Mind the gap – improving the transition from child to adult care

Learning from good practice: Essex case study

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‘Starting young’
Emergent Themes

• Supporting parents/carers and the whole family: holisitic

• Having local or community based services and engaging with young people: innovative

• Improved access to support, advice with quick and easy access/referral to appropriate services: close to home
Essex context

• Integrated approaches since 2010, now formalised within LD and mental health
• Clear views from public and service users, families and carers
• Links to deprivation - JSNA
• Desire to commission improved outcomes, with focus on prevention, early intervention and recovery
Independent JSNA review

• ‘that there is no overall coherent integrated strategy within which services are commissioned and there is a complex, fragmented and poorly understood and accessed set of services in place’

• But building on examples of very good practice in transition, in health and social care
### Table 1 - System goals
- Customer centric and whole family approach
- Supports Early Intervention
- Efficiency savings
- Facilitates seamless De-escalation/ Escalation
- Enables transition
- Reduces inappropriate service demand
- Reduces duplication
- Effective and delivers measurable outcomes
- Cohesion with wider service delivery
- Synergy with other access points and pathways
- Informs wider commissioning decisions

### Table 2 - User Goals
- Easy to locate (telephone; web)
- Easy to access and in the community
- Responsive and supportive
- Enables effective decision making
- Operationally aligned and flexible (e.g. opening times)
- Appropriate environments
- Supports safeguarding
- User-friendly interface
- Works to service standards
- Provides timely information and advice
- Enables easy navigation of wider systems
- Linked to other practitioners
- Supports family and carers

### Table 3 - Imperative Enablers
- Integrated workforce development
- Effective leadership and management
- Trust and respect across partners
- Clinical and non-clinical, competent and knowledgeable workforce
- Communications strategy
- Effective and efficient data systems
- Information sharing
- Appropriate referral mechanisms
- Robust performance framework and measures
- Service specification with room for innovation in order to evolve and develop
- Robust integrated commissioning approach
- Effective contract management
- Service user agreements for two way accountability
- Links to wider other strategic developments and plans e.g. community resilience
Parents, carers, children, young people, concerned others

Professionals & practitioners from all agencies

The doorway into services CYP EWMH screening service located alongside/within the gateways into Early Help Services

Signpost or refer to other appropriate local services when they best meet need

Give Advice & Information & training to referrers and other services

The EWMH Service

Individual and group work

Pathways
1. Emotional and Behavioural Needs
2. Conduct Disorder
3. Severe and Complex needs
4. Neuro-developmental
Scope

• Emotional and behavioural needs
• Conduct disorder – challenging, disruptive behaviour
• Severe and complex needs
• Neuro-developmental (including ASD, ADHD, Learning Disability)
• Long-term physical health problems
Outcomes

• Improved **emotional wellbeing**, emotional intelligence, resilience and self-esteem

• More children, young people and their families and carers are **appropriately supported** by universal services

• Vulnerable groups receive appropriate **evidence based interventions** from EWMH services

• Appropriate mental health support and smooth transition for **16-25 years old**, their families and carers

• Children and young people **contribute** to the service solutions
Services

• Advice, information, training and support to universal, and to other targeted, services
• Work closely with education services
• Joint accommodation strategy
• Quick assessment and response
• Clarify Cross Border issues
Next steps

• Now entering competitive dialogue phase
• Co-production
• Building in links to Tier 4 via SCN and national pathfinder
Good practice - a provider’s perspective

“Spaghetti in the community”

- Referred directly to Tier 3 CAMHS by mainstream school
- Age 7 years
- Presenting with aggressive behaviour, poor social skills & lack of academic progress
- Mother in receipt of Mental Health Services (diagnosed with personality disorder)
Assessment

• Comprehensive assessment of need
  ➢ Diagnosed with Autism and Learning Disability
• Multi-agency joint planning meeting (Education, Social Care, Paediatrics, Children’s Learning Disability Team CAMHS)
• Local Authority residential school placement agreed. Voluntarily accommodated (needs proved to be too complex for placement)
Next stages

• Case presented to Joint Area Panel
• Private residential school placement funded by Schools Children & Families (Education & Social Care)
• Mental Health needs increased following the death of his father. Needs became too complex for this environment. Provider transferred to their own Mental Health unit without commissioner involvement.
Moving to transition

• Tier 4 requested to assess when Tier 3 commissioner received a bill!
• Now aged 17.5 years. Admitted to NEP Adolescent Psychiatric Intensive Care as significant risk of harm to self and others.
• Intensive therapeutic intervention with multi-agency care reviews using Care Programme Approach
Moving to transition, cont.

• Approaching 18 years so dual aspect to discharge/transition planning (adult care co-ordinator identified, adult rehabilitation plan & adult low secure plan)
• Clinical progress meant that adult rehab plan was implemented
• Phased transition from CAMHS unit to adult rehab unit.
Transition

• Period of joint work between AMHS & CAMHS (including nurse consultant for LD & National Autistic Society too). Transition to leaving & aftercare team. CAMHS education staff facilitated college placement.

• Multi-agency review preceded move to assisted living and personalised budget.
“Sorry if the contents of this card offended you. It’s the truth, and you’ve got to learn to deal with it. If you need any therapy to get over this card……please contact me”

The Hammer