

## From today I want

Full service model

Workable model

Clarity re: transition service

Where EI sits in the model

Clarity on technical requirements

How we integrate systems

Clear way forward

Fact find

Coherence

Action plan

Setting ground work to improve services

## Activity and Capacity

### What we know

Current levels of activity

WTE of teams

### Activity - IPM/Hybrid

#### Adults

Number of referrals

Number of FTF contacts  
Breakdown by care cluster (expectation of certain interventions)  
Reporting target to monitor  
Minimum datasets to monitor  
Care plans up to date  
Demographics  
Breakdown activity by age, by care cluster, know what capacity and skill set needed < 25's

### Children

Number of referrals (can breakdown, accepted)  
Reason for referral  
Number of contacts (FTF, phone, multi-professional)  
Unregistered consultations (Shropshire only)  
Which team - YOS, LAC, CAMHS LD, Tier 2/3  
ICD 10 codes (does this translate to GP read codes)  
Source of referral  
Demographics

5 - 15 - Referrals and contacts

15-18 - Referrals and contacts

(Breakdown by teams, diagnosis data inconsistent (often reason for referral code isn't updated))

### What we don't know

#### Children

How to split teams (skills) across the age split - county  
Need - don't know diagnosis of children in CAMHS thus what interventions (skills) they need

#### Actions

Map needs of < 25's;

- Last 3 years data - 55% - 15-18 contacts
- 46% - 15-18 contacts

- Current open cases by age group - incomplete data
- National data

Each Manager of team to do needs analysis and skills analysis

- figures/activity/needs clients
- skills of teams
- information back to Jo and Geoff
- Jo/Geoff to pull together into needs analysis and capacity/skills analysis. Report for meeting on 12 December 2012.

Urgent issues to address. Time CAMHS spend receiving and responding to what end up being inappropriate referrals done to perceived lack of early intervention services (especially in Shropshire).

- Single point of referral agreement - Fran and Julian
- LAC - what will be the model.

**Criteria, specifications and pathways**

## What we know

Tier 3

Severe, persistent, complex, pervasive

What is being done now

Risk?

Tier 2 - MH concern, emotional well being

Need firm access criteria

## Actions

Need partner engagement

Access criteria

Define Tiers 2-3 - agreeing what they mean

Clear criteria for both

Getting preventative services to identify their role and part to play

Safeguarding - Sec 20

## **Governance Arrangements/Leadership and Management**

### **What we know**

Good examples available

Shared governance models already developed

### **What we don't know**

We don't have a structure, we don't have a function (options 1 and 2)

Clinical governance

### **Actions**

Appoint a small team (clinical leads) to work up skills/competencies needed

(AN/JO/KH/Anton Dias/Jane Hambleton/Kevin Mansell/Sam Kearns)

## HR Issues: HR Governance, new roles, MoC etc

### What we know

CAMHS, Shropshire and Telford and Wrekin - 1 team in 2.  
Geographical areas.

Respective workforce

HR process and policy

We need a skills analysis and workforce plan

Current workforce numbers: 56 WTE - total broadly of all  
staff across both organisations based on activity/age range.

### What we don't know

Who is affected?

Will roles change?

Will job descriptions change?

Will the Manager change? Teams, service.

If it's a change in job - change in Management process (max 4  
months, min 1 month)

What does the structure look like?

If we need to review JD's - Agenda for Change

Do we have the skills?

What are the accommodation issues?

Turnover implications

**Lead names and timelines**

HR - Gina (SCHT) Kim (SSSFT)

Jo Banks/Geoff Watts

**Timeline**

From now to mid December - engage with staff side

Mid December - share policies

End December - Clarity re model/management and agreement

Early January - Skills audit

February - Moc papers to respective s/side meetings - launch any process

End March - Workforce/training/OD plans

30 June 2013 - Implimentation

**Actions**

Share HR policy and procedure

Develop a structure based on Activity/Workforce

Engage with staff side early

Undertake a skills audit - develop a workforce plan

Develop an OD plan and on-going support for teams

## Legislative, policy, NICE requirements

### What we know

Consent

MHA: CPA

Capacity, Dols

Parental responsibility

Safeguarding/POVA

Statutory Assessments (statementing)

Children's Act

Statutory guidance for LAC

Every child matters

Off license prescribing

Non admission at Under 18's to adult psychiatric wards

European court of Human Rights

CCG's

Health and Social Care Bill

There's no Health without Mental Health

Working Together

CAMHS review

NSF's

No decision about me without me

Valuing people

Monitor

CQC

Ofsted

Mental Health Act Commission

NICE guidelines

Depression/Anxiety: Access to psychological therapies prior to medication

ADHD: Parenting programmes prior to safe prescribing (medical investigation)

Conduct: Parenting behaviour programmes

Eating Disorders: Family Therapy, Medical Investigation, Treated by skilled up clinicians, CBT

ASD: Pathway, Appropriate diagnostic assessment

Borderline Personality Disorder: DBT

### Legislative, policy, NICE requirements

#### What we don't know

We don't know the adult side?

Realistic demand and capacity

LD partners from Adult side

How the Health and Social Care bill (cherry picking) will pan out

What will the transition be like for the younger child  
Is this going to make the patients journey better?  
Next years SIPs? More losses?

### Actions

Clinical pathways  
See NICE guidelines

### Lead names and timelines

Breaking up the clinical pathways  
What does the model look like  
Care pathways  
ROS  
LD  
Prioritising risk  
Need clarity - clear vision

### Model notes/issues

Age ranges/structure critical element  
5-14? 15-25? Need clarity  
Need to make sure that we address the review findings and not  
just create a new model  
Need to look at other partners - council etc  
Family connect - different needs T & W and Shropshire  
May still need two different systems with same access point.  
Councils may want different models  
This model is T2 and T3  
The link with care clusters  
PBr

## Single point of contact

### What we know

Time wasting due to multi-assessments

Referrals screening

Telford single point

Shropshire single point

Shropshire developing early help offer

Need to be clear what model in place locally to meet the needs in Telford/Shrewsbury and outer areas?

### Pathway

Shropshire

111 - Mini mash (excl CAMHS) - Early help panel - Early Intervention or 15 - 25 (eligibility criteria)

### Pathway

Telford

111 (first point) - Family Connect - Early Intervention or 15 - 25 (eligibility criteria)

### Actions

Commissioning - LA - what is single point to look like

CAMHS - Looking at single point

Access model that is working with both CAMHS and LA

LA will need to be on board with this

### **Staffing issues**

#### **Actions**

Skills audit and gap analysis

Joint training

#### **The model (needs to be worked up following skills audit)**

Team Manager

Clinical Lead (adults)/Clinical Lead (children)

Option 1 - 15 + Team for AMH

NS (11.2)

C (11.2)

SS (11.2)

TE (11.2)

TW (11.2)

Option 2 - 15 + Team for AMH

T (22.4)

S (33.6)

## Discussion

### Morning Session

The pathway was mapped

An acronym buster was suggested to be written up

The IT systems used to enter data are Lorenzo and Graphnet.

For adults information is also entered on the Hybrid system

which will be moving to RIO in July

All medical records etc are going to be entirely electronic in July 2013.

CPA data is currently used with Adults but not CAMHS.

### Benefits of effective transition - Discussion

Alistair Neale was worried that they need to do more on top of what they are already doing without extra funding and CAMHS are already struggling. It was discussed however that things can be streamlined but Shropshire can put the right plan in place using the right skills and interventions. We need to use models that are right for the Service Users now and in the future. We can't yet address the capacity issues but can try

to find out what the issues are. Data is also needed to tell us where we are at.

### **Afternoon Session**

#### **Actions**

The project steering group is taking place on 12 December 2012.

It was agreed that this group can populate what the model will look like as we have less than 7 months to get to a working service.

Action plans from each area need to be sent to Michael Bennett before 12 December 2012.

In January/early February a half day needs to be organised where feedback is given to show where we are up to now.

Michael Bennett agreed to attend any team meetings or management meetings to discuss developing a new model.

Jacqui Pointon agreed to speak to IT regarding a system similar to Sharepoint where all relevant papers can be populated and shared between the different organisations involved in this process.

It was confirmed that all teams need to pull together activity and relevant data to be sent to Jo Banks and Geoff Watts.