CAMHS TRANSFORMATION BRIEFING – TORBAY HEALTH AND WELLBEING BOARD

Date: 27/08/2015

Report by: Jo Hooper **Report to:** Torbay Health and Wellbeing Board

Purpose of Report: To provide an update on planning so far, the process and to confirm that the Board is in agreement with our immediate and longer term priorities.

1. INTRODUCTION:

South Devon and Torbay CCG is developing a CAMHS transformation plan to meet NHSE requirements for transformation Funding. The CCG's has been allocated funding as part of a national programme to transform CAMHS. SDT CCGs allocation is £157,724 for Eating Disorders and planning in 15/16, and £394,798 in 2015/16 once Transformation Plans are assured. The assurance process will include submission of a transformation plan, self-assessment, tracking templates. It's likely that in the longer term NHSE will appoint regional Transformation Leads to support local delivery. Transformation plans must include a specific service for eating disorders and must show how this reoccurring funding will change services over 5 years. This includes considering the capacity that changes will release and how this can be reinvested in CAMHS to continue to change services.

In the development of plans we are required to align our ambition with the priorities set out in *Future In Mind, (DH)* and set out plans for the provision of a distinct eating disorder service. In developing our plans SDT CCG has directly involved the Torbay CAMHS Service Managers, Primary Mental Health Workers, Children's Centres, Commissioners for CAMHS and AMHS and GP representation. This has been supported by co-ordinated input from our Paediatric Clinical Pathway Group and CAMHS Redesign Board.

The Joint Commissioner for Children and the GP Clinical Lead for Children and young people are leading a discussion with Young Devon's consultation group at the end of September and Young Devon are also circulating questions to parents and young people via social media and email during the school holidays to support planning. We used Torbay's Fair Play Day to speak with parents and young people with a range of disabilities and have commissioned a GP with CAMHS and acute care experience to undertake a deep dive report into patient/ parent experience from those whose journey results in a secondary care admission.

The final plan will consider the CCG footprint as a whole and our priorities considered in the context of making best use of resources across both our CAMHS providers, individual services and ensuring compatibility for our Southern area with NEW Devon CCG's plans.

SDTCCG is working towards a submission date of 18.09.15, which is the first window for plans to be considered. A second opportunity is available in October if necessary. These priorities have already been confirmed as an agreed direction of travel by the CAMHS Redesign Board and the Paediatric Clinical Pathway Group.

2: PRIORITIES

2.1 Eating Disorders:

Eating Disorders must be included in the plan. Based on the geography of our footprint, access to patient notes and paediatric time, we are proposing a Torbay specific model for eating disorder services, utilising half our allocated funds. It would build on existing resources but focus on increased home intervention and family therapy with a more robust MDT and faster initial assessment. We would hope this intensive intervention at an early stage where patients may be seen daily if necessary by members of the team, could reduce the length of treatment time by 2-4 months, and halve the number of patients needing an acute admission for medical reasons as well as halving the number of Tier 4 admissions.

2.2 Crisis intervention and Intensive Home Treatment Service:

With an overall aim to reduce admissions, presentations at A&E and admission to Tier 4 beds by the end of year 5, we are proposing an intensive home intervention service which could be hosted at CAMHS and during OOH potentially based on Louisa Cary. The service would operate Monday – Friday 9am-10pm and 9am-5pm Saturday and Sunday, based on data showing times of presentation at A&E. The service could support mental health assessments and could see patients on the ward with emotional health and wellbeing needs when not out on visits. During hours when the service was not operational telephone advice could continue to be sought from the existing CAMHS OOH provision provided by Virgin Care Limited. In the longer term of the plan we would look to commission an all age mental health practitioner to undertake risk/ MH assessment in A&E and a structured pathway to enable discharge. The Intensive Home Treatment team would also benefit from psychiatry support which could be shared by South Devon and Torbay, supporting patients in an acute setting. This model is based on the work of the acute care pathway redesign group, led by Cathy Williams.

2.3 Prevention and Resilience and links to the Schools Pilot.

Our ambition would be to instigate an online counselling service to mirror the offer currently made to young people in South Devon where they are about to access support online out of hours, but also gives access to monitored peer networks. We would anticipate this would reduce admissions to A&E for those in crisis.

SDT CCG has applied to be part of the CAMHS, Schools Link pilot with NHSE, who would provide some training for schools who have expressed an interest and the money awarded, (and match funded by the CCG), would support the expansion of some existing models of working and the piloting of some new. If the bid is unsuccessful we would look to build this into transformation planning.

The four main additional areas that Torbay would like to progress and develop if successful in this pilot are firstly the development of a peer mentoring scheme for those most vulnerable. Research suggests that Adolescent peer mentoring with the right skills and support can significantly reduce the development of mental health and promote emotional resilience in 'at risk adolescents'. Both the mentors and the mentees have improved mental health outcomes as well as improved educational outcomes. Our achievement would be the development of an evidence based adolescent peer mentoring model which understands the core components of effective mentoring relationships. Adolescents considered 'at risk' will increase emotional resilience and their ability to stay mentally healthy and to be educationally and socially successful in the face of significant adversity. The pilot will be delivered in the 2 secondary schools who have committed to this scheme.

Secondly the delivery of emotional resilience training programmes to pupils within schools. CAMHS and schools will co-deliver a life skills programme for all year 8 students within the 2 secondary schools who care committed to this scheme. The Pilot will use 'The Decider Manual' which include areas of proactive student mental health , improve resilience, increase life coping skills, manage stress effectively, gain effective positive coping skills, prevent & reduce emotional distress, promote mental wellbeing, increase staff confidence & effectiveness, whole school approach, develop a common language for students, teachers, parents & carers, consistent approach and a range of evidence-based interventions. If successful this programme will be rolled out to all secondary schools with a sustainability plan for schools to continue to deliver this confidently going forward.

Thirdly we would like to extend the Understanding Your Child's Mental Health Workshops, co-delivered with primary schools, providing emotional tools and creative resources to parents/carers that they might use. Rather than this being a parenting course, or prescriptive and based on behavioural models the workshops are experiential, drawing from the same evidence base as programmes such as Solihull, Mellow Parenting, Thrive and the Nurture Programme.

Finally Torbay would like to develop a Mentalization-Focussed Multi Family Group programme in Schools focused on supporting families in the most deprived area with some of the most vulnerable children at risk of exclusion or developing mental health problems in the future. This would pilot the work that has been developed by the Anna Freud Centre who have evidenced an effective way in bringing about change for children presenting with

emotional, behavioural and mental health difficulties at schools. These families frequently are in situations where they are unable or unwilling to make use of traditional CAMHS style interventions.

2.4 Funding during the life of the plan.

If funding were released following years 1 &2 of the Transformation Plan from reduced NHSE admissions and our aspiration to reduce 50% of admissions to Louisa Cary for eating disorders and self harm our priority for transformational funding would be further investment into prevention and early help services focused on infant mental health and neurological assessment.

2.4.1 Infant Mental Health

A Gap noted through this process was the lack of services around children between the ages of 2-5 years. Our vision would be to have an adult or dual trained mental health practitioner supporting the perinatal team, who could work with parents of children between the ages of 18 months to 5 years, where they do not meet the threshold for perinatal mental health services. This practitioner would provide a brief psychological therapy intervention to help parents reach a point of change when they are at a personal stage of being less receptive to more traditional interventions such as Health Visiting. This could be supported by specialist Health Visitors linked to localities.

2.4.2 An improved Neurological Development Assessment Service

Funding released could support the development of a Neurological Development Assessment Service, merging staff supporting ASD and ADHD diagnosis in both providers. Potentially waiting times could be reduced, and a level of intervention could be offered which is currently unavailable. This could involve a nurse prescriber and practitioners who would provide parenting courses, support transition and self management for older children and support schools in managing these individuals so they achieve their potential. This would be dependent on the agreement of the teams involved.

3. CONCLUSIONS

In conclusion we are requesting that the Health and Wellbeing Board agree the direction of travel and confirm priority areas for funding. SDT CCG is similarly asking Devon's Health and Wellbeing Board to agree our priorities for our Southern area including overlaps with NEW Devon CCG and Torbay.