

Appendix 1

North West London (NWL) CAMHS

December 2018 update

Background

This paper provides an update on progress in the Brent Harrow and Hillingdon CAMHS services meeting the contract target to treat 85% of children within 18 weeks of referral.

In order to meet the waiting time target the service has adopted the following approach to improve and increase productivity through:

- Increasing capacity for face to face sessions in teams
- Increasing patient throughput through roll out of evidence based care pathways
- Stopping the clock more quickly through improved recording and first treatment interventions delivered more quickly

1. Increasing capacity

The service has sought to increase capacity through recruitment of additional staff in a combination of over recruitment and use of agency CAMHS workers. The skill mix in the teams has been widened to include the use of Assistant Psychologists to support data entry, basic clinical interventions and to free up higher banded clinicians to focus on face to face clinical work. Work is ongoing in job planning expectations for both medical and non-medical staff. Clear expectations for numbers of assessments per week and follow-up appointments have been set. This has been a challenge for the service in recent months in that there have been vacancies in the teams due to staff turnover and failed efforts on a number of occasions to recruit permanent staff. Capacity has decreased in Harrow and Brent CAMHS impacting on the numbers of assessment and follow up slots available for individuals. Agency staff have been recruited who are assessing CYP. In addition Harrow CAMHS are dealing with a bulk of over 40 delayed referrals which came into the service via HEROS. Hillingdon CAMHS have audited agreed job plans and clarified expected activity which is beginning to impact on the RTT. The other services are due to complete their reviews. However, it is noted that referrals and the acceptance rate of referrals is increasing. This month was also impacted upon by Christmas and New Year leave in the services.

The service line will monitor and undertake a review to understand trends in February 2019.

2. Care Pathways promoting throughput

The expected treatment care pathways are now live in the service. There is no further update here.

Starting point of treatment

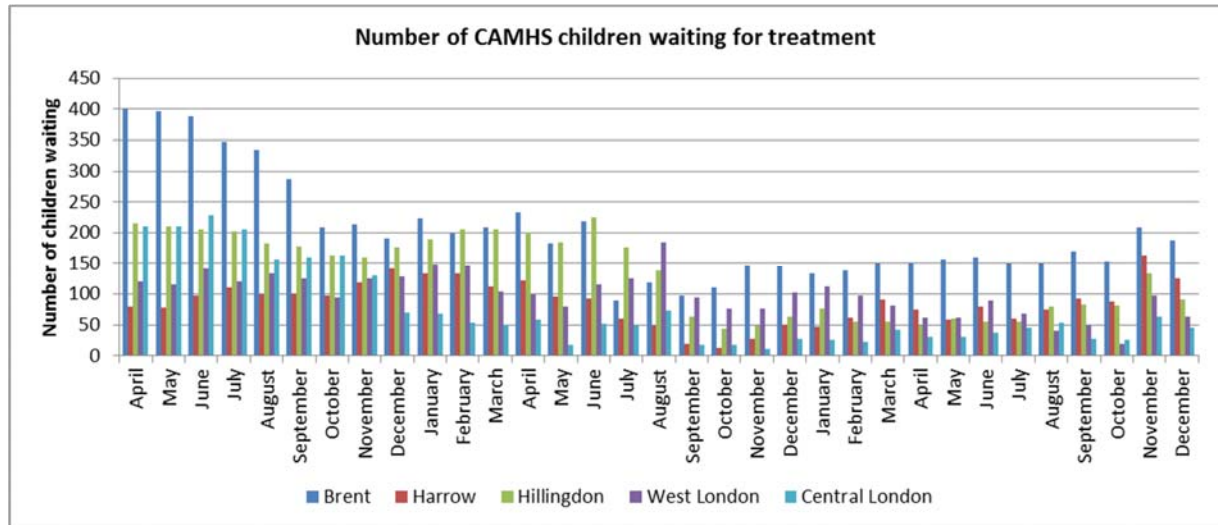
The issue of the use of telephone or SKYPE contacts to 'stop the clock' on waits has been raised. Learning from other Trusts who have used this type of contact, the service has developed a methodology for ensuring this is done in a clinically appropriate way. This new process is intended to improve referral to treatment (RTT) waiting times and engagement in treatment.

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The Service Director has actively reminded staff around this to support performance against RTT. In order to ensure that families take up appointments and do not DNA first appointments, learning from across the service has been shared in regards to reminders in the form of locally sent text messages or clinicians calling patients. This is additional work for the staff and the service is exploring the automated text process once mental health services move to SystemOne clinical system.

Overview of Current performance against KPIs

There has been a reduction in the numbers of children and young people waiting for treatment. The below is a graph showing improvement on numbers of children waiting:



Description	Target	Brent	Harrow	Hillingdon	West London	Central London
% CAMHS patients receiving treatment within 18 weeks from referral	85%	82%	59%	83%	100%	100%

Brent Performance in December was 82.1%, missing the target by just one patient, and with a total of five patients who waited longer than 18 weeks for treatment.

Performance was reduced due to increased demand and ongoing staff vacancies in key areas, including LD team, compounded by staff leave over the holiday period, resulting in fewer assessment appointments being offered.

Harrow Performance in November was 59.1% with 9 patients waiting longer than 18 weeks for treatment. As mentioned previously this was an expected drop in performance due to a large number of delayed referrals received recently from the HEROS service.

The staffing gap in Harrow CAMHS due to vacancies is another factor which has contributed to the reduction of capacity within the team for providing assessment and treatment within the target timeframe of 18 weeks. The failure to recruit agency staff has also been escalated to Service Director. A recovery trajectory is being developed.

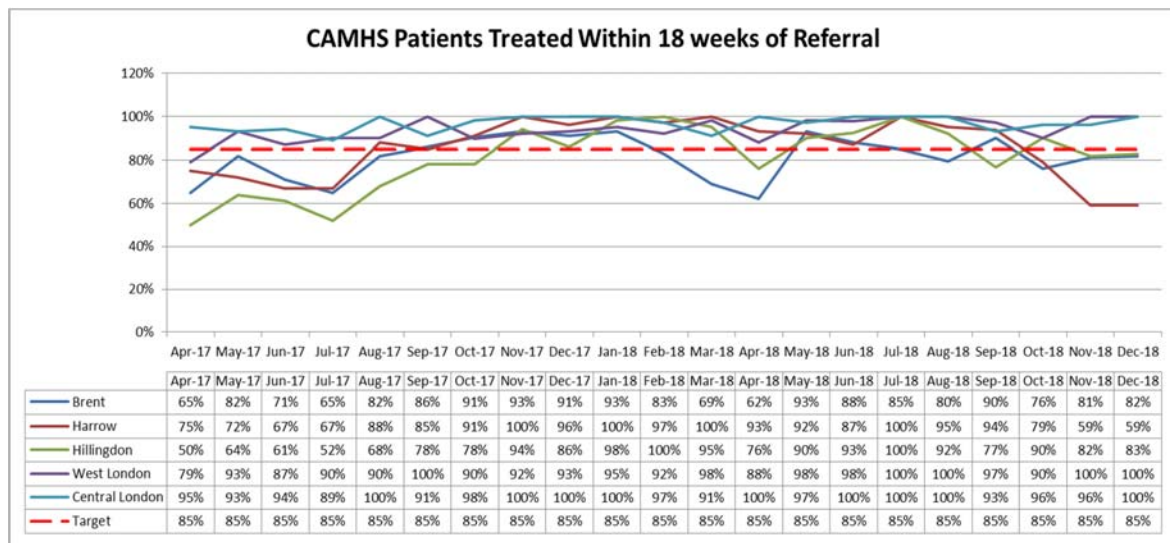
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Hillingdon Performance in December was 82.9%, missing the target by just one patient, and with a total of three CYPs who waited longer than 18 weeks for treatment.

Staff were unable to contact one of the YP despite several attempts. In addition one patient was a breach because of the appointments being recorded incorrectly on the clinical system. The YP had in fact been seen.

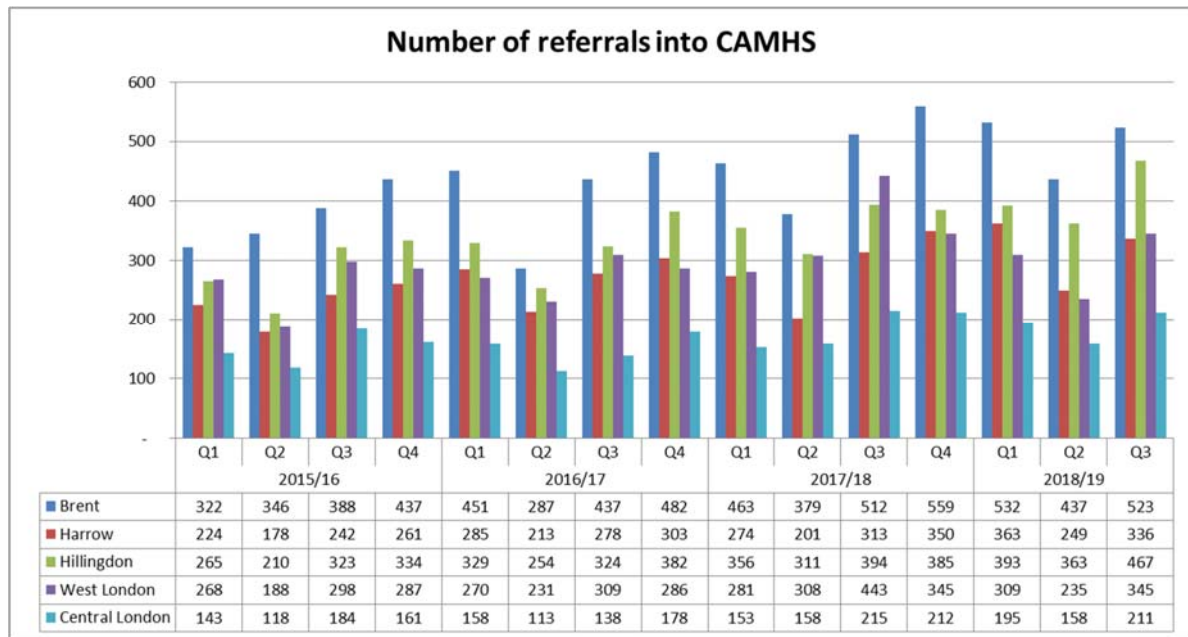
One YP did not attend their booked appointment, which was within the 18 week target timeframe, and there was also a gap in recruitment and allocation to another case manager after their case manager left.

Below is a graph showing performance against the target since April 2016 to date.

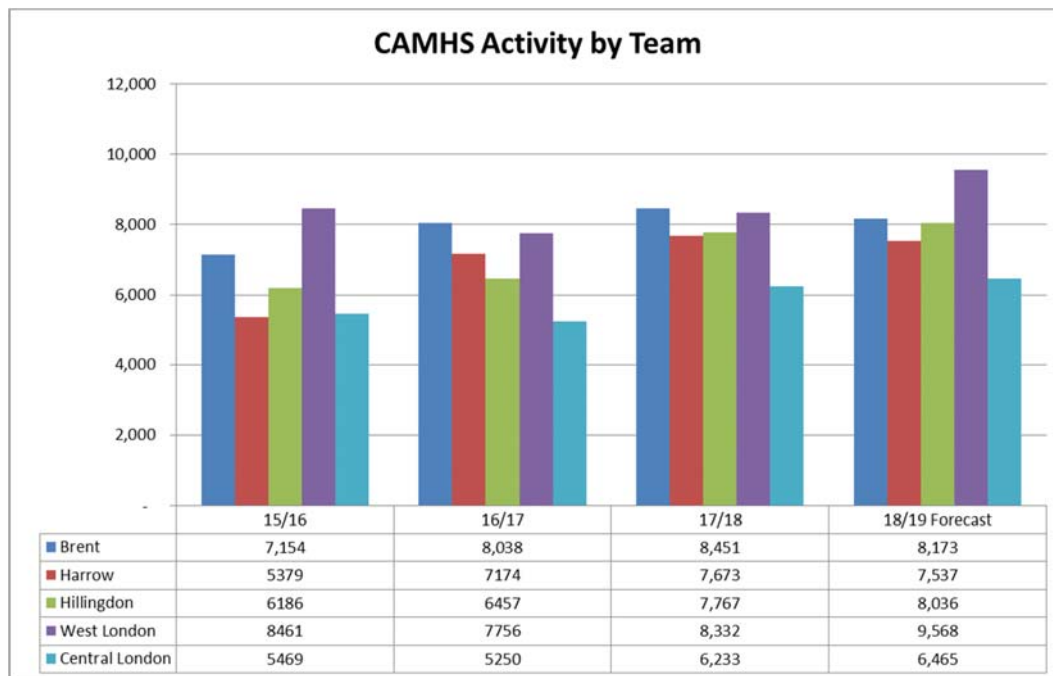


A detailed borough by borough breakdown of performance against this trajectory can be found in appendices one through to three.

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The below graph shows an increase in face to face (F2F) contacts over a period of time. There is a need to audit this activity data given the position with waiting times in order to understand more which cases are being seen for over a long period of time. Clinical leads have been tasked to look at this.



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Recruitment and retention

During the last year the service has been changing the skill mix to help with engagement, participation and performance. However retention of appropriately skilled staff remains an issue across the service line.

The service is also planning a focussed recruitment day for CAMHS in early 2019 where all disciplines including doctors will be targeted.

A CAMHS workforce planning workshop at STP level is also being arranged and CNWL will take part in this.

Action Plan

Data Quality	Increase numbers of super users in services Additional retraining for locum and new staff New risk JADE to SystemOne change in 2019	Service is moving to SystemOne in January 2019 which will have some impact on data quality. Ongoing review. Training of staff on new system. Business continuity plans
Clinical Model and business rules	Refresh JADE business rules against new intervention model ie CYP are seen within 2 weeks of initial ax for a session that enhances motivation to engage and make use of appropriate self help strategies or signpost elsewhere.	Completed and hasl informed roll out to SystemOne Gateway review June 2018 Completed. Planned change to Gateway model to be rolled out across all 5 teams
Complete pathway work and implement	Refresh Clinical Effectiveness group work plan	Pathways have been made easily accessible through shared folders in teams Learning from Hillingdon reviews shared with other teams. Monitor in Ops meeting
Roll out of 6 session review	Agreement to audit the compliance against the new delivery model by the leadership	Ongoing
Team leadership	Complete team management restructure in order to ensure effective implementation of the transformation if the service	Away day with managers and borough clinical leads has taken place. Joint work ongoing and being supported by Clinical and Service Director

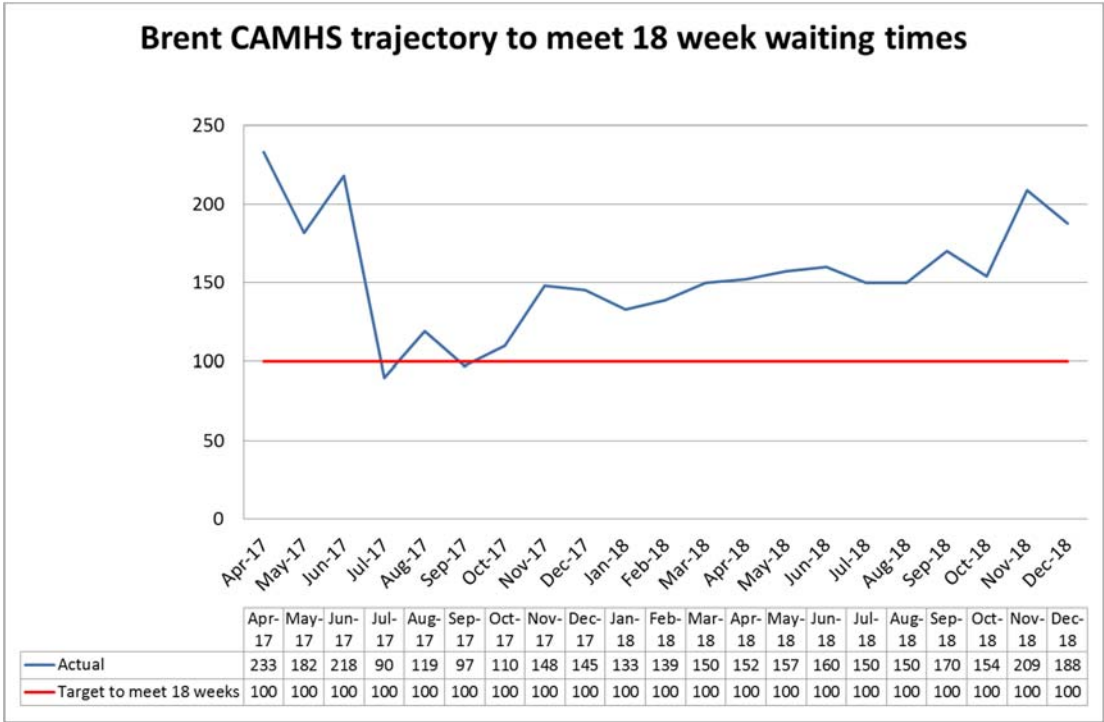
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		through topic based transformation workshops
Job Planning	Following assessment of capacity roll out of job planning for non psychiatric staff in order to increase team productivity	Ongoing and review through appraisal and supervision.
	Audit of job plans and capacity to take place	July 2018. Leads now revisiting expectations with staff

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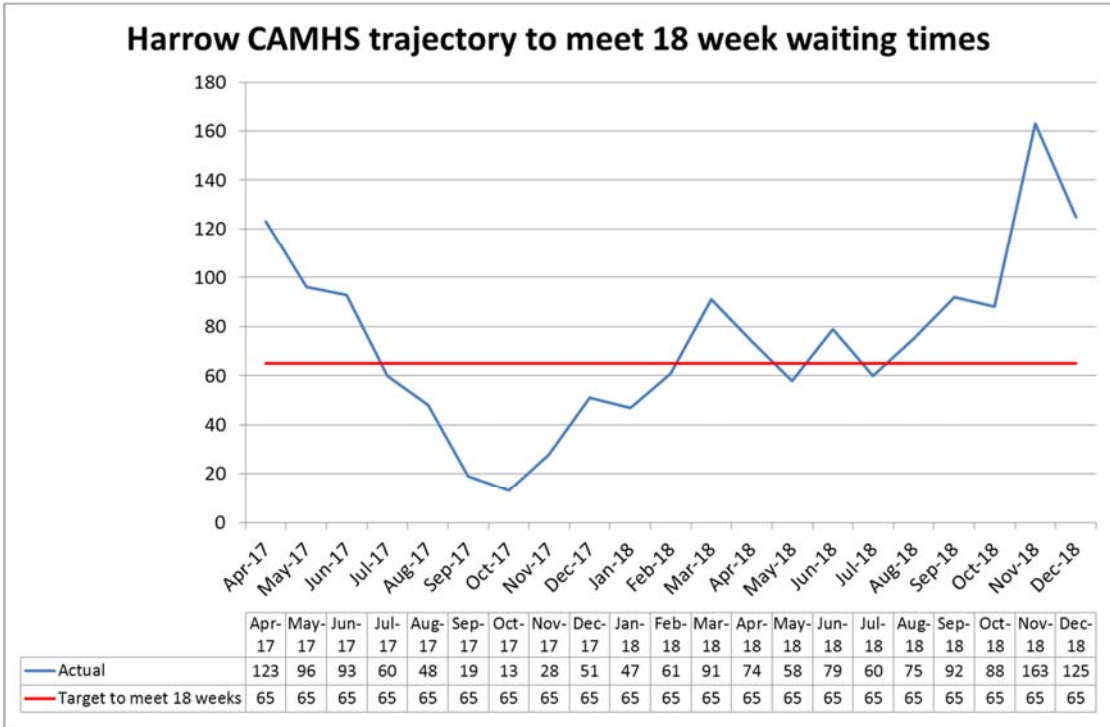
Appendix 1 – Brent CCG

The progress Brent had made had slowed due to staff turnover. A plan is in place to recover by the end of June 2018. This is being monitored on a weekly basis.



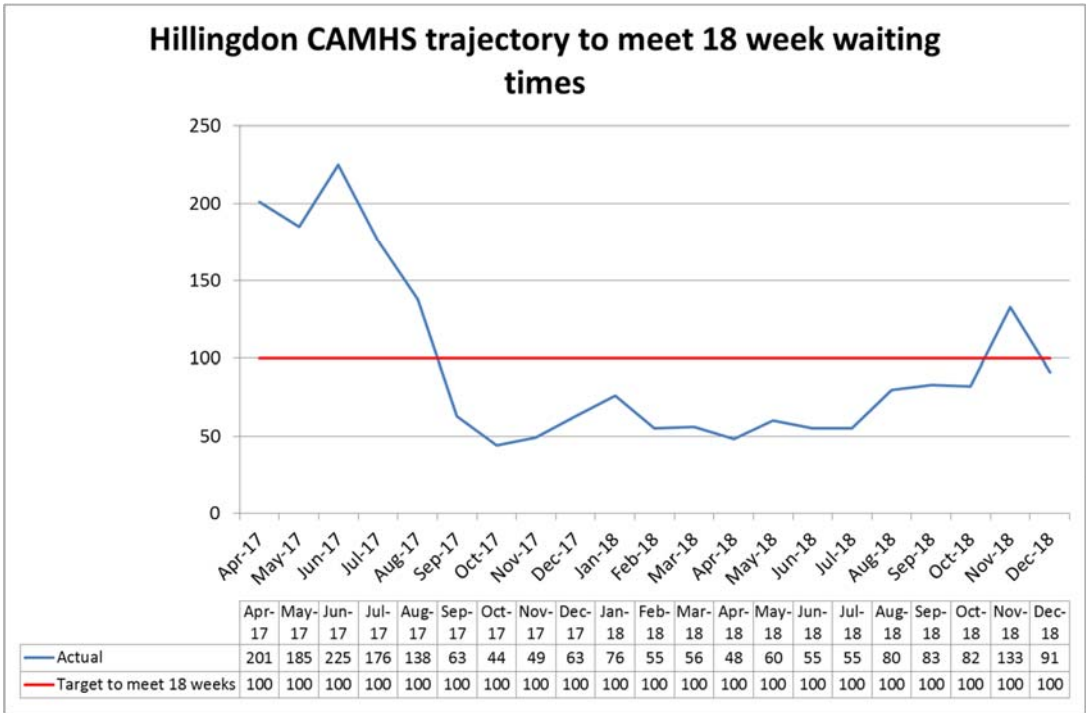
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Appendix 2 – Harrow CCG



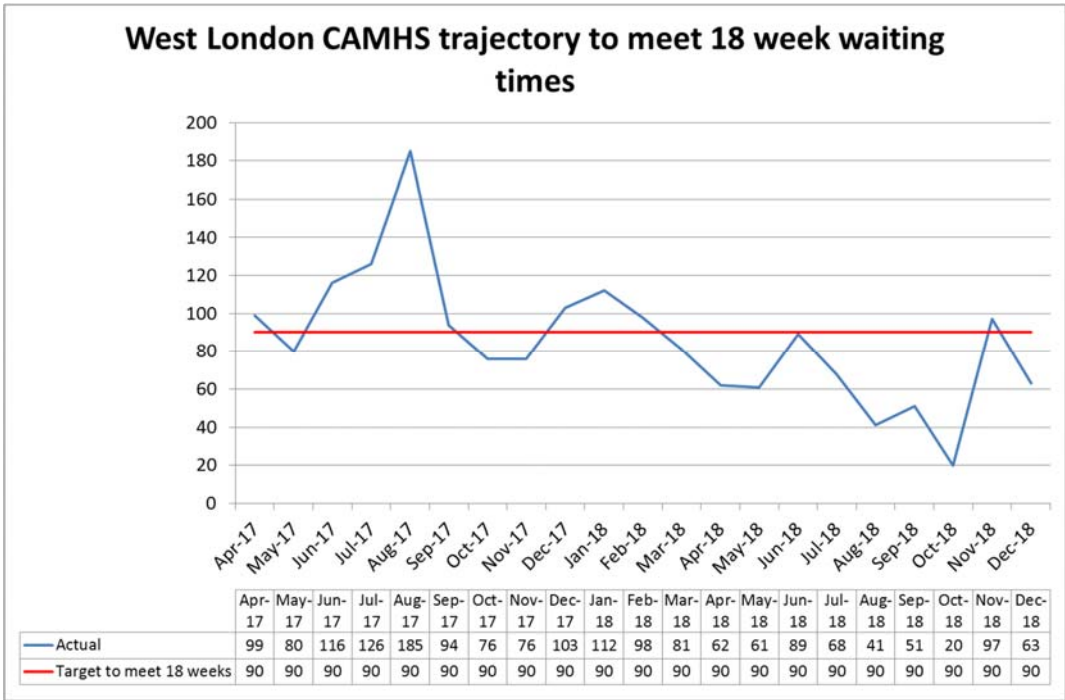
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Appendix 3 – Hillingdon CCG Update



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Appendix 4 – West London CCG Update



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Appendix 5 – Central London CCG Update

