

Children and Young Peoples; Overview of Partnership Summit

December 2013

Background

At any one time about 10% of all 5 to 16 year olds will be suffering from a clinically diagnosable mental health problem. Symptoms of these problems may be significantly exacerbated between the ages of 18 and 25 when young people are making the transition to adult services from children's services. Young people with mental health needs are more than likely to display dangerous behaviours in terms of their physical health, with rates of smoking, drinking alcohol and substance misuse higher than in their peers. Some focused work has already happened in Kent to address the needs of children and young people with mental health needs. The SHA commissioned a project in 2012 -The Kent Youth Mental Health Project was set up to assess the views of Kent's youth population, age 12/14-25, on youth mental health services in Kent. Report Written by: Yasmin Ishaq- Project Lead for Kent Early Intervention in Psychosis and Roxie Parkins Assistant Psychologist Early Intervention in Psychosis Kent and Medway NHS & Social Care Partnership Trust

To deliver the aim of the project three objectives were identified:

1. To build resources in local communities to support young peoples' mental well-being. They held a youth mental health first aid course. Where participants felt more confident in identifying early signs of mental health difficulties; gave them a greater understanding of signs and symptoms of mental distress;
2. To hear from young people in Kent and Medway about what helps and what hinders their mental health. A mixed-analysis exploratory design was employed. Focus groups and an online questionnaire were used and covered many aspects of the young people's lives.
3. Options for commissioning a youth mental health service. Repeatedly, the participants said that they wanted advice that would be accessible, both from people who have experienced mental health challenges and from professionals, so that they could choose the support that best helped them at the time that they needed it most. The participants said that they would like an umbrella service that encompassed a wide variety of support services.

Key Recommendations

A collaborative partnership via a consortia model would bridge the gaps between;

- Primary health care and specialist services.
- National and local initiatives.
- Adult and child and adolescent systems.
- Mental health and substance misuse services.
- Community and forensic services.
- Government and non-government organisations.
- Early intervention and early help seeking.

Partnership Summit

Key Challenges

Building on what has already taken place, in December 2013 the Area Teams for Kent & Medway and Surrey & Sussex convene a 'CAHMS Partnership Summit' that brought together the multiple commissioners, providers, third sector and other relevant organisation in order to integrate thinking and come to a common understanding of pathways and practices and future approaches to improving services.

There are a number of key challenges across Kent that will need to be addressed:

- Gaps in the north and west of the county.
- The need for an honest answer of when young people will be assessed.
- To develop an appropriate workforce, the failure to recruit and the need to look at alternative models for recruitment models.
- Clinical outcomes: need to look at better quality indicators.
- The Common Assessment Framework (CAF) is a major challenge, as it can be used to delay access to treatment.
- Section 136 which allows the police to take people to a place of safety from a public place if they think you have a mental illness and are in need of care for up to 72 hours, is a key challenge.

Going Forward

There are examples of national evidence based innovation. These can be examined through the review process and key areas are:

- children in care
- young healthy minds
- targeted prevention (through partnerships with CCGs)
- Multi-professional Team assessment for disabled children with challenging behaviour

The commissioning challenges, including Section 136, are narrowed down to contractual issues and legacy issues. From the Kent perspective the discussion is now commissioner to commissioner.

Going forward:

- The aim is to hold sessions with clinicians and what would be good way of addressing Section 136.
- Developing a mental health policing partnership which is jointly chaired ensuring problems and solutions are shared issues.
- Street triage for young adults.

- Clarity is essential as well as collaboration with colleagues and endeavouring to get a meeting with London Area Team.
- Share information with education services.
- West Kent is holding a summit in January with CCGs.

Section 136 not the same as Tier 4 (Tier 4 consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated)

It was agreed that a number of actions needed to be moved forward and the Steering Group for the Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions across South East Coast could lead this and the Network's Clinical Advisory Group could offer clinical support. The improvement actions were:

Pathway redesign

- Early intervention approaches to prevent escalation of mental health illness
- Crisis support and how 7 day access is provided; plus clarity on out of hours services
- Engagement with patient and the public (part of the SCN programme(s))

CAMHS – mapping emotional health and well-being pathways from beginning to end. We need to know the whole story rather than tinker round the edges.

Variation in services and how this is picked up – understand variation in quality and variation in service. Should consider the investment in terms of the future (commissioned CAMHS services will differ because some acute trusts have competing priorities to resource appropriately).

- Disconnect between other health areas – focus on commissioning intentions.
- Applying evidence based models
- Address transitional risks from children's service into adult services

Approach

- Start to talk about children and young people rather than CAMHS.
- Need to integrate with education as this has a long term impact on a young person's life.

Workforce

- Problem for high grade graduates getting CAMHS training placements. If they don't get the placement they then don't apply for jobs in that area (this will be fed back to Health Education Kent, Surrey and Sussex)

Partnerships

- How we engage: all the other implications e.g. social care, housing, police and justice. Having input from people not associated with this world can widen engagement – form partnerships – can include social, leisure arts.

Information

- Problems abstracting data from different sources: actions taken forward to remedy the gaps

Next steps

Clinical Commissioning Groups are accountable for addressing the key issues raised as part of the Partnership Summit.

A full plan, with accountabilities and timescales will be delivered with the support of the Strategic Clinical Network.

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Manager

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