13TH MARCH 2024

CRACKING THE KINDER EGG

ICAFS - Changes and context

PLAN

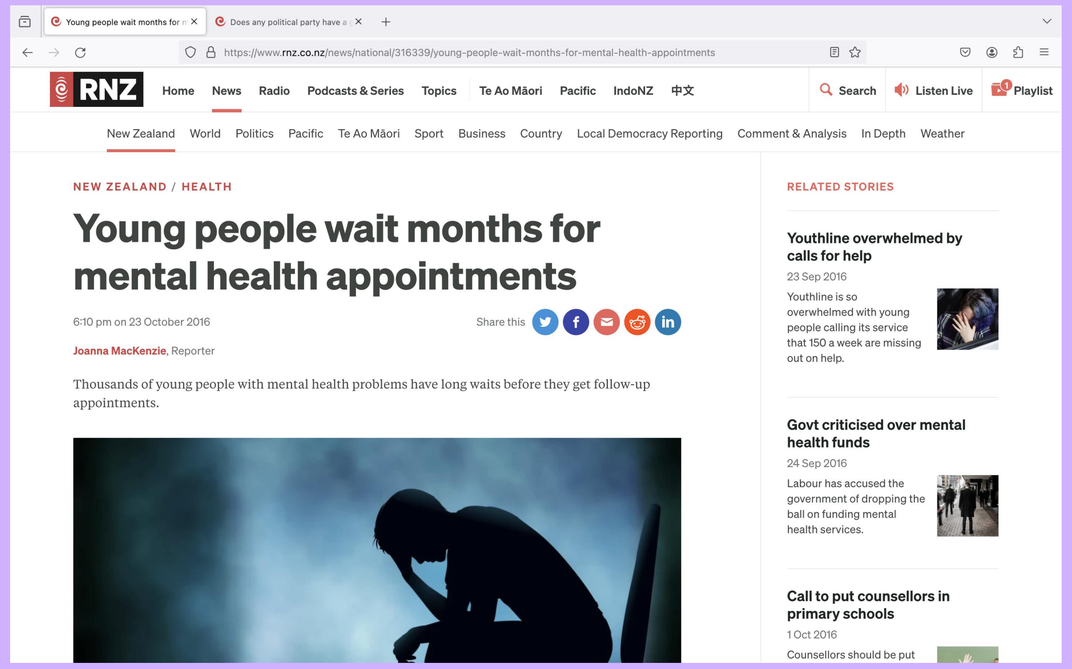
- Journey of ICAFS team
  - Where from
  - Where to
- What's working
- Current stats
- What next
- Q&A

JOURNEY OF ICAFS TEAM

WHERE FROM

BACKGROUND

- In 2017 Independent Review of ICAFS Service commissioned by DHB
- Long waits to both choice appointment and core partnership appointments (up to 15 months at one stage - by review up to 6 months)
  - Mentioned in contemporary media reports
- Concern could worsen with national trends of increasing demand



INDEPENDENT REVIEW

The review involved interviews with leadership, clinicians, unions, key stakeholders, service users and family representatives.

Findings recommended:

1. Service structure

- Changes to structure of service to:
  - Increase flexibility in allocation of resources according to need
  - Reduce silos
  - Coordinated acute response across the age span
  - Increase access for 15-19 year olds, ensure families can be supported by one team
  - Minimise waiting times and distribute work equitably across teams
- Leadership structure review. Strengthen role of Team Leaders
- Increase multidisciplinary nature of team - more SWs, OTs, nurses
- Boost administrative support

2. Service relationships

- CL service to Paediatrics
- Clarity on interface with crisis services
- Enhance level of support and advice to GPs, school guidance counsellors and other primary level services
- Services are community based and delivered close to home
- Alignment with other services for infants, children, adolescents and whānau in the region

INDEPENDENT REVIEW 2

Further findings recommended:

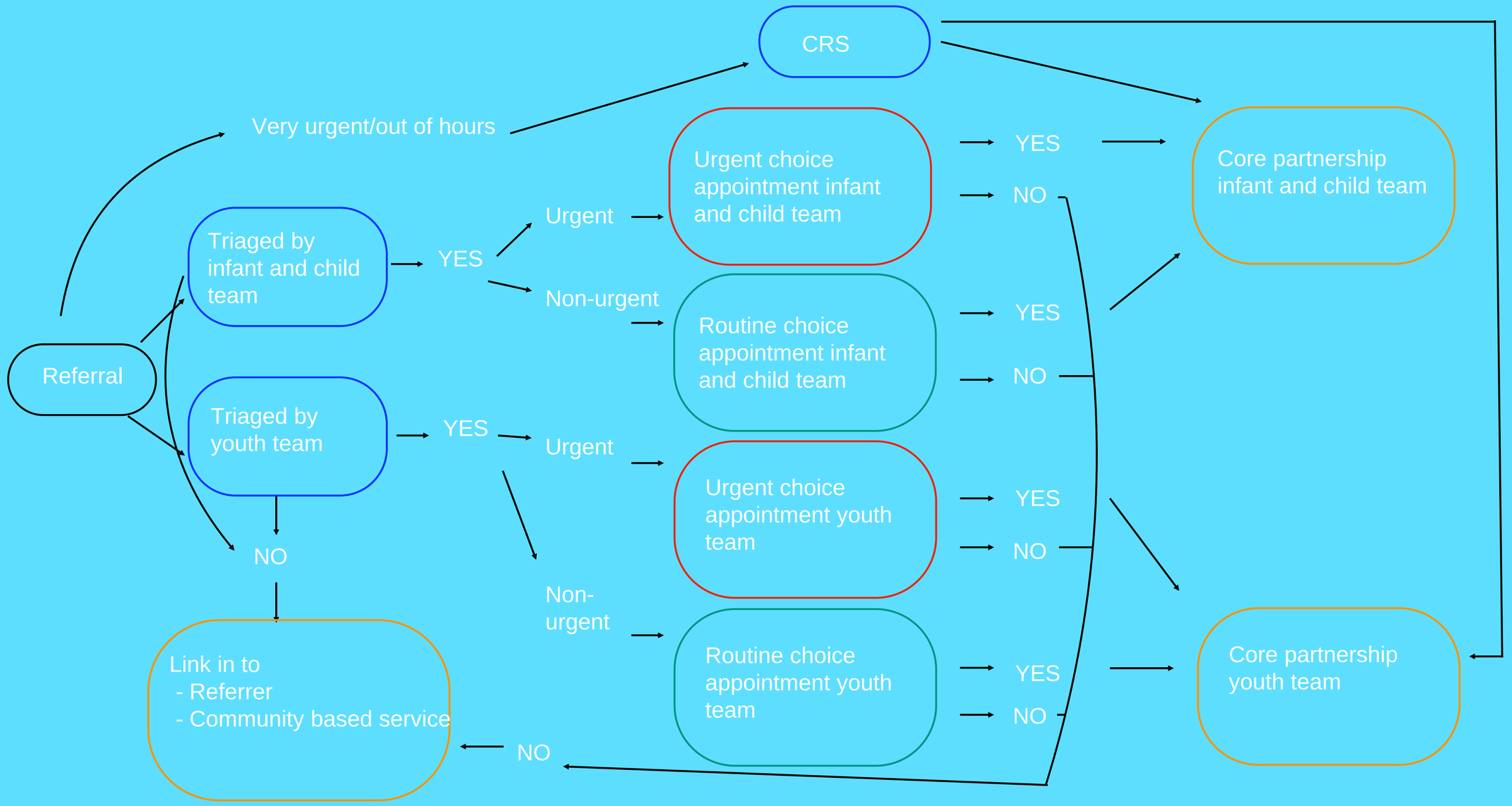
3. Service processes

- Ensure CAPA consistently implemented and use of outcome rating scales
- Ensure competence and safety with addressing needs of Māori and Pacific people
- Develop mechanisms for regularly and routinely involving service users in service planning and decision making
- Develop care bundles within ICAFS and pathways re ASD/ADHD with other services

4. Support to service

- Data informed care - linked to CAPA quarterly planning
- Increase efficiency of recruitment processes
- Use technology to support care - electronic notes, bookings
- Enhance level of support and advice to GPs, school guidance counsellors and other primary level services
- Increased access to crisis respite care for adolescents

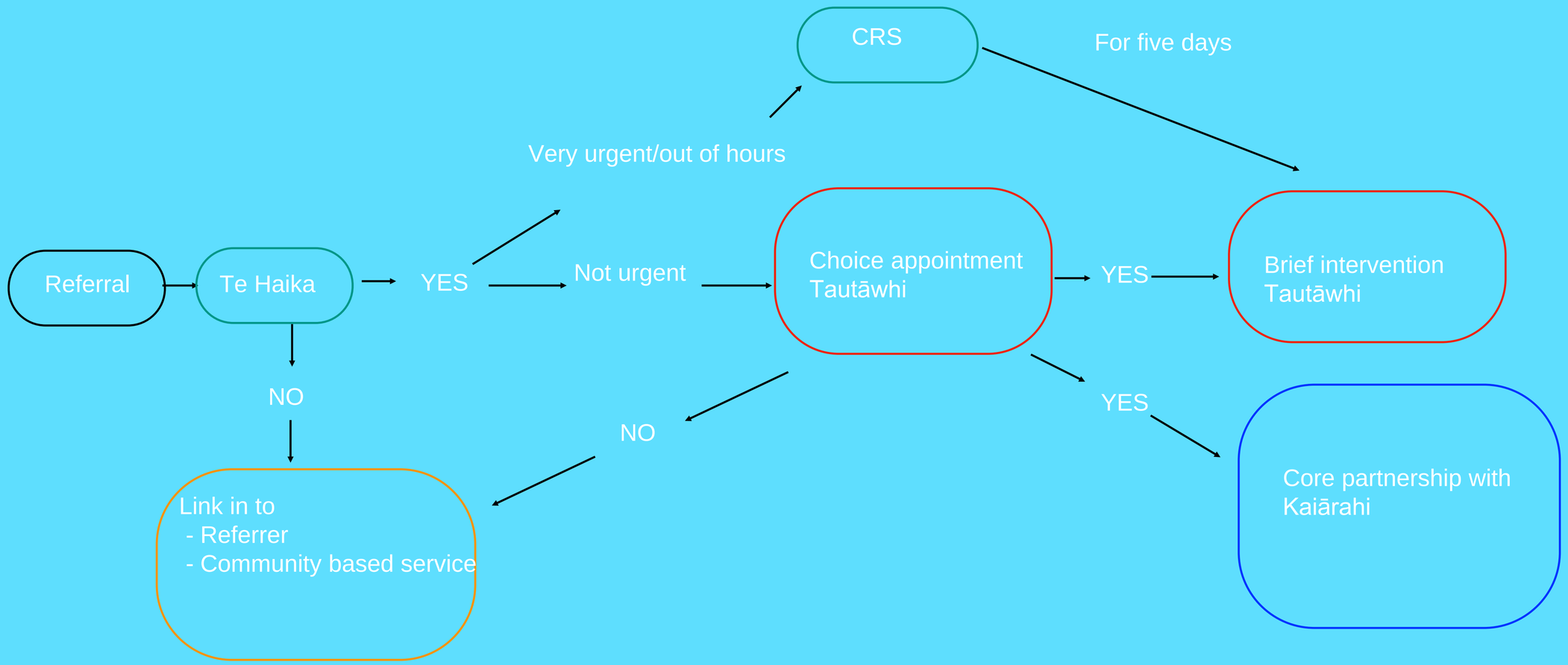
MODELS OF CARE - BEFORE



JOURNEY OF ICAFS TEAM

WHERE TO

MODELS OF CARE - AFTER



MODELS OF CARE - NOW

Tautāwhi team
7 FTE

Kaiārahi Team
22 FTE

1.0 FTE
Team
Leader

1.0 FTE
Team
Leader

MODELS OF CARE

White chocolate - the Kaiārahi team who provide ongoing core partnership work with child and their whānau

Foil - the network around the child and their whānau, that led to this referral

The toy - the child themselves

Shell - the child's whānau

Milk chocolate - the Tautāwhi team who conduct the initial choice appointment, and are the first clinicians the child meets

CHANGES FROM THE REVIEW

1. SERVICE STRUCTURE

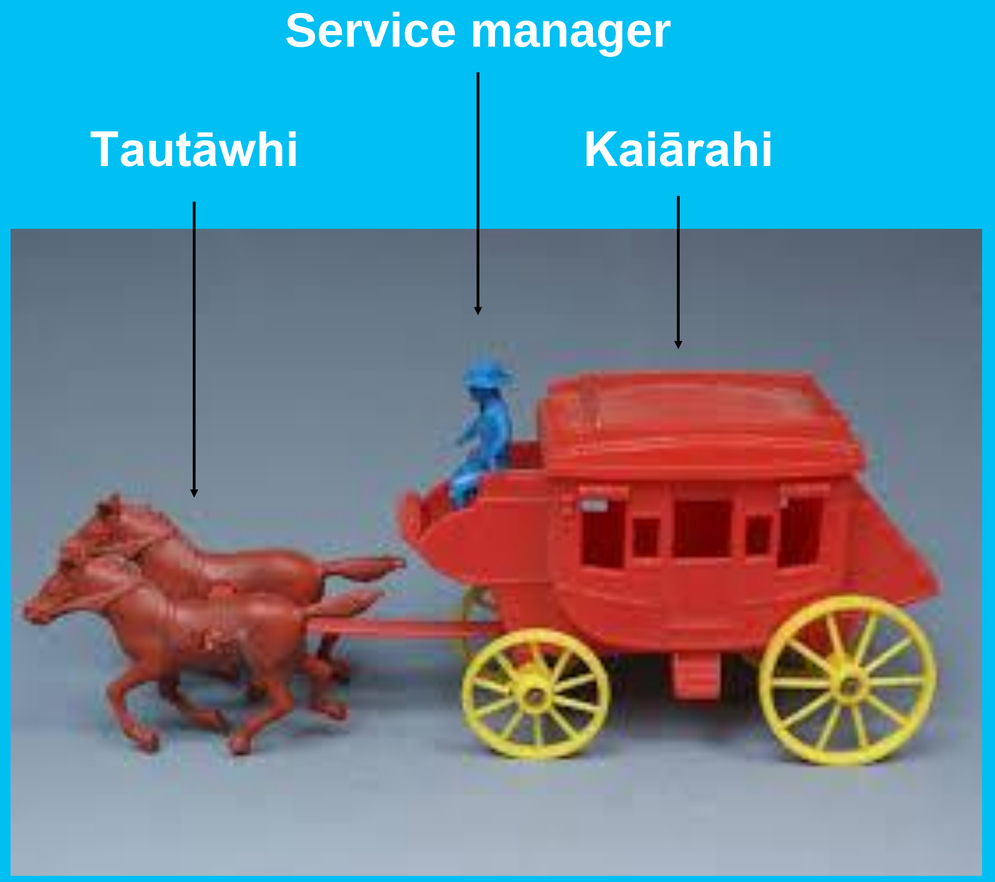
- Change in team structure - teams not divided by age but by function
- Tautāwhi - multidisciplinary team including SMO, psychology, social work
  - Manage all new acute presentations, supporting CRS
  - Provide all choice appointments
  - Brief interventions for up to 2 months
  - Inpatient CL
- Gains:
  - More consistency of care and fewer handovers between clinicians
  - More time to consider best fit with service provision for client and their whānau
    - Including ease of a ‘choice plus’ or brief intervention without expectation of longer term work
  - Smoother support for CRS in crises

1. SERVICE STRUCTURE CONT...

- Ongoing treatment work with Kaiārahi
- Given size of team, split into two evenly sized MDTs under one Team Leader
- Manage flow through treatment and pick up new cases from Tautāwhi without delay
- Manage acute presentations of existing clients
- Benefits
  - Focus exclusively on provision of treatment/therapy (fewer cancelled appointments for urgent appointments or holding increasing caseload after choice)
  - Structure allows ‘flex’ with provision of more core partnership or more choice appointments as needs of community change
  - Possible for clinicians to move between teams to broaden experience

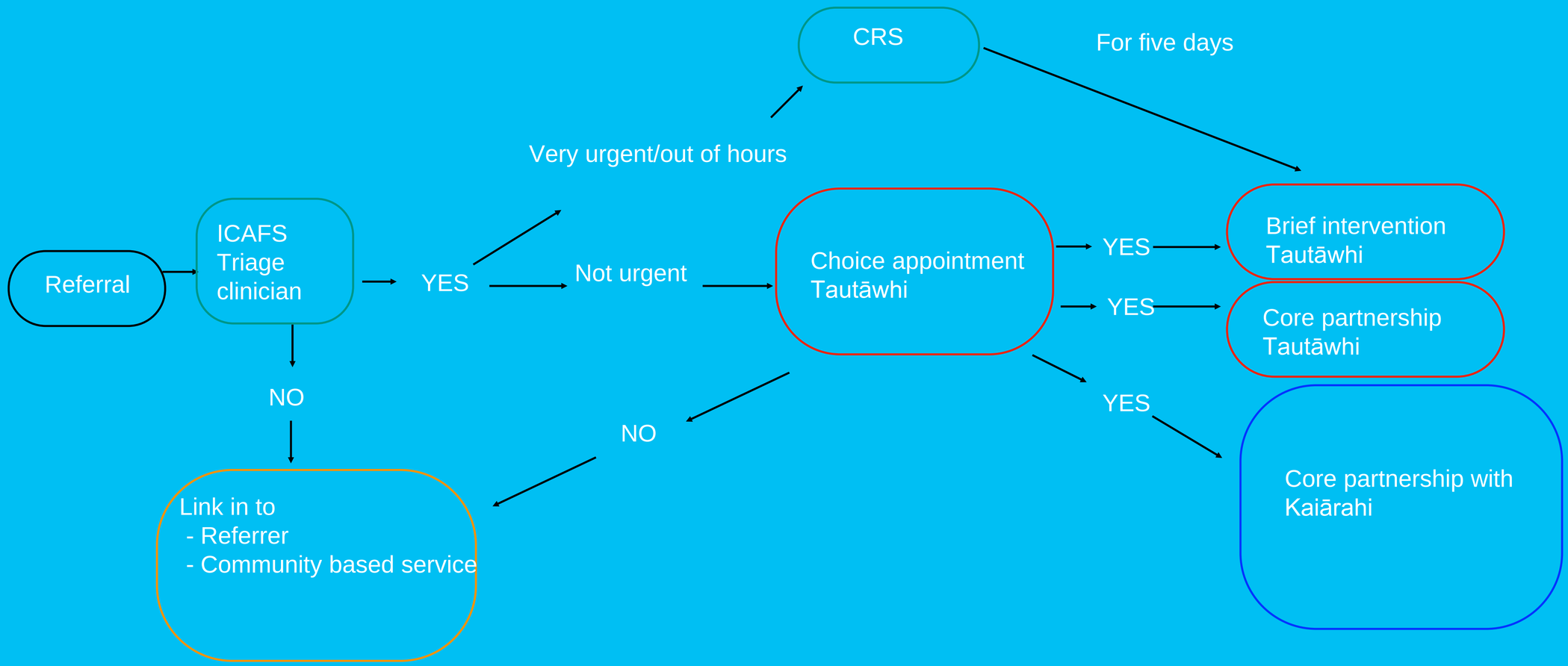
STRUCTURAL RISK

- One of the major risks of this new system was the uncoupling of the two mutually dependent parts of the system
  - Tautāwhi may be unable to see choice appointments at the rate they're scheduled, leading to increasing wait times
  - Client 'flow' may slow excessively in Kaiārahi, leading to increasing waits to partnership
    - This would then lead to Tautāwhi clinicians holding increasingly large case loads whilst concurrently conducting more choices
- Service manager role was to have oversight of whole system
- One year after review, they left - thus needing excellent communication between Kaiārahi and Tautāwhi Team Leaders



WHAT’S WORKING

MODELS OF CARE - NOW



1. SERVICE STRUCTURE

- Change in composition of the team
- Representation from more clinician groups
  - More OTs
  - Nurses
  - Students from medicine/nursing/SW/OT/psychology
- Increased administrative support
  - Allows clinicians to focus more on clinical work and work to top of scope
- Strengthen role of team leaders
  - Disestablishment of manager role has strengthened this position
  - But still a challenging role, renumeration structure, big kaiārahi team - may be hard to recruit to

2. SERVICE RELATIONSHIPS

- Alignment with other regional services
  - MOUs established with 3 regional services to see more ‘moderate’ clients with ICAFS SMO support. One still ongoing.
  - Professional links to other services - e.g Oranga Tamariki, school counsellors distributed across team
    - Early discussion about prospective referrals - or those not referred at all
    - Facilitate passing care on - post triage/choice/core partnership
- Primary care
  - Boosting links with GP practices - visits to practices with most referrals to ICAFS, relationship building
- Other mental health services
  - Tautāwhi close working relationship with CRS, early consideration treatment approaches, smoother client/whānau journey
  - Paediatrics - boost to both inpatient and outpatient CL support

2. SERVICE RELATIONSHIPS CONT…

- **Services are community based and close to home**
  - **Last year more concerted move to ‘hub’ and ‘spokes’ model**
  - **Identified 3 areas distal from main Lower Hutt site for spokes**
  - **Facilities identified, transport & technology support arranged**
  - **Aim to**
    - **See clients and their whānau closer to their home**
    - **Reduce DNAs**
    - **Increase orientation of service to being community rather than hospital based**
    - **Enhance relationships with host services (respectively an NGO, GP clinic and community hub)**

3. SERVICE PROCESSES

- Further adoption of CAPA - more targeted job planning, transitioning out of all waiting lists
- ADHD Referral pathway
  - Clear, agreed guidelines for allocation of ADHD referrals with paediatrics
  - Regular triage meetings with paediatrics
  - Reduces inter-department referrals and waiting for clients
- Cultural responsivity
  - Ongoing working group to consider better ways of meeting needs of Māori and Pasifika clients and families
  - Cultural supervision
  - Increased team practising of karakia, waiata, and incorporation of these into inter-clinician as well as client/whānau meetings

3. SERVICE PROCESSES CONT...

- Youth Advisory Reference Group (YAG)
  - Over several years, with support from Whāraurau, this was established
  - Leadership roles developed for young people within group
  - Has both own identity and links in to ICAFS clinicians
  - Topics have been both requested by clinicians (e.g. re new premises, waiting room) and generated by group
  - Mechanism for relaying key topics/thoughts back to ICAFS clinicians
- Family/Whānau Advisory Group (WAG)
  - Established following success of YAG
  - Similarly, close links to team and own identity
  - Two way flow of information/ideas (e.g. feedback on new orientation pamphlet)

4. SUPPORT TO SERVICE

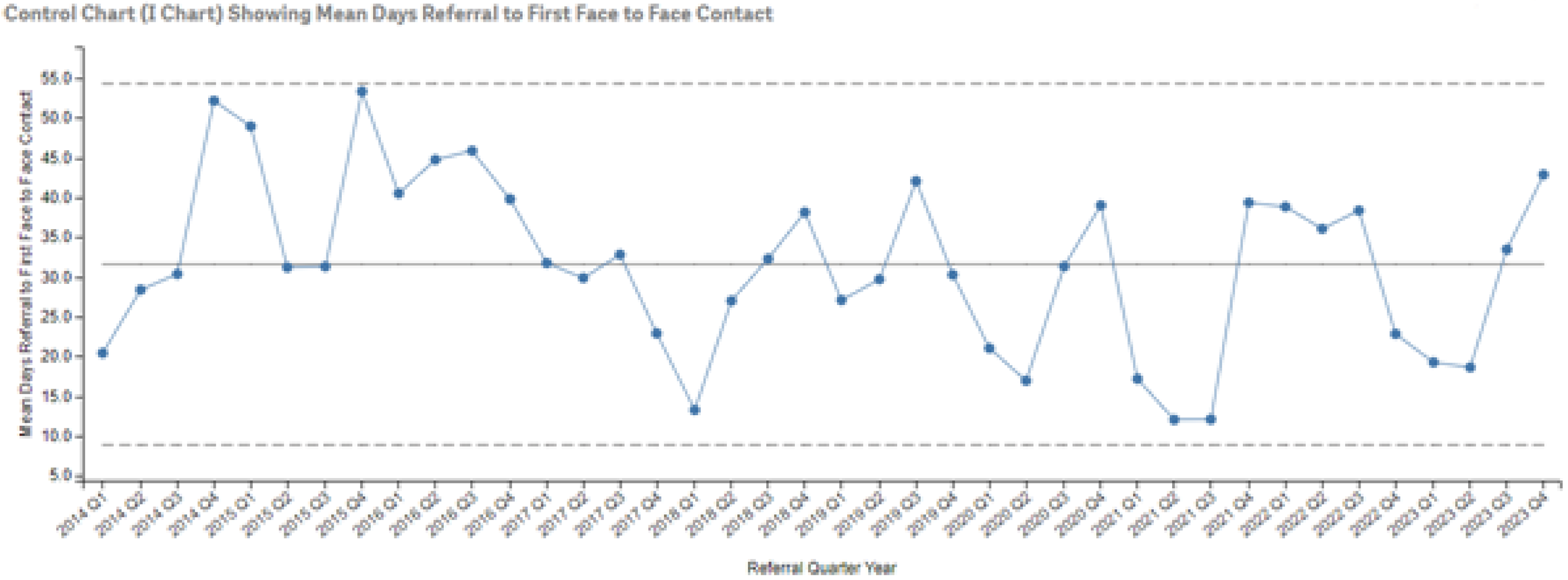
- Post-review, efforts to improve efficiency of recruitment processes to reduce unnecessary delays
- Also efforts to boost retention of experienced clinicians
  - Opportunities for varied input into service over and above clinical work, e.g.
    - Service development groups
    - Group work and novel group development
    - Specialist team involvement and training (e.g. family therapy and DBT)
  - Strong collegial support and team feel
    - Appreciation games
    - Team celebrations e.g. Easter and Christmas
- Data informed-care
  - Clear view of past year trends, service pressure points aids CAPA quarterly, and thus clinician job planning

4. SUPPORT TO SERVICE CONT…

- **Availability of youth respite facility in local region**
  - **Appears to have reduced inpatient admissions**
  - **Ability to have shorter, focused admissions with ongoing family/whānau involvement**
  - **Risk management approach has been underpinned by strong DBT team**
- **Technology to enhance care**
  - **Each clinician having laptop, phone increases capacity for off-site/home working**
  - **Electronic notes, prescriptions, bookings increase efficiency and opportunities for collaboration**

CURRENT STATS

Mean Days Referral to First Face to Face Contact (Choice)



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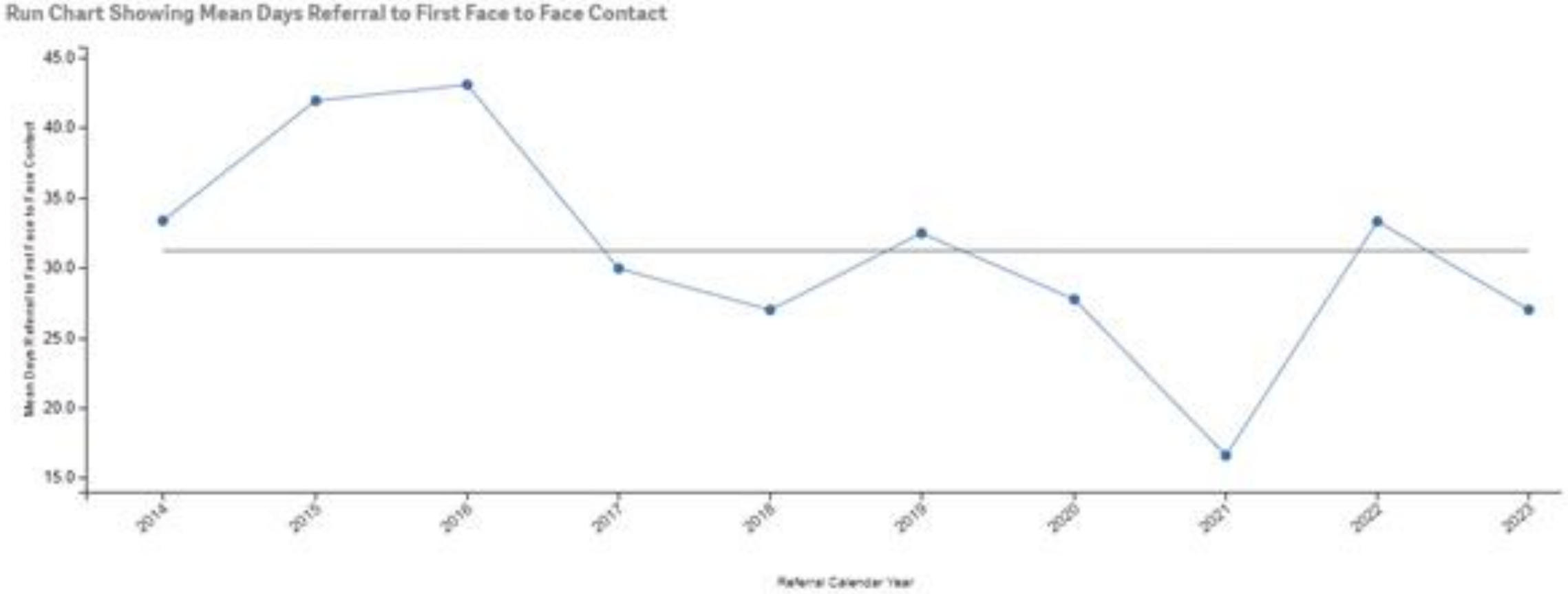
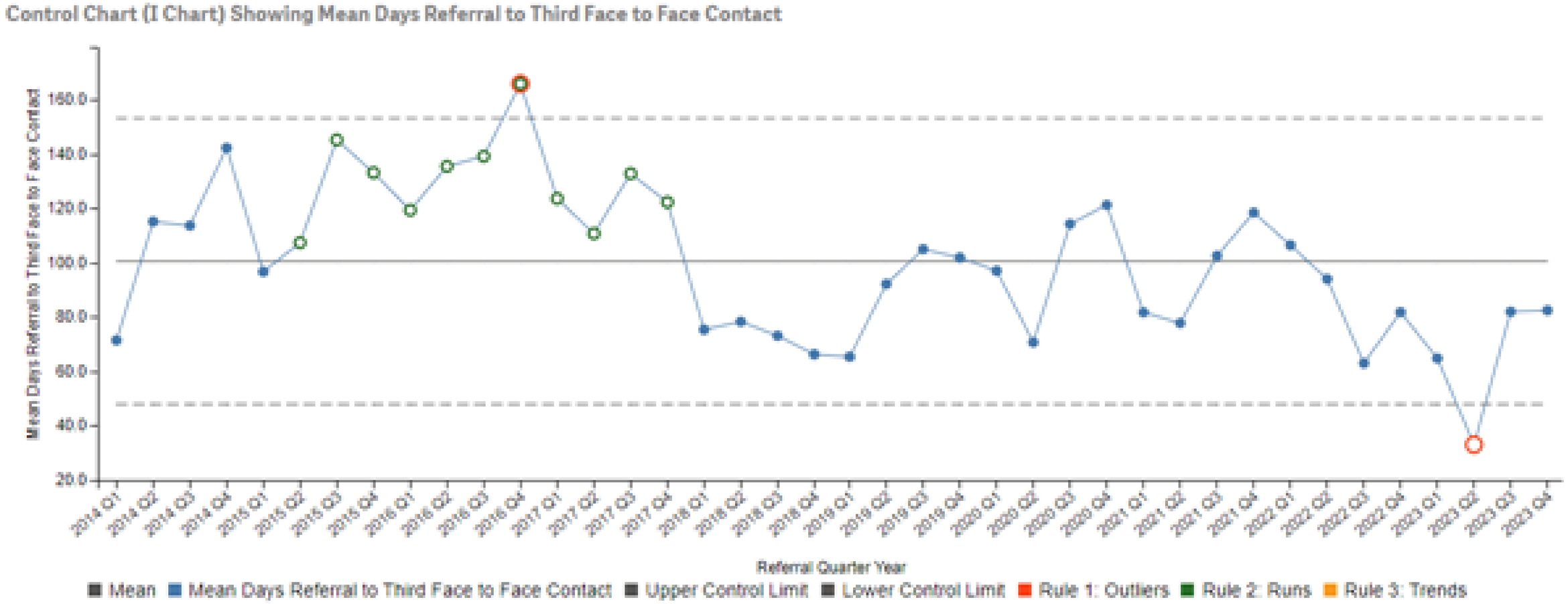


Mean Days Referral to Third Face to Face Contact (Partnership)



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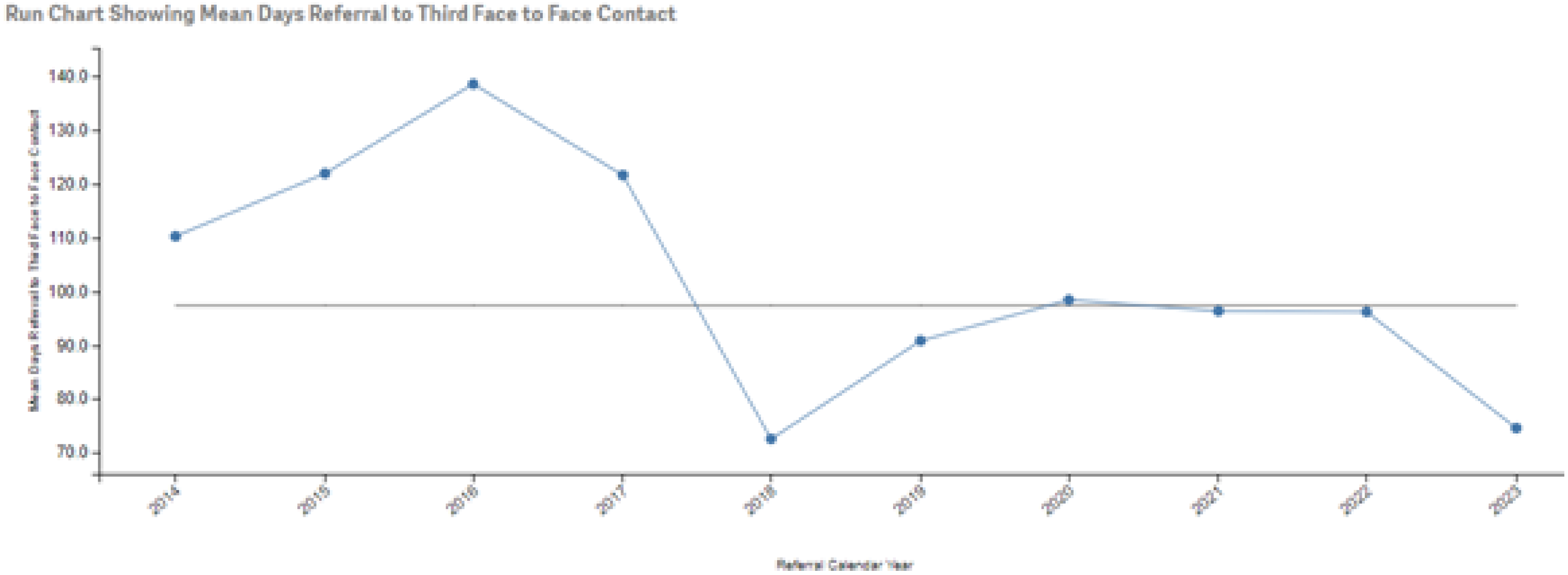
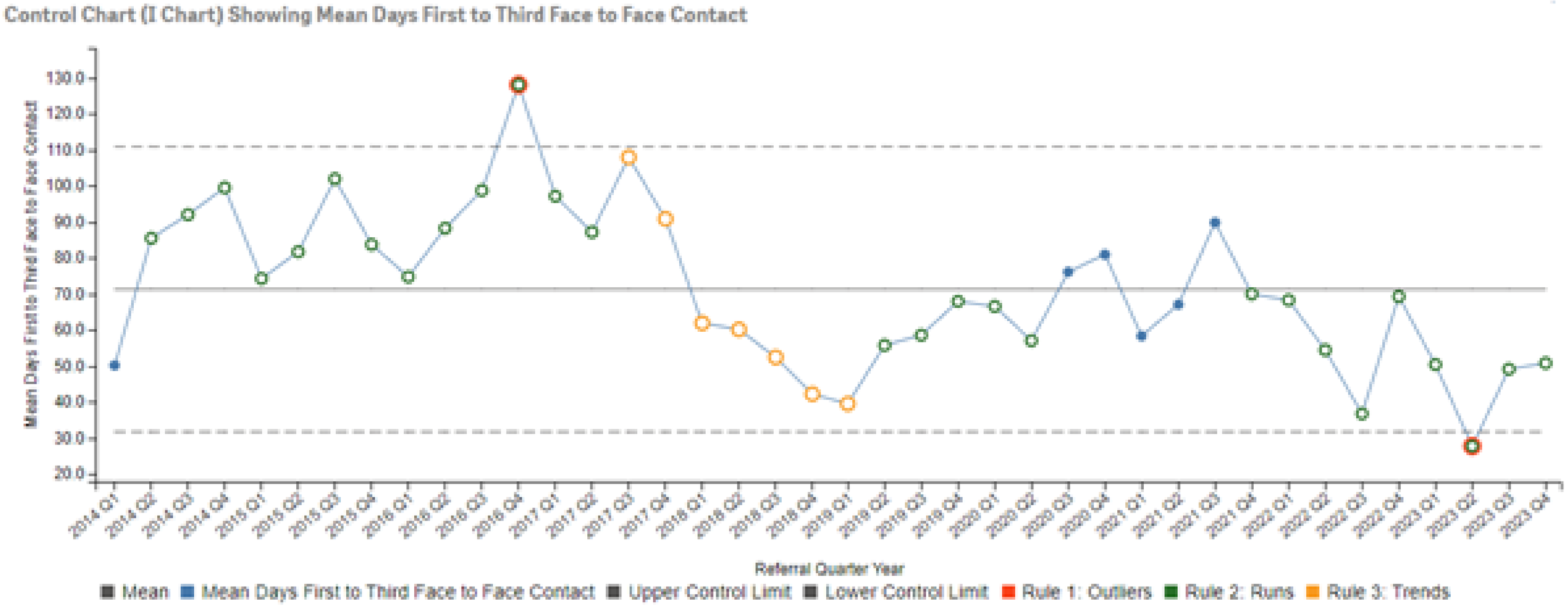
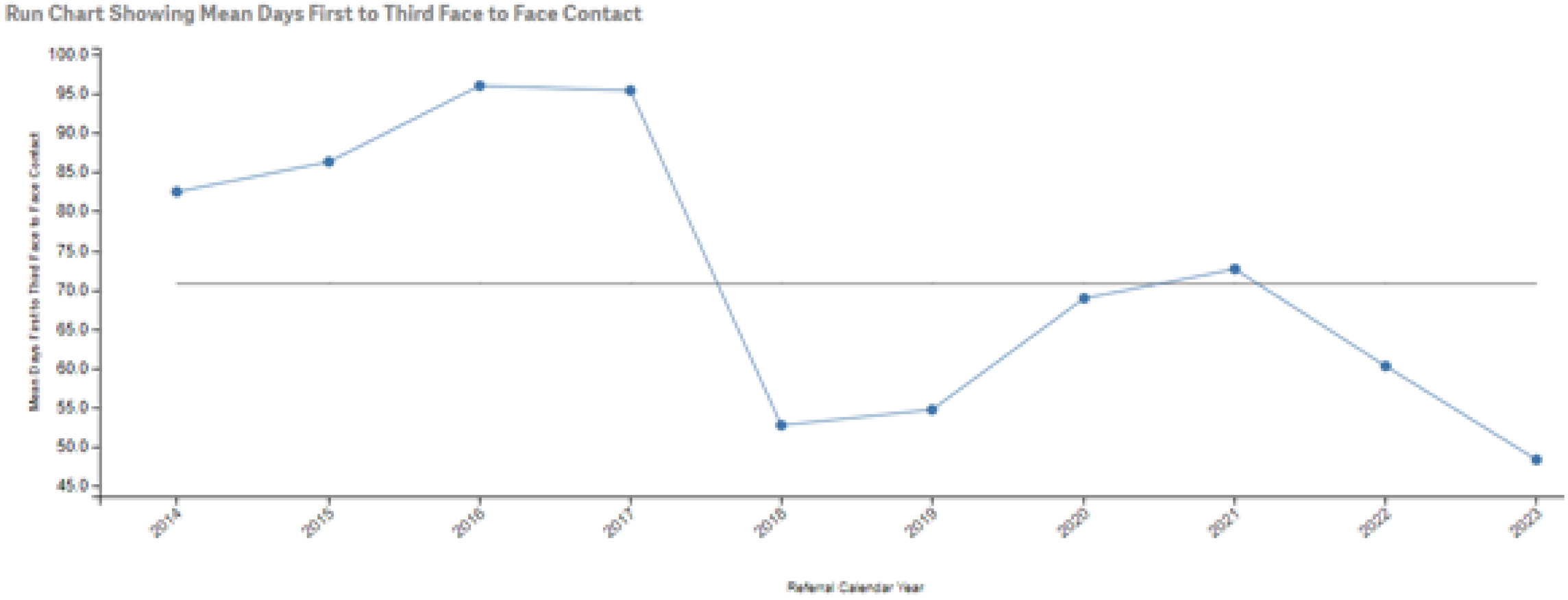


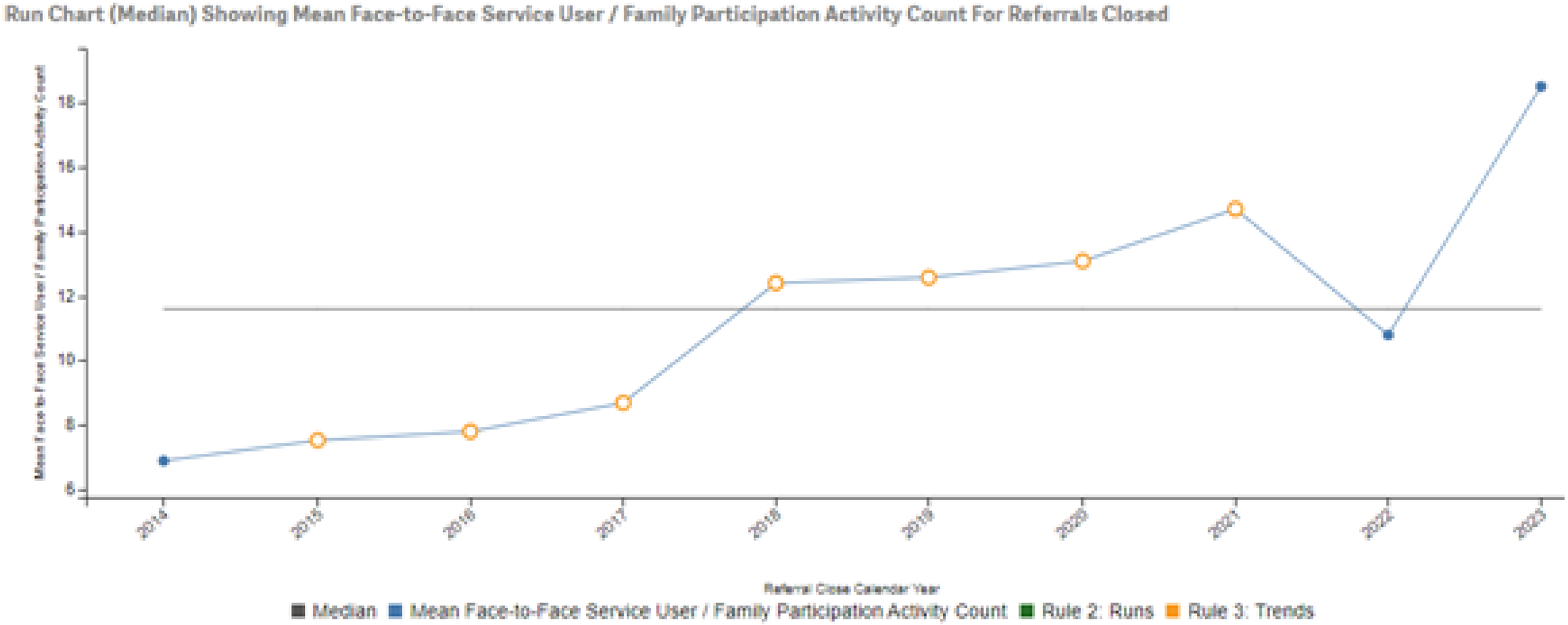
Mean Days First to Third Face to Face Contact



Mean Days First to Third Face to Face Contact



Mean Number of Face to Face Contacts Recorded (Closed Episodes)



SO, WHAT NEXT?

- Recruiting for new team leaders
  - May be more successful if remuneration reflected both increased responsibilities and did not differentiate between professional groups holding this position
- Likely change in premises - off hospital campus
  - Pro - nearer other NGOs, YOSS, public transport connections
  - Con - further from ED/paediatrics, most clients and whānau arrive by car
- Further work on establishing hubs
- Also with better liaison with community services, especially local marae
- Closer work with Oranga Tamariki, especially re model of care used in local residence
- School avoidance - possible groups co-facilitated with MOE, NGO
- Increase number of infants seen
- Ongoing focus on recruitment and retention

Q & A