Project Report:

Transition from Child Mental Health Services to Adult Mental Health Services

A PROJECT BY THE ADULTS AND HEALTH SCRUTINY PANEL

March 2015

www.haringey.gov.uk

Chair's Foreword

Young people with mental health problems need the support they receive to be seamless as they progress through their adolescence into young adulthood. The current situation involves a 'cliff edge' in this support which occurs when a young person reaches the age of 18 and leaves the Children's Service to transition into the Adult Mental Health Service. At this point of transition, young people often don't meet the higher Adult threshold criteria for care, resulting in their support being withdrawn. This leaves vulnerable young people without support at a critical time and can often lead to a young person ending up in crisis and needing a much higher level of support as their mental health worsens.

At a workshop run by the Council which was attended by outside agencies from support services in mental health, it was clear that the current system not only allowed young people to drop through the net in terms of support for their mental health condition, it was also strongly felt that this current system of transition should end and that young people should be supported right through from the age 0-25, to prevent this cliff edge scenario.

The Adult Health Panel took evidence from a variety of stakeholders including; BEH Mental Health Trust, the CCG, Mind in Haringey, Open Door, Young Minds, First Step, Camden and Islington Mental Health Service and most importantly Haringey's front line staff in Children's and Adult Mental Health Services. From these experts the problems were identified and a new service was proposed which took shape under Dr Nick Barnes guidance, who as the Young Peoples Consultant Psychiatrist working within the BEH Mental Health trust, created the new proposed service 'Heads up for Haringey'.

This new model would be run as a pilot initially and be headed up by Dr Nick Barnes. Heads up for Haringey would remove the variation in funding and support young people currently experience and instead provide a service that continues through the young person's life up to age of 25. This would provide a joined up service that wraps care around an individual to support them with their mental health problems. The aim being to reduce any escalation in a persons mental health problems and allow all the services to be based in one hub with communication shared between all staff, from housing through to education. This will allow individualised care without the young person being passed from one service to another. Current national guidelines also recommends this more joined up approach; including the Care Act 2014, the Children's and Families Act 2014, 'Closing the Gap' a national policy document 2014 and NHS England's recent advice regarding providing a cross-service approach.

The new Joint and Mental Health Wellbeing Framework, which this new initiative would sit within, is an opportunity to transform our local mental health services and improve the mental health and wellbeing outcomes for our residents by allowing young people to access appropriate care and support, in order to remain within their own communities. I hope the panel's recommendations are taken forward and take advantage of the governance arrangements for implementing this new framework.

I would like to extend my heartfelt thanks to everyone who came and gave their time and expertise to develop this new Heads Up For Haringey service, in particular Melanie Ponomarenko who arranged all the meetings and was instrumental in putting this report together.

Cllr Pippa Connor
Chair, Adults & Health Scrutiny Panel

Panel Members:

Cllr Gina Adamou
Cllr David Beacham
Cllr Gideon Bull
Cllr Jennifer Mann
Cllr James Patterson
Cllr Anne Stennett
Helena Kania (co-optee)

For further information on the project please contact:
Christian Scade
Interim Principal Scrutiny Officer
0208 489 2933
Christian.Scade@Haringey.gov.uk

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Recommendations

RECOMMENDATION (1)

In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.

RECOMMENDATION (2)

The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.

RECOMMENDATION (3)

The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.

RECOMMENDATION (4)

The panel recommends that:

(a) The "Heads up for Haringey" model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. *(Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)*

(b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.

(c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.

(d) Intelligence from the pilot should be used to inform future commissioning intentions and service developments.

RECOMMENDATION (5)

The panel recommends that a "Heads up for Haringey" guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:

- **Information on local services which may be accessible to the young person**
- **Referral forms**
- **Pages for useful information which the young person can add to**
- **Information on useful websites and Apps**

RECOMMENDATION (6)

The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.

RECOMMENDATION (7)

The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.

1. Why did the Panel choose this project?

The process for identifying a work programme for the Adults and Health Scrutiny Panel included a 'Scrutiny Café' consultation, meetings with Cabinet Members and Senior Officers, input from partners, and a discussion by Members of the Panel. The issue of transition from child to adult mental health services was identified from this process for a number of reasons, which are best summarised by a written submission to the project from Dr Nick Barnes, Young People's Psychiatrist, Barnet, Enfield and Haringey Mental Health NHS Trust, as below:

"Transition within mental health services at the age of 18yrs can be problematic for many reasons;

- *It can be problematic for young people as they make the transition from childhood to adulthood in many other areas of life.*

- *There is a marked difference in provision between adolescent and adult services.*

- *It is often a time of distress and disengagement for those that do need transfer from adolescent mental health services to adults mental health services.*

- *The arbitrary age of 18yrs doesn't fit with a developmental model of adolescence – up to 25yrs*

Most services working with young people up to the age of 18yrs often do their best to discharge young people rather than seek for them to be transferred on to adult services. In most cases this is about the young person making steps forwards in their life and not needing to be dependent upon adult services, but this decision can also be driven by higher thresholds for accessing care being set out by the adult mental health teams.

Many other services are developing provision for up to 25yrs, as shown by the development of the Education, Health and Social Care Plans (replacing SEN statements) offering support up to 25yrs as well as the youth justice system exploring the extending of support through the Youth Offending Services to an older client group. The Government has shown clear commitment to developing services for children and young people to be extended through to 25yrs." (Dr Nick Barnes)

Policy Context

2. National context

2.1 One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before age 15 and 75 per cent before the age of 18.

2.2 The Government has committed to improving mental health provision and services for children and young people. The information below provides a summary of commitments relevant to this review.

2.3 The Government's 2011 Mental Health strategy, **No Health without Mental Health**, pledged to provide early support for mental health problems, and set out the Government's plan to improve mental health outcomes for people of all ages.

2.4 The strategy states "*Care and support should be appropriate for the age and developmental stage of children and young people...Careful planning of the transfer of care between services will prevent arbitrary discontinuities in care as people reach key transition ages."*

2.5 The strategy sets shared objectives to improve people's mental health and wellbeing and improve services for people with mental health problems. The strategy highlights that services can improve transitions, including from child and adolescent mental health services (CAMHS) into adult mental health services, by:

- planning for transition early, listening to young people and improving their self-efficacy;
- providing appropriate and accessible information and advice so that young people can exercise choice effectively and participate in decisions about which adult and other services they receive; and
- focusing on outcomes and improving joint commissioning, to promote flexible services based on developmental needs.

2.6 The **Health and Social Act of 2012** put a responsibility on the Health Secretary to secure improvement "in the physical and mental health of the people of England".

2.7 The **Children and Families Act 2014** reforms the system of support across education, health and social care. It creates a new 'birth-to-25 years' Education, Health and Care Plan (EHC) for children and young people with special educational needs and offers families personal budgets so that they have more control over the type of support they get.

2.8 In some cases, where a person is over 18, the "Care" part of the EHC plan will be provided for by adult care and support, under the Care Act. For children and young people with special educational needs, the Act aims to:

- Get education, health care and social care services working together

- Make sure children, young people and families know what help they can get when a child or young person has special educational needs or a disability

- Make sure that different organisations work together to help children and young people with special educational needs

- Set up one overall assessment to look at what special help a child or young person needs with their education, and their health and social care needs, all at the same time

- Give a child or young person just one plan for meeting their education, health and social care needs, which can run from birth to age 25 if councils agree that a young person needs more time to get ready for adulthood

- Reform the system of support across education, health and social care to ensure that services are organised with the needs and preferences of the child and their family firmly at the centre, from birth to the transition to adulthood.

2.9 **The Care Act 2014** introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates[1]. The Care Act states if a child, young carer or an adult caring for a child is likely to have needs when they turn 18, the local authority must assess them if it considers there is "significant benefit" to the individual in doing so.

2.10 When a local authority assesses a child who is receiving support under legislation relating to children's services, the Act requires them to continue providing him or her with that support through the assessment process. This will continue until adult care and support is in place to take over.

2.11 These changes should mean there is no "cliff-edge" where someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult. This is regardless of whether the child or individual currently receives any services.

2.12 The assessment should give information about eligibility, what can be done to meet or reduce their needs and an indication of the support they will get and requires local authorities to work to promote the integration of adult care and support with health services. The Act does not say that the child or young person has to be a certain age to be able to ask for an assessment. It says that local authorities must consider, in all cases, whether there would be a "significant benefit" to the individual in doing an assessment.

Ensuring there is no gap in services

2.13 When a local authority assesses a child (including a young carer) who is receiving support under legislation relating to children's services, the Act requires them to continue providing him or her with that support through the assessment process.

[1] http://www.scie.org.uk/care-act-2014/

2.14 This will continue until adult care and support is in place to take over – or until it is clear after the assessment that adult care and support does not need to be provided. Again, these changes will help ensure there is no "cliff-edge".

2.15 The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within, and between, local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.

2.16 The Deputy Prime Minister's 2014 policy paper, **Closing the Gap: priorities for essential change in mental health**, includes twenty five priorities for action to improve mental health services. Most relevant to this piece of work is:

"We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18..."

2.17 The document goes on to say *"...it has long been recognised that far too many young people who rely on mental health services are 'lost' to the system when they reach adulthood. From a point where they receive regular, focused support for their mental health needs, they find themselves on their own, unprepared for the abrupt cultural shift from a child-centred developmental approach to an adult care model. They may disengage, in many cases dropping through the care gap between the two services and losing much needed continuity of care. Those affected are often the most vulnerable and disadvantaged; getting lost in transition only adds to this – and makes them more likely to end up out of work and not in education or training. It can also mean their physical health deteriorates. For a significant number therefore, transition is poorly planned, poorly executed and poorly experienced. For so many reasons, this "cliff-edge" situation must end."*

Model specification for Children and Adolescent Mental Health Services (CAMHS)

2.18 NHS England has published a new model specification for Children and Adolescent Mental Health Services (CAMHS) targeted at specialist services (tiers 2 and 3) which treat patients with a range of emotional and behavioural difficulties such as behavioural problems, depression and eating disorders, to help improve the standards of care being given to vulnerable youngsters. It was developed by professionals working in the NHS and Local Authorities and young people and their parents were consulted.

2.19 The service specification includes a range of quality indicators such as personalised transition plans that include, for those young people who do need to transfer to adult services, joint meetings with CAMHS and adult mental health services. For those who do not, it will include information on how to access services if they become unwell.

2.20 Monitoring the outcomes of transitions from CAMHS to adult mental health services, or to other services such as the voluntary sector or primary care, is neither universal nor robust. CCGs and Local Authorities will be able to use the specification to build on best practice and the evidence from a range of service models to commission high quality, measurable person-centred services that

take into account the developmental needs of the young person as well as the need for age appropriate services. This will need a cross-service approach, involving housing, employment services and social workers – and not least, the young person themselves – to ensure they get the support they need.

2.21 The Panel were able to access a draft copy of the specification which was used to inform the recommendations contained in this report.

Funding for services

2.22 Concerns have been raised about levels of funding for CAMHS services and such issues were discussed in 2014 during a House of Commons Health Select Committee inquiry[2].

2.23 In December 2014, the Deputy Prime Minister announced a five year investment of £150m for eating disorder and self-harm services for children and young people[3]. Part of the intention is to channel money from expensive inpatient services to local provision, and foster the development of waiting time and access standards for eating disorders for 2016.

Scoping Study 15-24 year old services

2.24 In addition to the information above, the panel was made aware of a forthcoming publication highlighted in the policy paper "Closing the Gap: priorities for essential change in mental health" –

> "NHS England will undertake a high-level scoping study to examine evidence for both physical and mental health services focused on the 15-24 year age group and the implications this might have for care pathways, social workers and health professionals in the UK."

[2] http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/

[3] https://www.gov.uk/government/news/deputy-pm-announces-150m-investment-to-transform-treatment-for-eating-disorders

3. Local context[4]

3.1 Some children and young people in Haringey may be at greater risk of developing mental health problems than those living elsewhere in London and nationally. This is attributed to the number of factors impacting on mental health such as lack of education, rates of offending, levels of deprivation, unemployment and children living in lone parent households. Mental health needs of children and young people are greater in the east part of the borough.

3.2 Local data suggests that we have a higher number of referrals to CAMHS but a lower number of those seen by Tier 3 and Tier 4 services than is estimated by Public Health England (PHE). PHE also estimated a higher prevalence of mental ill health in children and young people compared to England, in particular conduct disorders. Almost 50% of children with conduct disorders engage in crime activities by the age of 20 and are at higher risk of suicide and substance misuse.[5]

3.3 Children in the care of local authorities are at particular risk of mental ill health. During their investigation the Panel was informed that at the end of March 2014, there were 511 looked after children. Of those, 50% were without any concerns, 13% had borderline mental health concerns and 37% had mental health concerns, as identified by the Strengths and Difficulties Questionnaire (SDQ) screening tool. It should be noted that as of February 2015 the number of looked after children had reduced to 462. In addition, children placed from other local authorities in Haringey will also need to access local services.

3.4 Young offenders are at high risk of suffering mental ill health. It is estimated that up to 40% of young people in the youth justice system have mental ill health. The rate for first time entrants to the youth justice system in Haringey (417 per 100,000) was similar to London and England.

3.5 Our local information on self-harm referrals in children and young people seems much lower than that reported anecdotally by schools, general practitioners and accident and emergency departments. It is therefore important to understand real need in local communities and focus on prevention, particularly in school settings.

Service landscape[6]

3.6 Mental health services in Haringey are commissioned by Haringey CCG, NHS England (specialist services) and Haringey Council. Services are provided by a range of providers including Haringey Council, NHS Trusts, primary care, VCS and independent sector.

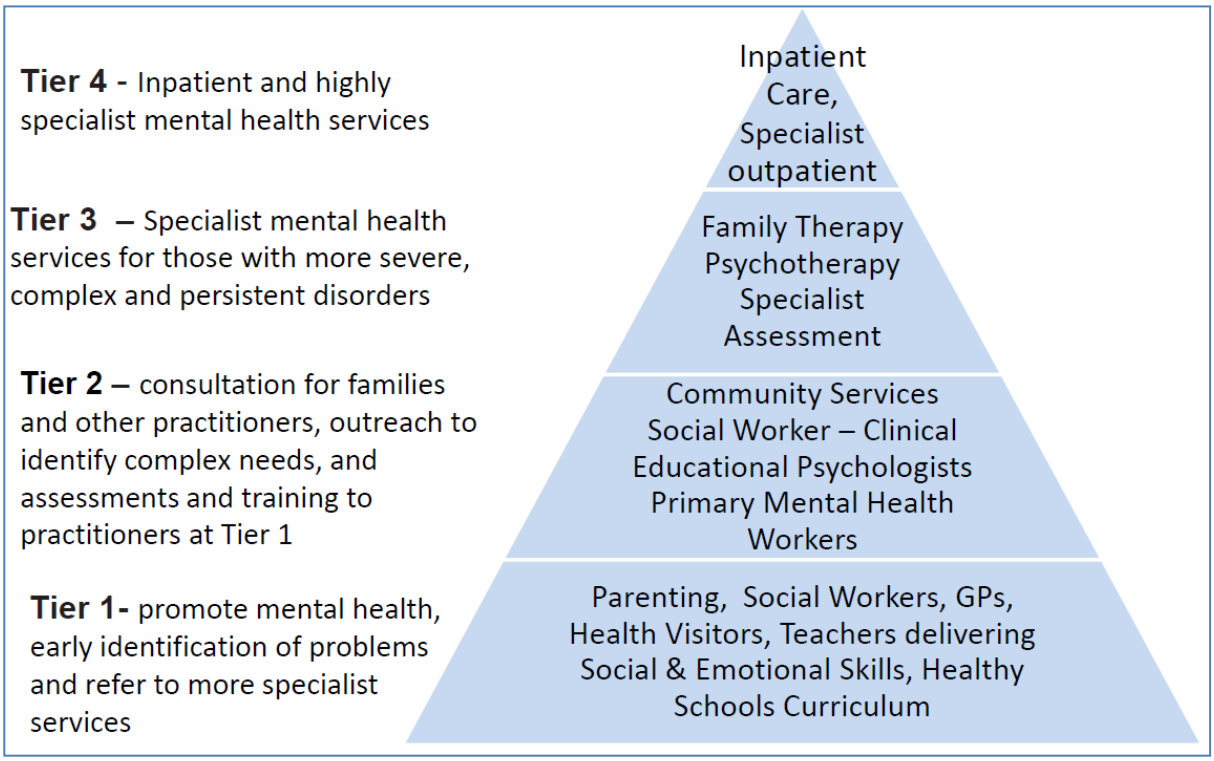
3.7 The main provider of mental health services for Haringey is Barnet, Enfield and Haringey Mental Health Trust. Most of the current activity is commissioned in a block contract making it challenging to support the shift of resources to prevention and early help, or to develop further community based services.

[4] Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)
[5] Friedli L and Parsonage M (2007): Mental health promotion: building an economic case
[6] Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)

3.8 Barnet Enfield and Haringey Mental Health NHS Trust (BEH MHT) provides a range of mental health services principally to the London Boroughs of Barnet, Enfield and Haringey. They provide a comprehensive range of services for children and young people working closely with the local authority (public health, education, youth justice and social care departments) and voluntary and community sector.

3.9 BEH MHT Children and Adolescent Mental Health Services (CAMHS) are provided in the four-tier framework and there is a single point of referral[7] for all children. Most referrals to CAMHS are from GPs, followed by schools and social services.

Mental health services for Haringey's Children and young people



Source: National Service Framework for Children, Young People and Maternity Services, 2004

3.10 There is a variety of services provided in Tier 1 and Tier 2 ranging from interventions in the community, schools, and primary care and parenting initiatives provided by the Council. However, at present, there is no system in place to monitor comprehensively the referrals to Tier 1 and 2 and follow children and young people along the whole pathway. Appropriateness of referrals depends on the information being disseminated to all stakeholders and the communities. Commissioning arrangements for Tier 1 and Tier 2 services could also be better integrated to reduce duplication and improve efficiency. At present, over 40 services and interventions are being commissioned by the schools, Council, CCG, Public Health Department and a number of external agencies. Some of these services are general and include a component of mental health and wellbeing such as health visiting and school nursing. Other services provide more targeted approach such as Open Door, a charity that provides counselling

[7] [7] Emotional wellbeing and mental health for children and young people in Haringey Needs Assessment 2011

and psychotherapy to young people aged 12-24. At present, there is no single directory of Tier 1 and Tier 2 services in Haringey that would enable full utilisation of this diverse offer. Also, fragmented provision arrangements make it challenging to consistently apply quality standards for commissioned services across the whole borough and in line with the national evidence and best practice.

3.11 Specialist Children and Adolescent Mental Health Services (CAMHS) are NHS services offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. In 2012, there were 1,080 children in Haringey who required Tier 3 and 45 for Tier 4 CAMHS services (Public Health England 2014). Current data (March 2014) from CAMHS shows 40% of children referred into CAMHS tier 3 were 10-14 years old. About one in five referrals were made for children aged 5-9 years and nearly a third (31%) were referred into CAMHS among the 15-18 year age range. The greatest numbers of referrals were from General Practitioners, equating to 45%. Local Authority referrals were mainly from Education (24%) and Social Services (14%).

3.12 In 2012-13, the inpatient admission rate (89 per 100,000) for mental health disorders for 0-17 year olds was similar to London and England. Young people's hospital admission rate for self harm (191.7 per 100,000 directly standardised) was lower than London and England figures (Public Health England 2014).

4. Introduction

4.1 "There is a clear appreciation across all services working with Children and Young people within the London Borough of Haringey that the issue of "Transition" – and more particularly the moving between adolescent mental health services and adult mental health services at the age of 18yrs - proves enormously problematic for many young people and their families/carers." (Dr Nick Barnes).[8]

4.2 During the review the Panel, with input and assistance from a range of stakeholders looked at the various issues and considered what recommendations could be made to improve the transition pathway for young people.

5. Survey

5.1 The Panel felt that it was important to get the views of young people who had experienced or were experiencing transition as well as the views of both parents and carers of those young people. The Panel had initially planned to set up a focus group to hear views and input with the support of BEH MHT. However none of the young people who were contacted felt able to talk about their experiences, and so the Panel felt that an on-line survey would be beneficial.

5.2 Two surveys were developed in order to gain input from young people and their parents/carers. The Panel gratefully received comments and amendments on the survey from a number of professionals involved in the project to ensure that the questions were the right ones to be asking, as well as being useful in developing the transition service.

5.3 Hard copies of the survey were distributed by partners at their reception centres and the online survey link was sent out to relevant mailing lists, however the response rate was low, even with an extension. The total number of responses was just 20 people. Therefore whilst the results of the survey are in no way statistically proportional of the population they may provide a useful snap shot of views.

5.4 Further analysis of the parent/career survey can be found at **Appendix A**. In addition, there were some suggestions from young people that may be useful to commissioners. These are noted below:

- *When asked about their current mental health, one respondent said that it was 'ok', one 'very bad' and one 'very good'.*

- *Respondents were asked whether there were any experiences they wished to share around their mental health. One respondent noted that sometimes a young person just needs someone to talk to and this should not be classed as a mental health issue. This may relate to stigma, something the Public Health*

[8] Dr Nick Barnes, 'Suggestions for CAMHS transition project', submission to Panel, Nov '14

Team are currently doing some work on. Another respondent indicated that it was better not to talk about your experiences.

- *Some respondents did not feel involved in planning and making decisions about their move from child to adult services.*

- *Some respondents were not aware that there might be a time which they could no longer access some services due to their age.*

- *When asked the question on the best way for young people to get information on services, one respondent felt that their support worker/key worker/personal adviser was the best source of information, one felt that drop-in sessions would be best and one felt that an email may be helpful.*

- *When asked what could be done to improve transition one respondent responded "give them the heads up…"*

5.5 The Panel felt strongly that further input was needed from young people in order to improve the service. This is something which is also stated as extremely important in the NHS England CAMHS specification.

6. Fair Access to Care

6.1 Whilst recently legislation and policy has focused on ensuring that information, advice and guidance is available to those who require it, and on a greater integration of services, the legislation has not addressed the differing eligibility criteria between adult and children services. These legislative issues are around a young person's need, as set out by national criteria, at the point at which a young person becomes 18 years of age. The clear gaps in what a young person of 17 years of age can access and what a young person can access at the point at which they turn 18 years of age, present what has been termed a 'cliff-edge' and can be a difficult time for a young person.

6.2 The Panel heard that in adult services a person must have 'severe and enduring' mental health needs in order to meet the eligibility criteria for access to services. However, there are adult mental health services that are available to those with less complex needs such as counselling and Improving Access to Psychological Therapies (IAPT). These provide a different service offer and this can mean that a young person can be shocked at the difference in provision and access, at a time when they are already vulnerable.

6.3 Whilst the Panel is aware that it is out of its remit to make recommendations on nationally set criteria, it felt that it is extremely important that this 'cliff-edge' is as cushioned as possible, in order to try and prevent the development of more severe mental health needs in the future. The Panel also felt that there is a need to prepare young people and their parents/carers for this change, this includes making it clear to young people what is available at each stage of the pathway.

7. Transition point

7.1 The Panel heard from a range of stakeholders about issues at the point of transition between child mental health services and adult mental health services, when a young person turns 18 years of age.

7.2 The Panel noted that there are some areas which work well, for example if a young person was referred to CAMHS with psychosis at 17, they would seamlessly move to the Early Intervention Service (EIS) at 18. In this instance the Panel heard that the move tends to work well, as the staff know each other, work well together and also communicate effectively. This is also aided by the EIS being quite an intensive package and so a young person would still have intensive support on reaching the age of 18 years, for the completion of the 3 year treatment programme (as outlined in the National Service Framework and NICE). After 3 years the person would generally transfer back to primary care or the Support and Recovery Service, which uses an enablement model to help young people move forward with their lives.

7.3 However in the instance of a young person accessing CAMHS for first episode psychosis at 14 years of age, the majority would be discharged back to primary care at the end of three years, assuming they had stabilised sufficiently. If they then required a service after they were 18 they would go straight into adult mental health services which are quite different from what they would have previously received. The Early Intervention Service (EIS) is currently being reviewed, and transition issues will be examined as part of this.

7.4 The Panel heard that those working with young people try to look at services such as Improving Access to Psychological Therapies, GP management, Open Door etc. to fill gaps/cover patches for young people who are not eligible for secondary care mental health services. However, those working with young people felt that there was a need for a much more seamless service for young people with a higher level of support across the board to prevent them experiencing the above mentioned 'cliff-edge'. Panel Members agreed with this view.

8. Communication with young people and their families/carers

8.1 The Panel were informed that overall young people in Haringey are not currently very well prepared for transition. This includes ensuring young people have the relevant information on what is happening, including changes to their service provision (e.g. when a service would no longer be available due to age) and also ensuring that the correct staff are engaged early enough, from all relevant services (both adults and children's services). There was acknowledgement that this is an area which needs some further work and improvement, and suggestions such as merging services more so that a young person does not feel lost or bereft at the point which they transition to adult services were discussed as a good way forward by both the Panel and project participants.

8.2 The Panel felt that it would be beneficial to provide young people with a booklet or folder of information, possibly which they could add to as and when they are given new information. The Panel and attendees felt that it would be important for this information to be presented in a professional format to ensure that young people feel that the information is valid and important.

8.3 A recommendation to develop a guide book to improve communication with young people and their families/carers has been put forward by the panel. This is included under section 13 as this provides further information on pathways / service models.

9. Data

Data on those who are due to transition

9.1 The Panel heard that at present there is no consistently updated list of young people who may need adult services at the point at which they turn 18 years of age. The Adult Mental Health Service has a list at present[9], which has ten young people who may need to transition to adult services in the near future and require services/funding. However the young people on the list have been added due to relationships and contacts across the services as opposed to any clear process by which a young person could be added. The Panel felt that this would not only make it difficult for adult services to properly plan for those who may be transitioning into the service, but also meant that the risk of a young person falling through a gap and being lost from services was greater.

9.2 The Panel agreed that there was a need to identify those who may need adult services at the right time. This should be early enough to enable sufficient planning and transition.

RECOMMENDATION (1)

In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.

Data on young people who come back into services at a later date

9.3 The Panel heard evidence relating to young people who are not eligible for adult services when they turn 18 years of age, however do then come back into contact with services a few years down the line, often in crisis. This can be into adult mental health services, but it can also be into services such as homelessness.

9.4 There is currently no data collected on those who come back into contact with services and who may have been in contact as a young person. The Panel heard that there may be challenges in getting this kind of information, for example a person may not disclose that they were in contact with children's services and BEH MHT have anecdotal evidence but no statistics. However, Panel Members felt it would be useful for a piece of work to be done looking at those who do come back into contact with services, what their needs are, and whether there are particular groups who are most likely to come back into contact at some point. The Panel felt that this would be a valuable piece of work which could help with early intervention, prevention and planning e.g. to assist with

[9] As per October 2014

targeted work with those of higher risk of re-entering services. The Panel felt that this would also link into the Council's wider work on early intervention.

RECOMMENDATION (2)

The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.

10. IT

10.1 The Panel was made aware that there is currently no interface between RIO (mental health IT system) and Framework-i (Social care records system). This means that staff working across services, and organisations, have to physically request information as the systems do not link. This process can take time.

10.2 The national charity, Young Minds, informed the Panel that data sharing is often cited as a barrier by organisations nationally (often with reference to data protection rules). However Young Minds directed the Panel to Caldicott 2, an independent review, requested by the Secretary of State for Health, on how information is shared across the health and care system. This includes information sharing guidelines and places an emphasis on there being an obligation to share information.

11. Young Adult Service

11.1 The Panel heard the status underpinning the Young Adult Service is slightly different – a young person is classed as 'leaving care' up until the age of 21, or 25 years of age if they are in education. Looked after children often have very complex needs and young people rarely present with one clear need, rather these young people often require very significant support. There is a lot of unmet need, however there is also a lot of work being done to try and address this e.g. with Open Doors and Young Minds.

11.2 The Panel was made aware of the work being carried out by First Step, a service provided by Tavistock and Portman NHS Trust, who undertake a multi-disciplinary screening and assessment in the first instance. This ensures that Looked After Children (LAC) are screened to identify any mental health needs, then more extensive screening takes place to consider the level of the needs (where identified). A young person would then be referred appropriately should they need to be. This is specific to leaving care due to the increased prevalence of mental health needs within this group of young people. There are often added complexities, for example unaccompanied minors can often have substance and alcohol misuse needs.

Transition

11.3 As with young people across mental health services, at the point of transition young people can often not meet the adult diagnosis threshold, but they will often meet this threshold later in life as their mental health needs deteriorate. They therefore often come back into mental health or other services at the point of crisis, at which point they meet the eligibility threshold.

11.4 During their investigation, and as noted earlier in the report, the Panel heard there were over 500 young people in care in Haringey, with approximately 330 placed out of borough. Following the panel's research however, and as noted in par 3.3, the number of looked after children, at February 2015, had reduced to 462 – with 101 placed in borough and 299 placed out of borough (62 placement details suppressed due to confidentiality). Given that different boroughs have different pathways, and young people often have to move often, this again adds to the complexities.

11.5 Many young people come back to the borough at 18 years of age as this is where they are eligible for housing. The Young Adult Service works with the Vulnerable Adults Team on housing issues, however due to the leaving care status this housing is often only available up until the age of 21 or 25 years, again adding a complexity for young people who have been in care.

11.6 The Vulnerable Adults Team is the main housing link, however it is difficult to find suitable housing for these young people and the Panel heard that only 60 care leavers will have housing in the borough. The Panel felt that there should be an overseeing role within mental health services to ensure that young people do not fall through the gap between children and adult services at this point.

RECOMMENDATION (3)

The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.

12. Young people appropriate services

12.1 There was a great deal of discussion on ensuring that services for young people are appropriate to meet their needs, as opposed to being rigidly constrained by an age. The Panel heard that a young person may have arrested development, for example when a young person has been in care and/or been through a difficult time their development can be on hold/'arrested' until later. In these instances a young person turning 18 years of age is a false view of when a young person becomes an adult. The Panel agreed with stakeholders that in order to bridge this gap and ensure young people in the borough have the support that they need a strong integrated model which spanned a larger age range e.g. 15-25 years of age would be the most appropriate form of service provision.

12.2 An age appropriate service was again discussed and explored further at the pathway workshop, which is outlined below. It has also been identified as best practice in a number of authorities in the UK, as well as in other countries. Examples of these are included in the written submission by Dr Nick Barnes, which can be found further in this report.

13. Pathway workshop

Current Pathway

13.1 The Panel ran a workshop with staff who work with young people across adult services, children's services, BEH MHT and the voluntary sector. This included social workers, personal advisers and a young people's psychiatrist. The objectives of the workshop were:

- To understand the pathway between child and adult mental health services.
- To understand how different agencies fit into the pathway.
- To identify issues/challenges/blockages along the current pathway and opportunities to improve these pathways.
- To identify an improved pathway.

13.2 It was evident from the workshop that the current pathway from child to adult mental health services is very ad hoc, and the Panel felt that it was very dependent on who a young person happens to be in contact with, for example Open Door runs a service for young people aged 12-25 years of age and therefore a young person is unlikely to fall between the gap, and Psychosis also works on a more seamless pathway. However, if a young person is assessed by adult services and does not meet the threshold then they are likely to fall between the gap.

A more effective pathway

13.3 As part of the workshop, two groups were set up to consider what a more effective pathway would look like for young people. The first group felt that a multi-agency hub, which could be accessed by young people up to the age of 25 years, would be a more effective pathway for young people.

13.4 The second group 2 came up with two options:

- Multi-agency transition service for young people up to the age of 25 years
- A multi-agency formulation meeting at the point of discharge from children's mental health services to discuss, with involvement from the young person, the most appropriate care package moving forward, including involvement from voluntary organisations.

A new service model?

13.5 The Panel heard evidence from the national charity, Young Minds, who made the following points:

- There is no point tweaking processes around the edges, you have to change the whole system to make improvements.
- There is a need to remember that there are young people who will have needs that 'don't quite fit' into structures and therefore there needs to be flexibility.
- Any transition service must be holistic – and a one stop shop.
- This approach may be expensive but the evidence is there to demonstrate that it is cost-effective.
- Engagement with the young people is much easier when it is in a hub which covers a variety of services, and is also therefore non-stigmatising.
- Young people must be involved.

13.6 The Panel felt that in order to provide an effective transition pathway for young people, as well as ensuring Haringey is in line with best practice, the borough should move towards an integrated service model for young people from 13-25 years of age.

13.7 The Panel was very grateful for the support and assistant of Dr Nick Barnes and Dr Virginia Valle, Young People's Psychiatrists from the Adolescent Outreach Team, BEH MHT, throughout the project. Dr Nick Barnes made a written submission to the Panel which he presented at the final meeting. The Panel felt that the points made in Dr Barnes' submission, and the proposed model were in line with the conclusions which the Panel were discussing. The Panel and project attendees also felt that the model which was suggested by Dr Barnes was also in line with the NHS England Model Specification for Child and Adolescent Mental Health Services which the panel had early sight of whilst in draft form. In particular the Panel and attendees felt that the proposed model would address the model specifications outlined in the document[10].

13.8 The extract below is from a statement submitted to the Panel by Dr Barnes:

"*There is scope and need for a wider provision at a Tier 2 level in community which could link with schools/education, social care and other services. There are 2 very strongly favoured models of support that seek to address this integration of care;*

[10] http://www.england.nhs.uk/resources/resources-for-ccgs/#camhs

The Sandwell Model[11] *– delivered in Sandwell and Dudley, this is a service that offers a widely integrated service that seeks to address "wellbeing" in a far wider sense, rather than focus specifically on mental health. Hence it has had significant impact on levels of violence within the local population, as well as seek to raise levels of resilience. A key feature of this service has been the desire to reduce the threshold of accessing support. This service appreciates that offering work at an earlier stage reduces the risk of further escalation of need, and so invests in an earlier intervention and more preventative approach.*

Headspace[12] *(in Australia) – Effectively seen as a One Stop Shop for addressing the wellbeing of young people (12 – 25yrs). This approach is more about a reconfiguration of current services, rather than necessarily commissioning more services (seeking an integration of – Childrens Services, Education, Sexual health, Employment, Youth Offending service, Youth services, drug and alcohol services as well as mental health services) so that a young person may approach the service without specifically believing they are looking to address their mental health needs first and foremost.*

Models of good practice for (Tier 3/4) mental health services – there are many models of good practice, and within our own borough, there are areas where transition is addressed in a well-coordinated manner. This is particularly so in the **Early Intervention Services** (linking across the Adolescent Outreach Team and the adult EIS services that work with young people with psychosis). The bridging of care across both teams works well within the borough but is only for a very small and select number of young people, with the EIS intervention only being available for a maximum of 3 years[13].

Orygen Youth Health[14] *- Orygen Youth Health Clinical Program (OYHCP) is a world-leading youth mental health program based in Melbourne, Australia. OYHCP has two main components: a specialised youth mental health clinical service; and an integrated training and communications program……..*

[11] http://www.bcpft.nhs.uk/services/for-children-and-young-people-and-families/84-camhs/250-specialist-camhs
[12] http://www.headspace.org.au/
[13] This is in-line with NICE and the National Service Framework for Mental Health
[14] http://oyh.org.au/

The Enablement Initiative within BEH-MHT and local authorities – The Network – *The development of enablement approach by BEH-MHT and local authorities has also opened up opportunities for exploring the issues of transition, perhaps best exemplified by the model developed within Barnet – the Network. The Network is an enablement service that provides support and interventions which enhance and promote recovery, social inclusion, and community integration to maximise resilience and independence. (See attachment). As BEH-MHT are looking to expand the enablement approach across all services, it is clear that there could be some very positive collaborative work between the local authority and the trust, involving the third sector/Community and Voluntary sector organisations, that would allow for us to address transition, accessibility, integration and enablement. See model below. Currently the trust is exploring setting up a pilot for addressing transition concerns through this enablement approach.*

Other important local developments -

- ***Integrate Haringey*** *– the involvement of MAC-UK within the borough, seeking to set up an integrate project with the local authority and BEH-MHT offers a real opportunity for young people who would never normally access mental health services find a less stigmatising way of addressing their needs – often in a much more integrated perspective. To offer a Headspace type service for these young people to move on to would reinforce that perspective of inclusion and participation*
- ***Early Help*** *offer from local authority – Establishing the role of the Early Help coordinators, with a clear emphasis on earlier intervention and more preventative work would also fit well with a headspace type model for the borough's young people*
- ***Tottenham Regeneration*** *– within a climate of regeneration, surely this is also the time to then think about how to regenerate services so that they meet the needs of the young people; that the services are accessible, integrated, about enablement and focus on working sooner rather than later.*

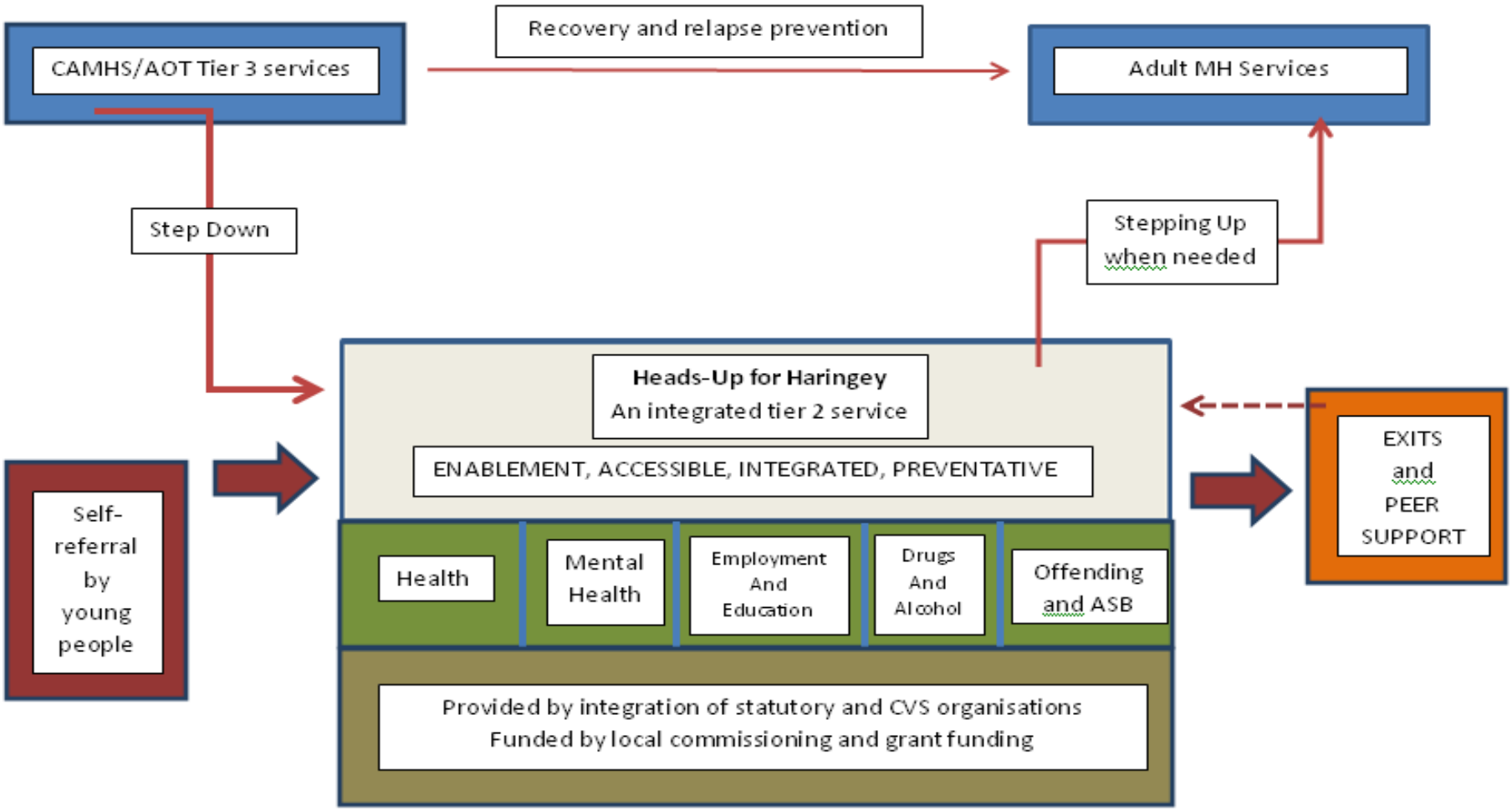
Proposal – Heads Up for Haringey *– If we are seeking to address Transition, then to best achieve this, we also need to think about accessibility (and unmet need), integration of services, early help and prevention, promoting enablement*

(and not dependency) and fundamentally seeking to provide the most appropriate support for young people in Haringey.

The model (overleaf) seeks to build on the information provided above. It seeks to allow for a clear pathway from adolescent services to adults services where needed, but that for the majority of young people this could occur through a "step-down" – more integrated, community service that would allow for young people that doesn't reinforce dependence, but seeks to promote enablement and empowerment. This service could be an integration of support at a tier 2 level, from statutory and CVS organisations (promoting wellbeing and building resilience rather) and then gradually evolve to become an open access, self-referral provision for all young people within the borough".

- **Dr Nick Barnes, Young People's Psychiatrist, BEH Mental Health NHS Trust**

Haringey CAMHS Transition project



Nick Barnes, Haringey Adolescent Outreach Team

13.9 Given the consensus amongst the Panel and attendees (including representation from Haringey CCG and the Commissioning team) that the proposed model was a positive way forward the Panel made the following recommendations:

RECOMMENDATION (4)

The panel recommends that:

(a) The "Heads up for Haringey" model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. *(Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)*

(b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.

(c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.

(d) Intelligence from the pilot should be used to inform future commissioning intentions and service developments.

RECOMMENDATION (5)

The panel recommends that a "Heads up for Haringey" guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:

- **Information on local services which may be accessible to the young person**
- **Referral forms**
- **Pages for useful information which the young person can add to**
- **Information on useful websites and Apps**

14. Staff awareness

14.1 As mentioned above the pathway workshop engaged with a range of professionals who have first-hand experience of working with young people with mental health needs including social workers, personal advisers, a young people's psychiatrist and staff from local voluntary organisations (Open Door, First Step and Mind in Haringey).

14.2 Throughout discussions at the workshop participants were sharing ideas and learning more about what each service and/or organisation provided, what the referral routes were and how the different services/organisations fitted together. Participants also shared contact details. The Panel felt that this demonstrated a potential for much greater partnership working to enable professionals to learn more about what is available across the borough and where they could refer or signpost young people and/or their parents and carers to.

14.3 The Panel heard that there is no Approved Mental Health practitioner with a childcare background in the adult service and no adult trained social worker in the Young Adult Service. The Panel felt that the inclusion of a social worker trained in children/adult service would be beneficial across the services.

14.4 The Panel gathered evidence from Camden's mental health services concerning their new model for transition of young people with mental health needs as an example of best practice. Camden have two aspects to their service, one of which is 'age alignment' where meetings are held every 2 weeks and attended by decision makers from across adult and children mental health services. At these meetings cases are looked at individually with discussion on what needs to change to assist the young person. The attendance of staff from children's and adult services encourages a focus on how the departments operate differently and what needs to be done to bridge this gap. An advantage of this approach has been that more information has been shared across children's and adult services and has also enabled working practices to be shared. Another advantage includes sharing knowledge on what services are available for young people e.g. projects that an adult team may know about that a children's team does not.

14.5 The Camden model also involves 'transition champions' in each team in adult services – this assists with sensible thinking about what will help a young person even when they do not meet the transition threshold.

14.6 The Panel felt that there were lessons which could be learned from the Camden model which would benefit young people in Haringey. Whilst the Panel's main recommendation centres on the new service model it felt that improved communication and working across the services and partnership would benefit young people in the interim and until the new model was fully operational (subject to agreement of the recommendation).

RECOMMENDATION (6)

The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.

RECOMMENDATION (7)

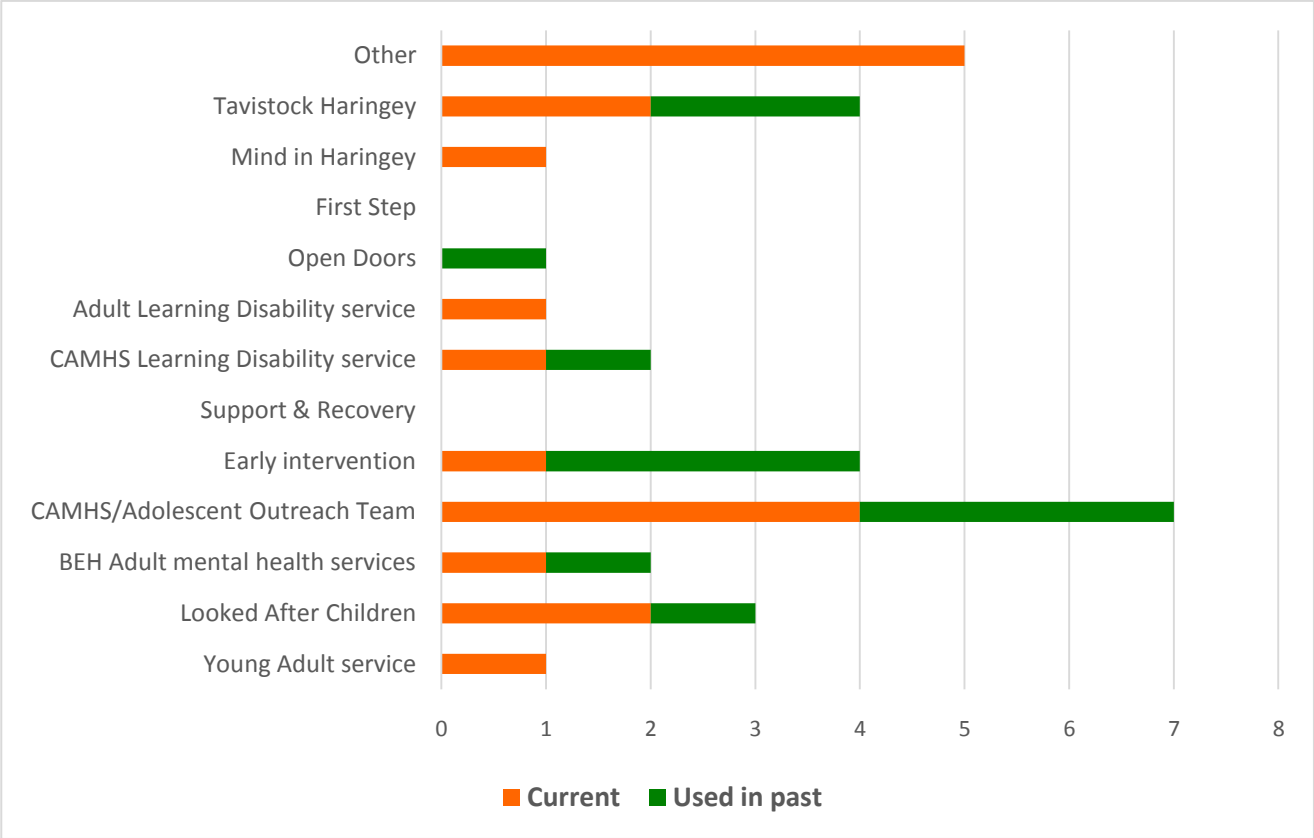
The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.

APPENDICES

Appendix A – Parent/Carer Survey

Q1. Has your young person ever used or is currently using any of the following services?

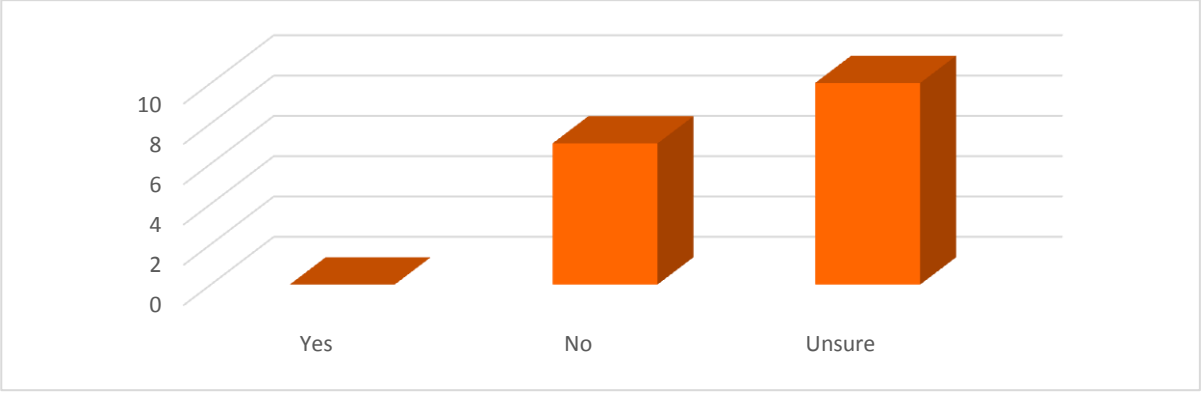
As can be seen from the chart below survey respondents had come into contact with a range of services across the young person's mental health services.



Q2. Do you feel that the children and young people's services and adult services communicate well with each other?

There were no responses to this question.

Q3. Do you think that the transition between children and young people services and adult services works well?



Respondents were also asked to give an example of when transition has worked well, or where it could be improved. There were three responses to this part of the question, two of which centred on delays in transition – one on a young person experiencing a service transition and one on a delay in the transition assessment until the young person was 19 years of age:

"*The transition for my daughter with autism, from school to college was very difficult. I had to employ solicitors at great cost to me. The outcome was a delay of 3 weeks from the start of the term. This was a residential college and the delay for a young person with problems with social skills was very difficult for her. Friendships had already been formed and she felt very isolated for some weeks at the start. This led her to say she wanted to die. Though this relates to Education the delay was caused by Social Care as opposed to the Special Educational Needs department*."

"*Transitions assessments should be done before the child turns 18yrs old. My son did not get a transitions assessment until age 19*"

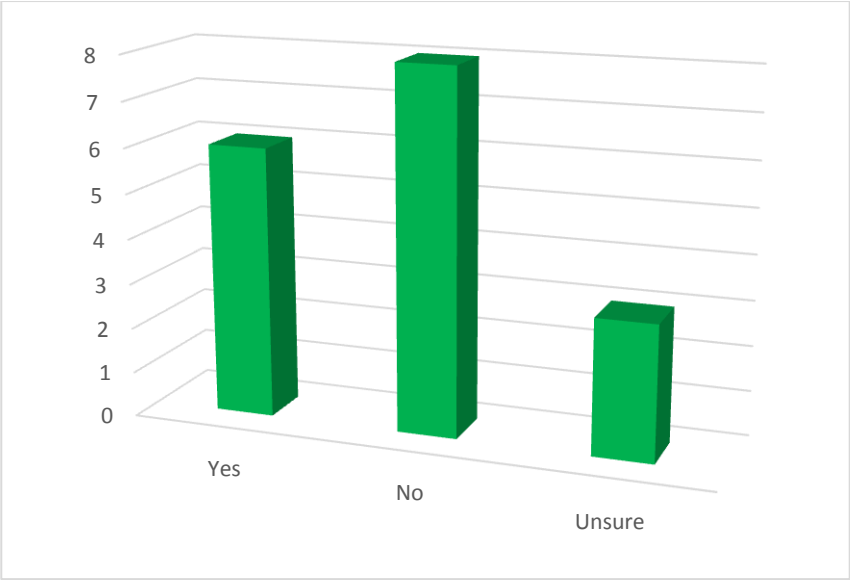
The third respondent talks about the changes or 'cliff-edge' when a young person transitions from child to adult mental health services and which was part of a recurring theme through the course of the project:

"*Most of the time I think it takes a bit of time for the transition to settle into place. The young people need to be made aware of how the boundaries change and the responsibilities that they will have to take on. I'm unsure as to whether or not they are prepared for this but at the same time there is some apathy amongst the young people as they are used to getting everything handed to them on a plate and then suddenly everything changes and they have to become much more responsible and manage their emotions at the same time."*

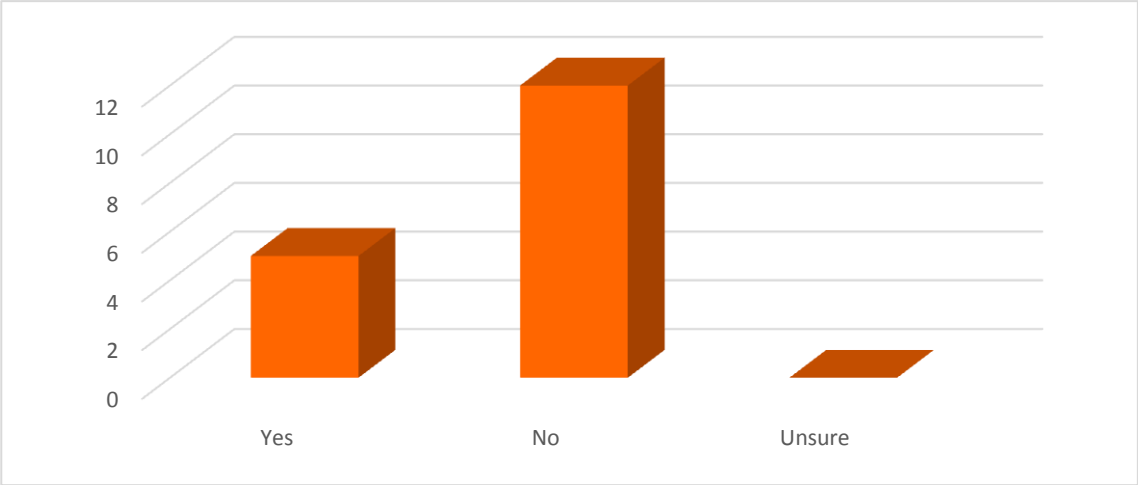
Questions 4, 5, 6 and 7

Based on the responses to these questions there may be merit in considering how information can be better shared with parents and carers of young people with mental health needs in order to ensure that they are personally prepared for the different role and responsibilities they are likely to have in their young person's life when that young person transitions and also how they can best support their young person at this critical time. Whilst the Panel is aware of the parent/carer counselling services offered by Open Door the Panel understood from project participants that information on this valuable service may not be widely known. The Panel also felt that the Open Door projects were an example of best practice and should they be more widely expanded and/or built on then it could ensure that parents and carers are better informed, as well as their young people.

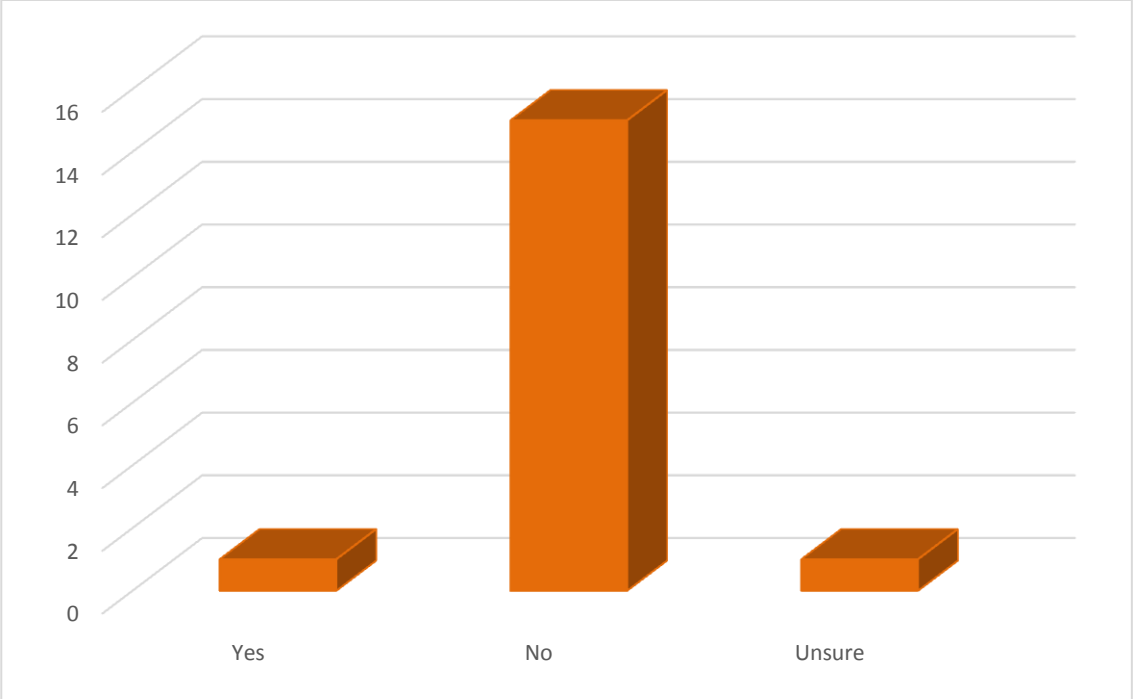
Q4. Were you aware that there would be some services that your young person might not be able to access based on their age?



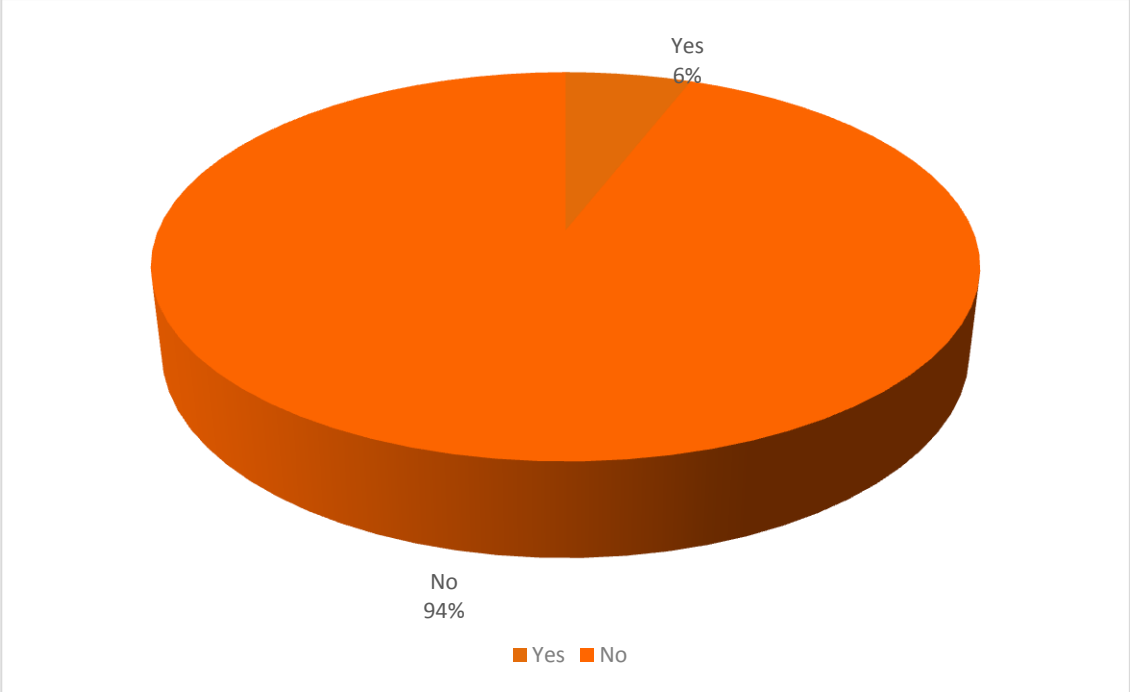
Q5. Has anyone told you that your involvement in your young person's care may change depending on their age?



Q6. Have you been offered any guidance to help you support your young person as they transition between services?



Q7. Have you been offered any personal support to manage the impact on YOU that may result from the service transition of your young person (e.g. counselling)?



Q8. Is there anything you think should be done to help <u>you</u> understand and prepare for your young person when they transition between services (e.g. peer support)?

The majority of respondents to this question felt that it would be beneficial for them to have more information on transition. Commissioners may wish to consider how best these needs can be met.

- *"A standard pack containing a timeline of what to do when etc, details of services available all downloadable from Haringey website.*

- *It would be very helpful to have at least one discussion on the subject of transition, rather than spend all that valuable time simply fighting for the right placement*

- *Yes - I think even basic information would be useful. I've not been told anything about transition eg he is finishing Year 11 this year - what happens next? Does it matter if he goes to college outside Haringey?*

- *I would like a designated person to talk me through the process of transitioning to higher education for my child*

- *Yes. There needs to be more dialogue about expectations, proactivity and outcomes that are there leading up to and beyond the transition period.*

- *Workshops*

- *More and clearer information and access to social work advice*

- *Support from local agencies. Ease of access to information through either web app or direct mail.*

- *One to one meetings or group forums about the changes*

- *Yes, peer support might be helpful.*

- *We get no support at all"*

Q9. Is there anything you think should be done to improve the transition process for young people?

Responses to this questions included ensuring the young people have the information they needed to be prepared for transition, improved communication and a more seamless pathway. Should the recommendations of this project be agreed then the Panel hopes that these issues will be resolved as part of the new model.

- *"More talk about it at school and college from about age 15 so they see it as something that will definitely happen and is positive and so they feel prepared.*

- *Give quicker response to the agreement of next placement so that transition could be managed much more calmly*

- *Better information and earlier - maybe a basic transition information pack and then a meeting with the young person and carer to discuss the process with them*

- *I always have to fight hard for help with every transition. Haringey council are never pro active in helping*

- *Only experienced this so far with regard to education transition. Young people are 17 years.*

- *Professionals talk to each other*

- *Consultation with parents and parent groups*

- *Support from local agencies. Ease of access to information on services through either web app or direct mail.*

- *Make the transitions team properly resourced. Ensure that all sencos in schools & colleges understand the system and what is on offer*

- *Communication*

- *Yes. They need to be made fully aware of what their responsibilities are to themselves and how to manage these."*

Appendix B – Review contributors

Name	Job Title/Role	Organisation
Cllr Pippa Connor	Chair	Haringey Council
Cllr Gina Adamou	Panel Member	Haringey Council
Cllr Jennifer Mann	Panel Member	Haringey Council
Cllr Gideon Bull	Panel Member	Haringey Council
Cllr Anne Stennett	Panel Member	Haringey Council
Cllr James Patterson	Panel Member	Haringey Council
Cllr David Beacham	Panel Member	Haringey Council
Helena Kania	Panel Co-Optee	Haringey Forum for Older People
Melanie Ponomarenko	Senior Policy Officer (Scrutiny)	Haringey Council
Diane Arthur	Advocacy Services Manager	Mind in Haringey
Ewan Flack	Director	Mental Health Support Association
Nuala Kiely		Mental Health Support Association
Mike Wilson	Director	Haringey Healthwatch
Tim Deeprose	Assistant Director, Mental Health Commissioning	Haringey Clinical Commissioning Group
Dr Virginia Valle	Young People's Psychiatrist	Haringey Adolescent Outreach Team, BEH MHT
Dr Nick Barnes	Young People's Psychiatrist	Haringey Adolescent Outreach Team, BEH MHT
Lynette Charles	Operations Manager	Mind in Haringey
Wendy Lobotto	Service Manager	First Steps
Julia Britton	Director	Open Door
Michael Murphy	Head of Learning Disabilities	Haringey Council
Jennifer Plummer	Team Manager, Mental Health Services	Haringey Council
Emma Cummergen	Deputy Head of Young Adult Service	Haringey Council
Charlotte Pomery	Assistant Director for Commissioning	Haringey Council
Paul Quinn	Social Worker / AMHP	Haringey Early Intervention Service
Sally Hodges	Associate Clinical Director and PPI Lead	Tavistock Portman
Andrew Wright	Director of Strategic Development	BEH MHT
Shaun Collins	CAMHS	BEH MHT
Janet Blair	Interim Project Manager	Camden & Islington Mental Health

Name	Job Title/Role	Organisation
		Foundation Trust
Lysanne Wilson	Director of Operations	Young Minds
Daniel Palmer	Personal Adviser, Young Adult Service	Haringey Council
Andrea Melis	Personal Advisor	Haringey Council
Sally Morley		BEH MHT
Sara Perry		BEH MHT