



GIG
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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



ABM University Health Board	
Date of Meeting: 1st February 2018 Quality & Safety Committee Agenda item:2.2	
Subject	Assurance Report on Child & Adolescent Mental Health Services (CAMHS)
Prepared by	Michelle Davies, Head of Strategic Planning
Approved by	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships
Presented by	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships

1.0 Situation

Members of the Quality & Safety Committee received assurance reports in February and August 2017 regarding Child & Adolescent Mental Health Services (CAMHS). CAMHS has historically been an area of concern, and whilst the assurance reports presented during 2017 demonstrated progress with improved governance arrangements a further update was scheduled for February 2018.

The purpose of this paper is to provide that update specifically in relation to the specialist services provided by Cwm Taf that have historically been a concern for the Health Board. It also includes details of the Health Board's Delivery Plan for Services to Support the Emotional Health & Wellbeing of Children & Young People 2017-19 attached as **Appendix A**, and the progress against the areas included within it.

In section 3 of this report members will find details of how Cwm Taf are making changes to improve the service they deliver for ABMU residents, and the latest performance position. Section 3 also highlights what action is being taken by partners to improve access and develop services including Neuro Developmental Disorders (NDD).

2.0 Background

2.1 Specialist CAMHS – Commissioned by ABMU as part of a Network across ABMU, Cwm Taf & Cardiff & Vale – Provided by Cwm Taf

The specialist CAMHS Network is a relatively small but complex directorate within the delivery arm of Cwm Taf Health Board providing services to the Cwm Taf, Cardiff and Vale and Abertawe Bro Morgannwg University Health Board areas.

It should be noted that Cardiff & Vale University Health Board has given notice to Cwm Taf that they intend to transfer specialist CAMHS into their own organisation from 1st April 2019, although some very specialist services may remain on a 3 Health Board footprint. Project Management arrangements are being established to manage this transfer, and ABMU Health Board have confirmed that they wish to be included in this project management structure.

In 2017 Cwm Taf implemented a new management structure and set up a Children and Young Peoples Directorate of which CAMHS is an integral part. As part of a Welsh Government initiative for specialist CAMHS, the CAMHS Network also implemented the Choice and Partnership Approach (CAPA- a new service delivery model) and also introduced the Myrddin I.T. patient administration system.

It should be noted that ABMU patients who are seen by Cwm Taf's specialist CAMHS have their patient information entered onto the Cwm Taf Health Board's Myrddin system. Unfortunately this is not integrated with the ABMU Myrddin system and so when a patient attends A&E or another of our services, the clinicians involved would not be aware that the individual was under the care of CAMHS (unless this is volunteered by the patient or their family) and would not have access to any of the information about them. Apparently in the past this was not the case, but changed 2-3 years ago. As a result, any adverse or critical incidents regarding ABMU patients would not be notified to our Health Board, but would be reported through Cwm Taf's clinical governance systems.

2.2 Services to Support the Emotional Health & Wellbeing of Children & Young People Delivery Plan 2017-19

The ABMU Delivery Plan, approved by the Health Board's Executive Team in August and the Western Bay Regional Partnership covers the following high-level priority areas for 2017 – 2019:

- Improved accessibility to local CAMHS services
- Development of a sustainable and fit for purpose workforce
- Development of the Neuro Developmental Disorder Service
- Securing appropriate accommodation for specialist CAMHS in Bridgend, Neath Port Talbot and Swansea areas

The Children & Young People’s Emotional Health & Wellbeing Planning Group monitors the implementation of the Delivery Plan when it meets quarterly. The Planning Group is multi-agency, and its membership includes the three local authorities, ABMU, and the third sector as well as representatives of parents and children & young people. The Planning Group reviewed its membership and its terms of reference in December 2017, and has meetings scheduled for the next 12 months. Cwm Taf are invited to meetings to present the latest position in relation to performance, and this has generated useful discussions and a better understanding of issues between partners.

3.0 Assessment

3.1 CAMHS Performance

The relationship between provider and commissioner must be effective, and ABMU Health Board has taken steps to improve its relationship with Cwm Taf as the provider of specialist CAMHS over the last 12 months. Monthly performance meetings are held when both partners have an opportunity to review performance, discuss plans for improvement, and any operational issues.

Historically the information shared in relation to CAMHS performance has been ad hoc, and very limited. However, since the inception of the monthly commissioning meetings reporting has improved significantly with the recent production of the attached performance monitoring report (**Appendix B**).

Whilst the introduction of CAPA in September had improved performance initially, a deterioration of this improved position occurred in October, as illustrated in table 1 below. This deterioration is as a result of a significant rise in referrals in October, and a number of staff vacancies.

Table 1

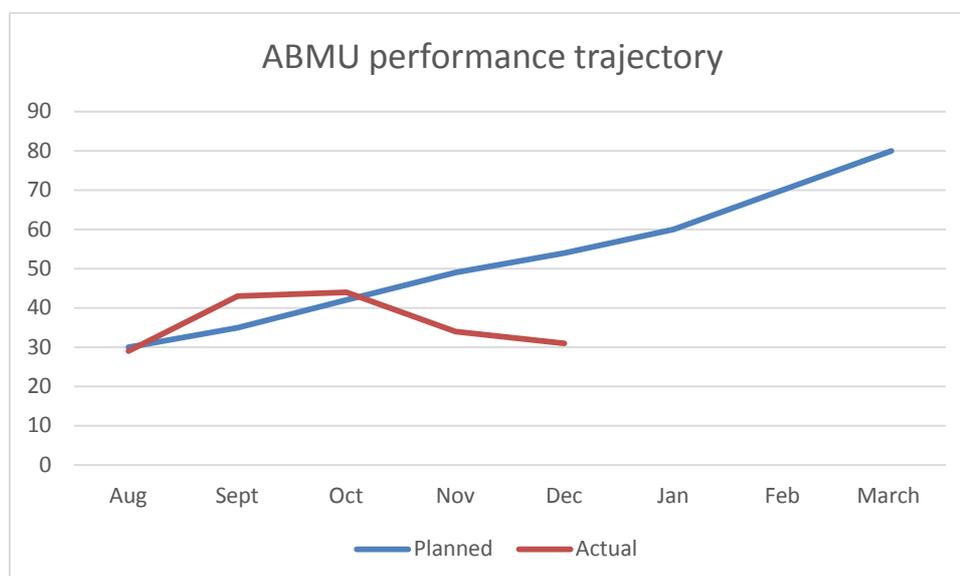


Table 1 above shows the planned improvement trajectory towards the agreed target of 80% of children seen within 28 days for specialist CAMHS by the end of the 2017/18 financial year. The current position is behind that anticipated and following discussions at the January Commissioning meeting Cwm Taf confirmed that they are unlikely to achieve the 28-day target by the end of March 2018 for ABMU. They are hoping they may achieve it for Cwm Taf, but are unlikely to achieve it for either ABMU or Cardiff & Vale patients (this is linked to when CAPA was introduced – first in Cwm Taf, then C&V and finally in ABMU).

Cwm Taf have highlighted the following actions, and challenges:

- Additional investment expected from Welsh Government is supporting the delivery of Waiting List Initiative clinics to support the position however uptake has been slower than expected;
- The clinical teams do not support the recruitment of external teams to deliver dedicated assessment activity to year-end to achieve the target due to the clinical risks associated with the volume of follow up patients that this will create to be carried into 2018/19 by the core team. (This was the approach taken in 2017/18, which led to the target being achieved on 31/3/17, but not sustained due to the backlog of follow up cases generated). The teams are, however, seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised;
- The service is now in the 2nd cycle of CAPA with new job plans agreed from January. Updated demand & capacity mapping using the updated job plans, actual conversion rates and up to date referral information is planned and this should demonstrate whether capacity is sufficient to meet demand, and whether the balance between new referrals seen for assessment vs follow-up work is appropriate. This work will be completed urgently by the end of January 2018.

The current performance against the 28-day target, as at 3rd January 2018 is set-out by locality below.

Table 2

Team	Total waiting	Waiting >28 days	% compliance	Longest wait (weeks)
Bridgend	126	105	16.7%	29
NPT	47	27	42.6%	9
Swansea	161	100	37.9%	28
Total	334	232	30.5%	29

The disparity in waiting times across the Health Board was highlighted to all partners in the Children & Young People’s Emotional Health & Wellbeing Planning Group in December, with NPTCBC being warned that their waiting times may increase as part of reducing this disparity. Based on this and the

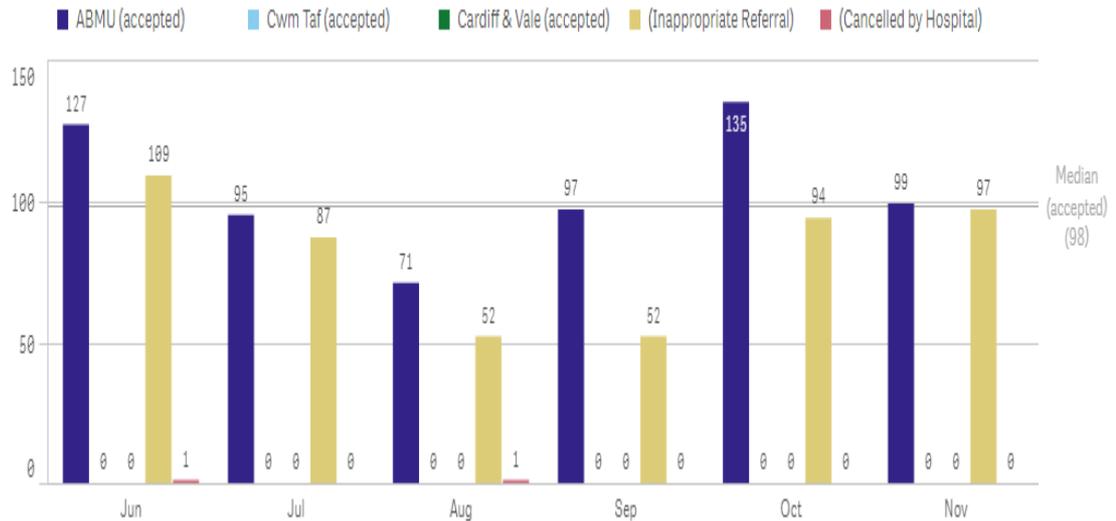
significant turnover of staff in Bridgend, this has been the first area to receive support from Welsh Government funded waiting list initiatives.

Another issue particularly concerning for ABMU is the number of inappropriate referrals received by specialist CAMHS as highlighted in table 3 below.

Table 3

The number of referrals made for an assessment to CAMHS received during the month of:

showing 'Accepted' and 'Declined' referrals



#Excluded 'G' = 'Following a Deferral / DNA'

Whilst performance is significantly below the targets set currently, the level of detail available, shared and discussed by all partners has improved significantly, and highlights the need for increased partnership working to improve access for patients.

3.2 ABMU Delivery Plan Progress Update

There are sections of the ABMU Delivery Plan attached as **Appendix A** where delivery of improvements can only be achieved by ABMU via its role as Commissioner, and ensuring that through improved governance, and partnership working; access and outcomes for ABMU residents will continue to improve.

The following progress highlights are as follows:

3.2.1 Improved accessibility to local CAMHS services

- The challenges with the 28-day target have been clearly set out in section 3.1. In relation to the other performance related actions, access to the Crisis Team has consistently been good for ABMU residents, and this has resulted in the achievement of the 48-hour Welsh Government target for urgent assessments. This position is secure following the expansion of the crisis team to 7 days a week since the 1st December 2017;

- ABMU were successful in securing revenue funds from the Integrated Care Fund (ICF) for three liaison posts. These liaison posts are an approach that would facilitate earlier intervention and prevention for children, young people & adolescents. The implementation of this approach has been a challenge as a result of recruitment issues, however three individuals are now in post and efforts are being made to ensure the ICF will support these posts for 2018-19;
- Improved working with local authorities in relation to transition is also an area for improvement, and the CAMHS clinical lead is fully engaged with this work.

3.2.2 *Development of a sustainable and fit for purpose workforce*

- Cwm Taf have progressed with developing its therapies staff, with the implementation of the therapies training strategy. Training was held in 2015 and since then fortnightly consultation supervision sessions with qualified staff to continue the learning and clinical skills gained on the courses have been undertaken;
- Plans are underway to transfer Primary Care CAMHS to ABMU Health Board. A Project group has been set-up to manage the operational transfer from Cwm Taf to the Mental Health & Learning Disabilities Delivery Unit, and agree a service model that fits the needs of ABMU residents going forward. This work had originally been planned for completion in Autumn 2017, however this will now flex to take account of the changes planned with the Bridgend boundaries and so be implemented from April 2018.

3.2.3 *Development of the Neuro Developmental Disorder (NDD) Service*

- In 2016, the management of the NDD Service transferred from Cwm Taf to ABMU, and specifically to the Childrens Services section of Singleton Delivery Unit;
- The Service is already well established, and in addition to prioritising timely access to services the team have undertaken a baseline assessment against the All Wales pathway. Differences have been identified in the referral pathway across the three local authority areas, and plans are in place to rationalise these and ensure consistency by April 2018;
- As a result of the work undertaken in relation to the All Wales pathway, a consistent single pathway has been implemented for NDD, and the NDD team are delivering training to schools and other agencies about how to access services appropriately;

- £200k was successfully bid for from Regional ICF in 2017-18 to expand the NDD team, although as this money was non-recurrent there were some difficulties attracting key staff. These monies will enable the target of all NDD patients being assessed within 26 weeks of referral will be achieved by 31st March 2018.
- For 2018-19 onwards £250k of the funding ring-fenced from the Welsh Government for Mental Health has been identified for Children & Young People from the ring-fenced funding for Mental Health (age blind) which was allocated to ABMU. £200k of this will be used from 2018-19 to fund substantive NDD posts, to support the continued delivery of the waiting time target while also providing more support for families whilst the remaining £50k will be used to strength the Liaison service / Primary CAMHS outlined above.

3.3 Clinical governance/ safeguarding

ABMU have recently raised some clinical governance concerns with Cwm Taf relating to the cohort of patients being seen by specialist CAMHS. The clinical records are held on the Cwm Taf Myrddin system, and not ABMU. The consequence of this is that all Datix incidents and complaints are routed through Cwm Taf Clinical Governance & safeguarding systems. This also means that CAMHS patients being seen in A&E or other services will only have their information available if the patients themselves offer the information.

4.0 Recommendations

Members of the Quality & Safety Committee are asked to:

- Note the current performance of the CAMHS service in relation to the 28-day target, and the action to be taken by Cwm Taf and ABMU to improve this position, and mitigate the risks;
- Note the progress made to develop partnership working including the provider/ commissioner relationship, and the Children & Young People Emotional Health & Well-being Planning Group;
- Note the progress made against the ABMU Delivery Plan
- Note the clinical governance / safeguarding issues regarding specialist CAMHS and agree whether any action needs to be taken regarding these.

Appendix A

ABMU Health Board

Delivery Plan 2017 – 2019

Services to Support the Emotional Health & Wellbeing of Children & Young People

**(Child & Adolescent Mental Health
Services - CAMHS)**

CONTENTS

- 1. Background**
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 - b. Early Intervention and Enhanced Support**
 - c. Neurodevelopmental Issues & Co-morbid MH/LD**
 - d. Specialist CAMHS**
- 3. Facilities and Accommodation**
- 4. Performance**

APPENDICES

Appendix 1 – ABMU Delivery Plan priorities 2017/18

1. BACKGROUND

Over a number of years the provision of specialist Child and Adolescent Mental Health Services (CAMHS) has caused concerns because of long waiting times and the lack of support for professionals to support Children & Young People's emotional health and wellbeing. As a result since April 2016 a new approach to tackling these issues has been taken with the Assistant Director of Strategy and Partnerships leading a new commissioning approach to these services. Both in conjunction with Cardiff & Vale and Cwm Taf University Health Board commissioners, in partnership with existing Cwm Taf CAMHS and with the relevant Delivery Units within ABMU Health Board to delivery operational responsibilities where required as services are increasingly being directly provided by ABMU rather than all through Cwm Taf's services. Improvements in performance are starting to show, but it is recognised that there is still much more to do and clarifying the operational responsibilities for some of these issues within ABMU will do much to mitigate the risks involved.

Welsh Government Guidance on CAMHS

The Welsh Government has established a Together for Children & Young People programme for the improvement of CAMHS across Wales. This includes a range of initiatives including specifications for specific components of the service and a specialist CAMHS Framework for Improvement which each Health Board has to report against annually. It also oversees the establishment of specific teams to improve the support available for children and young people, which can be broadly split into the following areas:

Specialist CAMHS including Tier 4 inpatient care:

- Crisis Care
- Early Intervention in Psychosis
- Eating Disorders
- Local primary Care Mental Health Services for C&YP
- Neurodevelopment disorders

Whilst access to CAMHS has been a significant concern for the Local Authorities and GPs to date, the problem has largely been perceived as a health problem, and specifically that Cwm Taf CAMHS need to improve their performance and this will resolve the problem. However it is clear that this is only one part of the problem. At least as important is the lack of alternative interventions available for children and young people who need support but do not meet the national criteria for acceptance into specialist CAMHS – over half the referrals do not currently meet these criteria. Therefore there have been discussions through the Western Bay partnership about the importance of CAMHS being seen as a multiagency problem, which will only be resolved by a multiagency response. As a result Western Bay, for the first time, has agreed that CAMHS is a joint priority for the Regional Partnership Board consisting of ABMU Health Board and the 3 Local Authorities plus third sector partners. In line with this a report was produced for the recent Western Bay Regional Partnership Board and the Health Board's Quality and Safety Committee outlining the range of work underway and planned to improve support for the emotional health and wellbeing of children and young people, including the joint agency development of tier 1 and 2 interventions to avoid referral into specialist CAMHS where this is not appropriate.

2. SERVICE PLANNING AND DEVELOPMENT

Specialist CAMHS

Specialist CAMHS have traditionally been provided for the ABMU population by Cwm Taf Health Board, encompassing a range of services to support children and young people's mental health as well as assessment and support for children over 5 years old with neurodevelopmental disorders. With the advent of the Mental Health measure in addition services have been developed to ensure that there is access from primary care to assessments and treatment. However the main focus of specialist CAMHS should be the provision of Tier 3 and Tier 4 services (the latter through inpatient provision at Ty Llydiard on the Princess of Wales Hospital site for South Wales).

Over the past few years Cwm Taf has developed services to respond to some of the requirements across Tiers 1 and 2 services as well, but this has resulted in the view from partner organisations that any emotional health and wellbeing issues for children and young people should be referred to specialist CAMHS, whereas the children themselves want this to be the service they are referred to only as a last resort. In reality there are a lack of alternative services available, particularly at Tiers 1 and 2, leading to referrals to specialist CAMHS, almost half of which do not fit their referral criteria. Having said this, waiting times for specialist CAMHS assessments and neurodevelopmental disorders assessments are much too long, and while on the waiting list there is a lack of alternative support available for these families.

Neurodevelopmental Disorder Services

In late 2016 the over 5 service transferred from Cwm Taf Health Board into ABMU Childrens Services Group, with Welsh Government funding allocated to health boards to establish a dedicated NDD team for all children and young people. This transition process has not been straight forward due to the lack of clarity over some aspects of the services which have taken some time to resolve. It is also clear that the funding provided by Welsh Government will not be sufficient to ensure that the waiting times target of all under 18s being assessed within 26 weeks of referral is achieved.

Cwm Taf CAMHS has traditionally provided the Neurodevelopmental disorder service for children over 5 years, but has put these children on the waiting list on receipt of referral rather than when all supporting assessments have been received which is not consistent with guidance from Welsh Government. This has now been resolved and the NDD service is gradually being integrated with the community paediatrics service which provided the NDD service for under 5s.

3. FACILITIES AND ACCOMMODATION

The facilities and accommodation used by CAMHS to see children and young people and to have as office bases have developed historically on an ad hoc basis and are not fit for purpose nor sufficient for the expanded range of services now provided. The facilities are often in inappropriate locations, based more on accidental availability of space than appropriate facilities to see Children, Young People and their families in logical geographical locations across ABMU. Cwm

Taf have provided information on all the staff employed in the various teams across the ABMU area, where they are currently based and issues with the extent or type of accommodation. Most problematic is the current base for Swansea and some specialist services in Trehafod and Fairfield at the bottom of the Cefn Coed site. Whilst these are not dependent on electrical or heating infrastructure from CCH, they do depend on the IT server from this site, so the planned closure of the site means that the transfer of these services and the associated staff is an urgent need which needs to be addressed – a project team is in place to oversee the identification of alternative premises.

4. PERFORMANCE

The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern for ABMU Health Board, and progress is being made to improve the commissioner/ provider relationship with Cwm Taf to improve the delivery of services for ABMU residents. Alongside this, services which support local services such as Neurodevelopmental disorders (NDD) (linked with community paediatric services), early onset psychosis (linked with adult mental health services) and primary CAMHS (linked to GP clusters) are being transferred back to the direct management of ABMU Health Board, leaving Cwm Taf to concentrate on the provision of specialist CAMHS for our population. To support these changes, two bids for Integrated Care Funding (allocated to the Western Bay Regional Partnership Board by Welsh Government) have been successful which will support the NDD and primary CAMHS services. To ensure the various elements of work relating to CAMHS are being progressed in line with appropriate timescales a Delivery Plan is being developed which will be overseen by the multi-agency Children & Young People's Emotional and Mental Health Planning Group and progress monitored by the internal assurance group established with the Vice Chair.

Monthly commissioning meetings are held with Cwm Taf Health Board regarding delivery of CAMHS for the ABMU population. Issues with consistency of performance reporting to Health Boards are being resolved to ensure that information reported to Boards is consistent with that reported to Welsh Government in future. CAMHS remains a priority for the Strategy Directorate in terms of setting the strategic direction for services and commissioning against these as well as for the Mental Health & Learning Disability, Primary and Community Services and Singleton (children's services) Delivery Units in terms of delivery of services. In addition an annual report on progress is submitted to Welsh Government, along with reporting to the internal Vice Chair's CAMHS Assurance Group to monitor progress and take action as required.

Services to Support the Emotional Health & Wellbeing of Children & Young People Delivery Plan 2017 - 2019

Priority Area (T4CYP Framework for Action)	Health Board Priority	Action to Delivery Priority	Lead	Timescale	Progress Quarter 2 (as at the 30th September)	Progress Quarter 3 (as at 24 November 2017)
Early years resilience and wellbeing	Improved accessibility to local CAMHS services	Contact to be made following referral within 10 days with assessment and treatment commencing within 14 days	Cwm Taf UHB	Monthly	Implementation of CAPA across ABMU in September '17.	CAMH Services key performance indicators are assessment within 28 days of referral for S-CAMHS. The longest wait across the region is currently 29 weeks with 32.1% of families assessed within 28 days. From additional funding provided by WG, the Service is in the process of establishing WLI clinics in order to improve compliance. CAPA was implemented across all 3 Local Authority areas of ABMU on 11th September. Early indications are that the new model is operating well with arrangements being established for review during the middle of 2018.
		Develop workforce to meet the requirements of the		Ongoing	Significant work has been undertaken during the past 12 months with a focus on developing staff skills in 2	

		operational policy and pathway			particular modalities - CBT and SFP. All staff attended training and this has been followed up with supervision groups to ensure sustainability going forward.	
		Improved working with local authorities and improved transition for children & young people		Ongoing		The Clinical Lead is fully engaged in discussions with CAMHS around transition.
Early intervention and enhanced support	Development of a sustainable and fit for purpose workforce	Develop and Implement liaison posts (ICF investment)	Cwm Taf UHB	Aug-17	Delayed pilot largely down to the level of vacancies within the field. Cwm Taf will prioritise this action and plan agreed to ensure that posts are in place for Q3 utilising existing staff.	3.0 wte Fixed Term Band 6 posts have been advertised - 3 applications were received. Interviews are being arranged. These new staff will focus on Part 1 assessments with substantive P-CAMHS staff focussing on consultation and liaison element of the service.
		Establish a directory of services available to	Strategy Lead,	Dec-17		Discussions and scoping to be undertaken.

		support the emotional health and wellbeing of children & young people	ABMU HB			
		Transfer of Primary Care CAMHS to ABMU Health Board	MH / LD Delivery Unit, ABMU HB	Summer 2018	Project scoping meeting held on the 26th October 2017 - terms of reference for the Group agreed.	Project meeting held in November, and agreed that intelligence on the current service is required before any service modelling can take place. Next meeting in January.
		Upskilling of staff with increased support for therapies	Cwm Taf UHB	Sep-17	Since the training last year - explained above - we have implemented fortnightly consultation supervision sessions with qualified staff to continue the learning and clinical skills gained on the courses. In terms of SFP and CBT, we are planning new training days in the new year.	
		Implementation of therapies training strategy		Ongoing		
Neuro developmental Issues & Co-morbid MH/LD	Development of NDD Service	Develop plans to improve facilities and accommodation for staff and patients	Children's Service Manager, Singleton Delivery Unit	Oct-17	The team are based at Neath Port Talbot hospital, but currently see patients at Trehafod in Cefn Coed until more suitable accommodation can be secured at Neath - this work will be a priority for Q3.	

		Strengthen communication links with education/CAMHS/learning disabilities to ensure consistent pathway and access		Ongoing	Training undertaken for Educational Psychologists and schools across the three localities in ABMU in order to implement the all Wales referral pathway effectively.
		Baseline assessment against requirements of all-Wales pathway to be completed		Sep-17	Baseline assessment against all Wales pathway completed - identified differences in referral pathway across three local authority areas, plan in place to rationalise by April 2018.
		Identify appropriate follow up support for medication monitoring of ADHD patients (options are CAMHS/GP and/or pharmacist)		Dec-17	This currently provided by CAMHS until we appoint a nurse practitioner.
		Establish monthly project team and attend All Wales Steering group		Aug-17	Monthly team meeting in place includes community paediatrics to achieve a consistent pathway and waiting list reporting for children under 5 and over 5. Over 5 waiting list reporting now in place, under 5 not yet accurate but working on this.

		Implementation of all Wales NDD pathway via monthly meeting with education leads from 3 local authorities		Aug-17	As per point above, will be completed by end of March 2018, training taken place with each local authority education leads
		Identify recurring funding to advertise additional psychiatrist sessions, prescribing nurse sessions and health visiting time required to balance capacity and demand	Strategy Lead, ABMU HB	Sep-17	£250k has been identified for CYP from the ring-fenced funding for Mental Health (age blind) which was allocated to ABMU for 2017-18 this has been used to fund NDD posts in 2017. NDD Demand continues to exceed capacity. ICF bid to create additional Consultant psychiatrist capacity, particularly for ADHD pathway. In the process of obtaining Royal College approval for job description. Will also advertise for a specialist nurse to provide support to team, including medication monitoring.
Early intervention and enhanced support	Improved accessibility of local CAMHS services	Expand and deliver the Service to operate 7 days a week	Cwm Taf UHB	Oct-17	The CAMHS Crisis Team is due to become 7 day operational from 1st December 2017.
		Improve recruitment & retention	Cwm Taf UHB	Ongoing	Consideration given to appointment of generic therapy staff across the locality and not profession specific; improve training for staff; introduced students - nursing and therapy - into localities.

		Achievement of 48 hour Welsh Government target (dependent on running service 7 days a week)	Cwm Taf UHB	Oct-17	<p>Compliance has been consistent over the last 12 months despite continued long term staff sickness within the Crisis Team. 98% compliance was achieved in September compared to 95% in August. The team is now in a much better position in terms of staff returning from sick leave, new staff starting and the return of one member of staff from generic to Crisis.</p>	Compliance against the 48 hour target is consistently achieved. All posts in Crisis are filled.
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		Identify alternative accommodation for service to operate from	NPT Delivery Unit / Strategy Lead	Nov-17	Clarity has now been sought in relation to requirements, and discussions have been initiated with ABMU Capital Planning	This situation continues to pose significant difficulties for CAMH Services.
		Transfer of service from Cwm Taf to ABMU HB	Children's Service Manager, Singleton Delivery Unit, ABMU	Autumn 2018		CAMHS representatives are fully engaged with this process.
	Securing appropriate accommodation for specialist CAMHS in Bridgend, Neath Port Talbot and Swansea areas	Identify alternative / additional accommodation for services in each Local Authority area, particularly to move off Cefn Coed site	Strategy Lead, ABMU HB	Nov-17	Meeting held with ABMU Capital Planning	This situation continues to pose significant difficulties for CAMH Services.



CAMHS Network

Provider Report for Abertawe Bro Morgannwg Commissioning meeting January 2018

KPIs

Indicator		Date relating to:
		Nov-17
Patients waiting	Number waiting over 28 days	209
	Longest wait (weeks) to first appointment	30
	Median waiting time for new seen in this month (weeks)	6
	Total number of patients waiting	319
Referrals	Number of referrals not accepted	95
	Number referrals accepted	102
	Total number of referrals received during this month	196
Assessments Specialist CAMHS	New seen	85
	FU seen	836
	% of routine assessments undertaken within 28 days from receipt of referral	34.5%
	Number of New case DNA	3
	Number of Follow up case DNA	108
	Total number of cancellations by CAMHS - New	24
	Total number of cancellations by CAMHS - Follow up	165
	Total number of cancellations by patient	79
	Total number of cancellations by hospital	110
Total number of contacts undertaken during the month	921	
Discharged	Total number of patients discharged during the month	83
MHM	Total Number of Patients with a valid CTP Care Plan at the end of the month	153
	% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	72.5%
	Total number of patients on Part 2 of MHM	211
LPMHSS	% of LPMHSS assessments undertaken within 28 days from receipt of referral	1%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS	59%
	Total Number of cases waiting	489
Crisis	New seen	45
	FU seen	10
	% of urgent assessments undertaken within 48 hours from receipt of referral	97.8%
	Total number of crisis Contacts	55

1. Waiting times-

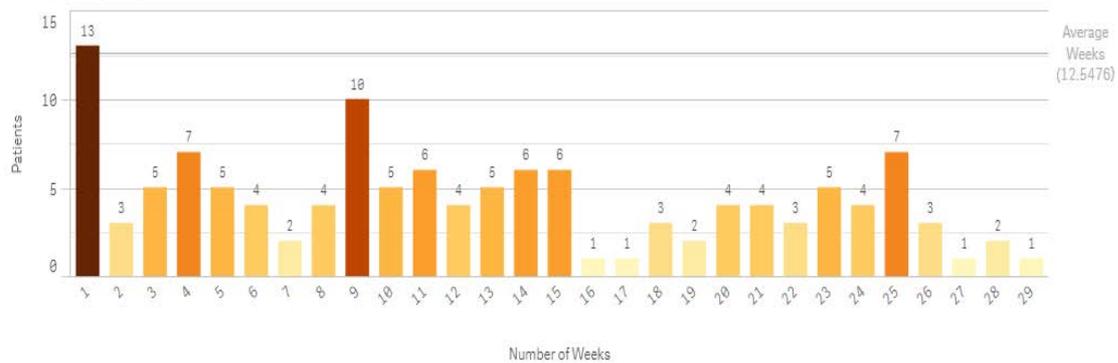
The current performance against the 28 day target, as at 3rd January 2018 is-

Team	Total waiting	Waiting >28 days	% compliance	Longest wait (weeks)
Bridgend	126	105	16.7%	29
NPT	47	27	42.6%	9
Swansea	161	100	37.9%	28
Total	334	232	30.5%	29

2. Waiting list profile-

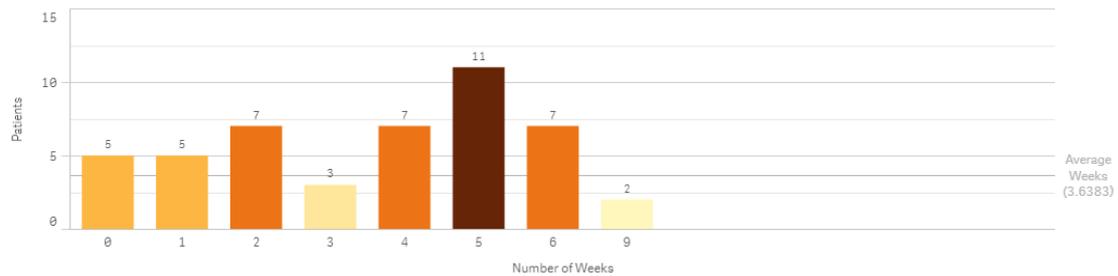
Bridgend-

Waiting List (LIVE)



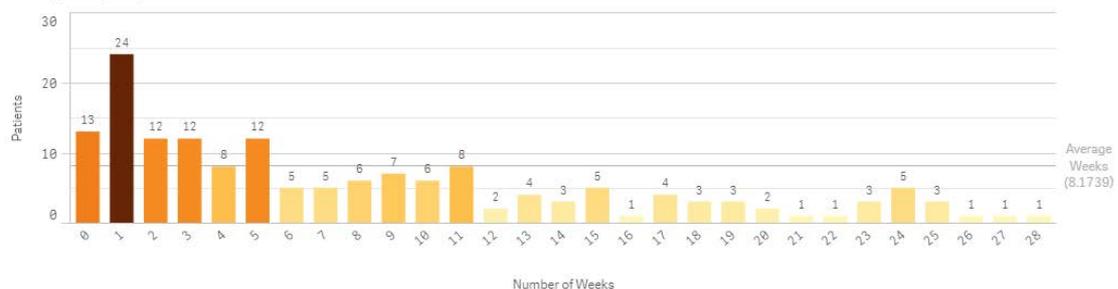
NPT-

Waiting List (LIVE)



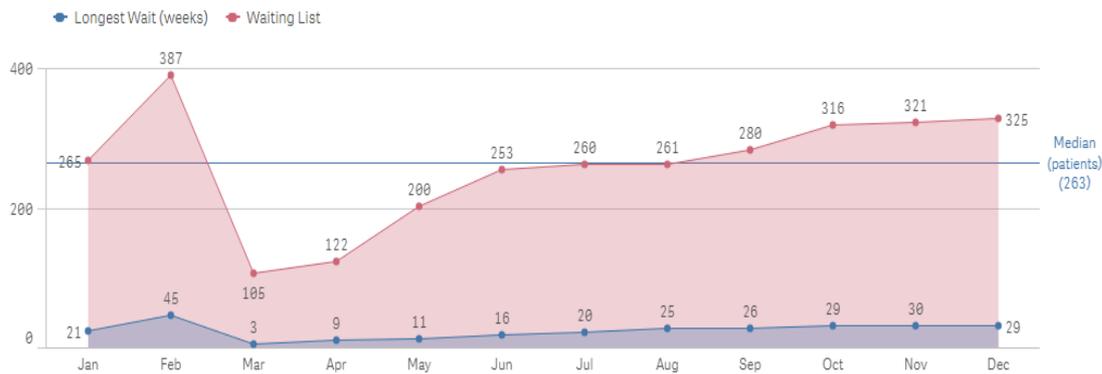
Swansea-

Waiting List (LIVE)



3. New Waiting List Numbers and Longest Wait

Running Waiting List Total & Longest Wait

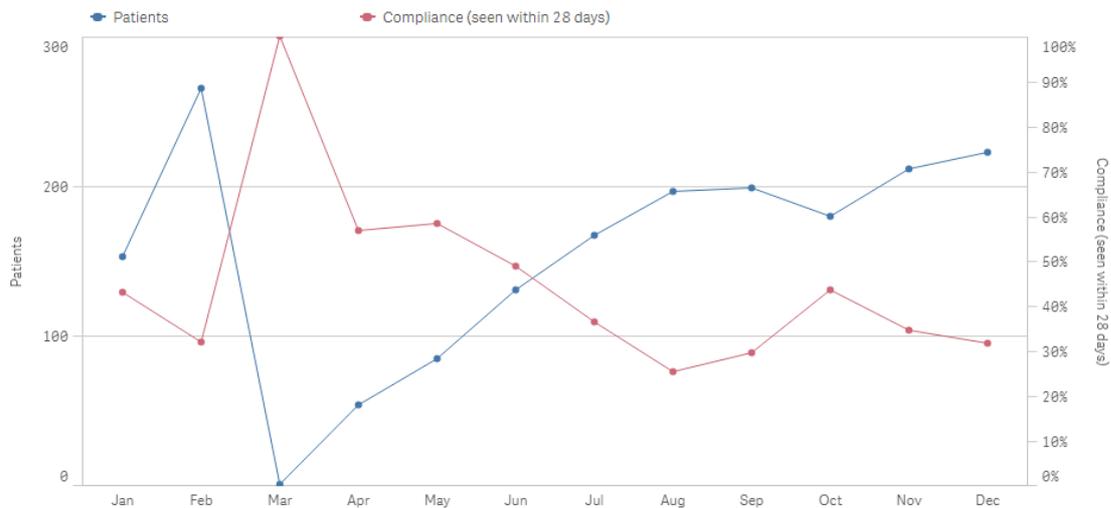


#Data is from a Archive Waiting List by End of Month only (please refer to CAMHS - Waiting List for latest figures)

The experience in Cwm Taf is that with the introduction of CAPA the overall waiting list levelled off and then started to reduce as did the total caseload. As the above demonstrates, the waiting list has now started to level off and it is anticipated that waiting times will now start to reduce.

4. % compliance and patients waiting >4 weeks

Waiting List (LIVE) > 4 weeks

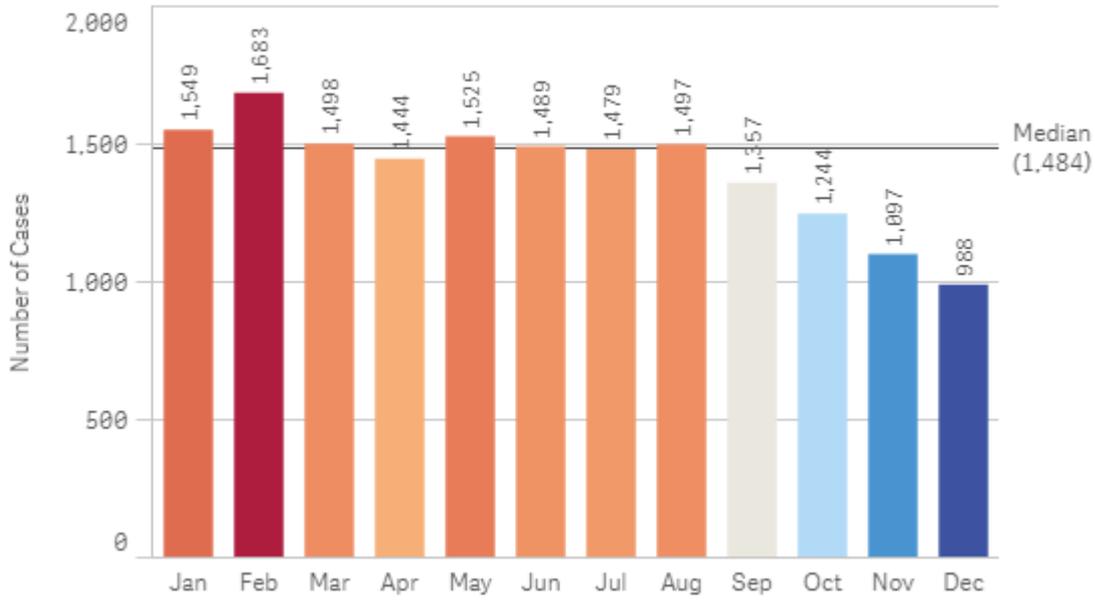


As the above demonstrates, following a period of deteriorating compliance against the 28 day target, the position has improved overall since August, however this has deteriorated since October and targeted intervention will be required to ensure that the improvement starts again in early 2018.

5. Total Caseload

Current Case-Load for all Health Boards

Combination of the Waiting List and FUNB patients

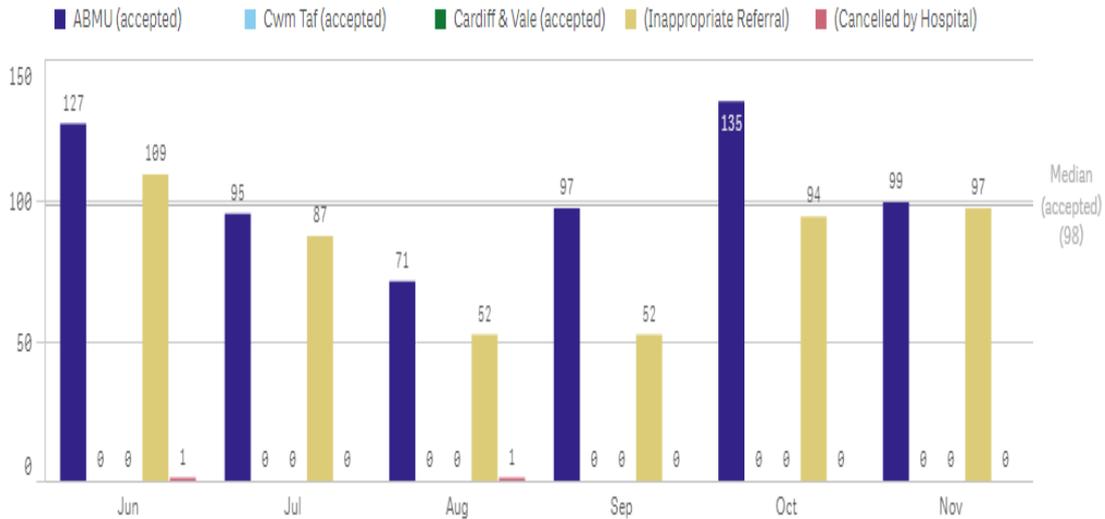


As has been experienced in Cwm Taf, the total caseload has reduced in ABMU since the introduction of CAPA.

6. Specialist CAMHS Referrals (April to September 2017)

The number of referrals made for an assessment to CAMHS received during the month of:

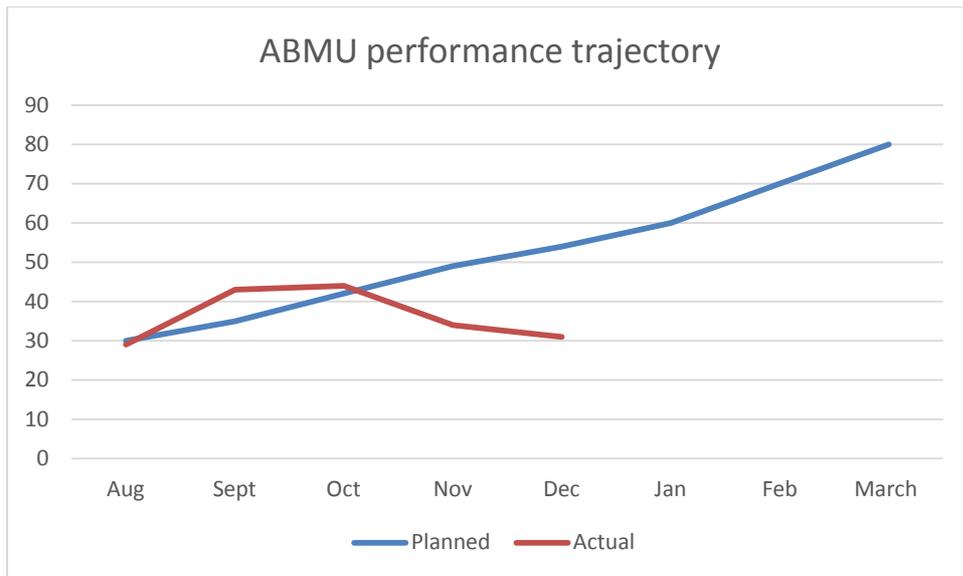
showing 'Accepted' and 'Declined' referrals



#Excluded 'G' = 'Following a Deferral/DNA

As the above demonstrates, the number of referrals received in October was very high, however the rate has reduced in November.

7. ABMU CAMHS Improvement Trajectory



This chart shows the planned improvement trajectory to 80% of children seen within 28 days for specialist CAMHS and as can be seen, the current position is behind that anticipated.

The additional investment expected from Welsh Government is supporting to the delivery of WLI clinics to support the position however uptake has not been as great as expected and one factor is believed to be the WLI work that clinicians are undertaking for ND.

The clinical teams do not support the recruitment of external teams to deliver dedicated activity to year end due to the clinical risks associated with the volume of follow up patients that this will create to be carried into 2018/19 by the core team. The teams are, however, seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.

The service is now in the 2nd cycle of CAPA with new job plans having been agreed from January. It is planned to undertake updated D&C planning using the updated job plans, actual conversion rates and up to date referral information and this should help to demonstrate whether capacity is sufficient to meet demand. This work will be completed urgently during January 2018.

8. Vacancies-

	WTE	Band	Status	Responsible Person

Medical Staff				
Locum consultant	1		Merging vacancies to create full time Consultant post - currently working through Trac	ID
Nursing Staff				
SCAMHS B6	1	6	Bridgend area - interviews 29 th January 2018	TM
SCAMHS B6	1	6	Maternity cover - currently working through Trac	TM
SCAMHS ED B7	0.5	7	Appointed – await start date	TM
PMH Workers (agency)	3	6	3 agency staff appointed, started 4 th January 2018	TM
Senior Nurse Manager	1	8a	Permanent appointment to be progressed - currently working through Trac	JC
Therapy Staff				
CBT Therapist B7	1	7	Unable to recruit - back out to advert	RD
ABMU Psychologist	0.3	TBA	To be determined as to how best use this resource	TG
Family Therapist	1	8a	Advert closed - 2 applications - interviews being arranged.	MR

9. New issues to highlight-

IMTP

The 1st cut of the IMTP has been drafted and internal feedback is awaited before completing the final version. This has been shared with ABMU and feedback is also awaited from commissioner.

Reception area for Bridgend clinic

The service is looking to develop a reception area in the Bridgend clinic. Capital Planning is due to look at the space and advise re installing infrastructure etc. for this. In the meantime it is proposed to install a desk however confirmation is required from ABMU that IT equipment, connections etc. will be provided.