

**Specialist Mental Health Services
Child, Adolescent and Family Service (CAFMHS)**

Proposal for Change

**Child Adolescent and Family Service
Inpatient Units**

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Proposal for Change

Child, Adolescent and Family Service Inpatient Units

1. Introduction

This proposed plan has been developed in response to the outcomes contained in three key review processes focussed on the SMHS regional CAF Inpatient and the Eating Disorders Services:

- Inpatient Services Review: Child, Adolescent and Family Services (Adler, 2008).
- Eating Disorders Service Review (Bulik, 2010)
- Regional Models of Care Project: Inpatient Child, Adolescent and Family Mental Health Services (Logan, 2010)

It has also been developed following feedback on the Models of Care Discussion Document released in August 2011.

It is intended that the proposed service changes identified in this document are in line with both service business planning and quality improvement and SMHS strategic direction for transformational change within the mental health sector.

The service changes will have implications for the following units:

- Youth Inpatient
- Child and Family Inpatient and Day Programme
- Eating Disorders
- Southern Regional Health School

Any proposed changes will need to occur within the context of the wider CDHB facilities planning process currently underway.

There is also a current direction from the Ministry of Health to comply with the requirements of UNCROC (United Nations Convention for the Rights of the Child). This is related to the need for separate housing of young inpatients referenced to the Eating Disorders Service delivery in particular and contained within that review

The background below outlines the key guiding documents and addresses the respective review outcomes which now need to be reconciled and implemented.

The Service will work closely with key stakeholders such as the wider South Island district CAFMHS, the Southern Regional Health School and the Ministry of Education.

2. Background and Current Situation

Consolidation of the development and growth of the last 10 years will best position the CAF service to ensure alignment with national service expectations as outlined in Te Tahuhu, Te Raukura, Te Kokiri and Te Hononga together with the direction set by the CDHB SMHS Framework for Mental Health and Wellbeing 2010-2015 (See appendix 3). Whilst the current service has all the components required of a comprehensive CAF Service there needs to be further integration relevant to future needs. In recent years, it has become apparent that the individual components of the service, which have developed somewhat independently of each other, need to be drawn closer together to ensure smooth clinical and administrative processes and the most efficient utilisation of resources.

Functional integration remains the current priority for both the CAF Service Inpatient and Outpatient services and this direction is clear in the CAF Business Plan 2010- 2013.

The CDHB Board approved the CAF Proposal for Change in November (2005). A number of key decisions were made:

1. Development of a Single Point of Entry (SPOE) for all CAFMHS outpatient teams.
2. Development of clinical care pathways.
3. Improved service integration.
4. Improved liaison with primary care and community agencies.
5. Seek a single base for the CAFMHS outpatient service.

Some of the above have already been achieved and some remain as work in progress.

The Child and Family Unit (CFU – 8 beds) has been in operation for over 25 years and has seen significant changes in its function over the years. This occurred especially over the last 10 years, following the opening of the YIU in 2001. CFU offers acute and elective services to children up to and including the age of 15 years. The Youth Inpatient Unit (YIU – 8 beds) provides an acute service to 16-17 year olds only. Both units have a South Island catchment and regional responsibility for acute inpatient service delivery.

Functional integration, from an inpatient perspective, has been the focus of two SMHS reviews:

- The Adler Review (2008) of the Child and Adolescent Inpatient units and
- The Bulik Review of Eating Disorders (2009) which was specifically in response to the requirement to comply with UNCROC requirements related to the housing of young patients away from adults.

Further to this SISSAL (South Island Shared Services Agency) has undertaken a review of the South Island regional inpatient services which includes both the CFU and YIU.

3. Rationale for Proposal

The aim of this proposal is to provide a process for the implementation of the outcomes from all three reviews (Adler, Bulik and SISSAL) which will result in:

- Functional integration and improved efficiency and effectiveness of the CAF inpatient facility as a whole.
- Development of a pod within the Eating Disorders Inpatient Service for adolescents.
- Addressing of the gaps in service delivery as outlined in the reviews and
- Progress of the necessary workforce development.

Further to this, in the post earthquake environment of Canterbury, the imperatives of the CDHB Vision 2020 process have now accelerated to become the imperatives of 2011/12 in order to ensure the maximum efficiency and effectiveness of the health system moving forward in the recovery period.

Summary of Reviews

Key Recommendations

CAF Inpatient Review (Adler):

In February 2008 an external review of the CAF Service inpatient units was conducted by Dr Robert Adler from Melbourne, Australia. The review recommendations are:

1. Develop a standardised and appropriate philosophy across the inpatient spectrum of the CAF Service. The present CFU and YIU should be re-designated as a single entity to indicate that they represent the most intensive, restrictive and expensive component of a comprehensive CAMHS delivered by the CDHB for the South Island.
2. Draw up a model for the delivery of age appropriate and evidence based inpatient services taking into account the wider CAF Service, to include an Acute Adolescent Inpatient Unit (AAIU), a Family Admission Unit (FAU) and possibly a partial hospitalisation therapeutic school programme.
3. Extend the admission criteria for the AAIU to include young persons between the ages of 12 and 18 years and increase the number of beds to 10-12 with provision for 2 beds in a high dependency unit. The facilities of the FAU should complement those of the AAIU, particularly for geographically remote families and the younger age group. The role of the school programme should be reviewed in consultation with the Ministry of Education.
4. The establishment of a partial hospitalisation therapeutic school programme as one component for CAF.

In summary:

- Amalgamation of the two inpatient units
- Reconfiguration of beds
- Streamlining of processes
- Rationalisation of resources
- Developing the functioning of partial hospitalisation
- Addressing access issues particularly for children

SMHS Eating Disorders Review (Bulik)

The SMHS carried out an external review of the Eating Disorders Service in 2009 conducted by Dr Cindy Bulik who provided a comprehensive report following wide consultation. In her report, Dr Bulik made the following recommendations which are relevant to CAF Service inpatient service delivery:

1. The South Island Eating Disorders Service (SIEDS) should be retained, expanded, and empowered to guide and deliver treatment for eating disorders in the South Island across the life span, in both sexes, and across cultures in the South Island.
2. Rather than fragmenting care across the CFU, the YIU, and the SIEDS, in the second stage, all care of eating disorders patients [i.e. inpatient, intensive outpatient (if feasible and appropriate), and outpatient] should be centrally located under the SIEDS umbrella.
3. Staff reconfiguration and recruitment should be undertaken to ensure that age-appropriate services are delivered by staff with training and experience in their patients' target age range.
4. Physical reconfiguration of the Eating Disorders Service's inpatient unit should be considered to provide a flexible pod area for child and adolescent patients (<18years).

Regional Services Models of Delivery review (SISSAL)

Recommendations relevant to the CAF Service inpatient service as the Regional provider:

1. Enable and expect regional staff to travel as part of routine discharge planning process to facilitate the transition process.
2. Send weekly clinical reviews by encrypted email or enable the electronic sending of clinical reviews via clinical information systems.
3. Include District staff as early as possible in discharge planning.

4. District staff travel to and work with the regional service prior to discharge if clinically indicated.
5. Consider access pathways for specialist inpatient services for 4 – 10 year olds.
6. Canterbury DHB uses their facility planning process to develop units that provide a child friendly environment.

The Expected Benefit and Outcomes of the Proposal for Change are:

- Improved clinical care pathways for children and adolescents.
- Improved access to inpatient beds for young children.
- Compliance with Government UNCROC direction with the housing of young inpatients by way of a pod within the Eating Disorders Service.
- Improved utilisation of current hospital based facilities and resources.
- Improved efficiency and effectiveness of clinical care.
- Provide opportunities for workforce and research development

5. Proposed Changes:

The following changes and parameters for change are proposed:

5.1 Two beds from the CAF Regional Inpatient Service are transferred to the Regional Eating Disorders Unit to enable the creation of a 4 bed Child and Adolescent Pod for those regional patients with Eating Disorders who are under 18 years of age.

5.2 The two inpatient units (CFU and YIU – the 14 remaining beds) are administratively and functionally merged into a single inpatient facility with a single system of access. The name of the facility shall be The CAF Inpatient Service.

5.3 The capacity of the current Child and Family Day Programme will be increased with the addition of the Child and Family Workers redeployed from CFU. These positions will also be 'grand parented'. This particular programme will be reviewed in due course.

The CAF Inpatient Service would operate two physically separate but functionally merged wings in order to address the developmental needs of the younger and older age groups:

- The two wings would operate with a maximum of 14 beds across the two wings with flexible occupancy arrangements. At least two beds would be dedicated for young people under the age of 13 and four beds would be utilised as "swing" beds in order to provide developmentally appropriate and flexible responses to presenting needs for admission.

- The principle function and the model of care of the whole of the inpatient facility will be defined as providing developmentally appropriate acute psychiatric care. This is to occur by utilising age/developmentally appropriate clinical interventions within a suitable environment and programme. Some flexibility to admit electively will be retained particularly for the younger age group.

5.4 The functional integration of the two inpatient units is to be achieved according to the following parameters:

5.4.1 Merging and streamlining of management and clinical leadership roles to reflect the new structure and functions of the inpatient service. The new structure will have one Clinical Head and one Charge Nurse Manager.

5.4.2. Adjustment of budgets under a single cost code.

5.4.4. Merging of senior and junior medical staff resources.

5.4.5. Merging of nursing, allied health professionals and administrative staff resources.

5.4.6. Establishment of one single point of inpatient service access/entry together with streamlining of processes and policies.

5.4.7. Integration of training, placement, continuing professional development, education and research opportunities.

5.4.8. Creation of a single integrated dataset for the inpatient service together with one clinical file system which will be SAP based in line with SMHS requirements.

5.4.9 Discussions are to be initiated with the Southern Regional Health School and the Ministry of Education and Group Special Education (GSE), regarding its role within the proposed structure and functions of the inpatient service.

5.5 It is expected there may need to be some physical alterations to ward areas eg expansion of High Care Area, to manage these changes. Detailed planning would be required and project costs clarified ready for the budget round 2012/13.

5.6 As part of the reorganisation of reporting lines the Youth Day Programme (not part of this Proposal for Change) will be further aligned with outpatient services and will report to the Clinical Manager of Youth Specialty Service.

5.7 The executive leadership team of the CAF Service is expected to complete the above within 12 months from commencement.

6. Impact on Staff

This Proposal for Change is across the whole of the CAF Inpatient Service area. The aim of this proposal is to ensure that the model of care delivery is responsive to services users and their families/whanau. SMHS acknowledges that the proposed changes may be an unsettling experience for affected staff. The aim of the SMHS is to be transparent in all its processes and timelines.

6.1 The proposed bed changes across the CAF Inpatient Service will have implications for affected staff. It is the intention that all staff will continue to work within SMHS and that there will be no loss of SMHS staff as a result of this proposal. A number of staff will be retained in the inpatient teams, while others will have opportunities to transition to other teams within SMHS.

6.2 It is intended that the leadership structure be implemented immediately together with streamlining processes of policy and procedures.

6.3 There will be one Clinical Head position, aligned with the SMHS structure, for the inpatient service.

6.4 The Proposed Staff Structure for the service is as follows:

Medical

- There will be one fulltime and two part time Senior Medical Officer (SMO) positions (0.5-0.7FTE each, plus job sizing).
- The scope of the existing Medical Officer (MO) position's role (0.6FTE) will cover the two wings of the inpatient service.
- The current Registrar run will also cover the two wings of the inpatient service.

Nursing

- There will be one Charge Nurse Manager position for the CAF Inpatient Service (including the Child Day Programme). The two current Charge Nurse Manager positions will be disestablished and the incumbent CNM's will have priority for appointment to the new role.
- Realignment of rostered staff will be required in order to address:
 - Nursing staff requirements for one roster for the overall inpatient facility.
 - Alignment of rosters in line with SMHS 4:2 roster pattern.

Allied Health

- Allocation of Occupational Therapy, Social Work and Psychology will be made across the inpatient facility and the Child Day Programme, as an Allied Health cluster. Physiotherapy and Dietetics input will continue as at present.
- Child and Family Workers will be redeployed to the Child Day Programme on a Monday to Friday basis and these positions will be 'grand parented'.

Secretarial/Administration

- Current staff will cover the service as an administrative cluster.

7.0 Impact on Professional Groups

7.1. Changes to the size and function of the teams will require a restructure of the professional leadership as well as line of reporting of the teams and a revised structure. The current leadership representation of Te Korowai Atawhai, Consumer Advisor and Family Advisor will be retained in the new inpatient service structure and CAF Directorate.

7.2 Any affected non-clinical staff such as Pukenga Atawhai and Secretaries would be allocated within the new structure as a cluster.

7.3 There will be no loss of Senior Medical Officers (SMOs) or Medical Officers as a result of this proposal. SMOs may be required to move to other locations.

7.4 This Proposal for Change will have little impact on Registered Medical Officers (RMOs) and House Officers. Training requirements will be met with runs available across the Inpatient Service. It is not envisaged that any significant additional travel will occur as a result of the proposed changes.

7.5 There will be a loss of one Charge Nurse Manager and one Clinical Head position.

7.6 There will be one 4:2 nursing roster for the inpatient service.

7.7 Child and Family Workers will be redeployed to the Child Day Programme on a Monday to Friday basis and will not be part of the nursing roster.

8.0 Process for Affected Staff

Where proposed service changes affect staff the following process will be followed:

8.1. Meetings will be held with affected staff to give them the opportunity to consider the proposal, ask questions and comment on the proposed changes, the processes for potentially impacted staff and the proposed timelines.

8.2. Meetings will be held with representative unions to discuss the rationale for the proposal and to provide an opportunity for unions to ask questions and give their perspective on the proposal.

8.3. A single contact and email address will be provided so that staff and unions can direct questions and receive timely feedback.

8.4 The changes of inpatient FTE will be accompanied by the notification of opportunities for redeployment to other SMHS areas.

8.5 Those staff not successful in securing any newly established position following their EOI, will be offered redeployment and will be prioritised for other SMHS positions available through vacancies at the time of the process.

8.6 If potentially affected staff do not wish to apply for any newly established position, they can signal their interest in other positions to their Line Manager who will work with the Human Resource Advisor to ensure they are given prioritisation.

8.7 The SMHS will work with potentially affected staff and their unions as per Section 31 of the Public Service Association Allied Health, Public Health and Technical Multi Employment Collective Agreement, 1 April 2010; Section 38 of the PSA Mental Health and Public Health Nurses MECA, 1 April 2010; Section 37 of the National Union of Public Employees, Allied Health and Technical and Mental Health Nursing Collective Employment Agreement, 1 April 2010; Section 24 of the New Zealand Nurses Organisation, Nursing and Midwifery MECA, 1 April 2010; Sections 43 to 45 of the Association of Salaried Medical Officers, Senior Medical and Dental Officers MECA, 9 September 2010; and Section 43.4 of the Resident Doctors Association, Resident Medical Officers MECA, 29 August 2008.

9.0 Proposal for Change Consultation

Feedback from staff, unions and interested parties is required to be submitted to Bev Laing, Personal Assistant to the CAF Service, by close of business on 2nd March 2012.

Bev Laing
P O Box 800, First Floor, Heathcote Building, TPMH
Fax: 03 3378818
Email: bev.laing@cdhb.govt.nz

If you have questions you wish to ask about the Proposal for Change please contact Kaye Johnston, by email kaye.johnston@cdhb.govt.nz or telephone (03) 3377505 or internal extension 66505.

The feedback will be considered by the Divisional Leadership Team (DLT) that comprises the General Manager, Chief of Psychiatry, The Director of Nursing, the Allied Health Professional Leader and the Operations Manager. The DLT will consult with Maori and Consumer and Family Advisors.

10.0 Conclusion

The CAF Inpatient Service Proposal for Change is the result of the outcome of three key external reviews. The proposed changes are required to enable us to improve our responsiveness to young people and their families, whanau who use mental health services, and our community.

This document is a proposal and no decision on any changes had yet been made. It is being made available to all affected employees, unions and other key stakeholders. As always, EAP (0800 327 669) is available for staff for personal support during this process.

Your support will assist in the reorientation of CAF Inpatient Services to ensure the right services are provided to the right people and their families and whanau at the right time and at the right place within an integrated service framework.

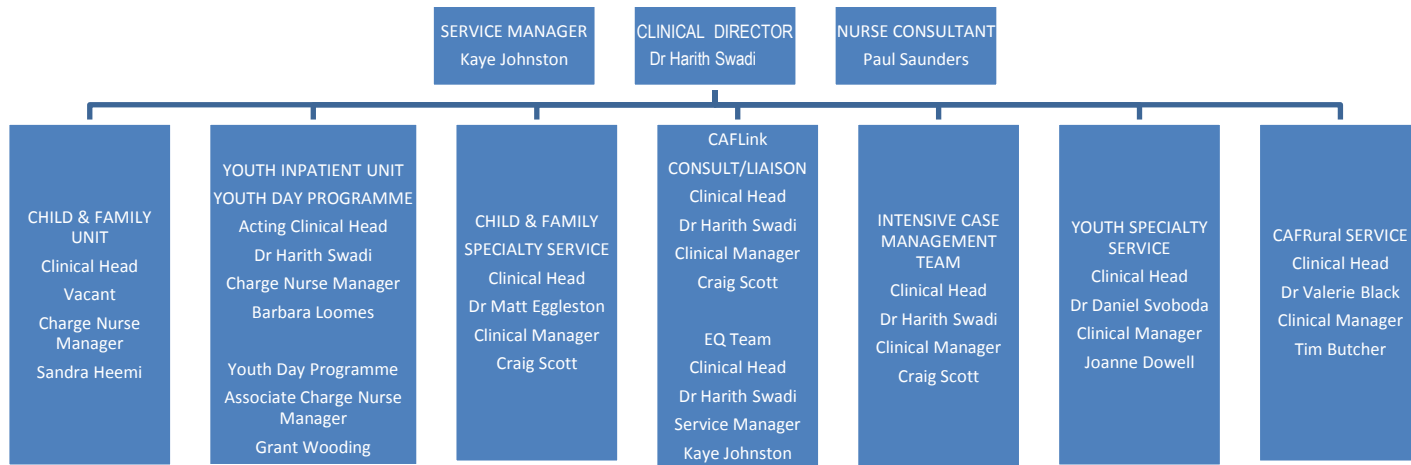
Timeframe:

23rd January 2012	Proposal for Change released
2nd March 2012	Feedback and Submissions close
2nd April 2012	Final decision

Sandra Walker
General Manager

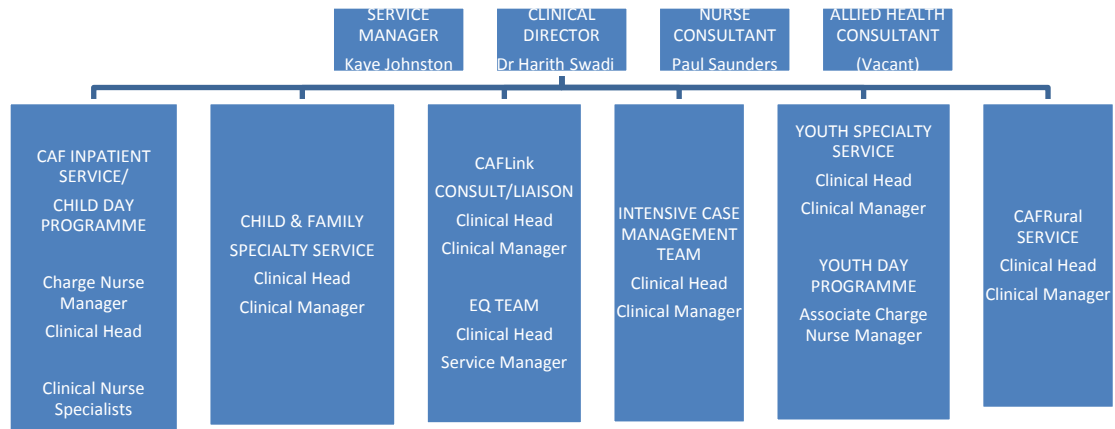
Current Structure

CANTERBURY DHB SPECIALIST MENTAL HEALTH SERVICES - CHILD ADOLESCENT AND FAMILY SERVICE



Proposed Structure

CANTERBURY DHB SPECIALIST MENTAL HEALTH SERVICES - CHILD ADOLESCENT AND FAMILY SERVICE



Alignment with National, Regional and District Strategies

The CAF Service Discussion Document is aligned with current policy.

- ***Te Tahuu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan***

(Minister of Health 2005) sets the strategic direction and government priorities in mental health and addictions and establishes people and service focused outcomes. This document more importantly highlighted ten challenges that were identified as necessary to support the development of the sector. Te Tahuu also broadens the focus of the existing mental health strategies to include prevention, promotion and primary care.

- ***Te Kokiri: The Mental Health and Addiction Action Plan 2006-2015*** (Minister of Health 2006), describes specific actions required to implement the ten leading challenges of Te Tahuu, including:

- Strengthening linkages between mental health services and primary health care.
- Developing and contributing to inter-sector activities that support recovery.
- Implementing initiatives that acknowledge and meet the needs of the family/ whanau.

This document places a strong emphasis on services provided by other government agencies and their role in contributing to mental health and wellbeing.

Te Hononga 2015: Connecting for greater well being (Mental Health Commission 2007), complements and supports both Te Tahuu and Te Kokiri in guiding service providers to develop the tools and practice necessary for service users, family/ whanau, service providers and the community. The goal being to support a sector that is coordinated, that utilises common approaches and consistent practice.

South Island Regional Mental Health Strategic Plan 2008 – 2011

(South Island Shared Service Agency Ltd, Christchurch, NZ, January 2009).

It was developed by the South Island Regional SMHS Adult Services Plan 31/03/11 Mental Health Network (SIRMHN), and provides strategic, high level goals for the region that support the implementation of Te Tahuu and Te Kokiri. The South Island Regional Mental Health Network identified all actions within Te Kokiri with a DHB or regional lead responsibility. The DHBs Strategic Plans and District Annual Plans were also considered and District priorities taken into account, resulting in identified strategic goals for which a regional approach is most appropriate. Other SIRMHN documents to shape the development of regional planning, include **Review of Progress** (April 2008), **Strategic Framework for Service Development** (May 2004), the **South Island Regional Forensic Strategic Plan** (2007), and the **South Island Eating Disorders Strategic Plan** (2009).

• **CDHB Specialist Mental Health Service Framework for Mental Health and Wellbeing**

This document promotes a service which is:

- Service user centred
- Recovery focused
- Responsive and flexible

Within it there are six focus areas: partnership and participation; promotion, prevention and education; integrating and improving the service delivery system; social inclusion and support; workforce development; quality focussed

The **District Strategic Plan 'Healthier Canterbury - Directions 2010** (Canterbury District Health Board 2006) identified five Core Directions which the CDHB believes will be essential to achieving the changes and improvements that it needs to make, to meet its challenges in the next 5 -10 years. The Core Directions are:

- To improve the health and wellbeing of our community to find better ways of working to work together
- To develop our health care workforce
- To be a leader in health.

The Canterbury DHB will deliver on these Core Directions by: strengthening regional relationships and national influence

Real Skills Plus Framework

This framework, developed by the Werry Workforce Centre, provides the structure and expectations for national CAFMHS Workforce development.

CDHB District Annual Plan 2010/1011 provides a vision of patient centred care which is integrated, collaborative, with shared decision making and a focus on system wise improvement. The strategies for this year in Mental Health are:

- To reorient the psychiatric rehabilitation service to reflect current needs
- To implement the AOD framework
- To integrate community and secondary mental health services
- To implement the Suicide Prevention Initiative
- To align strategic direction across the Southern region
- This document refers to the first and third of these strategies; the others form separate projects; there will be interfaces with each of these projects.

UNCROC

The United Nations Convention for the Right of the Child.

Abbreviations list

SMHS	Specialist Mental Health Services
CAFMHS	Child Adolescent and Family Mental Health Service
SIEDS	South Island Eating Disorder Service
DLT	Divisional Leadership Team

YIU	Youth Inpatient Unit
YDP	Youth Day Programme
CFU	Child and Family Unit
CFSS	Child and Family Specialty Service
CAFLink	CAF Single Point of Entry

CH	Clinical Head
SMO	Senior Medical Officer
MO	Medical Officer
CM	Clinical Manager
CNM	Charge Nurse Manager
NC	Nurse Consultant
CNS	Clinical Nurse Specialist
ACNM	Associate Charge Nurse Manager