



Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020

PROGRAMME SUMMARY DOCUMENT

Shropshire, Telford and Wrekin CAMHS Transformation Plan Programmes Summary

| Programme One: 0-25 Emotional Health and Wellbeing Service |
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| Which areas of identified need will this programme address? |
| <p>This programme will improve:</p> <ul style="list-style-type: none"> - access through 7 day service and improved out of hours provision - choice of methods and treatments, including psychology based interventions and evidence based practice including CBT and Systemic Family Therapy - transition through tier-less service with flexible transition to adult services - access to targeted support for looked after children and children in need - availability of crisis support and intensive home treatment - support for and skills within universal services |
| What does the programme include? |
| <p>The programme includes the development of a new service, the transition from the present service to the new model and the embedding of the new model. The new service model will be centred around service user outcomes, promote emotional resilience in children and young people; will provide targeted interventions, assessment, treatment and a response to crisis including intensive home treatment.</p> |
| When will the change occur? |
| <p>Interim improvements will be made to the existing service through non-recurrent funding from quarter 3 2015/16.</p> <p>The new service will be in place by quarter 4 2016/17.</p> |
| What outcomes will be delivered? |
| <ul style="list-style-type: none"> - Improvement in children and young people's emotional resilience - Improvement in children and young people's emotional health - Reduction in hospital admissions for self harm and mental health related crisis - Reduction in number of children/young people requiring repeated access to targeted and specialist support - Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings. - Improved access into services - Improved transition between services |

| Programme Two: Redesign of Neurodevelopmental pathways |
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| Which areas of identified need will this programme address? |
| <p>This programme will improve:</p> <ul style="list-style-type: none"> - Waiting times for assessment and support - Quality of service through reduced caseloads - Clarity of care pathways - Skill mix/expertise |
| What does the programme include? |
| <p>Reconfiguration of existing CAMHS provision to create a separate designated service pathway for neurodevelopmental assessment that delivers evidence based practice and is closely aligned to best practice standards.</p> |

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| When will the change occur? |
| Changes will commence in quarter 3 2015/16 and be fully implemented by quarter 2 2016/17. |
| What outcomes will be delivered? |
| <ul style="list-style-type: none"> - Reduced waiting times for neurodevelopmental assessments - Reduced waiting times for support with neurodevelopmental needs - Improved patient experience in relation to neurodevelopmental assessments - Improved access to services including for professionals in relation to referrals, advice and guidance |

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| Programme Three: Development programme for workers in universal services (Telford and Wrekin) |
| Which areas of identified need will this programme address? |
| <p>This programme will improve:</p> <ul style="list-style-type: none"> - Skills and knowledge professionals within universal services - Mental health support available within schools - Availability of early help and targeted support to reduce incidence of self harm - Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools |
| What does the programme include? |
| <p>A comprehensive training and development programme for our Early Help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues.</p> <p>The identified workforce will include: children and family locality services; social workers (and specifically those supporting children in care); teachers and non teaching staff in primary, secondary and post 16; health visitors and school nurses; and voluntary sector partners.</p> |
| When will the change occur? |
| Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1) |
| What outcomes will be delivered? |
| <ul style="list-style-type: none"> - Improvement in children and young people's emotional resilience - Improvement in children and young people's emotional health - Reduction in hospital admissions for self harm and mental health related crisis - Reduction in number of children/young people requiring repeated access to targeted and specialist support - Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings. |

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| Programme Three: Development programme for workers in universal services (Shropshire) |
| Which areas of identified need will this programme address? |
| This programme will improve: |

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| <ul style="list-style-type: none"> - Skills and knowledge professionals within universal services - Mental health support available within schools - Availability of early help and targeted support to reduce incidence of self harm - Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools |
| <p>What does the programme include?</p> <p>Roll out of the successful Think Good, Feel Good programme across a wider footprint to non-education based services, including Scouts and Guides groups, Youth Clubs, sports clubs, recreation sites e.g. museums. An enhanced programme will be introduced to include the content of the new national guidance and improve bespoke provision for special schools in relation to strengthening the links between children's mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND). Think Good, Feel Good currently extends to special schools, however the more specific intervention based programmes will be enhanced. Existing training and programmes will be developed to more specifically address the needs of children with learning disabilities or special educational needs and disabilities.</p> <p>This programme also includes investment in additional youth worker time in order for young health champions to progress their mental health improvement projects with more pace.</p> |
| <p>When will the change occur?</p> <p>Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1)</p> |
| <p>What outcomes will be delivered?</p> <ul style="list-style-type: none"> - Improvement in children and young people's emotional resilience - Improvement in children and young people's emotional health - Reduction in hospital admissions for self harm and mental health related crisis - Reduction in number of children/young people requiring repeated access to targeted and specialist support - Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings. |

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| <p>Programme Four: Eating Disorder Services</p> |
| <p>Which areas of identified need will this programme address?</p> <ul style="list-style-type: none"> - Improved access to services - Increase in availability of crisis support (through re-deploying resources currently allocated for eating disorders) |
| <p>What does the programme include?</p> <p>This programme will be delivered through a jointly commissioned service between Shropshire CCG, Telford and Wrekin CCG and South Staffordshire CCGs (led by South East Staffordshire and Seisdon CCG). A community eating disorder service for children and young people will be developed as an extension to the already well-established specialist Eating Disorder Service for the adult population. The service will be delivered by Shropshire and South Staffordshire Foundation NHS Trust.</p> <p>The current population of South Staffordshire (603,339) plus Shropshire (inc Telford and Wrekin) (467,625) is above the suggested 500,000 all age population for this service. This footprint is therefore large enough to provide a range of evidence based treatments for young people with a range of eating disorders. The current caseload numbers of young people across this geographical</p> |

area is 119. This is between 3-8% of the total prevalence of eating disorders for this group of young people. Given the size of the population covered the service will be taking in excess of 100 new referrals per year just under half of which will be from Telford and Shropshire.

The service will deliver an initial assessment which will include consideration of any coexisting mental and physical health problems, strengths and resilience capacity and level of motivation. Treatment options will be concordant with NICE guidance including CBT, family interventions, guided self help and pharmacological interventions. Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and CAMHS services. As well as the assessment and treatment service, the team will also include a strong multi agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

The service will be delivered via a 'hub and spoke' model, with hubs located in both Shrewsbury and Stafford, with satellite services provided across a range of other localities dependent upon local needs. This may be from existing CAMHS bases, schools and/or GP or health centres, as appropriate.

The additional investment will increase staffing levels to meet the access and waiting times. The make-up of the team will include psychology, psychiatry, medical cover, therapists, home treatment specialists and dieticians. The Trust have a robust workforce strategy which covers recruitment and retention issues relating to such specialist services. The Trust has been proactive in exploring opportunities for recruitment for a new service during the development phase of this business case in order to ensure the new team can be established quickly.

Professionals will work across the age range, subject to appropriate child and young person specific training. The provision of an all-age eating disorder service will provide a critical mass of clinical staff trained and skilled to manage eating disorder cases. A larger service will mitigate against the risks associated with having smaller specialist services working across the geographical patch. An all-age service will ensure consistency in treatment between children, young people and adults and avoid the disruption to treatment programmes and ensure continuity of care as young people enter adulthood

N.B. This additional resource in a dedicated eating disorder service will free up capacity within the current CAMHS service to redeploy staff to better support patients in times of crisis and for self harm. The demand and capacity to support this transfer of work has been done between commissioners and the providers of the two respective services.

Access

- Service for Children and Young people (CYP) aged 8 to 18 years
- Provide a 7 day per week service
- Provide direct access to services through self-referral and/or referral from GPs and other professionals / workers.

Waiting Times

- CYP referred for assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases and 4 weeks for routine cases (95% compliance achieved by 2020).
- Referrals will be screened within 24 hours to assess urgency, telephone contact may be made with the CYP or parent / carer to clarify risk (e.g. physical, psychiatric, safeguarding and/or other risks)

Key performance indicators

These require further development but will focus on 4 areas to develop a dashboard of outcomes for use at an individual and service level. They are likely to include:-

- *Personal goals* i.e. CYP setting goals they wish to achieve (person focused care)
- *Functional goals* e.g. include national scores
- *Clinical outcomes* based on HoNOS or equivalent to be agreed with provider, BMI, weight, depression, anxiety scores
- *Service outcomes* e.g. patient and carer satisfaction, numbers of individuals seen, length of intervention, readmissions

What outcomes will be delivered?

The proposed service model will address the requirements of the Access and Waiting Time Standard which intends to:

- Improve the quality of eating disorder services
- Provide new enhanced community and day treatment care
- Ensure staff are adequately training and supervised in evidence-based treatment and effective service delivery
- Ensure best use of inpatient beds

This service will also deliver:

- Improved access to community and day treatment care
- Reduction in in-patient admissions related to eating disorders

Programme Five: All Age psychiatric liaison service
Which areas of identified need will this programme address?

- Improved access to out of hours assessment and support
- Reduction in hospital admissions/length of stay following self-harm or mental health crisis

What does the programme include?

The development of a service based in the two acute hospital bases to support children and young people who attend the emergency department, or are admitted to a ward, for an emotionally related disorder.

The present RAID service supports young people aged 16 and over. A CAMHS liaison worker is currently working during the week across the two hospital sites for the under 16s. The new service will capture all age groups. It will provide assessment, initial early treatment and referral to other services in the community.

When will the change occur?

Initial increase in support in the hospitals will occur in Q4 2015/16 with the new service commissioned in line with the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1).

What outcomes will be delivered?

- Reduction in hospital admissions following self-harm/mental health crisis
- Reduction in hospital length of stay following self-harm/mental health crisis
- Reduction in number of children and young people with repeated self-harm/mental health crisis

| Programme 6 : Improve Perinatal Support |
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| Which areas of identified need will this programme address? |
| <ul style="list-style-type: none"> - Improved access to services - Improved early help |
| What does the programme include? |
| <p>Training for professionals around recognising the early signs, including; children's centres, midwives. community support and wider universal services. Enhancing existing Public Health activity. Increase availability of pregnancy related depression groups with lead workers in adult mental health teams to deliver the groups in conjunction with health visitors.</p> <p>Improved ante-natal information for expectant families, including availability of Understanding your Child parenting programme for ante-natal families.</p> |
| When will the change occur? |
| Q4 2015/16 |
| What outcomes will be delivered? |
| <ul style="list-style-type: none"> - To increase professional's knowledge and skills in relation to perinatal mental health - To provide improved early help to reduce risk/severity of perinatal mental ill-health - To reduce inpatient admissions in relation to perinatal mental health |

| Cross Cutting Programme: Needs Analysis, Engagement and Transition |
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| Which areas of identified need will this programme address? |
| These cross cutting programmes will help to ensure that the needs in relation to the emotional and mental health of children and young people are fully understood. |
| What does the programme include? |
| <p>This programme includes developing and implementing a robust needs analysis framework and engagement framework in order to ensure that there is ongoing information gathering across agencies to give an accurate picture of the needs and views of service users and potential service users.</p> <p>This programme will include developing improved systems to record and analyse multi-agency information as well as developing and implementing agreed principles in relation to engagement.</p> <p>One of the guiding principles for all organisations, in the development of the various plans, is to reduce the number of transitions points for service users and minimise the problems associated with any remaining transitions. This has been tackled in a number of ways, several of which are highlighted below:</p> <ul style="list-style-type: none"> • Extension of the upper age limit for children and young people emotional health and mental wellbeing services to 25 years through the commissioning of the new service • Mapping out services where transition points arise. Encourage the development of joint |

pathways/processes to support individuals through those transitions. An example of this is work between the main provider of CAMHS and the main provider for adult mental health services. Closer working between teams, sharing of information and introduction of multidisciplinary meetings is already beginning to improve the offer.

- Joint commissioning between the Councils and CCGs. This has built on the informal relationships which have developed over the past few years. It will help to provide a seamless service by abolishing some of the traditional notions of 'tiers' and 'hand offs' between services.
- The introduction of a single point of access for service users and professionals has removed some of the complexity for people trying to navigate through different services.

When will the change occur?

Q4 2015/16

What outcomes will be delivered?

- Improved understanding of the mental health needs and views of children and young people