

Annexe 4 - Surrey and Borders Partnership NHS Foundation Trust Performance Review 2014/15

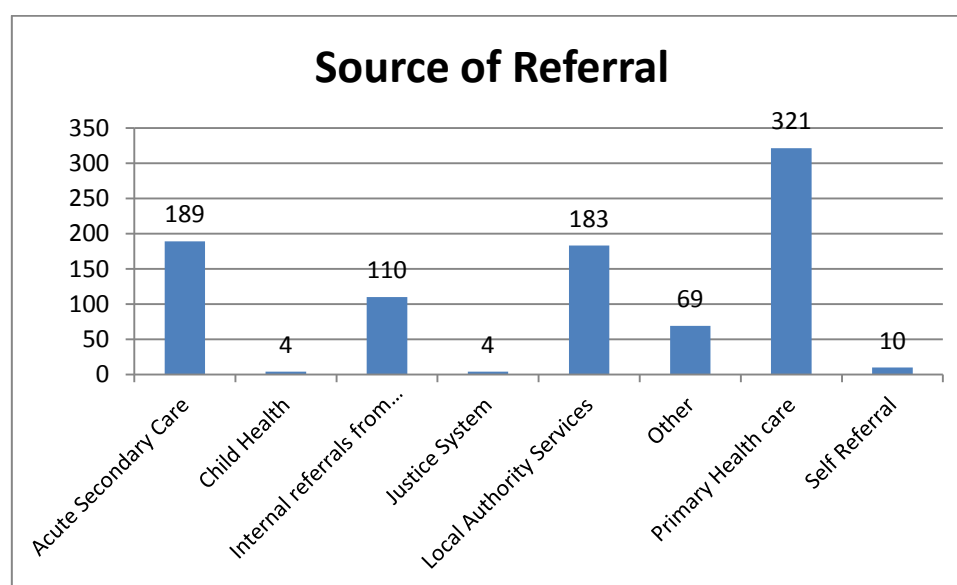
Since the introduction of more robust performance management arrangements in the last few years, commissioners have been working with SABP to ensure the service is able to demonstrate the activity undertaken by the commissioned services, as well as the outcomes for children and young people. This continues to be a work in progress, but the following activity data provides an overview of the current targeted CAMHS services.

There is recognition by commissioners that there are a number of challenges that mean the below data does not easily provide a comprehensive understanding of SABP's performance against the targeted CAMHS contract. This is due to several factors:

- Commissioners have only as recently as quarter one of financial year 2015-16 agreed with SABP to receive data broken down by service level. Previously data was aggregated to a contract-wide level meaning that it was difficult to understand the intricacies of the varied services that are delivered within the SABP contract. For example, variances between service waiting times.
- Data regarding children and young people's outcomes is not yet provided. Commissioners therefore have limited evidence of the impact of the targeted services on young people's outcomes other than anecdotal feedback.
- The data throughout the report does not provide consistency in relation to the number of young people seen by the service over the year.

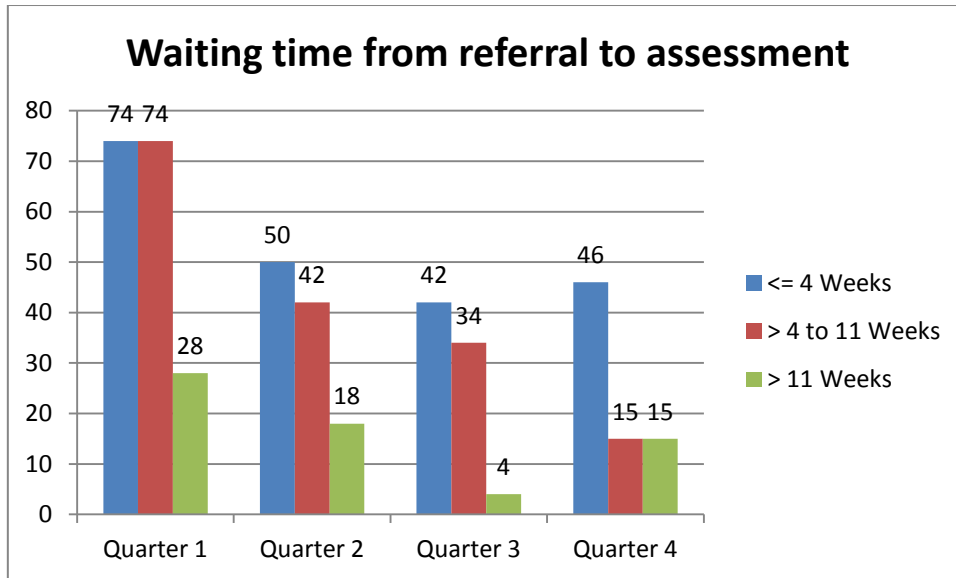
SABP performance data, year 2014/15

Fig 1



The graph above highlights a total of 272 referrals to SABP that had a source of referral recorded this financial year. 34% of referrals were from Primary Health Care.

Fig 2

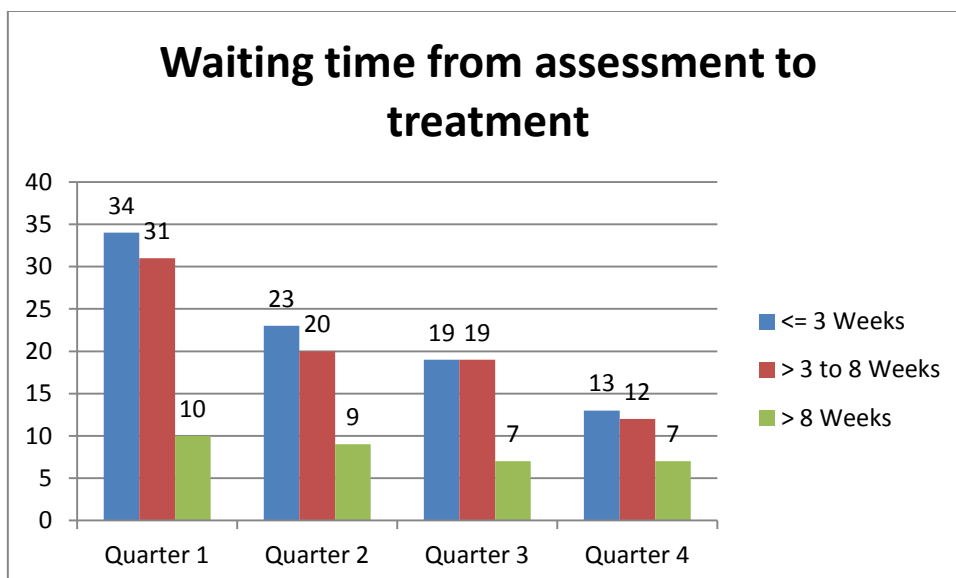


The graph above shows the waiting times from referral to assessment over the four quarters of the year. Aggregated data for the full financial year highlights that total waiting times for referral to assessment were:

- 212 young people waited less than or equal to four weeks
- 165 young people waited between four and eleven weeks
- 65 young people waited over eleven weeks

Once assessed, some young people will go on to require treatment. The graph below illustrates the waiting times from assessment to treatment across the four quarters.

Fig 3

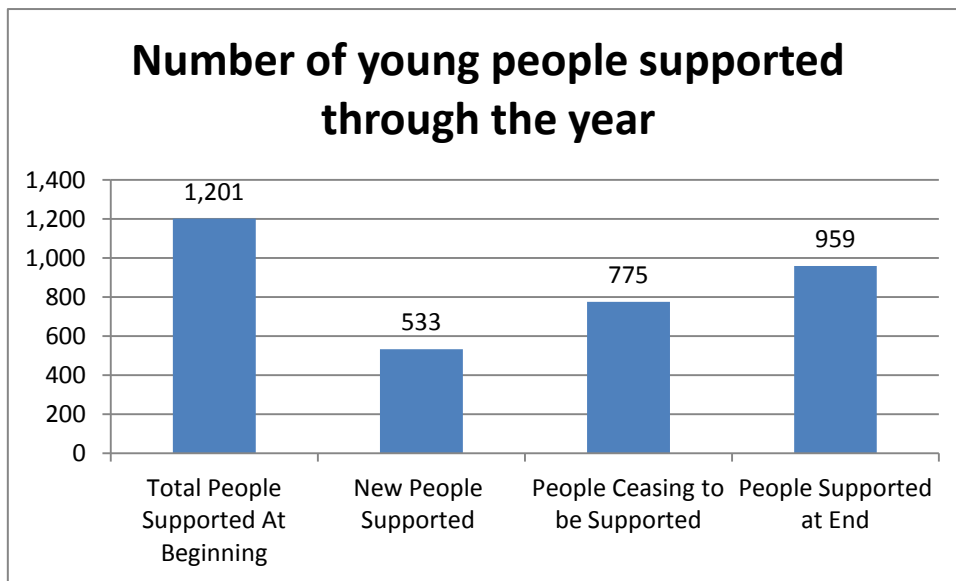


Aggregated data for the full financial year highlights that total waiting times from assessment to treatment are:

- 89 young people waited less than three weeks
- 82 young people waited between three and eight weeks
- 33 young people waited eight weeks or over

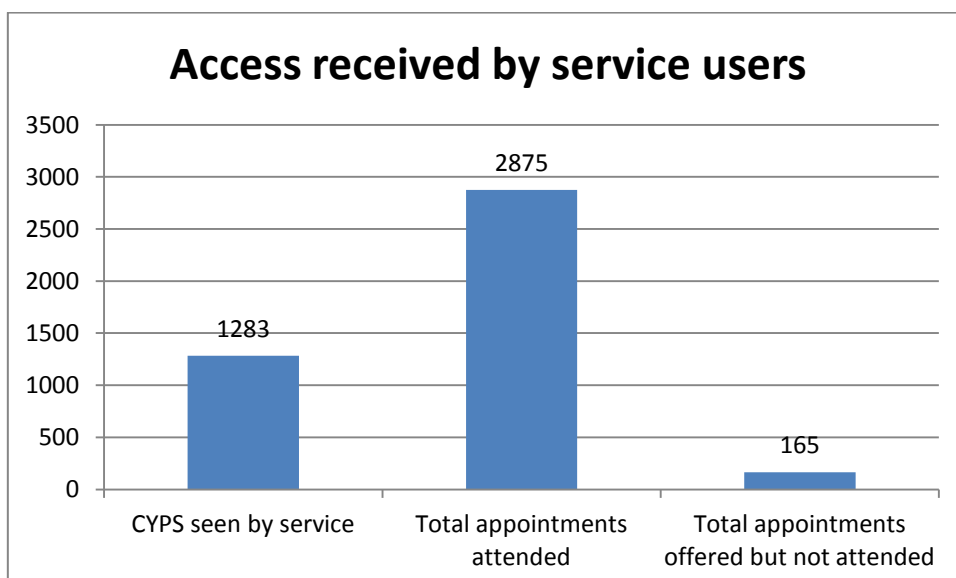
The majority of young people waited less than eight weeks between assessment and treatment. However, there are potentially 33 young people who could have waited at least 19 weeks between referral to SABP and starting treatment.

Fig 4



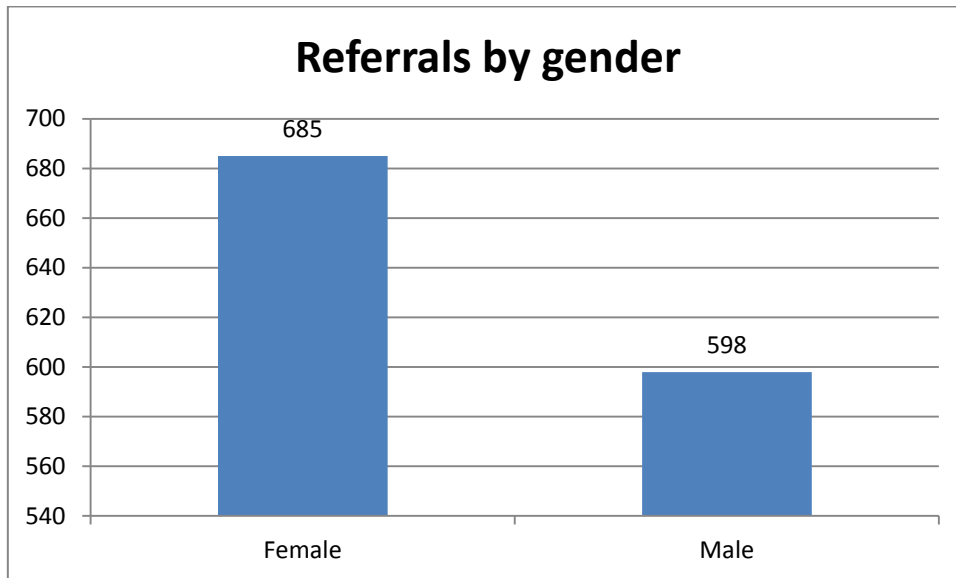
The graph above illustrates the number of young people supported by SABP across the year. There is a query around why the 'number of new people supported' (n533) is not equal to the total number of young people that had a source of referral recorded (n272 in Fig 1).

Fig 5



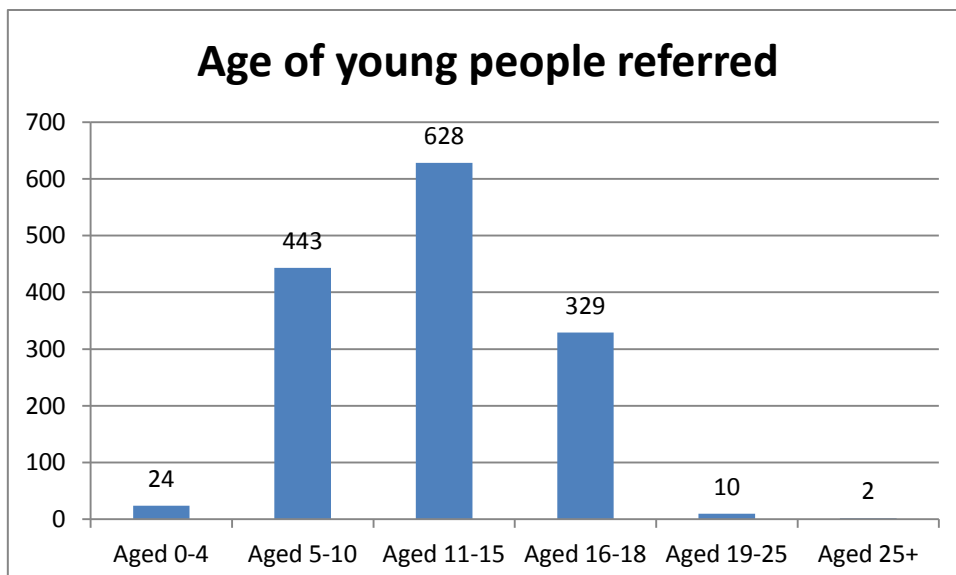
The graph above shows the breakdown of access received by services users across the year. There were a total of 1283 young people seen by the service across 2875 appointments. Six percent of appointments that were offered were not attended by young people.

Fig 6



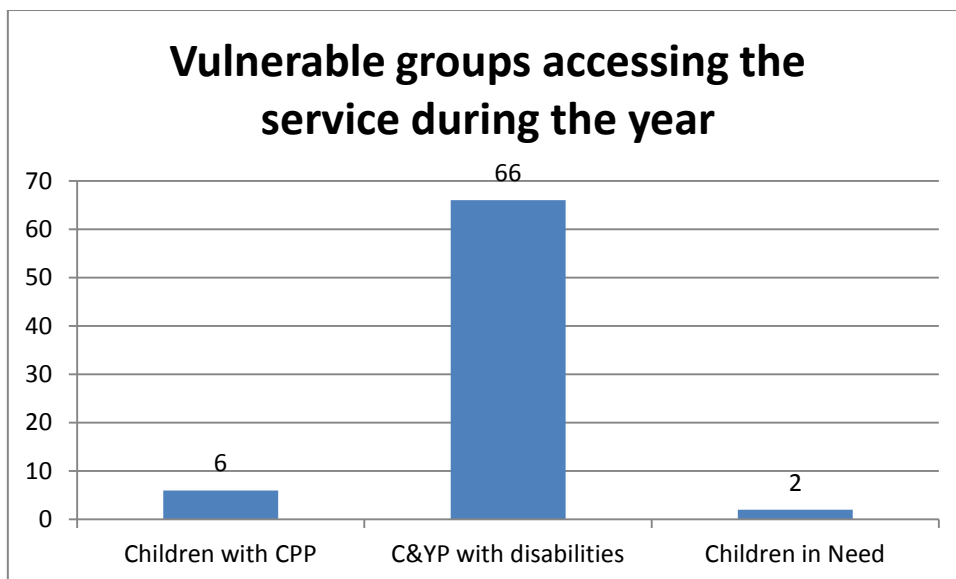
The graph above highlights the gender of referrals into SABP for the full financial year. There was just slightly more girls referred to SABP than boys, with 53% and 47% of total referrals respectively.

Fig 7



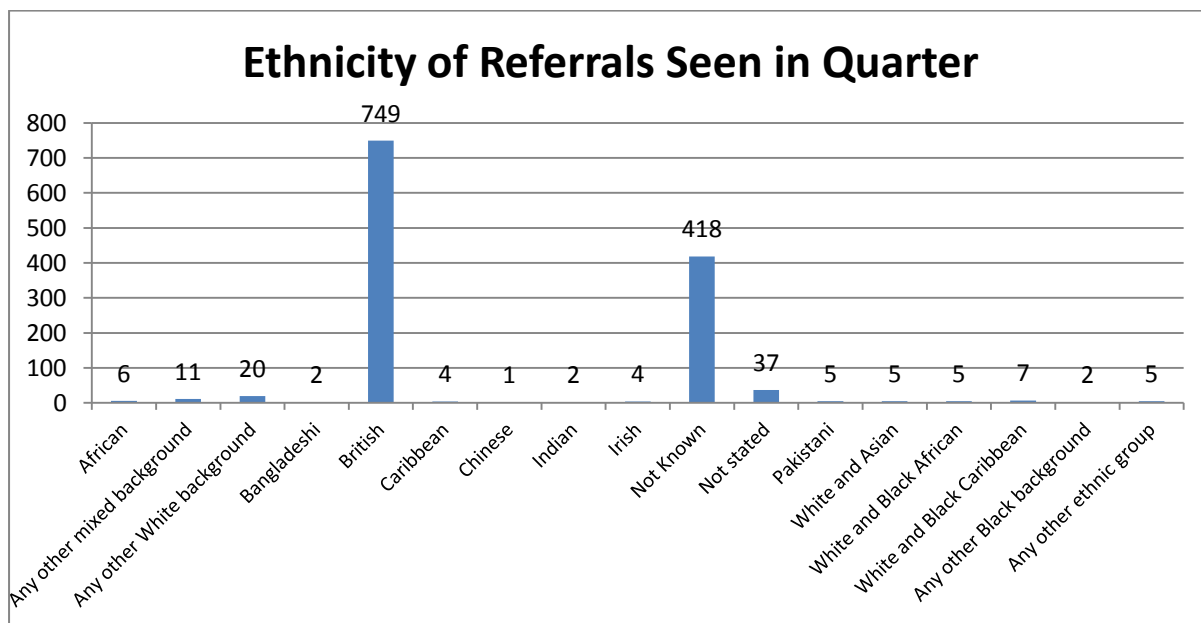
The graph above illustrates the ages of young people referred to SABP. 43% of referrals were young people aged between 11 and 15.

Fig 8



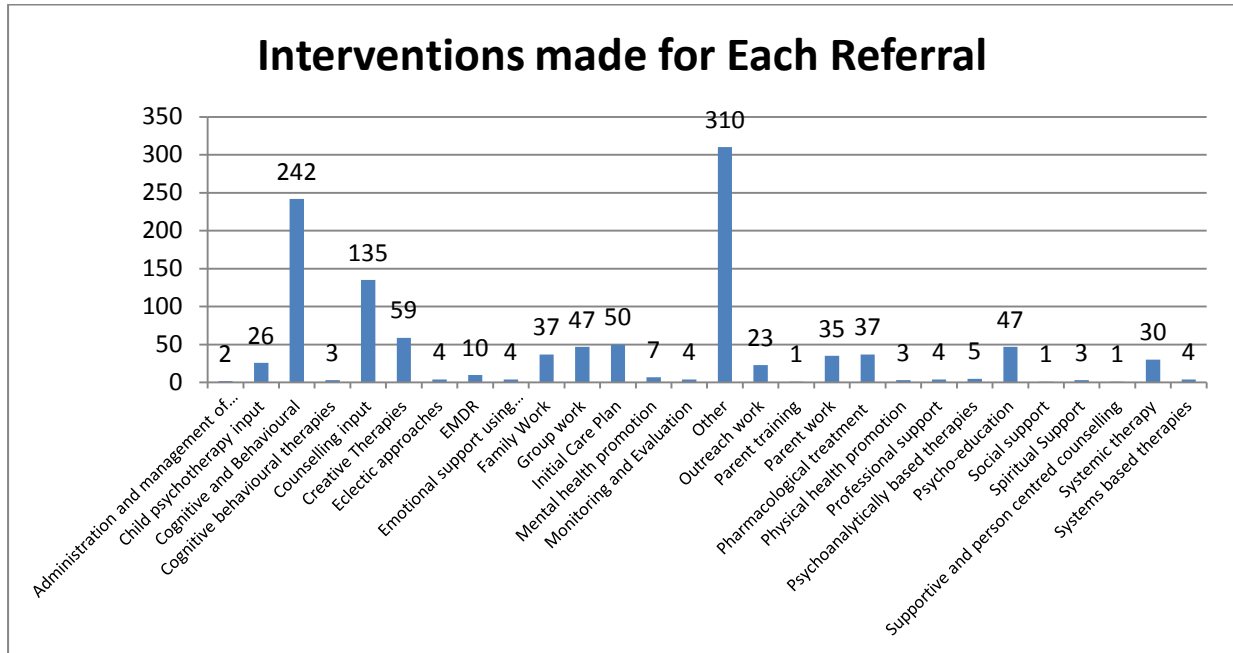
The graph above shows the number of the vulnerable groups accessing the services during the year. There is a dedicated Children in Care Service under the targeted contract so it is unclear as to why no Looked After Children have been recorded throughout the year.

Fig 9



The graph above shows the break of the referrals by ethnicity. The results show that the majority of the referrals were 'British' which equals to 58% of the referrals, while almost a third of young people's ethnicities were not known.

Fig 10

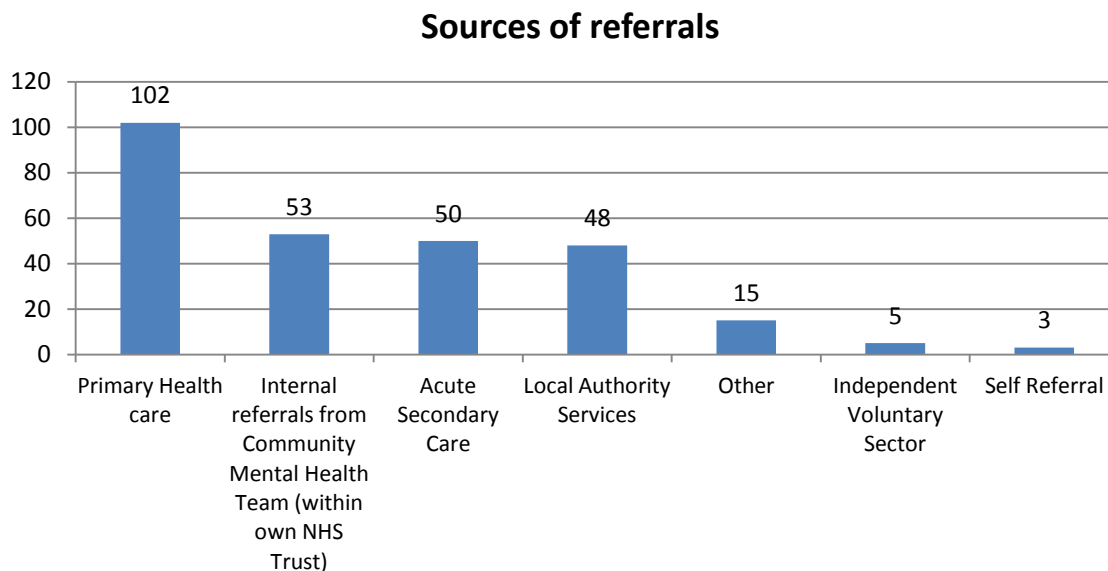


The results above indicate the interventions that were made for each referral. The outcome shows that the most common intervention was listed as 'other' at 310 young people, or 27%. The most common listed intervention was 'cognitive and behavioural therapies'.

2015-16 SABP Performance Data

From April 2015 commissioners have received service level data from SABP rather than purely aggregated data for all targeted services. This has enabled a greater degree of scrutiny of services and a greater ability to understand the nuances in the data provided. The following data is based solely on data from quarter one of financial year 2015-16.

Fig11



As with the financial year 14/15, once again Primary Health Care was the most common source of referral to targeted CAMHS. However, services such as Care Leavers CAMHS, Children in Care Service (3Cs), Extended Hours, PMHW Learning Disabilities and STARS, received the majority of referrals from the local authority.

Fig 12: Waiting Times – comparison between quarters

Waiting Times - Referral to Assessment	<= 4 Weeks	> 4 to 11 Weeks	> 11 Weeks
Q4 14-15	46	15	15
Q1 15-16	59	23	14

Waiting Times - Assessment to treatment	<= 3 Weeks	> 3 to 8 Weeks	> 8 Weeks
Q4 14-15	13	12	7
Q1 15-16	10	12	6

Compared to Q4 of financial year 14/15, there have been more cases that were assessed after referral. This meant that although the number of cases waiting longer than 11 weeks has remained relatively consistent, the rate has dropped from 20% in Q4 to 15% in Q1.

The services with longer than 11 weeks waiting times included 3Cs (100% of their referrals) and generic Primary Mental Health (27% of their referrals).

There were fewer cases waiting for treatment after assessment in quarter 4 14-15, and

the number of over 8 weeks waiting has remained consistent. The services with waiting times for treatment longer than 8 weeks include general Primary Mental Health (30% of their assessments).

Fig 13: Age:

Overall the age bands were as follows this quarter:

Aged 0-4	Aged 5-10	Aged 11-15	Aged 16-18	Aged 19-25	Aged 25+
13	94	157	65	5	1

The services with a majority of clients 16+ included: Care Leavers (100%), Extended Hours (67%), and Learning Disability (56%). The 25+ client was client of the Parent Infant Mental Health service and this is being queried with the provider.

Gender:

Overall there were 58% female clients and 42% male clients. The services with a majority of male clients included: PIMHS (70% - though it is being clarified with the provider if that is the gender of the infants or the fathers), PMHW Education (100%), PMHW LD (94%), general PMHW (51%).

Ethnicity:

Compared to the Surrey distribution of ethnicity (Census 2011), CAMHS over-delivered on White British and the Mixed ethnicity groups. Those that seem to need better targeting include other White, Indian and other Asian ethnic communities. In this area there continues to be under-recording of ethnicity, with 31% recorded as 'not known' or 'not stated'.