

CAMHS – 24th August 2015

<i>The Last Twelve Months:</i>		
<i>CAMHS continues to review its processes and procedures to meet the needs of the service. We have seen a significant increase in demand which is illustrated in the figures below.</i>	<i>DRSS Devon referral support services</i>	<i>Management of Request for Involvement Form</i>
	<i>TRIAGE ASSESSMENTS – Front Door of CAMHS</i>	<i>The triage process is aimed to meet performance indicators, referral numbers and create a dual professional robust clinical assessment to inform the appropriate pathway of care for young people accessing CAMHS.</i>
	<i>Increased establishment/Skill mix review</i>	<i>We continue to review our skill mix and establishment. In the last twelve months we have increased our establishment by 10 clinicians</i>
	<i>ACE Support – New Connections to the specialists schools</i>	<i>We have a member of staff that is linked in with the ACE support who can support individual cases open to CAMHS through the educational settings. Additional clinical supervision is given to ACE staff to support their own emotional and clinical understanding of the Young People in their care.</i>
<i>Present Developments:</i>		
<i>The CAMHS team with the support of PCH are continually reviewing the services and considering ways to meet the needs of Plymouth Young people. Continuing to remain innovative within the establishment restraints and increase demand.</i>	<i>POS Suite</i>	<p><i>The under 18's Children and Young People's Place of Safety (CYP PoS) opened on the 31st March 2015 at Plym Bridge. It is currently based in the Extra Care Area within the unit. This is a temporary arrangement with plans to have a permanent self-contained POS in the future.</i></p> <p><i>The CYP PoS covers the area of Devon, Torbay and Plymouth. Any young person under the age of 18 detained by the police on a section 136 or 135 of the Mental Health Act will be brought to the PoS for an</i></p>

		<p><i>assessment. The PoS is staffed by a trained nurse 24 hours a day, 7 days a week. The nurses are from the Plym Bridge House team, but they are additional to the shift numbers so there is minimal impact to the inpatients. The nurse assigned to the PoS will undertake a co-ordination role to ensure that the process is followed and the young person is cared for appropriately.</i></p> <p><i>Since opening there have been a total of 18 young people assessed in the PoS. 10 young people are from Plymouth and the other 8 across Devon. To date there have been 2 conversions to a section 2 and the rest have been discharged back to community services.</i></p>
	<p><i>System One</i></p>	<p><i>Integrated System sharing information with General Practitioners and the wider health services. Working closely with Business Intelligence to ensure that the right information is accessible and informs CAMHS performance.</i></p>
	<p><i>Family Therapy Service</i></p>	<p><i>We are now seeing an established eating disorder pathway with Family therapy clinics involved and fidelity to the Maudsley model embedding the training and experienced gained through the IAPT training for SFP and Eating Disorder. Continued links being created with Paediatricians and adults Eating disorder pathways and clinicians. YP people accessing CAMHS with a predicted Eating disorder are received and accessed within a two</i></p>

		<i>week time frame in with NHS recommendations.</i>
	<i>DBT Pathway, IAPT SFP Pathway Conduct and eating Disorder</i>	<i>PCH have invested into training a small team of staff in specific DBT skills to support the growing number of Young people that are continued self-harm</i>
	<i>Enhanced Service for Children in Care - Out of Area</i>	<i>This is a new development to our present service supporting the young people that are in the care of Plymouth Local authority but placed in Devon. The service provides link worker to the system and psychiatry input. Intervention when appropriate. This role also links heavily with the Commissioning services to support the joint funding panel with regards to packages of care.</i>
	<i>Continued Standardisation, streamlining and development of Paper Work across all services, inc; a standardised referral form presently being agreed through the GP forum.</i>	<i>Triage Assessment aimed to support Equality and formulation ensuring that the appropriate treatment pathway meets the needs of the young person accessing CAMHS. Staff manuals to support a sense of consistency of treatment and intervention.</i>
	<i>Collaborative Working with partner agencies</i>	<i>SEND pathway meetings Joint Funding Panels Integrated working with Social Care to support the Education, Social Care and Health Care planning for those complex children in the Plymouth area that require a wraparound service.</i>
	<i>Transition to Adults</i>	<i>Policy Consulting with the wider services and AMHS to consider review of a step down approach for those approaching AMH services/service Cultural differences/ how to ensure that the transition to adult care is better supported and seamless in a care approach.</i>

	<i>Specialist Modalities</i>	<i>Reconfiguring the team to support access across the wider CAMHS services, such as Psychology, DBT, CBT, Art Therapy to the Neuro Child developmental Programme.</i>
<i>The Next Twelve Months:</i>		
	<i>Art Psychotherapy Family Groups (Evenings)</i>	<i>Development of Group work across the wider CAMHS team</i>
	<i>CBT Group work for Anxiety</i>	<i>Manualised group intervention - Kendall Cool Cats</i>
	<i>Investment in Enhanced Services</i>	<i>Crisis Outreach Team to be able to offer a 24/7 service to the Local hospital wards. Pure assessment team to ensure that an access to the CAMHS service is clinically robust and all information is clearly gathered through networking with the wider services and referrers. This will free up the MDT to specialise in their areas of care. The aim is to enhance the intervention available and that the right YP re accessing the right services at the right time. Crisis support team for the Neuro developmental team supporting difficult transitions and escalations in the community focussing on those young people with comorbid ASC and ADHD conditions</i>
	<i>Significant work involved with regard to the Transformation of Service's bid alongside commissioners to develop service and establishment to meet the growing need of the Young people of Plymouth.</i>	<i>Focus of our bid is on the Early Intervention, How families access early support for emotional health and well-being in the communities. Support in the schools and access and links via the GP surgeries part of the developing vision. Additional areas of specialist care are within Eating disorders and Perinatal MH. We should hear whether we have been successful in these bids by</i>

		October 2015			
<i>Aspirations and Hopes:</i>					
<i>Our Core hopes, aims and inspirations are to:</i>	<i>Reduce the waiting time of access to CAMHS</i>	<i>Create a service that children and young people are able to access quickly in the community at the first signs of difficulties. Ensure that the right information and support is available from this point and that the pathway of care is integrated with the systems around the young person.</i>			
	<i>Increase Choice of care and intervention</i>	<i>To continue to ensure that the specialism of intervention is available and continues to develop skill base and access to the right care at the right time.</i>			
	<i>Continue to improve and develop Working relationships with our partner agencies from the start of referral</i>	<i>CAMHS is only one part of the wider system and we would hope to work better with the wider services and partner agencies to prevent treatment in isolation and a holistic approach to care for the young people and their families in Plymouth. This work has already begun by joining Joint funding panels, creative solution meetings. Considering Job planning to meet integrated care planning and ways of working.</i>			
<i>Referral Numbers</i>					
<i>Referral Information:</i>					
		<i>APR</i>	<i>MAY</i>	<i>JUNE</i>	<i>JULY</i>
	<i>(2014/2015)</i>	<i>65</i>	<i>96</i>	<i>81</i>	<i>94</i>
	<i>(2015/2016)</i>	<i>100</i>	<i>109</i>	<i>100</i>	<i>100</i>
	<i>Urgent</i>	<i>25</i>	<i>21</i>	<i>12</i>	<i>22</i>
	<i>Referral to Treatment</i>	<i>Case Load Numbers in the Service (2015)</i>			

	<i>% Treated < 18 Weeks 76 %</i>	<i>APR</i>	<i>MAY</i>	<i>JUNE</i>	<i>JULY</i>
	<i>94% Current waiting less than 18 Weeks</i>	<i>1014</i>	<i>1017</i>	<i>1007</i>	<i>999</i>
	<i>Inpatient Admissions</i>				
		<i>APR</i>	<i>MAY</i>	<i>JUNE</i>	<i>JULY</i>
	<i>2014/2015</i>	<i>4</i>	<i>2</i>	<i>8</i>	<i>3</i>
	<i>2015/2016</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>2</i>