Aim and Purpose of Review

“To investigate reported differences in “long waits for therapeutic help” ie waiting times across the County in respect of Tier 3 CaMHS (specialist community based) services”
Child and Adolescent Mental Health Services in Staffordshire

1. Background

Staffordshire Health Scrutiny Committee (SHSC) was asked to investigate reported differences in “long waits for therapeutic help” i.e. waiting times across the county in respect of Tier 3 CaMHS (specialist community based) services by the former Education and Lifelong Learning Scrutiny Committee in February 2005. It was reported that waiting times in the north of the county were far lower than those in the south of the county.

Some difficulties were experienced initially in obtaining comparable statistical information but an initial reporting of figures showing lower waiting lists and waiting times was reported to the Committee in August 2005. Figures reported were:

<table>
<thead>
<tr>
<th>Location</th>
<th>Nos. waiting</th>
<th>Waiting time &gt; 23 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burton</td>
<td>121</td>
<td>17</td>
</tr>
<tr>
<td>Lichfield</td>
<td>117</td>
<td>28</td>
</tr>
<tr>
<td>Stafford</td>
<td>426</td>
<td>111</td>
</tr>
<tr>
<td>Tamworth</td>
<td>272</td>
<td>32</td>
</tr>
<tr>
<td>Cannock</td>
<td>148</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Nos. waiting</th>
<th>Waiting time (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newcastle</td>
<td>39</td>
<td>0-11</td>
</tr>
<tr>
<td>Staffordshire Moorlands</td>
<td>11</td>
<td>0-10</td>
</tr>
</tbody>
</table>

A Working Group of Members (Cllrs Ahmad (Staffordshire Moorlands District Council), Oates (Tamworth Borough Council) and Wilkinson (Stafford Borough Council) agreed to meet to take this matter forward.

The Working Group met for the first time in November 2005 and Members asked the Health Scrutiny Manager to meet with professionals involved in delivering the CaMHS service in Staffordshire to establish facts and an understanding of how the service is organised and delivered. Meetings have been held with Pete Gray, (CaMHs Strategic Co-ordinator) and Phil Owen (Principal Child Care Manager, Staffordshire County Council), Glenys Owen and Geoff Tomlinson (North Staffordshire Combined Healthcare NHS Trust) and Kate Jukes and Dr. Patel (South Staffordshire Healthcare Trust).

There has been some delay in reporting back to the SHSC, partly due to other urgent pressures on the SHSC (consultation on FHT status and Commissioning a Patient Led NHS).

This report presents the findings and proposes a way forward.
2. The health scrutiny function

The SHSC has amongst a number of statutory powers conferred in 2003, the power to call for information from Trusts (including Foundation Hospital Trusts) and to request the attendance of a senior manager of a Trust to comment on matters. The Committee interpreted its role as being an opportunity to act as a ‘critical friend’ of health services, and to improve health and reduce health inequalities in Staffordshire. It has a devolved and inclusive model of health scrutiny involving the borough and district Councils in Staffordshire. The SHSC sees its role as working with health services locally to constructively bring about improvements in services for Staffordshire residents.

3. Tier 3 CaMHS Service Provision in Staffordshire

CaMHS services are predominantly commissioned by Staffordshire PCTs from North Staffordshire Combined Healthcare NHS Trust (Ashlands, Newcastle and Eaton House, Staffordshire Moorlands) and South Staffordshire Healthcare NHS Trust, from Burton, Lichfield, Cannock, Tamworth and Stafford.

In south Staffordshire funding has been divided equally between teams rather than being allocated to areas of greatest need. No additional monies have been made available to CaMHS so any enhancement in services has to be done by service redesign. In south Staffordshire funding has been divided equally between teams rather than being allocated to areas of greatest need.

Teams are multi-disciplinary with Team Leaders selected by the team. Some professionals work across several teams. Teams meet weekly (except school based teams which meet more frequently) to prioritise work, allocate cases and develop a case plan. A case manager is identified to set up appointments and manage the case. Emergencies are dealt with by a duty professional and cases are seen the following day. Teams are empowered to design and deliver services for their localities. An estimated 50 per cent of referrals come from GPs in north Staffordshire and 75 per cent from GPs in south Staffordshire. Other referrals are made by health visitors, social workers, paediatricians, educational welfare officers and educational psychologists.

The service is available 9 a.m. – 5 p.m. five days per week.

In Cannock some Saturday morning sessions are offered and some evening appointments are offered in Burton, Lichfield and Tamworth.

Outside normal hours there is a duty rota in north Staffordshire
In north Staffordshire there are in-patient beds, but not in south Staffordshire. The professional leads are Glenys Owen, Service Development Manager and Professional Nurse Advisor Mental Health for NSCH and Dr. G. Patel, Clinical Director for SSHT.
4. Strategic Issues

A Children’s Trust has now been established in Staffordshire. There have been issues raised regarding the mental health trusts representation on this Trust.

Peter Gray is the CaMHS Strategic Co-ordinator and he has been responsible for development and review the CaMHS Strategy and the co-ordination and implementation of the CaMHS strategic action plan.

A Strategic Commissioning Group has been established with representation from all agencies, including all Primary Care Trusts, NSCH and SSHT, Children and Lifelong Learning and Social Care and Health Directorates of Staffordshire County Council and the voluntary sector. This Group reports to the Children’s Trust through the ISG (Integrated Strategy Group). There are four sub-groups of the Children’s Trust leading on research and development, workforce development, service improvement and performance management.

5. Waiting Lists and Waiting Times

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out a waiting time guideline of 13 weeks from referral (from a GP) to initial assessment (by a Consultant) and 26 weeks from initial assessment to treatment. There is a subtle but important loophole here as many referrals are not made by a GP and the initial assessment of a child’s needs will often be done by a multi-disciplinary team. Referrals from other sources are not measured. It is expected that these guidelines will change.

The Corporate Performance Assessment 2005 acknowledged good partnership working with CaMHS but stated that waiting lists were too long.

The Joint Area Review also stated that CaMHS “provision across the County is inconsistent and not all agencies understand the vision for CaMHs in their area.” The JAR team spoke to children, young people, families and schools who have or had had contact with the service and they stated that waiting times were too long. The JAR Action Plan recommendation 1 refers to the implementation of the strategy and specifically reduction of waiting times.

Waiting lists and waiting times are reported (by all Trusts) to the Department of Health/Durham University (Mental Health Service Mapping Exercise) on a regular basis by health trusts in England. These figures show that there are differential waiting lists and waiting times in Staffordshire as initially reported. For this reason figures quoted have been those reported to the DoH and publicly available.
6. Findings

As at 31 January 2006 waiting times were:

<table>
<thead>
<tr>
<th></th>
<th>New cases 13-16 weeks</th>
<th>New cases &gt; 26 weeks</th>
<th>Initial assessment to treatment &gt;26 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burton</td>
<td>16</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cannock</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lichfield</td>
<td>9</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Stafford</td>
<td>9</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Tamworth</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Newcastle</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staffordshire Moorlands</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Factors that impact on waiting lists and waiting times

The number of referrals to CaMHS teams 2004-2005 has increased and varies dramatically across Staffordshire. For 2004-2005 the percentage increases were reported as follows – Burton 126%, Cannock 78%, Lichfield 56%, Stafford 43%, Tamworth 9%, Newcastle 291% and Staffordshire Moorlands 100%.

Numbers of referrals as at 31 January 2006 were Burton 243, Cannock 116, Lichfield 117, Stafford 305, Tamworth 217, Newcastle 162 and Staffordshire Moorlands 116. (Information is also available on the primary presenting disorder by team.)

Other factors to be taken into account are population figures and deprivation indices.

Services have developed differently across Staffordshire, with a stronger emphasis on preventive and voluntary services in some parts of Staffordshire e.g. Cannock. Where such services exist this has resulted in a lower number of referrals to Tier 3 CaMHS.

Staffing profiles vary enormously across Staffordshire and this in turn impacts on the total team costs – Burton 17.42%, Cannock 8.06%, Lichfield 8.09%, Stafford 25.13%, Tamworth 12.75%, Newcastle 8.58% and Staffordshire Moorlands 8.59%.

Staff sickness and absence has also impacted on waiting lists and waiting times. There are a number of vacancies in Staffordshire. These are Lichfield (0.8 psychologist, 0.5 medical, 0.8 qualified therapist, 0.4 administrator), Tamworth (1.0 nurse, 0.5 medical, 0.5 occupational therapist and 0.2 other qualified therapist), Burton (1.0 psychiatrist and 1.0 psychologist), Cannock (0.5 nurse, 0.8 clinical psychologist recruitment in progress), Newcastle (0.5
Social Worker and 0.44 qualified therapist). Staff sickness and absence can cause particular difficulties in small teams with specialist staff. Their absence can be difficult to cover.

There are also differences in team size and working practices across Staffordshire, with more specialist teams in some areas e.g. Stafford and more generalist teams in others e.g. Cannock.

Attempts to redesign services have been more successful in some parts of Staffordshire than others.

School based services now exist in Cannock, Burton and Stafford and are soon to be delivered in Lichfield with some limited input into the Early Implementer site in Tamworth.

Some teams have accommodation problems.

Some children are also travelling out of county for assessment of autistic spectrum disorder, because there is no service within the County and this costs £1,500 per child.

**Recommendations and the Way Forward**

This report will be presented to the SHSC Working Group and the SHSC on 14 June 2006. Preliminary findings of the Working Group have been discussed with the Strategic Commissioning Group and they have suggested that a Member join their Performance Management Sub Group to take this matter forward. A copy of this report will be forwarded to the Chair of the Strategic Commissioning Group asking them to formally respond to the Committee.

Cllr Colin Wilkinson, a Member of the SHSC Working Group, has offered to join the Performance Management Sub Group for these discussions.

The next meeting of the Performance Management Sub-Group is on 16 May at 9.30 a.m. at the Youth Offending Service HQ, Beaconside Technology Park.

This matter was originally referred to the Staffordshire Health Scrutiny Committee by the former Social Care and Health Scrutiny Committee. As responsibilities for child and adolescent mental health have been transferred to the Children and Lifelong Learning (CLL) Directorate a report on progress on this matter will be made to the Children and Lifelong Learning Scrutiny and Performance Panel. A report will be made to this CLL Scrutiny and Performance Panel updating them on this matter.

**List of Participants involved in the Review**

Dr. G. Patel, South Staffordshire Healthcare NHS Trust
Mrs. K. Jukes, South Staffordshire Healthcare NHS Trust
Mr. P. Goodland, South Staffordshire Healthcare NHS Trust
Mrs. G. Owen, North Staffordshire Combined Healthcare NHS Trust
Mr. G. Tomlinson, North Staffordshire Combined Healthcare NHS Trust
Mr. P. Owen, Staffordshire County Council
Mr. P. Gray, Staffordshire County Council

Tina Randall
Scrutiny and Performance Manager
Staffordshire Health Scrutiny Committee
May 2006