

BRIDGEND COUNTY BOROUGH COUNCIL

**REPORT TO CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY
COMMITTEE**

20 APRIL 2017

**JOINT REPORT OF THE INTERIM CORPORATE DIRECTOR, EDUCATION AND
FAMILY SUPPORT AND CORPORATE DIRECTOR, SOCIAL SERVICES AND
WELLBEING**

**REVIEW OF MENTAL HEALTH SERVICES - TOGETHER FOR CHILDREN AND
YOUNG PEOPLE**

1. Purpose of report

1.1 This report outlines progress on Child and Adolescent Mental Health Services (CAMHS) within Bridgend County Borough.

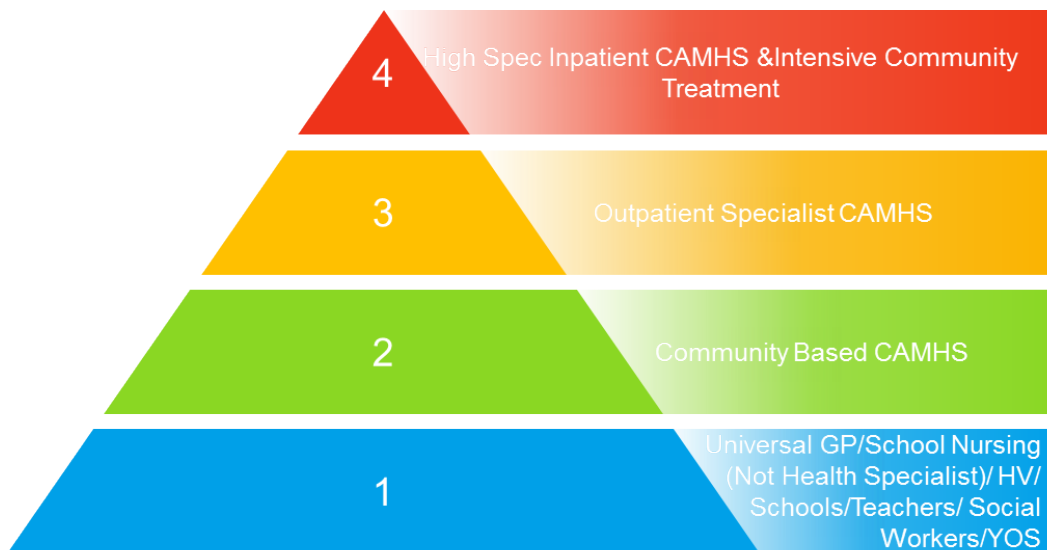
2. Connection to Corporate Improvement Plan/other corporate priority

2.1 The report links to the following corporate priorities:

- Helping people to be more self-reliant.
- Smarter use of resources.

3. Background

3.1 The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern across Wales. While the delivery of mental health services for children in Bridgend is primarily a responsibility of ABMU Health Board, there are elements of mental health support that necessarily are delivered by a full range of other services. This is determined by the tiers of need. The tiers of need 1-4 are briefly described below.



- 3.2 Since April 2016, ABMU has taken a new approach to tackling the delivery of these mental health services and this approach is described in Appendix 1.
- 3.3 The Welsh Government strategy 'Together for Mental Health' was launched in October 2012. This strategy covers all age groups and replaces previous age-specific Welsh Government strategies and service frameworks. By introducing an all-age strategy, the aim is to promote fully integrated partnership working intended to improve mental health and wellbeing. The strategy has a solid emphasis on prevention and early intervention, in addition to setting out a framework for the provision of specialist mental health services for those who need them.
- 3.4 Many children will benefit from early help and support at some time in their childhood and some will require help from specialist mental health services. In addition to those young people with identified mental health needs, there are many more with early stage difficulties, including those living in situations that increase the risk of developing significant problems and who may benefit from receiving early support to actively promote good mental health.
- 3.5 The key to good mental health, in children and young people, is a robust graduated approach involving the family in issues such as: a healthy birth, consistent, positive parenting, balanced nutrition and exercise, attainment at school, having friends and an ability to cope with life events. Children and young people with good mental health are able to develop emotionally, creatively and intellectually and have the resilience to cope with life's difficulties. It is recognised that childhood experiences impact significantly on the ability to be an effective and nurturing parent in the future.

4. Current situation

- 4.1 The Office for National Statistics (2004) stated that 1 in 10 children and young people aged 5-16 had a clinically diagnosed mental health disorder, 4% an emotional disorder (anxiety or depression), 6% a conduct disorder, 2% hyperkinetic disorder, 1% a less common disorder (autism, eating disorder) with 2% having more than one disorder. Research suggests that 20% of children have a mental health problem in any given year and about 10% at any one time. The National Mental

Health Strategy indicates that 1 in 10 children aged 5-16 has a mental health problem

4.2 There are a number of services provided by directly BCBC which broadly seek to improve the mental health and wellbeing of children. Most of these resources are concentrated at the tier 1 level but some are tier 2 services. They would include:

Tier 1

- School-based interventions (eg nurture provision, PSE, Achievement For All, Thrive, ELSA)
- Social work interventions (attachment theory, cognitive behavioural theory, direct work with children)
- School nursing support
- Pastoral care in schools
- Anti-bullying work in schools and with early help services
- Flying start - additional health visitor support
- Language and play, number and play and Welcomm speech and language support sessions
- Parenting support
- Young carers support

Tier 2

- There is one (part-time) specialist CAMHS social worker based in early help
- There is one (part-time) specialist play therapist within early help
- School-based counsellors
- Community-based counsellors
- B2P (Building to Progress) educational provision for children with mental health issues

4.3 While this may be considered a sufficient range of resources, all of these provisions are regularly oversubscribed and the more specialist provisions such as counselling services and play therapy are vastly over-subscribed.

4.4 It is of concern that while there have traditionally been specialist CAMHS workers based in our Youth Offending Team, as these members of staff have left they have not been replaced. This means we have gone from having three CAMHS nurses based in each of our YOS offices (Swansea, Neath Port Talbot and Bridgend) to currently not having any. We are working with ABMU to try and remedy this situation and have currently completed an audit of need across the service in an attempt to define the need and make the case to ABMU for a continuation of these arrangements.

4.5 BCBC officers are well engaged in the debate over the future commissioning and planning for CAMHS services in the area and are represented on the Childrens commissioning board of ABMU, Western Bay, Children and Young People Emotional and Mental Health Planning Group.

5. Effect upon policy framework and procedure rules

5.1 There are no legal implications arising from this report at this time.

6. Equality Impact Assessment (EIA)

6.1 As the main area of responsibility for this work is led by ABMU, any EIA will be undertaken as per their protocols.

7. Financial implications

7.1 Whilst the funding for CAMHS activity goes directly to ABMU, the services detailed above which are provided by BCBC are largely grant funded and from a wide variety of grant sources. This means there is very limited guaranteed sustainability within the service and little resilience.

8. Recommendation

8.1 It is recommended that the Committee notes the contents of the report (and the appendix report) and the key areas for development.

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Background documents

None