

St Helens Council

Health and Adult Social Care Overview & Scrutiny Panel

Self Harm

23rd March 2015

1. Background

- 1.1 During the 2014/2015 Scrutiny work programme consultation, Healthwatch suggested that the Panel look at Self Harm. Members of the task group, Councillors Tom Hargreaves (Chair), Joe De'Asha, Jimmy Jackson, Pat Jackson, Charlie Preston, Lisa Preston, Keith Roberts and Sheila Seddon met on several occasions with various Council Officers and partners. It was agreed that the initial part of the review would be around young people and the transition into adulthood.
- 1.2 NICE (National Institute for Health and Clinical Excellence) in their guidance of the long-term management of self-harm, considers self-poisoning or self-injury by cutting, rather than other issues such as excessive consumption of alcohol or recreational drugs, or starvation arising from anorexia nervosa or accidental harm to oneself as their definition of self harm. Whereas the national self-harm website, a national charity defines self-harm as '... an umbrella term for any behaviour, action or habit, which can cause damage to your health. This can include cutting, but also includes overeating, taking drugs, smoking and drinking too much alcohol. It's a wide area that covers a whole range of actions'. However, this organisation clarifies that they distinguish self harm as long term impacts and deliberate self injury as the immediate acts such as self-poisoning and self-injury such as cutting.

2. Findings

- 2.1 The task group met with officers from Adult Social Care Department, Children and Young People's Services, Public Health and the Clinical Commissioning Group (CCG) to establish what current services are in place.
- 2.2 St.Helens hospital admission figures for 2012/2013 show the area as statistically higher than the England rate for deliberate self harm, however, there are very few areas in the North West with low rates, which are possibly due to coding anomalies. The Chief Medical Officer's report states that '...currently there are not robust systems for recording self harm accurately at a national level.'
- 2.3 Although, even with these figures it is still not an accurate picture as many self harm incidents will go unreported as many people suffer by themselves for many years. It is known that people that self harm more than once are at a higher risk of suicide, so it is vital that we educate and support people at an early stage and ensure we have robust systems in place.
- 2.4 **Public Health Department**
- 2.5 Comprehensive work has been and is currently being undertaken with our schools by the Public Health Section, this includes but is not limited to;
 - As part of the 2015 Health and Wellbeing Pupil Survey, undertaken by Public Health Section, a question has been included re self harm. The results will be analysed and work with the schools where high prevalence has been

identified a 'package of support and intervention' will be discussed with senior leaders within all schools.

- Targeted discussions with education settings who accommodate vulnerable learners are being established, i.e. the Tuition Service who support emotionally vulnerable learners. These discussions will be bespoke to the setting and will ensure that a targeted approach is taken in addressing young people's mental health needs. Currently the Tuition Service provides a specialised approach towards assessing and reducing the risk of self harm and suicide.
- 82% of schools in St Helens are continuing their Healthy Schools journey. As part of this process they have to ensure that there are robust systems in place for the promotion of emotional health and wellbeing within the school setting, including how children and young people are taught to handle their feeling and emotions. Schools will provide detailed evidence of how they do this as part of the Department for Education 'Healthy Schools Enhancement' programme.
- All schools have received a copy of the 'DfE guidance *Building children and young people's resilience in schools*'. This guidance will also feature as a key document at the forth coming Health & Wellbeing Governor Conference which is being held on Saturday 20th June 2015.
- Health & Wellbeing governors will be encouraged to play a role in raising awareness of self harm amongst young people.

2.6 No Secrets Service

- 2.7 The task group met with *No Secrets* a voluntary organisation based in St.Helens, Wigan and Halton to talk about their work. Three of the members spoke with the task group about the work they undertake and the self harm awareness training they provide. *No Secrets* work with people over the age of 16 and hold group support meetings on a regular basis. They do not receive a grant but rely on charitable donations.
- 2.8 They delivered a comprehensive awareness training session to the task group, which members found enlightening and extremely educational. We heard they have delivered this training to various professional includes NHS staff, but would embrace delivering this training to school staff across the borough.
- 2.9 *No Secrets* have subsequently been asked to nominate a representative to sit on the Local Safeguarding Children's Board 'Voice of the Child' sub committee. This sub committee is responsible for influencing the board who have already recommended that giving service users for self harm 'a voice' is a 'priority'.
- 2.10 *No Secrets* have also been asked to attend the 2015 Health & Wellbeing Governor Conference. *No Secrets* will feature in the Spring Term 2015 newsletter, which will be distributed to all Health & Wellbeing Governors, Chairs of Governors, Head Teachers and Healthy School Coordinators across St Helens.

2.11 CAMHS

- 2.12 A review of CAMHS services within St Helens has been undertaken jointly between the CCG and LA and has identified a number of concerns relating to current service provision, as part of the review a comprehensive needs assessment was undertaken which helped identify issues within service provision.
- 2.13 The review identified gaps in provision at tier 2, issues relating to accessing tier 3, CAMHS support for vulnerable groups and concerns over the numbers of children and young people accessing the service when compared to published prevalence data. One of the biggest gaps in provision at tier 2 is for children under the age of 11, currently the commissioned service is for children and young people aged 11-19, although a temporary service has recently been introduced for the 5-11 age group funded by Public Health.
- 2.14 Published prevalence data suggests that within St Helens we would expect to see around 2,800 children and young people accessing CAMHS early interventions at tier 2, currently there are approximately 900 children and young people accessing the tier 2 services. Prevalence data for tier 3 suggests that the service should be seeing approximately 750 children and young people, the current service activity levels indicate that 800 children and young people are accessing the service.
- 2.15 As part of the review a comprehensive consultation and engagement schedule was created and followed, gathering evidence from multiple sources to help influence the development of a new service model for CAMHS for St Helens, this has included looking at other areas that have recently reviewed their CAMHS services.
- 2.16 The existing commissioned service for tier 2 CAMHS is provided by a number of organisations, which are, Changing Lives for the age group 11-19, Paediatric liaison is provided by Bridgewater community trust and is an in-patient service provided at Whiston hospital. CAMHS tier 2 services for Looked After Children (LAC) is provided by Bernardos which is commissioned by the Local Authority, they deal with children aged 4 – 18 and will see approximately 55 children per year.
- 2.17 Public Health have invested in a temporary service to provide early intervention CAMHS tier 2 services for children aged 5 – 10, this service is being provided by Changing Lives.
- 2.18 CAMHS tier 3 service is commissioned from 5BP and is included as part of the contract that the CCG has with 5BP. The tier 3 service has a number of issues around waiting times and referrals which are being addressed through standard commissioning and contracting procedures, waiting times for service for routine referrals have reduced from 14 week to 9 weeks and the trust are working towards a 6 week target.
- 2.19 Referrals are currently made to either tier 2 or tier 3 services, this decision is based on the referrer's knowledge of CAMHS services. If the referral is inappropriate then the receiving service will re-direct to the most appropriate service, this sometimes causes issues between the services particularly when a child or young person is presenting at the top of tier 2 and / or the bottom of tier 3 and in some cases this results in services not being delivered.
- 2.20 Using the information collected during the consultation process a draft service model including pathway has been developed, this will include a new comprehensive tier 2 service and a revised tier 3 specification.

- 2.21 The proposal for tier 2 services is to offer a service that provides timely brief interventions to children aged 0-19 and their families who access a St Helens education setting and/or are registered with a St Helens GP and this will be based on national prevalence data. The service will be a flexible multi-disciplinary team that will include an integrated single point of access and triage service for T2 and T3 (step up facility) and include provision of training to build skills in universal services that support children and families. The existing tier 3 service will be changed to reflect the tier 2 model and will include the introduction of an integrated single point of access.
- 2.22 The development of an integrated single point of access is key to ensuring that all referrals are treated appropriately and correctly signposted using the new pathway. Both services will work under the ethos of **no referral is inappropriate**, instead there will be a proactive working down to primary referrers to support and help with clinical reasoning to identify need and signpost appropriately for support / treatment for the child.
- 2.23 The proposed delivery of the new model will be by procurement for tier 2 services and a contract variation for the delivery of tier 3 services. The procurement for tier 2 is currently in process with an award set for the end of March 2015 and proposed service commencement from 1st July 2015. The tier 3 revised service will be varied into the existing contract from 1st April 2015.

2.24 Transition into Adulthood

- 2.25 Adult Social Care and Health and Children and Young People Services are in the process of working together to develop one transition strategy for St Helens. This strategy will identify standard principles of good practice for transitions for all children and young people and will detail particular pathways for specific cohorts of children including CAMHS. The first step is mapping current service provision.

3. Recommendations

- 3.1 That the task group re-visit this review when the CAMHS review has been completed and had time to establish and when the transition strategy for St.Helens has been developed.
- 3.2 That work between the Council and No Secrets continues to ensure that residents can benefit from their services.
- 3.3 No Secrets be invited to the Governors Forum.
- 3.4 That the self harm awareness training session provide by No Secrets to the task group be extended to all Councillors.

Rec No	Recommendation	Responsible Officer	Agreed Action and Date of Implementation
1	That the task group re-visit this review when the CAMHS review has been completed and had time to establish and when the transition strategy for St.Helens has been developed.		
2	That work between the Council and No Secrets continues to ensure that residents can benefit from their services.		
3	No Secrets be invited to the Governors Forum.		
4	That the self harm awareness training session provide by No Secrets to the task group be extended to all Councillors.		