

Solihull CAMHS
Annual Report 2008/09

Solihull CAMHS

Annual Report 2008/09

CONTENTS

1. Executive Summary.....	3
2. Introduction	4
3. CAMH Services	5
Diagram to illustrate Comprehensive CAMHS.....	7
Table 1,2,3 to show primary presentation of Solihull CAMHS caseload vs. all West Midlands. Snapshot November 2007.....	8
4. CAMHS Workforce	10
CAMHS Workforce Chart.....	11
5. Referrals, Contacts and Performance Review.....	12
6. View from Early Intervention, Core CAMHS, Psychiatry, Specialist Services and Administration.....	14
7. Summary and Next Steps	17
Index of Acronyms.....	18
Appendix 2: showing 2008/2009 ratings of actions in the Solihull CAMHS Joint Development Strategy 1999-2009.....	19-33

Report compiled by Hazel Douglas, Strategic Lead for CAMHS
Tables courtesy of Rachel McArthur, Children's Services Manager

1. EXECUTIVE SUMMARY

Over the last decade Solihull CAMHS has progressed both in terms of quantity and quality. The CAMHS workforce has expanded, whilst the service has also integrated and developed new ways of working. Partnership work with the other agencies within Solihull has also developed, for example, CAMHS provides a major input into the workforce development of all children's practitioners in Solihull, via training and consultation. Solihull provides a comprehensive CAMHS service, with strong services at both ends of the spectrum; in Early Intervention and in Specialist CAMHS.

Two services are even influential across the UK. Specialist CAMHS, ICOS (Intensive Community Outreach Service) has provided a model of enabling young people to be treated in their own home and community rather than having to go into hospital. ICOS is regularly visited by other services and present at conferences, which supports the replication of this model in other areas. This way of working is also being encouraged by the DoH. In Early Intervention, The Solihull Approach training has now been commissioned in hundreds of areas of the UK across agencies, aiming to increase awareness of children's mental health and how to support children's emotional development. Colleagues from other countries have also visited the Solihull Approach team and the Solihull Approach is supported at a Governmental level.

Other services within CAMHS have also received national recognition. CHESS (specialist treatment foster care team) are one of only 4 sites in England to have received support from the DCSF to develop services across the age range of 3 years to 16 years. Most services cover 11-16 years. LAATCH (Looked After and Adoption Team) were included as one of six exemplars of good practice in the UK in Young Minds 2007 publication 'Looking after the Mental health of Looked After Children: sharing emerging practice.'

There are challenges ahead, but we have a strong base to work from: nationally and internationally known services plus many talented and supportive CAMHS practitioners who are not afraid to innovate and try new ways of working. Without them Solihull CAMHS would not be able to progress.

Hazel Douglas

Strategic Lead for CAMHS

Karen Abel

Clinical Lead for CAMHS

Cathy Feehan

Consultant Psychiatry Lead for CAMHS

Karen Bateson

Early Intervention Lead for CAMHS

Jackie Delaney

Business Manager and Administration Lead for CAMHS

2. INTRODUCTION

This is the first annual report for Solihull CAMHS (Child and Adolescent Mental Health Services). Solihull CAMHS works to improve the mental health of the children of Solihull. This work is done in close co-operation with our partner agencies across Solihull. Over the last few years, in line with the DoH's (Department of Health) and DCSF's (Department of Children, Schools and Families) agenda, this work has increasingly included a focus on parenting and the relationship between parents and their children, as this is the main arena where children's development takes place. So the objective is to provide and support a broad range of services which will encourage the provision of an environment where children can flourish emotionally, whilst also providing and supporting targeted services for children and young people with mental health difficulties and specialist services for those in severe difficulty.

Solihull CAMHS is a recently integrated service, bringing together different CAMH providers in Solihull within one service. This means that this year is the first year where it is relevant to provide an annual report on CAMHS, so we see this as a milestone for the development of CAMH services in Solihull. The integration has led to the implementation of a CAMHS newsletter for practitioners within Solihull CAMHS. This year will also see the first Solihull CAMHS conference, which aims to introduce our colleagues across agencies to the work we do and the people who do it. A topic for a future CAMHS conference will build on this foundation to look at how we all work together across agencies in children's services (and some adult's services) to improve the mental health of the children of Solihull...CAMHS is everybody's business!

Solihull CAMHS provides a spectrum of services from early intervention through to specialist services, in a cross-section of venues across the borough by a wide range of professionals. We run some multi-agency provision i.e. resourced from across agencies but managed within CAMHS, such as CHESS (the name for the Treatment Foster Care Programme), Parenting Groups and Solihull FIP. We also work closely with our partners in other professions (such as health visitors and school nurses) and in other agencies (such as educational psychologists, child and family support workers and the Emotional, Social and Behaviour Difficulties Team in the education sector).

The aim of this report is to introduce the services and present our achievements and challenges. The report highlights that Solihull CAMHS is a complex service with a complicated funding structure.

The next report for 09/10 will include a short report from each service within CAMHS.

3. CAMH SERVICES

CAMHS services can be seen to fall into three categories; Early Intervention and Prevention, Targeted and Specialist.

Early Intervention and Prevention

These services aim to support children's practitioners in their work with children and their families in order to increase the focus on children's mental health. This is done through workforce development, consultation to teams and the provision of mentoring to individuals.

These services also aim to improve the main environment in which children develop the relationship between parents and their children. This is done through the provision of good quality parenting programmes and more recently through the development of work with midwives to help children and their parents off to a good start in life even before birth.

- Individual consultation for Health Visitors, School Nurses and Child and Family Support Workers in schools
- Team consultation to Educational Welfare Officers, ESBD team, Children's Centres, Midwives, Children's Community Nurses Team, YOT, YISP, Str8 Up, GPs
- Parenting Group Programmes (Mellow Parenting and Solihull Approach Parenting), antenatal upto 18 years
- Antenatal service together with midwifery team
- MABL: early intervention for children under 5 years who have witnessed domestic violence
- Solihull Approach Peer support for breastfeeding training
- Early Years Foundation training/Solihull Approach for nursery nurses and childminders
- Research
- Workforce development: Solihull Approach training for all children's workers across agencies in Solihull

These services are mainly provided by CAMHS Vaillant, Parenting and the Solihull Approach (see pg 11 for personnel)

Targeted Services

These services aim to provide services for children and their families where the child is in difficulty. This is usually seen through the child being anxious, depressed, self-harming, phobic, obsessional or showing a behavioural disturbance or eating disorder. It is rare, but each year we would also expect to identify two adolescents with early onset psychosis, with many more requiring screening for this possibility. A snapshot of the caseload of the practitioners in Solihull CAMHS in November 2007 shows the number and percentage of children with particular presenting difficulties. This is compared with a snapshot of all CAMH Services in the West Midlands in the same time period. (See page 8,9)

- Under 5's service
- LAATCH (Looked After Children)

- Eating Disorders Service
- Self-harm Service
- Self-harm prevention (Mind Yourself pilot project)
- Core CAMHS for children and young people with complex mental health difficulties
- YOT/CAMH service for young people at risk of offending
- Solihull Approach training for social workers working with foster carers and adoptive parents
- Solihull Approach training for foster carers (in development)

These services are mainly provided by CAMHS Northbrook/CWPCC, Medics, LAATCH and CAMHS Vaillant (see page 11 for personnel), with the Solihull Approach team leading on the Solihull Approach services.

Specialist Services

These services are for children and families in severe difficulty.

- ICOS (Intensive Community Outreach Team)
- CHESS: Treatment Foster Care
- Solihull FIP

ICOS aims to prevent or reduce hospital admissions for young people with severe mental health difficulties and to treat them at home.

CHESS aims to prevent children going into residential placement and to give them another chance at life in a family (a foster family). This also helps to keep their links with their local community.

Solihull FIP aims to improve the functioning of families with children who are heading for the criminal justice system, especially those with parents who have traits of borderline personality disorder.

Diagram to illustrate Comprehensive CAMHS

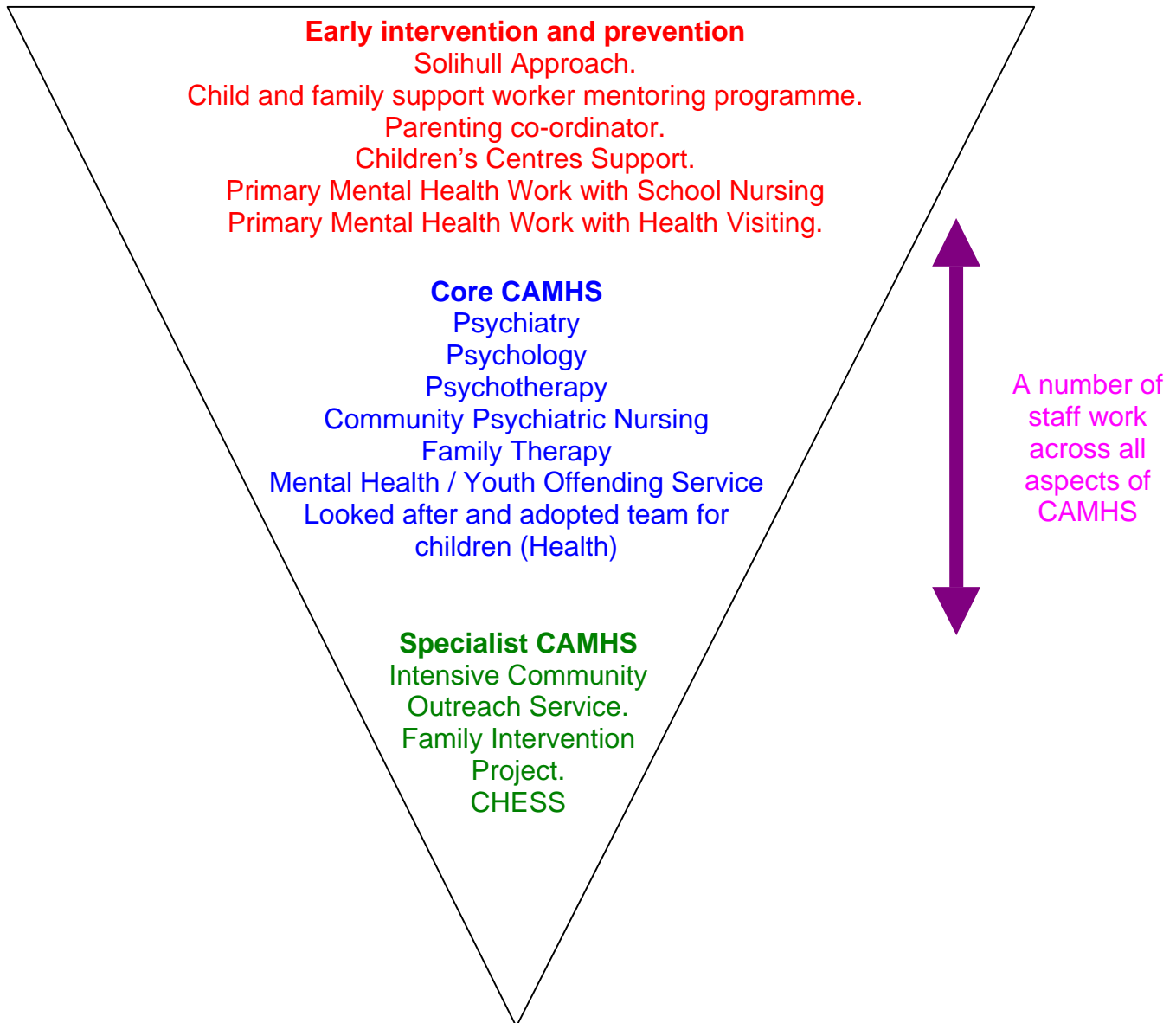
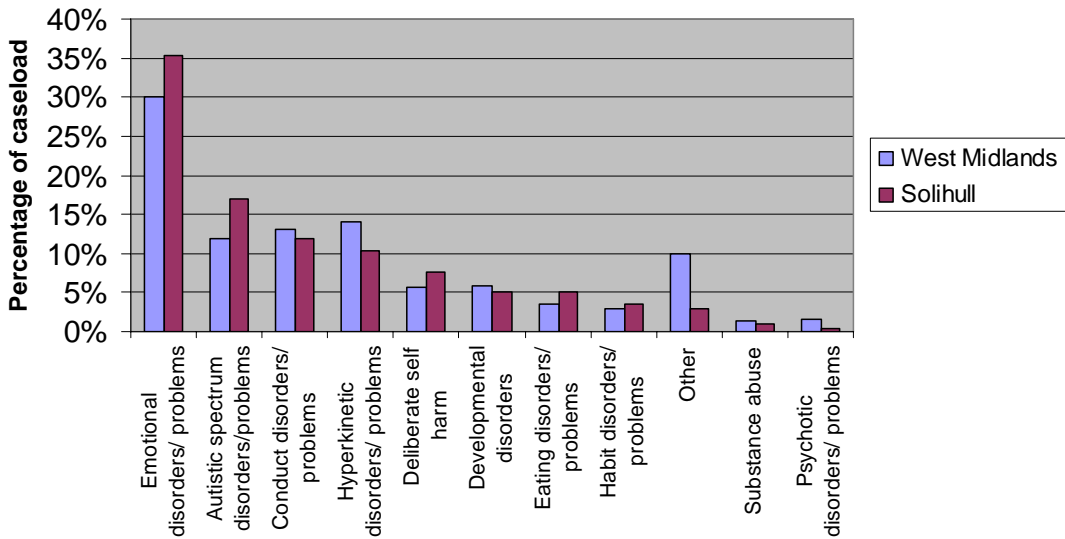


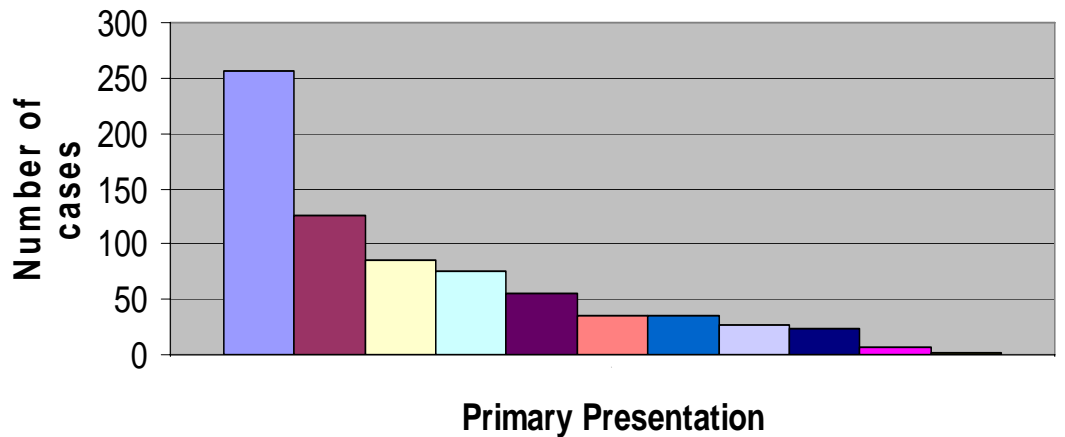
Table 1, 2, 3 to show primary presentation of Solihull CAMHS caseload vs all West Midlands. Snapshot November 2007

	Hyperkinetic disorders/problems	Emotional disorders/problems	Conduct disorders/problems	Eating disorders/problems	Psychotic disorders/problems	Deliberate self harm	Substance abuse	Habit disorders/problems	Autistic spectrum disorders/problems	Developmental disorders	Other	Totals
	1	2	3	4	5	6	7	8	9	10	11	
West Midlands	1828	4014	1691	478	189	766	177	410	1633	793	1396	13375
	14%	30%	13%	3.6%	1.5%	5.7%	1.3%	3%	12%	5.9%	10%	100%
Solihull	75	257	85	35	2	56	7	26	126	35	24	728
	10.3 %	35.3 %	12%	5%	0.3%	7.6%	1%	3.5%	17%	5%	3%	100%

Primary Presentation Of Solihull CAMHS Caseload Versus all of West Midlands



Solihull CAMHS Caseload by Primary Presentation



- Emotional disorders/problems
- Autistic spectrum disorders/problems
- Conduct disorders/problems
- Hyperkinetic disorders/problems
- Deliberate self harm
- Eating disorders/problems
- Developmental disorders
- Habit disorders/problems
- Other
- Substance abuse
- Psychotic disorders/problems

4. CAMHS WORKFORCE

There are 75 personnel in CAMHS. As many staff are part-time, this equates to 51 WTE (whole time equivalents).

Staff are from a wide variety of backgrounds: Consultant CAMHS Psychiatrists, Associate Specialists, Clinical Psychologists, Family Therapists, Child and Adolescent Psychotherapists, Specialist Registrar, Dietician Specialist, Mental Health Nurses, Specialist CAMHS Health Visitors, Social Workers, Life Skill Workers, Play Therapist, Support Workers, Medical Secretaries, Medical Receptionists, Administrators.

See chart on page 9 of all CAMH Services with a list of practitioners within each team.

Solihull CAMHS do not have any particular workforce issues currently, apart from the impact of maternity leave on the service. CAMHS has a good representation of professions across a range of grades. The workforce has a good ethnic mix in 2008/2009, with a slightly higher representation of people from minority communities than the population of Solihull. There are no pressing issues over retirement as we have a relatively young workforce (hence the issue of maternity leave).

CHES: Treatment Foster Care Programme
 FIP: Family Intervention Project
 ICOS: Intensive Community Outreach Service
 LAATCH: Looked After Children

Hazel Douglas
 Strategic Lead for CAMHS

Karen Abel
 Clinical Lead for CAMHS

ADMIN	CAMHS VAILLANT	CAMHS NORTHBROOK/ CWPCC	CHES	FIP	ICOS	LAATCH	MEDICS	PARENTING	SOLIHULL APPROACH
Business Support Manager Jackie Delaney CWPCC Medical Secretaries Jackie Brown Dawn Kircop Angela Mcgauliffe Northbrook Medical Secretaries Julie Kendall Lisa Ward Yvonne Pllinger	Administrator Valene Blackburn Clinical Psychologists Karen Bateson Samantha Day Rebecca Johnson Catherine Lawrence Fiona Lewis Helena Maunders Gig Payne Sonya Wallbank Anne Marie Walker Gaynor Wilkinson Child Psychotherapists Judith Golberg Todd Hinds Sue Meade	Clinical Nurse Specialists Miranda Jones Penny Kimbrey Nurse Jenny Freeman Jane Keenan Cons Child Psychotherapist Sue Brough Clinical Psychologists Gaynor Wilkinson Clinical Psychologist for CAMHS/YOS Joe Cahill Trainee Psychotherapist Simi Graham Dietician Pat Taylor Family Therapists Bob Bennett Nick Brinson	Programme Manager Linda Franks Admin/PA Charlotte Haggett Lisa Kennedy Michelle Stomey Asst Tm Manager Christine Malyon Birth Family Therapists Janet Griffith Hayley Smith Individual Therapist William Smythe Child Psychotherapist Clare Nuttall Clinical Psychologists David Goodman Charlotte Webb Education Worker Emma Christie Fostering Anthea Ambrose Abigail Godfree Skills Coach Roz Henry	Team Leader Elaine Kirwan Administrator AMHS Clinical Psychologist Nichola Haisman Family Support Worker Sonia Magana	Team Leader Sara Armstrong Administrator Locum CAMHS Consultant Psychiatrist Dr Christina Pourgourides Community Nurse Charlotte Downing Support Worker Sophie Goode	Clinical Lead & Child Psychotherapist Lorraine Matlocks Administrator Clinical Psychologists Helen Young Monica Zavala Social Worker Sue Kennedy Georgina Glenn HELAC Nurse Rachel Webster	Associate Specialist Dr Deirdre McEachern Dr Rachel levins CAMHS Consultant Psychiatrist Dr Gordon Bates Dr Cathy Feehan Dr Toni Stafford	Administrator Lisa Baker Parenting expert Jill Delaney CAMHS Worker for Parenting Judy Cabral	Solihull Approach Team Leader Mary Rheeston Administrator Tracy Aish Clerical Support Jennie Oldfield-Hall Bernie Whitney Rachael Wilkie Sam Leek

5. NUMBER OF REFERRALS, NUMBER OF CONTACTS 2008/2009, PERFORMANCE REVIEW AND THE JAR

CORE CAMHS REFERRALS 1.4.08 - 31.3.09

These are the number of referrals received into Core CAMHS and their destination. The Annual Report for 09/10 will include details of other CAMH areas, together with information on the new referral system for Core CAMHS.

525	Patient taken on
146	Not accepted
105	Inappropriate referral
47	Appointment offered
45	Needs further investigation
34	On hold - these need further investigation as to final outcome
13	Waiting list North
10	Transferred to another Service
9	Already in Service
6	Patient decline appt/service
4	Make a Better Life
3	Waiting list South
2	Out of Area
1	Seen at hospital
1	Open appointment
1	More info required
1	Referred to other Service

953

CORE CAMHS CONTACTS 1.4.08 TO 31.3.09

10 018 contacts (new and ongoing patients)

CAMHS PERFORMANCE REVIEW 31.3.09

Solihull CAMHS were reviewed by a team from the strategic health authority. The purpose of this review was to moderate and validate local ratings of the four CAMHS proxy targets (NI 51), to review CAMHS strategy, partnership working, waiting times and performance reporting.

In particular the review focussed on the four areas of:

- Availability of 24 hour cover
- CAMHS Learning Difficulties and Disabilities – Full Service,
- Services for 16 & 17 year olds
- Early Intervention/Health promotion in universal settings

For more details see Appendix 1. Basically the report highlighted that Solihull CAMHS provides a good comprehensive service, but that we need to document what we do as well as doing it. CAMHS is maturing as an organisation, so it is moving from setting up services to embedding services.

CAMHS AND THE JAR (JOINT AREA REVIEW)

SMBC's provision of services to children and young people was reviewed in the Joint Area Review, which included a focus on CAMHS and the links between CAMHS and other agencies. The feedback was very positive and complimentary about our work with services in other agencies.

6. VIEW FROM EARLY INTERVENTION, CORE CAMHS, PSYCHIATRY, SPECIALIST SERVICES AND ADMINISTRATION

EARLY INTERVENTION

View from Early Intervention and Prevention

This year has seen substantial growth in the Parenting Groups project. Partnership working, and Funding via the Solihull Parenting Strategy Group, has allowed us to run many more groups, up to ten Understanding your Child's Behaviour and three Mellow parenting groups a term. This has vastly increased our reach to the families of Solihull. There will be further expansion of this important project during the coming year. The CAMHS Consultation Services have continued their work with Health Visitors, School Nurses, and Child and Family Support Workers, and will be offering additional training during the coming year. This work allows us to provide enhanced access to CAMHS thinking to all families in Solihull via universal workers.

In the last 6 months we have redefined and improved the Psychology service to children under 5 who have experienced domestic violence. We are also continuing to improve the care pathways for children under 5 and their families who are referred to Core CAMHS. Our commitment to Children's Centres means we now fund 1.0 WTE Psychotherapist, which is shared between two workers. In the last year they have developed and established work discussion groups for staff, plus a range of consultation services to Children's Centre staff and families who use the Centres.

We have also made great progress in developing a CAMHS antenatal service, following links made with local midwifery and adult mental health services. This service has been very well received and has attracted a rapid rate of referrals of pregnant women. We have begun preliminary work on using the Neonatal Behavioural Observational Scales (NBOS) to support our antenatal work.

Karen Bateson
Early Intervention Lead

TARGETED SERVICES

View from Core CAMHS

During the last financial year Solihull CAMHS has become a much more integrated team. This has enabled the Core CAMHS team to work across the boundaries of psychology and psychiatry and forms part of a strategic workforce approach. The team remains stable and the sharing of skills and expertise and joint working will ensure an effective workforce. Process improvements include a waiting list initiative and validation which has enabled waiting times for specialist services to be reduced and all referrals are now discussed at the multi disciplinary team One Point of Referral

meeting to ensure consistency and standardisation of approach. Performance management has played an important part this year and we now have regular accurate reporting to the board.

We are currently in the planning process with regard to implementing the Choice and Partnership Approach. This model of service delivery will handle demand and extend capacity with the active involvement of children, young people and their families in the planning of their care pathway through CAMHS.

Karen Abel
Clinical Team Leader

View from Psychiatry

The psychiatry team contains a varied mix of expertise, from adult psychiatry to neuropsychiatry to psychopharmacology (one of us being chair, another secretary of the Regional Psychopharmacology Group)

We have worked very hard to keep within the government waiting time requirements, with no breaches: most of our patients are seen within 8/52 of referral. Urgent cases are seen as clinical need dictates. Our speed of response has ensured that we have had no clinical untoward incidents or critical events.

We are now measuring the effect of our input, using the Children's Global Assessment Scale: over the last year, this has shown an overall improvement in patient's symptoms following intervention.

We are currently missing our colleague Dr Sandra Noronha, who has moved to a post in Ireland. Her replacement post represents a new development for CAMHS, as it will include 4 sessions of CAMHD/LD, thus bringing these two services together in line with NSF guidelines and PSA targets.

We continue our tradition of training the psychiatrists of the future, despite the challenge of inadequate accommodation. We also provide mentoring for new consultants appointed in the region.

We continue to benefit from the impact of the ICOS team: prior to their introduction to the service, patients often had to be admitted to private hospitals in London, sometimes late at night. Since the introduction of ICOS, patients can usually be supported in the community until a local in-patient bed is found and the length of admissions can be shortened. As patients looked after in ICOS maintain their normal links with the community and as there are very close working relationship with ICOS, the rate of readmission from Core CAMHS to ICOS is very low.

We continue with user-involvement developments: we annually collect user feedback re the service we deliver and are currently working jointly with the youth service to set up a CAMHS youth group in a local youth club.

Cathy Feehan
Consultant Psychiatrist

SPECIALIST SERVICES

ICOS continues to be successful in reducing the number of bed days in hospital for children and young people (see report from Psychiatry above).

CHESS has expanded from 11 to 16 years to cover children in the age range of 3 years upto 16 years. It is currently full and is recruiting more foster carers.

The FIP team will be starting their new service in October 09, addressing a gap in service in Solihull for integrated intensive therapeutic work and support for families in severe difficulties.

Hazel Douglas
Strategic Lead for CAMHS

ADMINISTRATION

View from the Administration Team

Like all administration staff, the Core CAMHS administration team are the backbone of our Service and they are held in high regard by all who work with them. They are the first point of contact for CAMHS so they really do set the scene for any professional, patient or parent that contacts CAMHS.

There have been several changes to the admin team during 2008/09, a member of the team retired from Northbrook clinic after 17yrs service, and several new appointments have been made into Core CAMHS (CWPPCC) Solihull Approach and Parenting.

The Core CAMHS admin team face a new challenge as we look to implement CAPA in early 2010, the foundations for CAPA have already started to be laid and the admin team are ready to face the challenge ahead.

Jackie Delaney
CAMHS Business Manager

7. SUMMARY AND NEXT STEPS

Summary

The strategy period for the current Solihull CAMHS Joint Development Strategy is for 1999-2009. Achievements by CAMHS upto 2006 are contained in this document. Table 2 shows the actions that emanated from the Strategy with a rating of 1 to 4, from no progress to fully achieved by 2008/2009.

CAMHS were commissioned to set up an extended service to explore the infrastructure needed in Solihull to increase the number of parenting groups from 12 to 120 per year, in order to achieve a population effect across the 25,500 families with dependant children in Solihull. CAMHS were also commissioned to deliver a service to families involved in anti-social behaviour and criminal activity, the Family Intervention Project (FIP). This will include the delivery of Dialectical Behaviour Therapy, a new application of this model in the UK in this area of work and will link CAMHS with Adult Mental Health for the first time, working jointly together on this new project.

Solihull CAMHS have made great progress towards providing a comprehensive CAMHS, with strength shown across the spectrum of services. The team has also faced the challenge of integrating service delivery within CAMHS.

Next Steps

The current CAMHS strategy ran from 1999 to 2009 so this will need to be updated.

CAMHS projects financed under the current spending round upto March 2011 will need to have business cases made during 09/10 where the project is effective, in order to secure further funding. These projects are usually across agency projects and would require commissioning from across agencies. With the current 'credit crunch' most predictions are that the public sector will be under pressure for some years to come, so business cases will need to be very robust and show clear value for money.

Over the next year there are likely to be three strands of work.

- Firstly, the integration and improvement of services within CAMHS will continue, as the team innovates and finds new ways of working.
- Secondly, the emphasis will increase on integrating CAMH service delivery, including early intervention and prevention, with other agencies across Solihull.
- Thirdly, in line with research and DoH and DCSF policy, work across agencies and within CAMHS will increasingly focus on families and on including fathers in the work.

INDEX OF ACRONYMS

CHESS	Name for Treatment Foster Care Team
ESBD	Emotional, Social and Behaviour Difficulties
YOT	Youth Offending Team
DoH	Department of Health
LAATCH	Looked After and Adopted Team for Children- Health
DCSF	Department of Children, Schools and Families
FIP	Family Intervention Programme
YISP	Youth Crime Prevention Service
Str8 up	Service for substance abuse in young people
MABL	Make A Better Life (domestic violence charity)
SMBC	Solihull Metropolitan Borough Council
YOS	Youth Offending Service
DBT	Dialectical Behaviour Therapy
WTE	Whole Time Equivalent
NBOS	Neonatal Behaviour Observational Scale
LD	Learning Difficulties
NSF	National Service Framework
CWPC	Chelmsley Wood Primary Care Centre
CAPA	Choice and Partnership Approach
SHA	Strategic Health Authority
ICOS	Intensive Community Outreach Team
JAR	Joint Area Review

APPENDIX 1**Showing 2008/2009 ratings of actions in the Solihull CAMHS Joint Development Strategy 1999-2009****Early Years**

Action	Date of Completion	Outcome	Resource Required	Rating 08/09
1. Extend the use of the Solihull Approach (early intervention) with GPs.	On going 2008	Decide action plan with GPs	Time	1
2. Submit bid for additional resources for parent/infant early intervention.	November 2007	Additional CAMH time available for early intervention	£90 000	2
3. A health visitor from the Solihull Approach training team is carrying out further work between midwives and health visitors, including extending the use of the Solihull Approach to midwives.	Ongoing Initial result October 2006	Initial result: 3 midwives on Solihull Approach antenatal project board.	Time	4
4. Extend and adapt Solihull Approach to childcare workers: childminders, nursery nurses, out of school workers.	2008	Resource pack and training designed.	£58 000	4
5. Extend pilot project with health visitors to increase number of referrals of infants under 2 years old and under 6 months old.	July 2007	More referrals for very young children with risk factors for compromising their mental health.	Time	4

6. Develop the use of video feedback both with individuals and in parenting groups.	Ongoing	Appropriate families able to access video feedback intervention.	Time for skills development. Purchase of equipment £1000.	4
7. Develop antenatal Solihull Approach parenting course.	Dec 2007	Antenatal group facilitator's resource pack completed.	£40 000	4
8. Through CAMHS worker (parenting) continue capacity building in local community services to run parenting groups. and to develop 'menu' of parenting groups in Solihull	Ongoing. Annual targets.	2006 target of 9 Solihull Approach Parenting groups and 3 Mellow Parenting Groups	Staff time. Ring fenced money to support parenting groups.	4
9. Integrate CAMHS into Children's centres	Dec 2007	Families able to access CAMHS linked to Childrens Centres	Changes in practice	4
10. CAMHS professionals trained and supported in Solihull Children and Family Support Model,	December 2007	CAMHS professionals contribute to teams around a child, and take on key worker and lead professional role	Changes in practice	3

		as appropriate Mental Health needs of young disabled children met through team around children		
--	--	--	--	--

Mental Health Promotion and Early Intervention

Action	Date of Completion	Outcome	Resource Required	Rating 08/09
1. CAMHS support for Healthy Schools	2006 first outcome then ongoing	First outcome to ensure CAMH rep on Healthy Schools group. Schools identify and provide emotional well being	Initially time to attend the group. Resources need to be identified.	2
2. Ensure emotional health integrated into CAF training	2006	CAF training adapted.	Time	4
3. To work more closely with health visitors and others to identify children with ASD as early as possible.	2007	More children under 4 years referred	Time	3

4. Continue to improve provision for mothers with postnatal depression via Solihull CAMHS and the adult mental health service.	ongoing	Improved service for mothers with PND	Time	3
5. Support the work of the North Family Centre in developing expertise and services re: substance misusing parents.	ongoing	Improved service for substance misusing parents.	Time	3
6. Continue to integrate CAF and CAMHS.	ongoing	Increase in CAMHS referrals who have a CAF.	Time and changes in practice	3
7. Evaluate outcome of domestic violence session for children under 5 and if appropriate, submit a bid for a continuing service.	Submit bid to Care Trust November 2007	Service continues	£10 000	4
8. Support social workers and Family Centres by developing Dialectical Behaviour Therapy service for parents with borderline personality disorder	March 2007 for first outcome then 2008 for establishment of a service	First outcome: submit bid. Second outcome: establish service	Up to £150 000	4

Partnership with children, young people and their families

Action	Date of Completion	Outcome	Resources Required	Rating 08/09
1. We need to raise the profile of BME users and work more closely with representatives of this group in future.	July 2006	CAMHS awareness of the issues will be raised.	Time to attend a BME conference	3

			in May 2006	
2. They need to be specifically represented in our needs assessment.		There will be a specific reference to the needs of BME users in our needs assessment	Public Health Skills	4
3. We need to compile a directory of CAMHS services which is accessible to all potential users – and linked with One Voice website.		Directory of CAMHS resources for BME users	Staff time	3
4. Review provision of interpreters – training, accessibility	2008	Only trained, accessible interpreters will be used	Staff time	2
5. To ensure activity and service data can be broken down on the basis of ethnicity.	July 2007	We will be aware of the ethnic profile of service users	Staff time	4

Access and location of services

Action	Date of Completion	Outcome	Resources Required	Rating 08/09
1. We need to strengthen our links and liaise with A&E staff, paediatricians and those in health who are responsible for accessing presenting Out Of	On going	Trained A&E dept staff and paediatricians	Consultant time	4

Hours. Develop a Self Harm Service, offering intervention, consultation and training		meeting NSF requirements and reducing suicide risks amongst young people	Funding to be advised	
2. We are currently developing a service for young people with complex mental health needs to enable them to be cared for at home rather than be admitted to hospital. This will provide a limited on call (9-9 M-F, 9-5 S-S) for a small group of patients.	On going	Any young person with complex mental health needs can access a service in a timely manner.	Department of Health funding We need the funding to be extended beyond September 07, becoming mainstreamed.	4
3. We are meeting with the Birmingham service to discuss services for 16 year olds for whom there is currently no in-patient provision	On going	Availability of local in patient beds for 16 and 17 year olds in Solihull	Commissioning funding £100,000 required	3
4. We also attend Tier 4 SHA review meetings to inform the process of service planning.	On going	Collaboration ensures provision of tier 4 services	Staff time	4
5. When we have to admit a child to a private hospital, we use those which have been recommended by Tier 4 colleagues	On going	Only recommended private sector hospitals are used for admission	Time to update our information, possibly to visit these units.	4
6. We are hoping to expand our premises so that	Urgent	Adequate premises	Finances	1

we can operate a hub and spoke arrangement and currently have submitted a capital grant bid to support moving to a more appropriate premises			Capital bid	
--	--	--	-------------	--

Improving Service Equity

Action	Date of Completion	Outcome	Resource Required	Rating 08/09	
1. Liaise with partner agencies requiring identification of the most appropriate services to be co-located and appropriate venues, formal plans and protocols to be developed.	On going	Capital bid for provision of appropriate building	Capital bid money	1	
2. Agree service model for provision of CAMHS to learning difficulties	On going	LD in with children's services		3	
3. To ensure ICOS meets the needs of those requiring a level of T4 intervention	(2 years) September 08	Services for acute intervention of mental health difficulties in the community	DOH funded	4	
4. To expand and develop the Community Eating Disorder Service to age 18	On going	Enhanced service for Eating Disorder Service	TBA	1	
5. To develop services that are flexible in relation to community/outreach work and providing more after school/evening appointments	On going	<u>Every Child Matters</u> Providing services in numerous venues – joint	Allocated and dedicated time	3	

		learning/joint working			
6. To review accommodation requirements in line with current proposed workforce development plans	On going	Increased capacity Appropriate buildings	Capital funding	2	
7. On going development of services to ensure equity and provision of a comprehensive range of evidence based therapeutic interventions.	On going	Recommendations of NICE guidelines are being met. CAMHS strategy regularly updated and revised	Dedicated time	3	
8. To ensure CAMHS develops to meet the mental health needs of all children and young people including those with a disability	On going	Inclusion ensure in CAMHS strategy		3	
9. To explore opportunities for co-locating some CAMHS alongside CYBS to improve opportunities for joint working training and effective collaboration around adolescent services including early intervention in psychosis.	On going	Possible shared premises More joint working and youth services	Capital bids	3	
10. Develop provision of service to traumatised children including children of asylum seeking families and unaccompanied children	On going	Specialist service NICE guidelines met – PTSD and NSF targets	Funding TBA	3	
11. Improve assessment timescales for children with ASD and provide post assessment services including respite care.	On going	Reduce waiting times. Provision of post assessment	Funding TBA	2	

		services. Provision of respite care			
12. Agree service specification for LAC including Out of Borough protocols.	Service spec by July 07 Strategies in place March 07		Staff time to develop strategies and agreement	2	
13. Develop appropriate strategies for meeting the needs of BME young people (including UASC) (from ECS diversity plan)		Appropriate culturally sensitive services are meeting mental health needs of BME children and young people	May need to commission specific services?	4	

10. Planning and Commissioning Services

Action	Date of completion	Outcome	Resources required	Rating 08/09
1. Development of joint commissioning strategy for CAMHS	2009	Mental health of children and young people promoted and needs addressed CAMHS services provided for 16 and 17 year olds	Commissioner and stakeholder time Additional funding will be needed to provide CAMHS to 16 and 17 year olds	3

2. Multi-agency needs assessment is undertaken, addressing diversity issues	2007	The right services are commissioned	Time of public health team and commissioners and stakeholders	1
3. Participate in collaborative commissioning for 24 hour cover and Tier 4 beds		Children and young people have access to 24 hour mental health cover and local inpatient beds when needed	Will have cost implications	3
4. Establish systems to update needs assessment and commissioning strategy every 2/3 years	Commissioning strategy reviewed every 2/3 years	Services meet changing needs	Childrens Trust joint commissioning and planning team	3

Partnership Working

Action	Date of Completion	Outcome	Resources Required	Rating 08/09
1. More post assessment work at the Meadow Centre especially for ASD children and families	On going	Post diagnosis services available in line with assessment recommendations	Staff time Staff resources	2
2. Extend multi agency CAF Process throughout	On going	All staff trained in	Staff	3

		CAF Process	time/resources	
3. Develop a CAMHS model of early intervention for Psychosis within ICOS	On going	CAMHS Model of early intervention	Staff resources staff training	3
4. Protocols between CAMHS and adult mental health services to ensure collaborative transitional working arrangements and joint provision where appropriate.	On going	Agreed protocols in place	Staff resources	3
5. Collaborative admission arrangements with paediatric units and wards	On going	Protocols in place	Staff resources	4
6. Agree and implement tripartite service protocol for children with complex needs.	Mid July 2007	Protocols in place	Dedicated Staff resources and time	4
7. CAMHS staff trained in Solihull Child and Family Model / CAF and key worker/lead professional roles and supported to contribute to teams around the child and to take on key worker and lead professional roles as appropriate	2006	Lead professionals trained in taking key roles in SCFSM	Staff training and staff time	3

Developing High Quality Multi-disciplinary CAMHS Teams

--	--	--	--	--

Action	Date of Completion	Outcome	Resource Required	Rating 08/09
1. Increase capacity to work with LD at all tiers e.g. protocol with adult LD psychiatrist	Dec 2008	Increased links with LD more resources to work with families	To be identified	3
2. Ensure Tier 4 beds available	Dec 2008	Tier 4 beds available	To be identified	4
3. Extend links with Lanchester School to provide a wraparound service for young people with severe, challenging problems and their families.	First outcome January 2007. Second outcome December 2007.	First outcome: appoint CAMH professional to Lanchester School. Second outcome: bring services together to provide a wraparound service, together with a DBT service when available.	To be identified.	4
4. Ensure transitions nurse is on recurring funding.	December 2006	Funding secure for transitions nurse.	£40,000	1
5. Guidelines in place with adult wards	March 2007	Agreement reached with adult wards.	Time	3
6. Join CORC	March 2007	Routine outcome evaluation begun	Time	4
7. CAMHS have access to sufficient and appropriate accommodation	December 2007	Sufficient office accommodation and clinical room availability	To be identified	2

Training and development

Action	Date of Completion	Outcome	Resource Required	Rating 08/09
1. Set up and develop a Solihull	2008	All frontline workers will have adequate knowledge of children's mental health needs.	£58,000	4
2. Continuing CAMHS input into roll out of SCFSM and key worker/lead professional training	On going	CAMHS involved in CAF Training	Staff time	4
3. Train all child workers in the Solihull approach.	On going	All frontline workers will have adequate knowledge of children's mental health needs	Staff time, venue and Administration	3
4. Train all newly appointed CAM	Jan 07 and On going	All CAMHS workers trained in cultural competency	Staff time	4
5. Appoint a training co-ordinator	Unknown	Ensure all frontline workers have an awareness of children's mental health needs. Avoid overlap/repetition in teaching. Build a resource library	Funding TBA	1
6. Make closer links with CSIP re training issues	July 2007	Standardised outcome	£2000 to	4

and outcome measures.		measures used on all patients	join CORC Staff time	
7. Create a project group for d	July 2007	All of CAMH having access to same IT system	Staff time \Funding TBA	4
8. Ensure all staff are aware of and have undertaken training on outcome measures (NMIHE guidelines)	May 07	All CAMHS staff would have received training in monitoring and evaluating outcomes	Staff time	4
9 . Ensure all CAMHS workers have undertaken training in Solihull Child Family Support Model and CAF	May 07	All front line CAMH workers will be trained in the SCFSM and CAF	Staff time	4

