

***Committee:* LANCASHIRE LOCAL - LANCASTER
DISTRICT JOINT COMMITTEE**

***Date:* TUESDAY, 1 SEPTEMBER 2009**

***Venue:* MORECAMBE TOWN HALL**

***Time:* 6.30 P.M.**

A G E N D A



To: All Members of Lancashire Local – Lancaster District

Copies to: **Libraries/County Information Centres and Parish and Town Council's**

Telephone (01772) 533425
Fax (01772) 530949
Email paul.smith2@lancashire.gov.uk

Your ref
Our ref DS/LL
Date 21 August 2009

Dear Councillor

**Lancashire Local – Lancaster District
1st September 2009**

A meeting of the Lancashire Local – Lancaster District will be held at the Town Hall, Morecambe at 6.30 pm on Tuesday, 1st September 2009.

An agenda for the meeting is enclosed.

Members are asked to consider whether they need to disclose any personal/prejudicial interests in matters appearing on the Agenda. If a Member of the County Council requires advice on declarations of interest, he/she is advised to contact Jill Anderson, Democratic Services (Tel 01772 532284) or Roy Jones, County Secretary and Solicitor's Group (telephone 01772 533394), in advance of the meeting. Members of the Borough Council should take advice from officers in their own Authority in accordance with their agreed arrangements.

Deposit copies of the papers for the meeting are available for inspection at Branch Libraries, Town Halls and County Information Centres in the District and also via the County Council's website at www.lancashire.gov.uk.

A copy of the agenda is also being circulated to the Clerks of all Parish, Town Councils and Parish Meetings in the District to afford the Chairs of those organisations the opportunity to attend if they wish.

Yours faithfully

I M Fisher

County Secretary and Solicitor

Lancashire Local – Lancaster District

Tuesday, 1st September 2009 at 6.30 pm at the Town Hall, Morecambe

Agenda

Part 1 (Open to Press and Public)

- 1. Apologies**
- 2. Disclosure of Personal and Prejudicial Interests**
Members are asked to consider any Personal/Prejudicial Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.
- 3. Minutes of the Meeting held on 21st July 2009**
(Copy attached)

Discharge of Delegated Powers

- 4. Proposed Prohibition of Waiting Restriction, Main Road, Bolton-le-Sands - Consideration of Objections**
(Report attached)

Issues for Consideration

- 5. Additional Allocation of Highway Funding 2009/10**
(Report to follow)
- 6. Street Lighting Carbon Reduction Programme 2009/10**
(Report attached)
- 7. Give it a Go – The 5K Challenge – Update**
(Report attached)
- 8. Road Safety for Young People**
(Report attached)
- 9. Children and Adolescent Mental Health Services (CAHMS)**
(Report attached)
- 10. Request for a Report to Future Meeting of Lancashire Local-Lancaster District**
(Report attached)
- 11. Urgent Business**

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should

be considered at the meeting as a matter of urgency. Wherever possible, the Secretary should be given advance warning of any Member's intention to raise a matter under this heading.

12. Date of Next Meeting

The next meeting will be held on Tuesday, 13th October 2009 at 1.30pm at Beaumont College, Slyne Road, Lancaster.

I M Fisher
County Secretary and Solicitor

Cpunty Hall
Preston

Lancashire Local – Lancaster District

Meeting held on Tuesday 21st July 2009, at 1.30 pm at the Heysham Youth and Community Centre.

Minutes

Present:-

County Councillor Ken Brown (Chair)

Lancashire County Council

County Councillor Chris Coates
County Councillor Susie Charles
County Councillor Joan Jackson
County Councillor Tony Jones
County Councillor Niki Penney
County Councillor Sam Riches
County Councillor Albert Thornton

Lancaster City Council

Councillor John Barnes
Councillor Andrew Kay*
Councillor Ian McCulloch
Councillor Bob Roe
Councillor Roger Sherlock
Councillor Malcolm Thomas

* Councillor Andrew Kay replaced Councillor John Whitekegg

Apologies were received from County Councillors Sarah Fishwick and Janice Hanson and Councillors Eileen Blamire, Tony Johnson, David Kerr and Joyce Pritchard. .

Appointment of Chair

1. **Resolved:-** That County Councillor Ken Brown be appointed Chair of Lancashire Local – Lancaster District for the municipal Year 2009/10.

Appointment of Deputy Chair

2. **Resolved:-** That Councillor Eileen Blamire be appointed Deputy Chair of Lancashire Local – Lancaster District for the Municipal Year 2009/10.

Membership and Constitution

A report was presented which set out the Membership and Constitution of Lancashire Local – Lancaster District.

The report also asked the Local to appoint members to serve on the New Constitution Working Group in order for the Group to draft recommendations to present to a future meeting of Lancashire Local-Lancaster District with regard to

- A formal protocol between the Local and the Lancaster District Local Strategic Partnership in general, and with the Children's Trust in particular
- A formal protocol between the Local and City Councillors who are not members of the Local
- The approach needed to take forward the delegation to the Local for a District Strategic Plan and Annual Delivery Plan for the Lancashire Young People's Service in Lancaster District
- Pursue further discussions with the County Council on working more closely on complementary service delivery via the Local, with the aim of having in time tailored the constitution for Lancashire Local Lancaster District to reflect this.

.3. Resolved:-

1. That the report be noted.
2. That the Chair and Deputy Chair together with County Councillor Joan Jackson and Councillor John Barnes be appointed to serve on the New Constitution Working Group.

Disclosure of Personal and Prejudicial Interests

County Councillor Tony Jones declared a personal and prejudicial interest in Item No 8 – Hornby High School Proposed Closure on the grounds that he lived next door to the school.

#Minutes of the meeting held on 21st April 2009

The Minutes of the meeting held on the 21st April 2009 were presented.

3 Resolved:- That the minutes of the meeting held on the 21st April 2009 be confirmed and signed by the Chairman.

Minutes of the Grants Sub-Committee from their meeting held on 12th May 2009.

4. Resolved:-

That the Minutes of the Grants Sub-Committee from their meeting held on 12th May 2009 be noted.

Hornby High School – Proposed Closure

It was reported that on 30 April 2009 Lancashire County Council's Cabinet Member for Children and Young People agreed that Hornby High School was to close on 31 August 2009. The purpose of the report was to inform Lancashire Local – Lancaster District of the decision.

Questions were asked regarding the future use of the school premises and it was hoped that they could be used for some educational purpose. Stephen Mercer, Children and Young People's Directorate explained the process for considering various options available for the premises following closure.

5. Resolved:-

1. That the report be noted.
2. That Lancashire Local – Lancashire District request that consideration be given to the continued use of the Hornby High School site for education or other similar purposes

Give it a Go – The 5k Challenge

A report was presented which informed Lancashire Local – Lancaster District of the Give It A Go: 5k Challenge, a county-wide competition to be launched in September, 2009, which would give local residents the chance to win £5,000 towards an enterprise project that would benefit their local community. The competition winner, whose project would bring the most economic value and benefit to their community, would then compete against projects in each of the districts to be named overall winner for Lancashire.

Details of the funding for the project, the two stages of the competition, together with skills support, training and mentoring were presented.

6. Resolved:

Lancashire Local – Lancaster District agreed to

1. judge the 'enterprising ideas' and select a winning team for their district; and
2. raise awareness of 'Give it a Go' by encouraging local people to take part; seek the support of the district Local Strategic Partnership in raising awareness and support and champion the winning team in the county wide challenge; and
3. champion the message that being 'enterprising' is the first step for individuals and communities to make a real impact in their communities by bringing in initiatives that improve their and others lives, bringing economic benefits to their communities and giving them a sense of pride in where they work, live and play.

4. take part in any promotional events that are arranged by LCDL.

Highways IT Public Enquiry Manager (PEM) System

A report was presented which gave an overview of the County Council's highway enquiry management system and the top ten types of enquiry generated within the County compared to the Lancaster District.

Members of the Local felt that the report did not give a full picture of events and certain pieces of information were not included.

The Environment Director's Area Manager (North) explained that this system was a 'management tool' and over time trends would emerge.

7. Resolved:-

1. That the report be noted.
2. Lancashire Local – Lancaster District requested that further reports be published quarterly in the Lancaster Highway Bulletin.

Highways Services Overview 2009/10

A report was presented which provided Lancashire Local – Lancaster District with an overview of the highways service; and identified the role of the Local in respect of the highways service.

A copy of the report, setting out the list of Delegated and Shaping and Influencing Functions related to the Environment Directorate, together with inventory statistics and contact details; budget allocations; and the programme of Special Maintenance Schemes, is set out in the Minute Book.

The Environment Director's Area Manager (North) explained that the report gave background information on the sort of matters which would be presented to future meetings of the Lancashire Local – Lancaster District, which could influence decisions and prioritise matters as determined by its Constitution.

8. Resolved:-

That the report be noted.

Local Safety Schemes Programme 2009/10

A report on the Local Safety Schemes Programme for the financial year 2009/10 outlining details of the criteria for inclusion and a recommended priority order for implementation was presented by the Environment Director's Area Manager (North) – further information on accident data was circulated for the information of the Local.

It was reported that, in March, 2000, the Government had set road casualty reduction targets for 2010 as follows:

- 40% reduction in people killed or seriously injured (KSI);
- 50% reduction in children killed or seriously injured (KSI);
- 10% reduction in slightly injured casualties.

The County Council was committed to meeting those targets as one of the key objectives of the Local Transport Plan, and also had a statutory duty under the Road Traffic Act 1988 to carry out studies into road traffic accidents and take appropriate measures to prevent such accidents. The County Council's Safety Engineering Group in the Environment Directorate had, as one of the group's key objectives, the reduction of traffic collisions that caused injuries or deaths, by means of specifically targeted engineering measures.

Detailed records of all traffic accidents resulting in injury or fatality were provided by the Police and it was reported that this information was constantly monitored and analysed by accident investigation staff, as detailed in the report.

Ninety schemes had been submitted and assessed for possible inclusion in the 2009/10 Local Safety Schemes Programme. The list included schemes carried over from the previous year's programme that had not progressed sufficiently to receive authorisation for construction, together with new schemes developed in conjunction with the County Council's Area Officers and Accident Investigation Team.

It was explained that the proposed schemes were always assessed purely in terms of the potential reduction in personal injury accidents at each location. For each scheme a calculation was made based on the most recent five year accident data of how many accidents were 'scheme related' and could potentially be avoided. The ratio of accident cost savings versus construction cost was then worked out on a first year rate of return basis and the schemes ranked accordingly. Schemes with the highest rate of return qualified for entry into the Local Safety Schemes Programme up to the limit of the available financial resources, thus ensuring that the greatest casualty savings were achieved with the money spent.

In order to give a total programme value of £3.1 million the cut-off threshold for inclusion in the 2009/10 Local Safety Schemes Programme was a predicted first year rate of return of 225% or above. This had resulted in a programme of 75 schemes, the equivalent of two to three years schemes for the whole of Lancashire. The actual allocation for Local Safety Schemes from this year's Capital Programme was £925,000. In addition, £496,000 had been allocated for Local Safety Schemes from the DfT's Specific Road Safety Grant, giving a total of £1.421m, which was the predicted expenditure on design and construction of Local Safety Schemes in Lancashire during the 2009/10 financial year.

There were 8 schemes for Lancaster District to a total value of £491,000 included in the 2009/10 Programme and these were presented as Appendix 'A'.

It was explained that all Lancashire Locals would be kept up to date with progress on the schemes in the programme and, in the event of any objections to a scheme being received during the public consultation process, a separate report would be presented to enable consideration to be given to those objections.

9. Resolved:

That the report be noted.

Urgent Business

Lancashire Local Climate Change Fund (CCF) – Proposals for the Future

The Chair agreed that this report be presented under urgent business as a recent announcement had been made regarding the future of the CCF and the next scheduled meeting of the Local would not be until September.

It was reported that in light of the availability of new funds for local groups, together with the increased flood risks associated with changing weather patterns and the need to refocus action on climate change adaptation no further monies would be made available by the County Council through the CCF. It was noted that community groups would continue to be supported in making applications to the new funds and assistance would continue to be made available in order to develop low carbon projects. Applicants to the CCF would also be contacted by Officers and informed of the change of direction.

10. Resolved: That the report be noted

Date of Next Meeting

The next meeting of Lancashire Local – Lancaster District is to be held on Tuesday 1st September 2009 at 6.30pm at the Town Hall, Morecambe.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire Local – Lancaster District
Meeting to be held on 1st September 2009

Part 1 - Item No. 4

Electoral Division affected:
Lancaster Rural North

Proposed Prohibition of Waiting Restriction, Main Road, Bolton-le-Sands
Consideration of Objections
(Appendix 'A' refers)

Contact for further information:
John Foster, 01524 772068, Lancashire County Council, Environment Directorate,
john.foster@lancashire.gov.uk

Executive Summary

Following the statutory consultation of the proposal to introduce a restriction of waiting in Main Road, Bolton-le-Sands, an objection was received.

This is deemed a Key Decision and is included in the Forward Plan.

Decision Required

The Local is asked to consider the proposal in light of the information contained in this report.

Background and Advice

A local shop owner asked the County Council to introduce the restriction in order to provide short-stay parking for visitors to local shops and to improve road safety. It has been reported that in this area there is often no parking available for business customers and some drivers resort to parking in inappropriate places, creating road safety hazards.

There is a limited amount of parking space in the area and a proportion of this is taken up by vehicles that park for long periods. The proposed restriction will solve some of these problems, whilst enabling local residents to park all day on Sundays, and between the hours of 5pm and 9am during the remainder of the week.

The proposed restriction is Limited Waiting for 1 hour, with no return within 2 hours, from 8am to 6pm, Monday to Saturday on the westerly side of Main Road, Bolton-le-Sands, from the boundary between numbers 46 and 48 Main Road for a distance of 11 metres in a southerly direction, as shown on the attached plan.

Consultations

Public advertisement of this proposal has been carried out in accordance with legal requirements. The statutory consultees together with over 20 other organisations, set out at Appendix 'A', were formally consulted. One letter of objection to the proposal was received. The objections raised are summarised below.

Objections:

- In the section of road, near to the proposed restrictions, there are 7 retail businesses and 18 residential properties with no off-street parking. Parking facilities for residents are already limited.
- The businesses do not provide sufficient parking for their customers.
- Residents parking should be introduced.

Officer's Response:

- The proposed restrictions are situated directly outside one of the business premises, not outside domestic dwellings. The proposed restrictions enable residents and others to park in the restricted parking bays all day Sunday and from 5pm to 9am all other days.
- Long-stay parking on this road sometimes results in no parking being available for business customers and consequently some vehicles are parked in inappropriate positions resulting in road safety hazards.
- The provision of residents parking is not within the scope of this traffic regulation order and should be dealt with as a separate issue.

Implications:

This item has the following implications, as indicated:

Risk management

A consequence of implementing the order is that traffic will not be able to park in the length of road contained in the order and drivers may park elsewhere, in inappropriate places. There are existing prohibition of waiting restrictions in the immediate vicinity which will tend to deter drivers from causing a hazard or obstruction, however, it is not possible to anticipate where drivers may decide to park their vehicles.

Financial

The proposed work will be funded from the Area North New Lines and Road Markings revenue budgets (subjective codes 8110703 and 8110802). The estimated cost of the work is £220.

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name: Organisation: Comments:

Nil.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper Date Contact/Council/Tel

Nil.

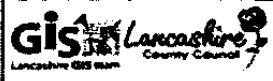
Reason for inclusion in Part II, if appropriate

N/A.

Organisations consulted by Lancashire County Council:

1. Road Policing Co-ordinator, Lancashire Constabulary
2. Lancashire Ambulance Service NHS Trust
3. National Grid, NRSWA Section
4. BT Incoming Notice Reception
5. United Utilities Ltd, Planning Liaison
6. United Utilities (Electricity)
7. Royal Mail
8. Navigation Technologies Ltd
9. Telewest Broadband
10. Freight Transport Association
11. Road Haulage Association, Northern Region
12. Agricultural Industries Confederation
13. NRSWA Co-ordinator, Atkins Telecoms
14. Innogy plc, Property
15. Council for the Protection of Rural England
16. National Farmers Union North West Region
17. Area Representative GLASS, Green Lanes Association
18. Abnormal Loads Officer, HEM Bridges
19. National Grid Gas Distribution
20. Scotland Gas Networks
21. Morecambe Bay Hospitals NHS Trust
22. Lancaster Chamber of Commerce
23. Right to Ride Representative
24. Lancashire Fire & Rescue Service
25. Lancaster & Morecambe Dial-A-Bus Service
26. Passenger Transport Unit – Consults Stagecoach etc.
27. Lancaster City Council

plus County Divisional Councillor



Main Road, Bolton le Sands

348400

348420

348440

348460

467940

467940

467920

467920

467900

467900

467880

467880

467860

467860

467840

467840

Inn (PH)

PCs

PAG

Smithy House

25.6m

Proposed limited waiting
Mon-Sat 8am-6pm
1 hour no return within
2 hours

348400

348420

348440

348460



Scale 1:500

LCC Map Ref: 58726

Created: 03/09/2008

(Scale correct when printed on A4 Portrait)

By Sarah Ward2

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Lancashire Local – Lancaster District
Meeting to be held on 1st September 2009

Part I - Item No. 6

Electoral Division affected:
Lancaster Rural East,
Lancaster Rural North,
Lancaster South East

Street Lighting Carbon Reduction Programme 2009/10
(Appendix 'A' refers)

Contact for further information:
John Fell, 01524 772081, Lancashire County Council, Environment Directorate
john.fell@lancashire.gov.uk

Executive Summary

This report details additional street lighting carbon reduction works for the 2009/10 financial year, which is set out at Appendix 'A'.

Decision Required

The Local is requested to approve locations for the street lighting carbon reduction programme (set out at Appendix 'A') for construction in 2009/10 based on priorities identified by the Street Lighting Manager and subject to budget approval.

Background and Advice

The street lighting service has the following objectives:

1. To ensure that street lighting equipment is electrically and structurally safe, and is installed and maintained safely;
2. To reduce accidents and the severity of accidents on the highway;
3. To improve security, reduce crime and the fear of crime;
4. To provide lighting to encourage the use of commercial, leisure and amenity services;
5. To provide appropriate lighting to conservation areas and other special areas;
6. To minimise the impact of lighting on the environment including the saving of energy and reducing waste;
7. To deliver the street lighting objectives sustainably, economically and effectively.

The County Council has 164,000 lighting units on the highway and carries out around 30,000 repairs per annum. The number of lighting units in the Lancaster

District is 18,007 and around 800 repairs are carried out per annum. Currently lights are inspected for outages on average every two weeks and 99.6% of repairs are completed within five working days.

The revenue budget for the street lighting service is £14M, of which £6M is for highway energy and £8M is for maintenance.

As part of the drive to address the effects of climate change, the County Council has committed to reduce street lighting carbon emissions by 30% over the next five years. This may be achieved by the use of new technologies including variable lighting levels, electronic equipment, more accurate switching, replacement of illuminated signs with reflective versions and the use of LED's. This results in reduced energy costs, reduced carbon dioxide emissions, reduced light pollution and other environmental benefits. Also newer equipment should be more reliable leading to fewer faults, which reduces unplanned outages and maintenance costs. It is proposed that this is funded as part of the street lighting carbon reduction programme. The carbon reduction budget allocation in the Lancaster District for the 2009/10 financial year is expected to be around £600,000 and is taken from the revenue budget for maintenance.

It is proposed to prioritise the works by combining carbon reduction works with the routine maintenance programme as this will result in greater carbon reductions and allow more lighting units to be upgraded or replaced. A list of roads where works are proposed subject to approval of this report is set out at Appendix 'A'.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

By combining the replacement works with routine maintenance it will reduce the risk to operatives of additional travelling and traffic management set up.

Financial

The carbon reduction budget allocation in the Lancaster District for the 2009/10 financial year is taken from the revenue budget for maintenance.

Crime and Disorder

Lighting reduces crime and the fear of crime.

Accidents

Lighting reduces road accidents.

Health and Safety

The replacement of equipment reduces the risk of structural failure.

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name: Organisation: Comments:

N/A.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Council/Tel
Report to Lancashire Local – Lancaster District: Street Lighting Carbon Reduction Programme 2009/10	17 March 2009	Sharon Montgomerie / Lancashire County Council / 01772 534500

Reason for inclusion in Part II, if appropriate

N/A.

Carbon Reduction Programme 09/10 Lancaster District

Road Name	Area	Road Name	Area
Aberdeen Road	Lancaster South	Hastings Road	Lancaster South
Adelphi Street	Lancaster South	Havelock Street	Lancaster South
Alemein Road	Carnforth	Hazelmount Avenue	Warton (Carnforth)
Argyle Street	Lancaster South	Hazelmount Crescent	Warton (Carnforth)
Arnhem Road	Carnforth	Hazelmount Drive	Warton (Carnforth)
Ash Grove	Lancaster South	Heaton Road	Lancaster South
Ayr Street	Lancaster South	Highfield Road	Carnforth
Balmoral Road	Lancaster South	Holden Way	Lancaster South
Binyon Court	Lancaster South	Hope Street (Inc Back Street)	Lancaster South
Binyon Road	Lancaster South	Hunting Hill Road	Carnforth
Bowland Close	Carnforth	Jesson Way	Carnforth
Bradshaw Street (Inc Back Street)	Lancaster South	Johnson Close	Carnforth
Bridge Road	Lancaster South	Kensington Road	Lancaster South
Broadlands Drive	Bolton-le-Sands	Kings Drive	Carnforth
Browsholme Close	Carnforth	Kirkes Road	Lancaster South
Broyd View	Lancaster South	Langdale Road	Carnforth
Brunton Road	Lancaster South	Langley Road	Lancaster South
Calder Close	Carnforth	Melrose Street	Lancaster South
Cheltenham Road	Lancaster South	Oakwood Grove	Bolton-le-Sands
Clarence Street	Lancaster South	Perth Street	Lancaster South
Coniston Road	Carnforth	Pickard Street	Lancaster South
Croasdale Close	Carnforth	Pinewood Avenue	Bolton-le-Sands
Croftland Gardens	Bolton-le-Sands	Primrose Court	Lancaster South
Cumberland View Footpath	Lancaster South	Primrose Street (Inc Back Street)	Lancaster South
Dale Street (Inc Back Street)	Lancaster South	Prince Avenue	Carnforth
Devonshire Street	Lancaster South	Prospect Street (Inc Back Street)	Lancaster South
Dorrington Road (Inc Back Street)	Lancaster South	Queens Drive	Carnforth
Dumbarton Road	Lancaster South	Redruth Drive	Carnforth
Dundee Street	Lancaster South	St Martins Road	Lancaster South
Dunkeld Street	Lancaster South	St Oswald Street	Lancaster South
Dunkirk Avenue	Carnforth	St. Pauls Road	Lancaster South
Eastham Street	Lancaster South	Stirling Road	Lancaster South
Elgin Street	Lancaster South	Sulby Drive	Lancaster South
Fairfield Close	Carnforth	Tarbet Street	Lancaster South
Fir Tree Close	Bolton-le-Sands	Tarnbrook Close	Carnforth
Foundry Gardens Warton	Warton (Carnforth)	The Drive	Carnforth
Franklin Street	Lancaster South	The Green	Bolton-le-Sands
Gillow Court	Lancaster South	The Grove	Carnforth
Golgotha Road	Lancaster South	Ulswater Crescent	Carnforth
Graham Street	Lancaster South	Victoria Ave - Cheltenham Road	Lancaster South
Grange View Warton (Carnforth)	Warton (Carnforth)	Victoria Ave - St Pauls Road	Lancaster South
Greaves Drive	Lancaster South	Victoria Avenue	Lancaster South
Greendale Drive Warton	Warton (Carnforth)	Vincent Street	Lancaster South
Greenwood Avenue	Bolton-le-Sands	Vine Street	Lancaster South
Greenwood Crescent	Bolton-le-Sands	West Street	Lancaster South
Greenwood Drive	Bolton-le-Sands	Westbourne Road Warton	Warton (Carnforth)
Gregson Road	Lancaster South	Westham Street	Lancaster South
Gresley Court	Lancaster South	Windermere Road	Carnforth

Lancashire Local – Lancaster District

Meeting to be held on 1st September 2009

Part I - Item No. 7

Electoral Division affected:
All in Lancaster

Give It A Go: The 5k Challenge – Up-Date

Contact for further information:

Frankie Mullen/Sarah Dunn, (01772) 536600, Lancashire County Developments Limited, Lancashire County Council, frankie.mullen@lancashire.gov.uk; sarah.dunn@lancashire.gov.uk;

Executive Summary

An up-date to follow the previous Report to Lancashire Local's inviting their involvement in 'Give It A Go: The 5k Challenge' – a competition to encourage enterprise in people and places in Lancashire.

Give it a Go is a county-wide competition that gives local residents the chance to win £5,000 towards an enterprise project that will benefit their local community. The competition will be launched in October, 2009, and the winner, whose project brings the most economic value and benefit to their community, will compete against projects in each of the districts to be named overall winner for Lancashire.

Following the presentation of a Report to Lancashire Local-Lancaster District in July, 2009, the Local resolved to

1. judge the 'enterprising ideas' and select a winning team for their district; and
2. raise awareness of 'Give it a Go' by encouraging local people to take part; seek the support of the district Local Strategic Partnership in raising awareness and support and champion the winning team in the county wide challenge; and
3. champion the message that being 'enterprising' is the first step for individuals and communities to make a real impact in their communities by bringing in initiatives that improve their and others lives, bringing economic benefits to their communities and giving them a sense of pride in where they work, live and play.
4. take part in any promotional events that are arranged by LCDL.

Decision Required

Lancashire Local-Lancaster District is requested to:-

- a) formally endorse the decision taken at their meeting held on the 21st July 2009, and
- b) establish a working group to judge the 'enterprising ideas' and recommend a winning team to the Lancashire Local- Lancaster District between the 15th January and the 31st March, 2010; and
- c) raise awareness of 'Give it a Go' by encouraging local people to take part; seek the support of the district Local Strategic Partnership in raising awareness and support and champion the winning team in the county wide challenge; and
- d) champion the message that being 'enterprising' is the first step for individuals and communities to make a real impact in their communities by bringing in initiatives that improve their and others lives, brings economic benefits to their communities and gives them a sense of pride in where they work, live and play.

Background and Advice

Lancashire Local's have previously indicated their support for the 'Give It A Go' Challenge, and Lancashire Local-Lancaster District has resolved to

1. judge the 'enterprising ideas' and select a winning team for their district; and
2. raise awareness of 'Give it a Go' by encouraging local people to take part; seek the support of the district Local Strategic Partnership in raising awareness and support and champion the winning team in the county wide challenge; and
3. champion the message that being 'enterprising' is the first step for individuals and communities to make a real impact in their communities by bringing in initiatives that improve their and others lives, bringing economic benefits to their communities and giving them a sense of pride in where they work, live and play.
4. take part in any promotional events that are arranged by LCDL.

Lancashire Local-Lancaster District is now requested to formally confirm the role of the Local, to consider and confirm the process for their involvement.

To assist with this process, the following updated timetable for the competition is set out below with key periods highlighted:

1 st October, 2009 – 8 th January, 2010	Competition Launch/Entries Submitted
8th January, 2010	Closing Date
15th January – 31st March, 2010	Lancashire Locals Judging Period
1st April, 2010	District Winners Announced
2 nd April – 30 th September, 2010	£5K District Challenges Delivered
October, 2010	County Winner Judging Period (External panel sourced by Make Your Mark)
16 th – 22 nd November, 2010	Final County Awards Event and County Winner announced

This is the first year of the competition and, as such, it is a pilot and it is, therefore, difficult to predict exactly what the response will be and the volume of entries. However, to assist the judging process, the Steering Group for 'Give it a Go' will undertake an eligibility sift prior to forwarding a maximum of the Top 15 entries to the Lancashire Local judging panel.

Lancashire Local's will be supported by the District Partnership Officer and Officers from Lancashire County Developments Limited to undertake the appraisal of the applications and the judging process against the set criteria. The decision of the Lancashire Local committee will be final and the judging process is not open to the public. Lancashire Local committees will not be able to invite further information or advice in relation to the entry.

What role can Lancashire Local's play?

The Lancashire Local's have the opportunity to act as the judging panel for the District competition. Lancashire Local-Lancaster District is asked to consider setting up a dedicated working group to facilitate the process within the timescale as an appropriate mechanism to undertake this.

If any Lancashire Local does not formally agree to undertake the role as judging panel, the competition would not be able to take place in that District. The rules and conditions for the competition must be consistent and, therefore, the judging format and process in each District must be the same.

Lancashire Local-Lancaster District is, therefore, requested to:-

- a) establish a working group to judge the 'enterprising ideas' and select a winning team for their district between the 15th January and the 31st March, 2010; and
- b) raise awareness of 'Give it a Go' by encouraging local people to take part; seek the support of the district Local Strategic Partnership in raising awareness and support and champion the winning team in the county wide challenge; and

- 4 -

- c) champion the message that being 'enterprising' is the first step for individuals and communities to make a real impact in their communities by bringing in initiatives that improve their and others lives, brings economic benefits to their communities and gives them a sense of pride in where they work, live and play.

Consultations

The Board of Lancashire County Developments Limited has been fully consulted on the proposals for this challenge.

External organisations have been consulted and have played a part in shaping Give it a Go – organisations such as the national agency "Make your Mark"; Lancaster University, the Enterprise Facilitation Board.

Within the County Council, the Lancashire Adult Learning Service and Localities and Partnerships Team have been fully involved in developing Give it a Go.

The County Council's Cabinet Member for Adult and Community Services has recently agreed that the power to adjudicate on the winner of the competition in each District, against a set criteria, and award £5,000 to the winning team, be delegated to the various Lancashire Local's.

(Lancashire Local-Lancaster District will be aware that the Constitution for each Lancashire Local states that "additional functions and matters for determination may be delegated to the Local in the future by Lancashire County Council and Lancaster City Council, which will form part of this Constitution. The Secretary to the Local will maintain a record of all additional delegated functions and will ensure that any such additions are reported to the Local at the next meeting after the delegation takes place".)

Implications:

The implications for Give it a Go could be significant, ranging from potentially robust evidence of SME start ups and job creation, to a 'softer' impact on people's confidence, self esteem, and belief in their abilities to take more control of their lives through enterprise.

Risk management

The time period for judging the District entries is between the 15th January and the 31st March, 2010. Lancashire Local's will need to ensure they put in place a process that can achieve the judging exercise in the time available.

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name:

Organisation:

Comments:

N/A

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Council/Tel
Report to Lancashire Local- Lancaster District	21 July, 2009	Frankie Mullen; Sarah Dunn/Lancashire County Council/01772 536600

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Local – Lancaster District
Meeting to be held on 1st September 2009

Part I - Item No. 8

Electoral Division affected:
All in Lancaster

Road Safety for Young People
(Appendix A)

Contact for further information:
Claire Evans, 01772 532422, Lancashire County Council, Office of the Chief
Executive
claire.evans@lancashire.gov.uk

Executive Summary

Attached at Appendix A is a completed report of the County Council's Overview and Scrutiny on the issue of Road Safety for Children and Young People in Lancashire.

Decision Required

The County Council's Overview and Scrutiny suggests that Lancashire Local – Lancaster District might:

- consider what the information contained in this report means for the Lancaster district
- submit any comments it wishes to make to O&S, whether on the report itself or with feedback on the situation on the ground in the Lancaster district
- submit any suggestions it may have for how a new task group might usefully extend its reach in evidence gathering

Background and Advice

This report was produced in early 2009 by a task group of members from the Sustainable Development and Children and Young People (CYP) Overview and Scrutiny Committees, under the Chairmanship of ex-County Councillor Jean Yates. Members of the CYP O&S Committee resolved that this report be circulated for information to all Lancashire Locals, as it may be of interest to them and they may wish to contribute with comments and suggestions of how the task group may extend its reach in evidence gathering

The review was conducted in light of the recent Joint Area Review (JAR) of Children's Services in Lancashire, which reported that:

"Despite a range of strategies across the county, the numbers of children who are killed or seriously injured on the roads has not fallen sufficiently."

It recommended that:

"The Council and its partners should reduce the numbers of children killed or seriously injured on the roads".

The remit of the task group was to identify the reasons behind the findings of the JAR report and begin to identify solutions.

The report makes a number of recommendations. In brief they cover:

- Re-establishing the task group and extending its reach, seeking direct evidence from significant stakeholders other than the County Council, including national agencies
- Improving data collection and analysis
- Developing a more holistic strategy in line with official central government guidance
- Improving co-ordination and cooperation internally within the County Council and externally with strategic partners
- Lobbying central government to improve inter-departmental cooperation
- Review current County Council policy on safety engineering schemes

The report was submitted in early April 2009 to the then-Cabinet Members for Sustainable Development, Highways and Planning, and Children and Young People. According to current protocol, an interim response is expected from the Executive within at least 3 months of receipt and a formal response within 6 months.

Membership of the Task Group

The task group consisted of members (in office prior to the recent elections) from both the Sustainable Development and Children and Young People Overview and Scrutiny Committees. The Chair was a member of the O&S Management Committee. The members of the task group were:

- CC Tim Ashton
- CC Jean Battle
- CC Wendy Dwyer
- CC Tony Jones
- CC Margaret Livesey
- CC Maureen Martin
- CC Sean Serridge
- CC Steven Sutcliffe
- CC Alan Whittaker
- CC Jean Yates (Chair)

Scope

The objectives of the task group were:

- To examine the delivery of services in Lancashire that contribute to improved

road safety for children and young people.

- To identify the reasons behind the conclusions of the JAR.
- To make recommendations for how services might be made more effective in delivering improvements.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

N/A

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name:	Organisation:	Comments:
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**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Council/Tel
N/A	N/A	N/A

Reason for inclusion in Part II, if appropriate

N/A

Road Safety of Children and Young People

Overview and Scrutiny Review



For further information , please contact
Claire Evans 01772 532422 (07917 836 698)
Claire.evans@lancashire.gov.uk.

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Road Safety of Children and Young People

Background

The Lancashire Children's Services Authority area was subjected to a Joint Area Review (JAR) in 2008. The JAR examines how services are contributing to the well-being of our children and young people, as defined by the 5 outcomes of the Every Child Matters (ECM) agenda, one of which is "Stay Safe". The JAR reported that "Despite a range of strategies across the county, the numbers of children who are killed or seriously injured on the roads has not fallen sufficiently."

It recommended that "The Council and its partners should reduce the numbers of children killed or seriously injured on the roads".

The establishment of a task group was approved by the O&S Management Committee at its meeting on 5th December 2008. Its remit was to identify the reasons behind the findings of the JAR report and begin to identify solutions.

Membership of the task group

The task group consisted of members from both the Sustainable Development and Children and Young People Overview and Scrutiny Committees. The Chair was a member of the Management Committee. The members of the task group were:

- **CC Jean Yates**
- **CC Alan Whittaker**
- **CC Tim Ashton**
- **CC Maureen Martin**
- **CC Tony Jones**

- **CC Wendy Dwyer**
- **CC Sean Serridge**
- **CC Steven Sutcliffe**
- **CC Jean Battle**
- **CC Margaret Livesey**

Scope of the scrutiny Review

The objectives of the task group were:

- To examine the delivery of services in Lancashire that contribute to improved road safety for children and young people
- To identify the reasons behind the conclusions of the JAR
- To make recommendations for how services might be made more effective in delivering improvements

Methodology

The task group's intention was to hold a one-off meeting to tackle the issue, supplemented by data gathered from Key Documents and other sources. This did limit the task group to calling witnesses from the Environment and Children and Young People Directorates of the County Council only. And, to some extent, this limit is reflected in the findings of the task group

Witnesses

The task group spoke to the following witnesses:

- **Peter Andrews** – Group Manager (Safety Engineering), Traffic and Engineering Group
- **Alan Fisher** – Principal Road Safety Officer
- **Clare Farrer** – Deputy Road Safety Group Manager
- **Steve Whitehouse** – Project Manager Lancashire Partnership for Road Safety (LPRS)

- **Heather Hardy** – Healthy Schools Coordinator
- **Steve Cartmell** – School Travel Plan Advisor
- **Paul Armitage** – Children's Integrated Services Manager: East Lancashire
- **Colleen Martin** – Community Safety Manager, Policy Unit - who was unable to attend the meeting, but submitted some written evidence

Documents

The following documents were used by the task group as evidence. They inform the final conclusions and recommendations made:

- Post Inspection Action Plan – giving a statement of how the County Council intends to address the results of the JAR
- Lancashire County Council's Road Safety Strategy
- Lancashire County Council's Local Transport Plan (LTP) and 2008 mid-term review

Road Safety of Children and Young People

- Department for Transport (DfT) Child Road Safety Strategy 2007
- Audit Commission Report 2007 – Changing Lanes
- DfT Strategic Guidance for Road Safety Professionals

Policy Context

The UK's record on child road safety (0-15 yrs) has not been good compared to other European countries. UK national legislation now places a number of obligations on the County Council and its partners to improve the road safety of Lancashire's children and young people.

In 2000 the Department for Transport (DfT) issued a new casualty reduction target for 0-15 years olds to be reached by 2010. In addition, the DfT's Child Road Strategy 2007 (target age group 0-15 yrs) makes a commitment to identify and address the needs of particular groups that fall below the national average. The Every Child Matters (ECM) agenda for change places safeguarding obligations on the County Council and its partners regarding the road safety of

children and young people up to 18yrs inclusive.

A significant proportion of the older age group captured under ECM – ie 16/17/18 yrs - are drivers, pre-drivers and motorcycle riders.

The current disjoint between the requirements of the DfT and those of ECM create difficulties for the County Council and other stakeholders in understanding fully the nature of the child road safety problem and in developing effective strategies for improvements. Indeed, the task group believes that the 16/17/18 age group is an especially neglected group, even though it is possibly the most vulnerable. In addition, the current non-standardised system for casualty recording means that comparisons between

Summary and conclusions

Accidents on our roads cause intense suffering to victims and their families and huge costs to the public agencies involved in dealing with the aftermath. Such accidents involving young people are perhaps even sadder, whether because of the tragedy of such premature death or because of the impact of the accident on a child's future psychological and physical development.

authorities are not as accurate as they could be.

How Lancashire Compares

It is encouraging that, after a slow start, Lancashire is now on track to achieve the 50% reduction target of its child KSI casualty rate (ie 0-15 year olds killed or seriously injured). In 2007, it achieved a reduction of 41% and provisional figures for 2008 indicate a rate of 47.5%, showing that it is continuing to make improved progress.

But there is significantly more that needs to be done by the County Council and other stakeholders to improve the road safety of our children and young people. The conclusions of the JAR review 2008 bears this out. Lancashire remains significantly below the national average, both in its actual child (0-15) KSI casualty rate and its progress in reducing that rate. In 2007, it came 113th out of 155 local authorities in rate reduction and that from an already high number child KSI casualties

The task group accepts that the significantly high levels of social and economic deprivation in Lancashire are a strong determining factor in its position. But Lancashire's child KSI rates are high compared to other authorities in the North West, where there are also significant levels of deprivation. The most disturbing comparison of all, perhaps, is Lancashire's progress in reducing its rates compared to other NW authorities. NW authorities that have higher child KSI casualty rates than Lancashire have done better in bringing their rates down.

Who, Where, What

Of all KSI casualties of children and young people aged 19 and under:

- around half are in cars (driver or passenger) or on motorcycles;
- just over a third are pedestrians;
- around 10% on cycles.

Statistics indicate that the most vulnerable young road users in Lancashire are:

Road Safety of Children and Young People

- 16-19 year olds in cars or motorcycles across the county
- child pedestrians (0-15) in deprived areas.

Some work has been done to focus efforts on these two groups. But, in line with the commitment made by the DfT's to target those groups that fall well below the national average, the task group believes that more should be done.

Strategy

Improving road safety for children and young people is a big challenge, especially since just one serious accident can have a major impact on annual statistics, even though such a one-off can be difficult to predict or prevent. But it is also true that human behaviour is by far the major cause of accidents on the roads. With time,

persistence and the right actions, changes to human behaviour can be brought about – as indeed has been happening in Lancashire and elsewhere. Such change is achieved through a holistic, strategically planned, and well researched combination of Education, Engineering and Enforcement.

The commitments made in the County Council's Local Transport Plan (LTP) clearly reflect the best practice approach to improving child road safety. Less clear, however, is the extent to which these commitments have been translated into actions or matched by resourcing.

- The absence of an accurate, comprehensive and accessible analysis of data in the form of a Child Safety Audit is evidence of this. Without

such a proper understanding of the nature and scale of the problem, it is difficult to deliver a coordinated and effective strategy for improvement, however well written that strategy may be.

- Not enough has been done to identify and address the needs of Lancashire's most vulnerable road users.
- In addition, the County Council's Post Inspection Action Plan falls well short of being an effective and holistic approach. It is limited to ETP only and makes no reference to engineering nor enforcement measures, both of which are arguably more effective than ETP in bringing down casualty rates.
- Furthermore, the task group has not been able to identify where

responsibility for owning and coordinating this plan lies. There is clearly more work to be done on bringing this plan in line with the wider commitments of the County Council's Road Safety Strategy.

Engineering – Evidence shows that self-enforcing traffic calming measures – in particular speed reducing ones such as road humps - have a major impact on reducing accidents, especially those involving child pedestrians. However, resourcing and commitment to this strand of the County Council's strategy is very low, especially given its comparatively slow progress in reducing what were already high KSI casualty rates. There is scope for renewed focus to be given to engineering, especially in developing measures that are focused where they are most needed. This may require strong ETP support in seeking to influence adult public opinion of the need for and merits of engineering.

Education, Training and Publicity (ETP) – The County Council and other stakeholders have done some excellent work in this area, especially for younger children, cyclists and for drivers who speed. Work targeting older children and teenagers, especially drivers/riders and pre-drivers could be further developed, as could work to engage parents in delivering the right messages to their children. County Council officers are already aware of this gap and are looking to fill it.

Lancashire's ETP could be even further improved by the development of more effective coordination and pooling of skills and resources, with the County Council taking a leading role in bringing stakeholders together in a more consistent way. There is also significant scope for the County Council to improve its internal coordination of this cross-cutting issue.

Enforcement – The Lancashire Partnership for Road Safety

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delivers excellent results in reducing casualties through safety camera deployment and enforcement of speeding offences. Its work is generally well supported by the public. It is also an example of strong partnership working, with the exception of it not having and strategic links with services aimed at youth, even though these would be a useful vehicle in getting road safety messages across to teenagers.

The priority given to enforcement of traffic offences by the Police needs to be stronger, but this will not happen without a change in budget from the centre. While there is certainly a commitment to improving road safety for young people by the leadership of Lancashire Constabulary, this is not matched by resourcing from

the Home Office. Not only would greater roads policing remove bad drivers from the roads, it would also send a strong message to the wider society about what is and isn't acceptable behaviour.

Partnership working –

There is certainly scope to develop more effective partnerships in Lancashire, especially in framing a strategy within the context of Every Child Matters and which targets older children as well as the 0-15 years group. The County Council's Policy Unit has a role to play here and, indeed, has now begun to focus its efforts in this direction.

Improving the safety of Lancashire's children and young people on our roads is important and must now be given the attention it deserves. It is time for all stakeholders to renew their

focus on it and commit themselves to understanding the problem fully and building strong partnerships to tackle it.

Findings

Policy Context

1. There is no reason for being complacent about the road safety of our children and young people. In 2005, 141 children aged 0-15yrs in the UK were killed on the roads and 3,331 seriously injured. In 2007, a quarter of the deaths of young men in the UK (aged 15-24) were the result of a road traffic accident (RTA). Each incident causes intense suffering to the victims and their families and major cost to the public agencies involved in dealing with the aftermath.

2. The UK's record on child road safety compared to

other European countries has not been good, in particular with regards child pedestrians. In 2004, while continuing to improve, the UK had one of the worst child pedestrian fatality rates, with a rate twice that of the best performing countries.

3. Tackling road safety problems is a real challenge. Human behaviour contributes to almost all accidents and people often hold mutually contradictory attitudes to road safety, which are different when they are driving, riding and walking, or live near a road."

4. Nevertheless, UK National Government – in line with its European Union partners - takes road safety seriously, and child road safety especially so.

5. In 2000, the Government issued new casualty reduction targets for the UK to reduce road casualties by 2010 (compared with the average for 1994-98):

- reduce by 40% the total number of people killed and seriously injured
- reduce by 50% the numbers of children aged 0-15 killed or seriously injured



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- reduce by 10% the slight casualty rates
- tackle the significantly higher incidence of road accident casualties in disadvantaged communities (added in 2002)

6. The DfT's Child Road Safety Strategy 2007 makes a commitment to identify and address the needs of particular groups who fall below the national average statistics. It should be noted here that the statistics used to inform this strategy are for ages 0-15 years only and do not capture 16/17/18 year olds, even though this group is also included in the framework of the Government's Every Child Matters (ECM) agenda for change. Furthermore, this is also a group that includes a significant proportion of drivers and pre-drivers.

7. The ECM agenda commits Children's Services Authorities to improving services that support the well-being of our children and young people. It is measured by 5 outcomes, one of which is "Stay Safe". Safety on the roads is included in this outcome. This means that Lancashire County Council has a statutory responsibility to ensure that all stakeholders deliver their services effectively .

8. The 1988 Road Traffic Act puts a statutory duty on local Highways Authorities to undertake studies into road accidents and to take steps both to reduce and prevent accidents.

9. Chapter 10 of Lancashire County Council's Local Transport Plan (LTP) is devoted to road safety. It includes a Road Safety

Strategy, which is described in the LTP as

-a "live" document, which has been developed in conjunction with other key stakeholders across the county.

- developed by a data-led process of identifying the key issues and strengthening the multi-agency approach to implementing appropriate and timely interventions - a strategy delivered through the three Es of Engineering, Education Training and Publicity (ETP) and Enforcement

10. The LTP recognises the particular vulnerability of children on the roads and commits the authority to the development of a Child Safety Audit to identify the key factors in injury collisions involving children, with the results being used to target initiatives – Local

Safety Engineering Schemes as well as other programmes - where they are likely to be most effective.

11. The County Council's Post Inspection Action Plan gives a statement of how the authority intends to address the comments made in JAR. The plan has four actions:

- a commitment to continue recording and monitoring incidents to inform the development of local action plans
- continuing the Child Pedestrian training programme
- continuing with Cycling Proficiency Training
- continuing with training to support young drivers

How Lancashire Compares

11. It should first be noted that:

- the disjoint between the DfT's child road safety top age of 15 and the ECM Stay Safe outcome top age of 18 years has created a number of difficulties for the County

Council. These include: gathering appropriate data; understanding the problem fully; and targeting resources most effectively. Indeed, the comments made in the JAR relied on statistics for the 0-15 yrs age group only and neglected to consider the KSI casualties involving young people aged 16-18yrs. Given that the context for this task group review was children and young people, some additional data was made available to the task group for the 16-19 yr old age group, although there is not sufficient available nationally to conduct a full comparative analysis for this group. (Furthermore, readers should note that this additional data includes 19 year olds and does not match exactly with ECM requirements: it was all that could be made available in the time frame of the review)

- all road casualty data is indicative of reality rather than

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an accurate picture.

Statistics are gathered from police records and it is well established from a number of research studies that a significant number of serious injuries go unreported. In addition, there are variations between authorities in consistency and standards of record keeping. To some extent, Lancashire's statistics have suffered from the current non-standardised system in UK. The County Council's road safety officers have initiated a benchmarking exercise with other authorities to address the issue of discrepancies. They would like to see the establishment of a nationally standardised system that would more fairly compare authorities.

0-15 years

12. Lancashire is now on track to reach Government targets of 50% for reducing child KSI (killed and seriously injured) casualty rates (0-15 yrs) by 2010. The figure for 2007 is a 41% reduction rate and this shows significant improvement in progress compared to previous years. Even more promising is the provisional figure for 2008, which is 47.5%.

13. However, Lancashire performs badly relative to other UK authorities. The UK average reduction rate for 2007 was 53% and Lancashire came 113th out of 155 local authorities.

14. Lancashire's child KSI casualty rate in 2007 was 1.01 per 100 000 population. The actual numbers were 4 killed and 115 seriously injured. This rate is significantly higher

than the other large shire authorities – Essex, Hertfordshire, Kent, Hampshire and Sussex. Furthermore, progress in 2007 for reducing child KSI casualties was also significantly lower in Lancashire compared to those shire authorities.

15. This disparity is understood to be closely related to differing levels of deprivation. The estimated injury rate for child pedestrians in UK is four (or possibly five) times higher in the most deprived wards than in the least deprived. In 2005, 48% of all child KSI casualties in the UK were from Neighbourhood Renewal Fund areas.

16. The North West region has 85% of super output areas (SOAs) within the top 1% of the most deprived wards in the UK. And Lancashire has as many

deprived wards as the whole of the SE region. Between 2000 and 2005, the North West region had the highest rate of child KSI casualties in the UK and showed the second lowest percentage drop in its rate.

17. However, it is also true that Lancashire doesn't perform as well as other NW authorities, many of which also experience significant levels of deprivation. In 2007, it ranked 20 out of 22 in its child KSI rate per 100 000 population. Furthermore, it ranked 19 on its child KSI reduction rate.

18. Blackburn with Darwen and Blackpool both came behind Lancashire in their child KSI rate ranking, but they achieved reduction rates significantly higher than Lancashire's - 59.9% and 57.0% respectively.

0-19 years

19. Lancashire's child and young person KSI casualty rate almost

doubles when the 16-19 (inc) years age group is included.

20. In the period 2001-2006, road fatalities accounted for 61% of all accidental deaths in Lancashire of males aged 0-19 (inc) years and 47% of females

21. The task group was not able to compare with other authorities because such data analysis is not currently available

Expenditure on Road Safety

22. Compared to a sample of other NW authorities, the County Council is spending comparatively little on Education, Training and Publicity (ETP) for road safety, although it spends significantly more on School Crossing Patrols.

23. Out of a sample of other county councils and large authorities outside the SE region, Lancashire is allocating significantly less money than all the others for Local Safety Engineering

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Schemes (LSS), relative to its KSI figures. And relative to child KSIs only, Lancashire is second from bottom in the sample, with £8 000 per child KSI as oppose to £114 000 in Northants CC

Who, Where, What?

24. Statistics indicate that the most vulnerable young road users in Lancashire are:

- 16-19 year olds in cars or on Powered Two Wheelers (PTWs) across the County; and
- child pedestrians (0-15) in deprived areas.

25. In the period 2003-2007:

(i) Of all KSI casualties for young people aged 0-19 years (inc):

- 37% were pedestrians,
- 36% were in cars and
- 15% on motorcycles.
- 9% were cyclists.

(ii) Lancashire's 16-19 year olds (inc.) were at least twice as likely to be killed or seriously injured in a road traffic accident than any of the younger ages (ie Lancashire's KSI casualty rate almost doubles when this age group is included)

(iii) 75% of the 0-15 (inc.) age group were pedestrians when involved in a road traffic accident resulting in death or serious injury (with 14% as cyclists), while

(iv) 84% of the 16-19 age group were in a car or on a PTW.

26. With regard to the Safeguarding obligations of the ECM agenda, in the period 2001-2006, road fatalities accounted for 61% of all accidental deaths in Lancashire of males aged 0-19 (inc) years and 47% of females

27. There are significant variations between the districts of the County, mostly reflecting their different characteristics: size, deprivation levels, urban/rural divide. Preston and Lancaster – both heavily populated - have the highest number of actual accidents.

28. There are clusters of child (0-15) KSI casualties in areas of social and economic deprivation, in particular child pedestrians.

Strategy

29. It is reasonably clear from existing research what works in relation to road safety. The key challenge is how to deliver and support this and find ways to overcome barriers.

30. A holistic approach is crucial. Improving safety for children and teenagers is

most likely to be achieved through combining measures to address the behaviour of all road users, improving the road environment and designing vehicles that better protect both their occupants and those at risk outside the vehicle. The most effective approach seems to be:

- a balance across the 3 Es of road safety: Engineering: Education, training and publicity (ETP) and Enforcement,
- targeted towards those groups and locations most at risk,
- as identified by an accurate, comprehensive and accessible analysis of data in the form of a Child Safety Audit, and
- delivered by an effective partnership of the wide range of agencies and organisations that have a role in improving child road safety.

Child Safety Audit

31. Collating and pulling together data on the road safety of children and young people (CYP) in order that the task group may produce

informed and authoritative recommendations has been a challenging task. Despite the County Council's commitment in the LTP, the high child KSI casualty rate in Lancashire and the comparatively low rates of child KSI reductions, an accurate and comprehensive Child Safety Audit has not yet been produced in any accessible way.

Engineering – Local Safety Schemes (LSS)

32. A 1996 evaluation in the UK of 72 enforced 20mph traffic calming zones found that the number of incidents reduced by about 60% on average and vehicle speeds by over 9mph. Child pedestrian accidents were reduced by an average of 70%.

33. An OECD report of 2004 recommended specifically that the UK: encourage increased use of 20mph zones in areas of high pedestrian accident rates and focused more effort on seeking innovative road designs

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34. That report identified the following as best practice and which distinguishes the top performing countries from those – like the UK – that do less well on child road safety:

- Traffic calming which reduces speed. This is a key measure in child road safety. Top performing countries use area wide traffic-calming
- Children’s safe mobility facilitated by “home zones” and the like that favour walking and cycling as dominant transport mode
- Setting speed limits according to the function of the road
- Lower speed limits on rural roads and availability of foot and cycle paths
- On wider, busier roads, designing safe places to cross the road or

creating School Crossing Patrols

- Consideration given to safer travel when designing new educational establishments.
- Better highway maintenance and safe access to play spaces – failure to repair damage or remove obstruction often contributes to further deterioration

35. In Lancashire, there are approximately 200 20mph zones, which are generally aimed at reducing injuries to all ages of vulnerable road users. Despite the commitment in the LTP to target Local Safety Schemes (LSS) in areas where children are at significant risk of collision, it has been difficult to do this because of the scattered nature of child KSI

casualties, particularly those involving pedestrians and cyclists. Currently, there is only one proposed local safety scheme in the county that is specifically targeting children (0-15), although many of the existing schemes have been carried out in deprived areas.

36. The task group has not been able to gather evidence that compares Lancashire's deployment of engineering schemes with that of other, better performing authorities.

37. As detailed above, the County Council designates a comparatively small budget to Local Safety Schemes. Furthermore, relative to its child KSI casualty rate, it is allocating even less again than many other authorities. And it is completing less of them

each year because the cost of such schemes is getting progressively more expensive. As a result, all proposed schemes are prioritised according to their casualty saving potential and estimated cost to implement. This level of expenditure is surprising, given the comparatively slow progress Lancashire has been making in reducing its high child KSI casualty rates.

38. In 2008/09, the 17 schemes that are likely to be completed will have cost £1M and the net predicted casualty saving is estimated to be 33, although only around 7 of these will be KSI casualties, based on their proportion in the justification period.

39. All Safety Engineering Schemes in Lancashire are subject to public consultation. If public opinion is hostile, then the scheme may not go ahead, and there is an emerging problem of the public's unwillingness to accept traffic

calming measures. While a majority favour 20mph zones in residential areas, the percentage of drivers that favour speed humps (which might be necessary to enforce that speed limit) is significantly less. It is worth noting here that a 2008 County Council Overview and Scrutiny Report on Speed Management concluded that non-enforced 20mph zones around the county are not effective in reducing speeds.

40. There are also some sensitivities with emergency services, especially the Ambulance Service, who are working to tight Performance Indicator targets on response times for reaching an emergency scene. However, there is not yet any evidence to prove claims that more lives are lost through ambulance delays than saved through traffic-calming.

Education, Training and Publicity (ETP)

41. Educating our young people in how to behave safely on and

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around roads is important. Indeed, research shows that trained children show safer road crossing behaviour. But it is bad driving that remains the major cause of KSI casualties, no matter how well educated our children are. A successful child road safety strategy will, therefore, take an holistic approach to its ETP, with perhaps more effort being focused towards drivers and pre-drivers than to child pedestrians and cyclists.

42. Changing driver behaviour is a challenge. Psychological experiments have shown that people generally consider themselves to have above average driving skill, which by definition is a misperception!. But changing attitudes and behaviour can be achieved

with time and persistence. Attitudes to wearing seatbelts is an example.

43. Done well, ETP is an effective means of making drivers aware of their responsibilities to passengers and other road users and understanding the limits of child behaviour in traffic. And it influences the young to develop the safest possible behaviour on and around the roads, whatever mode of travel they are using.

44. The County Council is not the only local stakeholder with a responsibility for ETP regarding child road safety. Others include the Police, NHS, Lancashire Partnership for Road Safety, the Driving Standards Agency; the Highways Agency; Fire and Rescue

Service. To develop the most effective and value for money ETP campaign that suits local conditions requires strong and effective partnerships. Too often a lack of communication and coordination results in serious losses in efficiency.

45. The County Council's Road Safety team has a good record on ETP, especially given the comparatively low budget it designates compared to other NW authorities. Its ETP strategy is called; "Together We Can Make a Difference" and targets other road users as well as children, teachers, parents/guardians.

46. Many of its schemes target drivers/riders and employers and focus on changing attitudes and behaviour:

- The “Pre Pass Support Scheme” involves parents, driving instructors or other “mentors” working with learner drivers and guides them towards appropriate driving techniques. However, take up for this scheme has not been high, with less than 40 participants so far. It is available free
 - In partnership with Lancashire Constabulary – the team have developed a successful and well respected educational course as an alternative to prosecution for minor speeding offences.
 - The team offer training, support and practical assessments as requested by local employers for their drivers and riders, with casualty reduction as one of the key aims. However, this service is not available currently to employees of the County Council.
 - The team works very closely with the DfT’s Think! Strategy to raise awareness of all road user groups.
47. ETP work targeting young people includes
- A huge number of pupils aged 4-7yrs having gone through Right Start Child Pedestrian Training. This training has been targeted in areas of deprivation. An expansion of this scheme has been planned subject to funding.
 - In Burnley, there has been some training of community leaders in delivering road safety messages to local children.
 - Safe cycling training is delivered through Passport to Safer Cycling and Bikeability. So far, over 9000 10-11yrs have now been trained
 - The “Journeys” initiative – free educational resources for pre-schools through to 6th form

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college - has been successful in raising awareness and road safety education in schools shows a year on year increase. Road Safety Officers work closely with the Healthy Schools team on this. "Small Journeys" works with nurseries and primary health workers, such as health visitors.

- The Driving Standards Agency has developed a campaign called "Arrive Alive", which is aimed at improving safety awareness of young drivers and pre-drivers. The Road Safety team assess this initiative as having limited impact.

48. Despite the good work of the road safety team, there are some gaps in its coverage that they are already seeking to address:

- It has had limited success in reaching older children and teenagers, even though statistics indicate that these are a particularly vulnerable group, especially as drivers and pre-drivers.
- More could be done to target parents in equipping them to show good example and to reinforce messages received from school or other road safety training

49. The Healthy Schools (HS) initiative in Lancashire plays a role in road safety education. It is delivered by a partnership of the County Council and the public health arm of the local Primary Care Trusts. Lancashire has retained Safety Education as a standard for HS status, although this has now been dropped at national level.

This standard includes road safety education. Resourcing has become an issue because the funding for staff to develop the Safety standard has disappeared.

50. There is scope for HS to make a greater input into road safety education. Its links to the NHS could be better exploited by the Road Safety team and its popular website could be a useful tool for spreading messages about road safety. In the past, there has been evidence of close working between HS and Road Safety and this could be re established and strengthened

51. The School Travel Plan initiative includes in its aims the encouragement of safe travel and a sense of safety while travelling. School Travel Plan Advisors visit schools to talk to students

and teachers to raise their awareness of the impact of increased car use on road safety. Advisors also offer guidance on developing safe routes to schools.

52. The Lancashire Partnership for Road Safety (LPRS) conducts effective ETP work, which includes: promotion of safe driving for young people, campaigns to increase use of child restraints and wearing of seatbelts; awareness raising of the dangers of drink/drug driving, mobile phone use and speeding. However, whilst LPRS an example of effective partnership working, it has no strategic links with services aimed at youth, even though these would be a useful vehicle in getting messages across to teenagers.

53. On ETP work overall in Lancashire, there is significant scope for more effective co-ordination between all stakeholders in delivering the right messages in the right places on child and teenage road safety. In addition to those referred to above, these

would include: the full range of children and young people's services; the voice of young people (eg. Schools Councils), and better use of the Fire and Rescue service. This would be especially helpful in targeting hard to reach groups such as teenagers and perhaps in targeting parents. For effective partnerships to develop there has to be commitments made at a strategic level.

Enforcement

54. An effective child road safety strategy must include enforcement as a strong element. There is a tendency in the UK for road users – and not just drivers - not to acknowledge their own contribution to risk on the road. There is also a tendency for drivers not to accept that certain activities will impair their own driving ability. In addition, a weak enforcement policy affects the perception by road users of what they "can get away with" and, to some extent, what is "acceptable".

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55. However, statistics indicate that such perceptions are misplaced. Police assessments at the scene suggest that less than 20% of accidents are caused by road conditions or vehicle defects. The road user is the main contributor, including by failing to look properly (32%); and exceeding the speed limit or driving too fast for the conditions (15%). Research suggests that drinking and driving is still prevalent and, indeed, is increasingly a contributor to road deaths. In 2004, estimates indicated that 17% of road deaths occur when the driver is over the legal limit.

56. A shocking example of this is the results of an inquest into a road accident in Lancashire in 2008, where, out of a family of five, two parents and a baby were killed, one child

seriously injured and one slightly injured. This inquest concluded that the driver of the other car - who was also killed - had been well over the legal limit for alcohol. Furthermore, the driver of the family car had been found to be driving appropriately and all passengers had been restrained in the appropriate way.

57. There is a national debate about whether the Police give a high enough priority to roads policing and, within that, to casualty reduction. A European Commission study 2006 recommended that the UK should match its policy statements regarding enforcement with sufficient resources to implement them. It specifically recommended that UK increase the real level of detection of drink driving

offences to the perceived level. And on speeding, it suggested that the balance between enforcement and public awareness be addressed. The study acknowledged the role that the Police have in securing road safety benefits for children and young people.

58. There is scope for Lancashire Constabulary to make a stronger effort to enforce laws relation to road safety. The County Council's relations with Lancashire Constabulary are very good, but it is difficult to persuade them to devote sufficient resources to the overall effort to drive down child KSI casualties. This is because these targets are not a Home Office priority, so budgets provided for this work are limited. In spite of this, the Lancashire Constabulary leadership does prioritise road safety

and has developed a recent initiative - Operation Pathway – to expand its level of enforcement, although there are limits to what can be achieved under current resourcing levels.

59. The Lancashire Partnership for Road Safety (LPRS) also delivers enforcement through a safety camera partnership. The LPRS is managed by an officer of the County Council, but it operates effectively as a strong partnership involving the Police, DfT, Fire and Rescue, and NHS in delivering its objectives (which also include ETP).

60. Speed cameras are very successful in preventing casualties. A June 2008 annualised evaluation of their performance in Lancashire showed a reduction rate in fatalities (all age groups) of 71%, KSIs 48% and collisions of 36%. And, despite some press coverage to the contrary, speed cameras are generally well supported by the

public as an effective means of reducing speeds.

61. Funding for the LPRS has become an issue. It is currently being funded through the Local Area Agreement (LAA), although this funding runs out in 2011 and no replacement source has yet been found.

Who Delivers The Strategy?

62. The County Council is far from being alone in delivering safer roads for children and young people, although it does have a significant leadership role to play. There are many different stakeholders and attached to this report at Appendix A is a list of most of them, together with a brief description of the part they play. The list includes Government Departments, such as the DfT and Dept. for Children, Schools and Families (DCFS), down to voluntary and community organisations. Many of these stakeholders have substantial statutory obligations regarding road safety for children

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and young people. However, within the tight time frame of the review, the task group did not take evidence directly from any of them other than the County Council, and so is not able to comment authoritatively on the effectiveness of their contribution to improving KSI casualty rates.

63. The task group hopes, nevertheless, that this report demonstrates the importance of influencing the behaviours of all road users as the most effective way of driving down our child and young person KSI casualty rate. And that this influence is best achieved through a combination of the three Es of road safety, which can only be done in any cost-effective way through the co-ordinated activity of all agencies involved, with each bringing different strengths,

opportunities and resources.

64. Currently, the County Council's Policy Unit leads on developing policies, strategies and approaches within the County Council and with partners relating to Community Safety. This includes road safety. The County Council's Community Safety Manager is the Theme leader for Safety for the Lancashire Local Area Agreement (LAA). She also sits on the ECM "Stay Safe" Policy Development Board (PDB) and plays a leading role in establishing links between partners (although PDBs are a recent development).

65. While the Policy Unit has been successful in developing improved strategies in some other areas of road safety – such as motorcyclists - child road safety has perhaps not

been given the proper attention it warrants. This may be partly because, in the absence of a Child Safety Audit, the scale and nature of the problem has not been fully understood. The comments made in the JAR has helped in focusing attention and the task group intends that this report will do the same.

66. There is certainly scope to develop more effective partnerships in Lancashire, especially in framing a strategy that sits in the context of Every Child Matters and targets older children as well as the 0-15 yrs group. Not only will this help to avoid unnecessary duplication, it will also offer every opportunity to draw on hitherto untapped talent in understanding better the scale and nature of the problem Lancashire has and in being able to reach all road users.

Recommendations

1. The Overview and Scrutiny Management Committee should consider the re-establishment of this task group to seek further evidence directly from significant stakeholders other than the County Council, including national agencies.
2. The County Council should develop a Child Safety Audit that is accessible to all stakeholders and which analyses the problem as fully as possible to best inform a child road safety strategy. This audit should be produced in the context of the Every Child Matters agenda for change and include young people up to age 19. It should draw on data available from a range stakeholders
3. The County Council should continue to pursue the development of a nationally standardised system of accident recording, so that comparisons can be made more accurate.
4. Cooperation within the County Council should be improved, with the Directorates for Environment and Children and Young People plus the central Policy Unit reaching agreement and understanding at Executive Director and Cabinet Member level.
5. The County Council should lead in developing significantly stronger partnerships to develop a holistic strategy to bring KSI casualty rates closer to the UK national average, targeting work specifically at those groups and locations most at risk. The Post Inspection Action Plan should be re-written and progress on improving performance should be more closely monitored. A strong publicity campaign should be developed alongside it to gain maximum public support.
6. The County Council should review its current policy on Safety Engineering Schemes and assess it against those of other, better performing authorities. The review

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should consider how engineering might be better incorporated into an overall child road safety strategy

7. The Cabinet Members for Highways and for Children and Young People should lobby central Government to bring the DfT's Child Road Safety Strategy in line with the Safeguarding element of the Every Child Matters Agenda for Change.

8. The Cabinet Member for Highways should approach Lancashire Constabulary and request that they lobby the Home Office for additional resources to increase enforcement of road safety-related offences.

9. The Cabinet Member for Children and Young People should lobby central Government to reintroduce the Safety Education

Standard as mandatory for Healthy Schools Status

10. Safety training should be made available to County Council staff who are required to drive as part of their job.

Annex A

Who helps to Deliver Safer Roads for Children and Young People in Lancashire?

Department for Transport

Sets the policy framework, undertakes research, conducts "Think!" publicity campaigns (eg. Think! Teen campaign targeting 12-16 yrs old), provides advice guidance and funding to people delivering road safety on the ground; produced 2007 Child Road Safety Strategy and 20pt

Action Plan; Provide funding for road safety schemes at national level. Their child road safety statistics go up to age 15 only.

Driving Standards Agency (DSA)

Provides advice and training resources to people learning to drive and ride. Manage the "Arrive Alive" programme targeting young drivers and pre-drivers

Highways Agency (HA)

Responsible for trunk road network. Actively promotes road safety through engineering, design and maintenance of the network and information and publicity

Department for Children, Schools Families (DCSF)

Develops strategic policy on the education and welfare of children and young people.

Overall responsibility for delivery of Every Child Matters agenda for change. Overall responsibility for schools and education, including road safety education and school travel

Lancashire County Council

As Local Transport Authority: Responsible for all other roads. Statutory duty to promote road safety in Lancashire through: local road design and maintenance; local publicity campaigns; supporting schools and others who deliver road safety education; training and publicity; working with other agencies – police, fire and rescue, health authorities, and voluntary bodies. Sets local targets and reports on casualty reduction through the Local Transport Plan and has a Lancashire Road Safety Strategy.

The County Council also coordinates the work of the Lancashire Partnership for Road

Safety, which works primarily on speed reduction and driver behaviour.

As Childrens Services Authority Responsible for delivery and co-ordination of the ECM Stay Safe Outcome in Lancashire, of which child deaths and casualties on the roads form a part. Operate to an age limit of 18. Responsible for the Post Inspection Action Plan Co-ordinates the work of CYP services, some of which have a role to play in child road safety: eg. education and youth services; Early Years and Sure Start; liaison with NHS on child health issues; engagement with parents.

Policy Unit

Pulls together the various players involved in delivery of LAA targets, which includes road safety for children and young people. Ensures that Directorates are kept informed of all actions that are happening in localities that impact

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on the County Council's statutory and obligations and corporate commitments.

Schools

Provide road safety education. Develop School Travel Plans in cooperation with Environment Directorate. Develop Healthy Schools status in cooperation with CYP Directorate

Lancashire Constabulary

Responsible for enforcement of laws that promote road safety and for recording and reporting all injury road accidents. Get involved in promoting activity that reduces law breaking. Sit under the Home Office

Local Health Authorities (NHS)

Responsible for children's health and therefore duty to

promote the reduction of road accidents involving children - a leading cause of death and serious injury. Significant role in delivery of Every Child Matters, Sure Start, Healthy Schools

Fire and Rescue

Recognizes that it can work in partnership with others to promote road safety. Increasingly undertaking road safety education, especially in community safety of vulnerable groups

Voluntary Organisations

Eg. Royal Society for the Prevention of Accidents, Brake and Child Accident Prevention Trust. Also faith and community orgns at a local level. Work with statutory agencies: promote road safety education, receive funding from the DfT's Road Safety Challenge Grant Scheme

Commercial Organisations

Vehicle and equipment manufacturers



Lancashire Local – Lancaster District
Meeting to be held on 1 September 2009

Part I - Item No. 9

Electoral Division affected:
All in Lancaster

Child and Adolescent Mental Health Services (CAMHS)
(Appendices 'A' and 'B' refer)

Contact for further information:
Mark Warren, (01772) 534255, Directorate for Children and Young People,
mark.warren@lancashire.gov.uk

Executive Summary

The report details the progress made in developing a Child and Adolescent Mental Health Services (CAMHS) Commissioning Strategy and developments for the future.

Decision Required

Lancashire Local – Lancaster District is asked to note the report.

Background and Advice

Following the 2008 Joint Area Review (JAR) in Lancashire an intervention supported by the Department for Children, Schools and Families (DCSF) and Government Office North West (GONW) was initiated in respect of CAMHS. This intervention has now ended and has produced a cross-Lancashire CAMHS Commissioning Strategy (see attached Appendix 'A') and additional priority work areas which are being overseen by Lancashire Children's Trust Executive.

The Lancaster District, as with all of North and Central Lancashire, will receive additional resources in the form of the new Children Looked After Support Service (CLASS) due to commence in the Autumn.

The attached Short Term Action Plan (Appendix 'B') identifies current work emanating from the intervention. Below are two National Indicators: NI 50 and NI 51 which are relevant to CAMHS and to universal services linked to CAMHS.

LAA NI 51: Effectiveness of CAMHS

The proxy measures for this indicator are:

Has a full range of Child and Adolescent Mental Health Services (CAMHS) for children and young people with learning disabilities been commissioned?

Do 16 and 17 year olds who require mental health services have access to services and accommodation appropriate to their age and level of maturity?

Are arrangements in place to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?

Is a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership?

The scores from each of the three PCT areas across the county are taken and the Lancashire score aggregated as part of the yearly CAMHS Mapping exercise.

	East	Central	North
<i>Has a full range of Child and Adolescent Mental Health Services (CAMHS) for children and young people with learning disabilities been commissioned?</i>	3	3	3
<i>Do 16 and 17 year olds who require mental health services have access to services and accommodation appropriate to their age and level of maturity?</i>	3	3	3
<i>Are arrangements in place to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?</i>	4	3	3
<i>Is a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership?</i>	3	3	2

The scores range from 1 to 4: 1 = 'plans in place', 2 = 'some services', 3 = 'partial services' and 4 = 'fully compliant'. Whilst the four scores are important, they are reflective of the overall progress to 'Comprehensive CAMHS' as detailed in Standard 9 of the National Service Framework.

As a result of the JAR in 2008, Lancashire has just concluded an intervention. The oversight for work emanating from that process has been taken up by The Children's Trust Executive who are nominating a chair to lead a CAMHS Project Implementation Group.

This group will oversee the short-term priority actions (24/7, 16 and 17 year olds, Children Looked After) and the longer-term cross-Lancashire CAMHS Joint Commissioning Strategy. See attached Short Term Action Plan.

LAA NI 50: Emotional Health of Children

Four questions from the TellUs survey are being used as national benchmarking indicators:

I have one or more good friends

When I'm worried about something I can talk to my friends

When I'm worried about something I can talk to my Mum or Dad

When I'm worried about something I can talk to an adult other than my Mum or Dad

However Lancashire County Council is also creating an Action Plan supported by other proxy measures.

The Action Plan was generated following a Stakeholders Meeting where a range of performance figures to support TellUs3 were discussed. Since then a Draft Action Plan has been formulated by the Multi-Agency Sub Group of the County CYP Mental Health and Emotional Wellbeing Partnership. This Draft Action Plan draft is to be shared with local Children's Trust Partnerships for comment in August 2009.

The Post JAR CAMHS Intervention has now concluded. A county-wide multi-agency Commissioning Strategy has been agreed by the CAMHS Improvement Board (chaired by GONW and responsible to DCSF). This commissioning strategy will have at its centre agreed outcome and output measures which will be used to inform the NI 50 Action Plan.

The Children's Trust Executive has taken over the role of the CAMHS Improvement Board and has agreed to create a multi-agency Project Implementation Group which will oversee the continued development of issues agreed during the intervention. This group will be chaired by a member of the Children's Trust Executive.

Where good is high Lancashire scored 67.1 in 2008/09. This compares with an England Average of 63.3. Lancashire also scored higher than the statistical neighbour average and are ranked third out of 11 statistical neighbours.

There is an issue about the number of schools participating in TellUs3 as schools' involvement is on a voluntary basis and many schools wish to use other forms of enquiry into their pupils' health and wellbeing. This issue has been taken up through school advisers to encourage use of the scheme. As TellUs3 is benchmarked nationally Lancashire has no choice in having to use the survey.

TellUs4 data will be available in November 2009.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

The Intervention has agreed specific actions which will be assessed on their return by Ofsted. The actions need to be progressed consistently across the county.

Risk management

The risk issues are being managed through the Lancashire Every Child Matters Theme Group 'Be Healthy' in addition to The Children's Trust Executive oversight. Local oversight is also vital.

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name: Organisation: Comments:

N/A

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Council/Tel
Lancashire CAMHS Commissioning Strategy	May 2009	Mark Warren, Lancashire County Council, (01772) 534255
Lancashire CAMHS Short Term Action Plan	June 2009	Mark Warren, Lancashire County Council, (01772) 534255

[Report to Lancashire Local – Lancaster District on Child and Adolescent Mental Health Services \(CAMHS\) Appendix A](#)
[Annex 1](#)
[Annex 2](#)
[Annex 3](#)
[Annex 4](#)

Reason for inclusion in Part II, if appropriate

N/A



NHS
East Lancashire

NHS
North Lancashire

NHS
Central Lancashire

Joint Commissioning Strategy to Promote and Develop Services for the Emotional Wellbeing and Mental Health of Children and Young People in Lancashire 2009-2012

April 2009

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1. Executive Summary

This Strategy is for children, young people, their families and everyone who works with them. It presents a shared local vision for the future and sets out the changes that will go towards making that a reality. The strategy is the result of a developmental process undertaken during 2008 and early 2009, designed to create an understanding between children, young people and their families and all partner agencies about what has to be achieved to meet local needs more effectively and to engage a wider range of local resources. This document summarises the current position in relation to service provision, outlines the most recent understanding of need, and explains the vision, the role emotional wellbeing plays in achieving the five 'Every Child Matters' outcomes, and what must be done in Lancashire over the next three years.

The Vision is to improve the emotional and psychological health and well-being of children and young people, in the diverse communities in Lancashire, through local integration of services that focus on prevention and early intervention and work together with children, young people and their families.

Through a series of locally based Open Space and a county wide Stakeholders event the following strategic objectives aimed at moving services closer to the above vision:

- The child, young person and their family are at the centre of services. This means there is user carer participation, that children and young people are listened to and parents and carers are supported in their central role in nurturing the mental health and psychological wellbeing of their children
- To prevent or intervene early to reduce risks of mental health problems escalating. This means parents, carers and anyone working with children and young people understand emotional wellbeing, what promotes resilience and reduces risks of poor mental health. Frontline staff, in universal and targeted services, know how to respond to early signs of mental health difficulties and have training and support from specialist services.
- To fill the identified gaps in provision this means the plans to address the gaps in provision that have been the focus of work following the JAR 2008 (Joint Area Review of all children's services) will be implemented namely:
 - A specialist service to support carers and young people in care and post adoption
 - Universal, targeted and specialist provision for young people aged 16 plus and transition into adult services
 - Access to specialist CAMHS 24/7

Additionally NHS North West and CAMHS Support Service has identified an additional priority of ensuring services are culturally sensitive

- To join services up into an understandable and co-ordinated 'whole system' of CAMHS that is understood by all. This means:
 - Clear multi-agency pathways across the system and choice about the timing and location of interventions
 - Building capacity in specialist services
 - Support during transitions and changes
 - Improving integration (how people work together) in universal, targeted and specialist services to streamline processes and reduce any unnecessary doubling-up and/or delays caused by organisational boundaries (at the universal level this includes the valuable contribution that universal health services, early years providers, schools, colleges and the voluntary sector make to the emotional health and wellbeing of children young people)
 - Develop links between adult and children and young people's mental health services. The vulnerability and risks for children and young carers whose parents have mental illness and/ or problematic substance misuse are identified and have access to appropriate support and interventions, when required, for young people
 - Effective communication networks and information for children, young people and families, for universal services and between specialist, targeted and adult services.
- To have strong leadership through commissioning and partnership arrangements. This means that there will be clear responsibilities and the setting up of clear processes, accountability and governance ways of working within the new Children's Trust arrangements and effective performance management of contracts.

As a result of the Strategy development and consultation process, the following plans have been agreed which are designed to achieve the strategic objectives and are described fully in Section 6. More detail about action to support the achievement of the Every Child Matters Outcomes is provided in Section 7. The resource implications are discussed in greater depth in Section 8.

2. Introduction: Policy Context & Background

2.1 National Policy In 2004 the Department of Health published its *National Service Framework (NSF) for Children, Young People and Maternity Services*¹. Standard 9 focussed on the mental health and psychological well-being of children and young people, which is of particular relevance to this Emotional Well-being Strategy for the Lancashire County. Standard 9 provided guidance to support the development of a more comprehensive range of services frequently referred to collectively as 'child and adolescent mental health services' or 'CAMHS'. The NSF states that 'Primary Care Trusts and Local Authorities (must) ensure that a commissioning strategy is in place for CAMHS', informed by a multi-agency assessment of need that is updated regularly.

The Children Act of 2004 and the '*Every Child Matters*' programme went on to identify five overarching outcomes for children & young people, which created the framework for multi-agency activity and performance monitoring. It is expected that CAMHS will make a contribution in each of these five outcome areas:

- be healthy
- stay safe
- enjoy & achieve
- make a positive contribution
- achieve economic wellbeing

In order to monitor progress on the development of comprehensive CAMHS and the implementation of the NSF's 10-year plan for CAMHS contained in Standard 9, the Government identified four priority areas or 'proxy targets'. In Autumn 2006 it published a report on the implementation of Standard 9 which provided additional guidance. The proxy targets which have been the focus of national monitoring over the past three years are:

- 24 hours, 7 days a week cover with emergency response
- Services for children & young people with learning disabilities
- Services for 16 & 17 year olds
- Multi-agency protocols for children with complex needs, now replaced by early intervention

Additionally NHS North West and the CAMHS Support Service has identified the following additional service priorities

- User and carer participation
- Culturally competent services that deliver race equality

¹ Department of Health 2004 National Service Framework for Children, Young People and their Families London DH

In June 2007 the White Paper '*Care Matters: Time for Change*' set out the Government's requirements in relation to support for children in care. Although this said relatively little about CAMHS, it once more placed children in care at the top of the priority list for attention from commissioners and providers of children's services. In November 2008 the government launched three initiatives; the roll-out of *Targeted Mental Health in Schools* (TaMHS)² project; *Statutory Guidance for Children's Trusts* and the final report of the *National CAMHS review*³. The latter identified the progress that had been made since 2004 in establishing specialist services but found that improvements in mental health and wellbeing are not as comprehensive, consistent or as good as they could be despite the detailed policy and investment in the preceding six years. The report identified three fundamental changes required.

- *Everybody needs to recognise and act upon the contribution they make to supporting children's mental health and well-being.*
- *Local areas have to understand the needs of all children and young people and engage effectively with children, young people, and their families to understand those needs.*
- *The whole of the children's workforce needs to be appropriately trained and, along with the wider community well informed.*

This moves the focus away from specialist mental health services into developing resilience in the individual and community through prevention and early intervention supporting emotional health and well-being, backed by clear information and access into specialist provision when required.

Lancashire is in phase 2 of the roll out of the *TaMHS* project and North Lancashire will receive 2 year funding to support the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5-13 and their families, at risk of, or experiencing, mental health problems.

*The Statutory Guidance for children's Trusts*⁴ strengthens local partnership arrangements by making the Children's Trust Board a statutory body, with clearer lines of accountability. The vision for a comprehensive approach to prevention and early intervention is a theme throughout policy for children. Joint strategic planning and commissioning is a key responsibility placed on partners in order to deliver on integrated processes, frontline delivery and workforce strategies so that every child has access to the services they need when they need them with specialist services better integrated into universal settings.

² Targeted Mental Health in Schools Project Using the evidence to inform your approach: a practical guide for headteachers and commissioners 2008 DCSF London

³ Children in Mind: Final report of the National CAMHS Review 2008 London DCSF and DH

⁴ Children's Trusts: Statutory guidance on interagency cooperation to improve wellbeing of children, young people and their families DCSF 2008

In February 2009, the Department of Health published '*Healthy lives, brighter futures*'⁵ the strategy for children and young people's health. In addition to promoting joint leadership and accountability arrangements for children's health through Children's Trust Boards, the strategy sets out the plans for universal, targeted and specialised support across three life stages: early years and pregnancy; school aged children; and young people, as well as the additional support for children and young people in need of acute or ongoing health care. A high level joint commissioning guide supports the implementation of the strategy⁶.

2.2 Local Context. The Local Strategic Partnership has made Emotional Health & Well Being as one of the Local Area Agreement (LAA) priorities in Lancashire. The Lancashire Children's Trust has adopted a vision and set of principles that underpin the services for children and young people.

Vision

Together we will provide excellent services where people live and which are tailored to local priorities. We will stand up for Lancashire's children, young people and their families, listen to what they say is important, and take appropriate action. We will let everyone know what we are doing to improve the outcomes for our children and young people.

Key Principles:

- *The needs of children and young people must always come first*
- *All parents and families should know how and where to get help if and when they need it*
- *Support should be available through universal services wherever possible and should be delivered flexibly in accessible non stigmatised settings*
- *The views of children and young people parent and families must be taken into account when services are being designed and delivered.*

In 2008 the Joint Area Review (JAR) for Lancashire identified inconsistency of access to specialist Child and Adolescent Mental Health Services (CAMHS) and transition into adult services for vulnerable groups. Joint commissioning arrangements had been hampered, in some areas, due to difficulties of working with eight small Primary Care Trusts (PCTs), and have remained under developed since the merger of the eight PCTs into three in autumn 2006. An intervention team from Outcomes UK Ltd supported by CAMHS Consultants Ltd were appointed to support the Local Authority and three Primary Care Trusts to improve performance, building on areas of good practice that were evidenced during the JAR and in subsequent diagnostic work. Priorities for action and analysis of resources and services, against national norms, are set out in the needs analysis in section 3 below.

⁵ Healthy lives, brighter futures: The strategy for children and young people's health. DCSF and DH 2009

⁶ Securing better health for children and young people through world class commissioning: A guide to support delivery of Healthy lives , brighter futures: the strategy for children and young people's health DCSF and DH 2009

This document presents the culmination of work undertaken with commissioners, providers and users of the service between September 2008 and April 2009 through open space events in Central and North Lancashire, a service development workshop in East Lancashire, a provider and commissioner forum and meetings with users and their advocates. The document sets out the vision for the future and priorities for development of services that will support the emotional wellbeing and mental health of children and young people across Lancashire.

This strategy for emotional well being and mental health in Lancashire has implications for everyone working with children and young people and should not be viewed in isolation. It has linkages across to the development of Early Years service, the Local Safeguarding Children Board (LSCB), the Workforce Reform Board and strategies for Parenting Support, Special Educational Needs, Youth Offending services, Targeted Youth Support, Looked After Children, Teenage Pregnancy, Substance misuse and harm reduction workstreams.

The task of this strategy is to explain how the aspirations for children and young people, of both national Government and local partner agencies, will be realised, and to plot the direction of travel between 2009 and 2012. In Lancashire, this includes not only the statutory sector, but also voluntary sector agencies which play an effective part in the pattern of service provision and growth.

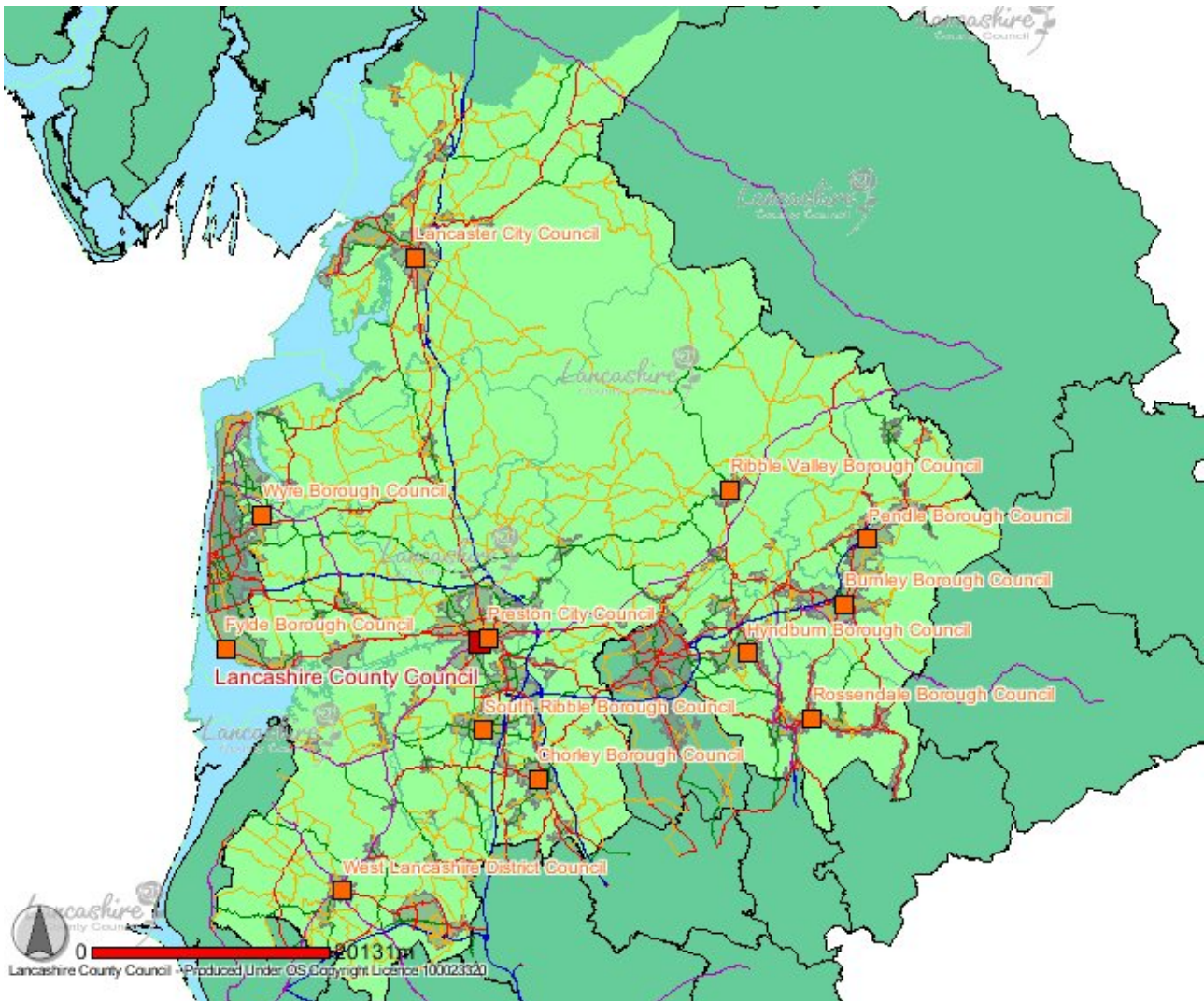
- 2.3 Terminology Child and Adolescent Mental Health Services, more commonly known as CAMHS, has become synonymous with specialist mental health services. The NSF vision for comprehensive CAMHS, where mental health and well-being is everyone's business has not been achieved. Young people in Lancashire do not view CAMHS as a helpful title and find the mental health label stigmatising. This strategy is about a cultural change, needed for services to work together to promote emotional well-being and address the mental health needs. This ranges from the universal role of parents and everyone working with children and young people through to highly complex and specialist interventions. Emotional well-being and mental health will be used to describe services across that whole range. The acronym CAMHS when used will refer to specialist services.

3. Needs Assessment

Introduction

3.1 This section presents a summary of the information collected from a number of sources. It involved a review of local demographic data, analysis of information on the prevalence of mental ill health based on national research, and the collation and analysis of data from local agencies, information from the Durham University national CAMHS Mapping website, CAMHS needs assessment undertaken by North Lancashire PCT, needs analysis undertaken by University of Central Lancashire for East Lancashire, interviews with stakeholders including young people and the events identified in section 2 above. However, it is acknowledged that the needs assessment lacks some key data and will require further development and updating during the lifetime of this Strategy

Figure 1. Lancashire County Council area showing districts



Source: Mario Maps Lancashire CC website

- 3.2. The area covered by the strategy. Lancashire County is made up of the County Council area which has 12 districts (Figure 1), and the unitary authorities of Blackpool and Fylde and Blackburn and Darwen. This commissioning strategy covers the County Council area which is co-terminus with the three NHS organisations serving the area, NHS East Lancashire, NHS Central Lancashire and NHS North Lancashire. Services are provided across boundaries into and out of the neighbouring unitary authorities.
- 3.3. The characteristics of the population. Lancashire is a large county of 1.16 million population who live in coastal, urban and rural settings. The mid year population estimates 2007 indicated 0-19 year olds represented 24.9% of the total population (Table 1). More importantly there are several areas of significant deprivation with some of the highest levels of child poverty in England. These are in East Lancashire, Central Lancashire, Morecambe/Lancaster and Skelmersdale. The ethnic minority population of 9%, across Lancashire, is lower than the national average of 11%. The highest ethnic group is Asian or Asian British at 6% mainly based on Preston and East Lancashire. It is anticipated by 2013 between 30% and 40% of the under 19 year olds, in Pendle, will be of South Asian origin. There are around 1,300 children looked after in Lancashire.

Table 1: Mid Year Population 2007

Area	Persons all ages	Persons 0	Persons 1-4	Persons 5-9	Persons 10-14	Persons 15-19	% in population under 19
Lancashire	1,168.1	13.3	51.5	64.8	73.1	81.7	24.3
Burnley	87.5	1.2	4.4	5.2	5.8	6.6	26.5
Chorley	104.1	1.2	4.8	5.6	6.3	6.6	23.5
Fylde	76.4	0.6	2.6	3.7	4.2	4.5	20.4
Hyndburn	82.0	1.1	4.3	5.1	6.0	5.8	27.2
Lancaster	143.5	1.4	5.3	7.1	8.3	11.0	23.1
Pendle	90.0	1.2	4.5	5.6	5.9	6.5	26.3
Preston	131.9	1.8	6.6	7.3	8.0	9.5	25.2
Ribble Valley	58.3	0.5	2.3	3.3	3.9	4.3	24.5
Rosendale	67.0	0.8	3.1	4.0	4.7	4.9	26.1
South Ribble	106.7	1.2	4.6	5.8	6.5	7.2	23.7
West Lancashire	109.8	1.2	4.9	6.3	7.0	7.4	24.4
Wyre	110.9	1.0	4.1	5.6	6.5	7.3	22.1

- 3.4. Prevalence and Risk factors A number of social and economic factors are associated with prevalence rates for child and adolescent mental health problems, as seen above. It is important to recognise these within the strategy, when planning to prevent mental health problems, or promote mental well-being. They are described as risk factors under three headings, and their known impact on the mental health of children experiencing these factors, compared with children in the population who are not, is given below in Table 2.

Table 2: Risk factors for mental health problems and estimated prevalence⁷

<p>Risk factors in the child</p> <ul style="list-style-type: none"> • Low IQ and learning disability • Language and related problems • Sensory impairment • Physical illness <ul style="list-style-type: none"> ○ Chronic health problems ○ Brain damage 	<p>Impact on prevalence</p> <ul style="list-style-type: none"> • Rate of disorder doubled • 4 times rate of disorder • 2-3 times rate of disorder • 3 times rate of disorder • 4-8 times rate of disorder
<p>Risk factor in the family</p> <ul style="list-style-type: none"> • Family breakdown • Abuse – physical, sexual or emotional • Parental psychiatric illness • Parental criminality, alcohol and personality disorder 	<p>Impact on prevalence</p> <ul style="list-style-type: none"> • Increase in depression and anxiety • 2-3 times rate of disorder • 1-4 times rate of disorder (4-8 times for parental schizophrenia) • 2-3 times rate of delinquency
<p>Rick factors in the Community</p> <ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Traumatic life events • Urban environment 	<p>Impact on prevalence</p> <ul style="list-style-type: none"> • Double • Increase in emotional & behavioural problems • 3-5 times rate of disorder • 1.5-2 times rate of conduct disorder and educational difficulties

So, children most at risk of mental health problems will be found in the following groups with the risks further compounded when multiple factors are present:

- children of mentally ill parents
- children of problematic substance misusing parents/ carers
- children with other disabilities
- children living in areas of high socio-economic deprivation

⁷ Wallace, SA; Crown; Cox, AD; Berger, M; Healthcare Needs Assessment Child and Adolescent Mental Health. 1995

- children who have experienced or witnessed abuse and trauma including domestic abuse
- Looked after children
- children in special schools, or with special educational needs
- Children who experience bullying (including racial)
- children who have experienced separation and loss associated with bereavement and family breakdown
- Young offenders

Tables 3a and 3b show the 3 main childhood mental disorders, as determined in the National Survey of 5-15year olds⁸ applied to the PCT's population. It should be noted that the disorders identified in this survey '*cause distress to the child or has a considerable impact on the child's day to day life*'. The research estimates are research averages, and greater numbers will be expected in more deprived areas. Many of the children will have more than one disorder.

Tables 3 a & b: Research based prevalence estimates, by age and sex, of 3 main childhood mental disorders, figures applied to County Council 5-15 age group

3a. Percentage estimate		Emotional disorder	Conduct disorders	Hyperkinetic disorder	Less common disorders	Any disorder
5-10	Boys	2.2%	6.9%	2.7%	2.2%	10.2%
	Girls	2.5%	2.8%	0.4%	0.4%	5.1%
11-16	Boys	4.0%	8.1%	2.4%	1.6%	12.6%
	Girls	6.1%	5.1%	0.4%	1.1%	10.3%
All children	Boys	3.1%	7.5%	2.6%	1.9%	11.4%
	Girls	4.3%	3.9%	0.4%	0.8%	7.8%

3b. Total numbers estimated		Emotional disorder	Conduct disorders	Hyperkinetic disorder	Less common disorders	Any disorder
5-10	Boys	735	2305	902	735	4677
	Girls	785	879	126	126	1916
	Both	1520	3184	1028	861	6593
11-16	Boys	1496	3029	898	598	6021
	Girls	2178	1851	143	393	4565
	Both	3674	4880	1041	991	10586
All children	Boys	2231	5334	1800	1333	10698
	Girls	2963	2730	269	519	6481
	Both	5194	8064	2069	1852	17179

⁸ Meltzer, H; Gatward, R; Goodman, R; Ford, T; The Mental Health of Children and Adolescents in Great Britain 1999. Summary report. ONS.

An alternative way of considering need was described by Dr Zarrina Kurtz⁹ in *Treating Children Well* (1996), who estimated need according to severity rather than type of mental illness or distress. The advantage of this method is that numbers maps easily on to the current model of service design. However, like other estimates of prevalence, it makes no adjustments for deprivation.

Table 4: Estimates of Prevalence in the Child Population (aged 0-17 years) of Lancashire based on Kurtz (1996)

Tier	Description	Estimated prevalence 0-17yrs	No. in Lancs.
1	mild emotional & behavioural difficulties	15%	35966
2	moderately severe problems requiring attention from professionals trained in child mental health	7%	16784
3	severe and complex mental health problems requiring a multi-disciplinary approach	1.85%	4436
4	most severe, persistent & complex problems (often require in-patient care)	0.08%	192

3.5 The groups of children who should be targeted by service provision as they are at higher risk of mental ill health are:

- 1236 Children were looked after by the County in the year ending March 2007. 45% of them (556 children) are likely to be suffering a form of mental disorder¹⁰. The prevalence increases to 70% for young people in residential care.
- Of 1370 young offenders (2006/7 data), 40% (548) are likely to have a mental health problem rising to 90% for those in custody.
- Children with learning disabilities have double the rate of mental health disorders and the National Service Framework states that 40% of children with a learning disability are likely to require CAMHS support.

3.6 The needs and service gaps in Lancashire. The needs and gaps in provision are summarised below. The information has been drawn from a number of sources. The Area self assessment, Joint Area Review 2008, CAMHS Needs Assessment North Lancashire 2008, recommendations from the needs analysis undertaken for East Lancashire by the University of Central Lancashire, interviews with providers and young people undertaken as part of the strategy development.

¹⁰ Meltzer, H; Corbin, T; Gatward, R; Goodman, R; Ford, T; Mental health of young people looked after by local authorities in England. Summary Report 2003. ONS.

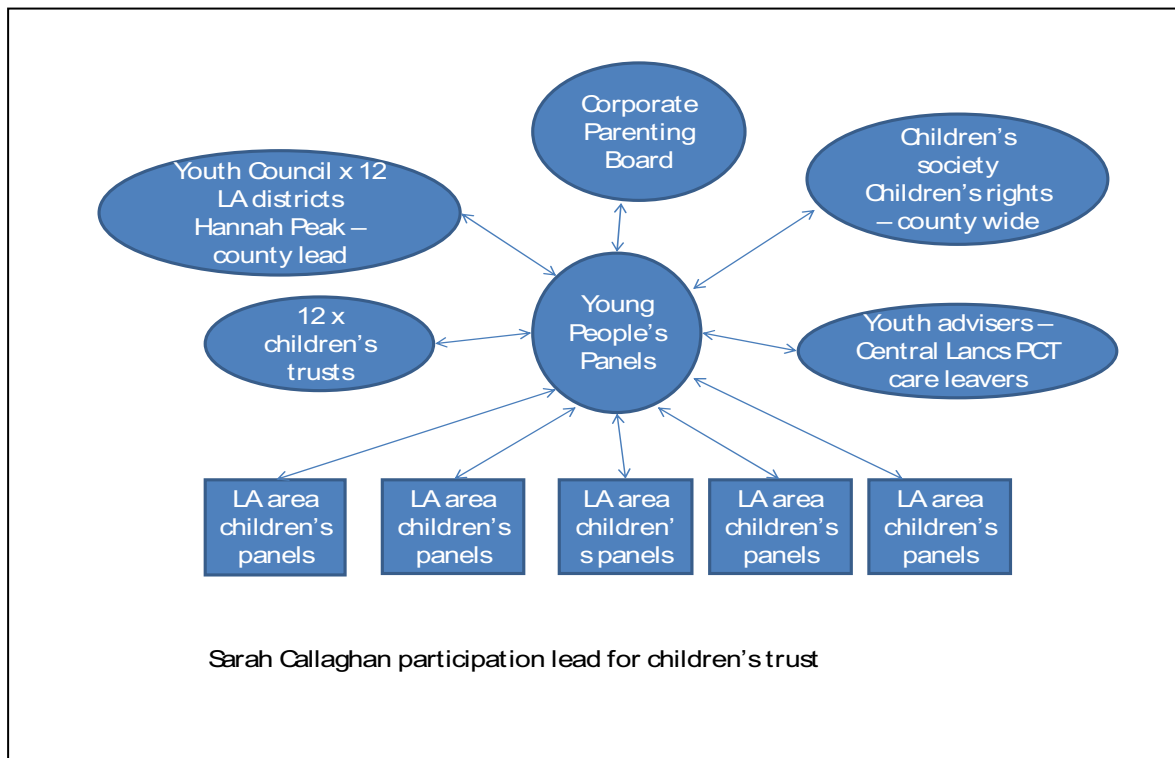
- 16-17 year olds and transition into adult services: young people in this age range were specifically mentioned in the JAR and identified by a number of stakeholder groups as having unmet needs in Lancashire. Transition between services did not work well where there was no clear diagnosis. These concerns were also reflected in the Every Child Matters consultation findings, in which parents identified the need for more proactive or aggressive outreach from mental health services and self-referral into the mental health system for young people who did not know how to get help. In Lancashire, a serious case review identified the need to find effective ways to engage pupils with mental health problems who are hard to reach. Countywide there has been development of early intervention in psychosis services, and investment in college nurses in East Lancashire to help meet the needs, but there continues to be a lack of skills and capacity to support 16-17 year olds with mental health problems. Targeted risk groups for whom services are limited are young people in special circumstance such as leaving care, leaving custody, who are homeless, or are teenage parents or who display maladaptive or risky behaviours.
- Children and young people in care: The likely prevalence of mental health problems in this group of children has been identified above. Whilst there is a specialist team supporting this vulnerable group of children in East Lancashire the service needs to be extended to provide post adoption. Provision also needs to be available across the county.
- Access to specialist advice and assessment for children and young people who present out of hours: This has been a proxy performance measure since 2006 and is not being met consistently throughout Lancashire. There is no consistent, formalised process in the county for acute hospitals, emergency duty teams and police to access specialist support for a young person presenting with an acute mental health problem out of hours. A full analysis of the current position is being undertaken.
- Prevention and early intervention: Stakeholders identified that emotional health problems are not well recognised or understood within universal services. Staff feel ill equipped to address mental health concerns and are unclear about the role they can play or how to access support. The role of primary mental health workers varies across the county and the balance between individual work with young people and training and support to staff working in universal services needs to be reviewed. Support for parents was identified by stakeholders as a high priority. The National Review of CAMHS¹¹ emphasises the central role that parents and carers play in nurturing and supporting children's mental health and psychological well being, but notes the capacity of parents and carers to do this is influenced by their access to information and support from local services. Integrating Services for Parents and families¹² Lancashire's framework for parent support takes a strategic approach to improving the support parents receive together with focusing on six priority needs including early support for parents of children with emotional and mental health issues. Emotional wellbeing and mental health, needs to be a core competence of anyone working with children and young people and their families.

¹¹ Children in Mind: Final report of the National CAMHS Review 2008 London DCSF and DH

¹² Integrating Services for Parents and Families : A framework for provision Lancashire CYSP Sept 2008

- Fragmented provision and lack of coherent pathways: providers of Tier 2 and 3 services work to different specifications, and each provider works to their own access and referral criteria, even when working in the same area. Psychology is integrated into the specialist CAMHS in some areas and has separate referral paths in others. Most areas work to a medical model with referrals being directed through the GP. Stakeholders in all areas highlighted a need for better information, make pathways transparent, open referral routes to schools and social care and to integrate processes so that support is available if there is a wait for specialist interventions. A detailed mapping of services completed to support the strategy, has identified an extensive range of services supporting the emotional health of children and young people in all three PCT areas. Key themes from a stakeholder event that brought together services and commissioners, were the need for:
 - Open referral into specialist services building on early assessment and intervention and the use of the Common Assessment framework as a tool
 - joined up commissioning across the system with a better understanding of how different elements of provision link. In targeted services a recent Serious Case Review has indentified the need for more coherent pathways between specialist CAMHS and other specialist services such as Substance Misuse.
- Capacity in Tier 3 services: Evidence from the JAR and analysis in section 4 below supports the concerns stakeholders have identified re lack of capacity in Tier 3 services. Long waiting times are seen as a problem by service users. In the East new ways of working have been introduced to address waiting lists, but this has been at the expense of developing areas of specialism in order to address specific conditions such as learning disability and eating disorders more effectively. Stakeholders and users have indicated the benefits that can be gained from increased level of co-working, and consultation in community based settings. Whilst there are possibly economies that can be gained through better integration and streamlined referral processes the specialist teams will risk increasing waiting times if the balance of activity is shifted without increasing the capacity in the teams.
- Intensive interventions and support in the community: the East Lancashire needs analysis and stakeholder groups identified the gap in provision for young people with behavioural and mental health problems who end up in either hospital or in an out of county placement due to the lack of intensive community support to enable them to stay at home. Support to families and carers following discharge from hospital or return from an 'out of county' placement was also raised as a gap.
- Involvement of children, young people, parents and carers: stakeholders felt greater emphasis should be given to the voice of young people and their carers. Groups referred to the need to involve users at all points in the commissioning cycle, and with providers to shape delivery, using a variety of approaches. Lancashire has a history of good practice and received Beacon status for Youth Engagement. The established processes and channels developed in the County Council for engagement and involvement need to be used to inform the implementation of this strategy. Figure 2 shows the established network for participation supporting the Children's Trust

Figure 2 Lancashire Children's Trust Participation Arrangements



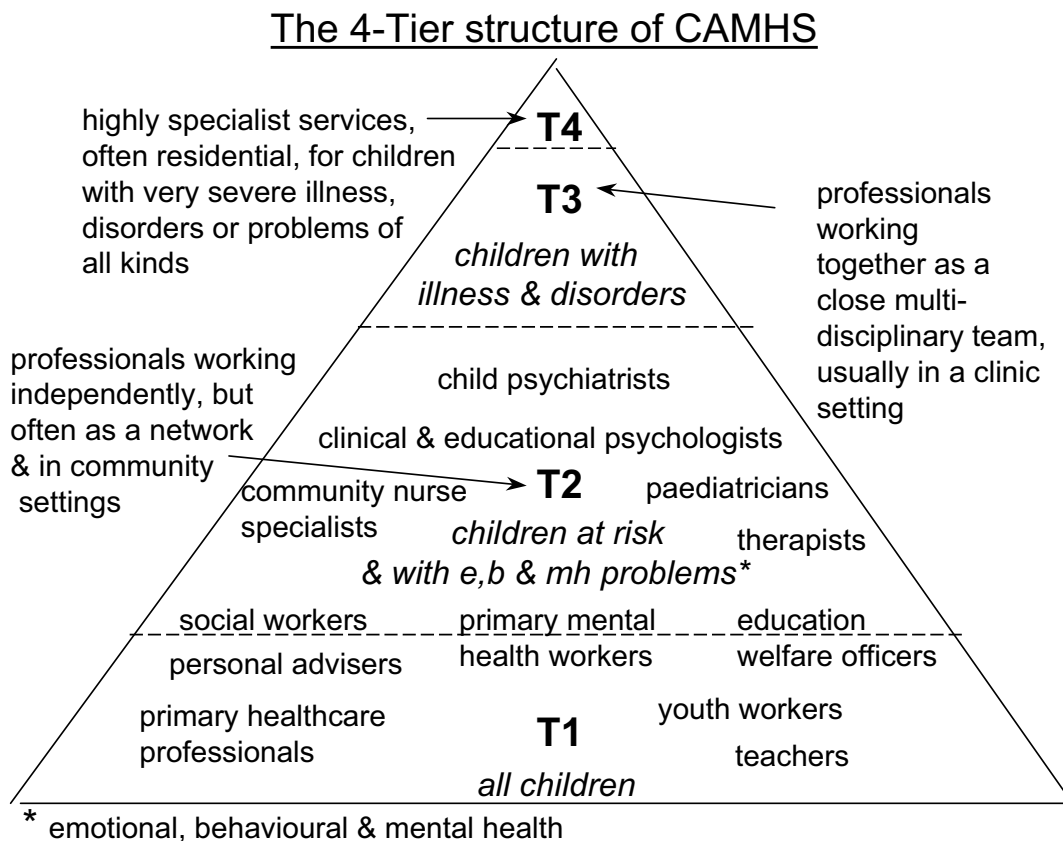
- Young carers and children whose parents have mental illness: stakeholder groups referred to these children and young people, stating that their needs are not well known or met by the statutory agencies. This is an issue that has been identified at a national level as well as by stakeholders in Lancashire. A more pro-active approach with children of parents with mental health problems is required through a joined-up approach with adult mental health services. All adult mental health patients should be asked about their child care responsibilities, and a protocol developed for the assessment of adults caring for children and young people and referral when concerns are identified.
- Safeguarding: Serious case reviews have identified the need for coherent pathways for access into specialist CAMHS, effective protocols for working between services (specifically adult mental health, substance misuse and CAMHS), access to training in emotional well being and mental health for universal services (specifically GPs and Police) and how to engage and monitor hard to reach pupils in large training establishments in respect to their emotional health and well being.

4. Current Service Provision and Resources

How services are provided now

4.1 This section provides a brief description of the configuration of services, which form part of 'comprehensive' CAMHS system, using the 4-Tier model established by the Health Advisory Service's 1995 Report 'Together We Stand'. This is illustrated in Figure 3 below. However, the 'language' of CAMHS is currently in the process of changing and the Tiers being replaced by 'universal, targeted and specialist' as descriptions of service functioning. The DoH Review of CAMHS¹³ advises local organisations to decide and shape their model and terminology that places the needs of children and young people at the centre planning and gives families and young people an understanding of what is available. So for the purposes of this Strategy the 'old' terminology is retained until the local model is determined. It should be noted that this section is not intended to offer a full list of all services available within the County but to illustrate the broad scope and range.

Figure 3:



¹³ Children and Young People in Mind: the final report of the National CAMHS Review 2008

Tier 1

4.2 Lancashire has an extensive range of generic children's services provided by the three NHS Primary Care Trusts, the county council and the voluntary sector agencies, employing skilled professionals working with children at Tier 1. Some general practitioners, school nurses and health visitors have acquired additional skills in early intervention with children, young people and families with mental health problems and the management of behaviour problems, but knowledge and skills are patchy. Tier 1 provides the following functions in relation to the mental health of the children and young people:

- interventions that promote emotional well being and prevent the development of mental health problems
- identification of children and young people who are at risk of developing mental health problems and referral if appropriate
- provision of general advice and support to those children and young people
- identification of mental health problems early in their development and referral as appropriate
- provision of non-specialist treatment for less severe or self-limiting conditions

Tier 2

4.3 Working at Tier 2 in the community are staff with specialist mental health skills to support the work of services targeted at young people who are in high risk groups. The role of those working in Tier 2 is to act as a filter between generic services for children and more highly specialised provision. However, in Lancashire there is a lack of equity and different models of delivery. In a fully developed comprehensive CAMHS service, practitioners working at Tier 2 will provide the following functions in a co-ordinated way:

- training and consultation to workers at Tier 1 in any setting
- advice in individual cases, support for groups and joint casework with Tier 1 workers as appropriate
- assessment and referral to Tier 3 where necessary
- short-term treatment of moderate, less complex mental health problems
- interventions with and outreach to hard-to-engage families

4.4 Despite inequitable provision, a number of Tier 2 services are nevertheless available locally and the following targeted teams contain specialist posts, and others funded through the CAMHS Grant:

- Consultation and training provided by CFCC
- Youth Offending Team (clinical psychology and systemic family therapy)
- Adolescent Resource Team (child mental health social worker)

- Children Looked After Team (East Lancashire systemic therapist)

The above teams are also supported by a specialist nurse employed by the PCT who also works with some of the pupil referral units.

- Integrated Learning Disability service (clinical psychology and systemic family therapy)

4.5 The Voluntary sector, including faith organisations, provides a wide range of services and support. The main agencies providing across Lancashire are listed below as well as some providing projects for targeted groups in local areas:

- Vine House , a counselling service for children and young people who are bereaved
- CRUSE Bereavement Care works with children and young people across Lancashire
- RELATE provides counselling services in some schools
- Maundy Relief offers a helpline and counselling to young people
- TRUCE in Lancaster offer counselling in both community and schools
- TALK at Urban Exchange in Preston offer a range of therapeutic services including play therapy, crisis intervention and counselling
- The Butterfly and Phoenix projects work with young people who self harm in Fylde and Wyre
- The Magdalene Project offers a counselling service to young people living in Burnley, Pendle and Rossendale

4.6 Some specialised NHS interventions are available as follows:

- Infant Mental Health Practitioners and Emotional Health workers work into Children's Centres in parts of Lancashire

4.7 In Education settings, the following services are available:

- Lancashire Education Inclusion Service offers a counselling service and peer support training to schools across Lancashire.
- Counselling is offered in many schools and colleges across Lancashire
- Educational psychology service - various group work, Solution Focussed Therapy
- Young People's Service workers offer support and signposting in schools
- School nurses offer drop in services in many secondary schools
- Targeted mental health in Schools (TAMHS) project being implemented in North Lancashire building on existing provision of an educational link worker and school counselling
- Place2Be is being piloted in a cluster of primary schools in East Lancashire

- The Lancashire Pupil Reintegration Service
- SEAL programmes

Tier 3

4.8 Children and young people with more severe disorders requiring a multi-disciplinary team approach at Tier 3 have access to the following services:

- County wide social workers are integrated into local multi disciplinary CAMHS teams, managed centrally by the local authority. Clinical psychology is provided county wide by the Lancashire Care Foundation Trust, the Mental Health Trust.
- In East Lancashire the rest of the Tier 3 service is provided by East Lancashire Hospital Trust the provider of secondary care health services
- In Central Lancashire the rest of Tier 3 services are provided by Central Lancashire NHS
- In North Lancashire the rest of Tier 3 services are provided by Lancashire Care Foundation Trust and Blackpool NHS the neighbouring Primary Care Trust.
- The following functions are undertaken at this level:
 - assessment and treatment of mental health disorders
 - assessment and referral to Tier 4
 - specialist expertise for particular conditions or age groups e.g. eating disorders, psychosis, sexual abuse, autistic spectrum disorders
 - transition to adult mental health services
 - consultation and advice for staff working within universal and targeted services

Tier 4

4.9 A small number of children and young people with the most complex problems or severe illness require highly specialised interventions and inpatient care, and are treated at Tier 4. The Junction is an 8 bedded adolescent facility, provided by Lancashire Care Foundation Trust. In addition there is a risk sharing agreement between 5 commissioning PCTs (East, North and Central Lancashire, Blackburn with Darwen and Blackpool) and the Trust for the spot purchase of beds from an alternative provider when The Junction is full.

4.10 There is a managed care network for children with Learning Disability

Key features of the current CAMHS system

It has proved difficult to establish baseline figures for the cost and staffing resources being applied to services across all agencies, for a number of reasons. However, Table 5 presents the figures formally submitted for National CAMHS Mapping exercise in February 2007. Due to problems with the website, collection of 2008 data has been delayed and therefore cannot be included in the analysis for the strategy. In addition, determining which services fall within the definition and envelope of 'comprehensive CAMHS' is a matter of local interpretation and there has been some difference of opinion between agencies. However, for the purposes of this Strategy, Table 5 has been accepted by the Improvement Board as presenting the most accurate and up-to-date picture of CAMHS budgets and staffing for Lancashire. It is not possible to provide comparative profiles for statistical neighbours, as preparation of the profile requires detailed knowledge of local services that is not available from the National Mapping data. Targeted and Specialist CAMHS are largely commissioned via block contracts with provider trusts. As part of processes associated with transforming community services it is anticipated that more accurate financial information will be available and service specifications will be reviewed and updated as part of this process.

Table 5:

		Mapped budget 07-08 by PCT				clinical staff number		
		Central Lancs. £k	East Lancs. £k	North Lancs. £k	All	% total	wte	per 100k
Tier 4	PCT risk sharing contract	1,037	796	438	2,271			
	Total	1,037	796	438	2,271	24%	31	2.6
Tier 2/3	PCT budgets	2,299	1,672	1,417	5,388			
	CAMHS Grant	505	507	316	1,630			
	LCC mainstream budgets							
	Total	2,804	2,179	1,733	7,018	75%	189	16.1
Tier 1/other	voluntary sector	30			30	0%		
All CAMHS		3,871	2,975	2,171	9,319	100%	220	18.7
£ per 0-17		£39	£32	£34	£37			
	Spend 06/07	2,394,873	1,795,054	1,524,201				
	Spend per child 06/07	24.22	19.52	23.64				
source of data: 2007-08 Mapping Sign-Off reports on Durham website								
Notes:								
NSF recommends 15wte per 100k & 20wte per 100k in teaching area								
2007 England average in T2/3 teams was 13.2 wte per 100k								
Average spend per child nationally in 2006-07 was £47, but £32 in NW which was showing as lowest spending Region								

- 4.11 Table 5 The top level analysis would indicate that staffing levels compare favourably with national recommendations at 16.1 per 100k population but investment, at £37 per child, is well below the national norm of £47 per child. Compared to the national profile, Lancashire specialist CAMHS is under doctored, has no psychotherapists and is below target for primary mental health workers. By comparison it has a higher number of nurses and social workers than national norms would indicate. The staff profile may restrict the capacity of the specialist Tier 3 services to provide highly specialised interventions, consultation, supervision and training to professionals supporting young people with complex needs in targeted services. Although the relatively high numbers of nurses and social workers provide capacity to meet demand in a system that has lower than average funding.
- 4.12 Key concerns raised by the JAR in 2008 was inconsistency of access to acute (i.e. Specialist) CAMHS and in transition arrangements to adult services for specific groups. Joint commissioning arrangements were reported to be under developed. It was deemed that Lancashire does not have a system of comprehensive CAMHS, compliant with the requirements of Standard 9 of the National Service Framework (NSF) for children, young people and maternity services and not meeting the expectations of Every Child Matters. The diagnostic undertaken in October 2008 found the JAR partially accurate but lacking in detail, with a masking of wider systemic problems. The county wide CAMHS partnership group was found to be weak and poorly supported by partners. Mental health was perceived to be a health responsibility and developments were being driven from the PCT led local area partnerships. These were at different stages of maturity with East Lancashire being the most developed.
- 4.13 Since September 2008 an Improvement Board of executive representatives from commissioning organisations and the intervention team, chaired by DCSF has met monthly to drive forward the change agenda. The Improvement Board has been supported by a project steering group, consisting of the lead commissioners and a member of the intervention team.
- 4.14 The focus that the intervention has placed on CAMHS has been welcomed by commissioners, providers and users of the service. All stakeholder events have been well attended. Progress has been made, with plans in place for addressing short term priorities of:
- support for carers and young people who are looked after
 - access to specialist support out of hours
 - provision for 16-17 year olds

and this strategy sets out the vision, strategic objectives and implementation plan for meeting the emotional wellbeing and mental health needs of children and young people in Lancashire.

5. The Children's Trust and Governance Arrangements

In the last twelve months, Lancashire has reviewed its Children's Trust Arrangements in the light of comments in the JAR and emergent national guidance. The new structure places a strengthened emphasis on the Children's Trust Executive as the key body responsible for the effective implementation of shared priorities including joint commissioning across the County.

Leadership of multi-agency service development rests with the ECM Theme Groups, in this case "Be Healthy", chaired by an appropriate Member of the Children's Trust Partnership and supported by one of the Local Authority's Service Directors. The theme groups will advise both the Trust Partnership and Executive on service priorities and performance. Figure 3

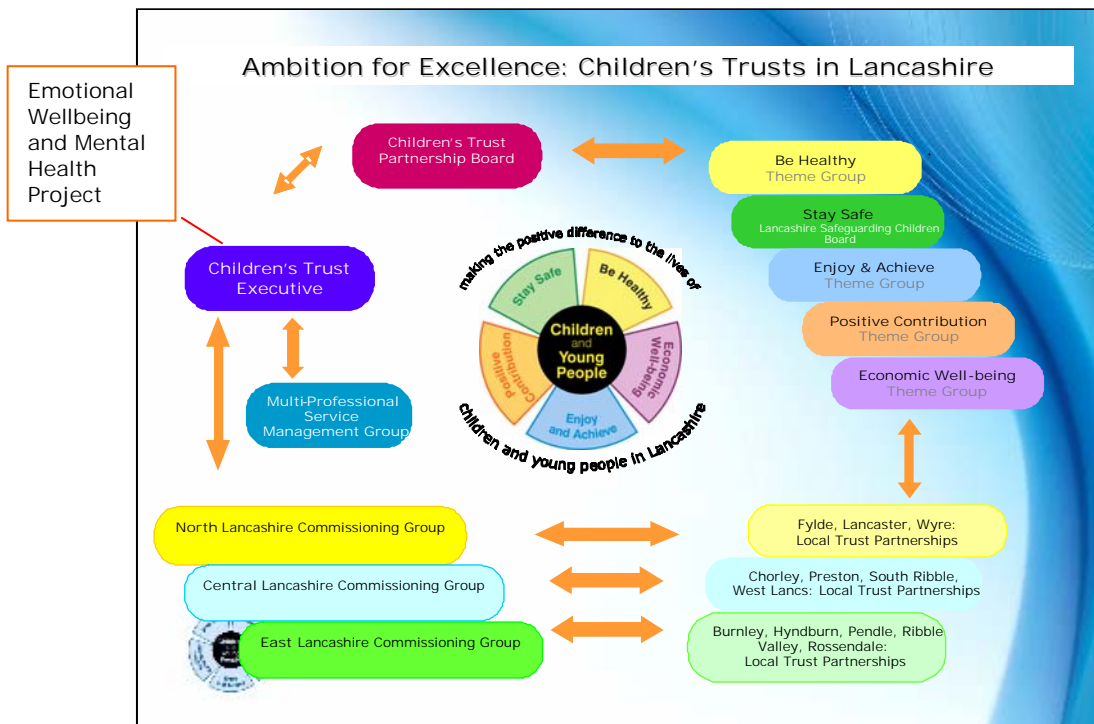
The Children's Trust Area Commissioning Partnership Groups are responsible for commissioning services for their area to meet the objectives set out in the countywide commissioning strategy. For some services that would be better commissioned for a larger area, to maximise efficiency and clinical effectiveness, one area will take the lead.

Providers are accountable to the commissioner of their service for performance and delivery of their contribution to the strategy.

The delivery of the Emotional Wellbeing and Mental Health Strategy will be managed as a project accountable to the Children's Trust Executive. The project manager will report to the 'Be Healthy' programme lead.

Local Children's Trust partnerships will have the responsibility of local integration and coordination of delivery.

Figure 3. Governance arrangements for Emotional Wellbeing and Mental Health Strategy



6. Vision and Strategic Objectives for Next 3 Years

6.1 This Strategy is designed to meet Every Child Matters outcomes and targets, and to achieve Standard 9 of the National Service Framework for Children, Young People and Maternity Services. This states that by 2014:

*'All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.'*¹⁴

The vision for emotional wellbeing and mental health has emerged from work with stakeholders over the course of the development of this strategy, it has been endorsed by the Children's Trust Executive and reworded by a group of young people

Our vision is:

'To improve the emotional and psychological health and well-being of children and young people, in the diverse communities in Lancashire, through local integration of services that focus on prevention and early intervention and work together with children, young people and their families.'

6.2 The following strategic objectives have been formulated from the analysis of need and outcomes from workshops held at the above events with the aim of moving services closer to the above vision. The five are:

- The child, young person and their family is at the centre of provision. This means there is user and carer participation, children and young people are listened to and parents and carers are supported in their central role in nurturing the mental health and psychological wellbeing of their children
- To prevent or intervene early to reduce risks of mental health problems escalating. This means parents, carers and anyone working with children and young people understand emotional wellbeing, what protects a child and how to respond to early manifestations of mental health problems to minimise risks, and universal and targeted services have training and support from specialist services.
- To fill the identified gaps in provision this means the plans to address the gaps in provision that have been the focus of work following the JAR 2008 will be implemented namely:
 - A specialist service to support carers and young people in care and post adoption
 - Universal, targeted and specialist provision for young people aged 16 plus and transition into adult services
 - Access to specialist CAMHS 24/7

¹⁴ Department of Health. (2004) Standard 9 of the National Service Framework for Children, Young People and Maternity Services. London: Department of Health

- services that are culturally competent and deliver race equality
- To join services up into a coherent and co-ordinated 'whole system' of CAMHS that is understood by all. This means:
 - clear multi-agency pathways across the system and choice about the timing and location of interventions
 - building capacity in specialist services
 - support during transitions
 - improving integration (how people work together) in universal, targeted and specialist services to streamline processes and reduce any duplication and/or delays caused by organisational boundaries (at the universal level this includes the valuable contribution that universal health services, early years providers, schools, colleges and the voluntary sector make to the emotional health and wellbeing of children young people)
 - the vulnerability and risks for children and young carers whose parents have mental illness, and/or who are problematic substance misusers, are identified and have access to appropriate support and interventions, when required, for young people
 - effective communication networks and information for children, young and families, for universal services and between specialist, targeted and adult services.
- To have strong leadership through commissioning and partnership arrangements, this means there will be clarity in relation to responsibilities and establishment of clear processes, accountability and governance mechanisms within the emerging Children's Trust arrangements and effective performance management of contracts.

6.3 How the strategic objectives will be achieved

- 6.3.1 Develop culture of 'Children First' with children and young people at the centre of decision making at individual, service and strategic level. Using the networks developed to underpin the Children's Trust children and young people will be asked how they want to contribute to the strategy implementation and monitor performance.
- 6.3.2 Establish Emotional well-being and Mental Health Project Board, to plan and oversee the implementation of the strategy for a time limited period. Appoint a Project Manager to manage the work, plan and coordinate a number of smaller projects that will need to run concurrently to deliver to meet national targets
- 6.3.3 Establish a process for collating and analysing data to manage performance and monitor outcomes through the governance structure detailed in Section 6 above, below placing emotional well being and mental health as a core deliverable of the Children's Trust within the Be Healthy outcome for children and young people.

- 6.3.4 Identify current resources invested and funding required to support the strategy. The resource implications are discussed in greater depth in section 8, and develop an investment plan.
- 6.3.5 Review membership and functioning of local area partnerships. Local professional forums and participation arrangements will be put into place to provide an effective forum in each area for the sharing of ideas, consultation and provision of information to the joint commissioning Executive Group. This will be aimed to get ownership across the system to make emotional wellbeing everyone's business.
- 6.3.6 Set up a task group in each area to draw up plans and implement processes to build capacity and integrate services to provide a more coherent whole. Service mapping in each area has been completed as part of the strategy development and accompanies this document. The voluntary sector makes a significant contribution, filling gaps in statutory provision with flexible approaches that provide choice. Capacity to be developed in Tier 3 Specialist CAMHS to support Tier 1 and 2 (universal and targeted services provided by statutory and voluntary sector) to increase ability to do work, provide training, consultation and support. Some examples of good practice of integration in universal, targeted and specialist services can be found in Appendix 1. As a priority, clinical psychology will be integrated into the Tier 3 multi disciplinary teams, in all areas using single referral processes and access criteria.
- 6.3.7 Workforce development Incorporate the agreed Emotional Health and Wellbeing Workforce Development Training Strategy into the Children's Trust workforce development plan. Make emotional well-being a core competency requirement for all people working with children and young people in Lancashire: in early years settings; primary health care; schools and colleges; police and develop the training materials to support learning needs.
- 6.3.8 Parenting The initial focus of the Lancashire strategy¹⁵ in relation to emotional wellbeing is support for parents whose children are experiencing mental health problems. As plans are developed, there is a need to ensure that an understanding of emotional well-being and mental health of children is a core component of all work done with parents, so they are able to nurture resilience and respond appropriately to distress. GPs, health visitors, midwives, school nurses, adult mental health and substance misuse services, teachers in nurseries, schools and colleges have a key role in prevention and early intervention of mental health problems. The framework also links well into the planned work to improve the integration of emotional well being services and communication about service provision.
- 6.3.9 The project team will develop and oversee an information and communication plan as part of the implementation phase of this Strategy. Communication will be fed into Children's Trust website to provide a source of information for children and young people, parents, universal services and specialist providers about access to and development of services.
- 6.3.10 Implement the planned roll out, across the county, of targeted service to support children and young people in care, Supporting carers and young people who are looked after – together(SCAYT), and develop plan for extension of service post adoption

¹⁵ Integrating Services for Parents and Families: A framework for provision Lancashire CYSP Sept 2008

- 6.3.11 Set up a Greater Lancashire Project team to plan and commission an Integrated Young Person's Service to provide community based support (including Crisis Intervention) for young people aged 16-17years, as agreed by the Improvement Board in April 2009. Consideration should be given to the contribution Special Schools for children with social, emotional and behavioural problems and the Pupil Referral Units can make to this development.
- 6.3.12 Implement proposed 3 level response services for access to specialist support 24/7. Specify and cost level 2 and 3 response from specialist CAMHS as agreed by Improvement Board in April 2009
- 6.3.13 All service specifications for children's services will include the following underpinning requirements
- Culturally sensitive services that promote racial equality
 - training in emotional well being and mental health for anyone working with children and young people
 - evidence of participation with children, young people and parents
 - evidence of linked activities between services, that make the best use of resources available and provide seamless provision for children and young people, (that is between all statutory, private and voluntary services)
 - transition arrangements into adult services that flexibly meet the developmental needs of young people.
 - Details about services are well communicated through the Children's Trust information channels

In line with *World Class Commissioning and Transforming Community Services* service specifications for specialist CAMHS will be reviewed and developed in preparation for negotiation with providers and against which services could be tendered.

- 6.3.14 Recommendations of Serious Case Reviews will be routinely considered by commissioners and providers and implemented as appropriate. Protocols between adult mental health services and children's services will be reviewed and monitored to ensure children and young people whose parents have mental illness and/or problematic substance misuse are identified and measures put into place to safeguard and support for children and young people who live in such families.

7. Achieving the Every Child Matters Outcomes

7.1 This section describes CAMHS priorities in relation to what is known about local need and under the five Every Child Matters outcome headings. In many areas, services for emotional and mental health are considered exclusively under the first, 'Be Healthy' priority outcome. However, this fails to acknowledge that emotional wellbeing underpins all aspects of a child's life experience or to demonstrate the importance of CAMHS in meeting each of the other four priority outcomes. This Strategy therefore attempts to redress this by assigning to each outcome a CAMHS focus or contribution to be achieved over the coming three years.

Be Healthy

7.2 Improving access to specialist CAMHS is one of the two key national ECM targets under this outcome. In addition, through the performance monitoring framework it is proposed to collect data of training and consultations, as well as face to face activity, undertaken by specialist CAMHS in order to monitor and develop a target for increased access.

7.3 The Common Assessment Framework (CAF) will be increasingly used by universal and targeted services as the process to involve specialist CAMHS. Use of the CAF will form part of the performance monitoring system.

Stay Safe

7.4 In many areas, activity to achieve this outcome focuses on the protection of children from abuse, and emotional wellbeing services have an important contribution to make to the Council's safeguarding arrangements. Consideration should be given to having a CAMHS provider representative on the Safeguarding Board, and review the relationship with adult mental health services. Recent Serious Case Reviews have identified the key role CAMHS services play the safeguarding agenda. The LSCB training programme must ensure it reaches all staff.

7.5 Consideration to be given to how recovery services for children and young people who have experienced trauma as result of abuse are provided within targeted Children's Services supporting the child and family.

7.6 In its wider interpretation, emotional wellbeing services have a role to play in building resilience and protective factors around children, and in young people addressing the emotional issues associated with risk taking behaviours including self-harm and suicide, that may be the result of poor mental health or social factors.

Enjoy and Achieve

7.7 Emotional wellbeing services make an important contribution to improving behaviour in schools and reducing school exclusion. Stakeholders are keen to extend the availability of counselling and /or primary mental health workers as a core service to all schools. New resources for the Targeted Mental health in Schools (TAMHS) will be used to support this and a proposal will be developed for the next phase of roll out.

- 7.8 Consideration to be given to explore how schools can form "commissioning clusters/consortia" to pool resources and increase capacity to provide emotional health and well being services across a cluster of schools.
- 7.9 The 'Enjoy and Achieve' outcome also includes enhancing the achievements of children and young people who are prevented from achieving their potential for other reasons, such as disability. Children and young people with disabilities and learning difficulties have been identified within the needs assessment as being at greater risk of mental health problems and are a national priority. Integrating services for these children will improve outcomes.
- 7.10 Children whose lives are directly affected by adult mental ill health and /or problematic substance misuse were identified as a priority in the analysis of needs.
- 7.11 Consideration to be given to the issue of how to monitor and engage hard to reach pupils, and those at risk of permanent exclusion, in large establishments in respect of their emotional health and wellbeing. The group to agree written terms of reference with the purpose of improving involvement pathways via the CAF and access to specialist services that include CAMHS and substance misuse.

Make a Positive Contribution

- 7.12 A key focus for the strategy is the carers, children and young people, and to consult them on issues that affect them. This Commissioning Strategy will work according to the overall strategy for young people's participation developed by the Children's Trust. It has been agreed that the best way to include users and carers in service delivery and planning is not always via formal meetings. Instead, the commissioners will use a range of opportunities that already exist in Children's Services (i.e. the Youth Forum, Youth Parliament, school and youth councils) to obtain the views of the CAMHS users and of young people more broadly.
- 7.13 Consideration to be given to implementing lessons learned from the work of Investors in Children with East Lancashire CAMHS as this model of participation had be recommended by the National CAMHS Support Service
- 7.14 There is considerable experience gained through an extensive user involvement process resulting in service change that informed service provision at The Junction and consideration should be given to extending this model to Specialist Services.
- 7.15 As part of the performance framework, all service providers will be expected to provide evidence of the way in which they consult users and what children and young people think about their service. This should reflect DoH¹⁶ and DCSF guidance about how to involve children and young people.

¹⁶e.g. DoH 'You're Welcome' standards & participation training

Achieve Economic Wellbeing

- 7.16 At the heart of this outcome is the emergence of the young person as a fully functioning individual with the capacity to make their way in the adult world. This indicates the importance of transition planning and the development of services that support young people as they mature and eventually cross age-related boundaries¹⁷. This is especially challenging for young people with mental health disorders that are not treated, or treated differently, by adult services. The JAR identified 16-17 year olds as a group that were unlikely to access help when they needed it. This Strategy will deliver on improvements for this age group through the development of integrated youth services that will have positive impact on this outcome.
- 7.17 Additional support for children and young people from deprived or disadvantaged backgrounds is also required to promote this outcome relating to economic wellbeing. This suggests the ongoing targeting of resources on deprived wards, as is being achieved through the careful placing of new build children's centres, but also growing a secure baseline of core services across all areas of the County. However, it must be acknowledged that getting the balance right between integrating targeted and maintaining core provision is not easy. It is expected that further debate will be required in the Children's Trust Executive to agree the balance. This will be supported by increasingly sophisticated commissioning processes and improved data collection and analysis.

¹⁷ see 'Stressed Out and Struggling' (2006) YoungMinds

8. Performance Management and Review

8.1 There are now three important indicators for CAMHS within the National Outcome & Indicator Set 2007:

- NI50 Emotional Health of Children PSA12 measured by 'TellUs3' school based questionnaire
- NI51 Effectiveness of CAMHS – still 4 proxies
- NI58 Emotional & behavioural health of children in care DCSF DSO – measured by SDQs

8.2 A key task of Children's Trust Executive and area commissioning groups will be to performance manage all emotional wellbeing services, i.e. all commissioned services. A performance monitoring proforma can be found in Appendix 2. On a quarterly basis, providers will submit reports on staffing, activity and costs. These will include reports of progress against comprehensive CAMHS targets and any newly-commissioned service developments as a consequence of this Strategy. Compliance with local safeguarding procedures will also be audited.

8.3 For each service, the following information will be provided:

Staffing

- Whole time equivalents in post
- Vacancies
- Sickness

Activity in quarter

- Referrals – number and source
- Assessments - number
- Contacts by profession
- DNAs
- Cancelled appointments
- Caseload (snapshot at end of quarter)
- Ethnicity (either by referral or by caseload) and comparison to Borough ethnicity
- Numbers referred on to other services following assessment
- Numbers treated in priority groups (LD, LAC, young offenders)

Quality of service

- Evidence of user involvement and views about service provision
- Complaints
- Critical Incidents
- Waiting times (snapshot at end of quarter) to assessment and to treatment
- Clinic locations
- Compliance with: Full Booking, Our Choices in Mental Health, CAMHS proxy targets, care planning, copying information to patients, consultation.
- Targeted and Specialist CAMHS to use the CAMHS Outcome Research Consortium (CORC) recommended routine outcome measures

8.4 A review of this Strategy will take place in one year and a progress report on implementation of its key objectives will be presented to the Children's Trust Executive. Data from the proforma in the appendix and section 8.3 above and that identified, will be used to demonstrate progress against the five outcomes.

9. Resources

- 9.1 The diagnostic review in October 2008 identified the, estimated, current investment in specialist CAMHS (Table 4). There is a lack of confidence in the data which was taken from information submitted to Durham University for national mapping exercise. Based on best available information, an investment plan to address the deficits identified in the JAR and subsequent diagnostic assessment was presented to commissioners. It was estimated that an investment in the region of £3.2m would be required, across Lancashire partnerships, to meet national target of Comprehensive CAMHS by 2014¹⁸.
- 9.2 Further work is required to get accurate information about the funding, to make explicit the investment by health and the county council, in base lines and from grants and identify where it is currently invested. This will require spending on CAMHS to be clearly identified in block contracts. A comprehensive investment plan needs to be developed with a baseline of what is in place now, identifying sources of new funding such as Targeted Mental Health in Schools project, and then amended as the costing of each element of the implementation plan are undertaken.
- 9.3 It is acknowledged that there will be considerable pressure on budgets over the period of the strategy, however, it should be noted that the short comings identified in the JAR and the subsequent diagnostic work cannot be fully addressed without additional investment.
- 9.4 Sources of funding will include new grants, such as Targeted Mental Health in Schools, resources released from cash releasing efficiency savings and decommissioned services.
- 9.5 It has been assessed that the immediate changes planned to reduce gaps in the three priority areas can be achieved within existing resources i.e.:
- Support for LAC
 - Access 24/7
 - Age specific provision for young people between 16/17 year

However, further investment is required for these elements of provision to be fully compliant with national standards.

- 9.6 Further consideration and prioritisation of schemes outlined in the strategy will be required by the Children's Trust Executive in light of the public services financial settlements for partners over the coming years. The pace of change will be tailored to the investment available.

¹⁸ Department of Health 2004 National Service Framework for Children, Young People and their Families London DH

Examples of Integrated services

APPENDIX 1

Universal

Bedfordshire. Early intervention is being achieved in Bedfordshire through an integrated approach. All agencies work to a common set of principles and three key processes are used to promote early intervention when additional needs are identified, the Common Assessment Framework(CAF), Lead professional and Multi Agency Allocation groups(MAAG). There are also multi agency panels in place to meet more complex levels of need.

Primary Mental health workers are members of the MAAG and signpost to a range of supports, provide interventions and access into specialist CAMHS as required. The CAF is used as the basic assessment tool when additional needs are identified. Information sharing protocols and consent control the pooling of information from the child, family and services and enables joint problem solving. There is a clear process for managing disagreements and for parents to appeal.

Targeted

Birmingham

Birmingham has a range of providers delivering Specialist CAMHS with four distinct services. Youth Clinical Support team for 16-18year olds, Looked after Children, Learning disabilities team and Health CAMHS 0-15years. These 4 services have joined together in each locality to have a single point of referral. The remit is to provide a seamless service for children, young people and families. This has simplified referral processes, created flexibility for managing demand, reduced waiting times, improved transitions and working relationships between the teams. Provision is more coherent.

Specialist

HOPE Surrey was established in 2005. HOPE is an integrated service for young people with complex mental health needs aged between 11 and 18 years old. The service delivers a combination of health, education and social work. HOPE provides intensive community care interventions and a structured day service to young people who have severe mental health, behavioural, emotional and relationship problems that affect their life at home, school or college. The service has reduced psychiatric admissions and out of county placements and is getting positive outcomes for the young people.

Behaviour Support Unit Southampton

The Southampton Behaviour Resource Service offers a multi-agency integrated service for young people with complex needs, provided by health, education and social services. The service provides integrated care both through a residential unit and an outreach service for young people who present a great risk to themselves and whose needs cannot be met by one agency alone. The residential unit is staffed by a combination of residential social workers and community psychiatric nurses and a consultant child psychiatrist also works with the young people and staff within the unit. The community team offers specialist support in the community with families and carers, in order to prevent placement breakdown and the admission of young people to residential or psychiatric units. The community team also offers a follow up service to young people discharged from the Behaviour Resource Service residential unit.

Lancashire County-wide MH&EW Performance Framework

Detailed data to be collected by Children's Trust/MH&EW Partnerships at PCT level FROM ALL PROVIDERS (i.e. don't just focus on specialist CAMHS)! Lancs.-wide MH&EW Executive responsible for setting overall strategic direction and monitoring progress/performance
 Selected data to be submitted to & considered quarterly or annually by Lancs.-wide MH&EW Executive in order to monitor the above
 Annual MH&EW progress report to be produced
 Only robust data to be reported at County level & not too much so it DOES get looked at!!
 Raw numbers not helpful unless needed as denominator to generate percentage - want to see real rate of GROWTH

Principles:

Indicator	Definition	Benchmark	Collection interval	Data source
Universal				
NI50	Emotional health of children	under discussion	Annual	TellUs 3 survey
NI69	Children who have been bullied	?%	Annual	TellUs 3 survey
NI72	Achievement at Early Years Foundation Stage	?%	Annual	Early Years Foundation Stage profile results
NI86	Secondary schools standards of behaviour ratings	?%	3-year cycle	OFSTED data
NI114	Rate of permanent school exclusions	?%	Annual	Schools
access	Referrals to all specialist CAMHS teams as % 0-19 population	> 1.7%	Annual	All providers
workload	Total number on all team caseloads	?	Quarterly	All providers
investment	Spend per 0-17 year old	>£37	Annual	All commissioners

Specialist CAMHS Tier 4

Number of Lancs. admissions to inpatient care as % of all referrals	?	Quarterly	LCFT
Number of Lancs. out of area placements as % of all admissions	?	Quarterly	LCFT
Number of c&yp managed intensively at home as % all referrals	?	Quarterly	all T3 providers
Number of 16-17 year olds admitted to adult beds	reducing to 0	Quarterly	LCFT
Number of suicides	reducing to 0	Quarterly	

Tier 2/3 CAMHS	referral to treatment target	% < 18 weeks	Quarterly	All providers
waiting time	wte clinicians per 100k population in specialist teams	>15	Quarterly	All providers
workforce	new referrals per annum per clinician	>40	Quarterly	All providers
capacity	Number of emergency presentations as % 0-19 population	?	Quarterly	All providers
demand	contacts per week per clinician	>10	Quarterly	All providers
productivity	consultations & training sessions?	?		
productivity	Effectiveness of CAMHS measured by:			
NI51	number of c&yp on caseloads with LD as % of total	>8%	Quarterly	All providers
	number of c&yp aged 16-17 on caseloads as % of total	>7%	Quarterly	All providers
	number of assessments out of hours	?	Quarterly	Out of hours teams inc EDT

Targeted services				
NI58	Emotional & behavioural health of children in care measured by:			
	mean SDQ score	?	Annual	?
	number of c&yp on caseloads as % of total	>6%	Quarterly	All providers
	number of consultations		Quarterly	SCAYT provider
	Emotional & behavioural health of young offenders measured by:			
	referral to treatment target	%>5 or 15 days	Quarterly	YOT
	number of young offenders on caseloads as % of total	>5%	Quarterly	All providers

Action Plan

APPENDIX 3

Section	Action	Who will lead	By when
6.3.1	Discuss strategy with young people and ask how they want to contribute to the implementation and monitoring of the strategy*	Participation Manager	May 2009
6.3.2	Set up Emotional Well being and Mental Health Project Board agree terms of reference and membership. Confirm project management arrangements and identify resources to support strategy implementation at county and local area level	Children's Trust Executive	May 2009
6.3.3	Finalise performance measures and set up process for collection and analysis of data including outcome evaluation of TAMHS	Project Board	June 2009
6.3.4	Set up finance group with representatives from 3 PCT's and LA to: <ul style="list-style-type: none"> determine current investment/new allocations for 2009/10 and plan for next three years to be fed into corporate plans Support planning for developments Provide information for 2009/10 mapping submission 	Children's Trust Exec	June 2009
6.3.5	Re-launch local area Emotional well being and mental health partnerships with revised terms of reference and membership	Project Board	May – July 2009
6.3.6	Nominate lead in each area to develop a plan, working with the local partnership, to: <ul style="list-style-type: none"> integrate psychology into Tier 3 teams increase understanding of services identified through mapping exercise and develop ways to utilise all resources available avoiding duplication develop pathways into specialist CAMHS* through universal services utilising Common Assessment Framework (CAF) as tool for referral establish a single point of entry into specialist CAMHS and process for managing referrals introducing CAPA where there are waiting lists draw up a capacity development plan* to meet the requirements for specialist training and support to universal services, effective co working with targeted services and transition arrangements 	Children's Trust Exec	May 2009

Lancashire Children & Young People's Emotional Wellbeing and Mental Health Strategy 2009-2012:

Section	Action	Who will lead	By when
	<ul style="list-style-type: none"> establish professional forum/ interest group to share good practice, develop effective networks and disseminate best practice 		
	Review TAMHS proposals for alignment with integration plans		
6.3.7	Incorporate the Emotional Health and Well being workforce development training strategy into the Children's Trust workforce development plan*.	Lancashire County Council Children's Workforce Reform Board	May 2009
	Set up a group to plan the core competencies in emotional well being and mental health for universal services*		
6.3.8	Build emotional well being and mental health as a core requirement into all parenting programmes *	Lancashire County Council Parenting Strategy Lead	
6.3.9	Develop information and communication plan for strategy implementation through the Children's Trust networks	Project Board	June 2009
6.3.10	Implement plan to establish SCAYT to support children and young people in care in all areas		June 2009
	Develop and cost up plan to extend service for adoptive parents	Project Board	Nov 2009
6.3.11	Negotiate with current specialist providers to establish dedicated resource for 16-17year olds*	PCT Commissioners	Sept 2009
	Set up Greater Lancashire project team to plan and commission an Integrated Young People Service. Plan completed	Project Team	Nov 2009
	Service Development from January 2010 completing full service implementation by		April 2011
6.3.12	Implement a pathway for advise 24/4 using the Emergency duty team	PCT Commissioners	Sept 2009
	Identify project lead and group to plan and implement an assessment service 24/7		May 2009
	Negotiate with providers cost of on call CAMHS practitioner and consultant service to support above	PCT Commissioners	Sept 2009
6.3.13	Revise all specifications to include underpinning requirements	County Council and PCT commissioners	April 2010
	Review service specifications for specialist CAMHS in preparation for notifying providers of purchasing intentions	PCT Commissioners	Sept 2009

Lancashire Children & Young People's Emotional Wellbeing and Mental Health Strategy 2009-2012:

Section	Action	Who will lead	By when
6.3.14	Review safeguarding protocol between adult mental health and children's services to ensure fit for purpose and monitor to ensure that parents or carers who have mental illness and/or problematic substance misuse are identified and measures put into place to safeguard and support children and young people who live in such families	Project Board	Dec 2009
	Review performance measures	Children's Trust Exec	Sept 2009 Dec 2009 March 2010
	Review Investment plan and priorities for development over next 3 years	Children's Trust Exec	Nov 2009 April 2010
	Review strategy, refresh needs analysis and report	Project Board	April 2010

* Feedback from Stakeholders to inform developments attached in Appendix 4

APPENDIX 4

Feedback from Stakeholder Events to inform more detailed planning

1. Frontline integration of services, how to create an integrated, comprehensive, co-ordinated system of mental health and emotional wellbeing services

Features

- Child/ young person in centre and services then brought in through layers of complexity
- Assessment and interventions built on as required rather than starting again

Action

- Service users/ advocates / advisors and professions to form part of think tank. Vision developed through eyes/ experience of young people
- Identify desired outcomes that can be monitored to evaluate effectiveness
- Specialist focus groups for vulnerable groups CLA/16-19's/LD/BME etc
- Develop multiagency operational pathways with view to better access and simplified processes
- Ongoing monitoring (with service users) to evaluate and support whole system development
- More advocacy for families. - Publicity/Training/ Central information point (/IT Board) to help child/ family find way through system

2. Integration and adding capacity

Add to the existing capacity of emotional wellbeing workers/school nurses to work more closely with schools, and offer consistent response across the whole area. There should be at least one trained emotional wellbeing worker for each school cluster, with the role of consulting, supporting and advising staff, as well as undertaking some direct work. (Currently 2 pmhws in Lancaster & 2 in W&F, but they cover primary health care as well as schools so have limited capacity). In particular the issue of how to deal with children from outside Lancs in N Lancs schools, and vice versa, must be addressed to avoid them 'falling between the two stools'.

Consider development of integrated, school-cluster based multiagency teams, which should include educational psychologists. These teams would assess and provide a co-ordinated early response to children with emotional and behavioural problems identified by schools.

Children's Trust to rationalise counselling provision within schools, which is currently provided in a variety of ways and commissioned independently by individual schools. A co-ordinated system is needed with resources contributed to a 'cluster pool'. There should be proper contracts for provision by qualified counsellors who have formal supervision and direct access to specialist CAMHS support, i.e. are linked in with the rest of the system.

for <14 year olds by voluntary sector 'TRUCE',

12-13 year olds in 10 schools by Tier 2 CAMHS under the terms of 2 SLAs

Review and redesign of Lancashire Education Medical Service (LEMS) to be commissioned by the Children's Trust. This service should be established on a multiagency basis and be networked into the system so that it benefits from CAMHS input.

One of this group's aspirations was that there should be a clearer, flat decision making structure from Children's Trust downwards and that the Children's Trust should take a greater lead in creating an integrated service system. The group created the following table of actions required.

What	Who should be involved	Priority
Common language / definition	All services involved including Children's Trust's	Short term
All inclusive emotional wellbeing strategy and re-commissioning based on this	? Children's Trust	Short term
Improved communication from bottom upwards	Children's Trust communication strategy	Short term
Clear map of all known and unknown services and how they fit with CAF process	Project role to develop and update	Short term
Understanding roles and responsibilities	Partnership Board and members	Short term

3. User involvement and participation

3.1 Group 1

Features

- Rename Young People's Well Being Service 0-18years
- Young people sit on Partnership Boards
- YP part of commissioning cycle including evaluation and monitoring
- Issue Charter mark/ Standards
- Youth Advisers integral to well being service e.g. Run and dev peer support groups
- YP play role in recruiting staff into service

- Opening times appropriate for YP / families and carers
- Sessions in a variety of settings
- Interventions are creative and individually tailored
- Interactive feedback: web notes/ polls / suggestions/ compliments on website
- Book in / plan appointments via text including reminders and cancellations
- Specialist staff support community based practitioners / schools / foster carers / residential staff / children's Centres / respite units

Action

- Commission young advisors to do consultancy work
- Dedicate a young person friendly budget for mobiles/ computer/ admission fees/ travel etc
- Renegotiate contracts of employment or recruit so that staff can work shifts/ cover evenings and weekends
- Budget for age appropriate activities and equipment
- Downloadable podcast so that young people can listen to advice and techniques on their i-pods if they cannot make appointments
- Training provided by staff for the young people who are on the paediatric panel

3.2 Group 2

The Group felt there should be a separate consultation processes for parents, children and young people. The Partnership should put on a special event (held locally – so probably a series of events) aimed at parents and young people, in which they could air their views and feel comfortable/safe and make a valuable contribution. What is presented must be understood by children and young people and their parents and families.

Services should be designed so that they were not frightening but welcoming & non-judgemental. There should be a parenting forum and dedicated participation worker for wider issues and to attend multi-agency meetings. Questionnaires and suggestion boxes should be used and acting on feedback become part of the service culture - staff should be open to comments and change. User involvement should be in everyone's job description and there should be training. Services should actively involve children, young people and their parents and families in their own treatment.

Links with parents and children and young people should be via the Youth Council and address wider issues, or not just CAMHS provision. There needs to be greater investment in participation, with a designated post and young people involved in adult committees with support and used to consult other young people. Processes should allow the integration of parents, children and young people's views in decision making about overall services to affect future provision.

There should be a drop in for anyone with concerns e.g. eating disorders, which was:

Accessible

Open to people not in treatment

Signposted by GP's and other front line services

Able to offer a menu of information and support

Linked with housing/ homelessness officer

4. Support for parents

Parent support should be made a high priority. The following action is needed as soon as possible, and must be ongoing and evolving.

The PCT and LA should set up a network of support groups of parents, with a central body to develop them.

The aim would be to:

- improve respite and nice places to go – holidays etc
- offer practical advice
- provide people to 'off load' on to and reassure

Parental views should be made part of assessments and embedded into treatment plans. Support for parents should last for as long as needed – not just while child in treatment etc.... no 'time quota'.

Information packs, website and chat forum should be provided to parents, based on the 'Gingerbread' model.

5. Services for young people over 16 and transition into adult services - Turning Talk into action

Features

- Participative
- Dual working
- Out reach and consultation
- Tier 4 has intensive out reach
- Self referral
- Education adult mental health

- Shared child/ adult focus
- Needs NOT diagnosis led

Action

- Participation (consultation period of 6 months) to identify how needs of 16-17 year olds can be met, identifying services models with
 - YP
 - Their families
 - Adult services
 - Other agencies and partners (colleges/ social care/ Yot / youth services/ job centres)
- Need political will to make the changes required
- Explore some quick wins
 - working with other services youth services/ connexions/ colleges/ GP's / Health centres
 - extension of roles – clarify commissioning arrangements
 - accessible ways to communicate with young people e.g. text/ web/ email etc

6. Training and support for front line/ universal services

Features

- Front line staff have understanding of emotional health needs and risks
- Services developed to support emotional wellbeing
- Information about specialist services available
- Information about conditions and risk management easily accessible
- PMH staff accessible for advice
- Specialist staff provide training/ consultation /Co-work/Specialist treatment and interventions accessible when required

Action

- Get commitment from commissioners to develop training and support system
- Pull together existing learning materials / contacts organisations and good practice

- Commission a learning needs assessment of local organisations/ frontline staff including times / days of sessions / topics etc
- Determine how much training is required and what it will cost to co-ordinate and deliver (many costs can be shared)
- Produce a calendar of training and support activities
- Audit the difference it has made

Plus

- E support and E Learning and books on prescription
- Existing resources e.g. websites / leaflets/ expertise
- Skills exchange e.g. Preston college accredit training and provide facilities / or voluntary organisations contribute to training
- System for integrating learning back into participating organisations / policy reviews/ changes to practice
- Great way of developing relationships between organisations within local networks

CAMHS Intervention: Project Support Group**Short Term Action Plan**

The CAMHS Project Support Group has produced this action plan to conclude short term issues which will be linked and incorporated into the Lancashire CAMHS Commissioning Strategy. This strategy will have actions which will be both locally based and Lancashire wide.

ACTION	Milestone	Success Criteria	By When	Lead
Strategic Structures	CTE to formally create a Project Implementation Group with Chair from CTE	Group created and first meeting taken place	July 2009	Childrens Trust Executive
Strategic Structures	Each area commissioning group to decide how to arrange commissioning and provider/practice development strategic structures to formally link into the three Childrens Trust Area commissioning groups	North, Central and East Commissioners to agree their structure locally with partners and confirm with Project Implementation Group	July 2009	North, Central and East Commissioners
Strategic Structures	County CP MHEWB Partnership to stand down and 'Healthy' theme group to decide arrangements for a county multi-agency group with a more pronounced monitoring brief	Group created and first meeting taken place	September 2009	Mark Warren

ACTION	Milestone	Success Criteria	By When	Lead
16/17 Beds	Terms for Residential facility to be agreed with Provider	Agreement of interim provision of residential service to commence before 04/10	September 2009	Hilary Fordham/ Rebecca Davis
16/17 Community	Funding options to be discussed at CTE	Agreed position across Lancashire as to how investment plan will be formed	July 2009	Childrens Trust Executive
Children Looked After	Recruitment of CLASS team	Team operational	September 2009	David Webster
Children Looked After	CLASS Steering Group to stand down. North and Central commissioning groups to oversee developments	Commissioning groups receiving reports on progress of CLASS and future options for CLASS service from Provider	September 2009	Hilary Fordham and Debbie Fagan
24/7	Clarification of pathways for crisis response. Agreement of role of EDT and the Junction to provide supportive advice)as part of the pathway	Implementation to be agreed	September 2009	Mark Warren
24/7	Liaison meeting between EDT and T3 CAMHS	Agreement between teams of respective roles	July 2009	Mark Warren
Training	Conclusion of development of e-learning modular package on childrens emotional health	Acceptance of the package within the Core Multi Agency Common Core training strategy. The core Risk and Resilience' module to be accessible by all staff through web based access.	September 2009	Mark Warren

Mark Warren
CAMHS Coordinator
25.06.09.

Lancashire Local – Lancaster District

Meeting to be held on the 1st September, 2009

Part I - Item No. 10

Electoral Division affected:
All in Lancaster

Request for a Report to Future Meeting of Lancashire Local-Lancaster District

Contact for further information:

Paul Smith, 01772 533425, Lancashire County Council, County Secretary and Solicitor's Group.

Executive Summary

A request for a Report to be presented to a future Meeting of Lancashire Local-Lancaster District.

Decision Required

Lancashire Local-Lancaster District is asked to consider the request, and indicate whether it would wish to receive a detailed report at a future Meeting of the Local.

Background

Standing Order No. 19 in the Constitution of Lancashire Local-Lancaster District provides that the City Council and any Member of the Local may suggest Items for inclusion in the Agenda within its remit, provided that such requests are received by the Secretary at least 10 clear working days in advance of the Meeting. It shall then be for the Local to determine whether it wishes to receive a Report on the matter at a future Meeting.

Councillor John Whitelegg has requested that a Report be presented to the Local regarding a general default 20mph speed limit across the District that is not dependent on traffic calming, engineering or home zone approaches to speed limitation.

Councillor Whitelegg feels that a general system-wide, 20mph default speed limit would bring significant benefits to everyone who lives in this district especially through the reduction of noise and air pollution and the impact on increasing walking and cycling levels in line with the County Council's walking and cycling strategies and Local Transport Plan policies.

Consultations

N/A

Advice

N/A

Alternative options to be considered

N/A

Implications: e.g. Financial, Legal, Personnel, Human Rights, Crime and Disorder or Other

This item has the following implications:

N/A

Any representations made to the Directorate prior to the issue being considered in accordance with the Public Notice of Forward Plans

Name:

Organisation:

Comments:

N/A

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper

Date

Contact/Council/Tel No

N/A

Reason for inclusion in Part II, if appropriate

N/A