City of York
Children and Young People’s Mental Health Strategy

Part 1: Review and Future Challenges

2011 - 2014

York Children and Young People’s Mental Health Executive
September 2011
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Mission statement of York CAMHS
‘The Emotional welfare and psychological development of the child is paramount.’

The purpose of the CAMHS Executive is to ensure that effective and high quality services are delivered to all children and young people and their families whatever their difficulties.

The next three years will be particularly challenging in view of:

- New commissioner arrangements.
- New provider arrangements.
- Budgetary reductions.
- Priority re-evaluations.

Achievements by York CAMHS over the past five years have included:

- Continued multi-agency co-operation in the development, management and delivery of CAMHS.
- The achievement of standard 9 of the Children’s NSF that: ‘All children and young people from birth to their 18th 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.’ (2)
- Enhanced early intervention and preventative approaches in schools through the Targeted Mental Health in Schools scheme (TAMHS).
- Being on target for all schools to achieve the National Healthy School Standard that includes criteria for promoting positive psychological health and wellbeing for pupils and staff. All primary and secondary schools have achieved the Healthy School Standard.
- The creation of the unique role of Emotional Literacy Support Assistants (ELSAs).
- The improvement in access to tiers 2 and 3 specialist CAMHS through improved response times, a responsive urgent call system and a higher profile physical presence in different localities in York through the establishment of recognised clinical and organisational bases within those localities in facilities shared with other agencies.
- In-patient staff meeting regularly with the Early Intervention Team to monitor the joint management of young people with psychoses and suspected psychoses.
- CAMHS providing training input to the Paediatric Junior Doctor training programme. In addition the development of a monthly paediatric and CAMHS journal club has created an opportunity for joint training.
- The establishment of a care leavers’ group that can comment on the quality of CAMHS support, and a ‘Show Me that I Matter’ panel for young people.
- In 2007 it was reported to the Department of Health Performance Monitoring Unit that North Yorkshire and York PCT met the criteria contained in the Performance Proxy Indicator for CAMHS and disabled children and young people and those with additional needs. Improvements in the delivery of these services have been sustained and improved upon over the last four years.
- The OFSTED Inspection, which took place in July 2010, assessed York’s Youth Offending Team (YOT) as requiring minimum improvement across all three aspects of work, safeguarding, risk of harm and likelihood of re-offending.
The Care Quality Commission Report, released in September 2010, acknowledged the provision of specialist CAMHS within York YOT but highlighted the deficit of physical health care provision to young offenders.

An intensive and successful research programme.

CAMHS for deaf children has been established as a permanent service following independent evaluation of a pilot undertaken by the University of York.

Increasing numbers of CAMHS staff have developed skills in sign language.

Department of Health capital funding has been used to improve facilities and services by upgrading the Lime Trees in-patient unit, transforming the Castlegate Centre into a one-stop resource for young people and providing a permanent building for the service for deaf young people on the Lime Trees site.

The ‘Heard’ group have involved children and young people in commissioning services in the last few years.

Specialist CAMHS has run three innovative projects in the last three years where service users (young people) have made short animated films with two local professional animators as guidance to service providers. These have included films about improving communication with deaf children, therapeutic support that helped in anorexia nervosa, and a young people’s perspective on what it is like to have Asperger syndrome. The last of these won an international award at the Edinburgh Science and Arts Festival.

Young people and parent/carers sit on a strategy group to decide on the usage of money for short term breaks for parent/carers of children with learning disability using ‘aiming high’ funding. They also make decisions about the staff to be appointed to support families in which there is a learning disabled child.

Other than in an emergency, all first appointments are made with the option of changing them, and all subsequent appointments are made at a time convenient for the family.

York CAMHS continues to meet the 2006 Public Service Agreement (PSA) target: ‘Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.’

Specialist CAMHS takes mental health referrals for all young people up to their 18th birthday, whether they are in full-time education or not.

The appointment seven years ago of a full-time Young People’s Mental Health Advisor has greatly improved the access of young people in York to a mental health service by making the service approachable and flexible. Direct clinical work, indirect service development and demand for more mental health resources for this age group has been demonstrated.

The transition arrangements for disabled young people have been commended by the National Transition Support Team.

An Early Intervention Service operates for young people who present for the first time with psychotic symptoms, and helps to raise awareness and recognition of the symptoms of early psychosis amongst all agencies.
Individuals are offered a three year package of care. At the end of the EIP intervention/treatment period, longer term care is transferred to CAMHS or AMHS, if it is necessary.

**Future challenges for York CAMHS include:**

- Co-location of relevant services to ensure integrated input into the mental wellbeing of children and young people.
- Joint training and future workforce development so that member agencies meet the demand for an improving service.
- Capturing the user and carer voice and being a representative forum for all stakeholders.
- The redirection of resources towards prevention so that there is no longer a need to invest so heavily in crisis management.
- A backdrop of reduced Local Authority and NHS funding will result in a reduced youth service, Connexions, school counselling service, independent living support, health visitors, Local Authority behaviour support as well as reduced CAMHS management capacity.
- Alternatives to in-patient admission, such as Intensive Home Treatment and a Crisis Resolution Service need to be considered.
- Consideration should be given to commissioning inpatient beds locally for young people with learning disabilities who develop mental illnesses.
- Ensuring that by 2012, no young people under 18 will be admitted to adult mental health beds, unless it is the considered choice or preference of a 16/17 year old.
- Increased CAMHS therapeutic support to Looked After Children generally and particularly to those who have witnessed domestic violence or have experienced physical, emotional or sexual abuse and have gone on to develop mental health problems.
- Maintaining developments in crisis intervention for disabled young people with learning difficulties and challenging behaviour.
- Ensuring the participation of BME children, young people and families in service development through stakeholder groups.
- Ensuring that the involvement of young people in decision making continues now that the ‘Heard’ group is no longer running and there is not a person designated to ensure user and carer involvement.
- Developing relationships with new GP Commissioners and new partners in the host provider agency.
- To ensure local agreements are in place for handling referrals of young people to ensure that there are no gaps in service provision and that there is scope for choice and flexibility.
- To improve communication between statutory agencies involved with CAMHS and the agencies working with young people who abuse drugs and alcohol.
Introduction

This is the fourth CAMHS Strategy for the City of York. It has been produced by the City of York CAMHS Executive, a partnership of the agencies working closely with children and young people in the city, and particularly concerned with their psychological health and development. The CAMHS Executive reports to the YorOK Children’s Trust Board that is a partnership of everybody who works with children and young people.

The strategy is to:

- Provide a clear sense of direction for everybody working to improve the psychological health of all the children and young people in the city.
- Help and inform children and young people about what services can provide for them, from the promotion of mental health through to services for those with acute psychological crises and those with chronic mental illness or disability.
- Enhance and develop the achievement and development of children and young people, and to ensure that we listen and respond to the voice of a wide range of stakeholders.

Service experienced young people have been involved in the development of the strategy with the aim of fully involving young people in the development and reviewing of the impact of services on children's psychological health.

This fourth strategy is being developed at a time of considerable political and economic change. The strategy has to be robust enough to deliver mental health services to children, young people and their families through this time of turbulent and unpredictable change.

The changes will include:

1. New commissioning arrangements

In which Primary Care Trusts are being disbanded and General Practices are being given the responsibility for commissioning services. This is particularly problematic for CAMHS for they are not primarily health based, although parts of them are. The CAMHS Executive will therefore need to cultivate GP Commissioners so that they are aware of the very broad range of services that are necessary to maintain children’s mental health and psychological wellbeing.

2. New provider arrangements

For the last ten years CAMHS has been managed by a Primary Care Trust (PCT), but in 2011 Mental Health Services, including CAMHS in North Yorkshire, are being broken up. York CAMHS, alone of North Yorkshire CAMHS, will be managed from April 2011 by Leeds Partnerships NHS Foundation Trust, an organisation that has not previously managed CAMHS. The CAMHS Executive will therefore need to develop close mutually supportive links with this organisation.

Education and Children’s Social Care have merged to become Children’s Services within the Directorate of Adults, Children and Education (ACE). Within the City of York, all services for children, statutory or voluntary, work within the Children and Young People’s Plan.

3. Budgetary reductions

There are to be budgetary reductions in the Health Service and even more so in Local Authority budgets. There is a real danger that organisations will protect their own services and be unwilling to work across agencies. A return to agency silo working, when we know we provide a better service with all agencies working together, will be disastrous for preventative work
and for protecting vulnerable children from developing serious mental disorder. The consequences of disinvestment will be:

- Reduced community services.
- Longer response times as fewer staff are overwhelmed by increasing demand.
- Less preventive work leading to more children presenting in crisis and requiring specialist services.
- Deterioration in relationship between professionals in different agencies, each trying to protect their own resources.
- Less community support for parent/carers and therefore a potential rise in child abuse and neglect.
- The targeting of certain services will be reduced leaving needy groups with a poorer service (e.g. youth services).
- Fewer opportunities to identify children who are likely to develop mental health problems and offer input with them.
- Fewer children will receive the treatment they require and their mental health will deteriorate into adulthood causing the cost of adult services to rise.
- Less professional time to consult users and parent/carers on the provision of individual treatments and on the way services are structured.
- Loss of time to evaluate new management strategies that may be more economical e.g. consultation models, consolidation of support to tier 1, professional multi-agency work, group working etc.

- Disruption of the pyramid of allocating resource to need with the result that children in parts of the pyramid will receive no service until their difficulties necessitate a more expensive intervention.
- The care pathways through the different agencies according to need will develop gaps in certain places so that a return to multiple referrals to different services will occur, disrupting care pathways.

The Mental Health Strategy, ‘No health without mental health’ 2011 suggests that a small amount of funding may be available for CAMHS to develop more evidenced based practices e.g. Increased Access to Psychological Therapies (IAPT). However, this is currently in the early stages of development.

Fortunately York has a strong multi-agency CAMHS Executive, but the cuts will put a real strain on the viability of many community initiatives geared to improving young people’s mental health. In future there will be no further ring fencing of CAMHS grant funds and organisations may choose to spend that money outside CAMHS. It is therefore imperative that all funding streams from all agencies into CAMHS are fully understood.

4. Priority re-evaluation

The objective in 2010 was to achieve, maintain and sustain a fully comprehensive CAMHS Service; that objective will remain.
The Vision

Mission Statement

‘The emotional welfare and psychological development of the child is paramount.’

To achieve this

‘The ultimate goal for everybody engaged in providing services for children and young people is that their work should contribute towards high levels of personal achievement for all children and young people, both as individuals and as citizens, contributing towards the greater good.’ (2)

‘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 for their families.’ (2)

We want to see:

- An improvement in the mental health and psychological wellbeing of all children and young people in York.

- All the agencies working together and making a contribution to the needs of all children and young people in York, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs of children and young people with the most complex needs.

- All members of the children’s workforce in York being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet their needs.
What we know:

- The pressure on Mental Health Services continues to grow.
- York scores significantly ahead of others in delivering a range of comprehensive child and adolescent mental health services.
- The specialist CAMHS for children who are looked after is highly regarded and valued by foster carers, residential staff and social workers.
- A city centre one-stop-shop, Castlegate, established to provide impartial and confidential advice and counselling for young people is well used.
- In the first year of the Schools’ Counselling Service 239 young people received support.
- The local development of the Social and Emotional Aspects of Learning (SEAL) in all York schools has been supported.
- There will be a reduction in finances allocated to CAMHS and therefore maintaining an effective preventive and assessment/management service will be particularly challenging.

The foundations for effective CAMHS are:

- A ‘critical mass’ of multi-disciplinary staff.
- Co-ordination and integration of professions and teams.
- Organisation within the tiered framework.
- The use of the individual and professional skills of all service members to their full potential.
- Clear lines of accountability, responsibility and supervision.
- A training and development programme for all disciplines.
- Prioritisation and management of work load.
- Clear operational policies.
- Adequate administrative support.
- Overt inter-agency networks of communication.
- An agreed strategy, an interested and supportive management structure.
- A designated, consistent budget.
- Clinical governance.

How are we going to continue to improve?

- Implement an updated strategy for CAMHS.
- Raise awareness of mental health and psychological wellbeing with young people, their parent/carers and professionals.
- Ensure that young people’s voices are heard in the planning and reviewing of mental health services, and acted on.
- Continue to seek the involvement of parents and carers in the strategy review, and CAMHS planning and service delivery.
The Elements

Partnership working

1.1 The City of York has had a tradition of close partnership working between agencies. Membership of the York CAMHS Executive is representative of most organisations providing services to children, young people and families.

1.2 The Executive’s terms of reference delineate the roles and responsibilities of members and their agencies, lines of communication with the North Yorkshire and York CAMHS Coordinating Group and accountability to the York Children’s Trust Board.

1.3 The York CAMHS Executive is responsible for the production of a local CAMHS Strategy, to which all major stakeholders can sign up with a commitment to joint operational working.

1.4 It is an expectation of the Local Authority and Primary Care Trust that healthy lifestyles are promoted by implementing a new CAMHS Strategy and Action Plan and, as a result, raise awareness of mental health and psychological wellbeing with young people, their parent/carers and professionals.

Achievements

1.5 In the five years since the publication of the last CAMHS Strategy the CAMHS Executive has continued to be the multi-agency planning and commissioning body that has overseen the development and delivery of mental health services to children and families within the City of York. The remit, as specified in the National Service Framework (NSF) (2), was to establish a fully comprehensive CAMHS by 2010. The specified standard 9 is that: ‘All children and young people from birth to their 18th 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.’ (2), this has been achieved as has the multi-agency CAMHS contribution to the other nine standards concerning children and young people.

1.6 Successful and sustained partnership working through the CAMHS Executive has led to a range of initiatives including:

- Joint commissioning of specialist services for vulnerable groups including Looked After Children and children with disabilities.
- Joint commissioning of services and placements for children with complex needs through joint panel arrangements.
- Joint commissioning of Primary Mental Health Worker Services.
- Enhanced early intervention and preventative approaches through the Targeted Mental Health in Schools scheme (TAMHS).
- Providing administrative support to all aspects of CAMHS to ensure users, parent/carers and partner agencies are aware of the scope and detail of all CAMHS work. This has been partly financed by the NY&YPCT modernisation grant.
Details of these and other achievements are set out in more detail in other sections of the document. The Executive has also been responsible for consultation with stakeholders, auditing of needs and monitoring of outcomes.

Future Challenges

1.7 Obtaining sustained contributions to the CAMHS Executive from:
   - The Black and Minority Ethnic Community.
   - Parents/carers.
   - Service users.

1.8 The CAMHS Strategy will provide the CAMHS Executive with new challenges such as:
   - Co-location of relevant services to ensure integrated input into the mental wellbeing of children and young people.
   - Joint training and future workforce development so that member agencies meet the demand for an improving service.
   - Capturing the user and carer voice and being a representative forum for all stakeholders.

2.2 Targeted Mental Health in Schools (TAMHS) is a DCSF/DfE funded project to increase the psychological health and wellbeing of children in primary and secondary schools (4). York received £222,500 as part of Phase 3, running April 2010 - April 2011. TAMHS is overseen by the CAMHS Executive, with the role of ‘Project Manager’ being undertaken by the Senior Educational Psychologist. An Educational Psychologist has been seconded for 1 day per week, with additional support from the Behaviour and Attendance Advisory Consultants and CAMHS Primary Mental Health Workers (PMHWs). A small element (11%) of the funding will be partially retained in the Early Intervention Grant to maintain training and disseminate good practice from the pilot.

Early intervention and primary care

2.1 The York CAMHS Executive has supported activities which have increased the earlier recognition, and multi-agency management, of children and young people who are experiencing mental disorders or psychological problems, achieved through:

- Extensive multi-agency CAMHS training of tier 1 staff, which has been partially funded by the City of York Council (CYC) modernisation grant and is part of the North Yorkshire CAMHS partnership.
- Improved and quicker access to specialist CAMHS.
- Increased consultation and clinical support to tier 1 staff through five Primary Mental Health Worker posts based in Children's Centres around York and aligned to Secondary Schools, paid for by City of York Council modernisation grant and the North Yorkshire and York PCT (NY&YPCT) base budget.
Achievements

2.3 The Healthy Schools Programme has been rolled out across all schools in York and the Social and Emotional Aspects of Learning (SEAL) materials are becoming part of the curriculum of primary schools. 100% of Primary and Secondary schools have achieved National Healthy Schools status. This includes criteria for promoting positive psychological health and wellbeing for pupils and staff.

2.4 York targeted eight schools in the Acomb and Clifton areas for TAMHS support, including two high schools and six primary schools. The Educational Psychology Service coordinated the delivery of a six day comprehensive training programme on psychological health and wellbeing, with the aim of enhancing the skills of Higher Level Teaching Assistants (HLTAs), thus creating the unique role of Emotional Literacy Support Assistants (ELSAs). The programme covers a range of evidence-based early intervention strategies e.g. Circle of Friends, Therapeutic Stories, Anger Management and Social Stories, which can be delivered to small groups and individuals within school. York ELSAs will also have the confidence and skills to deliver targeted SEAL approaches since ‘Silver SEAL’ was added to the original ELSA training programme.

2.5 A Mainstreaming Strategy is currently being implemented that includes delivering the ELSA training programme to pastoral staff in Danesgate Community i.e. Outreach Behaviour Support and Teaching Assistants from the Pupil Referral Unit (PRU).

2.6 Three of the TAMHS schools were keen to develop Restorative Practices (RP) as part of their school ethos. The TAMHS funding enabled York to commission the services of a well-established RP trainer who offered staff briefings and training sessions, as well as facilitating a Lead Practitioners’ networking group.

2.7 The ELSA training programme was evaluated positively by all ELSAs. 99% felt that the course had achieved its learning outcomes. Staff confidence and competence questionnaires were completed by all ELSAs at the beginning and end of the training programme, demonstrating a significant ‘shift’ in self evaluation of skills and knowledge. Follow up questionnaires were completed in February 2011 to assess longer-term impact.

2.8 To measure pupil progress, ELSAs have used the York Social Educational and Behavioural Competencies Profile, triangulating information from teachers, parent/carers and pupils. The profile has versions adapted for Early Years/Key Stages 1, 2 and 3/4 and can be used as a pre and post intervention measure. It ensures that schools are measuring impact and starting to assess ‘what works’.

2.9 OFSTED has recognised the success of TAMHS, as evidenced by the following quote from a primary school report published 16th December 2010: ‘Pastoral care is good … A team of well-trained teachers and support staff provide particularly effective care for the most vulnerable pupils.’
The Targeted, Adolescent and Mental Health (TAMHS) support programme is a real asset in developing pupils’ social and emotional skills, consequently enabling them to be successful learners.’.

2.10 Within the TAMHS project, the specialist PMHWS provide supervision and consultation to the ELSAs in conjunction with the Educational Psychology Service. Alongside the supervision sessions, specialist CAMHS staff have provided bespoke training sessions for the ELSAs on subjects such as attention deficit hyperactivity disorder, mood disorders, eating disorders and deliberate self harm. All eight schools now have two trained ELSAs undertaking a range of interventions at individual and group level.

2.11 A PCT-wide Mental Health Promotion Network, the Social and Emotional Working Group (SEWG), has been established to help achieve integration between agencies. This will allow better access to training; good practice examples; tools and skills-sharing. A Mental Health Promotion Strategy for all children and young people in York is being devised.

2.12 In the quest for better early intervention, CAMHS is to support the development of jointly-commissioned parenting initiatives. Agencies in York have developed various parenting programmes that improve the psychological development of children through building secure attachments between parent/carers and children, to which a contribution has been made from the CYC modernisation grant via the Children’s Fund.

2.13 The Young Carer’s Worker receives clinical supervision from the CAMHS Manager thereby indirectly providing mental health input.

2.14 All primary and secondary schools have accessed training around SEAL (Social and Emotional Aspects of Learning) and schools are being continually supported in using and adapting the materials to meet the needs of the children and young people. A copy of the Social and Emotional Learning Through Circle Time Curriculum has been purchased for all schools to provide a comprehensive whole school approach to further enrich the provision for EHWB. This was written by York practitioners and published nationally.

2.15 A number of initiatives have been developed to promote a strong anti-bullying ethos in schools. These have included the SEWB conferences, the on-line anti-bullying questionnaire and a range of in-school support systems, e.g. peer mentoring, peer mediation and de-bugging.

2.16 The School Improvement and Staff Development Service provides both universal and bespoke training, policy development and on-going in-school support for Healthy Schools, SEAL, anti-bullying and PSHE.

Future Challenges

2.17 To achieve the priorities from the Children and Young People’s Plan 2009-12:

- ‘Equipping our workforce to have the confidence to recognise emotional health issues and how to deal with them.’
‘Where possible using a recognised framework to measure the emotional wellbeing of children and young people.’

‘Expanding our successful Child and Adolescent Mental Health Service and the counselling services available to children and young people.’

‘Recognising that children’s happiness is as important as any of the indicators that can more easily be measured.’

And the priorities from the 2010 review of the Children and Young People’s plan:

‘We must continue to listen to what children and young people are telling us about their emotional health. … and respond accordingly.’

‘We will take the principles of Restorative Justice into new situations including schools in order to prevent young people entering the criminal justice system unnecessarily.’

2.18 The City of York Children and Young People’s Plan 2009-2012 (1) outlined the main components of the Early Intervention Strategy - ‘the redirection of resources towards prevention so that there is no longer a need to invest so heavily in crisis management’ and includes detail on:

- The further development of a Schools’ Counselling Service and other school-based resilience building programmes.
- An approach to counter domestic violence and substance misuse amongst parent/carers (‘Stronger Families’/NSPCC).
- The range of resources and agency responses available at the new Castlegate Centre for young people.
- Dedicated expertise in tiers 2 and 3 services for early years is needed to support the work of a range of primary care and community professionals, including consultation, joint assessment, direct clinical work, training, supervision and the development of protocols and care pathways.
- Ensuring that prompt access to CAMHS is available via continued development of clear care pathways.
- Working closely with primary health care and adult mental health services, providing better support for mothers in the pre and post-natal period.
- Parenting initiatives coordinated through the Parenting Education Coordinator (5).
- Tier 1 staff development by specialist CAMHS training and support to frontline staff as more complex or serious mental health problems are uncovered. Crisis response staff such as Emergency Department staff, Approved Mental Health Professionals, Police and GPs should have knowledge of aspects of children’s mental health and the needs of children whose parent/carers have mental health problems. Better mental health support to young carers needs to be addressed. Specialist CAMHS staff also need to integrate their activity into settings such as the new Children’s Centres and Extended Schools in York.
Encouraging and assisting in provision of child mental health education, as part of the core training of health, social care, education and other professionals who work with children and young people.

Ensuring that children, parent/carers and professionals have access to good information resources to promote children’s emotional wellbeing through a variety of media i.e. print, telephone and internet, all of which will be included in the new city-wide Service Directory.

Better mapping of tier 1 activity, which contributes to better mental health promotion, recognition of psychological difficulty and early intervention.

Responding to the NICE guidance on mental health promotion in primary schools.

The reduction in public service funding which will inevitably lead to a reduction in early intervention services across all agencies. It will require a strong multi-agency commitment to shared working practices to ensure vulnerable young people receive services prior to a crisis. (6)

2.19 In the future, clusters of schools will be encouraged to ‘buy’ ELSA training; this model will be piloted in the Summer term to inform future plans to roll out ELSA across the Local Authority.

2.20 To deliver ELSA training to the Danesgate Community.

2.21 To find robust ways of demonstrating value for money and cost effectiveness.

2.22 To maintain valuable links between school pastoral staff and PMHWs through regular consultation.

2.23 To ensure funding is protected within the Early Intervention Grant to continue TAMHS activities.

2.24 To support schools in embedding the Healthy School Enhancement Model to ensure that schools can identify particular areas of concern to help prioritise their own health and wellbeing agenda.

2.25 To continue to support children and young people in adopting and developing the positive behaviours for learning which are promoted through the SEAL ethos and materials, circle time and the school curriculum and activities.

2.26 To use the outcomes of the on-line anti-bullying survey to highlight good practice and identify areas for development.

2.27 To use a range of resources including Family SEAL to promote parental engagement with EHWB.

Specialist community CAMHS at tiers 2 and 3

3.1 Specialist CAMHS in York provide a range of direct assessment and treatment services, as well as indirect services through consultation, support and training of colleagues at tier 1. Joint working between specialist and universal services is assisted by the clinical case work of five Primary Mental Health Workers (PMHWs) covering all primary health care practices in York, and clinical
staff at tiers 2/3 comprising: Consultant Psychiatrists; Clinical Psychologists; Doctors; Community Psychiatric Nurses (CPNs)/Nurses; Social Workers; Teachers; Therapists/Family Therapists and Occupational Therapists. Protocols for support, early intervention and care pathways are therefore clear between CAMHS and other agencies.

3.2 Response times by PMHWs are normally within 2/3 weeks of first contact (faster in the case of emergencies). ‘First Contact’ is always followed up by a letter within five working days. Waiting times for subsequent appointment with tier 2 are well within the 13 weeks limit.

3.3 The service is a member of QINMAC (Quality Improvement Network for Multi-Agency CAMHS) that is a national peer audit organisation for community CAMHS.

3.4 Specialist CAMHS is able to provide tier 3 team responses to:
- Looked After Children.
- Children with attention disorders, funded by NY&YPCT modernisation grant.
- Children with a learning disability who are experiencing mental health problems.
- Autism spectrum disorders.
- Palliative care and bereavement.
- Eating disorders.
- Family therapy (a family therapy supervisor, based at Lime Trees, having been appointed and funded by NY&YPCT modernisation grant).
- Attachment, adoption and paediatric liaison.
- Self-harm.
- Children and young people who are deaf.

Achievements

3.5 The improvement in access to tiers 2 and 3 specialist CAMHS through improved response times, a responsive urgent call system and a higher-profile physical presence in different localities in York through the establishment of recognised clinical and organisational bases within those localities in facilities shared with other agencies.

Future Challenges

3.6 A backdrop of reduced Local Authority and NHS Trust funding will result in reduced youth service, Connexions, school counselling service, independent living support, health visitors, Local Authority behaviour support and changes in working patterns. There will also be reduced CAMHS management capacity. Challenges will therefore include:
- Maintaining comprehensive CAMHS.
- Protecting resourcing in areas where it has shown good outcomes and cost effectiveness.
Avoiding the ridgid ring-fencing of resources between different agencies to the detriment of children, young people and families.

- Maintaining multi-agency service provision.
- Maintaining recent success and developments in the establishment of good multi-agency working, and nurturing this further.

4.1 CAMHS tier 4 provision in York is made up of two services, the adolescent psychiatric in-patient service and the service for deaf and hearing impaired children.


4.3 Admissions to paediatric wards are sometimes necessary where an in-patient mental health bed is not available, especially following a presentation at the Emergency Department out of hours.

4.4 The number of in-patient psychiatric beds for those under 18 in the Yorkshire and Humber SHA region is the lowest per million of the population in England. There are eleven in-patient beds available in York that are also available to young people outside North Yorkshire and York.

4.5 Children and young people needing admission would go to Lime Trees in-patient unit, but the unit sometimes struggles to meet the need for an unplanned emergency admission, or seriously challenging behaviour especially in the age group 16-18 years, due to the limited space on the unit and minimum staff levels. Specialist mental health services e.g. for the learning disabled or forensic difficulties occasionally have to be commissioned elsewhere.

4.6 In common with other CAMHS operating in North Yorkshire and York, CAMHS providers and their commissioning counterparts for York need to ensure that child and adolescent in-patient facilities:

- Are appropriate to the age and maturity of the child or young person.
- Do not admit children under sixteen to an adult ward.
- Admit sixteen and seventeen year olds unless the young person would prefer to be an in-patient in a properly staffed and supervised adult ward which can support their developmental stage.

4.7 CAMHS for deaf children in the North of England is based in York and is organised nationally from York. York children and young people benefit from this service being on their doorstep.
Achievements

4.8 When children and young people are discharged from in-patient services back into the community, their care, discharge and after-care is coordinated between all relevant agencies using the Care Programme Approach (CPA).

4.9 The York (Lime Trees) in-patient service is a long-standing member of the national Quality Network for in-patient CAMHS (QNIC) and is benchmarked annually.

4.10 A dietician has been appointed to the staff to assist in the safe nutritional management of young people with eating disorders.

4.11 The in-patient staff meet regularly with the Early Intervention Team to monitor the joint management of young people with psychoses and suspected psychoses.

4.12 A Monday to Friday daytime intensive support service can be made available to avert admission under some circumstances.

4.13 CAMHS for deaf children has been established as a permanent service following independent evaluation of a pilot undertaken by the University of York.

4.14 Increasing numbers of CAMHS staff are developing sign language skills to nationally recognised standards.

Future Challenges

4.15 Alternatives to in-patient admission, such as Intensive Home Treatment and a Crisis Resolution Service, need to be considered.

4.16 Consideration should be given to commissioning inpatient beds locally for young people with learning disabilities who develop mental illnesses.

4.17 Ensuring that by 2012, no young people under 18 will be admitted to adult mental health beds, unless it is the considered choice or preference of a 16/17 year old.

4.18 Ensuring the continued roll out of CAMHS for deaf children across the country.

Paediatric liaison

5.1 Serious and acute physical illness in children and young people creates psychological distress, which may be incapacitating, or the presenting illness can have a psychological component. This interrelationship makes good working arrangements between CAMHS and paediatric services imperative as stated in the NSF Standard 6.4. (2)

5.2 National Child Health mapping is now undertaken annually alongside CAMHS mapping, so a rich local source of shared data is available upon which to base local joint planning.

5.3 A weekly joint paediatric liaison meeting with CAMHS staff (Psychiatrist, Clinical Psychologist and Primary Mental Health Worker) provides paediatric staff in York with access to staff consultation and support. Care pathways with CAMHS for the assessment and treatment of mental health problems for children and young people who are ill are clarified. CAMHS and paediatric staff cooperate on the joint case management of individual children with overlapping physical and mental health needs.
There is a monthly clinical meeting between paediatric, education and CAMHS staff to discuss joint care for children with Autism Spectrum Disorder (ASD). Paediatric and CAMHS staff provide input to an attentional problems clinic for children with difficulties that include ADHD and attachment difficulties.

Four sessions of mental health nursing and two sessions of clinical psychology time are allocated to the children and young people’s palliative care team for children with life limiting illnesses.

CAMHS provide a daily assessment rota to hospital Emergency Department and paediatric departments for young people who self-harm or have an acute psychological crisis.

Achievements

CAMHS have continued to develop close working relationships with colleagues in paediatric and child health settings. Paediatric staff are an integral part of the Eating Disorder Team managed by CAMHS, and a specialist training post in paediatrics with an interest in child mental health has been developed, based at York Hospital and Lime Trees.

CAMHS provides training input to the Paediatric Junior Doctor training programme. The development of a monthly paediatric and CAMHS journal club has created an opportunity for joint training.

Future Challenges

Continued joint staff development and training with CAMHS and paediatric staff.

The development of effective joint management of ADHD in conjunction with community paediatricians with the help of the Care Services Improvement Partnership (CSIP).

Guidance from NHS Diabetes requires provision for emotional and psychological support in the care of children and young people with diabetes. Commissioning bodies are required to look at how CAMHS input to paediatric diabetic services will be provided.

Given the recent recommendations of the joint Academy of Medical Royal Colleges, NHS Confederation and National Institute for Health and Clinical Excellence, services will need to look at provision of psychological support to patients with chronic physical disability.

A local paediatrician should be invited to take up a place on the York CAMHS Executive.

Intensive targeted services provided by CAMHS with other multi-agency partners can improve the life-chances of these children and young people. ‘Streamlining, clarifying and communicating the system for assessing the needs of children who are referred with more complex needs’. (1)

CAMHS in York need to be able to make mental health assessment and treatment contributions to the care packages for children and young people with complex needs in the community. This is the remit of the Joint Agency Panel for York, whose
objective is also the subject of a CAMHS Performance Indicator, which states: ‘Agreements for those with complex, persistent and severe behavioural and mental health needs are in place between health, children’s services (education and social care) and youth justice which may be organised across several Local Authority boundaries for: a. joint funding, b. assessment, c. provision of services, including specialist residential or foster care for the above young people.’

6.3 The development of care pathways by CAMHS is providing clarity about access to services. This is particularly important as the integrated services model is rolled out by York Children’s Services.

Achievements
6.4 The Joint Agency Panel has introduced new models of working into its remit for young people with complex needs. There is a stronger focus on integrated services. Within this, there is an initiative to support families who are close to crisis point, with a home based multi-agency intervention service with the aim of averting distressing situations for families and reducing out of area residential placements. In such cases, the Panel will consider multi-agency requests, authorise the allocation of additional funding, as advised by team leaders, and monitor progress. This is a pilot initiative which will be reviewed in 2012.

Future Challenges
6.5 To explore further ways of providing intensive targeted multi-agency approaches to improve the life chances and psychological wellbeing of children and young people with complex, severe and persistent behavioural and mental health needs.

Services for children who are looked after
7.1 A CAMHS tier 3 team comprising a consultant clinical psychologist (team facilitator), occupational therapist, social worker, nurse, youth social worker as well as two days per week from the Youth Service has been financed by CYC and North Yorkshire and York PCT modernisation grants as well as from the NY&YPCT base budget. The team focuses on the needs of Looked After Children and Care Leavers and is based at Lime Trees.

7.2 CAMHS professionals in York have been instrumental in providing foundation training and continuing professional development in children and young people’s mental health to York children’s social care staff and foster carers. CAMHS also supports rehabilitation and parent management work with parents and foster carers. Joint training is undertaken with CYC staff, and groups are run jointly for parent/carers. A specific training package has been developed in conjunction with an Educational Psychologist around managing children with attachment difficulties in the classroom.
7.3 The NSPCC provides a counselling service to young people who have been sexually abused and have experienced domestic violence.

7.4 Children in care participated in local research undertaken by care-experienced young people to ascertain the experience of Looked After Children in accessing health facilities and resources.

7.5 A specialist professional fostering scheme is in place in York that is providing an increasing number of placements to children and young people with more challenging needs. Support to this scheme is provided by the CAMHS Looked After Children team. All foster carers are actively encouraged to have direct access to the CAMHS Looked After Children team and request consultation, or seek advice, in relation to concerns about the mental health of the young people in their care.

7.6 A Consultant Paediatrician now undertakes all initial medicals for children in care and ensures that any necessary follow-up is undertaken (1). This effectively creates a reliable point of access to CAMHS for children in care, where it is necessary. A named nurse for Looked After Children meets monthly with the specialist CAMHS Looked After Children team.

Achievements

7.7 Improved liaison, consultation and easier referral pathways have meant better access to CAMHS for Looked After Children.

7.8 All York Social workers have direct access to the Looked After Children team.

7.9 Consultations are offered to all social work teams on a regular basis, in line with each teams’ needs.

7.10 Regular support is offered to the young people’s residential facility at Wenlock Terrace.

7.11 A monthly ‘drop in’ is offered at Hollycroft for young people aged over 16.

7.12 Young people who have been looked after are used to train care professionals and foster carers and to speak about their experiences at conferences.

7.13 The establishment of a care leavers group that can comment on the quality of CAMHS support, and a ‘Show Me that I Matter’ panel for young people.

Future Challenges

7.14 To continue to pursue resources to provide more focussed training and support, targeted at the needs of a wider range of front-line staff working with Looked After Children, particularly foster carers.

7.15 Legislation concerning better pre and post-adoption support requires CAMHS to make an effective contribution to the mental wellbeing of adopted children and their families, which has been supported by part of the NY&YPCT modernisation grant offering adoption support based at Lime Trees working with Children’s Services.

7.16 Increased CAMHS therapeutic support to Looked After Children generally and particularly to those who have witnessed domestic violence or have experienced physical, emotional or sexual abuse and have gone on to develop mental health problems.
7.17 Ensuring the voices of Looked After Children are heard and influence service development.

7.18 Specialist CAMHS and Adult Mental Health Services need to cooperate extensively on ensuring a continued satisfactory level of mental health support is provided to young adult care leavers when necessary.

7.19 Where the Local Authority commissions independent residential or foster placements for children with emotional and behavioural problems outside of York, commissioners need to base the provision of CAMHS support on Department of Health guidance ‘Establishing the Responsible Commissioner’ (April 2007). Similarly, external agencies commissioning such placements in York need to follow these guidelines to ensure that the local CAMHS is resourced and supported to meet any consequent demands made on it.

7.20 The ongoing challenge of engaging the increasing number of young people over 16, some of whom may be coming into care for the first time.

7.21 Develop plans for the foyer project by which Howe Hill will become a unit for homeless 16-17, some of whom will be looked after.

7.22 To support the Senior Commissioning Manager in undertaking a review of commissioned provision of health assessments for Looked After Children.

Services for disabled children and young people

8.1 The incidence of mental health problems amongst learning disabled children is four times higher than for other children, they also have more difficulty in accessing CAMHS.

Achievements

8.2 In 2007 it was reported to the Department of Health Performance Monitoring Unit that North Yorkshire and York PCT met the criteria contained in the Performance Proxy Indicator for CAMHS and disabled children and young people and those with additional needs, this has been primarily funded by the NY&YPCT modernisation grant. Improvements in the delivery of these services have been sustained and improved upon over the last four years.

8.3 The new Head of Integrated Services for Disabled Children post created by the Local Authority in 2007 has resulted in an improvement in the development of multi-agency services for disabled children and young people.

8.4 During the past three years, the Government has paid special interest to improving health services for disabled children and their parent/carers. There has been additional funding for the Local Authority and Health which has facilitated joint working and partnership with parent/carers.

This has resulted in many achievements in York for disabled children including;
Parent/carers have been supported to become more engaged in service planning, commissioning and monitoring.

An increase in a wide range of short break services, including access to universal activities in the community, Student Link Scheme and Sharing Care over night stays.

Leisure activities for disabled children and young people, including community support workers, PACT community facilitators, The Island mentoring service, SNAPPY and the use of direct payments.

The introduction of two Sports Development Workers for disabled young people.

The establishment of Choose2, the inclusive Youth Club, in November 2009.

The establishment of Information leaflets and website.

The development of an information pack distributed by CANDI (parent/carers’ group) and the Family Information Service, available in libraries, children’s centres and surgeries.

Pilot developments for crisis intervention for young people with learning difficulties and mental health difficulties, and a Transitions Nurse to join the multi-agency, co-located Transitions Team in York.

On-going support from the specialist Early Years Support Service has had a significant impact on parent/carers’ wellbeing. Parent/carers highly value the co-ordination and single point contact that it provides, and the direct advice and teaching from the Portage Early Support and Pre-School Teaching Team.

Engaging with parent/carers of disabled children and young people is at the heart of all service planning and identifying need by listening to those people who know their children best.

‘You Said, We Did’ identifies responses to consultation and engagement with parent/carers and outlines what we have done.

Parents’ Consultation Group meeting four times a year. (11)

Young people and parent/carers involved in the recruitment of staff.

Parent/carers are members of the following strategic partnerships: Short Breaks Implementation Group, Strategic Partnership Group, Moving Into Adult Life Steering Group, York Early Support Steering Group, Participation Plan Group, Use of Symbols Group, Speech, Language and Communication Needs Review Group, Inclusion Strategy Group, Disabled Children’s Access to Childcare Group, Involvement Group, Disability Equality Training Group and Disability Equality Impact Assessment Group.
Parents have written Disability Equality training available to all staff working with children, and have co-delivered level two training and the highly regarded Working in Partnership training.

Consultation events held about specific issues such as direct payments, short breaks and the Children and Young People’s Plan.

8.6 There is strong evidence that parent/carers found benefit from the ASCEND course. Parental knowledge and skills improved significantly, and there were significant positive changes post-course for problem behaviours and disruptive/antisocial behaviour. Parents also reported reductions in their own anxiety.

8.7 It is likely that some financial resources will be freed up through the establishment of a new service for disabled young people with severe and complex mental health needs to be provided through the new Clinical Psychologist in CAMHS. Currently there are 36 York children who are placed in residential establishments ‘out of area’. This has risen from 25 in 2006/2007. These places are funded jointly by Health, Social Care and Education.

8.8 This service has the potential to impact on the budgets of Health, Education and Social Care. Currently young people are jointly funded in ‘out of area’ placements. The new service will enable young people to be supported in their home and local community, which would reduce the need for expensive ‘out of area’ placements.

Future Challenges

8.9 How to maintain developments in crisis intervention for disabled young people with learning difficulties and challenging behaviour.

8.10 How to maintain the Transitions Nurse role in the multi-agency, co-located transitions team in York following the 12 month pilot.

8.11 To maintain the close partnership working with parent/carers and disabled children and young people.

8.12 Assess need for training at tiers 1 and 2 and provide mental health promotion and early intervention training.

8.13 Improve access to in-patient services for disabled children and young people who develop severe and complex neuro-psychiatric symptomatology, necessitating admission for assessment and management.

Youth justice

9.1 There is a Health Worker post based within the Youth Offending Team (YOT), financed by NY&YPCT base budget, employed by and seconded to York CAMHS. The remit of the post is to undertake direct mental health work with young offenders through assessment, recognition, and early intervention. The Health Worker also acts as a consultant and support in mental health matters to the YOT and Court staff, and as a link between the YOT and local CAMHS, referring to tiers 2 and 3 as necessary.
In September 2010, YOT Health Worker time was reduced by four hours, which has led to a focusing of the role on the more complex and forensic based cases, and a signposting responsibility for tier 1. CAMHS continues to offer basic training and mental health awareness to the YOT.

Specialist CAMHS and/or the YOT Health Worker can offer an initial recommendation of the need for a forensic psychiatric assessment of a young person. Commissioners are responsible for ensuring specialist forensic assessments and any necessary forensic psychiatric treatment are undertaken.

The Health Worker supports the safeguarding role of the YOT, particularly with reference to young people presenting with serious harmful behaviours and those who are at risk of being detained in custody. The Health Worker provides an essential link with Secure Estate Health Services, providing continuity of health care provision.

The Health Worker for the Youth Offending Team is the allocated practitioner for the assessment of, and intervention with, young people displaying sexually harmful behaviour.

Achievements

Whilst Youth Justice Board time-scaled targets for health assessments are no longer statutory this is a target the Youth Offending Team continues to fulfil.

The OFSTED Inspection, which took place in July 2010, assessed York YOT as requiring minimum improvement across all three aspects of work, safeguarding, risk of harm and likelihood of re-offending.

The Care Quality Commission Report, released in September 2010, acknowledged the provision of specialist CAMHS within York YOT but highlighted the deficit of physical health care provision to young offenders.

Future Challenges

Children’s Services, CAMHS and the YOT are in the early stages of reviewing processes for the management of young people displaying harmful behaviours.

Addressing the shortfall in physical health care provision has to be taken on by both the Integrated Youth Service and Health Services. York YOT is relatively small in comparison to others in the country and the needs of the client group are often difficult to predict. Future provision will need to balance the need for physical health care alongside the more embedded mental health systems.

Voluntary sector

In the last three years across sectors strategic thinking and investment has led to an increase in early intervention and preventative work with children and young people experiencing low level mental and emotional ill health. Workers and volunteers in universal services are
now better trained to identify mental ill health and emotional problems in children and young people, both factors resulting in an increase in demand for universal and easy to access tiers 1 and 2 services.

10.2 Voluntary and community sector organisations are experiencing continued financial pressures as a result of the recession and reduced availability of funding from usual sources. The practical effect of these pressures is a reduction in, and in some cases a loss of, services.

10.3 Young people are one of the groups hardest hit by the recession. They are experiencing unemployment, housing insecurity, debt and other challenges to their social welfare. There is a close correlation between social welfare problems and mental ill health in young people. The recession is likely to continue to be the cause of mental ill health for young people in York and surrounding areas for the foreseeable future.

10.4 At the same time the Government is looking to decentralise public services and shift the expectation of service delivery from statutory providers to other providers, simultaneously expecting the voluntary sector to transform the way in which it raises funds and delivers services.

10.5 In general, voluntary and community sector organisations in York and surrounding areas are trying to meet increased demand with reduced capacity.

Achievements

10.6 In York and surrounding areas the contribution made by voluntary and community organisations to CAMHS provision is in the majority, but not exclusively at tiers 1 and 2, in the form of counselling and engagement of children and young people and their families in positive and preventative mental and emotional wellbeing support.

Relate provides a variety of counselling services for children and young people between the ages of 5 and 25.

At the Forest School, Relate provides children with additional needs one to one counselling that helps them to cope with the challenges many young people face such as low self-esteem or divorce of their parents, but also many issues specific to their situations such as issues with their care provision, or feeling undervalued as a person in the family.

The provision of a dedicated counsellor in the school ensures the service is easy to access and enables a swift response to crisis situations and pupils’ changing needs.

10.7 Voluntary and community organisations often provide specialised services for hard to reach groups such as young carers, young people from black and minority ethnic communities, young parents and lesbian, gay, bi-sexual and transgender young people.

‘Lollipop ensures we don’t feel isolated and provides a most treasured and valuable life-line for us’, parent of an eight year old Lollipop member

Lollipop brings children and young people with any degree of hearing loss and their families together through regular free social activities and gatherings. Lollipop offers opportunities to meet and build
friendships with others, with whom they share their experiences of deafness. Deaf or hearing impaired children and young people may experience frustration resulting from delayed language development and difficulties interacting with hearing peers in mainstream schools.

Lollipop’s low cost and easy to access activities provide ongoing support that may prevent distress, feelings of isolation and inadequacy developing into mental health problems that are damaging to the child or young person and require high cost specialist CAMHS services for deaf children.

10.8 Voluntary and community sector organisations provide services in child and young person friendly settings, with informal support and self referral into early intervention and prevention services. Services are managed in an accountable way that secures children and young people’s participation and involvement in the evaluation of services to ensure continued quality and effectiveness.

CANDI parent forum offers support to members and the wider community of parents of disabled children in a number of ways. A telephone line offering a Listening Service is offered by two volunteer parents who are also experienced counsellors. In addition, the needs and views of parents are fed into service development at strategic level.

In the last year parents contributed to the process informing the development of a CAMHS ‘crisis response team’ for children and young people with severe learning difficulties.

10.9 Furthermore, voluntary and community sector organisations help children, young people and families navigate age barriers and reduce gaps present in other services by being available to a broad age range and being child or young person focussed.

The NSPCC DART (Domestic Abuse Recovering Together) group programme is for mothers and children (aged 7-11) who have lived with domestic abuse. The DART group provides a safe and friendly environment for children and their mothers to talk about their feelings about past abuse. It also provides a unique opportunity to rebuild and strengthen the mother-child relationship and to look to the future with a sense of hope and optimism.

This recovery work builds resilience and good relationships, crucial for providing insulation against future mental or emotional ill health as a result of being a witness to, or a victim of, domestic abuse.

Future Challenges

10.10 Over the last few years the Local Authority CAMHS grant has contributed to significant progress in the development of comprehensive CAMHS. However, no voluntary and community organisations are in receipt of CAMHS funding to deliver services at any tier. This is in part due to lack of a clear purchaser provider split, leading to commissioning arrangements being provider led.

10.11 There are perceived differences between the medical model and clinical focus of CAMHS and the person-centred or developmental model of mental health, which forms the basis of voluntary sector interventions.
10.12 There is currently a lack of capacity to provide coordination of voluntary sector providers resulting in a difficulty in identifying what services are provided by voluntary sector agencies. This dynamic is exacerbated by the short term, one-off funding these agencies rely on to deliver services that may as a result often lead to closure or a significant change in operation after a two or three year period. Furthermore, it is difficult for voluntary sector agencies providing tiers 1 and 2 services to evaluate the long term impact of their work on reducing the need for clients to access more expensive, higher tier mental health services and thus attract investment from CAMHS Commissioners.

10.13 All of the above factors are barriers to the active participation of voluntary and community sector providers in the planning and commissioning of CAMHS services.

10.14 This is a key challenge that needs to be addressed if York is going to succeed in ensuring children and young people have access to the range of services they need and want, provided by agencies they trust, that are effective at preventing the escalation of mental ill health.

10.15 Defending and continuing to invest in universal services that address early-on, low-level mental health needs and capitalise on the contributions of the voluntary and community sector is a key way in which comprehensive CAMHS can be sustained and the mental health of children and young people in York and the surrounding area protected.

10.16 Continued commitment to building and reinforcing comprehensive CAMHS is essential to meet the challenge of reduced funding for services, and a need to spend increasingly limited resources to best effect for children and young people.

**Routine outcome monitoring**

11.1 Outcome monitoring of what specialist CAMHS and other partners undertake in the field of children and young people’s mental health contributes to demonstrating that clinical practice has a reliable evidence base, and that resource-allocation decisions are made to ensure good outcomes for children, young people and their families.

11.2 York CAMHS uses guidelines and outcome measures produced by the national CAMHS Outcome Research Consortium (CORC) that supports outcome monitoring amongst its members so that services can routinely audit and evaluate their work.

11.3 Using measures and guidelines from the CAMHS Outcome Research Consortium (CORC) for specialist CAMHS in York in 2010, treatments were shown to be effective and families and young people reported benefits from interventions. Pre and post-treatment scores improved both in terms of behaviour and symptomatology.

11.4 Additionally, some of the qualitative feedback included;

“*The help we received was fantastic. I can’t help but praise the staff that work here. Just a big thank you.*”
“Personal interaction and attention to detail from professionals.”

“Good to talk with people who understand our problems and found ADHD support group really helpful.”

“Contact between school and Lime Trees was good.”

“I was listened to and everything was taken into consideration.”

11.5 Referrals into Specialist CAMHS continue to increase at the rate of an additional 50 new referrals per year. (In 2007 there were 650 new referrals and in 2010, 800 new referrals). New referrals to PMHW increased from 800 to 1,000 from 2006 to 2010. There is no increase in staffing levels.

11.6 In addition to routine outcome monitoring, the specialist CAMHS team has been involved in peer reviewed published research in the areas of: life-limiting illness, improvement in sleep problems, and chronic fatigue syndrome management. (See References for publication details).

Achievements

11.7 Outcome data was presented to the CAMHS Executive in 2010.

11.8 The Graduate Mental Health Worker attached to CAMHS for the last three years has routinely measured and monitored outcomes. Unfortunately this resource is no longer available but CAMHS continues to monitor outcomes from clinical input.

Future Challenges

11.9 York CAMHS Executive should continue to apply the national CAMHS Self Assessment Matrix (SAM) annually to monitor service improvement and outcome.

11.10 To produce meaningful outcome data with a reduction in resources.

11.11 To share outcome information with other partners, including commissioners, local service managers and York CAMHS Executive member agencies to gain support for service improvement.

11.12 Ensuring audit measurement is careful to evaluate needs across diverse groups and therefore ensure standards are targeted in a culturally meaningful manner.

Evidence-based practice

12.1 Not only specialist CAMHS treatments but also tier 1 interventions with children and young people with mental health problems must be based on the best available evidence, often using NICE guidelines.

12.2 CAMHS staff need to be able to deliver a range of evidence-based interventions (e.g. Cognitive Behaviour Therapy (CBT); Child Psychotherapy; Family Therapy etc.), so training is made available in these modalities to CAMHS and other professionals to increase the range of treatment options.
Achievements

12.3 CAMHS takes its responsibilities for helping young people and their families seriously and is at the forefront of research to improve the limited evidence base for effective treatments and interventions. Ongoing research studies in York include:

- A research study using a randomised controlled cross over design to test melatonin against placebo for children with autism and severe sleep disorders.
- A neuro-imaging study exploring why young people with Asperger syndrome find emotional recognition on faces so difficult.
- A randomised controlled trial comparing rehabilitative treatments for adolescents with CFS/ME.
- Being part of a multi-centre treatment trial of treatment for young people who repeatedly self-harm.
- A clinical study exploring whether migraine in young people can affect psychological health.
- Investigating whether cognitive behaviour therapy for spider phobias is effective in young people and improves their lives.

12.4 Future research involves partnership work with, and support from, the Local Authority and includes:

- A randomised controlled trial exploring whether computerised cognitive behaviour therapy for depression is more acceptable than face to face treatment for some teenagers, and whether it works.
- A randomised controlled trial to see whether weighted blankets improve the sleep of children with autism who have sleep difficulties.

12.5 Other work includes:

- A systematic review of treatments for children with attachment difficulties.
- A systematic review of what is the best screening instrument to use in Youth Offending Teams to identify mental health problems effectively.

12.6 Client, parent and public involvement is an important part of research work. Parents and carers are involved in a number of the above studies. Some bids for research funding have been chosen as priorities by families and groups such as CANDI, and involvement from National Autistic Society, Deaf Parents UK and BATOD, including a study translating the Strengths and Difficulties Questionnaire (the most widely used screening and outcome measure in CAMHS) into British sign language so it is accessible to deaf children.

Future Challenges

12.7 As CBT has consistently been shown to be effective across many conditions, there may be a case for the approach to be prioritised in training across the CAMHS
tiers in York. The regional Workforce Development Confederation has been approached to assist in developing local CBT training and IAPT may be rolling out developments in this age group.

12.8 New commissioning arrangements will need to identify and support effective interventions for young people and continue to prioritise prevention to maintain a healthy population.

Information systems

13.1 York CAMHS currently uses the Integrated Mental Health Electronic Record System, as does the Adult Mental Health Service in York.

13.2 The Local Authority and Children’s Trust continue to manage and progress the development of the YorOK Child Index. This allows information regarding services working with children and young people in York to be shared between authorised users. Specific consent to share information where a child or young person is receiving ‘sensitive services’ (of which CAMHS is one) has to be given. This will create ethical issues for York CAMHS practitioners. The YorOK Child Index also acts as the central register for whether a child or young person has a Common Assessment Framework (CAF) and an identified Lead Practitioner. With consent from the service user, CAMHS workers could log their service involvement with the YorOK Child Index. This would support effective information sharing between agencies working with the same child or young person. Several bespoke training sessions have taken place to support CAMHS in the use of integrated working tools and processes, including the YorOK Child Index. There is an increasing use of the YorOK Child Index with CAMHS, particularly by PMHWs.

13.3 Assessment information gained through the use of the Common Assessment Framework (CAF) may identify a mental health need. With the consent of the child or young person and/or the consent of the parent or carer, information detailed on the CAF may be shared with CAMHS practitioners for further investigation, thereby supporting a referral for mental health services.

Achievements

13.4 The Primary Mental Health Workers have recently moved over to the Integrated Mental Health Electronic Record System from a paper based system. This has ensured all specialist CAMHS activity is monitored and affords better cover and access to information from CAMHS in the absence of a PMHW.

13.5 A full CAMHS needs assessment was carried out in April 2006 by the Public Health Directorate of North Yorkshire and York PCT and will continue to underpin strategic planning.

13.6 The PCT has signed up to the North Yorkshire and York Information sharing protocol and adheres to this agreement. The PCT has also agreed to implement and use integrated working tools and processes as defined in the YorOK Integrated Working Agreement.
Future Challenges

13.7 York CAMHS Executive will contribute to actions to determine local preparedness for taking forward data collection and information sharing initiatives.

13.8 CAMHS Commissioners’ information (both Local Authority and Health Service), provided annually up until 2010 to the national CAMHS Mapping exercise, needs to be utilised for future planning.

13.9 Information concerning the actual and potential contribution to services of tier 1, and notably by the third sector, remains patchy and needs to be improved.

13.10 Aligning existing referral routes and information systems with the YorOK Integrated Working tools and processes.

Achievements

14.1 Children and families from all national, ethnic and religious backgrounds should be able to access CAMHS, which should be able to respond to needs in a culturally appropriate way. The CAMHS Self-Assessment Matrix (2005-2006) for York indicated that the Executive had only just started working towards providing CAMHS for BME groups. The BME population in York has grown quickly recently. The 2011 national census is likely to show around 10% of residents belonging to a minority ethnic group, a doubling from the 2001 census. The largest group in the schools census is ‘white other’ which includes people from a range of different countries including Polish, Turkish and Kurdish. Historically Travellers have been the largest minority ethnic group in the city, although under-represented in data as many are ascribed as ‘white British’. Travellers and some other minority ethnic groups are less likely to seek help from agencies, particularly those connected with mental health.

14.2 Children in local schools speak over 50 different first languages, which can create challenges in accessing translation and interpretation services where needed.

14.3 Translators are being used with increasing frequency by York CAMHS.

14.4 York CAMHS have increasingly employed those with a disability, and deaf staff have been preferentially employed to work in the deaf service.

14.5 Increasing numbers of CAMHS staff have developed skills in sign language.

Future Challenges

14.6 People from vulnerable groups such as Travellers and asylum seekers should be encouraged to access services, and those services should be able to meet their needs.

14.7 Staff require diversity training in order to be culturally competent and aware. The use of e-learning packages for diversity training should be considered.

14.8 CAMHS professionals should be recruited from ethnic minorities.

14.9 Interpreters (including deaf interpreting services) should be available to assist in the delivery of CAMHS, and information about local CAMHS should be made available in a number of languages and for deaf service users.
14.10 The Department of Health Race Equality in Mental Healthcare material should be used for CAMHS development.

14.11 The CAMHS Executive should make contact with, and use the expertise of, the BME Community Development Workers present within the council and local voluntary sector organisations.

14.12 The participation of BME children, young people and families in service development should be ensured through stakeholder groups.

14.13 CAMHS should be able to respond to the increasing need coming from children and families of economic migrants from the EU, particularly those from new accession countries.

14.14 CAMHS should recognise the ongoing difficulties within longer standing BME communities in York, e.g. the Traveller community.

14.15 Undertake a needs assessment within some of the larger minority ethnic communities in York e.g. Traveller, Chinese, Bangladeshi, Turkish/Kurdish, Eastern European.

Achievements

15.3 Improvements in the size of the workforce gained by CAMHS modernisation investment from PCT and Local Authority funding prior to 2007, has resulted in the development of services for particularly vulnerable young people including Looked After Children, learning disabled children and those in the Youth Justice system. The move towards more working in multi-agency integrated services has resulted in more opportunities for skill mix and service developments. For example, a new multi-agency transitions team for children with disabilities.

15.4 Management, administrative, financial and other organisational services are provided by the mental health provider arrangements, and the Service Manager has worked closely with CAMHS to ensure that standards and protocols to maintain a high quality and responsive service are adhered to.

15.5 The CYC modernisation grant has been used to pay for the induction part of training PMHWs at the University of York.
Future Challenges

15.6 The challenge for the tiers 2 and 3 workforce in York is how to deliver all of the assessment and treatment components of a comprehensive and accessible CAMHS, envisaged by the NSF for Children and Young People, within acceptable waiting times. In addition tiers 2 and 3 staff are expected to engage in teaching, training, consultation and liaison, research and audit. This challenge has to be shared with CAMHS Commissioners.

15.7 There is a need to integrate workforce development for CAMHS with the programmes of the Workforce Development Unit. York's Children and Young People's Plan outlines the core competencies for staff working with children and young people.

15.8 New roles for CAMHS staff will be emerging, and new skills from different professional perspectives will be needed, including supporting tier 1 staff, through training and other professional development approaches, to take on more mental health activity.

Achievements

16.3 Developments in York have utilised Department of Health capital funding to improve facilities and services:
- Upgrading with additional building and refurbishment of the Lime Trees in-patient unit.
- Transforming the Castlegate Centre into a one-stop resource for young people financed by CYC modernisation grant.
- Providing a permanent building for the service for deaf young people on the Lime Trees site.

Future Challenges

16.4 Moving Primary Mental Health Worker staff into more appropriate settings e.g. into East York Children's Centre out of a resource for elderly people.

16.5 Existing facilities within communities in York such as health centres, GP surgeries, community hospitals, children's centres, extended schools and other community facilities that are in the process of being developed are being utilised and usage should continue to be expanded.

User involvement

17.1 Specialist CAMHS are taking further the involvement of service users in commenting on clinical and service delivery by designating a senior member
of the clinical team to lead on patient and public involvement. He has recently taken on the task of coordinator of an in-patient user participation and review programme (the Headspace Toolkit).

17.2 The YorOK Involvement Strategy was revised in 2010 and the CAMHS Executive signed up to the vision ‘We are committed to ensuring that the views of children, young people and families are taken into account in decision making, planning, commissioning, development, design and delivery of services. We will treat all children, young people and families no matter their age, ability, religion, sexuality, social or ethnic background as equal partners and their views will be taken fully into account in all decision making.’ The reasons for this are dictated by:

- The United Nations Convention on the Rights of the Child establishes a fundamental set of rights for children and young people. Article 12 sets out children and young people’s right to express their views and opinions about decisions that affect them and for those views to be taken into account.

- The YorOK Board is responsible for improving the lives of children and young people in York and its vision and priorities are set out in the Children and Young People’s Plan (1), which states that involvement should be one of ten principles that underpins its vision. ‘We need to ensure that we involve and engage children, young people, families and communities in the design and delivery of the services they receive, and that we enthusiastically celebrate their successes.’

- Building a ‘Big Society’ will be a key factor in the shaping and delivery of this Involvement Strategy over its lifetime. The aspirations of ‘Big Society’ can be summed up as ‘giving citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want.’ The need to have a partnership approach is also enshrined in ‘Building this Big Society isn’t just the responsibility of just one or two departments. It is the responsibility of every department of Government, and the responsibility of every citizen too. Government on its own cannot fix every problem. We are all in this together. We need to draw on the skills and expertise of people across the country as we respond to the social, political and economic challenges Britain faces.’

- Over the lifetime of this strategy the way health services are commissioned and delivered will undergo development. Although the final shape of these developments is not yet fully defined it is clear that involvement of children, young people and families will be critical. The white paper ‘Equity and Excellence: Liberating the NHS’ sets out the Government’s strategy for the NHS. This white paper makes clear the commitment to involvement:
‘A strong local voice for patients through local democratic representation is critical to creating a more responsive NHS. Individuals should have a greater say in decisions that affect their health and care and have a clear route to influence the services they receive’.

Achievements

17.3 The ‘Heard’ group have involved children and young people in commissioning services in the last few years.

17.4 Specialist CAMHS has run three innovative projects in the last three years where service users (young people) have made short animated films with two local professional animators as guidance to service providers. These have included films about improving communication with deaf children; therapeutic support that helped in anorexia nervosa, and a young people’s perspective on what it is like to have Asperger syndrome. The last of these won an international award at the Edinburgh Science and Arts Festival.

17.5 The multi-agency participation leads have developed a set of standards for this area, which are embedded in the clinical governance process:

- The annual waiting room survey undertaken in June of each year needs to be adapted depending on feedback from the previous year. The survey is discussed at the audit meeting in March and the group takes on the development of the questionnaire, the implementation of findings and the collation and feedback to CAMHS at a subsequent audit meeting.

- Collation, analysis and feedback of completed ‘experience of service’ questionnaires which are sent out as part of our evaluation programme.

- Collation, analysis and feedback of completed In-patient discharge questionnaires.

- All tier 3 teams continue to have their own ongoing feedback process to inform development of the groups and teams.

17.6 A CAMHS governance standard has been established that users of our service and their parent/carers are involved in staff recruitment. In York they have been involved in the appointment of two Consultant Psychiatrists, a Transitions Nurse and an Autism Specialist Teacher.

17.7 Young people and parent/carers sit on a strategy group to decide on the usage of money for short term breaks for parent/carers of children with a learning disability using ‘Aiming High for Disabled Children’ funding. They also make decisions about the staff to be appointed to support families in which there is a learning disabled child.

17.8 Specialist CAMHS have used animation as a medium to elicit opinions about young people’s thoughts about services (e.g. about what helped them recover from eating disorders; how professionals can better communicate with deaf young people etc; helping people to understand the perspective and needs of those with
Asperger Syndrome. It is an empowering way to obtain young people’s views in a non-threatening way). Animation projects showing user views can be found at: http://www.biomation.org.uk/

Future Challenges

17.9 Participation needs to be embedded as a priority across multi-agency working relationships, and a clear understanding needs to be gained by all stakeholders of what this means.

17.10 The definition of service users should also include parents and carers of children and young people with mental health problems, so additional ways of incorporating their views will continue to be established in York. The views of parents and carers will have to be sought and responded to in a different manner to the one being created for children and young people who are service users.

17.11 Ensuring that the involvement of young people in decision making continues now that the ‘Heard’ group is no longer running and there is not a person designated to ensure user and carer involvement.

17.12 All CAMHS partners to monitor user participation by using the self-assessment tool devised by the CAMHS Quality Standards for Children and Young People’s Participation, based on ‘Hear by Right’ standards and produced by the Health And Social Care Advisory Service in 2008.

17.13 Ensure there is a transparent complaints procedure for all child mental health provision.

17.14 As indicated in Professor Sir Ian Kennedy’s ‘From getting it right for children and young people – overcoming cultural barriers in the NHS to meet their needs’:

- ‘The indicator of successful performance should be the satisfaction of the children and young people.’
- ‘The challenge of transition into adult services.’
- ‘Ensuring appropriate information is shared.’
- ‘The use of more young people friendly ways of communicating, such as text and internet.’

17.15 Aim to have parallel groups in 2011 involving young people and parent/carers to incorporate their views into the QINMAC process, inviting young people and parent/carers to the user feedback sessions.

17.16 From the QINMAC benchmarking process, plan what more specific issues could be addressed in a one off focus group with young people and their parent/carers.

Choice

18.1 Offering patients greater choice is the hallmark of a partnership model for working with children, young people and families.

18.2 CAMHS Commissioners, referrers and providers should maximise the choice available within the mental health care packages offered to children and young people by:

- Offering services as near to home as possible.
Offering a range of different interventions within a range of settings.
Offering information on services from voluntary and statutory services.
Offering choice in terms of the gender of the person who sees the child, young person and their family.
Offering choices on appointment dates and times.
Always explaining treatment options and their likely consequences.

Achievements

18.3 The virtual pooling of budgets has been a useful tool for flexibly commissioning specialist, individually tailored services.

18.4 Other than in an emergency, all first appointments are made with the option of changing them, and all subsequent appointments are made at a time convenient for the family.

Future Challenges

18.5 To formalise budget pooling arrangements across all agencies.

18.6 Developing relationships with new GP Commissioners and new partners in the host provider agency.

18.7 Challenges from the Department of Health ‘You’re Welcome Quality Criteria’ as outlined for all CAMHS, both in a specialist and generic setting, include:

The service offers scope to adapt where a young person is seen, when they are seen and who they are seen by, and their views are sought as to whether they are seen alone, with a friend or with their family.

The service provides accurate, appropriate and jargon free information for young people, their parents and carers to support them in making informed choices.

Staff members use their expertise to facilitate a young person and their family’s choice. Focusing on young people’s choices allows them to feel listened to, reduces their sense of powerlessness and improves engagement with health services.

A conversation that elicits each young person’s wishes and feelings about what would be helpful to them takes place at the very beginning of, and continues throughout, any therapeutic contact.

Unless there are overriding concerns about a young person who seeks help, services are flexible about involving other people in the assessment and treatment process, particularly at a first contact.

Whatever choices are made, are made with consent.

The service sets out and carefully explains to young people the limits of what can be achieved without parental or family involvement whenever this is considered therapeutically beneficial. Refusal of
consent to family involvement is accepted unless there is serious risk to the young person's welfare. However, every effort should be made to encourage the young person to involve relevant family members as part of their ongoing support.

Young people are routinely offered flexibility about being seen at all, or which treatment they might like to receive. Even when assertive action is needed, flexibility about what choices can be made available is considered. Flexibility may be possible even where the nature of the young person's mental health problems means that action has to be taken against the young person's will in order to safeguard their welfare.

19.1 As stated in the Children's NSF ‘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 for their families.’ (2). Emergency situations must therefore be covered.

Achievements

19.2 York CAMHS continues to meet the 2006 Public Service Agreement (PSA) target:

‘Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.’

19.3 The York CAMHS has an out-of-hours on-call arrangement in partnership with neighbouring CAMHS providers and is available to follow-up out-of-hours situations during the next working day. The out-of-hours service is accessed through Emergency Departments (e.g. York Hospital) and District Hospital switchboards in York, Harrogate and Northallerton.

19.4 Other out-of-hours mental health emergencies e.g. involving social work staff or Police are dealt with by protocols between specialist CAMHS, Children’s Specialist Services and other agencies operating out-of-hours e.g. Police; GPs; Emergency Duty Team (EDT).

19.5 Arrangements have been agreed and protocols are in place with local Emergency Department to triage, make initial assessment and manage children and young people under 16 who have harmed themselves. There is usually an admission to the paediatric ward to allow a window of opportunity for an assessment to be carried out by a member of the CAMHS within 24 hours, to determine the need for CAMHS input. All children and young people who self-harm are seen again within five days. Arrangements are in accordance with NICE guidance and the joint Royal College recommendations on children and young people's presentation to Accident and Emergency Departments for incidents indicating mental health need.

19.6 A protocol for ensuring speedy access for children and young people also includes the facility to telephone Primary Mental Health Workers in locality patches for
advice about any child or young person thought to need urgent assessment or support. Clinicians currently seeing a child can also be contacted urgently about any child they are providing services for. The PMHW (and any concerned others) can also access advice and, where necessary, urgent assessment from a Duty Clinician from Monday to Friday between the hours of 9am to 5pm.

Future Challenges

19.7 Reductions in funding through Local Authorities and NHS Trusts may reduce CAMHS funding leading to competition for resources. Whilst urgent services are likely to be prioritised, there will inevitably be pressures on clinicians who divide their time amongst routine and urgent work.

Services and transitional arrangements for young people

20.1 The challenge of recognising and meeting the needs of young people in the transition between adolescence and adulthood requires a partnership approach to planning, offering them a choice of how they want to be seen and where.

20.2 Commissioning is most effective when Health, Education and Social Care have joined forces to provide an integrated service for disabled children and their parent/carers and family members. (14)

Achievements

20.3 York CAMHS Executive agreed that local services meet the PSA target in this sphere. The requirement being: ‘16 and 17 year olds from the council area who require mental health services have access to services appropriate to their age and level of maturity.’

20.4 Specialist CAMHS takes mental health referrals for all young people up to their 18th birthday, whether they are in full-time education or not.

20.5 Transition to Adult Mental Health Services (AMHS) is helped by both CAMHS and AMHS being provided by the same agency and in the York locality. A transition protocol is in place and it is now mandatory to use the Care Programme Approach to plan the move of patient care from CAMHS to Adult Mental Health Services.

20.6 The appointment seven years ago of a full-time Young People’s Mental Health Advisor, based at Castlegate, managed by CAMHS and financed by CYC modernisation grant, Connexions Youth Service and from NY&YPCT base budget, has greatly improved the access of young people in York to a mental health service by making the service approachable and flexible. Direct clinical work, indirect service development and demand for more mental health resources for this age group has been demonstrated, forging links with Adult Mental Health Services Pathway Team and Children’s Services.
There is high level commitment to maintain and progress services for disabled children and young people which is coordinated by the well established Strategic Partnership for Integrated Services for Disabled Children.

Disabled young people who have experienced transition into adult life have formed the Transition Advisory Network and participate in the Moving into Adult Life (MIAL) Strategy Group as experts by experience.

There is strong multi-agency commitment from a wide range of partners in Health, Education, Social Care and the voluntary sector ensuring that the Moving into Adult Life agenda is driven forward.

The transition arrangements for disabled children have been commended by the National Transition Support Team.

Joint funding has been agreed for a Designated Transition Nurse to join the multi-agency disabilities team (1 year pilot).

A Transition Coordinator has been appointed to coordinate the Transition Team.

Multi-agency services for disabled children and young people have been brought together to improve coordination and support for families. They are co-located in a new, state of the art Transitions Zone attached to Applefields School.

‘Listen to Me’ person centred approaches to Special Educational Needs Reviews have been introduced across York.

The national survey for parent/carers of disabled children and young people (2009 and 2010) demonstrated that families in York have confidence in local services. The overall scores were in the top 18 of 146 Local Authorities (1st in 2009 and 18th in 2010).

Future Challenges

To audit and review the efficacy of transitions arrangements.

To ensure young people under 18 years of age are provided with services which meet their developmental needs.

To ensure local agreements are in place for handling referrals of young people to ensure that there are no gaps in service provision and that there is scope for choice and flexibility.

To ensure written protocols are in place and implemented with provider trusts to ensure that young people experience a smooth transition of care between child and adult services.

Services ensure that attention is paid to the child protection needs (in line with safeguarding policies) and the dignity and safety of young people cared for in adult psychiatric beds.

CAMHS and Adult Mental Health Services collaborate to develop early intervention teams for young people with early onset psychosis.

The Care Programme Approach is used when young people are discharged from in-patient care and on transition from child and adolescent to adult services.
Early intervention in psychosis (EIP)

21.1 Early Intervention in Psychosis Services were required to be established by the National Service Framework for Mental Health (1999).

Achievements

21.2 The Early Intervention for Psychosis Service in York and Selby is provided by:

- Team leader.
- Mental Health Nurses.
- Occupational Therapist.
- 0.5 W.T.E. Clinical Psychologist.
- Social Worker
- Two Support, Time and Recovery Workers.
- Consultant Psychiatrist input is provided through the sector community mental health teams or a child and adolescent psychiatrist.

The team is part of the Adult Mental Health Service and is based on a residential street in central York and is for young people aged between 14 and 35.

21.3 The service is designed for young people who present for the first time with psychotic symptoms and helps to raise awareness and recognition of the symptoms of early psychosis amongst all agencies. Individuals are offered a three year package of care.

21.4 At the end of the EIP intervention/treatment period longer term care is transferred to CAMHS or AMHS, if it is necessary.

21.5 Specialist CAMHS and the EIP Service have a role in training front-line staff who work with children and young people in aspects of the early recognition, treatment and support for recovery from psychosis and related and other serious mental illness. Such training has been delivered locally.

Future Challenges

21.6 Ensuring the close communication between the Early Intervention Service and both AMHS and CAMHS continues when the budgets of services are reduced.

Drug and alcohol services

22.1 Drug and alcohol services are provided primarily by voluntary agencies, e.g. First Base. Young people with drug and alcohol problems do not look primarily to CAMHS. Not uncommonly young people seen by community and in-patient CAMHS as well as in the Youth Offending Team have been or are abusing alcohol and other substances.

22.2 Young people who are addicted to drugs or alcohol may, if they wish, be admitted to an in-patient facility for detoxification.

Future Challenges

22.3 To improve communication between statutory agencies involved with CAMHS and the agencies working with young people who abuse drugs and alcohol.
### The Four Tier Strategic Framework

<table>
<thead>
<tr>
<th>Tier</th>
<th>Professionals providing the service include:</th>
<th>Function/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong>&lt;br&gt;A primary level of care</td>
<td>GP&lt;br&gt;Health Visitor&lt;br&gt;School Nurse&lt;br&gt;Social Worker&lt;br&gt;Teacher&lt;br&gt;Youth Offending Service&lt;br&gt;Voluntary Agencies</td>
<td>CAMHS at this level are provided by professionals working in universal services who are in a position to:&lt;br&gt;• identify mental health problems early in their development&lt;br&gt;• offer general advice&lt;br&gt;• pursue opportunities for mental health promotion and prevention</td>
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<tr>
<td><strong>Tier 2</strong>&lt;br&gt;A service provided by professionals with specific mental health training</td>
<td>Clinical Child Psychologist&lt;br&gt;Education Psychologist&lt;br&gt;Child &amp; Adolescent Psychiatrist&lt;br&gt;Child &amp; Adolescent Psychotherapist&lt;br&gt;Community Nurse/Nurse Specialist&lt;br&gt;Family Therapist&lt;br&gt;Primary Mental Health Worker</td>
<td>CAMHS professionals should be able to offer:&lt;br&gt;• Training and consultation to other professionals (who might be in tier 1)&lt;br&gt;• Consultation to professionals and families&lt;br&gt;• Outreach&lt;br&gt;• Assessment and management of mental health problems and disorders in children and young people</td>
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<tr>
<td><strong>Tier 3</strong>&lt;br&gt;A specialised team within CAMHS for more severe, complex or persistent disorders (see teams in element 3)</td>
<td>Child &amp; Adolescent Psychiatrist&lt;br&gt;Clinical Child Psychologist&lt;br&gt;Community Psychiatric Nurse&lt;br&gt;Child Psychotherapist&lt;br&gt;Occupational Therapist&lt;br&gt;Speech and Language Therapist&lt;br&gt;Art, Music and Drama Therapist&lt;br&gt;Family Therapist</td>
<td>Services offered:&lt;br&gt;• Assessment and treatment&lt;br&gt;• Contributions to consultation and training at tiers 1 and 2</td>
</tr>
<tr>
<td><strong>Tier 4</strong>&lt;br&gt;Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units</td>
<td></td>
<td>Services offered:&lt;br&gt;• Child &amp; Adolescent psychiatric in-patient units&lt;br&gt;• Forensic units&lt;br&gt;• Specialist eating disorder units&lt;br&gt;• Specialist paediatric liaison teams in paediatric hospitals&lt;br&gt;• Specialist teams for neuro-psychiatric problems</td>
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Appendix 1 – CAMHS Executive

A broad representation of stakeholders concerned with the mental health and psychological wellbeing of children and young people will constitute the membership. 

The CAMHS Executive membership is currently represented by the following agencies:

- Children’s Specialist Services, ACE.
- CAMHS Service Manager (specialist, based at Lime Trees), NY&YPCT.
- CAMHS Clinical Lead, NY&YPCT.
- CAMHS Senior Commissioner NY&YPCT.
- Educational Psychology, ACE.
- Youth Service, ACE.
- Youth Offending Services, ACE.
- Young Carers, NY&YPCT.
- York Council for Voluntary Services.
- NSPCC.
- ‘The Heard’, Service Experienced Young People’s group.
- GP Commissioner.

More than one, but not more than two, of the above membership roles may be undertaken by a single member, provided they are so mandated by the constituent interests represented, and approved by the Executive as a whole.

Where direct representation (i.e. membership of the Executive) cannot be achieved, opportunities for an alternative indirect involvement of, or consultation with, that constituent interest must be provided by the Executive Partnership.

Individuals may be co-opted onto the CAMHS Executive for limited periods of time to complete specific tasks or objectives.

Members must have sufficient authority delegated to them by the constituent interest they represent to ensure that any decisions impacting on their service will be properly implemented.

Members are sufficiently competent and knowledgeable to adequately represent the constituent interest they have been delegated to represent and undertake to bring to the Executive Partnership any issue relevant to children and young people’s mental health for discussion. They must ensure that they act as a channel of communication, information and opinion between the CAMHS Executive and their parent agency, organisation, any interagency groups or other relevant constituencies of which they are members so that their constituent interest is fully informed of the discussions, decisions and recommendations reached by the Executive Partnership. Members agree not to pursue personal or sectional interest above those of the wider constituency interests of those they have agreed to represent.

Members agree to actively contribute to the achievement of the aims and objectives of the Executive Partnership and will actively support any decision made by the Executive Partnership, provided it has been reached consensually, or by a simple majority of the Executive Partnership. The Chair will have a casting vote.

Members are cognisant of the personal and human rights of all other members of the Executive Partnership, and show courtesy and respect to each other as individuals.
Meetings

Frequency of meetings will be decided by the Executive Partnership, but should not be less frequent than once every two months.

Details of meetings will be notified to the membership with sufficient notice to ensure optimum attendance.

Members will be furnished with agendas and working papers in advance of the meetings of the Executive Partnership to allow sufficient time for members to consult beforehand with the constituent interest that they represent. Members may propose to the Chair directly, or via the secretariat, items they wish to put on the agenda for discussion. The Chair will take responsibility for the composition of the agenda and will convey reasons why items may not be included to their proposer. Items for ‘Any Other Business’ should not be used to raise substantial issues for detailed discussion.

Chair of the Executive Partnership

The position of chair is taken by a member of the Executive Partnership from a statutory Health or Local Authority organisation, selected through a consensus of the membership of the Executive Partnership. The position of Chair will be reviewed every two years. Postholders may hold the position for a maximum of three two-year terms.

The Chair is responsible for the efficient organisation and management of the business of the Executive Partnership and has administrative support paid for by the CYC modernisation grant.

The Chair will represent the Executive Partnership to external organisations.

The Chair will be responsible for the conduct of all meetings of the Executive Partnership and will ensure that relevant contributions of all members who wish to speak are given an appropriate opportunity to be heard. Members agree to be bound by the rulings of the Chair during the course of meetings.

Accountability

The York CAMHS Executive is a multi-agency partnership responsible and answerable to the individual agencies, organisations and constituencies that have agreed to set up the Executive. The chief monitors of the effectiveness of this relationship are the individual members empowered to act as representatives of their constituency.

The Executive Partnership reports to the City of York Children’s Trust Board.

The Executive will fulfil all reporting requirements as required by CAMHS mapping.

Function of Executive

The membership of the CAMHS Executive and the agencies, organisations and constituencies that are represented within the Executive, have as their shared aim the delivery of an accessible and equitable, high quality mental health service to children, young people and their families in the City of York.

The Executive group members will work both within their own organisations and in partnership with other bodies and organisations to achieve the objectives contained within the City of York CAMHS Strategy and Action Plan, standard 9, and other relevant parts of other Standards of the National Service Framework for Children, Young People and Maternity services. (2)
The Executive group will monitor, on an ongoing basis, the achievement of objectives and obstacles to the achievement of objectives contained within the CAMHS Strategy and crisis intervention of the NSF. The Executive group will be responsible for reporting on the performance of the CAMHS Strategy and standard 9 of the NSF to relevant local bodies – such as the Children’s Trust Board, the PCT, Community Services or Education Committees of the Local Authority, or to any appropriate outside body – such as the Strategic Health Authority, OFSTED, Healthcare Commission or other relevant monitoring/performance management function.

The CAMHS Executive will conduct its business in a ‘transparent’ way, with its activities open to scrutiny by stakeholders.

The CAMHS Executive will strive to gain and effectively use resources to improve the delivery of mental health services to, and the psychological wellbeing of, the child and young person population of the City of York.

The CAMHS Executive may add to or subtract from its duties, roles or responsibilities provided there is agreement reached through a consensus of the Executive.

References

5. www.dcsf.gov/research/ (looks at what works to support parents, parenting and parent infant relationships).

10. City of York (2009) You said we did (Booklet for parents on changes made as the result of consultation).


Note: Part one of this strategy has been compiled during a period of considerable change and uncertainty. In these circumstances the names of some organisations and governance structures may have changed in the course of the production of this document.
If you would like this information in an accessible format (for example in large print, on CD or by email) or another language please contact YorOK Children’s Trust by telephone on 01904 551550 or email Yor.OK@york.gov.uk

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