

Newcastle CAMHS Partnership

Notes of meeting on Friday 5th December 2008

Present

Aileen Fitzgerald	Head of Children and Families
Andy Roberts	Local Authority Be Healthy Lead
Dr David Ward	Consultant Psychiatrist Newcastle, CAMHS and Early Intervention in Psychosis Service
Jan Brown	Senior Manager, Newcastle CAMHS

In attendance:

Malathi Natarajan
Heidi Douglas
Rachel Briggs

1. Apologies for absence

Susan Nelson Newcastle upon Tyne NHS Foundation Trust
Jacqui Sirs Assistant Director Children's Services, Barnardo's

2. Notes from previous meeting

These were agreed as a true record

3. Matters arising not on the agenda

There were no matters arising

4. Mental and Emotional Wellbeing Action Plan

Malathi spoke to us about a previously circulated paper and asked for comments from the group. She outlined the focus for the work was in three settings, the workplace, school and education institutions and communities. Malathi is seeking endorsement from relevant partnerships including this one. There is a need to align the action plan with current work streams. Specific comments relating to the actions identified for Setting B – School and Educational Institutions.

Action: Further comments to be sent directly to Malathi (All)

Share Be Healthy Partnership Governance Structure (AR)

5. Parental Mental Health Strategy

Following presentation to this partnership in October, the draft of the Parental Mental Health Strategy had been received and was circulated with the agenda for this meeting.

Action: Comments to be sent to Aileen by 31st December (All)

6. ADHD

Andy circulated a report suggesting actions for implementing the defined ADHD pathway. A collaborative approach to taking this work forward was agreed which includes reshaping education services to identify a specialist teacher role, reshaping the work of the social care post as the opportunity arose, reassessment of priorities for allocation of local authority CAMHS grant to release funding, identifying potential sources of non-recurrent funding and identification of this issue as a priority within the NHS North of Tyne Strategic Plan. The group was reminded of the recent national award that had been achieved in recognition of parental participation in defining this care pathway. As a next step the parents and carers group will be asked to support us in developing an appropriate job description for a co-ordinating role that will help embed the pathway in mainstream practice.

7. Local Authority CAMHS Grant

This item was deferred until the next meeting however the need to consider implementation of the ADHD pathway as discussed in item 6 was recognised.

8. Any Other Business

8.1 Right Here Proposal

This item was discussed at the start of the meeting. Andy outlined the background to this proposal. The Paul Hamlin Mental Health Association was offering a grant of £800,000 over four years to support the delivery of mental health services for children in England. Bids had been requested which will support targeted intervention and early intervention for young people at risk of mental health illness. The deadline for initial expression of interest is 18th December. Successful project proposals will then be contacted to do further detailed work before a final decision is made. The purpose of the discussion today was to consider two proposals which request the support of this partnership however, it is known that the number of successful bids will be small so the partnership is keen to look at the potential for development of these proposals without this

additional external funding. The partnership will also need to consider sustainability of the future services if funding is awarded. Heidi Douglas from Streetwise and Rachel Briggs from West End Youth Enquiry Service presented the first proposal and spoke to a previously circulated paper. This proposal has three targets:-

- Participation of young people in the commissioning process
- Strong partnership working between voluntary sector agencies
- Commitment to long term service change

Following discussion the partnership agreed that the proposal was consistent with a number of CAMHS strategy priorities namely:-

- Services for young homeless people which was identified as part of the Programme Budgeting Marginal Analysis (PBMA) exercise
- Participation of young people in transition planning
- Collaborative cross-agency working
- The provision of support and targeted prevention to support early identification and early intervention where appropriate

It was suggested that the link to the alcohol strategy and the drug and alcohol strategy was also made. Following discussion the partnership agreed that this proposal would support delivery of a number of strategic objectives and offered support in principle. The partnership also agreed that should the proposal be accepted then they were committed to considering those implications through re-design to support sustainability of the work once clear outcomes for children and young people were demonstrated.

The second presentation came from Joe Hirst from the Manic Depression Foundation. Joe spoke to a previously circulated paper that identified a collaboration between the voluntary sector, clinicians from Northumberland, Tyne and Wear Trust and Newcastle University. The goal of the proposal is to raise awareness of mental health issues to provide a targeted solution for young people and also to promote collaborative working practice. The proposal also aimed to compliment the Newcastle CAMHS Strategy and to build on existing work. Models of intervention identified had been tested locally and were recognised nationally. On discussion David queried how this work would fit with Early Intervention and Psychosis services (EIP) given that there was an issue nationally to move EIP and Bi Polar development services to fit more closely together. Joe reported that 90% of the interventions would be

related to generic mental health illness but 10% will have a Bi Polar focus. It was noted that although taken from retrospective analysis it appeared that 59% of adults with diagnosed Bi Polar had first showed symptoms as children or young people. The issues of co-morbidity particularly with substance misuse were well documented.

The partnership agreed that the proposal supported the CAMHS strategic priorities in particular children and young people's input to the commissioning process, a multi agency approach to tackling poverty, a holistic model of care that included both clinical and voluntary sector services and notes the strong desire to support CAMHS strategy action plan objectives. The group agreed to support this proposal in principle and recognised the work that had been undertaken to identify a wide range of funding streams that could lead to sustainability of this proposal.

8.2 Consultant Community Paediatric CAMHS work

David reported that there was a need to consider the pending retirement of two consultant community paediatricians who have particular interest in CAMHS and the impact that this may have on provision of CAMHS services. Aileen reported that as the service was part of a block contract with Newcastle Hospitals Foundation Trust, there was a need to look at how this service is sustained or how needs could be met in an alternative way. The important role of community paediatrics in working with children with ADHD and behaviour issues was noted.

Action: Agenda at Child Health Commissioning Group/ Be Healthy Partnership December (AF)

8.3 Admission of under 16's to adult mental health wards

David reported that as from 1st December 2008 no young person under the age of 16 could be admitted to an adult mental health ward under any circumstances. He reported that some concern had been expressed by clinicians in their ability to find alternative placements. Aileen reported that a proposal had been prepared by the North East Commissioning Team for Mental Health led by Rosemary Grainger and presented to the Chief Executive's of provider and commissioning organisations. Within this it is recognised where the child is placed must be a clinician led but that commissioners were working as partners within this process and supporting clinicians to find a long-term sustainable solution for the individual young people. It was also noted that within the last 12

months 2 young people under the age of 16 had been placed in adult wards in the region. Aileen was not aware that that included children and young people from North of Tyne.