

# Benchmarking & Analytics for CAMHS

Monday 13<sup>th</sup> June 2016



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# Overview

- Background
- Community based CAMHS
- Tier 4
- Quality
- Discussion points



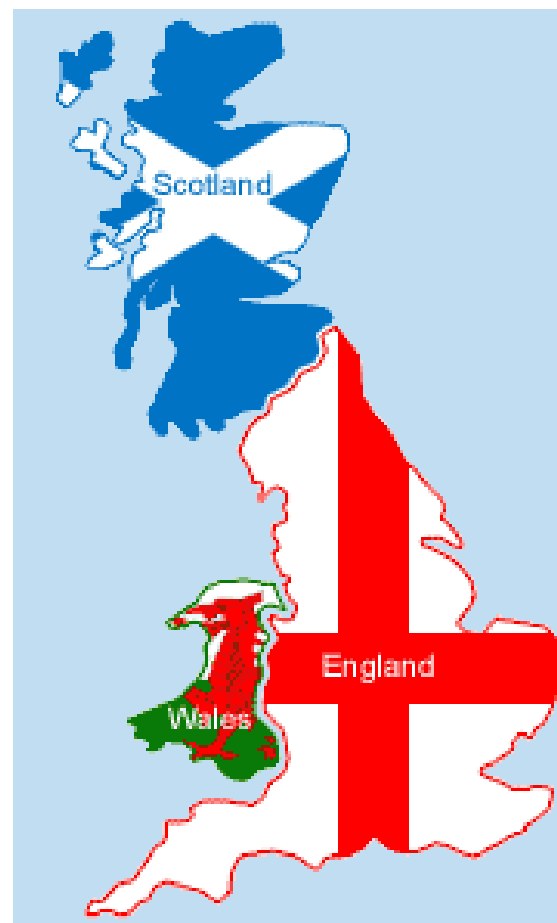
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# Participants

## CAMHS Benchmarking

- 79 participants - largest ever number of contributors
- Majority of providers in England
- 100% LHBs in Wales
- Scotland representation
- Additional independent sector providers for specialist services



# Service models

## Access and waits

**NHS**

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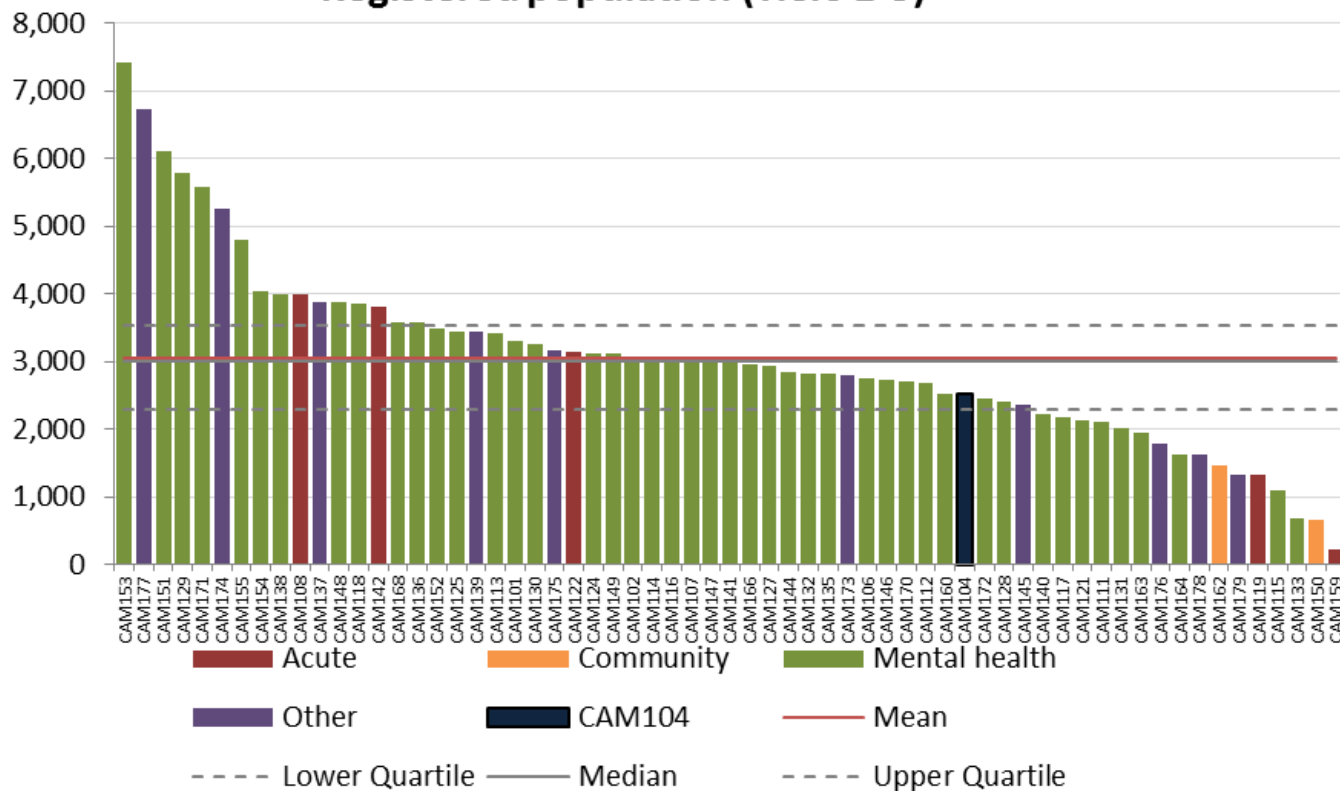


# Tier 1-3: Access

## Referrals received

- Referral rates for CAMHS have risen for a fifth consecutive year.
- This year saw an average of 3,051 referrals received per 100,000 population 0-18.
- This is an 11% increase from 2,748 in 2013/14.
- 79% referrals are accepted

### Total referrals into CAMHS 2014/15 Per 100,000 Total Registered population (Tiers 1-3)

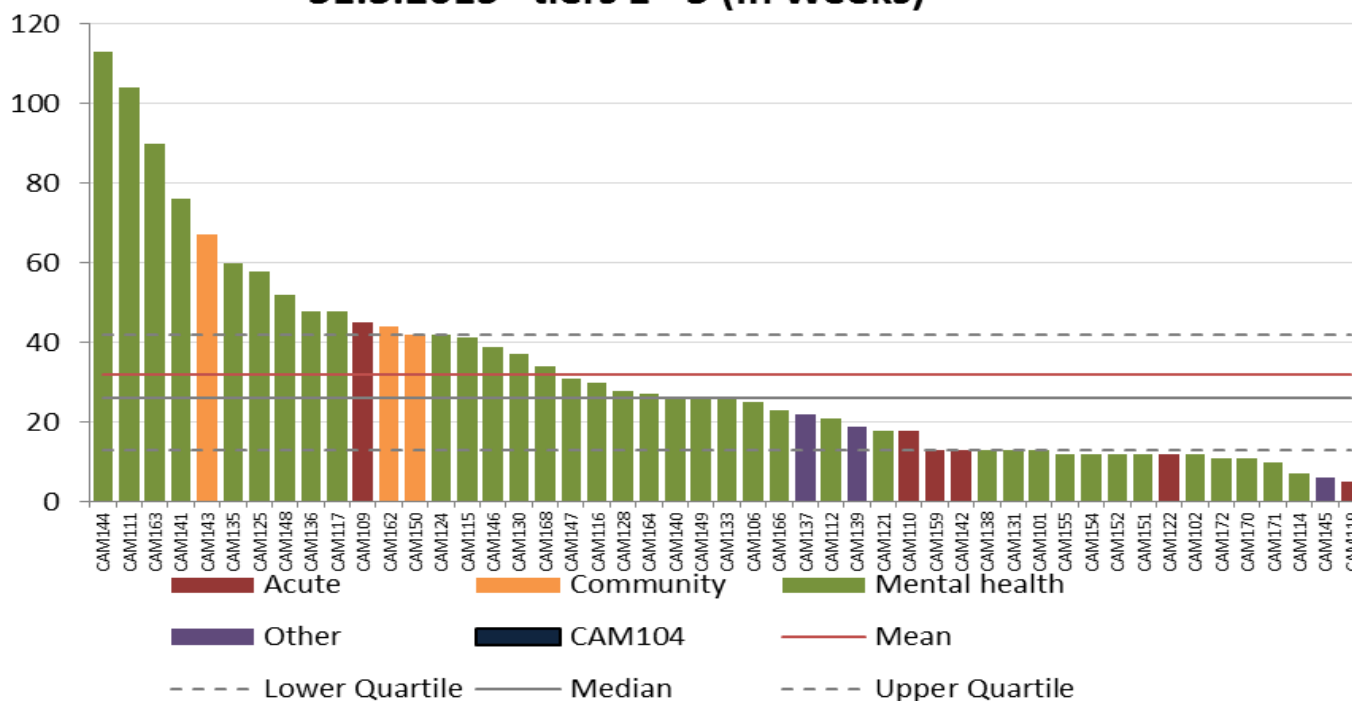


# Tier 1-3: Access

## Maximum waiting times for routine appointments

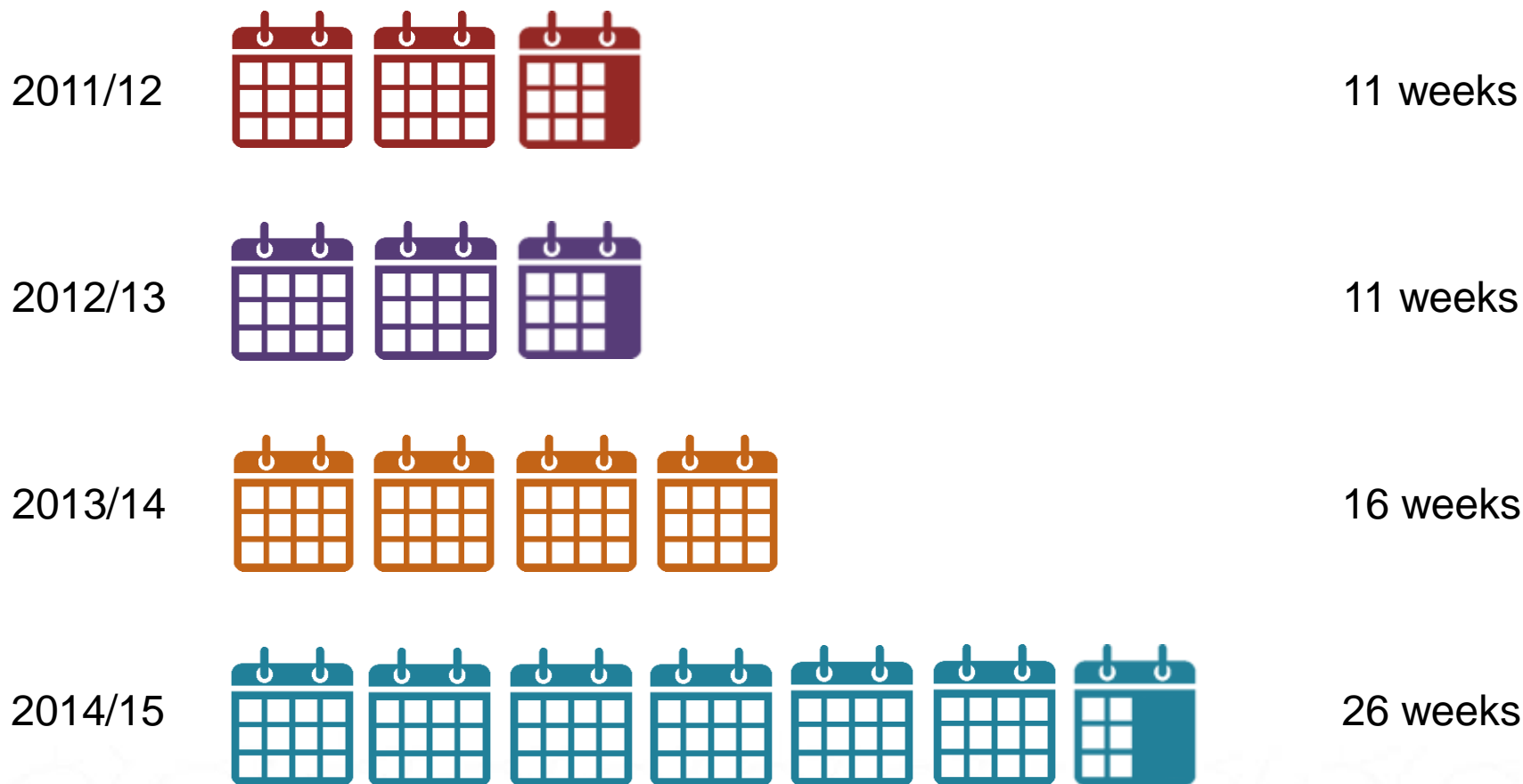
- Maximum routine waiting times have increased in recent years. 2014/15 mean maximum wait is 32 weeks (22 weeks in 2013/14).
- Median maximum waiting times for routine appointments are 26 weeks in 2014/15.

Maximum waiting times for routine appointment as at 31.3.2015 - tiers 1 - 3 (In Weeks)



# Increase in waiting times:

## Maximum wait for a routine appointment



# Community CAMHS Activity



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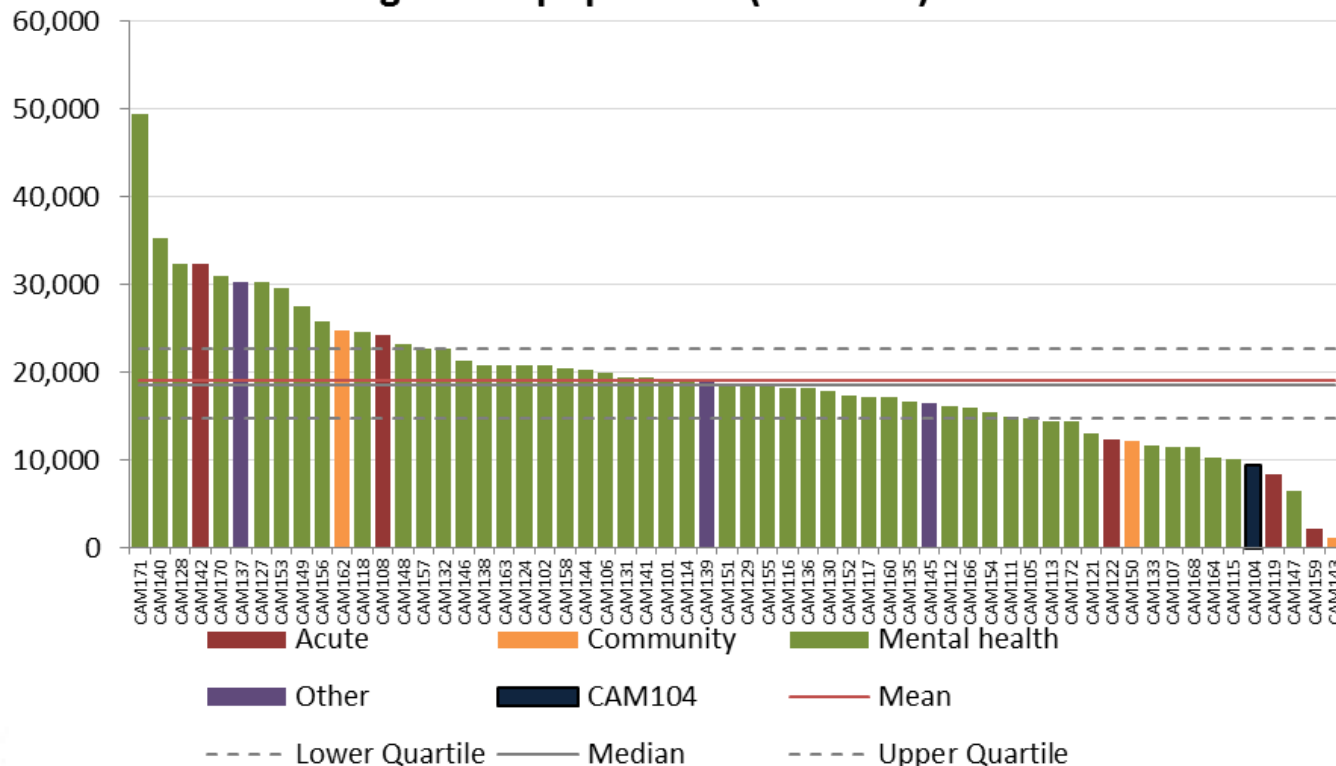


# Tier 1-3: Activity

**Total contacts (face to face and non face to face)**

- The mean number of contacts per 100,000 registered population has increased again this year by 4%, taking the total to 19,158 contacts per 100,000 population.
- Approximately 79% of all contacts for CAMHS are face to face contacts.

**Total number of contacts - 2014/15 Per 100,000 Total Registered population (Tiers 1-3)**

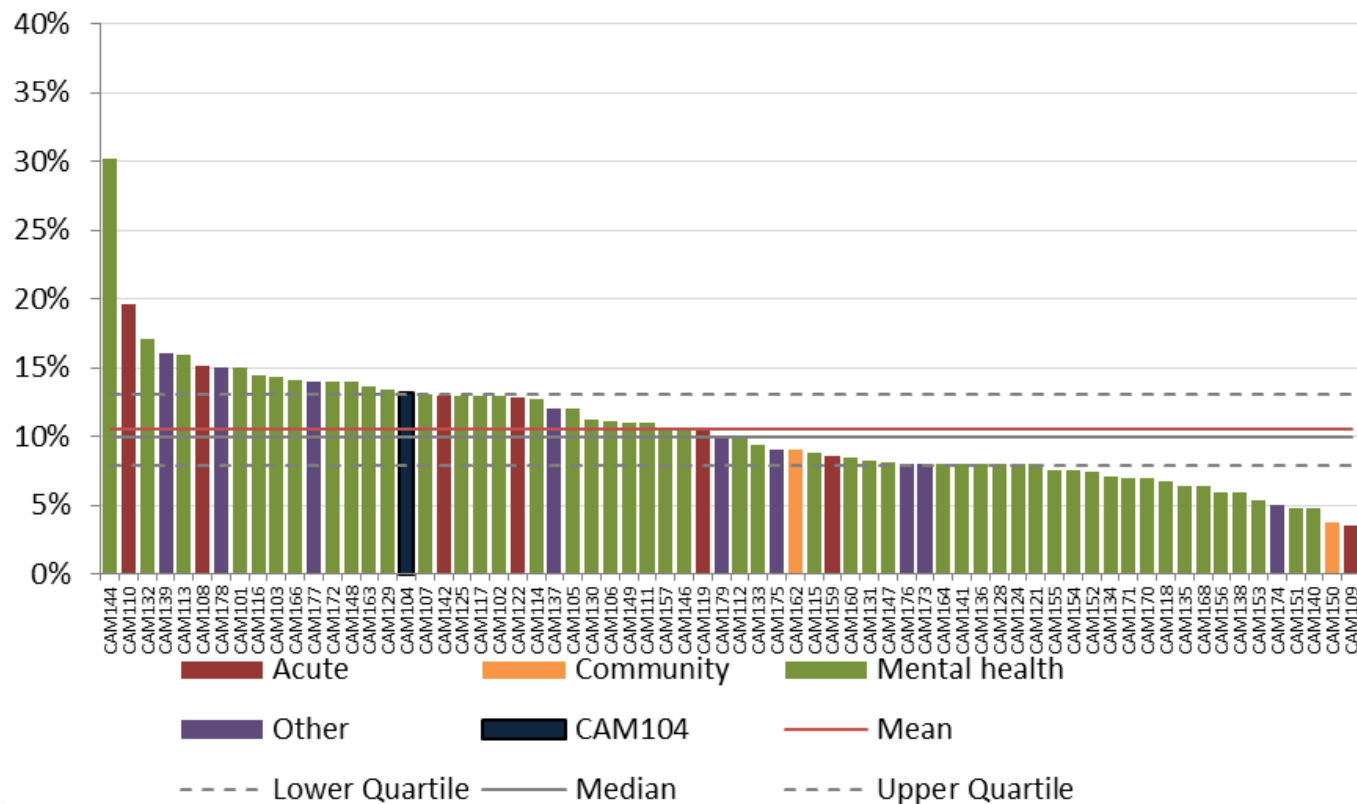


# Tier 1-3: Activity

## DNA rates

- The average DNA rate reported has remained steady at 11% for the last 3 years.

## Overall CAMHS DNA rate % 2014/15



# Community CAMHS Workforce



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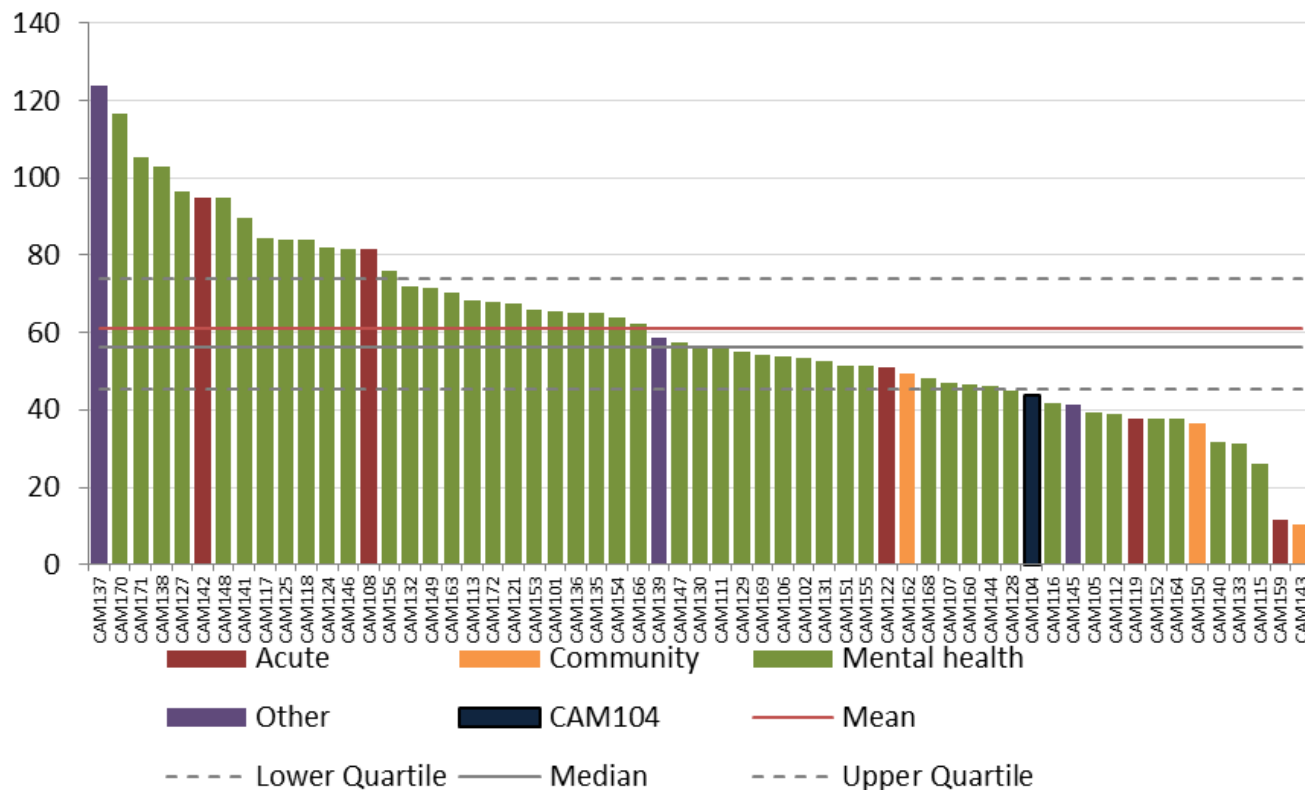


# Tier 1-3: Workforce

## Total Staff

- This year has seen a minor increase in CAMHS T1-3 workforce.
- In 2013/14, participants reported 60 WTE per 100,000 population. In 2014/15 this increased to 61 WTE per 100,000 registered population (0-18).

## All staff Per 100,000 Total Registered population (Tiers 1-3)

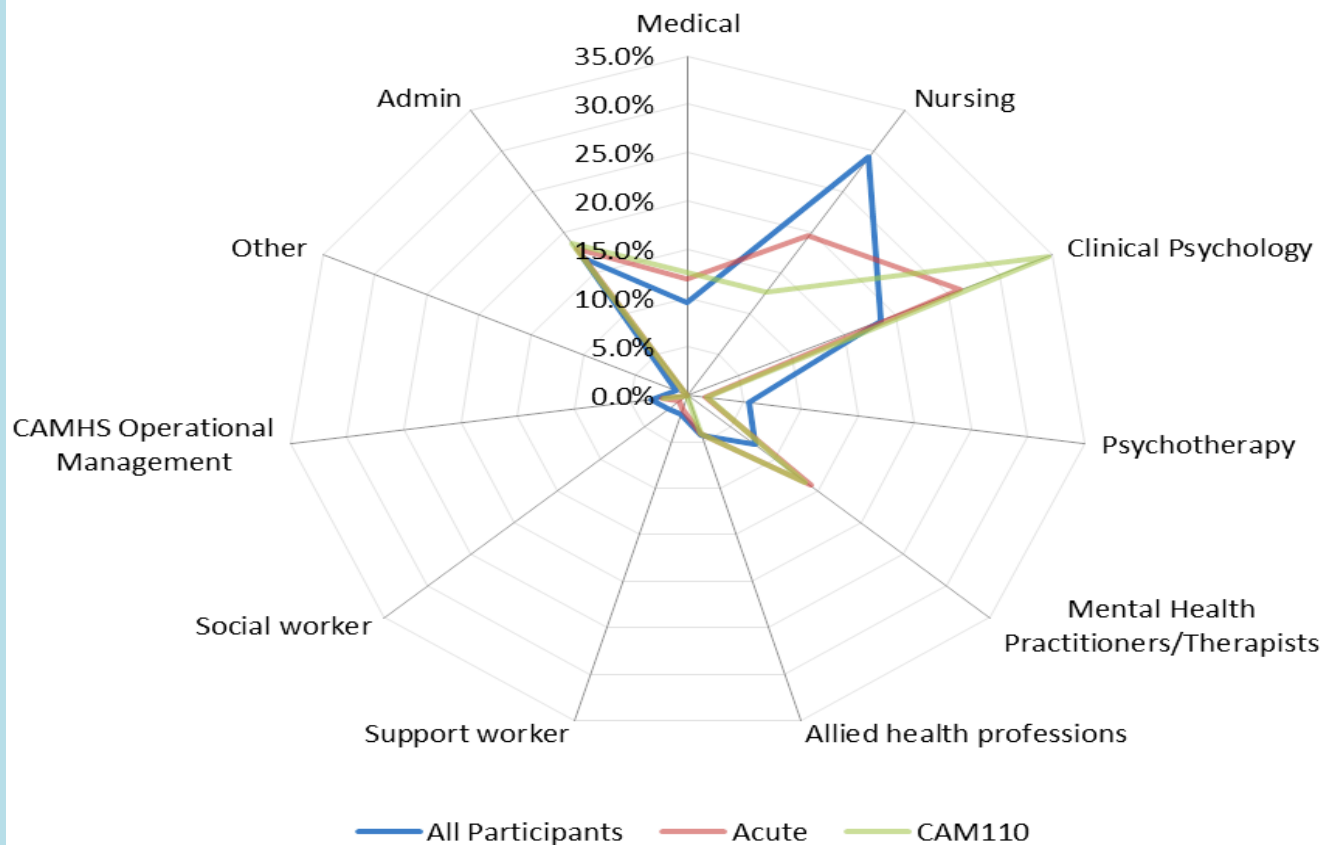


# Tier 1-3: Workforce

## Workforce groups – Total

- The blue line represents the average across all organisations. Key positions include;
- Nursing 29%
- Psychology & Psychotherapy 24%
- Admin 17%
- Medical 10%
- Other Therapy / MHP 8%
- Social Worker 2%

## Workforce Group: CAMHS Tiers 1-3

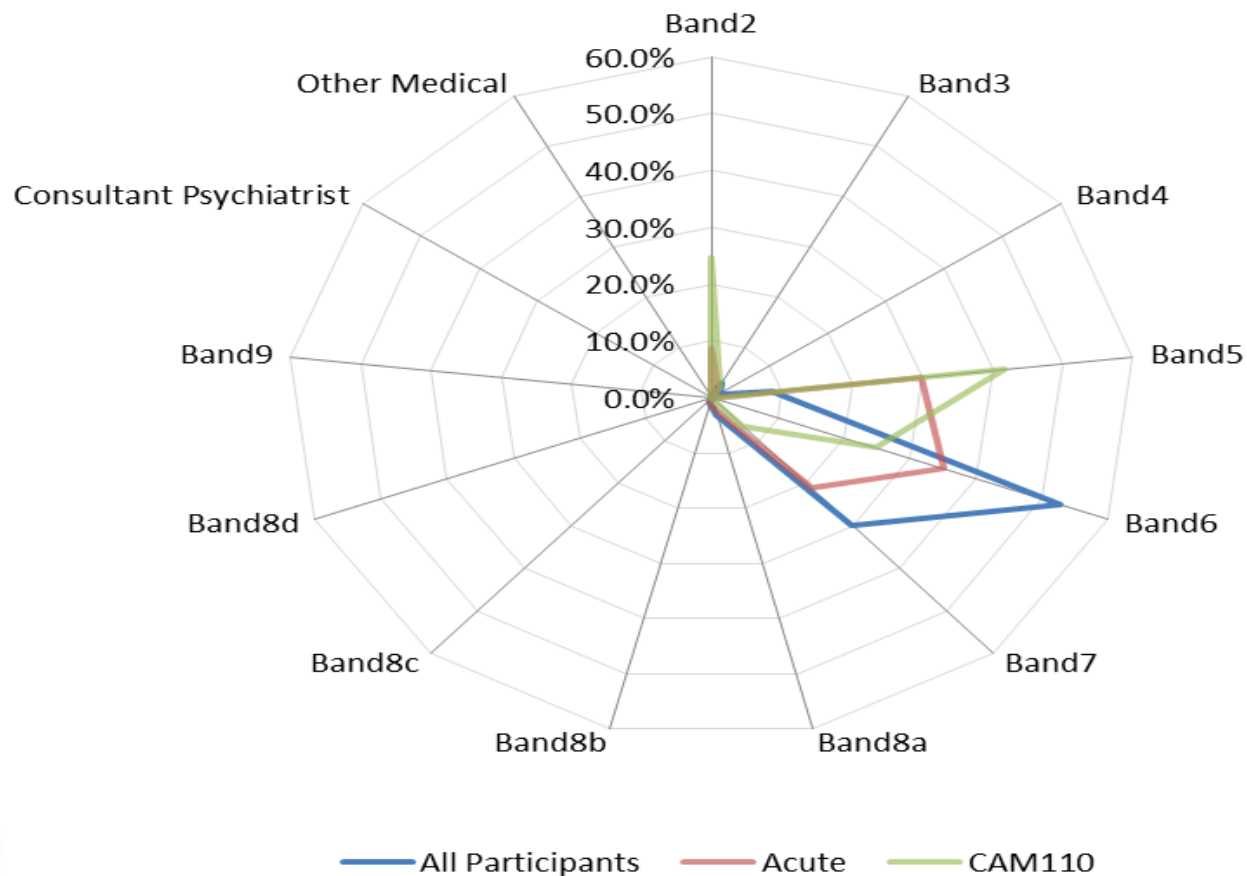


# Tier 1-3: Workforce

## Skill mix – Nursing

- CAMHS tier 1-3 services employ most Nurses at bands 6 and 7 (around 83% of Nursing staff).
- Unqualified staff total 5% of Nurses

CAMHS Tiers 1-3 Nursing

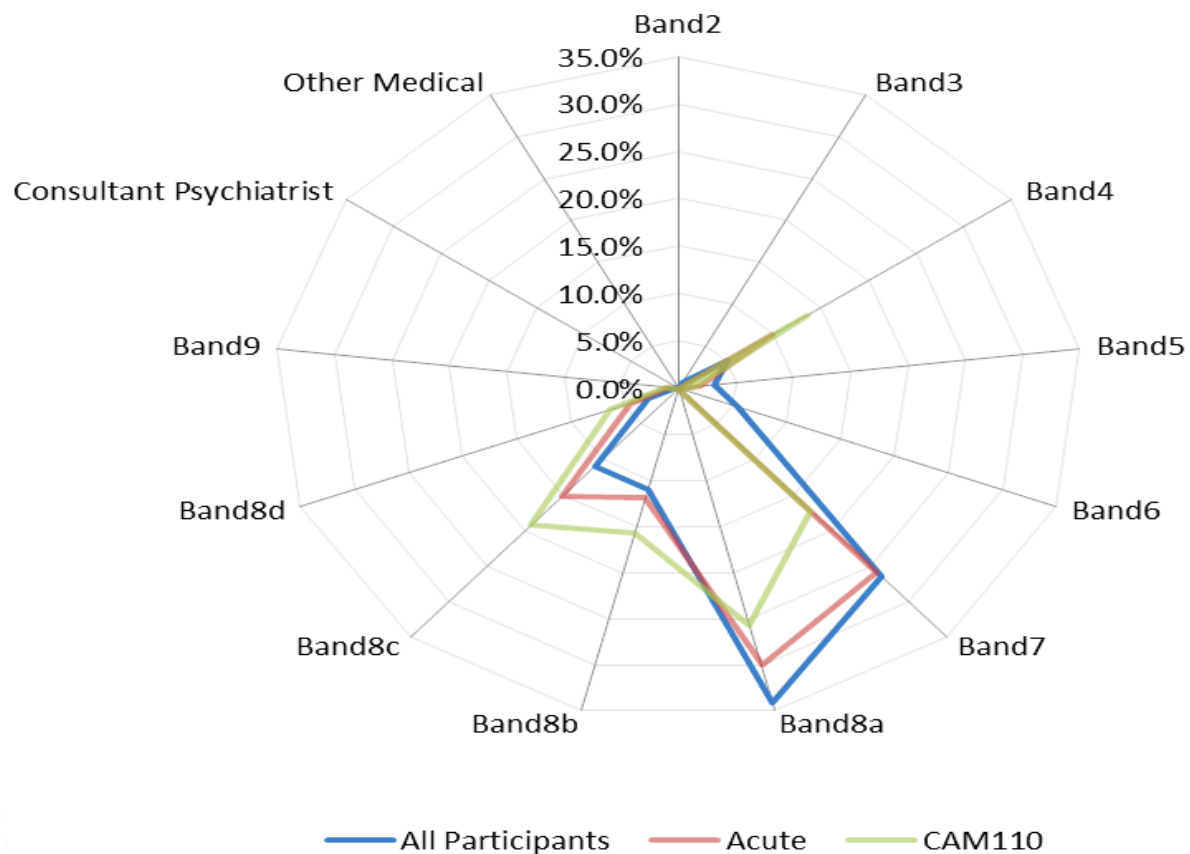


# Tier 1-3: Workforce

## Skill mix – Clinical Psychology

- Clinical psychology has a richer skill mix than nursing and displays a range across CAMHS providers.
- 85% at band 7 or above

## CAMHS Tiers 1-3 Clinical Psychology



# Community CAMHS Finance



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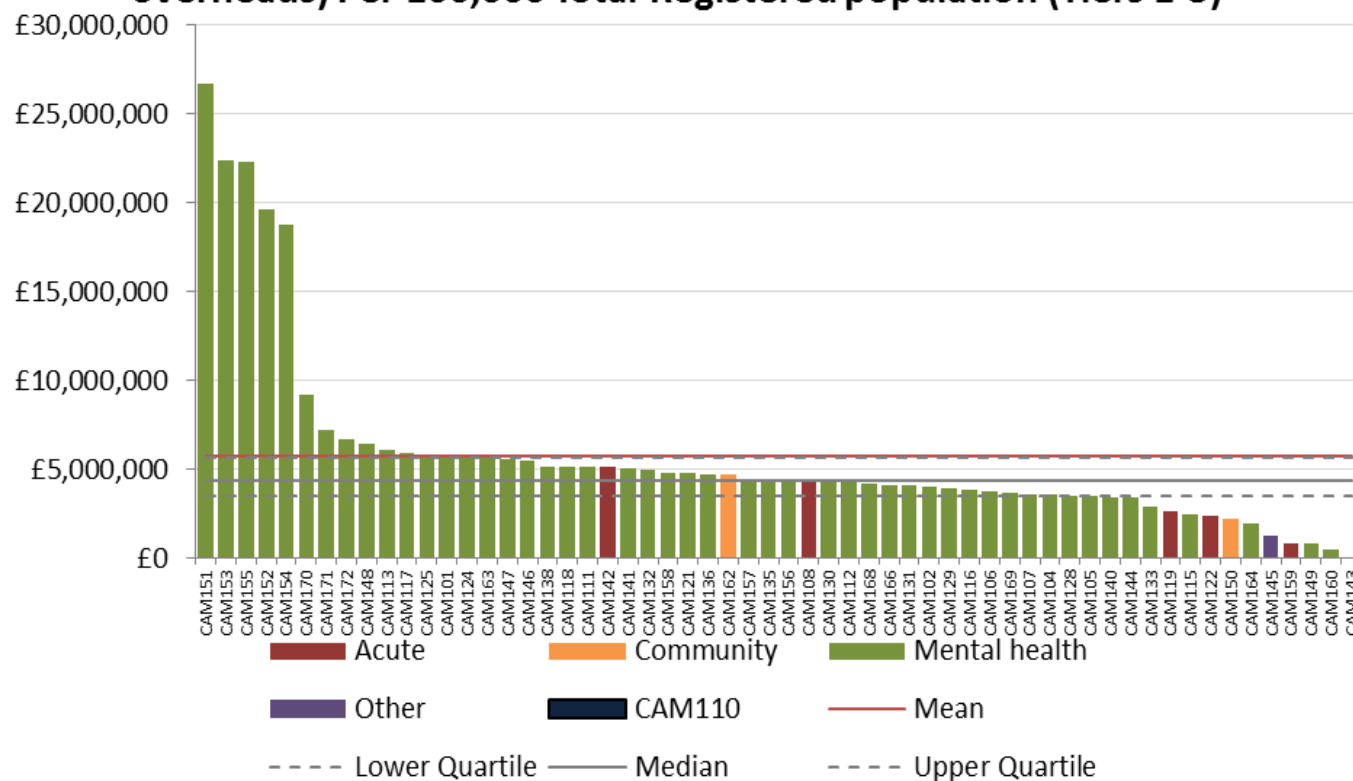


# Tier 1-3: Finance

## Total costs

- The mean average cost reported in 2014/15 was £5.7m per 100,000 population, a minor increase on 2013/14 of £5.6m per 100,000 population areas.
- The average (median) investment level for 2014/15 is £4.3m per 100,000 population.

**Total Costs of service in 2014/15 (including corporate costs and overheads) Per 100,000 Total Registered population (Tiers 1-3)**

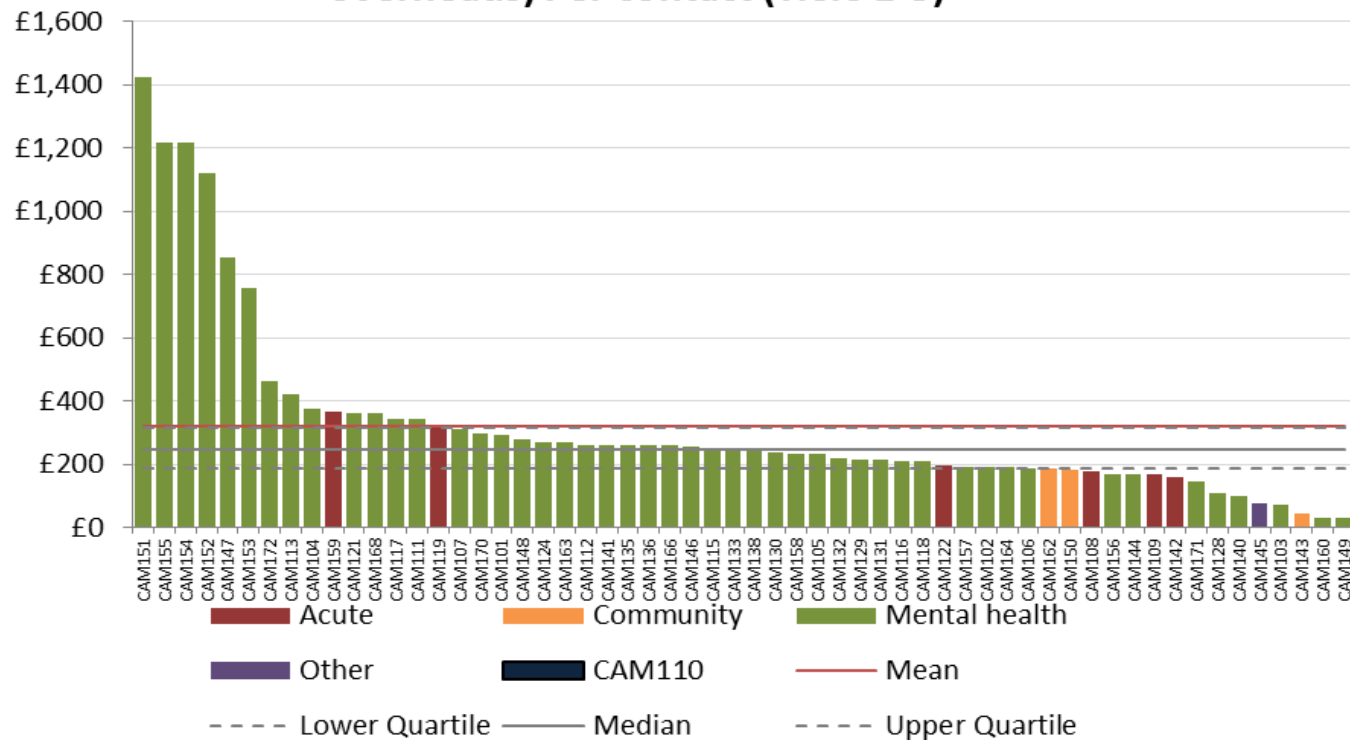


# Tier 1-3: Finance

## Costs per contact

- This year the mean reported cost per contact is £319 and the median £249.
- This compares to a mean of £390 and a median of £266 per contact in 2013/14.
- Both unit cost measures have decreased since 2013/14.

**Total Costs of service in 2014/15 (including corporate costs and overheads) Per contact (Tiers 1-3)**



# CAMHS Tier 4 (36 providers) Eating Disorders, Secure CAMHS, Other CAMHS



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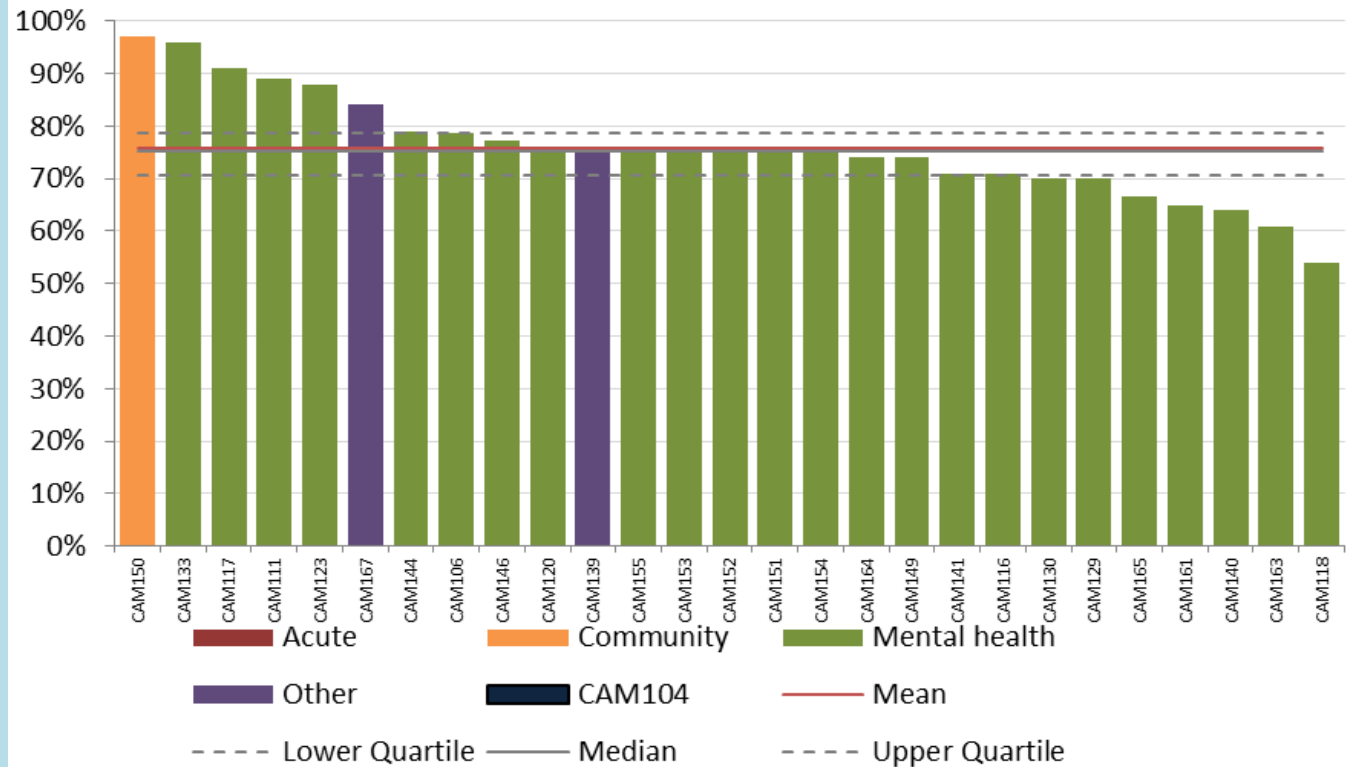


# Tier 4: Bed Occupancy

## Bed occupancy rate

- Across all bed types, participants reported a mean bed occupancy of 76% excluding leave (no change from 2013/14)
- Mean bed occupancy rates including leave were 90% this year, compared to 92% last year.

## Total CAMHS - Bed occupancy rate (excluding leave) 2014/15



# Bed Occupancy Comparisons

## Bed Occupancy excluding leave

Bed Type	Bed Occupancy %
<b>CAMHS</b>	<b>76%</b>
Adult Acute	94%
Older Adult	84%
PICU	84%
Low Secure	92%
Medium Secure	82%
High Secure	89%
Eating Disorders	82%
Mother and Baby	68%
High dependency rehabilitation	84%
Longer term complex / continuing care	84%

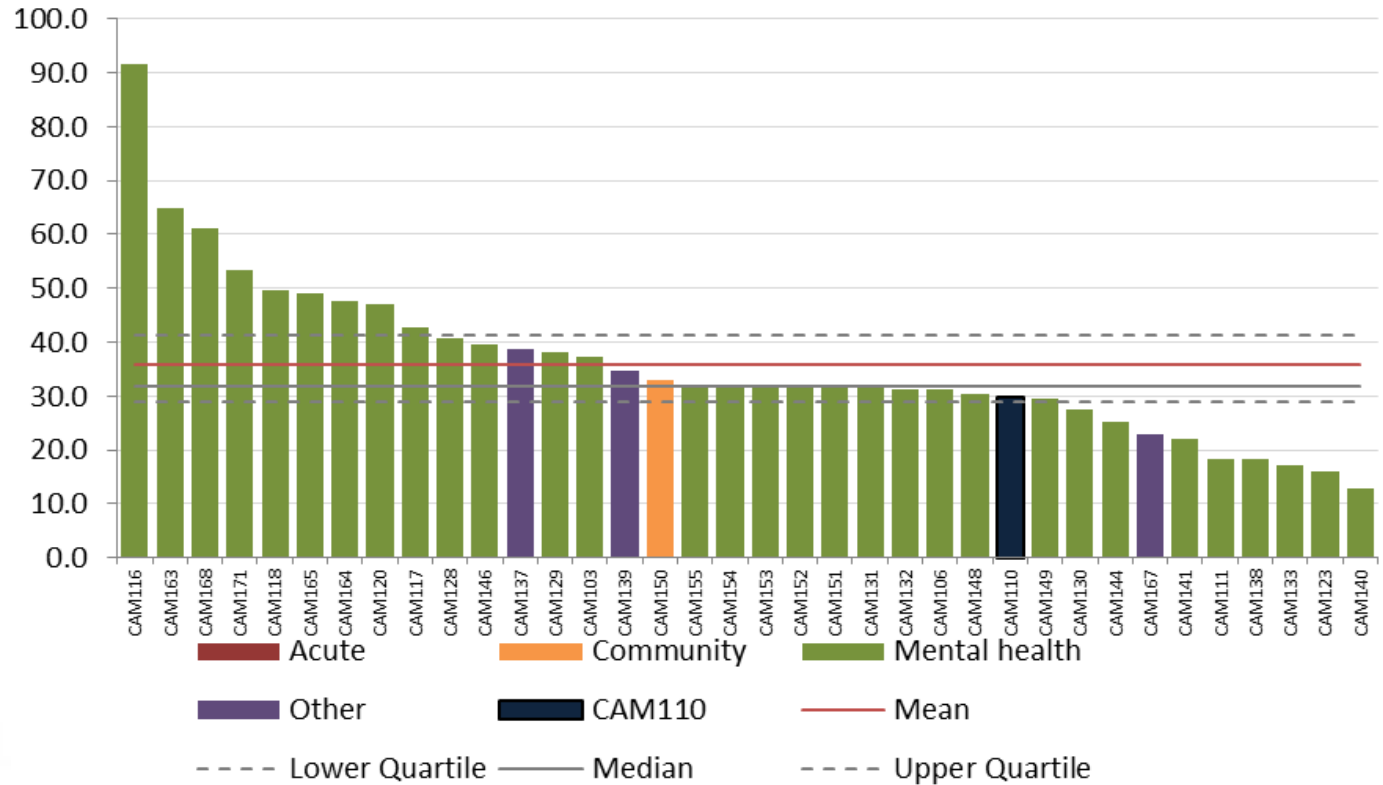


# Tier 4: Total staff per 10 beds

## Total Staff per 10 beds

- Staffing levels have increased for a third year in a row, to 36 WTE per 10 beds (from 35 WTE per 10 beds in 2013/14 and 34 WTE in 2012/13).
- Impact of Safer Staffing initiative

All staff Per 10 Beds (Tier 4) -All CAMHS

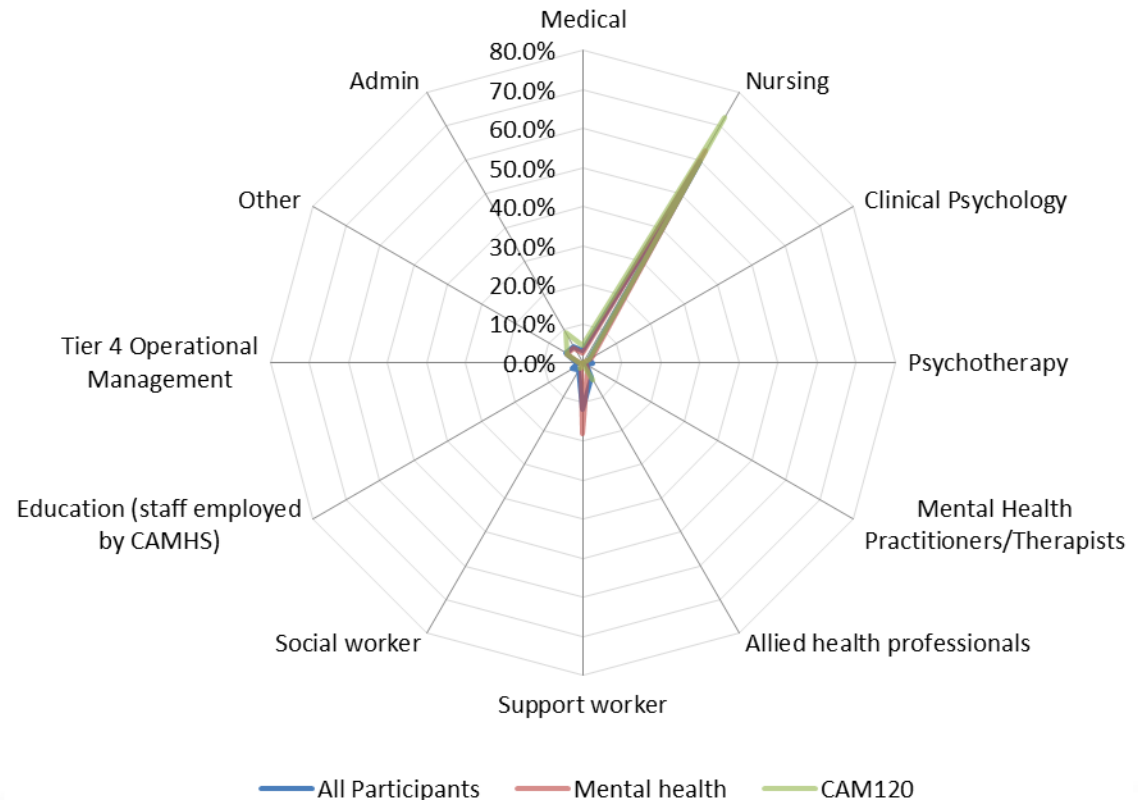


# Secure CAMHS: Workforce

## Workforce groups

- Staffing on Secure CAMHS units is predominantly nursing (60%) & Support Workers (12%)
- Psychology and medical input make up just 4% and 3% of the workforce respectively.
- This profile again raises the questions of the amount of therapy input provided in CAMHS inpatient services.

Workforce Group: CAMHS Tier 4 -Secure CAMHS

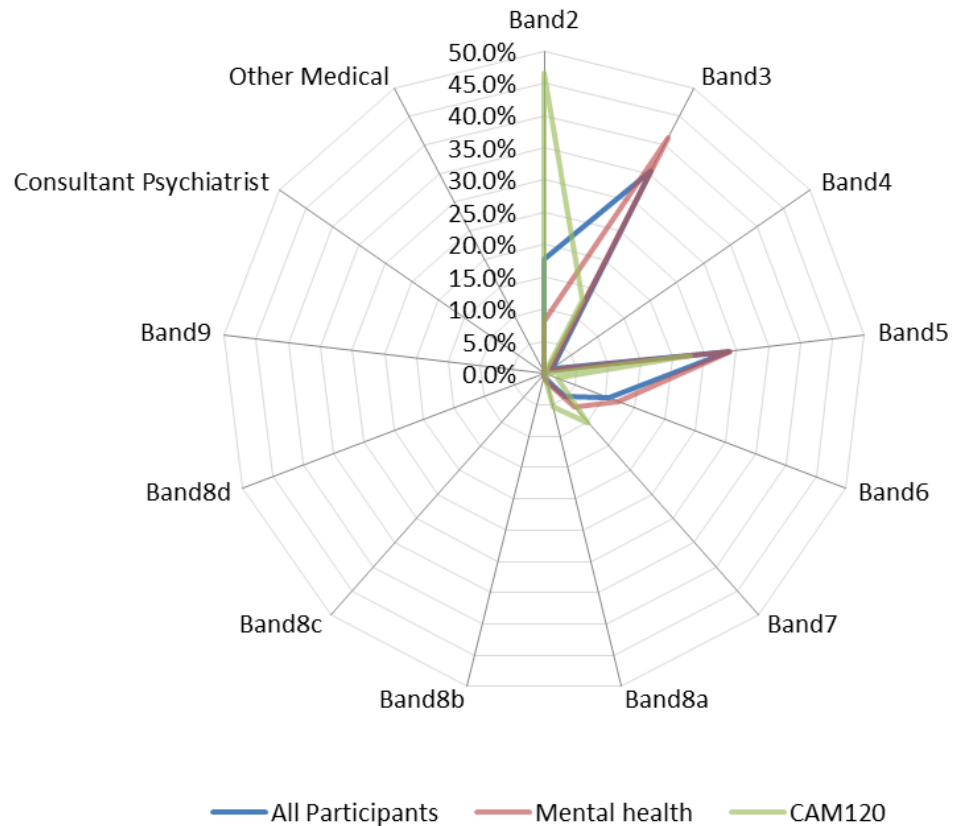


# Secure CAMHS: Workforce

## Skill mix

- Band 3 nurses account for approximately 35% of all staffing, followed by Band 5s (29%). The proportion of Band 6 and Band 7 nurses is lower than on other types of CAMHS units such as Eating Disorders.

## CAMHS Tier 4 Nursing





# Benchmarking ALOS

## Profiling average length of stay excluding leave

Bed Type	Average length of stay (days)
CAMHS ED	133
CAMHS Secure	134
CAMHS Other	52
Adult Acute	32
Older Adult	76
PICU	45
Low Secure	594
Medium Secure	548
High Secure	2,450
Eating Disorders	100
Mother and Baby	39
High dependency rehabilitation	409
Longer term complex / continuing care	760



# Benchmarking Beds

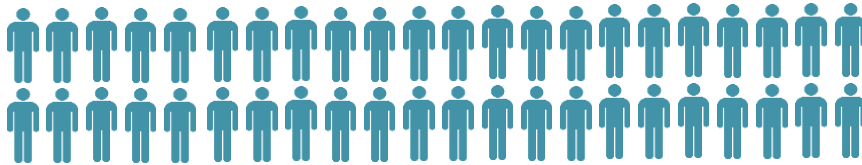
## Profiling inpatient costs

Bed Type	Average cost per admission £	Average cost per bed per annum £
CAMHS	£60,000	£230,000
Adult Acute	£11,300	£126,000
Older Adult	£32,000	£136,000
PICU	£37,000	£218,000
Low Secure	£346,000	£143,000
Medium Secure	£394,000	£172,000
Eating Disorders	£50,000	£160,000
Mother and Baby	£35,000	£199,000
High dependency rehabilitation	£194,000	£111,000
Longer term complex / continuing care	£435,000	£113,000

# Economic comparisons



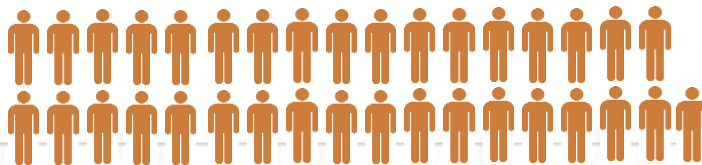
1 CAMHS bed = 100 patients on a CAMHS community caseload



1 Adult Acute bed  
= 44 patients on a CMHT caseload



1 adult acute bed  
= 18 patients on an EIP team caseload



1 older adult bed  
= 35 patients on an older adult CMHT caseload



# CAMHS Quality and Outcomes



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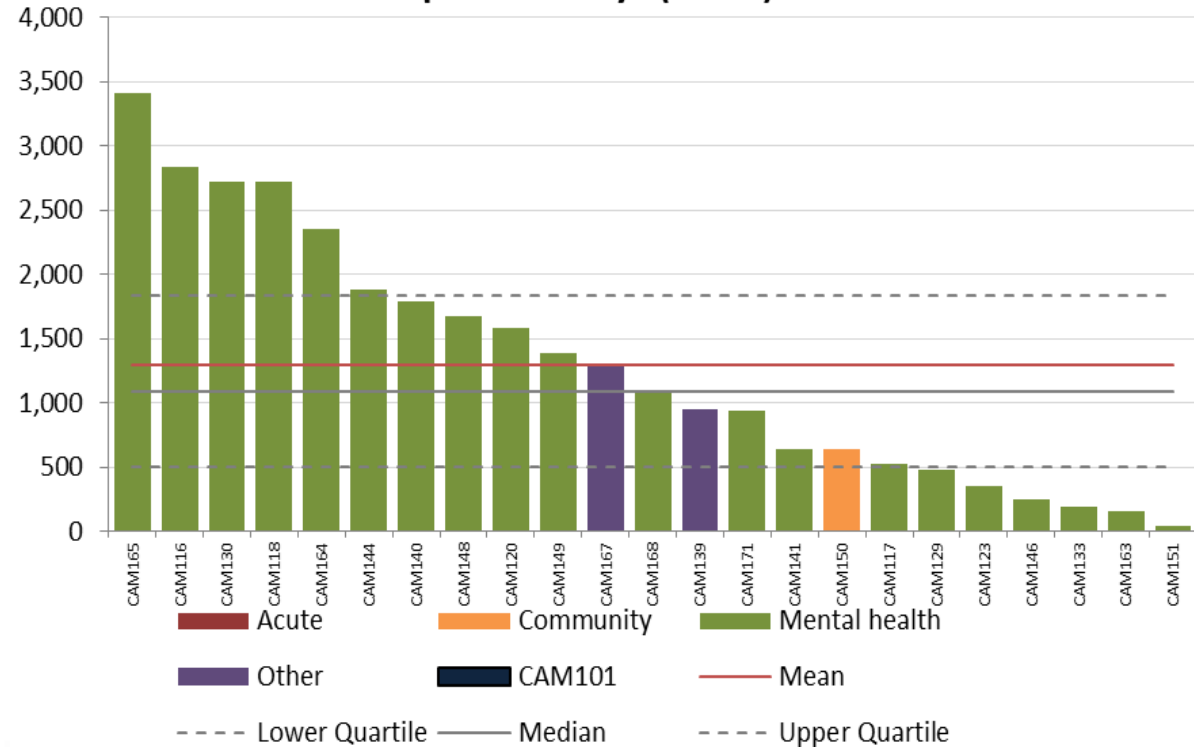


# Quality and Outcomes

## Ligature incidents

- The mean average reported is 1301 ligature incidents per 100,000 bed days. This is a reduction from 1600 per 100,000 bed days in 2013/14.
- This position is almost 9 times higher than that reported for adult mental health services.
- This may reflect higher levels of behavioural challenge and risk in the CAMHS patient inpatient cohort.

Number of incidents involving ligatures 2014/15 Per 100,000 Occupied bed days (Tier 4)

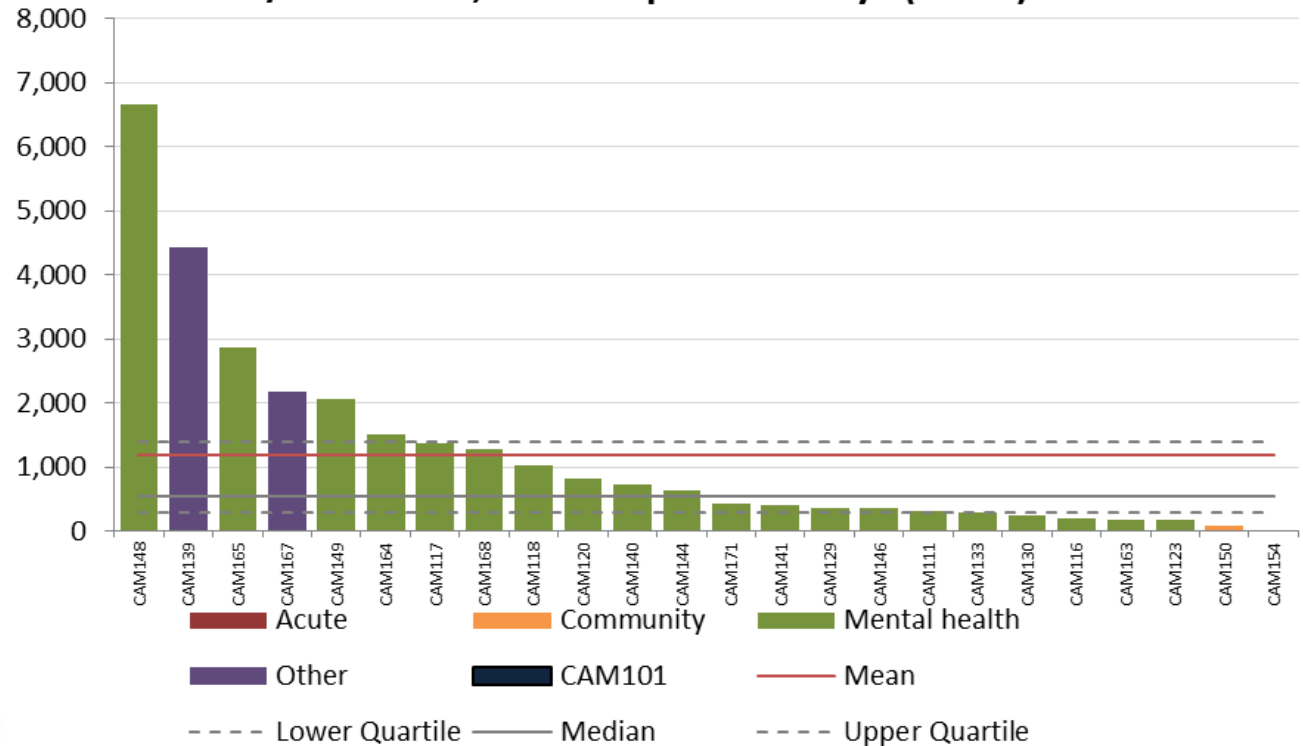


# Quality and Outcomes

## Violence to staff

- On average, participants reported 1,200 incidents of violence to staff per 100,000 occupied bed days. This compares to 1,800 incidents per 100,000 bed days last year.
- Rates of violence are higher than adult mental health services.

Number of incidents involving actual physical violence to staff  
2014/15 Per 100,000 Occupied bed days (Tier 4)

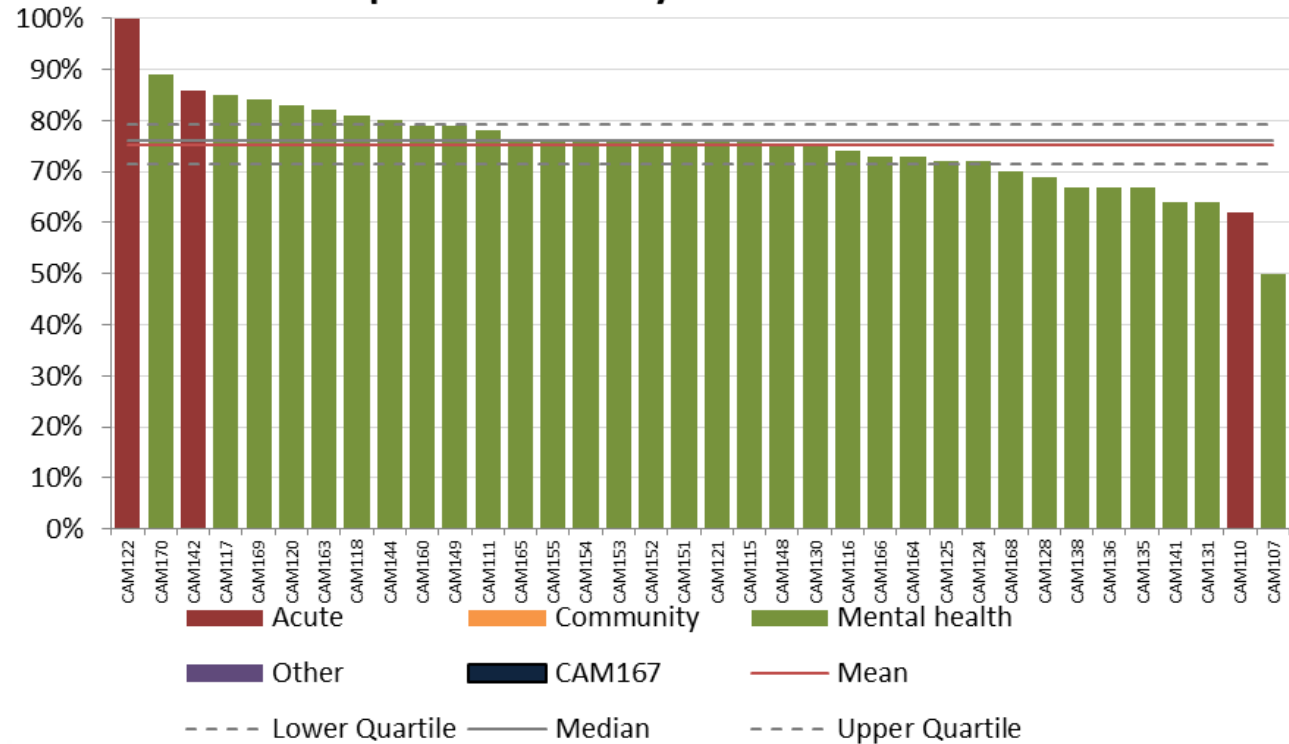


# Quality and Outcomes

## Staff Satisfaction

- Staff satisfaction rates within CAMHS are good, with 75% of staff reporting they are satisfied with the quality of work and patient care they are able to deliver.
- Consistent with 2014 & Adult MH

**NHS Staff Survey results % feeling satisfied with the quality of work and patient care they are able to deliver**



# Conclusions

- Ongoing increases in demand
- Activity increases
- Waiting times issue
- Bed utilisation
- Therapy delivery in inpatient care?
- Adequate admission avoidance capacity?
- Economic case for community care
- Most incident types have improved
- Outcomes focus to be commended
- Considerable innovation evident





# Discussion Points



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