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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	22nd October 2018	Agenda Item	4a
Report Title	Child & Adolescent Mental Health Services (CAMHS) Assurance Report		
Report Author	Michelle Davies, Head of Strategic Planning Joanne Abbott Davies, Assistant Director of Strategy & Partnerships		
Report Sponsor	Sian Harrop-Griffiths, Director of Strategy		
Presented by	Joanne Abbott Davies, Assistant Director of Strategy & Partnerships		
Freedom of Information	Open		
Purpose of the Report	To provide an update on the performance of CAMHS, and what action is being taken to improve the current position.		
Key Issues	<p>Compliance against the Welsh Government targets has deteriorated since June 2018 following a period of significant improvement.</p> <p>ABMU commissions the provision of Specialist CAMHS from Cwm Taf University Health Board who had provided assurances in March 2018 that the Welsh Government targets access to specialist CAMHS would be achieved by the end of September / October 2018. However due to a high number of vacancies within the core establishment of CAMHS, and the failure to recruit this has not been achieved.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the latest performance position of CAMHS and consider the action being progressed to improve this position; • Consider the actions taken in the short term to rectify the deterioration in performance; • Consider the work that is being progressed strategically to enable the service to become sustainable. 		

Child & Adolescent Mental Health Services (CAMHS) Assurance Report

1. INTRODUCTION

The purpose of this report is to:-

- Provide the latest performance position of the Specialist Child & Adolescent Mental Health Services (CAMHS) provided for ABMU residents by Cwm Taf Health Board;
- Highlight the actions being taken to improve the current position against targets; and
- Ensure that the service is sustainable over the medium to longer term.

This report specifically outlines the following:

- Current performance in the wider context of recent improvements;
- Stabilisation of the current position with waiting list initiative clinics;
- Plans being developed jointly by Cwm Taf and ABMU Health Boards to stabilise CAMHS services in the medium and longer term.

2. BACKGROUND

2.1 Access to Child & Adolescent Mental Health Services

Access to Child & Adolescent Mental Health Services (CAMHS) for the ABMU population (and most other areas in Wales and across England) has historically been poor with long waiting times for children and young people. The availability of performance data and engagement between Commissioner and Provider has historically also been poor, but in the last 18 months/2 years there have been improvements. This has resulted in monthly performance reports being produced by Cwm Taf in advance of commissioning meetings.

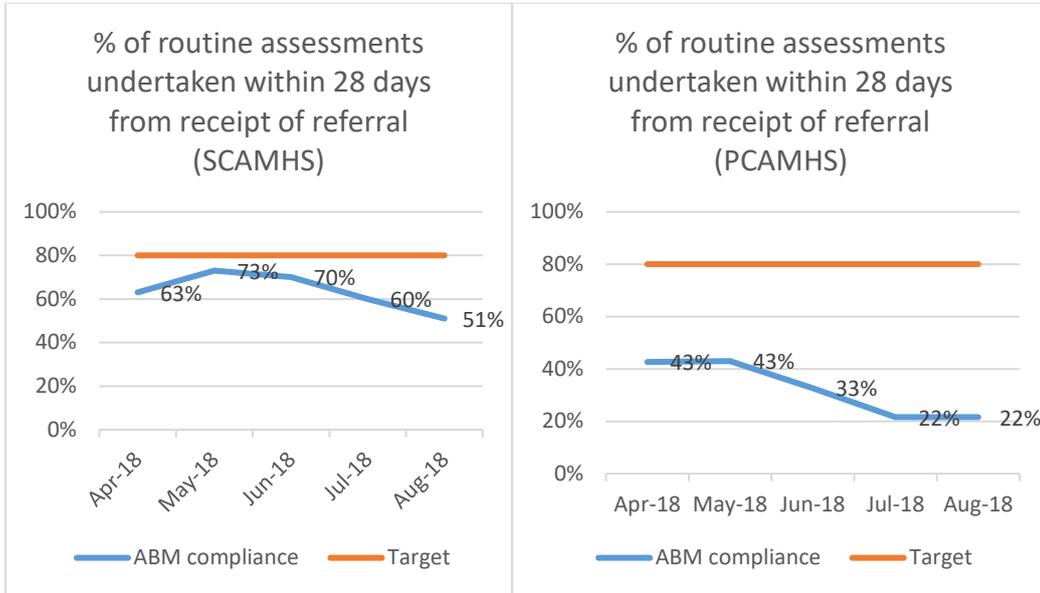
The following section of the report highlights that whilst there has been a recent deterioration in performance, due to a relatively high number of vacancies in the core establishment of CAMHS, significant improvements have been made to reduce the number of children and young people waiting for an assessment in the last 12 months, and the length of time they have to wait. A summary of the vacancy position as at September 2018 is attached as **Appendix A** which highlights the extent of these difficulties, particularly as CAMHS is made up of a number of small teams so vacancies impact more significantly.

There are six individual targets reported to the Health Board including one Neuro-Developmental Disorders (NDD) target. The two targets that remain of primary concern are as follows:

- Specialist-CAHMS – target 80% of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral

- Primary-CAHMS – target 80% of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral

The following graphs highlight the ABM compliance against the above targets in the six months up until August 2018, where the deterioration can be seen clearly over the summer months.



2.1.1 Specialist CAMHS (S-CAMHS)

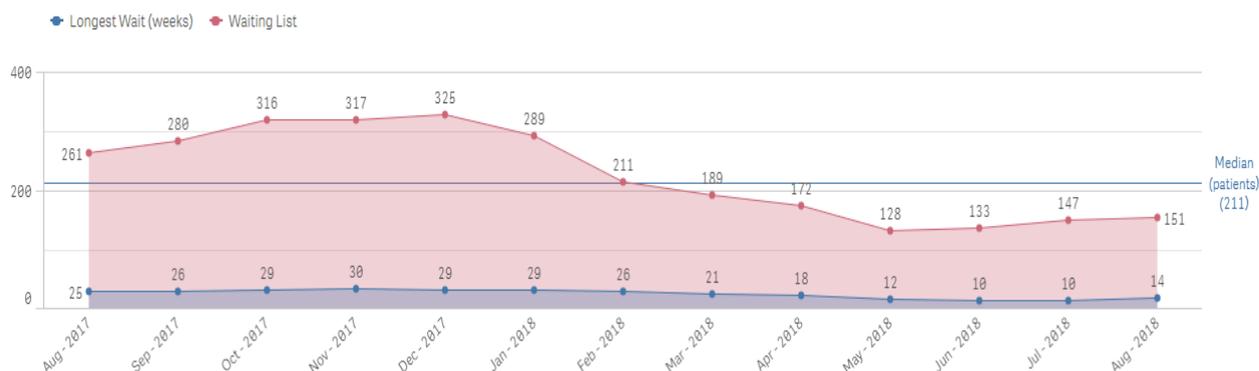
Since 2017, access to specialist CAMHS has improved and the reliance on waiting list initiatives has been reduced significantly with a better balance of demand and capacity being achieved. A contributor to this has been the introduction of the Choice and Partnership Approach (CAPA) implemented by Cwm Taf University Health Board in September 2017. Whilst the Welsh Government target of 80% for routine patients to be assessed within 28 days of referral has not been achieved, performance steadily improved during 2017/18 as shown in graph 1 below.

Graph 1
Waiting List (LIVE) > 4 weeks



Graph 2 below shows a significant reduction in the number of patients waiting since December 2017. In December 2017, there were 325 children and young people waiting with the longest wait at 29 weeks. Whilst compliance against the target has declined, the number of children and young people waiting remains stable. In August 2018 151 children and young people were waiting, with the longest wait at 14 weeks.

Graph 2
Running Waiting List Total & Longest Wait



#Data is from a Archive Waiting List by End of Month only (please refer to CAMHS - Waiting List for latest figures)

Performance monitoring of the service is undertaken daily and is subject to regular discussion amongst the CAMHS/ Cwm Taf senior management team. Formal performance monitoring is carried out monthly between ABMU and Cwm Taf, with updates on performance being received by ABMU on a weekly basis. There is some difference in performance across the ABM region. Table 1 below highlights the compliance by ABM locality as at the 5th October 2018. Table 1 also includes the position for Cardiff & Vale and Cwm Taf to demonstrate that this is not only an ABM problem. It can be seen that whilst performance in ABMU is not as good as it needs to be, the improvement has been greater than in both Cardiff & Vale and Cwm Taf areas.

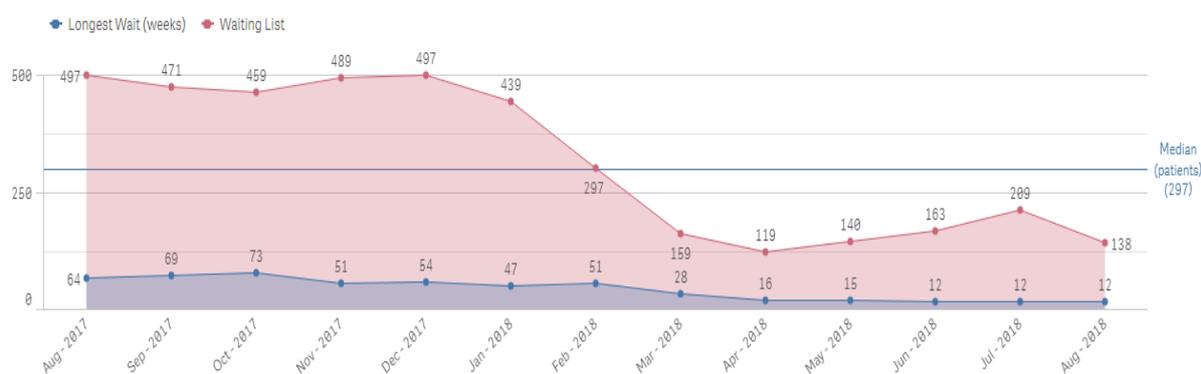
Table 1

Position as at 5 th October 2018	Bridgend	Neath Port Talbot	Swansea	ABM overall	Cardiff & Vale	Cwm Taf
Total WL	45	37	99	181	169	183
> 4 Weeks	1	17	40	58	81	106
Compliance	97.8%	54.1%	59.6%	68.0%	52.1%	42.1%
Average Weeks	0.9	3.6	3.5	2.9	4.3	5.8

2.1.2 Primary CAMHS (P-CAMHS)

Whilst achievement against the Welsh Government target of 80% of routine assessments being carried out within 28 days of referral has not been achieved, as graph 3 below demonstrates, the total patients waiting and longest wait has reduced significantly since December 2017, however total waiting increased from April to July. This was due to vacancies that are now filled and as a result the waiting list reduced again in August.

Graph 3
Running Waiting List Total & Longest Wait



#Data is from a Archive Waiting List by End of Month only (please refer to CAMHS - Waiting List for latest figures)

2.2 Challenges and immediate action

As section 2.1 demonstrates, performance has deteriorated in recent months following a period of significant improvement leading up to the end of 2017/18. This deterioration has been caused by the number of vacancies across the services, but most notably in Neath Port Talbot and Swansea.

In order to minimise the deterioration in position, ABMU has agreed that the underspend associated with the vacancies will continue to fund Waiting List Initiative clinics. Whilst this will not improve performance as effectively as having staff substantively in post, it will at least alleviate any deterioration in position and start to improve the position. This arrangement has been approved by ABM for 3 months (to end December 2018) at which point the vacancy position should have improved and the position will be reviewed again.

Cwm Taf have formally been asked to confirm when the Welsh Government targets will be achieved bearing in mind the temporary setback in performance due to the level of staffing vacancies. This information is awaited, but will be reported to the Committee.

2.3 Long-term sustainability

Following a demand and capacity review of CAMHS it is becoming clear that whilst the core establishment appears to be marginally under-resourced using Choice and Partnership Approach (CAPA), the ability to recruit and retain staff in a number of small teams continues to be a significant issue which has a disproportionate effect on waiting times due to the small number of specialist clinicians in each of the teams. Therefore changes that are more radical are required to transform the service model to provide a sustainable service in the medium to long-term. In 2017/18 ABM was successful in securing Intermediate Care Fund (ICF) monies to recruit additional CAMHS liaison officers to work with local authority single point of access teams across Western Bay. This initiative is deemed a huge success by local authorities, and as a result is something that CAMHS are interested in trialling themselves in other areas.

2.3.1 Choice and Partnership Approach (CAPA)

CAPA was introduced in ABMU in September 2017, and has reduced the total caseload in ABMU as outlined in the graph below. The model has been implemented by many CAMHS services across the world including Australia and Canada.

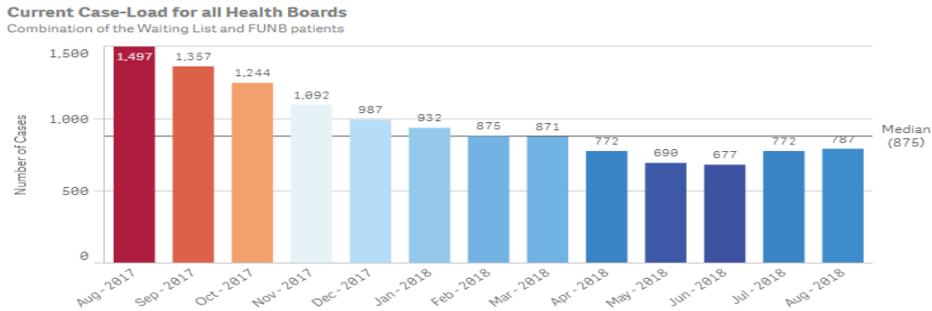
CAPA brings together:

- The active involvement of clients
- Demand and capacity planning/Lean Thinking
- A new approach to clinical skills and job planning.

Services can then:

- Do the right things (have a clear working goal with the service user)
- With the right people (use clinicians with the appropriate clinical skills)
- At the right time (without any external or internal waits).

As has been experienced in Cwm Taf, the total caseload has reduced in ABMU since the introduction of CAPA – see graph 4 below. However, the caseload has increased in the last 2 months, due to the current vacancy position.



Graph 4

Remodelling to reflect a single point of access for assessments

The constraints of the current CAMHS configuration include:

- Confusion for referrers re referral pathways and referral criteria / service thresholds between Primary and Secondary CAMHS
- Frustration for referrers re referrals being declined ('so called 'inappropriate referrals'). Currently approximately 50% of referrals to S-CAMHS are declined.
- Frustration and delay for families and young people when they are 'bounced' between Primary and Secondary CAMHS, either at the point of referral or following initial assessment.
- Transfers and discontinuity of care of families and young people having to move between Primary and Secondary CAMHS in order to access necessary clinicians, i.e. moving the service user to fit the needs of the service rather than the other way round.

In 2017 ABMU Health Board had proposed repatriating the primary CAMHS provision from Cwm Taf and running the service itself in an effort to address the long-term poor performance of this service. However the introduction of the Liaison posts by ABMU and a more integrated service planning and performance approach between ABMU and Cwm Taf since that time has enabled an alternative service model to be developed. This is aimed at providing a single, integrated primary and secondary CAMHS across the Swansea and Neath Port Talbot footprint (i.e. the new ABMU area after the Bridgend Boundary Change occurs on 1st April 2019), so providing a more sustainable and stable service for our population.

This new service model will include a single point of access / entry to the service via a telephone triage system which will allow all professionals working with children and young people to access advice and consultation from CAMHS, and onward referral into CAMHS where appropriate. The service will use the Choice and Partnership Approach (currently embedded within Secondary CAMHS) to facilitate provision of the right support, at the right time, to the right children, young people and families, by the right clinician from across the service. This will therefore provide a single point of access to all primary and secondary CAMHS.

There will be a phased approach to implementation:

1. **Single point of access.** A trial to screen all referrals to CAMHS (Primary & Secondary) in ABM centrally, using a single referral screening team, in order to ensure consistency of decision-making and remove the 'bounce' of referrals between different parts of the service. This is being carried out in October 2018. Once the trial has been evaluated, and if successful, a permanent single referrals team will be scoped and established.
2. **Single point of contact.** Once a single referral team is established, its functions would then extend to a 9-5 telephone advice line (i.e. an extension of the current P-CAMHS telephone line) for advice re signposting / referrals and consultation, providing a single point of contact for all professionals, and thereby minimising inappropriate referrals as queries can be dealt with and appropriately signposted in real time. This would be linked up with the Local Authority single point of access teams, to provide a single point of contact across health and local authority.
3. **Full integration of Primary & Secondary CAMHS.** Once a single point of advice and access is established, then the integration of CAMHS direct assessment and treatment functions can follow, providing a seamless, graduated approach across levels of mental health need, facilitated by the use of the CAPA model right across the service.

This new service model has only recently been agreed in principle by Cwm Taf and ABMU Health Board and during October – November discussions are taking place with partners and staff to firm up the details of the model and agree the associated implementation timetable.

2 GOVERNANCE AND RISK ISSUES

Access to CAMHS is already on the Health Board's risk register as an issue. The additional waiting list initiatives will be in place to mitigate the short term risk and the development of the new service model will mitigate the medium to longer term risk.

3 FINANCIAL IMPLICATIONS

The actions being taken do not have any financial implications except for existing allocated funding being redirected to waiting list initiatives.

A decision has already been made through discussions between ABMU and Cwm Taf Health Boards that any slippage monies associated with the vacancies will fund waiting list initiatives for three months to ensure that access for children and young people to CAMHS and compliance against the target improves. This position will be formally reviewed in December 2018 with a midpoint review between Cwm Taf and ABMU in mid-November.

4 RECOMMENDATION

Members are asked to:

- Note the latest performance position of CAMHS and consider the action being progressed to improve this position;
- Consider the actions taken in the short term to rectify the deterioration in performance;
- Consider the work that is being progressed strategically to enable the service to become sustainable in the medium to long term.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships	
				X			
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
					X		X
Quality, Safety and Patient Experience							
<p>The report highlights a plan to stabilise CAMHS with the progression of waiting list initiative clinics and improve compliance against the Welsh Government targets. This in turn will improve the outcomes for patients, and mitigate any quality and safety risks.</p>							
Financial Implications							
<p>The recommendations made are not associated with any financial implications. Members of the Committee are not being asked to consider or approve any financial assumptions.</p> <p>A decision has already been made through discussions between ABMU and Cwm Taf Health Boards that any slippage monies associated with the vacancies will fund waiting list initiatives for three months to ensure that access for children and young people to CAMHS and compliance against the target improves. This position will be reviewed in December 2018.</p>							
Legal Implications (including equality and diversity assessment)							
<p>There are no legal implications associated with this report or the plans outlined within it.</p>							
Staffing Implications							
<p>There are no staffing implications associated with this report or the plans outlined within it.</p>							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)							
<p>The actions outlined in the report support the five ways of working outlined in the Act. ABMU Health Board are working with all partners to identify improved ways of working to not only improve the short-term performance of the service for patients but also the long term strategic vision.</p>							
Report History	CAMHS has historically been an area that has been subject to escalation. This committee considered the last report in June 2018.						
Appendices	Appendix A – Summary of Vacancies, CAMHS in ABM area						



Abertawe Bro Morgannwg Commissioning meeting

September 2018

Vacancies – CAMHS in ABMU area

	WTE	Band	Status
Medical			
Consultant	1.5		Advertised multiple times – no applicants. Currently 0.6 agency consultant, 1 WTE NHS locum to cover until October – agency locum in place from October.
Specialty Doctor	0.2		Advertised – no suitable applicants. Alternative solutions being considered.
Nursing			
P-CAMHS - Senior Practitioner	1	7	Appointed – awaiting start date (anticipated within 2-3 weeks) – but cover in place
P-CAMHS	1	7	Out to advert
S-CAMHS	1	7	Can't go out to advert yet until current postholder (covering P-CAMHS as above) hands in notice
SCAMHS Nurse	0.76	6	Combination of 2 posts (SM & CE) – now only 25hrs available funding to be clarified and post advertised
SCAMHS Nurse	1	6	Maternity leave – agency cover terminated beginning of July – currently not covered awaiting authorisation to use Seven agency
SCAMHS rotational nurse	1	5	Appointed awaiting start date
Crisis Liaison Nurse	2	6	Mat leave out to advert

CITT Nurse	1	5	Parental leave (rotational post) –No cover required
Therapy			
Psychologist	0.8	8a	Appointed but currently on maternity leave – anticipated to take up post in June 2019. Expression of interest to backfill until June to go out.
Dietitian	0.4	7	Not recruited. 0.2wte fixed term cover recently appointed.
Family Therapist	1	8a	Shortlisted applicant withdrew – JD to be reviewed and going back out to advert
Psychologist	1	7	Maternity leave – cover out to advert for second time (no applicants initially)
Therapist	1	7	Maternity leave - 0.6wte mat cover in place
Administration			
Medical Secretary	1	3	Vacancy as acting up to cover Mat Leave – POW – has been covered by agency
Band 2	0.6	2	Clinic Coordinator NPT

Performance against Welsh Government waiting times has deteriorated in recent months following a period of significant improvement leading up to the end of 2017/18. This deterioration has been caused by the number of vacancies across the services, but most notably in Swansea. Due to the constraints in terms of recruitment time and challenge in recruiting to posts it is difficult to say with certainty when establishment will be reached and performance will stabilise and improve.

In order to minimise the deterioration in position, it has been agreed that the underspend associated with the vacancies above will continue to fund waiting list initiative clinics. Whilst it is unlikely that it will be possible to improve performance immediately, an ongoing commitment to WLI will support the safe delivery of services and reduce the impact of the vacancies. Initially this has

been approved for 3 months (to end December 2018) at which point the vacancy position will be updated and the position reviewed again.