

Complex cases in primary aged children pilot



Project Team
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Steering Group
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About the Project

There are currently a high number of young people, teenagers and families in crisis on the CAMHS waiting list.

It has been identified that some of the young people were first referred in to CAMHS while at primary school age.

Aims & Objectives

We aim to prevent and or limit subsequent referrals and/or an escalation of mental ill health, which may lead to issues with accessing education, family difficulties, self-harm, suicidal ideation necessitating long term input.

To enable children and young people to flourish and meet their full potential it has been identified that there is a need for earlier intervention and understanding of primary age children presenting with complex needs

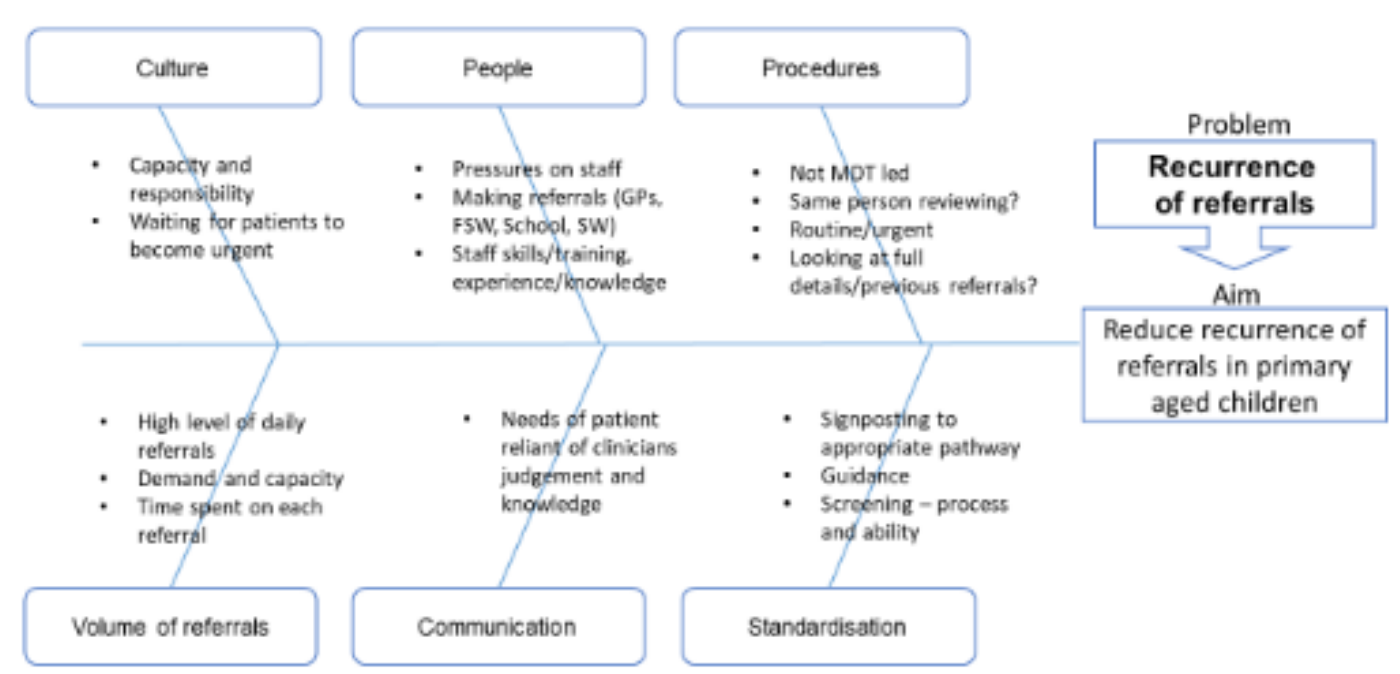
Measures Used

The numerical benefit of this project will potentially be many years in the making – based on re-referrals over the next 5-10 years.

However, qualitative markers: feedback from parents and staff and improvements in process will be used to evaluate the project

Quality Service Improvement and Redesign (QSIR) Tools: Methodologies used and contribution to your project

We used a fishbone diagram to help understand the underlying factors of the problem helping to identify contributory and causal factors.



We used PDSA cycles to effect test of change, as follows :

4. Act – Going forward:

- Presenting changes that have been identified as potentially being beneficial to a further, second cycle.
- Selecting a further 6 pilot families and carry out revised pilot offer.
- Make changes to screening template/inclusion criteria if deemed appropriate.

1. Plan – To start with we:

- studied previous referrals (2022-2023) of primary aged children referred in to CAMHS (data)
- built the criteria for a complex case
- constructed pilot offer and screening template with a scoring/rating scale.

3. Study – To analyse our results we:

- looked at the evidence of the quantity of referrals of primary aged children with complex needs made to CAMHS
- considered the usual screening process and decision that would have been made relating to pilot families referrals
- considered the number of young people meeting criteria and screening template suitability and inclusion levels.
- summarised what has been learnt from pilot offer, criteria template and rescreening of referrals with template
- evaluated feedback supplied by pilot families

2. Do – To test our plan we:

- carried out pilot offer with 6 young people and families
- screened past primary aged children referrals with screening criteria template – devised from complex cases data/criteria
- formulated data relating to quantity of complex primary aged children referrals in to CAMHS.
- Asked the referral team to rescreen 6 pilot families referrals and provided usual response to screening primary aged referrals
- provided a formulation of YP's need and plan for care and support inside or outside of CAMHS.
- requested feedback from 6 pilot YP and families.

In planning the pilot, it was important to identify stakeholders that should be considered within the complex cases in primary aged pilot and analyse this information in order to identify the key people, available resources and division of time within the pilot offer.

High power	Satisfy ICB commissioners and steering group,	Manage Family or carer
Low power	Monitor Police, paramedics, primary services (TIC+), other CAMHS pathways (SCAAS), private services, charities, other health care providers & local council.	Inform Young people, social care, education services and TALC.
	Low impact/stakeholding	High impact/stakeholding

Project Outcomes, Progress and Impact

It was agreed by the steering group member that information gathering around referrals to CAMHS for under 11's and data analysis could be carried out to build a criteria and understanding of complex cases referred in to CAMHS.

Further to this, a pilot offer has been made to 6 young people and their families referred in to CAMHS that have met the developed criteria – overall feedback has been very positive.

The pilot offer outcome along with feedback from the pilot families is to be presented to the steering group members for consideration in November 2023, 12 months after the commencement of the investigatory role.

If agreement is reached by the steering group, a second pilot is planned for early 2024.

Learning for the Improvement Community

The pilot project aims to demonstrated the need for improvement in the understanding and service offered to primary aged children considered to have complex needs referred in to CAMHS. Use of the PDSA cycle has enabled a structured approach to running the first pilot and planning for the second one.