Delivering the Psychological Therapies HEAT Target
Improving Efficiency without Compromising Quality

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capa.co.uk
Backgrounds

- Consultant Child and Adolescent Psychiatrists in CAPA teams
- National work:
  - Royal College of Psychiatrists
  - Department of Health in England
  - Policy development
  - Standards development for children's mental health
  - Outcomes measurement work
  - Service transformation programme work in England (CYP-IAPT)
  - Payment systems development
- International work:
  - CAPA
Pre-CAPA

- Interested in how CAMHS can improve
- Plus history in our own teams of service redesign
- Demand and Capacity training early 2000’s
- This helped us understand what worked and what didn’t
- Wrote the 7 HELPFUL Habits of Effective CAMHS
CAPA began

- 2005 first conference on demand and capacity theory in children's mental health services
- Loads of enthusiasm so ran some more...
- Named our model CAPA in spring 2005 ...the Choice and Partnership Approach
- Word of mouth...
England Context 2013

- CYP-IAPT
- PbR
- Tendering / Outcome focus
CAPA trained services
What is CAPA?
A Service Transformation Model

Collaborative Practice

Demand & Capacity

Skill layering

Leadership

CAPA
The Choice and Partnership Approach
It is about...

- **Doing the right things** = on the right goals
- **With the right people** = with the right skills
- **At the right time** = with no waits

= a pathway

*Maximising Experience, Effectiveness and Efficiency*
Where is CAPA used?
CAPA is used in:

- CAMHS
- Adult mental health (NZ)
- CAMHS Learning disability
- Adult learning disability
- Being extended into adult addictions and services for the elderly (Canada)
- Paediatrics (NZ) and pain management services are working towards it
International Impact

- England: central to the National CYP-IAPT program
- New Zealand: implemented in all DHB across NZ and one adult service
- Australia: in strategic policy in NSW
- Canada: strategic policy across the life span for Nova Scotia region
- Belgium
CAPA spread- why?

- The ingredients are what everyone wants
- The ingredients combine to become more than the component parts
- These building blocks can be adapted to individual settings and cultures
- It fits with people’s values
Key Ideas
Values of CAPA

- Service users are at the heart of the process
  - “Led by them and guided by us”

- Shift in clinician stance to
  - Facilitator with expertise rather than expert with power

- Everything we do must add value to the user
  - “Just the right amount”
  - Is this working for this young person?
Traditional service models...

- Referral
  - Triage / assessment process – often lengthy
- Initial ASSESSMENT
  - Specialist Referral
  - Standard treatment by SAME clinician
  - Waiting List = long delay

CAPA
The Choice and Partnership Approach
The CAPA system...
The 11 Components

Foundation
1. Leadership

Choice
2. Language
3. Handle demand
4. Choice framework

Transfer
5. Full booking
6. Selecting by skill

Partnership
7. Core and Specific Skills
8. Job Planning

Letting Go
9. Goal setting and planning
10. Peer group Supervision

11. Team away days
The CAPA shuffle

From the service users point of view
With the CAPA components

Steve Kingsbury
Ann York
Referral

Choice appointment selected and booked...
Choice Appointment

Engagement

CAPA
The Choice and Partnership Approach
Post-Choice Discussion
First Core Partnership
Ongoing Core Partnership...
Amended Care Plan...

Core Partnership

Specific Partnership
The End!
What is a typical CAPA clinician?

- Range of extended Core clinical skills
  - Able to work flexibly between these skills
  - Using these in Core Partnership work

- Some Advanced skills that are job planned

- Some Specific Partnership work

- Spend time (job planned) doing both Core and Specific Partnership work
Links to other models
...to Recovery Model

- Recovery recognises that
  - Whole life matters
  - Outcomes are personal and
  - Empowers individuals

- CAPA has
  - Philosophy of choice and shared decision making
  - Focus on the individual’s goals and outcomes
  - Highly collaborative model
...to Demand, Capacity, Activity and Queue (DCAQ)

- service improvement tool
  - analyse waiting list management
  - define and manage service capacity
  - monitor throughput
  - support effective demand management

- Many CAPA links- CAPA provides an off the shelf model that can be implemented
...to Lean Thinking

- Developed from the Toyota Production Model
- PUSH
- PULL
Milkman

- Push

- Pull
CAPA Summary

- Uses demand and capacity techniques to increase capacity and efficiency
- Team culture of flexibility and continuous service improvement
- Promotes development of extending skills in staff
CAPA has service improvement ingredients...

**Leadership**
- Implementation science
- Learning organisations
- Sustainability
- Continual improvement
- Audit and redesign

**Easy Access**
- Clear eligibility criteria
- Choice of times, venues
- Full booking - no waiting lists

**Collaborative working**
- Task alliance - increases engagement, effectiveness and satisfaction
- Strengths based
- Care planning, Goals and outcomes focus
- Co-production-services redesign to what young people want

**Demand and capacity management**
- Flow, remove bottlenecks
- Reduce/remove waste
- Segmentation
- Flexing capacity

**Skills**
- Extended skills
- Practice based evidence
- Skills mapping allows efficient deployment
What do young people want?

- Easy access and self referral
- Being seen quickly
- Good signposting
- Collaborative working
- Goals
- Support transitions
- Real involvement at all levels
Impact
Evaluations we are aware of

**National (3)**
- 1 UK 2007
- 1 England 2009
- 1 New Zealand 2010

**Local (16)**
- CAMHS
  - 2 NZ
  - 1 Australia
  - 13 UK

**Adult (1)**
- 1 NZ

**Gains**
Service users:
- Reduced waits
- Increased engagement
- Collaborative & respectful

Teams
- Learning culture
- Togetherness
- Transparent
- Its Fair!

Managers
- Flexible workforce
- Defines capacity
Benefits.....*services report*

- waiting lists have gone
- reduced waiting times for entry to the service
- reduced DNA / DNS rates
- client satisfaction
- team moral improvements.
- enjoying the Choice appointment process
- working in the spirit of partnership
- more focused clinical practice
- clearer outcomes agreed with young people and families.
Why does CAPA work?

1. Collaborative practice
   - Service user at the centre of everything we do
   - Focus on goals and outcomes

2. Focus on skills and matching these to the goals of the service user

3. Smooth processes and easily accessible services
1. Collaboration

- Improves outcomes by
  - Enhancing the task alliance
  - Improving engagement as goals are chosen
- Outcome monitoring used to track progress
- Client can change therapy and/therapist if not working
2. Skill Mix Layering

- This means describing the whole range of skills of the service into two layers:
  - Core
  - Specific
- This allows
  - Lower complexity skills to be privileged
  - Reserves and protects “specialist” skills
  - Allows job planning and capacity management
  - Smoothes flow through the system
  - Enables a “light” touch
Why have separate core and specific work?

- Many can be helped by core level work
- Extended core skills reduces bottlenecks to specific work
- Extended core skills increases clinical flexibility (fewer queues into ‘specialised’ streams)
- Allows us to identify AND PROTECT specific work
- Segments and so helps flow
Team Job Planning in CAPA

- Each individual has a job plan that describes their work in various ways
- Combined to form a team job plan
- Useful to managers and clinicians as describes predicted activity
- Can show effects of losses
- Contains activity for clinicians
- Based on “do-able” numbers
Implementation: CAPA - lite

- Many teams struggle to implement all of CAPA...
- Formal details
  - Full booking from Choice to Partnership
  - Team Job Planning
- Values
  - Working in a Choice framework
  - Adding value to user vs. organisational targets
  - Changing language
- Practical things
  - Monitoring of Partnership Activity
  - Regular away days
  - Small peer group weekly discussion
- However they do manage to call it CAPA!
Support tools

- Email support
- Training Workshops
- Latest Book

www.capa.co.uk
Are we busy doing lots of work...

...but not the right things?

Good News! We got all 57 fingerprints at the scene and made a match to each one.

The Bad News is that we’re looking for a lost dog!

Let’s work SMARTER not HARDER!