

HEALTH AND WELLBEING BOARD

3 OCTOBER 2013

REFERENCE FROM CORPORATE PARENTING PANEL – 8 JULY 2013

Minute Item 133: Report of Mental Health Care for Children Looked After

The Chair welcomed Melanie Woodcock representing the Child and Family Mental Health Services (CAMHS). In introducing the report she made the following points:

- CAMHS was a community based and universally targeted supporting specialist service;
- Harrow CAMHS operated a triage system which was led by General Practitioners (GPs). There was a quick turnover and access for referrals. The Triage system allowed CAMHS to see clients quickly;
- referrals to CAMHS had to be appropriate but GPs were good at ensuring that this occurred in practice;
- following a referral, the young person was seen within 10 days. This was then followed up with an assessment appointment which was done within 5½ weeks;
- the CAMHS team consisted of 17.74 Full Time Equivalent Staff (FTE). This included part time staff;
- the majority of referrals to CAMHS came from GPs. At present CAMHS had a caseload of 648 cases and only 20 of these involved Looked After Children (CLA);
- the main issues which CAMHS dealt with involved CLA were depression, anxiety and sexual incidents;
- specialist assessments were offered and care pathways were not rigid;
- a wide a range of support was offered by CAMHS including family therapy, clinical psychology, nursing support and play therapy;
- the key message that CAMHS delivered was focusing on the needs to the individual child.

During the discussion on this item, Members of the Panel raised a number of issues which officers and the representative from CAMHS responded to as follows:

- there had been an issue which concerned the Council in relation to the way referrals were made to CAMHS. At present the Council were not allowed to make a direct referral to CAMHS and that this could only go through the health system;

- there was concern from the Council that CLA were not given a priority above all other children particularly in relation to waiting lists or generally as applicable to their circumstances. The representative from CAMHS responded that they were commissioned by the Clinical Commissioning Group who set the relevant thresholds for referrals. There was no specific CLA team within CAMHS and all referrals were treated equally in terms of their importance;
- CAMHS were investigating using more direct psychotherapy in their treatment of children.

At the conclusion of the debate Members of the Panel commented that they had concerns over the referral pathways to CAMHS. They were concerned that referrals could only be made via the health system and that the Council did not have an ability to also do this directly.

An officer commented that these concerns had been raised with the Clinical Commissioning Group (CCG) previously, and they had commented that the decision to accept referrals was ultimately the responsibility of CAMHS.

The representative from CAMHS responded by saying that the final decision did not rest with them and that the CCG were their commissioners. CAMHS were confident that they were not dealing with cases which were better dealt with under targeted and universal services.

A Member of the Panel suggested that a reference be made to the Health and Social Care Scrutiny Sub-Committee and the Health and Well-being Board to investigate these issues further and to commence dialogue with the CCG on analysing and reviewing the referral pathways to CAMHS. This was agreed.

RESOLVED: That a reference be made to the Health and Social Care Scrutiny Sub-Committee and the Health and Well-being Board to investigate liaising with the Clinical Commissioning Group on analysing and reviewing the referral pathways to the Child and Family Mental Health Services (CAMHS).