

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview
And Scrutiny Committee**

Date of Committee **16 September 2010**

Report Title **Children and Adolescent Mental Health
Services (CAMHS) Joint Scrutiny Review**

Summary This report presents the report and recommendations from the Joint Scrutiny Review of the CAMHS.

For further information please contact:

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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s) N/A
- Other Elected Members Cllr Caborn, Cllr Rolfe, Cllr Tooth, Cllr Tandy
- Cabinet Member Cllr Stevens, Cllr Timms
- Chief Executive
- Legal Victoria Gould
- Finance
- Other Strategic Directors David Carter, Strategic Director for Customers, Workforce and Governance, Marion Davis, Strategic Director for Children, Young People and Families
- District Councils

Health Authority

Police

Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee

To Council

To Cabinet Report and recommendations to be forwarded to Cabinet for consideration

To an O & S Committee

To an Area Committee

Further Consultation

Adult Social Care and Health Overview and Scrutiny Committee - 16 September 2010

Scrutiny Review of the Children and Adolescent Mental Health Services (CAMHS)

Report of the Chair of Joint Review Group of the former Children, Young People & Families and Health Overview and Scrutiny Committees

Recommendation

The Committee is recommended to agree the report and recommendations of the Joint Scrutiny Review of the Children and Adolescent Mental Health Services and to forward the report and recommendations on to Cabinet for consideration.

1. Introduction

- 1.1 Following a series of reports into the provision of Specialist CAMHS (dating back to December 2007), a joint scrutiny review was commissioned by the Children, Young People & Families and Health Overview and Scrutiny Committees. Primarily, this was to consider:
- Lengthy waiting times for assessment and treatment across the county
 - Inconsistent access to services and delivery of services across the county.
- 1.2 The final report of the Review Group is attached as Appendix A.

2. Recommendations

2.1 Recommendation A – Choice and Partnership Approach

That the CAMHS Scrutiny Panel **endorses the implementation of the Choice and Partnership Approach (CAPA)** as CWPT's model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provided to the Adult Social Care and Health O&S Committee when appropriate.

2.2 Recommendation B - Improving the link between Specialist CAMHS and schools

That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following :

- Providing an **information pack to all schools by the start of the new school term in January 2011**, that gives clear guidance on the latest procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses).
- Implementing the necessary arrangements for **parents/guardians to give permission for case information to be shared with schools** (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments, and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.
- Acknowledging **receipt of referrals made by schools within 5 working days**, and providing an outline of expected waiting times for an appointment.
- Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken.
- Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. **CAMHS staff to agree a preferred time and location with parents and service users**, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments, and therefore increase the likelihood of attendance.
- Establishing a **single named point of contact** within both Specialist CAMHS and schools to ensure all parties know who to contact and how.

2.3 Recommendation C - Communication between Specialist CAMHS and parents/guardians

That CWPT ensures Specialist CAMHS:

- Provides parents/guardians with clear estimations of waiting times.
- Provides parents/guardians with regular updates on progress of the referral.
- Reviews how parents/guardians are informed and reminded of appointments, and introduces the use of SMS and email alerts.
- Pays due attention to individual family circumstances, such as two-household families and non-parental childcare (grandparents, carers etc).

2.4 Recommendation D - Referral through CAF

That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools.

2.5 Recommendation E – Early Intervention

That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:

- Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools.
- Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the county.
- Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed.
- Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children's Centres.

2.6 Recommendation F – Collaboration with Partners

That communication and collaboration with partners be improved through:

- Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes.
- Possible co-location of CAMHS and EPS workers.
- The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards.
- The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign.
- The greater use of CAF as a mechanism to share information between relevant partners.

2.7 Recommendation G – Using modern, technology-based services

That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as the Kooth.com online counselling service.

2.8 Recommendation H – Understanding User Views

That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign.

2.9 Recommendation I - Communication between Commissioners and CWPT

That CWPT provides the CAMHS Commissioner with more timely and accurate performance and financial information.

CLLR ASHFORD
 Chair of Joint Review of
 CAMHS
 Shire Hall
 Warwick

17 August 2010

Warwickshire County Council

Children and Adolescent Mental Health Services (CAMHS) Joint Scrutiny Review

Foreword by Councillor Martyn Ashford, Chair of CAMHS Scrutiny Panel



The emotional health and well-being of children and young people across Warwickshire is a very important issue. In today's fast-paced, ever-changing society, young people are faced with increasingly complex lives and a diverse set of challenges. And for many, this can lead to emotional problems and mental ill health.

To provide young people with the best chance in life, they require appropriate support to overcome these issues, delivered by appropriate professionals, in an efficient and timely manner.

While recognising the many positive outcomes delivered by Warwickshire's Specialist Child and Adolescent Mental Health Services (CAMHS), the provision of these services in recent years has been hampered by long waiting times for assessment and treatment, as well as inconsistent access to services across the county.

Through this review, County Councillors now have a greater understanding of the problems that exist within CAMHS and the work that needs to be done to address them.

I am confident that our recommendations will go some way to bringing waiting times down and improving access to services for everyone within Warwickshire who requires them.

Finally, I would like to thank all those people who have contributed to and supported this review. Without their assistance it would not have been possible.

1. Introduction and background

Warwickshire's Specialist Child and Adolescent Mental Health Services (CAMHS) is run by Coventry and Warwickshire Partnership Trust (CWPT). It provides a range of services for up to 17 year olds with emotional/behavioural difficulties or mental health problems, disorders and illnesses.

Specialist CAMHS refers to tiers 3 and 4 of the broader Comprehensive CAMHS offering, which incorporates:

- Tier 1 – universal services to enhance emotional health for all children
- Tier 2 – targeted services for vulnerable/in-need children
- Tier 3 – specialist services for children with moderate to severe mental health difficulties
- Tier 4 – highly specialist services for children with severe mental health difficulties and high complex cases

Specialist CAMHS are provided by staff with a large mix of skills, including psychologists, psychiatrists, nurses, primary mental health workers, a psychotherapist and an art therapist.

They are commissioned through a Joint Commissioning Manager for Warwickshire County Council (WCC) and NHS Warwickshire, and delivered via four child-centred multi-disciplinary teams based in Coventry, Rugby, Leamington and Stratford. Referral is through professionals such as GPs, educational psychologists, school nurses, head teachers and Relate counsellors.

Following a series of reports into the provision of Specialist CAMHS (dating back to December 2007), a joint scrutiny review was commissioned by the Children, Young People & Families and Health Overview and Scrutiny Committees. Primarily, this was to consider:

- Lengthy waiting times for assessment and treatment across the county
- Inconsistent access to services and delivery of services across the county

2. Objectives of the review

The objectives of the review were set out as follows:

- To reduce waiting times for assessment and treatment
- To achieve clarity and a better understanding of the services being provided
- To address inconsistent access to services
- To improve public awareness of mental health issues, particularly within schools (i.e., so teachers can prompt early intervention)

- To understand the right language and terminology used around mental health issues, in order to reduce stigma
- To achieve better outcomes for young people, their families and schools (via clearer access, accurate referral, shorter waiting times)

3. The CAMHS Scrutiny Panel

3.1 The CAMHS Scrutiny Panel comprised of Councillors from the Children, Young People and Families OSC and Health OSC:

Cllr Martyn Ashford
(Chair of Panel)



Cllr Sarah Boad



Cllr Clare Hopkinson



Cllr Frank McCarney



Cllr Carolyn Robbins



Cllr Jerry
Roodhouse



Cllr Sid Tooth



Cllr Claire Watson



3.2 The review process

The Panel met for the first time on 27 April 2010 and agreed the scope of the review. From this meeting, the terms of reference were agreed (see Appendix A). Early on in the process, it was acknowledged that the support and knowledge of professionals working in the field of mental health would be required and that the most appropriate method of gathering evidence would be through a full-day select committee.

Recognising that it was important to obtain an insight into the views and experiences of those that engage with CAMHS, the Panel invited evidence submissions from parents, young people, schools, Council officers and other professionals. This resulted in 27 evidence submissions being submitted from a variety of individuals.

The Panel considered the following evidence in its review.

Local Information

- A mix of different views from schools, professionals and parents (via the submissions mentioned above), illustrating different experiences with CAMHS
- A mapping of services across the county (i.e., what's offered and where; from early intervention up to specialist services)
- A breakdown of waiting times for assessment and treatment, by area
- Data on the volume of cases and referrals, by area
- Data on the number of qualified staff, by area
- Health O&S committee reports, December 2007, February 2008, October 2009
- Joint Area Assessment (JAR) and Comprehensive Performance Assessment (CPA) findings, July 2009
- CAMHS Commissioning Strategy

National Information

- National Advisory Council report (assessing the progress of the National CAMHS Review one year on)
- NI50: Emotional Health of Children 2009-10 (DCSF guidance)
- Improving access to child and adolescent mental health services (DCSF and DoH)
- Final report on National CAMHS Review
- The Government's full response to the independent review of CAMHS (DCSF and DoH)

Councillors undertook visits to Specialist CAMHS centres in Leamington Spa and Nuneaton to gain an insight into how the service functions. They also visited their local schools to understand the school perspective relating to CAMHS.

Having collated and assessed the above evidence, the Panel held a select committee meeting, inviting a number of speakers to present their views and experiences. These included:

- David Hazeldine, North Leamington School
- Lynda Pearce, Manor Park School
- Phyllis King, Long Itchington Primary School
- Karen Price, Kingsbury School
- Nigel Barton, Executive Director of Operations, Coventry and Warwickshire NHS Partnership Trust (CWPT)
- Loraine Roberts, General Manager, CAMHS, CWPT
- Jo Dillon, Associate Director of Strategic Joint Commissioning – Children and Maternity, WCC
- Kate Harker, Joint Commissioning Manager - CAMHS, WCC
- Tare Midgen, Acting Manager, Educational Psychology Service, WCC
- Adrian Over, CAF Manager, WCC

- Dr. Jeff Cotterill, GP
- Sarah Curtis, Centre Manager, Relate Rugby and North East Warwickshire
- Elaine Bousfield, Managing Director, Xenzone
- Ann Marie Walker, Solihull Care Trust

4. Key issues and recommendations for improvement

This section summarises the key issues identified by the review and the Panel's recommendations for improvement.

4.1 Choice and Partnership Approach (CAPA)

During the select committee, the Panel heard how CWPT intends to redesign its Specialist CAMHS offering using a model called CAPA. The Panel also heard evidence from Solihull Care Trust regarding their experiences of implementing CAPA.

CAPA is a system flow management tool for CAMHS that reduces long waiting lists and provides a quicker, more responsive service to users. It is informed by demand and capacity theory, Lean Thinking, New Ways of Working, Our Choices in Mental Health and You're Welcome standards. It has been successfully implemented by many CAMHS teams in the UK, Australia and New Zealand.

CAPA provides service users with greater choice when booking appointments. Subject to clinician availability, they are given a choice of when they'd like to attend. They are also designated a clinician who best meets their needs. Under CAPA, clinicians move from being an 'expert with power' to a 'facilitator with expertise'.

• **Choice**

Once a referral is accepted (the threshold for which should be set low to cater for referrals that lack information), the user and their family can book a "Choice" appointment at a time (and ideally a place) to suit them. This appointment should focus on:

- Assessment of the situation
- Risk management
- Motivational enhancement
- Psycho-education
- Goal setting
- Things to try at home or pre-partnership work

At the end of a Choice appointment, users can choose:

- That they do not need further help
- To be put in contact with a more suitable agency to help them
- To return to CAMHS

If the latter, they can choose a "Core Partnership" appointment with one or more clinicians with the right skills to help.

- **Partnership**

Core Partnership is where the bulk of intervention work occurs. It can be done by most clinicians who have extended clinical skills (i.e., they can deliver a range of common CAMHS assessments and interventions).

It involves integrative, multimodal work to help users meet agreed goals. The Core Partnership worker remains the Key Worker during the pathway. Assessment and reformulation continue throughout contact with the family, in the normal way. It involves as many or as few sessions as are needed, and must be regularly reviewed against clear goals, through the use of care planning. Contact with the family ends when a review concludes that goals have been met.

Implementation challenges

One of the identified reasons for long waiting times in Warwickshire, as stated in previous reports to Health OSC, was inappropriate referrals – i.e., too many cases being referred to Specialist CAMHS, when Tier 1 or Tier 2 (early intervention) support would have been sufficient. The Panel acknowledge that the move to CAPA will address this.

However, before the new model can be adopted, CWPT will need to undertake a “blitz” on the current waiting list. This will involve an intense period of assessments over a short period of time to reduce the waiting list. A further challenge will be to align the different processes that currently exist in different parts of the county into one single process.

Recommendation A

That the CAMHS Scrutiny Panel **endorses the implementation of the Choice and Partnership Approach (CAPA)** as CWPT’s model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provided to the Adult Social Care and Health O&S Committee when appropriate.

4.2 Improving the link between Specialist CAMHS and schools

Following analysis of the written submissions received from schools, as well as the verbal submissions heard at the select committee, the Panel recognises that there is scope to improve the link between Specialist CAMHS and schools. The submissions highlight a number of common challenges that schools have been facing, such as: difficulty in making contact with CAMHS staff (unanswered phone calls, no response to letters and the absence of e-mail addresses); a lack of clarity about the procedures for referral; a lack of consultation with schools regarding appropriate strategies (prior to, during and after treatment); and governance barriers that prevent schools from supporting children and parents during the process.

Recommendation B

That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following :

- Providing an **information pack to all schools by the start of the new school term in January 2011**, that gives clear guidance on the latest procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses).
- Implementing the necessary arrangements for **parents/guardians to give permission for case information to be shared with schools** (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments, and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.
- Acknowledging **receipt of referrals made by schools within 5 working days**, and providing an outline of expected waiting times for an appointment.
- Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken.
- Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. **CAMHS staff to agree a preferred time and location with parents and service users**, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments, and therefore increase the likelihood of attendance.
- Establishing a **single named point of contact** within both Specialist CAMHS and schools to ensure all parties know who to contact and how.

4.3 Communication between Specialist CAMHS and parents/guardians

The evidence submissions indicated communication weaknesses between Specialist CAMHS and the parents/guardians of service users. Many experience long waiting times without indication of when an appointment will be offered. Appointments are sometimes cancelled at short notice, without reason. And appointment letters can be sent to the wrong address resulting in a missed appointment (as many children have parents that are separated, or they are looked after by grandparents/carers).

Recommendation C

That CWPT ensures Specialist CAMHS:

- Provides parents/guardians with clear estimations of waiting times.
- Provides parents/guardians with regular updates on progress of the referral.
- Reviews how parents/guardians are informed and reminded of appointments, and introduces the use of SMS and email alerts.
- Pays due attention to individual family circumstances, such as two-

household families and non-parental childcare (grandparents, carers etc).

4.4 Referral through CAF

Common assessment framework (CAF) is a mechanism to improve outcomes for children and young people who do not necessarily meet traditional thresholds for statutory or specialist services. It provides an opportunity for this demographic to benefit from a holistic assessment of their needs and gain referral to an appropriate level of service. Where mental health difficulties are identified and certain criteria are met, a referral can be made to Specialist CAMHS or a tier 1/2 service. At the select committee, the Panel were made aware that not all schools within Warwickshire had staff trained as CAF practitioners.

Recommendation D

That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools.

4.5 Early intervention

There was broad consensus at the select committee that early intervention services are essential in supporting the emotional health and well-being of children and young people. If accessed early enough, these services can address the majority of mental health issues before they escalate into deeper problems that require the support of Specialist CAMHS. However, based on evidence heard at the select committee, the Panel is unclear whether early intervention is currently being used to maximum benefit. Indeed, it appears that professionals are not always aware of the early intervention services that are available and how these can be accessed.

Recommendation E

That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:

- Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools.
- Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the county.
- Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed.
- Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children's Centres.

4.6 Collaboration with partners

The Panel observed that there are many different agencies involved in the delivery of Comprehensive CAMHS across Warwickshire, and there is also an overlap with other services, such as Warwickshire County Council's Educational Psychology Service (EPS). From the evidence heard at the select committee (via presentations and Q&A sessions), the Panel noted that there is scope for closer working between these agencies and neighbouring services.

Recommendation F

That communication and collaboration with partners be improved through:

- Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes.
- Possible co-location of CAMHS and EPS workers.
- The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards.
- The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign.
- The greater use of CAF as a mechanism to share information between relevant partners.

4.7 Using modern, technology-based services

During the select committee, the Panel recognised the importance and effectiveness of early intervention services in addressing emotional health and well-being issues. However, it also recognised that there is still a stigma attached to mental health among young people that can act as a barrier for them to seeking help. To address this, the Panel would like to see a broader availability of services, delivered at times most appropriate to young people, in an anonymous and safe environment with no risk of stigmatisation.

Recommendation G

That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as the Kooth.com online counselling service.

4.8 Understanding user views

The Panel welcomed the varied contributors to this review, but also recognised the limited evidence provided by service users themselves. The Panel agreed that it is fundamentally important for the views of service users to be considered as part of the service redesign of CAMHS.

Recommendation H

That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign.

4.9 Communication between Commissioners and CWPT

The Panel observed that the CAMHS Commissioner lacked the information required to make fully informed commissioning decisions. WCC and NHS Warwickshire require a better understanding from CWPT of how funding for Specialist CAMHS is currently spent, how it is distributed across different interventions and the associated outcomes of interventions. This would allow a value-for-money assessment to be made. The Panel is of the view that Commissioners should move away from a 'block grant' approach towards more intelligent commissioning, based on outcomes and value for money.

Recommendation I

That CWPT provides the CAMHS Commissioner with more timely and accurate performance and financial information.

Scrutiny Review Outline

Review Topic (Name of review)	Provision of Children and Adolescent Mental Health Services (CAMHs) within Warwickshire
Panel/Working Group etc – Yes/No? Members	<ul style="list-style-type: none"> • Cllr Watson (C) • Cllr Ashford (C) • Cllr Hopkinson (C) • Cllr Robbins (C) • Cllr Tooth (L) • Cllr McCarney (L) • Cllr Boad (LD) • Cllr Roodhouse (LD) <p>Due to the absence of two members from the scoping meeting on 27 April 2010, the election of a Chair was postponed until the next meeting on 9 June 2010.</p>
Key Officer Contact	Kate Harker, Joint Commissioning Manager (CAMHs) kateharker@warwickshire.gov.uk Ext: 58 2339 Tel: (01926) 742339
Scrutiny Officer Support	Michelle McHugh, Overview & Scrutiny Manager michellemchugh@warwickshire.gov.uk Ext: 2144 Tel: (01926) 412144 Richard Maybey, Overview & Scrutiny support richardmaybey@warwickshire.gov.uk Ext: 6876 Tel: (01926) 416876
Relevant Portfolio Holder(s)	Cllr Heather Timms, Portfolio Holder for Children, Young People and Families Cllr Bob Stevens, Portfolio Holder for Performance and Health
Relevant Corporate/LAA Priorities/Targets	<p>Relevant LAA priorities (long-term):</p> <ul style="list-style-type: none"> • We all live healthy, active and independent lives • We all have the opportunity to enjoy and achieve <p>Relevant County Council priorities (medium term):</p> <ul style="list-style-type: none"> • Raising educational attainment and improving the lives of children, young people and families <p>Relevant LAA indicators (short term):</p> <ul style="list-style-type: none"> • NI 50, Emotion health of children

<p>Rationale (Key issues and/or reason for doing the review)</p>	<ul style="list-style-type: none"> • Lengthy waiting times for assessment and treatment across the county • Access to services and delivery of services has been inconsistent across the county • Members require a better understanding of: <ul style="list-style-type: none"> ○ The system of services ○ The timescales involved in referral, assessment and treatment ○ The transition from children’s to adult services
<p>Objectives of Review (Specify exactly what the review should achieve)</p>	<ul style="list-style-type: none"> • To reduce waiting times for assessment and treatment • To achieve clarity and a better understanding of the services being provided • To improve public awareness of mental health issues, particularly within schools (i.e., so teachers can prompt early intervention) • To understand the right language and terminology used around mental health issues, in order to reduce stigma • To achieve better outcomes for young people, their families and schools (via clearer access, accurate referral, shorter waiting times) • To improve the flow of service information back to Members
<p>Scope of the Topic (What is specifically to be included/excluded)</p>	<p><u>Include</u></p> <ul style="list-style-type: none"> • Length of waiting times • Provision of services across the county • Provision of services across the age range (0 to 18 years) • Performance data, and the mechanisms in place to collect it • How the Coventry and Warwickshire Partnership Trust delivers services across Warwickshire • Referral criteria for clinical psychology (CAMHs) vs. educational psychology (non-CAMHs) • Funding of services • Transition arrangements between children’s and adult services <p><u>Exclude</u></p> <ul style="list-style-type: none"> • Quality of care • School exclusions
<p>Indicators of Success – Outputs (What factors would tell you what a good review should look like?)</p>	<p>Formulate recommendations to:</p> <ul style="list-style-type: none"> • Reduce waiting times for treatment • Improve access to services across the county • Improve consistency of services across the county
<p>Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<ul style="list-style-type: none"> • Improved user satisfaction regarding access to services • Better emotional health for young people in the county (NI 50)

<p>Specify Evidence Sources (Background information and documents to look at)</p>	<p><u>To be provided</u></p> <ul style="list-style-type: none"> • Case studies, showing different routes into CAMHs and a mix of different views from service users (via online submissions) • A mapping of services across the county (i.e., what's offered and where; from early intervention up to specialist services) • A detailed breakdown of waiting times for assessment and treatment, by area • Data on the volume of cases and referrals, by area • Data on the number of qualified staff, by area • National Advisory Council report (assessing the progress of the National CAMHs Review one year on) • Summary of key reports <p><u>Already provided</u> Information Pack</p> <ul style="list-style-type: none"> • Health O&S committee reports, December 2007 / February 2008 / October 2009 • JAR and CPA findings, July 2009 • CWPT reports, October 2009 / November 2009 • CAMHs Commissioning Strategy • NI50: Emotional Health of Children 2009-10 (DCSF guidance) • Improving access to child and adolescent mental health services (DCSF and DoH) • Final report on National CAMHs Review • The Government's full response to the independent review of CAMHs (DCSF and DoH) • Q3 data set (latest data available – may need explanation from relevant CAMHs representative)
<p>Specify Witnesses/Experts (Who to see and when)</p>	<p><u>Prior to the Select Committee hearing</u></p> <ul style="list-style-type: none"> • School head-teachers (Members to visit or request written submissions from local head(s). Officers to request further evidence from head-teachers board to gain a broader perspective) • Children's Centre managers (Members to visit or request written submissions a local Centre, if this isn't possible) • CAMHs Centre managers (Members to visit their nearest Centre, to be arranged by officers) <p><u>At the Select Committee</u></p> <ul style="list-style-type: none"> • Loraine Roberts, General Manager (CAMHS), Coventry and Warwickshire NHS Partnership Trust • Nigel Barton, Director of Operations, Coventry and Warwickshire NHS Partnership Trust • Jane Brooks, Service Co-ordinator (CAMHs) • Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity • Kate Harker, Joint Commissioning Manager (CAMHs) • School mental health workers (to be identified) • Sarah Curtis, Relate (representing the voluntary groups) • Jeffrey Cotterill, GP <p><u>After the review</u></p> <ul style="list-style-type: none"> • Portfolio Holders – Heather Timms (CYPF) and Bob Stevens (Health)

Possible Co-Options (Would the review benefit from any co-options e.g. community or voluntary sector representatives?)		None	
Specify Site Visits (Where and when)		<p>Schools / Children's Centres: Members to gather evidence/feedback individually from head teachers and Children's Centre managers in their local area. This can be via on-site visits, telephone discussions or by requesting written submissions</p> <p>CAMHS Centres: Members to visit in small groups in order to gather evidence/feedback. These visits will be arranged by officers</p>	
Consultation with Stakeholders (Who should we consult?)		None	
Level of Publicity (What level is appropriate and what method should be used?)		<p>Members of the public to be invited to submit their feedback/stories/opinions of CAMHS via email.</p> <p>This could be promoted via newspaper articles, websites and leaflets left in clinics.</p>	
Barriers/Dangers/Risks (Identify any weaknesses or potential pitfalls)		<ul style="list-style-type: none"> • Insufficient finance and staffing • The review is too broad and loses focus • The review has no influence; nothing improves as a result • Partnership working causes delays/barriers to improvement • The data provided is of insufficient quality/volume • There is a lack of continuity from CAMHS through to adult services 	
Projected Start Date	April 2010	Draft Report Deadline	
Meeting Frequency		Projected Completion Date	
Meetings Dates	<ul style="list-style-type: none"> • Progress meeting – 9 June 2010, 9am • Select Committee – 30 June 2010 (to be confirmed) 		
Committee Reporting Date			
Cabinet Reporting Date			
When to Evaluate Impact	6-12 months		
Methods for Tracking and Evaluating	<ul style="list-style-type: none"> • Questioning the relevant Cabinet Members on progress • Assessing progress against the recommendations by looking at waiting time data, staffing arrangements, user satisfaction feedback 		