

New Ways of Working (NWW) in Child and Adolescent Mental Health Services (CAMHS)

A Brief Guide & Summary

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What is New Ways of Working?

New Ways of Working (NWW) is about developing new, enhanced and changed roles for mental health staff, and redesigning systems and processes to support staff to deliver effective, person-centred care in a way that is personally, financially and organisationally sustainable. NWW is a cultural shift – it involves rethinking values, ways of working and roles to deliver person-centred care. (DH, 2007)

NWW does not occur in isolation and there have been a range of programmes developed as part of the modernisation of the health service. Currently a number of initiatives intersect and have a commonality of purpose. Workforce issues remain significant and a review of workforce issues identified six key themes for the CAMHS workforce, now incorporated in the recent report on the implementation of standard 9 of the National Service Framework (2006) as a means of 'Delivering good practice':

- Commissioners and providers should promote NWW across professional boundaries.
- Commissioners and providing organisations should root workforce design and planning in local service planning and delivery.
- Teams should identify and use creative means to recruit and retain people in the workforce.
- Services should create new roles to tap into a new recruitment pool and so complement existing staff types.
- The workforce should be developed, with up-to-date education and training at both pre and post-qualification levels.
- Managers should be supported to develop their leadership and change management skills.

These workforce themes overlap and are interdependent within the overall aim of helping to deliver patient and family centred care in the most appropriate way.

NWW emerged as a potential solution to significant difficulties for the mental health workforce. An initial focus was on consultant psychiatrists primarily in adult mental health services (DH, 2005). These consultants were perceived to have low morale, feel over-worked and experience difficulties generating motivation for inter-disciplinary working.

These difficulties occur in the context of a rapidly changing health care system and there were significant difficulties in recruiting and retaining psychiatrist. Recruitment

difficulties had a major impact on those using services. There was also an impact on other staff. Many different solutions were tried at a local level but sometimes generated further difficulties.

There was then a broadening of NWW to include a wide range of other professional groups including, nursing, pharmacy, psychologists (Onyett, S, 2007), occupational therapists and social workers and other allied health professionals. While these work streams did not exclude the needs of the child and adolescent mental health workforce, none of them had it as a significant focus and in some it was absent.

There remains concern from some perspectives about what the full implications of the changes heralded by the NWW program will bring (Tyrer, P. 2008), however there is a continued drive to enhance clinical services particularly to ensure that those who are 'experts by experience' of the services they have used have a key strategic role (Future Vision Coalition, 2008). The NWW innovations have continued to develop and are becoming common practice for many clinicians of all professions.

How does NWW apply to CAMHS?

The principles of NWW in a CAMHS context are the same as in other situations. NWW is about developing new, enhanced and changed roles for staff, and redesigning systems and processes to support the delivery of effective care to children and young people. NWW involves a cultural shift, one element of which is to move from a workforce defined and restricted by professional qualifications to one defined by skills, competencies and capability (Morris & Nixon, 2008). This shift continues to represent a challenge for the current workforce and for the training and development of future staff. NWW does not mean that current or past practice is inappropriate rather that traditional ways of doing things should be thought about and integrated with innovate practice as appropriate.

Many CAMHS teams, especially those based in community settings were already working in ways consistent with the principles of NWW. The historical development of CAMHS has meant that there was already an appreciation of wider distribution of responsibility for clinical care, established multidisciplinary and multi-agency teams and a broader perspective on mental health needs. Many team members have a broad range of enhanced psychological therapy skills in addition to their background professional training. This means that in the multi-disciplinary multi-agency context of contemporary CAMHS practitioners are already required to be flexible and work to their competencies rather than narrowly define professional titles. Practitioners at this level need a solid skill and knowledge base and the experience to apply these to young people and their families who have significant psychosocial difficulties. Roles within the multidisciplinary teams can be challenging to newly qualified staff and it would be expected that there would be gaps in skills, knowledge and competencies. The current professional training routes do not always provide staff with the skills and competencies required. Even experienced staff would not as individuals be

expected to have all the skills and competencies required hence the team nature of the service. An open attitude is a key requirement as is flexibility to incorporate the views of others, rather than adherence to any particular professional model.

Structurally most services can be described within a Tiered model (Williams & Kerfoot, 2005). There is however considerable variation in the overall provision of CAMHS and whilst there is an increasing adoption of common methods of delivery e.g. Choice and Partnership approach (CAPA) there remains significant variation in the style and methods of working between clinical teams, even within the same organization. This diversity may in some cases be matched to local population needs but in many cases represent the development of services based on historical commissioning arrangements with ad hoc new development.

Whatever the structure or organization of services there are few that have sufficient capacity to deliver a fully comprehensive service in a timely way to all those that need the service. Overall the need and demand for child mental health services is greater than the ability of services to supply. These workforce pressures are considered the key constraining factor in the effective delivery of the NHS Plan and the CAMHS agenda (Kurtz *et al*, 2006). There is therefore a need to consider doing things differently.

New Ways of Working is about enabling all workers: -

- to work effectively in teams
- to focus on their skills, competencies and capabilities rather than their status
- to bring new people into extended and new roles
- to meet children and families needs
- to work together across boundaries

Workforce issues in CAMHS

Modernising and strengthening the workforce is a central feature in the National Service Framework for Children and Every Child Matters: Change for Children. In order to improve outcomes for children and young people we require an adequately resourced, trained and motivated workforce. Across all children's services workforce capacity and capability is a significant issue.

The specialist CAMHS workforce has increased by over 10% each year since 2004 (CAMHS Mapping, 2006) however the absolute number of workers does not meet the need or demand for services. The ability to expand clinical capacity simply by increasing workforce numbers is unlikely to meet the complex needs of the large

numbers of young people with mental health difficulties. The NSF vision is for a 'modern, skilled, competent, adaptable and flexible health and social care workforce providing focused health and social care to meet the needs of children and young people and their families'. A range of workforce strategies are therefore needed to meet the needs of the young people whilst making best use of limited resources.

A considerable impetus has been made to CAMHS services through the CAMHS development grant but the workforce implications have not been considered in a strategic way. There are also increasing demands upon the CAMHS workforce. Simply doing the same things in the same way will not deliver the vision of a comprehensive CAMHS, however doing things differently will not make up for profound deficiencies in staffing. It is difficult to define exactly how much of and what kind of skill is needed for each local service, York and Lamb (2005), provide a guide for general services which can be used to benchmark services. Within this framework it should be possible to allow the clinicians to deliver services in the most efficient and family focused way.

NWW CAMHS Projects

The National CAMHS Workforce Programme, supported by the national CAMHS workforce sub-group, commissioned a project to look at NWW in CAMHS. Building on the previous work, the aim was to look across a range of professional disciplines working with children and young people, and to promote and support NWW within the CAMHS workforce. This cross cutting approach has resonance with established CAMHS provision, particularly at the specialist level where services are often organised on a multidisciplinary, multi-agency basis (Richardson & Partridge, 2003).

Many services have been innovative in developing and describing strategies to meet the challenge inherent in delivering high quality, child and family centred services (Kurtz & James, 2002). These innovations have been evident across the full range of CAMHS tiers. Some have used ideas from NWW projects but most have developed CAMHS specific responses to the local challenges they face. In order to identify sites for this project, expressions of interest were sought using regional development workers and the FOCUS Mail base. Forty-six written applications were received and 10 early implementer sites were selected (DH, 2007). The selection aimed to cover a geographic spread of services across England where regional development worker support was available. Projects also provided coverage across a number of key issues identified as public service agreement targets. The aim was to select projects that could demonstrate sustainable change within the constraints of generally available services rather than less typical highly resourced or research-orientated services. This was to ensure that results generated were relevant to other services.

It was emphasised at the project level that an account of what was difficult as well as what worked well would be sought, as it would be unrealistic to expect every part of a workforce intervention to be successful.

NWW CAMHS examples

Following are brief summaries of some of the project initiated as part of this work. Detailed report about the project sites and other examples are available from: -

www.newwaysofworking.org.uk

NWW Practice Based Reports

- Implementing an extended model of service delivery (East Lancashire Hospitals NHS Trust)
- Meeting the mental health needs of Children with Learning Disabilities (Lincolnshire Partnership NHS Trust)
- Service remodelling and New Ways of Working - A Whole System Approach (Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust)
- Implementing a Whole Systems Approach - New Ways of Working (North Staffordshire Combined Healthcare NHS Trust)
- The Development of Mental Status Examination Training for Professionals at the Sussex Centre for Children and Young People (Sussex Partnership NHS Trust)
- User and Carer Involvement in Service Redesign (South West London & St George's Mental Health NHS Trust)
- New Ways of Working for Consultant Child & Adolescent Psychiatrist from Geographical to Functional Teams (Derbyshire Mental Health Services NHS Trust)
- Capacity and Demand Modelling - Implementation of Choice & Partnership Approach (CAPA) (Tees, Esk & Wear Valleys NHS Trust)
- Advanced Nurse Practitioners for Attention Deficit Hyperactivity Disorder (ADHD) (Southampton Primary Care Trust)

Implementing a extended model of service delivery (East Lancashire Hospitals NHS Trust)

24 hour access to Specialist CAMHS is a critical part of developing comprehensive child and adolescent mental health services that are responsive to the needs of young people and their families at times of need. Standard out of hours services with on call psychiatric staff are not sustainable for most services and do not make the best use of the available skills, competencies and capabilities of the whole Specialist CAMHS workforce. This project demonstrates how using New Ways of Working principles and effective use of clinical resources can enhance services available to young people and their families. Increased investment was needed to implement this project but by carefully considering the needs of those that use the service this has been done in a sustainable way. This development also has the intention of developing the local CAMHS service philosophy beyond traditional psychiatric paradigms to encompass a community model of service provision based upon a bio-psycho-social understanding of difficulties encountered by children and young people.

To achieve the desired outcomes staff needed to agree to changes in the way they worked and this was reflected in agenda for change reviews. This was a complex process and explicit consideration of systemic and emotional factors in the change process was needed. There was considerable staff consultation and sometimes this means having to deal with uncomfortable messages. Working through these in a collaborative way has helped establish the service in a robust way and has let to further out of hours developments once the project formally ended.

This project achieved:

- 24 hour 7 days a week telephone consultation to paediatric and other community services.
- Extended normal opening hours from 8.30 am until 8.00 pm on two days per week.
- Three groups for children, young people and their carers have been run under the umbrella of the extended hour's model.
- Extensive liaison between community CAMHS services and hospital based services to determine client need and to assist in recruitment of group participants.
- A regular Family Therapy Clinic runs as part of the extended hour's model.
- An evening ADHD clinic for those aged 16 years and over has also been commenced.

Meeting the mental health needs of Children with Learning Disabilities (Lincolnshire Partnership NHS Trust)

This project focused on the workforce needs for services for children and young people with learning disabilities. Like many parts of the country Lincolnshire did not have a dedicated service to meet the mental health needs of children with Learning Disability. A successful bid was made to the commissioners for a new Tier 3 CAMHS Team. We focused on New Ways of Working to enable the skills and competencies of the staff to be used in the most effective and flexible way as it was clear that a fully comprehensive service could not be achieved with the available resources.

In order to achieve the outcomes a practical and limited service specification was agreed reflecting the agreed scope of the service. Systems and management structures were put in place to disseminate this information to Tier 3 CAMHS and wider children services. Key issues were anticipated so that eligibility criteria were agreed with the key steps in the operational model and referral process formulated. Work on the transition arrangements between CAMHS LD and Adults is also under way. The director of this service was involved in strategic meetings re development of transition service as it is recognised that this is often a critical issue.

The involvement in this project facilitated the recruitment of a small number of key professionals who had skills in working flexibly across boundaries and administrative support was also provided.

It is expected that the nurse will be able to undertake consultation, training and locality visits. The teams functioning will be closely monitored and audit processes agreed.

It was understood from the inception that there would be insufficient resources to provide a standard service. It was the intention to use this project as a model for establishing and then developing a service. It is already agreed that for the team to function better a dedicated clinical psychologist is necessary which will be a priority from the next round of funding opportunities. The team also needs to expand in terms of consultant time and nursing input if it were to improve access for service users. By retaining flexible working practices the team will be able to make best use of limited resources whilst still advocating for greater investment.

Service remodelling and New Ways of Working - A Whole System Approach (Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust)

The overall aim is to provide robust local community based services for Oxfordshire and Buckinghamshire's Children and Young people, improving service equity and using the strategic intent of New Ways of Working to support a cultural shift in the way that services are developed and delivered. This has not been in isolation but as part of an overall workforce strategy and service redesign this represents a long term strategy with different elements occurring over time. This project sits within a wider multi-agency strategy, including the commissioning and delivery of a Primary Care CAMHS Service (PCAMHS), disinvestment in the provision of inpatient services for children under 11 and reinvestment in enhanced specialist community services and the development of Assertive Outreach Services. The NWW Project was focused mainly on the work we needed to undertake to re-model Tier 3 services.

Key initial outcomes are:

- Using guiding principles and key messages from Young People and Families to develop new integrated care pathways.
- User participation group established, working in partnership with the children's fund, targeting children that have traditionally found it hard to access
- CAMHS Care pathways have been designed and agreed for Oxfordshire.
- Within Oxfordshire, the remodelling of Tier 3 to provide a community based model with no waiting times for assessment and a maximum of 4 weeks wait for treatment. This project has enabled the provision of broader access to Specialist CAMHS with greater provision of outreach and community assessments and treatments.
- We have completed a skill mix review to reshape the workforce, so that it can better provide services in a flexible community based way.

The experiences over the past two years give an outline of a change process, highlighting some potential pitfalls and some significant successes. This should give reassurance to clinical and managerial colleagues grappling with similar issues that the modernisation of Specialist CAMHS is possible. We would propose that a whole system approach is needed if the delivery of comprehensive CAMHS is to be achieved.

Implementing a Whole Systems Approach - New Ways of Working (North Staffordshire Combined Healthcare NHS Trust)

This project initially aimed at a whole systems change by full implementation of NWW in four specialist Community CAMHS teams in North Staffordshire and Stoke. The tight timescale for the national project dictated that it became a virtual project, which aimed at conducting all the necessary negotiations and writing the necessary documents so that full implementation could be effected at a later date. This revision of the project's aims led to an extension and refinement of some of the aims.

The project met various challenges. Some of these were intrinsic, such as the sensitivity of staff to discussion about Job Descriptions and Job Plans in the context of the recent Agenda for Change process and the interface of the project with other systems, such as a rigid IT system and expectations of other professionals. Some of the challenges, however, were the results of extraneous external events, such as the Trust's application for Foundation Trust Status and systemic team difficulties, which diminished the capacity of Steering Group members to work on the project. Nevertheless, as of the date of the report, substantial outcomes have been achieved.

- Consultant Job Plans have been negotiated, rewritten and agreed.
- All existing Job Descriptions and KSF Outlines have been brought together and centralised. All staff groups have agreed the principle of transparency of Job Plans.
- Significant input into the working group producing the Consultation and Supervision Policy, endorsed by the Trust's Clinical Governance Committee.
- A review of CAMHS establishing current levels of qualification and skills, intended training plans of staff and further aspirations. This will assist in the formation of a clear Training Plan which will also be informed by duly agreed Job Plans. This has led to the appointment of a Training Co-ordinator
- A new Operational Policy for the service has been drafted, and to be agreed by the CAMHS Senior Management Group and Children's Services Board.
- The review of clinical records processes within the service, this remains work in progress.

Additionally, the project has had unexpected beneficial outcomes, such as rendering the management of the service more coherent and laying the groundwork for further innovation in the area of service line management and PBR contracting. The project has demonstrated ways in which, when implemented, service deficiencies can be partially remedied in a cost neutral fashion. It is anticipated that the project will continue even though it is now formally ended.

The Development of Mental Status Examination Training for Professionals at the Sussex Centre for Children and Young People (Sussex Partnership NHS Trust)

This project, sought to extend the roles of a multidisciplinary staff group through an education programme and so demonstrate that patients can benefit from staff working in extended roles. The aim was to develop a protocol based system of undertaking 'at risk' mental state assessments whereby children and young people receive an accessible and timely service at times of crisis or urgency that will determine a stepped pathway of care in both a community outreach and in-patient setting. The educational programme was aimed at enabling non-medical staff to receive training and gain confidence in performing risk assessments of potentially life threatening situations which have traditionally been undertaken by medical staff. This will then enable a wide range of professionals to achieve and develop values and evidence based practices through the acquisition of new competencies.

Two multi-disciplinary staff groups participated; the inpatient adolescent unit and the outreach adolescent team. The project involved the development of an '*at risk*' proforma which was manualised, baseline measures of knowledge and confidence and a staff training package. There were two training sessions for each of the staff groups and a follow up 'trouble shooting' session three months after. The project was implemented immediately after the two training sessions.

The project was audited in a number of ways.

- An audit was carried out to measure pre and post knowledge and pre and post confidence levels.
- The proportion of cases that were considered to involve life threatening mental states.
- The number of case that required immediate medical staff involvement.

Both staff groups increased in confidence and knowledge. The implementation of the risk proforma allowed for the accurate identification of those at high risk and appropriate management.

The direct benefits were important and enhanced the experience of young people using the services. Equally important at a project level were unexpected positive benefits to being involved in the change programme with greater distribution of responsibilities beyond the project parameters across a whole staff team. This projects success stems from an effective well coordinated and led staff group working together to bring about change. This is not always easy, and achievements include the overcoming of obstacles.

User and Carer Involvement in Service Redesign (South West London & St George's Mental Health NHS Trust)

As with many specialist outpatient Tier 2/3 CAMHS and despite redesigned the service substantially through a process of mapping, redesign, piloting and change there is a struggle with increasing demand and reducing staffing levels. This project set out a model in conjunction with other agencies for the delivery of services for children and adolescents in Richmond who have mental health problems. User and referrer views were to be sought to inform this design, as part of the NWW project.

Service Redesign Proposal ran from 2006 and, considers the national guidance the local needs assessment and individual and a team job plans with activity targets and monitoring mechanisms, the results of which informed the redesign. The services are under funded (by 50%) and there are some skills shortages within the team. Challenges have been in the time it has taken, trying to co-ordinate the timings of different pieces of work, competing demands such as a JAR and recommendations from a Serious Incident and the service getting a new Electronic Care Record.

Feedback from users, children, young people and parents/carers alike has been extremely positive. The vast majority feel they are offered choice, are involved in their treatment, that their confidentiality and wishes are respected, that communication and joint working is good, including with other agencies. We can improve though- especially in terms of informing them about what we do and how we link with other services. They would like more variety of methods for doing so, such as having a website.

Evaluation and Conclusion

This project is on its way to have far-reaching impacts on CAMHS locally:

- Sustainable methodology to involve users in service design and delivery
- Clarity of Tier 3 service capacity and a review of Tier 3 processes
- Referrers need more information about our service. A group of young people will be invited to help us redesign our service information leaflets.
- Although national and local drivers are for CAMHS to be provided in schools, the young people who came to our service did not want this. They did need a place to hang out whilst being able to access services so care needs to taken in finding out from them what sort of place this may be. A Children's Centre is seen as one of these places. This proposal is already in our Service Redesign report.
- All this work, including the Service Redesign Draft report and User Feedback Report will inform the CAMHS Commissioning Strategy, which is looking at CAMHS provision and delivery across Tiers 1-4.

New Ways of Working for Consultant Child & Adolescent Psychiatrist from Geographical to Functional Teams (Derbyshire Mental Health Services NHS Trust)

This project focused on the working practices of consultant Child & Adolescent psychiatrists. This developed from the original NWW projects in adult mental health. The focus was to move from purely geographically based consultants to a mixed geographic and functional model of work. By changing one role there was an impact on all roles not just those of psychiatrists. The key developments of this project were:

- Consultants have worked well as a team and embraced ideas of NWW. Each Consultant now has areas of specialism.
- We now have the following Specialist teams: Paediatric Liaison, Substance Misuse, 16 and 17yr olds City and County (the latter is a virtual team), LD complex behaviour team (led by a Clinical Psychologist with Consultant input), C&A Consultant sessions in Early Intervention Service.
- ASD, ADHD, Eating Disorders as virtual teams are in development. It is expected that staff at band 7 will lead in specific areas across the service and this should be the backbone of functional teams (each with the backing of a consultant). We are in the implementation stage of the Skill Mix Review.
- We have worked on reducing the generic workload of consultants while increasing the specialist areas; however this has not been as successful as expected due to high staff vacancies in teams. We were successful in recruiting 3 staff grade doctors, who were to be pivotal in the changes of Consultants' working style however, we have retained only one (due to the effects of the MTAS). We are therefore reverting to recruit to a consultant post instead of 2 staff grade posts.

Overall this project achieved most of the targets but is still in the process of implementing further changes. The project was helped by the CAMHS Grant funding in relation to 3 teams: 16 and 17yr olds (City and County) and LD. A stakeholder analysis is to be conducted when new services have been in place for at least 12 months (September 2008), with a full evaluation at the end 2008. The initial findings have been disseminated at internal Trust meetings, and externally as part of a Symposium at the ESCAP conference in August 2007.

Capacity and Demand Modelling Implementation of Choice & Partnership Approach (CAPA) (Tees, Esk & Wear Valleys NHS Trust)

This project addresses many of the issues facing Tier 3 CAMHS where the demand for services is greater than the capacity of clinical staff. A number of different approaches had been tried within the service however it was felt that previous short term strategies have had negative long term consequences when focused only on parts of the service. In order to develop the service a number of helpful CAMHS specific guides were considered to help make best use of the available resources. This project uses the CAPA model as part of a NWW strategy to bring about positive change in how services are delivered. This is a well established and flexible set of strategies that are easy to understand.

The key findings were:

- Service users are being offered quicker initial appointments and the team is managing the systems without generating a waiting list.
- At a team level moral and overall team functioning has improved, with a better understanding of each other's roles, skills and competencies
- Systemic change across a team has been more effective in producing positive results. This systemic change requires a 'can do attitude' and a well functioning team.
- Managing the change process is difficult and worked well with clear involvement from the participating team associated with effective managerial leadership and support.
- Using an approach that has an evidence base was helpful in overcoming the inevitable challenges in bringing about change
- Using NWW resulted in a clear central point of access for service users and agreed consistent pathways, which provides a more equitable service for young people.

Advanced Nurse Practitioners for Attention Deficit Hyperactivity Disorder (ADHD) (Southampton Primary Care Trust)

This project aimed to look at a review of the development and implementation of a Nurse-led Care pathway for children and young people with ADHD symptoms at Tier 2/3. The project specifically aimed to evaluate the following:-

- The care pathway
- Service User and Carer Involvement
- Non Medical Prescribing
- Education and Training
- The roles of the Consultant Nurse, the Advanced Nurse Practitioner (prescribing) and Advanced Nurse Practitioner

The review of the care pathway led to a number of positive benefits, highlighting the Advance Nurse Practitioner role in providing a holistic approach to the care of children with ADHD. Adherence to the care pathway has resource implications.

Parents reported that they are happy to receive their care from experienced nurses.. In the limited cost analysis completed it shows a reduction in costs of medication reviews being carried out by nurses.

In the review of education and training and contact with schools all the schools reported they had more regular contact with CAMHS and that the advice given was more consistent. That they found it easier to communicate and they received a greater level of on-going support. Their professional opinions were sought and acted upon more frequently and that the nurse based intervention had been more beneficial to the child.

This project has enabled us to examine closely the role of the ADHD nurses within the project areas. There appears to be 4 roles emerging and these have been discussed at length by the nurses and doctors involved in this project.

Key Issues

- The principles of NWW can be applied to a CAMHS context and are useful in an overall workforce plan
- These projects demonstrate that even with a committed and interested staff group there will be barriers to implemented change. Engaging in a positive way with change helps overcome barriers to improving things, this was described as a 'can do attitude'. This does not mean that agreement is possible on every issue, but a willingness to consider alternatives and being prepared to change things that don't work is vital.
- The NWW initiative has had a positive impact but the outcomes need to be evaluated as part of a change program. Those services that have taken part have reported improvements but it is difficult to definitively say which are related to NWW and which are related to other linked initiatives. This is typical of this sort of change program. The context is complex (Shiell, A. et. al.) with multiple strategic drivers for change operating at national, regional and local levels, makes it difficult to judge the impact of any single change.
- Leadership and support is essential to sustain developments through the change process and beyond if improvements are to be embedded in services.
- Time to plan and make changes is difficult when there are many competing demands. It takes longer to bring about change and embed it in services than is sometimes anticipated.
- The NWW approach makes perfect sense for all stakeholders; nevertheless it is challenging to traditional custom and practice for all. It is still the minority of Trusts, which have embarked on NWW implementation.
- There are problems with routinely collected data which make making rational strategic policy and management decisions difficult. This is apparent across tiers of services and for commissioners and providers. Some of the benefits of workload and capacity models such as CAPA are that this information is explicit and can be benchmarked to other services.
- Those that use the service are often best place to help not only in giving feedback but in effective service design. Children and young people have valuable experiences that services can learn from.

Future direction

- There is no single route to improving services, NWW is a useful resource for those wishing to make positive change and it should form part of a strategic

workforce approach. A variety of tools and resources that are specific to CAMHS have already been developed (CSIP, 2007) but in some cases individual solutions will be needed that can use the principles of NWW.

- The Creating Capable Teams Approach (CCTA) has been developed to provide a structured way of helping teams to implement NWW in their current working practices.
- Information and best practice examples from a wide variety of sources not just CAMHS can be a good starting point. A helpful guide to strategic implementation is NWW for Everyone: A best practice implementation Guide (DH 2007).
- NWW has implications for the training and development of the future workforce. The key competencies (Bhugra, D. 2008) and capabilities needed to work within the health services of the future will have implications for the training of all professional groups if they are to work in partnership. Professionalism is continually evolving as both health care and society change (Cruess, S. & Cruess, R. 2008) and this need to be reflected in the training of the future workforce.
- Exploring the benefits realisation of programs is complex and needs more than a simple economic analysis. Programs such as NWW are not cost neutral as they are orientated around the needs of those who use the service.

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