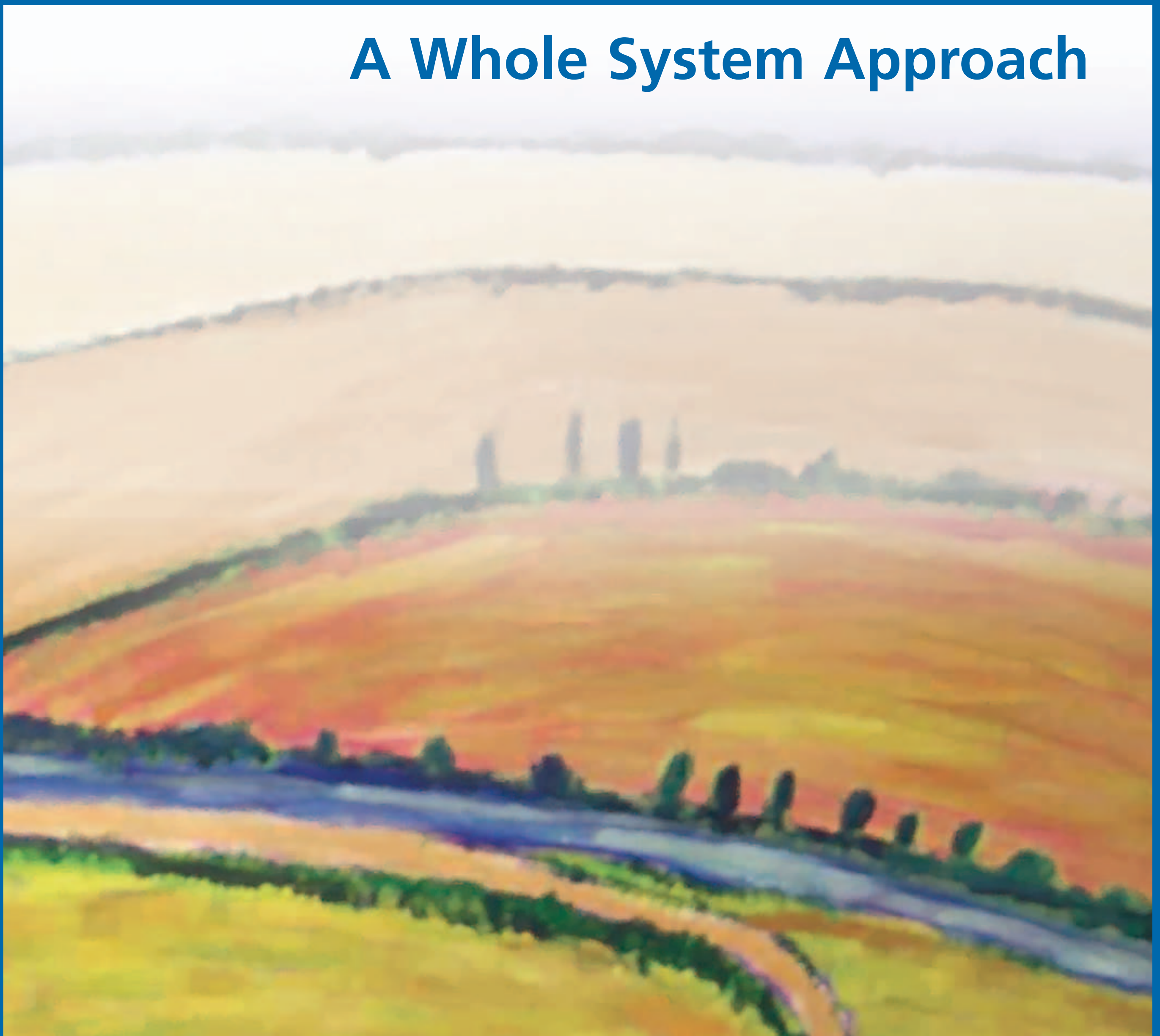
Oxfordshire and Buckinghamshire Mental Health NHS
NHS Foundation Trust

Service remodelling and New Ways of Working

A Whole System Approach



NWW New Ways of Working
in child and adolescent mental health

Developing and sustaining a capable and flexible workforce

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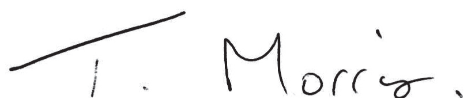
Forward

New Ways of Working represents a cultural shift in the way that mental health services are delivered. It emphasises person-centred value based approaches where services are responsive and flexible to the needs of those that use them. The overall programme New Ways of Working in Mental Health has been under development since 2003 and the CAMHS specific component started in 2006. The aim of the CAMHS project was to look across professions as well as within professions.

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, organisationally and financially sustainable. New Ways of Working supports the development of a flexible workforce, which is adaptable to changing needs. These changes need to be underpinned by the needs of children, young people and their families so that their emotional health and psychological well being can be enhanced.

This project successfully uses the culture and philosophy in New Ways of Working as part of a comprehensive review and service redesign of CAMHS across Tiers. The New Ways of Working project particularly focused on the needs to remodel Tier 3 services but has clearly influenced other provision. The redesign of services has kept a clear focus on the needs of young people and their families and the key aim has been to offer a needs led flexible accessible service particularly for those groups such as Looked After Children and refugees who have traditionally been poorly served by these services.

This ambitious project has produced impressive change in the first two years, which have been rolled out over a large and diverse geographic area.



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Executive Summary

The overall aim is to provide robust local community based services for Oxfordshire and Buckinghamshire's Children and Young people, improving service equity of access and service delivery. The strategic intent of New Ways of Working has supported a cultural shift in the way that services are developed and delivered to make the best use of available resources. This has not been in isolation but as part of an overall workforce strategy and service redesign.

It represents a long-term strategic approach with different elements occurring over two years.

Key initial outcomes are:

- Adoption of guiding principles and key messages from Young People and Families to develop new integrated care pathways.
- Development of clinical and managerial structures and processes to support sustainable change.
- Care pathways designed and agreed across local systems.
- User participation groups established positively targeting children and young people who have traditionally found it hard to access CAMHS services.
- The remodelling of Tier 3, within the existing financial envelope, to provide a community based model with 4 week waiting times for assessment and treatment.
- Skill mix reviews to broaden the workforce, to better provide services in a flexible community based way.
- The implementation of Care Programme Approach (CPA) across the service.
- The development of Assertive Outreach Services within CAMHS.

Project Summary

The overall aim is to provide robust local community based services for Oxfordshire and Buckinghamshire's Children and Young people, improving service equity and using the strategic intent of New Ways of Working to support a cultural shift in the way that services are developed and delivered.

Summary of the main findings and highlights of the evaluation

This project sits within a wider multi-agency strategy, which includes:

- The commissioning and delivery of a Primary Care CAMHS Service (PCAMHS) in Oxfordshire to support front line workers of all agencies; to deliver Tier 2 interventions; to provide a single point of access for specialist CAMHS and to facilitate the introduction the Common Assessment Framework (CAF) as a single referral tool. The CAMHS Grant was used to fund the development of PCAMHS in Oxfordshire.
- Disinvestment in provision of inpatient services for children under 11 and reinvestment in enhanced specialist community services for both Oxfordshire and Buckinghamshire.
- Development of Assertive Outreach Services within CAMHS in Oxfordshire and Buckinghamshire.

As part of the overall Project, Service Specifications for the organisation and management of specialist Child and Adolescent Mental Health Services have been agreed for both Oxfordshire and Buckinghamshire.

This set out a number of key principles:

- Delivery of a community based model with Care Programme Approach (CPA) and care co-ordination as the clinical framework.
- Realignment of community team boundaries to shadow Children Young People & Families Directorates supporting locality working, Lead Professional and Team. around the Child developments. Resources have been distributed on a percentage basis relating to the new 0 -19 population sizes, with appropriate weighting for deprivation levels.
- Development of a clinical and managerial structure to deliver sustainable change across the service.
- Agree and implement a skill mix review.

At the time of writing we have achieved:

- Review of specialist CAMHS services.
- Single point of access achieved and accepted in Oxfordshire – continue to test
- Clinical Team Managers, Service Development Manager, Associate Clinical Directors appointed.
- Realignment of Oxfordshire community team boundaries to reflect Local Authority Localities and agreement to shadow Buckinghamshire Localities once agreed.
- Development of former Park Hospital as Young People's Resource centre for Oxfordshire bringing CAMHS services together (completion October 2008).
- Eligibility criteria and thresholds agreed by Strategy Groups in both counties and implemented with review dates included.
- Sub-group to review specialist Learning Disability Team criteria in Oxfordshire with view to moving away from IQ based thresholds.

- CPA implemented in both counties within specialist CAMHS linked with lead professional/team around the child approach.
- Routine collection of outcome data.
- Activity levels improved to meet agreed new service specifications.
- Abolition of waiting lists for assessment and treatment.
- Implementation of the Choice agenda.
- 24/7 access and robust out of hours care.
- Skill mix review completed in Oxfordshire with participation from staff, commissioners and other stakeholders.
- Young People's Advisory Group developed in conjunction with Children's Fund in Oxfordshire and Article 12 Group established in Buckinghamshire through engagement with the Youth Cabinet. These groups include young people who traditionally have not accessed CAMHS services. The groups provide a focus for consultation on all service developments and involvement in staff recruitment including Consultant Psychiatrists.
- New ways of working for Consultants – locality focus but specialism/special interest across service eg Eating Disorders, Early Intervention Service, Assertive Outreach
- In Oxfordshire, protocol developed between YOT, PCAMHS and Specialist CAMHS to ensure appropriate referral and intervention at appropriate Tier. In Buckinghamshire dedicated YOT in-reach worker within Specialist CAMHS.
- Investment secured from commissioners for the development of Assertive Outreach Service within Buckinghamshire in 2007/08.

Introduction

In July 2005 in Oxfordshire, the multi-agency CAMHS Strategy Group began a comprehensive review and service redesign of CAMH Services Tiers 2-4. This report gives an overview of the projects within Tier 3 and Tier 4 Specialist Services as part of the wider change agenda.

A Project Board has overseen the five work streams which support the modernisation of CAMHS across agencies and tiers. The Project Board has worked to incorporate national policy, and local strategy which included:

- Recommendations from Oxfordshire Best Value Review
- Implementation plan from the Oxfordshire CAMHS Steering group
- Children and Young People's Plans
- TVHA Review and recommendations for inpatient provision for children and young people.

Although this project began in Oxfordshire, the merger of the Oxfordshire and Buckinghamshire Mental HealthTrusts and the creation of a single CAMHS Directorate across both counties in September 2007 have meant that we have broadened the project across both counties, although inevitably they are at different stages of development.

This has been helpful in that we have been able to share lessons learned and good practice from service developments in both Oxfordshire and Buckinghamshire

The NWW Project was focused mainly on the work we needed to undertake to re-model Tier 3 services.

Historically, our Tier 3 services had provided a range of therapies using a clinic based outpatient model. This project has enabled us to provide broader access to Specialist CAMHS with greater provision of outreach and community assessments and treatments.

Key Achievements

- Within Oxfordshire, the commissioning of a Primary Care CAMHS Service (PCAMHS), managed by the PCT, to support front line workers of all agencies; to deliver Tier 2 interventions; to provide a single point of access for specialist CAMHS; to facilitate the introduction the Common Assessment Framework as a single referral tool.
- The broadening of referral routes to Tier 2 to include schools, social care and voluntary sector as well as traditional primary care health route.
- The remodeling of Tier 3 to provide a community based model with assessment and treatment offered within 4 weeks.
- Disinvestment in provision of inpatient services for children under 11 and reinvestment in enhanced community services.
- Broaden age range for adolescent inpatient service to cover 11 – 18.
- Development of Assertive Outreach as a Tier 3? community service.
- In-reach into Special Schools providing direct work with young people, training, support and consultation to teachers and other staff.
- The implementation of CPA within Tier 3 and Tier 4 CAMHS services.
- The implementation of an agreed set of Outcome Measures in all services.

The Project

Project Outputs

- Findings from the Tier 3 review have been agreed in principle by the Trust and PCTs and incorporated into a service model for Oxfordshire and Buckinghamshire
- Care pathways have been designed and agreed.
- User participation group established deliberately targeting children that have traditionally found it hard to access CAMHS service. This group has been selected to work as a national Big Ideas Pilot.
- A series of road shows were hosted to launch the model internally
- A formal launch workshop was held, for all tier 3 staff with workshops on CPA and CAF.
- A joint away day for Consultant Psychiatrists and Managers has been held to discuss the implications of the review and NWW

Project Outcomes

- Opening up the access to CAMHS services from primary care to all children's services.
- Single point of access to CAMHS Tier 3 services via PCAMHS using the Common Assessment Framework has been achieved in Oxfordshire. (Work in progress with partners in Buckinghamshire).
- Service specifications in place for all T3 and T4 CAMHS services.
- Robust managerial and clinical framework in place across CAMHS services to monitor quality and performance.
- 80% reduction in inappropriate referrals to specialist CAMHS (although actual referral numbers have continued to increase year on year).
- Over 90% of children are offered an appointment within 6 weeks of referral to specialist CAMHS.
- The intensity of CAMHS interventions has increased by nearly 30% (using a proxy measure of first to follow up appointment ratio).
- CPA compliance is over 90%.
- The skill mix principles have been agreed for both Counties.
- Successful change to community model for specialist Tier 4 services previously provided through children's inpatient service - Neuropsychiatry and Family Assessment and Safeguarding Services.
- We have participated in a DoH National Project, Large Scale Workforce Change (LSWC), using job planning for Consultant Psychiatrists to deliver on service changes including 24/7, emergency rotas and cross cover within Clinics).
- Access to the appropriate tier of CAMHS to provide timely assessment and treatment at the right level to reduce repeat referrals and re-assessments.
- Improved user satisfaction and referrer satisfaction.
- We will be undertaking a creating capable teams project in Oxfordshire and Buckinghamshire in the autumn. We have been asked to participate in a National CAMHS Workforce project.
- Increased access for hard to reach groups through piloting in-reach services to Special Schools through Assertive Outreach service.
- This project has been supported by CAMHS National Workforce programme and New Ways of Working in CAMHS grant monies.

Lessons Learned

Multi Agency Sign Up

A strong CAMHS Strategy Group with senior membership is needed to ensure shared vision. The process should be owned and driven through a multi-agency Project Board and Delivery Team to ensure partnership sign up and ensure service models are clinically and managerially sound and deliverable.

Structure and process

The Directorate developed a Service Development Manager role to take a lead role in the modernisation of CAMHS. The post holder took responsibility for a number of work streams including this project and the day to management of the whole project.

It is essential to develop managerial and clinical leadership structures in order for the change to be sustainable. While change management processes can be led, sustaining the change in the long term means ownership, responsibility and accountability at team level must be in place. We have designed and implemented a joint clinical and managerial leadership model to support continued service development and improvement.

Training and workforce development

There is a need to invest on a local level to ensure we have a workforce that is fit for purpose. Nationally, it has become clear that the modernisation of CAMHS raises issues around workforce training and development. There is a need to make sure that core mental health skills are valued and continue to be developed within the CAMHs workforce. Increased flexibility within the work of staff has enabled:

- Ability to engage young people in the community from a range of backgrounds and cultures.
- Care coordination.
- Care planning.
- Ability to assess risk and develop risk and contingency plans .
- Understanding of other agencies and ability to work across boundaries.

Use of pilots

Pilots were a successful way of testing and demonstrating the value and benefits from a new service model. A good example of this is In-Reach into Special Schools provided through our Assertive Outreach Service. (Right Time, Right Place (Jan 2008), pp 40-41, Linda Massie, CSIP provides additional information on the work of Assertive Outreach).

There were a number of components to the pilot service model we offered to (initially) one school:

- CPA Care Co Ordination of 6 cases
- Multi-disciplinary input to the direct cases, and one off assessments and treatments from Psychiatry and Psychology to other cases
- Emotional Literacy groups
- Access to crisis support from the Outreach Team
- Regular attendance at the school staff meeting
- Individual support for teachers through supervision and consultation

The pilot began through allocating three CPN sessions from the Assertive Outreach Team in response to the school requesting a single clinician with dedicated time. We continued to work with the school over the pilot period and demonstrated the benefits of a multi-professional approach which would enable access to the full range of CAMHS services for their young people. As a result of this initial pilot, we now have mainstream funding for in-reach into Special Schools.

Stakeholder Involvement

We developed a Young People's Advisory Panel in Oxfordshire and with financial support from CSIP have been able to develop a similar group, known as the Article 12 Group, in Buckinghamshire CAMHS. We have worked within the County Council arrangements for involving young people in order to establish these groups and the focus has been to include young people who traditionally have been excluded from our services. These groups have been used to discuss and try out ideas and we successfully bid to be a National "Big Ideas Project" – involving young people in building and design. We have had excellent feed back from the young people, their parents and our partner agencies in the progress we have made.

Risk Analysis and Management

We were very aware that the pace of change had to be managed appropriately so as to avoid increasing clinical risk within our services. In one team we saw an increase in cases with higher levels of multi factor risks being referred, (we had used this team as an area for a number of early pilots). We therefore had to slow down the pace of change in order to be sure we had appropriate structures, management and processes in place.

Programme Support

This project has been part of an overall program of modernisation of CAMHS. The NWW Project Review meetings with CSIP have been extremely helpful in terms of maintaining focus and motivation and as a check to ensure that our local delivery was consistent with national direction.

Budget

We used the budget allocated for the NWW Project to fund two away days, Tier 3 Launch and a workshop for Oxfordshire and Buckinghamshire Consultant Psychiatrists and Managers, a number of road shows, and to help fund the start up costs of the Young People's Advisory Groups.

Dissemination Plan

- We held a Tier 3 Launch in January 2007 with workshops on CAF, Team around the Child, Locality Working, and CPA.
- A series of road shows visited every CAMHS team in Oxfordshire to present the model and receive feedback.
- An away day was held with Consultant Psychiatrists from Oxfordshire and Buckinghamshire and CAMHS managers, facilitated by Dr Mike Shooter, to look at the implications of New Ways of Working for Consultants and to model and build upon close relationship with Managers
- Publicity in Oxfordshire around the input of service users in the refurbishment of the former Park Hospital as a Children's Resource Centre.
- Young People's Advisory Panel contribution to the PCT AGM as example of involvement in developing local services.

Continuing Work in progress

- Reviewing clinical bases across Oxfordshire and Buckinghamshire for suitable, flexible accommodation that meets the needs of the local population.
- Reviewing structure for delivering psychological therapies within CAMHS.
- Opening of Boundary Brook House (formerly the Park Hospital) as a Children's Resource Centre after extensive refurbishment to house a range of children and young people's services.
- Re-provision of our adolescent inpatient unit.
- Completed team boundary changes.
- Further refinement of the single point of access to ensure rapid access to the appropriate treatment.
- Roll out Quality Improvement Network for Multi-Agency CAMHS (QINMAC) assessment across all community teams (piloted this year in one team).
- Development of CAMHS Training Programme as part of workforce development in association with Learning and Skills Council and CSIP.
- Further development work with commissioners and partners to ensure integrated care pathways for Learning Disability.
- Further development of inter-agency service models.
- Contribute to the development of Multi-dimensional Treatment Foster Care pilots led by Oxfordshire County Council.
- Review and further develop the relationship between CAMHS and Early Intervention in Psychosis services in both counties.
- Review model for the management of eating disorders across Tier 3 CAMHS in both counties.
- Assertive Outreach Services operational in both counties and continue to develop their role with Local Authority partners.

Challenges and Discussion Points

- How to engagement of staff groups with the principles of remodeling? Working through care pathways was very important in gaining interest and positive engagement. Having clearly agreed guiding principles from young people and parents enabled the project team to stay focused on the vision.
- Joint clinical and managerial leadership in order to deliver sustainable outcomes. It was very important to have some clinical champions who could pilot and model some of the new ways of working.
- Shared vision and commitment of the Clinical Director and Service Director with support from the Trust Board.
- How to ensure that we are creating real change, improving outcomes and improving access for hard to reach groups? It is important to have baseline measurements and agree a performance framework for the service which includes outcome data. We began with measuring inputs (eg activity, waiting times, CPA). This has now developed further in terms of outcome measures – SDQs and CGAS for Tier 3 and HONosCA for Tier 3? and Tier 4.
- How do structure and process help deliver change and improve performance? The managerial and clinical structures have meant that all staff have job plans with clear expectations of levels of direct and indirect clinical work which in turn has supported demand and capacity planning. Case management provided by Clinical Team Managers for all staff to ensure the team caseload is monitored, shared and appropriate interventions and MDT inputs are available, appropriate discharge is essential to manage demand and capacity.
- The need for flexibility. Although we have worked through a set of project plans, these have had to be adapted as the external environment and context has also changed over the past three years.
- Single point of access. This continues to be refined in order to ensure that we are able to offer quick appropriate access to all tiers of service rather than a stepped care model. Although most new routine business comes through the single point of access, there is a need for specialist CAMHS to ensure maintenance of close links with primary care. GPs still need to be able to consult with Clinical Team Managers or Consultant Psychiatrists and be able to refer urgent or emergency referrals directly to Tier 3 CAMHS. Complex and high risk cases within Children, Young People and Families Directorates will also need direct access to Tier 3 CAMHS.

(An unintended outcome was a massive rise in the number of urgent and emergency referrals in the first year of operation). There needs to be flexibility around the 20% of cases where consultation or joint assessment or even joint work between Tier2/Tier3 needs to happen to close potential gaps at the interfaces.

- Introduction of the CAF as a single referral tool has proved difficult for referrers. A minimum data set has been agreed to reduce the burden on referrers but this remains a contentious issue and PCAMHS and CAMHS continue to work together with referrers to support the process and encourage engagement through consultation.
- Reduction in inappropriate referrals. The proxy indicator we have used for this is clients who are referred, assessed and discharged. Clinically we feel that this category should appropriately make up no more than 5% of workload (need to second opinion, mental state assessment for Tier 2 colleagues) but prior to the implementation of PCAMHS, this group made up around 25% of all referrals.
- Referral numbers to specialist CAMHS have risen year on year with PCAMHS also delivering a large number of additional contacts. This has resulted in the number of young people receiving an episode of care within CAMHS service more than doubling from a 2004 baseline. We can conclude from this that we are beginning to address the areas of previously unmet need.
- Further evidence of effectiveness has been the increase in intensity of Tier 3 interventions. The proxy indicator we have used for this is the first appointment to follow up ratio which has increased from 1:8 to 1:12 over the past two years.

Conclusion

This report shares our experiences over the past two years; gives an outline of a change process, highlighting some potential pitfalls and some significant successes.

Our intention is to give some reassurance to clinical and managerial colleagues grappling with similar issues that the modernisation of Specialist CAMHS Services is possible. We would propose that a whole system approach is needed if the delivery of comprehensive CAMHS is to be achieved.

Appendix 1

Oxfordshire Primary Child & Adolescent Mental Health Service (PCAMHS)

Introduction

The development of PCAMHS was a key part of the wider implementation of the CAMHS strategy. PCAMHS essentially provides four service functions;

- Support to Tier 1 practitioners
- Delivery of tier 2 interventions
- Providing a single referral point for comprehensive CAMHS
- Development of the wider children's services workforce

The delivery of PCAMHS was set against the achievement of key priorities in the CAMHS strategy, namely;

- Improving the numbers of children accessing CAMHS related services
- Reducing the numbers of inappropriate referrals to Specialist CAMHS teams, and so reducing overall waiting times
- Improving access into CAMHS services of hard to reach groups, including looked after children, young offenders, black and ethnic minorities
- Improving the competence and ability of the wider children's workforce to meet the emotional and mental health needs of children.

Performance targets for PCAMHS

The key performance targets were initially set out as;

- To work directly with 1200 children by 2009 (starting off with 1000 in 2006/7)
- To reduce inappropriate referrals to Specialist CAMHS by 30% by 2009

PCAMHS provides a tier 2 community based intervention of no more than 6 sessions. On a sample cohort the median length of contact with a child and family is 4.7 sessions.

These targets were included in the Children's Plan, and are monitored quarterly. There were no targets set for PCAMHS wider interface with children's services.

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