

North Wales Regional Partnership Board

'NO WRONG DOOR'

A Local Strategy for Child and Adolescent Mental Health
2022 -2027

Executive Summary

Authors

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1. Purpose of the Report

This paper provides an executive summary of the North Wales 'No Wrong Door' strategy for endorsement and approval.

2. Recommendations

- To note and approve the main points of the strategy
- To agree next steps as set out in this report

3. Situation

This executive summary is being provided today as the full support and agreement of the proposed regional strategy of the Leadership Group is required to enable progress towards completion of the strategy, approval of the full document and implementation plan.

The draft strategy (described below) has been circulated to the Partnership Children's Services Group and Regional Children's Services Service Managers. This is a substantial document in excess of 26,000 words and 90 pages in length, which reflects the complexity and breadth of the work undertaken. Comprehensive comments received from partner agency staff are now being incorporated into a revised document.

Most preparative work for the strategy is complete, apart from engagement with schools and education services. Due to the pressures during the period of preparation it was not possible for representative staff from schools to attend the workshops or otherwise participate in the process. Because education are an important support to children and young people's mental health and an education perspective is essential to the strategy, a further engagement process is required.

There is an economic case and quality benefits, borne out by research, for adoption of this strategy, which aims to improve the cost effectiveness of services. The strategy cannot, at this point, offer a full financial impact analysis. This is a necessary part of the implementation process and will require modelling based on data that is not currently available, and requires collection and analysis.

4. Introduction

The North Wales 'No Wrong Door' strategy was developed through a collaborative process using Appreciative Inquiry methods. These are strengths-based and seek to: discover what is working well in the current system; develop a joint vision for the future; design a future delivery model; propose and implementation plan.

The process took place over a period of 5 months and consisted of:

- Work with the regional team and Children's Services Managers to clarify the scope of the project and work collaboratively to initiate the work programme
- Quantitative data research
- An examination of national and international good practice relating to integrated children and young people's mental health and well-being services
- A series of workshops with professionals from partner agencies across the region
- Engagement with children and young people who have had contact with relevant services
- Iterative drafting of a strategy document and revision based on feedback from senior managers

The completed strategy proposes a radical revision of existing arrangements that offers an ambitious model for working together that will improve mental health and well-being outcomes for children and young people aged up to 25 years old. It builds on the strengths of the current system and is specifically designed for the local context.

The strategy recognises that children and young people's mental health and well-being is supported by multiple inputs delivered by a complex network of services and interventions, both formal and informal. This strategy has implications for all agencies and partners that contribute to the health and well-being outcomes of children and young people, enabling them to live their best possible lives. It will require each agency to interpret and align their own strategies and plans to this 'No Wrong Door' strategy.

The strategy proposes a regional approach based on a shared vision and an agreed set of common principles that will apply across the whole of North Wales. It however recognises that there are significant differences across the region reflecting culture, language, population density, economic factors, amongst other things. The strategy therefore proposes a regional framework consisting of a set of principles and a model that can be tailored to local circumstances. The RPB will ensure that there is local accountability for compliance with the principles and system performance. We refer to this approach as Tight – Loose – Tight: Tight adherence to the principles and outline service model – Loose (flexible) implementation of the service model – Tight accountability and monitoring of performance against the strategy.

5. Agreed Vision for the Future

This vision statement was developed from the key themes identified during the professionals' workshops and consultation with children and young people.

We want the children and young people of North Wales to enjoy their best mental health and well-being.

We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families.

6. Principles

The strategy is based on the following principles, again derived from the collaborative development process.

1. Children and young people will be valued for themselves, and their worth appreciated.
2. We will listen to children, young people, and their families to understand their world and experiences. Their opinions will help us to shape and evaluate our services.

3. We will reduce the numbers of children and young people requiring targeted support by investing in preventative measures.
4. We will reduce the number of children of young people requiring more intensive support through timely, early intervention.
5. We will make it easy for children and young people and their families to find information about mental health and, if required, to obtain help that is accessed using simple and convenient arrangements.
6. There will be better support for mental health in schools.
7. All the children and young people will have access to co-ordinated help from a range of professionals, when this would be in their best interests.
8. All children and young people will have the opportunity to form a trusting relationship with appropriate professionals. They, and their families, will have the support of a co-ordinator who will manage their case and help them to navigate the system.
9. Intervention will be timely, avoiding long waits for services and will be based on needs not diagnosis. Services will be child-centred, evidence based and flexible to ensure that needs are met and provided in ways that are suitable and convenient, including on-line.
10. The pathway will operate seamless across health and social services, education, community provisions and the criminal justice service.
11. We will have effective governance of system resources and professional activity.

7. Summary Model

The new service model developed to implement the North Wales 'No Wrong Door' strategy is designed to be flexible and responsive to different levels of need, with each level providing treatment and support tailored to, and proportionate to the need, with a focus on providing early help and preventing problems becoming more severe. This approach, in common with good practice models replaces a model of tiers based on diagnosis and a hierarchy of access criteria.

The new system is for children aged up to 25 years and aims to get the right help to the child or young person as quickly as possible. In a complex multi-agency network of services this is best achieved through a managed process characterised by good joint working, information sharing and mature partnerships. The strategy therefore offers a multi-disciplinary service model which operates as if it were a single agency. This demands a change in culture, new systems and processes and funding arrangements. Where necessary there will be flexibility between children's and adult services.

We recommend that the model is given a distinctive brand identity. This has been done to good effect in other service redevelopment projects. It will mark a new beginning of collaborative working between the partners, make it more attractive to children, young people, and their families and facilitate the change in culture necessary for its success. Ideally Children and Young People will be involved in naming the brand.

The model is for children aged up to 25 years and is designed to respond quickly to mental health problems and find early resolution in the community where the child or young person, lives ideally without the formal involvement of mental health services. Universal services (accessible to all in the community) and schools therefore have an important role in early identification and support of people with mental ill-health, including mental health first aid. Training and support to these services is therefore essential to reducing the demand for formal mental health services.

The proposed formal mental health system is designed to respond to 4 different levels of need:

Low Needs - These are experienced by children who have had a mental concern and have made good overall progress through appropriate universal services. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by a universal service

Additional Needs – Children in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support and early help. It also includes children whose current needs are unclear.

Complex Needs - Children and young people with an increasing level of unmet needs and those who require more complex support and interventions and coordinated support to prevent concerns escalating.

Acute/Specialist Needs, including Safeguarding - These occur when children have experienced significant harm, or who are at risk of significant harm and include children where there are significant welfare concerns. These children have the highest level of need and may require an urgent or very specialist intervention.

8. The New Service Model

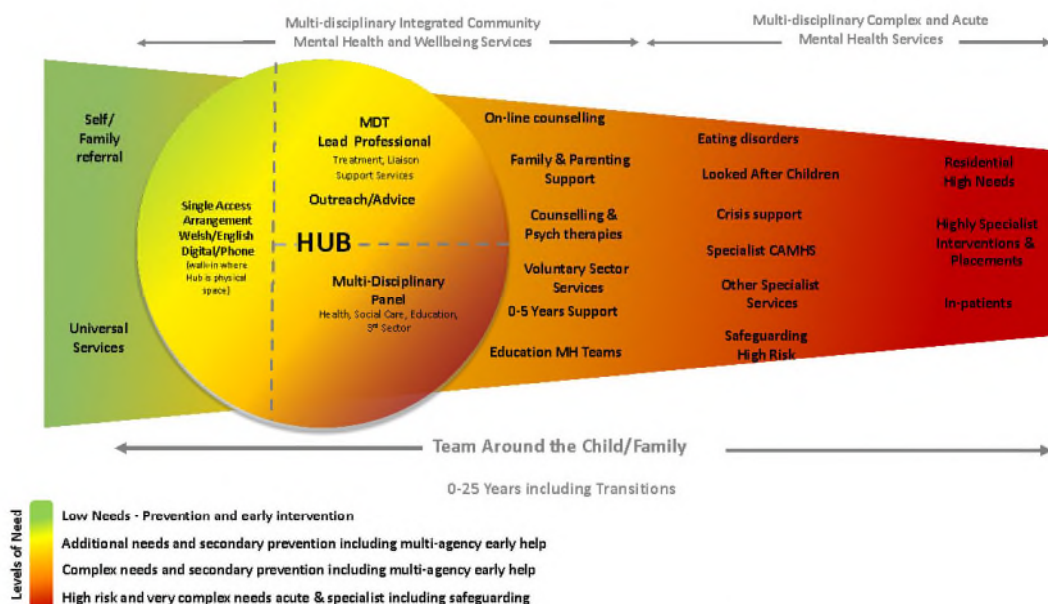


Figure 1 The New Service Model

The new model has open, (referrals from any agency or individual, including self and family referrals) multi-channel (letter, email, telephone or in person) access provided through a Single Access Arrangement (SAA). The SAA is the unique gateway into all mental health services for children and young people within the formal system.

Mental health 'Hubs' are a key feature of the system. These provide several functions including receipt of enquiries, triage, signposting to other services, assessment, treatment and support to children and young people and their families, outreach, and training for staff in other parts of the system. Hubs will be multi agency, bringing together staff from all relevant disciplines and services and will operate using an agreed governance framework.

Hubs will ideally be physical entities with reception facilities, therapeutic spaces, and meeting rooms with the capability to operate peripatetically, using community facilities on an occasional basis or, if appropriate, a mobile resource. Hub operations will be supported by an ICT infrastructure to facilitate effective joint working and access/service delivery for children and young people.

Hubs will operate a "Team around the Child (TAC) /Team Around the Family (TAF) model and every child or young person will have their treatment and support co-ordinated by a lead professional. The lead professional will be responsible for making arrangements for access to any service provision required.

The model includes a crisis response provision, which is available at any point in the pathway.

It is essential that the use of resources in the system is optimised, and this will be the responsibility of a multi-disciplinary, multi-agency resource panel. The panel, formed of the operational managers of key services within the system, will advise on which are the most

suitable resources to meet the child or young person's needs in the most cost effective, timely and child-centred way. It will have the authority to recommend flexibility in service access/eligibility and to adjudicate, where necessary.

The Resources Panel provides operational level management and performance of the health, care and support system. It is part of a governance model consisting of three interconnected levels of activity.

Service level governance has responsibility for service delivery. In the proposed "To Be" model this consists of two elements: the mental health hubs and all provider services (both directly managed and commissioned services)

The Strategic Level of governance is responsible for setting strategy and policy, holding the operations level to account for performance and resource use and is itself being accountable to The North Wales Regional Partnership Board and the Boards of each partner organisation.

9. The Case for Change

Gareth's story below is a compelling call to act to transform the current system. The economic and quality benefits case for change is based on research evidence, system performance measures and local intelligence. This is summarised in Figure 2.

"From a young age I felt something was different about me and when I started school my Mum and teacher noticed I was struggling to learn and got upset about going to school. My GP referred me to the neurodevelopmental team for an assessment and I waited 2 years to be seen. During the wait I was falling behind with schoolwork, feeling more upset and finding it hard to make friends at school. I was eventually told I had borderline autism and due to the diagnosis being borderline I didn't get any help at school I was in. It felt like nobody cared. I struggled through school, struggled to make friends and did not achieve any qualifications. When I was 17 I finally got a diagnosis of autism, but it was too late, I ended up homeless and felt a complete failure. I know I could have done much better because I receive support now but it's too late."

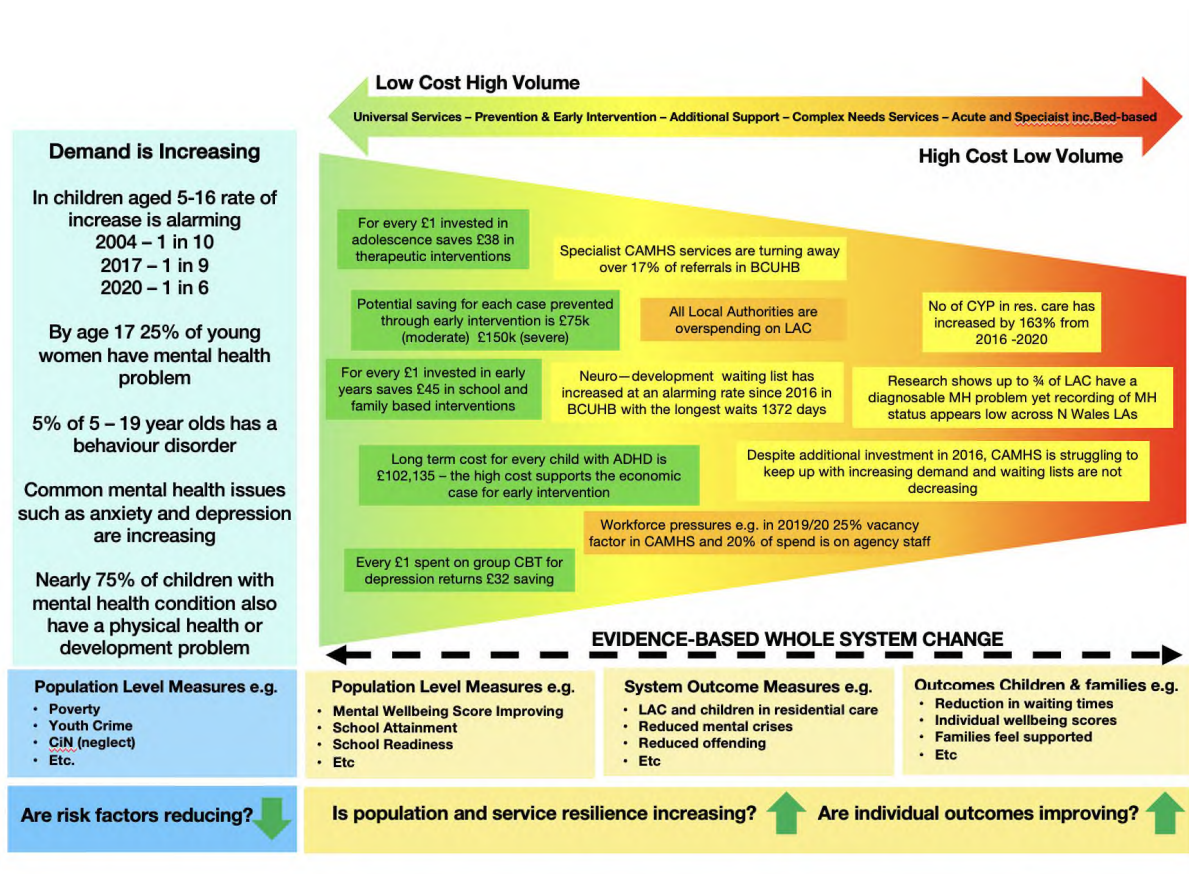


Figure 2 The Case for Change Summary

The Vicious Cycle

The current system offers limited opportunity for prevention and early intervention and is over reliant on high-cost specialist provision. Unaddressed mental health needs then lead to increasing morbidity and avoidable crisis which then fuels demand for yet more services.

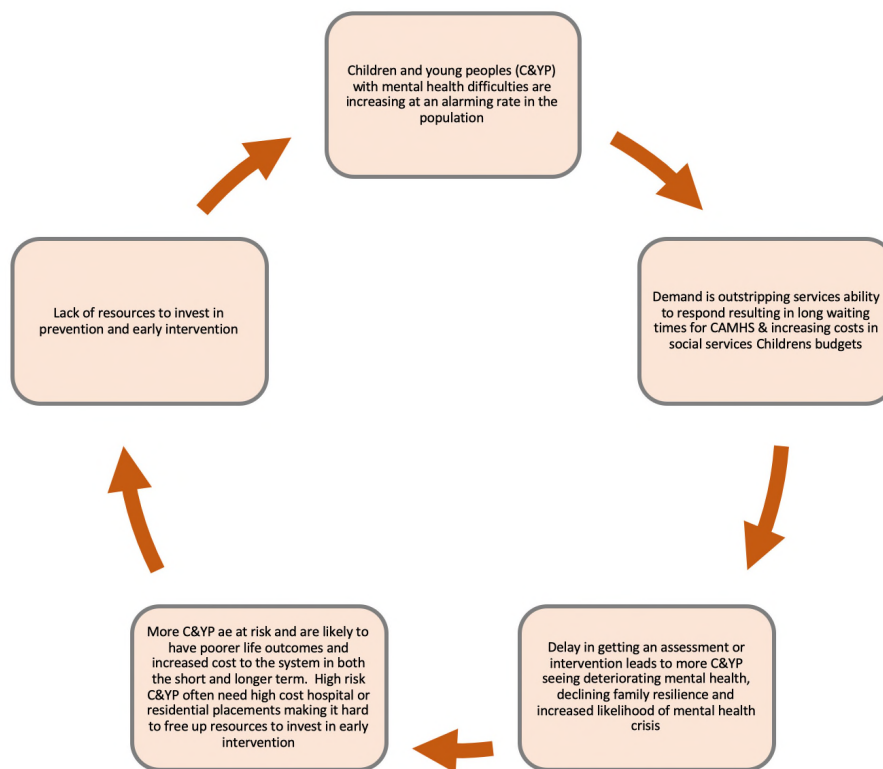


Figure 3. The Vicious Cycle

There are 3 key drivers for change in North Wales:

1. Feedback from children, young people and their families

Children, young people and their families have told us there are multiple barriers to service access, waiting times are long and their experiences of services and outcomes are poor. This leads to children and young people’s life changes being limited in both the short term and the longer term across their lifetime. Children and young people told us:

“I have been waiting three years for the Neuro development Team and over one year for CAMHS support..... I feel like I need a diagnosis to understand myself and for other people to understand my needs.”

“They sent me to Inspire and I haven’t heard anything from CAMHS in 2 years. I think CAMHS could work with other services more to make sure people don’t get left and get worse. I don’t feel like I can have my voice heard.”

“My support system fell apart, I used to have a school counsellor, she has recently retired and no one has taken over. I never had the chance to speak with anyone from CAMHS and I have no idea how to contact them.”

“I have had constant ticks, hospitalised, extreme bullying, PTSD..... Friends and Parents were the only people who supported me and got me through, and they are my only support now”

“I think more should be done to help people like me to become independent in the world. I missed out on my education and feel that I have no opportunities and confidence..... There are many of us in this never ending cycle, it’s depressing.”

Children and young people told us they want to feel hopeful and particularly want to have services that are integrated, accessible and focus on prevention and early intervention. Feedback demonstrates that participants were pleased to see the range of concepts developed in the professional workshops. Of the concepts presented to children young people and families and based on their experiences, the following three proposed developments received the most positive feedback:

A Central Door - a single entry point to get help and access services. This initiative received the most positive feedback with CYP feeling that this will support or eliminate issues surrounding waiting times, provide a faster route to receiving information online and better access to mental health support.

“The ideas all seem good but having a central door is best idea”

“I agree with the central door as they will have a good understanding.”

“I think there will be less waiting time with central door”

“One single point would be good as not being passed from one service to another.”

“I agree with the central door although there needs to be the right teachers to talk to so they understand your position.”

The Prevention Door - a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse. Participants and their families felt that education in the community would support improvement. Many shared how their first place to receive support is at home or amongst family and friends:

“We don’t have to rely on services then”

“When I most need help, I get it from my friends and family which is why this is my favourite.”

“This seems like the best solution because we don’t always have to get annoyed for waiting”

“The best idea as having one easy method is the most convenient for getting help

The Supporting Door – being accessible – making it as easy as possible for you to get to the service or for the service to reach you. Participants felt that this initiative could offer support that they currently lack:

“The supporting door is most important.”

“Schools really need to improve, its where we spend most of our time.”

“Feeling supported is important which is why I like this one.”

“Travel is always an issue for my mum so I think this will help.”

“Integrate with schools: flexible hours for people who need them.”

2. **Feedback from professionals**

Recruiting and retaining the workforce is a major issue across North Wales. Staff are under relentless pressure to maintain staffing levels, meet ever increasing demand, manage waiting lists and overcome multiple barriers to deliver services. *Professionals have told us service delivery could be improved by organisations working together to deliver integrating services, making services more flexible, improving access, and really listening to and delivering what children and young people say they need. Professionals have told us they want to feel hopeful this time and want leaders to be brave, radical and deliver change at scale and pace.*

3. **A Strong economic case**

Investing in the mental health and wellbeing of children and young people will not only make the lives of children young people and their families better, research evidence suggest it is also likely to be more cost effective in both the short and longer term across a whole lifetime. For example:

Local implementation of Bradford’s B Positive’ Pathways incorporated 2 practice models (A “No Wrong Door” multi-agency, multidisciplinary team and “Mockingbird” family model). Among its aims were to reduce the number of looked-after children by a total of 75 and the number of out-of-authority placements by 20 over a 2-year period. A total of 172 young people were reported to have stayed at home following BPP outreach support. The base programme cost was £2,578,080. A total saving of £8,614,368 was achieved over the 2-year period of the programme operation. £4,167,540 in foster care, £108,000 in adoption, £118,668 in other accommodation, £4,075,968 in local authority residential and £144,192 for those placed with a parent.

10. Implementation

Implementation of this radical and complex strategy will require a substantial and well-resourced implementation programme to address the necessary culture change, development of an aligned/blended budget, structural changes, infrastructure requirements and development of the operating frameworks. The recommended ‘Tight – Loose - Tight’

approach allows for local solutions to realisation of the strategies ambition and its principles. Some of the implementation programme will require a regional approach, as the change requirements will be common across all areas, whereas some will require local development of those aspects of the strategy that are 'loose'.

The full strategy document outlines a five-year implementation plan, with the main changes taking place in years 1 -3. It will require organisational commitment and commitment of resources by all partners, strong programme management and external specialist support to the transformation process. It proposes an overarching regional approach, supported by local implementation groups, which would include some staff seconded from operational roles to undertake the necessary development work. These released operational staff will require temporary replacement.

Implementation should align with, and contribute to parallel change process, for example the Betsi Cadwaladr University Health Board: Mental Health Maturity Matrix.

11. Next Steps

- Endorsement of the main points of the strategy by the NWRPB at the November 2021 meeting
- Agreement by Leadership Group and NWRPB of the strategic direction and commitment to implementation, including full financial and performance data collection, analysis and modelling
- Authorisation by Leadership Group of additional engagement with schools and education services
- Finalisation of the strategy to include all comments so far received and results of engagement with schools/education
- Approval of final strategy by Leadership Group and NWRPB
- Implementation overseen by the newly established RPB Children's Sub Group