

Quality Improvement Project: Community Care Planning within Lewisham Young People's Service (LYPS)

Who are we?

We are a Tier 3 CAMHS multidisciplinary team called LYPS who support young people with the most severe and complex mental health needs in the borough.

Problem

Young people presenting to mental health services often have unmet holistic care needs. Through the research and rationale, it has been identified that young people benefit from having a community care plan in place to support their direction of care.

What does the research say about recovery and care planning?

Shared decision making is an integral part of the recovery approach whereby collaborative care plans reveal service users' preferences and reasons behind these preferences (Fox, 2021).

It is important that the multidisciplinary team works with service users to create care plans and keep them up to date; this helps service users to transition more smoothly between hospital and community care (Coffey et al., 2019).

By 1st January 2023, improve the number of young people with a community care plan less than 6 months old to 50%.

Rationale

This QI project is in line with CAMHS 2022/23 Priorities of "improving access and outcomes: co-designing changes and agreeing outcomes that are important for our young people".

Our young people can provide feedback about their experience of care planning. One has said it is "helpful to people who take care of me" and it was "good to do it together". This highlights the importance of collaboration in creating care plans and ensuring their distribution across a young person's support network.

Aim

Primary

Staff capacity

Secondary

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- Lack of time
- Accessibility on ePJS
- Not wanting to duplicate workLack of administrative support
- Unclear processes/ expectations

Change Ideas

- More resources in staffing
- Time slots in a job plan
- Create a checklist for staff of required information
- Process map cases and what needs to be acheived and when
- Buddy system for new staff to give shadowing opportunities
- Protected administration time in job plan

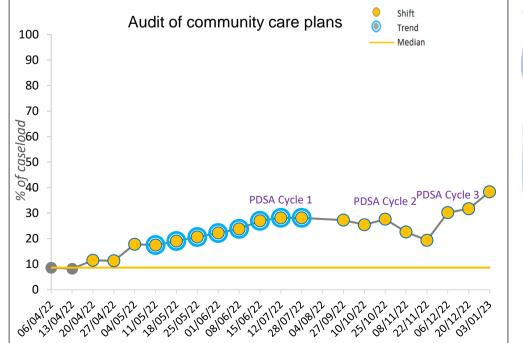
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Improving quality of care delivered to young people

- Young person participation
- Care co-ordination being driven by risk
- Lack of administrative support
- Unclear process, when and where to document the community care plan
- Team training on completion of community care plan tab.
- Creating a template to support clinician in creating completed care plans.
- Getting a young person to provide views on the importance of care plans to inspire the team.
- Dedicated care co-ordination slots to complete care plans at regular review e.g. use of CPA model.

Completion of care plans

- Young person/ carer participation
- Care co-ordination being driven by risk management/ safeguarding concerns
- Availability of information e.g. from referrer, social care, education
- Administrative uploading to ePJS
- Allocate a champion of care planning
- Teaching on completion of care plans and how to integrate care planning tools
- Add to MDT agenda for one week of the month
- Better communication with young people and carers
- Use of CPA approach to integrate care planning
- Better recording of professional network on ePJS so clinicians know who is involved in a young persons care



PDSA cycles

Cycle 1 – introduced laminated A5 checklist for each clinician.

Cycle 2 – presentation at LYPS MDT meeting with short training on care plan completion

Cycle 3 - each care coordinator who is available dedicated one hour to updating care plans.

Conclusions

Although the aim of 50% was not reached (38% of young people), there was an increase of 29% from the first audit on 6th April 2022. The change idea that was most effective, resulting in the largest increase of care plans completed, was team time dedicated to care planning.

References

South West London Integrated Care System