AGENDA ITEM
5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

CTM CAMHS PERFORMANCE UPDATE

Date of meeting	28/06/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lisa Davies, Clinical Service Group Manager for CAMHS
Presented by	Julie Denley, Director of Primary, Community & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Carl Verrecchia ILG Director of Operations Julie Denley Director Primary Care & Mental Health	(14/06/2021)	SUPPORTED

ACRONYMS	
CAMHS	Children and Adolescent Mental Health Service
MHM	Mental Health (Wales) Measure (2010)
CTM UHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

1.1 This paper provides an update on the current performance position within the Children and Adolescent Mental Health Service (CAMHS) in CTM UHB against the Mental Health (Wales) Measure (2010) and the actions being taken to improve performance together with trajectories for improvement.

1.2 CAMHS performance is monitored by the Mental Health (Wales) Measure (2010) and there are three specific targets that the service is measured against. These measures all are snapshots of activity within the month and do not take into account those waiting. The areas that are measured are as follows:

- Part 1(a) – of the local mental primary health support service (LMPHSS) assessments that were undertaken in the month, the percentage of assessments that were undertaken within 28 days of referral. The target is 80%;

- Part 1(b) – of the LMPHSS therapeutic interventions started in the month, the percentage of these therapeutic interventions that started within 28 days. The target is 80%;

- Part 2 – the percentage of patients who have a valid Care and Treatment Plan (CTP) at the end of each month. The target is 90%.

In 2021/22 the CAMH CTM Service implemented a Single Point of Access for all referrals into the service. As a result of this change all referrals accepted now fall under Part 1 A of the Mental Health measure.

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

2.1 Demand

Appendix 1 graph 1 shows the accepted referrals into the CTM CAMH service since January 2021. Referrals into the service have increased since the COVID pandemic and change in organisational boundary. Since 2021 accepted referrals have averaged at approx. 160 a month, notable patterns show where demand decreases in the summer when children and young people are on holiday and then increases significantly into the autumn period when they return to school and then after Christmas.

The CAMH service also reports increasing complexity of the children and young people presenting, in particular for patients presenting with eating

disorders. Whilst the number of patients referred with eating disorders is relatively low to overall numbers, these patients are presenting younger and with higher clinical priority compared to previous years.

Since the introduction of the Single Point of Access (SPOA) and in line with the Children's Commissioner 'No wrong door' report, the service helps to signpost families and redirect referrals to other services (usually voluntary sector) where appropriate. The number of referrals signposted or not accepted is also quite high and ranges between 40 and 50% of total referrals received each month. The service is working with GP clusters to provide more information about the service to reduce the proportion of inappropriate referrals.

2.2 Current waiting list

The number of patients waiting their first assessment in the service has increased in 2022 (see graph 2 in Appendix 2). At the end of May this has reached 365 with 216 of those patients waiting longer than 28 days. The increase is as a result of mismatch between demand and capacity for assessments and interventions. In particular, in the last couple of months there has been reduced capacity in the service due to vacancies as well as the need to divert assessment capacity to support patients waiting for interventions.

Prior to the start of the new financial year 2022/23 the service was also benefitting from some additional capacity from planned care recovery clinics.

The waiting list for both assessments and interventions is reviewed regularly by the team leads in each area, with patients being risk assessed and monitored whilst waiting to be seen and ensures when required patients are expedited to be seen.

2.3 Projected waiting list

The waiting list graph 3 in Appendix 2 also shows a proposed trajectory going forward for the remaining financial year. This is based on:

- An assumption of demand that mirrors the expected changes of lower demand in August and the higher demand in the Autumn and into 2023
- Additional assessment capacity provided by waiting list initiatives over the next 3-4 months
- An assumption that the bids for the new Mental Health Service Improvement Funds will be approved and the service can recruit additional staff to implement additional capacity from the Autumn to meet the expected increase in demand

- Core capacity in the service remains consistent

The reduction in the waiting list for both assessments and then subsequently interventions is key to enabling sustainable and real improvement in performance in the Mental Health Measures.

2.4 Performance against the Mental Health (Wales) Measures (MHM) to date and proposed trajectories for improvement

2.4.1 Part 1(a) Compliance to date

Appendix 3 graph 3 shows performance against Part 1(a) of the MHM since April 2021. Since August 2021 there had been a slight improvement in compliance but still significantly below the 80% target. Compliance dropped in May to 26%. Part 1(a) measure is a reflection of the waiting times of those seen and it does not take into account the numbers also waiting on the waiting list.

The initial improvement in compliance since August was a reflection of additional capacity provided to support assessments as well a reflection of an increasing urgency rate to be seen and shorter waiting times in two of the localities.

The decline in performance in May is linked to a reduction in capacity, as planned care recovery clinics were stopped in April; vacancies within the assessment team and divert of some capacity to support the waiting time for Part 1(b).

2.3.2 Part 1(a) Projected compliance

Appendix 3 graph 3 also shows the projection of compliance until the beginning of 2023/24. This shows improvement of performance from 26% to 80% by May 2023.

This projection takes into account the current number of patients on the waiting list alongside assumptions in future demand; expected capacity and urgency of referrals.

Whilst the service works to increase capacity and activity to address the backlog of patients waiting, the projected compliance with Part 1 (a) will remain low and is expected to vary on reflection of the urgency rate.

The projected improvement in compliance from the end of the year is linked to the impact of assumed additional capacity in the service following agreement of the WAG Mental Health Service Improvement Funds. The improvement in compliance is also reliant on the service being able to flex resources to meet the different demands in the four localities.

2.4.3 Part 1(b) Compliance to date

Appendix 4 graph 4 shows performance against Part 1(b) of the MHM since April 2021. A low percentage of patients start treatment within 28 days although it has varied over the last few months. The compliance in May was just 28%.

The decline in performance is linked to increasing number of patients waiting from assessment to intervention as well as increased capacity to address the backlog, which default meant more patients seen had been waiting longer than 28 days.

The improvement in March was linked to the pilot of a group/course for eligible patients waiting. The team leaders also tried to prioritise some of those waiting who would not require too many interventions with the planned care recovery scheme which ended in April.

2.4.4 Part 1(b) Projected compliance

Appendix 4 graph 4 shows the projection of compliance until the beginning of 2023/24. This shows improvement of performance from 28% to 80% by April 2023.

This is based on a number of assumptions around demand and capacity. It also assumes that the overall caseload of the service remains consistent as the ability to take on new patients for interventions is reliant on a maximum caseload per worker. There is regular case supervision and line management to provide support in this area.

The projection takes into account the current waiting times for interventions. The projection assumes:

- additional capacity in clinics and movement of resources to see the longest waits
- The bid for the new Mental Health Service Improvement Fund has been agreed and posts recruited into
- Implementing a different way of working with the full roll out of groups/ and using a different workforce.

The agreement to extend the use of Kooth, which is an online platform that offers some virtual 1 to 1 counselling and support, will help to complement the interventions provided and support safer discharge from the service.

From September, the Schools In reach service will be piloted across all localities and this service will also provide some initial support and intervention in schools, potentially decreasing complexity of referrals in the

medium to longer term by identifying children and young people earlier for initial support.

2.4.5 Part 2 Compliance to date

Appendix 5 graph 5 shows the compliance to date for Part 2, which shows that the service has not achieved the 90% target since May 2021. The current compliance in May is 46%

Whilst the service has failed to meet the target, the number of patients reported under Part 2 of the measure has also been low. There has been a focus in the last few months to increase the number of patients being reported, with the latest number now reaching approx. 270 (previous month was approx. 200).

2.4.6 Part 2 Projection in Compliance

Appendix 5 graph 5 shows the projection of compliance until the beginning of 2023/24. This shows improvement of performance from 46% to 90% by January 2023.

The CAMH Service has instigated a quality improvement project to support improvement in compliance in Part 2 of the measure. This has included providing additional training to staff around the use of Care and Treatment Plans (CTP) as well as improving the systems used to monitor patients with CTP to ensure these are reviewed annually and recorded appropriately.

In addition, the service has been working with teams to ensure all patients that require CTP are identified and recorded.

The projection is based on increasing the number of patients identified but also ensuring that each patients CTP is valid. There is an assumption that there is sufficient capacity by each care co-ordinator to prioritise annual reviews but recognition that currently there is a backlog of patients that need to be reviewed. The stepped approach in the projection accounts for the backlog as well as supporting new patients requiring CTPs.

2.5 Actions identified to support improving compliance in the measures.

An Action Plan has been developed to support improving compliance in the measure and this is available upon request.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The key risks to the projections around improvement are linked to the number of assumptions that have been made around demand and capacity of the service.

3.1.1 Demand

The assumptions around demand have attempted to reflect the seasonal changes that have been experienced previously and factor in a small percentage of growth, given previous patterns.

The mitigations around this risk to manage demand are as follows:

- Reviewing referral trends and working on initiatives with primary care to manage demand
- Promotion of Kooth to children and young people as an alternative to referral
- Implementation of the Schools In reach programme

3.1.2 Capacity

The projections also make assumptions around capacity, particularly not factoring in any future vacancies or unexpected long term sickness in the service as well as managing caseloads.

The mitigations around this risk to maintain capacity are as follows:

- Recent successful recruitment and ability to recruit to vacancies
- Use of agency staff to provide interim capacity
- With the new mental health monies, the service has proposed recruitment to new roles in the workforce to increase ability to recruit e.g. Band 5 nursing or mental health practitioners; physician associates and APNPs.
- For medical staffing there are plans to re-advertise vacant consultant posts and in the interim additional sessions are being provided by existing medical workforce
- A focus on wellbeing in the workforce, with a number of initiatives established to provide support and bring staff together in person. A wellbeing forum is being set up to listen to the needs of staff
- Regular caseload management and supervision is in place to ensure the service is able to effectively discharge patients at the end of treatment.
- The Locality management team will continue to monitor the caseloads against performance.

4. IMPACT ASSESSMENT

	Yes (Please see detail below)

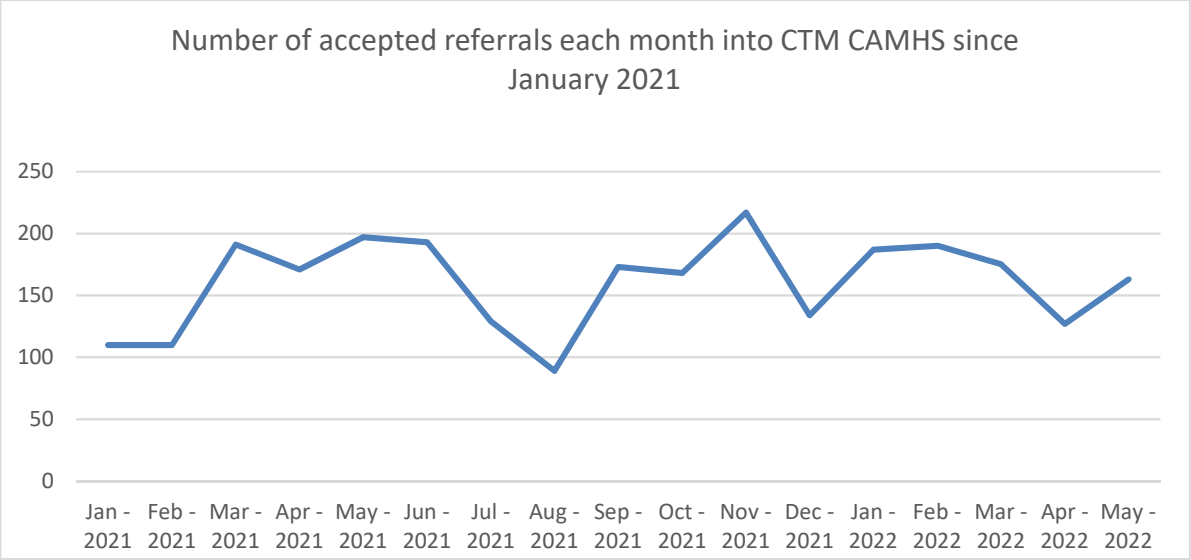
Quality/Safety/Patient Experience implications	The paper outlines the actions taken to improve timely access to patient care
Related Health and Care standard(s)	Timely Care If more than one Healthcare Standard applies please list below: Staff and resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. The content of the paper sets out the current performance position and actions taken to improve and does not recommend a change to service model or review of existing policies
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The improved performance position includes assumption that bids submitted for the new Mental Health Service Improvement Fund are agreed. A Funded Waiting List initiative will be supported via slippage from this fund.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

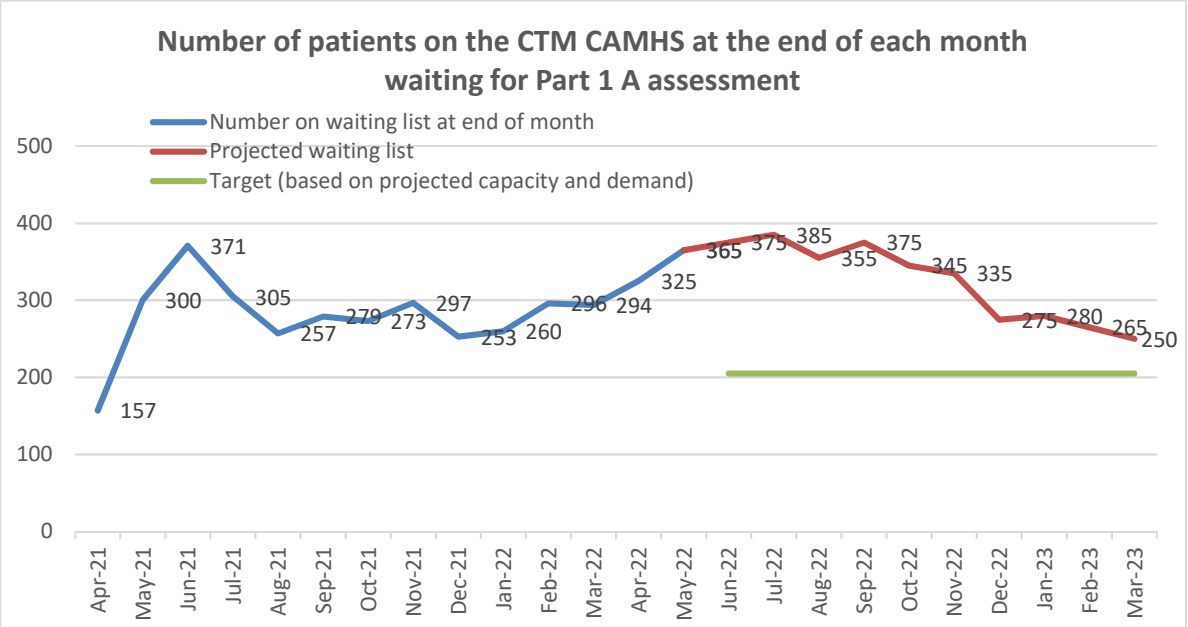
5.1 The Committee are asked to **NOTE** the content of the paper

6. Appendix

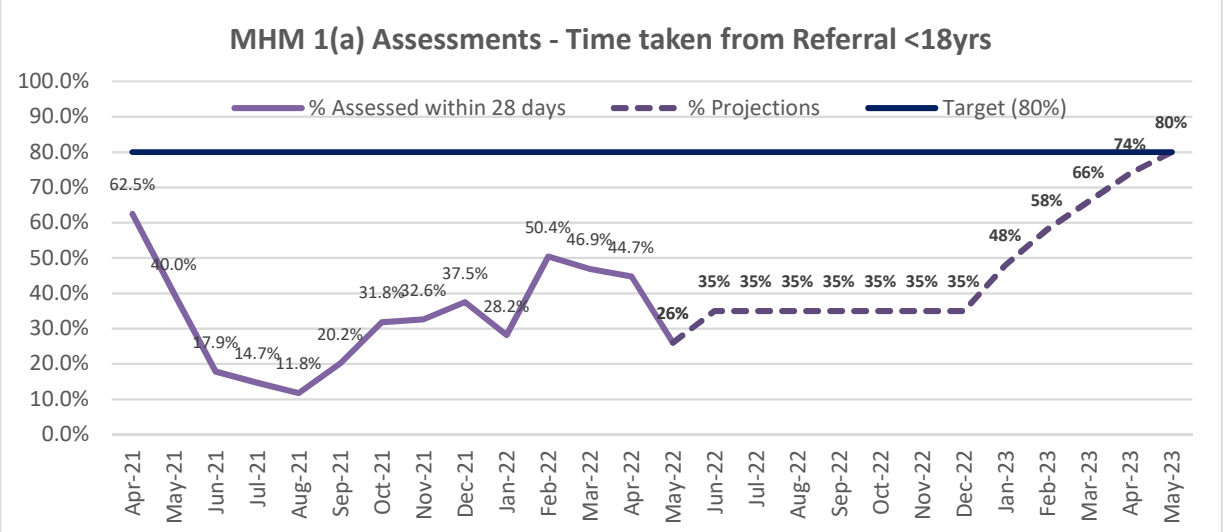
Appendix 1 Graph 1– Demand



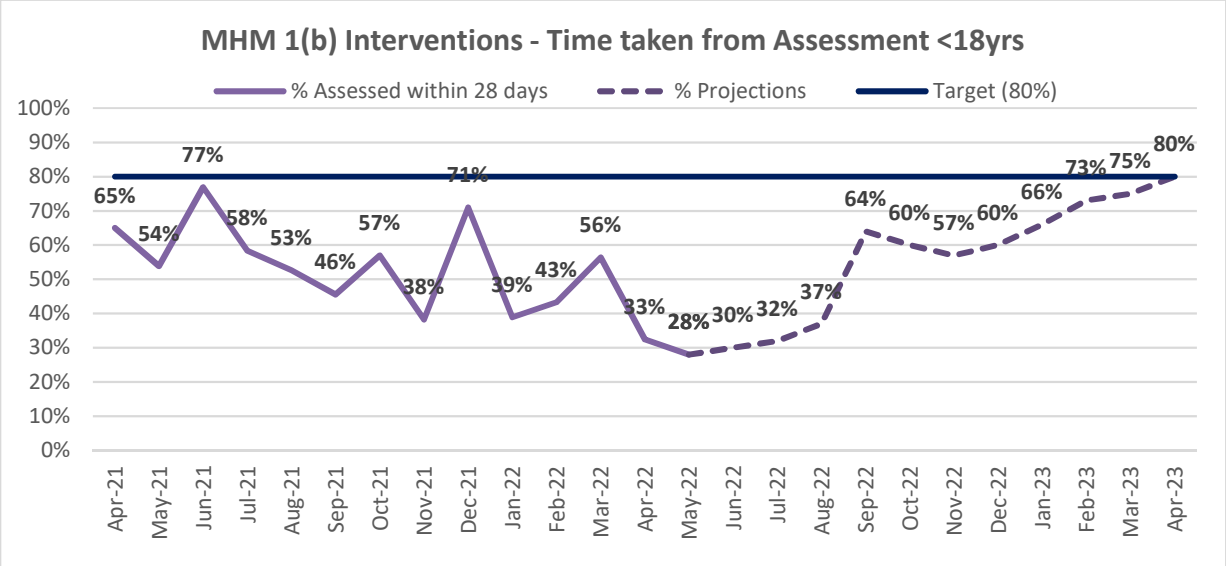
Appendix 2 Graph 2 – waiting list for first assessment



Appendix 3 Graph 3- Mental Health Measure Part 1(a) Percentage assessed within 28 days



Appendix 4 Graph 4- Mental Health Measure Part 1(b) Percentage assessed within 28 days



Appendix 5 Graph 5 – Mental Health Measure Part 2 – Percentage of patients with a valid CTP