Coventry and Warwickshire NHS Partnership Trust

Adult Social Care and Health Overview and Scrutiny Committee, 19th June 2012

Child and Adolescent Mental Health Services (CAMHS) Current Position and Action Plan

1. INTRODUCTION

1.1 The significant waiting times for CAMHS have been a matter of both internal and external concern.

1.2 This paper sets out the following:

a) The current picture of waiting lists and waiting times;
b) The capacity requirements to reduce the waiting lists;
c) Service outcomes and service user satisfaction;
d) An update on service improvement activity.

2. CURRENT WAITING LISTS / TIMES

2.1 Work has been on-going to develop a definitive picture of the number of children and young people waiting for CAMHS in Warwickshire and to understand the workforce capacity and process improvements required to alleviate their waiting times. To ensure accuracy in reporting our current position we have been working to improve data systems and data capture within the service. The following section sets out information about Warwickshire waits as of 31st May 2012.

2.2 The key points of the current picture are:

a) Waits and waiting times in Warwickshire reflect the historical lack of a 'single service' approach, which has resulted in inconsistencies in relation to systems, processes and clinical capacity across localities - these issues are being addressed.
b) As at the end of May 2012, there were a total of 282 children and young people on CAMHS waiting lists across Warwickshire. See table 1 for details
c) In Warwickshire there are no outstanding waits for an initial assessment – current referral to assessment times meet our 7-week target.
d) Of the 282 children and young people who are waiting to access a treatment pathway, 134 (48%) are waiting to access neurodevelopmental pathways (including ASD).
e) Since the CAMHS report was tabled at the April 2012 Adult Social Care and Health Overview and Scrutiny Committee meeting, there has been a 40% reduction in the total number of children and young people waiting to be seen in CAMHS, from 473 to 282. Based on South Warwickshire data, 12% of this reduction can be attributed to continued validation of the waits and 88% to the increased workforce capacity (see details below).

Table 1: Warwickshire CAMHS Waiting List / Times

CAMHS WARWICKSHIRE WAITING LIST/TIMES					
Pathway	**North Warwickshire**	**Rugby**	**Leamington, Warwick & Kenilworth***	**Stratford**	**Total Waiters per Pathway**
Initial assessment	**0**	**0**	**0**	**0**	0
Complex behaviours	**32** Av = 26.8 wks Range = 11-64 wks	**17** Av 5.3 wks Range = 1-17 wks	**6** Av = 22 wks Range = 12-33 wks	**3** Av = 36 wks Range = 27 - 48 wks	**58**
Emotional distress & wellbeing conditions	**32** Av = 24.5 wks Range = 8-69 wks	**15** Av = 31.5 wks Range = 17-68 wks	**19** Av = 13 wks Range = 6-26 wks	**20** Av = 17 wks Range = 5-33 wks	**86**
Neuro-developmental conditions (incl ASD)	**44** Av = 25.3 wks Range = 10-60 wks	**19** Av = 36.5 wks Range = 17-76 wks	**36** Av = 20 wks Range = 5 - 35 wks	**35** Av = 28 wks Range = 7-59 wks	**134**
Psychiatric	**3** Av = 18 wks Range = 14 - 25 wks	**1** Av = 47 wks	**0**	**0**	**4**
GRAND TOTAL	**111** Av = 23 wks Range = 8 -64 wks	**52** Av = 35 wks Range = 5 -35 wks	**61** Av = 18 wks Range = 11 - 68 wks	**58** Av = 25 wks Range = 5 - 59 wks	**282**

** Includes surrounding villages and Southam*

2.3 Contractual waiting time targets

It should be noted that waiting time targets for CAMHS have been included within the 2012/13 contract which will require achievement of the following:

By 30.09.12 (Q2):	<9 weeks for referral to assessment <9 weeks for referral to treatment
By 31.12.12 (Q3)	<8 weeks for referral to assessment <8 weeks for referral to treatment
By 31.03.13 (Q4)	<7 weeks for referral to assessment <7 weeks for referral to treatment

The non-achievement of these targets will attract financial penalties.

3. CAPACITY PLANS

3.1 It is clear that additional capacity is required to reduce the waiting lists and waiting times to acceptable levels within reasonable timescales.

3.2 A great deal of work is being undertaken to secure additional clinical capacity (psychological therapists, psychiatrists & nursing) and administrative capacity. Some existing CAMHS staff have agreed to increase their hours and additional locum capacity is being sourced for an initial 3 month period.

3.3 A series of projections were presented to the CWPT Executive on 21st May based on the number of waits as of the end of April 2012. The formula calculates the additional workforce capacity required to clear waits by week beginning 28th October 2012 and can be seen in figures 1 and 2 below. The overall position is summarised below and is based on a number of assumptions:

- The calculations for the neurodevelopmental conditions reflects an ASD model allocating 6 hours of care, which includes assessment and initial treatment, with patients then being discharged / signposted.
- It is assumed that patients with emotional distress conditions and complex behaviour conditions will have an initial assessment and then receive an average of 9 fortnightly follow-up appointments. It is assumed that approximately one-third of this required capacity will be found from within the existing workforce through streamlined processes, with the remainder requiring additional locum capacity.
- Assumptions have been made as to how many new patients need to be seen to cover the new referrals whilst also reducing the backlog at an appropriate rate.
- It is also worth noting that locum Psychiatry time has also sourced to ensure children on the psychiatric pathway are picked up as quickly as possible.

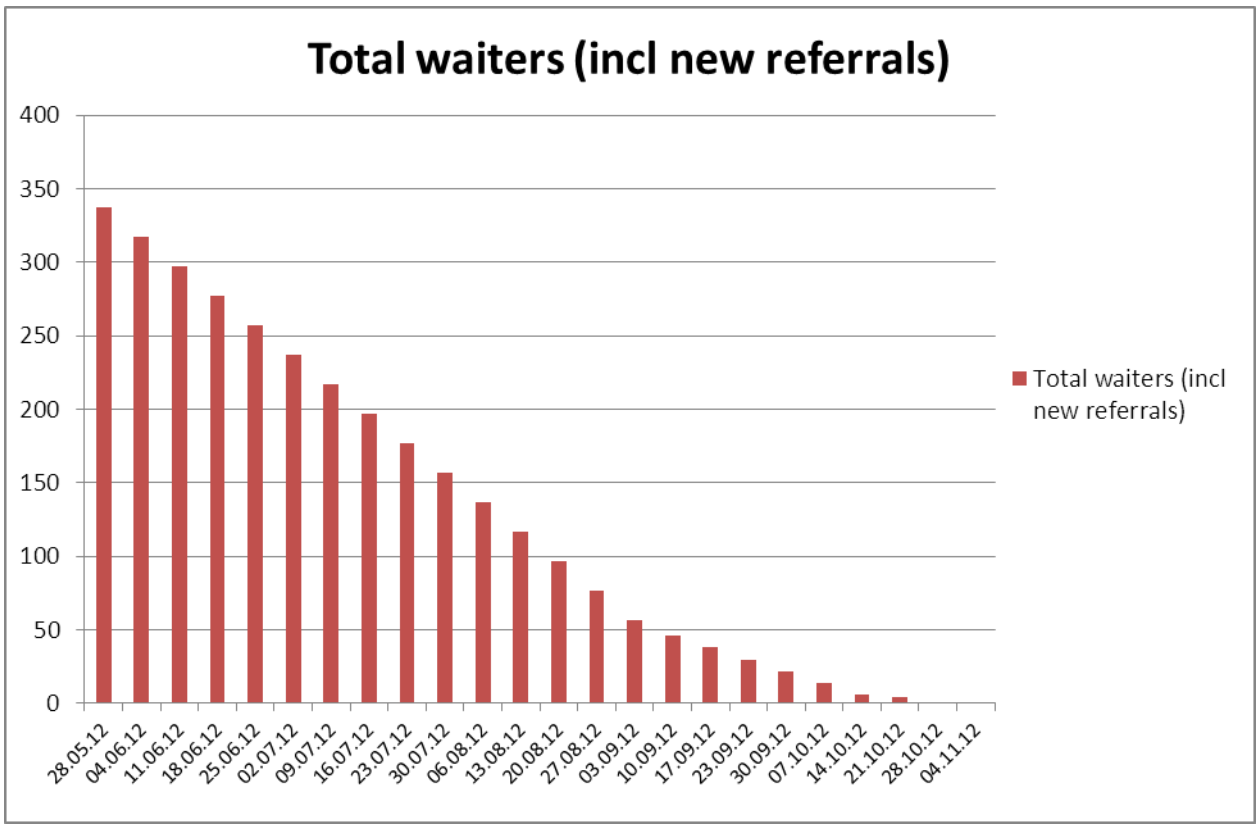
Table 2: Capacity – waiting list & new referrals

CAPACITY – WAITING LIST & NEW REFERRALS				
	Neurodev (incl ASD)	**Complex Behaviours**	**Emotional Distress**	**TOTAL**
WTE Staff required to see waiting list & follow ups	2.2	5.2	7.6	15.0
Number of weeks to clear Waiting List (incl follow ups)	15 wks	22 wks	21 wks	
New appointment to follow-up appointment ratio	No follow-ups	1:9	1:9	

(WTE = whole time equivalent staff)

The figure below highlights the reductions in the total number of waiters if additional capacity, as highlighted above, is put in place.

Figure 1: Overall waiters



The above figure indicates that all children & young people will be seen by the week commencing 28th October 2012 if the additional capacity identified above is in place by the week commencing 4th June 2012.

We currently have 5.0 wte locum staff in place or in the pipeline and are working hard to source other appropriately skilled staff. However, identifying a sufficient

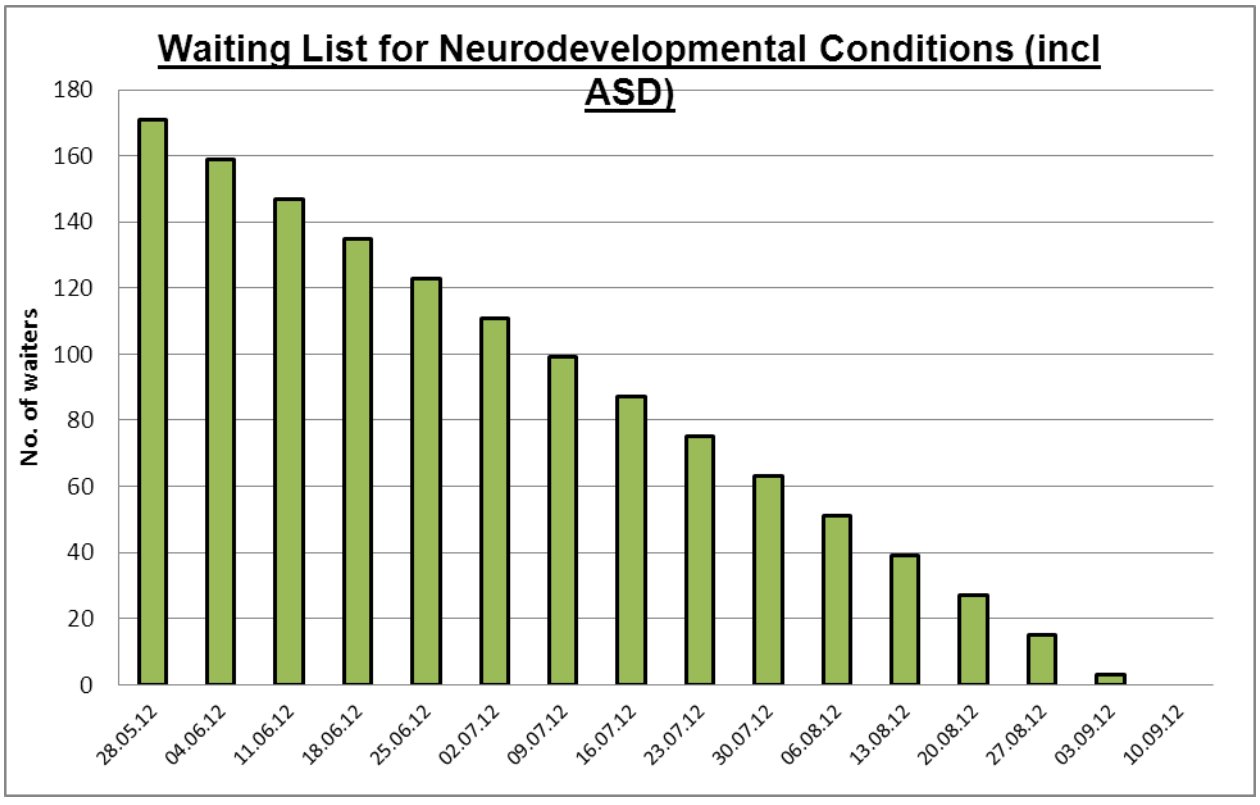
number of individuals who are highly competent in the delivery of evidence-based child and adolescent mental health interventions is proving challenging. This deficit is a national problem and is referred to in the Government's four-year plan to improve access to talking therapies. To address these issues we have developed a recruitment strategy with CWPT Temporary Staffing Office and an external recruitment agency which has involved a national advertising campaign and weekly service reviews of available CVs. We are also negotiating with a private provider to support our initiatives to reduce the number of waiters on the neurodevelopmental pathway.

To date CWPT has invested £125,597.00 in temporary staffing and a paper will be going to the Finance and Performance committee in the second week of June setting out the case for further investment.

3.3 Neurodevelopmental Conditions (including ASD)

As 48% of the waits in Warwickshire relate to neurodevelopmental conditions, further details of waiting list projections for this particular pathway are given below. The information below highlights the trajectory for reducing the number of children and young people on the waiting list for neurodevelopmental condition pathways.

Figure 2: Waiting list for neurodevelopmental conditions



This scenario requires an additional 2.2 wte capacity in place.

Assuming that the required capacity is in place at the week commencing 4th June 2012, all children and young people on the waiting list will be seen by the week commencing 10th September 2012 (i.e. within 15 weeks).

It is important to note that the work to reduce the waiting list for ASD patients in Warwickshire requires support / collaboration from commissioners and partner organisations. Over the next 16 weeks the CAMHS waiting list initiative is likely to result in an increased number of children receiving an ASD diagnosis and requiring services from partner agencies, such as Integrated Disability Services (IDS), SWFT and Education. It is important that commissioners are aware of the additional demand and capacity impact the CAMHS waiting list blitz is likely to have on our partners and are able to mitigate additional stresses within the system.

4 Outcomes delivered by the service

4.1 Work is on-going to track clinical outcomes within CAMHS which is helping to provide a better understanding of the overall impact of the service and to gauge service user 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.

4.2 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 (CAMHS Outcome Research Consortium). Nevertheless, our service delivers meaningful change that patients and parents are satisfied with. The graphs below highlight the improvements in wellbeing experienced by children and young people accessing Warwickshire CAMHS between January and March 2012. These improvements follow the same trends as in the previous quarter. According to parents and the youngsters' self reports, there is a significant reduction in the impact of mental health problems on daily activities and relationships over the course of treatment. Likewise, clinicians report a marked reduction in children's symptoms six months into treatment or at the end of care. Figure 4 shows that the level of emotional and behavioural difficulties identified at first contact (time 1) has fallen below the level of clinical significance by time 2.

Figure 3: Impact of Emotional and Behavioural Difficulties for Children

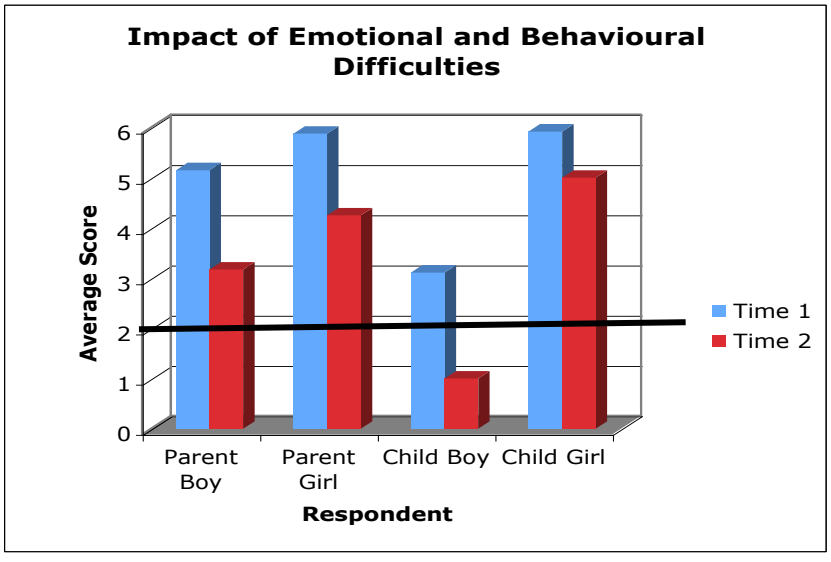
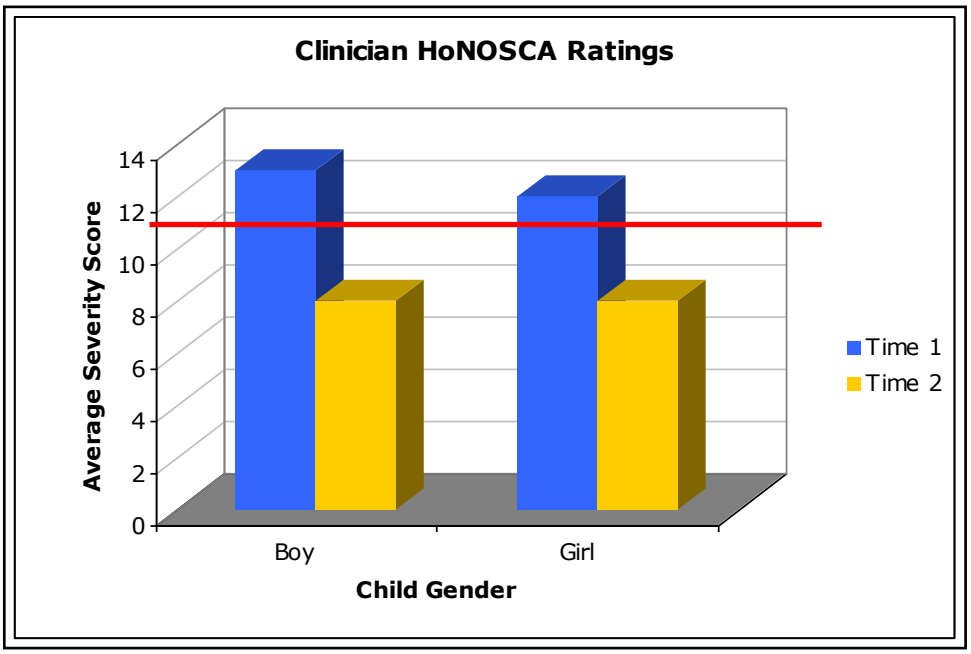


Figure 4: Clinician Ratings of Children's Emotional and Behavioural Difficulties



Level of clinical significance

4.3 Between 21st and 25th May 2012 we invited all families attending Warwickshire CAMHS to participate in a service user satisfaction survey. 130 parents and 83 children/young people completed the Experience of Service Questionnaire and results showed an overall satisfaction with the services received. Figures 5 and 6 show that 94% of parents and 88% of children/young people were either completely or partly satisfied with the services they received. However, in terms of future improvements, families told us that they would appreciate more information about the range of help on offer within the service and greater flexibility of appointment scheduling. We are intending to incorporate this feedback into the CAMHS service improvement project.

Figure 5: Parent/Carer Service Satisfaction

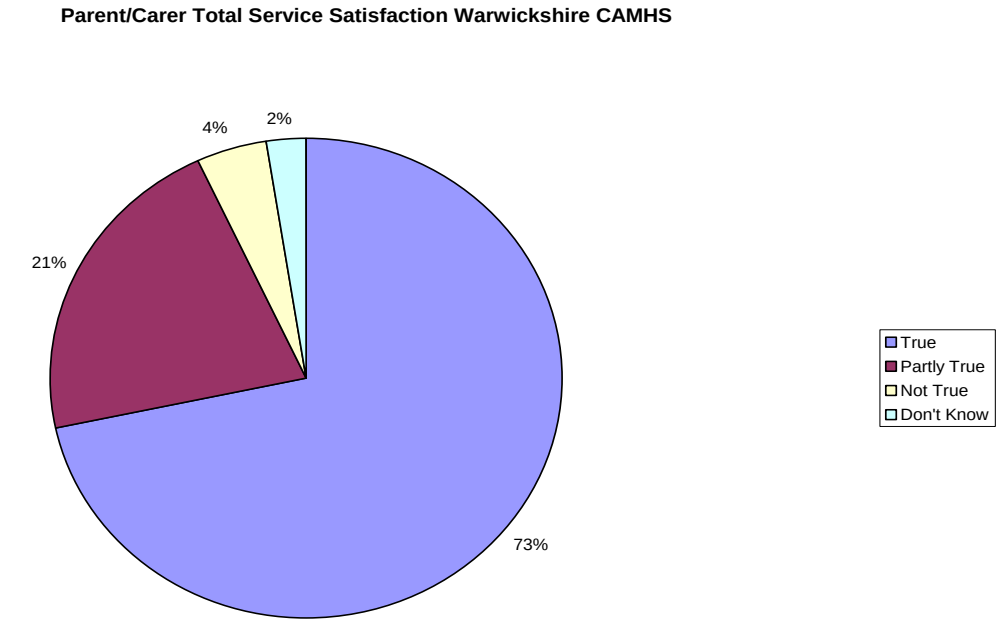
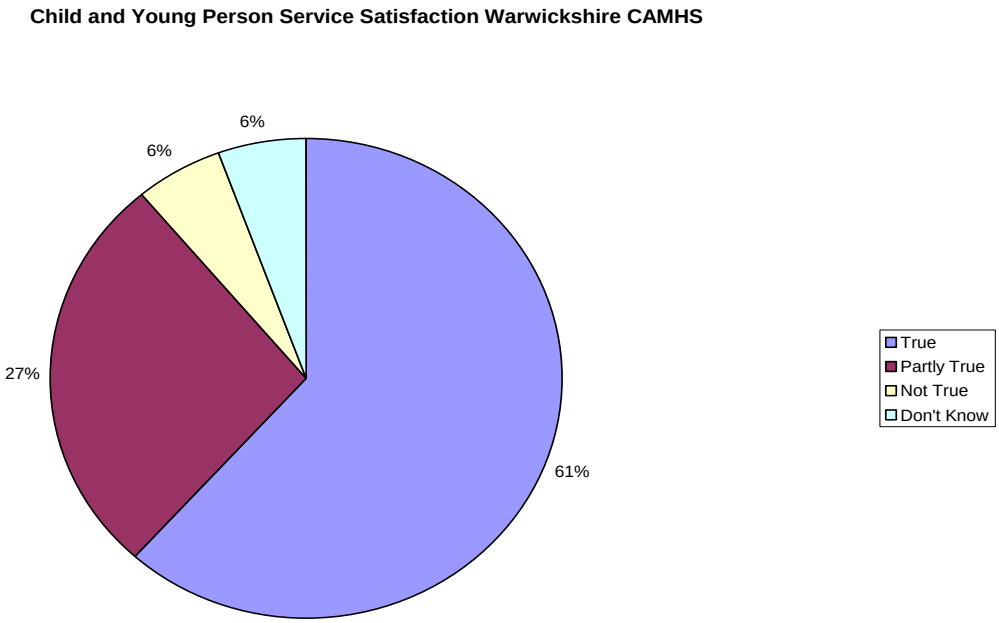


Figure 6: Child/Young Person Service Satisfaction



5. ACTION UNDERWAY

5.1 Initiation of a formal service improvement project

A formal service improvement project has been established to deliver a focused and systematic approach to improving waiting times and to drive associated service improvements. An initial workshop took place on 16th April and there have been 3 Project Team meetings since. Phase 1 of this project is anticipated to have a 6 to 9 month lifespan.

There are 4 main workstreams:

- Capacity & demand work, including waiting list management and triaging;
- Data quality and validation work;
- Development of integrated care pathways, with a specific initial focus on the ASD pathway;
- Stakeholder engagement and communications.

Governance arrangements include reporting lines ultimately to Trust Board, as well as reporting arrangements to appropriate Commissioner bodies. External stakeholders – including Commissioners, Warwickshire County Council and South Warwick Foundation Trust have 'signed up' to be involved in the project.

Progress to date includes the following:

a) **Waiting list management & booking centre arrangements:** An interim Waiting List Manager (Integrated Children's Services) commenced in post on 21st May 2012. The focus of this role will be to implement robust, systematic waiting list management and booking arrangements, and to draw together a team of existing staff who are currently located in different parts of the Integrated Children's Services business unit. This work will help the move towards a Single Point of Entry and Single Point of Access for Integrated Children's Services.

b) **Data quality & validation work:** We have been working to improve the quality and accuracy of CAMHS activity data. To ensure that waits can be managed and reviewed on a weekly basis we have centralised the CAMHS waiting list onto one shared drive, accessible from each locality. In addition, all waiters have been reviewed by managers and clinicians to ensure clinical need is clearly identified and accurately logged on the waiting list. We are also in the process of contacting all families who have been waiting over 3 months to review the current situation and establish if a service is still required. To improve data quality caseload and activity data is being reviewed with clinicians on a regular basis and checked against the data captured by our information systems. The information systems are also being reviewed as part of the CAMHS improvement project.

c) **Capacity & demand work:** As highlighted above, work has been undertaken to determine the capacity requirements to address current

waiting lists. Work has also been undertaken to map the job plans of clinicians to better understand clinical capacity, which will help us to deliver a more consistent, equitable and robust approach to service access.

d) **Stakeholder Communication & Engagement:** CAMHS is engaging with key meetings and networks, such as the Warwickshire CAMHS Strategy Group. Work is underway to write to all families with children on the waiting list to highlight the service improvement work underway that will deliver improved waiting times. This will also have the benefit of further validation of the waiting list by identifying families who may no longer need to access CAMHS.

Work has also been underway to provide a broader picture of the patient experience and specifically to identify key themes that will drive improvement (see above). To date this work has included a survey of children, young people and their families' satisfaction with the service, and a brief review of common themes logged by clinical staff covering the CAMHS duty call system. The duty system provides a first point of telephone support/contact for parents/carers and referrers. Findings of the review show that approximately 50% of duty calls relate to concerns or complaints about waiting times, 40% involve professionals seeking guidance about referral criteria or information about a named child, and 10% come from parents seeking support with managing their child's emotional and behavioural needs. Findings from this brief review will be feedback into the CAMHS improvement project.

e) **ASD Pathway:** Significant work has been undertaken to develop a streamlined, multi-disciplinary pathway for Autistic Spectrum Disorder (ASD), which reflects good practice and NICE guidance. This work has included mapping existing services and collecting intelligence about patient flow and is now being pulled together under the auspices of the service improvement project. Two Commissioner lead events have been arranged on 13th and 21st June to share the proposed pathway developments and agree a way forward with key strategic partners.

5.2 Interim management arrangements

Interim management arrangements have been put in place within CAMHS to strengthen operational management capacity and focus. This has created an Interim Head of Service for CAMHS, the addition of a third Service Coordinator – leading to 1 for each team – and the line management of all non-medical operational staff via the Service Coordinators.

Work has been underway to strengthen service systems and processes, and to ensure our data capture and reporting is robust. This will be further enhanced by the addition of an interim Performance & Information Manager for Integrated Children's Services, for whom CAMHS will be a priority.

5.3 Replacement of CAPA & waiting list management arrangements

Interim processes are being put in place to replace CAPA to enable CAMHS to better manage the patient journey from referral to assessment and from assessment to treatment – please note that the targets within this year's contract are constructed in this way.

These interim arrangements will take the best bits of the current CAPA processes, as well as good practice from elsewhere. The objective is to introduce a streamlined, sustainable and efficient process which provides a simpler path to treatment, makes best use of clinicians' time, and is easier for families to understand. Early thoughts suggest that key elements of this interim process may include the following:

a) a robust initial assessment at the 'front end' which is likely to average 90 minutes plus 30 administration time;
b) regular multi-disciplinary groups meetings to provide support to clinicians to unblock / progress complex cases;
c) treatment which is delivered in 6-session blocks and reviewed at the end of each 6-session block to determine the best future course of action;

5.4 CWPT investment in additional workforce capacity

CWPT has made a commitment to fund additional locum staff for 16 weeks to help to significantly reduce the waiting lists and improve access CAMHS across Warwickshire (see above section on workforce capacity).

Contacts:

Josie Spencer, Director of Operations (Community Services)
Jed Francique, General Manager for Integrated Children's Services