Development and Improvement Day for Child and Adolescent Mental Health Services
Learning report from 24 January 2017
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Introduction

The Child and Adolescent Mental Health Services (CAMHS) development and improvement day on 24 January 2017 was a joint event between the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and Mental Health Access and Improvement Support Team (MHAIST). It was an event that brought together CAMHS clinicians, service users, carers and third sector organisations to explore how specialist CAMHS can be supported to embrace safety and quality improvement. This was the first national event for CAMHS across Scotland with the intention of developing a network of people working to improve services and inform the scope of improvement required to deliver safe, timely and person-centred care. The day started by including young people’s rights at the heart of improvement work. Further work throughout the day included presentations and world café-style discussions to explore key topics in relation to CAMHS improvement.

Aim

A key aim of the event was to explore and gather participants’ views on how the quality and safety of services can be improved by working together.

This report summarises the learning themes that emerged from analysing the “What is harm?” discussion and a series of world café discussions that were held at the event. A world café is a structured conversational process in which groups of people discuss topics at several different tables. There were five world café discussion topics and participants attended each discussion in turn. The discussions lasted 15 minutes and covered the following topics:

- How do we know we’ve made a difference?
- What does good look like?
- Transitions
- How can we work together?
- Safety brief: the SPSP-MH Safety Principles
Method
Participants were encouraged to record their comments on tablecloths during each discussion. All written records from the event were imported into NVivo®, qualitative analysis software. Word frequency analysis queries were run and word clouds were created based on these. A thematic analysis was conducted for each themed discussion. Thematic analysis seeks to describe and explain qualitative information by identifying patterns or themes. The analysis was carried out by a health services researcher.

Learning themes from the event

1. What is harm relevant to CAMHS and what can be done about this?

Participants discussed a number of aspects of harm, emphasising how a range of factors contribute, but also recognising that all harms may not be avoidable. Themes which became apparent during this discussion were as follows.

1.1 Availability, continuity and responsiveness of services
A number of harms in relation to this theme emerged from the discussion which relates to the experience of patients from outpatients through to inpatients and discharge. Access was
highlighted as a problem, particularly in rural areas. Waiting times for services, their restriction because of eligibility and options for treatment were also highlighted. Lack of capacity to be responsive to the patient’s need was also emphasised.

1.2 Person-centred care
A variety of factors in relation to person-centred care were identified as causes of harm. For example, the lack of engagement and support for parents, families and carers was emphasised by participants as a cause of harm. There was also a risk of emotional harm from stigma for patients and the need for safe and supportive environments to reduce harm.

1.3 Communication, information sharing and acting on feedback

“Time needs to be built into the systems so that patient/carer feedback is accounted for”

Harms from the breakdown of communication, and a lack of appropriate and timely information sharing, including confidentiality issues were highlighted. The use of evaluation and service user feedback emphasised how this can support the prevention and reduction of harms. Feedback mechanisms embedded within services would work towards reducing harm. It was acknowledged that this required time and support.
2. How do we know we’ve made a difference?

The importance of efforts to evaluate and measure the difference being made as part of improving CAMHS was also a key theme that emerged from discussion on how participants thought an improvement would be demonstrated.

2.1 Using evaluation to understand whether and how an improvement is being made

The evaluation of whether and how an improvement is being made to services was also emphasised. This theme incorporated consideration of the most suitable methods and tools for evaluation but also the use of outcome measures. Methods and tools for data collection were identified as needing to be collaborative where possible and those most likely to engage young people such as through the use of new technology. Outcomes were emphasised as needing to reflect realistic aims and person-centred care rather than being target based.

2.2 Taking a person-centred approach to how we understand whether a difference is being made

“... the young person has to be at the middle of everything we do”

The engagement of patients and their families and carers to provide feedback and co-design services was emphasised. Ideas, including patient stories and patients’ accounts of the CAMHS journey, were highlighted as being significant for learning and informing evaluation. However, the challenges of taking a more person-centred approach in relation to the difficulty of engaging patients, particularly post-discharge, were also recognised.
2.3 Supporting staff in their role
The importance of the role of staff in understanding why improvement and change might be needed as well as what difference it makes was highlighted. Key themes were around capacity, capability and motivation. This was in terms of their reflective practice through regular meetings, as well as understanding the impact change makes on a service.

3. What does good look like?
3.1 Services that are responsive and person-centred
The responsiveness and flexibility of services to ensure that an individualised and inclusive approach is taken as part of delivering services was highlighted. This was identified as requiring more flexibility in terms of admission and discharge to reflect the needs of patients. Services being delivered and designed in partnership with patients, their families and carers also emerged as part of this theme. An important aspect of whether this could be delivered was raised in terms of resource so that services are designed around the reality of demand in the community and teams being provided with the means to deliver evidence-based care. The need for compassion and respect was something that required reflection through the whole system, including the physical and social environment that services take place in.

3.2 Services delivered in collaboration and partnership for continuity of care
Multi-agency collaboration was emphasised in terms of providing good transitions and continuity of care. Working in collaboration was also highlighted, enabling the sharing of good practice. Partnership with education was a significant aspect of this theme in terms of the rich information they have to offer as part of a child-centred approach. The need for strong partnerships and stability in terms of the links with the third sector was also raised.

3.3 A motivated and competent workforce delivering evidence-based care
The importance of workforce conditions for high quality services emerged. This related to staff feeling empowered, skilled and motivated in their roles and also the need for visible leadership. Well-co-ordinated teams was also raised as being important for delivering good care.
4. Transitions

4.1 Planning and anticipation for improved transitions
A need for planning to prepare young people for transitions was emphasised, including the role of engaging families to support discharge, as well as staff being responsive to enable improved transitions. The use of evaluation, including available data and post-discharge reflection, was considered in how it can support improved transitions through planning and design efforts.

4.2 Joined-up working and co-ordinated communication for improved patient flow
The importance of joined-up working between agencies to improve flow across services was noted. Communication was a key aspect of how better relationships and co-ordination can support transitions. The discussion emphasised the need for good communication in a number of areas, including medications.
4.3 Person-centred engagement
Supporting young people to make active decisions and be heard during transitions was identified as critical. Managing expectations formed an important part of the theme, in terms of supporting parents and families to prepare for and understand transitions and the importance of their role ensuring optimal outcomes.
5. How can we work together?

There were two key themes that emerged from participants’ discussion in terms of working together to improve CAMHS.

5.1 Inter and intra networking and partnership across disciplines
Networks were emphasised by participants as needing to be multi-agency across health and social care in order to provide holistic care for young people and facilitate whole pathway approaches. Working together through multidisciplinary partnership was emphasised in terms of breaking down organisational silos to share information and skill. Furthermore, a need to mandate frameworks for partnership working to ensure stability was also identified rather than relying on voluntary networking between partners.

5.2 Co-ordinated sharing of information and learning that informs best practice
An emphasis on co-ordinating information emerged from discussions on how we can work together. As well as a need for systems that talk to each other, effective signposting was highlighted and local and national mechanisms for sharing learning and forming consensus that informs best practice. Formal and informal learning and information sharing was also identified as being important for developing multidisciplinary practice.

This was a practical demonstration, with discussions around scenarios, about how safety briefs and huddles take place currently and how learning may be taken to spread this information and knowledge into new areas.

Next steps

- We will support inpatient units to develop their local priorities and will work with them to develop a CAMHS version of the Patient Safety Climate Tool.
- We will bring people together to create a network and share learning.
- We will collaborate with parents, carers and young people in all improvement work.
Appendix 1: Development and improvement day – attendee breakdown

Not including the organisers, 95 delegates attended the event and 77 completed evaluation forms were received.

Table 1: Attendee breakdown

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer Organisations</td>
<td>9%</td>
</tr>
<tr>
<td>Carers</td>
<td>2%</td>
</tr>
<tr>
<td>NHS</td>
<td>83%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>No response</td>
<td>1%</td>
</tr>
</tbody>
</table>
Appendix 2: Development and improvement day – evaluation responses

From the people who completed our evaluation form, 92% said they would recommend this event to a colleague and 94% thought they had the chance to have their say during the event.

Is there anything you will take back to your service?
- ‘I’m a service user but learned a lot and hopefully was able to raise some important points.’
- ‘Consideration of service user experience.’
- ‘What is the ‘welcome’ to CAMHS for each of the locations where out-patient services take place – and how can I make it better?’
- ‘Improvement methodology is important in everything CAMHS does.’
- ‘I have got a lot more information to take back to other carers.’
- ‘Giving feedback to other parent carers who could not attend the event.’
- ‘A number of things. I have been writing an action plan throughout the day.’
- ‘Being aware of how harm can creep into what you do. The real demand for an integrated approach. The importance of communication.’
- ‘Need to meet as a wider CAMHS management team to agree about strategy to share information, seek views and take forward ideas.’
- ‘A) How do we introduce change and maintain it. B) Involving parents and service users.’

Is there anything we can improve for next time?
- ‘I think some carers weren’t sure why they’d been invited right at the beginning. But I believe it became clearer as the day progressed.’
- ‘Input from carers/families vital in any CAMHS conversation.’
- ‘I thought it was great that you had a number of service users here (including myself) but it was never really mentioned all day. Overall a great day and very useful event.’
- ‘Felt there should have been a bigger representation of carers. Wasn’t given much chance to participate. Carers are definitely not involved enough. Only people not being paid to attend.’
- ‘More on quality improvement – maybe for another session to maybe look at recognising an issue (harm) and next steps.’
- ‘More live examples form CAMHS clinicians. As time goes feedback from QI projects – who, why, what, when etc’
- ‘Ask the question what are CAMHS for? What do we mean by CAMHS? Do we agree on a notion of specialised CAMHS and what are they for? If not can we agree any priorities re which young people we should be seeing? Demand is greater than supply! Thank you for an excellent day.’