



Lancashire and South Cumbria
Children and Young People's
Emotional Wellbeing and Mental Health
Transformation Programme

Redesigning CAMHS in Lancashire and South Cumbria in line with THRIVE

Appendix B

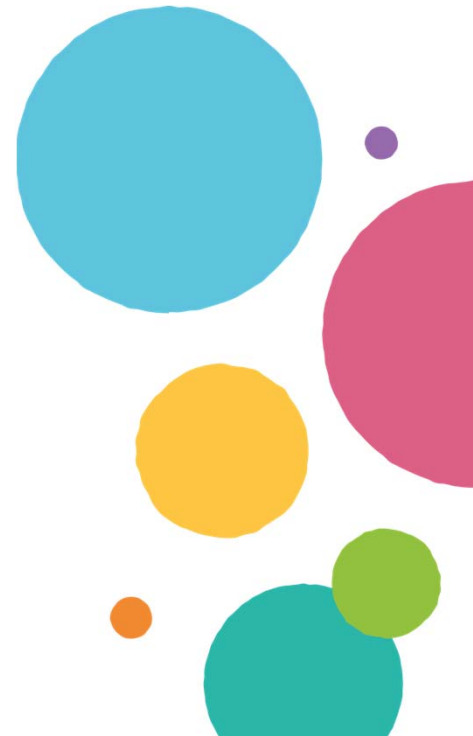


Overview

- Why are we redesigning CAMHS?
- What is our approach to the redesign?
- What have we achieved so far?
- What is the timeline going forward?



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The Case for Change – why redesign CAMHS?



National Access Target for CAMHS – now 100%



Anticipated Waiting Times Target – 4 weeks



Feedback from stakeholders



Variations - services, outcomes and investment



Delivery of services and achievement of targets on the ICS Footprint



Transformation Plan aspiration to implement THRIVE



Some really good practice that we need to share



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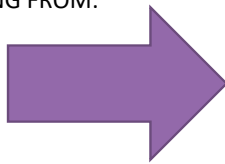
The THRIVE Framework for system change



THE THRIVE FRAMEWORK FOR SYSTEM CHANGE (WOLPERT, ET AL. 2019) WAS DEVELOPED AS A COLLABORATION BETWEEN THE ANNA FREUD NATIONAL CENTRE FOR CHILDREN AND FAMILIES AND THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST.



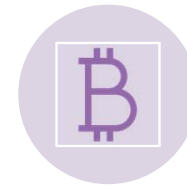
BUILT ON LEARNING FROM:



CHILD OUTCOMES RESEARCH CONSORTIUM (CORC); USE OF PATIENT REPORTED OUTCOME MEASURES TO TRANSFORM PRACTICE:
[WWW.CORC.UK.NET](http://www.corc.uk.net)



CHOICE AND PARTNERSHIP APPROACH (CAPA); HOW TO MANAGE FLOW AND EMBED SHARED DECISION MAKING:
[HTTP://CAPA.CO.UK/](http://capa.co.uk/)



PAYMENT SYSTEMS IN CAMHS DEVELOPMENT; 19 CASE MIX ADJUSTED GROUPINGS:
[HTTP://PBR CAMHS.ORG/FINAL-REPORT-PUBLISHED/](http://pbrcamhs.org/final-report-published/)

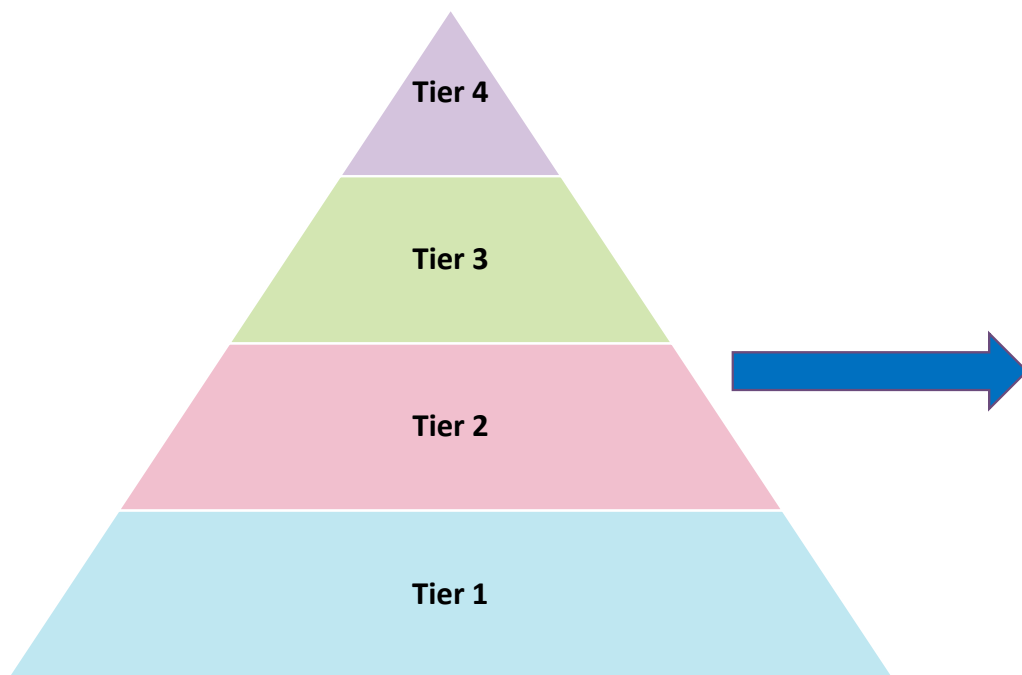


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The Case for Change: Adopting THRIVE

Current Approach



“...a radical shift in the way that services are conceptualised and potentially delivered”.



“rather than an escalator model this is a conceptual framework that groups children and young people, goal focused, evidence informed.”



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The Ask

Providers were asked to collaborate with each other, with VCFS providers and with CCGs to clinically lead the co-production of a core service model for NHS funded CYPEWMH Services (CAMHS) across Lancashire and South Cumbria

Services in Scope

All NHS funded services (partially or fully) that could or should deliver activity towards the new national CAMHS access target

Securing the Model

Commissioning of a new care model via direct negotiation (contract variation) with existing providers (through a clear and rigorous commercial roadmap)



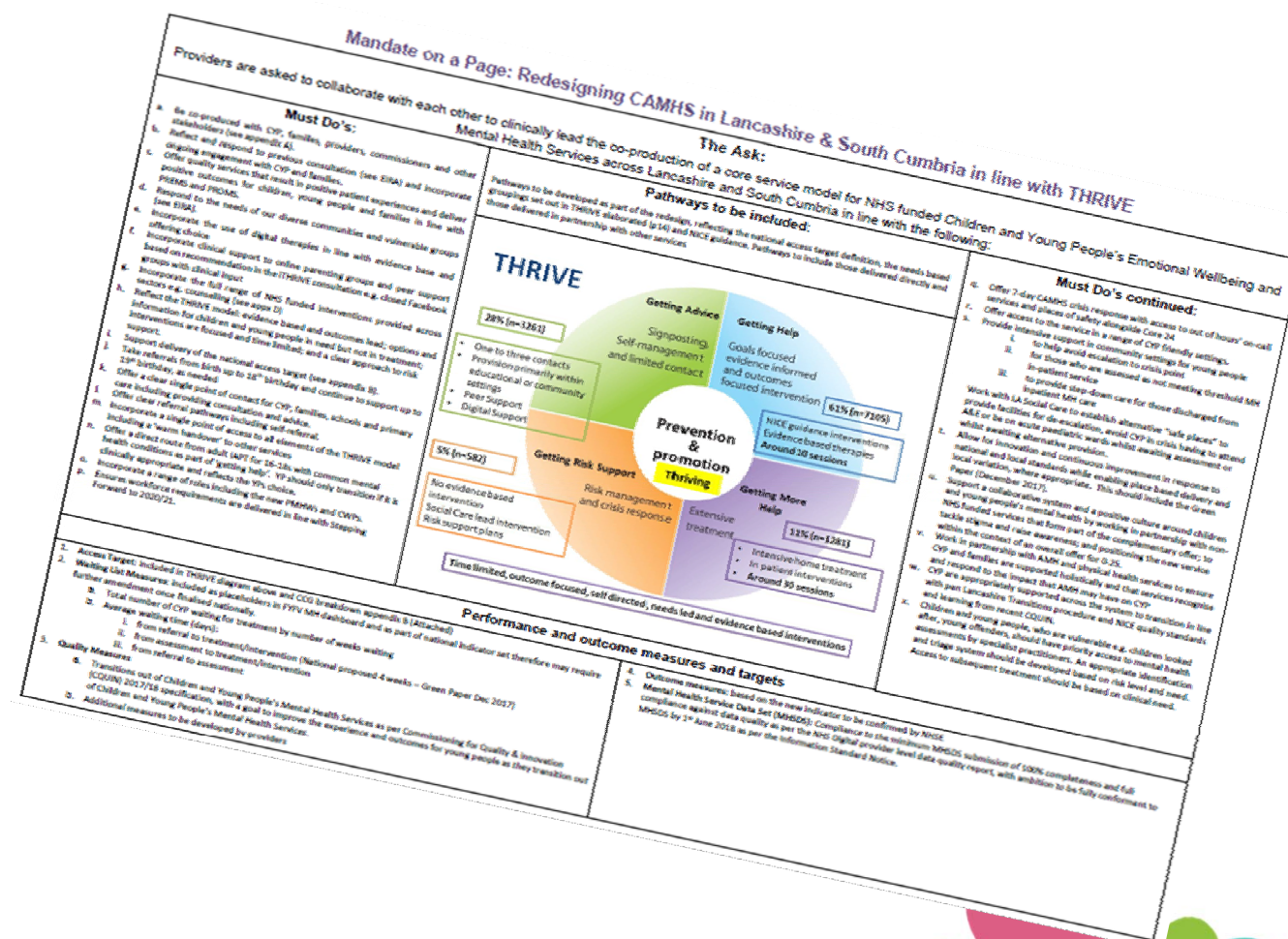
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Mandate on a Page

We gave the Care Partnership team a mandate which told them “what” the model needed to offer

The Care Partnership team were asked to work out “how” and to produce a proposal

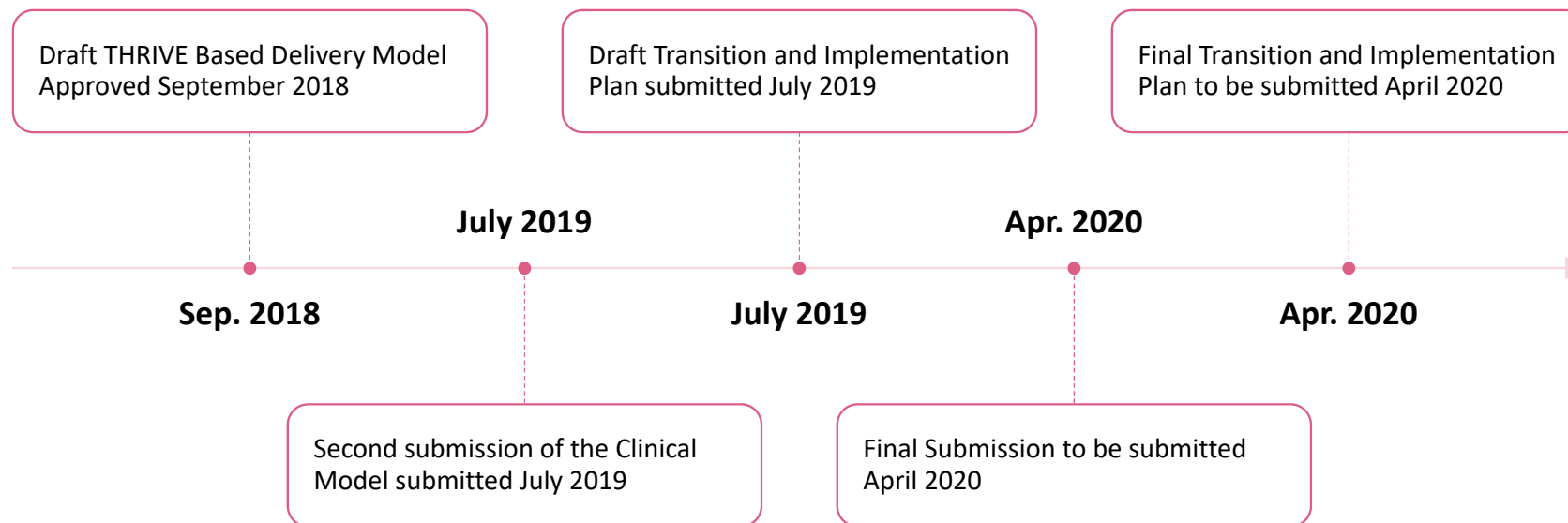


The Redesign Collaborative Approach

- 8 CCGs
- 4 (now 3) NHS Trusts
- 13 VCFS Providers
- Extensive co-production with children, young people, families, carers and other key stakeholders
- Significant clinical input from front line staff



The Redesign Journey



Stages of Redesign



Case for change identified



Care Partnership established with oversight of the programme



Intensive consultation with children and young people and families



Listened to what was said



Established a set of workstreams to redesign services that would be included in the THRIVE Model



Held a series of workshops to inform the individual workstream models



Strong clinical and management engagement throughout the process



Reviewed and implemented robust governance and reporting arrangements



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Co-production Methodology:



- Recruitment of CYP, families and carers to join Participation Groups in each ICP – with support & oversight from Health Watch
- CYP and families joined our workshops - We joined existing workshops and CYP forums in our communities
- Wider members joined closed facebook groups and circulated 'live' questions and feedback into the workshops each evening
- Participation Group members met every other week to discuss and reflect on emerging design themes and co-production of solutions
- Members will join our partnership board and embed co-production into the ongoing development and provision of care.



Stakeholder Engagement

More than 70 individuals from 27 NHS, local authorities, education, police, voluntary and community organisations across Lancashire and South Cumbria have worked together with parents, carers and young people on the redesign:

- We have developed the model together in our workshops
- We have reached out to community groups, networks and existing area forums and used a range of media
- We have surveyed key stakeholder groups to further seek their views & feedback on Children's Emotional Health and Wellbeing services across L&SC including GPs, Healthcare Professionals, CYP, Parents, Education and Teaching Staff
- We have worked directly with schools to gain their feedback and understand more about how we can support mental health and wellbeing in schools within our model



Feedback from Young People on their Involvement in the Redesign Process

Feedback from the groups about the co-production of the Thrive Model has been incredibly positive and they are keen to stay involved as the redesign is developed and implemented.

“It’s been great getting to talk to more people, knowing you’re not on your own.”

“It’s been good to realise that people with titles are human too! And they admit where things haven’t gone as well for young people as they should have done.”

“It’s been good to hear that services are willing to change”

“It’s helped to hear what the clinical team have had to say when we’ve raised questions”



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Core Recommendations from the Design Process: **CRISIS**

- **Emergency Care/ Crisis Service** offering 1-4 hours, 24 hours or 72 hours response team to support level of unplanned/ emergency care in any setting
- **Intensive Support Service** to deliver short term intensive interventions in any setting to prevent escalation/ admission and return to planned care pathway/ intervention
- **Day Service/ Unit** to provide daily intensive therapy options, to prevent escalation/ admission and which offers MDT and maintains access to education
- **Crisis/ Safety Beds** – Social Care Provision with therapeutic/ clinical interventions wrapped around





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Core Recommendations from the Design Process:

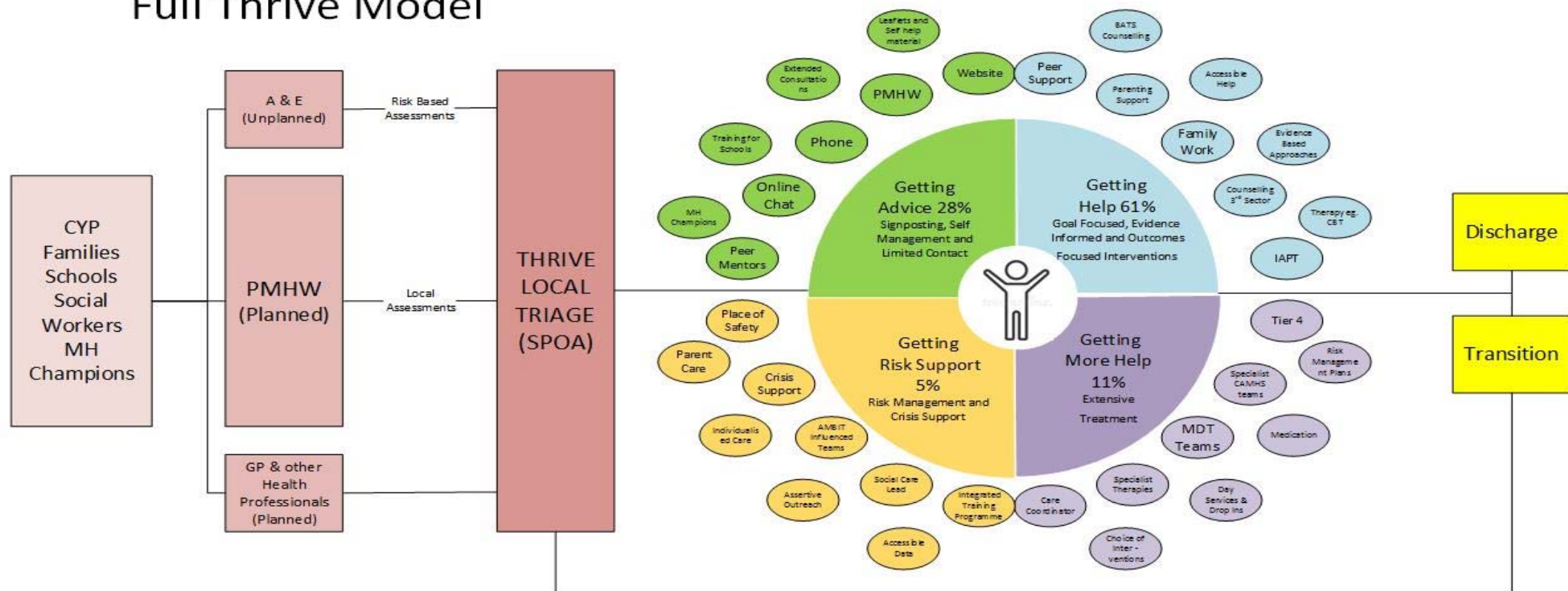
Risk Support – has to be delivered with Social Care & other stakeholder agencies:

- **Crisis/ Safety Beds** – Recommendations for Social Care Provision with therapeutic/ agency 'in reach'/ wrapped around
- **Panel type approach** with potential for support from 'dynamic risk register' or other shared tools
- Person-centred, trauma-informed practice and **AMBIT** principles under-pinning with training for the whole system
- A **joined up funding process** – so that decisions can be made quickly
- **Shared management plan** that takes into account statutory requirements, shared assessment/screening tool & advance agreement on menu of things that are available within a 'Risk Support' approach to avoid 'stalemate'
- Quick access back to 'Getting Help/Getting More Help' services when the young person is ready



Care Partnership Set out Core Principles of Access, SPOA, Crisis and Transitions in Phase I:

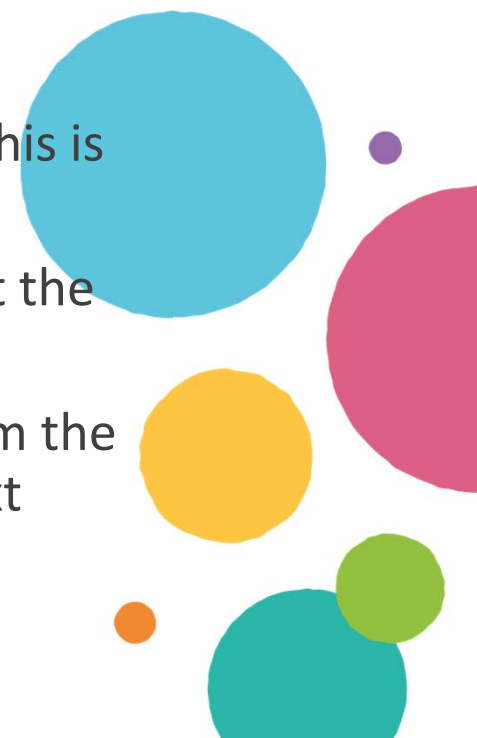
Full Thrive Model



← Access Route into Thrive Model → → Thrive Service Model →

Key Achievements

- Draft **Clinical model** reflects the spirit of THRIVE, a good reflection of the mandate and of the co-production with CYP, families and stakeholders. It provides a **solid foundation for further development** of some key areas.
- Formation of **strong relationships** between the 3 NHS Trusts and VCFS providers – development of trust and keen to explore new ways of collaborating to deliver real change
- Commissioning and provider **roles integrating** – breaking new ground. This is a real test case for new ways of working
- **Staff are committed** to delivery having been heavily engaged throughout the co-production
- **CYP and families are optimistic** about the future – positive feedback from the co-production process so far – a lot of learning which will benefit the next phase and the wider system



Timeline

1 Checkpoint 1: Agreement to proceed

4 NHS CAMHS providers confirmed their commitment to work together and with the 8 CCGs to co-produce with CYP & Families a core clinical model for CAMHS in line with THRIVE.

Oct 2017

3 Checkpoint 3: Outline Clinical Model

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities, Public health, CYP, Families, Education & VCFS. Feedback to Care Partnership following Board approval.

Aug 2018

5 Checkpoint 5: Clinical Model and Draft Transition & Implementation Plan submitted and evaluated

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities, Public health, CYP, Families, Education & VCFS. Feedback to Care Partnership following Board approval.

July 2019

7 Checkpoint 7: Final Clinical Model, T & Plan and FMT submitted and evaluated

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities & Public health. Board endorsement of Evaluation Panel recommendation to JCCCGs.

April 2020

July 2020

2 Checkpoint 2: MOU and Phase 1 Co-production & Engagement Plan agreed

Memorandum of understanding between 4 NHS CAMHS providers signed off by Provider Boards, establishing Care Partnership; Co-production & Engagement Plan signed off by Transformation Programme Board.

Apr 2018

4 Checkpoint 4: Phase 2 Co-production & Engagement Plan agreed

Phase 2 Co-production & Engagement Plan signed off by Transformation Programme Board.

Aug 2018

6 Checkpoint 6: Update to CCB

Report to CCB following Checkpoint 5 to update and confirm next steps. Update from CFOs regarding 4 year investment plan in line with MHIS.

Sept 2019

8 Checkpoint 8: Sign Off

Socialisation of Evaluation Panel Recommendations with CCG Executive's followed by presentation at JCCCGs for agreement of fully costed Clinical Model and Transition & Implementation Plan.

April 2020

July 2020



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Questions?

