

Budget Proposals 2016-17: Primary Children and Adolescent Mental Health Service (PCAMHS)

Summary of Feedback Received and Key Findings

Why we consulted?

Over the last four years we have had to make savings of £23m because we've received less money from central government. We have done this by becoming more efficient at what we do, by reducing some of our administrative functions and increasing our income. Throughout this period we have done our best to protect front line services.

We now have to find another £20m over the next four years, with almost £11m to be found in 2016/17. Much of this will come from further efficiencies within the council, but £4.6m will have to come from services that will impact the public.

In order to inform the budget setting process for 2016/17 we published a list of those proposals which would likely have a direct impact on service users, and sought the views from those affected and interested:

- to understand the likely impact
- to identify any measures to reduce their impact
- to explore any possible alternatives

Approach

All the proposals were published on the council's website on 3 November 2015 with feedback requested by 14 December 2015. Respondents were directed to a [central index page](#), with a video message from the Chief Executive outlining the background to the exercise.

Information relating to this proposal was linked directly from this index page. This contained more detailed information on what was specifically proposed, information on what we thought the impact might be, as well as what else we had considered in developing and arriving at this proposal. Feedback was then invited through an online form, and through a dedicated email address. Previously, a multi-stakeholder event was held to gauge partner support and engagement.

Each individual budget proposal was placed on our [Consultation Portal](#) which automatically notified those registered that an exercise had been launched. Members of the West Berkshire community panel (around 800 people) and local stakeholder charities, representative groups and partner organisations were also emailed directly, notifying them of the exercise and inviting their contributions.

Heads of Service made direct contact with those organisations affected by any of the budget proposals prior to them being made publically available.

A press release was issued on the same date, as well as publicised through Facebook and Twitter.

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Background

Half of all lifetime mental health conditions first emerge before the age of 14 and three quarters by the age of 25. Nationally only 25% of children with a mental health condition receive any professional help.

Currently, children and young people requiring extra mental health support are referred to a Children and Adolescent Mental Health Service (CAMHS) single common point of entry. If they meet the criteria and threshold they are referred to Primary CAMHS workers who work at Tier 2, or Tier 3 and 4 interventions for more intense and specialist support.

In West Berkshire, children are waiting an average of a year to receive individual therapeutic care. Our specialist mental health services are hugely over-subscribed and under resourced. The council currently contributes £80,000 to Berkshire Health Care Trust for one PCAMHS worker (including management and on costs).

It is proposed to reduce this funding to £40,000 but redirect it into a new Emotional Health Academy, jointly funded with Public Health, Clinical Commissioning Groups (CCGs) (comprised from NHS staff and General Practitioners), Schools and philanthropic investment. The Academy will provide a central hub to coordinate early intervention emotional health across the District (and where appropriate, across our borders).

Eight emotional health workers will be employed and trained with management and supervision from the West Berkshire Council Educational Psychology Service (EPS) and clinical supervision from CAMHS. They will work in schools and GP surgeries across the District offering earlier intervention emotional health support and training.

There is also a wide range of high quality voluntary sector organisations who offer early and non-stigmatising support in our communities. They will work in partnership with health and education colleagues to broaden the workforce.

Previous interventions and training offered exclusively by the EPS will be amalgamated into one coherent offer to schools, allowing a further £100,000 savings to be made from the EPS budget.

For children and young people with more severe mental health difficulties specialist CAMHS will remain, with additional funding from CCGs ensuring a swifter response.

Summary of Key Points

Eight comments were received, including, two from Parish Councils, one from the Berkshire Healthcare Trust and one from a school governor.

- One comment was completely positive and supported the new initiative.
- Five comments recognised the need for change but were dubious about making savings until a new service had provided evidence that it was more effective.
- Six of the comments indicated that the funding should remain in place rather than be reduced, and should be reallocated to the new initiative.
- One comment was not supportive of the new system as they thought vulnerable children would be adversely affected.

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Main comments:

- It will have a positive impact on waiting times
- Earlier intervention is better than waiting for greater problems later
- It will be a better use of money
- Some voluntary sector participation will be beneficial but can't rely on it
- It is important that this service is maintained.

1. Are you, or anyone you care for, a user of this service?

Two of the eight identified themselves as users of the service.

2. What do you think we should be aware of in terms of how this proposal might impact people?

- Comments were more against the cut in funding and less against the change in the system.
- "A cut in budget won't solve the capacity issue. We should re-invest the total budget into the new system."
- There are concerns about the capability of an unproven system, especially on the most vulnerable.
- BHFT recognise some need for change but do not think there will be enough clinical provision.

3. Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?

- We need to ensure that those families who have waited such a long time on the waiting list also get priority for the new service...as well as those who have more severe needs.
- The most vulnerable will be affected due to the lack of highly qualified staff currently available.
- It will affect schools greatly.

4. Do you have any suggestions as to how this service might be delivered in a different way? If so, please provide details.

No comments received

5. Do you know of any existing community initiatives which help to support children's emotional health in your community? If so, please provide details. If not, would you be interested in establishing one?

One response was:

'Girl guides and scouting offer great support to young people....but the problem is too big to rely on Community responses.'

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6. **Do you know of, or are you yourself experiencing, a gap in early emotional health support where new or different help is needed? If so, please provide details.**

No comments received

7. **Are there any aspects of the PCAMHS support you particularly value and would not want to lose in a new model? If so, please provide details.**

No comments received

8. **Any further comments?**

- Not before time.
- The consultation paper was too vague and want to know more details about delivery
- More info would be good on accountability.
- It is important that the service is maintained.
- Current level of service should be maintained.

Conclusion

There is some support for the new service and agreement that the current CAMHS is not delivering a service at an acceptable level. There are also concerns about the reduction in budget and the unproven nature of the new system.

Please note: *In order to allow everyone who wished the opportunity to contribute, feedback was not sampled. Therefore this wasn't a quantitative, statistically valid exercise. It was neither the premise, purpose, nor within the capability of the exercise, to determine the overall community's level of support, or views on the proposals, with any degree of confidence.*

The feedback captured therefore should be seen in the context of 'those who responded', rather than reflective of the wider community.

All the responses have been provided verbatim as an appendix to this report. Whilst this summary seeks to distil the key, substantive points made, it should also be read in conjunction with the more detailed verbatim comments to ensure a full, rounded perspective of the views and comments are considered.

Cathy Burnham
Principal Educational Psychologist
& Service manager Social Inclusion
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Version 1 (CB)