

**CHILDREN AND YOUNG PEOPLE'S  
STRATEGIC PARTNERSHIP**

**REPORT**

<b>DATE OF MEETING:</b>	18 May 2011
<b>SUBJECT:</b>	TaMHS Pathfinder Outcomes Summary
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<b>IS THE REPORT EXEMPT?</b>	No
<b>IS THE REPORT CONFIDENTIAL?</b>	No

**1. Purpose / Decision Required**

- 1.1 To receive the outcomes summary gained through the Targeted Mental Health Pathfinder and to note the report.

**2. Background / Context**

At the meeting on the 17<sup>th</sup> January 2011 the closure report was accepted for the pathfinder with a recommendation that an Outcomes Summary was provided for the next meeting outlining:

**Outcomes against key aims and objectives( A)  
Lessons learnt for the partnership(B)**

Substantial reporting and evidence has been provided on an on-going basis through 4 channels:

Mental Health and Well- being sub-group of the CYPSP.  
TaMHS board.  
Section 75 commissioning working group.  
DCSF/DFE quarterly reporting procedures.

**The key objectives for Lincolnshire were:**

- Establishing training opportunities for Universal staff to enhance their skills and confidence in working with emotional and mental health.

- Establish opportunities for targeted work at an early identified stage.
- Establish a care pathway agreeable to the various disciplines particularly Health and Education.
- Developing swifter access to services by established a stepped approach to early identification and intervention.
- Pilot some new interventions which are evidence based.

The following reports back on the 2 key items against each objective:

### **Training opportunities**

#### **(A) Outcomes against key aims and objectives**

- 105 undertook 'everybody's business e-learning across 9 schools.
- 17 undertook Friends training across 9 schools.
- 19 undertook Smiles training across 11 schools.
- 22 undertook 'In my shoes training' across 13 schools including Phoenix school and Gainsborough Park School.
- 30 members of staff across 4 schools and 2 Integrated teams have been trained and certified in the FAST parenting programme. This has included 8 parent partners/ 5 TaMHS staff/ 4 members of integrated teams and 4 Community partners and 9 were school staff.
- Training regarding use of SDQ'S and its role in assisting referrals was undertaken on a school by school basis although in 3 clusters this was delivered as part of 'Inset Training Days' and feedback was this was a preferred approach. In every school at least 1 member of staff established a good understanding of this. In some schools all pastoral staff was trained.

#### **(B) Lessons learnt for the partnership.**

- E- Learning is a good cost – benefit training approach – staff would appreciate an opportunity to discuss learning through a tutorial type approach with appropriate professional. There is an opportunity for PMHW's to support this.
- Friends training needs to focus on modelling the programme content and less on the theory/ background.
- Smiles is seen as an effective early intervention approach.
- FAST is a community capacity building programme which fits 'Big Society' aspirations.
- Parents welcomed the opportunity to train alongside professionals through the FAST programme. Staff welcomed this joint training

approach.

## Early Identification and Targeted work

### (A) Outcomes against key aims and objectives

- The January 19<sup>th</sup> report gave evaluation evidence on the success of establishing a pathway that provides 'early identification' assessment linked to the already successful CAF/TAC process.
- The role of workers working with the family, child and school enabled 'reluctant' families to become engaged and 'concern' rather than 'issue' enabled the child's needs to be targeted.
- Targeting emotional support at an universal level allowed improved targeting at a higher level through observation and exploration.

### (A) Lessons learnt for the partnership.

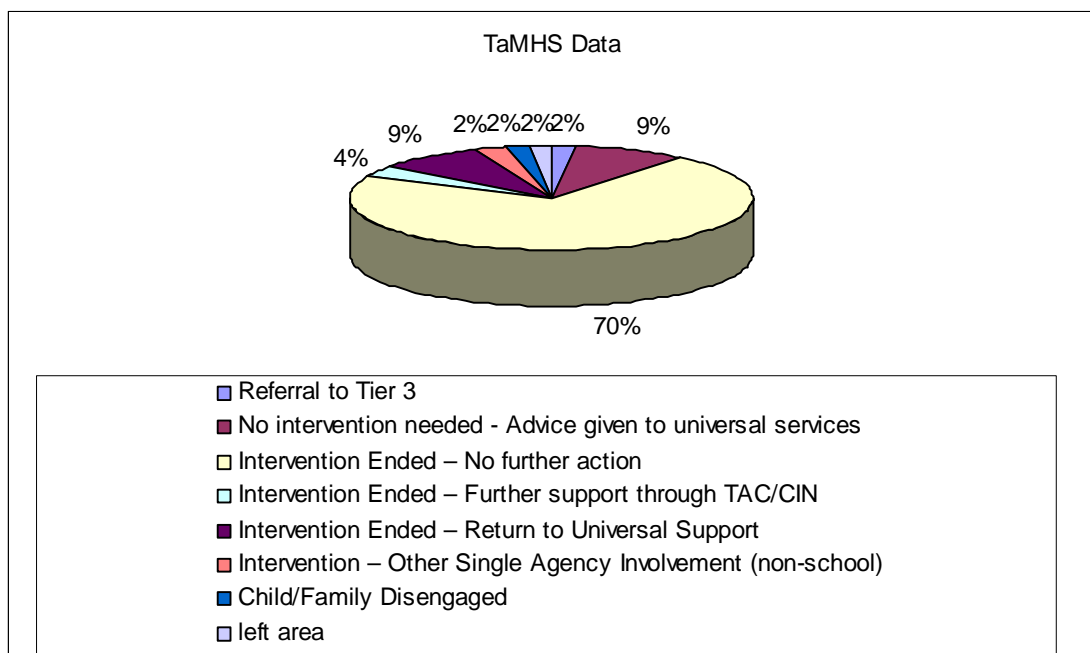
- The overlapping of this work into other targeting of support means this needs joining up with the wider integrated processes. (See conclusion.)

## Establishing a care Pathway

### (A) Outcomes against key aims and objectives

A care pathway that both identifies and supports the role all workers can play in both delivering interventions and identifying need results in clear positive outcomes.

End of case status evidence illustrates that the care pathway established resulted in only 2% referral into tier 3 and only 2% of the children or families disengaged. 70 % of the children have not needed further action or intervention. (Sample 434).



### **(B) Lessons learnt for the partnership.**

A pathway established needs to be owned by all services involved with it. There needs to be training on awareness raising; early identification tools; SDQ assessment and identified personnel in schools agreed to liaise with the Primary Mental Health Workers.

### **Swifter access to services**

#### **(A) Outcomes against key aims and objectives.**

- Evidence illustrates how the pathfinder provided a swifter access to services with 65% of children commencing involvement with the service within 14 days. Of the remaining 35%; 25% were commenced with within an appropriate space within the school curriculum timetable.
- Regarding the remaining 10% the main reasons were incomplete referral or parental consent taking time.

#### **(B) Lessons learnt for the partnership.**

- A clear agreed process supported by appropriate training which clarifies how universal staff can deliver early interventions will assist in early identification will have a positive impact and reduce demand on specialist services.

### **Evidence based Interventions**

#### **(A) Outcomes against key aims and objectives**

The January 19<sup>th</sup> 2011 report gave strong evidence of the outcomes achieved by utilising such interventions.

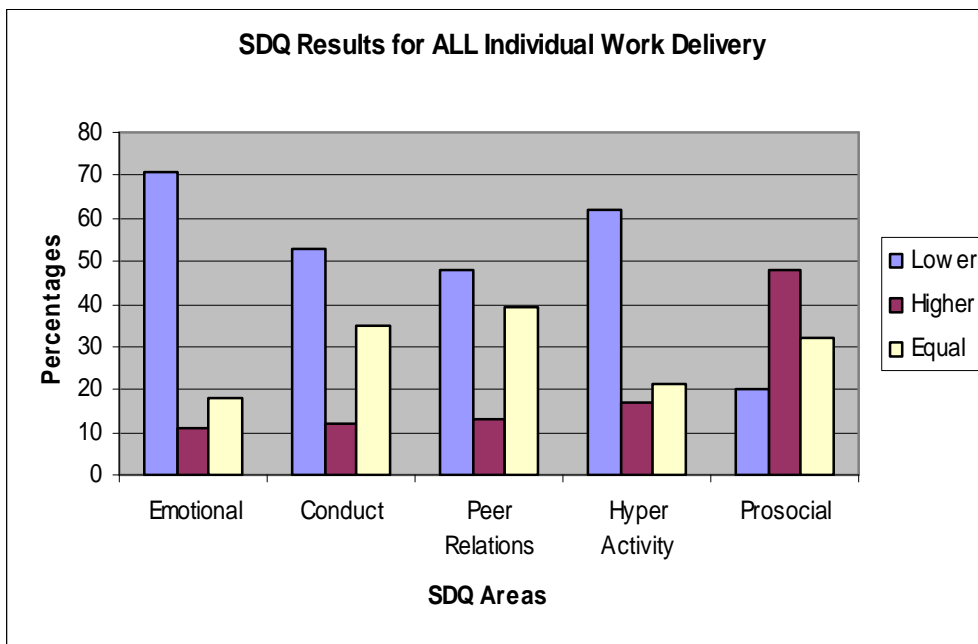
#### **(B) Lessons learnt for the partnership.**

For the future pathway and services to be effective such interventions need to form the basis of universal provision.

Further evaluation of the Pathfinder shows some excellent outcomes;

### **SDQ information;**

### **Targeted 1 to 1 support for children and young people**



- 71% (Sample of 434) of all assessments showed an improvement in their overall difficulties score based on emotional symptoms.
- 62 % ( same sample) of all assessments showed an improvement in Hyperactivity scores based on Hyperactivity symptoms.
- Pro-social scores are reversed so Higher means an improvement.

### **No of young people supported between January 2009- April 2011**

- 987 individual different CYP have been worked with from January 2009 to March 2011 across 3 clusters plus 147 different CYP in the Boston cluster. A total of 1134 different CYP benefited from direct intervention...
- In the 20 schools where data was collated, out of a potential 3973 school population, during the period January 2009 to March 2011 **657 children were worked** with (16.5% of the school population) or **1 in 6** during that period.
- During the same period within the same schools 18.7% of children identified within vulnerable groups were worked with, **1 in 5.34** during that period.
- See report 6.0 for further headline figures. (19<sup>th</sup> January 2011).

### **3. Conclusions**

The outcomes summarised in this report complement those set out in the report dated January 19<sup>th</sup> 2011. One of the key successes of the TaMHS pathfinder is that the positive outcomes delivered and the key lessons learnt have directly informed the commissioning intentions for Lincolnshire's Child and Adolescent Mental Health Service (CAMHS) at Tier 1 and Tier 2 (Universal/Targeted).

Lincolnshire County Council's Children's Services existing contractual

arrangements for CAMHS have recently expired with new arrangements coming into effect from 1<sup>st</sup> April 2011. NHS Lincolnshire and Children's Services have taken this opportunity to re-define the services they wish to commission so that they are more preventative, embed the ethos of the Brilliant Lincolnshire approach and perhaps most significantly build upon the care pathway developed through the TaMHS pathfinder project.

The TaMHS pathfinder demonstrated that early investment in preventative support in schools results in a reduced reliance on more specialist CAMHS, with young people's mental health concerns being managed more in universal settings leaving specialist services open to those with the most complex needs.

In light of this, commissioners have agreed joint arrangements for the following pathway delivered by Primary Mental Health Workers (PMHW's):

- PMHW's will remain employed by Lincolnshire Partnership NHS Foundation Trust (LPFT), the CAMHS provider, but will be based within Children's Services Local Integrated Teams across Lincolnshire's districts. This will enable joint working in front line services, aid information sharing and result in a single and shared referral process.
- Schools will be asked to identify named workers who will receive training from PMHW's on whole school approaches to improving emotional and psychological well-being, recognising mental health concerns, delivering low-level interventions e.g. Smiles and how to complete SDQ's.
- PMHW's will provide information, advice and guidance to named School staff where they have specific cases of concern that cannot be managed at Tier 1/universal level. Schools can then make a referral directly to PMHW's following the completion of an SDQ.
- Following a referral, PMHW's will provide timely assessment and short term CAMHS interventions at Tier 2.
- In addition, GP's can refer children and young people for support and referrals coming into the Customer Service Centre that demonstrate a clear mental health concern can be referral directly to PMHW's in the Local Integrated Teams. Regular caseload meetings will ensure Local Integrated Teams utilise the appropriate workers to support vulnerable children and their families and should reduce duplication and provide a single point of access to services.
- PMHW's will aid the CAF process and attend TAC meetings where appropriate.
- PMHW's will refer cases directly to Tier 3 CAMHS services where appropriate.

This pathway encourages Schools to proactively engage in improving the emotional health and psychological well-being of their pupils and in return offers specialist advice and a direct, accessible referral route when a young person needs more support. It is within everybody's best interest that this preventative pathway is successful and the TaMHS pathfinder has clearly demonstrated that this is both achievable and greatly needed in Lincolnshire.