

CHILDREN'S SERVICES SCRUTINY PANEL REFERRAL: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE**REPORT OF THE CHILDRENS SERVICES SCRUTINY LEAD MEMBER****1. PURPOSE OF REPORT**

- 1.1 To provide the Scrutiny Committee with the Children's Services Scrutiny Panel's findings and recommendations in relation to the commissioned item from the Committee.

2. BACKGROUND

- 2.1 At its meeting on 13 September 2012 the Scrutiny Committee received a report detailing the outcomes of the announced inspection of Safeguarding and Looked After Children's Services in Sunderland. In discussing the report concerns were raised in relation to the waiting times for CAMHS Tier 2 and Tier 3 support and it was agreed that the Children's Services Scrutiny Panel should be commissioned to investigate this further.
- 2.2 The Children's Services Scrutiny Panel held a meeting on 16 October 2012 to discuss the issues raised at the Scrutiny Committee. The Council's Head of Safeguarding and the Primary Care Trust's (PCT) Children's Health Commissioning Officer were in attendance at the panel's meeting. A further meeting was arranged 3 December 2012 with NTW Children and Young People Services, the new provider of CAMHS in Sunderland, to discuss their approach and progress in reducing waiting times.
- 2.3 It was agreed following discussions with panel members and the Scrutiny Committee that progress would be monitored and officers invited back to the Children's Services Scrutiny Panel at an appropriate juncture. Subsequently a meeting was held on 20 May 2013 to outline progress and developments in relation to the CAMHS service now provided by NTW Children and Young People Services.

3. CAMHS SERVICE - UPDATE

- 3.1 The Children and Young People Service are now confident that they fully understand the size of the business and all new cases are entered into the new service model. Every case, since the initial transfer, has been reviewed and appropriate courses of action arranged in consultation with individuals and their families.
- 3.2 It was also noted that a process was now in place for regular reviews and that periodically everyone on the waiting list was contacted to check on their progress and to ensure levels of risk remained unchanged. Where there was evidence of increased risk the process could be accelerated, it was important that the service could adapt and change as required.
- 3.3 A CQUIN (Commissioning for Quality and Innovation) target has now been agreed with commissioners to reduce waiting list/times and to assist in the service working towards a maximum waiting time of six weeks. Various measures and actions have

been planned to work towards this significant goal including increasing the workforce, increasing throughput, improving Choice Appointment Efficiency, providing extra clinical sessions, reducing DNA's, reducing senior clinician's caseloads and promoting alternatives. It was highlighted that by 30 January 2013 approximately 70 per cent of all cases were now waiting less than 18 weeks, and this was noted as a good sign of progress.

- 3.4 Assurances were given to the Scrutiny Panel that the contract was being monitored very robustly. The issue previously had been around the block contract nature of the commission and service arrangements and there had been little scrutiny. This current contract was very clear around service specification and performance monitoring targets. There are monthly monitoring meetings where new issues are picked up and themes and trends are discussed between commissioners and service leads. There are also more than 100 KPI's which provide data around a variety of performance related issues and it was noted that there was absolute clarity and assurance around each of these KPI's.
- 3.5 In terms of resources it was noted that the service was seeking to recruit to all vacant posts in a timely manner, as well as ensuring that vacancy authorisations were in place for active recruitment at the point of an individual leaving the service. It was also explained that all new staff were fully inducted into the service and the service model. Members asked about the effects of the changes on staff and it was reported that systems were also in place to ensure that the organisation supports its staff and that the burden was not solely on frontline staff. The extra investment in personnel has and will continue to contribute to this.
- 3.6 Members were also pleased to learn that an informal drop-in arrangement had been introduced for all members of staff to discuss issues, promote information sharing and provide a platform for service development/improvement. Sickness rates within the service were also a testament to the investment in staff welfare with current rates of just over three per cent compared with national NHS national averages of six per cent.
- 3.7 In relation to DNA's focused work has been undertaken to investigate the high levels of missed appointments. It was noted that even though DNA rates were still at the lower end of national rates, it was still expected that these rates would fall further as the CAPA system takes effect. It was reported that staff continued to be very proactive in engaging service users in first appointments including providing choice of time, venue and date wherever possible.

4. CONCLUSIONS

- 4.1 The Children's Service Scrutiny Panel recognised the work and progress the Children and Young People Service have made in taking over part of the CAMHS service from previous service providers.
- 4.2 The Panel also acknowledges the robust monitoring arrangements that have been developed and implemented in the new service contract specifications. The series of KPI's, monthly monitoring meetings and performance data will ensure that the new service is transparent and accountable.

- 4.3 The Panel also felt it worthwhile to continue to monitor the situation and chart the progress of the Children and Young People Service in meeting targets around waiting times.

5. RECOMMENDATIONS

- 5.1 That the Scrutiny Committee considers the continued monitoring of CAMHS waiting times by the Children's Services Scrutiny Panel and receives relevant information and progress through the Children's Services Scrutiny Lead Member update as and when appropriate.

6. GLOSSARY OF TERMS

CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CQUIN	Commissioning for Quality and Innovation
DNA	Did Not Attend
KPI	Key Performance Indicator
NTW	North of Tyne and Wear Foundation Trust
PCT	Primary Care Trust

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