

Partners in Paediatrics: CAMHS Working Group

End of Year 2 Report and Options for Year 3

Child and adolescent mental health services (CAMHS) was one of six priorities, selected by Partners in Paediatrics for action in 1998-9. Although often taken as a distinct element of children's services, CAMHS was seen as an important to acute and community paediatric services, alike, for two reasons:

- First, access to specialist CAMHS opinion and services was a central concern raised by both acute and community paediatricians.
- Second, the volume and nature of work which fell, often by default, to paediatricians – particularly community paediatricians - to manage gave rise to concerns both about appropriate recognition for such work and about the quality of care which could be offered.

A third reason was later articulated which recognised the wider system of care and the wider purpose of mental health promotion and prevention of morbidity.

The tasks for the group were agreed as:

- Firstly, and primarily, to respond to a review of CAMHS commissioning in the West Midlands
- Secondly, as possible, to work up a bid for R&D funding which would take advantage of the natural diversity in service organisation and service relationships across the PiP area and which might inform collaborative service planning and development.

In the event, the first task was achieved: the second was not, and although, in principle, it remains a valid objective, in practice it would require clarity about where there was energy and willingness across the services to collaborate in such a proposal.

The response to the West Midlands review was completed after four drafts, the penultimate of which was distributed for comment to members of the Steering Group of PiP and it was sent to West Midlands Region, to the Department of Health and to the Audit Commission, as well as to all members of the Steering Group. Members of the CAMHS group distributed the document more or less widely within their localities.

Options for the Future

For the future, the following options, or combinations of options, might be considered:

- a) to recognise that since PiP proposed a CAMHS group, much has happened to stimulate attention to and development of CAMHS. The focus indicated in Priorities and Planning Guidance 1997-8 has been further strengthened by £84 million of Modernisation Funds earmarked for CAMHS. Every Health Authority has had to submit, with evidence of a due, multi-agency collaborative process, a strategy for CAMHS development and a related bid to access their share of resources. Additional resources have been available through a "competitive" bidding process. And, finally, at regional level, there are significant investments in a support infrastructure. The Regional CHAG, through Helen Grindulis (Sandwell), is seeking a meeting between paediatricians and child and adolescent psychiatrists, having recognised the significant concern about specialist CAMHS among paediatricians across the Region.

Option 1: Invest PiP energies elsewhere, but maintain a watching brief and establish a mechanism to consider the state of CAMHS in preparation for the conference of November 2000.

OR

Option 2: Invest significantly in attracting community and specialist mental health Trust membership, in defining an agenda which would promote more effective local CAMHS service development, draw in education, social services and primary care, and pursue partnership with regional support mechanisms for a “north of the region” CAMHS support role.

- b) The local strategy making process has brought together, almost for the first time, the major commissioning agencies in health, social services and education, with CAMHS providers. To different degrees, paediatric services have been party to this process, but none of those paediatricians involved locally have contributed to the PiP group.

Option 3: Initiate a paediatric leads liaison group for some or all of the PiP area to promote PiP principles in local CAMHS strategy groups, and, as appropriate, to seek/commission support through PiP in expressing paediatric interests.

- c) At regional level, there are proposals to convene a “whole system” stakeholder event, a Learning Education and Development Centre and a strategic, multi-agency CAMHS network. In his response to PiP’s submission to Region, Antony Sheehan indicated that the last of these would be an ideal forum in which PiP could be represented. A copy of a letter which has been circulated widely across the Region inviting expressions of interest in such a venture is attached for information.

Option 4: PiP could write formally indicating its support for such a venture and nominating one or more representatives to attend/interact with the regional network. Those representatives should be invited to pursue, with Steering Group advice, PiP’s interests in the regional support to CAMHS development (including potentially Tier 4 service commissioning).

- d) Finally, the R&D bid might be pursued by a small group of interested members of PiP, potentially focused on CAMHS services other than psychiatry and potentially related to another service interest of PiP – neurology - as it develops its work on planning and delivery of services for children with epilepsy and their families.

Option 5: PiP could invite members of the CAMHS and Neurology groups to explore how their work could be productively combined. An R&D project focused on understanding how services are meeting and might better meet the complex needs of children with epilepsy would potentially prepare the ground for a collaborative response to national service development priorities.

**Steve Cropper for CAMHS Group
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