

Havering CAMHS Transformation Update

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NELFT

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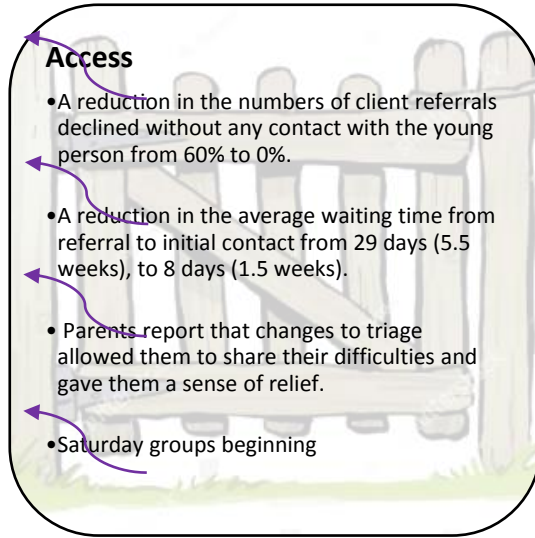
Doug Tanner, BHR CCG

Investment

- In 2017/18 new investments in childrens and adolescent mental health servcies were announced
- In summer 2018 these investments were realised in Havering and new posts created and recruited to.
- The new way of working is based on a model change as well as additional resource.

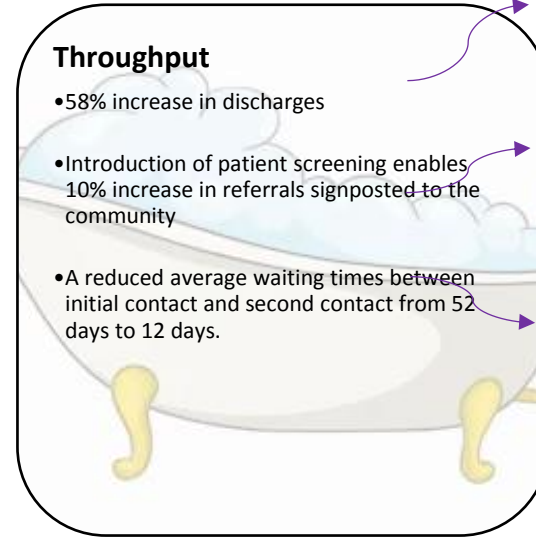
i-THRIVE in NELFT: Impact and how it was achieved

- Change in processing referrals so all yp were called as part of the triage process before declining or accepting. By calling young people as part of triage processes the time taken to offer an initial contact was reduced.
- Parents were called to discuss referral as part of new triage processes
- By utilising workers on the 'bank' the service could set up Saturday groups without the need to draw from the current staff pool
- Outreach scoping exercise to discuss schools' need, tailored follow up, and regular meetings / emails to maintain relationships
- Stakeholder event which focused on what THRIVE means in borough including case study discussion
- Proposal put forward to transformation steering group
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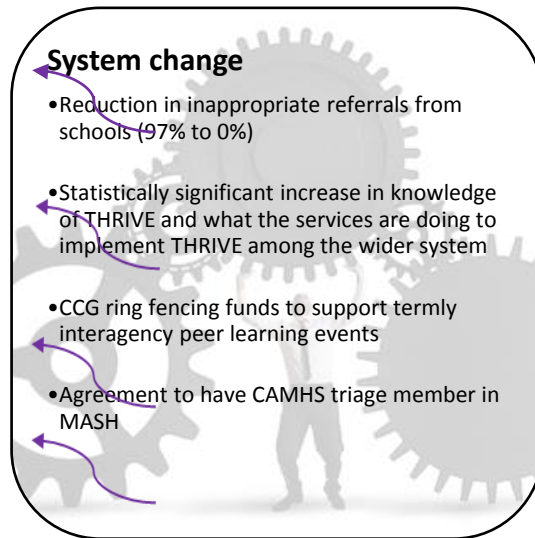
Access

- A reduction in the numbers of client referrals declined without any contact with the young person from 60% to 0%.
- A reduction in the average waiting time from referral to initial contact from 29 days (5.5 weeks), to 8 days (1.5 weeks).
- Parents report that changes to triage allowed them to share their difficulties and gave them a sense of relief.
- Saturday groups beginning



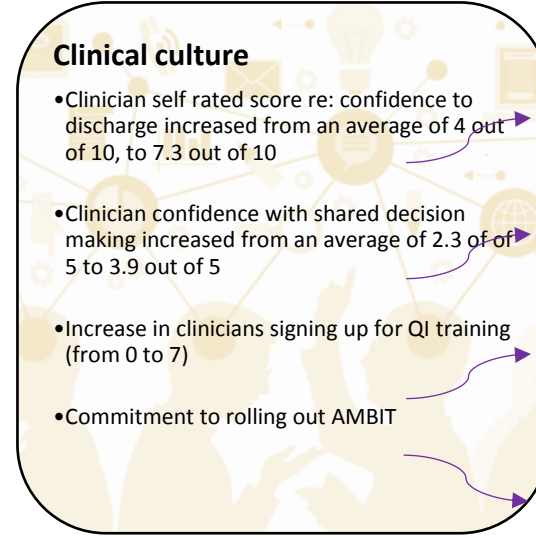
Throughput

- 58% increase in discharges
- Introduction of patient screening enables 10% increase in referrals signposted to the community
- A reduced average waiting times between initial contact and second contact from 52 days to 12 days.



System change

- Reduction in inappropriate referrals from schools (97% to 0%)
- Statistically significant increase in knowledge of THRIVE and what the services are doing to implement THRIVE among the wider system
- CCG ring fencing funds to support termly interagency peer learning events
- Agreement to have CAMHS triage member in MASH



Clinical culture

- Clinician self rated score re: confidence to discharge increased from an average of 4 out of 10, to 7.3 out of 10
- Clinician confidence with shared decision making increased from an average of 2.3 out of 5 to 3.9 out of 5
- Increase in clinicians signing up for QI training (from 0 to 7)
- Commitment to rolling out AMBIT

- Introduction of MDT discharge clinics for staff, and dedicated time in supervision to discuss discharge
- Calling parents to discuss difficulties as part of triage process
- Introduced new system for allocating initial assessments to clinicians
- Introduction of MDT clinic to discuss discharge
- i-THRIVE grids training
- Support from implementation team to use QI to implement changes
- Proposal put forward following i-THRIVE learning event on risk support

THRIVE

- Is a needs based model that enables care to be provided according to four distinct groupings, determined by a patient's needs and preferences for care
- Emphasis is placed on prevention and the promotion of mental health and wellbeing
- Patients are empowered to be actively involved in decisions about their care through shared decision making (SDM)
- THRIVE is complimentary to successful existing models e.g. CYP IAPT
- It provides a clearer distinction than before between:
 - **Treatment and support**
 - **Self-management and intervention**
 - More systematic integration of **shared decision making** and routine **collection of preference data**

Core principles

- Integration between Health, social care and education
- Self care and self management
- Early intervention and outreach
- Distinction between support and intervention
- Shared decision making
- Digitally enabled
- Systematic use of outcome data
- Continuous improvement



Schools link

- Vision: close collaboration with schools so that young people who don't need a specialist intervention can be effectively supported in a timely way.
- Borough wide schools survey to find out about range of provision within schools, and,
- to find out what type of support from specialist CAMHS is most needed.
- Results of survey will shape scope of the pilot, which will begin with a small number of schools and will be scaled up

Support Time and Resilience worker

- Providing practical support to young people
- Offering advice and guidance to teachers and school staff
- Supporting with transition of young people into adult services.

Feedback Questions

1. What has been helpful since STAR Worker has been in post
2. What wasn't helpful
3. Support you feel would be beneficial going forward within the scope of the STAR Worker

Feedback

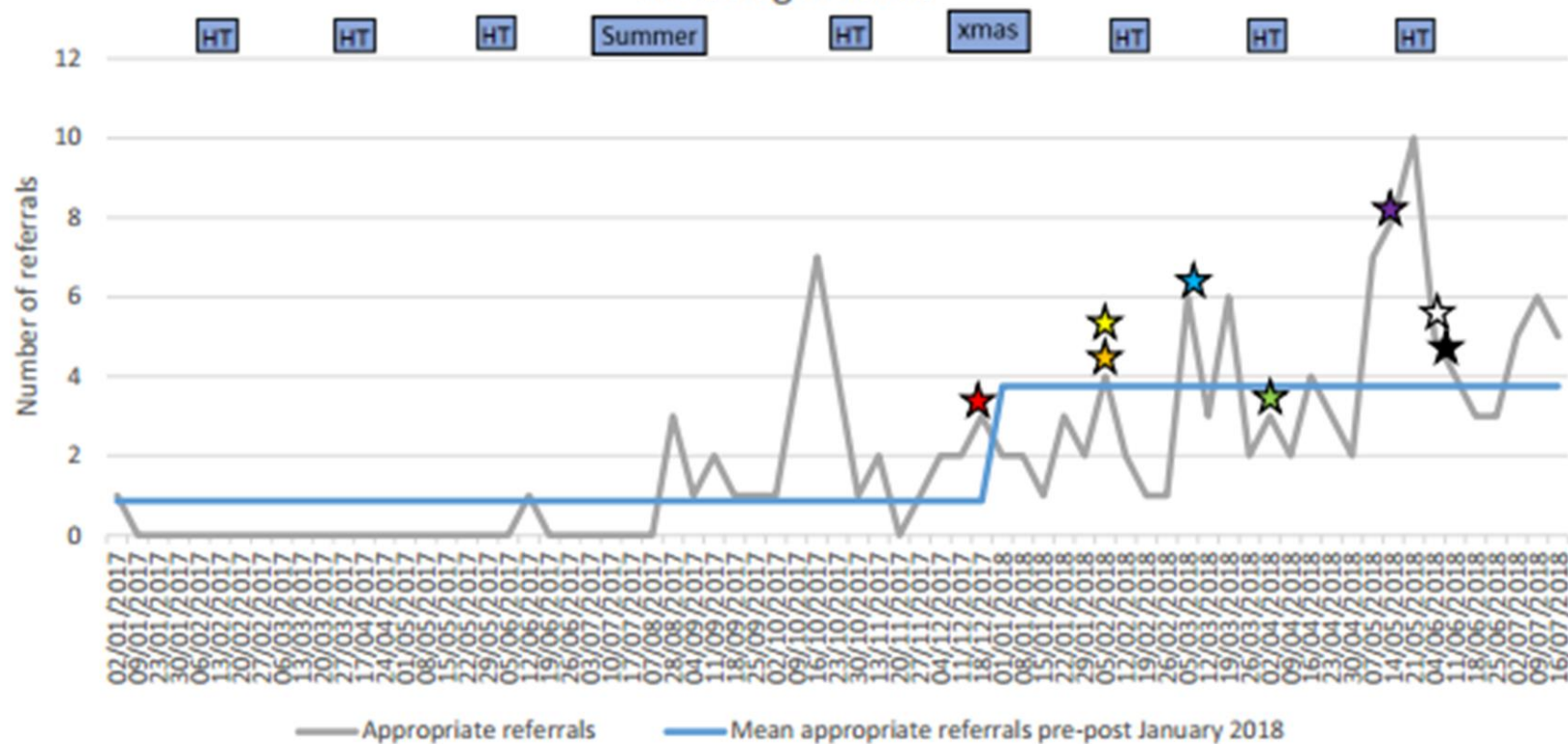
“Rebecca has been fabulous – I would not have known all the links and agencies she contacts me with”

“We have appreciated being sent resources, information about courses, and just having someone to ask questions!”

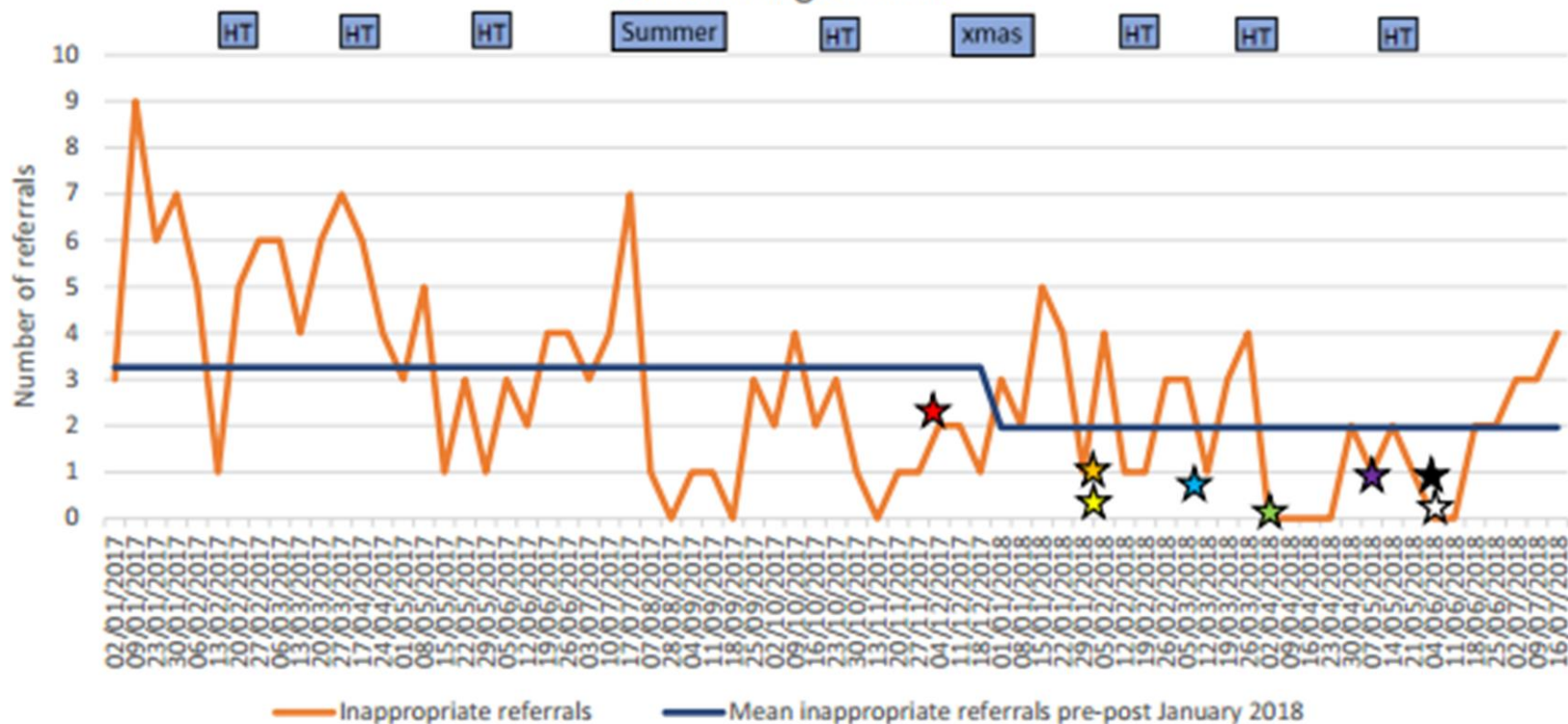
“The LSA training re listening, helping start up a HOPE lunchtime group, having the Star worker available for parents meetings so immediate conversations/ reassurance can be given”

“Links to charities, websites, signposts extremely helpful. Being available for parents evening next year to aid parents etc...”

Weekly total number of appropriate referrals made by Havering schools to Havering CAMHS



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Leaflet

Web Sites



www.anxietyuk.org.uk



www.beat.co.uk



www.bigwhitewall.com



www.mycamhschoices.org



www.coap.org.uk



www.docready.org



www.getconnected.org.uk



www.headmeds.org.uk



[Www.mindfresh.nelft.nhs.uk](http://www.mindfresh.nelft.nhs.uk)

Apps: Emotional Health & Wellbeing



Mindshift



SAM

(Self– help for Anxiety Management)



NHS

Wellmind



NELFT (NHS)

Mindfresh



Calm Harm

Speech and Language

- Offering initial assessments to LAC children within required 0-4 weeks
- Targeted support for vulnerable children with known Speech, Language and Communication Needs (SLCN) not accessing core service provision
- Individual caseload for children with significant SLCN which impacts on behaviour and participation at school
- Classroom based support to children and young people who are accessing Alternative Learning Programmes (e.g. Koru)
- Delivering training to relevant partners e.g. Early Help & Community Nursery Nurses
- Supporting Early Help by empowering Early Years Practitioners to run Language Groups at Children's Centres

Outcomes

- Improved early intervention
- Improved support to education
- Improved and additional support to YOS
- STR worker posts
- Transition worker posts
- New OT posts
- Closer working with the systemic model in LBH
- The children's locality pilot

Development

New post:

Occupational therapist

Speech and Language Therapist

Physiotherapist

Nursery Nurse

Early intervention Group program:

- Way to play
- Way to say
- Happy hands