

Child and Adolescent Mental Health
**TRAINING & DEVELOPMENT
PROJECT**



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**REPORT ON THE MAIDSTONE MULTI-AGENCY INTERFACE
PROJECT (MMAIP)**

Held 19 May 2004 at Gatland House, Maidstone

PARTICIPANTS:

NAME	TITLE	ORGANISATION
1. John Reynolds	Consultant Systems Psychotherapist	Gatland House
2. Gwynne Carter	Consultant Clinical Psychologist	Gatland House
3. Mary Cameron	Consultant Psychiatrist	Gatland House
4. Louise Chapman	Lead Manager for CAMHS	Gatland House
5. Julie Charley	Community Psychiatric Nurse	Gatland House
6. Sarah Fletcher	Head of Community Nursing Services	Maidstone-Weald PCT
7. Anne Finlayson	Associate Director, Children's Services	Maidstone-Weald PCT
8. Pam Jones	School Nurse Lead, CAMHS Link	Maidstone-Weald PCT
9. Lynne Selman	Director of Primary Care	Maidstone-Weald PCT
10. Carol Underwood	Team Leader – Family Support	Social Services
11. Lee-Anne Farach	Joint Commissioning Officer - Maidstone	Education
12. Carole Porter	Senior Family Liaison Officer Maidstone	Children's Fund/ Education
13. James Barber	Education Liaison Officer, Maidstone	Youth Offending Team
14. Michelle Woodward	District Manager Maidstone	Maidstone Social Services Department
15. Adrienne Ayres	Mental Health Specialist, Looked After Children (Mid Kent)	CAMHS Lenworth Ashford

TARGETS AND DRIVERS:

Knowledge of what each of the agencies targets and drivers are, is important in order to be clear about where it is possible and useful to work together. This will also help us identify where the difference in targets can lead to joint working breaking down and where it is not suitable. We need to also be aware that shared targets across different sectors need not mean the same thing to each sector. Each sector may have different views and models of how those targets should be met. This will also have implications in terms of differences in terms of outcomes and measures of success for the same target.

Social Services (Children & Families)

PSA Targets for Social Services:

- Reduction in Looked after children (LAC)
(maintain last years target of 72)
- 10% of population – adopted
- Partnership working to achieve above
- Joint preventative service
- Commissioning
 - Teenage pregnancy
 - Emotional / behavioural difficulties in the 0-18 age group
 - Development of children's centres
 - Development of adolescent service e.g. to deal with exclusion, emotional / behavioural difficulties, LAC
- Supporting independence

Local Targets for Maidstone:

Development of preventative work – link to school strategy.
Adolescent project (resource centre).

Maidstone / Weald Primary Care Trust

- The need to increase CAMHS activity year on year by 10%
- In conjunction with this is the need to meet the target for Out Patient appointments of less than a 13 week wait (mental health trust target) for tier 3 +4 children
- The need to prevent children going into tiers 3 + 4 (The Early Intervention Project working with children in children's fund areas has been accepted which will also assist with this)
- The PCT has invested in a Looked After Children's Lead Nurse and we are aware that in tandem with this a number of these children have mental health needs
- We are also concerned to reduce the number of High Cost Placements for children (particularly out of area)
- Link with Specialist CAMHS in a more formal and structured way and in this way recognising what is happening

- Streamlining of the Acute sector as it takes a lot of resources (e.g. streamlining of community paediatricians, having a one point referral)
- ADHD nurse post

Gatland House

TRUST must do's –

- Appointment in 13 weeks
(plan to assess in a more responsive manner – will have implications for other services)
- Full booking arrangement (provide booking – choice)

PCT (Commissioners)

- Collaborative, multi-agency
- Tier 3 offer supervision, training support to other Tiers

Family Liaison Officer's

Targets include:

- Enhance our work with families and schools to prevent behaviour problems in the early and primary years
- Support children and families with regard to personal difficulties and signpost as appropriate
- Recognise specific need for children and families whatever that may be
- Liaise with agencies regarding individuals
- To highlight need for children and families and influence service provision
- To support where possible the delivery of services
- To support ongoing work with families and to be involved as appropriate

Education:

Targets relate to the following:

- Raising attainment/achievement of looked after children
- Exclusion
- Community safety
- Special needs
- Building capacity to deal with Tier 1 & 2 – keep children and young people in school.

WHAT WOULD FRONTLINE WORKERS NEED IN ORDER TO BETTER DEAL WITH THE CASES THEY ARE FACING?

These were divided roughly into two bits: those to do with how care was structured and the processes/procedures linked to this and those related to training and development of frontline workers

1. Multi-Agency Single Point Of Referral:

There is a need for a multidisciplinary team (could be a virtual team) where all referrals could be dealt with and referred on from there. It was suggested that the group look at the model of the Link Agency being used in Hull. [Alex will get members copies of these documents]. Linked to this point were the following three points.

2. Common Assessment:

There is a need for some form of common assessment that could be used by all of the agencies. There is also a need for a common language and a shared sense of outcomes.

3. Co-Ordination Of Care:

It is important for there to be a body, agency or key worker who plays the role of co-ordinating the care of the child or young person.

4. Clarity Of Referral Pathways And Criteria And A Possible Review Of Criteria:

It is important that all agencies are clear on the role and function of the other agencies and there is clarity of referral pathways and which agencies have what criteria. The point was raised that agencies need to ensure that their criteria really fit what it is they are trying to achieve.

5. Development Of A Robust Tier 2 Service:

It was acknowledged that although it is important to develop the capabilities of Tier 1, frontline workers, it is also vital that there are developments in the provision of Tier 2 services for those cases the frontline workers cannot hold but who would not be best served by Specialist CAMHS.

6. Feedback System:

Frontline workers would like more feedback on their referrals to the Specialist CAMHS team.

The second theme related to the training, development and support of frontline workers. Frontline workers would like:

- Basic skills training in mental health
- Supervision (group or individual)
- Consultation to frontline workers (e.g. teachers, SENCOs, teacher assistant, health visitors, school nurses) as schools will need to hold the child or young person.
- Joint training so that the different agencies are 'singing from the same hymn sheet'
- Support Being Linked to Effective Service Delivery: The organisations in which frontline workers find themselves need to see and value the role of support for these workers. They need to see the link between

providing support for frontline workers and the provision of a quality service. These organisations need to acknowledge the level of emotional impact a lot of the work frontline workers are doing.

WHAT WOULD SPECIALIST SERVICES NEED FROM FRONTLINE WORKERS TO BETTER DEAL WITH CASES COMING TO THEM FRONT FRONTLINE WORKERS?

1. Information About The Child Or Young Person And Their Family Who Are Being Referred.

This would be linked to some form of common assessment. The information however needs to cover all levels e.g. frontline worker observations and perceptions. Very often frontline workers have some unique insights as they have spent time with families in their own settings. For example it would be very useful for a community paediatrician to have information about the child's home and school life.

2. Clarity Of The Issue Of Information Sharing:

The different bodies have different interpretations of what can and can't be shared and how information is understood. It would be important for there to be clarity on what the different bodies views are on this and what can be expected from each other.

WHAT CAN SPECIALIST CAMHS OFFER TO FRONTLINE WORKERS?

1. Early Assessment:

The Specialist CAMHS Team at Gatland House are looking at implementing a process of early assessment. At present a referral may sit in the waiting list only to be assessed several months down the line as not being appropriate for the Specialist Team. This will ensure that only those who are appropriate are on the waiting list and thus the others can access more appropriate services (if they are available) more quickly. This could be linked to the multidisciplinary virtual team described above.

2. Consultation:

Frontline and other workers from the statutory and voluntary sectors could access consultation time from the Specialist CAMHS Team. This could happen in a variety of forms e.g. over the phone, face to face, one off, ongoing, discussion forums.

3. Supervision:

Again frontline and other workers from the statutory and voluntary sectors could access consultation time from the Specialist CAMHS Team. This could happen in a variety of forms e.g.

[Note: We need to be clear about the boundaries around this kind of work and demands that can be placed on the Specialist CAMHS team. It is vital that this aspect of their work becomes recognised and valued.]

4. Training:

It would be useful for frontline workers to have training in mental health issues to make them feel more confident in identifying, assessing and containing some of the issues related to mental health they are confronted with. It would also be useful that their role in prevention and mental health promotion be developed.

5. Feedback

Specialist CAMHS needs to give feedback to frontline workers about the progress of their referrals to them. It is important that people are kept in the loop.

6. Support:

Linked to above – if a case is referred back and feedback given Specialist CAMHS could offer the frontline worker support in terms of how best to carry out the feedback being given.

7. Information:

It would be important for frontline workers to have a better understand of Specialist CAMHS services. They need to have clarity of what is offered, what the different specialists are (e.g. what is a child psychologist, a child psychiatrist) and what is the most suitable forms of treatment for what issues.

WHAT WILL SPECIALIST CAMHS NEED IN ORDER TO PROVIDE THIS?

1. Recognition That This Is Part Of Their Role:

It is important that if Specialist CAMHS is going to play a role in supporting, training and developing the services offered at the other tiers that this role is recognised by those commissioning the service. This needs to be formally agreed between the participating agencies.

2. Time To Do It:

In order to free up Specialist CAMHS practitioners will need the time to offer consultation, supervision and training.

3. Training And Development:

The Specialist Team will need to access what their needs are in being able to deliver support, supervision, training and development.

ACTIONS:

ACTIONS	WHO IS RESPONSIBLE/ INVOLVED	WHEN WILL IT HAPPEN
Development of commissioning and strategic framework	Lynne Selman through Chipboard	To be decided
Explore the idea of a multi-agency single point of referral	Anne Finlayson, Michelle Woodward, Lee-Anne Farach, Louise Chapman	To be decided
Get information about the Link Agency (Hull Model) multi-agency single point of referral.	Alex to get that to the group	End of May
Explore the issue of common assessment across the agencies	Local Heads of Service	To be decided
Explore what is happening at a county level with regards to joint assessment	Alex Hassett	Mid June
Basic skills training for frontline workers – look at what the needs are. (link this to the work done by Jan Prior)	Local Heads of Service	By 22 nd September
Specialist CAMHS Team to offer a consultation service to schools (will need to be very clear about what is expect) (will need to be linked to districts inclusion forum at the cluster level).	Lee-Anne Farach Louise Chapman	To be decided
Consultation for the various sectors	Local service heads	To be decided
Provision of supervision, consultation-liaison, training for school nurses and health visitors – look at service level agreement between Maidstone/ Weald PCT and Gatland House	Louise Chapman, Anne Finlayson, Lynne Selman.	End of June
Look at the developmental service approach developed by the community practitioners at Maidstone/Weald PCT and link with other services being provided	Pam Jones	End of June
Look at the variety of services, projects etc already in operation in the area and explore how this links to the Reference Group.	Alex Hassett. Pam Jones, Lee-Anne Farach, Wendy Mann or Carole Porter, Anne Finlayson	End of June
Look at Children's Centre's a place to try out various models		To be decided

Development of a Resource Directory		To be decided
Need to explore the role of the voluntary sector		To be decided
Explore the training in supervision being offered by University of Kent	Alex Hassett	End of June
Meet again to explore outcomes of above meetings and to plan for the future. Date set as 22 September 9.30 – 12.30 at Gatland House	Group	22 nd September

NEXT MEETING:

22nd September, 9.00 for 9.30 – 12.30 at Gatland House