Evaluation of the Pilot in Preston for Improving Adult Mental Health Services for Young People and Roll-Out Plan for LCFT

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Background

Case reviews and inspection reports undertaken in Lancashire had highlighted a lack of equity for young people (aged 16-17 years) in accessing mental health provision and suggested, despite recognition, young people require developmentally appropriate responses to their mental health need. It was noted that some young people were offered interventions that were rooted in adult mental health practice.

A review of the admissions pattern to inpatient beds for young people suggested that more developmentally appropriate interventions provided, particularly, out of hours could have had a significant impact upon keeping young people out of hospital.

A CQUIN programme to incentivise service development within a pilot area had been agreed with commissioners and LCFT, as the service provider, were to meet measures associated with the programme.

The objectives of the pilot were fivefold –

- Improve care for young people (aged 16-17 years) presenting with mental health problems
- Improve out of hours responses
- Provide family centred/systemic interventions
- Improve young people and their carers satisfaction with the services they receive
- Provide evidence of improved outcomes

A critical success factor would be the commitment and involvement from all LCFT teams including – CAMHS, Step 2/3 AMH, Step 4 AMH and Step 5 AMH.

This paper will evaluate the pilot and recommend a roll out programme for the 8 other localities within Lancashire. –

- Lancaster and Morecambe
- Blackpool
- Fylde and Wyre
- Chorley and South Ribble
- West Lancashire
- Blackburn and Darwen
- Burnley and Pendle
- Hyndburn, Rossendale and Ribble Valley

Pilot Site

Preston was chosen as a pilot site as the Adult Mental Health Services (AMHS) and Children and Adolescent Mental Health Services (CAMHS) had good professional relationships and had worked closely through periods of transition for Service Users in the recent past.

Steering Group

As stated above it was critical that all service under AMHS and CAMHS were committed to this initiative and attended monthly development meetings. The steering group was chaired by the Step 4 Service Manager.

The following teams were represented:–

CAMHS – Transition Co-ordinator, Consultant Psychiatrist, Team Manager, Service Manager

Step 2/3 Services – Team Manager

Step 4 Services (CCTT) – Team Manager, Consultant Psychiatrist, Consultant Clinical Psychologist, Service Manager

Step 5 Services (CRHTT and A&E Liaison) – Team Manager, Service Manager.

Roll-Out Recommendations

Recommendation 1 – All Localities to have a Steering Group which meets monthly consisting of -

- **Service Manager (Chair)**
- **CAMHS Team Manager, CAMHS Consultant Psychiatrist**
- **Step 2/3 Team Manager**
- **Step 4 Team Manager, Lead Psychologist**
- **Step 5 Team Manager**

Evaluation of Objectives

1. Improve Care for Young People Presenting with Mental Health Problems

The goal of this objective was to improve the care given to young people presenting with mental health difficulties by raising awareness of growing adolescent brain and impact of trauma for staff working in AMHS namely in Single Point of Access, CCTT, CRHTT and A&E Liaison.

In order to achieve this the steering group developed a number of ideas –

(A) Develop a Training Package for AMHS Teams

A sub-group was formed to develop a training package for all AMHS teams within the pilot site. Initially it was expected that 80% of all staff within CRHTT, CCTT and SPA would receive this training. Outcome measures were developed to measure the effectiveness of this training including pre and post training questionnaires.

Initially there was information to fill 2 days' worth of training but that was condensed into 1 days training. A date was set for 13th December to cover the following topics –

- **Presentation 1** Confidence and fears of working with young people presented by CAMHS Transition Co-ordinator
- **Presentation 2** The physiology of the adolescent brain and the implications of practice presented by CAMHS Consultant Psychiatrist
- **Presentation 3** The REACH project, the impact of childhood adversity presented by a member of the project team.
- **Presentation 4** Working with young people who have ASD presented by Team Leader LD/Complex Needs Team (CAMHS)
- **Presentation 5** Introduction to systemic thinking presented by CAMHS Family Therapist
- **Presentation 6** The experiences of young people and their families in transition presented by CAMHS Transition Co-ordinator

Evaluation

24 AMHS staff attended the training and gave excellent feedback:-

Day 1

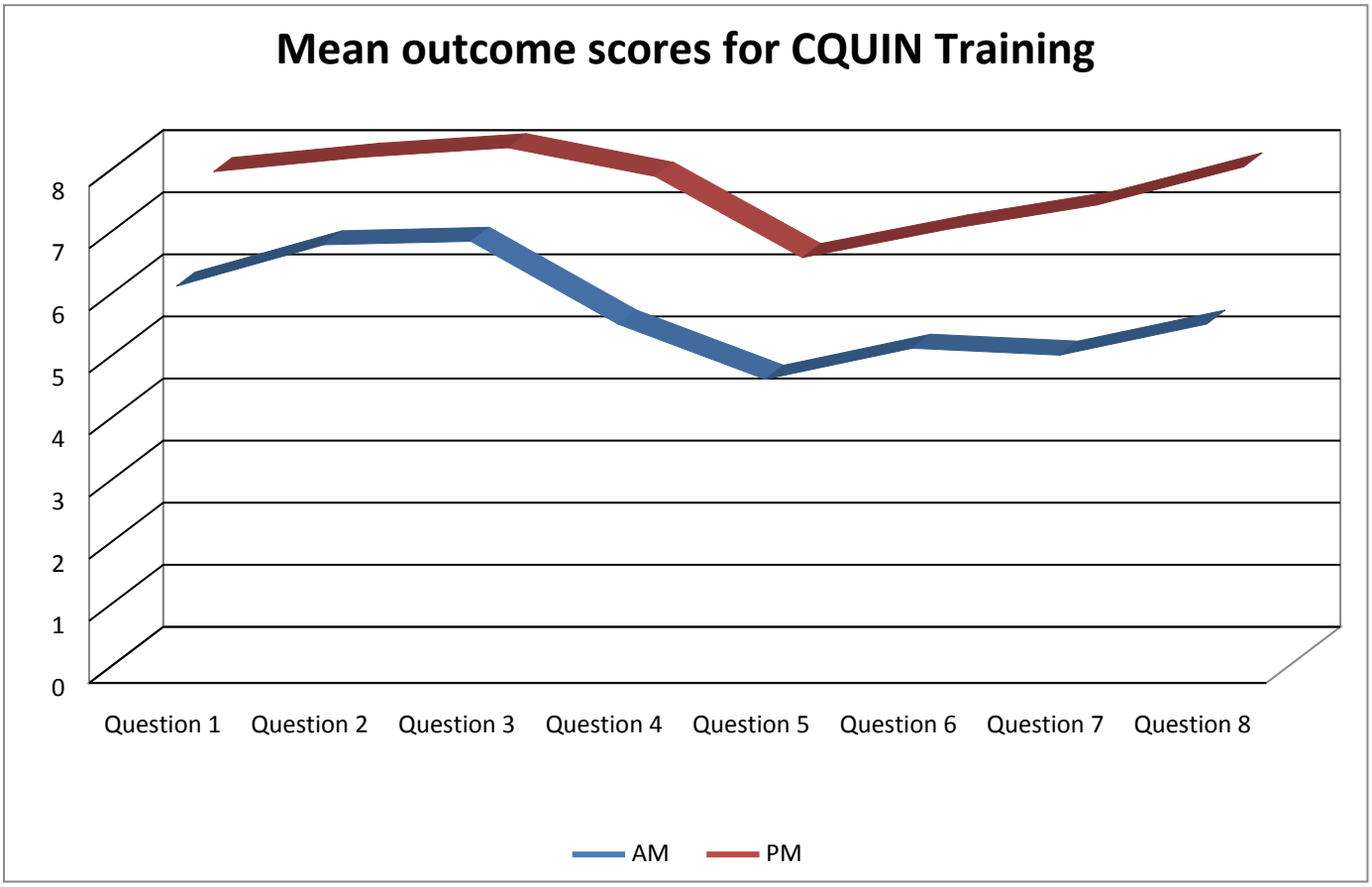
Response rate

AM – 17 PM – 13

Scoring

Questionnaire 1 (see appendix 1)

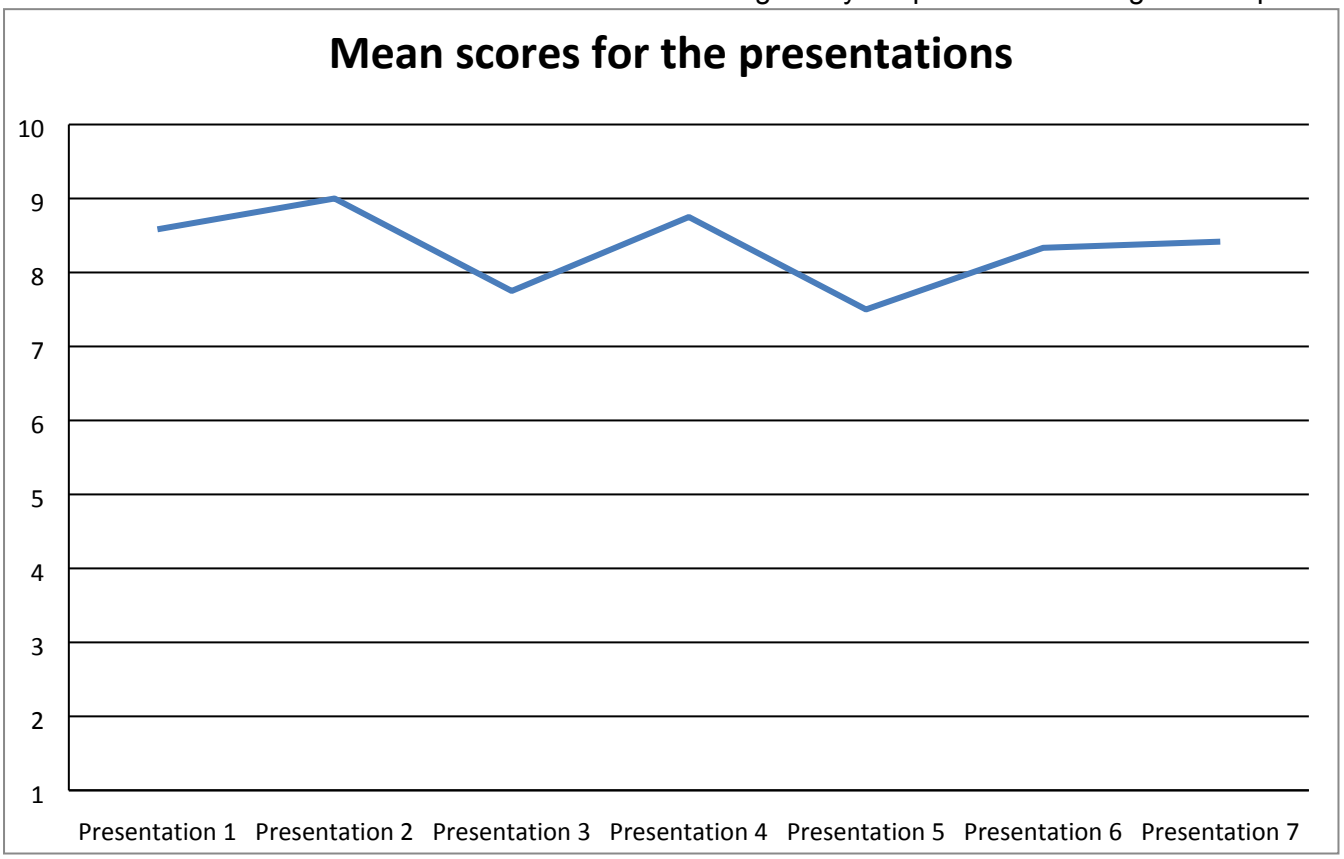
"Using a scale of 1 to 10, with 1 meaning low and 10 meaning high, please rate yourself on the following questions".



Individual presentations (Appendix 2)

Scoring

"Please rate the individual sessions as below 10 being really helpful and 1 being not helpful at all"



Comments

What could we have done more of?

I found the information giving/review (physical and ASD) to be most helpful

More about what is present or likely to transfer straight to MH services (adult)

Would like to have more about the impact of substance misuse on the developing brain

Physiology

Make sessions more interactive

Biological difference and working with PDD

Physiology how the adolescent brain works

Handouts

Interactive working

Would be happy to learn more about brain development but it was generally really informative

Link to practical working etc

What we could have done less of?

All good

Shorter lectures in afternoon

More discussion group work

What could we have also have done?

Handouts to read to save taking notes

Risk Management

Given information re local services

Discussed management of deliberate self-harm and OD

Reflected on different scores in questionnaire training child services

Talked about changes in services

The staff questionnaire will be followed up in June (6 months after training) to assess longer term impact of the training for practitioners.

Following the training and reflecting on who it would benefit most the group decided that 80% of all staff was not required but felt that all staff within SPA, CRHTT, A&E Liaison should attend future training along with staff within CCTT who are working with young people.

It was also felt that as staff development is the driver for change the training package should also consider:-

Young Minds Guide to Transitions

Chapter 2 General Principles and Key Concepts

http://www.youngminds.org.uk/assets/0000/1331/YM_Prof_Transitions_Guide_email_version.pdf

"Turned Upside Down" – Mental Health Foundation Report

http://www.mentalhealth.org.uk/content/assets/PDF/publications/no_help_in_crisis.pdf?view=Standard

We also need ensure to ensure that the interventions delivered respond to the Young Person's needs, therefore we should also highlight the importance of Person Centred Planning

Your evaluation report clearly confirms the hypothesis that there are internal referrals and discharge issues that illustrate multiple systems within a larger LCFT delivery system rather than responding to a Young person's needs.

Perhaps the training also needs to highlight the importance of Person Centred Planning. Person-centred planning is based on learning through shared action, about finding creative solutions rather than fitting people into boxes and about problem solving and working together over time to create change in the person's life, in the community and in organisations. (Sanderson, 2000)

http://www.jrf.org.uk/system/files/9781859354803.pdf Chapter 2 and http://www.helensandersonassociates.co.uk/media/11242/personalisation-through-person-centred-planning.pdf

The group attempted to arrange further training sessions but due to clinical commitments of the presenters and difficulties with teams releasing staff the next session has been arranged for late June. Due to the these difficulties and the resources involved in the setting up and delivery of the training the following is recommended for roll-out.

Roll-Out Recommendations

Recommendation 2 – LCFT to approach an educational provider to facilitate a training package for the roll out 2014/15. We would also need to work with the commissioner to decide which elements of the training we would need to prioritise.

Recommendation 3 – The following staff need to attend the bespoke training on Young Person Development:-

- **All A&E Liaison staff**
- **All CRHTT Staff**
- **All SPA Staff**
- **CCTT Young People Champions**
- **CCTT MDT working with Young People**

(B) AMHS and CAMHS to Joint Work Where Appropriate

Following discussions within the steering group it was felt that at times Young People could receive interventions from AMHS whilst being case managed by CAMHS. This particularly applied to Young People who were coming up to their 16th birthday and were already under CAMHS and were assessed to require an IAPT intervention prior to discharge.

This was discussed at a meeting between CAMHS and Step 2/3 Services from AMHS and agreement was reached as how these referrals would made and processed. This will be reviewed after 6 months. For this cohort of Young People it was felt a conversation between CAMHS and Step 2/3 Team Managers would be the referral route.

In order for Step 2/3 Services to maintain their required reporting needs and maintenance of IAPT performance monitoring along with the principle that a Service User should have 1 Health Care Record the following was completed –

- GAD 7 and PHQ 9 assessment tools were added to CAMHS ECR
- All AMHS Step 2/3 staff were given access to CAMHS ECR by adding a dropdown option to their log in to ensure their activity was captured correctly.

Evaluation

So far 4 referrals have been made. However, as this was a late development in the project the young people have not been seen yet.

Roll-Out Recommendations –

Recommendation 4 – Each Locality to Develop and Implement a Referral Process for Referrals to Step 2/3 where CAMHS retain Case Management.

Recommendation 5 – All Step 2/3 Staff are given access to record on CAMHS ECR

(C) CCTTs to Nominate Young People Champions

The steering group quickly recognised that the needs of a Young Person under the care of CCTTs where different to those of Adults under their care. It was felt that in order for a Young Person to receive the most consistent and appropriate interventions for their age Young People Champions needed to be nominated for extra training and to receive all referrals of 16/17 year olds. Due to the relatively low numbers of referrals of Young People it was decided that Preston CCTT should nominate and develop 3 practitioners.

Evaluation

Since the inception of this idea 4 referrals from CAMHS have been allocated to the Young People Champions to Preston CCTT. There has been positive feedback from CAMHS about this initiative.

Roll-Out Recommendation

Recommendation 6 – All CCTTs should nominate 2 Young People Champions to receive all referrals aged 16/17.

(D) CAMHS Practitioners to Provide Clinical Supervision to AMH Practitioners

AMH practitioners who have Young People on their caseload should receive clinical supervision from CAMHS practitioners to help guide their interventions and practice. In Preston the CAMHS Transition Coordinator offered this input. This was initially offered to CCTT Care Coordinators but following discussions within the steering group it was decided that this should be extended to CRHTT.

Evaluation

1 face to face supervision has been completed. 1 email conversation but the clinician and the supervisor felt that they were doing OK and was receiving excellent support within the team.

Roll-Out Recommendation

Recommendation 7 – CAMHS should identify how each team will provide support from each locality to provide clinical supervision to the CCTT Champions and CRHTT. They will develop local protocols with the teams.

E) Developing better working relationships between teams and across networks.

A survey of inter-team relationships was developed and members of staff from all the adult teams and CAMHS were invited to complete it. (See Appendix 3).

Evaluation

Despite a small response the survey showed, as we suspected that the knowledge of other services is not as good as it should be. The training as planned was one way to address this. The development of the Steering Group also helped to improve relationships. Additionally, adult team members were invited to join CAMHS staff during their assessment to create an opportunity for experience and learning to be shared. However, at the time of this report this offer had not been utilised.

2 Improve Out of Hours Responses for Young People

The goal of this objective was to reduce the number of young people presenting in crisis out of hours who are admitted to inpatient beds by improving the understanding of adolescent behaviour and provision of age and stage appropriate interventions.

The steering group felt that the development of guidance for practitioners to follow when a young person presents out of hours would be able to supplement the training described in Objective 1. The following was completed –

(A)The Development of Guidance for Staff to Follow When a Young Person Presents Out of Hours

A sub-group was set up to produce this document for Preston services. The guidance developed into a document that could be used upon the presentation of young people to AMHS in and out of hours. (see appendix 4).

The guidance shows potential referral sources, points of contact in AMHS and crucially age specific actions if admitted into AMHS including –

- Most appropriate person to allocate to
- Where to obtain previous records
- Telephone number of CAMHS to obtain either consultation or support
- Social Inclusion guidance
- Age appropriate interventions
- Medication advice
- Prompt for completion of CAF if required
- Advocacy prompt
- Young Person's organisations
- Carers assessment requirements

The guidance also gives discharge guidelines.

Attached to this is the CAMHS to AMHS transition guidance and the LCFT Procedure for safeguarding young people admitted to Adult Wards.

Evaluation

The guidance was completed recently and circulated to CRHTT and A&E Liaison Teams. We await feedback of its use but initial responses indicate this is a very useful document.

Roll-Out Recommendation

Recommendation 8 – Each locality to produce local guidance for teams when a Young Person in in contact with AMHS using the template developed by the pilot site.

(B) A&E Liaison to Attend A&E Safeguarding Meetings

The steering group felt it would be good practice and useful for information sharing if the A&E Liaison Team based at Preston hospital attended the A&E Safeguarding meetings along with CAMHS. The meeting considers the pathways for children and young people (up to 18 years old) attending A&E including those young people who self-harm and those that are experiencing mental health difficulties. The meeting seeks to prevent missed onwards referrals and explores every missed referral with corrective action being taken. It is also an opportunity to share service developments so that there is always a clear understanding of changes that take place and amendments to pathways can be introduced ensuring that children and young people get referred to the right service, first time. Within the meeting initiatives relating to safeguarding within the area

are shared. The meeting is an opportunity to create and develop relationships between services. More recently attention has been given to the training needs of people who working with young people who self-harm or experiencing difficulties with their mental health. The importance and success of the meeting was commented on in a recent CQC inspection as an example of good practice. Furthermore, this was also recognised as Winner of the Teamwork category in the 2014 Lancashire Teaching Hospital Quality Awards.

Evaluation

Preston A&E Liaison team now regularly attends this meeting.

Roll-Out Recommendation

Recommendation 9 – All A&E Liaison Teams to attend their local A&E Liaison Meetings.

3 Family Centred /Systemic Interventions

The goal of this objective is to improve young person and carer's experiences of care and recovery through greater family and systemic interventions and through wider application of CAF processes.

It was accepted that Service Users remained longer in CCTTs than in other AMHS teams and therefore were afforded more time for family/systemic interventions to be completed. This was also to be evaluated using Carers feedback.

(A)Training of CCTT Practitioners in Systemic Interventions

It was decided that 2 practitioners from Preston CCTT should receive Meriden training which focusses on systemic interventions. Initially the practitioners were to attend the LCFT in house Meridian training offered by EIS, however due to the unavailability of the trainers they went to Birmingham to complete the course.

Evaluation

Following completion of the training one practitioner has been allocated a case and is joint working with the Clinical Psychologist in the team initially. They are also receiving supervision from the Clinical Psychologist. There is also a possibility that they can receive group supervision from the Meriden trained staff in EIS. The other practitioner does not have capacity to take a case but the Team Manager is aware of this and is looking at balancing the workload.

Recommendation for Roll-Out

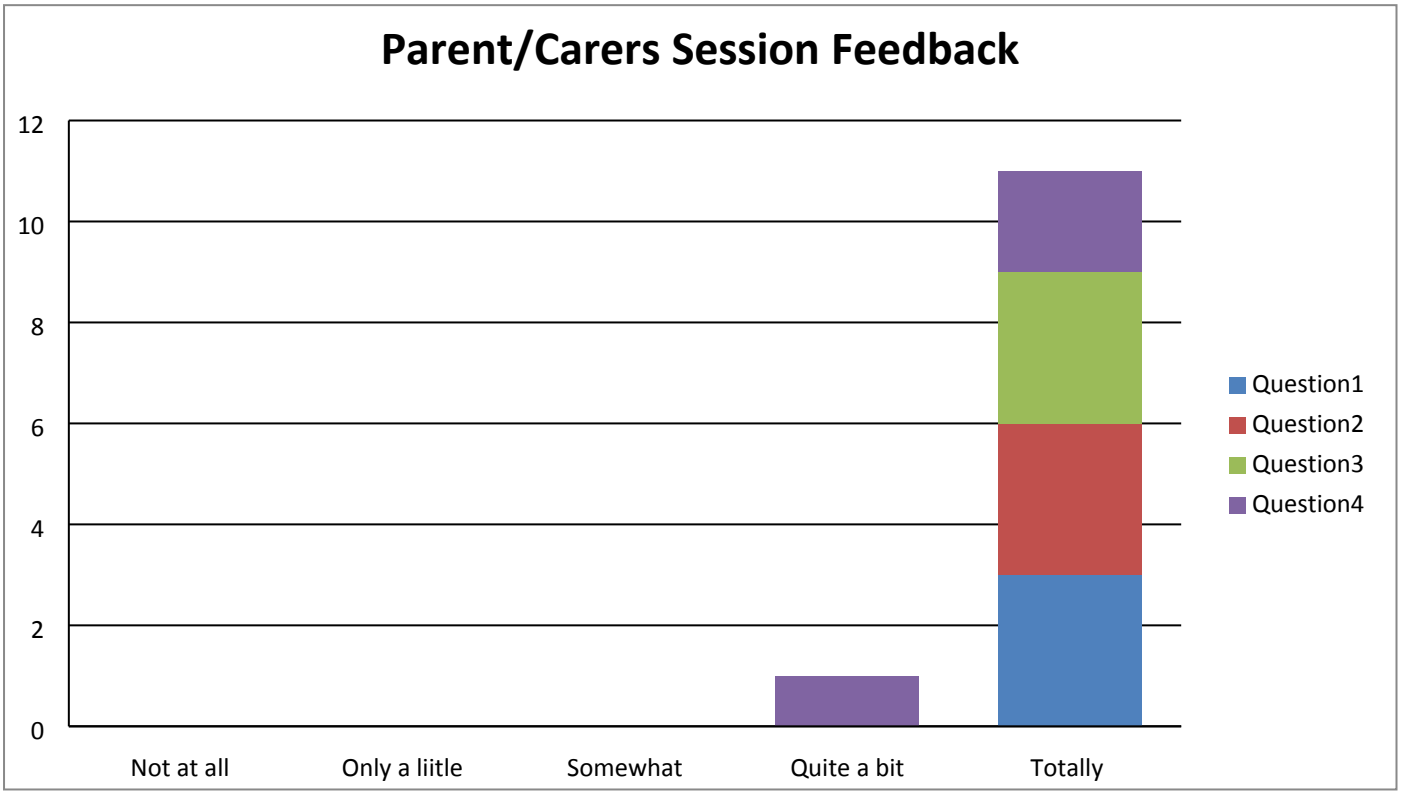
Recommendation 10 – 2 Practitioners for each CCTT to receive in-house Meriden (Systemic Intervention) training.

(B) Carer Satisfaction Survey

In order to evaluate the AMHS in relation to carers satisfaction the steering group agreed to use the CAMHS IAPT Questionnaire. (Appendix 5). It was suggested that questionnaires should be completed after each intervention. **Please note it was observed that the only difference between the child/young person (appendix 6) and family questionnaires are the colour and the title at the bottom of the page. It was therefore decided that the child/young person's form should be the only one issued to clinicians but used to gather the views of family members as well.**

Evaluation

There were 3 Parent/Carers questionnaires completed each a single appointment. The results were overwhelmingly positive about the sessions.



Recommendation for Roll-Out

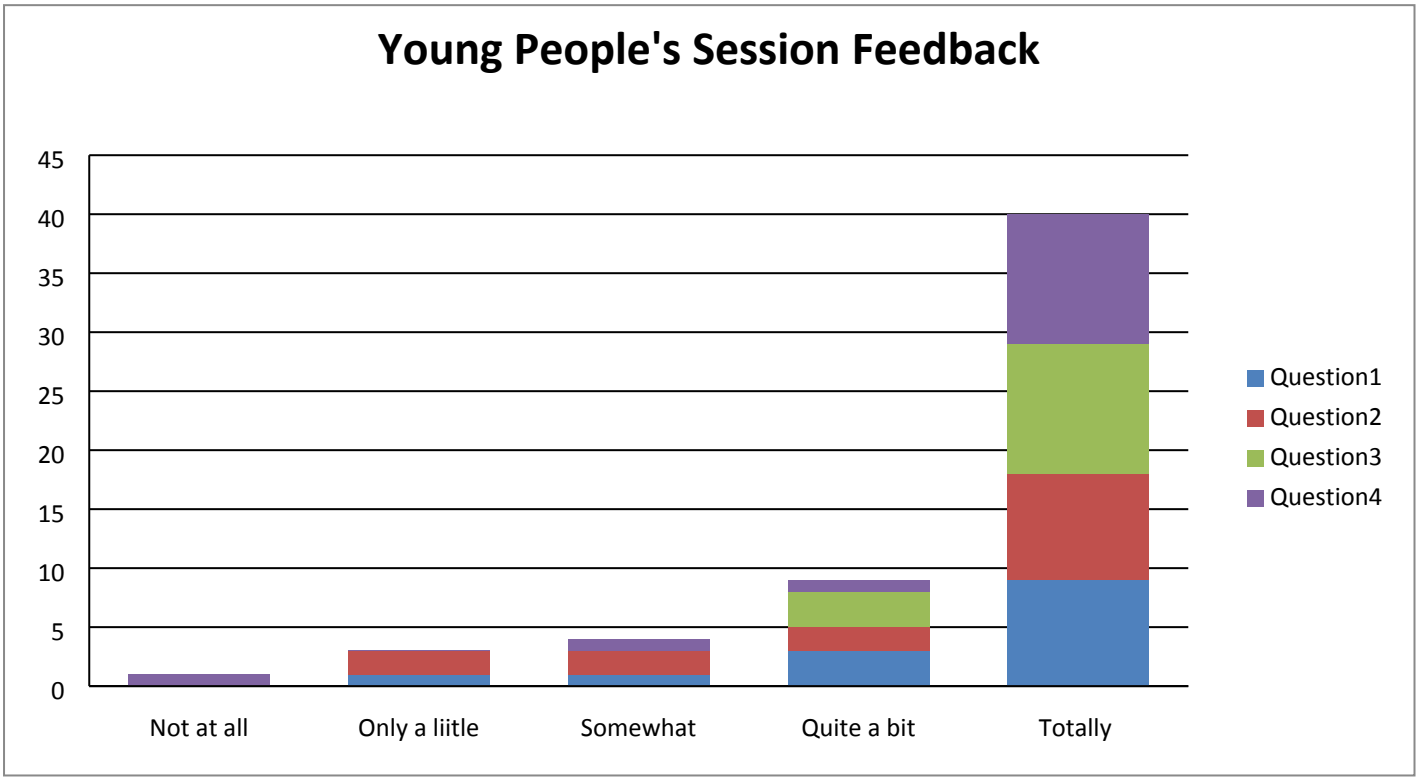
As the pilot site used a CAMHS questionnaire it was felt by the steering group that it would be for the AMHS network to decide how best they would like to capture Carer's feedback.

4 Improve Young Person's Satisfaction With Services Received

The goal of this objective was that the views and opinions of young people are routinely sought and used to inform service provision. It was agreed that the CAMHS IAPT Questionnaire would be used after every intervention. (Appendix 6).

Evaluation

There were 15 completed feedback forms from 5 young people. The least number of appointments the young person completed the forms for was 1 the highest number was 5 appointments.



Recommendation for Roll-Out

As the pilot site used a CAMHS questionnaire it was felt by the steering group that it would be for the AMHS network to decide how best they would like to capture Young People's feedback

5 Evidence of Improved Outcomes

The goal of this objective was for the CAMHS National Data Set is to be used to record all activity for young people up to their 18th birthday.

Alongside this a sub-group was developed to look at other outcome measures that could inform practice.

The CAMHS national Data set should include information about service demand and responses. However, to date we have been unable to secure that information.

However, we did complete a study of two periods (Quarter 4 2013 and Quarter 4 2014). This gave some baseline data in beginning to understand the needs of young people and their service usage.

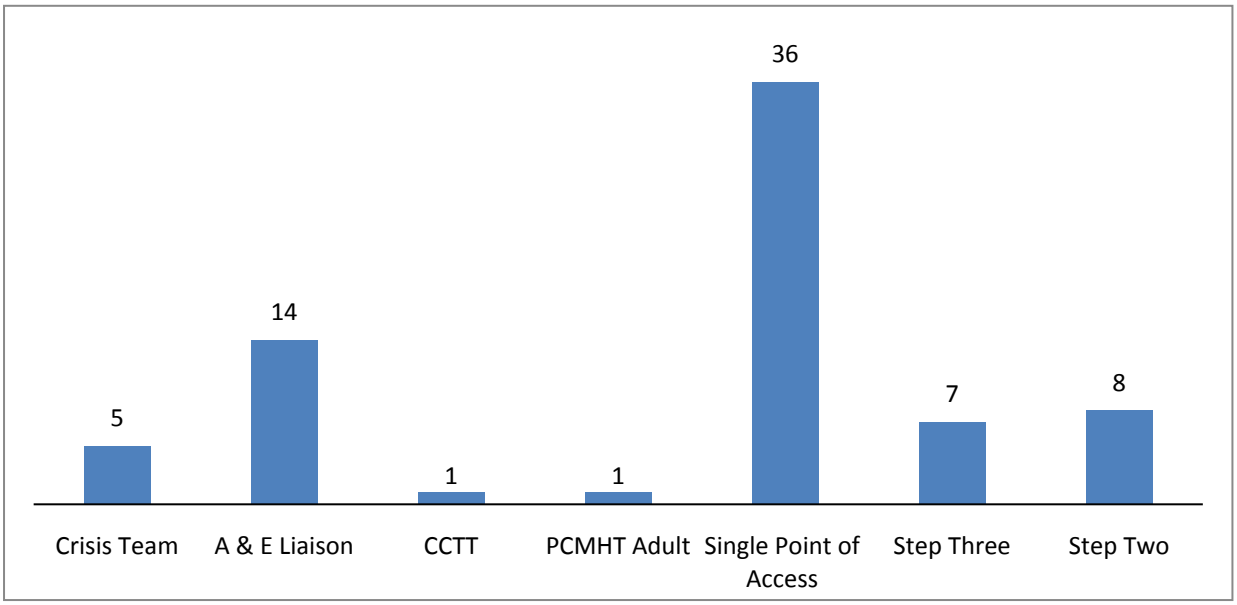
Evaluation

In the absence of the Dataset the information gathered as described produced the following information.

Referrals to adult mental health services and previous CAMHS involvement.

Data from 1 January 2013 to 31 March 2013

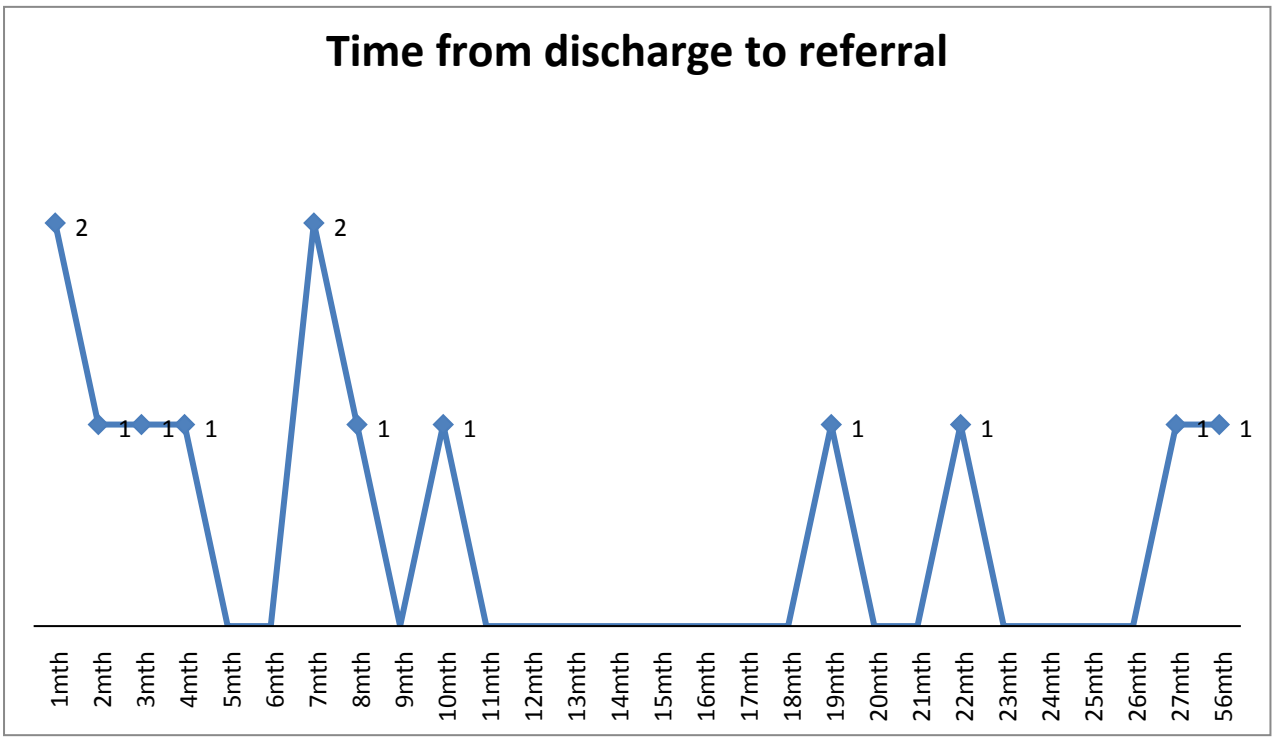
73 referrals for young people aged 16 – 17 at the time of the referral



Some young people had 2 or more referrals. In total **49** individuals had referrals to adult services.

Of these 49, **41%** (20 young people) were known to CAMHS. Of the 49, **8** were open to CAMHS at the time of the referrals. Of those 8, **4** were referrals to A&E Psychiatric Liaison.

Duration between CAMHS discharge and adult referral

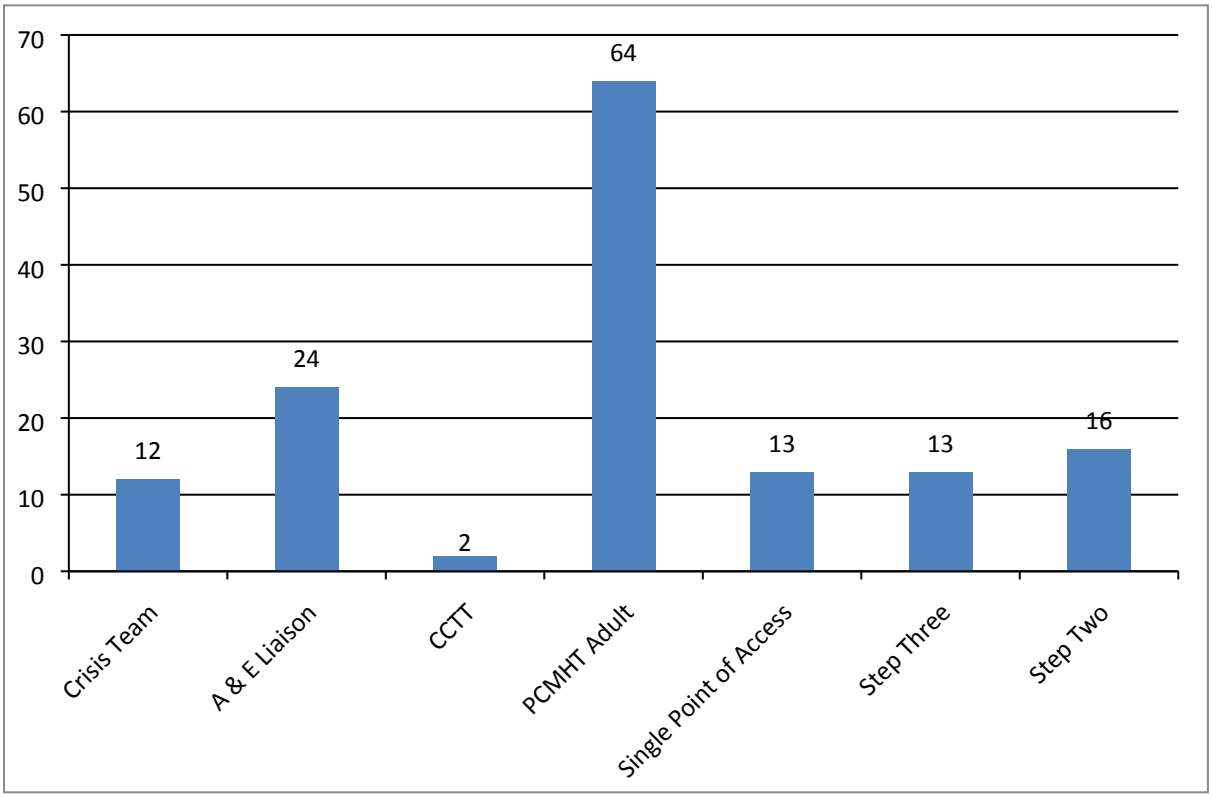


Referral Point/Referrer/CAMHS reason for discharge

Time	Referred to	CAMHS Involvement
1 Month	Crisis Team	Transitioned to EIS
2 Month	SPoA	Discharged DNAs
3 Month	CCTT	Discharged as transitioned
4 Month	Crisis Team	Discharged DNAs
7 Month	SPoA	Discharged DNAs
7 Month	SPoA	Transferred to psychology
8 Month	SPoA	Discharged
10 Month	A&E Liaison	Open to YOT CAMHS Discharged
12 Month	Step 3	Discharge DNAs
1 Year 7 Months	A&E Liaison	Discharge pt request
1 Year 10 Months	SPoA	Discharge DNAs
2 Year 3 Months	SPoA	Discharge DNAs
4 Year 2 Months	SPoA	Discharged

Data from 1 January 2014 to 31 March 2014

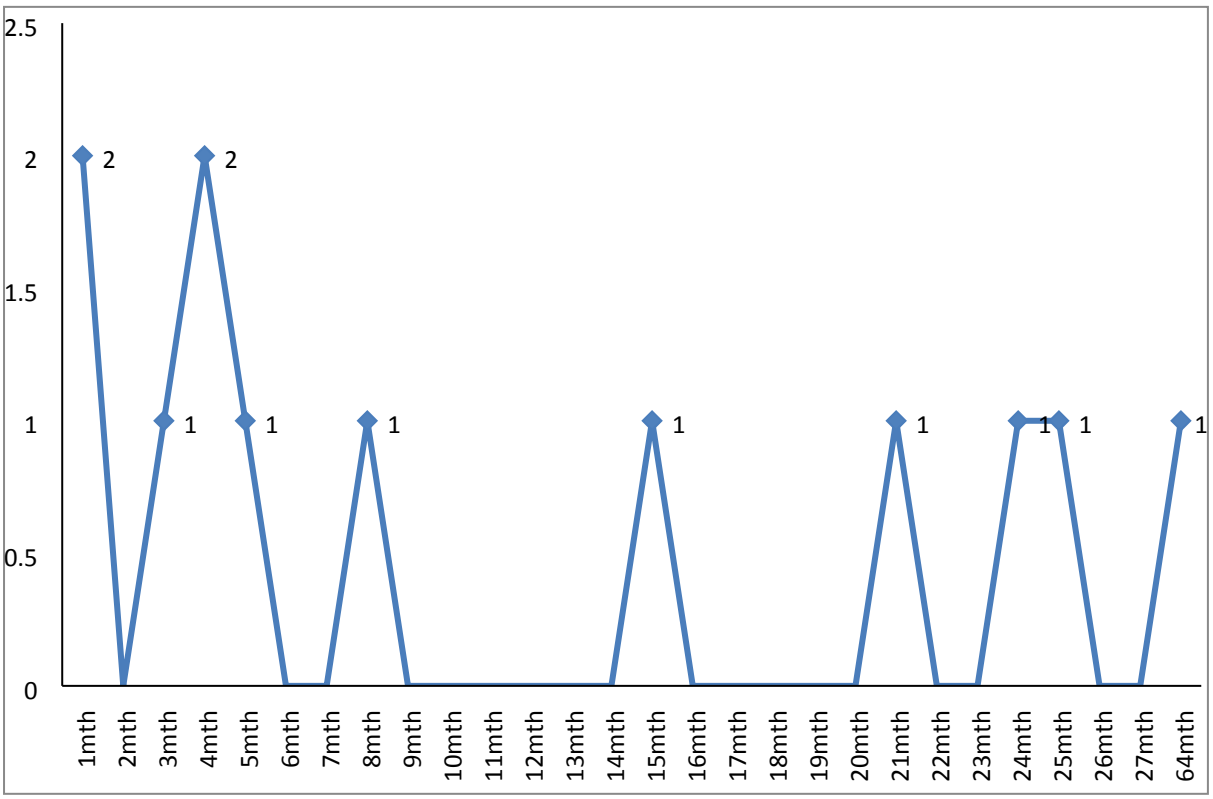
131 referrals for young people aged 16 – 17 at the time of the referral



Some young people had 2 or more referrals. In total **82** individuals had referrals to adult services.

Of these 82, **34%** (28 young people) were known to CAMHS. Of the 82,**13** were open to CAMHS at the time of the referrals. Of those 13, **3** were referrals to A&E Psychiatric Liaison and **4** were referrals to the Crisis Team. 1 young person was from Fylde and Wyre and 2 young people were from out of county and we were unable to follow up their history.

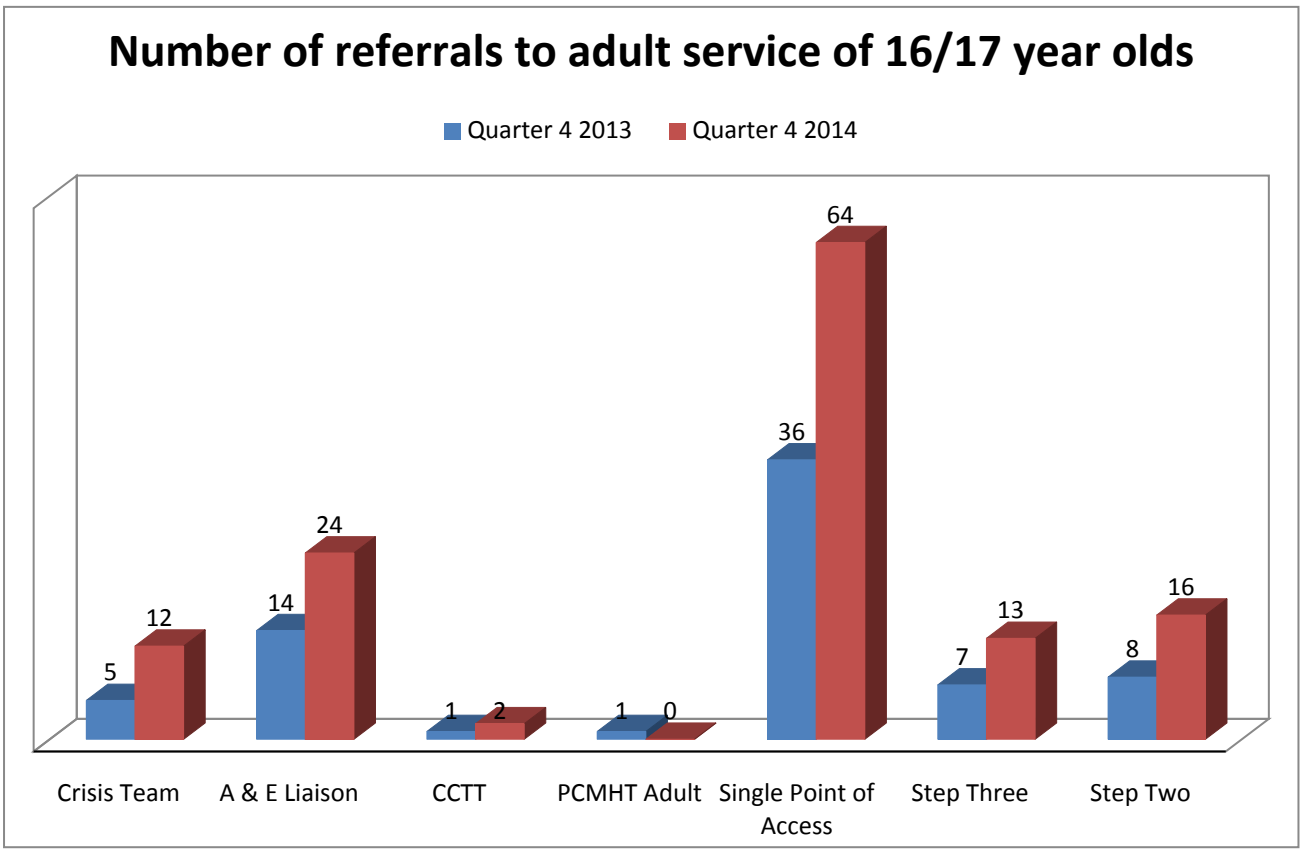
Duration between CAMHS discharge and adult referral



Referral Point/Referrer/CAMHS reason for discharge

Time	Referred to	CAMHS Involvement
<1month	Crisis Team	Discharge pt choice
1 Month	A&E Liaison	Discharged DNAs
1 Month	SPoA	Discharged DNAs
3 Month	SPoA	Transition to ADHD
4 Month	A&E Liaison	Transitioned to EIS
4 Month	A&E Liaison	Discharged DNAs
5 Month	Crisis Team	Discharged pt choice
6 Month	SPoA	Discharged pt choice
7 Month	SPoA	Discharged pt choice
1 Year 3 Months	A&E Liaison	Discharged
1 years 9 months	SPoA	Discharged no contact
2 years 0 months	SPoA	Discharged
4 Years	A&E Liaison	Discharge DNAs

Side by side comparisons



In Q4 2014 adult services experienced an **82%** increase in referrals for 16/17 year olds from the same period in 2013.

The change in CAMHS procedure to not accept new referrals for young people who are 16 years and older meant that **8** young people would have been previously seen by CAMHS. However, **3** of these young people were seen by A&E Liaison appropriately but would previously had been followed up by CAMHS rather than adult services. If CAMHS had not changed their boundaries this would have still resulted in **71%** increase in the two years.

In CAMHS there was an increase in 2013/2014 referrals of **10%** (7% accepted) from the referral rate at 2012/2013.

Unfortunately, we are unable to compare the Quarter 4 2014 CAMHS referral figures.

Recommendation for Roll-Out

Further exploration of the referrals of young people would enable a picture of service demand to be developed and mapped.

Additional areas of interest could include young people's DNAs particularly at first appointment and support of parent/carers of young people who attend adult mental health services.

Recommendations for Roll-Out

Recommendation 1 – All Localities to have a Steering Group which meets monthly consisting of -

- **Service Manager (Chair)**
- **CAMHS Team Manager, CAMHS Consultant Psychiatrist**
- **Step 2/3 Team Manager**
- **Step 4 Team Manager, Lead Psychologist**
- **Step 5 Team Manager**

Recommendation 2 – LCFT to approach an educational provider to facilitate a training package for the roll out 2014/15.

Recommendation 3 – The following staff need to attend the bespoke training on Young Person Development –

- **All A&E Liaison staff**
- **All CRHTT Staff**
- **All SPA Staff**
- **CCTT Young People Champions**
- **CCTT MDT working with Young People**

Recommendation 4 – Each Locality to Develop and Implement a Referral Process for Referrals to Step 2/3 where CAMHS retain Case Management.

Recommendation 5 – All Step 2/3 Staff are given access to record on CAMHS ECR

Recommendation 6 – All CCTTs should nominate 2 Young People Champions to receive all referrals aged 16/17.

Recommendation 7 – CAMHS should identify how each team will provide support from each locality to provide clinical supervision to the CCTT Champions and CRHTT. They will develop local protocols with the teams.

Recommendation 8 – Each locality to produce local guidance for teams when a Young Person in in contact with AMHS using the template developed by the pilot site.

Recommendation 9 – All A&E Liaison Teams to attend their local A&E Liaison Meetings.

Recommendation 10 – 2 Practitioners for each CCTT to receive in-house Meriden (Systemic Intervention) training.

Recommendation 11 – For the AMHS network to decide how best they would like to capture Young People and their Carer's feedback.

Recommendation 12 - Further exploration of the referrals of young people would enable a picture of service demand to be developed and mapped.

Additional areas of interest could include young people's DNAs particularly at first appointment and support of parent/carers of young people who attend adult mental health services.

Cost of Pilot

In trying to understand the cost of implementing the changes we looked to the costs of implementing the pilot.

Please note all the costs for this are using the LD CAMHS Tariff Costs which are inclusive of all on costs including infrastructure and management.

The Steering Group

Meetings	Number	Staff attended
Steering Group	9	Varied Average of 5
Training Subgroup	2	(4 and 2)
Inter-team working subgroup	1	3
Joint responsibility meeting	1	4
Meeting with Commissioners	3	3

The biggest input to the pilot project was from the Project Lead and Transition Co-ordinator CAMHS. To be able to develop and indicative figure of the project we looked at how many email were generated.

For the Transition Co-ordinator there were 245 emails received and 143 emails sent. If we take an average of 5 minutes to read and compose emails (including attachments) emails contributed to 32.3 hours work. This equates to a cost of £2910 (Band 7). The Project lead would have a similar amount of emails. For analysis other members of the group is estimated to have had between 50% (5 members) and 25% (3 members) of these emails with the remaining two members reading but not undertaking taking actions from the emails depending on their role with in the project. This equates to 176 hours spent on the project communicating by emails

NB The number of emails relates only to the Pilot Group and not the work undertaken for this evaluation.

Training

The training was delivered in-house by clinical staff. The training for Day 1 was costed at £4489. This included preparation time (estimated at the same amount as attendance time) but did not include travel time. The venue was within the team base so no additional costs were involved. The evaluation of the training took 1 day at a cost of £533. Future training may negate or at least reduce the amount of preparation time needed. Additionally, some trainers stayed for the whole day so that the quality and flow of the training could be explored with them. Of course additional to this is the staff time for participants to attend the training.

Pathway Development

Creating an explanation of the out of hours pathway for young people. Exploring policy and developing the guide.

Data Analysis

Exploring the data took 1 day for 2013 and 1.5 days for 2014. The survey took approximately X hours to develop but the results were instantaneous

Supervision

1 supervision session

Meridan Training

2 staff to attend the week long Meriden Training in Birmingham.

Cost Framework

Steering Group	**9**	**1 Consultant**	**4 others**	**£8,100**
Training Group 1	**1**		**3 others**	**£510**
Training Group 2	**1**		**2 others**	**£180**
Outcomes Group	**1**	**1 Consultant**	**2 others**	**£510**
Training Day 1	**1**	**1 Consultant**	**4 others**	**£4489**
Pathways 1	**1**		**4 others**	**£600**
Meetings with Commissioners	**3**		**3 others**	**£1620**
Data Analysis	**1**		**1 other**	**£1592**
Supervision	**1**		**1 other**	**£270**
Meriden Training			**2 other**	**£1405**
Emails			**All**	**£15843.15**

Total £35,119.15 (this does not include travel time or expenses)

Appendices

Questionnaire Training CQUIN Age Appropriate services

This questionnaire was completed am ☐ ☐ post ☐ ng

Using a scale of 1 to 10, with **1 meaning low** and **10 meaning high**, please rate yourself on the following questions;

1. When allocated a young person to work with, how confident do you feel in your ability to support them?

1 2 3 4 5 6 7 8 9 10

2. How confident are you when engaging and communicating with young people?

1 2 3 4 5 6 7 8 9 10

3. How likely are you to involve other family members when supporting the people you work with?

1 2 3 4 5 6 7 8 9 10

4. How would you rate your knowledge of the differences in working with young people compared to adults?

1 2 3 4 5 6 7 8 9 10

5. How aware are you of the services available for young people?

1 2 3 4 5 6 7 8 9 10

6. How confident would you feel in making referrals to services for young people?

1 2 3 4 5 6 7 8 9 10

7. How confident do you feel in identifying young people who may need an assessment for ADHD?

1 2 3 4 5 6 7 8 9 10

8. How would you rate your knowledge of where to search for information to help you to support young people?

1 2 3 4 5 6 7 8 9 10

Questionnaire Training CQUIN Age Appropriate services

This questionnaire was completed an☐ ☐ po☐ning

Please rate the individual sessions as below 10 being really helpful and 1 being not helpful at all

Ian Wood - Confidence and fears of working with Young People

1 2 3 4 5 6 7 8 9 10

Dr Robinson – The physiology of the adolescent brain

1 2 3 4 5 6 7 8 9 10

Lesley Wilson – The REACH Project

1 2 3 4 5 6 7 8 9 10

Sarah Wright -ASD

1 2 3 4 5 6 7 8 9 10

Julia Halpin – Systemic Thinking

1 2 3 4 5 6 7 8 9 10

Ian - Transition.

1 2 3 4 5 6 7 8 9 10

Ian/manager – round up of the day, introduce the resource packs.

1 2 3 4 5 6 7 8 9 10

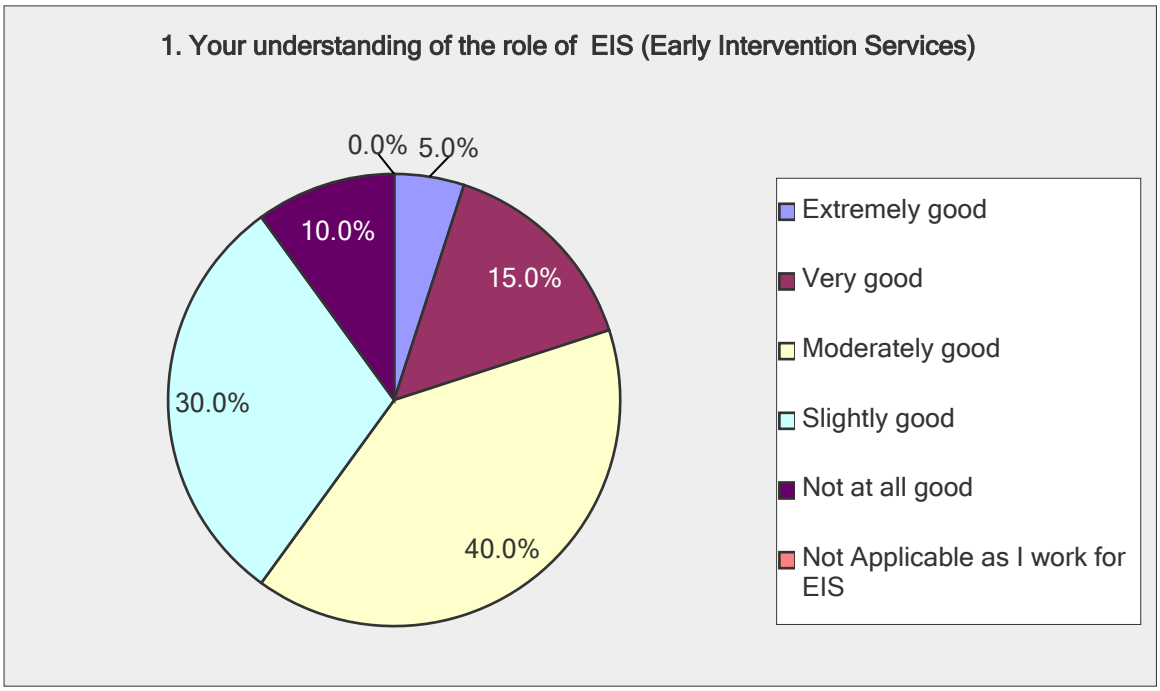
About the day generally please help us to plan future training by telling us what:

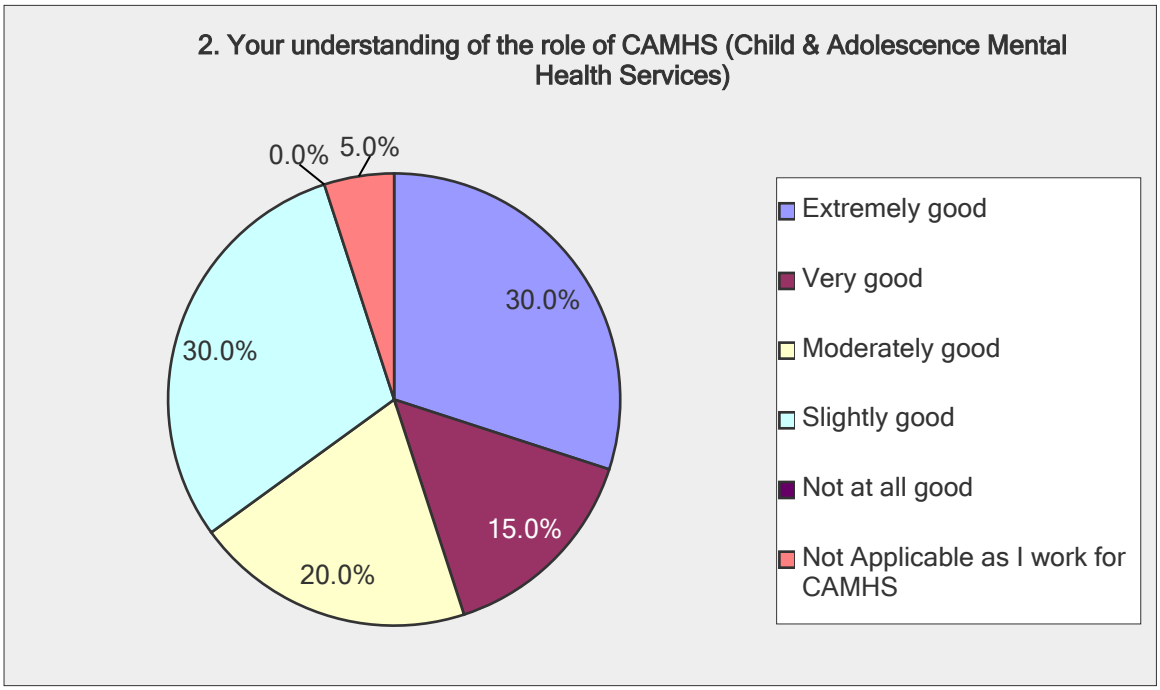
We could have done more of?

We could have done less of?

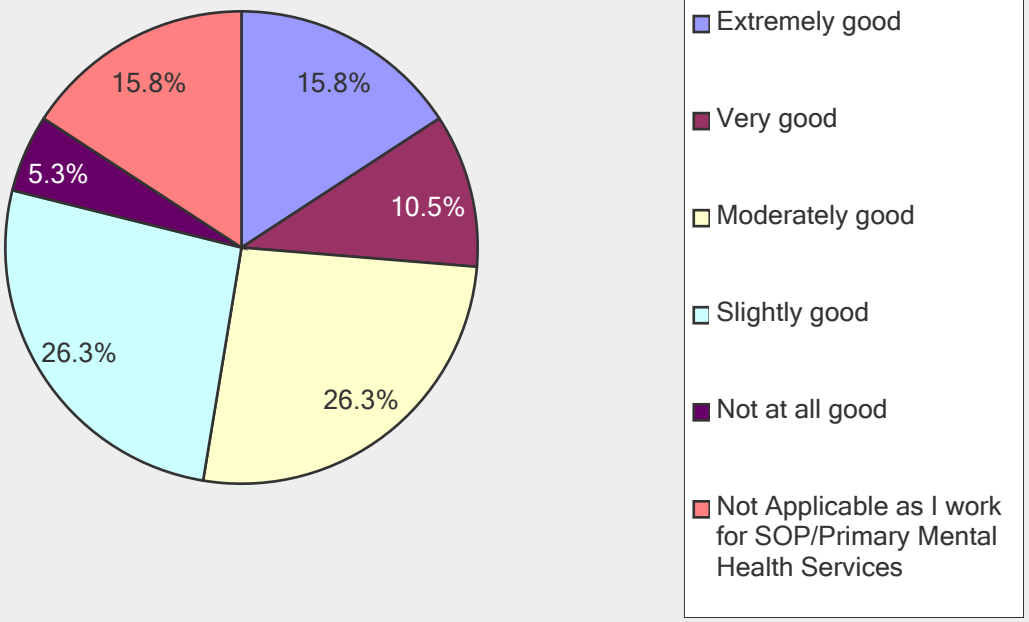
We could also have done…..

CQUIN Team Survey 2013

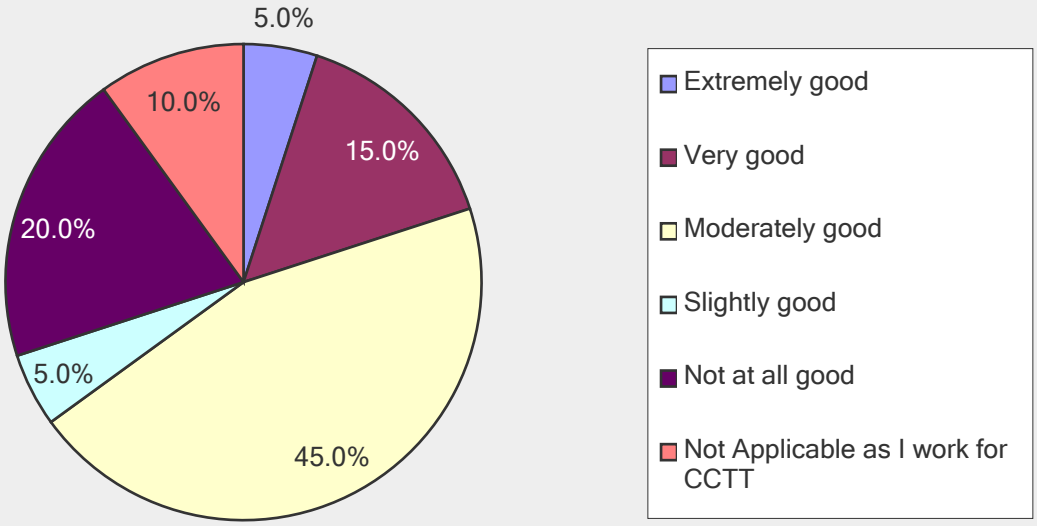


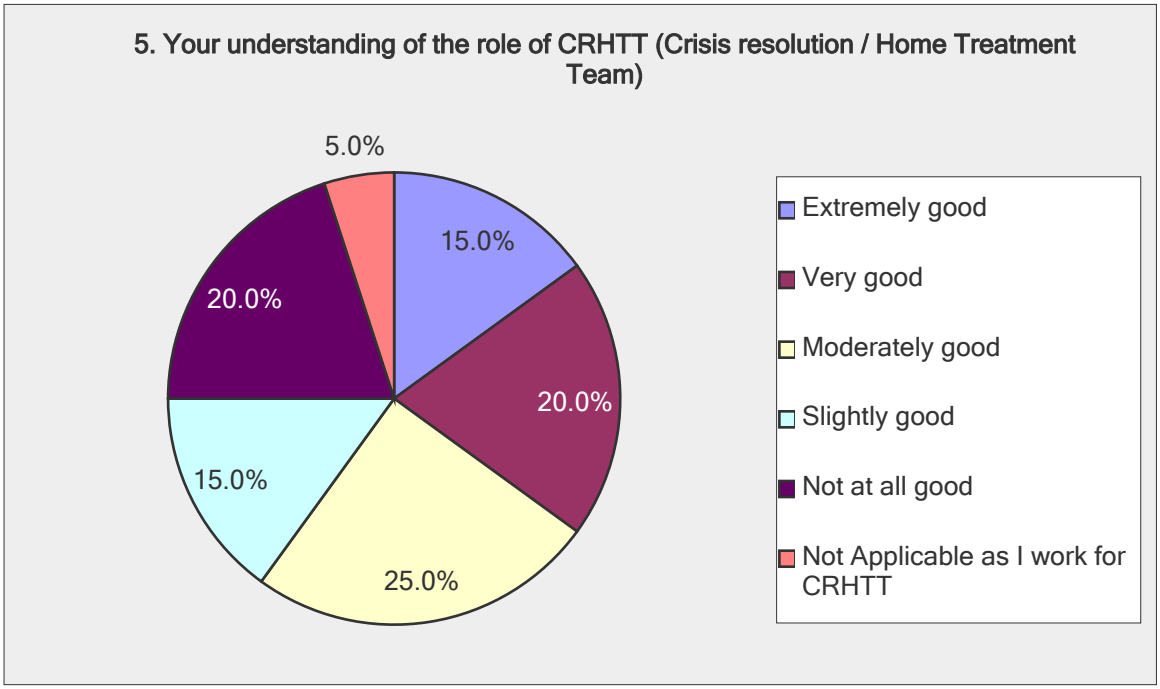


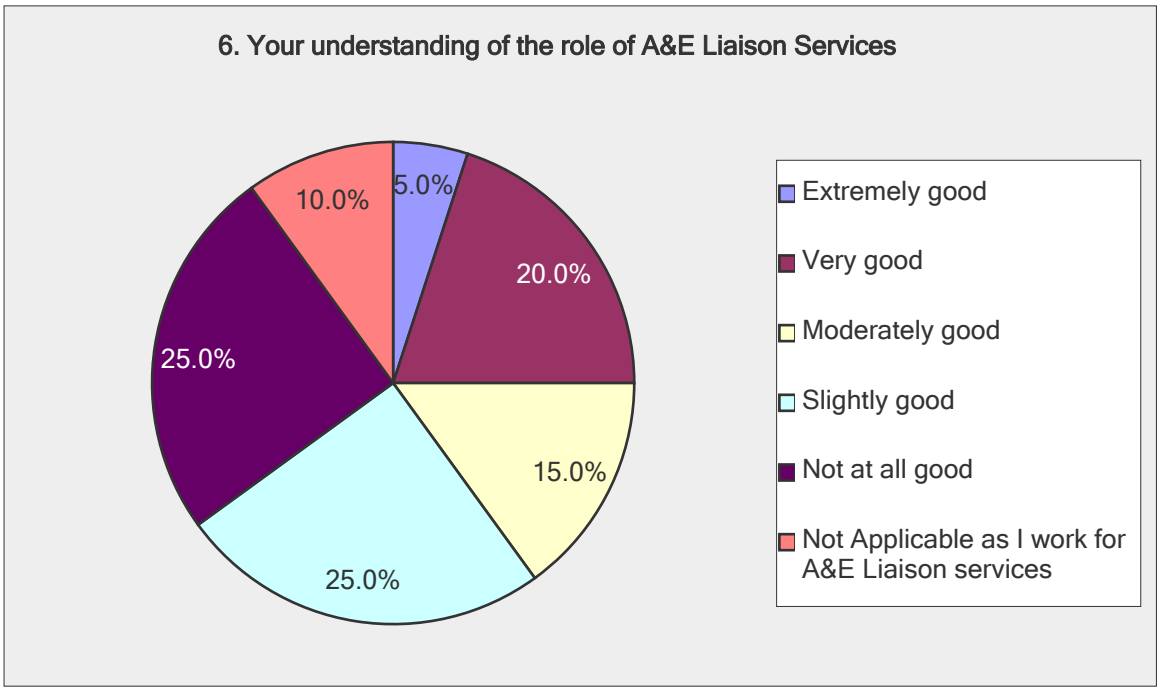
3. Your understanding of the role of SOP & Primary Mental Health services (Single Point of Access)

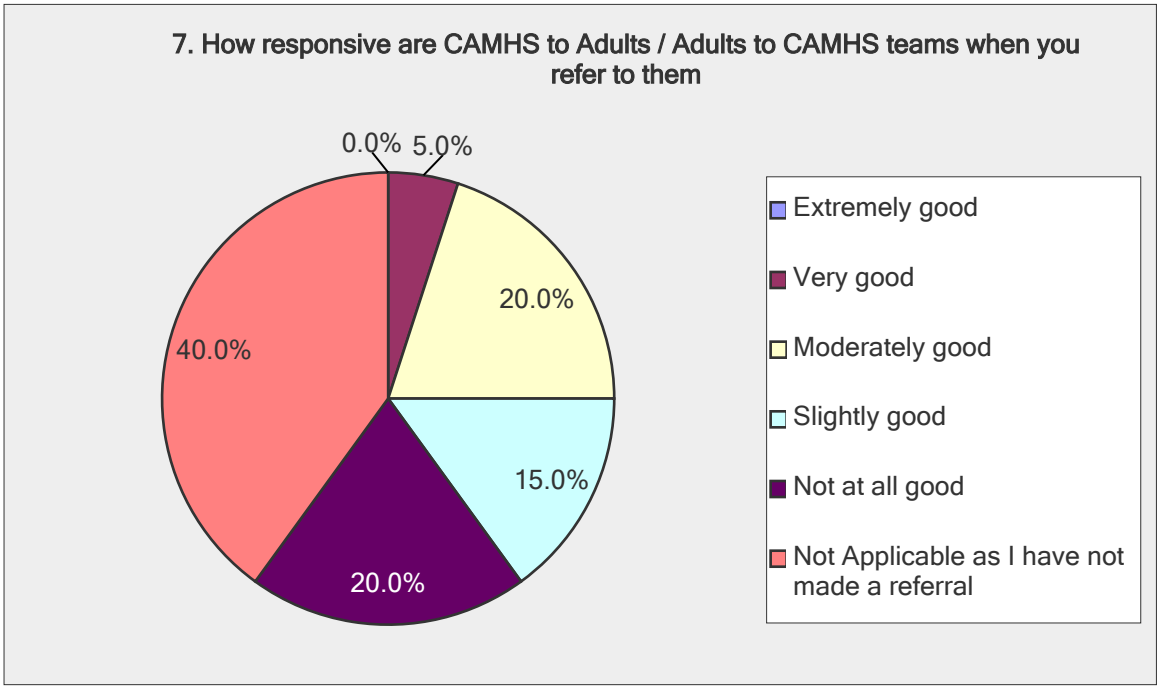


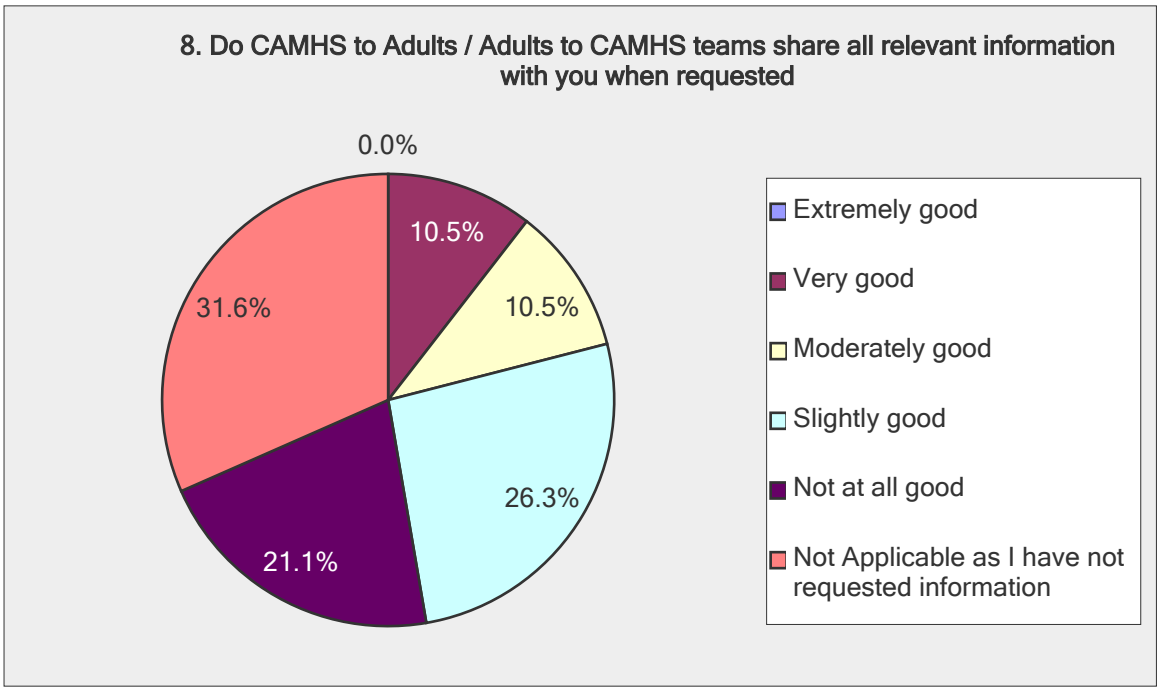
4. Your understanding of the role of CCTT (Complex care and Treatment Team)

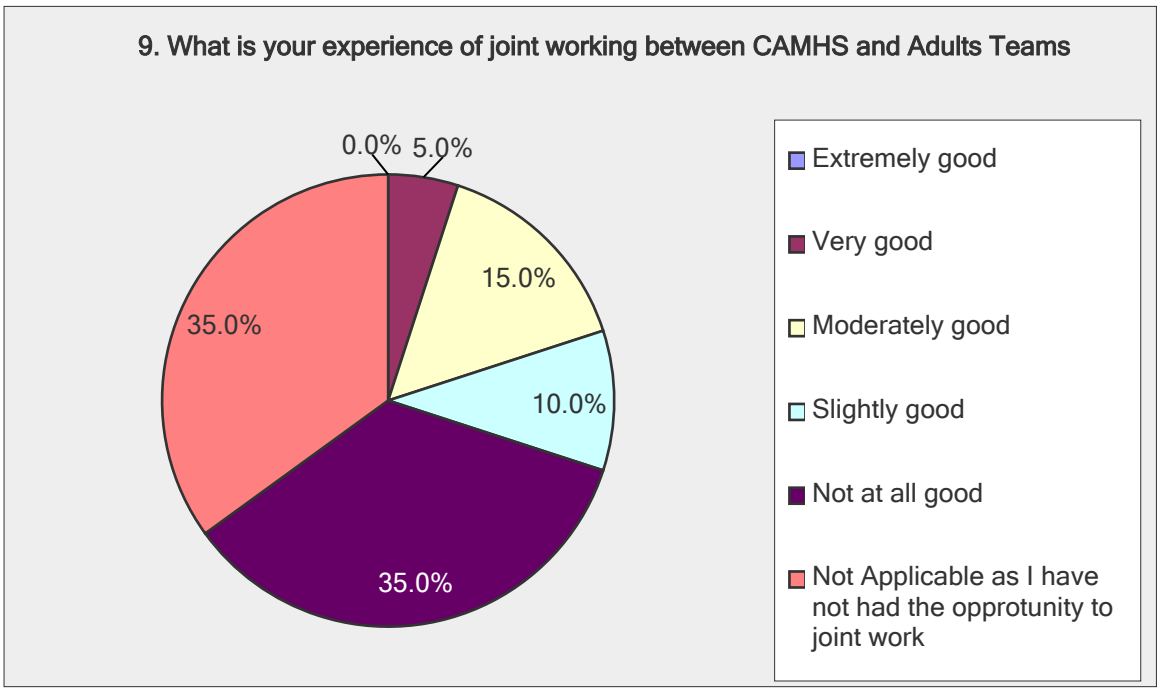


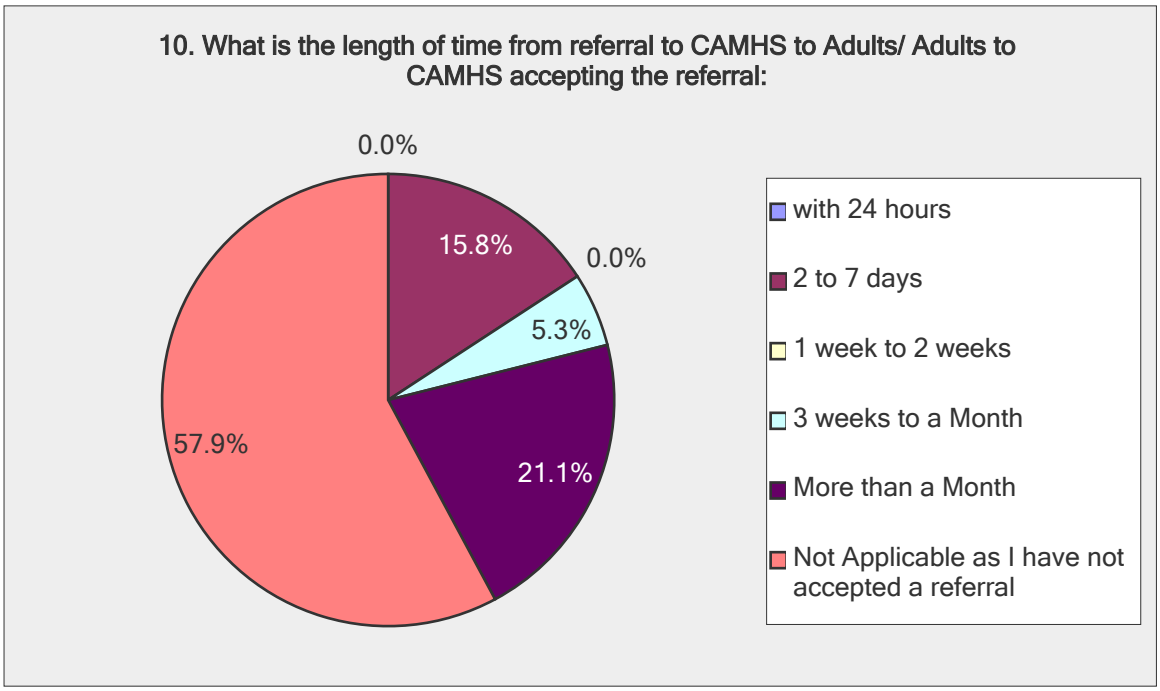

5. Your understanding of the role of CRHTT (Crisis resolution / Home Treatment Team)
5.0%
15.0%
20.0%
20.0%
15.0%
25.0%
Extremely good
Very good
Moderately good
Slightly good
Not at all good
Not Applicable as I work for CRHTT


6. Your understanding of the role of A&E Liaison Services
10.0%
5.0%
20.0%
25.0%
15.0%
25.0%
Extremely good
Very good
Moderately good
Slightly good
Not at all good
Not Applicable as I work for A&E Liaison services


7. How responsive are CAMHS to Adults / Adults to CAMHS teams when you refer to them
0.0%
5.0%
20.0%
40.0%
15.0%
20.0%
Extremely good
Very good
Moderately good
Slightly good
Not at all good
Not Applicable as I have not made a referral


8. Do CAMHS to Adults / Adults to CAMHS teams share all relevant information with you when requested
0.0%
10.5%
10.5%
31.6%
26.3%
21.1%
Extremely good
Very good
Moderately good
Slightly good
Not at all good
Not Applicable as I have not requested information


9. What is your experience of joint working between CAMHS and Adults Teams
0.0%
5.0%
15.0%
35.0%
10.0%
35.0%
Extremely good
Very good
Moderately good
Slightly good
Not at all good
Not Applicable as I have not had the opprotunity to joint work


10. What is the length of time from referral to CAMHS to Adults/ Adults to CAMHS accepting the referral:
0.0%
15.8%
0.0%
5.3%
57.9%
21.1%
with 24 hours
2 to 7 days
1 week to 2 weeks
3 weeks to a Month
More than a Month
Not Applicable as I have not accepted a referral

Lancashire Care NHS
NHS Foundation Trust

Guidance for Teams for when a 16-17 year old is in contact with Adult Mental Health Services

Table of Contents

Introduction

This procedure aims to address consistency and high standards of care for young people accessing mental health services in Preston. Preston is the first locality in the LCFT footprint to pilot the CQUIN Child and Adolescent Mental Health Services (CAMHS) targets with a view to roll out across the rest of the LCFT footprint within 2014.

Young people previously accessed CAMHS, although, Preston Central now provides care and treatment for this age group within adult mental health services.

This procedure aims to provide staff working within these services guidance as to how this group of service users should be managed when accessing adult mental health services, whilst jointly working with CAMHS when applicable. Joint working will occur when a young person is being transitioned from CAMHS to adult services as care is required to continue (this is explained more in Appendix 3).

Specifically, when caring for young people presenting with mental health difficulties, this procedure is aims to support how staff gain awareness of the growing adolescent brain and the impact of the experience for staff working with this service user group.

Improving the understanding of adolescents should assist with signposting to appropriate services/interventions to reduce the number of young people presenting in crisis out of hours who require admission to an inpatient beds.

This procedure also aims to improve the experiences of care and recovery through greater family and systemic interventions and through the wider applications of the Common Assessment Framework process when necessary.

1.0 Scope

This procedure is aimed at the following mental health services within the Preston Central locality:

- CAMHS
- Primary Care Mental health team (PCMHT)
- Single Point of Access (SPoA)
- Complex care and treatment Teams (CCTT)
- Crisis Resolution and Home Treatment Teams (CRHTT)
- Early Intervention Service (EIS)
- Inpatient psychiatric facilities
- Eating Disorder Service

2.0 Definitions

The following definitions are applicable to this procedure:
Young person – defined as a 16-17 year old person
Child and Adolescent Mental Health Service (CAMHS)

Primary Care Mental Health Team (PCMHT)
Single Point of Access (SPoA)
Complex Care and Treatment Teams (CCTT)
Crisis Resolution and Home Treatment Teams (CRHTT)
Early Intervention Service (EIS)
Inpatient psychiatric facilities
Eating Disorder Service

3.0 Duties

Each staff member within the defined teams, are expected to follow the procedure when a young person comes into contact with a mental health services. There are specific young person key workers identified in each of the adult teams who have obtained further training in this field relevant to the contacts they will have with young people. They will work closely with the young person as the named key worker/care co-ordinator, or supervise and advise staff who are working with the young person.

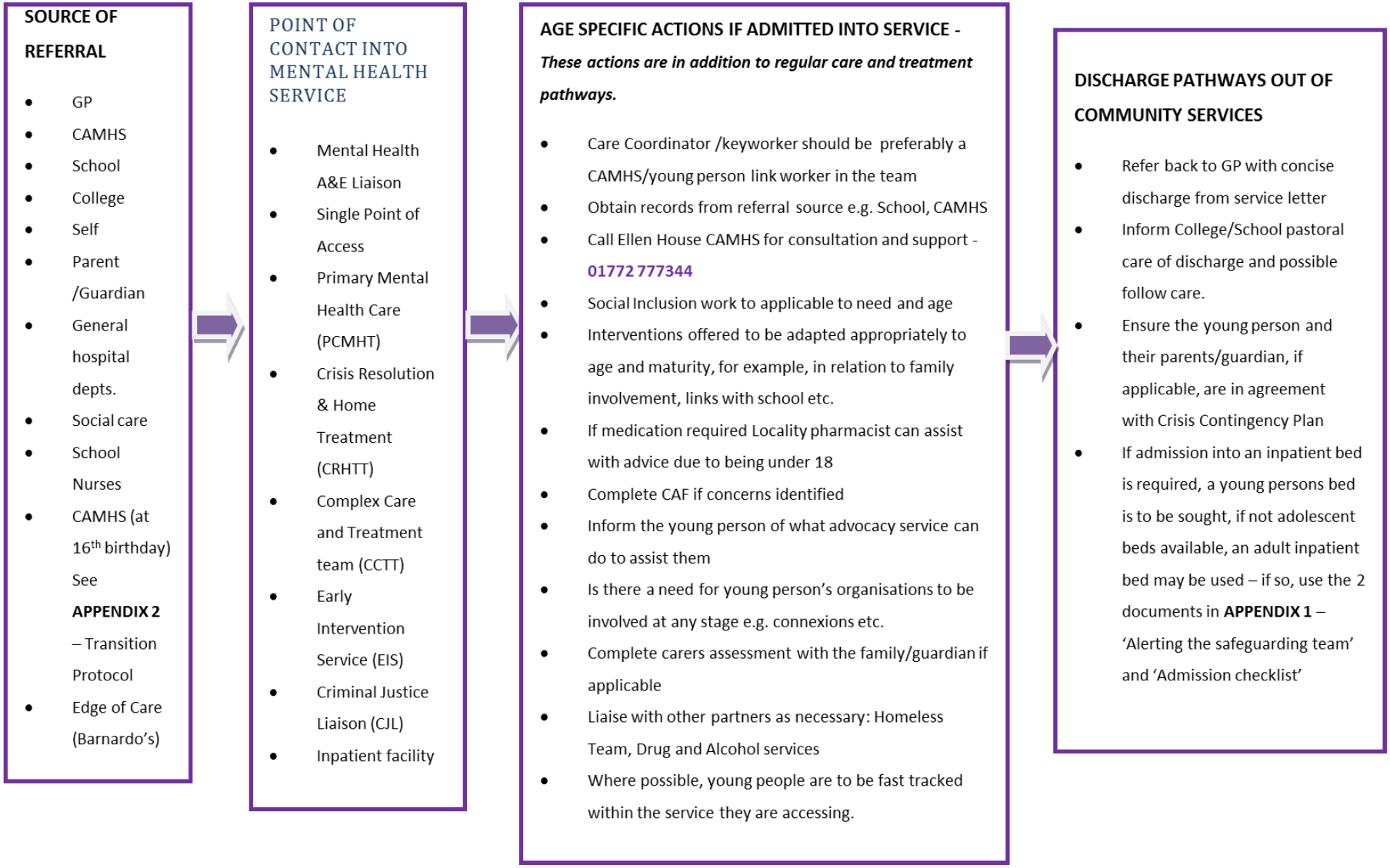
It is the Team Manager responsibility to ensure that there are staff within the team with specific skills to work young people. They must also ensure these guidelines are embedded within practice.

4.0 The Procedure

In order to understand the procedure, the source of the referral and the point of access of this referral are identified in the procedural flow chart below. This then provides the dictates standards required in order to care and treatment young person contacting adult mental health services.

There are further specific standards that must be followed when a young person is admitted to an adult inpatient facility, which are also detailed below.

Young People (16-17 year old) Contacting Preston Mental Health Services



When young people are admitted to adult inpatient wards

The following checklist has been designed to meet the requirements within the LCFT 'Safeguarding young people admitted to adult wards' (CP002) and the guidelines stipulated within the Pushed into the Shadows action plan. This checklist is to be completed alongside the normal admission pathway for the ward.

Procedure For Safeguarding Young I

The Care Quality Commission (CQC) must also be notified of the admission onto a psychiatric inpatient unit, the procedure attached below must be followed. The form at the end of the procedure must be completed and forwarded to the Units Mental Health Administrator who will then forward to the CQC.

The admission of children and adolesce

5.0 Training

Training to identified staff within the teams will be given to ensure there are link workers within each team with an increased knowledge and awareness of the care and treatment young persons and how to assess their needs.

There will be nominated staff within each of the teams, they will be seen as the young person link workers, they will continue to develop their skills and be seen as a point of contact within the team they work within.

Appendix 1

NOTIFICATION TO LCFT SAFEGUARDING TEAM OF ADMISSION OF YOUNG PERSON (16 or 17 years) TO ADULT MENTAL HEALTH WARD

DATE OF ADMISSION/CONTACT	
DETAILS OF WARD	
NAME OF TEAM AND STAFF MEMENER	
NAME OF YOUNG PERSON	
DATE OF BIRTH	
HOME ADDRESS	
GP	

SCHOOL/COLLEGE	
BRIEF SUMMARY OF ADMISSION – DETAILS OF LIAISON WITH OTHER AGENCIES I.E. SCHOOL NURSE, CHILDREN'S SERVICES ETC	

On completion of form please forward by email to LCFTs Safeguarding Team

Check List for Admission of Young Person to Adult Inpatient Unit

	Yes	No	Outcome
LIAISON INFORMATION SHARING			
Has contact been made with CAMHS Tier 4 Outreach Team?			
Has the LCFT Notification form been completed and forwarded to LCFT Safeguarding Team?			
Has the SUI procedure been followed?			
Has the ecpa safeguarding assessment been completed (if appropriate)?			
Are there any known child protection or safeguarding issues? **If so please follow CP001 procedure**			
Is the young person a Looked After Child?			
Has the young person got access to LCFT Interpreting service?			
Has the young person been offered advocacy services?			
Has the young person been offered the CAF process?			

Has consent for information to be shared with parents/carer/other agencies been discussed?			
ENVIRONMENT			
Is a single room/bathroom available?			
Has the room been subject to environmental risk assessment?			
Are staffing levels appropriate to meet the needs of the young person?			
Is the room able to be readily observed?			
Is the room equipped with a means of summoning urgent assistance?			
Is the ward free of service users/others including visitors, who may present any risk to the young person by their behaviour?			
Could the young person pose a risk to other service users/staff or visitors? **If so please ensure safety profile is completed**			

WHEN THIS LIST IS COMPLETE IT MUST BE SCANNED ONTO ECPA

Appendix 2

The Transition protocol below provides guidance to practitioners as to how young people should be transferred into on-going mental health services after CAMHS, to ensure continued support to the young person and their family/carers.

Transition from CAMHS

Guidance for Central Lancashire CAMHS

Contents

1. Background

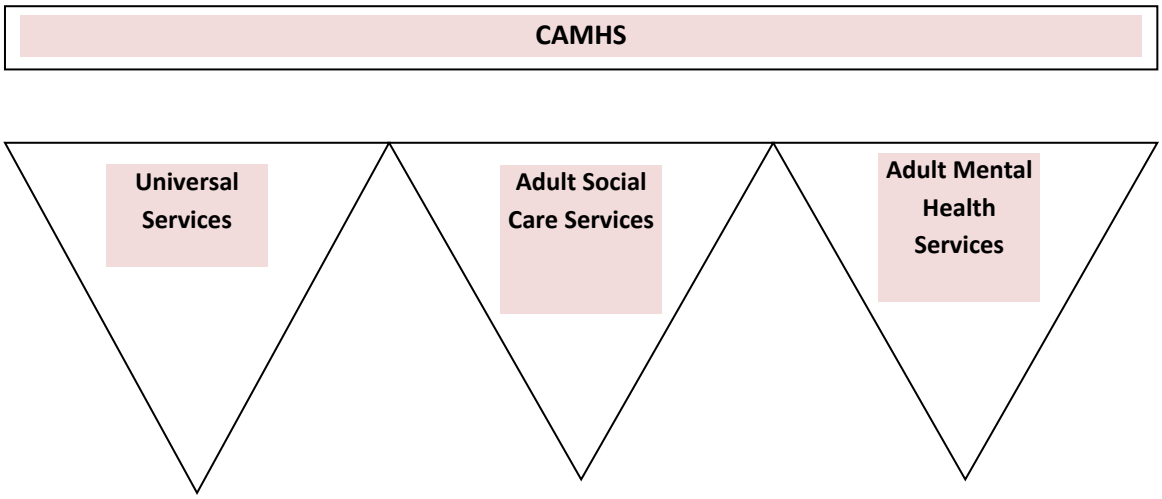
Some young people who receive services from CAMHS may need continued support beyond the age range of young people that CAMHS currently offer services to. Transition is recognised as a difficult time for young people, their family members and even professionals. During transition young people have to move from services that they are familiar with to services they do not know.

The best transitions are those were:

1. the young person feels supported;
2. the young person is aware of the changes and how the services they access are different;
3. the young person is involved in the decisions;
4. the young person is informed of the progress of transition;
5. the young person experiences a handover of care.

2. Context

At present there are three options for young people at the time of transition. Some young people will no longer need the support of CAMHS and can be discharged. They will continue to be able to receive support from services, including primary health care services, available to all young people. In Lancashire the statutory service for young people is the **Young People Service**.



There is currently a lot of guidance about transition. However, there are local agreements in place as recommended in guidance.

These include:
Procedure For The Referral And Transition Of Young People With Mental Health Problems Into Lancashire Adult Mental Health Services. (Lancashire Care Foundation Trust)

And
Transition Policy (Lancashire County Council)
These documents form the basis of transition in Central Lancashire. The needs of the young person will help to identify which process would be must useful to enable young people to move through transition. The documents relate to the different sections of the population that they offer a service to.

Procedure For The Referral And Transition Of Young People With Mental Health Problems Into Lancashire Adult Mental Health Services relates to adult services for young people from the age of 16 who experience mental health problems.

The *Transition Policy* describes the transition into adult social care services for young people who may need support from the adult service. Adult social care services support young people and adults from the age of 18 years old.

3. Involving Young People and their family members

Young people need to be fully involved in their transition. Most young people who are supported by CAMHS will be supported by parents/ carers or other family members. Young people should be kept up to date of progress during the transition. They must be allowed to contribute to transition planning and agree with all decisions that are made about the transition. Young people should be encouraged to involve their parents in transition and role of parental support should be highlighted.

4. Actions for Transition

1) The Transition Co-ordinator will compile reports of young people who are aged 15 and older. These will be shared with the Team Co-ordinators and Service Manager. The reports will be used to help plan transition and for discussion in Case Supervision.

2) The starting point for the transition process is to talk to the young person and their family members about transition. The purpose of this is to:

    a) Introduce to the young person that the services they receive are going to change;
    b) Start to discuss whether continued support would be helpful;
    c) Explore what services, including those in the community, could offer support for the young person's identified needs;
    d) Gain consent to commence the transition process.

3) The Case Manager will discuss the young person with the Team Co-ordinator and inform the Transition Co-ordinator.

4) The Case Manager will decide which adult service is most appropriate to send the referral to using the documents as a guide and following a discussion with the Transition Co-ordinator if this is required.

5) The Case Manager will discuss with the young person the importance of their family members or carers remaining involved in their care as they had experienced in CAMHS. The Case Manager should seek the young person's consent that adult services copy appointment letter to their parent/carers.

6) The Case Manager will compile the paperwork that is necessary for a referral for transition.
   Referrals to adult mental health will include:
   a) A CAF;
   b) Copies of recent and relevant letters to the young person, GP, family and other professionals (including, if appropriate, letters to Commissioners)
   c) Copies of clinical assessments and reports;
   d) Covering letter including whether the young person has given their consent that appointment letters can be sent to Parent/Carer (point 5).

Referrals will be made to the appropriate team.

Chorley and South Ribble		
Name of Team	**Referral pathway vai email**	**Tel. No**
Chorley CCTT	Via email: chorleycmht@lancashirecare.nhs.uk	01772 676068
Chorley & South Ribble PCMHT	Via letter: Leyland House Lancashire Business park Centurion Way Leyland PR26 6TR	01772 643168
Chorley GP area	Chorley and West Lancs CRHTT Via phone	01772 773525
South Ribble GP area	Preston and South Ribble CRHTT	01772 773433
Preston		
Preston CCTT	Via email WestStrand- CMHTMailbox@lancashirecare.nhs.uk	01772 401255
Preston PCMHT	Via letter: Primary Care Mental Health Team West Strand House Block C Strand Road Ashton on Ribble Preston PR1 8UY	01772 773437

Preston GP area	Preston and South Ribble CRHTT	01772 773433
West Lancashire		
West Lancs CCTT	Referral by letter: Bickerstaff House Ormskirk and District General Hospital Wigan Road Ormskirk L39 2JW	01695 598257
West Lancs PCMHT	Bickerstaff House Ormskirk and District General Hospital Wigan Road Ormskirk L39 2JW	01695 598340
West Lancs GP area	Chorley and West Lancs CRHTT	1772 25

5.Eating Disorders Services

Chorley, South Ribble and West Lancashire only: Young people who have a diagnosed eating disorder should be discussed with the Eating Disorder Service in the first instance. Young people who need Care Co-ordination will need a referral to CCTT.
Tel No: 01772 647072

Preston: Referrals will go to CCTT.

Referrals to adult Mental Health Services should be made 6 months before the transition is expected to be completed. Copies of the covering letter or email should be sent to the GP, Transition Co-ordinator and young person. With the young person's permission copies should also be sent to family members and other professionals who need to know about the referral.

Referrals to adult social care

a) Young people who are who are aged 16 years or older, are in transition and may need the support from adult social care should be notified to the Transition Operations Group.
b) The Transition Operations Group may request further information or updates which may require attendance at the meetings.
c) Referrals for adult social care are made through Customer Care at The Hub on **0845 053 0009.**
d) Further information should be made available as requested by the service the referral was made to.

Referrals to adult social care services should be made at least 6 months before the young person's 18th Birthday unless it has been agreed otherwise by the Transition Operations Group.

Adult Mental Health Services

Referrals made to the adult mental health services will be logged and a decision made as follows:

a. The young person will have an assessment from the team receiving the referral.
b. The young person's details may be passed to another team for consideration or action.
c. That the young person does not appear to have needs that would indicate that they should receive services. The referral is declined.

Adult services will contact the CAMHS referrer and if necessary request further information. The decision about the referral will be communicated to the CAMHS refer.

The outcome of the decision will clarify who will contact you next.

6. Accepted Referrals

Should the referral be accepted there should be an agreed period of co-working that allows that young person to continue to be supported by CAMHS while beginning the introduction to adult services.

Any appointments sent out by adult mental health services should be copied to the young persons' parent/carer (with the young person's consent **see 4.5**) and CAMHS Referrer.

A joint appointment for the young person with CAMHS and adult services attending should be arranged. During this time the assessment by adult services, including Carers Assessment should be completed. A gradual handover of responsibilities should take place allow the young person to experience a smooth transition.

7. Declined Referrals

Should the referral be declined the Case Manager should discuss this with the Team Co-ordinator.

8. Discharge

Where there is a clinical reason for discharge or when a young person does not consent to the transition the discharge planning process will be followed. Additionally,

it should be discussed with young people the services that may be able to offer support in the future. These should be written clearly in the discharge letter.

9. Safeguarding

Nothing in the transition process should deter, if necessary, action to be taken about Safeguarding concerns. Where these concerns exist Safeguarding policies must be followed at all times. All services involved have a responsibility towards the welfare of the young person. All services involved with a young person have a duty to raise safeguarding concerns when they are identified.

From the Transition Protocol.

Appendix 5 – Inclusion and Exclusion Criteria (Extract From CCTT Operational Policy Dated March 2011)

Inclusion criteria: Service users offered on-going treatment, care and monitoring by the care co-ordination function can broadly be split into the following groups:-

1. Service users with mental health problems of mild to moderate severity where sustained attempts have been made, but have failed, to manage the service user within primary care (ie service users on steps 1, 2 and 3 of the stepped care model).
2. Severe and persistent mental disorders associated with significant disability and/or mental health disorders leading to marked vulnerability and/or social displacement, in addition some service users may be difficult to engage.
3. Severe disorders of personality i.e., which give rise to a history of severe social disability, risk of self-harm, self-neglect or a serious risk of danger to others where these can be shown to benefit by continued contact and support.
4. Service users in the above categories who have disorders requiring skilled or intensive treatments provided within secondary care eg Dialetic Behavioural Therapy (DBT), 'Mindfulness' and '2B'.
5. Service users requiring interventions under the Mental Health Act (1983).

Exclusion criteria: There may be instances when it is clear to the individual receiving the referral that the CCTT is not the appropriate team to be providing interventions based on the available information. In these instances, the CCTT would discuss the referral and agree with the referrer the appropriate service or agency.

In general terms those excluded from being appropriate for on-going CCTT care co-ordination are those who do not meet the CCTT inclusion criteria.

Also excluded will be clients whose primary difficulties relate to:-

- Substance misuse
- Severe learning disability
- Developmental disorder (e.g. autistic spectrum disorders, adult ADHD)
- Neurological dysfunction
- Normal bereavement reaction
- Sleep disorder
- Sexual dysfunction
- Chronic fatigue syndrome/ Myalgic Encephalopathy (ME)
- Social, housing, financial and relationship difficulties
- Anger problems
- Early onset dementia (following assessment and diagnosis this client group may require

- specialist intervention from older adults services).

Service users having primary difficulties in these areas who meet the inclusion criteria for CCTT input based on them experiencing a mental health disorder (whether or not this seemed to be as a direct result of the primary difficulty) would not be excluded.

However, CCTT input and, if required, care co-ordination would depend upon the presence of this mental disorder. Long-term input for the primary problem would not be provided by the CCTT.

E.g. A service user with Asperger's Syndrome who developed depression leading to severe impairment of their usual functioning, may be appropriate for input from the CCaTT. However, they would not necessarily be eligible for long-term follow-up for the primary problem of Asperger's Syndrome (even if this, in itself, led to significant difficulties) when the features of the super-imposed mental disorder of depression had resolved.

How was this meeting?

Date: ☐☐/☐☐/ 20☐☐ Time: ☐☐ h ☐☐ m Session N°

		0	1	2	3	4
1	Did you feel listened to?	Not at all	Only a little	Somewhat	Quite a bit	Totally
2	Did you talk about what you wanted to talk about?	Not at all	Only a little	Somewhat	Quite a bit	Totally
3	Did you understand the things said in the meeting?	Not at all	Only a little	Somewhat	Quite a bit	Totally
4	Did you feel the meeting gave you ideas for what to do?	Not at all	Only a little	Somewhat	Quite a bit	Totally

---

Who gave this feedback (tick below):

Child/young person ○
Mother ○
Father ○
Professional ○
Other (please specify):

SUM:

NHS ID: ---

Service allocated case ID ---

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Appendix 5

How was this meeting?

Date: ☐☐/☐☐/20☐☐ Time: ☐☐ h ☐☐ m

		0	1	2	3	4
1	Did you feel listened to?	Not at all	Only a little	Somewhat	Quite a bit	Totally
2	Did you talk about what you wanted to talk about?	Not at all	Only a little	Somewhat	Quite a bit	Totally
3	Did you understand the things said in the meeting?	Not at all	Only a little	Somewhat	Quite a bit	Totally
4	Did you feel the meeting gave you ideas for what to do?	Not at all	Only a little	Somewhat	Quite a bit	Totally

---

Who gave this feedback (tick below):

Child/young person ○
Mother ○
Father ○
Professional ○
Other (please specify):

SUM: ○

NHS ID: ---

Service allocated case ID ---

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Appendix 6