

# Children's Mental Health Services

## Spotlight Review – Children and Families Overview and Scrutiny Committee



February 2020

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## Chairman's Foreword

As members of the Children and Families Overview and Scrutiny Committee we had become increasingly aware of the challenges faced by children and young people in Cheshire East in terms of mental health and wellbeing services. We had heard anecdotal evidence of families becoming distressed at not being able to access services in a timely way, and that there was inequity in terms of the services provided across the borough.

This committee is committed to ensuring that our children and young people receive a service that enables them to face the many challenges that mental health issues bring, and therefore decided to hold a one-day spotlight review on Children's Mental Health Services in February 2020. Service users, providers and commissioners were all invited to present evidence to enable the committee.

Since this spotlight review took place, Cheshire East, like the rest of the country has been rocked by the public health and mental health and wellbeing challenges caused by the Covid-19 pandemic. The long-term impacts of 'lockdown' – which has involved some of our children missing up to six months of normal schooling – are not yet known, however, we already know that it has adversely affected the mental health of many of our children and young people. The recommendations made by the committee are therefore even more pertinent in light of this.

The committee would like to thank all of those who contributed to the spotlight review, especially the children and young people who shared their experiences with us.

Special thanks also go to Joel Hammond-Gant and Helen Davies for their assistance in compiling this report.

*Councillor Jos Saunders, Chairman of the Children and Families Overview and Scrutiny Committee*



# Recommendations

The committee made a total of 23 recommendations following its findings from the spotlight review. The full list of recommendations is set out below, and they are also included within the main body of the report after the end of each report section.

1. That the council and partners endeavour to create a clearer pathway and screening tool for assessing the needs of children and young people presenting with mental health issues, with standardised outcome measures across services to make it easier to identify where other improvements may be made in the future.
2. That commissioners review the current service provision, and access to services, with a view to ensuring that services are commissioned for children and young people up to the age of 25.
3. That a review be undertaken of the Cheshire East Live Well programme, and that as part of this, the council specifically considers access and availability to wellbeing support services for children, young people and their parents/carers.
4. That Cabinet look to use and prioritise the Troubled Families process to improve the level and breadth of support available for parents and carers of children and young people experiencing mental health issues.
5. That commissioners be asked to provide a further update to the Children and Families Overview and Scrutiny Committee in January 2021, on the progress of implementing the Thrive model and an update on service accessibility.
6. That commissioners and providers ensure that the eligibility and accessibility criteria for services is clear and transparent for children and young people and their families/carers.
7. That Cheshire CCG, CAMHS and the council ensure that all staff who support both children's and adults' services, undertake transition training to secure safe and reasonable handovers of cases when young people leave children's services and enter the adult social care system.
8. That commissioners endeavour to ensure that services provided by Visyon are equitable and available across the whole borough of Cheshire East.
9. That Cabinet reviews the council's commission for the Emotionally Healthy Children Programme, with a view to ensure that there is a single commissioning

strategy that is aligned to the CCG Mental Health Trailblazer project and make it easier to secure future funding.

10. That the Leader of the council write to the Secretary of State for Health and Social Care and the Minister for Education, to request further investment to improve the access to therapeutic support services for children and young people in Cheshire East.
11. That the council and NHS partners work together to review the way in which data relating to children and young people's mental health is collected, to more consistently align to national targets and measures.
12. That the Leader of the council write to the Department of Education to request that funding for the Adoption Counts service be continued and prioritised, and encourage each of the partner authorities receiving the Adoption Counts service to do the same, to lobby for more funding for this important service.
13. That full Council be asked to ensure its Budget is adjusted to accommodate the cost required to re-commission Adoption Counts, provided that the other local authorities put forward their contributions also.
14. That the council and partners ensure that the joined-up working arrangements relating to adoption are sustained and properly funded, to secure positive long-term outcomes for adoptive children and families in Cheshire East.
15. That the outcomes of the council's Bespoke Project be reviewed, and its successes be used to inform future commissions and projects.
16. That a review be carried out to ascertain best practice in areas where a 24/7 crisis offer is already in place, and how this type of crisis service could be provided in the most effective, joined-up way in Cheshire East.
17. That the council and Cheshire CCG work together to ensure that commissioning and contract management arrangements are more closely and effectively integrated.
18. That the council monitors the impact of alternative education service provisions to support young people and reduce rates of exclusions.
19. That CAMHS and commissioners urgently review the support provided to children and young people who are unable to leave their homes to attend their scheduled appointments.

- 20. That commissioners consider the commissioning of specialist health visitors to support schools in their teaching and managing of students' mental health and wellbeing.**
- 21. That CAMHS, Cheshire CCG and the council work together to review and improve the way in which support is targeted and provided to young people that do not attend school, college, training or work due to their mental health struggles.**
- 22. That the council and partners work together to make sure that the offer of online support services is refreshed and promoted, and that it is equitable for all young people in the borough.**
- 23. That schools in Cheshire East be asked to use a consistent title for the designated Mental Health Leads.**

# Committee Membership



Cllr James Barber



Cllr Michael Beanland



Cllr June Buckley



Cllr Carol Bulman



Cllr Penny Butterill  
(Vice-Chairman)



Cllr Sally Handley



Cllr Marilyn Houston



Cllr Arthur Moran



Cllr Jos Saunders  
(Chairman)



Cllr Nicky Wylie



Cllr Steve Edgar (sub)



Cllr Liz Wardlaw (sub)

# Introduction & Purpose

## Overview and Scrutiny and the Cheshire East Corporate Plan

Cheshire East Council is committed to “Working for a brighter future together” through the delivery of its Vision, Values and Corporate Plan. There are six strategic outcomes included within the Plan, outlining the vision for the borough, the priorities to focus resources on, and the approach for how these are delivered.

The Children and Families Overview and Scrutiny Committee use two of these outcomes to underpin its Work Programme:



**Outcome 3:** People have the life skills and education they need in order to thrive.

**Outcome 6:** People should live well and for longer.

The committee works with these outcomes squarely at the front of decisions and recommendations relating to the scrutiny and overview of work contained within its work programme.

## What is children and young people’s mental health?

Statistics from the Mental Health Foundation show mental health issues affect about 1 in 10 children and young people, and that up to 70% of those who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Given that approximately one third of the UK’s population is made up of children and young people up to the age of 25, it is vital that their health and wellbeing is invested in to ensure future generations of prosperity.

Children’s and adults’ services have traditionally been separated by the turning of age 18. The council operates using a social model definition, rather than this longstanding medical definition, with a view to caring more holistically for young people up to the age of 25. Many partner organisations, including the NHS, have begun to adopt this newer way of developing models of care and providing services.

## Background and Rationale

### Why are we scrutinising children and young people's mental health?

The committee had been made aware of anecdotal reports to suggest that access to CAMHS (Child and Adolescent Mental Health Services) had been difficult, and felt that this spotlight review presented a good opportunity to open dialogue across the borough to understand what the mental health offer was to Children and Young People, where they could turn to and what the data in this area reflected.

Mental health conversations have been an emerging trend within the wider public for several years. Numerous high-profile individuals across sport, television, performing arts, and even the Royal Family have led the way in campaigning to remove the stigma around mental health and treatment for people of all ages.

The Children and Families Overview and Scrutiny Committee is united in its desire to try and achieve positive, sustainable change in the way mental health issues for children and young people are perceived and appreciated across Cheshire East. It is keen to ensure that this area is appropriately resourced with effective services for our young people and that crucially appropriate funding is identified, pursued and awarded.

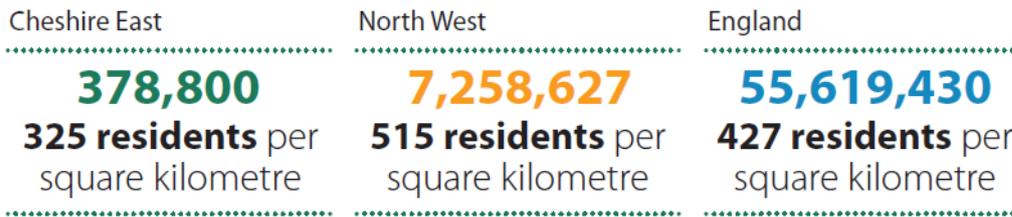
### Covid-19 – the global pandemic

This spotlight review was carried out on 24 February 2020, not long before the government instructed the UK enter 'lockdown' on 23 March, following the serious threat of Covid-19. In order to slow the spread of the virus, the whole of the UK had to operate differently; people remained in their homes and worked from home where possible, whilst nearly all other activities ceased.

The total impacts of the global pandemic on peoples' physical and mental health are not yet truly understood. However, it has already been recognised that there will be short and long-term impacts on the mental health of people of all ages. It is anticipated that the impacts of Covid-19 on children and young people's mental health and wellbeing will be closely monitored and scrutinised in the future.

### Children and young people in Cheshire East by numbers





### Age profile



Between the 2001 and 2011 Census, the median age of residents has increased from 40.6 years to 43.6 years. By 2030, the median age of residents is expected to further increase to approximately 47 years.

Population Estimates for UK, Mid-2017, ONS

The Office for National Statistics suggested that through 2027, the numbers of children and young people will only increase marginally. However, if local economic and housing policies are taken into consideration, this figure could rise to around 5,300 over the same period. This emphasises the importance of having the right models of care and support networks in place to ensure that the council and partners can sustainably care for the mental health needs of an increasing population of children and young people.

## Personal Accounts from Service Users

The committee watched a video that outlined recent feedback from the Cheshire East Youth Council on the range of mental health services in Cheshire East. The video showed questions posed to the Youth Council and their responses to them.

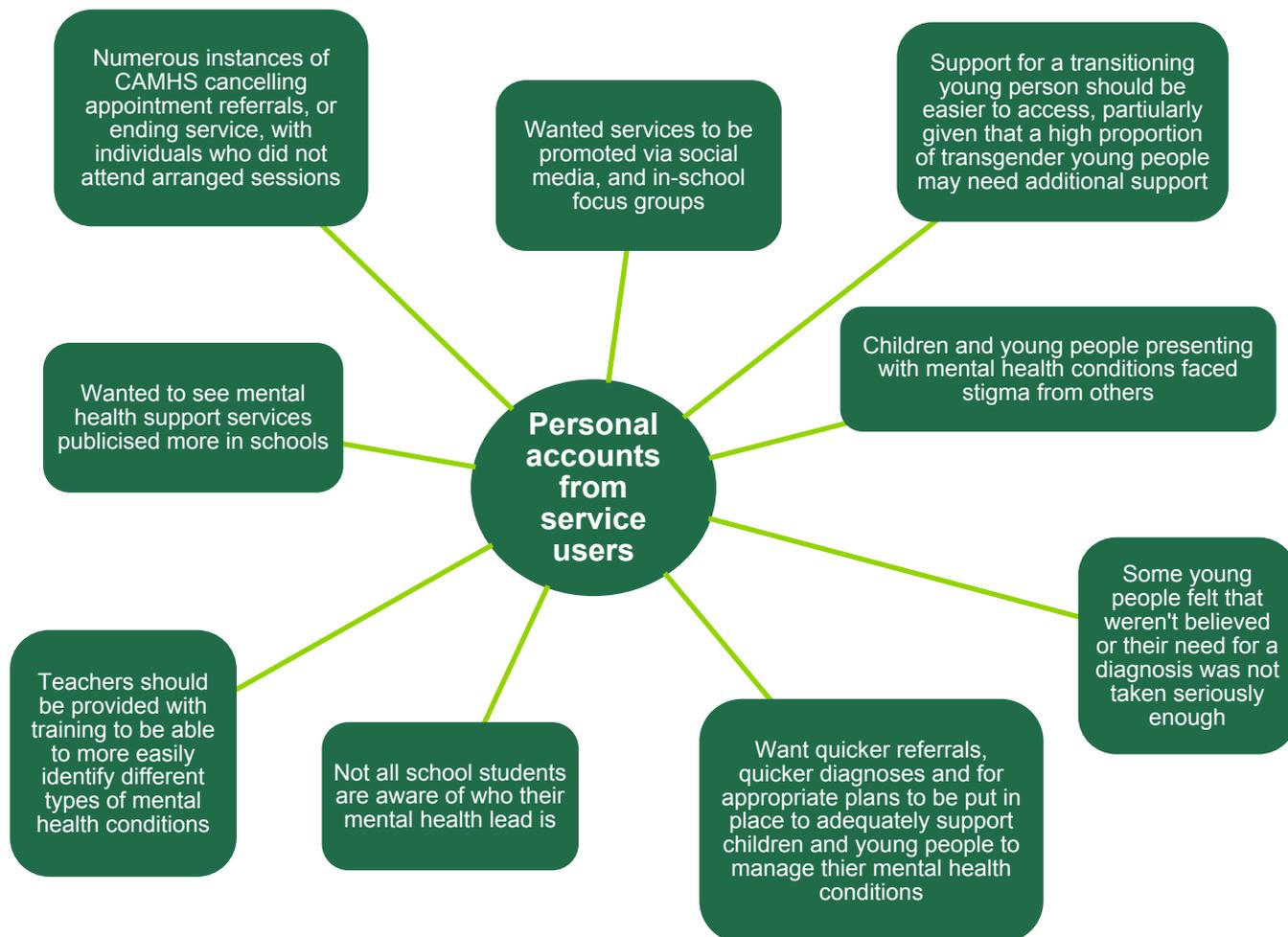


Figure 1 – a summary of the personal accounts of young people who had experienced mental health problems and had sought support from different places.

When asked specifically about what services young people may access if they did not feel they could talk to friends or family, members were advised that there was a range of support that could be accessed, including;

- youth workers;
- pastoral staff in schools (although there was a perception amongst service users that they couldn't do anything about it);
- KOOTH, the online mental wellbeing community;
- Visyon (although the drop-in services and out of hours number wasn't known about); and
- CAMHS (although a referral would most likely be needed in order to access support.)

CAMHS
It appeared to take a long time to receive initial assessments from CAMHS and diagnoses
It was evident that referrals were often complex.
A screening by CAMHS was one step in an assessment process, and it was a challenge to align measurable outcomes.
Mental health is a spectrum and it is complicated. As such, people may need a range of different services, and clinical CAMHS was not always the correct pathway for people.
The link between CAMHS and adults' services is not integrated enough to ensure the right services continue for young people entering adulthood.
Multiple issues were raised regarding CAMHS cancelling or ending services with people who did not attend arranged sessions. This is a significant issue for those whose mental health issues affect them and may prevent them from attending appointments.

Figure 2. a summary of the accounts of services users in respect of CAMHS

The responses of services users in respect of CAMHS were mixed. Whilst some were positive and advised that it had “helped me get back on track and feel more like myself again,” the majority who had taken part in this survey exercise appeared to have been put off by the negative feedback about CAMHS from their peers. These service users noted that CAMHS had not reacted quickly enough to their needs and the time to wait from referral to appointment was too long. Some service users were not aware of the negative stigma surrounding CAMHS, however, the Youth Council identified that it was important that CAMHS promoted its positive news stories and endeavoured to better promote its services through social media and communications.

It was a common thread amongst the feedback from service users that there was a desire for service providers to more regularly and effectively use social media to provide information on available services. Young people also felt that focus groups could be used within school settings to encourage healthy discussions around mental health.

Finally, one young person had noted that, as a transitioning young person, it had not been easy for them to access the basic support that they had felt was necessary and should be available, for a young, transgender person.

Other Available Help
Adults had to meet different criteria than children in order to access services, and it was noted that there was potentially less intensive help and support available for adults. This could have an impact on our young people when they reach the age of 18.
There appeared to be several expert professionals concentrated to one child without any obvious screening tools.
Services need to be joined up to reduce the number of people “falling through the cracks”.
Concern about the effectiveness of Personal, Health, Social and Economic (PHSE) lessons in schools that are currently delivered by teachers who may not have quality knowledge of mental health issues. Suggestion that schools should try to use professionals to teach students about this.
Lot of variation between schools and how they manage PHSE / pastoral support, with some doing this more effectively than others. Is there a way that good models can be replicated between schools in the borough?
Would want to see mental health being publicised more in schools and care for those with mental health needs within a school setting should be fit for purpose for the individual with a dedicated teacher for early intervention.
Ultimately need to have more resource available to provide the range and quality required to support all children and young people in the borough, and to remove the stigma surrounding mental health and accessing support.
When diagnoses are given, a long-term plan needs to be quickly put in place.
Earlier interventions needed at a younger age for children displaying behaviours that could infer mental health struggles.
Should there be an expert in teaching emotional/mental health and dealing with these issues that is in every school. Should a councillor/social worker be attached to every school to provide support and expert advice?
Need to have a better means of measuring what ‘good’ is, and better measure whether services are making children and young people feel better.

Figure 3. a summary of the accounts of service users in respect of other available support and help

The committee was advised that often there was stigma for children and young people who present with a mental health condition. Some young people who knew friends or peers with mental health diagnoses aspired or wanted to receive the same diagnosis. Many young

people had trouble opening up to people and trusting them at times, when they had done so, they hadn't been believed which created a much bigger barrier in the long run. There were issues when young people had an existing condition, such as Attention Deficit Hyperactivity Disorder (ADHD), alongside a separate mental health diagnosis and the pathway for that individual.

Often agencies would refer children and young people back to a department they knew would get support to the individual or they would find an appropriate solution to the situation, rather than spending time assessing who had responsibility for the individual which in turn masked the issue. Young people were clear in their thinking and feedback that people need a range of help and support as mental health needs can be specific to a situation in their life or be part of a long-term condition. They were also clear that preventative support that enables young people to support each other and their own wellbeing was important.

It was noted that the development of mental health issues in young people can often be caused by problems within the family unit. Twelve/six-week programmes that finish at aged 16 are not enough, they should extend to the point at which the young person is ready to finish.

The committee asked the following three key questions:

- 1) What else do you believe young people of Cheshire East need more of to help them be happy and safe?
- 2) If money was no object- what would you like to see transformed across Cheshire East in respect of service provision for Children and Young Peoples Mental Health?
- 3) What would your top two recommendations be to overview and scrutiny committee as a result of this review?

Officers present felt that there was an evident need for more targeted and stigma-free resources available to young people, alongside the offer of in-house services; and that there should be more training in schools to ensure the most effective, holistic support networks are in place for young people in Cheshire East.

Members agreed there was not enough emphasis on personal development delivered by expert services and that not all schools had a full-time counsellor or nurse to enable drop-in sessions for students.

## Conclusions

1. Service users did not consistently feel believed and/or understood when they presented with mental health issues.
2. A number of service users had had negative experiences with CAMHS, namely long waiting times to receive an appointment, and the cancellation of service appointments if they had been unable to consistently attend (even if the reason for absence related to their mental health difficulties.)

3. There was a consistent message from service users that organisations and providers could and should make better use of social media to raise awareness of what services are available to young people experiencing mental health difficulties, as well as to try and reduce the stigma surrounding the accessing of these services.
4. Some young people felt that they were prematurely discharged from their services, and that they should be able to identify when they are ready for the support to end.
5. Young people with mental health issues needed consistency and familiarity in their service provision and felt that the relationships and support they had received during childhood should be maintained after turning 18 and transitioning to adulthood.
6. The council, schools, NHS partners and other organisations needed to work together to ensure the most effective, 'wrap-around' service was available to support Cheshire East children experiencing mental health difficulties.

## Recommendations

1. **That the council and partners endeavour to create a clearer pathway and screening tool for assessing the needs of children and young people presenting with mental health issues, with standardised outcome measures across services to make it easier to identify where other improvements may be made in the future.**

The ideal situation would be for children and young people to receive a timely diagnosis and a supportive treatment plan that continues until they feel well and able to manage their mental health and wellbeing. As young people grow older and move into adults' services, service quality should not be compromised, and allowances should be made to ensure familiarity between different consultants and services.

2. **That commissioners review the current service provision, and access to services, with a view to ensuring that services are commissioned for children and young people up to the age of 25.**

Evidence received from the entire spotlight review, particularly the feedback from service users, revealed that young people needed more consistency and familiarity from the services they receive. This could be improved by commissioning services for young people up to the age of 25.

3. **That a review be undertaken of the Cheshire East Live Well programme, and that as part of this, the council specifically considers access and availability to wellbeing support services for children, young people and their parents/carers.**

The committee felt it was important that some of the work already underway by the council through the Live Well programme be reviewed, to determine whether certain

strategies or programmes could be improved through pragmatic adaptations that would potentially better meet the needs of children, young people and parents.

- 4. That Cabinet look to use and prioritise the Troubled Families process to improve the level and breadth of support available for parents and carers of children and young people experiencing mental health issues.**

The committee recognised the need to offer support to parents struggling with their mental health and as the struggle to parent their children as well as they might. The committee recommended that the Family Focus (Troubled Families) process be utilised and prioritised to improve support for parents.

# NHS Commissioners and Providers of Children's Mental Health Services in Cheshire East

The committee considered a shared presentation, provided by NHS Cheshire Clinical Commissioning Group (CCG) and Cheshire and Wirral Partnership NHS Foundation Trust. Members were informed of how Cheshire CCG and CAMHS work together to provide these services for the young people of Cheshire East, as well as the specific projects and pieces of work being undertaken to make services more resource-effective and provide better outcomes for service users.



Figure 4. Statistics relating to the mental health issues experienced by children and young people in Cheshire East

## i-Thrive

Officers explained i-Thrive, part of the new Thrive model, an integrated, person-centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in four categories: Getting Advice, Getting Help, Getting Risk Support and Getting More Help. The committee heard that commissioners had begun to move towards the Thrive model – to replace the tiered system of defining services and cases – but noted that the current provider still preferred this older system.

A number of recent developments included: an All Age Wellbeing Hub (a single point of referral and triage for both professionals and the public); a single advice line for professionals (health workers, teachers or carers) between 1-5pm for advice and information that follow the Thrive model quadrants; support for KOOTH delivery (online support; and counselling and weekend assessments for children and young people (thereby saving over 40 beds over the last 12 months).

Families with nursery aged children that presented with mental health difficulties were supported through a 12-step programme. The NHS had begun to operate on more of a needs-based approach at a wider community level, however, despite the introduction of the Thrive model, staff were still using the tiered system internally to organise referrals. This led the committee to ask how successfully the new model had been integrated from within the NHS outwards.

CAMHS
CAMHS only provides services to 35% of the children and young people with mental health issues that need support. The other 65% “can’t access” the services due to not meeting accessibility criteria.
CAMHS informed that it had noticed an increased number and proportion of complex cases, particularly of children and young people diagnosed with autistic spectrum disorder, as well as other mental health needs.
CAMHS insisted that they do not have a waiting time issue – approximately 3 weeks for appointment (this has never exceeded 8 weeks) and 7 weeks for treatment to begin. CAMHS was clear that the public concern about waiting times is caused by the eligibility criteria and children and young people not being able to access services because they are not eligible. This has gone from a 4 year wait to an 8 week wait within 18 months.
CAMHS had tried to improve wider understanding of what the service can provide, and for which types of symptoms, by sending short information sheets to GPs and other potential referrers.
One of the biggest barriers is enabling commissioners to commission mental health services that move away from mental health belonging to CAMHS. Mental health should be embedded within everything and everyone needs to own this and support this work.
CAMHS / NHS are currently looking at the whole picture of children’s and adult’s mental health services, reviewing the differences in thresholds to determine how improvements could be made to improve the ease of transition for patients.
Central funding is the biggest obstacle to NHS / CAMHS providing the services they need to, to the children that need them.

Figure 5. a summary of the key points made regarding CAMHS

## Long Waiting Times

In response to the anecdotal evidence of long waiting times, CAMHS advised that the NHS had begun to review moving away from the traditional ages 0-16 for children's support services, to a 0-25 years approach. It was noted that the eligibility criteria for accessing children's and adult's services were different, but that discussions had commenced on how to resolve this issue.

The committee was alarmed by issues raised by service users, commissioners and provider, regarding service eligibility and the low proportion of children and young people unable to meet eligibility criteria, or being stuck on waiting lists for extensive amounts of time (one particular case reported to the committee noted a child had spent two years on a waiting list before receiving an appointment.)

## Early Years

It was also recognised that young people can be on waiting lists for so long that they can fall into crisis before being able to access services. A pilot had been carried out with nursery-aged children to support the early identification and support of mental health difficulties; however, it did not receive further funding to be carried out on a wider scale.

The committee heard that there was a provision for young children aged 0-2 years, related to maternal depression and its impacts on young peoples' mental health, but that this was provided at a Cheshire and Merseyside regional level, not specifically in Cheshire East.

It was reported that there was a greater need for mental health early intervention in Crewe and parts of Macclesfield. Members were keen on the use of all-age assessments and noted that more needed to be done on the provision of early intervention for younger children.

## Trailblazer Scheme

Members heard how a 'Trailblazer' bid has been secured, which would enable the piloting of two teams working with a Clinical Lead across 11 schools in Cheshire in Ellesmere Port, Winsford and Crewe. It was anticipated that this would serve around 16,000 pupils, with selection being completed through a needs assessment analysis.

There were a number of other bids planned to be submitted to try and extend this offer across the rest of Cheshire. NHS partners had worked closely with heads of education, reviewed deprivation markers, and used data on A&E admissions to determine which areas the 'Trailblazer' schools would be placed in.

## Out of Hours and Crisis Support

An out of hours advice line was open from 5.00 to 11.00pm on weekends and 12.00 to 8.00pm on weekdays. A separate offer of a crisis support line was in development, which

would be 24/7 and provide young people with fast responses in a parallel model to the home support and home crisis service already provided for adults.

## Mental Health Leads in Schools

The Department of Health and Social Care and Department for Education (in 2018) introduced the need for schools to have a designated Mental Health Lead, whose role was set out as to:

- coordinate the school's provision for young people's mental health needs;
- build clear working links with children and young people's mental health services so that the school can refer to the NHS when appropriate;
- oversee the mental health interventions that take place in school; and
- give members of staff the knowledge and skills they need to support children with emerging mental health issues.

It was noted that in order for mental health issues to be more effectively managed by schools, general ICT systems needed to be improved to enable concerns to be flagged and referred to the appropriate persons or organisations quicker.

In order to support disengaged students that did not attend school – sometimes owing to their mental health struggles – a peer support network for parents, school nurses and teachers had been established. A peer-to-peer support network was in development to be in place around the end of 2021.

## Conclusions

7. CAMHS and the NHS has begun to consider extending its provision of mental health services for young people from up to the age of 16, to the age of 25, including a review of the differences between the accessibility criteria for children's and adult's services.
8. There has been an increased proportion of complex cases, such as children or young people diagnosed with autistic spectrum disorder, as well as other mental health needs.
9. It can often be confusing for families to manage referrals and visits to a variety of services, which was hoped to be improved and resolved by the introduction of the iThrive model.
10. Visyon provides services only in the north of the borough; the NHS is looking to extend the offer and commission equitable services across Cheshire East.

11. Although there is some provision of support services for young children aged 0-2, this is provided on a regional basis across Cheshire and Merseyside. There is need for this to be improved at a local level in Cheshire East.
12. Through Early Help and the Emotionally Healthy Children Programme, training has been undertaken to embed mental health support as a priority throughout service provision.

## Recommendations

5. **That commissioners be asked to provide a further update to the Children and Families Overview and Scrutiny Committee in January 2021, on the progress of implementing the Thrive model and an update on service accessibility.**

The committee noted that commissioners had introduced the new Thrive model to replace the previous tiered system for defining services. It supports the value of an improved needs-based approach being adopted.

6. **That commissioners and providers ensure that the eligibility and accessibility criteria for services is clear and transparent for children and young people and their families/carers.**

The committee acknowledged the widespread perception and experiences from service users of council services that CAMHS has very long waiting times for appointments in relation to the screening, assessment, diagnosis and treatment of children with complex needs. There was a reality that the longer that young people stay on waiting lists the quicker the likelihood will be they fall into crisis which can result in inappropriate attendance at A&E and admission to hospital.

The committee also noted that Cheshire and Wirral Partnership NHS Foundation Trust, who provide CAMHS locally in Cheshire East, was clear they do not have a waiting time issue and stated there was an approximate 3 week waiting time for an appointment and 7 weeks to wait before treatment begins. They stated that public concern about waiting times is caused by the eligibility criteria, and that children and young people not being able to access services is due to them not being eligible.

7. **That Cheshire CCG, CAMHS and the council ensure that all staff who support both children's and adults' services, undertake transition training to secure safe and reasonable handovers of cases when young people leave children's services and enter the adult social care system.**

The committee understood that once a care leaver is over 25 and has technically 'left' the councils children's services umbrella, teams would still try to get in contact up to twice a year (text / email etc.) to check in and see how they are doing.

The committee advocated for the need to extend care up to 25 years by recommending that any future redesign of CAMHS services for those in greatest need should extend up to age 25, rather than 19. This should particularly consider a continuous care plan for those children who are care leavers and those who have been exposed to violence, abuse and trauma as children into adulthood.

8. **That commissioners endeavour to ensure that services provided by Visyon are equitable and available across the whole borough of Cheshire East.**

As at the time of this spotlight review, Visyon was commissioned to provide services in the north of the borough. It was reported that commissioners had begun to look into extending this offer, and the committee agreed that this was important and necessary.

9. **That Cabinet reviews the council's commission for the Emotionally Healthy Children Programme, with a view to ensure that there is a single commissioning strategy that is aligned to the CCG Mental Health Trailblazer project and make it easier to secure future funding.**

The committee understood that mental wellbeing should be embedded in everything that is done through both through the Emotionally Healthy Children Programme, and the Council. One of the biggest barriers to achieving this was the funding available to commission services, with one solution to this being a shift away from CAMHS being responsible for providing all mental health services.

10. **That the Leader of the council write to the Secretary of State for Health and Social Care and the Minister for Education, to request further investment to improve the access to therapeutic support services for children and young people in Cheshire East.**

The committee heard considerable evidence that the perception and reality of service users and Council Officers that CAMHS service currently has long waiting times for screening, assessment, diagnosis and treatment of children with complex needs. CAMHS contradicted this view stating that the discussed waiting times were a myth, however; CAMHS had quoted that they currently operate a service of approximately 3 weeks for appointment and 7 weeks for treatment to begin.

Whilst it was acknowledged that there was a funding gap for CAMHS (only 35% of children with a clinical need able to access services,) the committee noted that young people can remain on service waiting lists for so long that they experience crisis, sometimes resulting in avoidable A&E presentations and hospital admissions.

11. **That the council and NHS partners work together to review the way in which data relating to children and young people's mental health is collected, to more consistently align to national targets and measures.**

The committee understood that the national target is to provide services to 35% of children and young people, however, data is not collected in the same, consistent way by all organisations and authorities. The committee recommended a change in the way data is collected to align as a consistent measure.

## Children's Social Care

The committee were given an overview of the current position on young peoples' mental wellbeing within the children's social care setting, with a focus on cared for children, care leavers, as well as the Child in Need and Child Protection services.

Several pertinent points were put to the committee, including that:

- most referrals that were made to Children's Social Care came from the police and related to domestic abuse;
- all cared for children have experienced trauma and loss – some children in care will be at higher risk of placement instability and thus, ensuring their mental health needs are identified and supported is key;
- statistics showed that there had been an increase in the number of children in need of additional support;
- As a council we do not have a high number of cared for children that end up in the justice system, however, usually when cared for children have offended, they have been high risk cases;
- the current training offer on supporting children's mental health needs for foster carers should be reviewed to ensure it is robust and fit for purpose; and
- there was a need for clearer service pathways and screening tools to be in place to more efficiently and effectively assess children.

In addition, the committee were made aware of two specific projects that had been undertaken by the council:

### Bespoke Project

A specialised children's home, operating with a new model of care that sees services come in to visit and support children, rather than them having to go out to speak to lots of different professionals.

### Mockingbird Project

Creating a network of foster carers, similar to receiving support from the extended family network, making sure that they have the right support and advice to enable them to be effective carers and provide the best possible care for the children they look after.

## Early Help

Following members' questions, it was noted that the Early Help offer could be improved by ensuring that robust plans were put in place around whole families, and that the child in need of support, their parents/carers, siblings and other close supports understand any plan put in place and how they each can support it.

Furthermore, it was suggested that a review of the eligibility criteria for accessing services be undertaken, for more young children in need to be able to receive the support they require.

## Leaving Care or Transitioning to Adult's Services

Once a care leaver turns 25, they will have technically left the council's children's services 'umbrella'. However, it was made clear that over-25s that return to the children's services teams are not turned away and will always be supported helped when in need and crisis, such as taking a person to A&E, or with advice on higher education. Children's services teams carry out welfare checks up to twice a year, usually via text or email, to check in and see how the person is managing.

It was reiterated to the committee that there was a shift in thinking towards asking children and young people what they believe the most suitable solutions would be for them, and to from there, work together to find the best solutions and outcomes.

## Gaps in Service Provision

There is a gap in service provision for children and young people with mental health issues that are at risk of committing crimes. At present, these young people will only receive fast-tracked help from CAMHS once a crime has been committed, and/or if they are in the youth justice system. This fast-tracking of services is not available for other Early Help services.

This does not help the early intervention/prevention agenda and, if it were to be revised, a greater number of children could be provided with the support and mental health services they need that could prevent them from committing crimes and ending up in the youth justice service.

## Adoption Counts

Within the wider update on Children's Social Care, the committee received information from Adoption Counts – a new, collaborative adoption agency that has brought together the professional expertise of five local authorities including Cheshire East Council – who work with adopters and ensure that adopted families have the most stable and supportive environment possible.

The key points made during this presentation to members were:

- Statistics showed that approximately one quarter to one third of all adoptive families are struggling significantly, to the extent that they require a considerable amount of support.
- Adoption Counts works with adopters before they adopt to prepare discussions around adoption and the birth family.
- Of the five local authorities that co-commissioned Adoption Counts, Cheshire East has the highest numbers of referrals, which is significant when considering that its population size (roughly 380,000) is a lot lower than that provided for by Manchester City Council (approx. 550,000 residents).
- It had been recognised in national research that CAMHS had not always been as responsive as it had needed to be to meet the specific needs of adoptive families.
- If CAMHS, Education and Children's Social Care services were integrated more effectively, the services available to adoptive families would improve.
- Adoptive children need tailored and sophisticated mental health services too, which needed to be acknowledged properly by commissioners. A lot of the time, adoptive children may not have diagnosable mental health issues, but the majority have still benefitted from some form of therapeutic intervention, and that this has helped to prevent the development of more significant mental health issues.
- Children's mental health should be at the forefront of health agendas with a view to securing long-term solutions for affected children.

Following further questioning by the committee, it was noted that the service provided by Adoption Counts was both ground-breaking and evidently effective in making sure that the needs of adoptive children and their adopters are met. With the commission for this service due to end soon, it was made clear to the committee that, were the five local authorities not to re-commission the service, it would increase the pressure and cost on other council services, and result in potentially less support available for adoptive families.

The committee heard that the Adoption Counts model had proved to be an effective invest-to-save model for each of the involved local authorities and that last summer, all five had written to the Department of Education to request an increase in funding to support the continuation of the service, but that this was rejected.

## Conclusions

13. The council has undertaken two important and innovative pieces of work through the Bespoke and Mockingbird Projects, the successes of which should be monitored and considered as to whether their models of work could be replicated on a wider scale.
14. Children and young people who are at risk of entering the youth justice system need earlier intervention and preventative support.
15. A more joined-up approach to the commissioning of children and young people's mental health services, between Cheshire CCG and the council, would help to ensure that the right type, amount and coverage of services were provided.

16. The threshold for accessing CAMHS is too high, which has resulted in too many children and young people in need of help, being without support.
17. There is a need for clearer pathways and screening tools to be implemented, to more efficiently and effectively assess and refer children to the correct services.
18. The service model used by Adoption Counts had proven to be cost effective and provided local authorities with an opportunity to invest-to-save, whilst providing a highly effective service for adoptive children and families.
19. If CAMHS, Education and Children's Social Care services were better integrated, adoptive families would likely receive a more effective, holistic service.
20. Adoptive children, even those who may not have diagnosed or suspected mental health difficulties, need tailored and sophisticated support. Many have benefitted from therapeutic interventions, and it is thought that such support can help to prevent the development of mental health issues.

## Recommendations

12. **That the Leader of the council write to the Department of Education to request that funding for the Adoption Counts service be continued and prioritised, and encourage each of the partner authorities receiving the Adoption Counts service to do the same, to lobby for more funding for this important service.**

The committee noted how important it was that adoptive children and families receive the right, timely services that they need, and that Adoption Counts had supported Cheshire East Council to do this in a cost-effective manner.

13. **That full Council be asked to ensure its Budget is adjusted to accommodate the cost required to re-commission Adoption Counts, provided that the other local authorities put forward their contributions also.**

Were additional funding not to be available to renew the Adoption Counts commission, it is important that the council, and the four other local authorities partnered in the commission, take the initiative to ensure that it is accounted for in their budgets.

14. **That the council and partners ensure that the joined-up working arrangements relating to adoption are sustained and properly funded, to secure positive long-term outcomes for adoptive children and families in Cheshire East.**

The committee agreed that adoptive parents should have the same rights as any other parents. There was a risk attached to the cessation of funding. The committee recommended writing to the Department of Education to express concerns and ask

what its plan is for continuation. Scrutiny do not want short termism, want long term outcomes.

**15. That the outcomes of the council's Bespoke Project be reviewed, and its successes be used to inform future commissions and projects.**

Through the Bespoke Project, the council had been able to trial an innovative and new approach to providing services in an efficient and effective way to children and young people. If this new model of delivery proves to be successful and create positive outcomes for service users, the committee agreed that it should be used as part of the development of future commissions and projects.

**16. That a review be carried out to ascertain best practice in areas where a 24/7 crisis offer is already in place, and how this type of crisis service could be provided in the most effective, joined-up way in Cheshire East.**

The committee understood that Street Triage was standardised across the borough and it actively worked to dissuade children and young people from being taken to custody suites by Police when suffering a mental health breakdown typically on a Friday and/or Saturday evening.

## Council-Commissioned Services

The committee was informed that the Cheshire East All Age Mental Health Strategy 2019-22 was in development; the overview and scrutiny of the strategy was undertaken around the time this review was undertaken (February 2020). The strategy was intended to provide better outcomes for all living in Cheshire East who had a functional mental health condition, i.e. one that has a predominant psychological cause, such as depression, schizophrenia, mood disorders and anxiety.

The strategy proposed a whole system approach to improve the mental health and wellbeing of children, young people, adults and their families, and was supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.

Further scrutiny and questioning by the committee revealed that:

- statistics and performance measures needed to be analysed further to assess the gaps in funding and success of joint contract management arrangements with Cheshire CCG;
- there was a proposed offer of establishing Early Start Hubs, targeted at bringing different agencies and services together to 'wrap around' support for families; and
- the integration of commissioning and delivery needs had to be the way forward, to ensure the most effective provision and outcomes of services.

The committee also heard that the council had worked to establish a new school in Crewe, which would be opened to specifically support children and young people with mental health needs, who due to their needs, cannot be supported effectively within a mainstream school.

As a follow-up to the previous presentations it had received, the committee queried the experiences of long waiting times for children to receive appointments from CAMHS. Members heard of the case of one child who unfortunately had to wait two years for an appointment, following their referral to CAMHS.

### Conclusions

21. The voice of children, and the priorities of children and young people, were central to the commission of any service and performance review of any ongoing commission.
22. The Cheshire East All-Age Mental Health Strategy 2019-22 had been recently developed, with a view to ensuring mental health support is in place for people from birth.

## Recommendations

- 17. That the council and Cheshire CCG work together to ensure that commissioning and contract management arrangements are more closely and effectively integrated.**

It was clear from the committee's investigations that through more effective joint-arrangements and co-commissioning, the council and partners would be able to reduce the gaps in services and improve outcomes for service users.

## Education

The council has two teams under the service area of Education, which directly support children and young people with mental health difficulties:

- (1) the Medical Needs Tuition Team
- (2) Safeguarding Children in Education Settings (SCIES) Team

The committee was informed that there had been increased number of children not able to access/attend school due to mental health problems. Furthermore, there was a cohort of young people who are unengaged and potentially unknown to services, they spend their time in their bedrooms and are becoming a growing concern for the council and schools.

There was some anecdotal evidence to suggest that CAMHS will not go out and visit disengaged young people to provide them with appointments. The committee was concerned to hear that home visits were not undertaken, even if service users had missed appointments due to their mental health and wellbeing issues preventing them from leaving their homes. It was reported that if service users missed three appointments, their service with CAMHS would be ended.

### Cornerstones Project

This project was established to support primary school children on the cusp of exclusion, with a focus on understanding and resolving behaviour escalations. Since the project had been put in place, there had not been any primary school exclusions in the last year. Following its early success, the project had been extended to work with children that had struggled to adjust and adapt to moving from primary to secondary school.

### Support in Schools

Ofsted had changed some of its focus from being target and achievement focused, to prioritising the welfare and emotional support needs of children as part of the curriculum, which has influenced how schools formed their curricula.

It was noted by the committee that teachers – already under the pressure and strain of delivering more with less resources – did not always have the capacity to take on further responsibility with regards to supporting pupils' mental health and wellbeing. Too much pressure and responsibility can lead teachers to feel mentally unwell themselves and as such, the Council had begun working with trade unions to improve stress awareness and resiliency.

### Elective Home Education

The council had overhauled its systems and approach towards children who are electively home educated. After being notified of a parent(s)/carer(s) wanting to electively home

educate, the council will visit the family and provide advice on the impact of elective home education, especially if there are students with mental health conditions.

The key to effectively managing a request to electively home educate is to support a full understanding of the rationale behind the decision, for example, if this is due to issues within the school such as bullying, which could potentially be resolved.

Ultimately, the council is always supportive of families' decisions to electively home educate, however, if there are concerns that this may not be suitable or ideal for students, the council would quickly raise these with the parent(s) and if required, challenge them on their decision.

## The Lodge

The committee was informed of the Lodge – an alternative education provider that can deliver quality, short-term, alternative provision for the most vulnerable learners. Testimonials from schools that had used the Lodge noted that it offered a structured programme for attendees that facilitated personal development and focused on supporting students to ready themselves for returning to their school environment.

Placements at the Lodge had been found to be popular with both students and parents, with transition into the provision, communication, safeguarding and transition back to school being highly effective.

It was noted that the Lodge was just one alternative education provider that had been used by schools in Cheshire East. Funds had been allocated to clusters of schools from across the borough, which had then determined what alternative education provision was required on a more local level.

## Conclusions

23. The Medical Needs Team reported that approximately 80% of cases they had supported had related to mental health issues.
24. The Cornerstones Project had successfully supported primary schools to more effectively manage pupil behaviour escalation and resolve issues before the need for school exclusion arose.
25. Although CAMHS had reported undertaking home visits to disengaged young people, there was anecdotal evidence that there was resistance to undertake these.
26. The Lodge was one example of an alternative education provider that had been used to provide vulnerable pupils with short-term structured programmes for vulnerable learners that support them to return to their usual school environments.

## Recommendations

- 18. That the council monitors the impact of alternative education service provisions to support young people and reduce rates of exclusions.**

Although the council does not have capacity to put further funding into this type of provision, the committee recommended that the successes of the Lodge be considered when its annual funding review is carried out.

- 19. That CAMHS and commissioners urgently review the support provided to children and young people who are unable to leave their homes to attend their scheduled appointments.**

The committee was concerned by the evidence it had received throughout the spotlight review that had revealed that in some instances where young people had not been able to attend three service appointments – reportedly due to the impacts of their mental health and wellbeing issues preventing them from feeling able to leave their homes to attend these – CAMHS had ended their services.

The committee agreed that, in cases such as these, it was unacceptable that CAMHS should end services without a home visit.

- 20. That commissioners consider the commissioning of specialist health visitors to support schools in their teaching and managing of students' mental health and wellbeing.**

The committee stressed how important it was that schools were able to provide the right amount of information and teaching on young peoples' mental health and wellbeing, and in the most effective format. Specialist health visitors coming into schools would be able to support teachers and help to deliver lessons on this, and reduce the pressure on teaching staff to be the primary source of support for matters relating to student's mental health and wellbeing.

## Integrated Youth Support Service (IYSS)

The committee received information on the work of the Integrated Youth Support Service (IYSS), and the wide range of support (including an allocated worker) provided to young people who are not in education, employment or training (NEET) – which in Cheshire East is approximately 150 people.

Most children and young people accessing the service have complex needs (often attributed to mental health issues) and there are notably fewer requiring less intervention. The young people traditionally have low aspirations and ambitions, and do not work well within an education setting therefore creative alternatives and solutions must be found. Importantly the work being done with this cohort of young people is not just about qualifications, but also about social interactions. This is especially true for those that do not have a diagnosable mental health issue (e.g. this could be low self-esteem or, isolation), yet they are still struggling and require some type of mental health support as part of their solutions.

There had been an increase in mental health issues experienced by young people identifying as lesbian, bi-sexual, gay or transgender (LGBT+). Moreover, of the 40 young people that had attended and found support with the Utopia Group in Crewe, notably a large percentage have a mental health condition – workers are available to support these young people.

### Training Opportunities

It was reported that there was a proportion of young people each year (approximately 100) who were not able to access apprenticeship opportunities, despite there being a prevalence of such opportunities in both Crewe and Macclesfield.

This meant that different, more creative approaches were needed for young people across the borough that need more supported help, work experience with a dedicated support and/or mentoring system in the workplace. Supported Internships are effective but are only available for people with special educational needs and/or disabilities (SEND.)

In order to provide better support for young people who are NEET, there needs to be more training providers, providing a wider range of opportunities. The model of supported internships could be used to help improve the opportunities on offer and improve the positive outcomes of young people who are NEET.

### Supporting Young People Not in Education, Employment or Training

Following questions from members regarding what can be done to better support these young people, it was heard that there needed to be an improved solution for supporting disengaged young people.

The courses provided by the IYSS were available for Key Stage 4 students and those that had dropped out of school, but colleges were prepared to offer reduced-hour approaches if this would better suit a young person's needs better.

## Conclusions

27. There is a potential for young people who are NEET to feel mental health challenges as a result of their situation.
28. The cases presented to the service are often complex and require a multidisciplinary approach to find a solution and identify the correct support.
29. There is potentially a gap in the provision of services in the summer holiday period, particularly for students preparing to transition from secondary school to college.

## Recommendations

21. **That CAMHS, Cheshire CCG and the council work together to review and improve the way in which support is targeted and provided to young people that do not attend school, college, training or work due to their mental health struggles.**

The committee acknowledged that disengaged young people residing in their bedroom are becoming a growing concern for council and schools. This cohort of young people typically do not attend school, college or work due to poor mental health.

The committee accepted the anecdotal evidence that CAMHS will not go out and visit disengaged young people to give them their appointments and recommended improved access and closer links to CAMHS for disengaged young people who are struggling to attend school, training or work, as the current service design does not result in home visits being delivered by qualified nurses or therapists.

Some young people may not have a diagnosable mental health issue (e.g. they could have low self-esteem or isolate themselves,) but they still clearly require some type of mental health support as part of their solution that parents, schools and youth services are not equipped to deliver currently.

## Participation Service

The council's Participation Service is closely linked to the Integrated Youth Support Service. The committee heard that the Youth Council and young people working with the Participation Service were keen to influence the delivery of mental health support and services.

Members were advised that, whilst there was a lot on offer to young people, the feedback from the Youth Council and other groups was that the young people did not know enough about what was on offer.

It was reported that users of the Participation Service had reported a negative stigma regarding CAMHS, and that many of the personal accounts of service users (as aforementioned in this report) had also been reported to this service. For example, there was feedback from some young people that they were not aware of schools having designated Mental Health Leads. As there had been no specific direction or requirement for these posts to have a uniform title, schools named the role differently, which had made it unclear to students who to go to for mental health queries and support.

The committee heard that the service had worked with young people on the awareness and impacts of cyber bullying, and how social media posts are monitored. It was noted that better awareness of KOOTH – how to access it and what benefits young people could gain from using it – would be beneficial, and that school social media accounts and communications to students and parents could be used to promote it.

## Conclusions

30. The Participation Service had received feedback that there had been confusion regarding the designated mental health leads at schools, and that across different schools they had different titles.
31. The council and partners ensure a broad provision of effective services for children and young people, however, feedback suggested that there could be greater awareness and understanding of the offer and how to access services.

## Recommendations

22. **That the council and partners work together to make sure that the offer of online support services is refreshed and promoted, and that it is equitable for all young people in the borough.**

The committee recognised that KOOTH, and other similar services, could be better promoted. Given the inequality at present, the committee acknowledged there was a feeling of postcode lottery with KOOTH, as only two thirds of the service is commissioned by the CCG.

**23. That schools in Cheshire East be asked to use a consistent title for the designated Mental Health Leads.**

In order for young people to have the awareness and understanding of who their school's mental health lead is and what they do, it would be helpful for there to be a consistent approach to the name used by Cheshire East schools to identify this role.