

Bamford Taskforce Annual Report 2011



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(i) Introduction

This is the second Annual Report of the Bamford Taskforce. The Report sets out the progress during 2011 in realising the “Bamford Vision” across Mental Health and Learning Disability.

The Report identifies some key themes across the work undertaken and the achievements to date but also gives details on progress and challenges in each specific service area. The Report also contains the final Health and Social Care Board (HSCB) and Public Health Agency (PHA) return to the 2009-2011 Department of Health and Social Services and Public Safety (DHSSPS) Bamford Action Plan.

(ii) Overview

Key Themes and Progress in 2011

2011 has been a year of continued modernisation and improvement, and consolidation of structures for delivery and challenges presented by the ongoing constrained financial position.

The key themes for the Taskforce and the associated workgroups continue to be drawn from:-

“Delivering the Bamford Vision (DHSSPS 2009)”;

- Promoting positive health, wellbeing and early intervention
- Supporting people to live independent lives
- Supporting carers
- Providing better public services to meet people’s needs
- Providing structures and a legislative base to deliver the Bamford Vision

Additionally in 2011 the Taskforce has paid increased attention to Recovery approaches in Mental Health. This has led to the development of a small suite of high level outcomes based on people’s own assessment of their quality of life and service outcomes as opposed to clinically defined outcomes alone.

This theme has been reflected in the development and launch in 2011 of the Mental Health and Wellbeing Service Framework (DHSSPS October 2011). This work will be further strengthened by service users and carers having joined the Taskforce Project Board in 2011 and the growing numbers of service users and carer members of the Taskforce Sub Groups during 2011.

The theme of service improvement has been vital in 2011 especially in the light of the reduced capacity to make additional investments. In times of limited finances it is doubly important to ensure that all current investment is working to best effect.

In this regard 2011 saw important reviews of existing service provision for mental health take place across Northern Ireland. Increasingly the Taskforce has become aware of the scope for more effective and efficient services accompanied by better outcomes for people where clear specification and greater consistency of performance is introduced.

During 2011 Reviews, Demand and Capacity exercises were carried out in:-

- Acute Inpatient Provision
- Low Secure Provision
- Substance Misuse Services
- Crisis Resolution and Home Treatment
- Psychological Therapies in Primary Care

The years ahead will see continued application of learning from these reviews in the standards expected from providers and in the changing shape of services commissioned.

In line with the “Transforming Your Care” 2011 Review of Health and Social Care the Bamford Review reinforces the need to move the balance of mental health and learning disability services away from hospital secondary care closer to primary care and into local communities.

This message has also been delivered to the Bamford Taskforce from the input during 2011 of the Bamford Monitoring Group on a number of key service areas.

For both Mental Health and Learning Disability 2011 was an important year for resettlement. March 2011 was the end of the 3

year target for resettlement which saw a slight under achievement in learning disability of 116 for a target of 120 and a substantial over achievement in mental health of 192 for a target of 90.

2011 also saw the fruition of a successful joint bid by DHSSPS and Department for Social Development (DSD), Supporting People Revenue and Capital Funding for resettlement for Mental Health and Learning Disability.

This joint funding led to new targets being established for 2011/2012 and the following years to meet the overall target of resettlement from long stay Mental Health and Learning Disability Hospitals being completed by 2015 in Northern Ireland thus realising one of the fundamental aims of the Bamford Vision.

This example is also important in that it shows the extent to which the success of the Bamford Vision will only be delivered when all agencies co-operate to deliver better outcomes for all citizens.

The themes of whole society responses and responsibility have also been key to the Taskforce's work, led by PHA, on the Protect Life and Mental Health and Wellbeing strategies. Here 2011 saw closer working with Police, Councils and other statutory bodies in agreeing Community Response Plans to local suicides. Important awareness raising, community education and research events throughout the year including the Launch of the Confidential Inquiry Report for Northern Ireland and a systematic review of Serious Adverse Incidents have ensured that preventing and minimising suicide and self harm remain top priorities for the Taskforce.

Learning Disability focus in 2011, in addition to resettlement through the launch of the Community Integration Programme has been on greater co-operation with children's services through the setting up of the Transitions to Adulthood Group as a sub group of the Children and Young People's Partnership and on better support for carers through improvements being made to Respite Services.

Carers will also benefit from the work commenced in 2011 on Day Opportunities, on Dementia affecting younger adults with a learning disability and in Autistic Spectrum Disorders where the Regional Network launched the first Regional Care Pathway for assessment and early intervention in October 2011.

Challenges

2011 has been a year of considerable challenge not least because while achievements have been made across a broad range of service areas there is an awareness of how much remains to be done. The Taskforce has heard and heeded the voices of service users and carers acknowledging progress but urging a greater pace to the changes and improvements.

It has been, and will be, challenging to develop new and improved services to meet growing need in the face of continued uncertainty regarding additional investment in these areas. The short reports on specific service areas which follow are evidence of the efforts made by many people during 2011 to respond to these challenges.

Mental Health Services

❖ Adult Mental Health

Core Objectives

1. Review of Acute Inpatient and Psychiatric Intensive Care Unit (PICU) Bed provision
2. Promoting user and carer involvement in mental health service planning, service delivery and review
3. Developing a web-based map of service provision
4. Meeting the mental health resettlement target for 2011
5. Evaluating the implementation of the Card Before You Leave Scheme completed
6. Promoting Quality Care – workshop learning and homicide protocol
7. Maintaining Access Targets

Progress to date

1. The Review of Acute Inpatient and PICU Bed provision commenced during the year with the following elements;
 - a) regional stakeholder engagement workshop

- b) census of in-patient population
 - c) site visits to various acute locations in Northern Ireland
 - d) production of draft statement of commissioning intent
2. The Review Paper was approved by the sub-Group and submitted to the Senior Management Team of the HSC Board. Some further work was requested in relation to service provision in the southern sector of the Western Trust and PICU models of care. This work has now been completed and a final version of this paper will be submitted to the HSC Board Senior Management Team for approval and submission to the Bamford Taskforce.
 3. User and carer involvement in mental health service planning, service delivery and review has been progressed through the promulgation of the Board's policy paper on this subject. Each Trust has been requested to submit nominations to the planned regional forum and this body will be facilitated by members of the Bamford Team. As it develops capacity, this regional group will nominate a small number of representatives to join the Bamford team at its fortnightly meetings. A small budget has been set aside to cover the associated costs of this work

- **Mental Health Service Mapping**

The development a web-based map of service provision has been greatly assisted through the nomination of a DHSSPS officer to work alongside Board staff using a project management approach. The Project team have now engaged with the service and have sourced a web-based platform (at no additional cost to the HPSS) to host the database. Initial returns from Trusts have been comprehensive and it is hoped that this work will be substantially completed by June, 2012.

- **Regional Releasing Time to Care Programme in Acute Mental Health**

The HSCB has now rolled out the NHS Institute for Innovation Releasing Time to Care Programme across all 22

Acute Mental Wards. The Releasing Time to Care, (RTTC) Programme aims to improve patient experience and helps nurses and therapists to spend more time on direct patient care. The HSCB as part of this project is now in the process of introducing Smart Board Technology across all Acute Mental Health Units. This technology makes data entry quick, easy, and means ward staff are able to view, review and update patient information instantly

- **Regional Acute Bed Management Data Base**

Since November 2011 the HSCB has introduced a new electronic regional bed management data base. This data base provides live reports on acute mental health bed capacity and provides information on mental health bed vacancies across all Trusts.

- **Card Before You Leave (CYBL)**

Over the last year the CBYL group has been working with Trusts on consolidating the implementation of Card before You Leave Scheme. This scheme now provides patients assessed as low risk in emergency departments to receive next day follow up care from mental health services. Currently the team is working on evaluating the impact of the scheme and is in the process of standardising a Mental Health Emergency Assessment Care Pathway.

- ❖ **Regional Psychological Therapies Strategy Sub Group**

It should be noted Psychological Therapies includes Counselling Services, Cognitive Behavioural Therapy, Psychology, Psychotherapy, Behavioural Support and Family Therapy Services

Core Objectives

1. Profile the Provision of Psychological Therapies Across Community Primary and Secondary Care Sectors for Mental Health Learning Disability Children and Adult Health Care Services.

2. Development and map demand and capacity across Community Primary and Secondary Care Sectors for Mental Health Learning Disability Children and Adult Health Care Services.
3. Support Workforce Mapping and development of step care workforce plan across community primary and secondary care sectors for mental health learning.
4. Support the development of competence and governance framework for the provision of psychological services across community primary and secondary care sectors for mental health learning.
5. Development of an outcomes framework to support the measurement of effectiveness across community primary and secondary care sectors for Mental Health Learning Disability and children psychological therapy services

Progress to date

The Regional Psychological Therapies Group was formally established in February 2011. In order to support the implementation of 14 recommendations from the Psychological Therapies Strategy three sub-groups have been established:-

1. Adult Services Sub Group

This group is currently addressing the development of psychological therapies for both Adult Mental Health including specialists mental health services and Adult Health Care Psychology.

2. Learning Disability Sub Group

This group is currently addressing the development of psychological therapies across Learning Disability Services.

3. Children Services/CAMHS

This group is currently focusing on the development of Paediatric Psychology, Looked after Children and in Child and Adolescent Mental Health Services.

Common to all these work streams is the need to map services, analyse demand, map capacity, profile workforce, and develop a competence and outcomes framework. The Health and Social Care Board is in the process of commissioning a research assistant who will support the delivery of these strands of work over the next year.

In addressing service variation across mental health services the group has also developed a Regional Psychological Therapies Matrix. This guidance sets out the *threshold criteria* for psychological therapies matched with the appropriate step of care. This has been designed to improve access to psychological therapies and through the development of an integrated care pathway across each Trust system will enable improvements in the interface between primary and secondary care (steps 1-3)

The group has developed a Psychological Therapies Capacity Model for Mental Health Services. This model supports job planning and standardising the allocation of care in accordance with need. This model has now been adopted across all Trusts and is supporting the realignment of capacity and demand. Work is also well underway in developing a similar model for learning disability services.

Following a successful pilot of a psychological therapies demand and outcomes framework in both the Northern and South Eastern Trust the Health and Social Care Board has now rolled out this framework across all Trusts. This framework will support the continuous review of how services manage their capacity and demand and will help establish an analysis of care outcomes across each Trust system. The programme will assist in understanding the relationship between presenting need, length of care and treatment types.

One of the key priorities outlined in the psychological therapies strategy is the development/re-organisation of services which promote early intervention. The Health and Social Care Board in reviewing the interface between primary care and secondary care has now developed a primary care low intensity care model. The model will support the development of a more coherent approach to the care of people with mild to moderate depression and anxiety and should help reduce the demand for secondary care mental health services.

❖ **Specialist High Support Services** **(Forensic, Low Secure, Personality Disorder)**

Core Objectives

The steering group comprises of representation from a variety of agencies including Prisons, Probation, Police, Voluntary Sector and Health and Social Care. Its purpose is to provide strategic leadership and direction to the various sub-groups to take forward the outcomes outlined in the Bamford Action Plan and improve inter-agency working between the various sectors for the benefit of service users.

Tasks to complete Objective

- Agree the annual workplan for each sub-group
- Ensure appropriate representation in the sub-groups
- To make recommendations to Bamford Project Board to develop high quality patient-centered services
- The steering group has met quarterly since November 2010 and has agreed the work programmes for the sub-groups. There are three sub-group areas Forensic, Personality Disorder and Low Secure.

- **Forensic Sub-Group**

Core Objective

Northern Ireland Forensic Mental Health and Learning Disability Working Group including users and carers provides a co-ordinated approach across HSC and Criminal Justice System (CJS) to improve services to people with mental health and learning disability who are or have been in recent contact with the Criminal Justice System.

Key Achievements in 2011

1. Completion of Care Pathway and Model for Community Forensic Teams in Northern Ireland in June 2011. The care

pathway was approved by PHA/HSCB in November 2011 and work is ongoing to implement the pathway in Trusts across Northern Ireland.

2. Completion of Baseline Scoping Exercise detailing breakdown of funding allocated to Trusts to develop specialist forensic mental health services by legacy Health and Social Services Boards. This includes a similar exercise undertaken to identify funding allocated to develop Forensic Learning Disability Services.
3. The sub-group reviewed Information sharing processes and protocols in line with the Public Protection Arrangements Northern Ireland (PPANI) requirements. The group are satisfied that the PPANI arrangements are in place alongside good practice guidance which is available via the relevant regulatory professional bodies. Relevant documents have been circulated to the group members to provide Trusts with easy access to good practice guidance and the Department's documentation on information sharing processes.
4. Scoping Exercise to Identify Issues Around Women with Forensic Mental Health / Learning Disability Needs in Northern Ireland has been undertaken which identified the number of women receiving forensic mental health services across a range of settings; current locations and gaps in service provision. Key actions / recommendations have been identified and will be taken forward in the coming year.

Work Plan/Ongoing

1. Admission Policy in Shannon Clinic has been developed and a Discharge Policy is currently being progressed.
2. Development of Training Needs Analysis which will encompass the range of professionals working within this area on a Multi-disciplinary, inter-agency basis to improve knowledge and skills, and service delivery. It will be inclusive of Community Forensic Services, Inpatient Forensic Services, Prisons and PBNI workforce, Youth Justice, PBNI, and Universities.

3. Development of Forensic specific outcomes which will enable evaluation of service development to be rigorously measured and appraised.
4. A Pilot study to obtain women's views of forensic services is being undertaken using face to face interviews by a patient advocate who works in this area.
5. Review and update of 2009 proposal for the development of Forensic Learning Disability Services is being undertaken reconsidering the options identified to reflect current strategic context and commissioning arrangements.

Personality Disorder Sub-Group

Core Objectives

- To support implementation of the Personality Disorder Strategy as part of the Bamford HSC Taskforce which oversees implementation and review of the Bamford Action Plan (2009-2011)
- To make recommendations to HSCB and PHA on prioritisation of resources.
- To develop, in conjunction with The HSCB and PHA, the expected outcomes for services to deliver and specific proposals for service evaluation.
- To feed priorities into a research action plan for mental health and learning disability, as outlined in the Bamford Action Plan (2009-2011)

Key Achievements in 2011

1. Personality Disorder Network has been established. Belfast Trust has been identified to provide a co-ordination role and lead the Network.
2. Commissioning Investment Proposal templates were developed for Personality Disorder Services during 2010/11.

These were subsequently approved in September 2010 and funding allocated to Trusts in January 2011 to enable the development of Personality Disorder Services.

3. Identify research priorities. Funding was provided to take forward a rapid review of personality disorders. This included identification of groups of patients and/or characteristics of patients most likely to benefit from specific interventions; composition and skill mix of specialised teams for the management of patients with personality disorders; treatment approaches specific to prison and community settings; and transition between these. Output expected by end of January 2012.

Work Plan/Ongoing

Review of service developments to ensure Trusts Personality Disorder teams are up and running and complying with regional guidance.

Personality Disorder Network Ongoing Workplan

1. Development of proposals for services user and carer involvement to ensure specific views and concerns are addressed within the development of personality disorder services.
2. Development of a joint regional training strategy that will enable all Trusts to collectively co-ordinate training for staff involved within personality disorder services and the Criminal Justice System.

Benefits to Service Users and Carers

Establishment of specialised Personality Disorder Service and Network in Northern Ireland with improved involvement of service users and carers in the design of services to meet their needs.

- **Low Secure Sub-Group**

Core Objective

Produce a strategy to increase the provision of low secure mental health inpatient services and community forensic placement by April 2011.

Key Achievements in 2011

1. Completion of Low Secure Pathway that included a referral care pathway for low secure services and considered the link with forensic and prison services to promote the development of a streamlined pathway.
2. Completion of a model describing therapeutic requirements for dedicated low secure provision which considered good practice guidance and services elsewhere.
3. Capital funding was secured to facilitate the refurbishment of 3 existing inpatient units. It should be recognised that no additional revenue was available.

Benefits for Service Users and Carers

1. Access to focused inpatient care, with appropriate levels of therapeutic intervention and support, provided in the least restrictive conditions.
2. Provision of person-centred care and rehabilitation, within a recovery ethos, to maximise patient outcomes and opportunities for community resettlement.

Regional Eating Disorders Network

The Regional Eating Disorders Network was established in 2005 to take forward the co-ordinated development of specialist services across Northern Ireland. Prior to 2005, no specialist services were in place. Over the period since then, using tranches of DHSSPS funding, a specialist service has evolved in each Trust area.

The Eating Disorders Association have been foundation members of the Network – their views are actively sought regarding all proposals and initiatives. Taking a regional perspective, and seeking the input of service users and carers, each Trust has been requested to establish a specific service user/carer engagement mechanism: the aim of this is to promote awareness of services in local Trust setting and secure feedback and suggestions (from service users/carers) regarding how services can be improved. The Eating Disorders Association has helped to develop this initiative in each Trust area.

Current Service Provision

There are now around 30 specialist Eating Disorders practitioners employed within adult services, i.e. 4-6 per Trust area, and 11 practitioners within adolescent mental health services. It is estimated that this level of service provision is perhaps half to two thirds of the anticipated level required to provide capacity to meet the existing level of need regionally. Services were supposed to benefit from significant additional funding in 2010/ 11 (£0.5 million), but this could not be provided given the economic position. There has been no financial investment in services during 2011. The emphasis within this financial year has been;

- maintaining existing levels of service provision in the community,
- establishing and improving local in-patient service capacity,
- developing skills/expertise within teams,
- scoping out potential future service development.

It should be noted that the specialist teams, by necessity, must prioritise the more severe cases to manage directly within teams. In general, access has been maintained at/ or around the regionally agreed target levels.

Relatively more moderate cases are managed by general adult community mental health teams with advice/guidance from specialist teams. This is appropriate and in keeping with the arrangements for how all specialist mental health services in Northern Ireland manage/distribute cases/workload between general and specialist services.

The emphasis of service development regionally has been to develop community based service infrastructure and not, at this stage, a specialist in-patient unit. The rationale for this position being the need to intervene 'early' and manage/care for people within the usual community setting. In addition, with limited funding being available a community based service is able to manage/care for significantly more people than an in-patient service (which in reality would only be able to care for a relatively small number of difficult to manage people). Also, from the specialist team/practitioner perspective, it is uncertain if Northern Ireland could sustain an in-patient unit in terms of (a) the likelihood of a relatively small number of people requiring in-patient care, i.e. sub 'critical mass' and (b) this small volume limiting the development of specialist expertise and skills. In the absence of funding to develop specific in-patient services, a position has been established whereby each Trust was requested to develop 'bed capacity' within a local ward setting where specific patients (requiring care beyond the capacity of community based services) can be managed in an in-patient setting. This cannot be considered highly specialist in-patient provision but rather an attempt to bridge the gap between community services and the longer term, potential ambition, to develop a specific in-patient service/capacity in Northern Ireland. Each Trust has now established a limited level of local bed capacity.

Investment in services since 2008 has stopped the increase in Extra Contractual Referrals (ECR) to 'highly specialist' in-patient facilities outside Northern Ireland. Over the 2010/11 period there is evidence of a decreasing (ECR) referral trend. However, this needs to be sustained over a longer period before firm conclusions can be drawn.

Service Development Proposals

The longer term ambition and priority of the Network is to increase service capacity within the existing community teams. There is currently insufficient capacity to deal with the total number of people requiring care/assistance in Northern Ireland. No individual, of course, seeking help is denied access to services/care, this being provided at some point along the general community team to specialist team service continuum.

Additional service capacity will enable teams to develop local capacity to address a greater proportion of those people with relatively more significant care needs and at risk of requiring admission to hospital. Similar to 'home treatment' services that have been successful within the general adult community service setting, it is proposed (should investment become available) that enhanced eating disorder teams would manage potentially all those at risk of being admitted for hospital care within a community setting. Individuals would be managed within their own home with intensive therapies provided at home or within a local day facility. Increasing the overall regional service capacity from the present level of 30 (Whole Time Equivalent) WTE to 50 WTE would inevitably decrease the number of cases requiring admission to hospital – in that respect this proposal has the capacity to yield significant savings (i.e. reduce the current level of ECRs and associated revenue in excess of £2 million being spent outside Northern Ireland each year). This was explored in a regional workshop in September 2011 (with input from a visiting professor from Canada). An outline proposal is currently being prepared and will be shared with the HSCB Taskforce within the near future.

Perinatal Mental Health

1. The NICE Clinical guideline on Perinatal Mental Health problems was issued in February 2007.

The guidelines highlighted key areas for implementation across the HPSS Organisations which include the following 5 themes:

- Co-ordination of service delivery;
 - The competencies of the multidisciplinary team;
 - Promotion, prediction and detection;
 - Effective communication;
 - Appropriate use of medication.
2. A Regional Perinatal Mental Health Group was established under the Bamford Task Group (Adult Group) to develop an action plan and begin discussions with key stakeholders in Trusts, HSCB & PHA.

3. The Terms of Reference (ToR) for the current Regional Group incorporates work streams to take forward the following objectives through multidisciplinary working arrangements:-

- Early Intervention;
- Prediction;
- Integrated Care Pathway;
- Service Improvement;
- Training and Awareness

As the ToR did not incorporate a review of inpatient provision, GAIN has subsequently been awarded funding for a retrospective audit to be carried out in the Belfast Trust area to identify the number of women with a child under one year who have been admitted to an inpatient psychiatric facility. This also includes those who are in receipt of Home Treatment/Crisis Response from Mental Health Teams. This group was due to report into the Regional Group by summer 2011; however there has been a delay in the report due to absence which needs to be addressed.

Progress in 2011

The aims and objectives of the group have been progressed in partnership with Trust Leads/HSCB/PHA/DHSSPS and Lead Clinicians from Psychiatry, Obstetrics, Midwifery and Health Visiting.

Three Sub-groups were established within the Regional Group to take forward the following tasks:

- A NI-wide Regional Integrated Pathway for Perinatal Mental Health in Draft.
- A Training Strategy with key deliverables for clinicians including GPs, Midwives, Health Visitors and Psychiatric Teams initiated with the Beeches.
- An update on the Baseline Scoping exercise was carried out in each of the 5 Trusts to determine the level of services relating to Perinatal Mental Health.

- In addition, all five Trusts have established a local multidisciplinary implementation group and work is progressing. Each Trust has met and agreed work plans and localised the RPMHIG Terms of Reference.
- Training programmes have been launched and successfully piloted in the Belfast Trust area.
- Users have been engaged in terms of membership of local groups.
- A Draft Integrated Pathway has been developed for consultation.
- Dr Janine Lynch has provided clinical lead support to the group via PHA funding for one session a week.
- Work is ongoing NIMATs to incorporate the Prediction Antenatal Screening questions on to the Regional System.
- Discussions have been initiated in relation to Public awareness information and campaigns.
- PMSI Colleagues have been engaged with the group in terms of setting up processes for monitoring implementation.

Future Workstreams

- To take forward the recommendations from the GAIN audit once the report is received.
- To roll out a Regional multidisciplinary training Programme on perinatal mental health to include Protected Learning Days for GPs
- To work with the Royal College of Psychiatry and PHA to produce patient information on perinatal mental health and develop public awareness.

- To develop pharmacological information and advice for practitioners and patients in keeping with NICE guidance. Due to capacity this has not been progressed to date.
- To regionally scope the demand and capacity of psychological therapies in the context of perinatal mental health disorders.
- To ensure that the strategic links are in place with the following inter-connecting workstreams
 - Mental Health Frameworks (Bamford);
 - Healthy Child/Healthy Future;
 - Safeguarding/Child Protection;
 - Infant Mental Health;
 - Regional Family Support database;
 - Think Child Think Parent, Think Family;
 - NIMATS;
 - Review of Maternity Services in NI;
 - The Regional Perinatal Mental Health Forum and include Royal College of Psychiatrists

Next phase to be considered

- To develop a comprehensive regional data set within mental health services to identify the number of women admitted to
 - Inpatient facilities;
 - In receipt of home treatment/crisis response services
- Review current Information Systems to ensure appropriate collection of information pertaining to this client group including diagnostic codes.
- To develop a range of Performance Management indicators for Trusts in liaison with Performance Management and Service Improvement (PMSI) colleagues to ensure full implementation of the NICE guideline and the establishment of a Performance Management Framework.
- Roll out at local level the Regional Integrated Care Pathway.

- Secure identified pharmacy support for the project to carry forward the development of Pharmacological advice for practitioners and patients.
- Examine the Service gaps for women with perinatal mental health problems identified in the Baseline Assessment, in particular:
Current service provision provided by the Community & Voluntary sector;

Psychological therapies specific to this client group in terms of Rapid Access and High Risk factors.

Child and Adolescent Mental Health Services (CAMHS) Bamford Sub Group

Core Objectives

1. Implementation of RQIA CAMHS Review Recommendations.
2. Undertake a review of CAMHS Tier 4 Services
3. Audit Promoting Quality Care Guidance.
4. Production of Regional Threshold Guidance for CAMHS Services.
5. Review of CAMHS user information.

Progress in 2011

Following the publication of the RQIA CAMHS review in February 2011, the Health and Social Care Board has produced an action plan which will address all of the nine recommendations outlined in the report. This action plan is being progressed through the CAMHS Bamford Sub Group. Within this context the group has been working in partnership with DHSSPS to develop policy guidance which will support the development of a clear model for the provision of CAMHS. This model should be confirmed early in 2012. This model will then be used to support the development of CAMHS over the next number of years and will assist Health and Social Care Board in producing a CAMHS commissioning specification.

In responding to the pressures faced by CAMHS inpatients and the consequent admission of young people to adult wards, the Health and Social Care Board held a workshop between CAMHS, Adult Mental Health Services and Social Care Services. This workshop has resulted in the production of a number of key improvement recommendations. These are expected to both reduce admissions of young people to adult wards and create possible alternatives to admission. One of the primary recommendations outlined in the report supports the further development of Crisis Resolution and Home Treatment Services for CAMHS. Through Mental Health demographic funding, steps have now been taken to incrementally support this development.

Since the development and implementation of the Regional CAMHS admission protocol, there has been a substantial improvement in access by Trusts outside of Belfast.

The sub group has also supported the development of practice principles/protocols designed to support Improvement in the:-

- Transitional arrangements between CAMHS and Adult Mental Health Services.
- Interfaces between Youth Justice and CAMHS.
- Interfaces between CAMHS and Specialist ASD Services.

Trusts are currently in the process of developing localised policies based on these principles

Recognising that one of the recurrent issues has been the provision of information for young people regarding CAMHS, the group asked the Patient Client Council to undertake a review of Trust CAMHS Websites. Whilst all Trusts have developed information relating to their respective CAMHS service further work is required to improve the accessibility of information. Within this context the group has developed a Young Persons Guide to CAMHS. This guide should be available early in 2012.

In addressing the variation in referrals across CAMHS the Health and Social Care Board has established a service improvement group to develop a regional integrated care pathway. This care pathway will standardise access criteria across all CAMHS. In addition Trusts have also been required to develop service improvement plans to reduce high DNA rates for both new and review appointments.

The group also undertook a review of the provision of CAMHS Service for Children with hearing impairments. Trusts are now in the process of identifying a lead clinician who will develop expertise in addressing the needs of these children. This will also be supported through the continued provision of external consultancy.

In partnership with the Public Health Agency (allocation of 3 year funding) all Trusts will now be able to provide services for children and young people who have co-occurring mental health and addiction needs.

The Health and Social Care Board has also initiated a review of the CAMHS Regional Trauma Services, this review is nearing completion.

Significant work is underway through the Public Health Agency in the development of infant mental health and early intervention approaches. A number of pilots are underway i.e. roots of empathy and family nurse partnerships. The impact of these schemes will be evaluated next year and used to inform future service delivery.

Through Mind-wise work is continuing on the development of a young person's panel. This will augment the actions required by Trusts in establishing their respective parent and young person forums.

Protect Life and Mental Health and Wellbeing Promotion

Local and regional and all-island action plans are being implemented which focus on:-

- Building resilience through youth development programmes and diversionary activities;
- Education and awareness raising of mental health problems, what to do and how to protect your mental health;
- Early recognition and sign posting to appropriate services;
- Commissioning a range of services from early low level counselling to specialist services. This includes community support packages to increase capacity within communities and

support those communities / groups / individuals who may be at increased risk of suicide or self harm;

- Crisis intervention and ensuring that mental health services have the necessary protocols in place to respond to, access and manage risk;
- Building the intelligence and evidence base of what works

Specific actions during 2011 include:

- Counselling programmes;
- Bereavement support for adults and children;
- Young men's personal development work;
- Lesbian Gay Bi-sexual Transgendered (LGBT) specific programmes;
- Self harm family support services;
- Training for community gate keepers, e.g. drug and alcohol teams;
- Identification of higher risk localities and the additional targeting of training and services to those areas.
- Development of community response plans in each Trust area, two workshops held with Trusts, PSNI, PHA and HSCB to progress this work;
- Roll-out of the Self-Harm Registry from Western to Belfast Trust to provide surveillance and inform future programmes and commenced work to ensure the Registry will be in all Trusts by March 2012;
- Ongoing implementation of Card Before You Leave scheme;
- Ongoing media monitoring service by Samaritans to ensure appropriate reporting of suicides and in year review of service;
- Support to Family Voices Forum;
- Extensive evaluation of the Lifeline service. Results show significant improvement in the mental health of a cohort of people who use the service, but also highlight the need to ensure full integration of the service with existing community, voluntary and statutory providers of counselling/mental health services. This was addressed in the tender specification which was issued October 2011;
- Evaluation of key Protect Life initiatives to be completed by Dec 2011

- Work with key partners, including All-Ireland partners e.g. launch of the ASIST training report in Jul 11 and commencement of all Island project for young men.
- Refreshing the Training Action plan and develop quality standards for all aspects of training to ensure that all training is informed by best practice, standards completed October 2011
- Developing two new public information campaigns for 2011/12 focusing on early signs and crises support, first campaign launched October 2011
- Events and sharing of evidence / best practice including launch of national Confidential Inquiry (June 2011), Ministerial event with community / voluntary sector (September 2011) launch of Providing meaningful care research report (Dec 2011)
- Awarding of the new Lifeline contract (Dec 2011) to be in place from 1/4/2012

Learning Disability

Core Objectives

The Learning Disability Group's key focus for service delivery and modernisation in 2011 was the continuation and promotion of inclusion and independence in line with "Equal Lives" Report. This work aims to build cross departmental and inter agency opportunities for access to housing, training, further education and employment opportunities alongside the more specialised support, care and treatments provided by the Health and Social Care Sector both statutory and non-statutory.

Progress in 2011

- **Service User and Carer Involvement**

2011 saw core membership achieved of service users and parents/carers on the Learning Disability Group and of a carer of a family member with learning disability on the Bamford Project Board.

- **Resettlement**

The 2011 target (final year of 2007-2011 target) for learning Disability Resettlement was slightly under achieved at 116 patients against a target of 120. A joint bid with DSD by DHSSPS was successful in securing funding for a 2011/2012 target of 45 further resettlements and the discharge of 15 people whose discharges have been delayed. The DSD funding is profiled for the remaining 3 years of 2012-2015 for the completion of resettlement from all Learning Disability hospitals in Northern Ireland.

In order to achieve this 2015 target a Community Integration Programme was established during 2011.

- **Day Opportunities / Day Services**

In recognition of the vital role which Day Services, including Day Opportunities, play in ensuring inclusive and meaningful activities for people with a learning disability the Group has begun to develop a regional model for these services. In addition during 2011 the group focussed on the needs of young people leaving school for activities in the post school years. In particular the work to date has scoped the need both in terms of numbers and of particular services for the next 3 years of school leavers. This has made clear the need for additional resources to meet the growing number of people with a learning disability reaching adulthood. The work has also revealed the extent to which some young adults with complex support needs are challenging the current range and capacity of service.

- **Transition to Adulthood**

In recognition of the importance of the years surrounding school leaving, a learning disability group member has convened a Transition Group which has been children's and adult services from all the Trusts, Voluntary/Community and user carer representation. This sub group met for the first time in October 2011 and reports to the Children and Young People's Partnership to ensure a consistent approach to this important process across Northern Ireland and to promote effective co-working between Children and Adult Services.

- **Short Break / Respite Services**

Following work in 2010 to identify what was required to improve short break / respite services the DHSSPS made recommendations for improvement. The phase 2 of this work began during 2011 with its work plan set by DHSSPS recommendations. This group has now begun to work on service improvement on the range and scope of current provision. It is clearly understood by the Group that there exists unmet need for more respite but improvement is only possible at present within the existing resource.

- **Health and Wellbeing**

People with a learning disability deserve the same opportunities to enjoy the best physical and mental health and well being as all other citizens. The Learning Disability Directed Enhanced Service launched in 2010 was fully implemented during 2011 with recruitment of liaison staff linked to primary care in each Trust area completed. An evaluation of the outcomes of the programme has now been commissioned from the University of Ulster to report in 2012.

- **Forensic Services**

Equal Lives identified that people with a learning disability are particularly vulnerable when in contact with the Criminal Justice System. This can occur in Police custody, while attending Court, in prison / YOC or while on probation. In tandem with the High Support Services Group a learning disability specific care pathway requires new investment and improved co-working with Mental Health Forensic Services already in place in each Trust.

In 2011 the HSCB evaluated progress on implementing Promoting Quality Care (2009). This identified the need for learning disability services to be considered separately. Accordingly a Learning Disability Sub Group has now been formed to ensure implementation of PQC in these services

- **Research**

The Bamford Rapid Review Research programme recognised the importance of learning disability to the whole Bamford Vision by allocating funding to the topic. Specifically the Rapid Review for learning disability focussed on the needs of older people with a learning disability and their carers and also on those people with a learning disability whose behaviour challenges conventional services.

Regional Autistic Spectrum Disorder Network

Membership

The Regional Autistic Spectrum Disorder Network (RASDN) was established in 2009 following the 2007 Independent Review and subsequent DHSSPS Action Plan. The Action Plan acknowledged the significant deficits across services in Northern Ireland and unacceptable waiting lists for diagnosis/assessment.

RASDN comprises a wide range of stakeholders: HSCB/PHA (Chair, Dr. Stephen Bergin), DHSSPS, the five Trusts, and representatives from the five Education and Library Boards. In addition, RASDN also comprises a regional Reference Group (Chaired by Lord Maginnis) of 30 parents, carers and service users and 10 Voluntary sector groups who provide membership across all of the RASDN structure. The Reference Group is a key source of expertise and guidance to RASDN.

A range of regional groups have been established within RASDN to explore and identify best practice and agree consensus regarding models of service provision (across both children's and adult services). Within each Trust there is a lead Director with overall responsibility for Autism and a specific Autism planning forum has been established. During 2010/11, each Trust confirmed the appointment of their Trust ASD coordinator – these posts are crucial in terms of taking forward local action plans and bringing together the range of services within Trusts necessary to provide care to individuals with ASD (i.e. bringing together child/adolescent/adult services, and also mental health, learning disability and other service directorates). Coordinators also have an important role in terms of liaising with other agencies and they

provide a 'public'/visible point of contact for ASD services within Trusts.

DHSSPS provided £1.64 million to support implementation of the Action Plan. This has been directed into establishing a range of specialist Autism-specific practitioners in each Trust area. The investment has mainly been within children's services: there were agreed proposals to develop adult services in 2011, but these were not possible given the current economic circumstances.

A key benefit of this investment is that waiting lists have been reduced in all areas. In some Trusts, timescales being formerly measured in months/years are now less than 13 weeks for (a) commencement of diagnosis/assessment and a further 13 week maximum period for (b) initiation of intervention/supports. The HSCB will continue to monitor ASD waiting lists closely.

The specialist Autism-specific practitioner resource is now circa 82 WTE practitioners in total across Northern Ireland (the overall resource is now substantial in some Trusts, i.e. 20 WTE in Southern Trust). Only circa 10 WTE practitioners, however, work within older teenager/adult services. Looking ahead there is therefore a priority need to develop services for older teenagers/adults.

A further key point is that a substantial part of the overall practitioner resource is, by necessity, working within diagnosis/assessment services, i.e. to comply with regional targets and ensure that children/individuals do not have to wait excessive time to engage with/enter services. Beyond diagnosis, individuals and families do now benefit from care and support but there is insufficient service capacity to deliver total volume/range of interventions, therapies and social care supports at the volumes required.

During 2011, Regional Autism Spectrum Disorder Network (RASDN) successfully completed the '6 Steps' regional care pathway for diagnosis, assessment and intervention/support services (children services). This is an important 'product' given that diagnosis of Autism is often a difficult and complex process. It is also important to complete diagnosis as soon as possible during a child's development (outcomes being better where diagnosis and interventions commence at an early stage). Given the number of practitioners in place it is clearly important that a regionally agreed,

evidenced based and consistent/uniform approach is adopted and implemented. The HSCB will specifically monitor roll out, implementation and adherence to the new pathway.

An early draft Adult care pathway has been produced – this will be progressed/developed with the aim being to complete this work in the first quarter of 2012. Further regional work has been undertaken with guidance being developed for ‘Family Support’, ‘Transition’.

A regional Training framework has been developed – this encompasses training of both specialist ASD practitioners and also those working across Trusts directorates, i.e. children’s services and mental health, learning disability and other directorates in adult services (this is particularly important given the need for non ASD practitioners to have an appropriate level of knowledge/expertise regarding ASD. A key target will be to develop skills/expertise within mental health services (given that individuals with ASD have a relatively higher rate of mental health problems). In this respect RASDN is holding training workshops for psychiatrists and psychologists during 2012. A range of other training initiatives will be taken forward.

Adult services will benefit through new ASD diagnostic services being established in the final half of 2011. Beyond this, RASDN will prioritise the development of Adult services over the remainder of 2011/12 and into 2012/13 – the focus, in the absence of new specific investment, will be to develop capacity and skills across Trust directorates through pathway development and training/skills initiatives. It will also be important to engage with other government agencies particularly in terms of employment, housing, training, etc and this will be specifically considered by the new Autism Act.

Substance Misuse Group

Progress in 2011

During 2011 the group has been involved in work to modernise and redesign a number of key drug and alcohol services

A Regional Commissioning Framework for Substance Misuse Services is being developed – this will outline the key service components required within Northern Ireland across the wider

spectrum of services encompassing the range from education/prevention, early detection, harm reduction and treatment/rehabilitation.

A number of task groups have been developed to progress specific actions:

- Tier 3/4 Review group
- Substitute Prescribing Pathways sub-group
- Develop an Alcohol Screening and Brief Intervention Training programme within Primary care
- Coordinate the Regional Needle Syringe Exchange Scheme
- Examine the feasibility of developing an Outcome Measurement Tool for Drug and Alcohol services

The Tier 3/4 Review group has reviewed the current range of Tier 3/4 treatment services in place within Northern Ireland across both the statutory/independent sectors. The report produced (currently in draft) sets out recommendations regarding the future configuration of medically managed/monitored treatment services. The need to standardise the role and function of all elements of service provision is a key theme of the report, i.e. given the quite different role, function and service models currently in place across the 5 Trust areas.

The report envisages future statutory service provision based upon 2 specialist provider units serving all of Northern Ireland and with their main focus upon the specialist Tier 4 detoxification function, but also with capacity to undertake specialist rehabilitation. The main bulk of rehabilitation work at Tier 4 i.e. envisaged as being undertaken within the independent non statutory settings. At Tier 3 the report identifies the need to match the existing relatively disparate range of practitioners in post with specific/clear service functions.

The Substitute Prescribing Pathways sub-group commenced regional work to scope out the existing 'Substitute Prescribing' programmes across Northern Ireland. This is necessary given the need to better coordinate the services and commissioning arrangements instituted by the legacy 4 Health and Social Services Boards for this service.

The Bamford Group has taken over the role of co-ordinating the Needle Syringe Exchange Programme which had been facilitated

by DHSSPS until 2009. A review of the current scheme has been undertaken and consideration is being given to expanding the scheme in additional areas of need.

A Screening and Brief Intervention training programme for primary Care professionals has been developed. Training has taken place on a pilot basis in some areas. A strategic approach to increasing the level of screening and brief interventions needs to be considered.

Finally, an outcome measurement group has been established to examine the feasibility of developing a standardised outcome measurement tool for all drug and alcohol services.

In addition to these groups work has also been undertaken in establishing effective service user involvement/consultation. Service user involvement has been secured on to the Needle Syringe Exchange Forum and The Substitute Prescribing Pathways Sub-group. Representation on the main Bamford Substance Misuse Groups is currently being discussed with service user groups.

List of Group Members

Adult Mental Health

Public Health Agency
Southern Health & Social Care Trust
Northern Health & Social Care Trust
Belfast Health & Social Care Trust
Western Health & Social Care Trust
South Eastern Health & Social Care Trust
PRAXIS Care
Northern Ireland Association for Mental Health
Service User and Carer Representatives

Regional Psychological Therapies Strategy Sub Group

Belfast Health and Social Care Trust
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social care Trust
Patient Client Council
Health and Social Care Board
Local Commissioning Group Representative
Public Health Agency
DCP Representative
BACP Representative
RCPSYCH Representative
DHSSPS
Threshold Community and Voluntary Sector Representative
Queen's University

Specialist High Support Services **(Forensic, Low Secure, Personality Disorder)**

Public Health Agency
DHSSPS (NI)
Health and Social Care Board
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust

Belfast Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social Care Trust
Probation Board for Northern Ireland
NIACRO
Police Service for Northern Ireland PSNI
Northern Ireland Prison Service
Criminal Justice Department

Forensic Sub-Group

Public Health Agency
Health and Social Care Board
DHSSPS (NI)
Southern Health and Social Care Trust
Belfast Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social Care Trust
HM Prison and Young Offenders Centre
NIACRO
Probation Board for Northern Ireland
CAUSE
NIAMH Mental Wellbeing
Police Service for Northern Ireland

Personality Disorder Sub-Group

Public Health Agency
Belfast Health and Social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social Care Trust
Southern Health and Social Care Trust
Service User and Carer Representation
DHSSPS (NI)
Probation Board for Northern Ireland
Health and Social Care Board
Criminal Justice

Low Secure Sub-Group

DHSSPS (NI) (Chair)
Belfast Health and Social Care Trust
Northern Ireland Association for Mental Health
Southern Health and Social Care Trust
Health and Social Care Board
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Public Health Agency
Northern Health and Social Care Trust

Regional Eating Disorders Network

The Eating Disorders Association
Health and Social Care Board
Public Health Agency
Belfast Health and Social Care Trust
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social Care Trust
DHSSPS NI

Perinatal Mental Health

Public Health Agency
Southern Health and social Care Trust
Northern Health and social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Belfast Health and Social Care Trust
DHSSPS NI
Health and Social Care Board
Beeches Management Centre

**Child and Adolescent Mental Health Services (CAMHS)
Bamford Sub Group**

Parent/Carer Representatives
MindWise Young Person Representative
Health and Social Care Board
Public Health Agency
RCPSYCH Representatives
DHSSPS
Education Services
Regulation Quality and Improvement Authority
Belfast Health and Social Care Trust
Southern Health and Social Care Trust
Western Health and Social Care Trust
Northern Health and Social Care Trust
Children Psychological Therapies Services Representative
Youth Justices Services
Primary Care Services

Protect Life and Mental Health and Wellbeing Promotion

Health and Social Care Board
Public Health Agency
Suicide Strategy Implementation Body (SSIB)
Northern Health and Social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust
Belfast Health and Social Care Trust
Family Voices Forum
Niamh Louise
Action Mental Health
Department for Employment and Learning
Arc Healthy Living Centre
Community Development and Healthy Network
Ashton Community Trust
North Down YMCA
YMCA in Ireland

Learning Disability

Health and Social Care Board (Chair)

Public Health Agency
Service Users (with support) Compass Advocacy
Carer Representatives – nominated by Bamford Monitoring Group
DHSSPS
Belfast Health and Social Care Trust
Northern Health and Social Care Trust
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust
Western Health and Social Care Trust

Substance Misuse Group

Public Health Agency
Health and Social Care Board
Belfast Health and Social Care Trust
Western Health and Social Care Trust
South Eastern Health and Social Care Trust
Southern Health and Social Care Trust
Northern Health and Social Care Trust
DHSSPS
Chairs of the 4 Drug and Alcohol Co-ordination Teams (DACTs)
Chairs of the Independent Sector representation on the DACTs
Department of Justice: Community Safety Unit
Allied Health Professionals Representative