Tees, Esk and Wear Valleys NHS Trust

Capacity and Demand Modelling

Implementation of Choice and Partnership Approach (CAPA)

NWW **New Ways of Working**
in child and adolescent mental health

Developing and sustaining a capable and flexible workforce

Contents

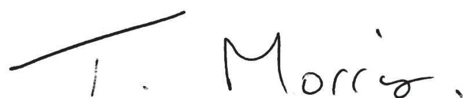
Forward	1
Executive Summary	2
Introduction	3
The Project	4
Contact Details	Inside back cover

Forward

New Ways of Working represents a cultural shift in the way that mental health services are delivered. It emphasizes person centred value based approaches where services are responsive and flexible to the needs of those that use them.

New Ways of Working is about developing new and enhanced roles for staff. It is about designing systems and processes that support staff in the delivery of care in a way that is personally, organizationally and financially sustainable. New Ways of Working supports the development of a flexible workforce which is adaptable to changing needs. It is recognised that many CAMHS have insufficient resources to meet the needs of their local population. NWW will not make up for a fundamental lack of resources however the ideas underpinning NWW can help make the best use of the available resources. As is shown in this project developments should be able to demonstrate improvement in the care provided to patients. The introduction of streamlined methods of team working such as CAPA can have a major impact on the delivery of services to young people, their families and carers.

New Ways of Working is about having the right people with the right skills in the right place in the right job at the right time. A systemic and planned approach to workforce development has the greatest chance of bringing about sustained improvements in patient care.



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Executive Summary

This project addresses many of the issues facing Tier 3 CAMHS where the demand for services is greater than the capacity of clinical staff. A number of helpful CAMHS specific guides are available to help make best use of the available resources. This project uses the CAPA model as part of a NWW strategy to bring about positive change in how services are delivered.

The key developments were:

- Previous short term strategies have had negative long term consequences when focused only on parts of the service.
- Systemic change across a team has been more effective in producing positive results. This systemic change requires a 'can do attitude' and a well functioning team.
- At a team level moral and overall team functioning has improved, with a better understanding of each other's roles, skills and competencies
- Managing the change process is difficult and worked well with clear involvement from the participating team associated with effective managerial leadership and support.
- Using an approach that has an evidence base was helpful in overcoming the inevitable challenges in bringing about change
- Using NWW resulted in a clear central point of access for service users and agreed consistent pathways, which provides a more equitable service for young people.
- Service users are being offered quicker initial appointments and the team is managing the systems without generating a waiting list.

Introduction

Stockton CAMHS has had long waiting lists causing concern to the team in relation to meeting government targets.

Decisions regarding referrals made to the Stockton CAMHS team in relation to appropriateness, urgency, redirection and allocation were the responsibility of the Multi Disciplinary Team.

Service changes have been driven in the past by concerns over waiting times but isolated attempts to improve management of referrals such as, out of hours additional clinics, employment of additional fixed term contract staff, temporary increase in staff hours. Where as these strategies reduced waiting times, the increased throughput had significant effects on staff morale and the availability of therapeutic resources. This in turn had a negative impact on the recruitment and retention of staff.

Mapping of the referral and decision making process highlighted numerous 'bottlenecks'. Where allocation, assessment and intervention where based on traditional model of service delivery and role definition.

The CAPA model was introduced into the team with clear evidence based rationale. From this the team was able to actively engage with the change process, in order to develop a new way of working. Within the specialist Tier 2/3 team we have been looking at clearly defining all roles within the team to support and develop this process. Integral to this is the examination of the nursing role and how creative ways of working and skill mix can support effective and efficient use of resources.

Aims & Objectives:

- To support the continued modernisation of Stockton CAMHS services.
- To improve patient pathway.
- To examine and challenge current working practices and processes
- To define and develop roles within the team
- To support the provision of high quality service for children and their families.
- Ensure sustainability of capacity and demand work to prevent recurrence of problems.
- Develop and implement one consistent, transparent waiting times management approach for the entire team including medical staff.
- Develop consistent, prompt, safe decision making process
- Efficient use of resources

Target groups

Service users and CAMHS staff.

The Project

Preparation of the team began with a variety of information sharing events. This facilitated discussion regarding the proposed model and clinicians began to consider the impact that this was likely to have on their particular roles.

Mapping of current practice was completed and data collated was shared with the team. This demonstrated the complexity of the systems that were in place, highlighted areas of duplication and gave the team permission to challenge traditional practices and roles within the service.

A Team away day was planned where working parties were established and leads identified to begin the process of launch of the new model.

A working group was established and led by senior clinicians within the team, to support clinicians to examine and question their roles, skills, competencies and responsibilities. The immediate effect of this was to cause some degree of anxiety within professional groups.

A project management group was established that included representation from key personal and coordinated launch of model.

Regular review meetings for the team were held during the period of the launch and establishment of the new model.

Project Outcomes

Improved Patient Pathways

The service now operates with a clear central point of access for service users and agreed consistent pathways internally, which provide a more equitable service for young people.

To examine and challenge current working practices/develop constant, prompt, safe decision making processes.

The Team has questioned many of the approaches previously accepted in service. Decision making processes have been examined in detail and challenged. Historical systems dictated that Multi disciplinary teams were responsible for the decisions made regarding referrals made to the service. The multi disciplinary teams were usually made up from a number of key clinicians from within the team including psychiatry and psychology. A small in house audit suggested that one clinician was as accurate in decision making as the MDT.

This information facilitated the demise of the MDT as the key decision making forum for new referrals to the service. This is now carried out by one clinician, Primary Mental Health Worker's predominantly.

Initially there was a great deal of anxiety regarding this as the MDT was perceived as a 'safe' forum. However implementation has proved to be far less anxiety provoking than first anticipated. Robust measures are in place should clinicians require additional support from the team for complex or difficult cases.

To define and develop roles within the team

- Working group established to help facilitate discussion in the team.
- Team members produced 'role definitions' highlighting their specific and core skills, areas of expertise and competence.
- Identification of skill gaps within the service. Identified nurse-prescribing skills needed.
- Member of team trained nurse prescriber.
- Nurse led ADHD clinic established.

Fed into service workforce development plan, increase in staff nurse posts and clinicians with CBT and systemic skill.

Ensure sustainability of capacity and demand work

- IT systems in place to capture relevant data.
- Evaluation incorporated into team business
- Recruitment and retention of staff increase the access to CAMHS looking at more effective skill mix.
- Included in the service workforce development plan

Develop and implement one consistent transparent waiting time management approach

The CAPA model has effectively achieved this; the team is currently seeing 70% of new clients within 4 weeks.

Challenges / Opportunities

Initial anxieties from team in relation to proposed changes, some resistance from team members.

Use of the information sharing forums and the establishment of working parties within the team helped to engender a sense of ownership and influence over the changes. The Team began to feel that they were integral to the process rather than having systems imposed on them.

Concerns from professional groups regarding the skill and competency work.

Some groups felt threatened by the exercise and suspicions voiced that this was a way to reduce costs and erode professional expertise.

It was important over this time to ensure that communication and information was consistent and clear. Any perceived inconsistencies in information heightened anxiety and suspicion. Team meeting were increased to weekly as opposed to fortnightly and meetings were held with individuals and professional groups to reassure and clarify rationale for the exercise.

Staff highlighted that training was required in Brief Solution Focused Therapy in order to ensure that the clinical aspects of the project were sustainable.

Funding was identified to provide robust in house training for the team, which included support and follow up sessions.

Inadequate IT systems meant that collating meaningful data was difficult and time consuming when engaged in the process mapping and when comparing service delivery before and after the project.

Lessons Learned

Finding the balance between supporting staff, allaying anxieties and information sharing with maintaining project momentum.

It was important that realistic and appropriate timeframes were set and worked towards.

Ensuring that objectives were clear, owned by the team and understood by everyone involved.

The team undertaking this project was a well established CAMHS team with a low turn over of staff. There was a problem solving culture and a 'can do' attitude generally. Leadership in the team encouraged inclusion, ownership and democratic problem solving.

In a less well established team with poor morale, more time may be needed to prepare and introduce the model to the service.

Teams/managers wishing to adopt this approach may wish to consider inviting other teams who have been successful in their implementation to visit and share experiences. Conversion of a critical mass, motivated and enthusiastic leadership and nomination of a key 'champion' will be crucial to success.

In our experience it was helpful to meet with all the staff that had clinical supervision responsibilities to discuss how we as individuals can influence the culture of the team. These themes were integrated into clinical supervision sessions.

Stakeholder Analysis

There has been a project team that have lead on the delivery of the project, feeding into the CAMHS management board.

Information has been sent to all stakeholders, and users and carers have been invited to share their thought regarding the new process.

Evaluation

The evaluation of this project can be looked at from a quantitative perspective. Data has been collated that indicates clearly that service users are being offered quicker initial appointments and the team is managing the systems without generating a waiting list. There are clear mechanisms in place that collect and collate data for the team to ensure that we are aware of demand and monitor capacity. We are experiencing flexibility and control over the demands on the service rather than being driven reactively.

Other achievements however, have been made whilst engaged in this project, which are more difficult to quantify. Staff have been asked to contribute to an evaluation process by questionnaires and semi structured interviews. The feedback is positive in relation to the changes made and the themes that emerged from this have been

Role Changes

- PMHW more integrated into access to service and decision making for the team.
- More emphasis on Brief Solution Focused working.
- Feel more responsibility than previously.
- Valued by the team.
- Supported when difficult decisions needed, with access to colleagues always available.
- Initially anxiety about the 'responsibility' being given to them reduced.
- Much clearer about the type of interventions and cases that should be working with.
- Reduced amount of inappropriate cases allocated to them.
- Increased amount of time for proactive early intervention work.
- 'Trusted' by the team to make appropriate decisions.

Skills are valued and respected.

Dissemination of Plan

Dissemination has been delivered via the Management Team. Further dissemination is taking place in individual clinical teams within the locality. Results/experiences will be shared at local and national events as appropriate.

Impact & Sustainability

The impact has been two fold, firstly the impact on service users, which has meant reduced waiting times to initial appointment and allocation based on their needs, rather than on what was available. There is more collaboration with service users and their families and more transparency within the process.

Impact on team

- Moral has improved, less a feeling of 'being on the treadmill'
- Team functioning has improved.
- Better understanding of each other's roles, skills and competencies

Sustainability

- Utilise the knowledge gained from the implementation of this project in relation to skill gaps in the team having a clearer idea of what workforce development plans need to include for the future.
- Gaps included systemic skill and advanced CBT skills in relation to specialised competencies. However it was noted that further resources in skill areas of basic parenting interventions and support and basic CBT skill would also be beneficial to the team.
- Discussions regarding the employment of more unqualified staff, trained in basic approaches supervised by qualified members of the team are in progress

Sustainability will also be dependant on new members of the team being well inducted and immersed in the culture

For further information to CAPA & The 7 Helpful Habits, please refer to the following web site: *www.camhsnetwork.co.uk*

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National Workforce Programme
Child and Adolescent Mental Health

Care Services Improvement Partnership CSIP

National Institute for
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This can also be downloaded from *www.newwaysofworking.org.uk*