REPORT

Item No:

SUBJECT:	Mental Health – CAMHS & Psychological Therapies
TO:	**IJB Sub Committee**
Lead Officer for Report:	Chief Accountable Officer
Author(s) of Report	Head of Planning, Performance and Quality Assurance
DATE:	3.5.18

1. PURPOSE OF REPORT

This paper is coming to Committee

For approval	☐	For endorsement	☐	To note	☒

2. ROUTE TO THE COMMITTEE

This paper has been:

Prepared	☒	Reviewed	☒	Endorsed	☐

The paper was prepared by the Head of Planning, Performance and Quality Assurance and reviewed at the Core Senior Leadership Team meeting.

3. RECOMMENDATIONS

3.1 The committee is asked to:

- Note the contents of the NHS Lanarkshire Annual Operational Plan (AOP) template included in appendix 1, highlighting the agreed trajectories for both CAMHS and Psychological Therapies RTTs and the associated action plans;
- Note the contents of the Deep Dive Report into CAMHS, included in appendix 2.

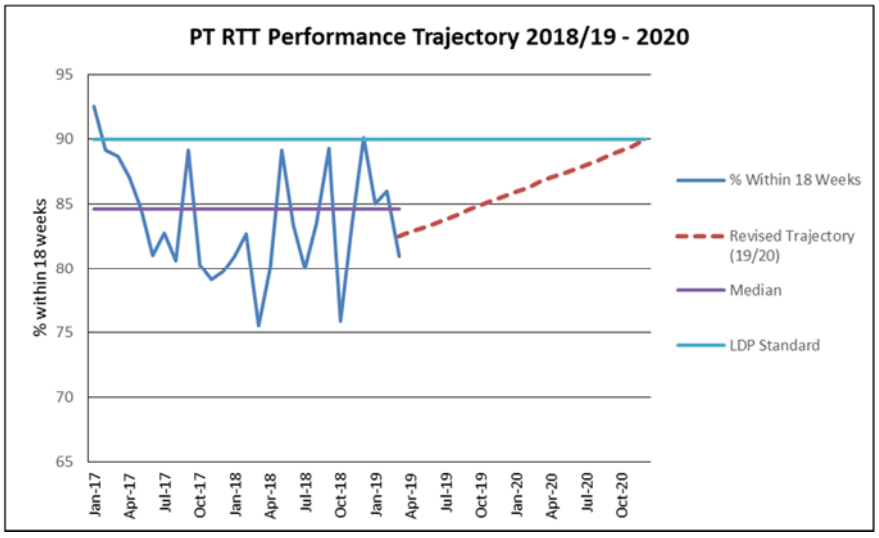
4. Psychological Therapies RTT

4.1 NHS Lanarkshire Psychological Services is a pan-Lanarkshire service hosted by Health and Social Care North Lanarkshire as part of the Mental Health and Learning Disability directorate.

4.2 Within NHS Lanarkshire's Annual Operating Plan, the national Referral to Treatment (RTT) target for adult Psychological Therapy services is to have 90% of those referred commencing treatment within 18 weeks.

4.3 Since the introduction in 2014 of the Referral to Treatment Target, NHS Lanarkshire has consistently been one of the best performing Health Boards in Scotland.

4.4 Since 2017/18, the service has faced significant capacity-related pressures in meeting the target. Moving into 2019/20, a service action plan has been developed with the aim of bringing performance back to standard by December 2020.

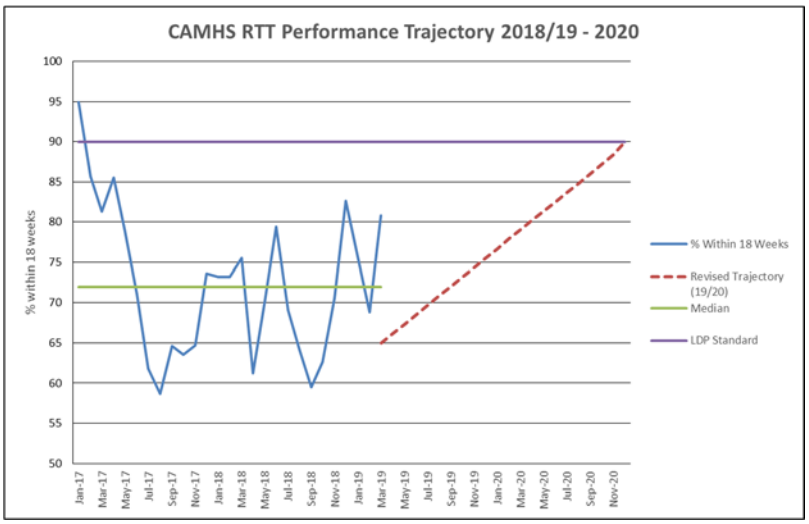


4.5 The action plan within Appendix 1 details the actions and timescales of the key pieces of work required to deliver the agreed performance trajectory.

5. CAMHS RTT

5.1 The CAMHS referral to treatment target (RTT) was introduced in 2013 with a 26 week target that reduced to an 18 week target in December 2014. Rising rates of referral to CAMHS in Lanarkshire have mirrored those across Scotland and but despite this Lanarkshire services have consistently performed above the Scottish average.

5.2 At the 2017/18 year end performance was 75% of completed within 18 weeks against a target of 90%. There were ongoing concerns that difficulties with recruitment against a continued rise in referrals would impact on performance against target in 2018/19 so the "deep dive" review was commissioned. The full report from the "deep dive" is included with this report as Appendix 2.



5.3 The action plan within Appendix 1 details the actions and timescales of the key pieces of work required to deliver the agreed performance trajectory.

6. CONCLUSIONS

6.1 Performance against the Adult Psychological Therapies RTT target and the CAMHS RTT target has been a challenge Psychological Therapies performance has been a challenge to the Health and Social Care Partnership for some time. A series of actions, with funding, interdependencies and risk mitigations have been identified and agreed as part of the Annual Operating Plan (AOP) to bring performance levels back to target by December 2020.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES
Psychological Therapies and CAMHS performance is currently recorded within the Health and Social Care Partnership's performance report

7.2 ASSOCIATED MEASURE(S)
The Psychological Therapies RTT target and CAMHS RTT target are both key targets within NHS Lanarkshire's AOP.

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	☒	No	☐	N/A	☐

7.4 PEOPLE
The appendices highlight the impact on both staff and patients within Lanarkshire.

7.5 INEQUALITIES

EQIA Completed:

Yes	☐	No	☐	N/A	☒

8. BACKGROUND PAPERS

9. APPENDICES

Appendix 1: Annual Operating Plan Template March 2019 – Mental Health Directorate
Appendix 2: CAMHS Deep Dive Report

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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858 143.

Appendix 1
Mental Health Directorate, AOP Template, March 2019

Between 2016/17 and 2017/18, NHS Lanarkshire increased its total Mental Health spend by 3% and this trend is anticipated to continue and accelerate as new funding streams are realised. A new Mental Health Strategy for Lanarkshire is due to be published in summer 2019, which aims to ensure that we prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

Action plans have been formed around CAMHS, Psychological Therapies and Unscheduled Care as detailed below. All funding identified within the plans is either from already established national funds such as Action 15, or funded locally from existing budgets.

For each of the three areas, trajectories are set based on the successful delivery of the actions detailed and subject to a range of other operational factors, for example, both Psychological Therapies and CAMHS services have had periods of time in the last year with over 10% of the workforce on maternity leave, with limited success in being able to backfill.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. The LDP Standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	**Mar 2019**	**Jun 2019**	**Sep 2019**	**Dec 2019**	**Mar 2020**	**Jun 2020**	**Sep 2020**	**Dec 2020**
Performance against the LDP standard (%)	65%	68.5%	72%	75.5%	79%	82.5%	86%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	**Action(s)**	**Forecast impact on standard**	**Funding – source and amount**	**Interdependencies (i.e. between performance, funding, workforce, partners)**	**Risks and steps to mitigate**

Commencing in North Lanarkshire by quarter ending June 2019. Accommodation will be required in South Lanarkshire for full cover.	CAMHS Neurodevelopmental pathway, phased redesign of current service into an integrated single multidisciplinary service. We have mapped our current pathway and after a test for change, intend to commence a multi-disciplinary (SLT, OT, Paediatrics and CAMHS) clinic. The intended outcome is a quicker assessment with reduced hand offs and a consistent multi-disciplinary specialist response to children.	Will support remaining CAMHS staff to focus solely on UC, generic and specialist areas in line with taskforce report	£225,957 (new national funding)	Require to agree how waiting list for the multi-disciplinary service is taken forwards between SLT, OT, Paediatrics and CAMHS	Accommodation not identified in south – discussions ongoing to identify suitable options.
Implementation to begin in quarter ending September 2019	CAMHS IT Enablement - Implementing a new Text reminder service and Electronic records to the CAMHS service.	Improved coordination of waiting list	£250k-£300k	Requires prioritisation within wider NHSL plans	Significant financial impact
December 2019 (experience of the process suggests that undertaking this process during the summer months is not worthwhile due to higher DNA rates etc)	Use a "DCAQ light" approach to review individual and team capacity plans and activity against demand and performance standards, and understand local variation within teams who consistently fail to meet the target. • Process mapping and activity tracking used to collect data on direct and non-direct clinical	The end outcome is that all teams meet the RTT standard.	Within existing resource	Quality improvement support, MHAIST	

	contact and potential improvements in resources use • RTT data, capacity plans, etc., monitored through micro strategy systems Map statistical information on matters which impact on capacity. Comparisons of overall referrals; discharge; workforce; signposting/rejected referrals				
Partnership engagement on Task Force delivery plan in March 2019. Then dependant on agreement and SG funding.	Partnership planning with education for supporting young people's emotional health in schools. North IJB will engage education partners in north and south Lanarkshire to discuss the use of shared resources including national funding to support mental health in schools.	Reduced demand for tier 3 services	National funding TBC	Requires agreement with education authorities in both North and South Lanarkshire.	Model yet to be confirmed. If school counselling, need to ensure sufficient capacity to make longer term impact.
Quarter ending September 2019	CAMHS Unscheduled care pilot. To enable a quick response to Childrens and families who are referred urgently. This would prevent the current practice where clinical staff cancel routine appointments to attend to unscheduled referrals. A test for change over the summer will indicate whether more resources	60% increase in UC in 18/19. Creating additional UC capacity will support mainstream teams to focus on waiting list	£175,400 (new national funding)		May require dedicated accommodation depending on final model.

	would be better deployed in this way. Invest national funding monies to direct two senior staff with Psychiatrist support, towards unscheduled slots.				

PSYCHOLOGICAL THERAPIES

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	82.5%	83.5%	84.6%	85.6%	86.7%	87.7%	88.8%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
September 2019 (process already underway)	Use a "DCAQ light" approach to review individual and team capacity plans and activity against demand and performance standards, and understand local variation within teams who consistently fail to meet the target.	The end outcome is that all locality PTT meet the RTT standard.	Within existing resource	Quality improvement support, MHAIST	

	• Process mapping and activity tracking used to collect data on direct and non-direct clinical contact and potential improvements in resources use • RTT data, capacity plans, etc., monitored through micro strategy systems • Map statistical information on matters which impact on capacity. Comparisons of overall referrals; discharge; workforce; signposting/rejected referrals				
Implementation from quarter ending September 2019	Further develop low-intensity interventions, with clear pathways to high-intensity via establishing a b7 Groups Coordinator who will manage four b4 Assistant Psychologists to deliver groups pan-Lanarkshire - funded via projected underspend for 3 years. Develop and extend group-based interventions enable	The diversion of low-intensity referrals should improve patient flow	Funded from existing budgets	Group accommodation	Recruitment of appropriate staff. Recurrent funding already in place for posts and test will take place over two years.

	access to evidence-based psychological interventions to large numbers of patients. PTTs already offer open access Stress Control groups. This can be extended to include a range of other therapeutic groups, which will mitigate numbers of patients requiring face-to-face intervention. With enhanced access to low-intensity interventions, more referrals could be signposted away from PTT towards evidence based interventions which do not require individualised, one-to-one clinical contact. This will free up greater capacity for clinicians working at higher intensities, and result in improved flow of patients and higher throughput.				
	Develop website with self-help/support materials, and ability for patients to self-book therapeutic groups and access to online computerised CBT. Website to be developed externally, using underspend,	It is predicted that this will reduce numbers of patients who require to be seen on a face to face basis. In	NHS 24 cCBT Long Term Conditions – Funding TBC	Ehealth support to develop resource, analytics to monitor uptake	Need to ensure appropriate awareness of the resource – comms plan to be created to support this both internally and externally. Contact already made with colleagues in Fife to support learning.

	and based on models used in, e.g., NHS Fife	turn, this will allow clinicians to focus on more complex, serious, and enduring cases.			
June 2020	Provide staff with flexible working IT enablers to reduce reliance on returning to base to complete notes and answer emails, etc. This is a combined PT and CAMHS action.	Improved coordination of waiting list and mobile working	£250-300k as noted in CAMHS submission	Requires prioritisation within wider NHSL plans	Significant financial impact

Appendix 2
CAMHS Deep Dive Report

Review of Child and Adolescent Mental Health Services (CAMHS) in Lanarkshire

1. Background

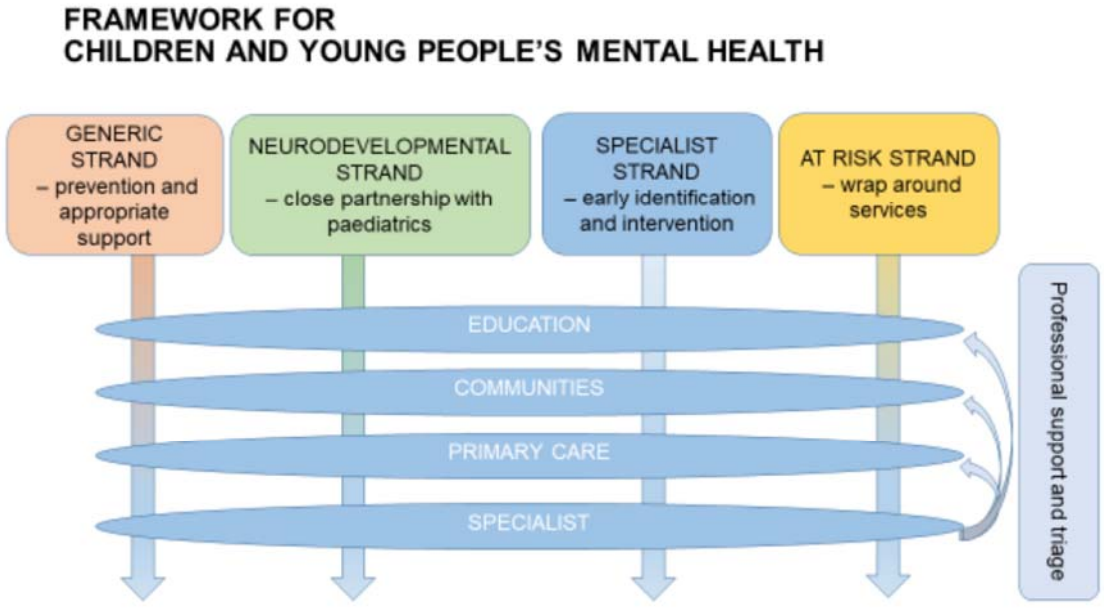
The CAMHS referral to treatment target (RTT) was introduced in 2013 with a 26 week target that reduced to an 18 week target in December 2014. Rising rates of referral to CAMHS in Lanarkshire have mirrored those across Scotland and but despite this Lanarkshire services have consistently performed above the Scottish average.

At the 2017/18 year end performance was 75% of completed within 18 weeks against a target of 90%. There were ongoing concerns that difficulties with recruitment against a continued rise in referrals would impact on performance against target in 2018/19 so the "deep dive" review was commissioned.

2. Context

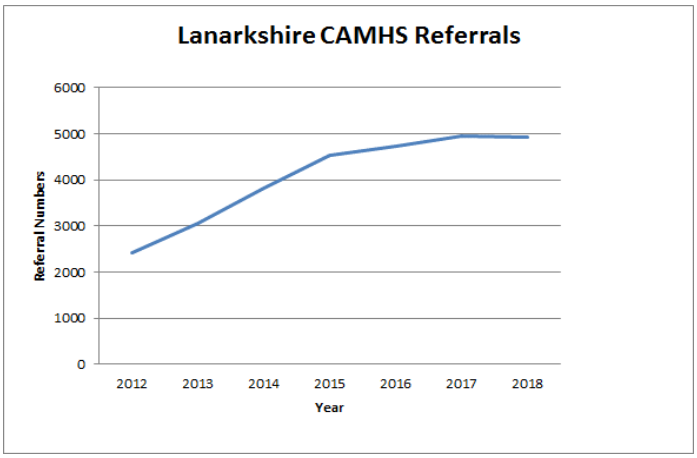
The national strategic focus on CAMHS has resulted in a task force that has set out the direction of travel for services, publishing a preliminary view in September and then a delivery plan in December 2018. The national task force will direct a programme of investment in services to support the mental health and well being for children and young people from 0 – 25 years over the course of the current 3 year Programme for Government.

The outline of the national framework is set out below and sets the background for the current review and recommendations.

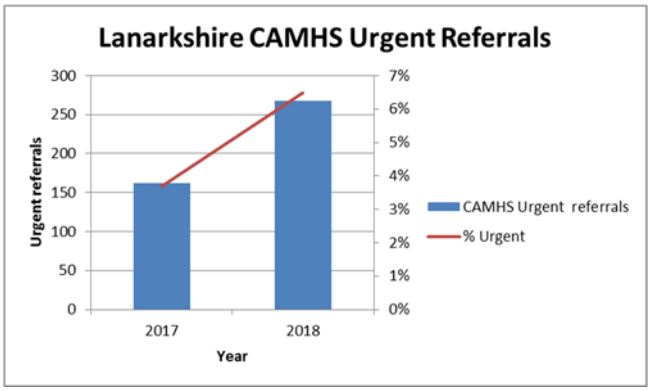


3. "Turning off the tap" – the generic strand

There is recognition both within the national work and locally that demand growth is the major factor contributing to the difficulties systems have had in meeting the national RTT target. There is also recognition that doing more of the same, all be it more efficiently or with increased resource, is unlikely to produce significant difference. CAMHS referrals in Lanarkshire doubled between 2012 and 2017. Figures in the most up to date ISD CAMHS workforce report show an increase in CAMHS workforce in Lanarkshire form 87.0wte in September 2013 to 114.9wte in December 2018.



Increasing access to service has at least in part contributed to a growth in demand for services, revealing previously unmet needs but also raising expectation that more of the distress and difficulties faced by young people will be effectively managed through a clinical service.
There has been a particular shift in the demand for "urgent" access to CAMHS services that appears to have been fuelled by concerns around a number of tragic suicides in young people in 2018. Urgent referrals to the service are seen in days rather than weeks but staff dealing with urgent referrals are less available to offer appointments to those on the "routine" lists.



The generic strand of the national task force work recognises that management of demand requires a focus on promotion of good mental health and wellbeing, self-management and provision of localised support through schools and community capacity building. There is a commitment from Government to increase counselling provision in schools with investment both in school counsellors and school nurses announced in the programme for government.

CAMHS will have a significant role in supporting the development of the generic strand of the national plans but the lead for planning and delivering on this area within Lanarkshire will be the Children's Services Planning partnerships in North and South Lanarkshire. This is set out in the

children's chapter of the draft Lanarkshire Mental Health Strategy and will be captured in both council Children's services plans.

Recommendation 1
Education, Social work and Health services across Lanarkshire need to work together to build the generic services required to offer earlier alternatives to CAMHS in communities and schools. This work should fit with the national task force delivery plan and Getting it Right for Every Child. Leadership of this work should be through the children's services planning partnerships in each council area with CAMHS contributing.

4. Neurodevelopmental strand

Lanarkshire children's health services – CAMHS and paediatrics, already have well advanced plans to implement a neurodevelopmental pathway for Lanarkshire. This will bring together CAMHs, community paediatric services, occupational and speech and language therapy in a comprehensive multidisciplinary team able to offer assessment, intervention where appropriate and signposting to sources of support in the community.

Plans for this service are well advanced and an initial hub will be sighted in a redeveloped section of Newmains Health centre in the first instance. The space available at Newmains will not be sufficient to manage all the neurodevelopmental work but will allow the concept of the multidisciplinary pathway to be tested and refined with a view to establishing a further site to be established, presumably in South Lanarkshire in due course.

It is estimated that a significant proportion of referrals to CAMHS will be managed through the neurodevelopmental strand. Many of the staff currently within specialist tier 3 teams will move to work in this model and this will have an impact on the staffing as well as the workload of the CAMHS locality teams.

There will also be significant impact on community paediatric and speech and language therapy teams that currently also see high numbers of children referred with neurodevelopmental problems. Bringing the services together into a multidisciplinary pathway will provide opportunities to avoid duplication and should improve efficiency although there are concerns that an improved service will stimulate further demand as unmet needs are recognised.

The implementation of the neurodevelopmental pathway will require separation of waiting lists for specialist CAMHS and children awaiting neurodevelopmental assessment. It is not yet clear whether the neurodevelopmental pathway will be subject to the same access targets as the specialist CAMHS teams and this will need to be agreed with Scottish Government.

Recommendation 2
The CAMHS management team should continue to lead on the plans for the implementation of the neurodevelopmental pathway with an initial base at Newmains Health Centre. The staffing implications for other parts of the service should be considered as part of the wider CAMHS redesign. The team should discuss and agree with Scottish Government whether children on the neurodevelopmental pathway will be counted against the CAMHS RTT target or counted in their own right against a standard designed for their needs.

5. Actions taken by CAMHS management

The CAMHS management team have been actively managing activity and capacity within the service with a focus on meeting the RTT since its introduction. Actions identified and progressed included the following:

5.1 Review of individual and team capacity plans.

Teams and individuals within those teams are made aware of expected activity level for new and return patients in line with standards recommended by RCPsych and they are performance managed against these. This is a challenging standard and results in activity per wte within Lanarkshire CAMHS normally on or above the national average with NHSL staff seeing 4 new patients per wte in line with the 4 seen nationally in the latest ISD report.

There is however variation between individuals and teams and this is particularly the case for the consultant psychiatrist group. Some teams operate a model where significant numbers of new patients are seen directly by the psychiatrists as their first appointment and then allocated within the team as required. This results in psychiatrists seeing high numbers of new patients compared to returns. In other teams first appointment is with non -medical clinicians and referral is only made to psychiatry where this is deemed necessary during assessment and treatment. In these teams the psychiatrists see low numbers of new patients and higher numbers of returns. Both systems are supported by the teams that operate them and there is no objective evidence to support one way of working over the other. Different ways of working may suit individual and team strengths and the variation may be warranted but this is an area that should be explored further.

There will be a new group of psychiatrists joining the teams over the next few months and it is recommended that the role of the psychiatrists with regard to balance of new to return patients should be reviewed.

Recommendation 3
Clinical Director and CAMHS psychiatrists to review the different models of psychiatric working and agree what levels of variation are warranted given different strengths and circumstances for individuals and teams.

5.2 Initiatives to improve capacity

The team work closely with ISD support to ensure data on waiting times, workforce and referral rates are monitored on a month by month basis. This ensures the management team are aware of changes at the earliest opportunity and are able to report appropriately.

Weekly evening waiting time clinics run across the service and have supported the improved performance of the service against target but these do not provide a sustainable solution to the mismatch between demand and capacity. These will continue until sustainable changes in the system have been achieved.

Pressure to identify suitable accommodation to allow expanded clinics is maintained across localities where there is pressure on space. The outcome of discussions is variable as the CAMHS teams are often competing with other significant priority areas such as the development of phlebotomy services through Primary care improvement plan, also an organisational priority.

Recruitment of new staff and retention of current staff requires constant attention from the management team. Decisions to move temporary funding for posts to a permanently funded basis

have been helpful in securing staff but the workforce in CAMHS is mobile and there is a greater demand across the system in Scotland than there is supply.

6. Proposed redesign of specialist CAMHS in Lanarkshire

It was clear at the outset of the deep dive process that there would be a requirement for a redesign of specialist CAMHS in Lanarkshire. This is necessitated by the ongoing difficulties in consistently meeting the RTT target, the continued changes in referral patterns and the implementation of the neurodevelopmental pathway.

Senior staff within CAMHS took part in an Appreciative Inquiry on 30th November 2018 which was followed up by an event to consider more detail on options for change on 27th February 2019. The report from the AI event is attached as Appendix 1.

In summary there was recognition of a requirement to make changes in four significant areas:

- Earlier intervention
- Referral processes
- Resources within the teams and team structures
- Accommodation and IT infrastructure

The earlier intervention work needs to be picked up as part of the generic strand described at section 3.

6.1 Referral processes

Current referral arrangements mean that urgent and routine referrals are sent to individual teams who then vet the referrals, and make decisions to allocate the work amongst team members. Referrals are dealt with by each of the seven locality teams. Urgent referrals can mean some team members are fully occupied dealing with a single case for several hours reducing the opportunity for them to deal with other aspects of their work. Teams are small and it can be difficult to be flexible in accommodating changes in demand. Referrals are dealt with through paper systems as there is no electronic system for either referral or record management within CAMHS. DNA rates within the service currently sit at 10.9% and there is no automated system to support text reminders or opt in. Administrative staff will sometimes text individual patients at clinicians request but this is not standardised.

Recommendation 4
CAMHS management team should, as soon as practical, introduce a single letter box (or two letterboxes) for referrals to the service that will allow vetting to be managed on a North and South Lanarkshire basis.

Recommendation 5
There should be a separation of urgent and routine referrals so that these are dealt with through separated pathways, with staff dedicated to managing the urgent referrals either on a permanent basis or through a rotational system.

Recommendation 6
Individuals referred as urgent that are assessed as requiring input that is not deemed urgent should be added to the waiting list for treatment and offered input as if they had been referred routinely.

Recommendation 7
Automated systems supporting opt in for appointments and text reminders for patient appointments should be introduced across the CAMHS teams as soon as practical.

6.2 Resources within the teams and team structures

The programme for government and the national task force mean there is likely to be significant investment in CAMHS services across Scotland in the next 3-4 years. Investment of £491k for Lanarkshire services was announced during the course of this review and will allow the expansion of the consultant psychiatry workforce as well as several other posts. A separation of the neuro developmental work will reduce the capacity of the current locality CAMHS teams but will also redirect a significant number of their referrals.

Proposals to reduce the number of teams were strongly debated during the AI and the subsequent options discussions in February 2019. The strengths of retaining the value of relationships within small teams, the benefit of local accessibility to patients and the ability to link with other local services were weighed against the opportunities of flexibility, sharing of capacity, ability to access smaller specialist services such as family therapy and psychotherapy that would be afforded by joining together as larger teams.

There was a strong view in favour of greater co-location and some merging of locality teams but no consensus on whether this would be best managed by moving to one team in each of North and South or two teams in each partnership area .

The reality is that a shift towards one team in each partnership is likely to be impractical in the short or medium term given the accommodation issues addressed below.

In the longer term the service should aim to develop “Centres of Excellence” in North and South Lanarkshire where specialist CAMHS can be co-located with other children’s services including neurodevelopmental strand. A team for North and a team for South could operate with a “patch sub-team” structure combining the benefit of smaller groups of staff working closely together and getting to know a locality with the benefit of being part of a larger team with the flexibility and access to smaller specialties that allows.

Recommendation 8
NHS Lanarkshire should set out a strategic aim to move to a smaller number of specialist CAMHS teams working as Centres of Excellence. Opportunities to reduce number of teams through mergers should be taken as staff turnover impacts on smaller teams and the neurodevelopmental pathway is implemented.

The redesign process discussed the place of the specialist teams within the current CAMHS service. The current early intervention would become a function of the larger specialist teams described above and the psychotherapy team would be a specialist discipline attached to those larger teams. The reach out and CAYP teams would form a specialist “at risk” strand but would remain closely aligned to the larger teams but with dedicated psychiatry support. CITT is thought to work well as a pan-Lanarkshire service that wraps around young people already being managed by the service and should be retained.

Recommendation 9
Further consideration should be given to the future of the functional specialist teams within CAMHS as the redesign of locality specialist CAMHS teams is progressed.

As further investment in CAMHS is announced through the work of the task force services in Lanarkshire will have to address expansion of the age range covered by the service and the possibility of extending cover of CAMHS psychiatry to support an on-call system, possibly on a regional basis.

Recommendation 10
As investment is announced the service will need to address an extension of the age range covered initially to 18 and then in line with the national task force to consider the needs in some individuals up to 25. Consideration should be given to an on-call arrangement for Psychiatry either within Lanarkshire or on a regional basis.

6.3 Infrastructure – Accommodation and IT

Accommodation for CAMHS in Lanarkshire has become an increasing issue over the last couple of years as team expansion has driven greater demand for clinic space. The loss of a dedicated (but leased and dilapidated) unit in Hamilton has had an impact disproportionately on teams in South Lanarkshire. Increasingly clinicians have to fight to book space in multi-purpose clinical areas that are not suitable for seeing young people with mental health needs. The impact of a lack of dedicated space results in clinicians transporting records and equipment needed.

The Minister for Mental Health has written to all Boards in Scotland highlighting the lack of suitable space for CAMHS as a national issue. In Lanarkshire there has been some progress, notably the development of Newmains for the neurodevelopmental work but there is no coherent strategy to move towards suitable accommodation for CAMHS services.

Recommendation 11
NHS Lanarkshire needs to set out a coherent strategy to acquire or develop suitable accommodation for the delivery of CAMHS. Recommendation 7 sets out a strategic intent to move towards two centres of excellence in North and South Lanarkshire and the longer term aim should be to ensure these centres are located in fit for purpose accommodation with suitable co-location of other children and young people's services. More immediate priority should be given to CAMHS services to ensure suitable accommodation is made available on a medium term basis.

The lack of effective referral management and records systems within CAMHS was highlighted by all staff as a major obstacle to progress. During the review period there was discussion about the possibility of CAMHS services moving to a new system that is due to be purchased for community services in Lanarkshire. Given the priority placed on meeting the needs of young people and addressing the RTT target this would seem an essential first step in modernising the IT support for the service.

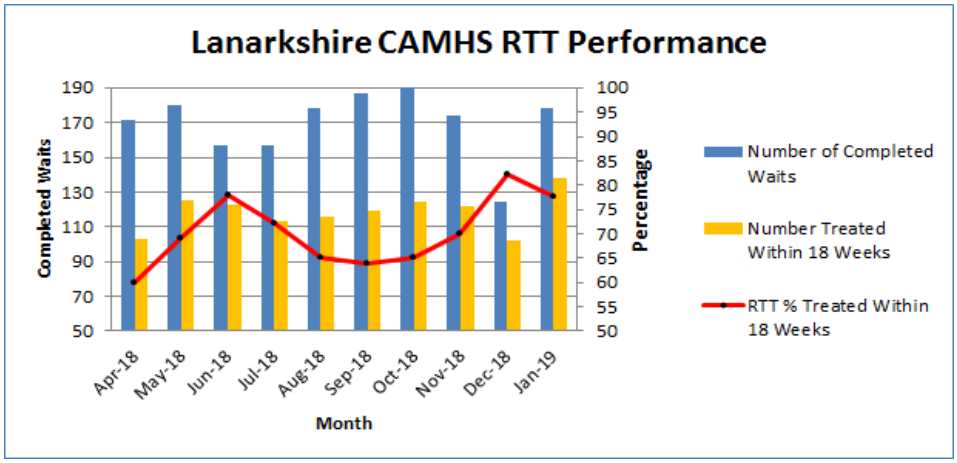
Recommendation 12
CAMHS services should be prioritised for early implementation of the replacement system for MIDIS.

Performance monitoring

The focus for this review has been on making recommendations for actions that will improve performance in a sustainable way within CAMHS. The current performance of the system is very close to the Scottish average on most of the measurable parameters. Updated figures from ISD at March 2019 show the following:

Measure	NHS Scotland	NHSL	Comparison
RTT	72.8%	71.5%	
Median Wait	11 weeks	9 weeks	
Long waits (>36wks)	8.9%	1.6%	
% of list currently <18wks	72.9%	83.1%	
DNA Rate	9.7%	10.9%	
Vacancy Rate	5.87%	10.61%	
New pts seen per WTE	4	4	
Headcount per 100k popn	19.2	17.5	
Rejected Refs per 1k popn	1.9	2.4	

A crucial measure as we move towards more sustainable improvement is the percentage of the waiting list waiting under 18 weeks. While RTT figures will vary quite widely month on month this measure demonstrates that the numbers waiting over 18 weeks are not increasing and there is progress to address delays.



Ultimately the service is measured against the RTT standard and while performance improved steadily in the latter part of 2018 there was a dip in January 2019. This is largely related to there

being fewer appointments available in the December period due to holidays and this means more patients seen in January have crossed over the 18 week barrier. Expectation is that performance will improve in February and March figures in 2019 but it is not yet clear whether the aim to reach the 90% target by end of year will be met.

Summary

This review was commissioned to identify actions that can deliver a sustainable level of high performance in access to CAMHS. The clinicians and management within CAMHS have worked extremely hard to sustain performance in the face of rapidly rising demand and resources that have not risen at the same pace. Many of the recommendations for more immediate change are already being taken forward by the CAMHS teams.

Some of the recommendations in this report require actions that are not within the gift of CAMHS services to deliver. They require wider partnership action across Health and local Authorities and in the case of infrastructure changes they require organisational priorities to be directed towards CAMHS if the service is to deliver against its targets.

An action plan detailing how, by whom and when the recommendations in this report will be taken forward will be completed as a next immediate step once this report is agreed.