CHILD & ADOLESCENT MENTAL HEALTH SERVICES

1. Service Delivery

1.1 Definitions

For the purpose of this paper the term ‘CAMHS’ will apply to:

“… specialist child and adolescent mental health services at tiers 2, 3 and 4, and also including specialist social care, educational, voluntary and independent provision for children and young people with mental health problems. For these services, the provision of mental health are to children and young people is their primary function. They are mainly composed of a multi-disciplinary workforce with specialist training in child and adolescent mental health.”

As defined in the NSF for Children.

1.2 CAMHS Configuration (Appendix 1)

1.2.1 Specialist Child and Adolescent Mental Health Services for children to 16 years in Sheffield are provided (in almost its entirety) by Sheffield Children’s NHS Foundation Trust and CYPD (some specialist teams are jointly provided and managed).

1.2.2 Specialist CAMHS consists of three Community CAMHS teams delivering a range of consultation to other agencies at primary care level, comprehensive assessment and treatment for families up to the age of 16 years (c 33 WTE clinicians for the whole city).

1.2.3 There are also two tertiary (tier 4) units at Shirle Hill and Oakwood providing more intensive input. They offer day, outreach (Shirle Hill) and inpatient treatment to children and young people from South Yorkshire.

1.2.4 In addition there are a number of smaller teams. Some of these teams are multi-agents provided and managed.

- Dual Diagnosis – Mental Health and Learning Disability (4.5 WTE)
- Input to Substance Misuse (0.8 WTE)
- Forensic Service (2.0 WTE) (plus 2.0 YOT workers)
- MAPS (4.7 WTE)
- Multi Agency Trainer (1.0 wte)
2. Community CAMHS

Community CAMHS teams have (until December 2007) been organised around the four PCTs, in four teams. These teams were of different size and configuration. The decision was made to reorganise the teams into a pattern which could more easily facilitate work with the Service Districts. There are now three broadly equal Community CAMHS Teams based at Beighton, Centenary House and Flockton House.

2.1 These teams will work in a way which differs slightly from the previous four teams.

2.1.1 Note re: Tiered Model of Work – The Health and Social Care Advisory Service (HASCAS) developed a taxonomy for CAMHS of Tiers 1-4. This pre-dates Sheffield city services of the tiered model of service and is slightly different.

2.1.2 The previous CAMHS teams offered work in some GP practices, as staff resources would allow. This resulted in an uneven spread of service with patients from some practices receiving an earlier intervention (Tier 2) than from other practices.

The new way of working will be to provide this earlier intervention for all appropriate patients via specified clinics in each team rather than in GP practices.

2.1.3 Some service delivery will continue to be offered in community settings as available and appropriate.

2.2 Looked After Children (MAPS Service)

This service is now provided by a multi-agency team jointly managed and based alongside the Health LAC team and CYPD Adoption and Fostering teams.

2.2.1 The MAPS service has a service specification, called a matrix, which is due for review in February 2008. This matrix was developed by a multi-agency group.

2.2.2 The service is a small service of 4.7 WTE including psychiatry, social work, psychology, therapy and admin. MAPS received 112 requests for service in the last eight months of 2007.

2.2.3 This service has been affected by two main issues.

- Firstly, changes in responsible PCT regulations. Where previously, a LAC was placed out of Sheffield, it was ambiguous as to which PCT (the placing PCT or receiving PCT) was responsible for funding health care; this has now changed. For any LA child placed out of area by Sheffield after 1.4.07, Sheffield PCT has the health provision responsibility, either by funding or provision of an actual service.
Secondly, the service has received a large number of referrals and requests for work. This is to meet service gaps, however, the need and demand for the service far outweighs its capacity.

2.3 Dual Diagnosis – Mental Health & Learning Difficulties Service

This service continues to receive requests for support, consultation and face to face work. Although a very small service, its work is often very long term (to transition age) and as such a long waiting list has now resulted.

2.3.1 Reduction or delays in specialist placement for these children and young people has resulted in substantial cost savings.

2.4 Forensic Service

The Forensic Service is a jointly developed and managed service which is to the forefront of work nationally. It has 2.0 WTE staff which as well as working with CYPD, YOT and CAMHS, also delivers a service into Aldine House.

2.5 Crisis Work

2.5.1 Sheffield has 24 hour cover from medical services in CAMHS as per performance indicator. A doctor is available for medical consultation and can be accessed, as appropriate, through GPs or A&E. A Consultant Psychiatrist is second on-call.

2.5.2 CAMHS also works with the Early Intervention in Psychosis (EIP) service provided by the Care Trust, for young people under 16 who develop this distressing condition. Joint working between CAMHS and the EIP has helped manage these cases.

2.6 BME

Nationally Mental Health Services have not delivered an equitable service to members of minority ethnic groups. In CAMHS we have a BME worker, who has made connections to and provides consultation to various BME voluntary sector groups across the city.

2.6.1 A very detailed audit of the ethnicity of clients in the north area of the city showed the team seeing a similar proportion of clients from various ethnicities, equivalent to the proportion of those ethnic groups in the area.

2.6.2 Ethnicity continues to be monitored and reported on.
2.7 Performance Monitoring Framework (Appendix 2)

CAMHS has agreed a performance monitoring framework with commissioners and is now producing information.

3. Other Successes in the CAMH Service include:

3.1 A new IT system has been adopted by CAMHS. This is called CareNotes and is being developed as an approved IT NHS provider. This has been a long, arduous process, but results are beginning to show improved information.

3.2 Multi-Systemic Therapy (MST)

CYPD and CAMHS has jointly bid for and received a multi-systemic therapy project. This will work to prevent placement breakdown for looked after children and to prevent children and young people needing to come into care.

The project is part of a national project, one of only 12 in the country and will be starting shortly.

3.3 Multi-Agency Training

Training has been provided for any staff in Sheffield working with children. This is in the form of a two day basic mental health and emotional well being training and one day specialist training, for example, on Eating Disorders. There is up to a year’s wait for a place on courses. Further investment would reduce the wait for courses, as well as enable the development of this service to provide, for example, whole school inset days.

3.4 CORC (Clinical Outcomes Research Consortium)

Sheffield CAMHS is a part of the National Clinical Outcomes Project. Early results show that CAMHS intervention is viewed positively by families. Sheffield is leading in developing this work for Learning Disability Services.

4. Issues for Mental Health Services for Children & Young People in Sheffield

There are some pressing issues for mental health services in Sheffield in the coming year, some of which are the result of policy and some historical.

4.1 NICE Guidance

The National Institute for Clinical Excellence (NICE) issues guidance on mental health.

Where this applies to children and young people the necessary resources (eg drugs funding) or training for specific therapies (eg CBT) is not always easily available.
4.1.1 CAMHS is struggling to identify specific training and may have to
develop its own – delaying the implementation of NICE guidance.
This is often a national issue.

4.1.2 Where providers other than NHS providers are used, commissioners
must ensure that NICE guidance is adhered to.

4.2 Learning Disabilities & Mental Health (Dual Diagnosis)

As had already been described this service has a long waiting list due to its small
size 4.5 WTE. It has fewer workers than similar services in Rotherham and North
Derbyshire. A bid for resources to increase the service is being developed.

4.3 Transitions

Transitions to the Care Trust (Adult Mental Health Services) appear to work well,
although this will be audited in the coming year.

Transition occurs at a suitable negotiated time at or after the persons 16th birthday.

4.3.1 The NSF suggested an age appropriate service was needed for 16-18
year olds, and the PCT needs to agree where this group of young
people will be treated and agree resources to do so.

4.4 Looked After and Adopted Children

As already noted, the change of responsible commissioner has resulted in a
pressure on the MAPS and CAMH services. (2.2.3)

4.4.1 In addition, clinical changes have contributed to this. The recognition
of and development of treatment for Attachment Disorder has resulted
in an increase in referrals to CAMHS. Although some work to alert
staff to these issues has been developed, no staff are fully qualified to
do this work. This gap in service requires resources as adopted
children were not previously recognised to be suffering from ongoing
mental health problems in this way.

4.5 Health Promotion

In 2007 a funding stream to the SHA was reduced by the government which resulted
in a reduction of funds to CAMHS and a ceasing of the Health Promotion Service.

4.5.1 This service was developed out of the HAZ in North Sector and was
then spread city-wide without any increase in resource.

4.5.2 This service provided valuable input to schools and other groups to
to train and support staff. Community CAMHS has not been able to
fill this gap.
4.5.3 This reduction has led to loss of service provision and co-ordination across the city. This is particularly important as the government makes funding available to schools to address this issue.

4.6 Tier 4

Sheffield Children’s NHS Foundation Trust provides day, outreach and inpatient services to Sheffield, Rotherham, Barnsley, Doncaster and North Derbyshire. These services are based at Shirle Hill and Oakwood (NGH) sites and are commissioned via NORCOM.

4.6.1 The accommodation for both areas (under 12’s and 12-16 years) is not fit for purpose and a new single site is being sought.

4.6.2 NORCOM is working with the Trust on a new service specification.

4.7 Mental Health Act

Later on in 2008 a new Mental Health Act will become part of legislation.

4.7.1 Although CAMHS restricts the freedom very few young people under the Mental Health Act legislation, staff will require updating and training.

4.7.2 New procedures and policies will need developing, alongside the Care Trust in order to facilitate consistency.
### APPENDIX 2

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![Graph showing the total for each region]

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