

**AGENDA ITEM**

5.3

**PLANNING, PERFORMANCE & FINANCE COMMITTEE**
**CAMHS INTERNAL ENHANCED MONITORING AND SUPPORT**
**Date of meeting**

22/06/21

**FOI Status**

Choose an item.

**If closed please indicate reason**

Choose an item.

**Prepared by**

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**Presented by**

Carl Verrecchia, ILG Operations Director  
and Kate Burton, CAMH Services Manager

**Approving Executive Sponsor**

Executive Director of Operations

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**
**Committee/Group/Individuals**
**Date**
**Outcome**

ILG Leadership Team

7/6/21

NOTED

**ACRONYMS**

CAMHS

Child and Adolescent Mental Health Services

PCAMHS

Primary CAMHS

SCAMHS

Specialist CAMHS



ILG	Integrated Locality Group
SBUHB	Swansea Bay University Health Board
FUNB	Follow Up Not Booked
CTP	Care and Treatment Plan
SPOA	Single Point Of Access

## 1. SITUATION/BACKGROUND

1.1 Over recent years CAMHS services nationally have been under increasing scrutiny, following the publication of several key national reports and the introduction and monitoring of several key performance targets. As a result of this, there has been a focus on improving the quality of the service by service development and re-design. This has been supported by investment into the service from both within CTM and from Welsh Government. There are detailed improvement plans in place for CAMHS as a whole service.

1.2 The key performance targets that the CAMHS service report on, for CTM and SB, to WG are as follows:

Please note that the current assessment targets for PCAMHS & SCAMHS, whilst appearing similar, are calculated differently:

### ***Mental Health Measure Part 1 (PCAMHS):***

**Target 1a:** 80% of people will receive an assessment within 28 days of referral.

**Target 1b:** 80% of people will commence an intervention within 28 days of assessment.

**NB. These targets calculate the percentage from the numbers of children & young people seen, and excludes those still waiting.**

### ***Mental Health Measure Part 2 (SCAMHS):***

90% of Relevant Patients will be in receipt of a valid Care & Treatment Plan

### ***Access target (SCAMHS)***

80% of assessments are undertaken within 28 days.



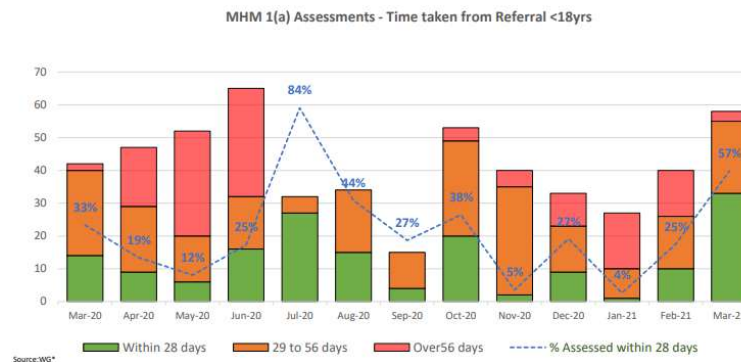
**NB. This target calculates the percentage from the total numbers of children & young people on the waiting list.**

- 1.3 This paper is intended to update the Committee regarding CAMHS planning, performance, cost pressures and new funding, to explain changes to performance reporting, and the Bridgend ILG plan to address these issues.

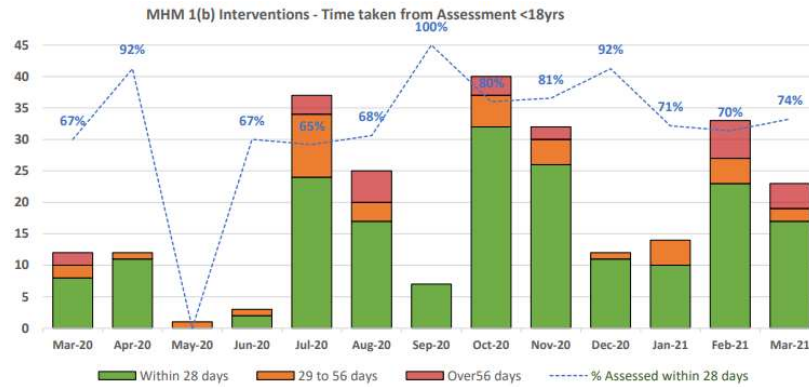
## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 2.1 PCAMHS CTM - waiting time for assessment (Target 1a) and intervention (1b)

Performance is on an improving trajectory against the assessment target, with increasing numbers of young people assessed. The average wait for assessment as at the end of May 2021 is two weeks. Kooth (online, open access counselling and support) has gone live from the end of April and the impact of this will be evaluated in coming months.

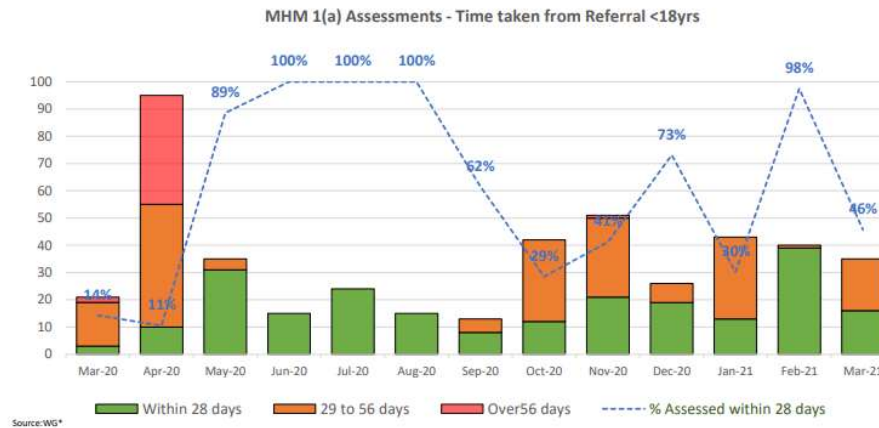


Performance has varied against the intervention target, with the service attempting to achieve a clinically justified balance between assessment and intervention.

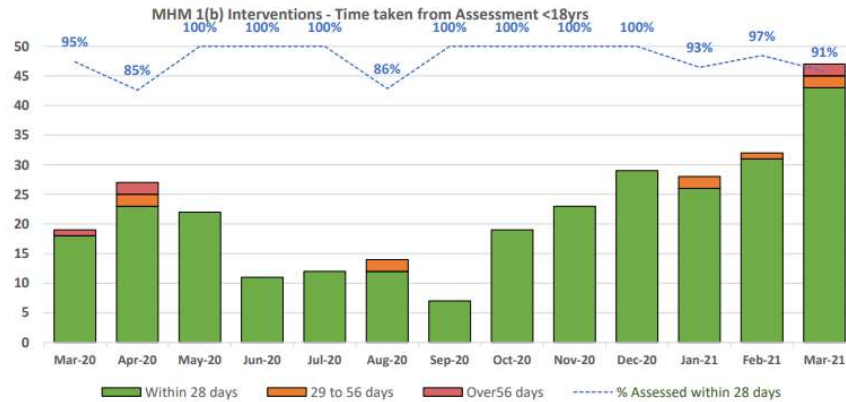


## 2.2 PCAMHS SB - waiting time for assessment (Target 1a) and intervention (1b)

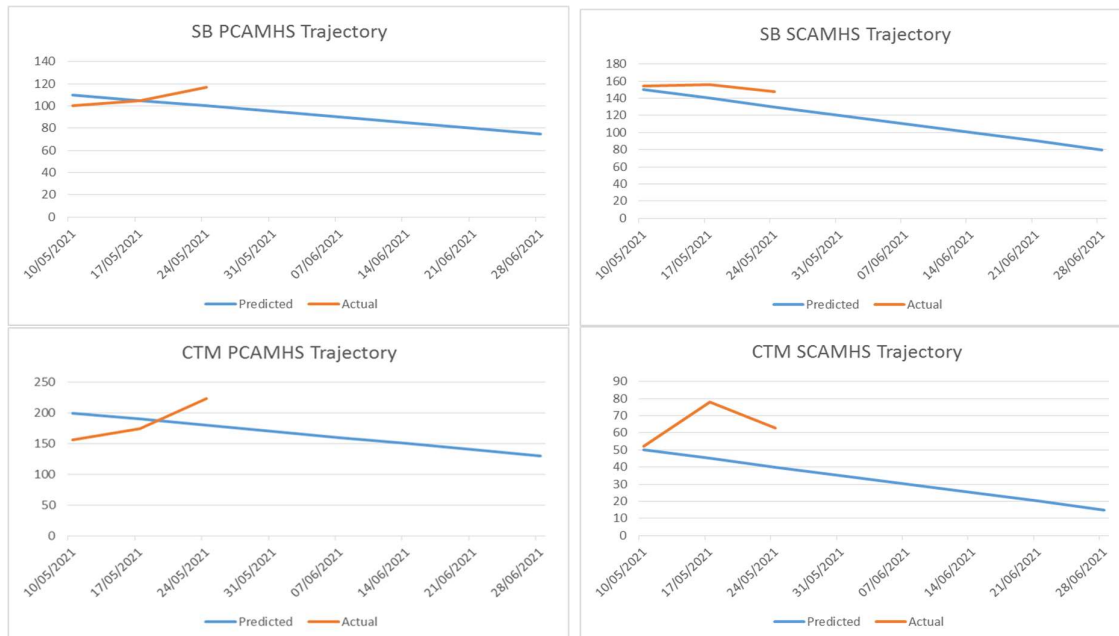
The current average wait for assessment is 5 weeks. Following a marked performance improvement in February, the service was impacted by staff taking significant leave in March which had been postponed from earlier in the year due to Covid. There are robust leave management processes in place to prevent this impacting on the service going forward. Demand on CAMHS has increased from April with the re-opening of schools. The SPOA continues to triage all referrals and signpost all those who do not require a CAMHS assessment. Kooth (online, open access counselling and support) has gone live from the end of May and the impact of this will be assessed in coming months.



The service has maintained performance which exceeds the targets for intervention.



## 2.5 Trajectories for improvement



The service currently does not have the capacity to meet the demand presenting (both in numbers of CYP and the acuity of need) to the service resulting in increasing waiting lists and access times for Young people. The service is also facing capacity shortages from annual leave which had been delayed due to Covid, staff sickness and vacancies.

There are a number of work streams underway to deliver trajectory improvements and improve access for young people.

All staff have defined job plans and these are currently being reviewed to ensure they continue to meet the needs of the service. Detailed demand and capacity work is also underway to provide more accurate trajectories for improvement and address any shortfalls. Team pathways have been streamlined in CTM, with SB to follow (currently trajectories remain split into P/SCAMHS). CTM has detailed D&C analysis, with SB about to be undertaken. Waiting list initiatives will continue but are not sustainable in the long term. SPOA/ triage are in place (in both teams) to appropriately manage demand, with Kooth now online & promoted widely. Consultant Connect and WAPLite are also now in use. There is on-going work with GPs, across the Health Board (e.g. Paediatrics) & partner agencies to strengthen alternative pathways & support

## **2.7 Mental Health Measure (Part 2):**

Patients presenting with higher levels of need and risks should be identified as Relevant Patients and in receipt of a CTP. The numbers of children and young people in receipt of a CTP is low in both CTM & SBUHB when benchmarked across Wales.

Performance in April for CTM was 74% (53 patients), whilst SB achieved 82% (78 patients). Numbers of children and young people in receipt of a CTP is expected to rise in the next 3 months to more appropriately reflect the needs of patients in the service. The service is expected to meet this performance target in both teams from July 2021 due to planned interventions.

## **2.8 SCAMHS - CTM**

### **Access times for assessment**

Waiting times for an initial assessment into SCAMHS in CTM average 1.3 weeks as of June 1<sup>st</sup> with 64 children and young people waiting.

### **Waiting time for follow up (FUNB)**

Internal waits have decreased significantly in CTM, with 216 CYP awaiting follow up appointments from SCAMHS. There were in excess of 500 CYP awaiting follow up in November 2020.

There are four new staff due to start in June who will contribute to providing additional capacity resulting in further reductions in the number of Young people waiting for follow up appointments.

## **2.9 SCAMHS - SB**

### **Access times for assessment**

Waiting times for an initial assessment into SCAMHS in SB average 4.7 weeks as of 1 June 2021 with 152 children and young people waiting.

Waiting times for an initial assessment into SCAMHS have increased significantly driven by a rapid increase in demand from the re-opening of schools, and CAMHS not having adequate capacity due to a combination of vacancies, sickness and core capacity. Detailed demand and capacity work is also underway to provide more focus on efficiencies and help to plan accurate trajectories for improvement.

### **Waiting time for follow up (FUNB)**

There are 222 children awaiting follow up appointments from SCAMHS over the target date. The largest proportion of these sit within Psychiatry clinics and ADHD clinics. There are long term challenges with recruiting to Psychiatry vacancies in SB, with a recent advert attracting no applicants. Service improvement work is also underway to improve ADHD pathways and increase core capacity.

## **2.9 Impact on Performance Reporting**

### **PCAMHS Assessment Target 1a & SCAMHS Access Target**

The Single Point of Access into each CAMHS team in CTM & SB is in place to triage all referrals into both PCAMHS & SCAMHS at a single point, and ensure children, young people, their families and referring agencies receive timely and appropriate advice and signposting. It is anticipated that this will reduce overall demand on CAMHS for assessment, and provide a more patient centred, quality service. The availability of Kooth is also promoted at this point.

CAMHS is meeting with Welsh Government, the NHS Delivery Unit and BCU HB (who deliver a similar model) in June to discuss the impact of this service model on performance reporting



### 3. Welsh Government Funding & Service Planning

Proposals have been submitted to Welsh Government to expand community CAMH Services from the SCAMHS funding (£457k for SB and £553k for CTM) plus a share of the all age Crisis fund. These proposals are focused on CAMHS delivering a 24/7 crisis response and expanding community eating disorder services to meet demand. Extensive work has been undertaken with Paediatrics, A&E and GPs to build relationships and develop these services. CTM CAMHS has also successfully bid for ICF funding to further expand the Eating disorder team.

Whole Schools Approach Funding proposals are currently being developed in conjunction with partner agencies and are due for submission on 18 June 2021.

Ty Llidiard has considerable cost pressures due the reliance on agency nursing to meet required staffing levels for patient acuity. There is recurrent national funding of £1.8 million to support inpatient service development for both Units in Wales. As part of a broader piece of work there is ongoing planning with WHSCC to update the service specification for Ty Llidiard. Bids are currently being developed in conjunction with WHSCC and will seek to address the current cost pressures, expand therapeutic provision in the Unit and meet the new service specification.

	Total Spend 2020-21 £k	Average Spend 2020-21 £k	Total Spend P01-22 £k	Variance P01-22 vs average £k	
Income	(1,229)	(102)	(86)	16	
Pay	12,535	1,045	1,147	102	<b>Key Variances P01-22</b> 57 Nurse & HCA Agency up £57k - High enhanced care in Ty Llydiard. Also includes £38k invoices relating to prior year 13 Medical Agency up £13k 30 Establishment growth - up 8.9 WTE 16 Swansea Bay income - prior year overheads recovery
Non Pay	971	81	70	(11)	
Total	12,277	1,024	1,132	108	





#### 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Members of the Committee are asked to consider the position outlined in this paper and the ILG's plan to address the issues and continue the improvements being made.
- 4.2 The CAMHS improvement risks are owned by the Quality and Safety Committee and are recorded with a risk score of 20. The Quality and Safety Committee considered the broader improvements in its May 2021 meeting.
- 4.3 The ILG has considered all of the service risks including the service sustainability, performance and finance issues considered by the Planning, Performance and Finance Committee, as well as the quality, workforce and wider service improvement issues and will be making a recommendation to Management Board that the enhanced leadership support is maintained until October 2022.

#### 5. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The service redesign and enhanced demand & capacity plans are intended to improve patient safety, patient experience and quality outcomes
<b>Related Health and Care standard(s)</b>	Timely Care
	Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care, Staff and Resources, Governance Leadership & Accountability
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	The waiting list initiative has financial implications that have previously been



	agreed. The wider service change is being delivered within existing resources.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

## 6. RECOMMENDATION

- 6.1 The Committee is asked to **NOTE** the performance progress being made with the Interim enhanced management team support.