

**MEETING TITLE AND DATE:**

Cabinet – 20 December 2017

**REPORT OF:**

Chief Executive

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Agenda - Part: 1

Item: 7

**Subject: Child & Adolescent Mental Health Services Scrutiny workstream****Wards: All****1 EXECUTIVE SUMMARY**

- 1.1 A workstream was set up to look at Child & Adolescent Mental Health Services (CAMHS) in Enfield following concerns of increases in the number of children and young people with mental health and wellbeing issues.
- 1.2 The Government's Children & Young People's Mental Health & Wellbeing Taskforce found that around 75% of mental health problems in adult life (not including dementia) start by the age of 18. Not supporting children and young people with their mental health costs lives and money. Early help stops young people falling into crisis and avoids expensive and longer-term treatment in adulthood. One in ten children needs support or treatment for mental health problems.
- 1.3 The workstream noted that a substantial amount of work is being undertaken on eight priority areas as part of the North Central London Sustainability & Transformation Plan on CAMHS and that this is being reported to the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) on CAMHS across the sector. Given that the Chair and Vice Chair from Enfield's Health Scrutiny Workstream are members of the NCL JHOSC, the workstream agreed not to explore any of these areas to avoid duplication.
- 1.4 The workstream acknowledge the current difficult financial climate that CAMHS is operating in. The report makes a number of recommendations designed to assist in this complex area.
- 1.5 A CQC (Care Quality Commission) Thematic Review of CAMHS in Enfield has subsequently taken place and the results of this are expected shortly. This is one on 10 CQC Thematic Reviews of CAMHS that have occurred nationally.

## **2. RECOMMENDATIONS**

Cabinet are asked to note the following recommendations and the actions agreed by the Cabinet Member and Executive Director as set out in Appendix A of the report:

- 2.1 Members were concerned that by their last meeting the Future in Mind Resubmitted plan had still not been assured by NHS England and that the CAMHS service was currently breaching on waiting times for some clients. The workstream recommend that the CCG ensure that the CAMHS service has sufficient staff in place to deliver the service including a maximum waiting time of 13 weeks in line with the national target. (see section 10, 12.3, 12.4)
- 2.2 The workstream felt that public health funding assists in the make-up of the fabric of mental health support for children and young people in the community. The workstream recommend that the Council continues to ensure that the Public Health Budget in Enfield is allocated to services that are most needed and make the most impact on health needs in the borough and that interventions have elements supporting good mental health. (see 11.1-11.11, 12.7)
- 2.3 That representation from the workstream (letter from the Chair) will be made to National Government regarding Public Health allocated funding to ensure equitable funding is based on local need and with greater flexibility how the funding is spent. (see 11.11-11.14, 12.8)
- 2.4 That the Council and CAMHS explore and optimise all opportunities for further joint working between Public Health and CAMHS including Tier 2 services. (see 11.7, 11.8, 12.9)
- 2.5 That the Council review the proposed reduction in support from the Procurement Hub towards contract management for Children's Services to ensure appropriate action is taken to mitigate against this potential risk and any gap is filled. (see 10.14-10.16, 12.10)
- 2.6 To note that the workstream supports the development of quality standards for mental health services for schools. (see 5.4-5.6, 12.5)

### **Workstream Membership**

The workstream consisted of the following Councillors:

Cllr Nneka Keazor (Chair), Cllr Nesil Cazimoglu (Vice Chair), Cllr Christiana During, Cllr Mike Rye and Cllr Glynis Vince.

The workstream members would also like to thank the following members and officers for their contribution to the work of the review: James Carrick (Acting Assistant Director, Education), Suzy Francis (Head of Service, CAMHS and

Educational Psychology), Claire Wright (Head of Children's Commissioning Enfield Clinical Commissioning Group), Kathryn O'Donnell, Clinical Director, BEH MHT), Natalija Lytrides (Acting Service Manager, CAMHS BEH MHT), Glenn Stewart (Assistant Director, Public Health), Stuart Lines (Children's Consultant, Public Health), Cllr Mary Maguire and Cllr Derek Levy.

### **3. BACKGROUND**

- 3.1 The scrutiny workstream was set up by the Overview and Scrutiny Committee as part of its work programme. They sought to understand any issues with Child & Adolescent Mental Health Services (CAMHS) in Enfield.
- 3.2 The workstream agreed at the start of their work that the key aims would be to explore:
- Are any children referred for mental health support turned away without help in Enfield
  - Reducing waiting times for assessment and treatment and improving access to service
  - To ensure best use of resources and equal access to services
  - To explore ways of reducing the stigma associated with mental health
- 3.3 The workstream received a number of detailed briefings including the following; CAMHS service including case studies; Public Health funding allocation for services for children and young people, and feedback from service users and parents. An officer also attended a meeting of the North Central London Joint Overview & Health Scrutiny Committee (NCL JHOSC) where CAMHS across NCL was discussed.
- 3.4 The Future In Mind report of the Governments Children & Young People's Mental Health & Wellbeing Taskforce found that; one in ten children needs support or treatment for mental health problems; 75% of mental health problems in adult life (not including dementia) start by the age of 18; not supporting children and young people with their mental health costs lives and money; and early help stops young people falling into crisis and avoids expensive and longer-term treatment in adulthood.
4. Mental Health Services for children and young people
- 4.1 The workstream heard that mental health services for children and young people are delivered through a wide range of providers, teams and services ranging from early intervention and prevention to the more specialised services commissioned by Clinical Commissioning Group (CCG) and the Local Authority and provided jointly by Barnet, Enfield & Haringey Mental Health Trust (BEH MHT), and the Council's Education Psychology Service/CAMHS Service.
- 4.2 There are different levels of support available for children and young people requiring mental health services. These range from universal support for everyone all the way through to highly specialised inpatient services.

- 4.3 CAMHS is a specialist community multi-disciplinary mental health (Tier 3) service for children, young people and their families. The workstream was provided with an overview of the background and the history of CAMHS. They were advised that the Joint Service model used in Enfield is unusual in that the local authority is both a commissioner and provider and that this has led to partners working in a collaborative and joined up way.
- 4.4 The different teams within CAMHS are as follows:
- CAMHS within the Primary Behaviour support Service (Tier 2)
  - Health & Well Being Service (Council's traded service) (Tier 2)
  - Specialist Community CAMHS (Tier 3)
  - Services for Adolescents and Families in Enfield (SAFE) (Tier 3)
  - Services for Children & Adolescents with Neurodevelopmental Disorders (Scan) (Tier 3)
  - CAMHS within HEART (Health & Education Access & Resources Team) (Tier 3)
  - CAMHS within the Youth Offending Unit (Tier 3)
  - Enfield Parent Infant Partnership (EPIP) (Tier 3)
  - Children's Centres Therapeutic Team (CCTT) (Tier 3)
  - Alliance (Tier 3<sup>1/2</sup>)
- 4.5 The workstream discussed and explored in detail nine different case studies to gain a more detailed understanding of the sort of issues being experienced and the different services including many of those listed above that can assist.
- 4.6 Members were provided with details of Mental Health Activity by Barnet, Enfield & Haringey Mental Health Trust (BEH MHT) and Local Authority staff. This included information on staffing details and referral information for Tier 3 CAMHS services. Members identified issues with figures provided and some of the data; in particular the report detailed 40 referrals that had not been accepted due to inadequate referral information. Members were concerned at both these high numbers and the lack of information and clarity that could be provided on these figures.
- 4.7 Following on from the queries raised by the workstream the duty system was tweaked to make clearer where those who need help go to for support when not accepted for CAMHS. A later report provided to the workstream had resolved the data issues on numbers and showed increases both in numbers of those referred and numbers of those accepted into the CAMHS service. This also included clear information on why referrals were not accepted and where the referrals had subsequently been redirected to.
- 4.8 The workstream were provided with CAMHS Benchmarking Report for 2016. This contained submissions from across the UK. Unfortunately the details for Barnet, Enfield and Haringey CAMHS could not be broken down by individual boroughs so the workstream were unable to draw detailed conclusions, the report generally showed that BEH CAMHS were doing well, achieving good outcomes for the number of staff at a low cost.

## 5. Schools

- 5.1 Members felt that schools are well placed to play a central role in improving children's mental health and wellbeing; and that young people should leave school with a good understanding and awareness of mental health, empowered to look after their own mental health. They queried the support available for children in schools given the difficult financial position that many schools are facing.
- 5.2 The workstream was advised that schools purchase different programmes and deal in different ways with the Health & Social Care agenda. They were provided with an example of the Health & Emotional Wellbeing Service (HEWS); this is a traded council service working in some schools. One of the case studies provided to the workstream included an example of the sort of support that had been provided.
- 5.3 They were informed that support is also available for schools on Social Emotional & Mental Health funded from the Dedicated Schools Grant (DSG) at both primary and secondary levels through the Behaviour Support Service (BSS). The BSS will go into schools to work directly with children either individually or in groups. Members were provided with further examples of how schools might access the DSG to fund a variety of other initiatives such as Nurture Groups, Easy Project (early years social inclusion) and Place2Be (which is match funded).
- 5.4 Whilst members were advised that there is lots of good practice in schools there was no central record of the different things that schools provide on this vital area. Officers advised that a survey had been developed on mental health and wellbeing with input from the CCG/ CAMHS/ Nurture Groups and Behaviour support. This was then sent out to 100 schools requesting information on what services schools purchase, what services are provided and what the children and young people are suffering from.
- 5.5 At the time of the final meeting the survey had closed and the results were being collated. Officers advised that this was to become an annual survey going forward and that officers would be developing quality standards for use in schools to assist them when deciding on the form of support on mental health that they use.
- 5.6 The workstream thought that the results of this survey would provide a useful baseline for the future and assist in identifying any gaps. Members felt that the proposed quality standards would assist the schools in commissioning high quality mental health support programmes, particularly given the financial constraints that many schools are operating under.

## 6. Local Offer

- 6.1 The workstream watched a short video made by young people on the local offer for CAMHS. This was an Enfield young person sharing their experience of the CAMHS service. This video is on the Council's website and is available for schools to use as part of their PHSE lessons.

- 6.2 The workstream were informed that the local offer which was being developed during the course of the workstream on Social Emotional Mental Health and was based on the 'THRIVE model' and breaks down into stages 'coping' (signposting, one off contacts), 'getting help' (via school, tier 2 services, voluntary sector organisations), 'getting more help' (via CAMHS), 'getting risk support' (via A&E, SAFE team). The offer includes a comprehensive directory of services including website links.
7. Feedback from parent, children and young people
- 7.1 The workstream received details of the Local Engagement and Involvement Strategy and Implementation Plan. They were informed that this is reviewed quarterly and has been developed to capture the views and opinions of young people and their families with the purpose of shaping and informing the transformation of CAMHS services.
- 7.2 Members reviewed how this feedback from children, young people and their parents had been used and were pleased to note many examples where this had a clear impact. One such example is the involvement of young people in the recruitment of CAMHS staff. The workstream had also been impressed with the video that the young people had created as part of the local offer (referred to under 6.1)
8. Stigmatisation
- 8.1 The stigma associated with mental health issues is a barrier and a challenge to improving mental health for young people. Stigma can have a profound impact on young people's lives preventing them from seeking help when needed.
- 8.2 The workstream was informed that work is undertaken to reduce this stigma at both national and local levels. Members were advised that schools use different initiatives to assist their pupils. The issue of stigmatisation is likely to be an item on World Mental Health day events in Enfield in October. All Workstream councillors were happy to act as Champions in this area.
9. North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC)
- 9.1 An officer attended the NCL JHOSC meeting where a detailed report on the NCL Sustainability and Transformation Plan: Child and Adolescent Mental Health Services (CAMHS) was discussed at length.
- 9.2 This workstream on Children's Services is one of seven that have been set up on mental health under the Sustainability and Transformation Plan. The five NCL Boroughs (Barnet, Camden, Enfield, Haringey and Islington) are working together on 8 priority areas which will also form the NCL STP CAMHS and Perinatal initiative. These areas had been identified as the ones that can benefit the most from working together on an NCL basis and are as follows:
- Shared Dataset- to enable comparison and shared learning across 5 boroughs
  - Eating Disorders- dedicated eating disorder teams in line with the waiting time standard, service model and guidance

- Workforce- planning for the workforce in order to meet the mental health and psychological well-being needs of children and young people in NCL; including Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) workforce capability programme
- Transforming Care- supporting children and young people with challenging behaviour in the community, preventing the need for residential admission
- Perinatal Mental Health- to develop a specialist community perinatal mental health team that serves the NCL population and the physical health acute trusts within NCL
- Child House Model- following best practice to support abused children in NCL
- Crisis Pathway – 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis; this includes local commissioning of Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21; and review of S136
- Youth Justice- working with NHS England to develop co-commissioning model for youth justice

9.3 The NCL JHOSC will continue to monitor this work and receive further reports including detailed information on plans and outcomes on the agreed 8 areas. Given that the JHOSC is already looking at these areas and that the Chair and Vice Chair from Enfield's Health Standing Scrutiny Workstream are members of the JHOSC, the scrutiny workstream members agreed not to focus on any of these 8 areas.

## 10. Commissioning and Funding of CAMHS

10.1 The workstream heard that in 2014, NHS Enfield CCG and the Council began work on a Joint Commissioning Strategy for emotional well-being and CAMHS. In March 2015 the government published Future in Mind, the report of their Children and Young People's Mental Health and Wellbeing Taskforce. Following on from this Enfield developed a Future in Mind (FIM) Action Plan with recommendations from the strategy aligned to Future in mind priorities.

10.2 Delivery of the FIM Plan is led by CCG and LBE and involves close working with a range of partners, in co-production with children, young people and their families.

10.3 The original plan was first submitted in October 2015, and was intended to support a whole system response to children and young people with mental health problems. The original priorities were to improve the response to children in crisis, extend access, and increase services for children with mental health and neuro-disabilities.

10.4 The workstream reviewed the historical and current funding of CAMHS. They were advised that additional funding has been allocated to the CCG to support

FIM implementation and that apart from the additional development money the funding from CCG for CAMHS has remained relatively static since 14/15. Details were also received of Local Authority funding on the same basis. The council funding included salaries for CAMHS staff at both Tiers 2 and 3 funded by the Local Authority.

- 10.5 The Local Authority does not have a statutory responsibility to provide Tier 3 CAMHS services and as such decided that it will no longer fund Tier 3 services. The reduction to the budget was agreed in January 2016 as part of the four year medium term financial plan.
- 10.6 Following this decision by the local authority joint work between the Council, CCG and BEH MHT begun to review the FIM Plan prior to resubmitting to NHS England for assurance in March 2017.
- 10.7 At the time of the workstream meetings not all children and young people in Enfield were being seen within the waiting times target of 13 weeks. Members were reassured that the SAFE crisis team does not hold a waiting list.
- 10.8 The workstream was advised that Enfield CAMHS waiting list initiative had been successful in bringing waits down significantly to within 15 weeks, with only a handful of waiters in the 13-15 week category who all have appointments booked. Further work continues to reduce waits to within the 13 week target, and improvement is scrutinised at a weekly review meeting involving commissioners and Trust board. Further reductions in waiting times are anticipated with the release of Future in Mind transformation funds from the CCG.
- 10.9 The waiting times are in part due to increase in demand and complexity of cases exceeding the clinical capacity of the team and that longer term investment is needed. Nationally it is also problematic to meet this target due to the national demand for CAMHS expertise creating recruitment of staff issues. A proposal for staffing was part of the resubmitted Future in Mind transformation funding involving increases in staff and changes to the skills mix.
- 10.10 The workstream were informed that there is a new NHS/ Government target which requires that the proportion of children with a diagnosable mental health condition seen by CAMHS is to rise from 30% in 2017/18 to 35% in 2019/20. This will mean that there needs to be a drastic expansion in services to allow this to happen.
- 10.11 The resubmitted plan focussed on finances and using available resources to their maximum. A substantial amount of joint work had been undertaken to re prioritise and to bridge the funding gap and deliver the most effective service given the current resources. The priority is to maintain a safe and sustainable service and it was considered important to move the former council staff over who were experienced clinicians, particularly given the issues with the recruitment of CAMHS staff.



- 10.12 At the time of the workstreams final meeting an update on the resubmitted plan was received as follows:  
*We resubmitted our Local Transformation Plan on 3 March 2017 and have been waiting for the plan to be assured by NHS England. We have been informed that the assurance process is in hand, but that given the pressure on the service, there is no reason why we cannot proceed with recruitment to the new posts. The go ahead to recruit is dependent on agreement about improved access and outcomes, and the Trust/CCG is close to agreement.*
- 10.13 The workstream also noted from the funding information provided that there was an organisation that was funded by both the local authority and the CCG and explored this further to ensure that there was no duplication.
- 10.14 Members were provided details of what each contract covered; and monitoring and evaluation processes in place. This included details of how the council would deal with any failures to deliver. The workstream concluded that there was no duplication.
- 10.15 The workstream felt that robust performance management is needed to ensure that contracts deliver as intended. They were advised that there is a proposed reduction in support from the Procurement Hub towards contract management for Children's Services and that there is a limit to the amount of scrutiny that can be applied by commissioners.
- 10.16 Members were concerned at the potential risk and gap that this reduction might create.
11. Public Health allocation and outcomes
- 11.1 The workstream looked at the public health financial allocation for services to children and young people including details of the current length of contracts in place, the majority of which are tied in until 2019. This grant is currently ring fenced with certain conditions helping to ensure the best start in life is an important priority.
- 11.2 They were advised that the Public Health Grant is expected to remain ring-fenced for at least two more years. Subsequently, public health programmes are expected to be funded in the same way as other council programmes through business rates retention.
- 11.3 The Public Health monies fund preventative services as opposed to treatment services for children. The workstream were informed that it is unlikely that public health monies could be used for any Tier 3 CAMHS services as this would not be in the spirit of the grant conditions.
- 11.4 It was acknowledged that mental health and wellbeing is part of good health outcomes and is not separate; commissioned services should have elements within them that support this. Mental health is central to the health and wellbeing agenda and a factor in health inequality.

- 11.5 The responsibility for commissioning of Health Visiting (0-5 year old) and School Nursing (all school age children), was transferred to councils from the NHS in October 2015. Since then the services have been maintained. Improvements and efficiencies in the services are planned for the coming year.
- 11.6 The workstream questioned the positive outcomes of the Fluoride Programme and how this had been prioritised for funding. Members were advised that poor dental health can have a negative impact on mental wellbeing as well as physical health.
- 11.7 Officers from Public Health did not appear to have been included in discussions on the critical area of self harm and SAFE, a current issue being looked at on a wider scale by NCL JHOSC which has included looking at crisis pathways.
- 11.8 Members were advised that whilst there is some partnership working and public health officers are members of the CAMHS Partnership Group, there are still more opportunities for more detailed discussion. Members thought that joint working and joint thinking was essential across services and all opportunities for joint working should be explored and maximised.
- 11.9 Members were advised that there are Key Performance Indicators in place on all contracts and that the success of public health funding is monitored by the Health and Wellbeing Board. Officers from public health stated regarding outcomes that it is very hard to prove that something has not happened because of an intervention. Members felt that all monies spent must have clear outcomes and be monitored for how effective they are to ensure that the most effective interventions are used.
- 11.10 Members sought assurance that the spending has been allocated in the best way; where public health funding is having a clear impact, including measurable results.
- 11.11 The Local Authority has responsibility for public health but members expressed concern that there seemed to be a tendency to spend money in the same way year on year.
- 11.12 The National Public Health Outcomes Framework was discussed and members were advised that these provide useful public health outcome measures for children and young people as they can be compared between boroughs. Members felt the outcomes were being dictated at a national level not a local one.
- 11.13 Members felt that the Local Authority has the responsibility but not the discretion given the national context of the outcomes. They were concerned that local population needs may well not match the national outcomes and that there was unwanted bureaucracy in delivering from national priorities.

11.14 The workstream queried the flexibility of the public health budget and were advised that there is flexibility and local discretion. The National Child Measurement Programme is statutory and must be included, but other monies may be used in different ways for prevention and reduction in health inequalities. The Public Health Outcomes Framework provides the measures but their delivery will require all partners to work together. Public health resources support this, as well as funding universal health visiting, school nursing and family nurse partnership. Members felt that Public health funding helps make up the fabric of mental health support for children and young people.

## 12. Conclusions

12.1 The workstream were pleased to note that a significant amount of work on CAMHS is currently being undertaken as part of the North Central London Sustainability and Transformation Plan: CAMHS and that this is reporting into NCL JHOSC.

12.2 They noted the difficult financial landscape that CAMHS is operating in. CAMHS is operating under severe and increasing pressure with figures provided to the workstream demonstrating both an increase in numbers of those being referred and those being accepted into the service.

12.3 Young People are entering CAMHS with more severe and complex mental health issues. This comes at a time when the recruitment of CAMHS staff is recognised as a national issue and therefore recruitment of CAMHS staff has become increasingly difficult.

12.4 Waiting times for the service are not in line with targets for some patients and with the new national target requiring an increase in the proportion of children with a diagnosable mental health condition seen by CAMHS set for future years there will be more pressure on the service. There will need to be sufficient CAMHS staff in place to cope with the current and future demands on the service.

12.5 Members noted that schools made their own decision regarding what support on mental health and wellbeing they have in place for pupils and that many schools were in a difficult financial position. They felt that the survey that was recently completed with the schools will provide a useful baseline and an indication of what is in place and where any gaps might be. The development of quality standards will assist schools to commission high quality mental health support programmes and make the best use of their resources when deciding on the support for mental health and wellbeing they use in future.

12.6 Members felt that children and young people need help and support at an early stage to prevent more severe mental health issues emerging.

12.7 The workstream felt that Public Health funding should be reviewed to ensure that the right local priorities are funded, and that all interventions used are effective and contribute to the mental wellbeing of children and young people.

- 12.8 The workstream were concerned that the national outcomes for Public Health funding allocation appear to be dictated at a national level and felt that these national outcomes may not match the needs of the local population.
- 12.9 Given the difficult financial landscape and that it was acknowledged that joint working could be further improved; all opportunities between public health and CAMHS including Tier 2 services should be explored and optimised.
- 12.10 The workstream felt that it is important that all services commissioned on mental health services for children and young people have appropriate outcomes and robust performance management in place. The proposed reduction in support from the Procurement Hub was a concern and members felt that the Council should review this to ensure action against the potential risks and gaps that this may create.

**13. ALTERNATIVE OPTIONS CONSIDERED**

None

**14. COMMENTS FROM EMT**

EMT noted the report and the comments made by the Cabinet Member and the Director in response to the recommendations.

**15. REASONS FOR RECOMMENDATIONS**

To improve outcomes for children and young people in this very complex and challenging area

**16. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

**16.1 Financial Implications**

The 2017-18 budget for the CAMHS service is shared with the Educational Psychologist service. Both services are containing their expenditure within current budget levels as set by the medium term financial plan. Any costs from the Child & Adolescent Mental Health Services Scrutiny workstream recommendations will be met from existing budgets for 2017/18. In 2018-19, general fund reductions of £200k will mean that the CAMHS/ & Educational Psychologist service will need to seek alternate sources of income to maintain their current level of spend.

**16.2 Legal Implications**

The Children and Families Act 2014 requires LAs and their health partners to establish joint commissioning arrangements to improve outcomes for children and young people with SEN and disability. Commissioning Support Units may take on an important role in supporting this agenda.

The Health and Social Care Act 2012 and the NHS Mandate both make clear that NHS England, CCGs and Health and Wellbeing Boards must promote the integration of services if this will improve services

The Children Act 1989 s17(1) creates a general duty on children's services authorities to safeguard and promote the welfare of children within their area who are 'in need'. So far as is consistent with this duty, children's services authorities must promote the upbringing of such children by their families. Children's services authorities are empowered to provide 'a range and level of services' to meet the needs of 'children in need'.

The definition of 'children in need' is to be found at CA 1989 s17(10), which provides that a child is to be taken as 'in need' if:

- (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) he is disabled.

Section 11 of the CA provides the definition of 'disabled'. A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

The recommendations are in pursuance and furtherance of the statutory powers outlined above.

When entering into any contracts to bring into effect the recommendations in this Report, the Council must comply with the provisions of its Contract Procedure Rules, and the requirements of UK/EU procurement legislation where applicable

## **17. KEY RISKS**

Not supporting children and young people with mental health costs lives and money. Access to help and support with mental health helps to provide children and young people with support to achieve their potential. Implementation of the suggested recommendations should assist in enhancing mental health support for children and young people.

## **18. IMPACT ON COUNCIL PRIORITIES**

### **Fairness for All, Growth and Sustainability, Strong Communities**

The Overview and Scrutiny Committee uses focused, time-limited workstreams to scrutinise Council decisions and services that impact on the successful delivery of the Council's key priorities. The workstreams collect evidence, draw conclusions and make recommendations to improve effectiveness and ensure value for money.

## **19. EQUALITIES IMPACT IMPLICATIONS**

Local Authorities have a responsibility to meet the Public Sector Duty of the Equality Act 2010. The Act gives people the right not to be treated less favourably because of any of the protected characteristics. We need to consider the needs of these diverse groups when designing and changing

services or budgets So that our decisions it do not unduly or disproportionately affect access by some groups more than others.

Corporate advice has been sought in regard to equalities and an agreement has been reached that an equalities impact assessment is neither relevant nor proportionate for the approval of this report to set up a child & Adolescent Mental Health services scrutiny work stream. However it should be noted that projects or work stream deriving from this may be subject to a separate Equalities Impact Assessment. Therefore any projects or work stream will be assessed independently on its need to undertake an EQIA to ensure that the council meets the Public Sector Duty of the Equality Act 2010.

**20. PERFORMANCE MANAGEMENT IMPLICATIONS**

Workstream recommendations are reported to the Overview and Scrutiny Committee who monitor the progress and effectiveness in implementing the recommendations. This complements service performance management arrangements.

**21. PUBLIC HEALTH IMPLICATIONS**

Mental health is recognised as having the same priority as physical health. It is important that services, where needed, are provided as appropriate. However, mental health is a product of all work across the whole Council and therefore should be regarded as a product of the system and the borough working as a whole. If demand for CAMHS is rising it should also be considered how this demand can be mitigated following the 'prevention is better than cure' rule e.g. that residents would prefer not to have something than be cured of it.

**Background Papers**

None

Appendix A

**CABINET MEMBER'S AND EXECUTIVE DIRECTORS' RESPONSE TO THE CHILD & ADOLESCENCE MENTAL HEALTH SERVICES (CAMHS) SCRUTINY WORKSTREAM REPORT & RECOMMENDATION**

Recommendations	Director/Cabinet Members Response
<p><b>Cabinet Member for Education, Children's Services and Protection, Cabinet Member for Community Safety &amp; Public Health, Executive Director for Children's Services and Director for Public Health</b></p>	
<p>Members were concerned that by their last meeting the Future in Mind Resubmitted plan had still not been assured by NHS England and that the CAMHS service was currently breaching on waiting times for some clients. The workstream recommend that the CCG ensure that the CAMHS service has sufficient staff in place to deliver the service including a maximum waiting time of 13 weeks in line with the national target.</p>	<p>Noted this recommendation has been referred to Enfield Clinical Commissioning Group</p>
<p>The workstream felt that public health funding assists in the make-up of the fabric of mental health support for children and young people in the community. The workstream recommend that the Council ensures that the Public Health Budget in Enfield is allocated to services that are most needed and make the most impact on health needs in the borough and that interventions have elements supporting good mental health.</p>	<p>This is agreed and the following comments (from Cabinet Member for Community Safety &amp; Public Health and Director for Public Health ) are made:</p> <p>Enfield CCG has the lead responsibility for commissioning CAMHS services.</p> <p>The public health grant is used to support improved young people's mental health and wellbeing in a number of ways. The most relevant services commissioned by public health include Health Visiting, School Nursing and the Family Nurse Partnership. Other relevant areas include Substance Misuse Services and Sexual Health Services. Public Health also continues to work closely with Thrive LDN as the vehicle for mental health resilience work in Enfield.</p> <p>The public health grant is used to deliver mandated services. The design and delivery of services is based on</p>

	<p>effectiveness and cost-effectiveness. Public health services for 0-19 year olds will be being recommissioned over the next 18 months, which will provide a further opportunity to continue to ensure that improved outcomes and efficiencies are being achieved.</p>
<p>That representation from the workstream (letter from the Chair) will be made to National Government regarding Public Health allocated funding being based on local outcomes and not driven by national outcomes.</p>	<p>This is noted and the following comments (from Cabinet Member for Community Safety &amp; Public Health and Director for Public Health) are made:</p> <p>LBE is required to provide annual assurance to Public Health England (PHE) on the use of the public health grant and to ensure that the council drives improvements to the national Public Health Outcomes Framework locally in partnership and through the HWBB. It may be helpful for the Chair and workstream members to attend and observe future HWBB meetings to see how the local partnership is working to achieve this.</p>
<p>That the Council and CAMHS explore and optimise all opportunities for further joint working between Public Health and CAMHS including Tier 2 services.</p>	<p>This is agreed and the following comments are made:</p> <p>(from Cabinet Member for Community Safety &amp; Public Health and Director for Public Health) Public Health worked closely with Children's Services and Enfield CCG on the recent CQC thematic review of CAMHS. Members of the public health team have regular contact with colleagues and groups from Children's Services and the CCG on a range of areas and issues, including on developing plans for improving children's and young people's mental wellbeing. This will include acting on recommendations from the CQC thematic review.</p> <p>(Comments from Cabinet Member for Education, Children's Services and Protection, and Executive Director for Children's Services) Public Health and Educational Psychology are currently working closely together to scope the task of how to provide a fully integrated Tier two service.</p>



	<p>These proposals will form part of the action plan arising from the recent CQC Thematic Review of children’s mental health services in Enfield.</p>
<p>That the Council review the proposed reduction in support from the Procurement Hub towards contract management for Children’s Services to ensure appropriate action is taken to mitigate against this potential risk and any gap is filled.</p>	<p>This is agreed and the following comments (from Cabinet Member for Education, Children’s Services and Protection, and Executive Director for Children’s Services) are made:</p> <p>In order to assure the continued quality of front line services steps have been taken to ensure that contractual obligations are delivered and monitored.</p>
<p>To note that the workstream supports the development of quality standards for mental health services for schools.</p>	<p>This is agreed and the following comments (from Cabinet Member for Education, Children’s Services and Protection, and Executive Director for Children’s Services) are made:</p> <p>This development is an outcome from the recent Schools Social Emotional Mental Health Survey. The Mental Health Forum and CQC Thematic Review supported this development and it will be part of the proposed Action Plan.</p> <p>It is also a priority in the Local Area Strategy for children’s mental health.</p>