

INDIVIDUAL CARE -PEOPLE IN WALES ARE TREATED AS INDIVIDUALS WITH THEIR OWN NEEDS AND RESPONSIBILITIES

Measure 1: % of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral

Measure 2: % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral

Measure 3: % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks

Measure 4: % of therapeutic interventions started within 28 days following assessment by LPMHSS

Measure 5: % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)

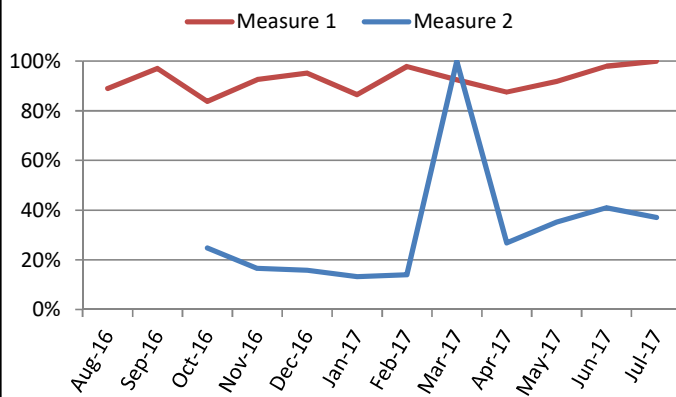
Corporate Objective : Delivering Excellent Patient Outcomes, Experience & Access

Executive Lead : Siân Harrop-Griffiths

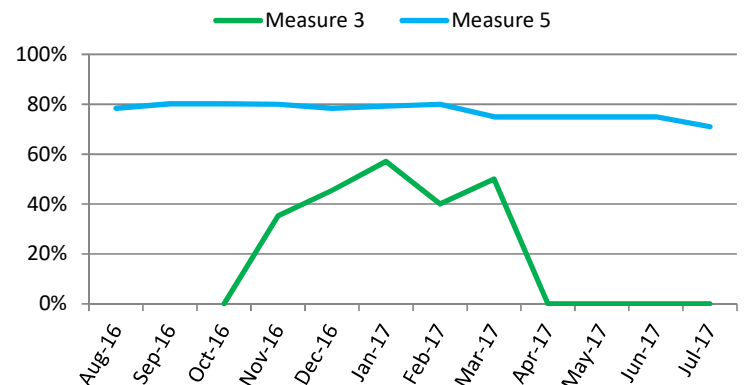
Period : Jul-17	IMTP Profile Target :	WG Target : (1, 2, 3, 4)100% (5) 90%	Current Status : ✘	Movement : ⬇️ ⬆️ ⬇️ Worsening
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Current Trend: Aug 16 - Jul 17

(1) % of Urgent Assessments undertaken within 48 Hours from receipt of referral, (2) % of Routine Assessments undertaken within 28 days from receipt of referral



(3) % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks, (5) % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)



Benchmarking

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
% of urgent assessments undertaken within 48 hours from receipt of referral	⬆️ 97.8%	⬇️ 92.5%	⬇️ 87.5%	⬆️ 91.8%	⬆️ 98.0%	⬆️ 100.0%
% of routine assessments undertaken within 28 days from receipt of referral	⬆️ 14.0%	⬆️ 100.0%	⬇️ 26.9%	⬆️ 35.2%	⬆️ 41.0%	⬇️ 37.1%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	⬇️ 40.0%	⬆️ 50.0%	⬇️ 0.0%	➡️ 0.0%	➡️ 0.0%	➡️ 0.0%
% of therapeutic interventions started within 28 days following assessment by LPMHSS	➡️ 100.0%	➡️ 100.0%	➡️ 100.0%	➡️ 100.0%	➡️ 100.0%	➡️ 100.0%
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	⬆️ 80.0%	⬇️ 75.0%	➡️ 75.0%	➡️ 75.0%	➡️ 75.0%	⬇️ 71.0%

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How are we doing ?

- Measure 1: 100% of urgent assessments by CAMHS undertaken within 48 hours of receipt of referral in July 2017 this was despite continued long term staff sickness within the Crisis Team. The Team will have a vacancy at the end of July due to staff retirement that may have an impact on sustaining 100% compliance. The vacancy has been processed through TRAC and hope to attract suitable applicants.
- Measure 2: 100% of routine assessments by CAMHS for ABMU residents undertaken within 28 days from receipt of referral had been achieved by the end of March due to considerable waiting list initiative work being undertaken. Since then performance has dipped and 37.1% was reported for July. Definition of this measure has been modified to align with what is reported to Welsh Government. Investigation underway to obtain retrospective performance using the revised definition. The Service continues to re-build its community teams with new staff coming into post and who are working through an induction period. We anticipate being able to continue this upward trend leading up to implementation of CAPA in September.
- Measure 3: As the ABMU team have inherited a backlog of patients waiting as a result of the transition from the Cwm Taf CAMHS service to the ABMU Health Board Service, the waiting list position as at 10th July 2017 has a total of 119 referrals for Autistic Spectrum Disorder and 58 referrals for Attention Deficit Hyperactivity Disorder. Of these 177 patients, 35 were waiting in excess of 26 weeks (20%).
- Measure 4: 100% target achieved (relates to specialist CAMHS only). Compliance against measure 4 will always be achievable due to the model currently in place for CAMHS. The existing model allows the assessment (measure 2) and the initiation of therapeutic intervention to be started in the same appointment.
- Measure 5: In July, there was a slight dip in performance against this measure for Health Board residents in receipt of CAMHS that have a valid Care and Treatment Plan - from 75% to 71%. Plans are being established to ensure an upward trend in future months.

What actions are we taking?

Q1 2017/18

- NDD is currently a challenge, and to respond a series of additional sessions are being scheduled between September and November to clear the backlog and reduce the maximum wait to the Welsh Government target of 26 weeks. The NDD Service is receiving on average 11 referrals a week, resulting in a capacity gap. As a result a bid was put to the Western Bay Integrated Care Fund which was successful for July 2017 to March 18 which it is hoped can be provided on a recurring basis from the additional mental health monies allocated by Welsh Government from 2018+ (subject to agreement as part of the CAMHS Delivery Plan being considered by Executive Team in August).
- An outlined Service Specification has been developed for tiers 3 & 4, and regular monitoring arrangements have been agreed. Awaiting outcome of gap analysis exercise to be undertaken by Cwm Taf, and presented to ABMU and C&V Health Boards at the joint commissioning meeting in July. Work with Cwm Taf to ensure that the definitions used to collate performance data are accurate, and to improve future reporting.
- Development of service model for tier 1/2 services with local authority colleagues from February 2017. Work to be scoped during quarter 1 of 2017/18 including a plan to invest in primary care following a successful bid from the ICF.

What are the main areas of risk?

- The availability of accurate performance data is currently a concern. Discussions have been held at the Commissioning meetings and all parties are aware of the action required.

How do we compare with our peers?

Unable to compare performance for ABMU residents with Cardiff & Vale and Cwm Taf residents as performance information not available for comparison. ABMU working jointly with Cardiff & Vale and Cwm Taf Health Boards to look at benchmarking data.