



## Children & Young People's (C&YP) Service EAST Area CAMHS Service Status update

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### SITUATION

It was identified in April that there were challenges faced by the CAMHS team in the East area. An agreed plan to support the recovery of the CAMHS service was put in place in May 2018 .

This is an update on the progress to date.

### BACKGROUND

CAMHS service in the East is divided into LA teams, Wrexham and Flintshire. These teams deliver a Tier 3 service which includes:

In East CAMHS, we strive to meet the needs of children and young people residing in our local communities through an integrative approach and clear pathways. For example:

- Early Years Pathway
- Early Intervention and Prevention pathway (EIPS) (approx 400 Wrexham children per year seen)
- Choice and Partnership pathway (approx. 2400 per year, 960 assessment, 720 interventions)
- Unscheduled care pathway ( an average of 1 child a day presents to ED/CAMHS all are assessed in less than 48 hours)
- Child Health Psychology – supporting Long term health conditions such as Diabetes
- Youth Justice
- Looked After Children
- Substance Misuse Service
- Transitions

As an East service we are keen to ensure resilience and sustainability are considered as part of pathway developments and that consideration is given to the core skills and competencies required within the workforce to deliver against the ambitious agenda

The team has a Clinical Lead who is also co-Clinical Director for C&YP services East Area. The team is a multi professional background, Medics, Nurses, Social Workers, Therapists and non-registered staff. The service is divided into two geographical teams, Flintshire and Wrexham, this is both historical and due to the two bases of CAMHS being in the respective local authority areas.

Table 1 indicates the East CAMHS Service performance in meeting the Welsh Government CAMHS target of 80% Mental Health Measure patients assessed within 28 days and commencement of intervention within 28 days of that assessment.

Table 1

CAMHS Target 80% MHM patients seen < 28 days		WL No	WL over target (#data not collected)	Longest wait (weeks)	%	BCU WL No	BCU %
Dec-17	Assessments	119	#	11	79%	181	57%
Jan-18	Assessments	125	#	16	79%	226	71%
Feb-18	Assessments	119	#	15	50%	209	55%
Mar-18	Assessments	141	#	11	52%	242	80%
Apr-18	Assessments	144	44	11	17%	247	74%
Dec-17	Intervention	3	#	14	88%	79	72%
Jan-18	Intervention	17	#	18	88%	115	77%
Feb-18	Intervention	5	#	18	88%	85	65%
Mar-18	Intervention	199	#	28	9%	306	52%
Apr-18	Intervention	207	134	27	13%	300	47%

It can be seen that from March 2018 the performance has deteriorated. There are two issues which have impacted on the service during this time;

Firstly there was an unusual demand for acute input to Children and Young People (C&YP) with CAMHS needs this combined with a similar peak in C&YP presenting with eating disorders. The workforce provision to support these C&YP is part of the Mental health assessment and intervention teams. This resulted in the decrease in achievement of MHA target from February 2018.

Secondly the way in which we measured interventions changed. The practice in the East had been when possible to use the end of the assessment appointment to commence interventions, including preparatory work for the future appointments. The East team had in these cases identified that the intervention had commenced at that point in time. Clarification from was obtained in February that the Welsh Government requirement is for the intervention to be recorded as the date of the first separate intervention appointment. The impact of this can be seen from March 2018 in table 1.

In response to these challenges, from May 2018 the service accessed funding to support the development of additional resources that would be used to provide capacity to address historical backlog whilst the funded establishment achieved balance with demand and capacity.

### Assessment

A weekly review meeting has been in place for 5 months, since the commencement of the additional resources in July an improvement in the performance has been seen.

The availability of suitable agency/bank staff was significantly lower than we had envisaged, all staff were interviewed and assessed and it became clear that there was a mismatch between our supplying agencies and ourselves. A joint standard was identified the impact of which has been that only half our intended staffing has been recruited.

In response to this the majority of the additional workforce has focussed on the mental health assessment waiting list. This focus on assessment has reduced the potential risk to those patients by having a more timely assessment.

The reduction of the mental health assessments waiting list to a level which can be met by the established resources will then provide the additional resource to addressing the waiting list for mental health intervention.

It was acknowledged that there would be an increase in the mental health intervention waiting list as a consequence of this prioritisation of assessment, however this was mitigated through triaging of cases as urgent or standard. Urgent cases being prioritised for assessment and intervention commencement date led by clinical judgement.

The latest data can be seen in table 2

**Table 2**

<b>CAMHS Target 80% MHM patients seen &lt; 28 days</b>		WL No	WL over target	Longest wait (weeks)	%	BCU WL No	BCU %
May-18	Assessments	178	76	15	17%	82	74%
Jun-18	Assessments	212	108	14	11%	379	55%
Jul-18	Assessments	161	161	14	45%	324	52%
Aug-18	Assessments	96	58	18	78%		
May-18	Intervention	190	135	20	33%	172	67%
Jun-18	Intervention	196	121	16	40%	287	51%
Jul-18	Intervention	203	203	18	10%	289	24%
Aug-18	Intervention	198	135	19	0%		

The data shows that progress towards the mental health assessment targets is improved, within the Wrexham local authority area the longest wait being 3 weeks.

As envisaged the impact has seen a reduction of achievement in the 28 day intervention target. The waiting list growth is due to the fact the clinical prioritisation of urgent cases It should be noted however that the longest wait for interventions has significantly changed during the period.

The latest trajectory indicates that the mental health assessment target will be achieved across east area by end of October. The mental health invention target will be achieved as planned by February 2019.

## **RECOMMENDATION**

It is requested that the work done to date is noted.