

<b>AGENDA ITEM</b>
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<b>PLANNING, PERFORMANCE &amp; FINANCE COMMITTEE</b>
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<b>CAMHS INTERNAL ENHANCED MONITORING AND SUPPORT</b>
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<b>Date of meeting</b>	18/10/21
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Kate Burton – CAMH Service Manager
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<b>Presented by</b>	Carl Verrecchia, ILG Operations Director and Kate Burton, CAMH Services Manager
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<b>Approving Executive Sponsor</b>	Executive Director of Operations
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
ILG Leadership Team		NOTED

<b>ACRONYMS</b>	
CAMHS	Child and Adolescent Mental Health Services
PCAMHS	Primary CAMHS
SCAMHS	Specialist CAMHS



ILG	Integrated Locality Group
CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
FUNB	Follow Up Not Booked
CTP	Care and Treatment Plan
SPOA	Single Point Of Access
PCR	Planned Care Recovery

## 1. SITUATION/BACKGROUND

1.1 Over recent year's 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 CTMUHB 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 Swansea Bay UHB, to Welsh Government are as follows:

Please note that the current assessment targets for PCAMHS and 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.

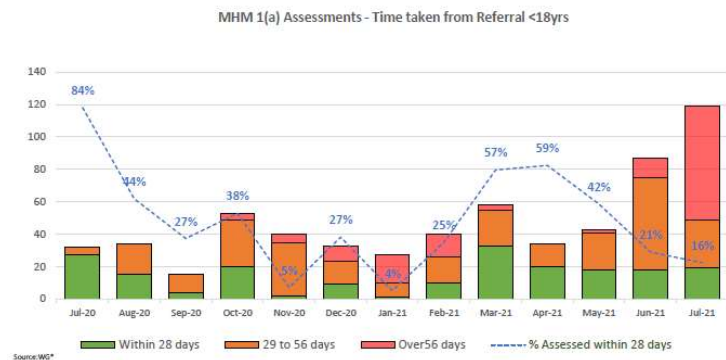
**NB. This target calculates the percentage from the total numbers of children & young people on the waiting list.**

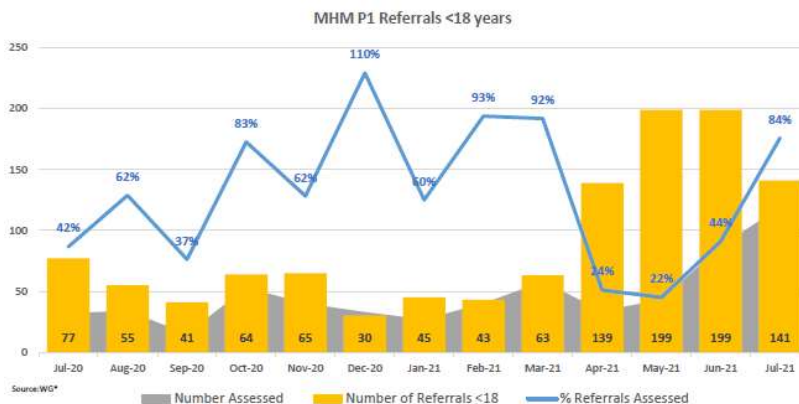
- 1.3 This paper is intended to update Committee regarding CAMHS planning, performance, cost pressures and new funding, to explain changes to performance reporting, and the Bridgend ILG plan to address these issues.

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

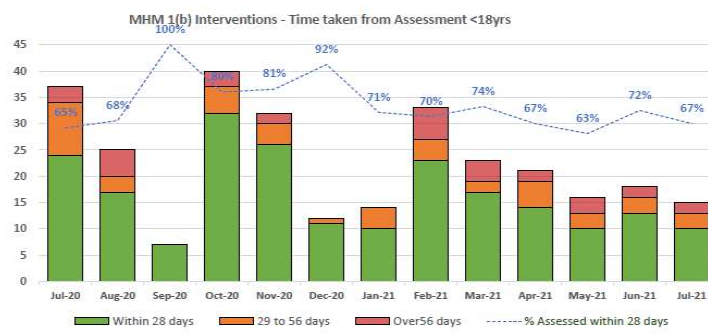
### **2.1 CAMHS CTM - waiting time for assessment (Target 1a) and intervention (1b)**

A new service model was implemented into CTMUHB CAMHS in June 2021, the team also transitioned into a single CAMHS waiting list. Due to the merge, the performance reported now includes all assessment activity that was not previously captured. The target performance has declined due to increased numbers awaiting a Part 1 assessment as a result. The service has also seen an expected increase in demand and high acuity in presentations, particularly eating disorder referrals. The average wait for assessment as at the end of September 2021 is three weeks. The compliance for August 2021 is 14.6% due to the increased number of assessments undertaken to reduce the waiting list.





Performance has varied against the intervention target, with the service attempting to achieve a clinically justified balance between assessment and intervention. The compliance for August 2021 is 58.3%.



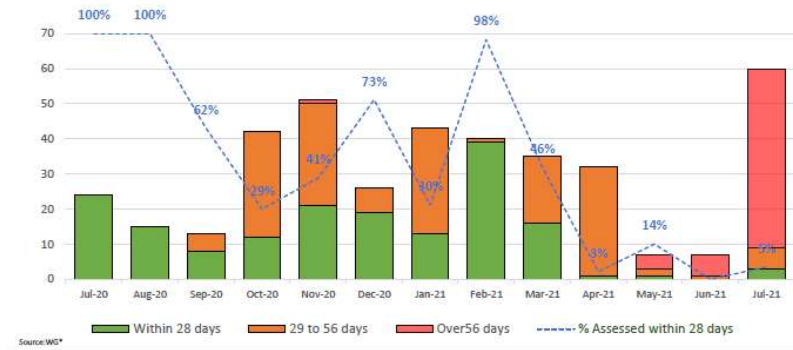
## 2.2 PCAMHS SBUHB - waiting time for assessment (Target 1a) and intervention (1b)

The current average wait for assessment is two weeks. The PCAMHS compliance has deteriorated significantly more recently due to vacancies and high levels of sickness.

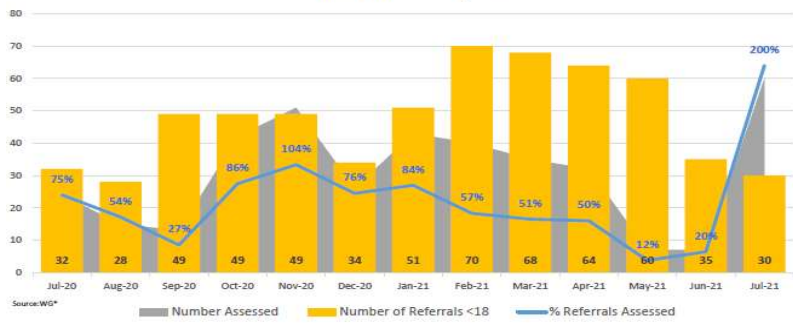
The service has also seen an expected increase in demand. Capacity was increased in the team in July & August 2021 to improve the waiting list position. The Team are moving towards a merged Waiting List within 6 weeks. The compliance for August 2021 is 37.3%.



MHM 1(a) Assessments - Time taken from Referral <18yrs

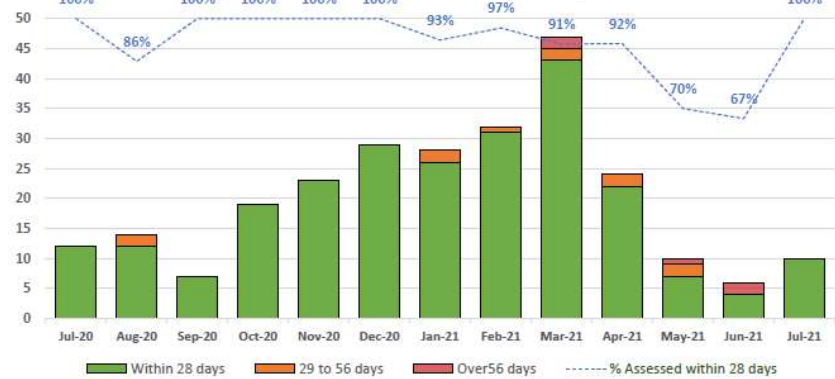


MHM P1 Referrals <18 years



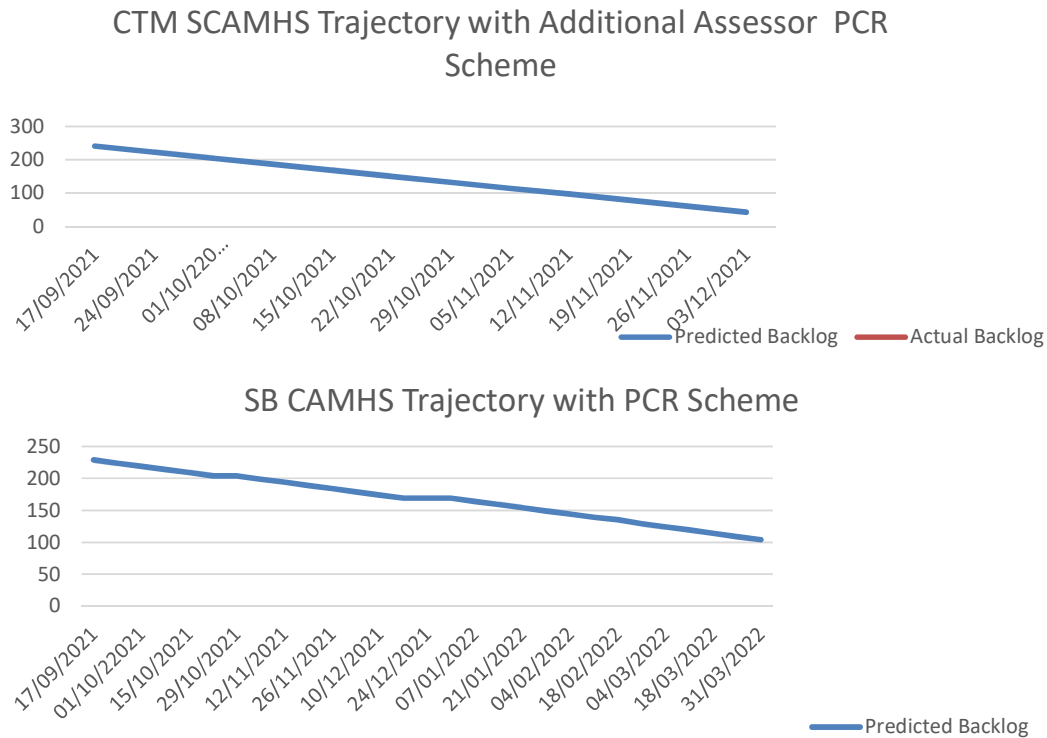
The service has maintained performance which exceeds the targets for intervention. The compliance for August 2021 is 82.1%.

MHM 1(b) Interventions - Time taken from Assessment <18yrs





## 2.5 Trajectories for improvement



The service currently does not have the capacity to meet the demand presenting (both in numbers of Children and Young People and the acuity of need) to the service, resulting in increasing waiting lists and access times for young people. The CTMUHB locality are currently in the process of recruiting an additional assessor post to meet demand and into the new Welsh Government funding to develop services. The Swansea Bay UHB team are also reconfiguring capacity to meet the needs of the service and recruiting additional staff.

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 has been completed to provide more accurate trajectories for improvement and address any shortfalls. Waiting List/Planned Care Recovery schemes are being scoped to assist in addressing the current backlog. SPOA/ triage are in place (in both teams) to appropriately manage demand, with Kooth now online and promoted widely. Consultant Connect and WAPLite are also now in use.

There is ongoing work with GPs, across the Health Board (e.g. Paediatrics) and partner agencies to strengthen alternative pathways and 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 CTMUHB and SBUHB when benchmarked across Wales.

Performance in August 2021 for CTMUHB was 72.2% (57 patients with a valid CTP), whilst SBUHB achieved 65.1% (26 patients with a valid CTP). Numbers of children and young people in receipt of a CTP is expected to rise in the coming months to more appropriately reflect the needs of patients in the service. The CTMUHB service is rolling out CTP training on 5 October 2021 and the SBUHB service on 3 November 2021 to drive compliance and ensure that all children and young people are awarded the relevant patient status.

## **2.8 SCAMHS - CTM**

### **Access times for assessment**

Waiting times for an initial assessment into SCAMHS in CTMUHB average 3.3 weeks as of 20 September 2021 with 282 children and young people waiting. Additional funding has been awarded by Welsh Government to address the demand in terms of increasing the establishment, the recruitment process is currently underway.

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

Internal waits have increased within CTMUHB, with 273 CYP awaiting follow up appointments from CAMHS. This is due to the holiday period and a Consultant vacancy in the Merthyr locality.

## **2.9 SCAMHS - SB**

### **Access times for assessment**

Waiting times for an initial assessment into SCAMHS in SBUHB is an average of ten weeks as of 30 September 2021 with 161 children and young people waiting.

Waiting times for an initial assessment into SCAMHS have increased significantly driven by a rapid increase in demand and CAMHS not having adequate capacity due to a combination of vacancies, sickness and core capacity. Additional funding has been awarded by Welsh Government to address the shortfall and recruitment is underway. Detailed demand and capacity work has been undertaken to provide more focus on efficiencies and help to plan accurate trajectories for improvement.

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

There are 308 children awaiting follow up appointments from SCAMHS over the target date. The largest proportion of these sit within Psychiatry clinics and Attention deficit hyperactivity disorder (ADHD) clinics. There are long term challenges with recruiting to Psychiatry vacancies in SBUHB, the service has however been successful in recruiting a Locum NHS Consultant, starting in October 2021.

## **2.9 Impact on Performance Reporting**

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

The Single Point of Access into each CAMHS team in CTMUHB and SBUHB 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.

## **3. Welsh Government Funding & Service Planning**

New Welsh Government funding has been awarded to expand community CAMH Services from the SCAMHS funding (£457k for SBUHB and £553k for CTMUHB) plus a share of the all age Crisis fund. The CTMUHB proposal is 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, Accident & Emergency and GPs to build relationships and develop these services.

The CTMUHB locality has been awarded £666k for the Whole Schools Approach, In-Reach Funding. The SBUHB locality was also awarded £518k in funding to integrate a whole-system, regional approach to developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed. This will make expertise advice quicker to access, working closely with children and young people and their families to enable a 'no wrong door' approach so that families get the right help at the right time in a way that is right for them.

Through the enhancement of SPOA, Crisis Liaison and the development of a specific Eating Disorder and Schools In-Reach team, it is hoped that this will align with NEST and improve patient access to services and advice.

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 Welsh Health Specialised Services Committee (WHSSC) to update the service specification for Ty Llidiard. In addition, WHSSC have developed a CAMHS action plan which is currently out to consultation.

### Summary financial position P05-22

P05-22 Description	Annual Budget £000's	Cumulative			Forecast	
		Budget £000's	Actual £000's	Variance £000's	Annual £000's	Recurring £000's
Pay	15,330	5,967	5,501	(466)	(793)	1,172
Non-pay	1,137	432	474	42	128	218
CRES	(237)	(42)	-	42	219	266
Income	(2,736)	(1,017)	(493)	524	648	(653)
<b>Grand Total</b>	<b>13,494</b>	<b>5,339</b>	<b>5,481</b>	<b>142</b>	<b>201</b>	<b>1,004</b>

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

4.1 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.

Risk	Mitigation
<p><b>IF</b> The Health Board continues to face challenges in the CAMHS Service</p> <p><b>THEN</b> there could be an impact in maintaining a quality service</p> <p><b>RESULTING IN</b> poor outcomes for children, issues with recruitment and retention of staff and reputational damage for the Health Board</p>	<p>The Bridgend ILG Leadership Team have placed the service into Internal Enhanced Monitoring and Support:</p> <ul style="list-style-type: none"> <li>• Improvement Plan developed and agreed</li> <li>• Fortnightly Monitoring</li> <li>• Additional Leadership Support</li> <li>• OD intervention</li> </ul>



## 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.