NICE National Institute for Health and Care Excellence

Tailored resources

Audit and service improvement
Published: 20 April 2017

www.nice.org.uk

Contents

Introduction

This resource is useful reading for: commissioners; inpatient and community mental health and wider health teams; children's and adult social care managers; other organisations who are supporting young people with transfer between inpatient mental health settings and other support at a local and strategic level. This resource draws on the guideline recommendations, local practice examples and discussions with a range of professionals at a workshop held in January 2017.

The workshop was organised with the support of the NICE Collaborating Centre for Social Care (NCCSC). Delegates were from local and national organisations working in health, social care and voluntary organisations supporting young people and families dealing with mental health problems.

This resource provides:

- information to support implementation of the recommendations in NICE's guideline on transition between inpatient mental health settings and community or care home settings
- examples and learning points from the workshop and local practice
- links to useful resources.

There is also a tailored resource that focuses on services for adults:

- Working with adults to ensure person-centred care and support for admission to and discharge from inpatient mental health settings.

Why should you put this guideline into practice?

NICE guidelines are made up of evidence-based recommendations for health and care in England. This guideline addresses the often difficult period before, during and after admission to, and discharge from, a mental health hospital. It is about improving the quality of care for everyone who uses mental health inpatient facilities, including children, young people and adults, and people who have other health issues and care needs. Through a set of recommendations and implementation challenges it aims to help children,

young people and adults who use mental health services, and their families and carers, to have a better experience of transition by improving the way it is planned and carried out.

In addition, the Care Quality Commission (CQC) uses NICE guidelines as evidence to inform the inspection process. The CQC key lines of enquiry and prompts for inspectors expand on areas the guideline covers and include: young person and family involvement in care planning, pathways of care, access to advocacy and discharge planning. The CQC key lines of enquiry, set out in appendices to the provider handbook for specialist mental health services, provide a useful point of reference for local service planning and development.

Key messages

Information from the guideline, workshop and practice examples highlighted key challenges and points for development. Three areas in particular were identified as crucial in providing effective support. They are:

1. Participation and engagement with young people and families using person-centred support – to achieve better outcomes through flexible, tailored support.

2. Effective communication and joint working between teams and organisations supporting young people and families – to support practitioners to engage with young people and families, and work together.

3. Engagement in strategic planning and commissioning – to bring continuity and a better quality of care and support.

1. Participation and engagement with young people and families using person-centred support

The guideline and legislation

The first recommendation, the guideline sets out, that care and support of people in transition should be person-centred and focused on recovery, (recommendation 1.1.1). Further recommendations include involving the person's family and friends throughout their admission and discharge (recommendation 1.1.5) and using their knowledge and expertise alongside the person's when planning treatment (recommendation 1.2.3). This is supported by the Section 19 principles in the Children and Families Act 2014 which set out that all children and young people with special educational needs and disabilities (SEND), including those with mental health problems, should have the opportunity to:

- share their views, wishes and feelings;
- be supported to participate as fully as possible in decision making; and
- be supported to achieve the best possible educational and other outcomes.

Example

Engaging young people in planning for their futures requires skilled practitioners and allocated time. Some local areas are using the i-THRIVE model of care to achieve this. i-THRIVE is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families.

i-THRIVE was successfully selected to be a national NHS Innovation Accelerator. Ten sites from across England are working to implement the model.

Local learning

Attendees at the workshop reported that building trust between young people, families

and practitioners is key to providing good support and planning well. They identified a set of actions to support this which are set out below.

Choice and decisions

Planning ahead: many local areas now develop 'passports' with young people, so they can share information on their needs in a way they are happy with. In addition attendees reported that developing a crisis plan with young people and their families as part of wider care planning means that the often difficult admission process can be managed positively.

Formal planning: multi-agency formal meetings are often used to agree major decisions about support for young people with mental health problems. Preparation for these meetings should include working with young people and their families to ensure that:

- they are aware of and understand all of the options available to them
- they have the information they need to make informed choices
- they are clear on the process for funding agreements.

Where young people, family or team members are located across a wide area, virtual meetings could be held to ensure that everyone can take part.

Information, advice and support

Young people and families may need support, particularly if the inpatient placement is unplanned or far away, or they have different views on what should happen.

Advocates, care coordinators, named practitioners and other professionals have distinct skills and can act as powerful supporters for young people and families at admission and discharge and in planning community support. They can play a crucial role in ensuring care is planned and delivered in a person-centred way.

Out-of-area placements

Out-of-area placements can be a particular challenge and need planning, support and regular review to ensure that young people can maintain local links with family, friends and their wider support network. This network includes school and any education or training they are taking part in.

Meeting the travel costs of family members, adjusting visiting times or allowing some use of social media can provide important ways for young people to maintain links to their home area and make the transition back smoother.

The guideline recommends assigning named practitioners to young people who are being admitted to inpatient care outside the area in which they live: one from their home area who knows the person and one from the ward they are being admitted to (recommendation 1.3.10). These practitioners can also liaise to support the young person's return home.

2. Effective communication and joint working between teams and organisations supporting young people and families

The guideline and legislation

The guideline recommends that health and social care practitioners in hospital and community services should plan discharge with the person and their family, carers or advocate. It goes on to recommend that planning should be collaborative, person-centred and suitably paced (recommendation 1.5.1). The SEND code of practice underlines the importance of joint working throughout. In particular sections 3.40 and 3.41 underline:

- When commissioning training for professionals, partners should consider whether combined service delivery, training or a common set of key skills would help professionals and providers adapt to meeting the needs of children and young people with SEN or disabilities in a more personalised way. This could include commissioning 'key working' roles to support children and young people with SEN and disabilities and their parents, particularly at key points such as diagnosis, EHC plan development and transition.
- Consider whether and how specialist staff can train the wider workforce so they can better identify need and offer support earlier – for example, educational psychologists or speech and language therapists training professionals such as teachers or GPs to identify and support children and young people with mental health problems or speech and language difficulties, respectively. This may involve NHS Local Education and Training Boards. Some areas have involved parent carers in delivery of workforce development programmes.

Examples

Some local areas have multi-agency transition teams that, as part of their remit, work with child and adolescent mental health services (CAMHS) to support young people and families.

In Liverpool, this team is based in social care and supports young people with a range of needs. They hold multi-agency transitions meetings with health colleagues to discuss the transition of young people with complex needs between agencies, including from hospital to home and community support. This approach has had a positive impact and has increased communication between services, built relationships, shared knowledge and identified more early intervention.

The London-based Connecting Care for Children (CC4C) programme aims to improve support for young people and families by embedding joint working across teams and services. Some of the local CC4C work involves setting up children's health hubs in GP surgeries. These hubs are where multidisciplinary teams meet to discuss cases, share specialist knowledge with each other and hold sessions directly with young people.

Local learning

Teams and organisations at the workshop reported that they need better information about each other to give to families and to use themselves so they are confident in how best to link up, share expertise and offer the best support. They identified a number of methods they had employed which are set out below.

Joint planning

Finding time to work together when not dealing with a crisis or negotiating funding can be a positive experience for practitioners. Using this time for joint planning or training provide excellent opportunities for practitioners to build networks, understand roles and practice, and work together more effectively.

Communication

Taking a high level, strategic approach to developing and reviewing multi-agency protocols and pathways for young people with mental health problems can improve communication between teams and:

- provide ways to formally include young people and families in the development and review process, so they can give their views on what support should look like and where it is needed

- increase clarity on eligibility criteria, referral and funding processes, including any limitations
- bring clarity to language; for example, what do practitioners from a range of organisations understand by 'recovery', 'co-production' and 'person-centred'?
- provide an opportunity to work with commissioners to check data and cross-reference existing and likely numbers of young people who will use the service (for example, over a 5 year period), to inform future support
- support timely planning for transition arrangements into adult services (see also NICE's guideline on transition from children's to adults' services for young people using health or social care services and NICE's quality standard on transition from children's to adults' services).

Operational joint working can also have a significant impact on the quality of support. When services operate individually, young people and their families can be referred and re-referred between them unnecessarily. This can result in parents feeling like it's a full-time job to find and access support. Teams can help address this issue by drawing together families and practitioners to cross-reference existing and planned support. A young person may have existing support plans if they are looked after, have a disability or receive additional support at school. In addition, they may then have crisis plans, discharge and recovery plans, and Care Programme Approach documentation. Any gaps or duplication in proposed support need to be identified.

3. Engagement in strategic planning and commissioning

The guideline and legislation

The guideline recommends that mental health services work with primary care, local authorities and other organisations to ensure that people with mental health problems in transition have equal access to services on the basis of need (recommendation 1.1.7). This is supported in Section 25 and 26 of the Children and Families Act 2014 which sets out that:

- there must be Joint Commissioning Arrangements between the Local Authority (LA) and the relevant Clinical Commissioning Groups (CCGs)
- there must also be arrangements with NHS England for disabled children and young people and those with SEN who need specialist services commissioned directly by NHS England at a regional or national level.

Examples

The Patient Experience Network has a range of up-to-date practice examples of engagement with children and young people in health settings. Their latest report, Improving patient experience for children and young people, available as a pdf, includes a consultation model for CAMHS from Leicester City Council.

Forward Thinking Birmingham is a partnership of local health and care providers. The service provides support, care and treatment to any child or young person up to 25 years who is experiencing mental health problems and is registered with a Birmingham GP. There is also a drop-in centre in Birmingham city centre.

The London Borough of Islington is one of the 2016 early adopter sites for the Integrated Personal Commissioning (IPC) programme. This partnership programme between NHS England and the Local Government Association supports the improvement, integration and personalisation of services. Islington's initial children's cohort will be looked after children with mental health problems. The ambition is to extend IPC to children with special

educational needs and disability at a later date.

Local learning

The workshop attendees were clear that improving joint working needs to include strategic commitments. The key points are set out below.

Commissioners and senior managers can improve service design by agreeing shared budgets, embedding joint working and building in flexibility on how support is provided. This is particularly important when young people are discharged from inpatient mental health settings, to provide clear and responsive services to provide continuing support. This strategic planning should include use of service data and promoting the involvement of young people and families.

Outcome measures used in strategic planning and commissioning – for example, from the Children and young people's improving access to psychological therapies programme (CYP IAPT) – need to correspond with young people's and families' views on the value and effectiveness of services. Attendees reported that, for example, young people and their families often value being consulted on service evaluation and redesign, and more practically from changes like extended appointments, using social media to keep in touch and specialist services which are delivered from a range of locations.

Resources and useful links

- Common Room (2015) Me First. An education and training resource for healthcare and front-line practitioners to develop knowledge and skills in communicating with children and young people.
- Research in Practice for Adults (2014) Personalisation and managing the market. A policy scope on how commissioners, providers and team managers can influence market development.
- Social Care Institute for Excellence (SCIE) Improving mental health and emotional wellbeing support for children and young people in care. A Department of Health-commissioned project which aims to improve the experiences of children and young people in care who have mental health and wellbeing difficulties.
- Young Minds. Resources for on emotional wellbeing and mental health for young people, families and professionals.
- Youth Access. Youth advice and counselling services for young people, including support for mental health problems.
- Ensuring person-centred care and support for adults, focusing on recovery from admission to discharge. A tailored resource for adult mental health services.

Acknowledgements

We would like to thank all participants and their organisations for their contributions to the workshop, particularly Lisa Nolan, Programme Manager, Children and Maternity, (Liverpool Clinical Commissioning Group) and Nicky Fearon, Transition and Youth Mental Health CQUIN project manager, (Merseycare), who helped us to set up and plan the event. This resource has been written by Helen Wheatley (Research in Practice Associate), with support and guidance from the NICE Collaborating Centre for Social Care, a partnership led by the Social Care Institute for Excellence.

About this tool

This tool is based on NICE guidelines and quality standards published up to August 2016 about transition between inpatient mental health settings and community or care home settings.

You can find out more about NICE guidelines and quality standards on our website.

ISBN: 978-1-4731-2486-8