



Response of the Association of Child Psychotherapists to Achieving Equity and Excellence for Children, as part of the NHS White Paper, Equity and Excellence: Liberating the NHS

5 October 2010

We support the principles and basic values of the NHS White Paper but consider that the requirements of delivering CAMHS of the highest standards are not sufficiently embedded within the White Paper as it stands. Our response therefore is focusing on children, young people and families and how best to meet their mental health needs.

We welcome the addendum paper Achieving Equality and Excellence, which is an acknowledgement of gaps in the White Paper relating to the specific needs of children, young people and their families. This is really important because today's children and young people will become tomorrow's adult patients if their needs are not addressed during childhood. They also become tomorrow's parents so helping appropriate parenting in the early years can lay down helpful parenting models for future generations, rather than perpetuating physiological disturbances through the generations.

GP Consortia Commissioning

We welcome Sir Ian Kennedy's review and strongly agree with many of the themes identified, especially:

- for investment in health to be shifted towards children and young people's services;
- for a shift of investment towards early years and mental health, to improve lives in the long-term, as well as improving cost effectiveness;
- for a focus on prevention, early intervention and wider well-being in place of the current model of treating illness and injury;
- for GPs to be given additional paediatric training, although we would add that GPs should be given additional training in child and adolescent mental health needs;
- for there to be a review of how young patients are progressed from children's to adult services so that they enjoy a continuity of care in a way that ignores birthdays and concentrates on needs.

With the involvement of GPs in commissioning CAMHS and Third Sector providers, we are concerned that this development may disrupt carefully established existing partnerships that relate to and recognise the context within which children and young people and their families receive services. We are also concerned that the place of experienced advisors, such as the CAMHS Regional Development workers, is threatened, just at a time when the proposed GP Consortia could benefit from their knowledge and expertise and capacity to spread good practice.

With GP commissioning consortia focusing on local needs, there is a danger that services may become fragmented and not have a broad enough view. We would like to see new arrangements piloted and evaluated first so that learning can be shared before full implementation. We are concerned in particular that GPs may not have the skills or the time to undertake complex commissioning and to safeguard good existing partnership working. Overall there is a worrying lack of detail concerning how integrated services will be protected and encouraged.

Issues of Access and Eligibility

We are pleased at the acknowledgement that children and young people have particular needs, especially complex mental health conditions and that they need to be treated in age appropriate settings, as recommended by Professor Ian Kennedy.

We are not in agreement with the proposal for specialist child-focused GP practices. In our experience families find accessing non-local services particularly difficult in terms of childcare arrangements and difficulty of travel so it is essential if equity of access is to be achieved that all GP practices develop expertise and knowledge in recognising children's mental health needs across key life stages. We are particularly concerned that CAMHS, based in settings such as schools, are supported for those children who would be unable to access services elsewhere. This requires careful integration of local partnerships and firm links with agreed cross charging arrangements between GP consortia and local authorities to allow open access and eligibility to services.

We are concerned about families who are not registered with GPs and therefore may have difficulty accessing services.

Patient and Public Involvement

We welcome the emphasis on improving feedback from children, young people and families in the form of satisfaction questionnaires so that services can develop in an informed way and be truly child- and family-centred. We agree that more needs to be done to ensure that the voices of families and young people are fed into commissioning decisions.

Public involvement needs considerable encouragement as mental health services often carry a stigma.

Improving Health Outcome

The five domains outlined in the White Paper appear to focus primarily on acute care and accountability. Children's services in general – and CAMHS in particular – are far more concerned with long-term outcomes achieved in partnership.

From a CAMHS perspective, we are often trying to prevent children and young people from ending up in adult services. Good mental health is needed to enable children to achieve at school and go on to lead productive lives. The Every Child Matters outcomes framework is an excellent illustration of how children's services need to work together to achieve positive outcomes across different domains. For example, indicators for quality of life could include access to education, play and social activities. With children and young people, health outcomes are always interlinked with contributions from other agencies.

We welcome the focus on recording outcomes, including greater use of PROMS, and acknowledge the complexity and difficulty of evidencing longer term outcomes of children. In our experience, aims of treatment that are realistically and mutually agreed by the family and the clinician provide the best framework for measuring outcomes. Developing needs assessment tools that capture complexity, including historic and recent needs, are crucial to helping patients access appropriate

treatment and in measuring change. It is particularly important to assess the impact of the context that children and young people are exposed to as well as intrinsic difficulties or specific conditions.

Training the NHS workforce's smaller specialist professions

We welcome Sir Ian Kennedy's Recommendation 36 in Getting It Right for Children and Young People: "Government, employers and professional groups must address the need for more professionals trained in the range of skills required in the comprehensive care of children and young people as a matter of urgency."

However, we are concerned that the proposed structural changes contained within the White Paper, in particular the abolitions of SHA Statutory Bodies by 2012/2013, do not take into account how the funding for training in the NHS smaller specialist trainings, such as Child and Adolescent Psychotherapy, will be commissioned. How will the GP consortia interest themselves in the training needs of smaller professions?

We would welcome the opportunity to consult and engage on the themes identified in the White Paper and in Achieving Equity and Excellence for Children. As mentioned above, we would support the piloting of some of the new structures including patient involvement before the present arrangements are disbanded.

We do know that the costs of not providing the right package of care at the right time for children's mental health are high. If emotional needs of children and young people are left unrecognised and untreated, the actual financial and social costs incurred will rapidly escalate.

The Association of Child Psychotherapists is the main professional body for psychoanalytic child and adolescent psychotherapists working in the UK. Most of our members work with children, young people and families within the NHS as part of CAMHS. For more information about the ACP, please visit: www.childpsychotherapy.org.uk

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