

**REPORT OF THE EDUCATION SELECT COMMITTEE  
2017/18**

**CHILD AND ADOLESCENT  
MENTAL HEALTH SERVICES  
(CAMHS)**

Meeting Date: Tuesday 17 OCTOBER 2017

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# Second Report of the Education Children and Families Select Committee 2017/18

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## 1. Introduction

- 1.1 The Education Children and Families Select Committee met on 17<sup>th</sup> October 2017 to undertake a review on Child and Adolescent Mental Health Services (CAMHS) in Bromley.
- 1.2 The Committee also received an update from the Education, Children and Families Portfolio Holder, a presentation from the Bromley Living in Care Council and an update on the Bromley Youth Offending Service. Details can be found in the [minutes](#)<sup>1</sup> from the meeting.
- 1.3 Information items provided to the Select Committee in advance of the meetings included the minutes of the meetings of Education, Children and Families Budget and Performance Monitoring Sub-Committee held on 18<sup>th</sup> July and 26<sup>th</sup> September 2017 and the first report of the Education, Children and Families Select Committee 2017/18.

## 2. Executive Summary of Recommendations

- 2.1 **That health partners undertake an analysis of specialist mental health provision across the Borough, including eating disorder, autism spectrum disorder and self-harm services, and for this to be considered against the number of referrals and waiting list duration to identify if additional specialist provision is required in any particular area of treatment.**
- 2.2 **That a standard format for the collection of health data be developed to support comparison and provide an holistic picture of service users.**
- 2.3 **That health partners work to develop arrangements to share live information on waiting lists across a full range of mental health and emotional wellbeing service areas.**
- 2.4 **That funding a for the provision of child and adolescent mental health services benchmarking exercise be undertaken for comparison with statistical neighbours to identify any disparity in funding levels.**
- 2.5 **That an evaluation of the effectiveness of early intervention be undertaken.**
- 2.6 **That Bromley Clinical Commissioning Group work to identify a provision of funding for Bromley Y in a way which will assure the longer-term sustainability of the Bromley Wellbeing Service.**

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<sup>1</sup> Minutes can be found on the London Borough of Bromley Website at: <http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=584&MId=6076>

- 2.7 That information sharing systems be developed between agencies to ensure that all relevant partners, especially schools, are notified when CAMHS is working with, or ceases to work with, a young person.
- 2.8 That systems are put in place to ensure that the ever increasing demands placed on CAMHS services are met.
- 2.9 That schools be provided with adequate help and advice to enable them to support young people.
- 2.10 That a more robust system of mandatory co-operation be developed between NHS bodies and local authority Overview and Scrutiny Committees to ensure adequate democratic accountability for the use of public funds.

### **3. Child and Adolescent Mental Health Services (CAMHS)**

- 3.1. The Select Committee's main inquiry for this meeting was Child and Adolescent Mental Health Services (CAMHS). The purpose of the review was to identify the pathway a young person in Bromley would take if they were identified as having a mental health problem, the organisations to which they would be referred, and how any treatment would be commissioned and funded. The Committee regretted that it did not receive any evidence from service users; testimony came solely from the providers of services.
- 3.2. A range of written evidence was provided to Members in advance of the meeting. This included a report outlining the tiered approach to Child and Adolescent Mental Health Services in the Borough, overviews of the support services provided by Bromley Y and Oxleas NHS Foundation Trust, a submission from Impact Multi Academy Trust, and an article from *The Times* newspaper dated 18<sup>th</sup> September 2017
- 3.3 The Committee heard evidence from six witnesses at the meeting:
  - Daniel Taegtmeyer, Head of Integrated Commissioning and Transformation (Bromley Clinical Commissioning Group)
  - Dr Jenny Selway, Consultant in Public Health Medicine (LB Bromley)
  - Claire Ely, Director (Bromley Y)
  - Ernest Noad, Chairman (Bromley Wellbeing Service)
  - Beverley Mack, Associate Director (Oxleas NHS Foundation Trust)
  - Stephen Whitmore, Director: Children and Young People's Services (Oxleas NHS Foundation Trust)

### 3.4 National Context

- 3.4.1 Mental Health problems are widespread across the population and represent the largest single cause of disability in the United Kingdom<sup>2</sup>. They do not discriminate between old and young and often remain hidden.
- 3.4.2 There has been a transformation in mental health over the last 50 years driven by the growth of community based mental health services which developed as a result of advances in care, the development of anti-psychotic and mood stabilising drugs, and a greater emphasis on human rights. In 1999, the National Service Framework for Mental Health was launched to establish a comprehensive evidence based service. This was followed in 2000 by the NHS Plan which set targets and provided the funding needed to deliver the actions within the Framework. In 2004, a National Service Framework for Children, Young People and Maternity Services was launched. Finally, in 2011, the Government published a Mental Health Strategy which set six objectives including improvement in the outcomes, physical health and experiences of care of people with mental health problems, and a reduction in avoidable harm and stigma.
- 3.4.3 Society's understanding of mental health and mental health problems has changed over time and continues to evolve. With ever developing technology and a rise in the use and availability of social media, today children and young people face new emotional demands. Greater awareness of mental health problems and a growing expectation that mental health be viewed as a positive asset mean that more children, young people, their families and carers seek help for mental health problems.
- 3.4.4 Around half of all people who have a mental health problem at some point in their life experience their first symptoms before they are 14 years old<sup>3</sup>. It is therefore vitally important that children and young people have timely access to high-quality care that is tailored to meet the unique needs of each child or young person at every stage of their development. One in 10 children aged 5-16 has a diagnosable problem such as a conduct disorder (6%), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD)(2%) or depression (2%). Children from low income families are at higher risk, three times that of those from the highest income bracket. Those with conduct disorder – persistent, disobedient, disruptive and aggressive behaviour – are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs, and 20 times more likely to end up in prison. Yet most children and young people get little or no support. Even for those that do, in 2015/16 the average wait time for routine appointments for psychological therapy was 32 weeks.<sup>4</sup>

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<sup>2</sup> Report of the Independent Mental Health Taskforce to the NHS in England (February 2016).

<sup>3</sup> CQC Review of Children & Young Peoples Mental Health Services (October 2017) Page 2.

<sup>4</sup> Ibid. Page 5.

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- 3.4.5 Mental Health problems in children and young people are common and account for a significant proportion of the burden of ill-health in this age range. Mental health problems experienced by children and young people can range from temporary episodes of anxiety, behavioural problems or depression, to severe and enduring conditions such as eating disorders, persistent self-harm and conduct disorders.<sup>5</sup> Some children and young people are more vulnerable to mental health problems due to their circumstances. A third of people in the youth justice system are estimated to have a mental health problem. Children who have experienced stressful life events such as parental mental illness, neglect, abuse, sexual exploitation, bereavement or conflict are also thought to be more vulnerable to mental health problems.<sup>6</sup> Self-harm among children and young people is a significant concern. Available data suggests that rates of admission to hospital following self-harm have increased. Suicide is one of the leading causes of death in young people in the United Kingdom. 60% of people under the age of 20 who die by suicide have previously been in contact with some part of the mental health system for children and young people.<sup>7</sup>
- 3.4.6 Many different organisations have responsibility for commissioning, delivering and overseeing the services that support children and young people's mental health from local authorities, schools and health services, to voluntary and community organisations and the criminal justice system. Schools, health visitors and GPs are often at the forefront of identifying that a child or young person is developing a mental health problem.

### **3.5 Emotional Wellbeing and Mental Health Services in Bromley**

- 3.5.1 In 2013/14 a local review of child and adolescent mental health services was undertaken. The review aimed to improve access and target more resources within health promotion, prevention and early intervention services. This resulted in a significant change programme in 2014/15 in the children and young people's emotional wellbeing and mental health referral and care pathway.
- 3.5.2 Following the review in 2014, a new single point of access (SPoA) early intervention service [The Wellbeing Service] for all child and adolescent mental and emotional wellbeing services was established. Its aim was to improve accessibility to all emotional wellbeing and mental health services in Bromley. The early intervention emotional wellbeing service began delivery in December 2014 and is currently delivered by Bromley Y, a local voluntary sector provider. The service triages referrals and, where clinically appropriate, delivers interventions or refers service users on to other specialist services such as specialist community CAMHS, Bromley Children's Project or substance misuse services.

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<sup>5</sup> Report of the Independent Mental Health Taskforce to the NHS in England

<sup>6</sup> CQC Review of Children & Young Peoples Mental Health Services (October 2017)

<sup>7</sup> National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, University of Manchester, 2017.

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- 3.5.3 For children and young people with moderate to severe mental illness, the specialist community CAMHS provides a range of specialist services to meet needs. In addition to emotional wellbeing and mental health needs, many children and young people present to services with a range of environmental risk factors, such as problems in family relationships or problems in peer relationships.
- 3.5.4 The Bromley Local CAMHS Transformation Plan reflects national ambitions to improve accessibility to evidence based services and the lifelong outcomes for children and young people. The Plan has been developed to invest additional resources in the local system. This will increase capacity and help address key issues including waiting times as well as improving access to a range of specialist services including those for eating disorders and autism spectrum disorder.

**Recommendation 1: That health partners undertake an analysis of specialist mental health provision across the Borough, including eating disorder, autism spectrum disorder and self-harm services, and for this to be considered against the number of referrals and waiting list duration to identify if additional specialist provision is required in any particular area of treatment.**

3.5.5 The local strategic ambitions are:

- a) To co-design and co-produce children and young people emotional wellbeing and mental health referral and care pathways to respond to need.
- b) To exceed the national target of 35% of those with mental health needs to be accessing or having accessed appropriate evidence based treatment and support in the right time and in the right place.
- c) To improve the quality of outcomes that children and young people can expect as a result of their contact with services
- d) To ensure that waiting times (referral to treatment) are kept within clinically appropriate time frames (four weeks)
- e) That communities are supported to help to keep well
- f) To collaborate with schools, the voluntary sector and health providers to prevent need
- g) That individual treatment gains and the step change in services are sustainable
- h) That fewer children present to services in crisis and fewer children and young people are admitted to inpatient units
- i) that more children have their needs met closer to home
- j) that services are co-designed and co-produced with children, young people, communities, faith groups and professionals
- k) to develop a workforce capable of delivering the new services

3.5.6 Promoting resilience in children and young people is recognised as important by universal services. Key services promoting resilience include Health visiting (supporting the mother to promote attachment and resilience in their children), Children and Family Centres, and schools.

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- 3.5.7 The social, risk and complexity factors associated with those entering the local CAMHS system indicate factors for emotional health problems locally which could be used to focus further prevention work.
- 3.5.8 Bromley Clinical Commissioning Group works in partnership with the Local Authority and a range of strategic and voluntary partners to support the delivery of the referral and treatment pathway for child and adolescent mental health services (CAMHS). The key challenge is to identify how children and young people can be supported to keep mentally well and to ensure that the pathway to access services enables the right care to be provided in the right place at the right time to those requiring support.
- 3.5.9 The Committee notes that a range of information regarding the social and complexity factors identified in children and young people accessing the wellbeing service and specialist Oxleas CAMHS services is collected and collated by separate organisations. New information gathered by NHS England is expected to be released in 2018. This should include details of the prevalence of mental health needs.

**Recommendation 2: That a standard format for the collection of health data be developed to support comparison and provide an holistic picture of service users.**

- 3.5.10 It is notable that the average wait time for specialist mental health services in 2015/16 was 32 weeks. The Committee agrees with the Head of Integrated Commissioning and Transformation that any wait time for significant interventions is unacceptable. Members note that Bromley Clinical Commissioning Group has gained increased access to data on the referral and treatment pathway process and this will help identify areas where additional resources may be required. The Committee agree that it is important to build flexibility into the system to respond to high levels of demand in particular service areas. It is pleasing that work will continue across all key partners to ensure the service is responsive to need.

**Recommendation 3: That health partners work to develop arrangements to share live information on waiting lists across a full range of mental health and emotional wellbeing service areas.**

- 3.5.11 Over the past three years, funding levels for child and adolescent mental health services has been sustained. We were told that additional funding of £700k per annum has been invested in local mental health and emotional wellbeing services through the CAMHS Transformation Plan. The Committee received financial information from both Bromley CCG and Oxleas NHS Foundation Trust. Whilst the information supplied appeared to show that budgets for CAMHS had increased it was not possible to undertake any meaningful comparison of the data as this would have required more a detailed breakdown of finances to have been provided by both organisations. The Committee notes that despite being a London Borough, Bromley

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continues to be underfunded. There is a need to advocate for sufficient resources to meet local demand. It is widely acknowledged that investment in early intervention services reduces the demand for more costly specialist services in the longer term. This should be emphasised when seeking additional funding.

**Recommendation 4: That funding a benchmarking exercise relating to the provision of child and adolescent mental health services be undertaken for comparison with statistical neighbours to identify any disparity in funding levels.**

3.5.12 With regard to the transition arrangements for children moving into adult services and how this is managed, the Committee notes that there is universal recognition across partners that transition arrangements require improvement. Work is underway to address this including a review of how best to align the emotional health pathway with the special educational needs and disability pathway to make it available up to the age of 25 years. Services will need to engage better with young people, and when designing services there needs to be greater awareness of their needs and requirements of young people.

### 3.5.13 Pathways to Care

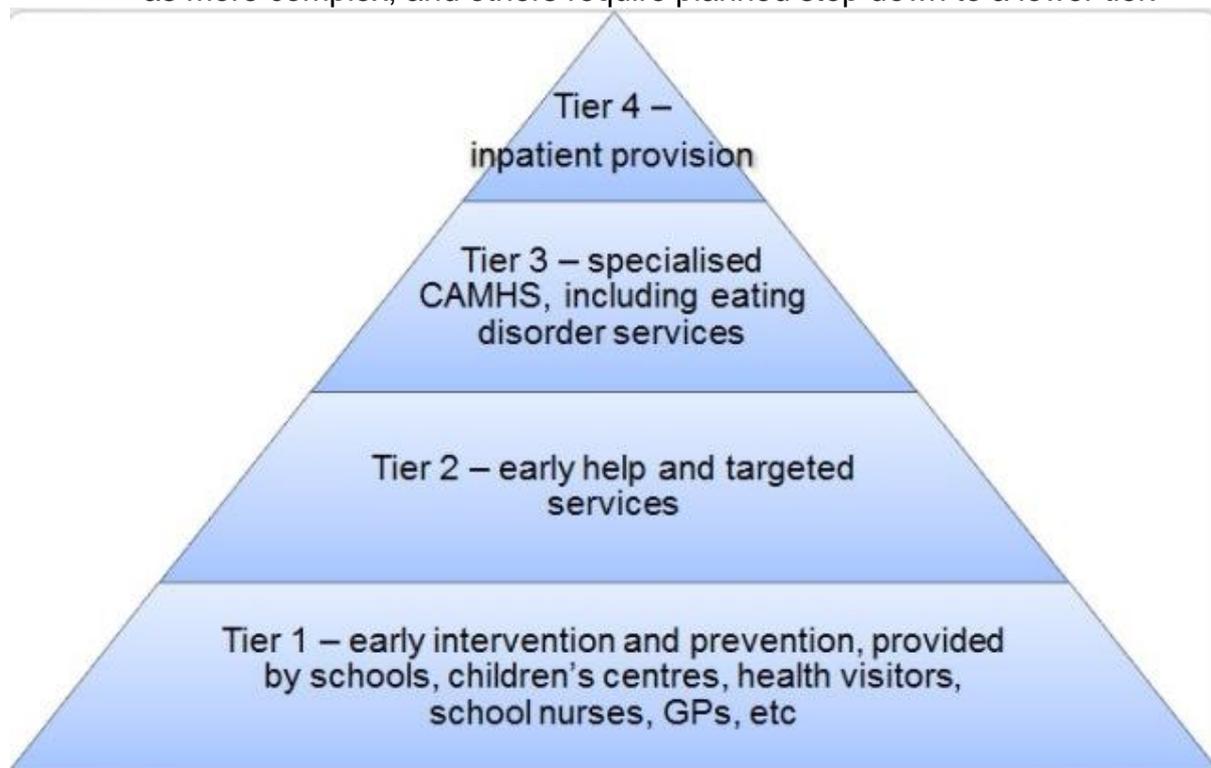
3.5.13.1 Most children and young people enter the system via the Single Point of Access (SPoA) Wellbeing Service. The most common source of referral into the SPoA Wellbeing Service is GPs, followed by carer referral and school referral. In the first quarter of 2017/18, 707 children and young people were in contact with the Wellbeing Service.

3.5.13.2 This increase in demand has been driven by a number of factors including the socio-economic implications of austerity and more people being encouraged to seek help as a result of the reduced stigma surrounding mental health issues. *Worryingly, approximately 50% of children and young people treated in Accident and Emergency Departments by CAMHS for higher range mental health needs had not previously been known to the Service.* This indicates that there may be a need for additional specialist provision in the Borough.

3.5.13.3 The South London Partnership is currently working with the Bromley Clinical Commissioning Group to develop a model of care which diverts children and young people with mental health needs to away from Accident and Emergency and towards more appropriate services. Such services include a day care plan to manage the immediate situation and an out-of-hours crisis line staffed by CAMHS trained professionals. Oxleas NHS Foundation Trust is also working with Bromley Clinical Commissioning Group and the South London Partnership to develop a liaison model service, expected to provide an out-of-hours service within Accident and Emergency Departments to reduce avoidable or inappropriate admissions of children and young people with mental health needs.

### 3.5.14 Tiered Model of CAMH Services

3.5.14.1 Child and adolescent mental health services (CAMHS) in Bromley are provided through a four-tier strategic framework. Most children and young people with mental health problems will be seen at Tiers 1 and 2. Some young people will move up through the tiers as their condition is recognised as more complex, and others require planned step down to a lower tier.



**Tier 1:** CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

**Tier 2:** Practitioners at this level tend to be CAMHS specialists working in community and primary care settings. In Bromley this service is provided by Bromley Y. Practitioners offer consultation to families and other practitioners, assessment to identify severe or complex needs which require more specialist interventions, and training to practitioners at Tier 1. This Tier also includes counsellors working in schools and youth services.

**Tier 3:** This is a multi-disciplinary service working in a community mental health clinic or child psychiatry outpatient service, providing a

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specialised service for children and young people with more severe, complex and persistent disorders. In Bromley this is provided by Oxleas NHS Trust. Team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

**Tier 4:** These are tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused). In Bromley the specialised Eating Disorders service is provided by South London and Maudsley (SLaM) NHS Trust.

### 3.5.15 Bromley Wellbeing Service

3.5.15.1 Bromley Y hosts the Bromley Wellbeing Service. This is a single point of access service developed to support the emotional and mental wellbeing of children and young people aged 0 to 25 years in the Borough.

3.5.15.2 The Wellbeing Service, commissioned by the Local Authority, enables children and young people to be referred or to self-refer to the service which offers a triage and assessment process. Following referral a decision is made on support needs. Support can include therapeutic support by Bromley Y or signposting to a more appropriate local or specialist service.

3.5.15.3 There are 41 part-time staff within Bromley Y, including six administrators who support the referral pathway. Approximately 2600 children and young people have been referred to the service during 2016/17. *It is notable that this referral rate is higher than anticipated.*

3.5.15.4 Bromley Wellbeing Service aims for triage to be completed in within 72 hours of initial referral, face-to-face assessment to be completed within four weeks (2 days for urgent cases), and for the service user to access intervention services within a maximum of 10 to 12 weeks.

3.5.15.5 In addition to being able to refer pupils directly to the Wellbeing Service, all primary schools and 12 secondary schools in the Borough commission Bromley Y to provide a counselling service. In 2016/17, 670 children and young people were seen in school for 1:1 sessions. Any individual requiring more intensive support will be referred through to the Wellbeing Service. In addition to this a pilot scheme was recently undertaken in schools. This pilot provides key school staff with consultation on mental health issues.

3.5.15.6 The Committee notes that the early intervention model shows that referrals to specialist, more costly, services are reducing. However, there is a risk to

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Bromley Y in terms of underfunding arising from increased referral complexity, increased referral numbers, and the resulting pressures on staff and contracting arrangements. Whilst most of the services provided by Bromley Y are funded through contracts with the Local Authority or individual schools, funding from Bromley Clinical Commissioning Group is provided under a memorandum of agreement which runs on an annual basis. This short-term agreement results in some financial risk for Bromley Y and could undermine the long-term sustainability of this much needed service.

**Recommendation 5: That an evaluation of the effectiveness of early intervention be undertaken.**

**Recommendation 6: That Bromley Clinical Commissioning Group work to identify a provision of funding for Bromley Y in a way which will assure the longer-term sustainability of the Bromley Wellbeing Service.**

### 3.5.16 CAMHS and the Youth Offending Service

3.5.16.1 The Select Committee note that Bromley Youth Offending Service has been successful in a recent bid to NHS England to develop a Forensic Service Pilot Scheme in recognition of the high proportion of young people entering the youth justice system identified as having complex needs requiring significant levels of specialist intervention and support. The scheme will enable these young people to access specialist CAMHS services as well as other wellbeing support services from across a range of agencies. Support will also be provided to families and carers where appropriate. The Forensic Service Pilot Scheme is initially funded for one year, but an application can be made for further funding if the scheme proves to be successful.

3.5.16.2 Members further note that there is no CAMHS worker seconded to the Youth Offending Service; however a Bromley Y worker is based in the team for two days a week and the Youth Offending Service is also able to refer young people directly to CAMHS where a need is identified. The part-time school nurse works one day a week and a bid is being developed to provide additional capacity.

3.5.16.3 Young people who have committed low level offences can be referred to the Youth Offending Service for triage. Through this system short term interventions are delivered in partnership with the police to divert young people away from offending. The Committee note with interest that the majority of young people referred to the Youth Offending Service for triage do not go on to reoffend.

### 3.5.16 Submission from Impact Multi-Academy Trust

3.5.16.1 The submission advises that schools are not always advised when CAMHS are working with a young person. This can present problems, particularly

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when there is a risk to either themselves or others, as a Care Plan might need to be triggered for safeguarding purposes. Similarly, there is no notification when support ceases. This can result in schools assuming that any continuing demonstrations of mental health issues in school are being address when this may not in fact be the case. It would be helpful if information sharing systems could be developed between agencies to ensure that all relevant partners, especially schools, are notified when CAMHS is working with, or ceases to work with, a young person.

**Recommendation 7: That information sharing systems be developed between agencies to ensure that all relevant partners, especially schools, are notified when CAMHS is working with, or ceases to work with, a young person.**

3.5.16.2 The Committee notes the impact of limited resources outlined in the submission. At the meeting Bromley Clinical Commissioning Group, Oxleas NHS Foundation Trust, and Bromley Y were all asked to provide a response to the issues addressed in the submission from Impact Multi-Academy Trust.

3.5.16.3 In its response to the submission, Bromley Y note that a good relationship with local schools exists and that they work in partnership with schools to support children and young people. Bromley Y shares some of the concerns raised by Impact Multi-Academy Trust and has previously asked that the names of children and young people presenting at A&E be shared with them. This would enable The Wellbeing Service to ensure that the young people are not on the waiting list or being seen by one of its practitioners. Such information sharing would create stronger joint working and further safeguard children and young people. Bromley Y has highlighted that it would also welcome from Oxleas clarity around waiting times. Finally, Bromley Y confirmed that it was willing to consider further training for schools' staff but that without specific funding this would be difficult to provide.

3.5.16.4 Oxleas NHS Foundation Trust responded that the feedback from Impact Multi-Academy Trust in relation to to knowledge and helpfulness of clinicians and staff at the Phoenix Centre and Newman Road CAMHS is consistent with the feedback provided by service users and their parents. In terms of advising schools when CAMHS ceases to support a young person, Oxleas NHS Foundation trust noted that in providing care and treatment to children and young people, CAMHS clinicians work in partnership with those involved the young person's caring and professional network and in accordance with statutory guidance<sup>8</sup>. Oxleas NHS Foundation Trust recognised that schools had a key role to play in supporting young people with mental health conditions in manging their mental health within the school setting. Accordingly, clinicians seek to involve and communicate with schools and request consent from parents and young people to share information. Where this consent is not forthcoming, clinical staff are unable

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<sup>8</sup> *Working Together to Safeguard Children* (2015)

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to share information with schools unless the need for consent is overridden by safeguarding concerns. Where consent to share information with the child's school has been obtained, schools should expect to receive information about the treatment and notification that the treatment has been completed. Oxleas NHS Foundation Trust highlighted the importance of striking a balance between the need for those supporting vulnerable young people to understand their needs and the need of the young person for privacy and protection from feeling exposed and uncontained.

- 3.5.16.5 With reference to the areas where service provision in Bromley is affected by limited resources, Oxleas NHS Foundation Trust highlighted that these matters relate to the commissioning decisions of Bromley CCG and the Local Authority.
- 3.5.16.6 In relation informing schools when young people have presented at A&E, Oxleas reported that prior to recent changes, the School Nursing service in Bromley automatically notified the Safeguarding Leads in schools when young people presented with mental health crisis to A&E; however this is no longer the case. The Trust was aware that it would be helpful for schools to receive some information and guidance on how to manage the mental health needs of individual young people in school, particularly where they have high risk mental health presentations and are working on ways to facilitate this. It was envisaged that this work will be done collaboratively with school colleagues with the objective being to enhance the support provided in school for the most vulnerable young people. Specialist CAMHS provides parent interventions in the course of the treatment of the children and young people being seen within the service. This takes the form of individual, parental couple, parent-child, family and group. Parenting interventions are recommended by NICE for particular mental health difficulties such as conduct disorder. Where these are not available, it would be a matter for commissioners and service providers to consider.
- 3.5.16.7 The Multi-Academy Trust calls for increased provision of parental support for dealing with adolescents with mental health issues. Whilst schools may proactively direct families to websites and have created letters to send to parents, it may be that parents require more specialist help with supporting children with mental health needs. Input from trained CAMHS professionals to assist schools with signposting parents to relevant support services may provide reassurance to schools.

### **3.6 Conclusions of the Education Children and Families Select Committee**

- 3.6.1 Following detailed consideration of the written evidence provided in the Committee's agenda pack and the verbal evidence provided by the witnesses at the meeting on 17<sup>th</sup> October 2017, the Committee recognises that a range of provision is available across the Borough to ensure that children and young people receive the support they need in maintaining their mental health and emotional wellbeing, including a comprehensive early intervention offer.

3.6.2 There is still more that needs to be done including the introduction of more robust information sharing and data collection arrangements between key partners. This will ensure that children and young people are supported whilst waiting to access specialist CAMHS services. It is essential that the current and future level of specialist service provision is appropriate to meet demand and that resources are in place to ensure that increasing levels of demand are met.

**Recommendation 8: That systems are put in place to ensure that the ever increasing demands placed on CAMHS services are met.**

3.6.3 Finally, schools are at the forefront of identifying mental health needs. Partnership working with schools must be encouraged and schools need to be provided with adequate help and advice to enable young people to be supported.

**Recommendation 9: That schools be provided with adequate help and advice to enable them to support young people.**

**Recommendation 10: That a more robust system of mandatory co-operation be developed between NHS bodies and local authority Overview and Scrutiny Committees to ensure adequate democratic accountability for the use of public funds.**

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