

## DEVELOPMENT OF THE TRANSITION SERVICE

### 1.0 Introduction

In order to clarify the future direction and delivery of CAMHS services two reviews were carried out during 2011. Additional market assessment was completed to further consider how CAMHS needed to be developed for the future. The recommendation within the Telford and Wrekin review and market assessment was to develop an Adolescent (15-24 years) service across the two main providers and re-design services to meet emotional health and well-being needs of young people.

From the review of Procurement options for the new service model the recommendation is to develop this with Shropshire Community Trust and South Staffordshire and Shropshire NHS Foundation Trust cooperate and collaborate to develop the Adolescent Service and redesign of the under 14yrs CAMHS including LD with current provider.

Initial needs assessment identified potential activity for the Service but further work is being taken forward to fully understand the resources and skills needed for the proposed new service model.

### 1.1 Purpose

The purpose of this paper is to provide the Health and Well-Being Board with a summary of the outcomes of the Child and Adolescent Service (CAMHS) Review and Market Assessment; set out the model for future delivery planning towards that goal and outline the Implementation plan.

The agreed way forward was for the providers (Shropshire Community Trust (CT) and South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)) to cooperate to develop the Adolescent Service (15yrs-24yrs) and redesign of the 14 years and under CAMHS including LD with current provider.

Comprehensive CAMHS is defined by four tiers, which incorporates prevention and intervention. The local implementation of these tiers and breadth of services that deliver can be found at appendix 1. There are also elements of multi-disciplinary CAMHS service that are resourced through the Council which have been included as part of the commissioning requirements and will be taken forward as an integrated CAMHS model.

### 1.2 Background – CAMHS currently

NHS Telford and Wrekin and Shropshire County PCT currently commission a single Provider (Shropshire Community Health Trust) to deliver a local CAMHS service for children aged 0-18 years.

CAMHS is a multi disciplinary service which incorporates Social Workers employed by the two Local Authorities which are coterminous with the PCTs. The current Service Specification includes provision for:

- Two specialist tier 3 teams – one in Shropshire, one in Telford & Wrekin (which includes seconded social workers)
- A specialist CAMHS Learning Disability Service
- Staff deployed in Looked After Children's Teams
- Staff deployed in the Joint Youth Offending Service
- Senior Primary Mental Health Workers integrated with Local Authority Early Intervention Teams
- Looked After Children Service
- Tier 3 plus - Reaching Out Service

Telford and Wrekin and Shropshire are rural areas with highest level of deprivation being focused in the geographic area of Telford & Wrekin, but also significant levels of urban deprivation in parts of Shropshire. Figures show that Shropshire County and Telford & Wrekin PCTs are responsible for

around 107,500 children in the age group 0 to 19 years; Shropshire has approximately 64,300 and Telford and Wrekin has approximately 43,200 children (Exeter April 2011).

The service is provided across the whole of Shropshire and Telford & Wrekin with approximately 66 GP practices, universal child health services, dedicated specialist clinic accommodation in Shrewsbury and Telford & Wrekin and the Acute and Community hospitals.

The effective delivery of a comprehensive CAMHS is dependent on positive partnership working and seamless pathways. The concept of four discreet tiers of provision in a 'Comprehensive' service is used to distinguish between children and young people with emotional problems (tier 1 & 2) and those with more complex and enduring mental disorders and illnesses (tier 3 & 4).

## **2.0 CAMHS Review**

Child and Adolescent Mental Health Services (CAMHS) have changed considerably over the past 20 years. The old model was based on a child guidance model managed by the Local Authority which essentially covered areas such as emotional well being, bed wetting and school phobia. This model, at its most fundamental level, included school counselling services with an emphasis on pastoral care, social workers delivering family therapy and therapeutic interventions for children and young people. However, with national guidance, CAMHS expanded to include a mental health model, managed by the NHS with an emphasis on diagnosis and treatments for a range of conditions including depression, early onset psychosis (mainly delivered by Early Intervention in Psychosis team within SSSFT), ADHD, ASD Spectrum, eating disorders and self harm. Without a clear national direction CAMHS services are not delivered in a standardised way nationally.

The change of emphasis and lack of national direction resulted in confusion about the core function of CAMHS. In addition there has been growing local dissatisfaction, expressed by GPs, stakeholders and parents about how the local service operated. To explore these issues in more detail commissioners led two reviews across Telford and Shropshire during 2010/11.

The findings from both reviews were consistent and their recommendations used to develop a local action plan with emphasis on improving both the commissioning of and the provision of CAMHS. Specifically, CT was required to develop a Service Improvement plan, (SIP) and commissioners to complete a Market Assessment/Request for Information exercise to inform the design of the future service delivery model and commissioning intentions.

The SIP was finally shared with commissioners earlier in July. The provider addressed 'quick wins' including providing more feedback to referrers about outcomes of referrals at an earlier stage, but anecdotal feedback suggested limited improvements to date.

The market assessment exercise facilitated development of key proposals for service redesign recommendations:

Develop an Adolescent Service (15yrs to 24yrs). This has advantages of:

- Strengthening the competence of the service to support young people with the more serious mental health problems and over a more relevant age range.
- Reducing duplication and fragmentation, such as the service for Early Intervention in Psychosis, currently provided by SSSFT in many cases overlaps with CAMHS.
- Providing consistency through transition (cited by parents as a key problem) managing the emphasis from current practice which relies on clinic based appointments, to a more user centred approach with outreach and support in home and community settings
- Facilitating greater developmental opportunities for CAMHS clinicians who are currently isolated from Adult Mental Health expertise.
- Facilitating expertise for supporting other colleagues and partners, e.g. Health Visitors (as required in model below), schools etc

The service for under 14s would also need to be re-designed to response to local needs more effectively, set out below.

Simultaneously redesign of services to meet emotional and well-being needs, often linked strongly with family relationships and difficulties. In future we propose these are addressed by;

- Mainstreaming support for emotional well being and tackling behavioural/relationship problems through age appropriate services already working with the child, young person and family, particularly Health Visiting and School Nursing, and;
- Expansion of the Targeted Mental Health in Schools (TaMHS) programme based on the very successful Shropshire model across Telford & Wrekin.
- Given opportunities created by current increase in Health Visiting capacity and development of similar models across the country where HV capacity is used more proactively, we could strengthen the emphasis of the service on parenting and reinforcement of interventions building resilience without additional resources.
- School nursing capacity may need some expansion.

Establish a single point of access, e.g. Family Connect in Telford & Wrekin (First Contact Point would be alternative in Shropshire). This has advantages of:

- Improving partnership working in each LA/PCT area
- Allowing deployment of shared definitions of who does what within 4 tiers of need
- Facilitating speedy progression of referrals to the 'right service, right place, right time, whether that be a Children's Centre, Speech, or medical appointment
- Ensuring consistency of triage and screening arrangements
- Using resources more efficiently by streamlining processes

Finally, given current gaps in needs analysis for children and young people with emotional and mental health problems locally, this should, in future be built into JSNA either annual or on a 3 year cycle.

## **2.1 Criteria for a new model**

Through the CAMHS review patients, stakeholder and clinicians highlighted the importance of a set of a set of criteria which must underpin any new model for provision. The principles of the new provision were identified as:

- Prevention and early Intervention
- Single point of Access and seamless pathway
- Holistic Approach
- Effective transition across each developmental stage
- Clinical Effectiveness
- Delivers Change quickly
- Value for money

## **2.2 Needs Assessment**

Information from the provider (CT) about current caseloads (see appendix 2) indicates that very few under 5's are currently receiving a service. The reasons for referral of those accepted in this age group are mostly for challenging behaviour with sleep and "other development" issues.

For 5-14 year olds the most common reasons for referral (in order of prevalence) are:

- ADHD
- Challenging behaviour
- Autism
- Neuro-developmental disorder
- Family relationships.

For 15-18 year olds the most common reasons for referral (in order of prevalence) are;

- Depression
- ADHD
- Self-harming behaviour
- Autism
- School refusal
- Anxiety

Roughly equal numbers of referrals are received for the age bands 5-14 and 15-18.

There are some noticeable differences within the age bands regarding reason for referral. For the younger age group referral about challenging behaviour, family relationship, neuro-developmental disorder predominate depression, self harming behaviour and anxiety predominate for older age groups. There are some areas where relatively large numbers are seen in both age bands such as ADHD and Autism. Often children with ADHD can be seen (reviewed over) many years and may not be discharged until beyond their 18<sup>th</sup> birthday.

To enable us to determine the level of resource and skills required across the age bands we will require further activity data from the current provider. This will need to include:

- Reason for referral data for CAMHS tier 2 in ages 0-4,5-14 and 15+
- Reason for referral data for CAMHS LD in ages 0-4,5-14 and 15+
- Length of treatment by age and reason for referral/diagnosis

### **3.0 CAMHS Model for the Future**

The proposed CAMHS model is outlines below

#### **3.1 Overview of Model**

The new model for CAMHS moves the service into a position where it will be better able to allocate resources in a focused way and improving efficiency and effectiveness, with a renewed emphasis on partnership working on whole system redesign.

The overarching model recognises the need for a holistic but specific focus on need with the understanding that the different developmental stages of children and young people have significant impact on the range of skills, knowledge and experience that is required. Within each aspect of delivery evidence-based intervention and agreed thresholds will underpin the implementation with integrated or aligned service delivery.

There are two distinct approaches that underpin this model taking of account stages of development:

- Parenting – skills and techniques that are required by parents, carer and professional to enable children to reach their potential and to function within society (primarily with 0-14 years)
- Independence/supported living – recognising the life stage of a young person and the skills and knowledge they need to become as independent as possible and able to make the best choices for themselves in the future (primarily with 15-25 years)

## Child and Adolescent Mental Health Service Model for the Future – 2012/13

**Focus on parenting (carer)  
0 – 15 yrs old**

**Focus independence and supported living  
14 – 24 yrs old**

Holistic Learning Disability Service 0 – 15 yrs old		Young Peoples Mental Health Service 14 – 24 yrs old	
Health Visitor Service 0 – 4 yrs olds	Mental Health Service 5 – 15 yrs old	Including: <ul style="list-style-type: none"> <li>• CAMHS including LD</li> <li>• Adult Mental Health including LD</li> <li>• EIP</li> </ul>	
Multi-disciplinary Looked After Children Service			

**First Referral point of access will be:**

- Family Connect – Telford
- First: Point of Contact - Shropshire

**Aligned Services:**

- Substance Misuse
- YOS
- Education Psychology
- Transition Team
- CDC and Paediatrics
- School Nursing

Since going through this major redesign the integration of CDC and paediatrics (addressing the 0-5 years Holistic Learning Disability provision) may be required to facilitate the delivery of a hub and spoke model with Stepping Stones in Telford and Monkmoor in Shropshire. The emphasis of this will be multidisciplinary delivery and a holistic approach providing consultation to professionals and family with direct work with children.

The service delivery model for the 15-25 years service will include:

- Identified CAMHS including LD and the Reaching Out Service clinical staff working together with Early Intervention in Psychosis team as a multi-disciplinary team as the dedicated provision for this age group
- Identified resources for psychological therapies across young people and adults (eg IAPT, psychological therapists) would be identified and included within the team. Some referrals for adults may remain within primary care or IAPT following an agreed pathway, referral and monitoring process
- Dedicated consultant psychiatrists within the team working across the whole age spectrum
- Delivery of a range of skills to meet clinical guidelines and evidence- based practice for the 15-25 years population
- Clinical models would be in place to support the developmental and functional conditions to ensure effective outcomes. The clinical model would primarily be an assertive engagement approach for functional conditions
- Supporting the Placement Stability Team through training, consultation or assessment and intervention
- Referrals routinely being received through the Single Point of Access to ensure effective triage
- Clear pathways and operational policies in place setting out relationships and response times to other teams eg 5-15 years team, CR/HT, RAID, Council Transition team
- Clear pathway into the CMHT when individuals reach 25 years or when appropriate
- Accommodated together as one team in both Telford and Shropshire

Multidisciplinary working would see:

- Integrated working across current adult and young people services to meet the mental health and well-being needs
- Psychiatrists carrying out direct work with children and young people and adults with mental health disorders and offering training and support to other professionals
- Psychological approaches being provided through direct work with children and families and providing support and training to other professionals. CAMHS nurses carrying out direct work with children, young people and families
- Reaching Out Service focusing on reducing admissions and external placements and early discharge/bringing individuals home.
- Senior Mental health Practitioners who carry out a triaging function, consultation to other non-mental health practitioner and direct work with children, young people and families
- Social Workers within the 15-25 years service carrying out a combination of crisis management and therapeutic intervention
- A greater shift away from clinic based appointments to assertive outreach and engagement in family/community settings (time taken for travel etc to be balanced against reduced DNA's)

### **3.2 Evidence base for developing the Transition service**

A number of benefits were identified from guidance documents related to the Transition service:

- Specific focus on those in CAMHS who need transition
- Meets needs of some who experience transition but not currently in service eg condition emerge as family support diminish
- Continuity/ procedures for consistency
- Person-centred plans
- Reduced costs

There is some evidence that risks are reduced by implementing a Transition service. This is due to having a range of biological, social and psychological changes that can be managed more holistically; 'Breaking the Cycle' (2004) identified range of needs including homelessness, unemployment and problems associated with leaving care, substance misuse, learning disability that more addressed more effectively. Late adolescence is a particularly high risk time and is within this teams domain.

Evidence from the Young Adult Advice and Support Project service evaluation in Manchester indicated that young people:

- Improved mental health and well-being
- Increased confidence and support
- Improved life skills
- Reduced social isolation
- Engagement in constructive activity
- More able to deal with difficult situation
- Increased security of accommodation

### **3.3 Resource Allocation**

The intention is to deliver the new model within the existing envelope of investment. Therefore there is significant work required to accurately identify and allocate resources to ensure this model is as effective and efficient as possible. The detail will require working closely with providers using detailed data and taking into account of Local Authority resources into CAMHS both currently and in the future.

The outcome will be the effective allocation of resources across the two provider organisations with

- Identified outcomes
- Performance measures

- Within existing resources for CAMHS and adult mental health

#### **4.0 Developing the Transition service**

Contract Providers (CT and SSSFT) have agreed to cooperate to develop an Adolescent Service (15yrs-25years) and redesign of the under 14 years CAMHS including LD with current provider.

Emotional, Well-Being and Mental Health services for children aged 0 to15 will remain with CT as lead. There will be changes to service specifications for the 5-14 years service and development of the service model.

A service specification for the 15-25 years service has been developed and awaiting comments before further revision.

#### **4.1 Rapid Improvement Event**

The event, suggested by the Providers after they were formally informed of the intention to commission the Transition service, was held on 19<sup>th</sup> November 2012. It included representation from managers, clinicians, HR and IT of the two providers to develop. (The notes of the Event are included as a separate document). The intention was to highlight areas that needed to be addressed to ensure the Transition service is developed. The areas considered included:

- Activity and Capacity: analysing activity to determine the what level of capacity is needed for each part of the service
- Staffing: identifying numbers and roles of staff for each team
- HR issues: what formal consultation, management of change or other processes need to be considered including workforce development
- Legislative requirements and policy requirements of young people and adults and implications from NICE guidelines: ensure legal and policy requirements are met for staff and users
- Governance arrangements: individual Provider and shared governance related to the new service model
- Leadership and management arrangements for the new service: which Provider manages aspects of the service
- How the service would develop or relate to a single point of contact: how to work with the Councils to ensure an effective SPoA is in place
- Developing the criteria, specifications and pathways: agreeing in detail, and gaining agreement from partners/ stakeholders

A detailed Implementation Plan (included as a separate document) has been developed incorporating the feedback from the Day. This will be the document where both organisations are monitored on progress within the planned, monthly Steering groups).

#### **Programme management**

The detailed Implementation plan has been developed and will be the key monitoring document of progress: monitored through the monthly Steering groups (the first Steering group was 12<sup>th</sup> December) and sub-groups as required.

A Risk log will also be developed. Providers will be expected to develop their respective action plans.

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14<sup>th</sup> January 2013

**Local Organisations and service provided as “Comprehensive CAMHS” in Shropshire**

Professionals and organisations providing the service include:		Services Provided re EHWB
<b>Tier 1: Mental health promotion and early intervention</b>		
<ul style="list-style-type: none"> <li>• G.P’s</li> <li>• Midwives</li> <li>• Health visitors</li> <li>• Teachers</li> <li>• School nurses</li> <li>• Education welfare officers</li> <li>• Youth workers</li> <li>• Social workers</li> <li>• Youth justice workers</li> </ul>	<ul style="list-style-type: none"> <li>• Foster carers</li> <li>• Police officers</li> <li>• Connexions advisors</li> <li>• Voluntary sector workers (inc RISQ, Relate, Victim Support) = Shrop T2</li> <li>• Children’s centre staff</li> <li>• Family support services</li> </ul> <p>In addition to the above, Shropshire lists:</p> <ul style="list-style-type: none"> <li>• Health: NHS direct</li> <li>• Educ: TAMHS, PSHE education, school counselling</li> <li>• VCS: Homestart, child line bereavement counselling</li> </ul>	<ul style="list-style-type: none"> <li>• EHWB promotion and prevention</li> <li>• Identification of mental health problems early in their development</li> <li>• Referral to more specialist services</li> <li>• Social and emotional aspects of learning (SEAL) in curriculum</li> </ul>
<b>Tier 2: Services provided by specialists working in community and primary care settings in a uni-disciplinary way</b>		
Professionals and organisations providing the service include;		Services Provided re EHWB
<u>Provided by Specialist CAMHS</u> <ul style="list-style-type: none"> <li>• Senior mental health Practitioners</li> <li>• Clinical psychologist (for parenting) not listed in Shrop</li> <li>• YOS CAMHS worker in Shrop T3</li> <li>• LAC CAMHS worker (currently vacant)</li> </ul>		<ul style="list-style-type: none"> <li>• Consultation for families</li> <li>• Training and consultation for other professionals</li> <li>• Outreach to identify severe or complex needs</li> <li>• Assessments to support treatment and service delivery</li> <li>• TAMHS initiatives (central cluster only – further details below)</li> </ul>
<u>Provided by other agencies</u> <ul style="list-style-type: none"> <li>• Educational psychologists</li> <li>• Paediatricians</li> <li>• Community nurses</li> <li>• Looked after children (LAC) nurse</li> <li>• Housing/ homelessness workers</li> </ul>	<p>In addition Shropshire lists:</p> <p>SC: Family Group Conferencing</p> <p>Educ: behaviour support service,</p> <p>VCS: Therapy for abused children, young carers project,</p>	

Professionals and organisations providing the service include:		Services Provided re EHWB
<ul style="list-style-type: none"> <li>• Substance misuse workers</li> <li>• Teenage identified midwives</li> <li>• Parenting team</li> <li>• Safeguarding social workers</li> <li>• Family Nurse Partnership</li> <li>• Family Intervention Teams</li> <li>• Learning Mentors</li> </ul>	parent partnership, teenage pregnancy service	
<p><b>Tier 3: Specialist multi-disciplinary services for those with more severe, complex and persistent disorders (usually based within a community mental health clinic or child psychiatry outpatient centre)</b></p>		
<p>Tier 3 Specialist CAMHS Service (multi-disciplinary team. NSF outlined this could include child and adolescent psychiatrists, clinical psychologists, community psychiatric nurses, social workers, occupational therapists, family therapists, speech and language therapists, child and adolescent psychotherapists.)</p> <p>Within T&amp;W &amp; Shrop we have a Tier 3 specialist team, CAMHs LD team, Reaching Out Service (tier 3+ admittance avoidance service) and a designated service for Jigsaw (not in Shrop). Outside but linked to CAMHS tier 3 we have a targeted Paediatric Psychology Service.</p> <p>NSPCC (specialist dual remit service working with young people who have been sexually abused and young people displaying sexually harmful behaviour- further details below)</p>		<ul style="list-style-type: none"> <li>• Assessment and treatment of child mental health disorders</li> <li>• Assessments for referrals to Tier 4 acute mental health services</li> <li>• Contribution to consultation and training at Tiers 1 and 2</li> </ul>
<p><b>Tier 4: Highly specialised services for children and young people with the most serious problems</b></p>		
<ul style="list-style-type: none"> <li>• Multi-disciplinary specialists (these services are currently commissioned on a regional basis by the Specialised Services Agency.</li> </ul>		<ul style="list-style-type: none"> <li>• Child and adolescent in-patient units</li> <li>• Secure forensic units</li> <li>• Eating disorder units</li> <li>• Specialist services (e.g. for sexual abuse or neuro-psychiatric problems)</li> </ul>

Table 1.

<b>Reasons for Referral: Tier 3 open cases Pan Shropshire/Telford 2012/13</b>			
<b>Reason</b>	<b>0 to 4yrs of age</b>	<b>5 to 14yrs of age</b>	<b>15 - 17 yrs of age</b>
Anxiety	less than 5		35
Abuse & Neglect		0 less than 5	0
ADHD		0	153
Anger & Aggression		0	30
Anorexia		0 less than 5	28
Autism		0	138
Challenging Behaviour	15		145
Chronic Illness		0 less than 5	5
Deliberate Self Harm		0	8
Depression		0	8
Eating Problems	less than 5		11
Family Relationship		0	81
Fostering & Adoption		0	28
Grief & Loss		0	6
Language & Speech Delay		0	6 less than 5
Neurodevelopment Disorder		0	132
OCD		0	22
Other Developmental		5	62
Other Life Events		0	6
Parent Mental Health		0	5 less than 5
Post Abuse		0	5
Psychotic		0	0
PTSD	less than 5		6
School Refusal		0	26
Self Harming Behaviour		0	10
Sibling Conflict		0 less than 5	0
Sleep		6	22
Soiling		0	9 less than 5
Substance Misuse		0	0 Less than 5
Temper Tantrums		0	25
Tic/Tourettes		0	6 less than 5
<b>Total excluding numbers less than 5</b>		<b>26</b>	<b>985</b>
			<b>931</b>