

Review of Child and Adolescent Mental Health Services (CAMHS) in Lanarkshire

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1. Background

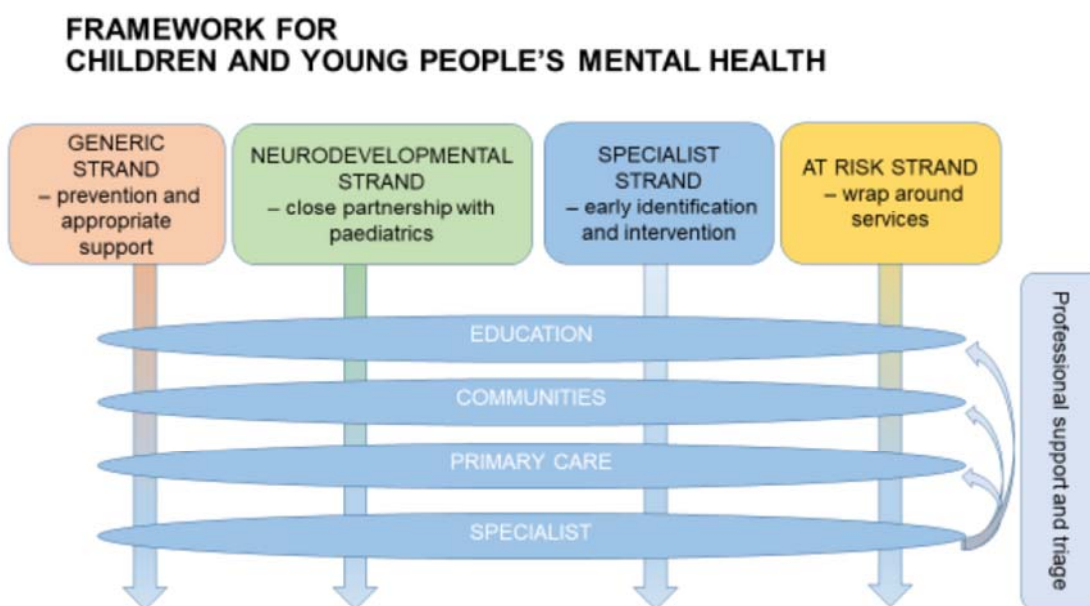
The CAMHS referral to treatment target (RTT) was introduced in 2013 with a 26 week target that reduced to an 18 week target in December 2014. Rising rates of referral to CAMHS in Lanarkshire have mirrored those across Scotland and but despite this Lanarkshire services have consistently performed above the Scottish average.

At the 2017/18 year end performance was 75% of completed within 18 weeks against a target of 90%. There were ongoing concerns that difficulties with recruitment against a continued rise in referrals would impact on performance against target in 2018/19 so the “deep dive” review was commissioned.

2. Context

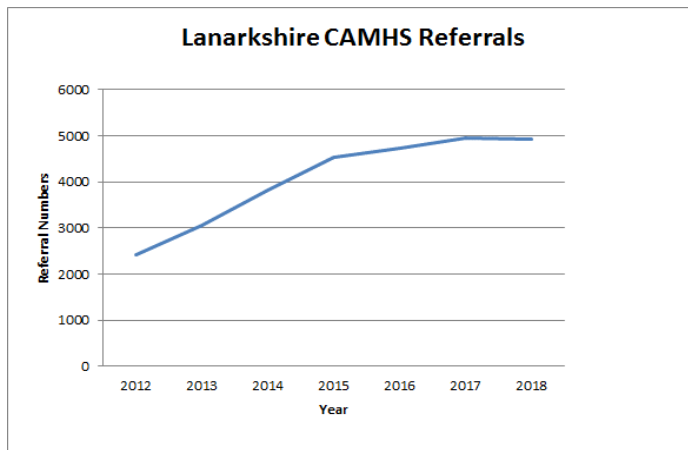
The national strategic focus on CAMHS has resulted in a task force that has set out the direction of travel for services, publishing a preliminary view in September and then a delivery plan in December 2018. The national task force will direct a programme of investment in services to support the mental health and well being for children and young people from 0 – 25 years over the course of the current 3 year Programme for Government.

The outline of the national framework is set out below and sets the background for the current review and recommendations.



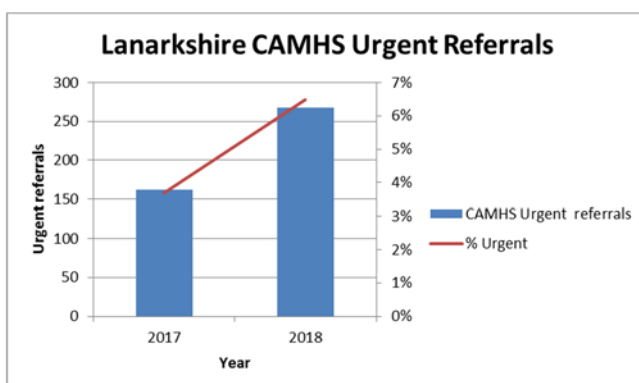
3. “Turning off the tap” – the generic strand

There is recognition both within the national work and locally that demand growth is the major factor contributing to the difficulties systems have had in meeting the national RTT target. There is also recognition that doing more of the same, all be it more efficiently or with increased resource, is unlikely to produce significant difference. CAMHS referrals in Lanarkshire doubled between 2012 and 2017. Figures in the most up to date ISD CAMHS workforce report show an increase in CAMHS workforce in Lanarkshire from 87.0wte in September 2013 to 114.9wte in December 2018.



Increasing access to service has at least in part contributed to a growth in demand for services, revealing previously unmet needs but also raising expectation that more of the distress and difficulties faced by young people will be effectively managed through a clinical service.

There has been a particular shift in the demand for “urgent” access to CAMHS services that appears to have been fuelled by concerns around a number of tragic suicides in young people in 2018. Urgent referrals to the service are seen in days rather than weeks but staff dealing with urgent referrals are less available to offer appointments to those on the “routine” lists.



The generic strand of the national task force work recognises that management of demand requires a focus on promotion of good mental health and wellbeing, self-management and provision of localised support through schools and community capacity building. There is a commitment from

Government to increase counselling provision in schools with investment both in school counsellors and school nurses announced in the programme for government.

CAMHS will have a significant role in supporting the development of the generic strand of the national plans but the lead for planning and delivering on this area within Lanarkshire will be the Children's Services Planning partnerships in North and South Lanarkshire. This is set out in the children's chapter of the draft Lanarkshire Mental Health Strategy and will be captured in both council Children's services plans.

Recommendation 1

Education, Social work and Health services across Lanarkshire need to work together to build the generic services required to offer earlier alternatives to CAMHS in communities and schools. This work should fit with the national task force delivery plan and Getting it Right for Every Child. Leadership of this work should be through the children's services planning partnerships in each council area with CAMHS contributing.

4. Neurodevelopmental strand

Lanarkshire children's health services – CAMHS and paediatrics, already have well advanced plans to implement a neurodevelopmental pathway for Lanarkshire. This will bring together CAMHS, community paediatric services, occupational and speech and language therapy in a comprehensive multidisciplinary team able to offer assessment, intervention where appropriate and signposting to sources of support in the community.

Plans for this service are well advanced and an initial hub will be sighted in a redeveloped section of Newmains Health centre in the first instance. The space available at Newmains will not be sufficient to manage all the neurodevelopmental work but will allow the concept of the multidisciplinary pathway to be tested and refined with a view to establishing a further site to be established, presumably in South Lanarkshire in due course.

It is estimated that a significant proportion of referrals to CAMHS will be managed through the neurodevelopmental strand. Many of the staff currently within specialist tier 3 teams will move to work in this model and this will have an impact on the staffing as well as the workload of the CAMHS locality teams.

There will also be significant impact on community paediatric and speech and language therapy teams that currently also see high numbers of children referred with neurodevelopmental problems. Bringing the services together into a multidisciplinary pathway will provide opportunities to avoid duplication and should improve efficiency although there are concerns that an improved service will stimulate further demand as unmet needs are recognised.

The implementation of the neurodevelopmental pathway will require separation of waiting lists for specialist CAMHS and children awaiting neurodevelopmental assessment. It is not yet clear whether the neurodevelopmental pathway will be subject to the same access targets as the specialist CAMHS teams and this will need to be agreed with Scottish Government.

Recommendation 2

The CAMHS management team should continue to lead on the plans for the implementation of the neurodevelopmental pathway with an initial base at Newmains Health Centre. The staffing implications for other parts of the service should be considered as part of the wider CAMHS redesign. The team should discuss and agree with Scottish Government whether children on the neurodevelopmental pathway will be counted against the CAMHS RTT target or counted in their own right against a standard designed for their needs.

5. Actions taken by CAMHS management

The CAMHS management team have been actively managing activity and capacity within the service with a focus on meeting the RTT since its introduction. Actions identified and progressed included the following:

5.1 Review of individual and team capacity plans.

Teams and individuals within those teams are made aware of expected activity level for new and return patients in line with standards recommended by RCPsych and they are performance managed against these. This is a challenging standard and results in activity per wte within Lanarkshire CAMHS normally on or above the national average with NHSL staff seeing 4 new patients per wte in line with the 4 seen nationally in the latest ISD report.

There is however variation between individuals and teams and this is particularly the case for the consultant psychiatrist group. Some teams operate a model where significant numbers of new patients are seen directly by the psychiatrists as their first appointment and then allocated within the team as required. This results in psychiatrists seeing high numbers of new patients compared to returns. In other teams first appointment is with non -medical clinicians and referral is only made to psychiatry where this is deemed necessary during assessment and treatment. In these teams the psychiatrists see low numbers of new patients and higher numbers of returns. Both systems are supported by the teams that operate them and there is no objective evidence to support one way of working over the other. Different ways of working may suit individual and team strengths and the variation may be warranted but this is an area that should be explored further.

There will be a new group of psychiatrists joining the teams over the next few months and it is recommended that the role of the psychiatrists with regard to balance of new to return patients should be reviewed.

Recommendation 3

Clinical Director and CAMHS psychiatrists to review the different models of psychiatric working and agree what levels of variation are warranted given different strengths and circumstances for individuals and teams.

5.2 Initiatives to improve capacity

The team work closely with ISD support to ensure data on waiting times, workforce and referral rates are monitored on a month by month basis. This ensures the management team are aware of changes at the earliest opportunity and are able to report appropriately.

Weekly evening waiting time clinics run across the service and have supported the improved performance of the service against target but these do not provide a sustainable solution to the mismatch between demand and capacity. These will continue until sustainable changes in the system have been achieved.

Pressure to identify suitable accommodation to allow expanded clinics is maintained across localities where there is pressure on space. The outcome of discussions is variable as the CAMHS teams are often competing with other significant priority areas such as the development of phlebotomy services through Primary care improvement plan, also an organisational priority.

Recruitment of new staff and retention of current staff requires constant attention from the management team. Decisions to move temporary funding for posts to a permanently funded basis have been helpful in securing staff but the workforce in CAMHS is mobile and there is a greater demand across the system in Scotland than there is supply.

6. Proposed redesign of specialist CAMHS in Lanarkshire

It was clear at the outset of the deep dive process that there would be a requirement for a redesign of specialist CAMHS in Lanarkshire. This is necessitated by the ongoing difficulties in consistently meeting the RTT target, the continued changes in referral patterns and the implementation of the neurodevelopmental pathway.

Senior staff within CAMHS took part in an Appreciative Inquiry on 30th November 2018 which was followed up by an event to consider more detail on options for change on 27th February 2019. The report from the AI event is attached as Appendix 1.

In summary there was recognition of a requirement to make changes in four significant areas:

- Earlier intervention
- Referral processes
- Resources within the teams and team structures
- Accommodation and IT infrastructure

The earlier intervention work needs to be picked up as part of the generic strand described at section 3.

6.1 Referral processes

Current referral arrangements mean that urgent and routine referrals are sent to individual teams who then vet the referrals, and make decisions to allocate the work amongst team members. Referrals are dealt with by each of the seven locality teams. Urgent referrals can mean some team members are fully occupied dealing with a single case for several hours reducing the opportunity for them to deal with other aspects of their work. Teams are small and it can be difficult to be flexible in

accommodating changes in demand. Referrals are dealt with through paper systems as there is no electronic system for either referral or record management within CAMHS. DNA rates within the service currently sit at 10.9% and there is no automated system to support text reminders or opt in. Administrative staff will sometimes text individual patients at clinicians request but this is not standardised.

Recommendation 4

CAMHS management team should, as soon as practical, introduce a single letter box (or two letterboxes) for referrals to the service that will allow vetting to be managed on a North and South Lanarkshire basis.

Recommendation 5

There should be a separation of urgent and routine referrals so that these are dealt with through separated pathways, with staff dedicated to managing the urgent referrals either on a permanent basis or through a rotational system.

Recommendation 6

Individuals referred as urgent that are assessed as requiring input that is not deemed urgent should be added to the waiting list for treatment and offered input as if they had been referred routinely.

Recommendation 7

Automated systems supporting opt in for appointments and text reminders for patient appointments should be introduced across the CAMHS teams as soon as practical.

6.2 Resources within the teams and team structures

The programme for government and the national task force mean there is likely to be significant investment in CAMHS services across Scotland in the next 3-4 years. Investment of £491k for Lanarkshire services was announced during the course of this review and will allow the expansion of the consultant psychiatry workforce as well as several other posts. A separation of the neuro developmental work will reduce the capacity of the current locality CAMHS teams but will also redirect a significant number of their referrals.

Proposals to reduce the number of teams were strongly debated during the AI and the subsequent options discussions in February 2019. The strengths of retaining the value of relationships within small teams, the benefit of local accessibility to patients and the ability to link with other local services were weighed against the opportunities of flexibility, sharing of capacity, ability to access smaller specialist services such as family therapy and psychotherapy that would be afforded by joining together as larger teams.

There was a strong view in favour of greater co-location and some merging of locality teams but no consensus on whether this would be best managed by moving to one team in each of North and South or two teams in each partnership area .

The reality is that a shift towards one team in each partnership is likely to be impractical in the short or medium term given the accommodation issues addressed below.

In the longer term the service should aim to develop “Centres of Excellence” in North and South Lanarkshire where specialist CAMHS can be co-located with other children’s services including neurodevelopmental strand. A team for North and a team for South could operate with a “patch sub-team” structure combining the benefit of smaller groups of staff working closely together and getting to know a locality with the benefit of being part of a larger team with the flexibility and access to smaller specialties that allows.

Recommendation 8

NHS Lanarkshire should set out a strategic aim to move to a smaller number of specialist CAMHS teams working as Centres of Excellence. Opportunities to reduce number of teams through mergers should be taken as staff turnover impacts on smaller teams and the neurodevelopmental pathway is implemented.

The redesign process discussed the place of the specialist teams within the current CAMHS service. The current early intervention would become a function of the larger specialist teams described above and the psychotherapy team would be a specialist discipline attached to those larger teams. The reach out and CAYP teams would form a specialist “at risk” strand but would remain closely aligned to the larger teams but with dedicated psychiatry support. CITT is thought to work well as a pan-Lanarkshire service that wraps around young people already being managed by the service and should be retained.

Recommendation 9

Further consideration should be given to the future of the functional specialist teams within CAMHS as the redesign of locality specialist CAMHS teams is progressed.

As further investment in CAMHS is announced through the work of the task force services in Lanarkshire will have to address expansion of the age range covered by the service and the possibility of extending cover of CAMHS psychiatry to support an on-call system, possibly on a regional basis.

Recommendation 10

As investment is announced the service will need to address an extension of the age range covered initially to 18 and then in line with the national task force to consider the needs in some individuals up to 25. Consideration should be given to an on-call arrangement for Psychiatry either within Lanarkshire or on a regional basis.

6.3 Infrastructure – Accommodation and IT

Accommodation for CAMHS in Lanarkshire has become an increasing issue over the last couple of years as team expansion has driven greater demand for clinic space. The loss of a dedicated (but leased and dilapidated) unit in Hamilton has had an impact disproportionately on teams in South Lanarkshire. Increasingly clinicians have to fight to book space in multi-purpose clinical areas that are not suitable for seeing young people with mental health needs. The impact of a lack of dedicated space results in clinicians transporting records and equipment needed.

The Minister for Mental Health has written to all Boards in Scotland highlighting the lack of suitable space for CAMHS as a national issue. In Lanarkshire there has been some progress, notably the development of Newmains for the neurodevelopmental work but there is no coherent strategy to move towards suitable accommodation for CAMHS services.

Recommendation 11

NHS Lanarkshire needs to set out a coherent strategy to acquire or develop suitable accommodation for the delivery of CAMHS. Recommendation 7 sets out a strategic intent to move towards two centres of excellence in North and South Lanarkshire and the longer term aim should be to ensure these centres are located in fit for purpose accommodation with suitable co-location of other children and young people’s services. More immediate priority should be given to CAMHS services to ensure suitable accommodation is made available on a medium term basis.

The lack of effective referral management and records systems within CAMHS was highlighted by all staff as a major obstacle to progress. During the review period there was discussion about the possibility of CAMHS services moving to a new system that is due to be purchased for community services in Lanarkshire. Given the priority placed on meeting the needs of young people and addressing the RTT target this would seem an essential first step in modernising the IT support for the service.

Recommendation 12

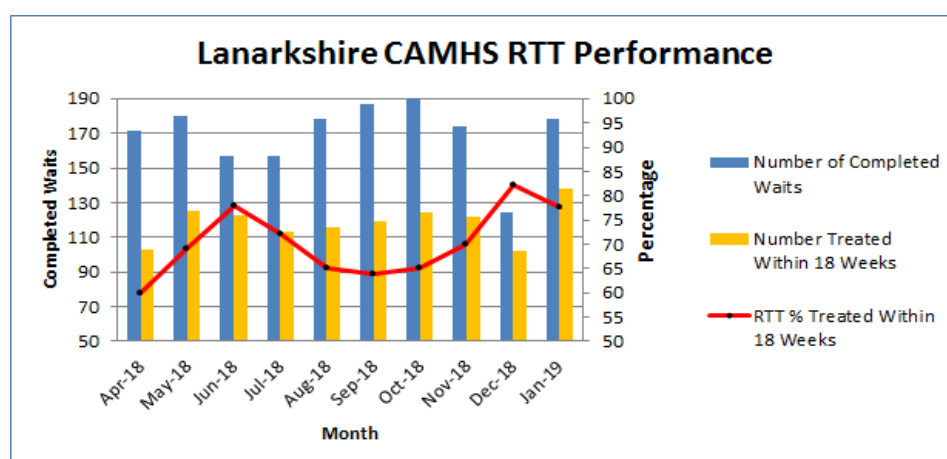
CAMHS services should be prioritised for early implementation of the replacement system for MIDIS.

Performance monitoring

The focus for this review has been on making recommendations for actions that will improve performance in a sustainable way within CAMHS. The current performance of the system is very close to the Scottish average on most of the measurable parameters. Updated figures from ISD at March 2019 show the following:

Measure	NHS Scotland	NHSL	Comparison
RTT	72.8%	71.5%	
Median Wait	11 weeks	9 weeks	
Long waits (>36wks)	8.9%	1.6%	
% of list currently <18wks	72.9%	83.1%	
DNA Rate	9.7%	10.9%	
Vacancy Rate	5.87%	10.61%	
New pts seen per WTE	4	4	
Headcount per 100k popn	19.2	17.5	
Rejected Refs per 1k popn	1.9	2.4	

A crucial measure as we move towards more sustainable improvement is the percentage of the waiting list waiting under 18 weeks. While RTT figures will vary quite widely month on month this measure demonstrates that the numbers waiting over 18 weeks are not increasing and there is progress to address delays.



Ultimately the service is measured against the RTT standard and while performance improved steadily in the latter part of 2018 there was a dip in January 2019. This is largely related to there being fewer appointments available in the December period due to holidays and this means more patients seen in January have crossed over the 18 week barrier. Expectation is that performance will

improve in February and March figures in 2019 but it is not yet clear whether the aim to reach the 90% target by end of year will be met.

Summary

This review was commissioned to identify actions that can deliver a sustainable level of high performance in access to CAMHS. The clinicians and management within CAMHS have worked extremely hard to sustain performance in the face of rapidly rising demand and resources that have not risen at the same pace. Many of the recommendations for more immediate change are already being taken forward by the CAMHS teams.

Some of the recommendations in this report require actions that are not within the gift of CAMHS services to deliver. They require wider partnership action across Health and local Authorities and in the case of infrastructure changes they require organisational priorities to be directed towards CAMHS if the service is to deliver against its targets.

An action plan detailing how, by whom and when the recommendations in this report will be taken forward will be completed as a next immediate step once this report is agreed.

Alastair Cook 13/03/2019



CAMHS Appreciative Enquiry Report 30th November 2018

As part of the review and development of CAMHS services in Lanarkshire an Appreciative Enquiry Session took place with staff from across North and South Lanarkshire.

‘Appreciative Inquiry (AI) is an approach that focuses on identifying what is working well, analysing why it is working well and then doing more of it. It is a collective inquiry into the best of what is, in order to imagine what could be, followed by collective design of a desired future state.’

Four groups participated in the Discovery, Dream, Destiny, Design stages of the appreciative enquiry. There were opportunities throughout the stages to review each group’s discussions and feedback.

Discovery - What is your best story of working collaboratively within CAMHS?

The groups highlighted several key success factors to working collaboratively within CAMHS:
Working collaboratively in a supportive CAMHS service

- ❖ *Being able to offer timely, evidence based interventions, reducing risks, helping recovery and empower our young people and their families*
- ❖ *Multiagency working well together*
- ❖ *Internal and external support within the team*
- ❖ *Balancing the urgent and routine priorities within the service*
- ❖ *Achieving a sense of satisfaction working in a containing CAMHS service*

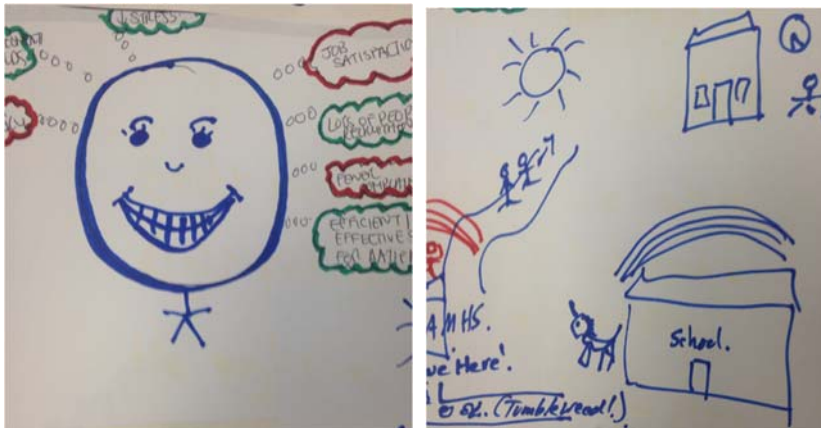
The groups of staff were skilled, committed, enthusiastic and respectful.

Dream – What if the best was every day?

Key to the success was ensuring that both patient and staff



wellbeing and resilience was prioritised. The word art and pictures below outline the themes from the session.



Destiny – What is different and new in the future?

The Discovery and Dream sessions identified that the CAHMS service strives to deliver the highest quality of care to patients. Central to the delivery is the organisational systems and processes in place to deliver the right care to the right patient, reviewed by the right person, at the right place at the right time.

There was 4 key themes across the groups:

1. Referral processes –
Referral management.
Flow of routine and urgent cases
Electronic referral system including text reminder service.
Better information contained in referrals to enable better triage.

2. Early intervention –
Focus on prevention work through education of other staff/parents

3. Staff resources and development –
Staff recruitment and retention, with enough staff to manage crisis and ongoing caseload.
Skill mix including admin staff.
Change of narrative to planned work.

4. Accommodation –
Fit for purpose accommodation.
Colocation of staff.

Design – How can we make it happen?

The groups defined actions and prioritised these using visual rating. The main priorities are:
Right patient to the right person at the right time, matched with appropriate resources.

Resources

CAMHS budget to be enhanced to enable adequate staff resource
Adequately resourced
Skill mix of staff should include admin
Accommodation fit for purpose

Look after mine and staff wellbeing

Staff

Realistic job plans and time for DBT reflected in plans.

Referral process

Referral process to be reviewed and testing of new models of triage.

Several timed actions were identified:

Contact IT and negotiate text alerts JM Dec 18

MIDAS Meet with Donald Wilson regarding electronic system DC/JM Jan 19

IT infrastructure should be on accommodation review in relation to ARC systems JB Jan 19

Following the Appreciative Enquiry there has been further consultation with staff to consider short, medium and long term actions.

Short Term Actions:

Review of inclusion criteria for CAHMS. Testing and monitoring of new inclusion criteria.

Parenting strategy – universal strategy?

Early intervention for at risk children and young people.

Solihull Approach for staff and parents.

Meeting with staff to discuss reconfiguration of service North and South to improve waiting times.

Medium Term Actions:

Review of North and South CAHMS teams to develop a locality model that delivers needs led CAHMS service.

Long Term Actions:

Development of CAHMS purpose built accommodation. Scoping suitable accommodation and funding.