

# **Health Overview and Scrutiny Committee**

## **CAMHS Transformation Progress Report**

**18<sup>TH</sup> March 2016**

The local CAMHS Transformation review started in February this year with a reporting timescale of the end March 2016. The bulk of the work is now complete and a draft report was recently circulated for comment to the review steering group.

In September 2015 the government published Future in Mind Report focussing on the experience and needs of children and young people with emotional and mental health needs. CAMHS was asked to do a self-assessment based on the finding of the Future in Mind Report. A costed transformation plan based on gaps in current service was developed and presented to NHS England. The content of the plan was accepted by NHS England very much influences the recommendations in the review.

Alongside the transformational review is the service redesign. The intention of the service redesign and internal review is to increase the skill mix, flexibility and reach of the service. The service redesign will be based around a new Step Care Model.

The stepped-care model will be used to organise the provision of services and to help children and young people with mental health problems, their families, carers and professionals to access the most appropriate and effective interventions in a timely way. In stepped care the least intensive intervention that is appropriate for a person is typically provided first, and people can step up or down the pathway according to changing needs and in response to treatment outcomes. In stepped care, more intensive treatments are generally reserved for people who do not benefit from simpler first-line treatments, or for those who can be accurately predicted not to benefit from such treatments.

There is a need within the new service model to develop and enhance consultation and liaison offers to key agencies. These would serve both to support children's services professionals in managing mild to moderate mental health problems and also enable timely and effective triage to more intensive CAMHS interventions. It is proposed that the group work offered and peer support models will need to be extended to develop capacity. There will also be a need to increase the offer of training for staff in children's agencies. The development of neighbourhood models of peer support and early life support for community resilience interventions will also be key to the new model. The specialist CAMHS pathways will be a short term goal and outcome focussed, based on a 6 session pathway.

The proposed service transformation and re-design process will lead to the delivery of evidence-based service user focused interventions and embed Routine Outcome Measures (ROM) in all CAMHS delivery. This will enhance the delivery of timely, accessible and flexible services within a Trafford specific stepped care model that maximises opportunities for integrated working. The use of a local effective multi-

agency stepped care children's emotional health pathway should ensure that CAMHS is able to concentrate its direct intervention and support on those that have experienced the lower steps already. Those children and young people requiring highly specialised tier 4 services should, almost without exception, experience tier 3 CAMHS as a gateway to ensure the most appropriate service at the right time.

Fundamental to the success of the model are the development and maintenance of robust live supervision processes. Established quality monitoring and improvement systems and processes will support the delivery of the model.

The proposed stepped care model for children's emotional mental health in Trafford requires staffing resources within specialist mental health services to be versatile and to be flexed according to need. The skill mix within the service requires a review to ensure the model is able to be provided effectively and safely and with maximum productivity.

Consultation with staff on the new service structure is due to go out for consultation shortly. Once the new service structure is agreed then the intention is to have a wider stakeholder event in June 2016 to roll out the new service model.

#### **Where we want to get to;**

- Reduce waiting times, greater transparency and improve communication with those who are waiting for treatment.
- Clear and defined pathways with acceptable timescales.
- A workforce with the capacity and skills to meet the needs of children and young people at universal, targeted and specialist levels of intervention.
- An agreed evidenced-based training programme that matches the identified training needs of our professionals across all tiers and sectors.
- CYP IAPT principles to be embedded across our CAMH continuum to improve participation by CYP and their families in a service delivery and design and to carry out session-by-session routine outcome measures (ROM) ensuring goal focused outcomes.
- A workforce that is appropriately supported within the Step Care Model by a more flexible and skilled workforce who are able to understand and manage emerging complex disorders such as self-harm and eating disorders.
- Children and young people, parents and carers to have confidence in our workforce to respond appropriately and sensitively to their needs.
- Children and adolescents emotional and mental health services in Trafford should be delivered in partnership within a stepped care model.
- Stronger alignment with the development, prevention and early intervention agenda and the development of the All Age Front Door focussing on improving children's and young people's emotional health and wellbeing rather than just mental health.
- Further alignment in CAMHS in Trafford based on well-developed neighbourhood delivery model, it will enable the services to be more community facing and will work in partnership with key stakeholders to expand the group and workshop offer at steps 2 and 3 of a model.

- Working towards manageable caseloads, maximising clinical time through effective job planning and case load management for the effective implementation of CAPA.
- CAMHS services will continue to deliver specialist treatment pathways, access to these would be carefully managed via a stepped model of care. Improving the skill mix would ensure better Care pathways/more consistent/efficient care packages ie,

Services for attachment disorders;

Choice re range of therapy options available;

Guidelines for practitioners;

Lead professional to coordinate care;

Care managers to review regularly minimum standards of assessment;

Assessment of ASD – to follow care bundles approach.

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