

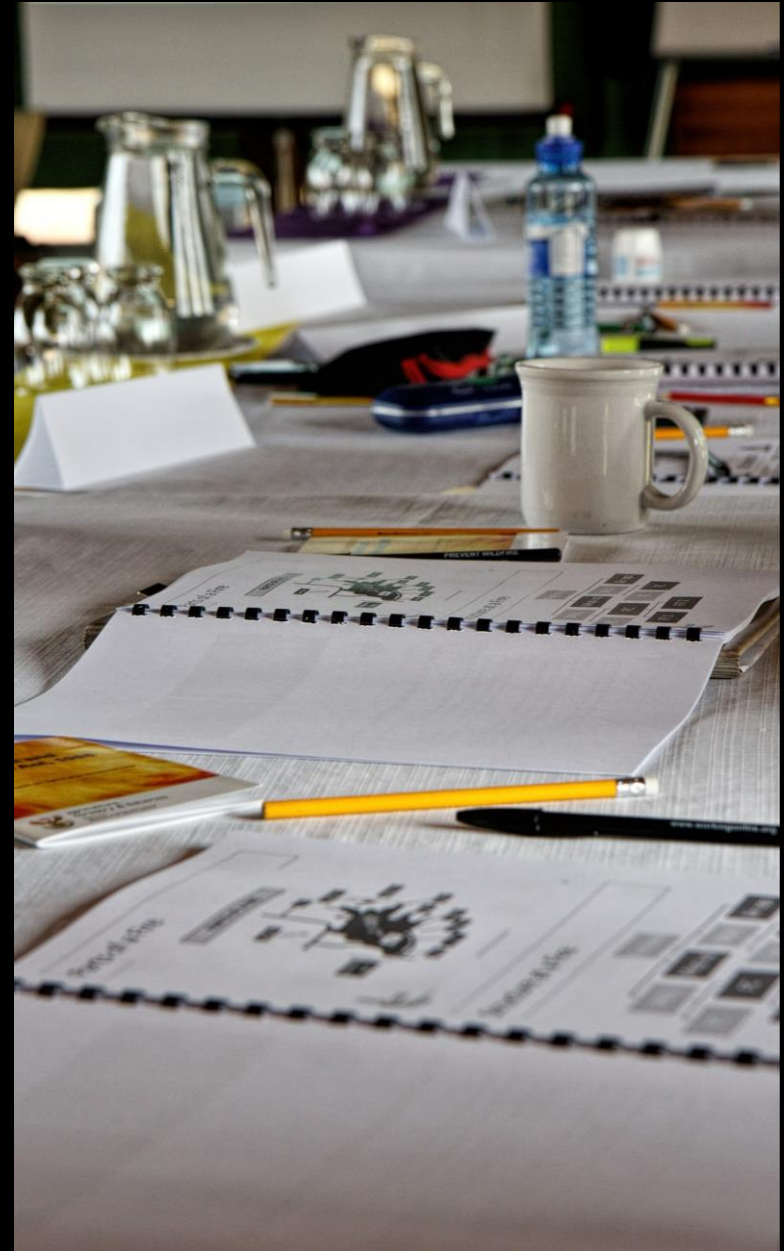
**The
Children's
Society**

***The Children's Society:
Mental Health Drop-in Service's:
A focus on Pause Service (urban model) and
Shropshire Beam (rural model)***

**Rob Willoughby
Area Director - Midlands**

Framework for discussion

- ✦ Our vision
- ✦ Need for easy access to EHWB services
- ✦ Pause: 0-25yrs drop-in MH service- a City Model
- ✦ Overview of Pause activity
- ✦ Service user feedback
- ✦ Cost effectiveness, evaluation





Overview

Worcestershire Health and Care NHS Trust

- Provider of specialist mental health clinical services (non-inpatient) for 18-35
- Employer of approx. 140 staff
- Responsibility for providing expertise, contributing to adult safeguarding, governance and assurance for AMHS with Birmingham Children's Hospital

Beacon UK

- Employer of access centre staff
- Management of Access Centre & case management and data streams for FTB
- Signposting and liaison with crisis teams

Birmingham Children's Hospital

- Provider of specialist mental health clinical services for 0-18
- Employer of approx. 150 staff + Tier 4
- Responsibility for providing expertise on children's mental health and leading on governance

The Children's Society

- Management of city centre drop-in hub

Priory Group

- Provider of Tier 4 inpatient services for 18-25



Our Vision

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.

Need

PM vision for The Shared Society:

“Children and teenagers get the help and support they need and deserve – because we know that mental illness too often starts in childhood and that when left untreated, it can blight lives, and become entrenched”

(Prime Minister Theresa May – Jan 2017)

Context for Birmingham

- ✦ Historical issues for 16-18 year olds,
- ✦ CCG's tried to solve problems and improve services from 2012 – 2014,
- ✦ 0-25 tender seen as a innovative way forward
- ✦ FTB consortium developed as a response to a radical and challenging commissioning specification.
- ✦ Improving access, capacity, early help and the way the MH system works were key.

What did we want to change?

- ✦ Reduce stigma associated with mental health services and raise awareness across Birmingham
- ✦ Reduce escalation of emotional health problems with timely access and support;
- ✦ Increase access to other services (e.g. signposting)
- ✦ Reduce numbers of avoidable referrals to specialist services
- ✦ Increase capacity of FTB services – particularly brief interventions.



What did we want to change?

- “I don’t like going to my doctor, i just don't feel comfortable there, its not like there is something wrong with me that needs fixing”
- “We need to remember that young people own their recovery, and we should offer a service that builds on this more”
- “Not everyone will access support in traditional ways, we need to make support available to everyone in a variety of means, lets think outside the box”
- “I can’t plan the days when I need to talk weeks in advance, when I need to talk I need to talk then”
- “I didn't meet the threshold for CAMHS before, but that doesn’t mean I don't need help too”



Your call is important to us.....

....please enjoy this
40 minute flute
solo.



Our Answer....

Drop in, open access service for young people aged 0-25 years, parents/ carers and professionals

A service designed by young people for young people, a cross between an Apple Shop and a Costa Coffee.

A City centre location, easy to get to from all parts of the city

Open 7 days per week including late night

No appointments, no referrals, just drop in

A flexible approach to support, from the resource vault, a variety of groups /workshops and peer support networks to guided self help, and brief interventions.

No pressure approach and extremely friendly, welcoming and informal



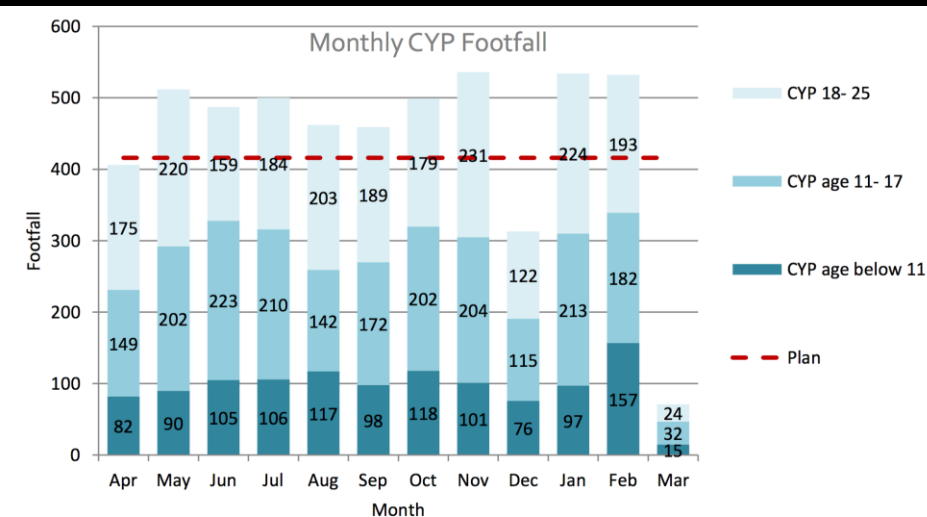
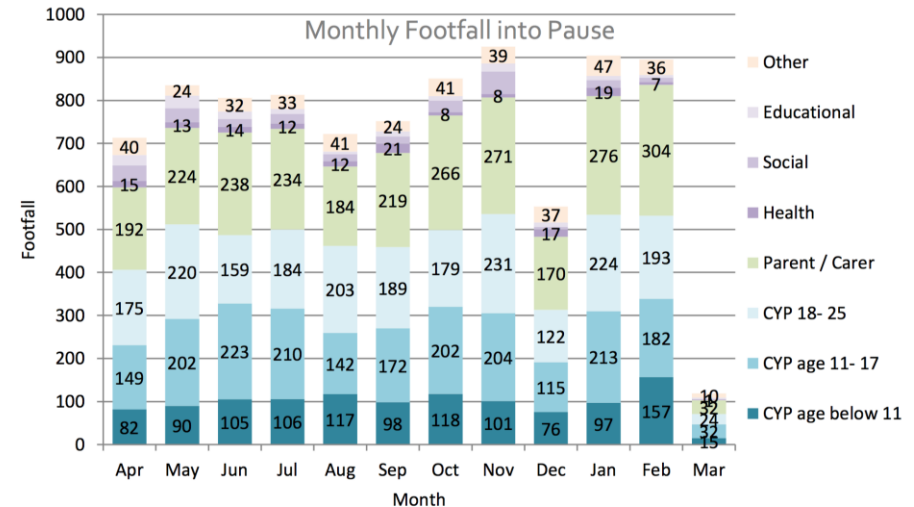
Has it worked- what does the data show?

An overview of the last year



Footfall

- ✦ 2017/2018 YTD we have seen a footfall of **8,939**.
- ✦ Of those, we have made 199 **onwards referrals. (2%)**
- ✦ 36 were to IAPT service
- ✦ 88 were referrals for core camhs service
- ✦ 35 were crisis referrals
- ✦ 40 are signposts to specialist services e.g. Autism West Midlands
- ✦ We aim to see a footfall of 12,000 in 2018/2019

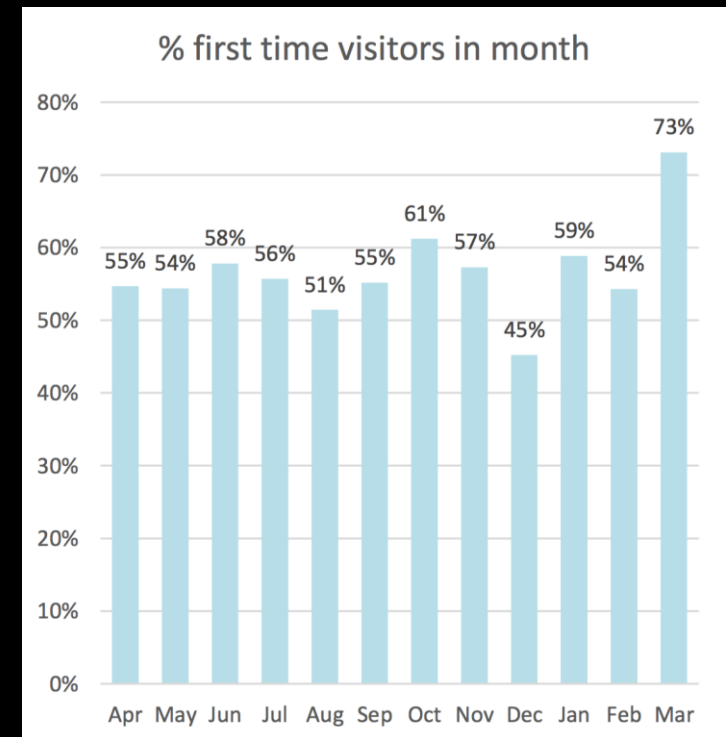
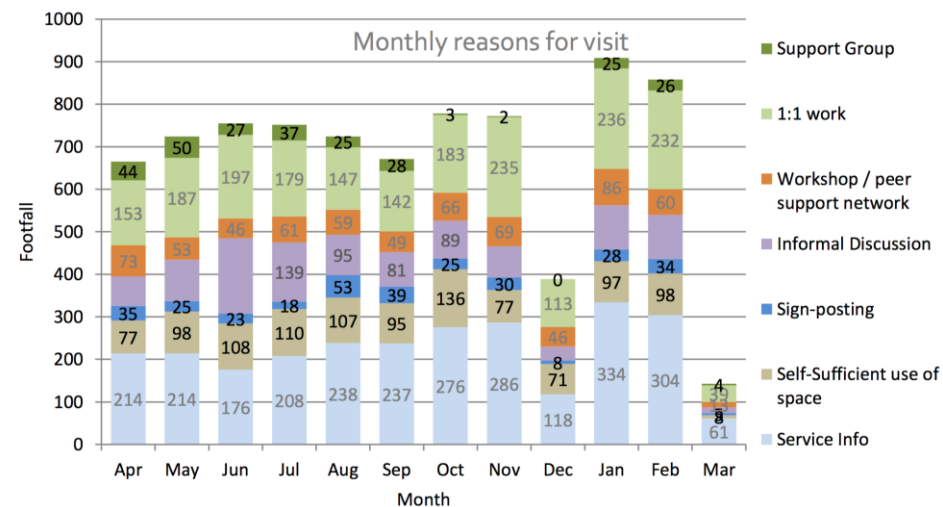


- Reasons for visit were mixed, from service information, self help and direct one to one interventions

- The top presenting concerns of young people YTD are

1. Anxiety 23%
2. Depression/Low Mood 13%
3. Anger 11%

- Each month we see around 50% new users, which shows a good throughput for the service
- Most people access us 1-3 times.
- FFT always show service users would recommend the service in the high 90's.
- Last year we came out at WOULD recommend at 99.9% based on around 600 feedback cards



What have service users said?

Pause.

“Great, immediate support. The person was easy to talk to and listened well-”

Young Person

“No improvement, from the minute you walk in warm welcoming. The centre is relaxing and informal. Staff are wonderful and engaging”

Young Person

Felt safe, like I have somewhere to go. Feel better after getting everything off my chest.

Young Person

It was good to talk about my anger and anxiety without feeling like I was being talked down to. Before I came to Pause I was absolutely terrified to come because I just automatically thought I was gonna be judged but what happened was completely different. Im glad I came today and I hope to come back soon.

Young Person

Pause seems like a good place to come and distract yourself and have someone to talk to and feel like yourself. So far today has helped me and I hope Pause continues to help young people like they're helping me.

Young Person

I escorted a gentleman here who was struggling socially. Within minutes the volunteers engaged with him and there was some 2 way communication which is rare. The team are great, warm, friendly and professional very impressed with this service.

Carer

The experience I had was honestly great although its part of the job to help us, it honestly felt like we had known each other for years. The helpfulness and understanding was just over the moon and they DONT judge you either at all.

Young Person



Cost effective, evaluation

- ✦Pause costs about 2.5% of the £24M FTB budget
- ✦Pause adds about 50% to the capacity of the previous CAMHs mental health system (5000 referrals a year)
- ✦We are helping to change the way early help, brief support and access work – Footfall in Pause of 10,000 a year, about 3000 individuals.
- ✦With the FTB Access Centre we now see an increase from 5,000 referrals pre April 2016 to 3500 phone contacts a month and 1000 referrals a month
- ✦Commissioner and independent evaluators report that we have transformed the way that access, engagement and early help works in Birmingham

Learning over the initial pilot year

Whats worked well:

- ✦ Footfall increased month on month and young people like the service- consistent good feedback.
- ✦ Most young people we see do not require referral into FTB, so we are reaching a lot of previously unmet need.
- ✦ Building in dedicated thinking spaces from the start
- ✦ Asking key questions of ourselves- Who is this for? Are we recreating the old model? Are we creating a hidden threshold?
- ✦ Good systems of incident reporting and theme/ analysis has been helpful to prevent/ manage emerging themes such as inappropriate signposting and hold strong evidence based conversations with FTB where issues are internal.
- ✦ Putting staff wellbeing at the top of priorities alongside clinical leadership, operational processes and participation. 0% turnover. Staff feel supported, but the job is still tough.
- ✦ Good staffing mix, very resilient team who are accepting and embracing of change- very strong team (best I've ever had)
- ✦ Open culture of challenge
- ✦ Control what you can control without changing the model



Whats hasn't worked so well/ things to work on:

- ✦ Open door leaves us vulnerable to the impact of capacity issues or decommissioning of other services- we cant be everything to everyone, but this feels hard to accept
- ✦ Lack of awareness of what we offer (decreasing)
- ✦ Service Closures to keep safe - you can drop back later
- ✦ Where have the informal interventions gone in our model
- ✦ **Huge under provision for under 12s in the City** with enhanced psychological needs
- ✦ Capacity and practice issues within the FTB partnership and Pause can be used as a safety net inappropriately- managing this assertively but respectfully within the partnership.
- ✦ Can be a challenge managing staff from different professions and clinical models, some can be very different in approaches- e.g. psychotherapy VS youth work. However lends itself to a richer team if we open conversations up about these differences and embrace them
- ✦ All staff have, at some time, felt a sense of loss - youth workers have 'lost' the ability to do outreach, therapists have 'lost' the structure and journey of recovery. Nurses haven't really lost much!
- ✦ Keeping the sparkle
- ✦ Evaluation!!!!



For the future

- ✦ Further research and evaluation
- ✦ Outreach to other parts of Birmingham
- ✦ Pause as a hub and spoke model- Pop Up Pause
- ✦ Under-representation of S Asian, Muslim communities,
- ✦ Further digital innovation
- ✦ How we can help the MH system as a whole



Shropshire Beam- the rural challenge

The Children's Society



Overview

South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT)

- Prime provider
- Expertise in both Adult and Children's Services
- Offer seamless approach to transition as they hold Adult contract also
- Providing the Core CAMHS component of the service

Healios

- Provider of structured on-line therapeutic support, assessment and care coordination of young people

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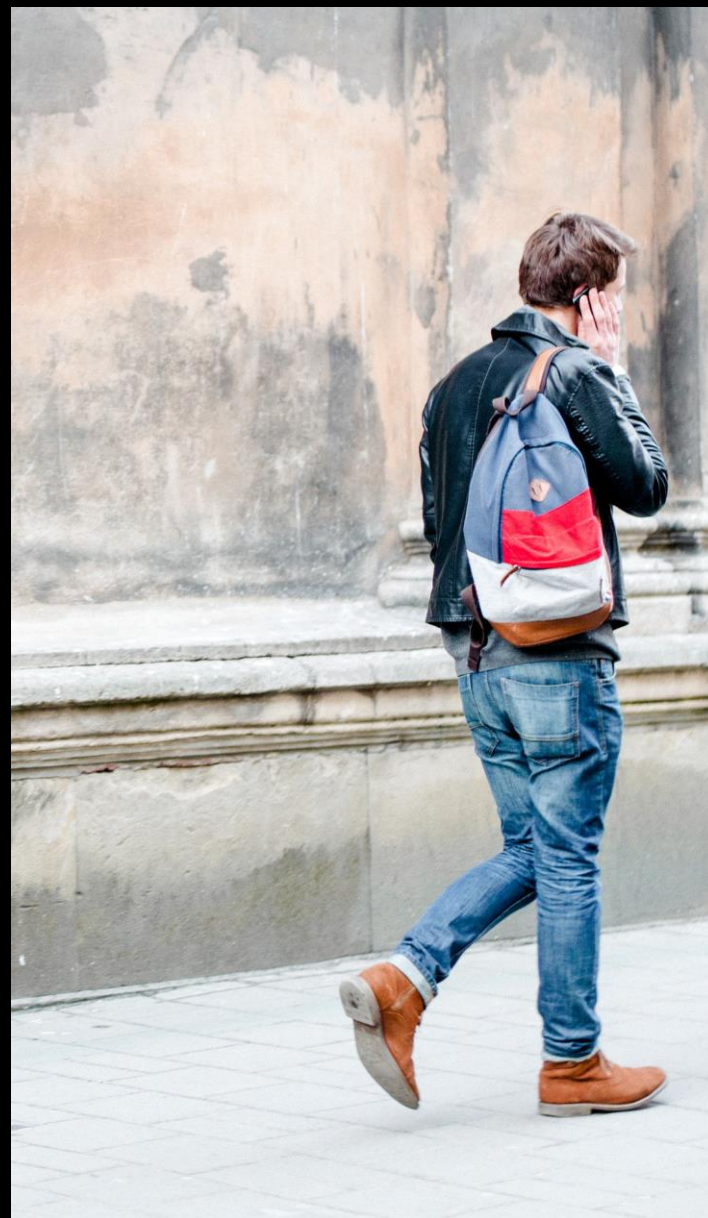
- Management of the drop-in, early help service

Kooth

- Provider of Low level online support
- Online peer support
- Access to online counselling

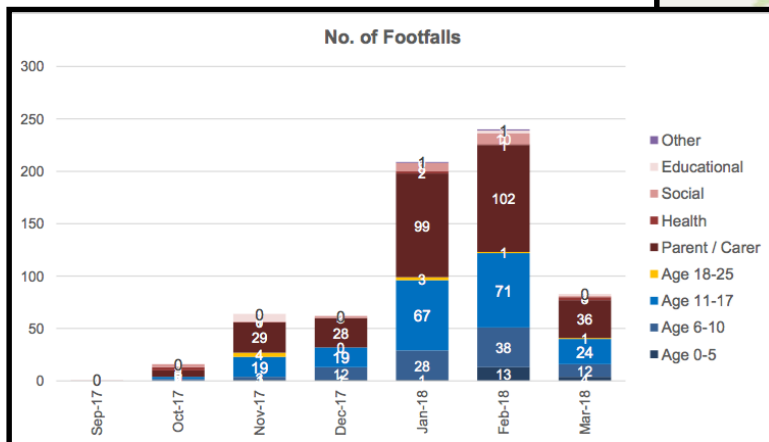
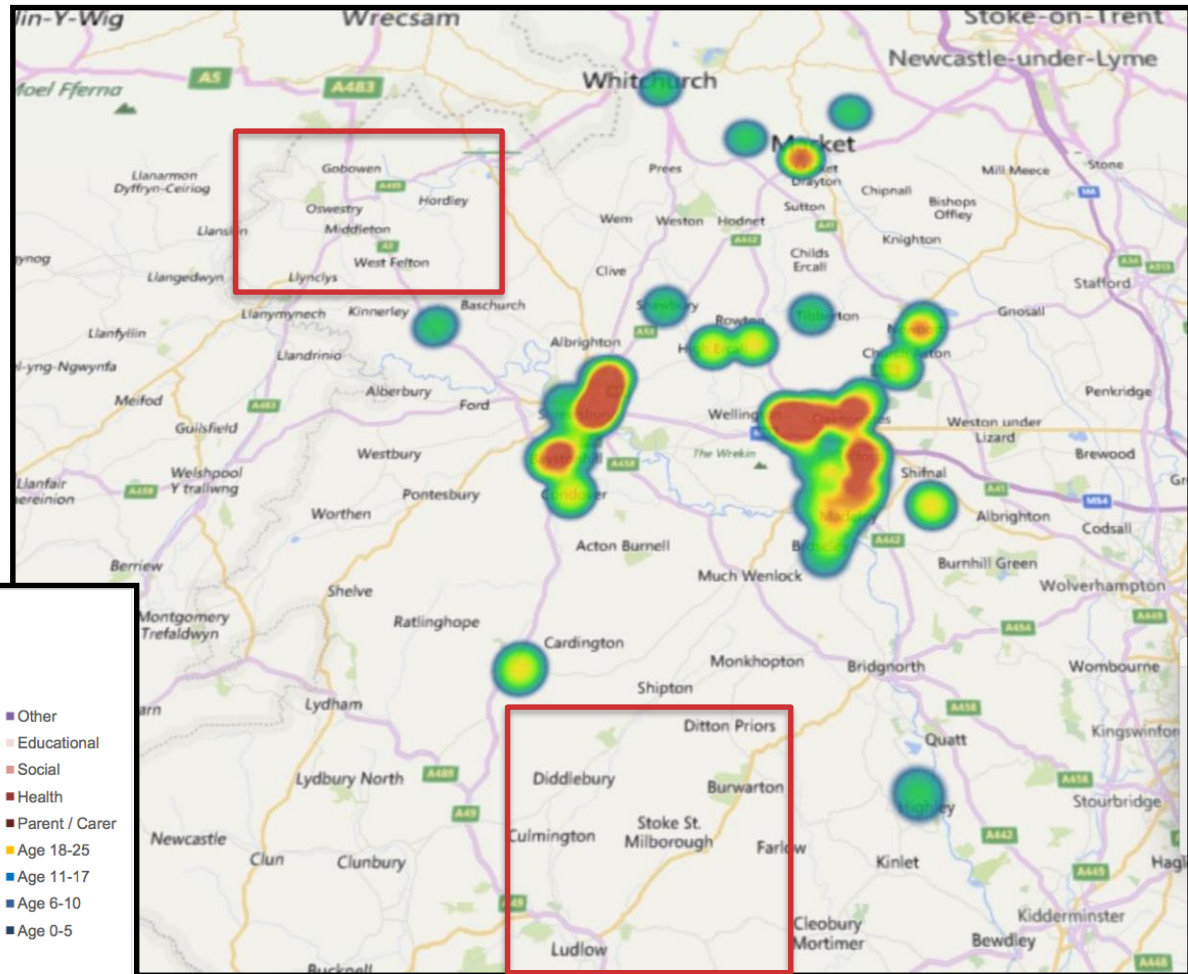
Adaptations to the model

- ✦ Pilot drop in for 6 months, community settings - good data monitoring, understand access and specific needs of each area
- ✦ Go where young people go- Young Farmers Clubs, Schools/ Colleges, collaborate with other organisations
- ✦ Training for professionals, parents/ carers and young people- growing the communities capacity to support young people better
- ✦ Consider the volumes of LAC placed out of area- one of our areas, 75% CYP placed out of area- don't forget this population
- ✦ Consider the data available around ONS and local knowledge and availability of services- service directories
- ✦ Strong online provision
- ✦ Cant be everything to everyone- but how can we reach the most people, in the most accessible way possible to offer a quality service.



Early Access Data

- ✦ Data has shown us hot spot areas of no access to services in the pilot 6 months, which interestingly is in line with areas felt to be 'isolated from help' and 'forgotten' reported by professionals and CYP
- ✦ 2 afternoon sessions seeing a footfall of 200-250 per month



Thank you

**The
Children's
Society**

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ForwardThinking
Birmingham 

Pause.