

Scrutiny for Policies, Adults and Health Committee

Friday 12 January 2018
10.00 am Luttrell Room - County Hall,
Taunton



To: The Members of the Scrutiny for Policies, Adults and Health Committee

Cllr H Prior-Sankey (Chairman), Cllr R Williams (Vice-Chair), Cllr P Burridge-Clayton, Cllr M Caswell, Cllr M Chilcott, Cllr A Govier, Cllr M Keating and Cllr B Revans

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Julian Gale, Strategic Manager - Governance and Risk - 4 January 2018

For further information about the meeting, please contact Julia Jones on 01823 359027 or JJones@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Section 100A (4) of the Local Government Act 1972.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers



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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Friday 12 January 2018

**** Public Guidance notes contained in agenda annexe ****

1 Apologies for Absence

- to receive Member's apologies.

2 Declarations of Interest

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 Public Question Time

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chairman's discretion.**

4 Introduction and Outcomes (Pages 5 - 14)

To receive an introductory overview on:

- Emotional Health & Well-Being needs for Children & Young People; and,
- Commissioning Responsibilities.

5 Update from Clinical Commissioning Group (Pages 15 - 28)

To receive an overview on:

Transformation of Child and Adult Mental Health Service (CAMHS); and, Future in Mind – promoting, protecting and improving Children and Young People's Mental Health and Well-being.

6 Focus on Services (Pages 29 - 80)

To receive an overview of 4 specific areas – suggested 30 minutes on each:

Perinatal & Infants;

Schools – whole school;

Children Looked After/Care Leavers; and,

Transitions – Child to Adult Services, for Children with mental health needs.

7 Any other urgent items of business

The Chairman may raise any items of urgent business.

Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Julia Jones on 01823 359027 or 357628 ; Fax 01823 355529 or

Email: jjones@somerset.gov.uk They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at:

<http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

3. Minutes of the Meeting

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. Public Question Time

If you wish to speak, please tell Julia Jones, the Committee's Administrator, by 12 noon the (working) day before the meeting.

At the Chairman's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chairman. You may not take a direct part in the debate. The Chairman will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chairman may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. **Committee Rooms & Council Chamber and hearing aid users**

To assist hearing aid users the following Committee meeting rooms have infra-red audio transmission systems (Luttrell room, Wyndham room, Hobhouse room). To use this facility we need to provide a small personal receiver that will work with a hearing aid set to the T position. Please request a personal receiver from the Committee's Administrator and return it at the end of the meeting.

7. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chairman can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

EMOTIONAL HEALTH AND WELL-BEING & MENTAL HEALTH NEEDS OF CHILDREN AND YOUNG PEOPLE IN SOMERSET

Alison Bell
Consultant in Public Health

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Child & Adolescent Mental Health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (*WHO 1948*)

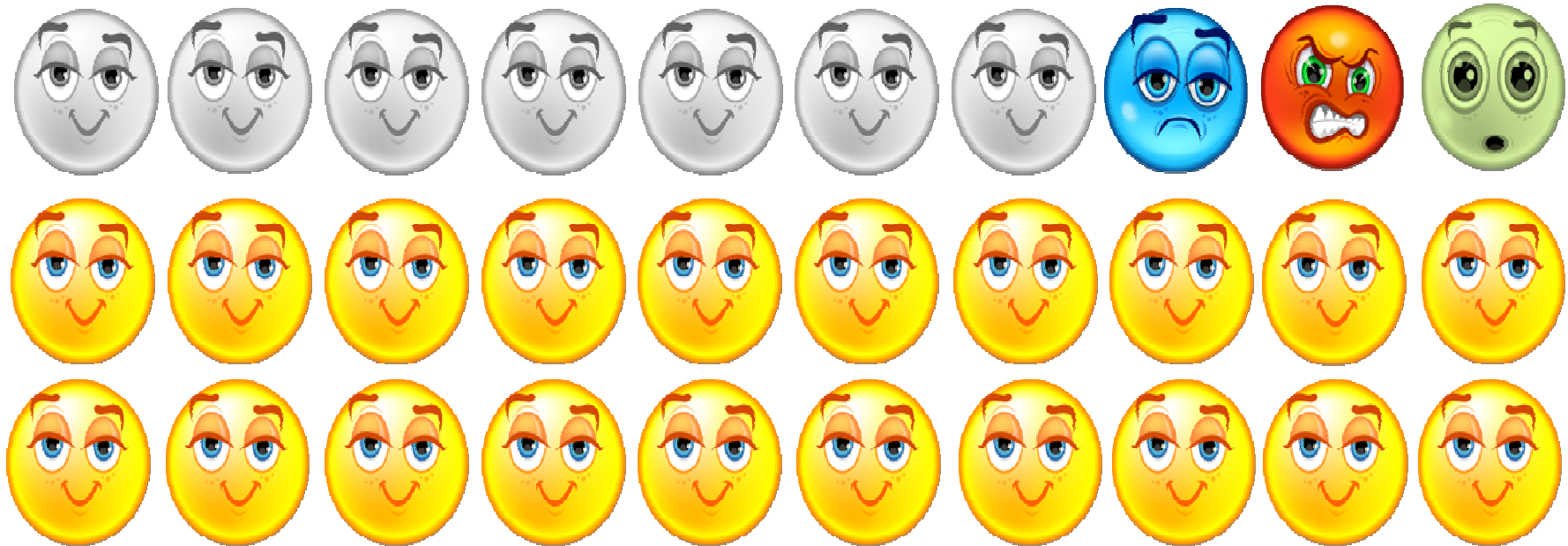
Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948

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Mental illness is common

3 in class of 30 will have a diagnosable mental illness
7 more will have emotional or behavioural difficulties



What Does This Look Like On The Ground?

In an average class of 30 15-year-old pupils:

- three could have a clinically significant mental health problem
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

In the community

- Socioeconomic deprivation
- Homelessness
- Disaster
- Discrimination
- Poor school ethos, including bullying

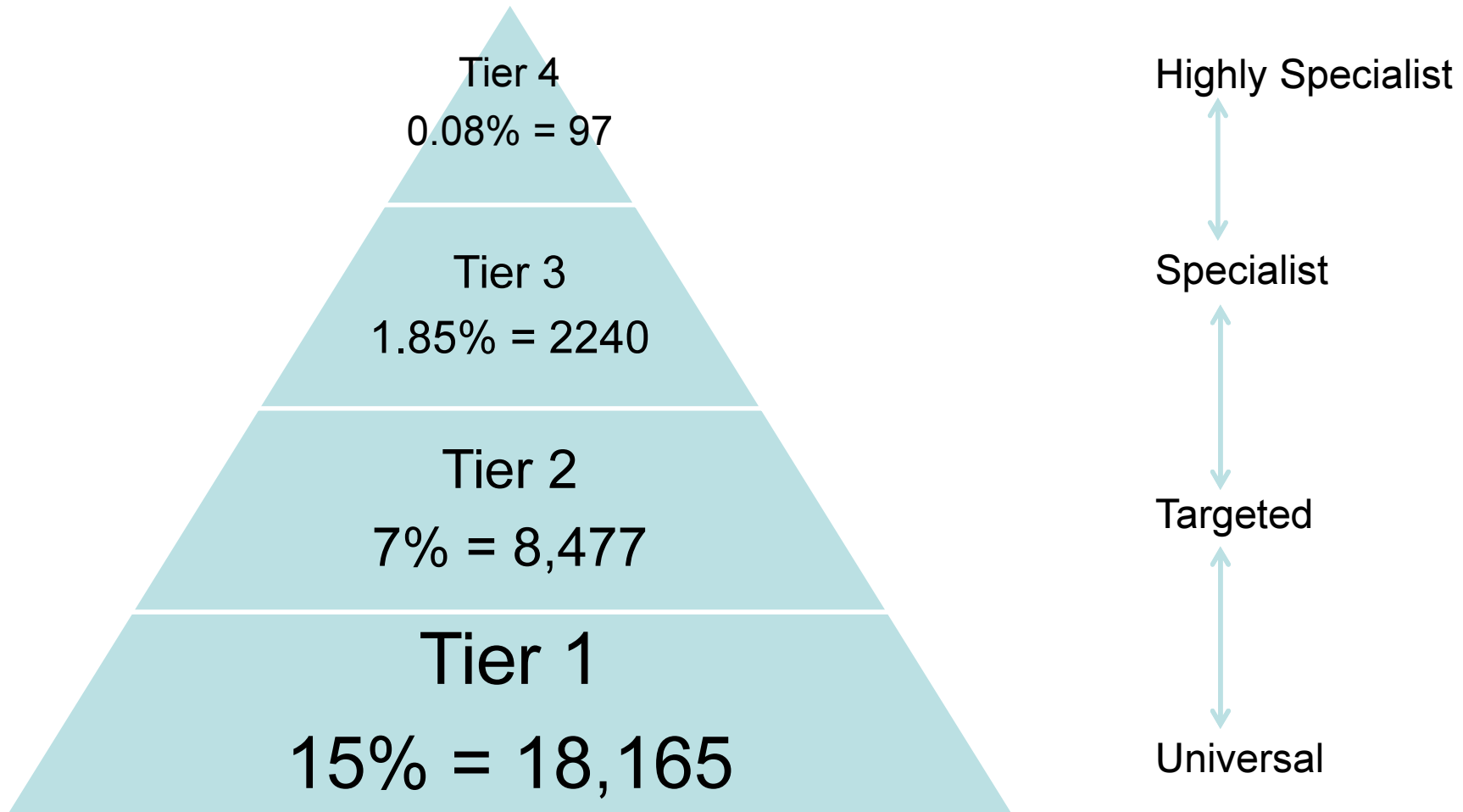
In the family

- Poor parenting
- Parental conflict and family breakdown
- Physical, sexual or emotional abuse, neglect or domestic violence
- Parental mental illness, substance misuse, health problem or incarceration
- Death and loss, including being 'looked after'

In the child or young person

- Low self esteem
- Physical illness or disability
- Poor communication and social skills
- Academic failure

CAMH Services Estimated Need – based on 2004 CAMHS survey



Commissioning Responsibilities







Level	Service	Comissioner
Universal	Gps Maternity Health Visiting Schools & early years	NHS England CCG SCC Public Health SCC Children's Services / RSC
Targeted	Primary mental health workers Educational Psychologist School Counselling On-line counselling School Nurses Bereavement support Phoenix	CCG / SCC Children's services Support Services for Education Schools CCG SCC Public Health SCC Public Health SCC Public Health
Specialist	CAMHS Community eating disorder service	CCG CCG
Highly specialist	Wessex House inpatients Outreach service	NHS E / CCG

DSR Self Harm Admission Data 10-24yr olds (2015/16)

Area	Value	Lower CI	Upper CI
England	430.5	426.5	434.7
South West region	597.8	582.5	613.5
Bath and North East Som...	487.6	422.4	559.7
Bournemouth	648.7	568.5	736.7
Bristol	517.4	471.9	566.0
Cornwall	494.1*	449.5	541.8
Devon	614.1	572.3	658.1
Dorset	576.5	518.3	639.4
Gloucestershire	580.8	535.6	628.9
Isles of Scilly	*	-	-
North Somerset	536.9	458.2	625.2
Plymouth	617.2	551.1	688.8
Poole	780.8	672.8	901.2
Somerset	726.3	670.8	785.1
South Gloucestershire	482.1	422.8	547.5
Swindon	775.2	686.0	872.8
Torbay	1,167.9	1,023.4	1,327.1
Wiltshire	586.2	533.7	642.4

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Children Looked After's Emotional Health and Well-being (based on SDQ scores)

Indicator 4.4	Area	R12Months	R6Months	YTD	L3Months	L7Days	DoT	RAG
	SOMERSET	73.8% <i>(242/316)</i>	n/a	68.5% <i>(224/337)</i>	n/a	n/a		
% of Children Aged 4 and over, Looked After for more than one year OR since 1 April for YTD, that have had a Strength and Difficulties Questionnaire recorded. Target: 90% High % represents high performance.	Taunton	80.8% <i>(59/73)</i>	n/a	64.1% <i>(50/78)</i>	n/a	n/a		
	Sedgemoor	73.0% <i>(54/74)</i>	n/a	70.6% <i>(60/85)</i>	n/a	n/a		
	Mendip	80.6% <i>(51/67)</i>	n/a	59.7% <i>(40/67)</i>	n/a	n/a		
	South Somerset	77.2% <i>(61/79)</i>	n/a	71.1% <i>(59/83)</i>	n/a	n/a		
	Children with Disabilities	47.1% <i>(8/17)</i>	n/a	47.1% <i>(8/17)</i>	n/a	n/a		

Children Looked After's Emotional Health and Well-being (based on SDQ scores)

Indicator 4.5	Area	R12Months	R6Months	YTD	L3Months	L7Days	DoT	RAG
% of Children Aged 4 and over, Looked After for more than one year CR since 1 April for YTD, that have had a Strength and Difficulties Questionnaire recorded where the score indicates a Concern (≥ 17)	SOMERSET	43.8% (106/242)	n/a	44.6% (100/224)	n/a	n/a		
	Taunton	40.7% (24/59)	n/a	48.0% (24/50)	n/a	n/a		
	Sedgemoor	48.1% (26/54)	n/a	48.3% (29/60)	n/a	n/a		
	Mendip	48.1% (26/54)	n/a	50.0% (20/40)	n/a	n/a		
	South Somerset	42.6% (26/61)	n/a	39.0% (23/59)	n/a	n/a		
	Children with Disabilities	50.0% (4/8)	n/a	50.0% (4/8)	n/a	n/a		

Transforming Mental Health Services for Children and Young People: Five Year Forward View for Mental Health

Fiona Abbey, Commissioning Manager for Children and Young
People's Mental Health and Wellbeing Services

Context

**Future in Mind CYPMH
Taskforce Report**

**National targets- Mental
Health Five Year Forward
View**



**National targets translated
to local transformation
Local Transformation Plan**



**Changes to
provision (e.g.
new services)**

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



Objectives

National

- Increased access
- Increased investment
- Access standard for eating disorders
- Improved data flows
- Workforce planning
- Crisis support



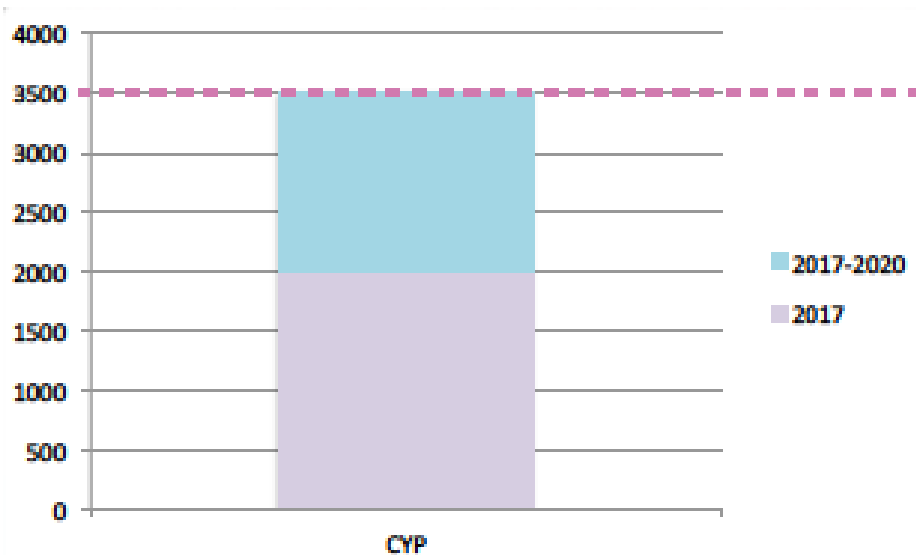
Local

- Resilience building, early intervention and prevention
- Straightforward, prompt access to support
- Increase capability and capacity of workforce
- Support for the most vulnerable groups

Access

9,900 0-18 year olds with a mental health condition in Somerset

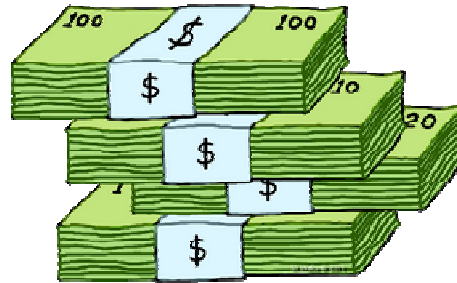
At least 35% of CYP with a diagnosable mental health condition should be receiving treatment



To meet the target of 35% we need approx. 1500 more CYP supported by NHS funded services per year

Increasing access

Investment



CCG currently invests £5.56m in CYP MH services

Will meet MH Investment Standard in 17/18

Drive to further increase investment- parity of esteem

Increasing access

Information



Access standard- need to achieve 35% access

**Data to evidence outcomes and inform
commissioning**

**Pulling together data from across the wider
system**

Increasing access

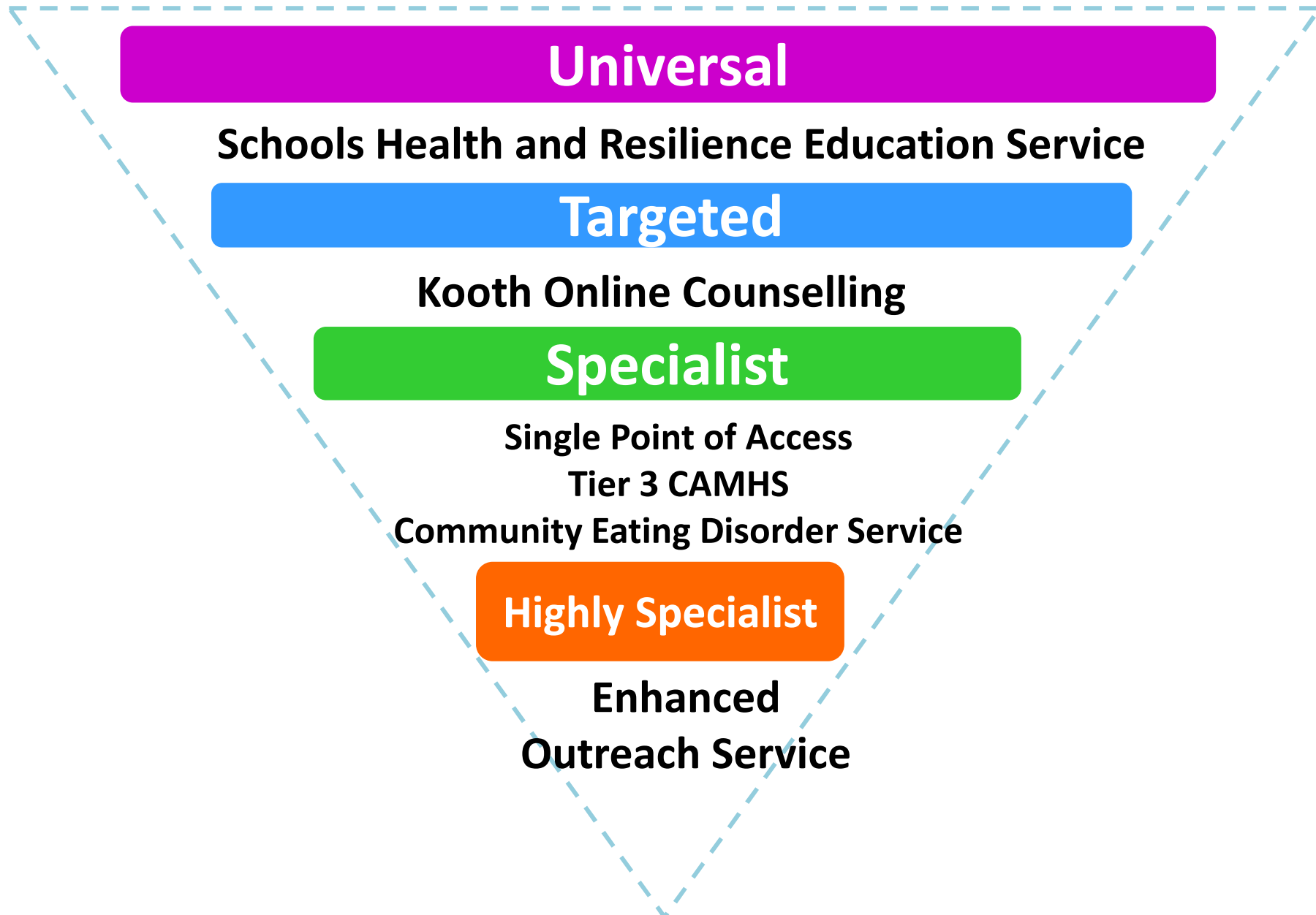
Improved processes



Workforce planning- increasing capability and capacity across the system

Matching local demand and capacity to reduce out of area Tier 4 placements

Key CCG funded services



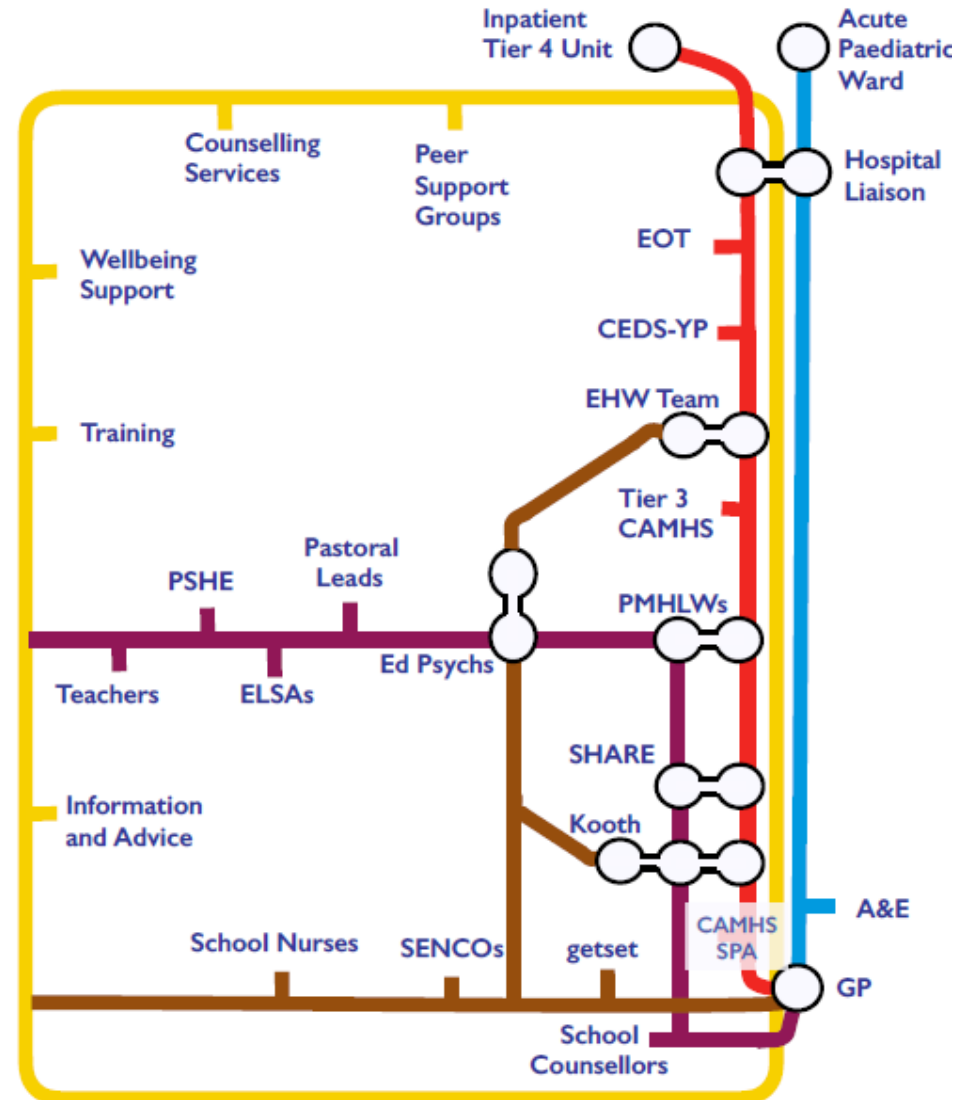
CYPMH Transformation

- Local Transformation Plan for CYPMH

- Transforming the whole pathway

- Main areas:

- Prevention and Early Intervention
- Access
- Workforce
- Vulnerable groups



Community Eating Disorder Service (CEDS)

Good news story

- No specialist eating disorder service for children and young people prior to transformation, these CYP would have been treated in Tier 3 CAMHS
- **Now a separate service with specialist eating disorder practitioners providing evidence-based therapy**
- Focus on early intervention and Tier 4 admission avoidance
- **CYP start treatment within 4 weeks (1 week for urgent cases)**
- Joined up working with the acute hospitals and Enhanced Outreach Team
- Service was part of peer review through the CAMHS Quality Network

Next steps:

Making sure all professionals working with CYP, and their families know about CEDS and how to access

Move towards self-referral, as with all CAMHS services

Progress in CYPMH Transformation

- **Broader use of funding**
- **More investment**
- **Workforce improvements**
- **Young People's Participation**
- **More joined up working**

Challenges in CYPMH Transformation

- Requirement to maintain momentum
- Need to work as a system to reduce gaps
- Improvements in data
- Greater focus on key areas

Any questions?

fionaabbey@nhs.net

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Perinatal and Infant Mental Health

**Rachael Parker, Public Health,
RZParker@somerset.gov.uk**

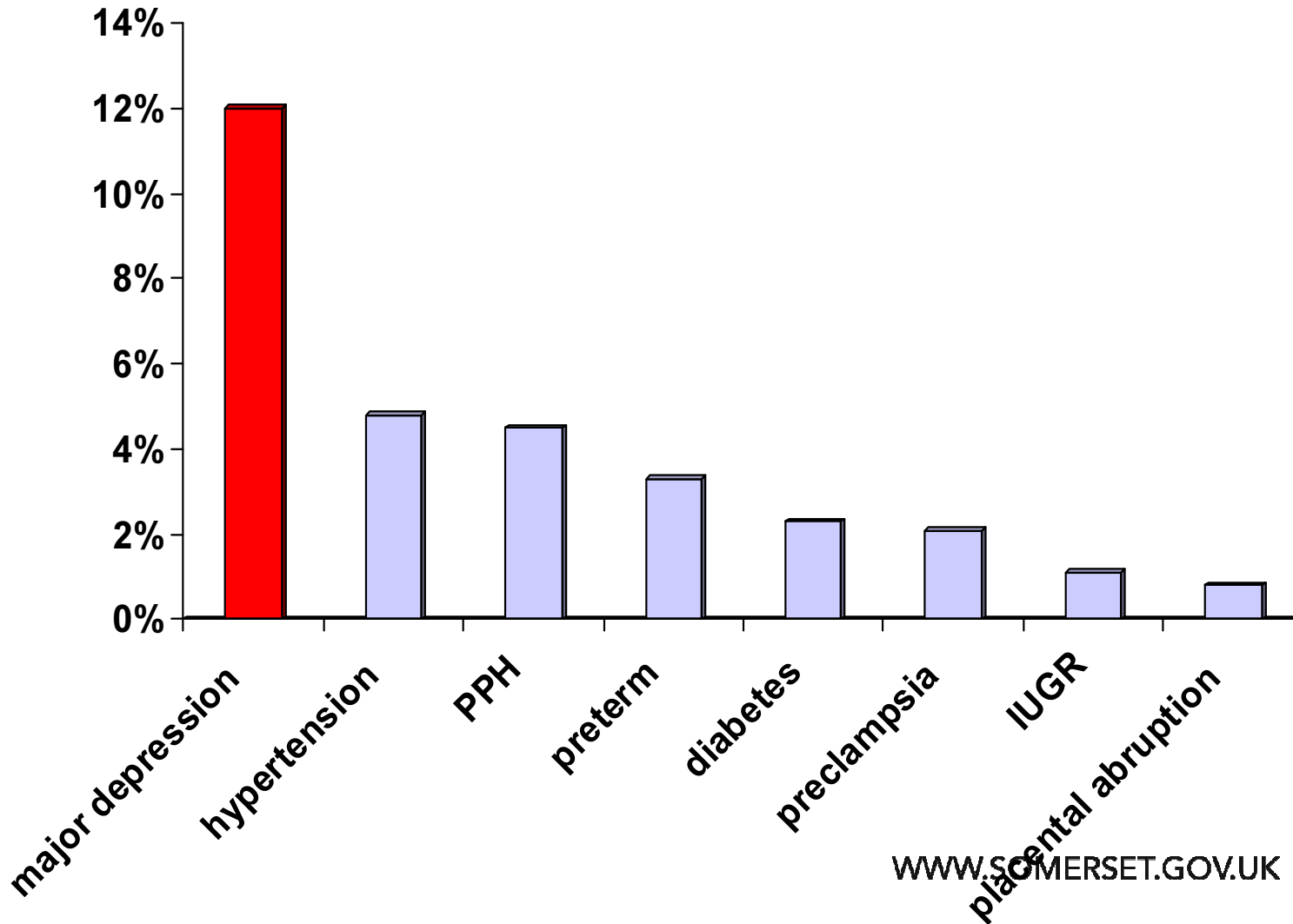
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What?

- Perinatal mental health problems affect women but have an impact on children, partners and the wider family.
- The perinatal period is from conception to one year after birth
- The mental health problems that pregnant women and new mothers can experience are the same as those that can affect people at other times.
- The causes are varied and can affect women from all backgrounds. Risk factors= history of mental illness, family history of post partum psychosis, low level of social support, adverse and stressful life events.

Depressive illness: the most common major complication of maternity



Why?

- Perinatal mental ill health affects mother and infant attachment.
- Poor attachment contributes to adverse physical and psychological impacts for children throughout the life course.
- Adverse impacts not inevitable with early detection and the appropriate support and treatment.

The Still Face Experiment

<https://www.youtube.com/watch?v=apzXGEbZht0>



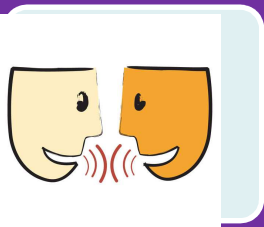
Sufficient attention

- stimulation
- reciprocity

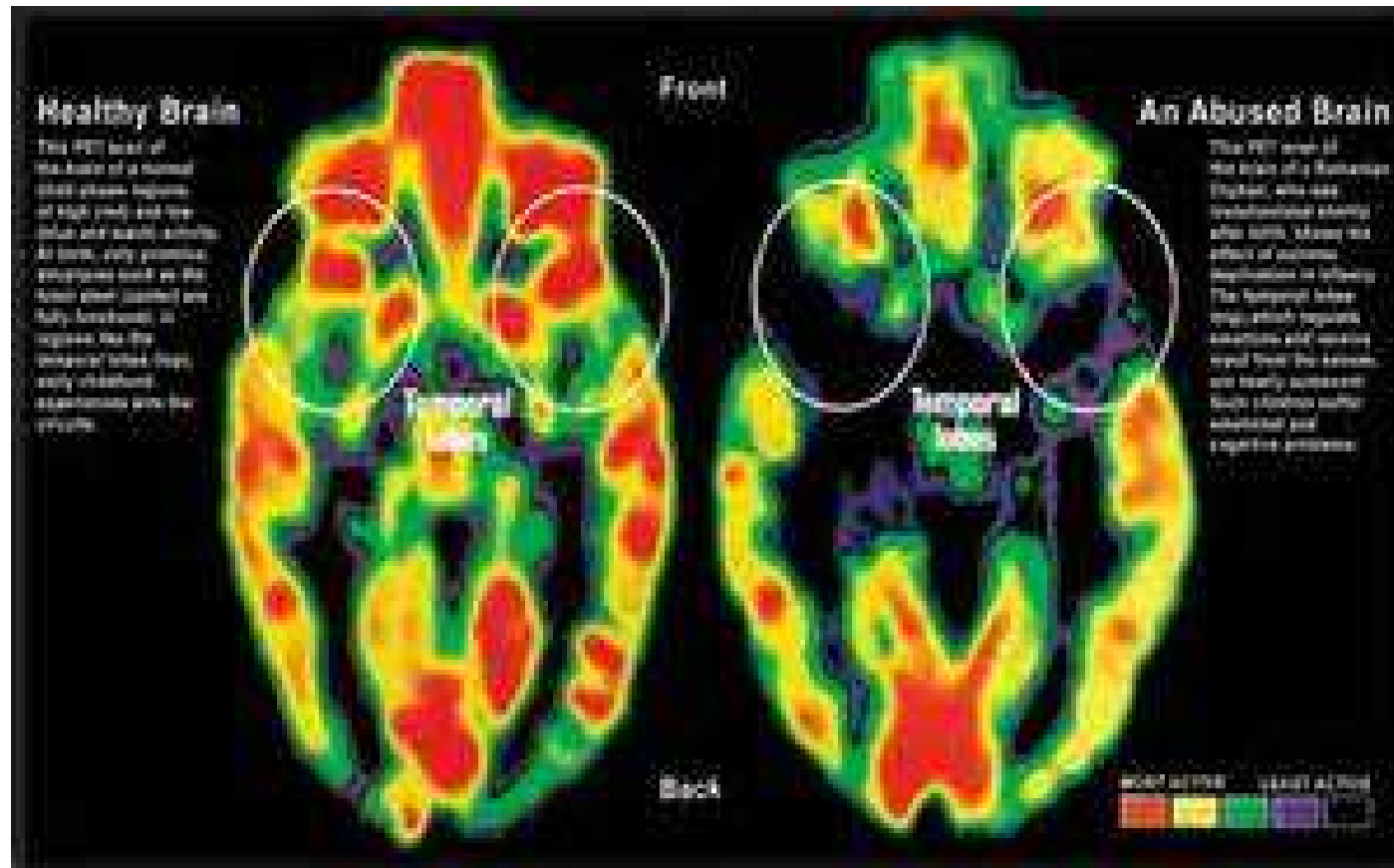


Someone to bond with

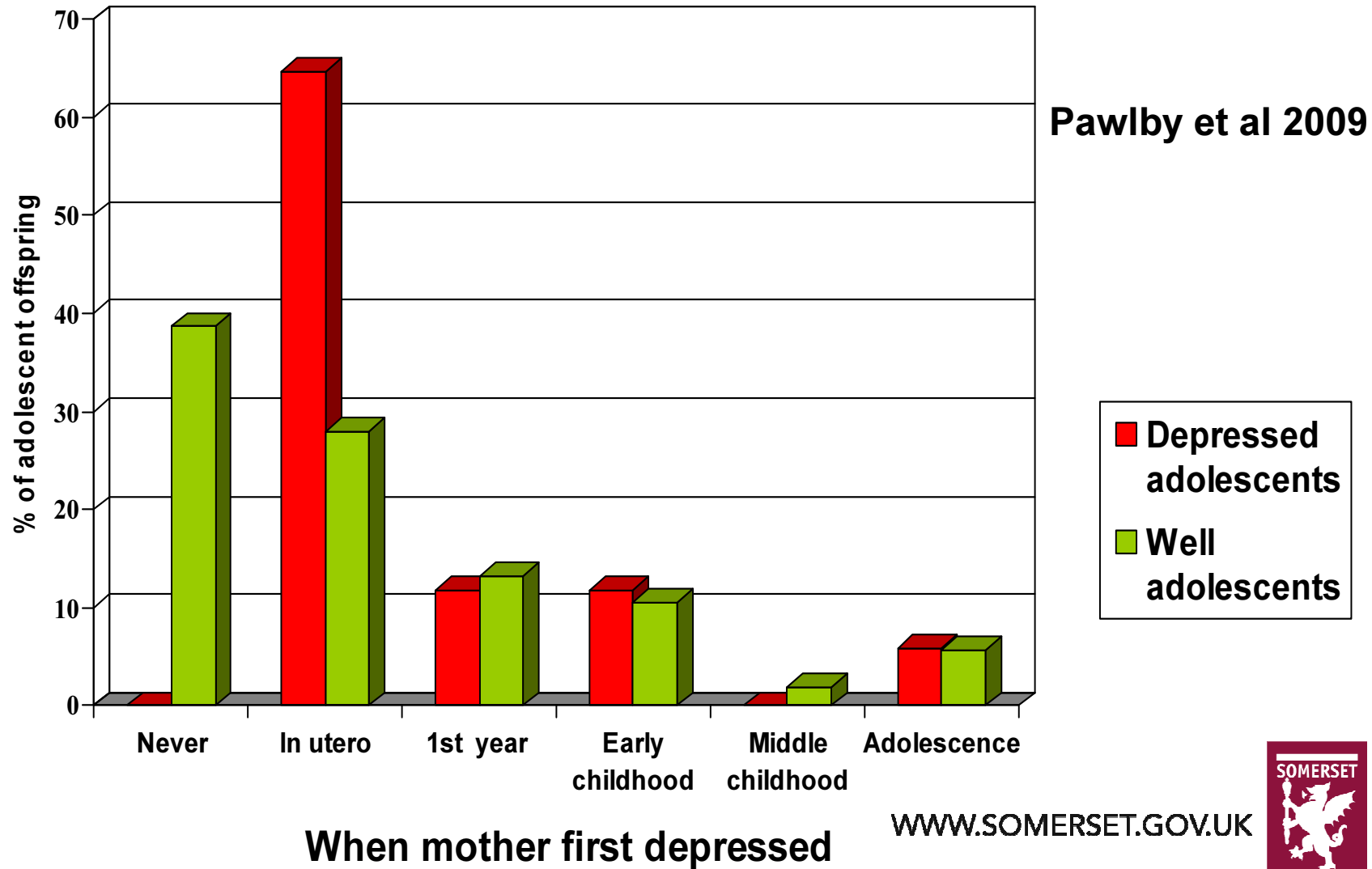
- Attachment



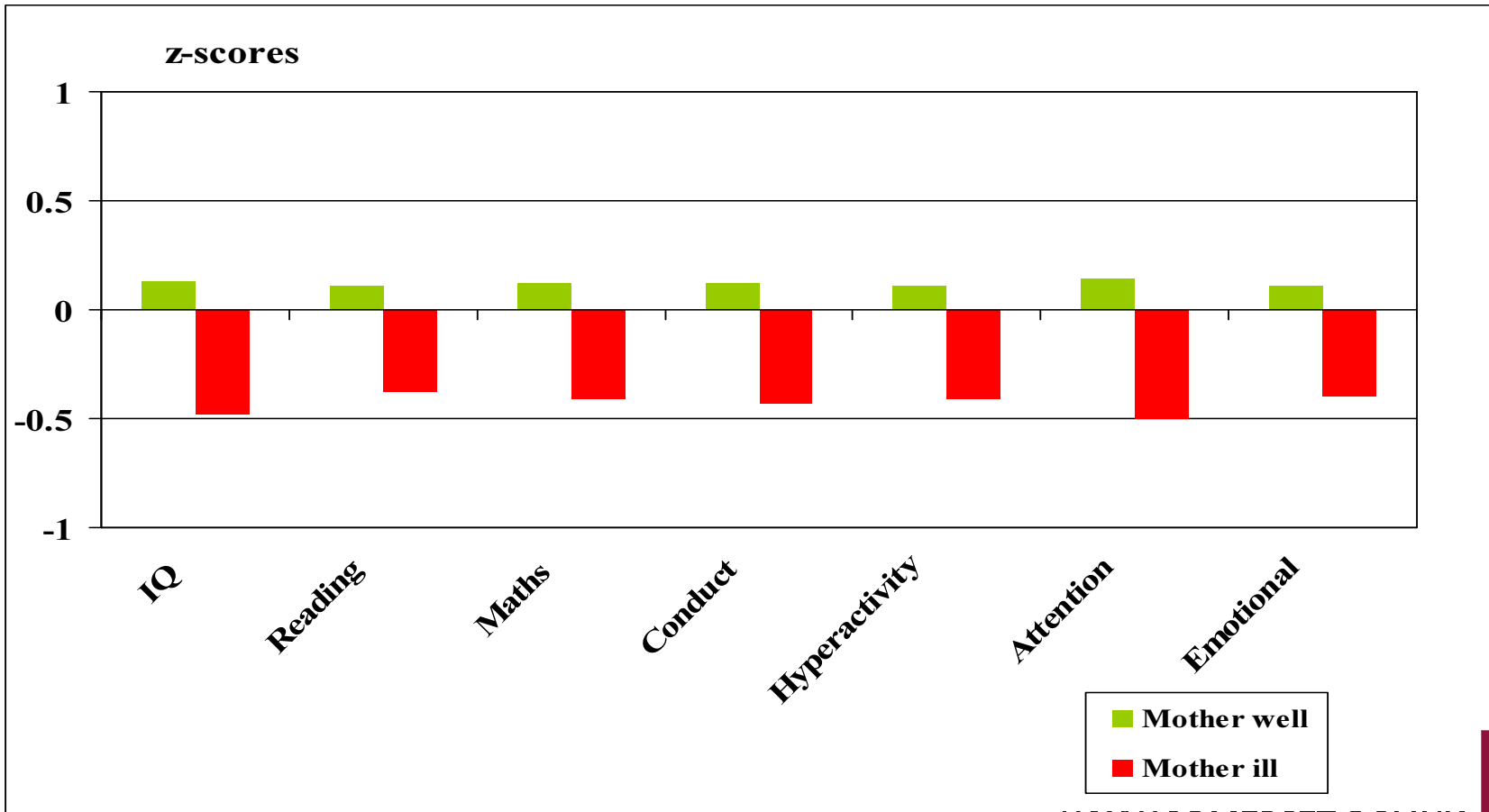
Talking and communication



Depressed 16yr olds 100% of mothers depressed, 60% in pregnancy



Effects of maternal depression in year 1 postnatal on children at 11 years *(Hay et al 2008)*



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How Many?



More than 1 in 10 women develop a mental illness during pregnancy or the first year after having a baby.



7 in 10 women hide or underplay the severity of their illness

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- Historically there has been a lack of integrated physical and mental health care for women during pregnancy and in the weeks and months following birth, and a lack of specialist perinatal mental health services to support women who become unwell.
- Specialist perinatal mental teams are important for secondary prevention.

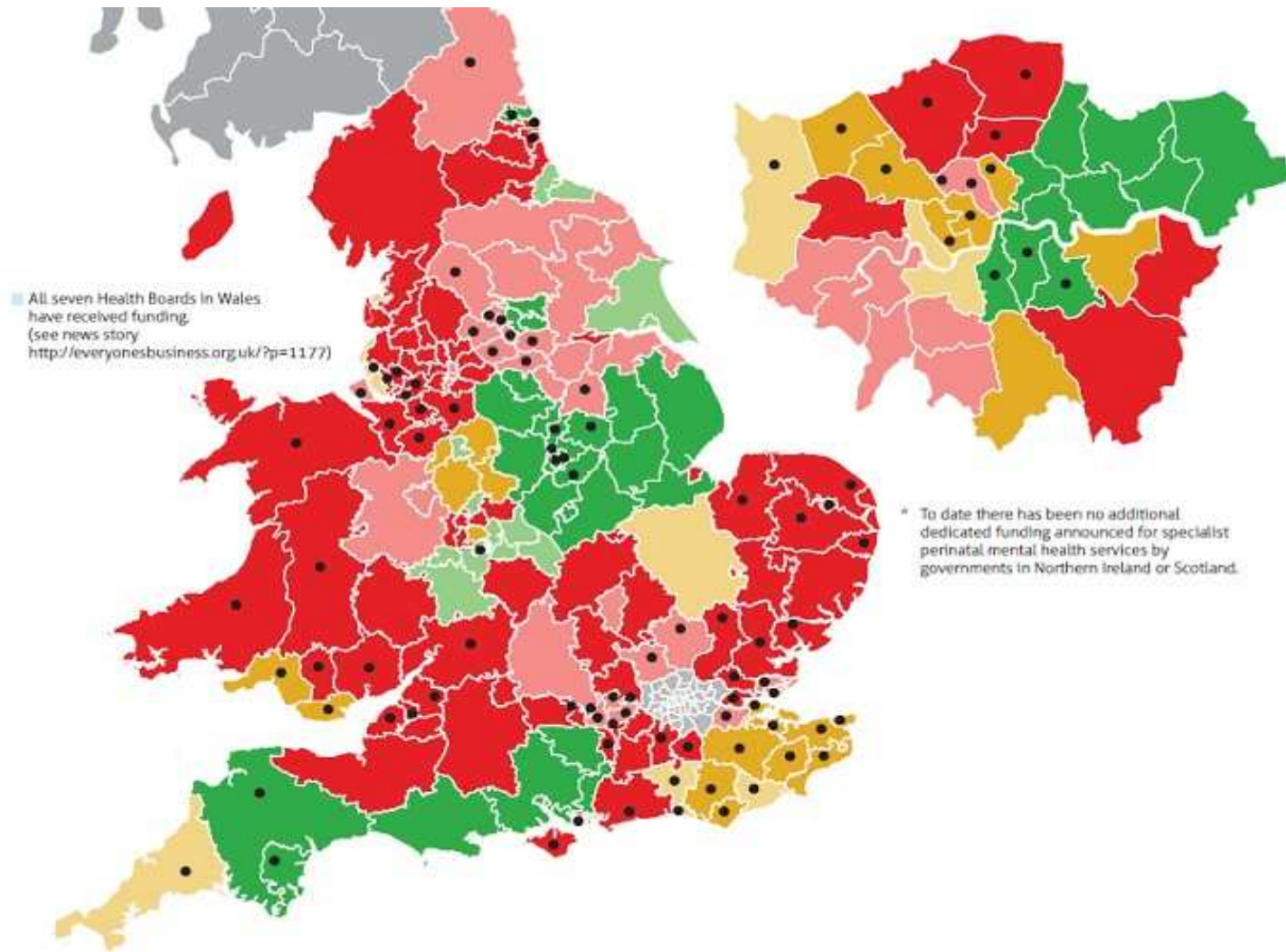


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National Context

- The Health and Social Care Act 2012 created new legal responsibility for the NHS to deliver 'parity of esteem' between physical and mental health.
- A number of professional bodies and national agencies shown considerable interest and concern over the last 10 years.
- March 2015 budget £75 million over the next 5 years. By 2020/21 30,000 more women each year to access evidence based specialist mental health care.
- 2016 Further funding for specialist community and inpatient provision totalling £365M as part of the NHS Five Year Forward View for MH.
- Not entirely clear how all additional resource is to be allocated fairly.



Maternal Mental Health Alliance 2017

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Prevalence of PMH Conditions

Level of service	MH Condition	National rate	No. in Somerset
Specialist service	Psychosis	2 - 1,000	15
	Chronic SMI	2 – 1,000	15
	Severe depressive illness	30 – 1,000	160
Specialist advice	PTSD	30 – 1,000	160
	Mild moderate depression & anxiety	Lower 100 – 1,000	530
Upper 150 – 1,000		795	
Universal Management	Adjustment disorder & distress	Lower 150 – 1,000	795
		Upper 300 – 1,000	1585
Birth rate	2016 5,600	2018 5,700	2022 5,800

(CHiMat 2016)

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Somerset Context

What we do have	What we don't have
A local steering group with passionate and dedicated commissioners and practitioners. Formed in 2016	No county wide specialist community mental health service. To provide for advice and treatment for women and support for universal services.
Good standardised practice for screening and support in GP, maternity and health visiting.	No Mother and Baby beds in Somerset. Women need to travel to access a regional MBU (.5 beds per 1000 live births) in Exeter or Bristol or be admitted
Prioritisation of women in the perinatal period by our Talking Therapy Services (IAPT).	
The Horizon groups (HV and IAPT). Community support groups.	
Wider Workforce Training (200+ trained this year). Screening detection, resources and services.	Joined up services with a consistent approach and policy for women in the PN period.
Antenatal PMH clinic at Musgrove	No specialist mental health support for the antenatal clinic.

The costs of undiagnosed or untreated perinatal mental health problems include:

- Avoidable suffering
 - Damage to families
 - Impact on children
 - Death or serious injury
 - Economic cost
-
- **Costs to society = 8.1 billion** (£10,000 for every single birth in the country, 72% relates to adverse impacts on the child)
 - **Cost to NHS = 1.2 billion**
 - **Would cost only 280 million a year** to ensure whole pathway of care meets recommended standards (Bauer et al 2016)

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- Earliest Intervention!
- We know what works.
- Positive about future developments to support women experiencing mental health difficulties in the perinatal period.
- Optimistic we will have specialist provision but it requires long term commitment.
- Continued awareness and discussion about emotional and mental wellbeing in pregnancy. This is as important as the physical aspects of pregnancy!

References

Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., Adelaja, B., & Hogg, S. (2016). The costs of perinatal mental health problems. Centre for Mental Health.

Milgrom, J., Gemmill, W., Bilszta, J., Hayes, B., Barnett, B., Brooks, J.,

NICE (2014) 'Antenatal and postnatal mental health: clinical management and service guidance CG 192'. National Institute for Health and Care Excellence.

Emotional Wellbeing and Mental Health in Schools

Fiona Moir/12th January 2018

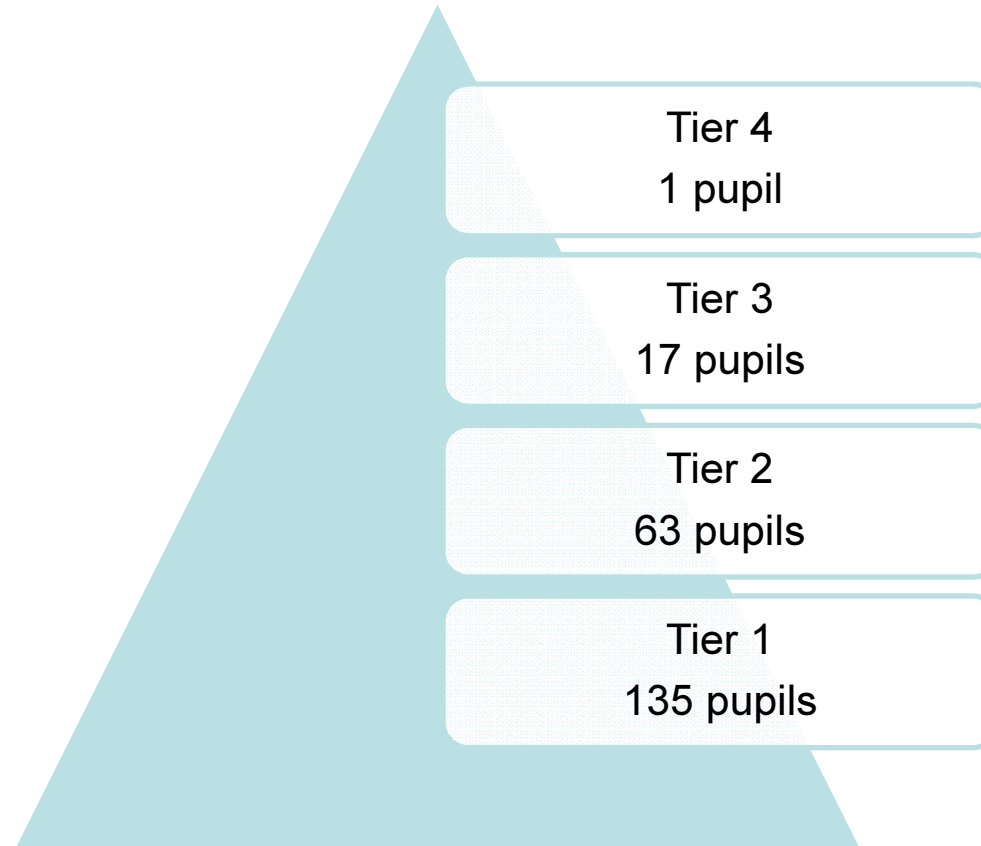
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Prevalence of Need

Tier	Description of Tier	Estimated Prevalence	Estimated numbers
Tier 4	Highly specialist / inpatient	0.075%	82
Tier 3	Require involvement of specialist support	1.85%	2,028
Tier 2	Require consultation, targeted or individual support	7%	7,674
Tier 1	Universally encountered and can be addressed in everyday service	15%	16,444

An average secondary school of 900 pupils will have:

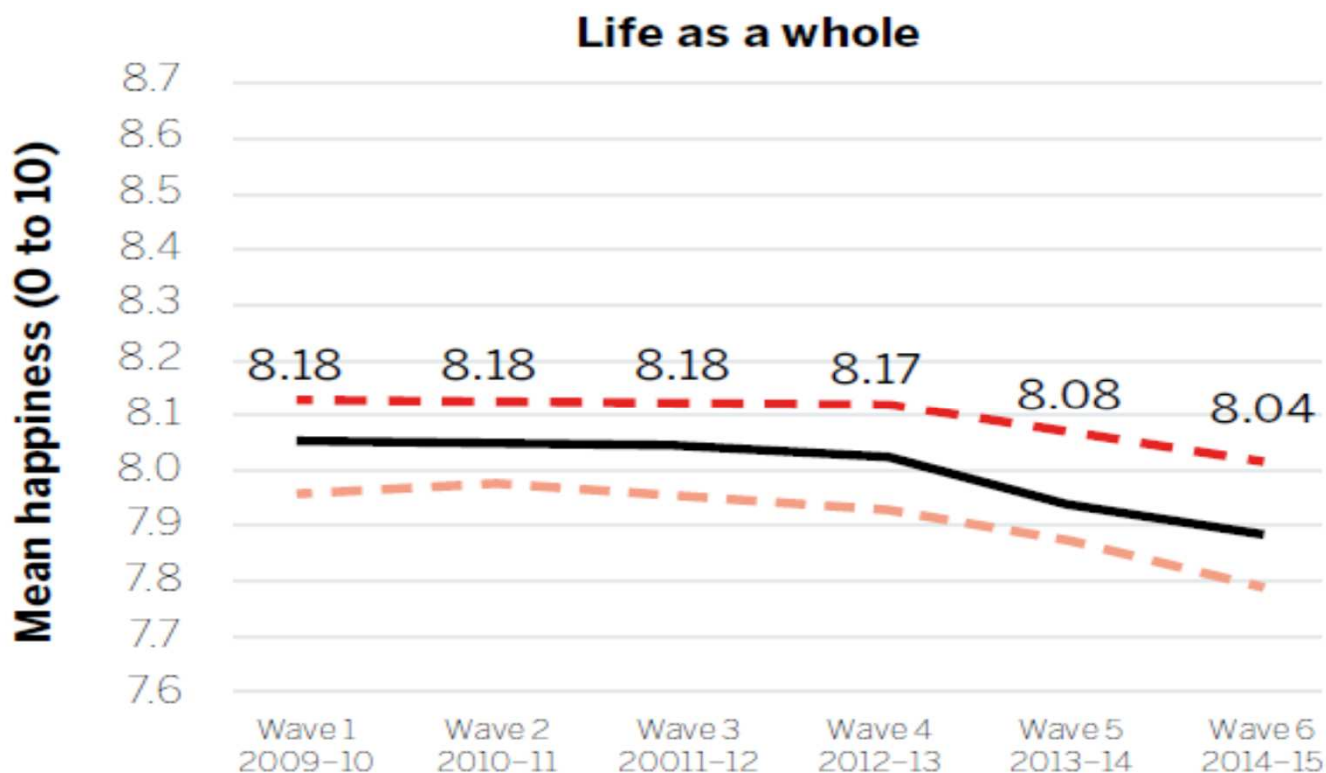


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Young people's mental health in decline

There was a significant decrease in happiness between 2009/10 and 2014/15



Why?

- More than half of children and young people have 3 or more serious problems to grapple with such as problems at home, living in fear of crime, bullying, financial struggles, etc.
- Children are **most** happy with their family relationships but report they are **least** happy with the **school** that they go to
- In Somerset, SEMH is the second most prevalent single primary need recorded for all statutory assessments (20.7% of assessments) and the greatest proportion of applications for High Needs funding was in the SEMH
- Increased use of social media has links to poor wellbeing

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Somerset Children and Young People Survey 2016

- 32% of boys and 26% of girls in primary schools had a high self-esteem
- 18% of boys and 21% of girls in primary schools said they often feel lonely at school.
- 39% of boys and 51% of girls in Year 6 worry about SATS/exams/tests 'quite a lot' or 'a lot'.
- 70% of boys and 85% of girls in secondary schools worry about at least one of the issues listed 'quite a lot' or 'a lot'.



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School staff wellbeing in decline

- In 2016, 8 in 10 people working in education experienced at least one mental health conditions in the previous 2 years including stress, anxiety and depression

Education Support Partnership Report 2016

- 75% of education staff said they had suffered from work-related stress Somerset Staff Survey 2016

- Teaching assistants have described how the role has become increasingly demanding resulting in a negative impact on their health and wellbeing

Emotion Coaching Network event Nov 2017

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Comments from teaching staff

‘How can we help children understand their emotions if we don’t make time to understand our own.’

‘Staff wellbeing comes at the bottom of the school’s priorities!’

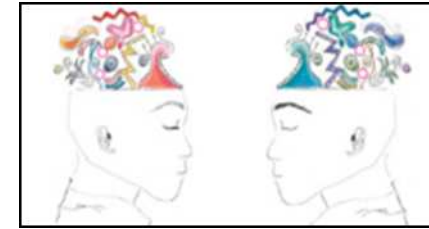
‘There is still a lot of stigma about failing to cope or asking for help.’

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What is available in Somerset?

Support for Young People



The Little Book of Life Hacks

- Developed by young people in Somerset, the Life Hacks are a set of tips to support your own mental health and that of a friend.
- They come as a poster, postcards and a [LifeHacks Booklet](#) which is packed with ideas and links and includes true stories from young people who've tried them out.

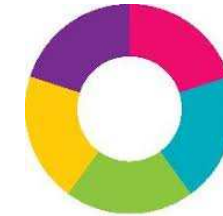


- **Kooth** is a free, safe, anonymous and non-stigmatised way for young people to receive counselling, advice and support on-line. it provides a much needed out of hours service for advice and support.

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Support for Young People



Somerset
Partnership

School-Based Clinics

Led by Public Health School Nursing Service clinics provide access to information, support and advice on a wide range of issues such as sexual health, emotional health and relationships. 25 clinics in Somerset.

Primary Mental Health Link Workers

5 WTE CAMHS workers across the county

Deliver consultation, advice, signposting

Direct work with young people at a Tier 2 CAMHS level for short pieces of focused work.

Training and attendance at TAS where possible/indicated

Commissioned to work with 11-18

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Children and Young People's Engagement

Somerset Children and Young People Survey (SCYPS)

- Years 2,4,6,8,10,12
- Understanding, behaviours and perceptions of a range of health issues

Young People's Engagement Projects

- Development of the Life Hacks resources
- Body Image Project

Youth Parliament

- PSHE CPD development
- Schools Wellbeing Award

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Support for Staff



The role of schools in promoting mental health & PSHE
Information about local and national organisations
Self-harm guidance
Advice on dealing with trauma, bereavement and suicide
Training opportunities

[Mental Health Toolkit](#)

New PSHE CPD Model

- 3 day training programme – starting February 2018
- Open to 40 delegates (2 groups)
- Assigned PSHE mentor to support Inset training days
- Termly network meetings to share best practice
- Whole school approach
- Staff wellbeing
- Subject and skills-based training



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Public Health

Helping children and young people :

- become more aware of their emotions
- manage emotions, particularly during times of stress or conflict
- recognise all emotions are valid
- recognise limits on behaviour and problem-solve to develop more effective behavioural strategies.

460+ CYP staff trained in Emotion Coaching – Dec 2017



Mental Health First Aid (youth) – MHFA England offer to train a member of staff in every secondary school 2017/18

21 settings have now received training – Dec 2017

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Educational Psychology Service

SEMH Information for education settings including:

- Whole school/systemic and individual casework
- Evidence-based resources for promoting mental health
- Sensory needs handbook
- Harmful Sexual Behaviour Guidance
- Critical Incident response
- Transgender Guidance



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Schools Health and Resilience Education - SHARE

- § A universal offer to schools for supporting young people's emotional wellbeing and mental health
- § Over the next 3 years the Schools Health and Resilience Education (SHARE) team will be working in Somerset's secondary and middle school settings alongside work in PRUs and special schools.

The project will offer:

Training and support to develop a 'whole school approach' to mental health and wellbeing

Emotion coaching

Student led projects/Peer champions

Parent forums

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Wellbeing in Schools Award



The Wellbeing Pathway:
Promote
Identify
Assess
Provide
Review
Celebrate

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Support for Parents

‘Supportive family that cares but gives you some freedom and trusts you...’

Children’s Society 2017



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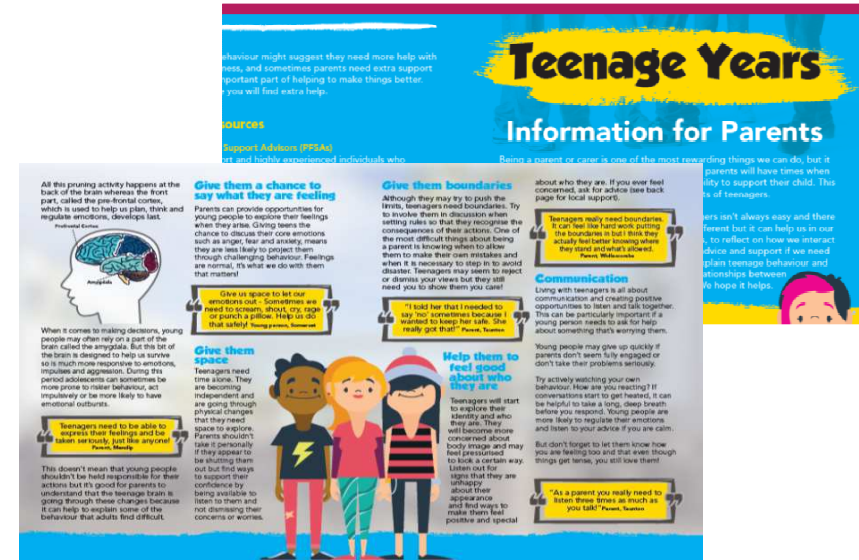
Teenage Years Leaflet



Public Health

The leaflet has been developed to help support better understanding of the changes that take place during the teenage years and how this can affect adolescent behaviour. It provides advice and information for parents of Year 6 pupils. Resources for teachers available online.

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Parent and Carer Toolkit

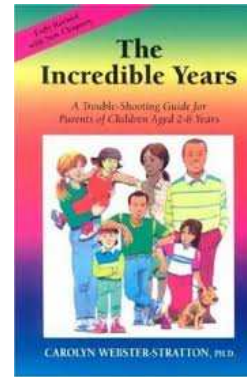
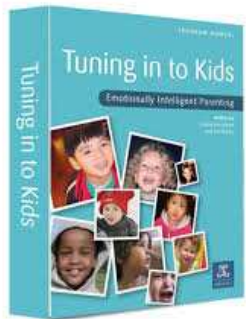
This area of the Public Health website has been designed to support parents, carers and the staff that work closely with families.

www.cypsomersehealth.org

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SOMERSET EMOTION COACHING PROJECT



Parenting support programmes, drop-ins, family support, groups, 1:1



Getset



Parent and Family Support Advisors



Health Visiting



School Nursing



peep

supporting parents and children to learn together

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Transforming children and young people's mental health provision: a green paper

Three Pillars:

1. **Incentivise every school and college to identify and train a designated senior lead for mental health**
2. New Mental Health Support Teams for early intervention and ongoing help
3. Reduced waiting times for specialist help

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Mental Health Service Transitions Pathway Update

Presentation to Joint Meeting of the Scrutiny for Policies,
Adults and Health Committee & the Scrutiny for Policies,
Children and Families Committee 12th January 2018.



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Background

- Somerset Partnership are signed up to a Commissioning for Quality and Innovation (CQUIN) national goal: supporting children and young people experiencing transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- In consideration of this CQUIN goal a steering group within Somerset Partnership has been established to oversee the developments of a newly developed Transitions Pathway.
- Cultural differences between CAMHS and AMHS are significant – examples include: differences with the involvement of parents / families; capacity to consent to treatment; diagnostic differences. The steering group has enabled robust discussion and development of shared understandings across the service as a starting point.

Transitions pathway steering group

The Transitions Pathway steering group has identified eight clinical or operational pathways. Each pathway has been allocated named leads in both CAMHS and AMHS. The designated pathways are as follows:

- Community Mental Health Services (i.e., CAMHS to adult CMHTS)
- Early Intervention in Psychosis (EIP)
- Inpatient & Home Treatment Teams
- Learning Disabilities
- Neurological Development
- Connect 18 (previously YAMHS)
- Personality Disorders
- Eating Disorders.



Transitions Pathway Steering group

Underpinning each of these pathways are a series of agreements, protocols and working arrangements enabling the early identification of young people in the respective young people's services and the collaborative planning for their transfer at, pre, or post their eighteenth birthday and clinically indicated.

The objective of these activities is to ensure only those who require onward support into adult services do transition across, but where they do, that the most appropriate support is provided on a personalised basis with the most appropriate clinicians and teams involved in a timely fashion.



Local Area Transition Panels

Local Area Transition Meetings:

Terms of Reference – December 2017

Purpose

To provide a decision making forum and develop appropriate Transition Plans for young people who need to transition from Child and Adolescent Mental Health services (CAMHS) to Adult Community Mental Health Services (ACMHS).

This meeting is to ensure that services work together as part of the overall 0-25 pathway. The meeting is to provide oversight and leadership to the Individualised Transition Plan for the young person thereby ensuring timely delivery and realisation of intended benefits.

The Local Area Transition Panel Purpose and Responsibilities include

- Monitor transition for young people from 17 years 9 months
- Approve and discontinue
- Appoint and assign resource
- Adequate assurance around the health and safety of the care delivery and progress made towards transition
- Escalate to Complex Transitions Panel where local area panel unable to assign appropriate resource.

Membership

Membership includes team managers from CAMHS East, CMHT, Talking Therapies; Young Person's champion; Psychiatrist CAMHS & Adult CMHT. Other members may attend for specific cases, for example CAMHS Enhanced Outreach Team Manager, CAMHS Eating Disorder Services, or Learning Disability services.

Quorate – In order for the panel to go ahead, minimum attendance would be a member of CAMHS and a member of adult mental health services.

Key Decisions

- Transition plan agreed for each young person or
- Where a decision cannot be achieved, appropriate escalation to Complex Transitions panel.

Values:

Working together to ensure key aim achieved, that young people aged 17 years old will be supported to make the journey between childhood and adulthood as smooth as possible.

Champion the change by staying focussed on the young person

Clearly communicated decision making

- Terms of reference awaiting sign off
- Monthly joint CAMHS / AMHS meetings established in South Somerset, Mendip, Bridgewater and Taunton
- Team Managers, Young Person's Champion,
- Working together to identify individualised Transition care plan for young person

Transition from CAMHS to AMHS

Individualised Transition Plans: Options

- Mental health need resolved – close
- Extension of CAMHS provision
- Transition to Talking Therapies (Primary Care)
- Transition to appropriate Adult Mental Health Service, as identified



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Transition from CAMHS to AMHS

If disputes arise, or in particularly complex cases, an escalation panel composed of senior clinicians and service directors will review the case prior to the young person's transition and direct which pathway or service option is to be taken.





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Complex Case Transitions Panel

- County Wide Senior Management Decision Making Panel
- Review the case presented
- Decide on action to feedback to local teams
- Option of new Connect 18 service





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Connect 18

- To support this process further a small dedicated team to support identified individuals has been established: the Connect 18 service.
- This service has now been fully appointed to (2 band 6s and 2 and 4s) with the launch date for the service being the 1st December 2017.
- The Connect 18 service will cover the whole county with a dedicated caseload and liaising with peer clinicians in both children's and adult services.





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Participation

- The views of young people have been sought throughout these developments, through focus groups, approaching our Participation panels (across the county) and in surveying adults who have recently moved between services. Actively seeking and listening to the feedback from those young people who use the service.
- The steering group had initially been referred to as the 0-25 steering group and was changed to Transitions pathways. Additionally the same young people feedback that they did not like the name Young Adult's Mental Health Service (YAMHS), and so based on their chosen preferences the new name of Connect 18 has been adopted to replace YAMHS.

Multi-Agency Transitions Involvement

- Members of the SEND Priority 3: Transitions Agenda (Tony Wolke Operational Service Manager Adult Learning Disabilities Service; Tracey Winsor Operational Service Manager CAMHS)
- Choices for Life Panels – development of a strategy around links with these
- Transforming Care Forum members (Tony Wolke Operational Service Manager Adult Learning Disabilities Service; Tracey Winsor Operational Service Manager CAMHS)

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