

## NCSS Programme Meeting Briefing Notes

Meeting on 8 and 9 June 2010 at Ambassadors Bloomsbury, London, WC1H 0HX

### 1 Exemplars on sustaining delivery and to drive improvements in the proxies

Dawn Rees (National CAMHS Strategic Relationships and Programme Manager) led a discussion on current regional challenges and successes identified by Regional Development Workers (RDWs). The outputs and themes from the session were shared with colleagues from the policy teams.

### 2 Department of Health and Department for Education Policy Teams

Anne Spence (Policy Lead Children and Young People's Emotional Well Being and Mental Health, DH) thanked colleagues for their patience during a time of major transition. Ministers are in listening mode, keen to meet and engage, to inform thinking about delivery and strategic policy directions. At a recent staff event the new Secretary of State for Health, Andrew Lansley, outlined 5 priorities:

1. patient led NHS and greater patient choice
2. deliver better health outcomes
3. long term sustainable NHS with strong accountability
4. focus on public health with a new public health delivery system
5. reforming long term care

These priorities will sit alongside a difficult economic climate; a challenging agenda to deliver.

The Minister of State for Care Services, Paul Burstow (Lib Dem), has responsibility for adult mental health and CAMHS, learning disabilities, and autism. Anne Milton, Parliamentary Under Secretary of State for Public Health has responsibility for children's health. The interest by new ministers is evidenced by briefings and information requests. No policy detail was known at the moment, a series of discussions were to take place in the next few weeks and months. Thinking will emerge along with the system architecture.

Lucy Reynolds (Children's Mental Health Advisor, DfE) and Graeme Jeffs (Professional Adviser, DfE) summarised the list of ministerial responsibilities. Tim Loughton, Parliamentary Under-Secretary of State for Children and Families, has responsibility for Children's Trusts, youth services, and children in care. Sarah Teather, Minister of State for Children and Families, has responsibility Children's Centres, Children's services commissioning and market development. Sarah is quoted in the recent *Children & Young People Now* as saying "The change in the department's name has not diluted the commitment of this government to children and families, or those who work with them".

Dawn Rees commented it was encouraging to hear links being made and articulated early on and thanked colleagues for the indication of future direction. RDWs and regional colleagues are managing a level of uncertainty and complexity along with additional pressures of local organisational changes.

### 3 The impact of NI50 on the emotional health of children and young people

Angie Pullen (National Development Projects Manager) reported the project findings had been written up of the field work looking at the impact in 8 regions choosing to focus on NI50 in their Local Area Agreements. Each area had received its own local report. Currently waiting on permission to publish and cascade the final report.

Angie circulated a paper for comment seeking views from RDWs on a scoring system to determine innovative practice examples. If thought suitable the method would also be used for the Tackling Stigma project.

#### **4 In Time Bed Availability for CAMHS (ITBAC)**

Sharon Hall (CAMHS RDW North East, National Lead for Tier 4) circulated a draft evaluation of ITBAC following an operational 12 months testing the model; the paper included sustainability options for discussion. The original aim was to improve the quality of information available on Tier 4 beds. The main points highlighted from the paper:

- the location maps of tier 4 units was a useful component
- the in-time (live information) aspect was perhaps too ambitious

In conclusion there was support for ITBAC but further development or refining was required, possibly including a more sophisticated information management system supporting the resource. It was suggested to investigate positioning through an NHS system like choose and book. Feedback on wider options was welcomed as the paper is to be discussed at the Tier 4 Advisory Group meeting on 16 June.

#### **5 Payment By Results (PBR)**

Kathryn Pugh (CAMHS RDW London) shared that she is an observer in an NHS London CAMHS work stream examination of PBR. Five local Foundation Trusts have taken this work on, developing a set of clusters and a booklet on cluster allocation. The new national assessment tool (Tier 2 to Tier 4) is also an outcomes tool. The next phase is to field test with live clients. They are now in a position to test the level of interest from other regions. A request has been made to DH to host a meeting on PBR for all interested parties, to share aspects of regional work and then develop a business plan. It was agreed to have an update at the September meeting on progress. Kathryn agreed to continue to share the London PBR group developments in the future. Dr Sheila Shribman is leading PBR in DH and will progress this theme.

#### **6 NCSS Programme**

Dawn Rees has been invited by Jim Phillips (Expert Patients Programme Community Interest Company) to sit on the Reference Group of the Young Peoples Mental Health Project developing a self care programme for young people funded by the DH. The group will inform and comment on the content and structure of a self management course for young people and a separate support programme for parents, set around 8 workshops to be tested through 6 pilot implementation sites and evaluated.

Roz Rospopa (Children & Young People's Portfolio Manager/CAMHS RDW East of England), National Lead for User Participation) highlighted her involvement with Young Minds in an exploration of current self management packages available online and what young people think of them. Dawn to introduce Roz and Rajinder Nagra, Participation Project Manager to Jim Phillips by email.

#### **7 Targeted Mental Health in Schools (TaMHS)**

Dawn Rees announced that East Midlands SHA are not renewing fixed term contracts and sadly this will affect the TAMHS project manager Sarah Jane Williamson, who will leave the programme in the autumn. Sarah Jane was formally thanked for her exemplary project management, for managing the scale and quality of the national work undertaken and achieved and the relationship with the regions. Dawn will be writing to RDWs and regional TaMHS Leads to outline managing the process of support when this is agreed with DfE.

#### **8 Participation Online tool**

Angie Pullen (National Development Projects Manager) gave an update on the development of the tool to assist local services in the genuine involvement of young people in planning new or reviewing existing children's services.

The tool will have an accessible front end for young people, with a sophisticated database for reporting purposes. Commissioners to be able to create mini surveys for local use from a pick and mix menu, for young people to raise questions and have them answered, as part of the functionality of the site. High calibre bids had been received in response to this complex proposal, the tender had been awarded to Cernis Ltd. in partnership with Focus. Planning was already in progress for the tool to have a life beyond the Programme, funding included development and ongoing support.

## **9 Children and Young People's Emotional Well-being and Mental Health National Support Team (NST)**

Kate Quail (Head, National Support Teams for Teenage Pregnancy and Emotional Wellbeing and Mental Health) and Lisa Williams (Deputy Head) attended. They shared emerging findings having completed visits to 5 Local Authority areas (Halton & St Helens, Lincolnshire, Solihull, Barking & Dagenham). These findings included:

- leadership - some great local champions but not enough to make a difference
- strategy and vision - no systematic, whole system approaches nor joint commissioning plans
- joint planning needed for transitions

RDWs play a key role in the NST visits. A discussion on their experience of taking part in the NST visit process highlighted:

- Visit was helpful, stretching and enjoyable. It confirmed their thoughts about the area.
- The NST visit report writing process was incredibly hard, intense work but interesting
- The visit is a useful process, it is helpful to have other professionals with expertise to look at (local) challenges
- The visit provided an opportunity to meet with wider Children's services staff, for example Children's Centre staff
- There was a suggestion to identify a lead in the area (possibly through the partnership group) at the initial set up stage, to take forward the recommendations, with contractual capacity as payback for the consultancy they are benefiting from
- Early identification of the dates for the Chief Executive and Senior lead follow up meeting, to ensure RDW involvement
- Need prior agreement between NST and RDW to determine what the messages are

In general discussion it was raised:

- the follow up service improvement work will potentially be beyond the life of the NCSS Programme.
- ownership of the local report and who it can be shared with
- input and support to address workforce issues

Dawn Rees commented the collective activity enhances the work of both programmes, building a potential model of future working. NST intend to share interim findings and lessons learned after a further 4 or 5 visits rather than waiting to the end. The NST Emerging Findings draft report will be sent to Dawn for comment, prior to the NST Steering Group Meeting on 17 June.

## **10 National CAMHS Workforce**

Barry Nixon (National Workforce Lead CAMHS) attended the National Autistic Society (NAS) strategy launch on behalf of NCSS on 8 June at Westminster. 'You need to Know' is part of the NAS campaign to make good mental health services for children with autism a reality. The Strategy's main areas:

- Increase government focus
  - targeted area for reform
  - Increase early interventions
  - NICE developing clinical guidance
  - Transition development of strategic guidance
- Building capacity in CAMHS

- Planning and commissioning
  - development of guidance
  - PCTs to demonstrate commitment to participation
  - development of specific pathways

Integrated Workforce Planning Tool: To facilitate a structured approach to workforce planning, build capacity and capability within provider and commissioner organisations, 9 IWPT sites have commenced a staged approach to testing and building the web based tool.

A significant level of interest continues with regard to the In-patient Training manual, development work is progressing as planned and the training pack will soon be available as an e-learning training resource.

## 11 **Mental Health ACT Implementation**

Kathryn Pugh (CAMHS RDW London, National Lead for Mental Health Act 2007) reminded colleagues her NMH DU role comes to an end this month, however, products are still available on the website. <http://www.nmhd.org.uk/our-work/improving-mental-health-care-pathways/implementing-the-amended-mental-health-act-1983/>

Kathryn was in the process of legacy planning with Barry Nixon converting the MH Act training to web based. Focus will continue the interrogation of data.

### **Transition**

Kathryn reported that DH had commissioned NCSS/NMHDU with SCIE to look at the various work strands being undertaken around transitions. To identify promising practice and to produce by the end of the year, a suite of practical products to be available online for commissioners and providers such as a Self Assessment tool and information regarding the legal status of young people in transition. The project will be looking for nominations from RDWs to join the virtual Advisory Group.

## 12 **Back on Track 2**

Dr Annie Lau (Consultant in Child and Adolescent Psychiatry) gave a presentation on the pilot project led by the Learning Skills Council and NIACE, in partnership with NMHDU working with Further Education (FE) establishments to improve engagement or return to education and training following first episode psychosis.

The Early Intervention in Psychosis (EIP) teams involved in the study were:

- Nottingham and City South County
- Hull and East Riding
- Worcestershire
- North Devon
- West Sussex
- Great Yarmouth
- Sunderland
- Wirral

Dr Lau gave an overview of the findings from the analysis of data submitted:

- understanding vulnerabilities, with FEs making adjustments to accommodate
- improved outcomes – what do we mean and who determines them
- key lever - early intervention teams linked in with CAMHS
- Social recovery to be higher on the agenda, to underpin care plans
- provides structure, normalises expectations and reduces stigma.

**Action: Key findings report from the Back on Track 2 study to be circulated**

## 13 **Date of the next meeting**

Wednesday 21 July 2010 at Room LG18 Wellington House