

Adult Social Care and Health Overview and Scrutiny Committee, 11th April 2011

Child and Adolescent Mental Health Services (CAMHS) Waiting Times – current position & action plan

1. Purpose of the report

As resolved at the February 2012 meeting of the Adult Social Care & Health Overview & Scrutiny Committee, the purpose of this report is:

- a) to detail the scale and nature of CAMHS waiting times; and
- b) to set out the action that is proposed to reduce the waits.

2. Recommendations

Members are requested to provide views on the contents of this report, particularly in relation to the updated analysis of waiting times and the proposed action to address the key issues.

3. Background

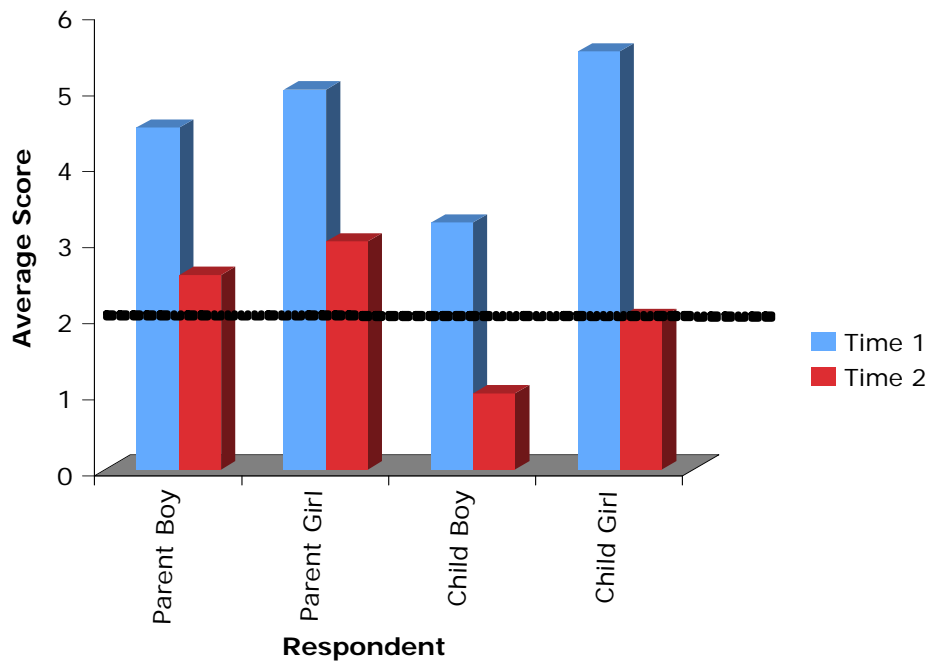
- 3.1 There has been a range of discussions and scrutiny activity over a significant period of time, culminating with the February 2012 Adult Social Care & Health Overview and Scrutiny Committee (HOSC) meeting, which focused on the length of time it takes children and young people to access Specialist CAMHS services in Warwickshire.
- 3.2 Members and Commissioners had expressed concerns about the lengthy waits and, in particular, the high proportion of waits exceeding the 18-week referral to treatment (RTT) target or 14-week CAPA (Choice & Partnership Approach) target. Data available to Commissioners highlighted that during both the second and third quarters of 2011/12 about two-thirds of children & young people were waiting longer than 14 weeks for treatment.
- 3.3 It should be noted that waiting times were significantly lower during 2010/11 whilst CAMHS capacity was bolstered through the CQUIN (Commissioning for Quality & Innovation) initiative. However, this was in essence a short term fix which did not lead to a sustained approach to delivering lower waiting times.
- 3.4 Associated issues that Members and Commissioners noted included the following:
 - a) Available data did not provide a comprehensive and robust picture of waits; also it needed to be made available in a more timely manner;

- b) Perceived inequity of service arrangements and waits across Warwickshire; perceived inequitable service compared to Coventry;
- c) Outcomes information needed to be further articulated to evidence 'patient' experience;
- d) Lack of availability of financial information to enable benchmarking;
- e) Delayed development of a business case setting out resourcing proposals to address perceived capacity shortfalls.
- f) The need for improved communication with parents / carers and other stakeholders (particularly those making referrals). This would include improved communication in relation to waiting times, referral criteria; the progress with referrals; and the use of appropriate media, such as texts; information sharing improvements were also requested;
- g) The need to improve relationships with partner agencies and other stakeholders;

5. Outcomes delivered by the service

- 5.1 Work has been ongoing to track clinical outcomes within CAMHS. This has provided a better understanding of the overall impact of the service and has provided a useful indication of patient satisfaction. The quality and effectiveness of our healthcare interventions are routinely measured by asking young people, parents/carers, and clinicians to rate the nature and severity of symptoms at specific intervals within each episode of care.
- 5.2 Children and young people entering Warwickshire CAMHS have particularly high levels of complex emotional and behavioural needs, which can exceed levels experienced within other similar CAMHS services in other parts of the country (source = CAMHS Outcome Research Consortium). Nevertheless, the Warwickshire service delivers meaningful change that patients and parents are satisfied with. The graph below highlights the improvements in wellbeing experienced by children and young people accessing Warwickshire CAMHS. According to parents and the youngsters themselves, there is a significant reduction in the impact of mental health problems on daily activities and relationships over the course of treatment. Six months into an episode of care or at discharge the degree to which emotional and behavioural problems interfere with daily life more closely resembles that experienced by children in the general population who are not using CAMHS. This change indicates that treatment is leading to improved wellbeing by helping children develop greater resilience, which enables them to live more fulfilling lives.

Warwickshire CAMHS Impact of Difficulties Scores



Key

Time 1 = First Appointment

Time 2 = 6 months into treatment or discharge

— = Average level of functioning for children in the general population

6. Updated details of waiting times

6.1 Work is ongoing to develop a definitive picture of the numbers of children and young people who are waiting for Specialist CAMHS services, the type of condition that they have (i.e. the care pathway that they are on) and the length of waits.

6.2 Further work is required, but the emerging picture indicates the following:

- No children and young people have been currently identified as waiting for an initial assessment;
-
- However, there are 473 Warwickshire children and young people waiting to access treatment;

- For nearly two-thirds (311 out of 473) of these children & young people, further work is ongoing to provide a clear picture of the nature of their wait.
- There are a significant number of children and young people accessing the service with neurodevelopment disorders. These disorders include attention deficit hyperactivity disorder (ADHD), autistic spectrum disorders (ASD). 28% (134 out of 473) of the young people are identified as having a neurological developmental condition. However, it should be noted that this is over 80% (134 of 162) of children and young people for whom conditions have been identified. Children presenting with an ASD have difficulties with (1) social understanding and developing relationships, (2) social communication and language, and (3) social imagination (i.e. difficulties with flexibility of thought and behaviour). It is generally accepted that ASD is a lifelong condition and that education is the most effective intervention. ASD does not in itself constitute a mental health condition, albeit that between 40-70% of children with autism present with problematic emotional and behavioural reactions.

Locality profile (at 29.02.12):

	Warwickshire (Numbers waiting & average waiting time)				Coventry
	L' Spa	Stratford	Nuneaton / Rugby	Warks Total	Coventry Total
Initial assessment	0	0	0	0 (ave: 12 wks)	101
Complex behaviours & wellbeing conditions	0	2	18	20 (ave: 66 wks)	12
Emotional distress & wellbeing conditions	0	0	7	7 (ave: 26 wks)	14
Neurodevelopmental conditions	4	57	73	134 (ave: 32 wks)	185
Self harm	0	0	1	1 (ave: 31 wks)	0
Psychiatric assessments	0	0	0	0	0
Medicine Review	0	0	0	0	0
Pathway to be confirmed	63	41	207	311	49
Total	67	100	306	473	361

(Updated data will be available at the HOSC meeting).

- Nearly all (over 98%) of the children and young people who are waiting for the service are 5 years old or over;
- Further work is required to provide a robust picture of average waits. However, the emerging picture indicates that the average waiting time for initial assessments are about 12 weeks. The overall average wait for accessing services is about 33 weeks. Current analysis indicates that the average waiting time for accessing treatment for 'complex behaviours and wellbeing conditions' is the longest at about 66 weeks.

7. Action – underway and planned

7.1 Data analysis

- a) A significant amount of work is ongoing to provide a definitive picture of the number of Warwickshire children and young people waiting for treatment, and the length of waits.
- b) This work is linked to the ongoing work to understand what conditions the young people have – the demand – and how this relates to the capacity within the service.

7.2 Waiting list management

- a) Arrangements have been put in place to develop and implement a more systematic approach to the management of the waiting list. A waiting list manager and associated administrations staff are being trained in order that the responsibility for managing the waits and the case load is transferred from clinicians. This will help to ensure that clinical capacity is used effectively.

7.3 Progressing the development of integrated care pathways

An integrated care pathway (or ICP) is a person-centred and evidence-based framework that tells care providers, people using services, and their carers what should be expected at each point along the journey of care. It encompasses how care is organised, co-ordinated and governed in relation to a specific set of difficulties or diagnoses. Development of ICPs within CAMHS offers opportunities for sustained quality improvements and will promote closer collaborative working between stakeholders.

Autistic Spectrum Disorder (ASD)

Particular attention is being given to the development an integrated care pathway for ASD which, as highlighted above, forms the basis of a significant proportion of the children and young people accessing the service.

To date CAMHS has worked alongside commissioners and other providers to map existing services and to collect intelligence about patient flow. This data is currently under review. However, previous work by CAMHS in 2011 has identified a range of problems in the delivery of ASD services in Warwickshire. It is clear that multi-agency provision for ASD within the county has historically relied on good-will arrangements between agencies and service models differ considerably across the north and south. It is to be expected that

geographical variance and the lack of formalised inter-agency agreements has affected the care journey for some families. This was highlighted in a brief survey conducted by CAMHS in 2011 where parents told us that care can feel disjointed and they can wait up to 18 months between first contact with a healthcare professional and their child finally receiving a diagnosis. This is particularly significant as the diagnosis often unlocks access to scarce educational support and resources for children and families.

Within Integrated Children's Services, CAMHS professionals (i.e. Psychiatry, Clinical Psychology, and Nursing) and those from other disciplines (i.e. Paediatrics, Speech and Language Therapy, and Occupational Therapy) have developed an ASD care pathway proposal. The proposal is based on a formalised collaboration between partner agencies and operates according to the need of the child. Although this model requires further testing against the intelligence gathered by our commissioning partners, it has the potential to deliver a more joined up, equitable and streamlined service for children and families across Warwickshire and Coventry. The next steps involve further consultation with commissioners and other providers and piloting the proposed model.

Other integrated care pathways

Work is also underway to update integrated care pathways for the following:

- Contenance services (which includes enuresis (wetting) and encopresis (soiling and constipation) difficulties);
- Eating disorders (which includes anorexia nervosa, bulimia nervosa, binge eating disorder and related conditions);
- Trauma (which includes Post Traumatic Stress Disorder (PTSD) arising from exposure to extremely stressful life events (e.g. bereavement, accident, childhood abuse).

7.4 Initial stakeholder workshop (26.03.12)

A stakeholder workshop was held on 26th March to develop a better shared understanding of the issues and to agree courses of action to drive change. As well as CAMHS / Partnership Trust representation, there was also representation from Commissioners, Warwickshire County Council and South Warwick Foundation Trust. There was a detailed discussion of the waiting times and also discussions over the work that is underway and planned in relation to the development of integrated care pathways.

Amongst other things, there was support for the instigation of a formalised project to drive improvement and there was support for strengthened cross-agency mechanisms for communication.

7.5 Initiation of a formal improvement project

A formal project is going to be initiated to introduce a focused and systematic approach to improving waiting times and to drive associated service improvements. An initial workshop is planned for 16th April which will involve representation from a range of stakeholders.

In general terms, the workshop will aim to address the following:

- a) Establish the project aims, objectives and goals;

- b) Establish the key workstreams, which are likely to include demand & capacity work; further work on integrated care pathways; workforce development; referrals management & clinic scheduling; data collection & reporting systems and arrangements; commissioner and stakeholder engagement arrangements;
- c) Establish the project governance arrangements – project ownership, project management, multi-agency project board / steering group arrangements, the project team; stakeholder engagement arrangements.

It is anticipated that Warwickshire County Council will be represented within the project governance arrangements as will other key stakeholders such as Head teachers and General Practitioners. .

A likely output of the project is a clearer analysis of capacity & demand which will inform a future business case, as appropriate.

Progress on the project will be reported to the September meeting of the ASC & HOSC.

8. Background Papers

8.1 ASC & HOSC - February 2012, Scrutiny report on CAMHS

Contacts:

Josie Spencer, Director of Operations (Community Services), CWPT
josie.spencer@covwarkpt.nhs.uk

Jed Francique, General Manager for Integrated Children's Services, CWPT
jed.francique@covwarkpt.nhs.uk

Dr Helen Rostill, Head of Psychological Therapies, CAMHS, CWPT
helen.rostill@covwarkpt.nhs.uk

Dr Ann Aylard, Lead Consultant, CAMHS, CWPT
ann.aylard@covwarkpt.nhs.uk