

## **Warwickshire Shadow Health and Wellbeing Board**

**17 July 2012**

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

#### **Recommendation**

That the Shadow Health and Wellbeing Board notes the current position regarding waiting times and comments on the work being done to reduce them.

#### **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:
  - 1) The current picture of waiting lists and waiting times;
  - 2) The capacity plans to reduce the waiting lists;
  - 3) Service outcomes and service user satisfaction;
  - 4) An update on service improvement activity.

#### **2. Current Waiting Lists/Times**

- 2.1 Work continues 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
- 2.2 The key points of the current picture are:
  - 1) 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.
  - 2) As at the end of June 2012, there were a total of 245 children and young people on CAMHS waiting lists across Warwickshire.
  - 3) In Warwickshire there are no outstanding waits for an initial assessment – current referral to assessment times meet our 7-week target.
  - 4) Of the children and young people who are waiting to access a treatment pathway, circa 50% are waiting to access neurodevelopmental pathways (including ASD).
  - 5) 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 245 . 12% of this reduction can be attributed to continued validation of the waits and 88% to the increased workforce capacity.

- 6) South Warwickshire current waiting times for routine patients are an average of 14 weeks. However in Nuneaton and Rugby there is still unacceptable long waits for children and the demand for the service continues to be an issue.

- 2.3 The current 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 assessment to treatment
By 31.12.12 (Q3)	<8 weeks for referral to assessment <8 weeks for assessment to treatment
By 31.03.13 (Q4)	<7 weeks for referral to assessment <7 weeks for assessment to treatment

- 2.4 The non-achievement of these targets will attract financial penalties.
- 2.5 This target is more demanding than the National RTT target for non admitted patients which are 95% of patients are to receive their first definitive treatment in 18 weeks. There will need to be further debate with the commissioners of the service regarding the achievability and affordability of the current stretch 14 week target. . .

### 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.

We currently have 6.6 wte additional staff in place. 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 has been referred to in a number of policy documents. .

Since April 2012 CWPT has invested in excess of £130,000 in temporary staffing.

In addition CWPT has recruited 2.0 wte Consultant Psychiatrists to cover Nuneaton and Rugby. They will take up post during September.

We do not expect to see a significant drop in the waiting list for children during the school summer holidays as there is no access to school information during this

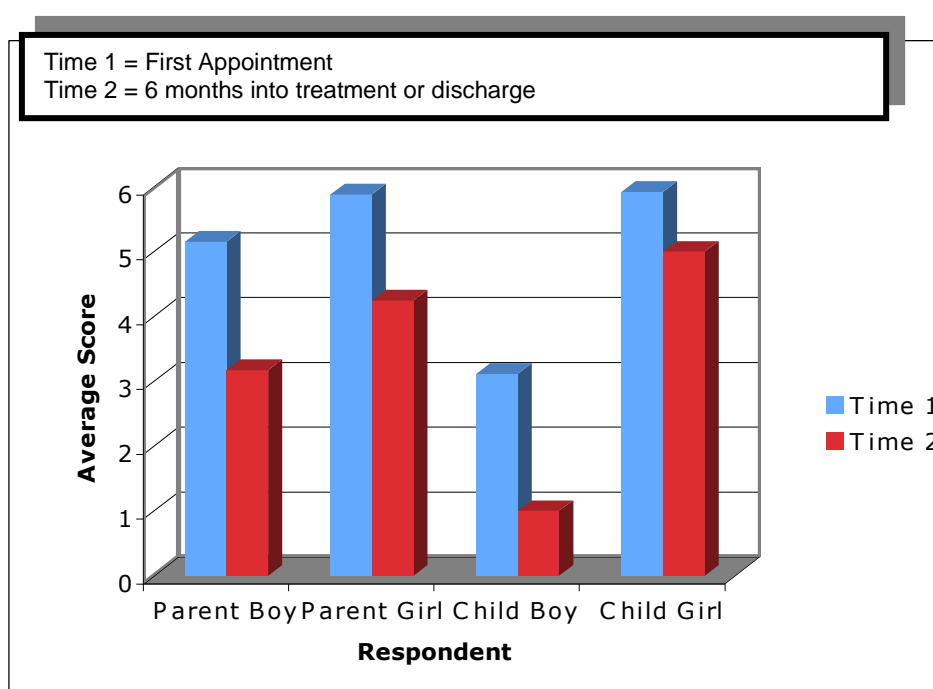
period. Once the waiting list has been stabilised we will need to account for this known variation in our planning for future years.

- 3.3 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. 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. Commissioners are aware of the additional demand the CAMHS waiting list blitz is likely to create for our partners and they have agreed to communicate this with partners. .

## 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 The graph below highlights the improvements in wellbeing experienced by children and young people accessing Warwickshire CAMHS between January and March 2012. 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 has reduced significantly.

### *Impact of Emotional and Behavioural Difficulties for Children*



- 4.3 Between 21<sup>st</sup> and 25<sup>th</sup> 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. Results 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.

## 5. Action Underway

### 5.1 Initiation of a formal service improvement project

- 5.2 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.

- 5.3 There are 4 main work streams:

- 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.

- 5.4 Governance arrangements are in place with a requirement to report to the CWPT Trust Board. In addition, partnership arrangements with appropriate external agencies – including Commissioners, Warwickshire County Council and South Warwick Foundation Trust have been agreed for involvement in the project.

## 6. Replacement of CAPA & waiting list management arrangements

- 6.1 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 will take the best elements 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.

## 7. Sustainability

- 7.1 Despite the hard work undertaken by the team in partnership with our stakeholders there has been feedback that “***we have been here before***”. To a degree this is valid. However, it is worth noting that the historical improvements were achieved by using non-recurrent CQUIN funding with no thought to sustainability. It is important that we learn from previous experience and ensure that we embed improvements

and allocate adequate resources so that the service is able to deliver the required access times and quality of care to this vulnerable group.

## **8. Future contract currency – PBR**

- 8.1 CWPT have applied to be part of the DOH pilot for CAMHS PBR. The DOH team Plan to let providers know if they have been selected as pilot sites on Monday 30<sup>th</sup> July. If successful there will be initial induction events for those sites selected on 12<sup>th</sup> and 18<sup>th</sup> September.

### **Contacts:**

Josie Spencer, Director of Operations (Community Services)

Jed Francique, General Manager for Integrated Children's Services