

## Adult Social Care and Health Overview and Scrutiny Committee

5<sup>th</sup> September 2012

### Commissioners report upon Child and Adolescent Mental Health Service (CAMHS) Improvements

#### Recommendations

It is recommended that the committee:

1. Considers and comments on the effort and resource that Coventry and Warwickshire Partnership Trust (CWPT) have applied to driving down CAMHS waiting times and to transforming services to better manage future demand.
2. Agree to CWPT attending the Overview and Scrutiny Committee meeting at the end of December 2012 (Quarter 3) and again at the end of March 2013 (Quarter 4) to report upon their progress in remodelling services and the resulting performance in bringing waiting times down to within the contractually agreed maximum waiting times.
3. Support the recommendation that commissioners explore soft market testing, the possibility of a franchise arrangement and interest in a tendering process should CWPT fail to meet their contractual waiting times targets and report back to the December Committee.

#### 1.0 Key Issues

- 1.1 Warwickshire's Specialist Child and Adolescent Mental Health Services (CAMHS) are commissioned by NHS Warwickshire (NHSW) as part of a £63 million, cradle to grave block contract from CWPT. The CAMHS element of the block contract equates to approximately £3.7 million. The service is commissioned through joint commissioning arrangements between NHSW and Warwickshire County Council located within the People Group.
- 1.2 Waiting times for CAMHS have been a matter of concern for a number of years. These concerns have been raised at Warwickshire County Council's Adult Social Care and Health Overview and Scrutiny Committee (ASC&HOSC) a number of times. During 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. At the end of this period CWPT achieved 50% of their waiting times being under the 14 weeks. However this was not sustained into the following year.

- 1.3 In February 2012 the CAMHS commissioner reported a number of CAMHS related concerns to ASC&HOSC including a notable rise in waiting times. As a result CWPT were asked to report to the April 2012 ASC&HOSC meeting with accurate CAMHS waiting time data and a revised action plan for addressing them. CWPT were also asked to attend ASC&HOSC again in September 2012 to report upon the progress of these actions and their impact upon waiting times.
- 1.4 In February 2012 the Committee also agreed to the recommendation that the CAMHS Commissioning Manager report back in September 2012 with the results of a CAMHS benchmarking exercise and the exploration of the viability of tendering CAMHS services.
- 1.5 In April 2012 CWPT reported to ASC & HOSC that there were no children or young people awaiting initial assessment from CAMHS, although there were 473 children awaiting treatment, 134 of these were reported to have neuro-developmental conditions.
- 1.6 At the June 2012 ASC & HOSC CWPT reported that they had calculated that waiting times could be eradicated completely by the end of October 2012 should they be able to recruit 15 whole time equivalent (wte) staff. However of the 15 wte 6.6 wte were recruited with investment of £130,000 creating a range of additional clinical capacity to include psychological therapists, psychiatrists & nursing to undertake a waiting list initiative Members were informed that this increased capacity resulted in a 40 % reduction in the total number of children and young people waiting to be seen, with numbers falling from 473 to 282 by the end of June 2012.
- 1.7 In addition CWPT reported that they had held a Stakeholder Workshop, 26<sup>th</sup> March 2012 and Project Initiation Workshop, 16<sup>th</sup> April 2012 to scope and implement a formal service transformation project to drive service redesign and improvements. CWPT estimated that it will take approximately 6 to 9 months to complete these work streams.
- 1.8 The Arden Cluster contract with CWPT for 2012/13 set the waiting times target on a downward quarterly trajectory Table 1.

Table 1

By 30.06.2012 (Q1)	Q1 targets are currently being reviewed and agreed
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

## 2.0 Proposal

- 2.1 Although the focus of this report is the waiting times the overall aim of holding CWPT to account with regards to meeting their performance targets is to ensure that we have a CAMHS service that is able to offer timely, needs led, geographically equitable, evidence based interventions to young people with mental health problems and through this process enhance their mental health and reduce levels of distress. CWPT are expected to work in partnership with other agencies to provide a high quality service that:
- Engages effectively with stakeholders
  - Collects and reports accurate and robust performance/outcome data
  - Has clear and well communication referral criteria and pathways through services
  - Works effectively with partners in meeting the needs of their client group.
- 2.2 In previous reports CWPT have indicated, through calculating intervention times, capacity and demand, that waiting times can be within target limits by the end of October 2012 and that the first phase of service transformation will be complete by the end of February 2013 (within 9 months of the June ASC & HOSC).
- 2.3 CWPT have invested considerable resources and waiting times continue to fall. The Commissioners recognise that the transformation project is still in its early stages and would like CWPT to report back to ASC & HOSC at the end of December 2012 and March 2013, when details of the future sustainability of the redesigned model for the CAMHS service can be fully considered.
- 2.4 To better meet current and future demand CWPT have initiated a Project Management approach to tackling the key issues they see as impacting on the effective working of the CAMHS service. On 26<sup>th</sup> March stakeholders and commissioners were invited to a CWPT CAMHS event where concerns were examined and subsequently the key areas for improvement and project work streams were identified to drive forward the necessary changes.
- 2.5 It is these significant changes and associated performance improvements that the Committee need to assure themselves are fully implemented, producing the necessary effectiveness of the service to meet the needs of the children and young people of Warwickshire and to meet the contractual obligations with the Arden Cluster.
- 2.6 The four specific work streams that have been devised by CWPT to transform CAMHS services:
- Capacity and Demand Work
  - Data Quality and Validation
  - Development of Integrated Care Pathways

- Stakeholder Engagement and Communications

2.7 Commissioners consider that there is an element of risk regarding two of these work streams that should be noted in case these manifest themselves as problems at a later date;

- Data accuracy - Commissioners understand that the Epex data management system used by CAMHS is capable of supporting the measurement and reporting of the full range of CAMHS activity and performance. However it appears that Epex has not been used to its full functionality in the past and in addition there is a large amount of work to do to embed processes and ensure staff are competent and committed to the necessary data capture. Demonstrating the success of the Trusts work in minimising waiting times depends on robust data capture and reporting, commissioners need to be assured that processes are in place to guarantee future data is accurate and reliable.
- Pathways – Autistic Spectrum Disorder (ASD) – CWPT have identified a number of internal pathways to ensure that young people receive precisely the right treatment once they have been assessed. One of these pathways is the ASD pathway where a multi agency diagnosis is required across health services. CWPT are exploring an alternative pathway to include additional paediatric capacity.

2.8 If CWPT fail to meet their waiting times target, testing the market and tendering the service is one way of pursuing change and is an exercise that has become more common for CAMHS services nationally over the last three years. The CAMHS commissioner has been in contact with other PCT's and local authorities who have taken this approach to investigate the potential benefits and outcomes achieved and to inform our processes should this be the preferred commissioning option.

2.9 Of particular note is that Hampshire, Gloucestershire, Buckinghamshire and Swindon have all tendered out their CAMHS services in the last three years. Their reasons for this course of action vary but the majority report a positive experience and good outcomes to date. One of the Health Trusts actively pursuing additional contracts and the winning bidder for the Buckinghamshire and Swindon processes is the Oxford and Buckinghamshire Mental Health Trust who could potentially be a serious contender should our CAMHS services be tendered out due to their favourable geographic location.

2.10 Another option might be that of franchising, with the control of CAMHS being passed over to another party who would take over the management of the service. There are allowances for this option under the Health and Social Care Act; however how this might work is not as yet completely clear. The CAMHS Commissioning Manager will explore this option further in preparation for the December 2012 meeting.

2.11 The proposed benchmarking exercise to compare Warwickshire Specialist CAMHS service's activity with statistical neighbours has not been possible due to the fact that there are a wide range of service models in operation with different CAMHS teams across the country offering different elements of specialist mental health services. Some CAMHS services include prevention or early intervention work, where others do not and this data is included in their overall activity statistics. In addition activity is measured in different ways across these services. This makes direct comparisons of activity to inform any understanding of levels of productivity difficult. One measure that has been utilised by the NHS Benchmarking exercise is that of 'contacts' which is a uniform measurement collected by all CAMHS teams, although this measure too will be affected by the service model adopted locally. The NHS Benchmarking report shows that partnerships included in their data collection reported:

- An average of 3,021 contacts by their CAMHS services per 100,000 PCT weighted population.
- Warwickshire's CAMHS service, for 2011/2012 averaged 2,867 contacts per 100,000 PCT weighted population.

A comparison of investment into Specialist CAMHS has been possible and shows broadly that the investment locally is similar to that of our statistical neighbours (Appendix A). Comparison of both activity through contacts and investment has to be treated with caution due to the variety of service models that exist across the country, but the data does show that Warwickshire's CAMHS services are not an outlier with regards to having comparably similar investment and activity with other CAMHS.

### **3.0 Timescales associated with the decision/Next steps**

- 3.1 CWPT to be invited back to ASC&HOSC at the end of December 2012, Q3 and again at the end of the March 2013, Q4 to report on the waiting times and the progress of the transformation and sustainability project.
- 3.2 The CAMHS Commissioning Manager to report back to the December Meeting with the results of exploration into the possibility of franchise arrangements and of soft market testing.

### **Background Papers**

1. ASC &H OSC – 19<sup>th</sup> June 2012, CAMHS current Position and Action Plan and minutes
2. ASC &H OSC - 11th April 2012, Child and Adolescent Mental Health Services (CAMHS) Waiting Times – current position & action plan and minutes
3. ASC &H OSC - 15th February 2012, Child and Adolescent Mental Health Services Waiting Times and minutes
4. ASC &H OSC - 13th April 2011, Scrutiny of CAMHS - Progress Report
5. Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 at Shire Hall, Warwick

6. Scrutiny Review Implementation Plan – CAMHS Waiting Times (Joint document produced by Loraine Roberts, General Manager, CAMHS, CWPT and Kate Harker, Joint Commissioning Manager – CAMHS.
7. Report to ASC&H OSC dated 16 September 2010 and to Cabinet dated 16 December 2010 and the associated minutes
8. 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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## Appendix A

20012 data

Statistical Neighbours	PCT spend (1)	No of 0-18 year olds	Approx spend per population	Last update
East Riding of Yorkshire	£1,596,119	66822	23.89	Nov 11
Leicestershire/Leicester	£5.85 m	218,264	26.80	July 12
Northamptonshire	£5.4 m	170,000	31.7	July 12
Staffordshire	£7,527,559	179721	41.88	Nov 11
Worcestershire	£4.12m	119,557	34.46	June 12
Essex	£14m	293747	47.66	July 12
Cheshire West and Chester	£2.3m	71,800	32.03	Dec 2011
Warwickshire	£3.7m	110798 (0-17 only)	33.39	July 12
Average			33.97	