- 3 times more likely to have an autistic spectrum disorder
- 8 times more likely to have ADHD
- 6 times more likely to have a conduct disorder
- 4 times more likely to have an emotional disorder
- 1.7 times more likely to have a depressive disorder.

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## Commissioning services in Devon

Historically there were six Primary Care Trusts in Devon, but there is now one Trust, NHS Devon, which commissions health services on behalf of the population of Devon. Devon County Council Children and Young People's Services leads a Children's Trust which now has a Joint Commissioning Unit tasked with leading the joint commissioning of comprehensive CAMHS.

Devon is a predominantly market and coastal town population with one main urban area, Exeter City, and large areas of rurality. Each area of Devon has different needs but we now have the opportunity to identify an equity for all of Devon for emotional health and wellbeing while maintaining local flexibility developing services which meet local needs. The commissioning strategy must also link to the commissioning of specialist in-patient beds (Tier 4) through the specialist commissioning process.

## Devon's voluntary and community sector

There is a vibrant and diverse voluntary and community sector, and, as part of the Children's Trust development, many agencies have contributed greatly to the emerging children's strategies, and to the delivery of services. These agencies have considerable experience of multi-agency partnerships and delivering innovative services cost effectively and efficiently.

To enable the voluntary sector to maximise its potential within the Comprehensive CAMHS partnership, all agencies need to recognise that the strength of the voluntary sector are:

- **effectiveness** having a wealth of knowledge around issues of family support; being responsive to the needs of service users; an ability to connect with traditionally hard to reach communities; working in partnership with service users
- **economical** allows the resources available in local communities to be more readily utilised
- **efficiency** a history of innovative practice in pre-crisis intervention that often can reduce the need for more intensive, intrusive and expensive intervention at a later stage in the family development.

## Strategy for change

### Support to universal services

To improve access to services including specialist community services for children.

#### Why is it a priority?

Through the history of the previous strategy it has been clearly recognised that access to services has been perceived to be difficult with a number of issues regarding referral pathways, eligibility and physical access being identified. There are clear national targets regarding access to specialist services and a requirement to develop Comprehensive CAMHS .

#### Our local strategic approach

Major work has been undertaken to define:

- common screening and assessment tools
- integrated referral pathways
- a comprehensive information directory
- provision of aspects of current central based services into the localities
- dedicated integrated services for children in care, their carers and adopted children and their parents.
- multi agency training initiatives
- models for integrated mental health services.
- provision for 16-18 year olds and transition to adult mental health services.

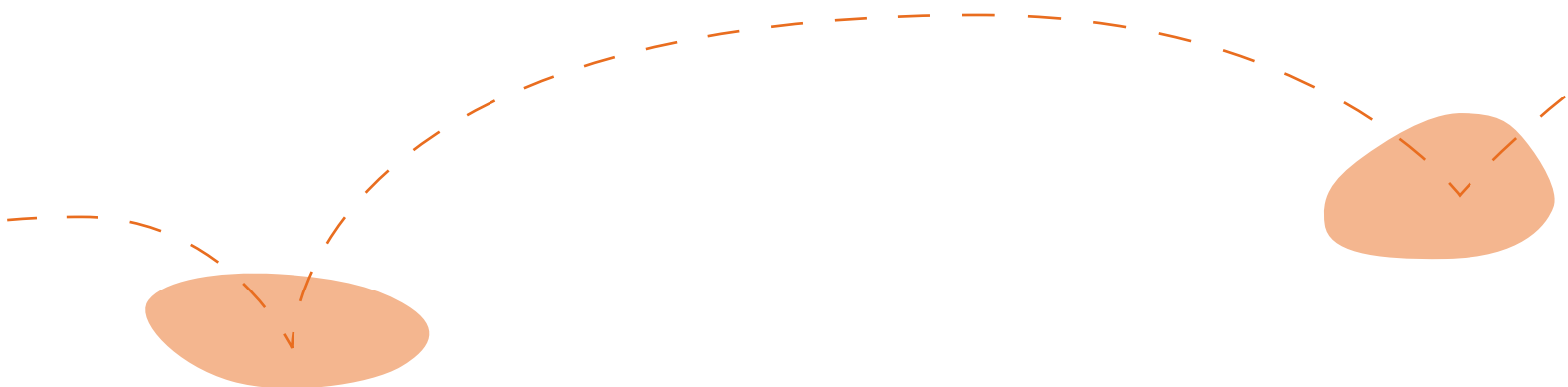
Voluntary and community sector organisations will be involved in the development and delivery of services through commissioning and partnership working.

- Young Devon – provides joint work with the Youth Enquiry Service centres and Special Needs Transitions Advocacy Services, counselling and psychotherapy services, homelessness officer in mental health.
- NCH – development of Early Years strategy in Sure Starts and children's centres.
- Housing providers and registered social landlords.
- Locality-based voluntary organisations – Young Carers Development.
- CVS – parent carer support and development.

Action	Location	Resource Implication
<p>Develop and implement common pathways – Common Assessment Framework, strengths and difficulty questionnaires, choice and partnership approach.</p> <p>Fully implement the Devon Transitions Case Transfer protocol and Choice 16-18 proxy indicator.</p> <p>Fully Implement the fourth early intervention assessment and prevention proxy – developing CAMHS activity in AXS and continuing the development of Primary mental health workers.</p> <p>Parent Carers Voice – EHWB sub groups in each local area.</p>	Countywide	

### Key performance indicators

1. All referrals to level 2/3 CAMHS having CAF and SDQ by 2010
2. Timeliness of response to referrals – CAPA – 7 day initial response 4 weeks to choice appointment 18 weeks to provision of intervention
3. Parent carer support available in all local areas of Devon linked to the Parent Carer Voice County Forum.
4. All cases of 16-18 year olds utilising the case transfer protocol
5. Implementation of the early intervention proxy indicator by 2010



## Emergency assessment and intensive therapeutic intervention

To deliver integrated services for children with the most complex health, social and educational needs.

### Why is it a priority?

Analysis on a national basis, and reviews of complex cases has shown that lack of joined-up thinking, information sharing and integrated working often leads to breakdowns of either social and educational settings and an increase in complex health presentation. Often the combination of a lack of lower level interventions can lead to escalation for a child or young person.

Gaps between specialist CAMHS and other services needs to be addressed as part of the Comprehensive CAMHS offer especially around children in care and drug and alcohol services.

The needs of children with complex problems have to be paramount for all services to develop appropriate high quality - local to Devon - based support services.

### Our local strategic approach

Developing the Integrated Strategy for Children with Special Needs across all areas of Devon as a vehicle for delivering all services for children with complex health social and educational needs.

Action	Location	Resource Implication
Identify a single point of referral in each local area to an Integrated Assessment Team within a joint agency service framework for all emotional/behavioural/mental health referrals for more specialist services. This will be linked to the AXS cluster thresholds and level 2 CAF assessments.	Countywide	Full establishment of the Integrated Joint Agency Service framework across Devon.
Further develop and audit the service around the child team providing a crisis intervention and assessment service to the most vulnerable Children and young people. Inclusion in the SAC of the Joint Agency Child Abuse Team and provide an all devon service.	Countywide	Establishment of a Joint Funded SAC and JACAT with a county wide brief.
Establish out of hours service jointly with CYPS EDT and Adult mental health to meet 24/7 proxy	Countywide	Senior Nurse On Call Rota On Call Dr.
Establish the protocols for consultant psychiatry and psychology, nursing and paediatric involvement in diagnosis, assessment, intervention work in the areas of learning disability, autism, ADHD and Aspergers Syndrome	Countywide	Invest in establishment of consistent county neuro developmental pathways.
Establish CAMHS services as part of the special schools core offer to Devon EBD schools	All Devon SEBD Schools	
Develop paediatric liaison services with each acute trust area	4 Acute Trusts	
Develop dedicated services for vulnerable young people with mental health needs in supported housing/ independent living.		Links with developing voluntary sector posts

### Key performance indicators

1. Single Point of Referral (IAT/CAPA) established across Devon March 2009
2. Establishment of County wide SAC(including JACAT) March 2009
3. Achieve PAF(A47) proxy targets in full Sept 2008
4. Comprehensive out of hours service July 2008
5. Acute trust liaison provision April 2009

## Non-emergency assessment and therapeutic intervention

To establish and enhance a Comprehensive CAMHS service (0-18) that is an integral part of joint agency services and AXS clusters and fits within the Devon Children's Trust vision for children and young people.

To develop and ensure services focus on health promotion and prevention as an integral part of their delivery.

### Why is it a priority?

To continue the development of comprehensive CAMHS all services will require adequate recognition of their involvement in the strategy. Integration between Devon Primary Care Trust and Devon CYPS will support this approach regarding public health work, and the AXS clusters will also enhance the partnerships required to deliver Comprehensive CAMHS across the school and learning community. It is also important to work with community based health services within that framework and the inclusion of GP practices in working process protocols is also essential.

The National Service Framework has set additional objectives and the **Devon Children and Young People's Plan** also outlines the combined national drivers and local priorities. This will link to the aims and objectives outlined in the Annual Performance Assessment, the Local Area Agreement.

The intellectual, social, physical and emotional skills children develop enable them to adapt to new environments and challenges. Children who integrate successfully have later academic success, establish better relationships with their peers and experience a sense of competence. This, not surprisingly, contributes to their self-esteem. A vital part of any comprehensive CAMHS is health promotion, which will need clear links with the Adult NSF health promotion strategy, along with ensuring public health and health promotion are integral to plans for service developments or initiatives through the PCT public health agenda.

### Our local strategic approach

Devon will develop an integrated delivery structure for children with additional needs across CYPS and PCT provider services. We will be guided by an emotional health and wellbeing partnership board with multi agency membership which will report to the Children's Trust partnership board.

With the development of new services comes the need for suitable infrastructure. This includes management, admin, information technology and suitable office and clinical space.

Action	Location	Resource Implication
Improve data collection to inform needs analysis link with Regional CAMHS developments. Implementation of CORC compliant IT system.	Countywide	
Fully establish Level One and Two comprehensive services within the AXS Cluster framework linking public health, social emotional aspects learning, healthy schools children's centres and parenting and IYSS developments.		PMHW for each Cluster x 19 2009 X 37 2011
Common use of assessment tools, care pathways and training within AXS to include reference to strengths and difficulties questionnaire Common Assessment Framework.		Central training Budget
Resources linked to the development of a peri-natal and infant mental health strategy and delivery across Devon.		
Further develop Information provision through DISC Plus and AXS clusters for all Children and young people.		
Further develop links and practice with the Healthy Schools Team and to establish stronger links with AXS clusters supporting the development of healthy communities.		
Further develop specialist services to outreach into communities for children with chronic illness and life limiting conditions.		

The aim of providing services in a non-stigmatised venue close to home, means that present service provision needs to be reviewed and a suitable estates strategy developed once a service model is in place. This will be part of the Integrated Estates strategy looking to develop geographical service hubs linking to school and children's centre development in the AXS clusters.

A capital programme needs to be established to support the inclusion of CAMHS in these processes.

The activity with children and families developed through the Devon Early Years Childcare Services and the Devon Healthy Schools Programme to reduce risk factors and develop resilience factors is central to local delivery and the strategy will link the

development and delivery of services within children's centres and schools as part of AXS development as a key local area hub for EHWPB services.

### Key performance indicators

1. Annual Performance framework data 2008/09/10
2. CAMHS mapping returns re Comprehensive CAMHS
3. AXS cluster performance indicators 19 PMHWS
4. Children's centres joint work and level 2 data capture
5. Number of healthy schools linking to become healthy communities
6. Reduce the numbers of under 5s presenting with anxiety/depression
7. Active links to the school based bullying strategy
8. Levels of self harm and counselling in schools
9. Domestic violence multi agency activity
10. School Action/Action Plus increase/decrease in EBD statements/exclusions
11. Increase the number of children known to integrated joint agency services with EBD/MH needs identified and have an action plan in place.
12. Develop young carers strategy with EHWPB provision
13. Identify county service for Children and young people with life limiting illnesses

**Services will need to be responsive and receptive to the involvement of children and young people in Devon and actively increase the participation of all young people taking note of age, gender, sexuality and ethnicity**

### Why is it a priority?

In June 2007 a national conference presented findings from CAMHS Choice 4 U programme and found:

- access to services improved when individual staff encourage engagement and services empower young people rather than telling them what to do
- young people want a choice of locations and times
- sharing information makes young people feel they have more choice
- poor communication in multi-disciplinary teams restricts choice.

Involving young people in their own care and the development of services offers potential benefits in two key areas. It enables young people and their families to choose where, when and how services are delivered to them, increasing their commitment to treatment programmes and increasing the chances of successful outcomes.

Feedback from children and young people who use the services can inform strategic decisions about commissioning and service delivery.

## Our local strategic approach

Action	Location	Resource Implication
Establish young peoples user forums across Devon linked to the developed of the participation team and a dedicated worker for CAMHS Participation	Countywide	Joint funding for participation worker CYPS PCT 2008
Develop more enhanced practice with voluntary sector providers and Devon Youth Service to establish choice options for mental health service delivery		

## Key performance indicators

1. Effective participation network across Devon for children and young people 2009



## Develop a competent effective and Needs informed workforce Strategy to deliver an equitable service framework whilst acknowledging the diversity of needs in Devon.

### Why is it a priority?

**New Ways of Working** (DoH 2007) has outlined a framework for competencies and application in comprehensive services which will lead to achieving desired outcomes for NHS reform.

### Our local strategic approach

Through the guidance of the service specification Devon services will ensure that the workforce delivering comprehensive CAMHS are working to the best practice guidelines established through the NSF. It is clear from the needs analysis of Devon that capacities will vary across Devon but that availability of the baseline competencies is paramount and needs to be equitable for all children young people and their families.

### Clinical effectiveness

The service provider will:

- establish routine audit and evaluation mechanisms in line with clinical governance requirements
- develop and adopt reliable systems for evaluating CAMHS outcomes in practice
- consult with service users on their experiences as an integral part of all service evaluation processes
- provide appropriate administrative and IT support to facilitate service evaluation.

### Professional standards

The maintenance of professional practice is an important component of service delivery; the service provider shall ensure that:

- all professional staff are qualified and registered with the appropriate body
- all professional staff have access to the time and resources needed for continuing education and professional development
- all professional staff participate in clinical audit, which is reported to appropriate audit committees in line with local arrangements
- any professional training taking place within the service is monitored by the appropriate professional body
- suitable opportunities are available for staff to instigate and participate in research.

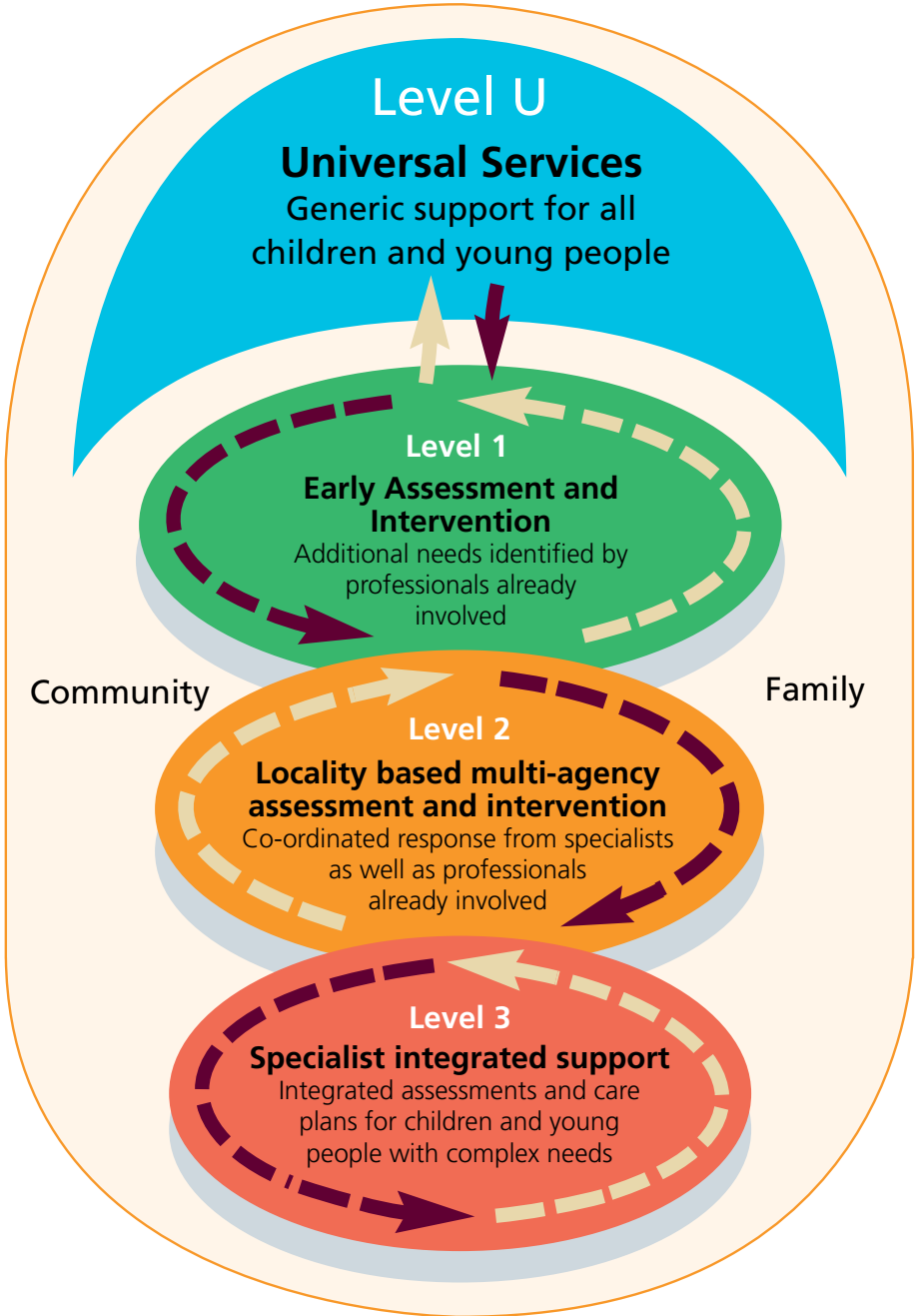
There will be a comprehensive training programme developing from the level 1 and 2 county programme identifying through the Knowledge and Skills Framework core competencies and training activities that will meet these requirements. Links with local universities providing training will enhance the work of the service and it is also expected that the service will encourage and establish a research base within the comprehensive structure.

**Key performance indicators**

1. Action plan to deliver the NICE guideline service specification September 2008
2. Workforce development and training programme December 2008
3. Research links programme established

Action	Location	Resource Implication
Service specification following NICE guidelines	Countywide	10% increase each year in activity and/or investment
Develop a workforce plan and training matrix for comprehensive CAMHS Level 1/2/3/4		
Research programme for all staff with active development with Peninsula Medical School and local universities and colleges training staff in children's services		

### Devon AXS Pathway



## Appendix 2

### Joint Financial Planning Framework EHWB in Devon 2008

#### Devon County Council – Children and Young People’s Services

##### Local Authority CAMHS Grant

Staffing PCT/DCC	£706,031
Staffing DCC JAT teams Business resources	£ 33,794
Support for Comprehensive CAMHS Development Inc Voluntary sector provision	£ 54,937
Support for Comprehensive Training Programme	£ 20,000
Homelessness Floating Support Contract	£ 21,238
<b>Total Grant Allocation for 2008/9</b>	<b>£836,000</b>

##### Devon Primary Care Trust

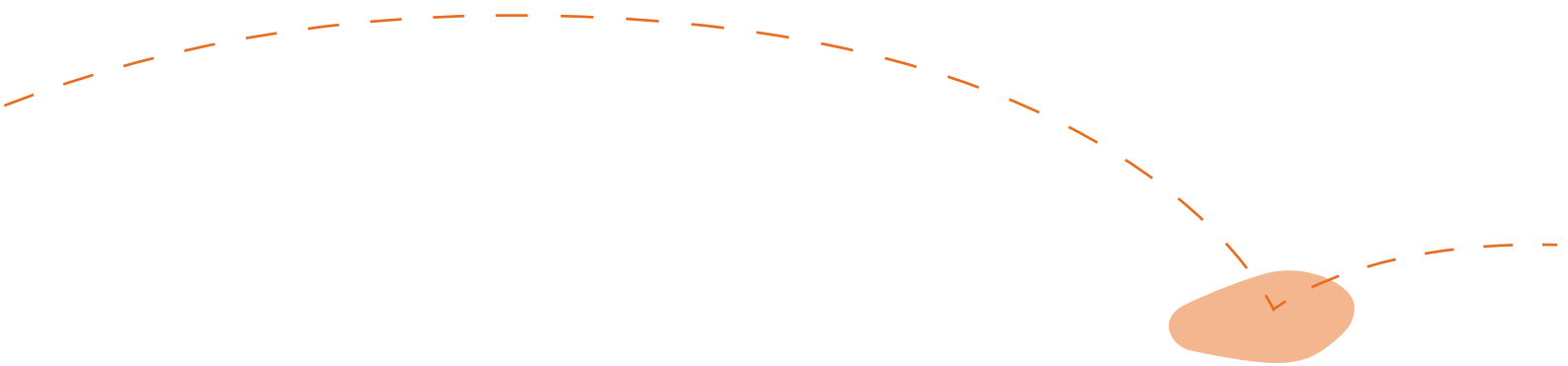
Devon PCT CAMHS Provider Services Including Tier 3 for Torbay	£5,882,040
Devon PCT Contract with Plymouth Hospitals Trust Including Tier 3 and 4	£1,020,122
Devon PCT Contract with Somerset PT Tier 4	£ 338,000
<b>Total</b>	<b>£7,240,162</b>

##### Devon Children’s Fund

Level 2 EHWB projects	£ 70,000
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**Total of Aligned Comprehensive CAMHS Budget** **£8,146,162**

Notes



To comment on this document or for more copies contact  
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December 2008

Design and editing by CYPs publications 01392 383698