

Children's Improvement Board Case Study - Rotherham, Doncaster and South Humber Mental Health Trust (RDaSH)

August 2012

1.1 Summary

- **What they are doing:** Rotherham, Doncaster and South Humber Mental Health Trust (RDaSH) reconfigured its ADHD assessment and treatment service in December 2011 in order to reduce waiting times, enabling a more timely assessment and to offer a multi-professional and holistic approach to effective treatment.
- **How they are doing it:**
 - Multi-professional liaison and intelligence-sharing is encouraged from as early as possible during the referral stage.
 - Referrals for assessment are now more effectively triaged by a multi-professional Duty team.
 - Assessments are carried out by a range of professionals making them more robust, thorough and not dependant on a single professional.
 - Treatment pathways are multi-faceted in order to effectively manage the condition for both children and their families.
 - The new team plan to train and network with other professionals to aid early identification and management of ADHD
- **Main benefits and outcomes:**
 - Waiting times for assessment have been significantly reduced from a year or more to approximately 3-4 months.
 - The thoroughness and multi-agency nature of the assessment is reducing the likelihood of re-referral into the service following a negative diagnosis.
 - Professionals are able to share expertise across the team and streamline their work more effectively.

This case study outlines the main features of the new service, along with its benefits and the challenges the team has faced so far.

1.2 How it works

The ADHD team is multi-disciplinary and comprises the following professional groups (detailed diagrams are included at the end of this case study):

- Occupational Therapy (OT)
- Specialist Nurse provision (Mental Health)
- Psychologist
- Paediatrician
- CAMHS practitioner.

Referrals

Referrals can come into the team through a variety of routes, but most often come in through schools or GPs. The ADHD team encourages schools to route referrals via their Educational Psychologist (EP) so that there is early awareness of potential issues for the individual child and the EP can add their professional expertise to the referral. Other routes into the service are self-referrals from parents, from social care professionals and paediatricians. Referring professionals (as well as the ADHD team) have a checklist to help them correctly identify which children are most appropriate for referral for an assessment, and referrals come into the Duty Team which acts as a triage into the assessment service, deciding which cases will progress to a full assessment.

The assessment is a very thorough process, made up of many multi-professional components, gathering a range of evidence in order to make a final holistic assessment of the child's needs. It comprises:

- Notifying parents what the process will entail
- Completing the Conners Rating Scale¹ together with the parents
- School-based observation of the child
- At times, a supplementary observation of the child at home
- Full developmental history of the child from the parents
- Collecting evidence from other professionals involved with the child (e.g. Paediatrician, etc)
- Psychological assessment
- OT involvement.

A full assessment typically takes about 8-12 weeks but the approach taken by the service is to as fully assess a child as possible to avoid re-referrals back into the service, which have been a historical problem in ADHD assessment services. Together, professionals have a case discussion with the Paediatrician to decide the final outcome of the assessment based on all the evidence. This multi-professional is also important considering the co-existence of ADHD with a number of other mental health and behavioural issues, as well as the difficulty of diagnosis, given that symptoms can also be indicative of these other issues as well as neglect, abuse and/or attachment disorders.

There are a number of treatment options for a positive diagnosis of ADHD, both for individual children, but also their families, to help manage the condition. For the ADHD service, this multi-pronged approach is critical in successfully managing the condition alongside traditional medication options:

- Medication (dosage is started with all children as low as possible)
- 3 awareness-raising group sessions programme consisting of:
 - What is ADHD (the research evidence and how the condition differs from conduct disorder or behavioural issues)
 - Learning about basic behavioural interventions parents can use to manage their child's behaviour

¹ A Conners Rating Scale is a diagnostic tool for specifically designed and researched to identify ADHD.

- Sensory integration – delivered by the OT to show children how they can use their senses to better manage their self-regulation (e.g. through particular exercises).
- One-to-one behavioural interventions with parents
- Telephone support for parents (e.g. for advice, emotional support)
- Training delivered to primary and secondary school staff around what to look out for in identifying ADHD, also planned to take place with targeted services (e.g. Health visitors) in the future.
- Some individual work with children (who are old enough to understand the condition and their management of it)
- There are also plans to set up a drop-in monthly support group for parents facilitated by a Team member, so that they can access peer and professional support and share experiences.
- From September, there will be an ADHD network across RDASH which facilitates the sharing of good practice and piloting new approaches as well as acting as a forum for professional networking across the locality.

1.2.1 Main benefits

The main benefits of the new ADHD service is that the significantly improved coordination between agencies and professionals in completing a thorough and holistic assessment is directly impacting on children and their families in a positive way. Waiting times for an assessment have significantly reduced from being typically a year or more, to current times of about 3-4 months.

Coupled with a more rigorous assessment, parents can be reassured that their child's needs are being comprehensively assessed and are swiftly followed up by being offered a suite of complementary treatment options to maximise successful management of the condition.

In addition, staff are facilitated to share and retain expertise across the multi-disciplinary team, also enabling them to work successfully alongside external children's services professionals who may be working with the children who are referred to them.

1.2.2 Has the project improved outcomes?

As well as the substantially faster routes into ADHD treatment, following more swift assessments, the team is also using some universal outcome measures with their clients to assess whether their interventions are having any wider impact on their wellbeing – these are the Strengths and Difficulties Questionnaire and the Children's Global Assessment Scale. However, as the service has only been up and running in its current format for approximately half a year, it is too early to assess whether there has been any marked change in these outcome measures. This will continue to be monitored over time.

1.2.3 Has the project led to cost-savings?

The service itself is not directly measuring cost-savings that can be directly attributed to it. However, the service was designed in light of research findings by NICE and other agencies that demonstrate the massive cost savings of early intervention in ADHD assessment and treatment services. This knowledge base has directly impacted on the way in which the service has been configured and it is therefore expected that the service will contribute to wider costs savings across children's services in the future. Wider cost

savings that have been attributed to timely and effective ADHD services include the prevention of children being excluded from mainstream education, entering the criminal justice system and having issues with substance misuse, all of which have large public costs attached to them.

1.3 How it was achieved

1.3.1 What was the rationale for the change in service?

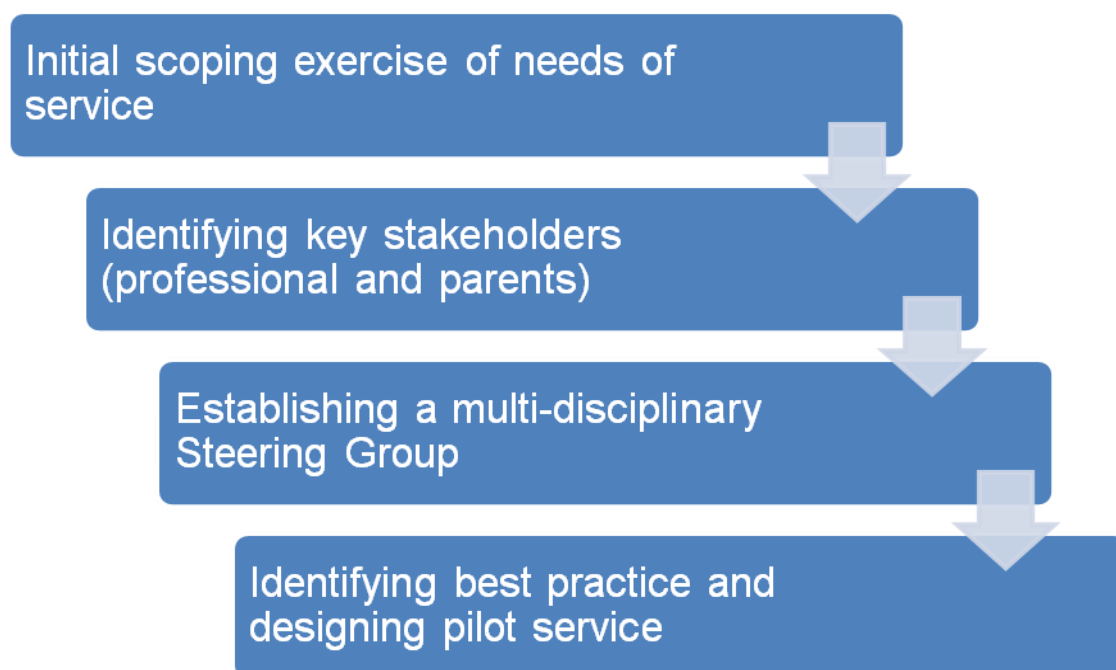
The ADHD service in Doncaster was reconfigured after a gap in provision was identified following a re-commissioning of CAMHS services in the locality. Children and Young People's Service commissioners took this opportunity to examine the existing ADHD pathway provision and established a multi-professional Steering Group to suggest recommendations for provision in light of both issues with the existing service and best practice guidelines (e.g. from NICE).

The Steering Group was set up (comprising professionals from Social Work, Paediatrics, Psychiatry, Occupational Therapy and Educational Psychology) and found that there were many issues with the existing provision which exacerbated waiting times, thereby increasing the propensity for duplication in assessments due to the time elapsed since the initial referral. Waiting times were up to a year and the pathway relied on two professionals making the final ADHD assessment making it extremely susceptible to staff sickness/absence.

Based on best practice, the group recommended a 12-month pilot service which tested a markedly different model of assessment pathway relying on a triage team made up of a range of professionals, thus significantly reducing waiting times, duplication of assessment and improving multi-agency working and rigour of decision-making.

1.3.2 Key steps towards integration

The key steps in getting the newly configured service are set out in the diagram below:



1.3.3 What were the key challenges, and how were they overcome?

One of the greatest challenges that the new service has encountered is to deal with the immense backlog of children requiring intervention from the old service as the waiting times were so long. This has necessitated a regimented and focused effort to cut down waiting times and get through as many cases as possible to bring waiting times back down and the fact that they are now greatly reduced demonstrates the team's success in this aspect of their work.

1.4 Learning points

The main learning points in this project have been:

- **Better anticipation of the changing demand** of the service over time – referrals have mirrored a bell-curve in that there has been a rapid increase as awareness amongst referrers increases and this could have been better planned for in terms of service planning.
- **Not underestimating administrative time** – this has significantly impacted on practitioners' time.
- **Having the Nurse Prescribing expertise from the offset of the service.** Although the Specialist Nurse on the team will soon be qualified in this, it would have been helpful to have this expertise from the start.

1.5 Key contact

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1.6 Diagrammes of referral pathway

