

REPORT TO: Children, Young People and Families Policy and Performance Board (PPB)

DATE: 25th February 2013

REPORTING OFFICER: Strategic Director - Children and Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Children's Emotional and Mental Health and Well-being Service Provision

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide Members with an outline of the provision in Halton for Children's Emotional and Mental Health.

2.0 **RECOMMENDATION:**

- i) That the Policy & Performance Board notes the report.
- ii) To request that a further report be presented at the Board in 6 months outlining developments.

3.0 **SUPPORTING INFORMATION**

3.1 **Prevalence of Mental Health Problems**

9.6% of all children and young people aged 16 and under will have some form of mental disorder (ONS 2005). Therefore according to recent demographic information there are approximately 24,000 children and young people aged 0-15 currently living in Halton. Of this cohort we could expect to see 2500 children with a diagnosable emotional and mental health condition.

There is wide spread evidence suggesting that vulnerable groups are more at risk of developing mental health problems.

- **Children with disabilities:** Research suggests that almost 1 in 4 children who are in receipt of a disability have an emotional disorder. In Halton there are more SEN children as a proportion of all children than the national average.
- **Young people who smoke and drink:** Of 11-15 year-olds who smoke regularly, 41% have a mental disorder, as well as 24% of those who drink alcohol at least once a week, and 49% of those

who use cannabis at least once a month (MHF, 2007). In Merseyside, under-18s admitted to hospital with alcohol specific conditions, levels are more than twice as high as the national rate of 55.8 per 100,000. Although the latest information from the North West Public Health (2012) demonstrates that there has been significant reduction in under-18's admitted to Hospital with Alcohol Specific Conditions within Halton.

- **Not in education, employment, or training (NEET):** Being in education, employment and training between the ages of 16-18 increases a young person's resilience (ChiMat, 2012). In 2011 across Merseyside, levels of young people who were 'NEET' were higher than the average of 7.1%. The latest information from Halton indicates that at the end of 2012 the NEET figure was 9% of the cohort.
- **Pregnant teenagers:** Although early parenthood can be a positive experience for some young people, low levels of emotional health and wellbeing can often be regarded as both a cause and a consequence of teenage pregnancy. Halton has been able to reduce the numbers of pregnant teenagers locally, although Halton still remains above the regional and national average with the (ONS 2011) confirming that Halton has 40 per 10000 15-17 year old girls conceiving.
- **Asylum Seekers, Refugees and Immigrants:** Mental health problems in some migrant groups are higher than in the general population, for example migrant groups and their children are at two to eight times greater risk of psychosis (DH, 2011a).
- **Gypsy, Roma and Traveller children:** Gypsy, Roma and Traveller children have the worst educational outcomes of any ethnic group in the UK and high rates of school exclusion. Currently in January 2013, there are five gypsy and traveller sites across Halton. Two are owned and managed by the council, two are private sites with planning permission and the final site has applied for retrospective planning permission.
- **Young carers:** There is unfortunately a strong relationship between poor mental health and caring. There are 296 known young carers as of November 2012 within Halton, although it is widely recognised that many young carers are not known to service provision.

There are also risk factors that are associated with increase prevalence of mental ill health. The risk factors such as single parent households, poverty and lack of educational attainment can be countered with the development of resilience factors such as improved appropriate relationships and opportunities for improved self-esteem and confidence.

3.2 Overview of CAMHS

The recent government Mental Health Strategy (DOH 2011); recognises the importance of early intervention to prevent serious mental health issues developing amongst children and young people. The comprehensive CAMHS agenda has been well documented since the development of Every Child Matters (DFE 2004). The comprehensive CAMHS agenda supports the development of the Tiered response to levels of need as demonstrated below:

Figure 1

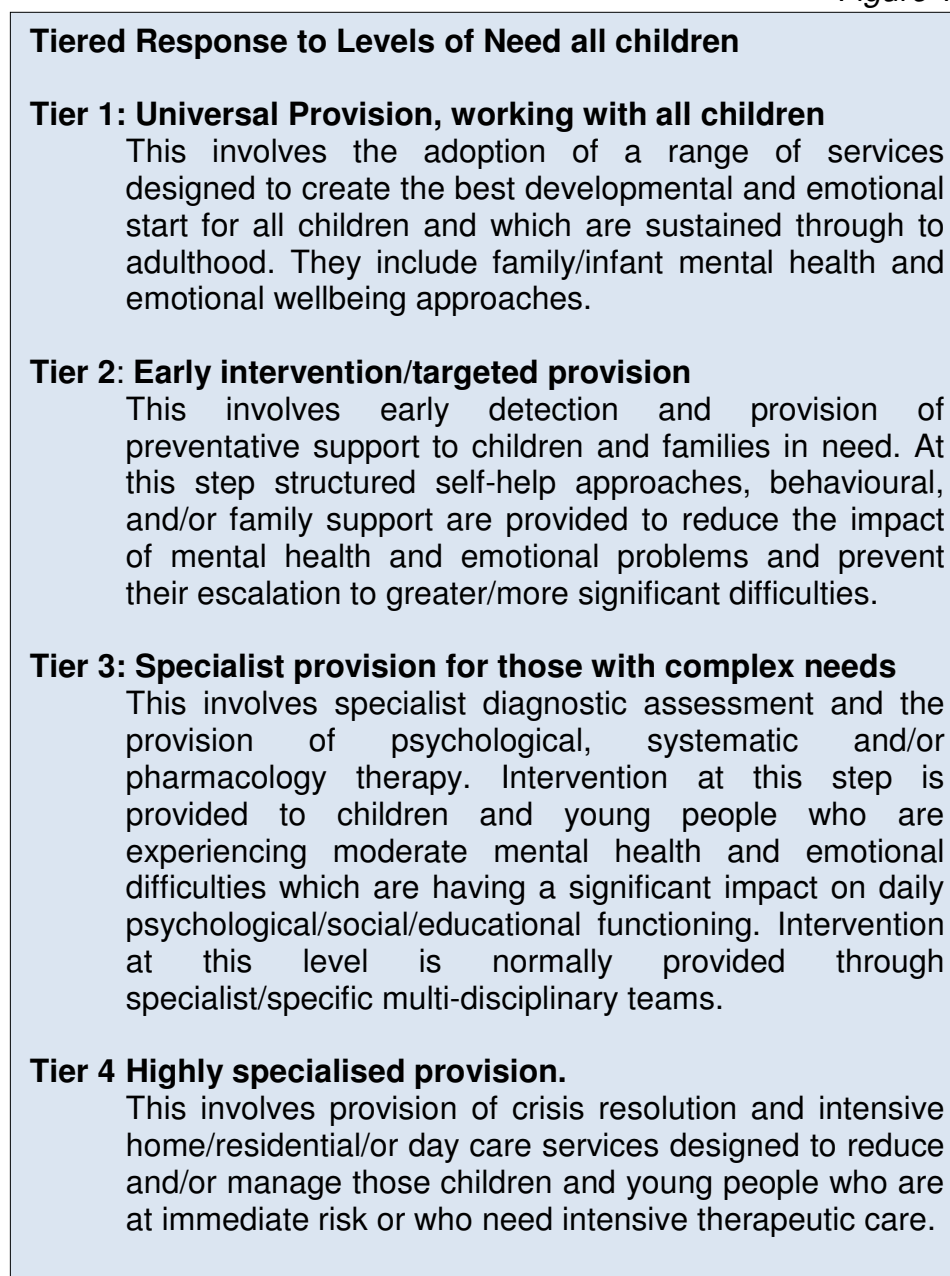


Figure 2

Current Tiered CAMHS Provision across Halton

Tier 1: Universal Provision, working with all children
Midwives, health visitors, school teachers, school nurses and youth workers supporting all children and young people in their development.

Tier 2:

- Barnardo's Hear4u provision £132,354. This service provides interventions such as individual counselling and solution focussed interventions to young people up to the age of 19.
- Barnardo's Go Forward Service (Children in Care) £59,329. This service provides specialist mental health assessment, advice and support to Children in Care and their carers.
- Bridgewater Community NHS Trust Provider – This service provides consultation, training and interventions to children and young people. This includes preventing mental ill health developing and targeting vulnerable children and young people.
- Paediatric Liaison S Helens Service A+E. This service provides swift emotional and mental health support to children and young people who access A+E.
- YOS CAMHS Service. This service is specifically for children and young people who are young offenders.

Tier 3:

- 5 Boroughs Partnership CAMHS. The tier 3 specialist CAMH service is provided for the most severe, complex and persistent of child mental health problems/disorders and risk factors which have multi-factorial causation, psychological and social outcomes and which require interventions across the same domains to be delivered on a multi-agency basis. The service will deliver specialist services, including assessment, triage, consultation, diagnosis, formulation and treatment in a range of settings, including community and locality settings which meet children and young people's needs for timely and efficient service delivery.
- 5 Boroughs Partnership CURT Service. This urgent response team provide urgent assessment and service to young people up to their 18th birthday within 24 hours.

Tier 4 Highly specialised provision

The Health and Wellbeing Board have prioritised mental health and children's mental health.

The wide range of fragmented provision particularly at Tier 2 demonstrates a need for health and local authority commissioners to work closely together to develop a seamless provision with clear pathways between the services.

There is now an opportunity to develop integrated commissioning arrangements including development of integrated budgets to jointly commission an effective and robust comprehensive CAMHS service. This would allow for cost savings for the Clinical Commissioning Group (CCG) and the Local Authority whilst enhancing service provision.

3.3 Demand and Capacity

The local authority commissioned a counselling service that is currently been provided by Barnardo's and is called the Hear4u service. Quarterly reviews have highlighted the need for increased provision due to the number of referrals and the level of referrals received.

There is a need to explore NHS CAMHS tier 2 and Tier 3 referral data including waiting times. This is to a need to ascertain the demand and capacity of the service, whilst further investigating referral sources. Close working relations with the CCG commissioners will allow for this information to be gained and utilised to improve provision.

There is also a need to further review schools, GP's and parents experience of CAMHS provision across the borough. This will enable a thorough analysis on access to provision including response times, treatment and intervention and outcomes for children and young people.

3.4 Next Steps

There are concerns about the lack of a single point of entry or access to generic CAMHS provision. Services at Tier 2 appear fragmented and there is a need to develop integrated commissioning arrangements to support effective service redesign.

The Health and Wellbeing Board have prioritised Mental Health including children's mental health, Children's emotional health. The CCG also recognise the importance of this broad topic and are supporting this priority. CAMHS and the local authority commissioners will liaise with the CCG commissioners to commence a comprehensive review. This is an ideal opportunity for CCG children's commissioners to work collaboratively with the children's local authority commissioning managers to review and develop a comprehensive CAMHS.

4.0 **POLICY IMPLICATIONS**

The Children and Young People's Plan prioritises children and young people's emotional health and the Health and Wellbeing Board has prioritised Mental Health, including children's mental health. The Clinical Commissioning Group (CCG) also supports this priority.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

None at present

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Emotional and mental health and wellbeing is a critical factor in supporting children and young people's social development, behaviour and resilience, educational attainment and achievement, positive engagement and life chances. This area of work also supports Halton's focus upon Early Help and Support and the priorities within Halton's Children and Young People's Plan.

6.2 **Employment, Learning & Skills in Halton**

Good emotional and mental health and well-being is a vital factor in children and young people's learning and future employment and skills development.

6.3 **A Healthy Halton**

Emotional and mental health services impact directly upon the health and well-being of children and young people with an identified emotional or mental health need, or who are at risk of developing these needs.

6.4 **A Safer Halton**

Children and young people who do not enjoy good emotional and mental health and well-being are more likely to be subject to a range of risk factors that will impact negatively upon their achievement of positive outcomes.

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

National and local evidence demonstrates that failure to ensure appropriate services to support the emotional and mental health and well-being of children and young people is likely to impact negatively upon their outcomes and life chances, and therefore jeopardise the fulfilment of their potential. It would also increase the need for specialist services thus leading to increased costs in the borough.

8.0 **EQUALITY AND DIVERSITY ISSUES**

Equality Impact Assessments undertaken in 2012 demonstrate that the following protected characteristics would be impacted upon if appropriate and effective emotional and mental health and well-being services for children and young people are not available:

- Age
- Sexual Orientation
- Gender Reassignment
- Socio-Economic
- Carers
- Disability

09.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.