

North Wales Regional Partnership Board

'NO WRONG DOOR'

A Community-based Regional Strategy for Child and Adolescent
Mental Health

2022 -2027

Executive Summary DRAFT



Bwrdd Iechyd Prifysgol
Deddf Cadeitair
University Health Board



Iechyd Cyhoeddus
Cymru
Public Health
Wales



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YNYN MńN
ISLE OF ANGLESEY
COUNTY COUNCIL

Cyngor
denbighshire
County Council



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COUNTY BOROUGH COUNCIL



1 Executive Summary

1.1 Background

The Children's Commissioner for Wales has highlighted the need for transformation in the way services work together to support children and young people whose needs are not deemed severe enough to require specialist support but, who are emotionally distressed and/or have behavioural issues. The aim is to produce a strategy that enables the North Wales Local Authority and Health Board partners to support the emotional resilience and mental health of children and young people in this group, across the region. The strategy proposes how agencies can best work together to respond to the full spectrum of needs of children and young people who are experiencing mental health problems. It identifies opportunities for the future development of services drawing on models of good practice in Wales and beyond.

The Regional Partnership Board commissioned Alder Advice to assist with this project. Alder Advice are a group of independent professionals who work within the health, social services and supported housing sectors, specialising in working with statutory organisations to improve outcomes for people. Their approach is always strengths based, appreciative and co-productive, seeking to build on the things that are working well and using these to tackle the issues that need to be addressed.

1.2 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 0 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 partners and agencies that

contribute to the health and well-being outcomes of children and young people, enabling them to live their best possible lives. At the heart of the strategy there is a requirement for agreement on funding the model. Each agency will need 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, an agreed set of principles and a common delivery model 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, and economic factors, amongst other things. The delivery model is therefore flexible and implementation 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.

1.3 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.

1.4 Principles

The strategy is based on the following principles, again derived from the collaborative development process and research into good practice.

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. No child should be excluded from a service because of their family circumstances
9. 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.
10. 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.
11. The pathway will operate seamless across health and social services, education, community provisions and the criminal justice service.
12. We will have effective governance of system resources and professional activity.

1.5 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 child or young person's need, with a focus on providing timely help and preventing problems becoming more severe. This approach, in common with good practice models replaces a model consisting of service tiers based on diagnosis and a hierarchy of access criteria.

The new system is for children aged 0 - 25 years and aims to get the right help to the baby, 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 involves 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 designed to respond quickly to mental health problems and find early resolution in the community where the baby, child or young person lives. Ideally this would be without the involvement of formal mental health services, other than to provide advice, if required. Universal services, and especially education, have an important role in nurturing children and young people's mental health and the early identification and support of those with developing issues. Training and support to these services is therefore essential to reducing the demand for formal mental health services, this should include mental health first aid.

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

Low Needs - These are experienced by babies, children and young people who have had a wellbeing concern and have made good overall progress using preventative and non-specialist channels. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by support from educational support services, or a universal service.

Additional Needs – Babies, children and young people in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support at an early stage. It also includes those whose current needs are unclear.

Complex Needs – Babies, children and young people with an increasing level of unmet need, and those who require more complex interventions and additional, coordinated support to prevent concerns escalating.

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

1.6 The New Service Model

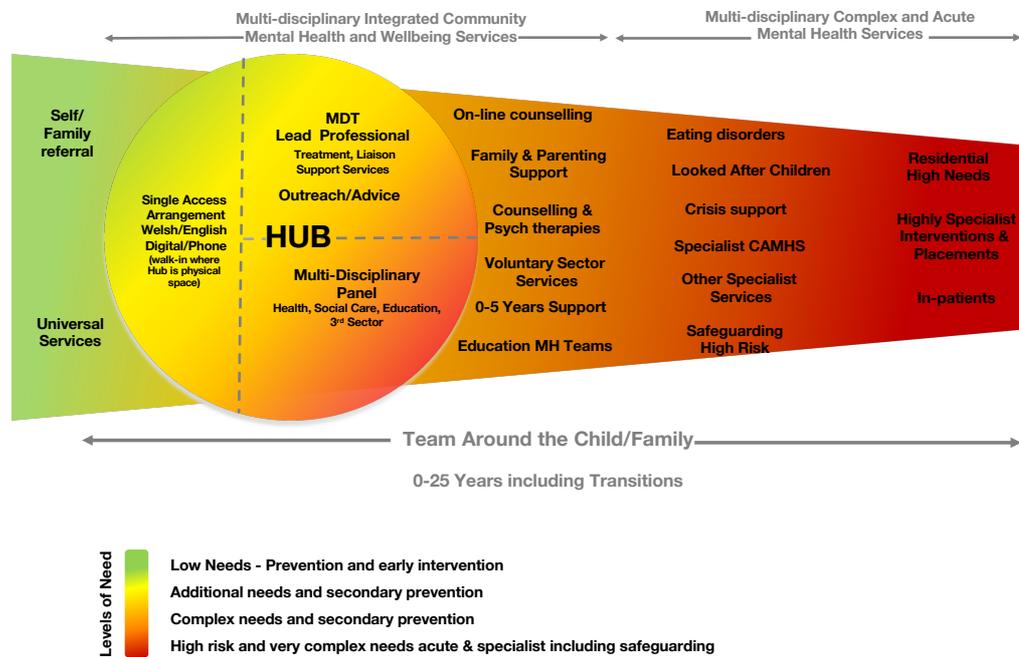


Figure 1: The New Service Model (Executive Summary)

The new model has open referrals (from any agency or individual, including self and family), 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 operate using an agreed governance framework.

Hubs will ideally include (but are not necessarily limited to) physical entities with reception facilities, therapeutic spaces, and meeting rooms. They may also have 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 and data sharing agreements 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) practice 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. This is formed of the operational managers of key services within the system, schools' representatives and may also include housing and 3rd sector organisations. It 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. Importantly, it will have the authority to ask for flexibility in service access/eligibility and to adjudicate on disputes, where necessary.

The Resources Panel provides operational level (central tier) management and performance of the health, care and support system. It is part of a governance model consisting of three inter-connected levels of activity. The other levels are the services level (lower tier) and the strategic level (upper tier).

The 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.

1.7 The Case for Change

There are 3 key drivers for change in North Wales:

1) Economic and quality case: 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. 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. The economic and quality case for change is based on the research evidence, system performance measures and local intelligence summarised in Figure 2. Below.

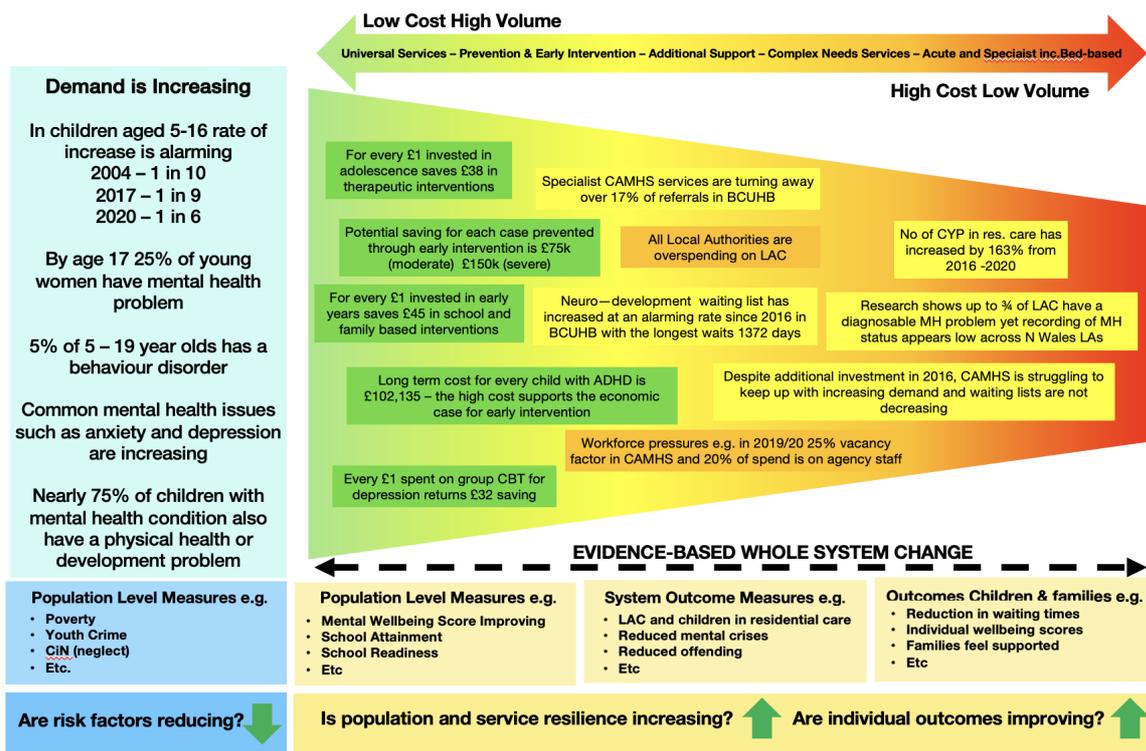


Figure 2: The Case for Change Summary (Executive Summary)

2) 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. Just one example of this is Gareth's story:

"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."

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.

3) Feedback from professionals: Recruiting and retaining the workforce is a major issue across North Wales. Attracting sufficient Welsh speaking staff is a particular problem. Staff are under relentless pressure to maintain capacity 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 emphasised that they want to feel hopeful this time and want leaders to be brave, radical and deliver change at scale and pace.

10. Implementation

This is a radical and complex strategy that 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 realise 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 elements 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.