Benchmarking Children and Young People's Mental Health Services in the West Midlands

West Midlands Community CAMHS Benchmarking Project 2016

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Glossary

CCG - Clinical Commissioning Group

CYP – Children and young people

LD – Learning Disability/ Learning Disabilities

FTE – Full Time Equivalent

1. Introduction

In January 2016 the West Midlands Clinical Network commissioned ADS to undertake a CAMHS benchmarking exercise across the region, in conjunction with an assessment of its Local Transformation Plans.

As part of this benchmarking project, key data was requested from CAMHS providers working at Tier 2 (targeted services) and Tier 3 (specialist services, including Tier 3 plus) via local CAMHS Commissioners.

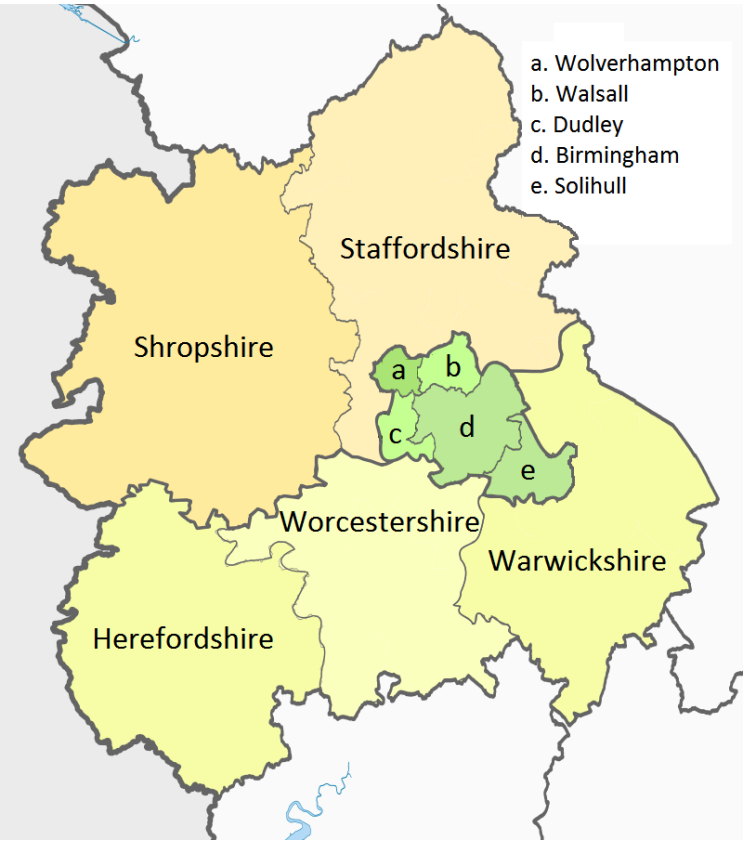
The data requested included:

- Staffing
- Staff training (mental health and/or behavioural interventions)
- Service access and demand data – including referral and accepted cases, waiting times, consultations, face-to-face appointments, length of time in the service, caseloads and discharges
- Types of mental health intervention offered
- Primary presenting problems
- Source of referral to Tier 2 and Tier 3 services
- Crisis and Access to Tier 4

In addition to data, all areas were asked to provide a commentary regarding the completeness and accuracy of the information submitted. This commentary is referenced, as appropriate, within this report to add clarity to the completeness or accuracy of the data presented.

For the purpose of this review the West Midlands region is separated into ten areas (aligned with their Local Transformation Plans: Birmingham and Sandwell; Coventry and Warwickshire; Dudley; Herefordshire; Shropshire, Telford and Wrekin; Solihull; Staffordshire; Walsall; Wolverhampton; and Worcestershire.

Regrettably no data was received from Wolverhampton, so they cannot be represented within this report.

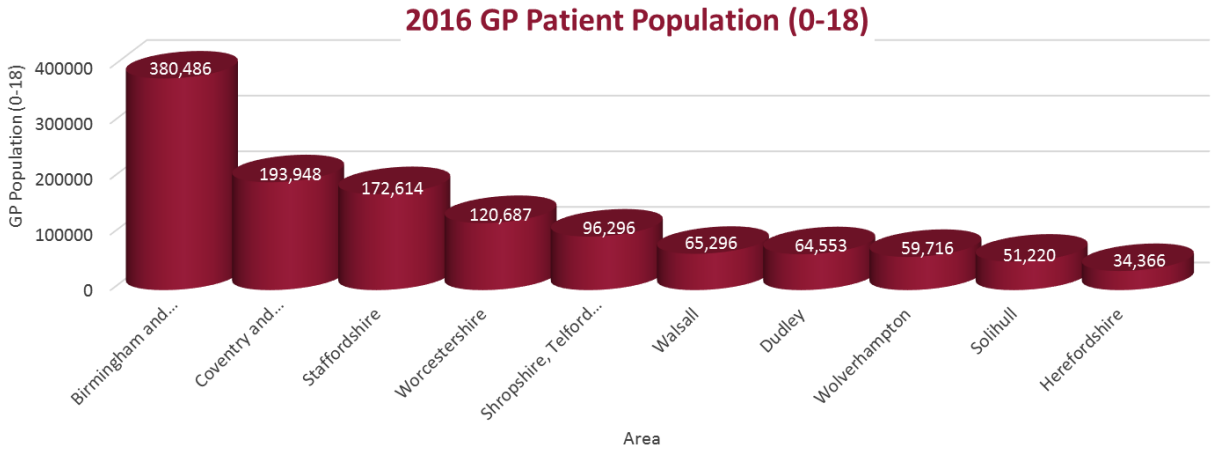


Children Population for West Midlands

The following population numbers of 0-18 year olds have been taken from 'Numbers of Patients Registered at a GP Practice - Jan 2016' on the HSCIC website, which purports to give actual numbers of CYP registered with a GP split by CCG

The populations have been grouped in a similar manner to the groupings for the Local Transformation Plans, which should therefore best tie-in with the benchmarking data submitted, although there are occasions (e.g. school settings) where the actual CYP population served may differ from that based purely on GP registration.

According to the HSCIC Jan 2016 figures, there were 1.24 million children and young people between the ages of 0 and 18 registered with a West Midlands GP. The populations have been ranked left to right, with Birmingham and Sandwell having the largest GP registered population (380,486) through to Herefordshire (34,366).



Throughout the remainder of the report graphed data will be presented based on the above population ranking.

2. Service Overview

The various CAMH Services included within this review are:

Birmingham and Sandwell

Population (0-18 years)	Male	Female	TOTAL
Birmingham and Sandwell	**195220**	**185266**	**380486**
NHS Birmingham Crosscity CCG	88510	84498	173008
NHS Birmingham South and Central CCG	37258	35293	72551
NHS Sandwell and West Birmingham CC	69452	65475	134927

Services in Birmingham included within the Benchmarking data:

Forward Thinking Birmingham is a community mental health service for children and young adults aged up to 25, of which there are currently estimated to be over 420,000 living in the Birmingham area and this is predicted to rise. Forward thinking Birmingham (FTB) is based around prevention, choice and personalised care. FTB will provide a 24 hours telephone service to enable immediate access for children and young people when they need it (1st April 2016). FTB is part of the CYP IAPT programme and is commissioned by Birmingham South Central CCG on behalf of other Birmingham CCG's. FTB has a Tier 4 Service, Community Tier 3 service, Crisis, ERA and Home treatment, PMHWs delivering in Universal services.

Patients referred into FTB and those who require on going treatment will be treated under pathways including Emotional and Behavioural, Neurodevelopmental, Suicidality and Trauma, Eating Disorders, Early interventions, IAPT or Emergency Conversions.

Coventry and Warwickshire

Population (0-18 years)	Male	Female	TOTAL
Coventry and Warwickshire	**99311**	**94637**	**193948**
NHS Coventry and Rugby CCG	53599	50865	104464
NHS South Warwickshire CCG	26761	25314	52075
NHS Warwickshire North CCG	18951	18458	37409

Services in Coventry and Warwickshire included within the Benchmarking data:

Specialist CAMHS (T3) provides Specialist CAMHS for children and young people aged up to 18. They are part of the CYP IAPT programme.

Reach (T2) provides targeted service for children and young people up to the age of 18 with mild to moderate mental health and emotional well-being concerns. They are not part of the CYP IAPT programme.

Journeys (T2) provides targeted service for Looked After Children (LAC) with mild to moderate mental health and emotional well-being concerns. They are not part of the CYP IAPT programme.

PMHWs in Warwickshire are also included within Coventry and Warwickshire's benchmarking data

Staffordshire

Population (0-18 years)	Male	Female	TOTAL
Staffordshire	**88321**	**84293**	**172614**
NHS East Staffordshire CCG	14758	14325	29083
NHS North Staffordshire CCG	20295	18951	39246
NHS South East Staffordshire and Seisdon Peninsula CCG	21837	20663	42500
NHS Stoke on Trent CCG	31431	30354	61785

Services in Staffordshire included within the Benchmarking data:

Connect CAMHS provide specialist T3 for young people to age 18. Parenting interventions for younger CYP. LAC services for Stoke only. YOS for Stoke at T3, and Embedded mental health practitioner YOS for North staffs. They are part of the CYP IAPT programme.

Younger Mind provide 1:1 counselling to Children and Young people aged 6 - 18. It is a face to face service, unless specified differently by the young person i.e. telephone contact. They aim to provide a robust and timely intervention to support the individual needs of the client. Offer direct support to the child/young person as well as parent/client work, parent session. Liaison with other agencies and work closely with colleagues in Tier 3 services. Contribute towards Early Help Plans, CP, CIN and LAC. They are not part of the CYP IAPT programme.

They accept referrals via CAMHs hubs and School nurses and determine Tier 2 referrals by client presentation, risk factors, complexity of need and any historical connection to CAMHs services.

Younger Mind state that they work closely with other agencies, often contributing to a care pathway through either Early Help Plan, CP, CIN or LAC. They also work closely with Tier 3 services and have agreed care pathway in place allowing for the stepping down or stepping up of referrals alongside informal transition.

Worcestershire

Population (0-18 years)	Male	Female	TOTAL
Worcestershire	**61934**	**58753**	**120687**
NHS Wyre Forest CCG	13784	12884	26668
NHS Redditch and Bromsgrove CCG	18667	17371	36038
South Worcestershire	29483	28498	57981

Services in Worcestershire included within the Benchmarking data:

Worcestershire Child and Adolescent Mental Health Service provides specialist Child and Adolescent Mental Health Services in Worcestershire and is commissioned to promote, maintain and improve the mental health and psychological well-being of children and young people from 0 to 18 years of age. Where appropriate the service will see over 18s, for example those in transition, if this is required. The service works with other agencies and partners within the 4 tiered CAMHS model to contribute towards improving the emotional wellbeing and mental health of all children and young people in Worcestershire. CAMHS uses a 'stepped care' approach to provide a sequence of intervention and support options that offer simpler and less expensive interventions first, and step up to more complex and expensive interventions only if needs have not been met or have changed. The service provides targeted, specialist and intensive (tier 3+) mental health and emotional wellbeing and mental health services for children and young people at tiers 2 and 3 of need. They are part of the CYP IAPT programme.

Within CAMHS the majority of staff work with the large number of children and young people that are referred to the service for 'core' CAMHS Tier 3 assessment and treatment. There are also a number of teams, or individuals embedded in other services, who specialise in working with different groups. In addition, the CAMHS Tier 2 team, works with universal services to build capacity (the Primary Mental Health Worker role). Other teams are: CAMHS 0-5s team, CAMHS/LD team for children with learning disabilities and additional mental health needs, ISL/CAMHS working with looked after and adopted children, CAMHS Tier 3 Plus team, working with children and young people with severe and urgent mental health needs. A CAMHS specialist works within the Youth Offending Service. CAMHS specialists work within both the all-age Mental Health Liaison and the all-age Psychiatric Assessment teams providing out of hours cover as part of the urgent mental health care pathway. These are equivalent to one post in each team.

Joint Work:

Early help - Access to early help is through the Early Help Hub (EHH), which is co-located with the CAMHS Single Point of Access (CAMHS-SPA) and the Multiagency Safeguarding Hub (MASH). Families can self-refer or professionals can refer. Referrals to the EHH may be signposted to support from a range of universal services, or they may require early help assessment and further ongoing targeted support. Interventions are mainly targeted at parents and families, such as, family support and parenting training. However, some providers have responded to local needs by commissioning interventions aimed specifically at children and young people, such as counselling and support groups for social and emotional wellbeing.

School nursing - School health nurses play a key role in supporting the management of pupils' physical and emotional well-being, and in developing schools as health-promoting environments. They provide both universal and targeted services within the framework of the Healthy Child Programme. Their contribution to the emotional wellbeing pathway includes work at a 'universal', prevention level, through to more intensive work at a 'universal plus' level.

Children and young people with more complex needs, requiring longer term multiagency support are offered 'universal partnership plus' services. Targeted interventions around emotional wellbeing and lower level mental health problems are offered to children and young people in weekly drop-ins, known as 'Time 4U's', either following self-referral or referral by a member of school staff.

Assessment tools for eating distress and for deliberate self-harm are used and brief interventions offered in consultation with CAMHS Tier 2 staff. School health nurses will refer children with moderate to severe mental health difficulties on to CAMHS Tier 3 for more specialist interventions.

Shropshire, Telford and Wrekin

Population (0-18 years)	Male	Female	TOTAL
Shropshire, Telford and Wrekin	**49385**	**46911**	**96296**
NHS Shropshire CCG	29051	27624	56675
NHS Telford and Wrekin CCG	20334	19287	39621

Services in Shropshire, Telford and Wrekin included within the Benchmarking data:

The **CAMHS service** is a County wide service covering Shropshire County and Telford and Wrekin. It is a community and clinic based service providing assessment, treatment and therapeutic interventions for children, young people and parents or carers. The service provides consultation for other professionals (statutory, voluntary and private stakeholders. The Specialist Team includes Child & Adolescent Psychiatrists, Clinical Psychology, Clinical Social Workers, Senior Mental Health Practitioners, Occupational Therapy, Speech and Language Therapy, Behavioural Specialists, Learning Disability Nurses, Children's Nurses. In addition they provide a wide range of outreach services targeting vulnerable children in young people, including those in local authority care (looked after), Youth Offending Service , Primary Services and working in both Single Point of Access Hubs (Family Connect and Compass).

CAMHS is available to all members of families in Telford and Wrekin where there is a young person in need of mental health help and advice. The CAMHS core is for the registered population for 0- 18 year olds.

They are not part of the CYP IAPT programme.

CAMHS consists of several teams/service areas:

- Tier 3 Telford and Wrekin
- Tier 3+ Reaching Out Services
- CAMHS Learning Disabilities
- Neurodevelopmental team
- Tier 2 Telford and Wrekin
- Dedicated Shropshire LAC provision

Joint Work: Tier 2 attend service meetings, EIP working together on children with emerging psychosis, RAID working together on assessing 16-18 year olds presenting with deliberate self-harm.

Walsall

Population (0-18 years)	Male	Female	TOTAL
Walsall	**33588**	**31708**	**65296**
NHS Walsall CCG	33588	31708	65296

Services in Walsall included within the Benchmarking data:

Dudley & Walsall Mental Health Partnership Trust provides Specialist Tier 3 and Tier 3.5 assessment and interventions to children and young people between the ages of 0-17 in Walsall. They have a Learning Disability service that provides treatment for C&YP up to the age of 18 and an Eating Disorders service that also provides interventions for C&YP up to the age of 18. They are not part of the CYP IAPT programme. The referral criteria requires that the CYP is currently in full time education. There is a self-harm pathway in place with the acute trust.

Xenzone KOOTH.com is a BACP Accredited Online service offering; assessment, counselling, information, advice and support to young people aged 11 - 25. The service is open to Children and Young People 7 days a week. Online Counsellors and Support Workers are available between 12 noon and 10pm weekdays and between 6pm and 10pm at weekends. They are part of the CYP IAPT programme via their contract in Cornwall.

The KOOTH service includes:

- Fully moderated, safe, anonymous, accessible website
- Secure chat rooms where young people can access one to one chat, counselling and support
- Drop in sessions
- Assessments around need, risk and resilience
- Short term interventions using solution focused approaches
- Longer term interventions (usually up to 12 weeks) with the online counselling team
- A private journal which can be shared with a counsellor
- Moderated message forums
- Interactive magazine with 86% of content written by young people
- Self-help activities such as CBT sheets and questionnaires completed in 'chat' or/and independently
- Moderated group forums

There is also provision of early intervention and preventative programmes of support. Tier 2 interventions including targeted services such as online counselling.

The referral criteria for Kooth, is for young people aged 11- 25 years and resident in Walsall and professionals can signpost young people to the site. There is no specific acceptance criteria and the service aims to reduce barriers to access for young people targeting those who may not access other services. The KOOTH online staff team have access through the site to pathways so that children and young people can be signposted and referred to local services. They work with other agencies to ensure young people are supported to step up / step down and move on. This includes working with schools, school nurses, CAMHs, WHP counselling.

WPH Counselling are a BACP accredited registered charity providing Tier 2 general counselling and psychotherapy services for adolescents (11 years up to 17 years) and adults. Specialist area in counselling pregnancy related issues (Walsall has one of the highest rates of teenage pregnancy). They are not part of the CYP IAPT programme. In accordance with CCG SLA, the service will see young people 11 to 17 years of age who meet the following criteria; mild to moderate mental health/psychological needs; low/intermediate risk; short term/brief intervention required; psychologically minded; mild Autism and ADHD. Are not awaiting Psychology Services (CAMHS); do not have psychosis or previous psychotic episodes; are not high risk; do not have serious behavioural problems. Agreed pathway for young people not meeting criteria is referral, via GP, to CAMHS services.

Dudley

Population (0-18 years)	Male	Female	TOTAL
Dudley	**33118**	**31435**	**64553**
NHS Dudley CCG	33118	31435	64553

Services in Dudley included within the Benchmarking data:

Dudley & Walsall Mental Health Partnership Trust provides a Specialist Tier 3 assessment and interventions to children and young people between the ages of 0-16 in Dudley currently in Full time education. They have a Learning Disability service that provides treatment for C&YP up to the age of 18 and an Eating Disorders service that also provides interventions for C&YP up to the age of 18. They are not currently part of the CYP IAPT programme. There is a self-harm pathway in place with the acute trust.

Wolverhampton

Population (0-18 years)	Male	Female	TOTAL
Wolverhampton	**30525**	**29191**	**59716**
NHS Wolverhampton CCG	30525	29191	59716

No information on Wolverhampton was provided for inclusion within this report

Solihull

Population (0-18 years)	Male	Female	TOTAL
Solihull	**26433**	**24787**	**51220**
NHS Solihull CCG	26433	24787	51220

Services in Solihull included within the Benchmarking data:

Solar is a service run through a partnership arrangement with Birmingham and Solihull Mental Health Foundation Trust, Barnardo's and Autism West Midlands that works with CYP up to the age of 19, although in exceptional circumstances they offer a service up to 21. They are part of the CYP IAPT programme.

Solar offer a range of emotional wellbeing and mental health services from supporting and informing universal services, a range of parenting groups, a primary mental health service providing tier 1-2 interventions, a tier 3 CAMHS, and a high intensity service that works to prevent children and young people being admitted to hospital either due to an eating disorder or a mental health diagnosis. They also have small specialist teams supporting the emotional wellbeing and mental health of children and young people who are Looked After Children and children and young people who have a dual diagnosis of a Learning Disability and Mental health diagnosis. They accept any referral where a child has an emotional wellbeing or mental health need. They work with other partners and may sign post if they think they are able to offer a more appropriate service to that CYP.

Partnership Working: Solar work across many partnerships in Solihull. Solihull are currently designing an autism pathway that Solar are involved in, they are part of a LAC federation and work with partners delivering emotional wellbeing services into schools.

Herefordshire

Population (0-18 years)	Male	Female	TOTAL
Herefordshire	**17857**	**16509**	**34366**
NHS Herefordshire CCG	17857	16509	34366

Services in Herefordshire included within the Benchmarking data:

Hereford have 2 providers delivering Tier 2 and 3: CLD Trust deliver services to young people aged 10 and above as a tier 2 service. Then CAMHS is tier 3 for 0-18 delivered by 2gether NHS Foundation Trust.

CLD Trust provide a counselling service that is accredited with the British Association for Counselling and Psychotherapy and they subscribe to their Ethical Framework for Good Practice in Counselling and Psychotherapy. They also provide a range of services to schools, colleges and businesses. As well as a specific project focussed on young people and schools called Strong Young Minds, they have employability and support programmes providing coaching and mentoring. They are part of the CYP IAPT programme. Although commissioned as a tier 2 service they state that this is not the totality of work the CLD Trust provide.

Acceptance Criteria is: Open access for majority of services. Access to tier 2 is via GP referral and for young people aged 10-18. Young People assessed as needing more than tier 2 are transferred to CAMHS and vice versa.

CLD are part of CYP Mental health and emotional wellbeing Partnership which is a priority group of overall Herefordshire Children and Young People's Partnership. Joint pathways are in development for mental health crisis and autism. Also multi-agency transition protocol is in place.

CAMHS (Tier 3) provide a county wide Tier 3 CAMHS service 0-18 years. They are part of the CYP IAPT programme. They are part of CYP Mental Health and Emotional Wellbeing Partnership which is a priority group of overall Herefordshire Children and Young People's Partnership.

Joint pathways are in development for mental health crisis and autism. Multi-agency transition protocol in place. Part of CYP IAPT Wave 4, member of CYP IAPT Steering Committee and provision of some clinical leadership and CYP IAPT Interventions. Membership of Herefordshire Safeguarding Committees/Board, Membership of PRU Management Committee, & local authority decision making panels. Work with local military organisations to provide consultation and support to C&YP

3. CAMHS Budget

The following areas offered caveats and/or clarification regarding their budget and staffing data submissions:

Birmingham & Sandwell were in the process of organisational change and transfer of staff so were unable to provide accurate staffing for Tier 3, but confirmed that Tier 3 demand data was correct.

Coventry and Warwickshire stated that there were gaps in PMHW staffing numbers submitted and interventions completed numbers. In addition their PMHW data has been extrapolated out to better represent a 12 month period. Tier 2 CAMHS demand data is correct.

Staffordshire were unable to provide the budget for Tier 3.

Shropshire, Telford and Wrekin stated that the overall combined staffing numbers are complete.

Walsall CAMHS have confirmed that all capacity and demand data is complete. Kooth did not clarify whether the information they provided was complete. The staff numbers provided for WPH (11 FTE) also include staff providing adult services.

Dudley confirmed that all Tier 3 capacity and demand data was correct.

Solihull stated that their data relates to the new service specification and Provider that has been in place since April 2015. For the purposes of this exercise, 9 or 11 months of data has been extrapolated out to 12 months to enable a comparison with other areas.

Herefordshire have stated all capacity and demand data is complete.

Based on the above, we are to assume that Birmingham, Worcestershire, Dudley and Herefordshire data is correct, Coventry, Walsall and Solihull data is largely correct, and Staffordshire data cannot be used as no budget information was provided.

In 2012/13, the NHS CAMHS Benchmarking report confirmed that the average spend per 100, 000 child population (0-18), was around £3.4m, with a range from around £0.8M to £12.3M per 100, 000 child population.

The table below shows spend per 100,000 CYP across the West Midlands:

	Birmingham and Sandwell	Coventry and Warwickshire	Worcestershire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire
Budget/spend	**£23.90 M**	**£7.63 M**	**£5.13 M**	**£4.47 M**	**£1.49 M**	**£1.02 M**	**£2.30 M**	**£1.55 M**
CYP registered with GP (Jan 2016)	380,486	193,948	120,687	96,296	65,296	64,553	51,220	34,366
Spend per 100,000 CYP Population	**£6.28 M**	**£3.94 M**	**£4.25 M**	**£4.64 M**	**£2.28 M**	**£1.57 M**	**£4.49 M**	**£4.50 M**
Total Number of Clinical Staff (FTE)	125	46.73	59	19	67.69	26.62	26.6	25
Spend per Clinical FTE	**£191,200**	**£163,343**	**£86,899**	**£235,263**	**£21,997**	**£38,129**	**£86,466**	**£61,880**

Looking at the information above in relation to spend per 100,000 CYP (based on numbers of CYP registered with a GP) spend across the region ranges from £6.28M in Birmingham and Sandwell through to £1.57M in Dudley, although most areas spend per 100,000 CYP sits between £3.94M (Coventry and Worcestershire)and £4.64M (Shropshire, Telford and Wrekin).

According to the information provided, Birmingham and Sandwell had the most spend per clinical staff (£191k per FTE) compared with Walsall who averaged (£22k per FTE).

The table below compares budget or spend figures provided, with the provided figures for referrals (received and accepted), face to face appointments offered and number of discharges:

	Birmingham and Sandwell	Coventry and Warwickshire	Worcestershire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire
Budget/spend	**£23.90 M**	**£7.63 M**	**£5.13 M**	**£4.47 M**	**£1.49 M**	**£1.02 M**	**£2.30 M**	**£1.55 M**
Number of Referrals (All)	4035	5619	2548	768	2813	1820	1741	2050
Spend per Referral	**£5,923**	**£1,358**	**£2,012**	**£5,820**	**£529**	**£558**	**£1,321**	**£755**
Number of Accepted Referrals	2265	4231	1774	758	2414	1523	1468	1564
Spend per Accepted Referral	**£10,552**	**£1,804**	**£2,890**	**£5,897**	**£617**	**£666**	**£1,567**	**£989**
Face to Face Appointments Offered	36596	13520		7625	3850	2575	7008	13640
Spend per F2F appointment Offered	**£653**	**£565**		**£586**	**£387**	**£394**	**£328**	**£113**
Number of Discharges	1106	5542		663	1349	1318	549	1020
Spend per Discharge	**£21,609**	**£1,377**		**£6,742**	**£1,104**	**£770**	**£4,187**	**£1,517**

Although Birmingham and Sandwell made the most investment in its CAMHS services as a proportion of its CYP, its return on investment was lowest, with the highest spend per referral (£6k), spend per accepted referral (£11k), spend per F2F appointments (£653) and spend per discharge (£22k). This may simply be driven by the inherent costs of running a service in a large metropolitan area.

This is in stark contrast with costs reported in Walsall, Dudley and Herefordshire who spent between £627 and £989 per accepted referral, and Dudley who spent £770 per discharged patient.

4. Capacity and Demand

All areas were asked to provide Capacity and Demand data broken down by tier (where appropriate).

The following areas offered caveats and/or clarification regarding their capacity and demand data submissions:

Birmingham & Sandwell were in the process of organisational change and transfer of staff so were unable to provide accurate staffing for Tier 3, but they confirmed that Tier 3 demand data was correct.

Coventry and Warwickshire stated that the data provided is for Coventry and Warwickshire in all services apart from PMHW, which is for Warwickshire only, and the Coventry Integrated PMHW team is not included, nor are interventions completed by framework of providers in Warwickshire as part of CAF process. In addition, although their referral data is January to December 2015, their PMHW data for 2015/16 year to date only (for the purposes of this benchmarking exercise, the PMHW data has been extrapolated out to better represent a 12 month period). Coventry and Warwickshire confirmed that their Tier 2 demand data is correct.

Staffordshire have stated that much of the Tier 2 demand data was unavailable, and neither capacity nor demand data for their Tier 3 service was complete as only includes the North, and demand volumes also do not include ASD, LD or LAC numbers. Staffordshire were unable to provide the budget for Tier 3.

Worcestershire stated that they do not routinely collect average waiting time in days for a whole calendar year, but rather collect the average waiting time in weeks at each month in order for us to assess trend month by month

Shropshire have provided complete Capacity and Demand data, although some shared staff were nominally assigned to either Tier 2 or Tier 3 for this exercise the overall staffing numbers are also complete.

Walsall CAMHS were unable to provide data on length of waits and time in service due to data quality issues, although they have confirmed that all other capacity and demand data is complete. Kooth did not clarify whether the information they provided was complete. The staff numbers provided for WPH (11 FTE) also include staff providing adult services.

Dudley were unable to provide data on length of waits and time in service due to data quality issues, but confirmed that all other Tier 3 capacity and demand data was correct.

Solihull stated that data is not complete as there is a new service specification in place from April 2015, new provider is working towards delivery of this - no Tier 2 service commissioned prior to April 2015. For the purposes of this exercise, 9 or 11 months of data has been extrapolated out to 12 months to enable a reasonable comparison with other areas.

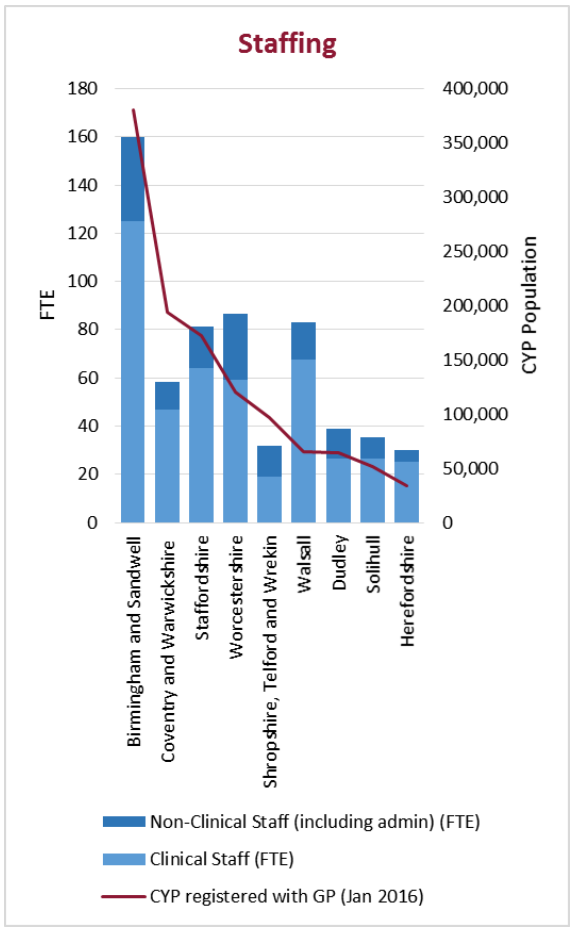
Herefordshire have stated that the tier 2 data does not measure waiting times at present, but all other capacity and demand data is complete.

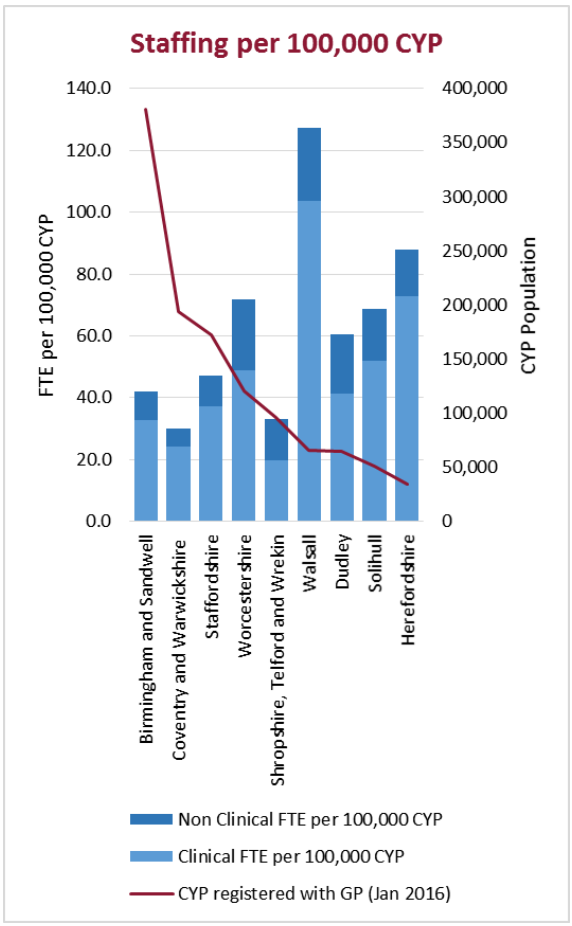
Staffing

Data Integrity: Based on the above caveats and clarifications, we are to assume that Birmingham, Worcestershire, Dudley, Solihull and Herefordshire data is correct, Coventry and Walsall data is largely correct. It is unclear how accurate staffing figures for Staffordshire are.

Clinical Staffing (FTE) levels

Combining the Tier 2 and Tier 3 staffing (FTE) information and comparing against the volumes of children and young people registered with a local GP, an apparent inequality in clinical staffing can be identified, although this does not take into account differing approaches CAMHS provision and the level of expertise and skill mix within each team.



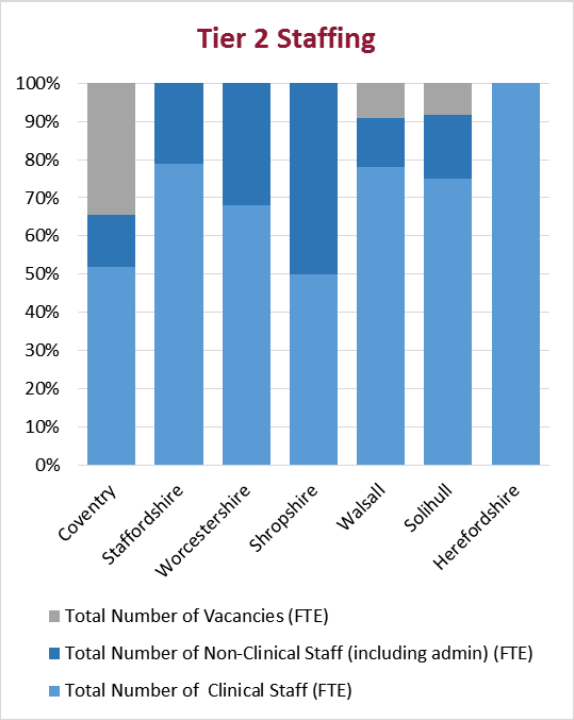


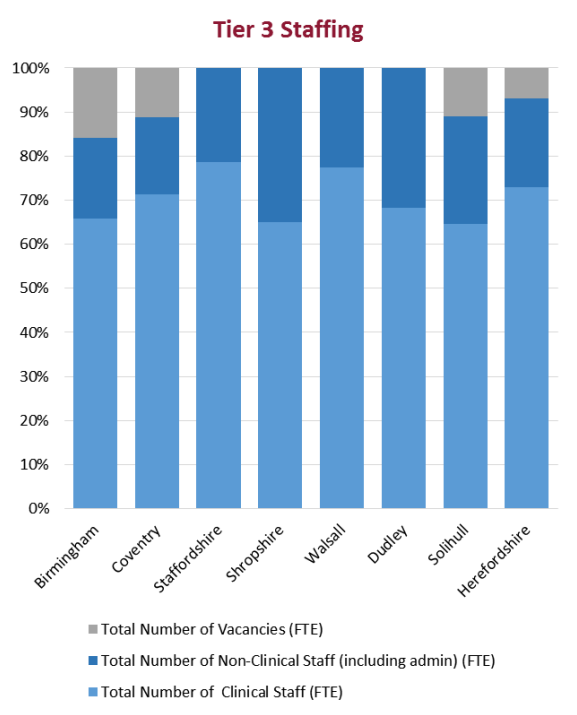
the graphs above look at staffing number in each area. All things being equal, it would be would expected that the bars on the 'Staffing' chart above would largely follow the line showing the relative number of CYP registered with a local GP, and while overall it does, there are some areas where staffing levels are much more favorable than others. This become more apparent in 'Staffing per 100,000 CYP' which takes the staffing numbers and divides by 100,000 of the area's CYP registered with a GP. This shows the relative discrpancy between each area, with areas such as Wallsall with 127 FTE per 100,000 CYP and Herefordshire with 88 FTE per 100,000 CYP contrasting starkly with Coventry and Warwickshire with 30 FTE per 100,000 CYP and Shropshire, Telford and Wrekin with 33 FTE per 100,000 CYP.

	Birmingham and Sandwell	Coventry and Warwickshire	Staffordshire	Worcestershire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire
Clinical Staff (FTE)	125	46.73	64.11	59	19	67.69	26.62	26.6	25
Clinical FTE per 100,000 CYP	**32.9**	**24.1**	**37.1**	**48.9**	**19.7**	**103.7**	**41.2**	**51.9**	**72.7**
Non-Clinical Staff (including admin) (FTE)	35	11.57	17.31	27.79	13	15.3	12.4	8.6	5.24
Non Clinical FTE per 100,000 CYP	9.2	6.0	10.0	23.0	13.5	23.4	19.2	16.8	15.2

Staffing Ratios

Looking at the reported split between clinical and admin staff across both Tier 2 and Tier 3, a varied picture can be seen in those areas that were able to report both clinical and admin FTE numbers.



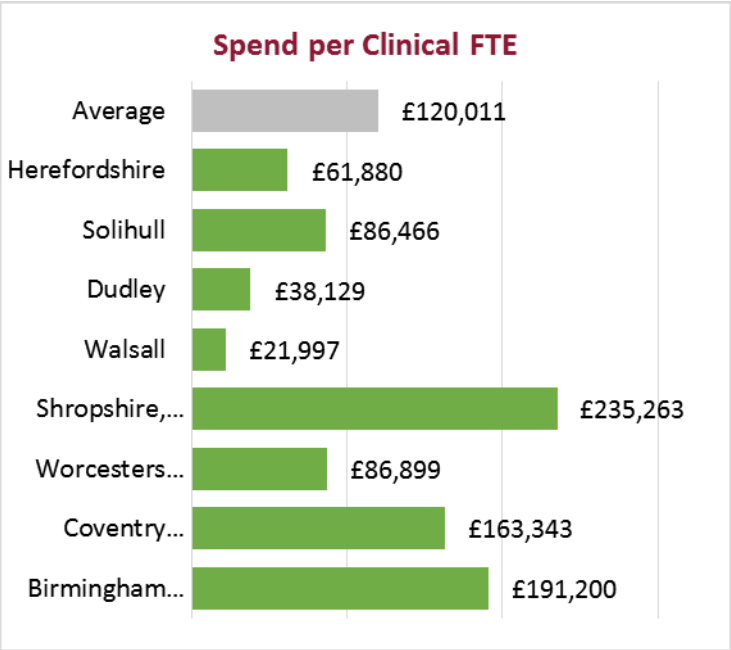


Tier 2 averages at 24% admin staff while Tier 3 averages 21% admin staff. Both Tier 2 and 3 report 70% clinical staff, with the remainder made up of vacancies. Within those figures overall Walsall and Herefordshire report 78% of their staff are clinical, compared with 59% in Shropshire.

Although there are no standardised recommended clinical to admin staff ratios, typically we would anticipate an 80/20 split between clinical and admin staff.

Cost of Clinical Provision

The reality of operating these services is that the costs associated with accommodation, infrastructure and travel may vary greatly across the region. All of these factors, plus the level of professional skills being utilised in different areas, will have a significant impact on the cost of delivering a service. The graph below is impacted by these factors and shows at a very simple, high level, the overall cost of providing one full time clinician, by area.



The average across the region is approximately £120k per clinical FTE, but varies significantly between Shropshire, Telford and Wrekin (£235k) and Walsall (£22k)

Appointments vs Clinical FTE

Areas were asked to provide information around number of appointments offered in the most recent 12 month period where data is available.

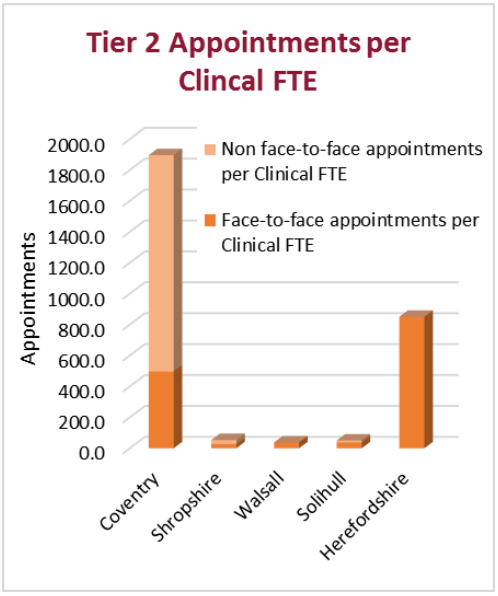
Looking at the graphs above it is important to note:

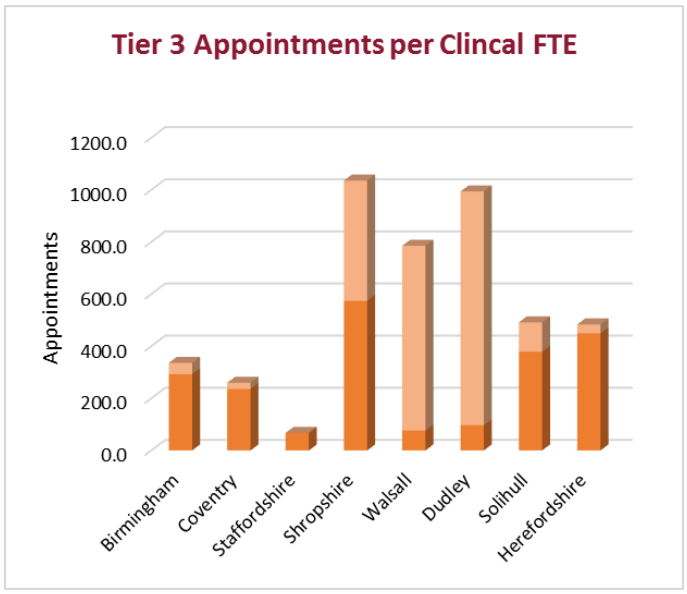
Shropshire resources has been nominally split between services which may account for the low number of appointments per FTE in Tier 2 but high number of appointments in Tier 3

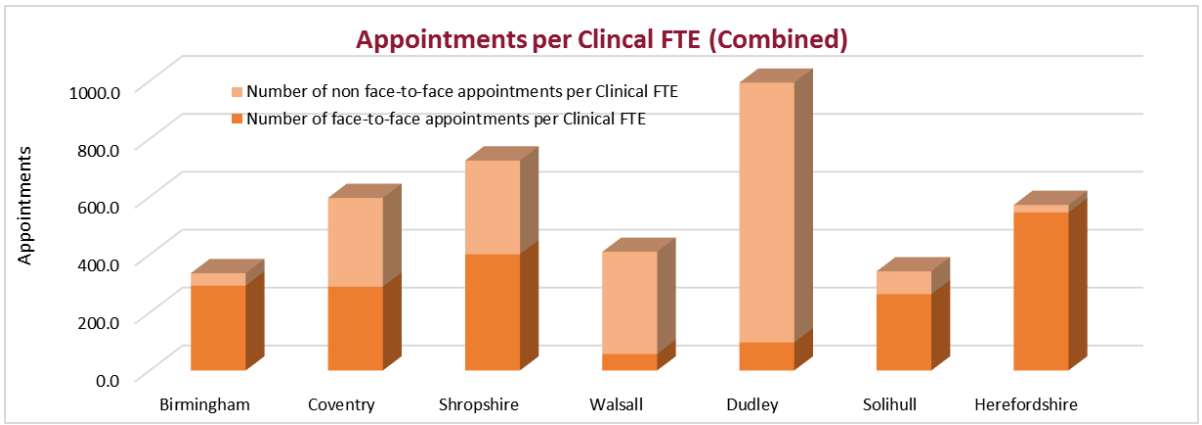
Birmingham were unable to provide accurate staffing numbers for Tier 3

Staffordshire were unable to provide a full dataset for demand in either tier

Solihull data is based on an extremely new service





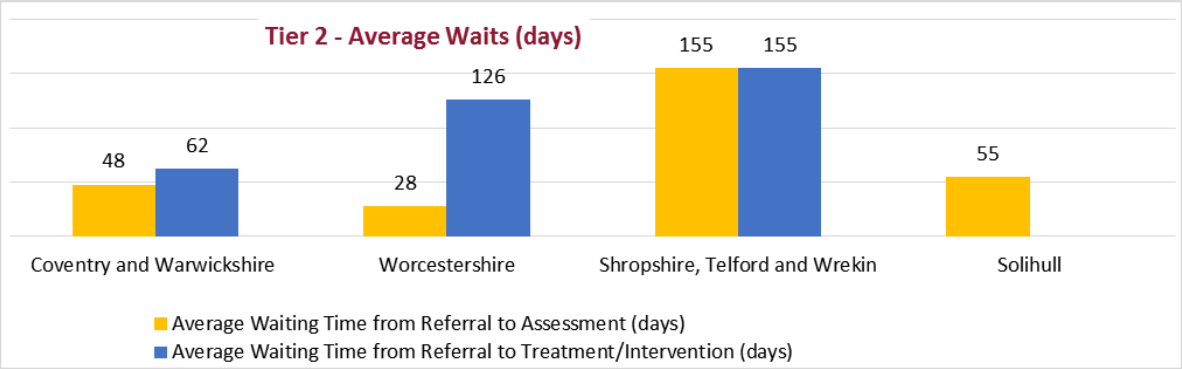


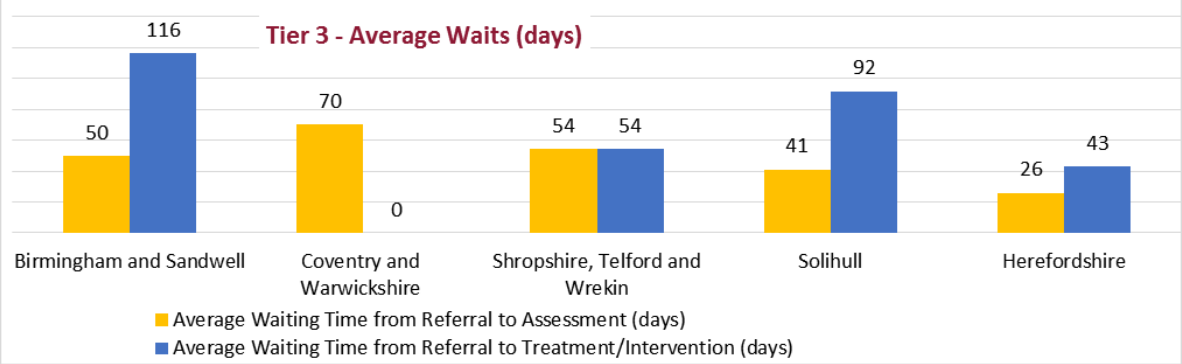
Coventry and Warwickshire reported a comparatively high number of non-face-to-face contacts for their Tier 2 service, although once combined with their Tier 3 data this levels out significantly.

Herefordshire offered the greatest number of face-to-face appointments per clinical FTE (546) compared with Walsall (57) and Dudley (97). It is also interesting to note the different mix of face-to-face vs non-face-to-face contact types across the region, with 95% of Hereford's contacts being face-to-face compared with just 10% of Dudley's recorded contacts.

Wait Times

All areas were asked to provide basic waiting time information. Walsall, Dudley and Herefordshire (Tier 2) were unable to provide accurate wait time data so are not included within the following analysis of wait time data.





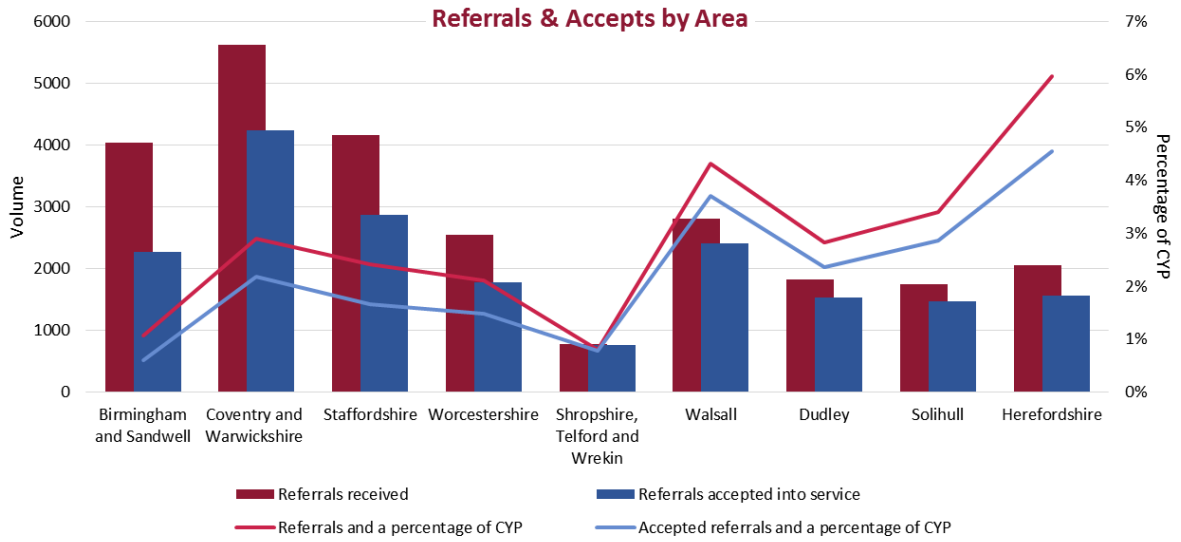
Across the region there is a large variation in how long CYP wait to access Tier 2 & Tier 3 services. It is interesting to note that Shropshire, Telford and Wrekin have the longest reported wait into its Tier 2 service (155 days), but has some of the shortest waits to access its Tier 3 services (54 days).

Given the current and historical focus on assess and wait times, it is key that all areas are able to provide this information, and it is recommended that these measures be reinstated and regularly interrogated as one of the most effective indicators of a service's health.

Demand

Referral Rates

Each area was asked to provide the number of referrals and number of accepted referrals for the most recent 12 month period with available data. All areas with the exception of Staffordshire have been able to provide this data, at the time of report.



Public Health England data (2013) suggests that in the age group between 5-16 years, the prevalence of mental health disorders is close to 1 in 10. This figure has been relatively stable over the past 15 years (Office for National Statistics survey, 2004). There has been less research on the profile and rates of problems in the under-5s. One study showed that the prevalence of problems for 3-year-old children was similar to the 5-16 year-olds, and was in the region of 10% (Stallard, 1993).

All areas reported lower referral rates than prevalence data suggests that they should receive, ranging from 6% of the population in Herefordshire through to 1% in Birmingham and Sandwell and Shropshire, Telford and Wrekin.

	Birmingham and Sandwell	Coventry and Warwickshire	Staffordshire	Worcestershire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire
Referrals received	4035	5619	4166	2548	768	2813	1820	1741	2050
Referrals and a percentage of CYP	**1%**	**3%**	**2%**	**2%**	**1%**	**4%**	**3%**	**3%**	**6%**
Referrals accepted into service	2265	4231	2864	1774	758	2414	1523	1468	1564
Accepted referrals and a percentage of CYP	**1%**	**2%**	**2%**	**1%**	**1%**	**4%**	**2%**	**3%**	**5%**

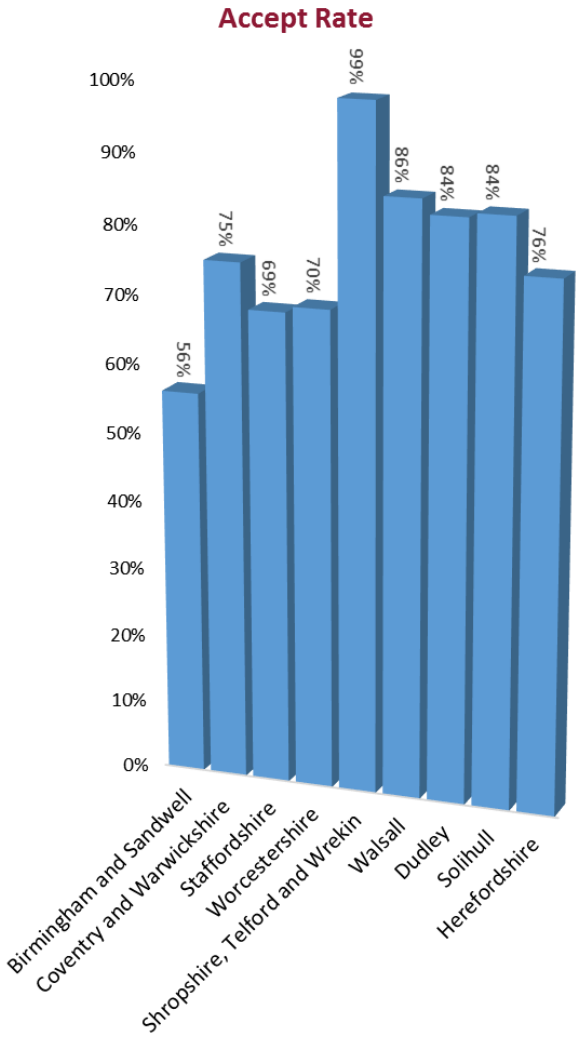
Accept Rate

Although the referrals data for Staffordshire is incomplete, in order to include it the assumption have be made that it is consistently incomplete and that referrals volumes and accept volumes reported are comparable. For this reason, all areas have been included within this element of the report.

Although there is no target for referral accept rates, these rates appear to be consistent with other regions that have conducted similar benchmarking exercises.

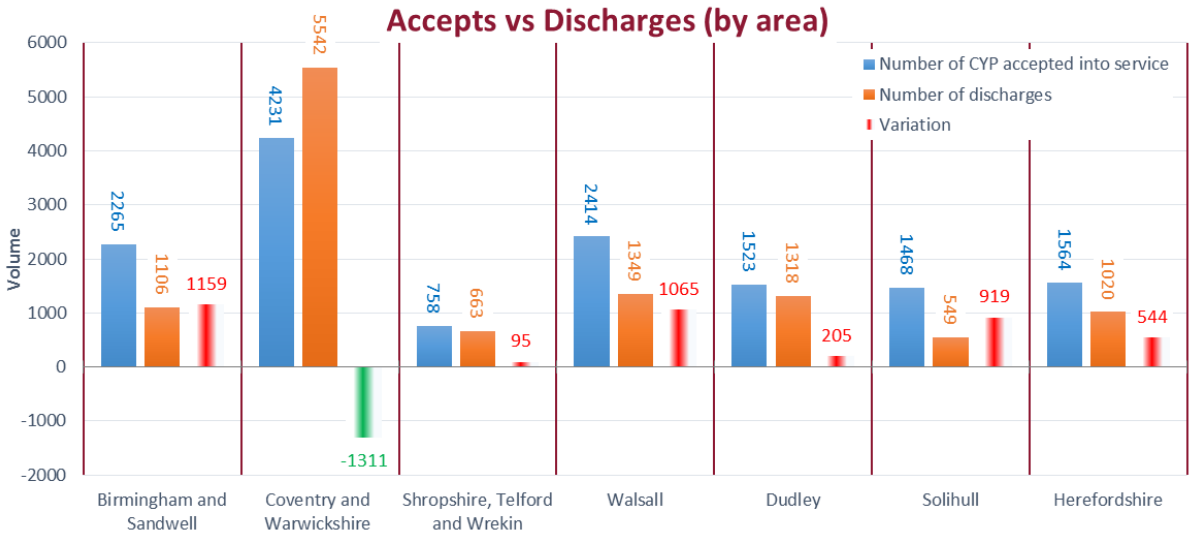
A high accept rate may be indicative of a robust referral criteria and pathways and clear understanding of the process by referrers. However, there may be learning to be gained from Worcestershire on how it has achieved its high accept rate.

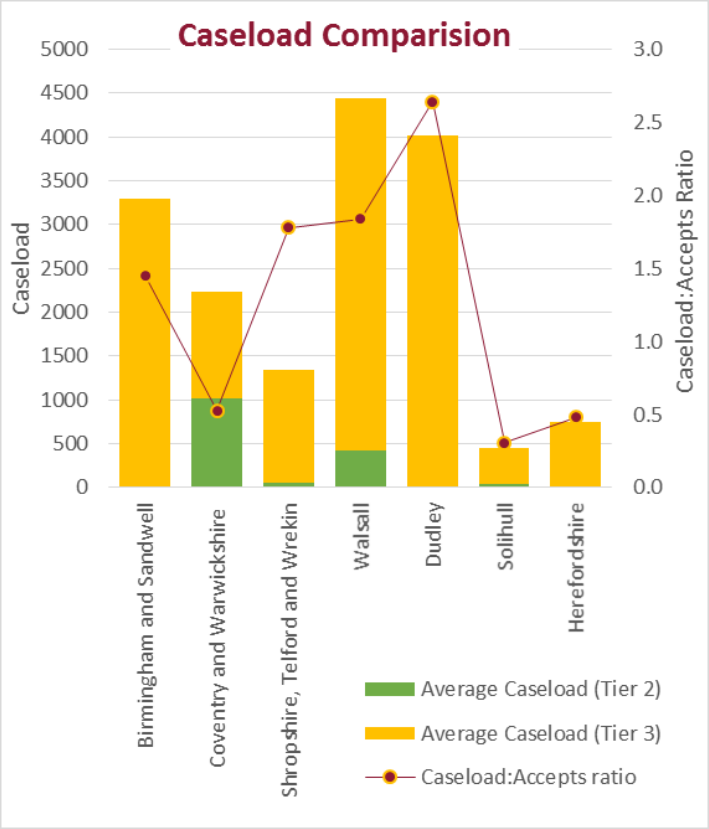
Further investigation into the types of presentation that do not progress from referral to accept is reviewed later as part of the Presentations data.



Accept vs Discharge Data

All areas were asked to provide a number of discharges to compare against its accepted referral volumes. Staffordshire is not included in the following as much of their demand data was unavailable, and Worchester were not able to provide discharge data, and so are not included.





Across the region (with the exception of Coventry and Warwickshire), all areas reported a greater number of accepted referrals than discharges over the 12 months recorded. Over the 12 months reported, Solihull effectively only discharged 37% of the volume accepted into the service; Birmingham and Sandwell 49%; Walsall 56%; Herefordshire 65%; Dudley and Shropshire, Telford and Wrekin fared a little better with 87% (both) of comparative accepted volume discharged.

Any deficit between accepted volume and discharged volume is a cause for concern as it typically indicates a growing caseload and therefore workload, although it could equally indicate caseload management processes that leave CYP on the active caseload of a service long after they have stopped receiving interventions and support.

Coventry and Warwickshire reported that they discharged 1311 more cases than they accepted during the 12 months measured, which is 31% more cases discharged than accepted. This could suggest that there may have been a review of active and inactive cases in Coventry and Warwickshire during the measured period. As a result of this, Coventry and Warwickshire were able to maintain a relatively low caseload over the same period (2229). This equates to about ½ of its annual accepted referrals.

In contrast Dudley appears to have a caseload equivalent to over 2 ½ times its accepted referrals volume, which is significantly greater than others in the region, which averages an approximate 1:1 ratio.

There may be an error within the Solihull data as it is also reporting a very low average caseload (449) which approximately relates to 1/3 of all accepted into the service, however according to its own accept and discharge figures it has accepted 919 more patients than it discharged in the same period. The data discrepancy may indicate a quick build-up of caseload throughout the year which would keep the average down.

Observations and Recommendations

Looking at the various budgets, staffing levels and wait times etc. it may prove useful to understand the cost and benefit of different models operating in the region to understand different returns on investment and whether there are best practice opportunities.

Although there are no standardised recommended clinical to admin staff ratios, typically there would be anticipated 80/20 split between clinical and admin staff, and areas with a low level of admin support may be using expensive clinical staff to cover admin tasks that could otherwise be delegated

to admin support. Both Walsall and Herefordshire reported staffing ratios in line with this 80/20 split, and no area reported apparently insufficient admin staffing levels.

It may prove useful to introduce a standardised performance dashboard and measurement system across the region to support commissioners.

There may be learning to be had from Coventry and Warwickshire on how it has achieved such a high patient turnover and relatively low caseload across the measured period.

5. Referral Data

Areas were asked to provide information around number of referrals offered by source in the most recent 12 month period, where data is available.

Shropshire and **Birmingham** advised that their data was complete, and as no commentary was provided by **Coventry** nor **Herefordshire,** so where provided it is assumed that this data is correct and complete.

Staffordshire advised that Tier 3 data was incomplete from South Staffs CCGs/provider, and Tier 2 is incomplete from North Staffordshire and Stafford

Worcester advised that they were unable to give accurate data on number of referrals for all Tier 3.

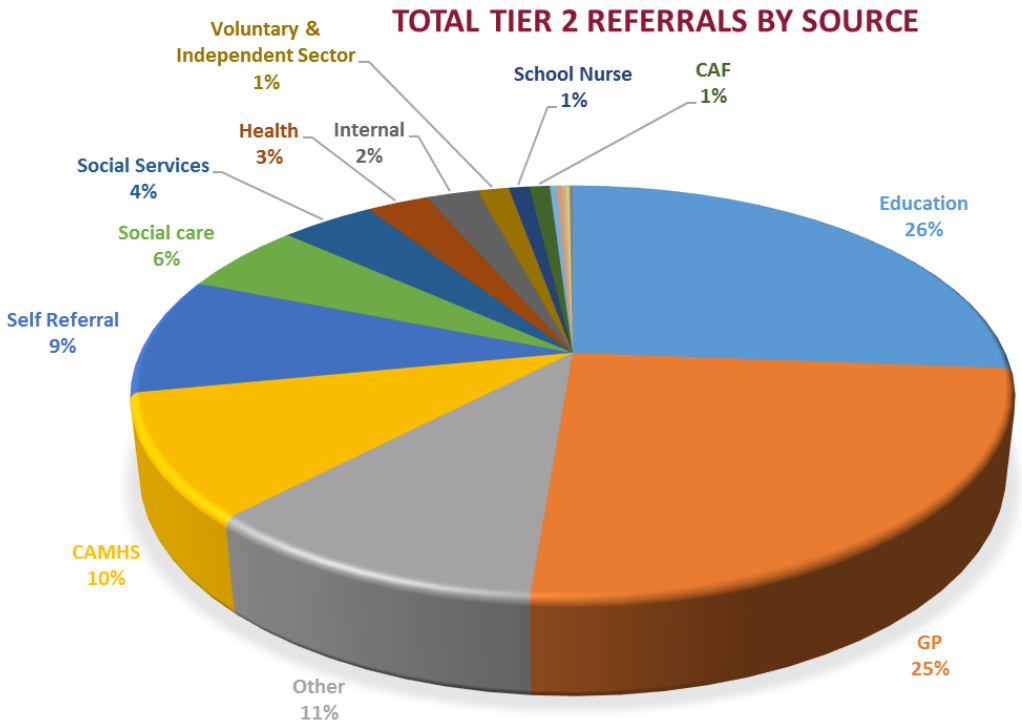
Walsall advised that CAMHS referrals by source have been supplied however they were not able to provide acceptance rates per source data is not collected in that way. In addition, Walsall WPH stated that presentations & referrals source were estimated

Dudley advised that although referrals per source have been supplied they were not able to provide acceptance rates per source as data is not collected in this way.

Solihull stated that referrals data was incomplete

Tier 2 Referrals by Source

To make comparison of areas easier, data has been simplified and sources grouped and standardised the nomenclature for 'referral source' has been developed, where possible. There were 5257 referrals recorded for Tier 2 services across the region, provided by Coventry; Staffordshire; Shropshire; Walsall; Solihull & Herefordshire.



The chart above shows all captured referrals by source across the West Midlands region for Tier 2. Over half of all referrals received come from a combination of 'Education' (26%) and 'GPs' (25%), with 11% received from 'Other' (which includes source not recorded), 10% coming from other CAMHS, and 9% being Self-Referrals.

The table below shows this in descending order for total referrals across the region, AND shows referral source captured by individual area to highlight variation.

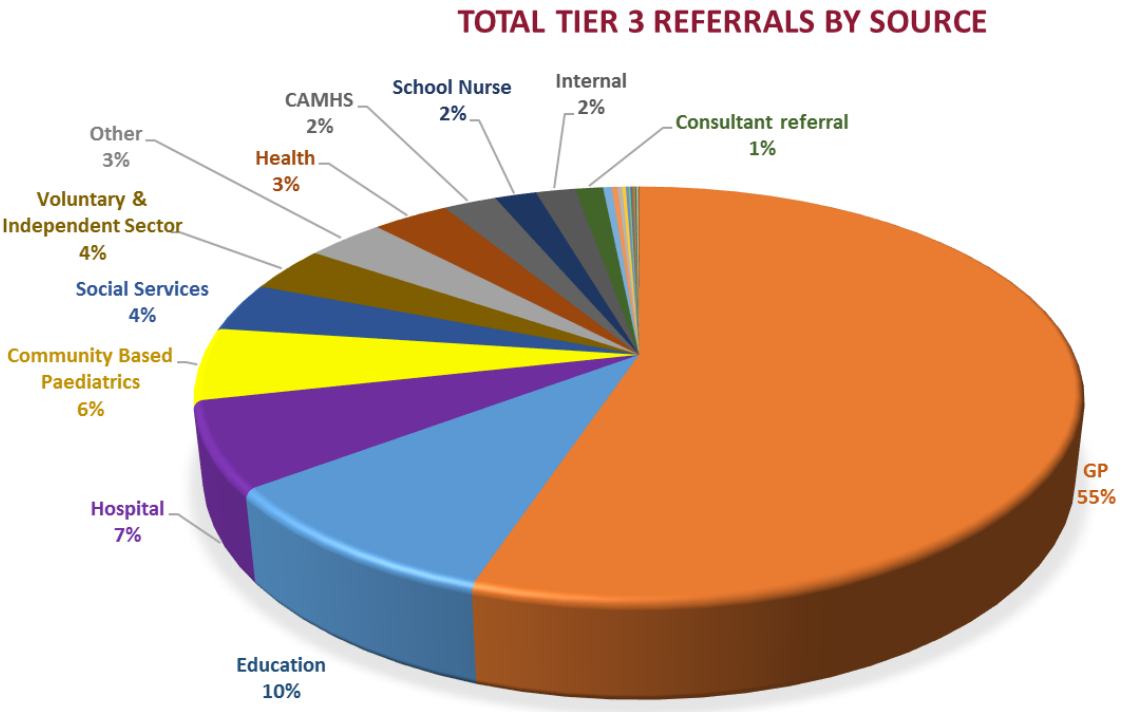
Tier 2 Referral Source	Coventry	Staffordshire	Shropshire	Walsall	Solihull	Herefordshire	TOTAL
Education	867	221	70	193	27		1378
GP	518	75	8		209	508	1318
Other	504				9	59	572
CAMHS		382				130	512
Self Referral	158	286		37	2		483
Social care	202	88	2				292
Social Services			1	20	15	181	217
Health	66	4		68	6		144
Internal					120		120
Voluntary & Independent Sector		68	3		2		73
School Nurse		30			5	13	48
CAF	47						47
adult mental health services		1				16	17
Hospital					5	6	11
Youth Offending service		10					10
paediatrics		7					7
Community-based Paediatrics					4		4
Early Intervention Team			1				1
Out of Area Agency					1		1
Police						1	1
Targetted Youth Support			1				1
TOTAL	**2362**	**1172**	**86**	**318**	**405**	**914**	**5257**

Tier 2 Referrals by Area:

- Although Education is the top referrer reported, this is largely driven by high volumes in Coventry, Shropshire and Walsall, in Solihull and Herefordshire it is GPs who refer the most cases into CAMHS
- Staffordshire receive most of their referrals from other CAMHS, although Herefordshire are the only other area to report receiving referrals from CAMHS.
- Staffordshire T2 received a quarter of its referrals from 'self-referrals' which may indicate a particular success in that area in engaging with its CYP population.

Tier 3 Referrals by Source

To make comparison of areas easier, data has been simplified and a standardised nomenclature for 'referral source' has applied, where possible. There were 13,862 referrals recorded for Tier 3 services across the region, provided by Birmingham, Coventry; Shropshire; Walsall; Dudley; Solihull & Herefordshire.



The chart above shows all captured referrals by source across the West Midlands region for Tier 3. Over half of all referrals received come from 'GPs' (55%), with 10% received from 'Education', 7% from Hospitals & 6% from Community Based Paediatrics.

The table below shows is in descending order for total referrals across the region, but shows referral source captured by individual area to highlight variation.

- GPs were consistently the highest referrer into Tier 3 services across the region
- Education was a relatively significant referrer for Birmingham, Coventry & Shropshire, but not so for other areas who received significantly more referrals from Hospitals (Walsall & Dudley) and the Voluntary & Independent Sector (Herefordshire).

Tier 3 Referrals	Birmingham	Coventry	Shropshire	Walsall	Dudley	Solihull	Herefordshire	TOTAL
GP	1976	1539	232	1332	1351	615	595	7640
Education	511	527	144	1	3	60	87	1333
Hospital	47	165	103	247	357	14		933
Community Based Paediatrics	393	190	32	84	45	42		786
Social Services	152	139	25	50	43	34	87	530
Voluntary & Independent Sector	82		38		10		367	497
Other	89	380		1		7		477
Health	247			205		10		462
CAMHS	47	248	29					324
School Nurse	63	44	5	106	2	33		253
Internal	194					47		241
Consultant referral	168							168
Out of area agency			42	2	6	2		52
Health Visitor	12	19			1	5		37
A&E Department	2					24		26
Community Nursing	21		2					23
Secondary Care	10			1		5		16
Police	9					2		11
Social Care			9					9
Adult Mental Health Services	4		2			1		7
Carer	1	6						7
Raid			6					6
Self Referral	2		3					5
Occupational Therapy			4					4
Community Learning Disability Team					2			2
General Dental Practitioner	2							2
Multi Agency team			2					2
Paediatric Psychology			2					2
Care Home	1							1
Child Development Centre			1					1
Court Liaison & Diversion Service				1				1
Early Intervention Team			1					1
Emergency Services	1							1
Inpatients (CAMHS)				1				1
Tier 4	1							1
TOTAL	**4035**	**3257**	**682**	**2031**	**1820**	**901**	**1136**	**13862**

Observations and Recommendations

Although there are pockets of variation, overall there is a reasonable consistency in referral sources reported from both Tier 2 and Tier 3 services.

It would be useful to understand why there are very low number of recorded Tier 2 referrals from Schools in Solihull and Herefordshire, and low GP referrals in Staffordshire, Shropshire and Walsall compared with all other areas.

Staffordshire's Tier 2 success in engaging with its CYP population should be further investigated to see if there are best practice opportunities to share.

There is a further question around whether the lack of self-referrals in some areas a data collection issue, or are there areas where self-referrals don't happen or are not part of the CAMHS pathway?

Areas may also wish to consider if there is a preferred or expected profile and how does this differ from the reality?

6. Crisis, A&E and Tier 4 Bed Usage

All areas were asked to provide information on children and young people in crisis, A&E and Tier 4.

Crisis

Only 3 areas (Birmingham and Sandwell; Shropshire, Telford and Wrekin and Herefordshire) were able to provide numbers of children in Crisis, with significantly different volumes:

	Birmingham and Sandwell	Shropshire, Telford and Wrekin	Herefordshire
Number of CYP needing a crisis response	618	56	142
Crisis Response Required per 100,000 CYP	**162.4**	**58.2**	**413.2**

Accident and Emergency Wards

Only 2 areas (Coventry and Warwickshire, and Shropshire, Telford and Wrekin) were able to provide numbers of A&E attendance figures for children and young people with MH problems, with significantly different volumes:

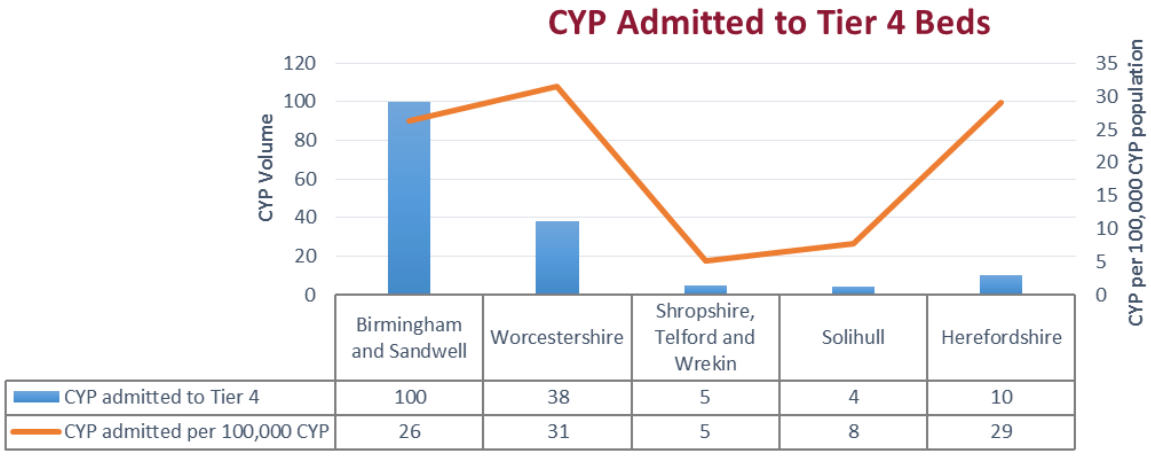
	Coventry and Warwickshire	Shropshire, Telford and Wrekin
Number of A&E attendances for MH problems	720	128
A&E Attendance per 100,000 CYP	**371.2**	**132.9**

Tier 4 Bed Usage

5 areas submitted volumes of CYP admitted to Tier 4 beds within their areas. There was a distinct split in these volumes between those that submitted:

Birmingham and Sandwell, Worcestershire and Herefordshire reported that between 31 and 26 CYP per 100,000 registered with a GP were admitted to Tier 4

Shropshire, Telford and Wrekin and Solihull both reported between 5 & 8 CYP per 100,000 registered with a GP were admitted to Tier 4



	Birmingham and Sandwell	Worcestershire	Shropshire, Telford and Wrekin	Solihull	Herefordshire
CYP admitted to Tier 4	100	38	5	4	10
CYP admitted per 100,000 CYP	26	31	5	8	29

Observations and Recommendations

It is very difficult to draw any real conclusions on services for CYP in Crisis or in need of A&E or Tier 4 provision across the region due to the small amount of data available.

It should be recommended that all areas monitor and measure these 3 critical elements of CYP MH provision going forward.

7. Presentation Type

All areas were asked to provide the volume of referrals and accepted referrals by presentation type into each service over a 12 month period.

Birmingham advised that presentation is not directly recorded but ICD10 is applied at a later point. Not all cases however had an ICD10 code allocated

Staffordshire were only able to provide Accepted volumes by Presenting Problem, and they advised that this data was incomplete

Shropshire advised that their provided data was complete

Solihull advised that presentation data was incomplete

The following areas were not included:

Worcester, Walsall, Dudley and **Herefordshire** were unable to provide volumes by Presenting Problem, and **Coventry** advised that 'Presenting Problem' is recorded via the Current View

form and most referrals are identified as more than one presenting problem. This has caused there to be 35,348 referrals by 'Presenting Problem' compared to the actual volume of referrals reported which was 5,619.

In the referrals and accepted referrals by 'Presenting Problem' below, all presenting problems recorded have been mapped across to the CAMHS Minimum dataset presentation types (Level 1 & Level 2) for consistency.

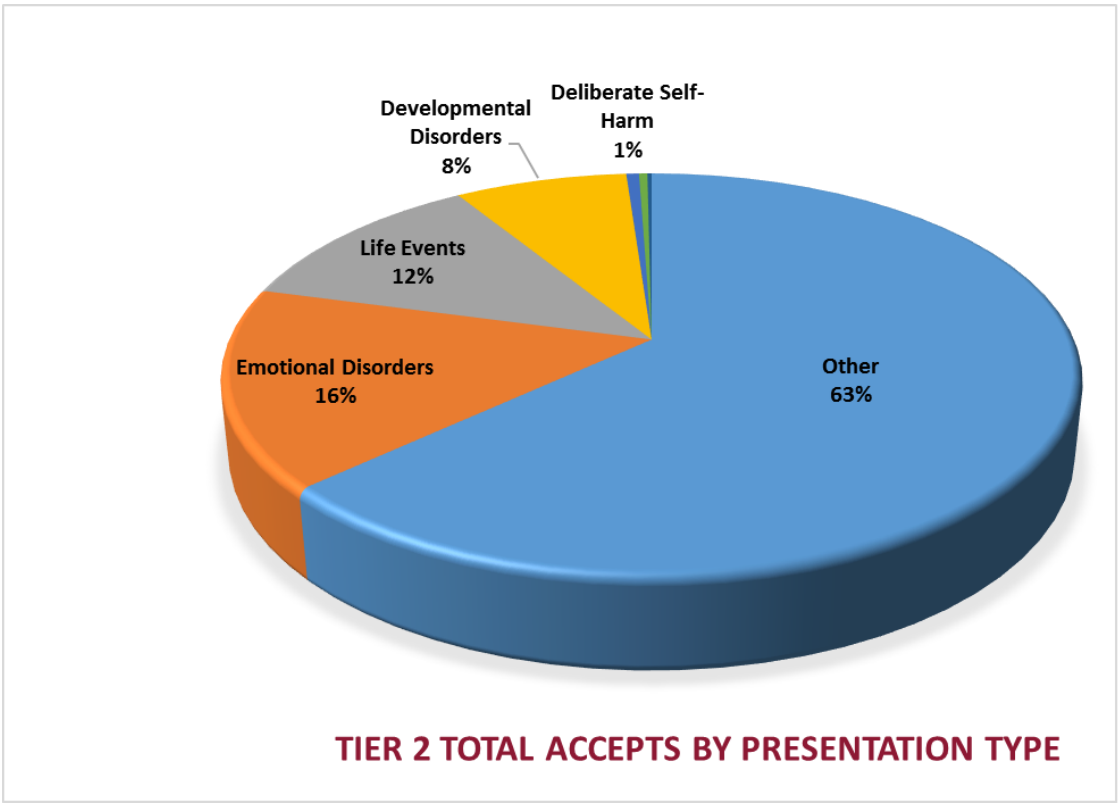
Tier 2 Presentation Type

Referrals

Accepted Referral Volumes

Staffordshire, Shropshire and Solihull provided usable Tier 2 accepted volumes by presentation type. These have been totalled together to give an indication of the types of presentation being received by Tier 2 services across the region.

The chart below shows the Level 1 presentation types recorded, showing that 63% of presentations are 'other' followed by 'Emotional Disorders' making up 16% of all referrals.



When this is broken down to Level 2 a variation in volumes can be seen in cases accepted by area (below), although these are distorted by the large number of referrals that are recorded as 'Other'.

It is worth highlighting that there is little to no consistency across areas with presentation types recorded at a T2 level.

T2 Level 2	Staffordshire Accepts	Shropshire Accepts	Solihull Accepts	Total
Other	601		57	658
Adjustment Disorder	134			134
Family Issues	125	1		126
Unexplained Developmental Disorder		82		82
Emotional Disorder, Unspecified	15	1	1	17
Generalised anxiety disorder		1	8	9
Trauma			7	7
Behavioural Difficulties			6	6
Intentional Self-Harm			6	6
Other Emotional Disorder	5			5
Oppositional Defiant Disorder	4			4
Major Depressive Disorder			4	4
Habit Disorder, unspecified	2			2
Attachment Disorder			1	1
Bullying		1		1
Mood Disorder			1	1
Total	**886**	**86**	**91**	**1063**

Tier 2 Referrals vs Accepts Comparison

Comparable Tier 2 Referrals and Accepted Referrals by Presentation Type was available from 2 areas (Shropshire and Solihull). Of these, Shropshire accepted 100% of its recorded referrals by type, whereas Solihull only appeared to accept 22% of its referrals. (This is assumed to be a data capture issue and not indicative of actual accept rates)

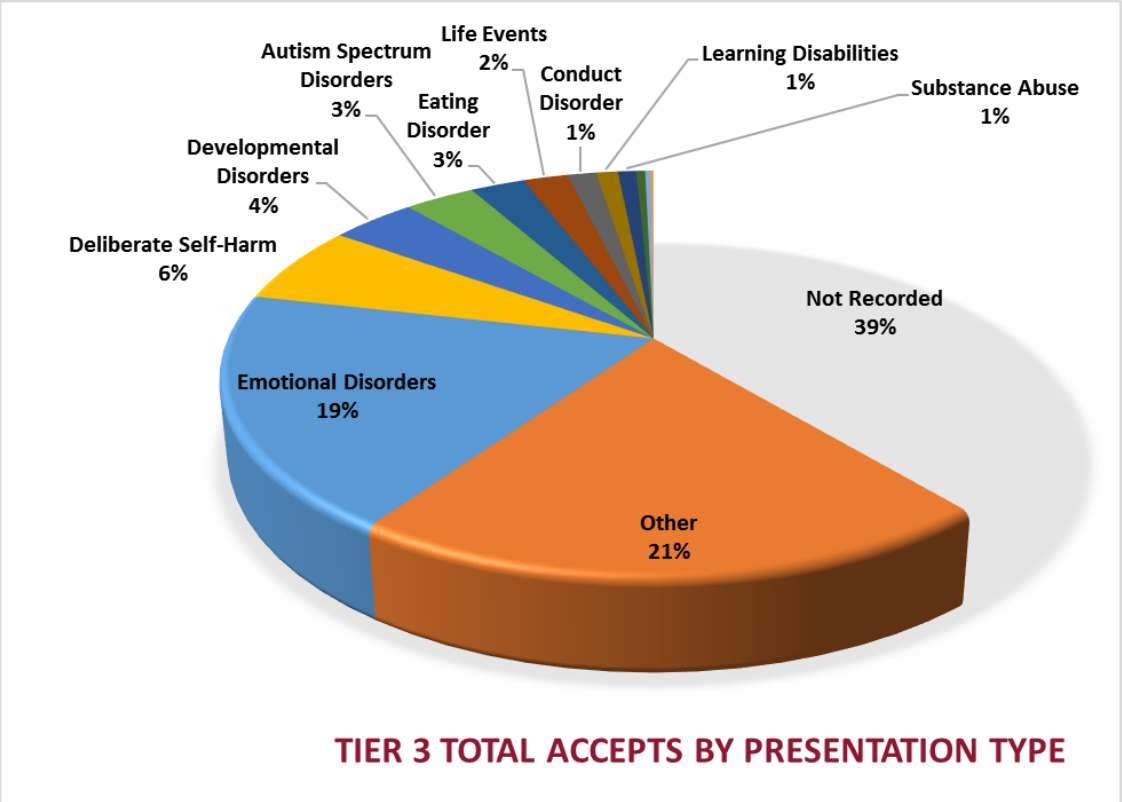
T2 Level 2	Shropshire Accept Rate	Solihull Accept Rate
Other		26%
Adjustment Disorder		0%
Family Issues	100%	0%
Unexplained Developmental Disorder	100%	0%
Emotional Disorder, Unspecified	100%	50%
Generalised anxiety disorder	100%	12%
Trauma		21%
Behavioural Difficulties		14%
Intentional Self-Harm		60%
Major Depressive Disorder		33%
Attachment Disorder		100%
Bullying	100%	
Mood Disorder		20%
Psychosis		0%
Eating Disorder, unspecified		0%
Post Traumatic Stress Disorder		0%
Relationship Issues		0%

Tier 3

Referrals

Only Birmingham, Staffordshire, Shropshire and Solihull were able to provide accepted referral volumes by presentation type for Tier 3 Services.

The chart below shows the totalled Level 1 presentation types recorded, showing that 39% of all recorded accepted presentations did not have a 'presentation type' code associated with it, 21% were 'Other' and 19% were in relation to 'Emotional Disorders':



When this is broken down to Level 2 a variation in volumes accepted by area (below) can be seen.

The table below shows 99% of volumes by Level 2 recorded 'Presentation Types' – there were 42 individual Level 2 Presentation types recorded in total, although 99% of volume sit within the 25 'Presentation Types' shown. In addition, 'Not Recorded' referral as have not been colour coded in the table below to enable a better comparison across areas.

Level 2	Birmingham Accepts	Staffordshire Accepts	Shropshire Accepts	Solihull Accepts	Total
Not Recorded	1166			606	1772
Behavioural Difficulties	702	67	3	88	860
Generalised anxiety disorder	187	96	115	55	453
Major Depressive Disorder		96	91	50	237
Unspecified Developmental Disorder	102	4	67	1	174
Deliberate Self-Harm		33	124		157
Intentional Self-Harm		46	40	43	129
Family Issues		46	21	11	78
Mood Disorder	41			26	67
Eating Disorder, unspecified	20	20	4	23	67
Other	2	56	3	6	67
Pervasive Developmental Disorder, unspecified		25	33		58
Oppositional Defiant Disorder		49	9		58
Aspergers disorder			52		52
Emotional Disorder, Unspecified		22	27	1	50
Learning Disabilities	44				44
Anorexia Nervosa		7	35		42
Substance Abuse		35		2	37
Childhood Autism		33			33
Obsessive Compulsive Disorder		7	15	6	28
Post Traumatic Stress Disorder		8	5	1	14
Adjustment Disorder		11			11
Psychosis	1	1	5	3	10
Sleep Problems		6	4		10
Trauma				6	6
Total	**2265**	**683**	**672**	**939**	**4559**

There is a lot more consistency across areas at the Tier 3 level than the Tier 2 level, with behavioural difficulties, generalised anxiety disorder, major depressive disorders being significant in most areas.

Tier 3 Referrals vs Accepts Comparison

Comparable Tier 3 Referrals and Accepted Referrals by Presentation Type data was received from 3 areas (Birmingham, Shropshire and Solihull). Of these, Shropshire accepted 100% of its recorded referrals by type (with the exception of one case of Oppositional Defiant Disorder, whereas Birmingham reported that it accepted 56% of referrals and Solihull recorded more Accepted cases by Presentation than it had referred (104% accept rate).

Level 2	Birmingham Accept Rate	Solihull Accept Rate
Not Recorded	73%	122%
Behavioural Difficulties	36%	60%
Generalised anxiety disorder	85%	79%
Major Depressive Disorder		125%
Unspecified Developmental Disorder	64%	100%
Intentional Self-Harm		81%
Family Issues		110%
Mood Disorder	87%	118%
Eating Disorder, unspecified	95%	92%
Other	50%	55%
Emotional Disorder, Unspecified		50%
Substance Abuse		100%
Obsessive Compulsive Disorder		150%
Post Traumatic Stress Disorder		100%
Adjustment Disorder		0%
Psychosis	100%	75%
Trauma		200%
Social Anxiety Disorder		167%
Toilet Problems		0%
Relationship Issues		67%
Seperation Anxiety Disorder		200%
Gender Identity Disorder		200%

Observations and Recommendations

- Based on recorded presentation type there is a lot more consistency with presentation types recorded at Tier 3 than at Tier 2
- 'Presentation type' data should be aligned with the new MH minimum dataset for regional consistency, and to future proof data collection.
- There are repeated anecdotal evidence to suggest that cases are becoming more complex, and there is an opportunity through capturing presentation type to prove or disprove this assertion
- A consistent approach to recording primary presentation for both referrals and accepted referrals across the region would enable great comparison and understanding of the types of patients presenting and would in time enable a more accurate approach to capacity planning and enable commissioners and providers to align staffing expertise to an increasingly predictable demand on the service

8. Staff Training

The commissioners and providers were asked to supply a list of training courses delivered to their staff over the previous 12 months (or most recent 12 months of available data) and the number of staff who attended.

Birmingham training data is unavailable

Coventry, Staffordshire, Worcestershire and **Herefordshire** advised that their training information is incomplete

Dudley were not able to offer confirmation of accuracy

Shropshire, Telford and Wrekin and **Solihull** confirmed their training data is correct

The following takes no account of the level, duration, targeting or effectiveness of the training offered. On this basis it is difficult to draw conclusions about the effectiveness of the training verse volume or training of training.

Courses Offered

There were 66 different types of MH training events reportedly delivered across the region during the 12 months measured, with Safeguarding, CBT and various awareness training featuring strongly across multiple areas.

	Coventry and Warwickshire	Staffordshire	Worcestershire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire	TOTALS
Different Training Events Delivered (Type)	10	25	5	2	21	5	3	7	66

Staff Attendance

Only **Shropshire, Telford and Wrekin** and **Solihull** confirmed their training data is correct, so it is difficult to extract any meaningful conclusions from the training information provided.

	Coventry and Warwickshire	Staffordshire	Shropshire, Telford and Wrekin	Walsall	Dudley	Solihull	Herefordshire	TOTALS
Total Number of Attendees	55	48	14	384	71	16	10	**598**
Total Number of Clinical Staff (FTE)	46.7	64.1	19.0	67.7	26.6	9.0	25.0	**258.2**
Average Course Attendance per Clinical Staff EFT	1.2	0.7	0.7	5.7	2.7	1.8	0.4	**2.3**

There were 598 attendees recorded against courses run across the region, and when compared to staffing levels provided, the average number of courses attended per FTE ranged from 5.7 in Walsall to 0.4 per FTE recorded in Herefordshire (although this is based on incomplete information).

> **Shropshire, Telford and Wrekin** recorded 14 attendees on 2 MH training courses (HEWM Module: Mental Capacity & Mental Capacity Act)
>
> **Solihull** recorded 16 attendees on 2 MH training courses (Neurosequential Therapy, CBT & Working with CSE)

Observations and Recommendations

Only **Shropshire, Telford and Wrekin** and **Solihull** confirmed their training data is correct, so it is difficult to extract any valuable conclusions from the training information provided.

It would be interesting to compare accurate 'training offered per FTE' with staff satisfaction, service user satisfaction and churn rates (staff turnover) to determine the impact of providing or not providing training on an organisation.

9. Interventions Offered

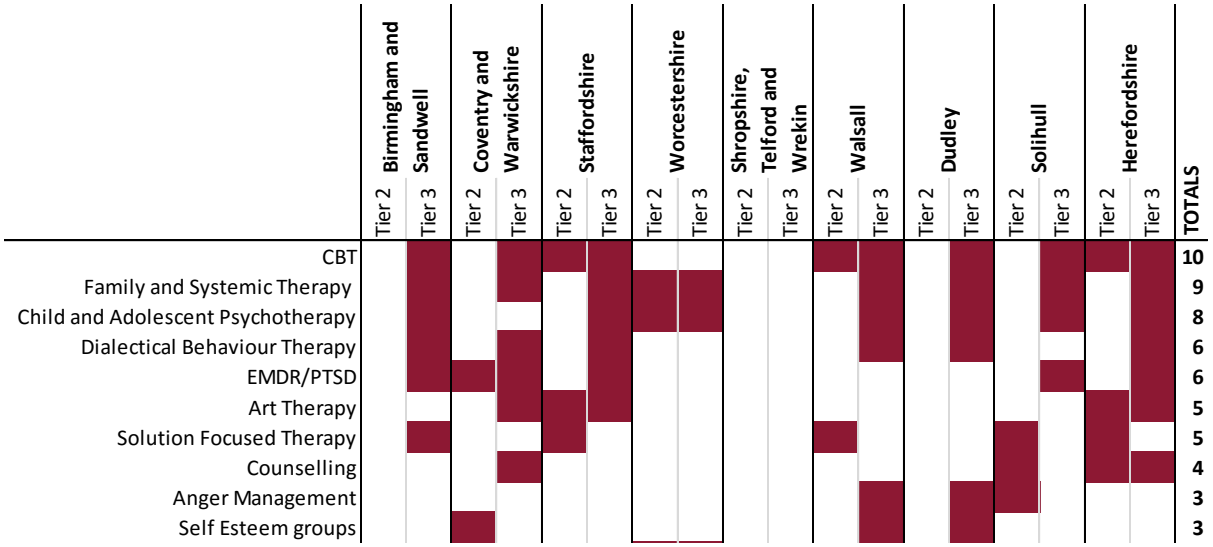
The commissioners and providers were asked to provide a list of the types of mental health intervention that were offered in their area. All areas responded to this.

> **Birmingham and Sandwell**, **Worcestershire, Shropshire and Solihull** confirmed their list of intervention types was complete
>
> **Coventry**, **Walsall** nor **Dudley** were not able to offer any clarification on accuracy
>
> **Staffordshire** & **Herefordshire** data is incomplete

There were 121 different Intervention types identified by the providers across the region (although this will be impacted by different naming conventions for equivalent intervention types), with the number of different types of intervention offered within a given area ranging from 9 in Birmingham through to 32 in Coventry and Warwickshire.

	Birmingham and Sandwell		**Coventry and Warwickshire**		**Staffordshire**		**Worcestershire**		**Shropshire, Telford and Wrekin**		**Walsall**		**Dudley**		**Solihull**		**Herefordshire**	
	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3
Total number of Intervention Types (by Tier)		9	18	14	8	20	5	10	6	12	9	12		12	14	15	6	17
Total number of Intervention Types (by Area)	9		32		28		15		18		21		12		29		23	

Looking at the table below, which shows the top 10 intervention types based on number of areas offering it, it was only CBT, Family and Systemic Therapies, Psychotherapy, DBT, EMDR and Solution Focussed Therapies that appeared to be practiced in 5 or more areas across the region:



10. Vulnerable Groups

Commissioners and providers were asked to identify services that operate in their area that are specific to vulnerable groups (e.g. CAMHS Learning Disability Service, Looked after Children Service etc.)

The following areas offered caveats and/or clarification regarding this requested information and the services within their area:

Birmingham and Sandwell advised:

> Provide a service for children and young adults (0-19 years old) with a mental disorder and co-morbid moderate-profound learning disability that meets the service threshold for assessment and intervention. There is a recognition that a significant number of children and young adults being seen within FTB (but not within the specialist Learning Disability service) will have a borderline-mild learning disability, often directly linked to their neurodevelopmental and/or mental disorder. These children and young adults will be seen between ages 0-25.
>
> There is an embedded model of staff dedicated to area based Youth Offending Services provided by Birmingham City Council.
>
> Provide a dedicated team of professionals to work with the under 18 substance misuse service to assess and treat service users with co morbid / dual diagnosis of Substance Misuse

Coventry and Warwickshire advised:

> Neurodevelopmental Service provides assessment, diagnosis and post diagnosis support for Autism

Although there is not a specific service for LAC in tier 3, LAC are prioritised for assessment and treatment

Worcestershire advised:

The Autism assessment is a multi-disciplinary assessment pathway including clinical psychology, SALT and community paediatrics, known as the Umbrella pathway. Children would only be seen within specialist CAMHS if they had a mental health issue.

A team of specialist CAMHS/LAC workers (psychologists and a primary mental health worker) works within what was the Integrated Service for Looked After Children (ISL), but which is more recently known as the Health and Wellbeing Service for LAC (H&WB service. These workers take referrals for looked after children who have emotional and behaviour needs which require a Tier 2 level service, mainly focusing on the environment of the child to ensure placement stability.

There is a LD/CAMHS specialist team & a CAMHS worker within the youth offending team

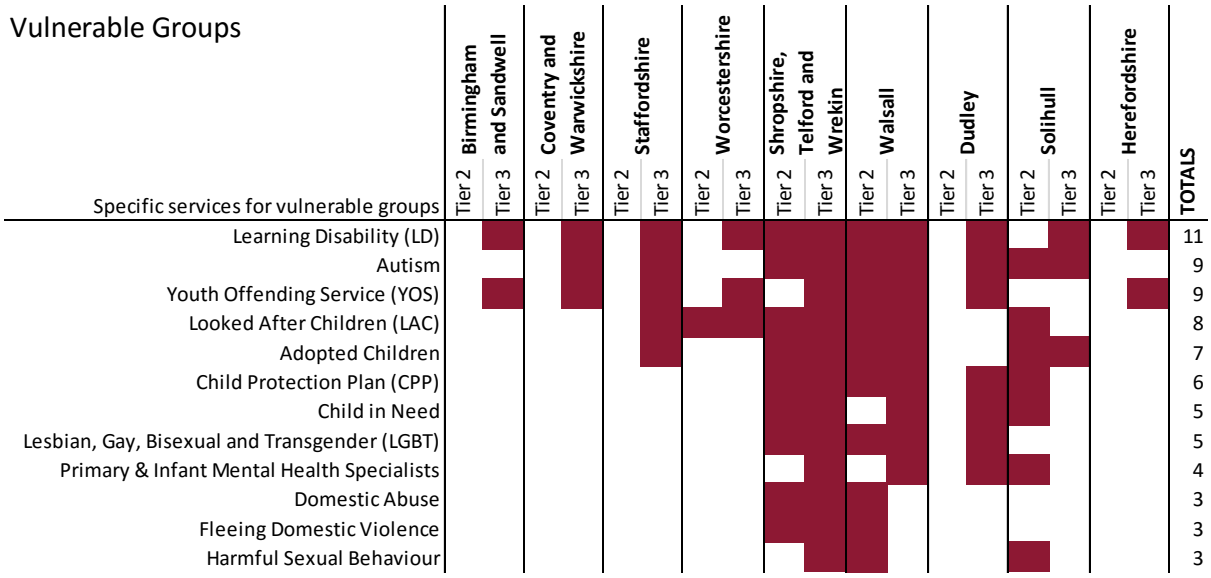
Herefordshire advised:

There is a designated LAC services delivered by the local authority which include mental health staff, however this is not commissioned by HCCG.

Shropshire and Solihull simply confirmed that the data they provided listed all specific services for vulnerable groups operating in their area

Walsall and **Dudley** did not confirm either way

Looking at the data provided, there are a number of specific services established across the region to support vulnerable groups. There is a specific LD service for MH in every area of the West Midlands, a specific Autism service in all but Birmingham and Sandwell, and a specific MH service within the Youth Offending Service in all but Solihull. After that the specific services provided varies across the region (see below)



In addition to the above, there were 14 vulnerable groups identified that only received a Specific Service in 1 area.

11. Outcome Measures

The commissioners and providers were asked to supply a list of Outcome Measures used in their area. The following areas offered caveats and/or clarification regarding their Outcome Measures submissions:

Worcestershire, Shropshire and **Solihull** confirmed all elements are correct

Birmingham and **Staffordshire** advised the provided list was incomplete

Coventry, Walsall and **Dudley** provided no confirmation either way

Herefordshire advised they are currently implementing the CYP IAPT data set as part of the new CAMHS Minimum Dataset.

There were 35 different Outcome Measures listed as being used across the region, with Strengths and Difficulties Questionnaire (SDQ); Children's Global Assessment Scale (CGAS); Friends and Family Test; Goal Based Outcomes; CHI-ESQ and HoNOSCA being utilised the most, although only the Strengths and Difficulties Questionnaire and the Children's Global Assessment Scale were used in every area across the region.

we

Outcome Measures	Birmingham and Sandwell		Coventry and Warwickshire		Staffordshire		Worcestershire		Shropshire, Telford and Wrekin		Walsall		Dudley		Solihull		Herefordshire		TOTAL
	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	
Strengths and Difficulties Questionnaire (SDQ)		■		■		■		■	■	■		■		■	■	■	■	■	12
Children's Global Assessment Scale (CGAS)		■				■		■	■	■		■		■	■	■			9
Friends and Family Test				■			■	■	■	■				■		■		■	8
Goal Based Outcomes		■		■				■				■			■		■	■	7
CHI-ESQ		■		■				■				■			■			■	6
HoNOSCA				■		■			■	■		■			■				6
RCADS		■						■									■	■	4
SRS		■						■									■	■	4
CORC					■		■	■											3
Symptom Trackers								■									■	■	3
Current view								■										■	2
FACE												■			■				2
ORS		■						■											2
Sheffield Learning Disability Outcome Measure		■		■															2
Grand Total		10		7	1	3	3	14	4	4	4	6		13	6	3	6	9	

The above table shows all Outcome Measures used in 2 or more areas of the West Midlands.

Observations and Recommendations

A consistent approach to Outcomes measurements across areas is essential to provide a simple whole service view understanding, and if achieved at a regional level the West Midlands would have an easy way of comparing outcomes which would support further benchmarking activity and service transformation activity.

12. Conclusions

A great deal of data has been received from providers and commissioners and the level of engagement with the benchmarking exercise has been good. Although many areas were able to provide much of the requested information, there were many gaps in the data submissions that may indicate issues with data availability, and systems to capture data effectively.

This benchmarking exercise has shown that there are great variations in budget, staffing capacity and the demand on services through-out the region. These issues offer significant challenges to local services. Services are trying to offer the right support to the ever increasing and more complex needs that children and young people present with.

The review of data has also shown great opportunities to learn from one another, with evidence that some systems are becoming more effective around self-referral, acceptance and discharge of referrals, through case management, and implementation of outcome measures.

As with similar benchmarking exercises, it has been found that the variability of what data is available, collected and measured can put challenges in the way of further transformation of services. With all data, what gets measured gets watched and what gets watched can be improved – with any data analysis exercise the 1st stage is to measure (data capture), then report on the measures and then fix the measurement system. With this in mind, it may be beneficial for the CAMHS Partnerships to consider the development of a standard performance and outcomes measurement framework, to help them standardise their approach to data collection and governance.

The following recommendations and opportunities may wish to be consider by partners across the region:

Recommendation: It may prove useful to understand the cost and benefit of different models operating in the region to understand different returns on investment, efficiency and whether there are best practice opportunities.

Recommendation: A more detailed understanding of the workforce and skill within services across the region, will help in the development of high quality, evidence- based models of provision. It may prove beneficial to undertake a local and regional workforce and skills audit, in order to review and plan a robust training and development strategy.

Recommendation: Areas with extremely high or extremely low administration staffing levels (as a proportion of all staff) may wish to understand how this staffing is being utilised. Although there are no standardised recommended clinical to admin staff ratios, typically an 80/20 split between clinical and admin staff would be anticipated, and areas with a low level of admin support may be using expensive clinical staff to cover admin tasks that could otherwise be delegated to admin support. Both Walsall and Herefordshire reported staffing ratios in line with this 80/20 split, and no area reported apparently insufficient admin staffing levels.

Opportunity: There may be learning to be gained from Coventry and Warwickshire on how it has achieved such a high patient turnover and relatively low caseload across the measured period.

Recommendation: It would prove useful to agree and introduce a standardised measurement system underpinned by a performance dashboard measurement system across areas and across the region to support commissioners in their day to day and support future benchmarking and regional working.

Recommendation: All areas should be able to provide assessment and waiting times and it is recommended that these measures be regularly interrogated as one of the most effective indicators of a service's health. A standard approach to collecting this data across the region might help areas establish where their demand on services is causing blockage and assist in find solutions to this.

Opportunity: It would be useful to understand why there are very low volumes of recorded Tier 2 referrals from Schools in Solihull and Herefordshire, and low GP referrals in Staffordshire, Shropshire and Walsall compared with all other areas.

Recommendation: It would be useful to better understand why few areas reported 'self-referrals' as a key source of referrals – this may be the way data is collected, or may indicate that self-referrals don't routinely happen in some areas or are not part of the CAMHS pathway, as yet. Staffordshire Tier 2 success in engaging with its CYP population should be further investigated to see if there are best practice opportunities to share.

Recommendation: Areas may wish to review the level of information captured (especially via SPA referral systems) to ensure that referral information and referrals by presentation type are recorded at a usable level of granularity.

Recommendation: 'Presentation type' data should be aligned with the new Mental Health (incorporating CAMHS) minimum dataset for regional consistency, and to future proof data collection. In addition, a consistent approach to recording primary presentation for both referrals and accepted referrals across the region would enable great comparison and understanding of the types of patients presenting and would in time enable a more accurate approach to capacity planning and enable commissioners and providers to align staffing expertise to an increasingly predictable demand on the service.

Recommendation: It is very difficult to draw any real conclusions on services for CYP in Crisis or in need of A&E or Tier 4 provision across the region with such a small amount of data. It should be recommended that all areas monitor and measure these 3 critical elements of CYP MH provision going forward

Recommendation: A consistent approach to Outcomes measurements across areas is essential to provide a simple whole service view understanding, and if achieved at a regional level the West Midlands would have an easy way of comparing outcomes which would support further benchmarking activity.

Opportunity: It would be interesting to compare 'training offered per FTE' with staff satisfaction, service user satisfaction and churn rates to determine the impact of providing or not providing training on an organisation.

Opportunity: There is an opportunity to focus on the further development of evidence based approaches to supporting vulnerable children, in line with the recommendations of Future in Mind, with many accessible models and examples for practice across the region.

With Thanks

We would like to thank everyone who has taken part in West Midlands CAMHS Mapping project. Without your hard work to submit data it would not be possible to have conducted this Benchmarking exercise.

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