
Mental Health Update

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1. Key Priorities – 2019/20 and beyond (see Chapter 9 of the draft LTP)

Within the available resource, during 2019/20 and beyond we plan to:

- Deliver a core service in line with the new GM Service Specification for CYP mental health. Most significantly:
 - Increase the upper age eligibility criteria from 16th to 18th birthday for new referrals
 - Widen the service offer to include 8am – 8pm weekday working and weekend cover.
- Continue to deliver against the 5 Year Forward View for Mental Health targets for CYP Access, workforce development and community eating disorder waiting times.
- Deliver on ambitions in the NHS Long Term Plan:
 - Continue to increase funding for CYP mental health services both in real terms and as a percentage of total health spend.
 - Develop services and improve access to timely, effective perinatal and parent-infant mental health care for mothers, partners and children.
 - Transform Crisis Care – this work stream is led through the GM H&SCP with links to LTP.
 - Continue to work with partners to ensure mental health support for children and young people will be embedded in schools and colleges – building on the 'Link Worker' service in place since 2016.
- Operationalise the Transition Service, building on the Transition CQUIN for 2017-19. This will significantly improve the experience for CYP and

families and support delivery of the GM service specification for CYP mental health and NHS long term plan ambition for transition.

- Commission specialist neurodevelopmental nurse roles to support the ASD and ADHD assessment and care pathways, including delivery against the GM Standards for ADHD.
- Commission a Sensory Integration service to support those CYP, diagnosed with ASD, with more complex sensory needs.
- Continue to engage with and support local delivery of GM led CYPMH work streams, most notably the Crisis Care Pathway, development of the iThrive Hub, vulnerable groups, GM Mentally Healthy Schools and, the GM Inpatient Mental Health Offer.



HWBB Paper -
2019-20 LTP Refresh.

HYM- Safeguarding processes

Healthy Young Minds

From 01/01/18 to 31/12/18 there was 2465 YP referred to HYM, as the single point of access we redirect some to partner agencies, we currently have 64 on waiting list. The longest wait is 8.7 weeks for a routine assessment, however we offer urgent (within 7 days) and priority (within 2 weeks) dependant on risk. We offer 2 urgent assessments per day and we do not have an internal waiting list from assessment to treatment, the allocation list is allocated weekly to a practitioner who will provide treatment. We redirect to either school nurse, Streetwise, First point family support or Early Break for holistic therapies from referral or step down from our service.

The existing Link Worker offer for schools and any professional working with children and young people has been enhanced with the recruitment of a third practitioner to the team. A key new offer for the Link Worker service from 2018/19 will be BEST - Behavioural & Emotional Skills Training. The BEST group has been developed to help those CYP that experience high levels of distress and intense emotion that lead to urges to harm themselves. The BEST group is a proactive early identification and intervention to school populations where pupils struggle with emotional regulation and managing relationships that in the long term may be at risk of developing behaviours such as alcohol or substance misuse, self-harm or suicidal ideation. The aim is that early intervention and skills will prevent these behaviours exacerbating to unhealthy coping strategies in adolescence and early adulthood. The sessions will initially be delivered by the Link Workers with the aim that educational staff (SENCOs and teaching assistants and potentially school nurses or the designated lead for mental health will be skilled up to deliver the sessions themselves – significantly extending the reach and sustainability of the course.

The offer has been tried in a school with positive outcomes and will be piloted in two schools initially and if successful, will be offered to all. In time, it is expected that this service can be built upon with the roll out of the Mental Health Support Teams as proposed in the government Green Paper - Transforming children and young people's mental health provision (December 2017).

Overview

Safeguarding is an integral part of our work with young people and their families. All clinical staff are required to be up to date with their level 3 safeguarding training.

All staff receive regular managerial and clinical supervision and there is an expectation that all cases with safeguarding concerns are brought to supervision.

We hold a database of all cases at CIN level and above. All staff is aware of safeguarding processes and how to escalate concerns. Staff are aware of local policies and procedures around safeguarding. We frequently contribute to EHC plans, we provide a specialist clinic to Elms bank and offer consultation.

Graduated approach

Staff are aware of raising safeguarding concerns via their line manager and then raising concerns with the local safeguarding nurse and/or making a referral to MASH.

Our link work service provides support to other agencies and often involves advice around accessing early support and raising safeguarding concerns. Staff are expected to prioritise attendance at case conferences. We provide a weekly presence at the locality hubs in work which work MDT approach.

We share information with consent from families to schools and partner agencies to ensure that the systems involved with supporting a family are aware of the work we are doing. We would share safeguarding concerns as a matter of course.

At the initial appointment there would be a discussion with the YP and then the family around the limits of confidentiality and what we would do if there were any safeguarding concerns.

Training

Clinical staff receive level 3 safeguarding training and are regularly notified when their training is due. Non- clinical staff also receive required training for their role.

We hold regular 7 minute briefings in our team meetings.

Information from serious incidents and serious case reviews is regularly cascaded to the team for lessons to be learnt.

Responsive

All YP presenting with significant risk are screened and offered urgent appointments the following day if appropriate. All YP who attend A+E are contacted by the service within 7 days to plan their on-going care. All YP who

are admitted to a paediatric ward following A+E attendance have a 7 day follow up with our service. Our Inreach/Outreach team can offer additional support to YP out of hours if there is significant risk.

We have a duty system that operates Mon-Friday where external agencies can seek advice/ support around YP presenting with risk. This is well used by partner agencies and helps support referrers and ensures a timely response to those who require it.

Staff will be flexible in how and where an assessment is offered. This may involve a home visit or an appointment in school. We also commission First Point Support to provide early intervention and post diagnostic support. We provide regular consultation and access to psychiatry to the Look after children's CAMHs.