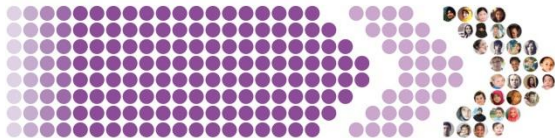




# A Creative Approach to Mental Health for 0 – 25 year olds

Faith, Health & Wellbeing Seminar  
Orchard Learning & Resource Centre

Claire Rigby – Partnership Lead



# Our Vision

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‘To be the first city where mental health problems are not a barrier to children, young people and young adults in Birmingham; resetting the bar for generations to come’

Where minds matter



## A Framework of Principles and Values

## User experience



## Recovery Model



## Managing Transition



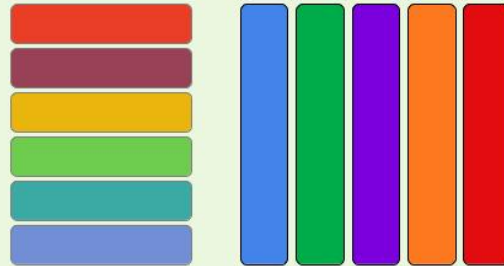
## Early Responsiveness



## Focus on outcomes



## One Integrated System



Integrated  
specialist teams



## Balance of work and resource



## Participation and partnership



One access and  
consultation  
point 24/7

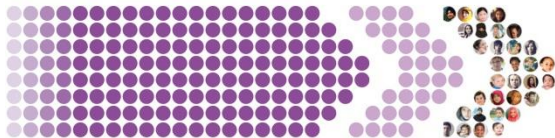


## Vulnerable and hard to reach groups





# FTB Model of Care



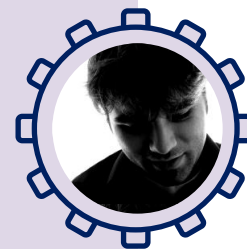
# The Model of Care

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Recovery Based Model

Choice



Inpatient  
Services

Prevention



Intensive

Complex  
Interventions

Integration

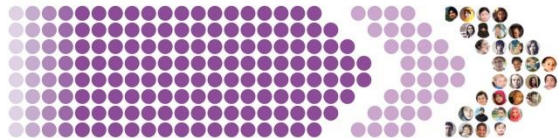


Brief  
Interventions

Universal Plus  
Partnership

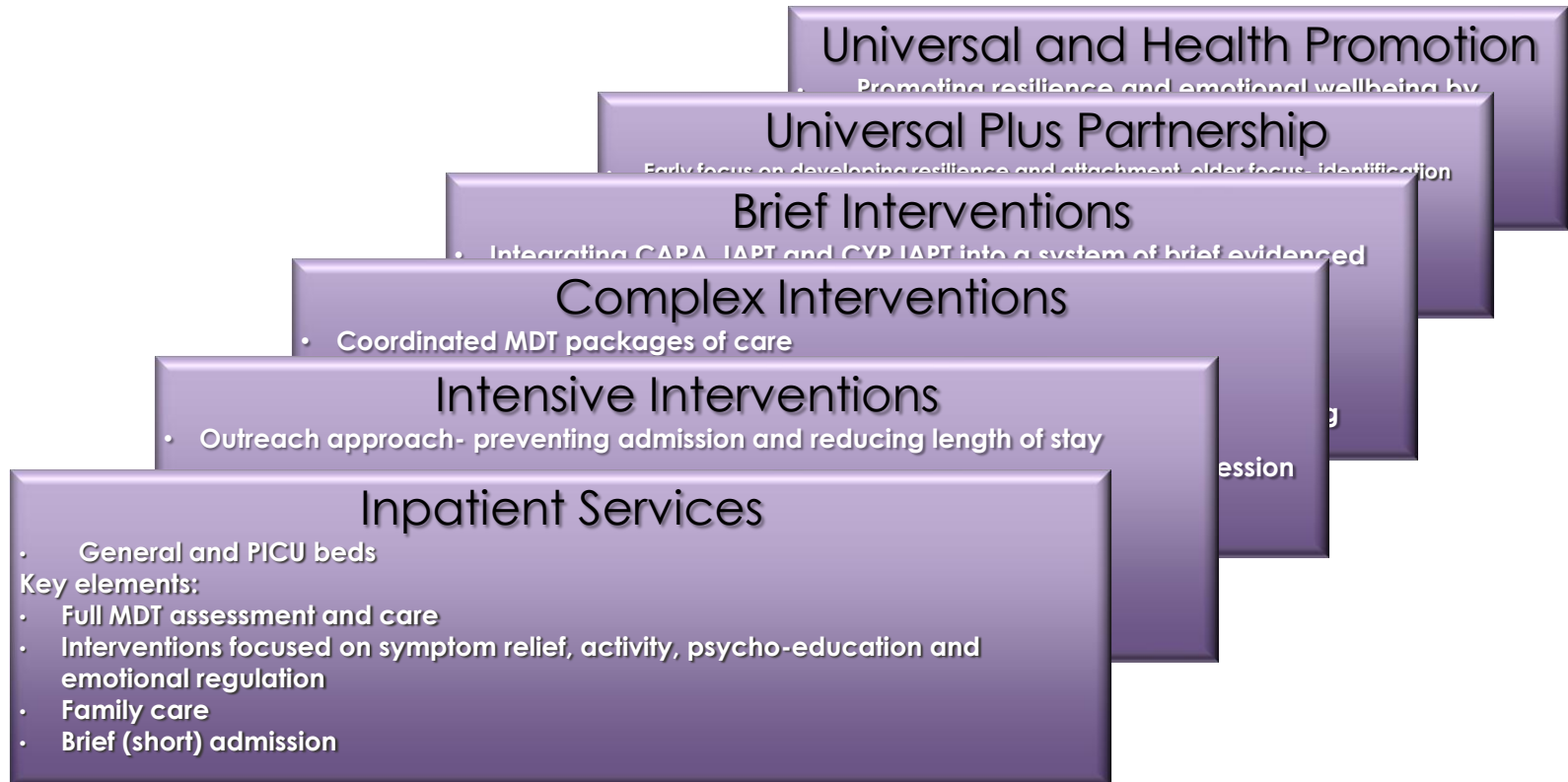
Universal &  
Health  
Promotion

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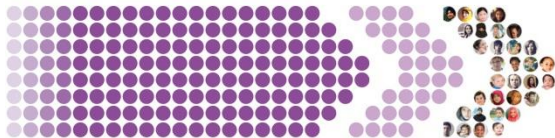


# Six Levels of Care

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# The Clinical Model

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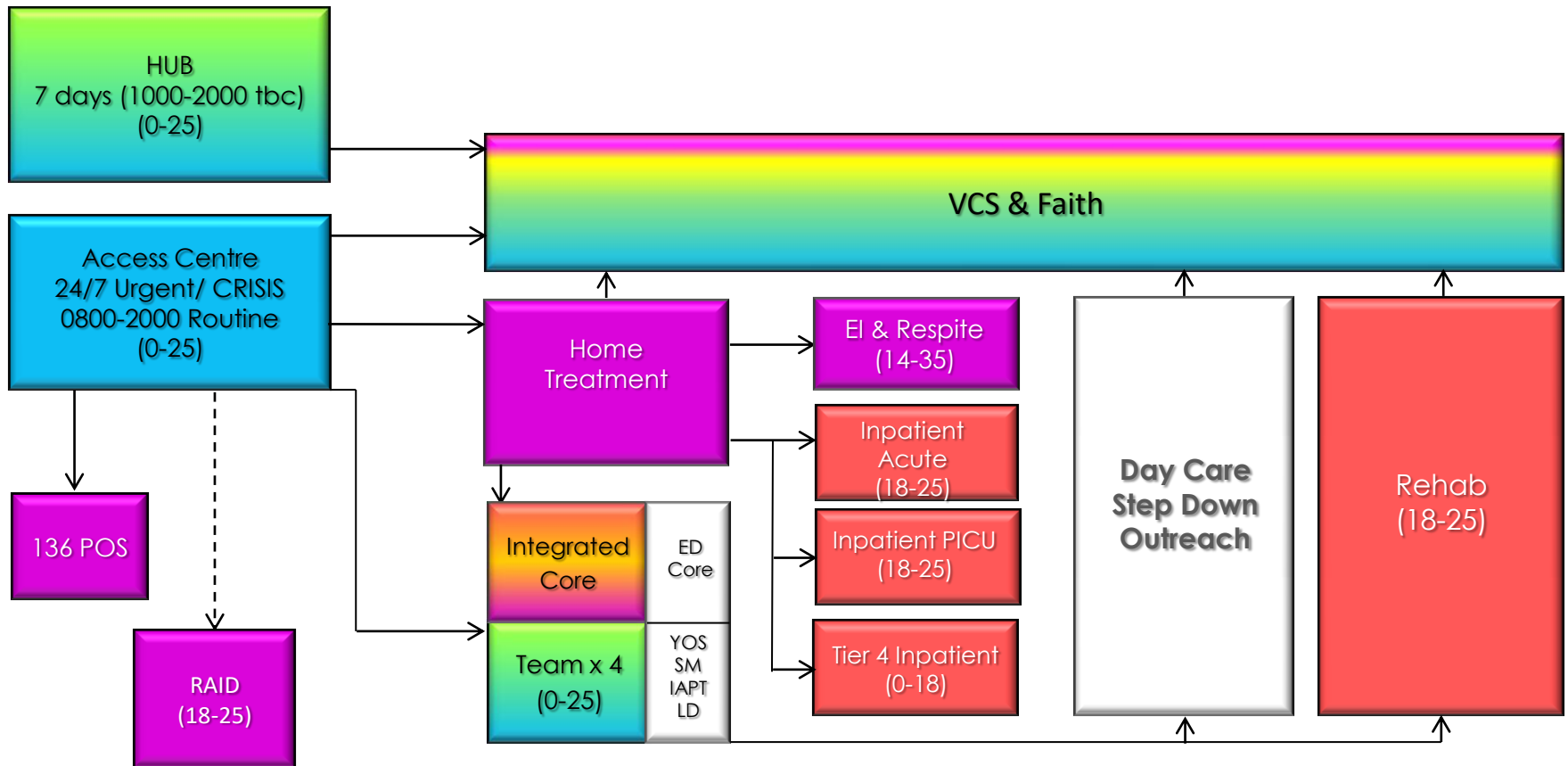
## VCS & Faith Based Organisations

- VCS & Faith based services will be accessible at every point of the pathway
- VCS & Faith based staff will be multi skilled, offering a range of interventions both clinical and non clinical
- VCS & Faith based organisations will provide services at local locations such as GP surgery's, health centres but also at FTB Hub and Spoke Sites
  - Sessions can be booked electronically through the FTB Electronic Booking Directory

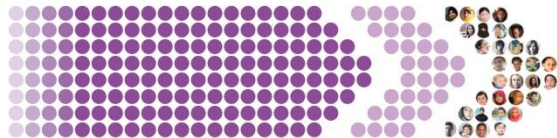
Universal Plus Partnership	Central Hub	Access Centre	Choice	Core	Complex	HTT & Crisis	Inpatients
<p>Early Intervention and prevention</p> <p>Working with GP's, School and Universities to engagement and educate.</p> <p>Access to web based, information, assessment tools and signposting.</p> <p>Access to VCS Workshops</p>	<p>VCS &amp; Faith workshops, clinical appointments including choice</p> <p>Literature and sign posting either self service I or through discussion with a member of the team</p> <p>Mix of staff groups provide an experienced hub team</p> <p>Access to FTB Electronic Service Directory and Patient Booking</p>	<p>Process all referrals to FTB</p> <p>Direct referrals and queries to the correct place</p> <p>Staffed by a mix of clinical and admin members</p> <p>Access to FTB Electronic Patient System</p> <p>Complete triage and risk assessment</p> <p>Complete Telephone Choice</p> <p>Manage Patient case flow</p>	<p>Appts booked electronically at Hub or Access Centre</p> <p>City wide clinics run by designated teams</p> <p>MDT teams</p> <p>Fixed day clinics run by choice coordinators</p> <p>Appointments can be delivered at a choice locality or at home</p> <p>Same day out coming</p> <p>Access to electronic records</p>	<p>Appts booked electronically at Hub, Access Centre or Choice</p> <p>Delivered in Hub or Spoke</p> <p>Delivered by designated person</p> <p>Set review periods</p> <p>Treatment aligned with a Pathway</p> <p>Same day out coming</p> <p>Same day out coming</p> <p>Access to electronic records</p>	<p>Accessed via specialist Assessment</p> <p>Delivered by Specialist Teams</p> <p>Skilled specific intervention workforce</p> <p>Set review periods</p> <p>Treatment aligned with a Pathway</p> <p>Managed Chronic care process</p> <p>Same day out coming</p> <p>access to electronic records</p>	<p>24/7 service Link with Psychiatry OOH Service, Tier 4, Crisis Team, Place of Safety</p> <p>Step up / step down</p> <p>Approx 6-8 weeks treatment plan</p> <p>Homes visits</p> <p>Presence in community bases, Education settings, GP Surgeries</p> <p>Hub and spoke centres</p>	<p>Access to Acute Beds 0-25</p> <p>Access to PICU care 18-25</p> <p>Step up / step down</p> <p>Pathway specific treatment plans</p> <p>Managed length of stay and discharge process</p> <p>Access to electronic records</p>

# FTB Clinical Model

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# Five Clinical Pathways

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## Emotional Behavioural

Anxiety, Depression,  
common mental health  
problems.

- \* Talking treatments
- \* Pharmacological  
treatments

## Psychosis and Bipolar

Integrated EI team  
Psychological treatments  
Pharmacological trtmnts.  
Psychosocial interventions  
Education Training  
Employment  
Recovery Focus

## Eating Disorders

Community-based  
intervention

Multi family therapy  
Intensive outreach  
approach

## Neuro-developmental

ASD, ADHD, LD  
Psychoeducation  
Cygnet  
Social problem solving  
Talking therapies  
NVR  
Medication

## Suicidality Trauma and Personality Disorders

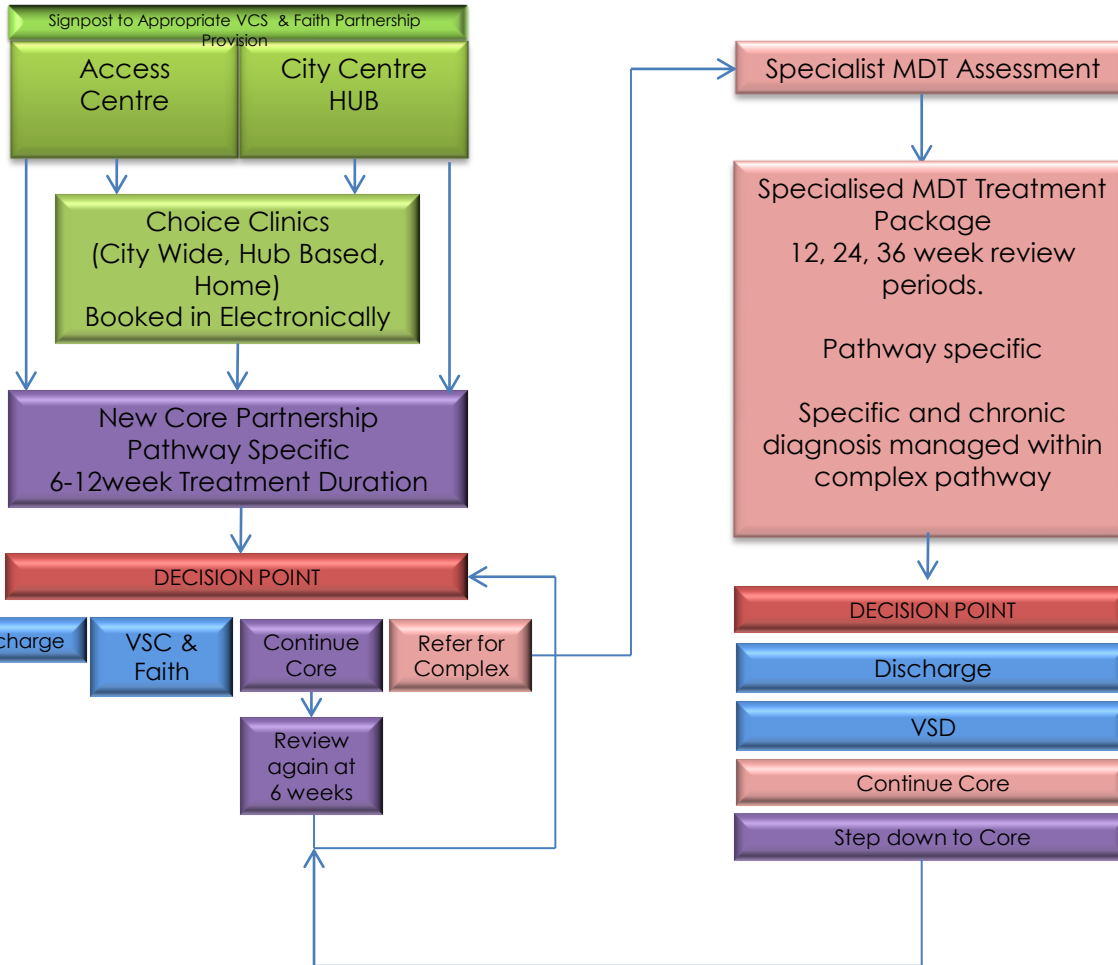
Intensive Outreach  
DBT and MBT  
Self harm reduction  
Care Program  
Approach

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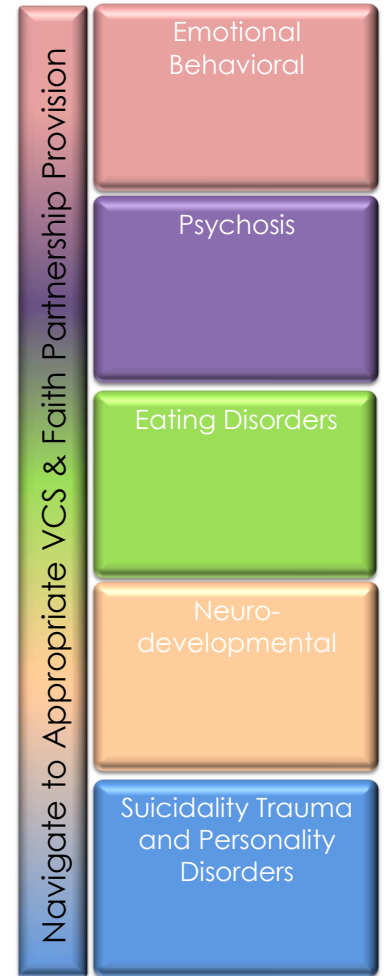


# Overview

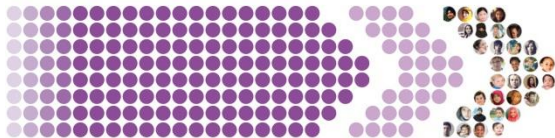
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## PATHWAYS



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# Five Clinical Pathways

- integrated co-located specialist teams

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## Emotional Behavioral

**Anxiety, Depression, common Mental Health Problems**

Brief intervention

Length of treatment – 3- 6 months

- Psycho-education (1-3 sessions)
- Parent Training Programme – 10 to 18 sessions (group) [ VCS, LD] or
- Cognitive Problem Solving – 10 sessions or
- Symptom focused intervention e.g CBT – 12 weeks 1-1 . exposure, behavioural activation relaxation, mindfulness, problem solving [ VCS] or
- Family based intervention – focused on symptom

## Complex intervention – 6-12 months

Allocated care coordinator – depending on age and engagement interventions to include –

- Specialist individual intervention based on NICE guidance (minimum 16 sessions)
- Specialist family intervention – e.g. Systemic Family Therapy, Non Violent Resistance Therapy
- Medication and regular medical / physical health review
- Individual and /or group interventions focus on participation in educational/vocational, social-leisure and self-care occupations.

## Neuro-developmental

**ASD, ADHD, LD, Psychoeducation, Cygnet, Social problem solving, Talking therapies, NVR, Medication**

Brief intervention

Length of Treatment – 3 months

ASD / ADHD work up – 4 sessions which includes:

- Developmental interviews with parent
- Observations at home and school

Multidisciplinary (MDT)

Neurodevelopmental assessment and diagnosis which includes:

- Specialist assessment with parent and child
- MDT diagnostic panel – 1 session
- Further specialist assessment e.g. ADOS / OT/ SLT/ DISCO 2 – 3 sessions
- Psycho education - 4 sessions
- Partnership working with schools, colleges, employment at point of diagnosis [VCS]
- Integration with community services [ VCS]



## Complex interventions

Length of treatment 6-12 months

Allocated care co-ordinator – depending on age and engagement interventions to include –

- Functional analysis of behavior and targeted behavioral intervention (10 sessions),
- Specialist social skills and problem solving/coping skills intervention (16 sessions),
- Targeted emotional and social communication intervention (16 sessions);
- Adapted CBT focused on anxiety/social anxiety, family interventions with parents, carers, siblings, Systemic intervention (e.g. NVR)
- Medication and medical / physical health review
- Occupation focused interventions:
  1. Sensory processing interventions supporting complex behavioral
  2. management for parents (group programme four 2-hour sessions)
  3. Programme for young people to reduce impact of sensory experiences on occupational engagement 3-4 sessions
  4. Individual and /or group interventions focus on participation in educational/vocational, social-leisure and self-care occupations.

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## Psychosis

Integrated EI team, Psychological & Pharmacological treatments, Psychosocial interventions, Education Training, Employment, Recovery Focus

### Complex Care

#### Length of Treatment – 3 years

Allocated care co-ordinator – depending on engagement interventions to include –

- Psycho-education
- CBT – specific to early psychosis presentation – minimum 16 sessions
- Family intervention including young person – minimum 10 sessions
- Promoting training and employment
- Diversion activity
- Recovery and social inclusion focus
- Interventions focusing on promotion of physical health and social inclusion (in leisure and productive occupations)
- Occupational focused intervention:
  1. Developing and maintaining independent living skills – Build individual ability in managing the demands of independent living including taking care of themselves, their belongings, living space (Incl. graded intervention aiming to develop the persons motivation to engage in self-care, leisure and productivity; Adapting activities to match current abilities)
  2. Environmental modification to support engagement in activity (including social and physical environment).
  3. Re-establishing productive / valued daily roles and routines

## Suicidality Trauma and Personality Disorders

**Intensive Outreach, DBT and MBT, Self harm reduction, Care Program Approach**

### Brief Intervention

#### Length of treatment – 3 to 6 months

- Psycho-education, including carer information – 2 sessions
- Self-harm –symptom management – max 6 sessions CBT
- Family intervention – safety management – max 6 sessions
- Other brief intervention CBT, psychodynamic approach , problem solving, family intervention (max 6 sessions)

### Complex intervention – 6-12 months

Allocated care co-ordinator – depending on age and engagement interventions to include –

- Dialectic Behaviour Therapy, 6-12 months, Mindfulness Therapies, Metabolisation , Attachment specific interventions – 6-12
- NVR DDP SFT
- Medication and regular medical / physical health review

Occupation focused interventions:

1. Sensory processing interventions supporting complex behavioral management for parents (group programme four 2-hour sessions)
2. Programme for young people to reduce impact of sensory experiences on occupational engagement 3-4 sessions

## Eating Disorders Community-based intervention **Multi family therapy** **Intensive outreach approach**

### Brief

#### Length of Treatment - Between 3 to 6 months of intervention

Age and engagement specific intervention. NICE compliant to include:

- Psycho-education – diet, health, weight control, physical management, weight and diet meal planning activity planning – 12 sessions [ VCS]
- Children and young people should be offered an evidence-based family intervention that directly address the eating disorder 6-12 sessions or
- Cognitive Intervention (Cognitive Behavioural Therapy, Cognitive Analytic Therapy) 6 -12 sessions

### Complex Treatment

#### Length of Treatment Minimum of 12 months co-ordinated intervention

Allocated care coordinator –interventions to include:

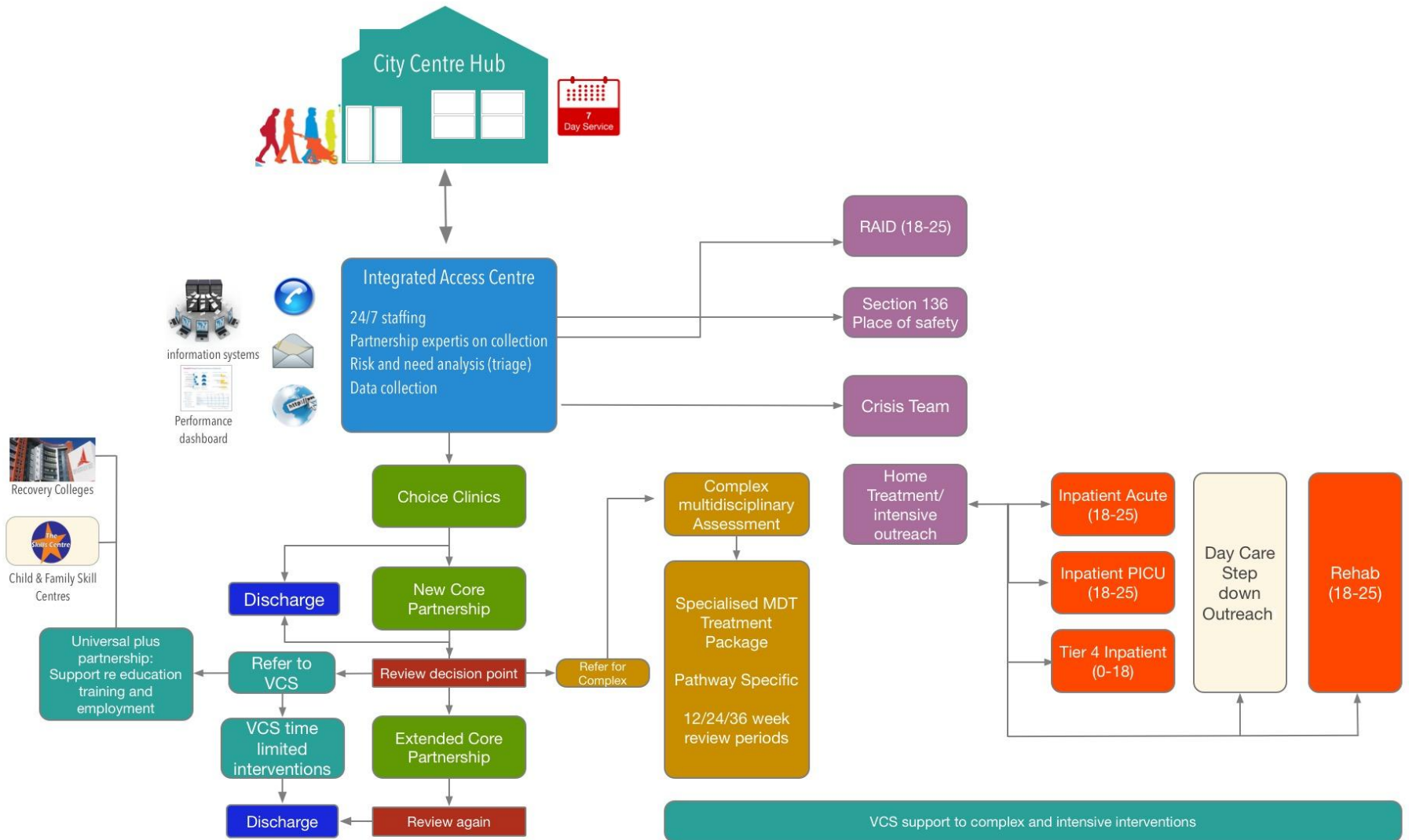
- Specialised community family interventions for eating disorders
- Individual interventions focused explicitly on eating disorders forms of CBT for Eating Disorders, cognitive analytic therapy (CAT), cognitive behavior therapy (CBT),
- Medication and medical / physical health review

Occupation focused interventions:

1. Individual intervention focusing on lifestyle balance work, improving participation in balance of healthy leisure, educational/vocational, self-care and social activities (incl. shared group and /or individual interventions focusing on social eating, meal planning and preparation, independence activities)

# FTB Clinical Model

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# Urgent Care Pathway

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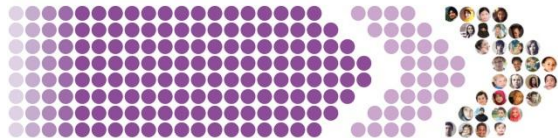
## Crisis team

- An immediate response
- An alternative to A&E
- Out of hours cover
- Assertive and flexible approach to engagement
- Support the stepped care approach
- Collaborative care & relationships

## Home Treatment

- Avoid admission to psychiatric inpatient units
- Promote early discharge from hospital
- Receive care in a setting that is most comfortable and encourages recovery
- Provide 24/7 support for individuals and families under the care of HTT

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# Core components of FTB system management - Beacon

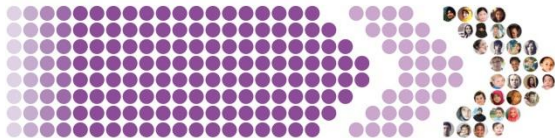
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- 5 core components to manage the system:

Component	What will happen
1. Access Centre	<ul style="list-style-type: none"><li>• The access centre is the engine of the system and will be the contact point for young people, clinicians and families</li></ul>
2. Utilisation Management	<ul style="list-style-type: none"><li>• To ensure flow across the system and that all young people are treated in the most appropriate setting</li></ul>
3. Intensive Case Management	<ul style="list-style-type: none"><li>• Risk stratifying all young people in services and offering intensive case management support to the 100 people identified as benefiting from it the most</li></ul>
4. Business Intelligence	<ul style="list-style-type: none"><li>• Reporting internally and externally on performance of FTB. Internally service data will be used to inform discussions about service improvement</li></ul>
5. Transformation	<ul style="list-style-type: none"><li>• Overseeing the FTB 5 year transformation programme, and ensuring transformation happens in each year of the contract</li></ul>

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**Managing the system to ensure that every young person is treated in the appropriate level of care and in the least restrictive setting**

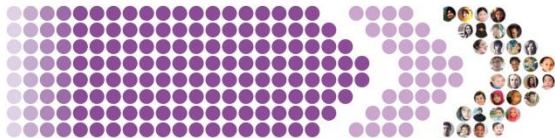
# A Learning Organisation

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- Stepping “outside of the boardroom” - visible leadership
- Commitment to continuous improvement
- Listening to the voice of Children, Young People and Young Adults
- Ensuring there is a timely, effective and compassionate complaints process
- Acting on feedback and information

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# Safeguarding

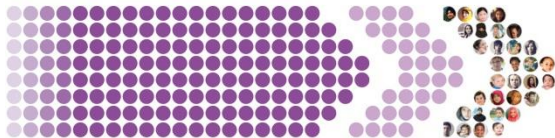
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- Develop a single 0-25 policy
- Establish an integrated safeguarding team
- Provide training & education
- Support delivery of the MASH
- EHSB –(Early Help Safeguarding Board)
- Leadership

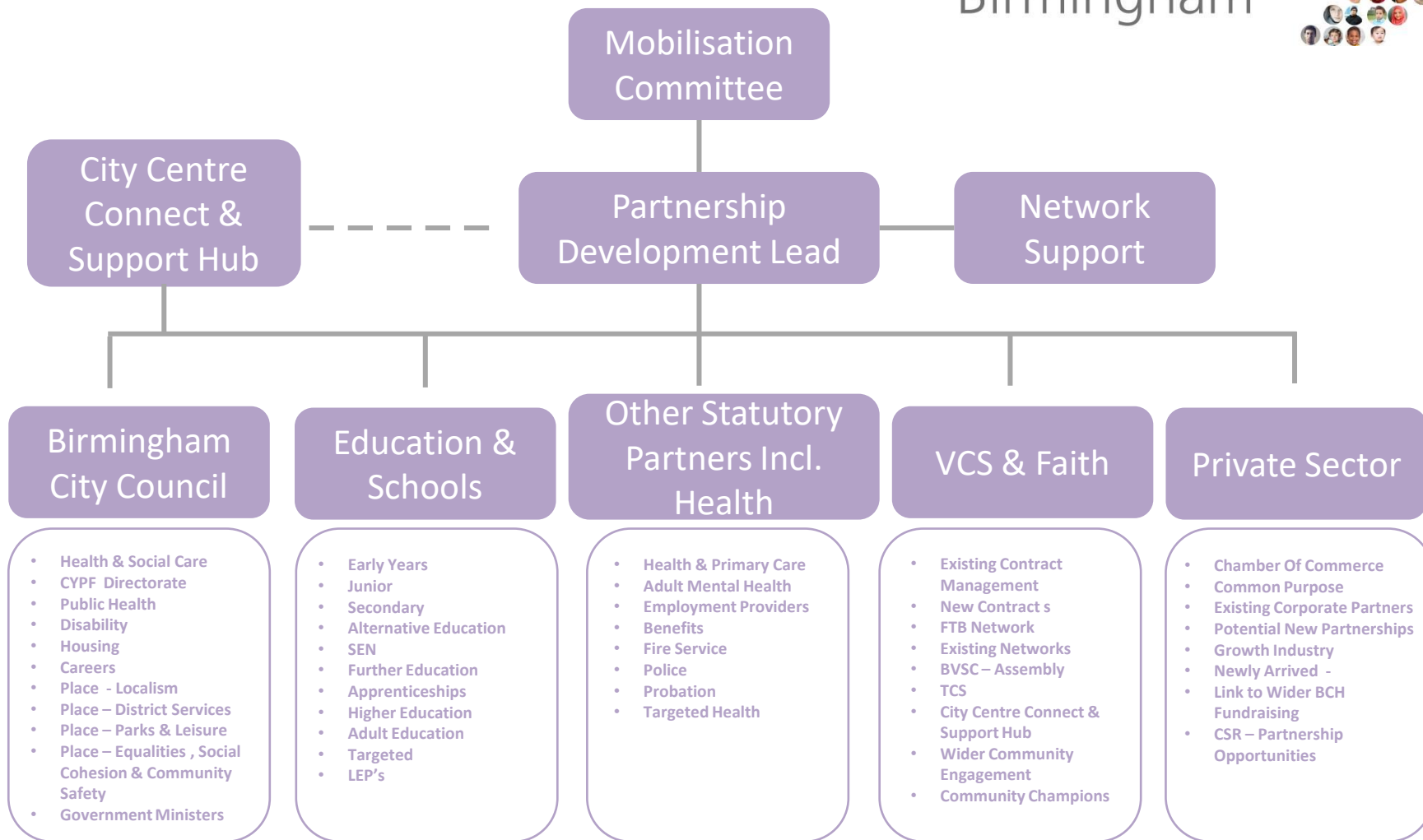


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# Partnership Development Structure

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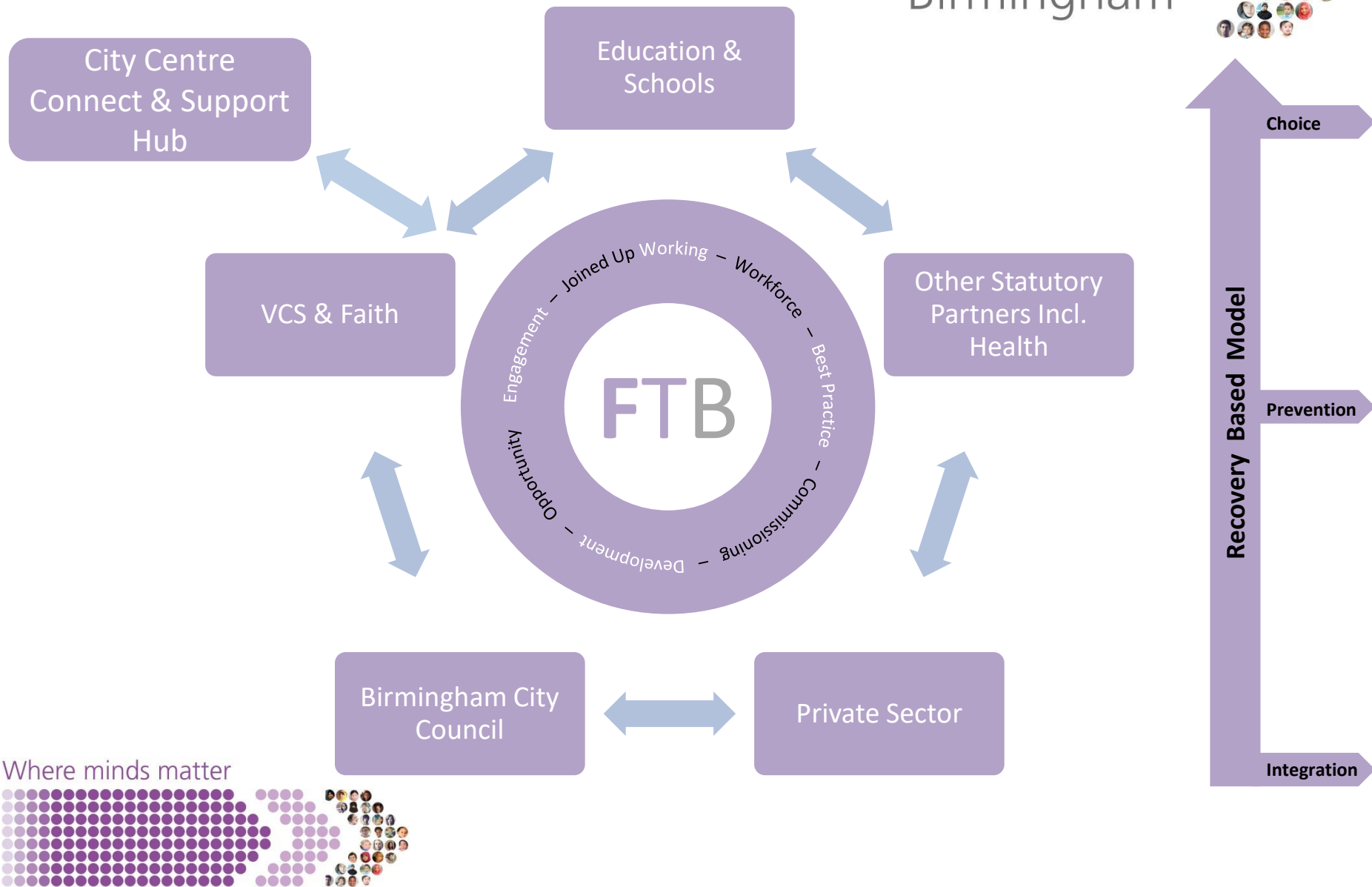


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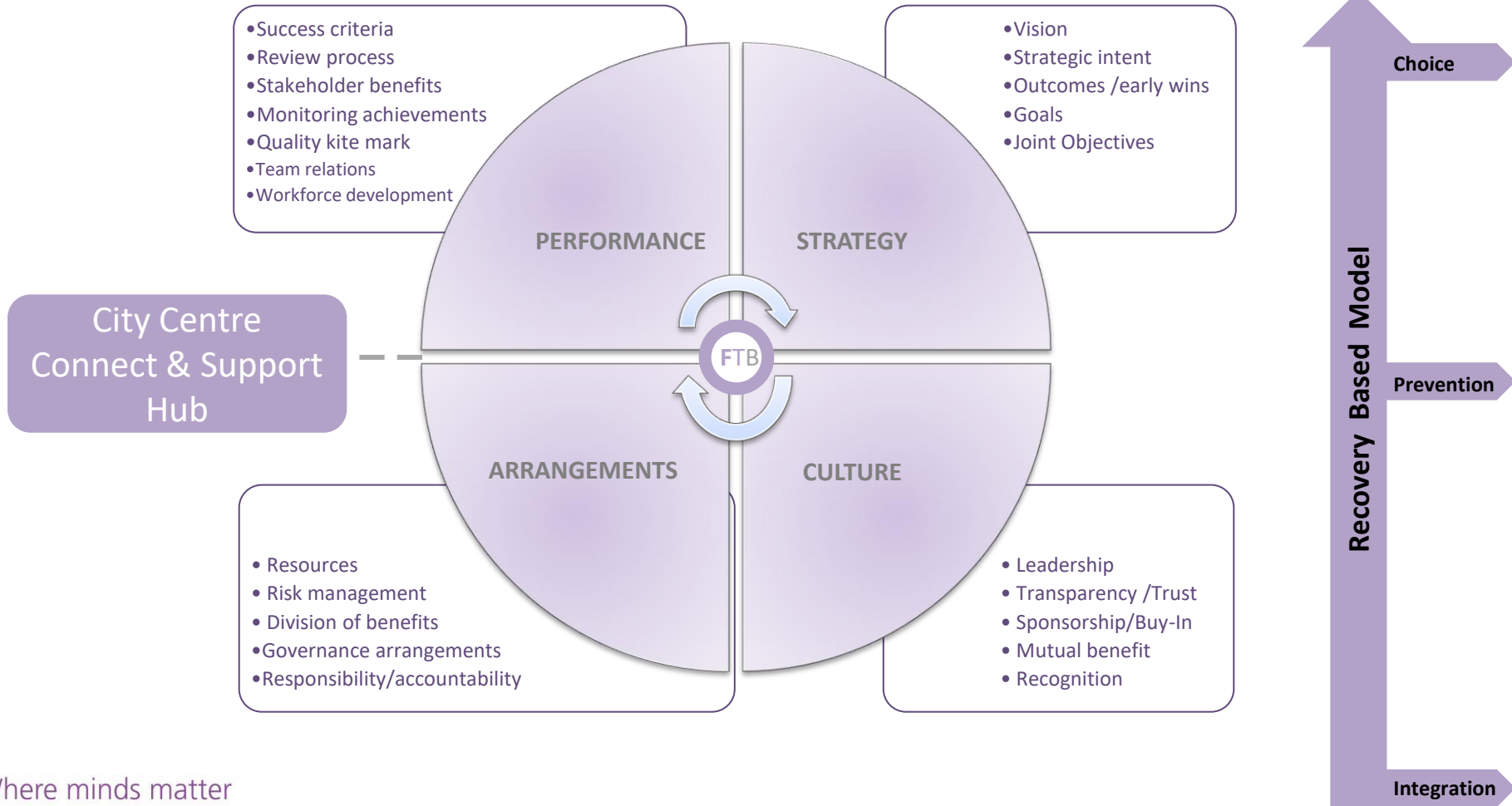
# Partnership Development Model

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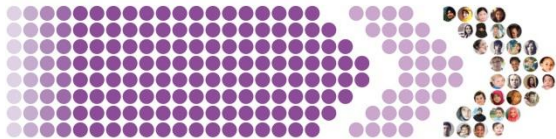


# Partnership Development Model

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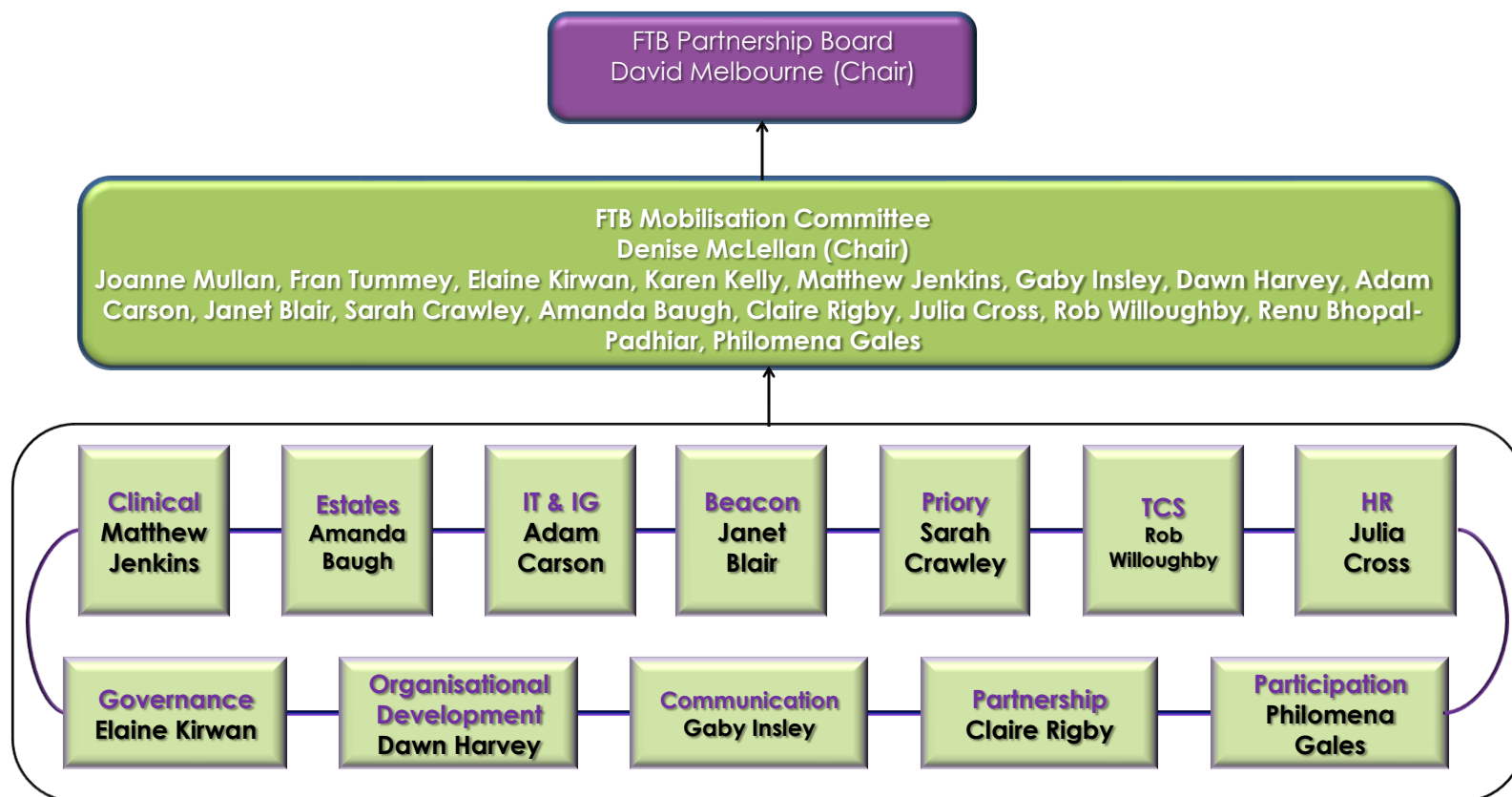
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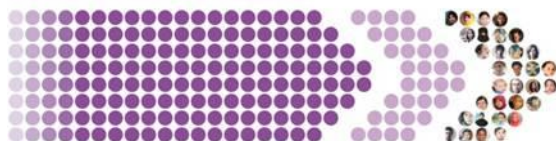


# Mobilisation Team Leads

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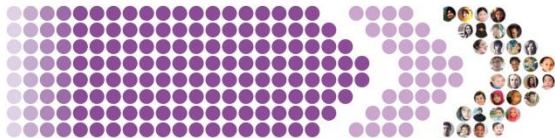
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## Mobilisation progress

- Procurement commenced for Electronic Patient Journey System June 2015
- Clinical Pathways externally validated July 2015
- Workforce model signed off and skill mapped September 2015
- Recruitment Drive commenced September 2015
- Interim Medical Director for FTB recruited
- Communication with GPs and service users about the service changes





## Mobilisation September-December 2015

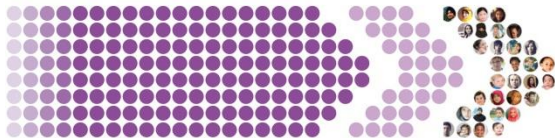
- Our access centre opens and phone number 0300 goes live
- Young People receiving support from the BCH CAMH Service, who reach age 16, stay under the care of FTB
- CCG Contracts signed early October 2015
- Appointment of an interim chair of Voluntary Sector Network





## Mobilisation January-March 2016

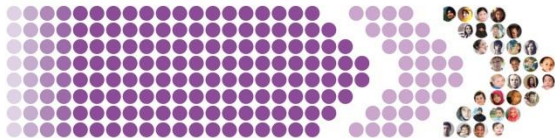
- Intended transfer of Early Intervention Psychosis Service
- Continue to develop voluntary service network across the levels of care
- Testing of the new IT system
- Estates team to upgrade buildings for new integrated teams
- Medical Director start date between January and March 2016
- The number of beds available will gradually increase through to April 2016





## April 2016

- FTB is fully operational, taking all new referrals through the access centre from professionals, patients and others
- There will be a phased transfer of patients from current providers
- The city centre connect and support hub opens
- All new beds available
- Our launch event will be held





# Questions?

