

**Adult Social Care and Health Overview and Scrutiny  
Committee  
15<sup>th</sup> February 2011**

**Child and Adolescent Mental Health Services Waiting  
Times**

**Recommendations**

- (1)** That the Adult Social Care and Health Overview and Scrutiny Committee (ASC & HOSC) request that Coventry and Warwickshire Partnership Trust (CWPT) produce a report for the Committee to consider at their meeting on the 11<sup>th</sup> April 2012 outlining the precise nature of the current Child and Adolescent Mental Health Service (CAMHS) waiting lists and an action plan outlining how these will be addressed in the next six months.
- (2)** That CWPT bring a further report to ASC & HOSC on 5<sup>th</sup> September 2012 that provides a full account of the current waiting and the actions that have been put in place to address these waits.
- (3)** That commissioners explore new ways of addressing waiting times including benchmarking Coventry and Warwickshire Partnership Trust (CWPT) against statistical neighbours, the re negotiation of the contract with CWPT and testing the market for potential providers. The outcome and recommendations to move this forward will be brought back to ASC & HOSC on 5th September 2012. Any decision on changes to the current contractual arrangements will require authorisation and support from the Arden Cluster and Clinical Commissioning Groups

**1.0 Background**

- 1.1 The Health Overview and Scrutiny Committee received a presentation from CWPT on the 16th October 2009, providing details on waiting times for their Specialist Child and Mental Health Services. In response to the concerns raised at that meeting, a joint scrutiny panel was set up comprising members of the Children, Young People and Families and the Health Overview and Scrutiny Committees. This panel held a select committee on 16th September 2010 established to scrutinise the provision of CAMHS and, in particular, explore why waiting times were regularly exceeding the 18-week target. A formal report was produced collating the evidence gathered and setting out the recommendations of the scrutiny group, which was agreed by the ASC&H OSC Committee on 16 September 2010 and approved by the Cabinet at their meeting on 16 December 2010.

1.2 An Action Plan was produced as a result of the recommendations agreed by Cabinet and this report is the second progress report against these recommendations that has been presented to ASC & HOSC.

1.3 2010/11 NHS Warwickshire applied a Commissioning for quality and innovation (CQUIN) incentive to reduce the referral to treatment waiting time to a maximum of 14 weeks. The outcome at 31 March 2011 was:

- South Warwickshire 77%
- North Warwickshire 24%

Aggregated over the twelve month period just over 50% of patients were seen within the 14 week maximum waiting time target for treatment

## 2.0 Key Issues from the Action Plan

2.1 That there are specific concerns about particular key actions where progress is limited;

2.2 *Waiting Times remain unsatisfactory.* ASC & HOSC is advised that although waiting times initially fell as a result of the CQUIN and the implementation of CAMHS remodelling through the Choice and Partnership Approach (CAPA) at the end of Q2 2011/12, 68% (206) of children waiting for CAMHS services, were waiting over 14 weeks for treatment. These figures are less favourable than waiting times for Q2 2010/11.

	2010/11				2011/12	
	Q1	Q2	Q3	Q4	Q1	Q2
No of referrals	592	444	582	696	566	490
			From referral to assessment			
0-7 weeks			25	47		
7 + weeks			119	48		
	From referral to treatment		From assessment to treatment		From referral to treatment	
0-14 weeks	131	85	38	70	30	98
14 weeks and above	106	61	176	154	213	206
% waits above 14 weeks	44%	42%	83%	69%	88%	68%

2.3 *The data currently provided does not give a complete picture of waits.* Waiting time data improved during 2010/11 due to the reporting requirements applied against the CQUIN. CWPT are unwilling to continue to report at this level of detail.

- 2.4 *Demonstrable outcomes:* Anecdotally and through satisfaction surveys (ESQ) patients and their parents report a good experience of specialist CAMHS treatment services. However the implementation of outcome measures beyond collecting a baseline (point 3.6) is still required, so that CAMHS can demonstrate that their services are having an impact and are making a difference to the mental health of young people who access their services
- 2.5 *Financial reporting* as proposed The Action Plan states that CWPT Board are not prepared to share this information, therefore the bench marking exercise against statistical neighbours will not be able to fully evidence value for money.
- 2.6 *Business Case;* CWPT have stated in previous reports to HOSC and ASC & HOSC that a business case is required to demonstrate that additional resources are required to bridge the gap between capacity and demand. This report was due in April 2011 but this has never been received. A clear understanding of the capacity and demand would assist commissioners in working with CWPT to plan for meeting the needs of children and young people in Warwickshire.

### **3.0 Progress Against The Action Plan**

#### **3.1 Progress against the following actions, in particular is noted:**

- 3.2 *CAPA ;* The role out of the remodelling of pathways through CAMHS; the Choice And Partnership Approach (CAPA) across the CAMHS county bases be recognised as a positive step in making services more accessible to children and their parents, initially reducing waits and by simplifying the routes into treatment.
- 3.3 *Primary Mental Health ;* The commissioning of a new Primary Mental Health Team, made up of five workers, now all in post, one for each district/borough, will build on the successes of the Targeted Mental Health in Schools Project (TAMHS). Schools, Primary Health and Children's Centres now have access to mental health advice, consultation and training and are supported and better equipped to deliver early interventions to young people they identify as having emotional issues. (Appendix A)
- 3.4 *Website;* CWPT's new website for children, parents and professionals provides a raft of information to children and young people, their parents and professionals so they can have a better understanding of the emotional well-being and mental health problems that may occur and what to do should they experience them. The website also offers information about accessing specialist CAMHS and other local services.
- 3.5 *Relationships;* CAMHS report enhanced relationships and communication between their services, parents and schools; consent process for CAMHS to share information with schools are in place, better communication about the process and predicted waits will improve further now the PMHW's are in post.

**3.6** *Baseline Measures;* The collection of baseline outcome measures. CWPT have completed a large amount of work in identifying a raft of tools that can be used with children, young people and parents to measure the impact their service has on the mental health of the children they see. This work has commenced with regards to ascertaining scores for a samples of children and parents to give a baseline in understanding the complexity of the children presenting across Warwickshire.

## 4.0 Proposals

4.1 Satisfaction surveys data demonstrates that once families receive a service from CAHMS they are generally very happy with the care and support they receive. Nevertheless the inability of CWPT's CAMHS service inability to evidence the positive impact that their treatment has upon children and young people, the current waiting times, lack of robust data and financial information all add weight to the argument that value for money measures cannot be undertaken and more radical actions are needed to improve services for the children of Warwickshire.

4.2 It is recommended that the commissioner, with support from member of the Emotional Well Being and Mental Health Strategy Group explore what actions could be taken and whether there are sub regional solutions.

## 5.0 Timescales associated with the decision/Next steps

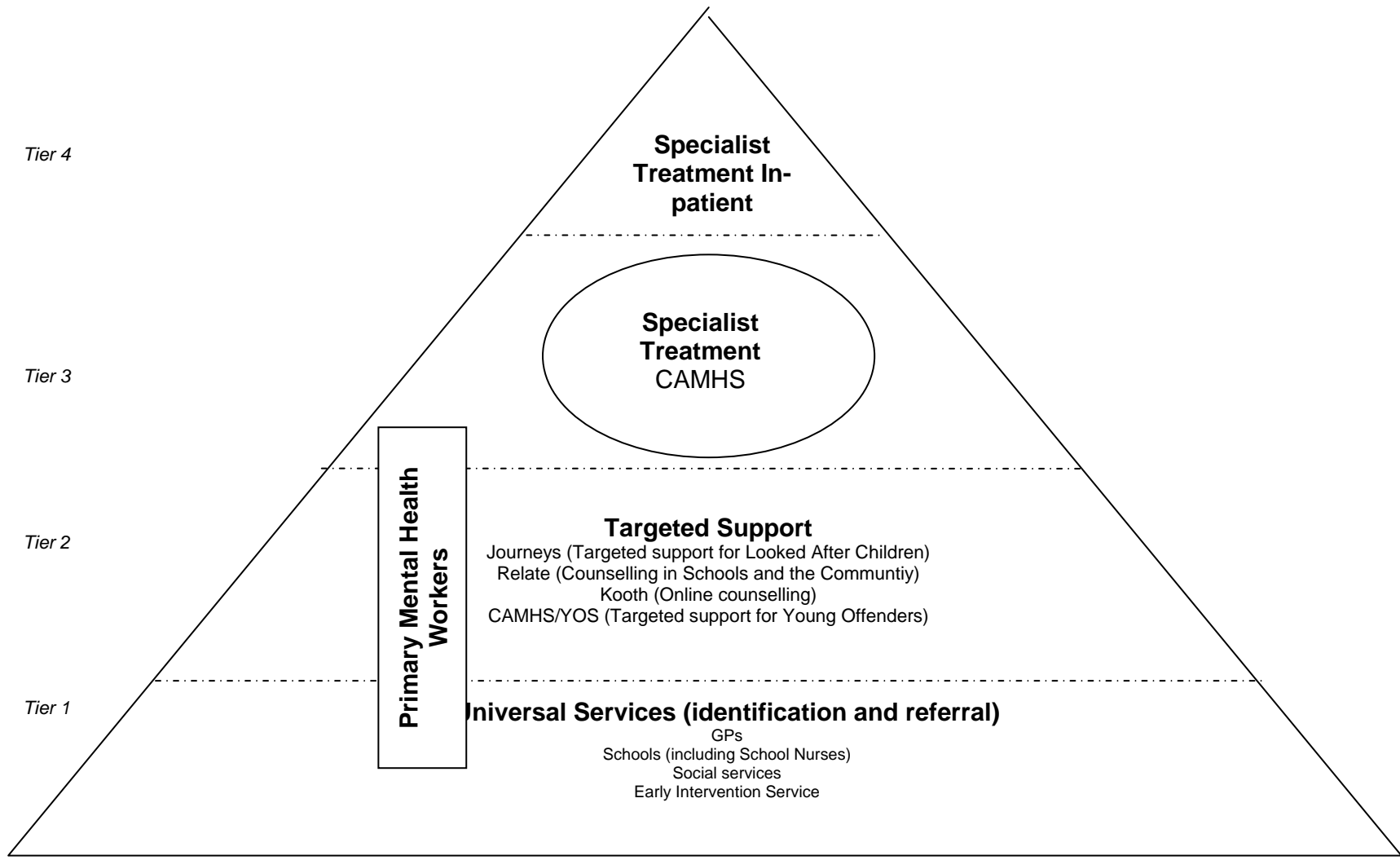
For commissioners and CWPT to present back with their further work with regards to driving down waits to the ASC and HOSC to be held on 5<sup>th</sup> September 2012.

## Background Papers




1. ASC &H OSC - 13th April 2011, Scrutiny of CAMHS- Progress Report
2. Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 at Shire Hall, Warwick
3. Scrutiny Review Implementation Plan – CAMHS Waiting Times (Joint document produced by Loraine Roberts, General Manager, CAMHS, CWPT and Kate Harker, Joint Commissioning Manager – CAMHS.
4. Report to ASC&H OSC dated 16 September 2010 and to Cabinet dated 16 December 2010 and the associated minutes
5. Report of the Joint Scrutiny Panel of the Children, Young People and Families and the Health Overview and Scrutiny Committees, June 2010


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# Tiered model of provision for emotional well-being



## Scrutiny Review Implementation Plan – CAMHS Scrutiny Review

<b>Key</b>		Exceeding target		Meeting target		Missing target
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Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
<b>Choice and Partnership Approach (CAPA)</b>					
A	That the CAMHS Scrutiny Panel endorses the implementation of CAPA as CWPT's model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provided to the Adult Social Care and Health OSC when	<p>Implement CAPA in phased plan across the county</p> <p>Establish process to create clear Job plans of all staff to understand team capacity</p> <p>CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during November 2010 to request additional resources to meet the actual demand for our services.</p> <p>Explore thresholds as well as Pathways to facilitate ease of access</p>	<p><b>To maintain CAPA without the adequate staffing will be a risk and the waiting lists will start to increase again. 1 medical consultant and 4.9 WTE staff under resourced.</b></p>	<p><b>March, 2011</b>-The Partnership Trust has begun the process of service redesign using CAPA and this has highlighted the lack of sufficient capacity as compared to the demand. Whilst we are clear that the initial phase of the 'waiting list blitz' is having very positive results on the waiting times, the potential / ability to maintain this without adequate staffing will be a risk and fear that the waiting lists will start to increase again. CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during April, 2011 to request additional resources to meet the demand for our services.</p> <p><b>January 2012</b> –Loraine Roberts (CWPT) – A business / plan case is to be completed to take to the commissioners in <b>March</b> 2012. The ongoing work being done on agreeing pathways and thresholds for the specialist service will support</p>	

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					<p>this process. This work is imperative to understand how much capacity will be released if any. Referral rates have continued to increase in some areas as much as 25% increase in referrals has been noted. As a result of this full figures per GP / referrer are in the process of being pulled for PCT commissioners as requested but a meeting to take this forward is still being arranged. The issue around demand outstripping capacity remains an issue.</p> <p>Kate Harker (Joint Commissioning Manager – CAMHS) - No business plan with regards to the need for increased resources that was mentioned in the last report from the Trust has been received to date. Review of Pathways is well underway. ASD, Enuresis and encopresis, ADHD, eating disorders and bereavement are amongst the first pathways to be reviewed</p>	
<b>Improving the link between specialist CAMHS and Schools</b>						
B	That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following:					
	Providing an information pack to all schools by the start of the new school term in January 2011, that gives clear guidance on the latest		Create information pack Share this resource freely	<b>Cost for website development</b>	<b>March 2011</b> -Information pack was created – now in process of amendment due to cuts in Services	

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procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses)		Website to be developed for Children, Young People, Parents & Professionals.	<b>and printing</b> <b>£12,000.00</b> <b>Jan 2012 –</b> Cost to upkeep the website and printing £2500 Per year	and Changes to Benefits system. <b>January 2012</b> – Information pack no longer valid due to large change in voluntary and statutory provision with the Savings needed to be made by Health and Council. Clear links will be made available on the new Camhs website to access support / strategies for all partners as well as parents and young people <a href="http://www.covwarkpt.nhs.uk/camhs">www.covwarkpt.nhs.uk/camhs</a>	★
Implementing the necessary arrangements for parents/guardians to give permission for case information to be shared with schools (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.				<b>January 2012</b> – LR -Consent to share information is now gained as part of the choice appointment within CAPA.	★
Acknowledging receipt of referrals made by schools within 5 working days and providing an outline of expected waiting times for an appointment		Refer to letter to Councillor Caborn re: implementation of CAPA. With clear Standard Pathways to be developed.		<b>March 2011-</b> LR Good progress in South with CAPA which has resulted in clear communication being essential between CAMHS	





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				<p><b>Jan2012</b> Cost of 3 additional staff Approximately £130 k</p>	<p>and schools. North Warwickshire to start 1<sup>st</sup> June, 2011</p> <p><b>January 2012</b> –LR – CAPA has now been rolled out across all services – part of this process is clear communication in a timely manner to the Families and referrers. Clear communication will be vastly improved with the commencing of Primary Mental health workers across all 5 boroughs of the council. 1 of these staff has a key remit and link re: schools / education. There is evidence to support that for the population size this should be a team of at least 8 workers.</p>	●
	<p>Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken</p>		<p>Develop &amp; establish communication with Schools. Use established Forums to discuss issues with Schools.</p>		<p><b>March 2011</b> - Attendance at Behaviour Panels established. Use of Primary Mental Health Workers to link with Schools implemented</p> <p><b>January 2012</b> – LR –The original 2 Primary Mental Health workers are now 5 staff due to a new commissioned service by the Council. This will aid the linking between Schools, Camhs and other key agencies. Ed Psych and Camhs to begin collaborative work in the new term so that work and input isn't duplicated and specialist</p>	★


	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					<p>roles are maintained.</p> <p>K.H - The Targeted Mental Health in Schools evaluation has quite firmly confirmed our belief that Primary Mental Health Workers in Schools are an excellent resource to build confidence and competence amongst such staff in dealing with emotional well –being issues. As such a contract has been put in place between WCC and CWPT to commission a Primary Mental Health Service. All 5 staff are now in place and working both in schools and out in the community</p>	
	<p>Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. CAMHS staff to agree a preferred time and location with parents and service users, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments and therefore increase the likelihood of attendance</p>		<p>Ensuring suitable venues with both ease of access and providing confidentiality are available. Appointments are already offered in a range of settings however Work to be done to establish the impact of outreach work against the unproductive level of travel time for our staff whilst we are operating under the current level of funding shortfall.</p>		<p><b>March 2011 – LR</b></p> <ul style="list-style-type: none"> <li>• Liaison with Schools for potential Venues.</li> <li>• Scope travel time and Outreach work has begun January 2011.</li> </ul> <p><b>January 2012 LR –</b> There is still work to be done on this, the partnership trust is in the process of reviewing where and how services are offered as well as work that needs to be done with other agencies to identify suitable venues for sessions.</p> <p>KH - flexibility of delivery venue continues to be an issue raised by children, young people and parents</p>	




	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					in recent CAMHS needs assessments.	
	Establishing a single named point of contact within both Specialist CAMHS and schools to ensure all parties know who to contact and how		<p>Duty worker rota to be established</p> <p>PMHW role to take up conduit between universal services and CAMHS</p> <p>CWPT also commits to providing schools with the clarity regarding contact number and hours of operation in order to support this recommendation.</p>	PMHW team to be funded	<p><b>March 2011</b> – LR- Duty Rota established and fully functional.</p> <p>Work ongoing with Commissioners re: PMHW Service and an extension to this role.</p> <p><b>January 2012</b> – LR – Duty worker system fully operational as is the after hour on- call process to access a Child Psychiatrist. All Camhs bases are fully manned during their opening hours of 9- 5 and a key link for the boroughs will be the new Primary Mental health Service. Added to this is the information available via the Camhs Website which will give useful tips, advice and contact details.</p> <p>KH - PMHW service provides a worker to each district as a named contact. This will be monitored closely to ensure the processes effectiveness.</p>	★
<b>Communication between Specialist CAMHS and parents / guardians</b>						

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
C	That CWPT ensures Specialist CAMHS:					
	Provides parents / guardians with clear estimations of waiting times		<p>Letters for CAPA to give clear guidance on time</p> <p>Parents are encouraged to opt in to service and are given a choice of appointments to suit them</p> <p>Standard operating procedures will ensure that Parents are kept informed of progress regularly</p>		<p><b>March 2011</b> – LR - Standard Operating Procedures complete and deployed.</p> <p>Standardised letters implemented.</p> <p>South has started CAPA</p> <p>North to Start CAPA June 2011.</p> <p><b>January 2012</b> – LR As above with the letters providing clarity re process and contact details. Work underway to ensure parents if waiting are kept informed on a regular basis and know how to contact service in an emergency.</p> <p>Complete</p>	★
	Provides parents / guardians with regular updates on progress of the referral		<p>Correct Information to be gathered at time of referral</p> <p>Clear documentation is vital to this communication element being managed successfully.</p> <p>CWPT commits to reviewing how parents / guardians can be better informed and reminded of appointment</p> <p>Use of ESQ to gain feedback</p>		<p><b>March 2011</b></p> <p>ESQ has been implemented to gather feedback from Parents and enable CAMHS to feedback performance to Parents &amp; Commissioners.</p> <p><b>January 2012</b> – LR- Full set of outcome measures (Both patient and Clinician rated) is now collected pre-and post assessment and treatment in order that a wide range of views can be obtained from children and families. Part of this is</p>	★




	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					<p>to encourage the patient to set goals on entering treatment so that one can measure if this goal has been met. This information is fed back to families, Clinicians and Commissioners on a quarterly basis. The letters on receipt of referral will provide clarity re process and service contact details. Work underway to ensure parents if waiting are kept informed on a regular basis and know how to contact service in an emergency or if circumstances change.</p> <p>Complete</p>	
	<p>Reviews how parents / guardians are informed and reminded of appointments and introduces the use of SMS and email alerts</p>		<p>Explore with Information how to use SMS for appointments</p> <p>Email Alerts to be explored via IT system ensuring Information Governance is maintained</p>		<p><b>March 2011</b> - LR - SMS usage - under review by CWPT IT Department and response expected shortly.</p> <p><b>January 2012</b> – LR – This work is still ongoing as is the exploration of whether we could use Social Media and what this would mean for our patients and families.</p>	
	<p>Pays due attention to individual family circumstances, such as two-household families and non-parental childcare (grandparents, carers etc)</p>				<p><b>January 2012</b> –LR – Due attention is paid as Part of the full history taking of patient process.</p> <p>Complete</p>	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
<b>Referral through CAF</b>						
D	That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools		<p>Use the joint working protocol Re: CAF</p> <p>Support referrals being submitted with a CAF and these cases would also be assessed - subject to the standard service thresholds.</p> <p>Regularly review the joint working All CAMHS staff to go on training</p>		<p><b>March 2011</b> LR - CAF Protocol implemented.</p> <p>Service Co-ordinator monitors CAF Referrals.</p> <p>South Staff CAF Trained.</p> <p>North Staff to go on CAF Training June 2011.</p> <p>Joint Working Protocol to be reviewed.</p> <p><b>January 2012</b> - LR – CAF protocol has been reviewed annually since its inception.</p> <p>New starters are now to go on CAF training as part of their Induction but staff not trained still needs to be completed. This is specifically an issue for the staff in the North. Jane Brooks as service co-ordinator has this down as a priority to address. Payment for the training for these staff will now be picked up by our Commissioner.</p> <p>The additional resource identified by Commissioner will be used to support and provide services at the Primary care level not at specialist</p>	●

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					Camhs level. KH - CAF Protocol reviewed and implemented.  Additional resources have been identified from the Schools Forum (2 years) to allocate, through the CAF process, mental health prevention and early intervention support to young people and families requiring mental health input.	
<b>Early Intervention</b>						
E	That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:					
	Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools				<b>January 2012 – Complete</b> However 5 staff have been appointed _ guidance does advise that the staffing number should be a minimum of 8 staff.	


	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the County				<p><b>March 2011 – LR</b> Awaiting Commissioners</p> <p><b>January 2012 -KH -</b> Dedicated resource secured. Model agreed - through CAF process. Framework contract - going out to tender February 2012.</p>	
	Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed				<p><b>March 2011 –LR -</b> Role of Commissioner supported by CWPT.</p> <p><b>January 2012- KH -</b> Relate are extremely proactive in advertising the availability of their services, increasingly however schools are reluctant to contribute towards this provision with current financial restraints, although it is subsidised by WCC, CAMHS commissioning.</p>	
	Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children’s Centres				<p><b>March 2011 – LR</b> This is the Role of Commissioner but supported by CWPT.</p> <p><b>January 2012 - KH -</b> Kooth have a rolling programme of promotional visits to schools across the county, they have also provided mail shots to all children’s centres and GP’s</p>	



Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
<b>Collaboration with partners</b>						
F	That communication and collaboration with partners be improved through:					
	Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes				<p><b>March 2011</b> – LR- Work in progress to ensure closer working relationships.</p> <p><b>January 2012</b> –LR - As Above whilst the relationship is slightly different due to the change in their status to become a trades service</p>	
	Possible co-location of CAMHS and EPS workers				<p><b>March 2011</b> -LR -Work on hold due to change in funding for EPS.</p> <p><b>January 2012</b> – LR – Meet with EPS and CAMHS and new Pmhw's to take place in the SPRING term to take this forward</p>	
	The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards				<p><b>March 2011</b> – LR Where appropriate this work is being explored.</p> <p><b>January 2012</b> – LR- As above</p> <p>Roles on the Camhs Group, Infant mental health and FNP</p> <p>Now complete</p> <p>KH - Tier 2 managers have now become part of the Emotional Well-Being and Mental Health Strategy</p>	

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					Group.	
	The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign				<p><b>March 2011</b> – LR - All Tier 1 &amp; 2 Specialist CAMHS (CWPT) involved in CAPA</p> <p><b>January 2012</b> – LR Complete</p>	★
	The greater use of CAF as a mechanism to share information between relevant partners				<p><b>March 2011</b> – LR - Work in progress. Review of Joint Working to include this element.</p> <p><b>January 2012</b> –LR – Complete</p>	★
<b>Using modern, technology-based services</b>						
G	That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as Kooth.com online counselling service		<p>Continue to support the creative approach that online counselling services brings to the access for young people.</p> <p>Look to include this element within our service redesign strategy.</p>		<p><b>March 2011</b>- LR - This recommendation is one that the CWPT had already organised a meeting with the Joint Commissioners during November in order to address our potential provision of this type of service – To be rearranged</p> <p><b>January 2012</b> LR- Input into the</p>	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
			<p>Build up a business case to map out the cost for investment Options Appraisal / Reprioritising of the plans for our services in order to deliver this objective.</p> <p>This recommendation is one that the CWPT has already organised a meeting with the Joint Commissioners during November in order to address our potential provision of this type of service.</p>		<p>recent bids for Childrens IAPT as part of the wider Camhs Services</p> <p>This does sit with commissioning of services.</p> <p>KH - Comprehensive CAMHS: We have had several meetings about Computerised Cognitive Behavioural Therapy. This is a relatively new area for children's services, but is well established in early interventions for adults. We plan to run a pilot to establish the effectiveness of these types of interventions and whether they could be routinely offered to young people preferring on line type interventions that suit the specific programmes.</p>	●
<b>Understanding User Views</b>						
H	That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign		<p>Introduction of the Care Programme Approach (CPA) into CAMHS Copies of care plans to be shared with families and young people.</p> <p>Continue work on a web based system for children, young people and professionals to access clear information on the service.</p>		<p><b>March 2011</b> – LR- Web design for website now complete. Anticipate available June 2011.</p> <p><b>January 2012</b> – LR – Work on website ongoing but the website is now live – Lunched in Avon Valley School In September 2011</p> <p><a href="http://www.covwarkpt.nhs.uk/camhs">www.covwarkpt.nhs.uk/camhs</a></p> <p>Still needs work to be populated on</p>	●

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			Provide up to date information, leaflets for families and other users of the service.		<p>Childrens LD and the services we offer.</p> <p>Development of this has taken on board what families and partners have told us they need from us. Participation training is being offered to camhs staff so that meaningful engagement happens with families. We also now collect routine measures and feedback from our patients for this purpose.</p>	
<b>Communication between Commissioners and CWPT</b>						
I	That CWPT provides CAMHS Commissioner with more timely and accurate performance and financial information		<p>CWPT to continue to work hard with the Commissioners.</p> <p>Continuously improve our ability to provide clear and timely performance and financial information.</p> <p>Continue to make significant advances in Information.</p>		<p><b>March 2011</b> – LR - CWPT meet Commissioners Quarterly to share information and performance data.</p> <p>CAMHS have achieved all three CQUIN targets set by the Commissioners to date in 2010/11.</p> <p><b>January 2012-</b> LR- Information collected and given to the Commissioners is what is set out very clearly in the Annual Contracting framework with them –</p>	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
			<p>Commit through our monthly Contracting and Performance Meetings with the Joint Commissioners to address this recommendation.</p> <p>To continuously improve in this area.</p>		<p>this has not had the same level of detail as set out with the CQUIN target which came with additional funding to help with this work. We have strived hard to improve our data and diverted people and resource to gather outcomes data and reports for the Commissioners.</p> <p>Financial data is only shared as part of the overall block contract and as agreed with our Board.</p> <p>KH – over the last year there has been an improvement in the data we receive, including some benchmarking from outcome based tools, what we still do not have is figures around the impact the service is having on individual children and any financial data. Additionally the waiting time data has become less informative since the end of the waiting time CQUIN. Waiting times are difficult to understand from current data sources.</p>	