

Mandate on a Page: Redesigning CAMHS in Lancashire & South Cumbria in line with THRIVE

The Ask:

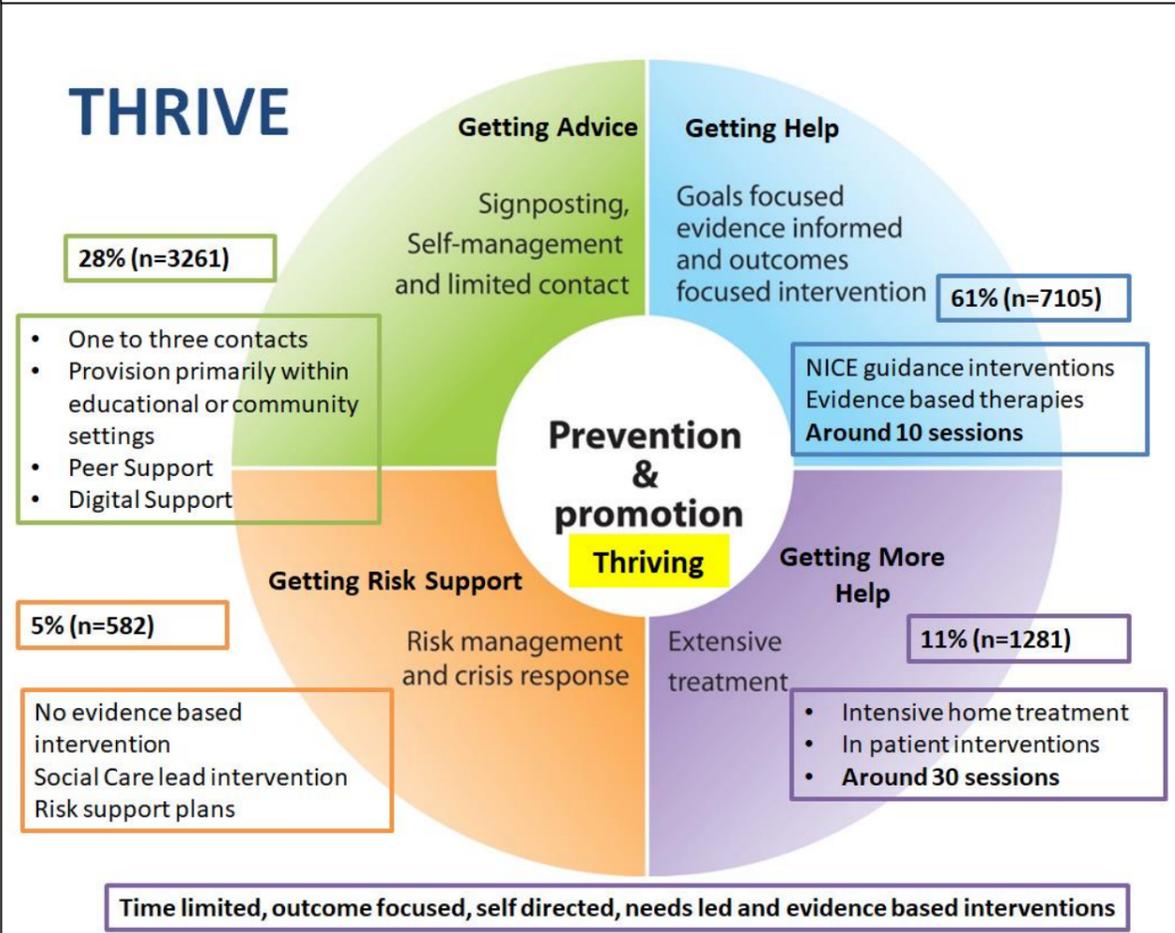
Providers are asked to collaborate with each other to clinically lead the co-production of a core service model for NHS funded Children and Young People’s Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

Must Do’s:

- a. Be co-produced with CYP, families, providers, commissioners and other stakeholders (see appendix A).
- b. Reflect and respond to previous consultation (see EIRA) and incorporate ongoing engagement with CYP and families.
- c. Offer quality services that result in positive patient experiences and deliver positive outcomes for children, young people and families in line with PREMS and PROMS.
- d. Respond to the needs of our diverse communities and vulnerable groups (see EIRA).
- e. Incorporate the use of digital therapies in line with evidence base and offering choice
- f. Incorporate clinical support to online parenting groups and peer support based on recommendation in the iTHRIVE consultation e.g. closed Facebook groups with clinical input
- g. Incorporate the full range of NHS funded interventions provided across sectors e.g. counselling (see appx D)
- h. Reflect the THRIVE model: evidence based and outcomes lead; options and information for children and young people in need but not in treatment; interventions are focused and time limited; and a clear approach to risk support.
- i. Support delivery of the national access target (see appendix B).
- j. Take referrals from birth up to 18th birthday and continue to support up to 19th birthday, as needed
- k. Offer a clear single point of contact for CYP, families, schools and primary care including providing consultation and advice.
- l. Offer clear referral pathways including self-referral.
- m. Incorporate a single point of access to all elements of the THRIVE model including a ‘warm handover’ to other services
- n. Offer a direct route from adult IAPT for 16-18s with common mental health conditions as part of ‘getting help’. YP should only transition if it is clinically appropriate and reflects the YPs choice.
- o. Incorporate a range of roles including the new PMHWs and CWPs.
- p. Ensures workforce requirements are delivered in line with Stepping Forward to 2020/21.

Pathways to be included:

Pathways to be developed as part of the redesign, reflecting the national access target definition, the needs based groupings set out in THRIVE elaborated (p14) and NICE guidance. Pathways to include those delivered directly and those delivered in partnership with other services



Must Do’s continued:

- q. Offer 7-day CAMHS crisis response with access to out of hours’ on-call services and places of safety alongside Core 24
- r. Offer access to the service in a range of CYP friendly settings.
- s. Provide intensive support in community settings for young people
 - i. to help avoid escalation to crisis point
 - ii. for those who are assessed as not meeting threshold MH in-patient service
 - iii. to provide step-down care for those discharged from inpatient MH care
- Work with LA Social Care to establish alternative “safe places” to provide facilities for de-escalation, avoid CYP in crisis having to attend A&E or be on acute paediatric wards whilst awaiting assessment or whilst awaiting alternative provision.
- t. Allow for innovation and continuous improvement in response to national and local standards while enabling place based delivery and local variation, where appropriate. This should include the Green Paper (December 2017).
- u. Support a collaborative system and a positive culture around children and young people’s mental health by working in partnership with non-NHS funded services that form part of the complementary offer; to tackle stigma and raise awareness; and positioning the new service within the context of an overall offer for 0-25.
- v. Work in partnership with AMH and physical health services to ensure CYP and families are supported holistically and that services recognise and respond to the impact that AMH may have on CYP
- w. CYP are appropriately supported across the system to transition in line with pan Lancashire Transitions procedure and NICE quality standards and learning from recent CQUIN.
- x. Children and young people, who are vulnerable e.g. children looked after, young offenders, should have priority access to mental health assessments by specialist practitioners. An appropriate identification and triage system should be developed based on risk level and need. Access to subsequent treatment should be based on clinical need.

Performance and outcome measures and targets

- 1. **Access Target:** Included in THRIVE diagram above and CCG breakdown appendix B (Attached)
- 2. **Waiting List Measures:** included as placeholders in FYFV MH dashboard and as part of national indicator set therefore may require further amendment once finalised nationally.
 - a. Total number of CYP waiting for treatment by number of weeks waiting
 - b. Average waiting time (days):
 - i. from referral to treatment/Intervention (National proposed 4 weeks – Green Paper Dec 2017)
 - ii. from assessment to treatment/intervention
 - iii. from referral to assessment
- 3. **Quality Measures**
 - a. Transitions out of Children and Young People’s Mental Health Services as per Commissioning for Quality & innovation (CQUIN) 2017/18 specification, with a goal to improve the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services.
 - b. Additional measures to be developed by providers
- 4. **Outcome measures:** based on the new indicator to be confirmed by NHSE
- 5. **Mental Health Service Data Set (MHSDS):** Compliance to the minimum MHSDS submission of 100% completeness and full compliance against data quality as per the NHS Digital provider level data quality report, with ambition to be fully conformant to MHSDS by 1st June 2018 as per the Information Standard Notice.