Performance report

May 2022

NHS
East London
NHS Foundation Trust

Title	Performance report
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PURPOSE OF THE REPORT

To provide assurance to the Board on overall performance of the organisation, in delivery of the Trust strategy.

KEY MESSAGES

The performance report provides a strategic overview of performance on four key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people). Each theme includes a small number of Trustwide measures, together with a narrative to describe progress, challenges and actions. The appendix contains our system performance dashboard, with measures related to population health, quality of care and value for each of the key populations that the Trust serves. This helps us understand the performance of each population that we serve. Narrative to explain unusual variation is contained in the overview of performance within the relevant theme.

Where are we doing well, and what have we learned?

The percentage of service users being followed up within 72 hours of discharge from an inpatient ward has continued to demonstrate improvement, exceeding the national 80% target in March for the first time (82%). This reflects work across all our mental health directorates to test new ideas to ensure reliable follow-up and contact.

The rate of physical violence in inpatient wards continues to reduce as we have reintroduced the standard practice emerging from our previous violence reduction quality improvement work. The number of restraints increased in February before returning back to normal levels in March. This is attributed to a small number of challenging service users with complex needs.

The total waiting list across the Trust continues to reduce and average waiting times have increased across many of our community-based services as teams prioritise those who have been waiting the longest. Twelve of the 43 teams with recovery plans are seeing their waiting lists reduce, despite most teams facing challenges with capacity versus demand.

Early Intervention Services continue to exceed the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 68% in March.

KEY MESSAGES (continued)

The proportion of service users who would recommend our services has remained stable. The percentage of people being seen within IAPT who achieve recovery has exceeded the national 50% target, achieving 52% in March. Responses to the standard Patient Experience Questionnaire in IAPT have seen an increase in March, but remain stable overall.

Overall, paired Dialog scores over 18 months show than in both community and inpatient settings we are supporting an improvement in quality of life and outcomes. The report provides more detail about areas of variation we are seeing across directorates. CAMHS services continue to progress well with capturing paired outcomes for service users, achieving 78% in March. Perinatal Services is also continuing to successfully capture outcome measures and are exceeding the national (CQUIN) target of 40%, with teams currently achieving 51%.

Where are we identifying challenges, and what are we doing about it?

Waiting lists remain stable in 9 services that have developed recovery plans, and 19 are seeing a continual rise in their waiting list. The main factors beneath this relate to the same issues highlighted previously; high demand; capacity challenges caused by staffing gaps; and recruitment difficulties. Teams with growing waiting lists have signed up for the new QI flow programme starting in June to provide additional support and encourage services to share learning and develop creative solutions.

The percentage of incidents resulting in harm has been high over the past 3 months. This is believed to be related to the slight increase in pressure ulcers reported in Bedfordshire, together with an overall reduction in total incidents reported across the Trust since January 2022.

Across Perinatal services, there has been a decrease in the number of service users from minority groups accessing the service. Further exploration is underway to improve access for minority groups, which has dropped to 30% in March, as part of the perinatal equalities group work stream.

The number of service users supported into employment by Individual Placement Support (IPS) services remains stable but low. Services are expecting this position to increase as a range of initiatives are launched to improve employment opportunities. Work has begun with Luton council, voluntary sector and businesses in Luton to work towards increasing employment and training opportunities for people in Luton, as part of our efforts to become a Marmot Trust.

Appendix 3 of this report includes a new section, requested at the March 2022 Board, to help us look at our waiting lists through an equity lens. This is a first attempt at analysing our waits for adult community mental health and CAMHS with regard to gender, ethnicity and area of deprivation. The intent was to identify if there were any areas of disparity between the referrals we receive into the service, and those who seem to be waiting longer for assessment.

Executive Summary

Strategic priorities this paper supports (please check box including brief statement)

Improved patient experience	☒	The performance reports supports assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, patient experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

Implications

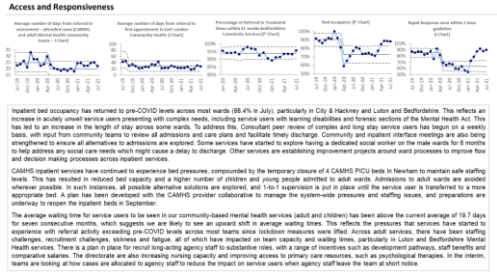
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of March 2022 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Introduction: How this report is structured

1

Summary of organisational performance

The report is organised around a small number of key themes (safety; access and responsiveness; experience and outcomes; children and young people). Each section contains 3-5 indicators aggregated at Trust level, together with a summary of current performance (progress, issues and actions).



Key indicators related to the performance theme

Narrative describing current performance – including progress, challenges and actions

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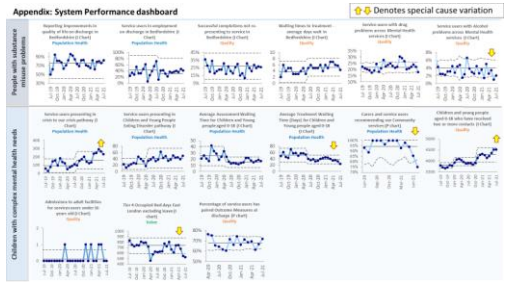
Appendix 1 – System performance dashboard

This dashboard demonstrates our impact on key measures of population health, quality of care and value for the main populations that the Trust services. Highlighted arrows draw attention to areas where we are seeing change (improvement, deterioration or instability)



Each row contains the measures related to a population that we serve

Highlighted arrows to show areas where we are seeing instability, with assurance of actions provided in the initial narrative

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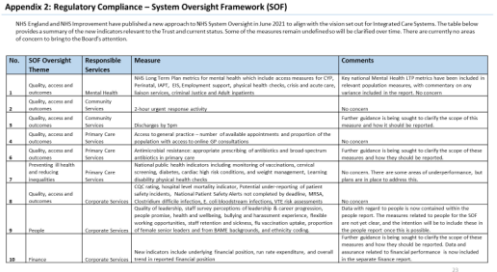
Appendix 2 - What is our performance against national assurance indicators?

This provides the Board with assurance of our performance against the measures that form the new System Oversight Framework within the NHS



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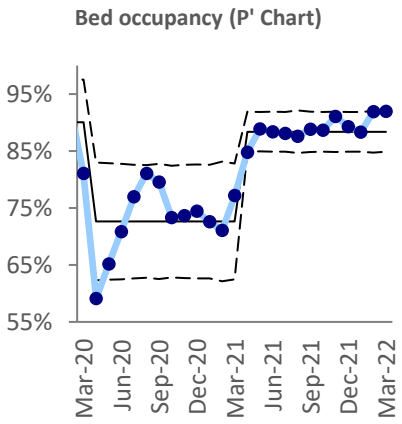
Appendix 3 – Viewing waiting lists through an equity lens

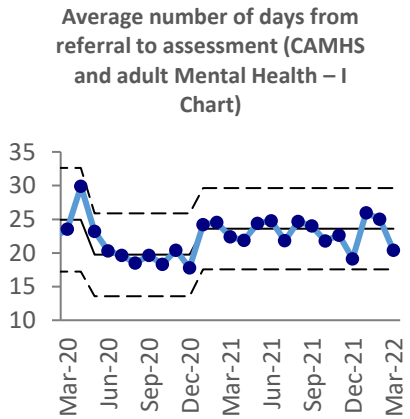
This additional section for May 2022 provides the Board with an initial look at our waiting lists through an equity lens, to identify any disparities based on gender, ethnicity or area of deprivation

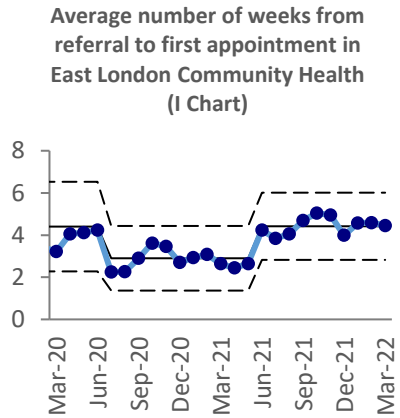
May 2022

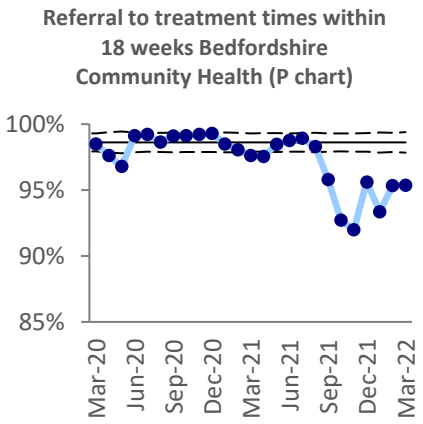
NHS East London NHS Foundation Trust

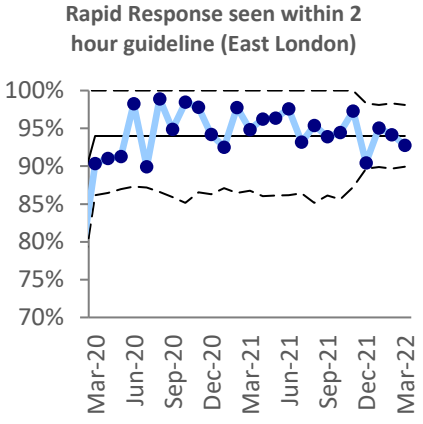
Access and Responsiveness

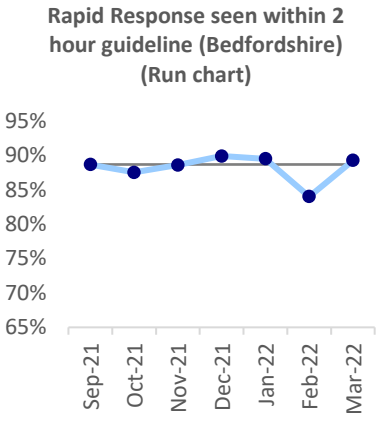










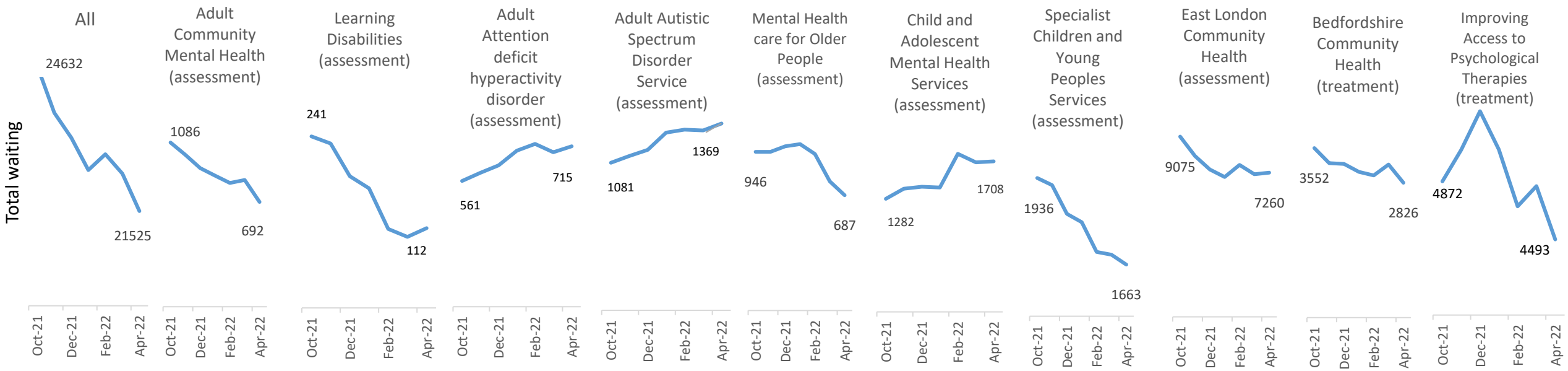


Inpatient bed occupancy across most services continues to remain high, with an average of 92% in March. The themes highlighted in the previous report continue to persist, particularly regarding social care delays and limited availability of specialist placement accommodation for service users with complex needs. There are also a greater number of admissions of people who are currently on remand, awaiting court proceedings. This group typically have longer admissions, which are being exacerbated by delays in court procedures.

In order to manage admissions and length of stay as effectively as possible, all services hold daily meetings to problem-solve or escalate rapidly. Alternatives to admission are always considered, such as crisis cafes and home treatment. Our lead rehabilitation Consultant is reviewing long-stay inpatients in order to establish if there might be more appropriate care environments available to meet their needs. Across Bedfordshire, services are working closely with CCGs and acute providers to manage patient flow across the system. Services are exploring restarting a programme that operated last Winter in which ten community step-down beds were created through collaboration with a local accommodation provider in Bedfordshire. This facility allowed service users who were awaiting funding or experiencing delays in receiving social care support to be transferred to these beds for up to four weeks.

Rapid response within two hours for Community Health Services remains stable, achieving 92% in East London and 89% across Bedfordshire services during March. The reduction in February across Bedfordshire is related to high covid sickness in the service which has since resolved.

Access and Responsiveness



The charts above provide a summary of the total number of service users waiting to be seen across the Trust. The overall waiting list for assessment and treatment is decreasing. There has been progress in reducing waiting lists and backlogs across several services including Tower Hamlets Mental Health and Memory Assessment Services across Luton & Bedfordshire. Across CAMHS, ADHD and autism services, the total number of service users waiting continues to rise. The services that have large waiting lists have produced recovery plans to help plot trajectories based on their current demand and capacity estimates, and are utilising quality improvement to develop and test creative ideas. A Trustwide Quality Improvement (QI) programme on flow is due to start in June to support to improve flow, manage demand and redesign pathways to enable greater access.

Forty-three services across the Trust have developed recovery plans for their waiting lists, 15 of these are seeing a reduction, 9 remain stable, and 19 are increasing. All services have a process to prioritise referrals based on urgency and complexity, and a system of reviewing their waiting lists to manage risk of harm. Of those experiencing a reduction, Memory Services across Luton and Bedfordshire and Tower Hamlets Learning Disabilities have seen the greatest reduction. The Memory Services in Bedfordshire managed to secure additional clinic space to increase their capacity in January and a funding proposal for additional staffing was submitted this month to expand the number of appointments the service can offer. The service is working with primary care colleagues in Central Bedfordshire to provide early diagnosis for service users that do not have co-morbid conditions. In Tower Hamlets, the Learning Disabilities service has started working with the CAMHS team to understand the complexity of service users that are likely to enter the service in the future, in order to plan for future demand and improve the young person's transition from CAMHS to the Learning Disability service.

Access and Responsiveness

Across East London, the City & Hackney Dementia service, Early and Quick Intervention in Psychosis (EQUIP) psychology team, Newham Memory Clinic, and Tower Hamlets Memory services have also managed to reduce their waiting lists. The EQUIP psychology team has been successful with recruitment and appointed an additional psychologist to enhance assessment and treatment capacity. These services continue to signpost referrals to other providers if appropriate. In Tower Hamlets, the memory service is exploring the feasibility of offering an interim diagnosis, pending a brain scan, where there is significant evidence that a patient presents Mild Cognitive Impairment (MCI) or dementia.

Across Luton and Bedfordshire community mental health, Dallowdowns CMHT has seen a reduction in their backlog. The service has developed a new triage system, with Voluntary Care Social Enterprise sector (VCSE) workers triaging referrals and reducing the time to first appointment. Across East London, community health services waiting lists have largely decreased, specifically the Newham diabetes services and the Tower Hamlets enhanced primary care teams (EPCTs). The Newham Diabetes service has managed to recruit an education lead to solely focus on delivering group education classes. A QI project has begun in the EPCT service to streamline the pathway and recruitment processes. The service has also implemented a caseload and waiting list audit tool to review caseloads and waiting lists each week.

Several services have waiting lists that remain stable, including Leighton Buzzard CMHT and Older People CMHTs in Luton, Mid-Bedfordshire, and South Bedfordshire. Leighton Buzzard has recently managed to recruit two social workers and care coordinators to undertake non-medical assessments, to increase staffing capacity. Older People CMHTs across Luton and Bedfordshire are streamlining the pathways across the four CMHTs and undertaking training to ensure consistent approaches to clinical effectiveness. Across East London, waiting lists for the City & Hackney Specialist Psychotherapy Service (SPS) and the Tower Hamlets Autism service remain stable. To manage the safety of service users, the SPS has developed a comprehensive crisis and contingency risk management plan by using the Outreach service to ensure regular appointments with service users are available. The Tower Hamlets Autism service continues quality improvement work to refine the screening process and reduce referral time. Eating Disorder services have stable backlogs. In East London, the service is exploring options around guided, online anorexia-focused family therapy (FT-AN) and has reconfigured the assessment clinic to ensure capacity for 1 urgent assessment per week.

Waiting lists for several services continue to grow. This includes Biggleswade CMHT, Dunstable CMHT, Triage and Brief Intervention (TABI), Bedford Older People CMHT, as well as City & Hackney ADHD, and Newham and Tower Hamlets SPS. The TABI team is currently focusing on a data cleansing exercise to tackle data quality issues in order to improve the accuracy of its waiting lists. In Biggleswade, the team has vacant occupational therapy and psychology positions. The “blended team” pilot which now contains a social prescriber, two care connectors and a pharmacist allows the service to consider the best person to make the first contact with a service user depending on their level of complexity. In Dunstable, the corporate performance team is directly supporting the service to understand the steps in the pathway and identify areas for improvement. This has developed into a year-long QI project focusing on flow. The City & Hackney ADHD service has created a new triage process for new referrals whereby doctors in the neighbourhood teams carry out the triaging, which will reduce the wait for assessment. The SPS service in Newham has started a QI project focusing on access from Primary Care Networks (PCNs) to SPS to improve the quality of referrals and streamline the pathways. In Tower Hamlets SPS, recruitment is currently underway and the service plan to be fully staffed in the next 2 months. With the support of the borough director, the service has been able to over-recruit to fill vacancies.

Access and Responsiveness

Waiting times have continued to increase in Newham and City & Hackney CAMHS. In City & Hackney, the service has extended to see families on Saturday and works closely with Homerton hospital to develop a Single Point of Access. In Newham, five assistant psychologists are being recruited to work alongside a project manager to review waiting lists using a traffic light system of urgency and complexity, referrals, and front door processes. This team will also look to categorise young people into cohorts that might be suitable for group work, sign-posting to alternative services, or discharge. This will help transition young people who have successfully completed treatment and can be managed safely in primary care. This will create capacity for the service to assess and treat more urgent and complex cases.

The IAPT Cognitive Behavioural Therapy services in Bedfordshire and Tower Hamlets continue to see high referral numbers. Recruitment in Tower Hamlets has been more successful, so there has been less need to increase capacity through the subcontractor, Xyla. In Bedfordshire, counselling capacity has been temporarily reduced due to changes in the service model to test changes to the current pathway. IAPT are also developing a new entirely remote team, which will provide flexible capacity to meet demand across the services.

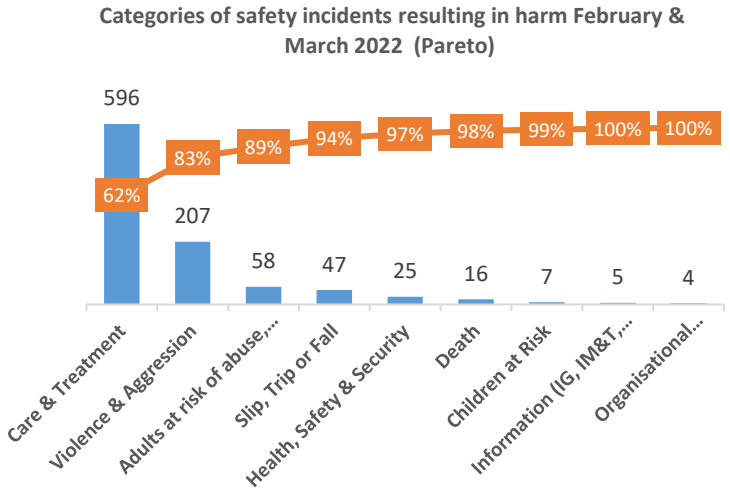
Community Health Services (CHS) have experienced the greatest increase in waiting lists. In Newham, the waiting list for the Foot Health Service and Physio MSK have increased. The Foot Health service is currently collaborating with the Tower Hamlets service for additional support and is liaising with Business Development to explore options of outsourcing. The Physio MSK service has managed to increase the number of follow-up appointments by offering more therapy classes and predicts that their backlog will be cleared by October 2022. Across Bedfordshire CHS, all services have seen an increase in their waiting times. These include Adult Speech & Language Therapy (SLT), Podiatry, Wheelchair Services, Physiotherapy, and Occupational Therapy. Recruitment is the main challenge across these services and they continue to actively signpost service users to alternative services where appropriate. The Podiatry service is undergoing a caseload cleanse in routine podiatry where there are minimal waits for the adult podiatry caseload. Currently, 80% of service users are seen within 18 weeks. Both the Wheelchair and Occupational Therapy services are hampered by delays related to the supply of equipment due to global supply chain disruptions. The teams have produced leaflets for service users outlining that they can privately purchase their equipment to support the high demand and expedite delays where possible.

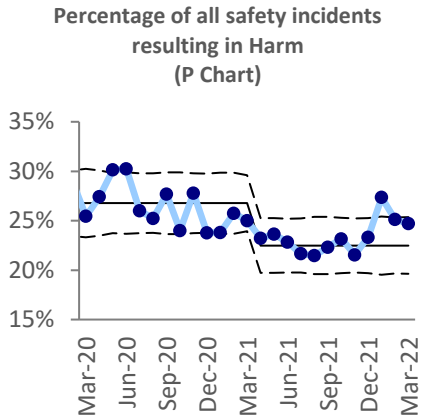
Data on waiting times for 3 CMHTs in Luton is currently pending due to the recent CMHT transformation which has resulted in caseloads being moved from CMHT to new PCN teams. These include Wardown CMHT, Stockwood CMHT, and Brantwood CMHT. Despite having experienced a decrease in their waiting times over the past 3 months, performance and informatics are currently liaising directly with the local performance teams in Luton to ensure that the data is accurately captured and that the visibility of all waiters is not lost.

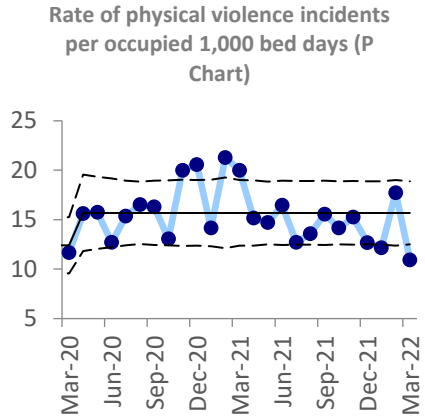
Despite fluctuations in perinatal service waiting times, 80% of service users are currently seen within 28 days. This is below the 95% target, primarily due to a high number of staff vacancies. The service expects this to improve as new staff come into post over the next few months.

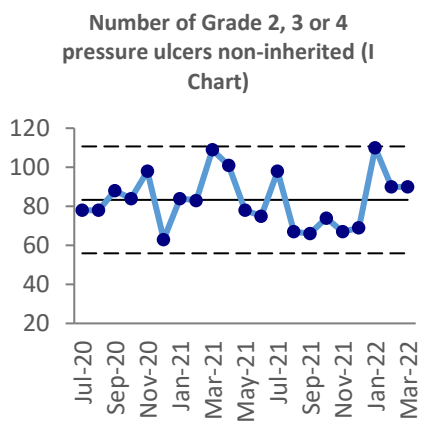
A year-long QI programme on flow is commencing in June, sponsored by our Chief Operating Officer and Chief Quality Officer, to provide an additional learning system for the many teams who are working on this topic. This will support the collation and sharing of change ideas that have been tested and successfully implemented in different teams. Appendix 3 of this report provides an initial insight to the Board on our waiting lists through an equity lens.

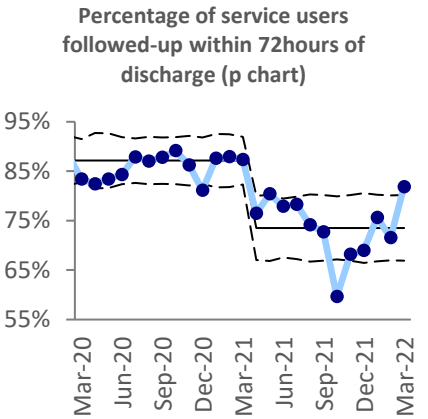
Safety











The Pareto chart above shows the distribution of reported incidents by category during February and March. This highlights that 62% of all reported incidents related to care and treatment, 21% related to violence and aggression and 6% related to adults at risk of abuse or neglect. The main care and treatment themes were pressure ulcers, self-harm incidents, moisture associated skin damage and overdose of medication. The last three months have seen an increase in the percentage of safety incidents resulting in harm. This is believed to be related to the slight increase in pressure ulcers reported in Bedfordshire, and also an overall reduction in total incidents reported in January.

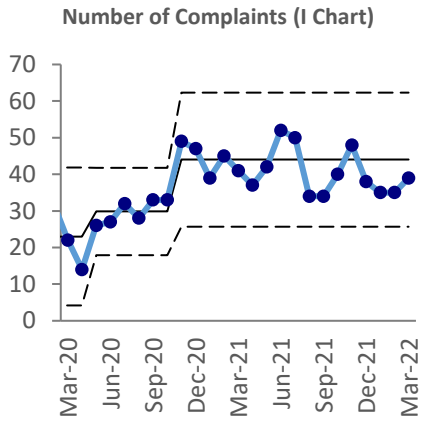
The overall number of pressure ulcers remains stable although some teams continue to struggle with staffing vacancies and increased complexity of service users on the caseload who are at risk of developing pressure ulcers despite preventative measures being in place. Across Bedfordshire, low harm pressure ulcers (category 2 and Suspected Deep Tissue Injury - SDTI) are showing an increase, but these have not deteriorated into moderate harm pressure ulcers (category 3 and unstageable), which is reassuring. However, there are early signs that the number of moderate pressure ulcers are starting to increase across Tower Hamlets and Newham in the last few weeks. This is believed to partly relate to a focused piece of work on improving accurate pressure ulcer categorisation and reliability of skin checks being completed at every contact. This has included Datix training and services often report a rise in the number of recorded incidents after training and awareness sessions are delivered. Further investigation on three weeks of data for moderate harm pressure ulcers (category 3 & unstageable) indicate that all equipment and preventative measures were in place for those patients on the end-of-life pathway. Additional support was provided to the team to correctly categorise the pressure ulcers utilising wound photography. Investigations are also being conducted where there has been a delay in documentation at the first assessment and where residential staff did not escalate a delay in equipment.

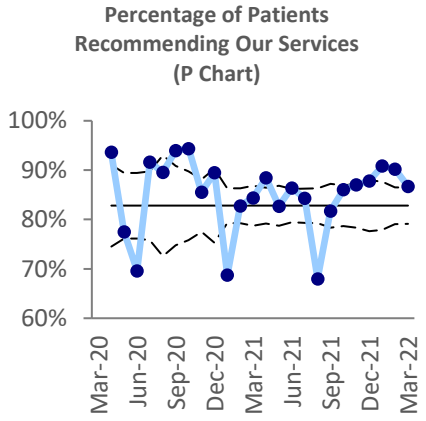
The rate of physical violence on our inpatient units continues to fall as a result of a range of initiatives that had been detailed in previous reports. The rate of restraints increased above normal levels during February as a result of higher occupancy levels and a few service users with complex needs.

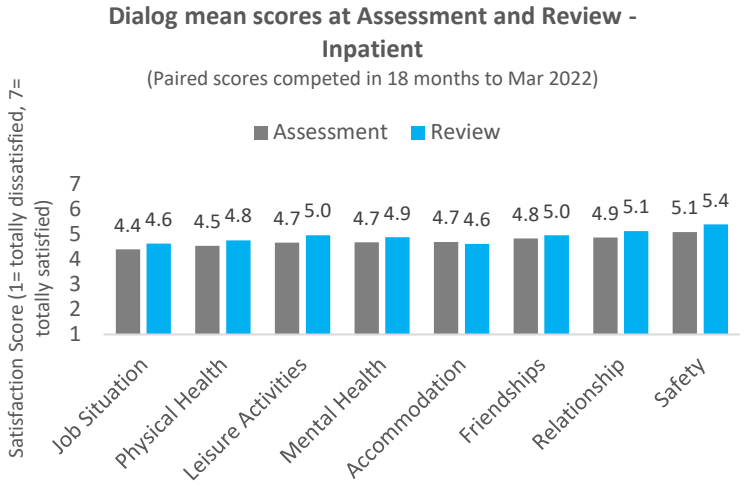
Safety

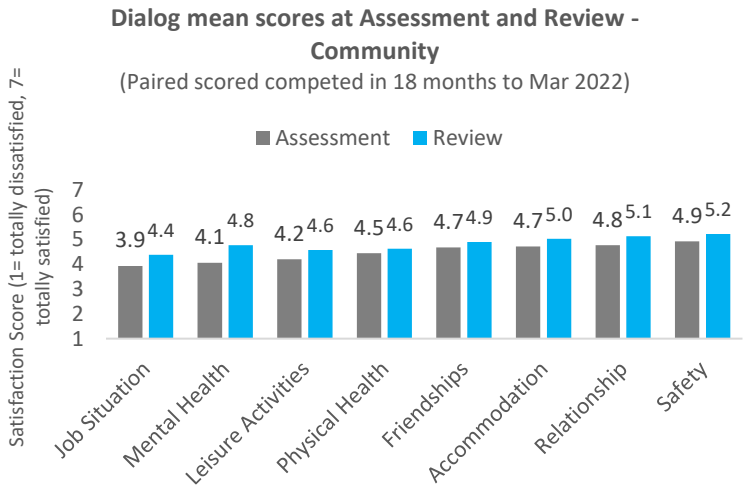
The percentage of service users followed up within 72 hours of discharge has continued to improve, reaching 82% in March and exceeding the national 80% target for the first time. This reflects improvements across all services, particularly in City and Hackney. City & Hackney held a “reset” meeting in January and have implemented new processes similar to other services, where wards were given responsibility to follow up all discharges. This led to the introduction of named 72-hour follow-up champions to oversee follow-up care. The service is working with these champions to improve monitoring procedures, reviewing any instances where standards are not met and feeding their findings back to their teams regularly during team huddles.

Experience and Outcomes









The number of complaints remains stable and has now been below the average of 44 for seven of the past eight months. The top complaint themes continue to relate to communication, attitude of staff, assessment, access to services and clinical management. Lessons are routinely shared across different forums to support improvement.

The percentage of service users who would recommend our services remains high at 87% in March. There has been a further 3% increase in number of responses received monthly, largely related to Newham, Tower Hamlets and Specialist Children & Young People's Services. The Quality report contains a deep dive analysis into the themes from service user experience feedback, triangulated with other forms of service user and staff feedback.

The Dialog outcome charts show the results of paired outcome measures for service users who have received care from both community and inpatient mental health services. For inpatient services, the top three dissatisfaction domains are employment, physical health, and leisure activities, whereas, for community services, it is primarily related to employment, mental health, and leisure activities. This is based on 2136 outpatient and 401 inpatients paired scores. Overall, the data shows improvement in average scores between initial assessment and subsequent review for both cohorts of service users across all dissatisfaction domains, more pronounced in community teams. It should be noted that inpatient analysis is based on a relatively small cohort of service users with paired scores. Furthermore, most inpatient services are still working to integrate the use of Dialog as part of a single care planning tool for the whole multidisciplinary team. The Care Programme Approach (CPA), which governs current care management, is being replaced with a new care model that is yet to be announced. It is believed that this refresh will support mobilising Dialog further across mental health services for all service users. Over the next two months, teams will be able to view change in Dialog scores over time, at service user level and at service and directorate level, through PowerBI. This will enable clinicians and teams to be able to better monitor impact on outcomes and quality of life.

Looking at the Dialog data at directorate level shows some variation. In City and Hackney, Newham Mental Health, and Forensics, some paired Dialog scores have deteriorated.

Experience and Outcomes

In City and Hackney, dissatisfaction is primarily related to housing, followed by physical health, friendships, and safety, whereas in Newham, it is primarily related to mental health, accommodation and safety. The themes reflect some of the challenges services are facing in terms of finding suitable accommodation placements, particularly for service users with complex needs. In some cases, out-of-borough housing placements have been identified, which can leave service users isolated from their family, friends, and social networks, negatively impacting their experience, relationships, and sense of safety. In Hackney, there have been reports of service users living in sub-standard accommodation because repairs have not been completed in a timely manner due to disruptions in global supply chains. There have also been instances where service users with complex physical health issues have been inappropriately transferred from acute trusts to mental health wards, necessitating one-on-one care that has proven difficult to manage. As mentioned in previous reports, work is being done with our acute partners to improve transfer protocols for service users with physical health issues, as well as with inpatient staff to help address the physical health needs of complex service users. City and Hackney are working closely with The London Borough of Hackney to recommission the provision of supported accommodation and other supported living schemes within the Borough, to improve the quantity and quality of housing for service users.

Across Forensic inpatients, service user dissatisfaction relates to accommodation, leisure activities, relationships and friendships, whereas across Forensic community services it relates primarily to relationships, employment, and friendships. During the pandemic, limitations on social interactions and family visits have had an impact on relationships. More face-to-face contact with family members and social interactions is now taking place. For many inpatient service users, the main social interactions are with other service users and this is encouraged through weekly User Involvement Groups. There are also similar sessions for community service users. Feedback from service users has highlighted that they are less interested in voluntary work opportunities and therefore the service is prioritising the creation of paid opportunities, such as interpreting and administrative roles, by collaborating with Compass. In terms of inpatient accommodation, there is a programme of estates work which includes adding additional communal bathrooms to our acute wards. The service has met with the Director of Estates and completed an options appraisal for the development of the John Howard Centre site. A team of architects has been commissioned to offer advice around this.

The percentage of service users receiving support from employment services through Individual Placement Support (IPS) remains stable, achieving 10% in March. A range of initiatives are underway to improve employment opportunities. As part of our work to become a Marmot Trust, we are collaborating with the Institute of Health Equity (IHE) and Luton Council to enhance employment and skills opportunities in Luton.

The percentage of service users in settled housing across mental health services remains stable. There remain some data quality issues that are skewing the data and showing a decline due to incomplete accommodation information, particularly in Tower Hamlets and Luton & Bedfordshire. The teams are carrying out a data cleansing exercise and training staff to record information correctly. We are predicting this to take a further 2-3 months to rectify.

The percentage of service users who achieve recovery within our IAPT services has increased above the national 50% target over the past two months, reaching 52% in March. There has been a small improvement in staffing levels which has increased capacity, although recruitment challenges continue to persist, especially in Bedfordshire. The overall access to IAPT continues to remain high and the percentage of service users from minority ethnic groups accessing IAPT remains stable. Across IAPT services, 92% of service users who completed the Patient Experience Questionnaire responded positively during March.

Experience and Outcomes

Our frail and long-term conditions indicators show that patient experience is at 87.5%. The Friends and Family test (FFT) was stopped during the pandemic and restarted in November. The service has held meetings with service users to review Patient Reported Experience Measures (PREM) and FFT responses to see how they can better capture feedback. In Newham and Tower Hamlets, services are using QR codes as well as SMS text messages to gather feedback. In Tower Hamlets, the teams are phoning service users directly and overall themes are being monitored by the quality team to support improvement.

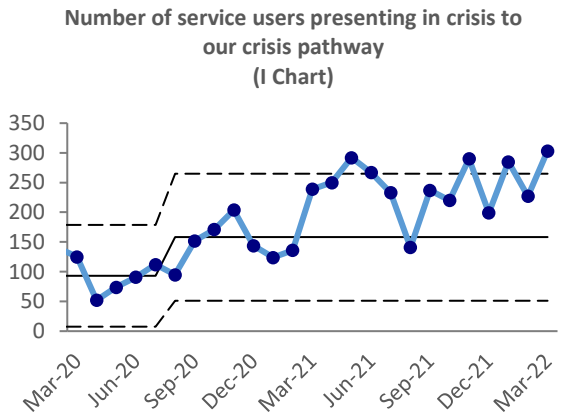
The percentage of service users with an advanced care plan has increased in both Bedfordshire and East London. In Bedfordshire, the reduction in service users dying in their preferred place was related to the number of people requiring hospital admission for investigations or alternative care plans. The number of inappropriate referrals to the Intermediate Care Team has reduced by 10% over the last 3 months, which is encouraging. This is attributed to the Transfer of Care service, where staff proactively liaise with both Bedford and Luton and Dunstable Hospitals to identify appropriate referrals to expedite timely discharge from wards once medical optimisation has been achieved.

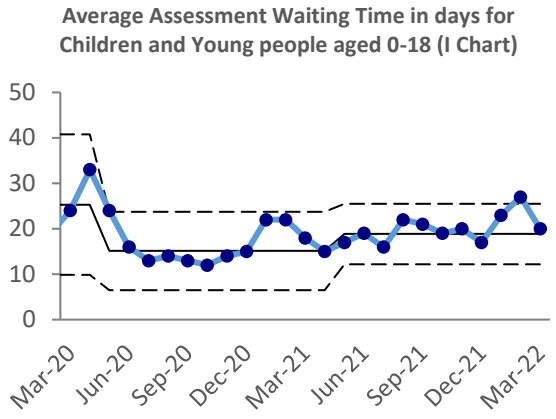
CAMHS continues to progress well with capturing paired outcomes for service users, achieving 78% in March.

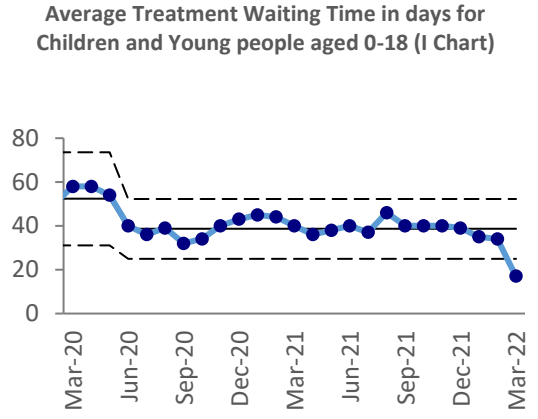
Perinatal Services are also successfully capturing outcome measures and are exceeding the national (CQUIN) target of 40%, with teams currently achieving 51%. Further exploration is underway to improve access for minority groups, which has dropped to 30% in March. Services have identified data recording issues with capturing correct ethnicity information on our clinical system. A member of the administration team is now leading a piece of work to ensure that recording is improved. This is being supported through the perinatal equities steering group and the public health team. The number of women receiving more than one contact has seen a slight increase this month as most vacancies in the service have been filled. This data does not yet include the Ocean Service (Maternity Mental Health Service) which is provided in conjunction with an acute provider, and this is expected to show an increase in contact activity when this data is included in the overall position.

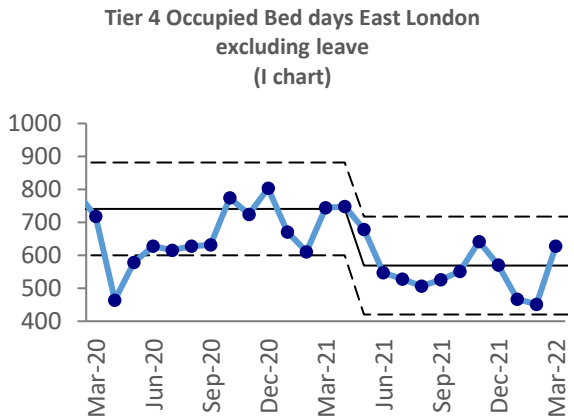
Several service users with learning disabilities continue to be placed out of borough for specialist placements to support assessment and treatment plans. All of the placements relate to service users who need specialist locked rehabilitation services, Assessment and Treatment units, or prison stepdown units that are commissioned centrally by NHS England. All service users who are admitted out of the area are supported with in-reach from the community teams to work towards discharge. Admission activity for both commissioned beds and out of area placements continued to be monitored and agreed with commissioners.

Children and Young People









CAMHS continues to see a rise in the number of crisis and community referrals across most services. Services have reported an increase in children and young people presenting in the urgent care pathways and a higher proportion of young people with autism and learning disabilities. These service users are more complex cases with higher levels of risk, requiring liaison work with social care, schools and partner agencies and therefore take longer to assess. This has impacted capacity and waiting times within services.

As mentioned in the January report, several initiatives are underway to address these challenges, including collaboration with system partners and local authorities to implement a multi-agency approach to improving access and care delivery. This will allow teams to better allocate resources and use an integrated, person-centred approach to direct young people to the most appropriate service. The development of a multiagency collaborative and Single Point of Entry continues to support young people on the waiting list while they wait for specialist care, and appropriately redirect children and young people who do not meet the threshold for CAMHS.

Assessment waiting times have seen a rise during February as more service users who have been waiting the longest were seen, particularly in Newham and City and Hackney, where waiting list challenges are the greatest. Treatment waiting times have continued to reduce below normal levels because of creative ideas to improve pathways and strengthen the community offer for early intervention and treatment. This has included teams reviewing how they allocate and balance resources to address assessment and treatment waiting lists concurrently to avoid negative consequences along the care pathway. New funding is assisting teams in recruiting additional staff to increase capacity and further investment across Newham CAMHS home treatment has been approved for 12 months to strengthen community provision with intensive support teams to provide therapeutic support to young people and their families in their homes, allowing them to manage their illness and avoid admission or return home sooner than would otherwise be possible. Recruitment remains a barrier to mobilising new investment. There are numerous vacancies across most teams, and some positions have proven difficult to fill despite multiple attempts. This reflects the national picture, and services are continuing to implement creative recruitment plans, including the creation of new roles to meet the needs of the service.

CAMHS continues to meet national access targets despite the increasing demand. In relation to local waiting times targets, in Tower Hamlets, 89% of service users are seen within 5 weeks, in City & Hackney, this correlates to 59% and in Newham, 57% of service users are seen within 9 weeks. The target across all services is 95%.

Children and Young People

Average waiting times for urgent referrals to Eating Disorder services have decreased while waiting times for routine referrals have remained stable. Average waiting times for urgent referrals to Eating Disorder services have decreased and are starting to stabilise while waiting times for routine referrals have remained stable.

Specialist Children and Young People Services (SCYPS) continue to see a reduction in their waiting list for the Autism Spectrum Disorder service, because of the recovery plan which includes additional clinical capacity and the establishment of new clinics and sites. The waiting list has reduced from 1400 in January 2021 to 710 in March 2022.

SCYPS Speech and Language Therapy (SLT) waiting list is steadily increasing. The service is currently prioritising the Parent and Child (PAC) sessions between April and June to reduce waiting lists for this specific therapy as it is currently in the highest demand. The Joint Strategic Needs Assessment in Newham has highlighted that the percentage of children within schools presenting with speech, language and communication challenges is more than 40%. To manage this demand, the Speech and Language Therapy service continues to signpost new referrals to a parent workshop called Talking Tots which is run by Health Visiting. The service is applying quality improvement to reduce waiting times from referral to treatment from 19 months to 6 months by January 2023.

The quality and experience indicators for SCYPS highlight that 100% of parents and service users are satisfied. As shown in the population health indicators, approximately 50% of children with neuro-disabilities are receiving annual reviews promptly. This position is stable but remains lower than the previous average. The new Consultant Lead for this pathway has started a review of the current pathway and caseload. This is both a clinical and administrative review to ensure that data on the clinical system is accurate. A Healthcare Assistant is currently supporting clinicians on a 6-month trial, and initial feedback is that this is a positive role. Figures are increasing again, but this will take time due to the number of children on the caseload.

The number of Tier 4 occupied bed days continues to fluctuate depending on staffing levels, acuity and demand within the North Central & East London provider collaborative. Overall, the provider collaborative has reduced the number of young people being admitted out of area. Initiatives are underway to support children and young people locally in order to prevent admission, including the intensive eating disorders pathway in community eating disorder services and the expansion of CAMHS crisis.

Building work on the Tier 4 CAMHS unit in Luton and Bedfordshire is progressing well and a dedicated project manager has been recruited to oversee delivery. The reprovision of all Adult Community Services occupying the first floor of Calnwood Court has been successfully completed. Work on the initial 8-bed General Acute Unit (due to open in September 2022), complemented by community services including Crisis Home Treatment, Intensive Home Treatment Teams, Dialectical Therapy Groups, and other services will provide a comprehensive offer for young people across BLMK. The new General Acute Unit will be a provision for young people from the age of 12 up to their 18th birthday, presenting with acute and severe mental disorders/mental health difficulties. These may include complex trauma, significant deliberate self-harm, major mood disorders, psychoses, complex psychiatric disorders (including neurodevelopmental disorders), eating disorders and severe obsessive-compulsive disorders.

The full 12 general acute unit beds and 6 PICU beds will be developed as part of the Bedford Health Village inpatient development programme. This new service development is being coproduced with children and young people, families and their carers who have experience of inpatient admission. Young people are helping ELFT and Central North West London plan the ethos of the unit, recruit the staff and develop the care model. The service will offer five clearly defined pathways; Psychosis and bipolar disorder; Eating disorders; Complex neuropsychiatric disorders; Complex trauma/severe emotional dysregulation; Anxiety disorders (e.g. Severe OCD).

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 3 – Viewing our waiting lists through an equity lens

Appendix 1: System Performance dashboard - overview

Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

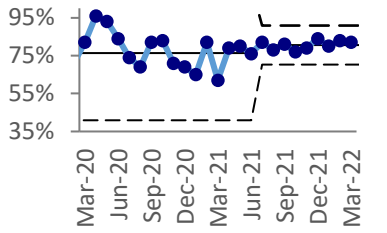
		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%	↑
Service users in employment on discharge in Bedfordshire	Population Health	39%	
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	32%	↑
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.3	
Percentage of service users with drug problems across Mental Health services	Quality	15.3%	↑
Percentage of service users with Alcohol problems across Mental Health services	Quality	2.2%	
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	158.1	↑
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	18.9	↑
Average Treatment Waiting Time (days) for children and young people aged 0-18	Population Health	38.6	↓
Carers and service users recommending our Community services	Quality	94.7%	↑
Children and young people aged 0-18 who have received one or more contacts (caseload)	Quality	5328	↑
Admissions to adult facilities for services users under 18 years old (monthly)	Quality	3.1	
Tier 4 Occupied Bed days East London excluding leave (in month)	Value	568.4	↓
Percentage of service users has paired Outcome Measures at discharge	Quality	68%	↑
Average waiting time (days) for urgent referrals to CYP Eating Disorders services	Population Health	3.3	↑
Average waiting time (days) for routine referrals to CYP Eating Disorders services	Population Health	19.5	
Dementia			
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	17.4	
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%	↓
Dementia Diagnosis Rate	Quality	7.9%	
Average waiting time (in days) from referral to assessment	Population Health	142.5	
Percentage satisfaction with service, service users and carers	Quality	91.3%	
Children with complex health needs			
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	48.9%	
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%	
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	108.5	
Children receiving ASD diagnosis within 2 or less appointments	Value	75.5%	↑
People receiving end of life care			
Service users on End of Life Pathway (end of month)	Population Health	1,392	
Service Users referred to Continuing Healthcare as a fast track in month	Population Health	78.9	↓
Percentage of service users with Care Plan in place (advanced) in East London	Quality	83.6%	↑
Percentage of service users with Care Plan in place (advanced) in Bedfordshire	Quality	90.4%	
Percentage of service users who died in their preferred place of death	Value	73.8%	
People who are frail or who have multiple long term conditions			
Percentage of service users who have recorded a positive experience	Quality	98.6%	↓
Rapid Response seen within 2 hour guideline (East London)	Quality	94%	
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	90%	↓
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	22.7%	↓

		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	51.9%	↓
Percentage access by minority groups	Population Health	35.7%	
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to treatment (in weeks) from assessment	Quality/Experience	8.22	↑
Average wait times to (in weeks) to assessment	Quality/Experience	0.9	
Number of people accessing IAPT services (in month)	Value	2,993	
People with a learning disability			
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	5.9	
Percentage of service users that would recommend this service	Quality	91.9%	
Occupied bed days used in month by service with Learning Disability (Monthly)	Quality	210.9	↑
Number of specialist out of area inpatient placements (Monthly)	Value	1.9	↑
People with Severe Mental Illness			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	12.4%	
Percentage of service users in employment	Population Health	6.3%	
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face)	Population Health	68.7%	
Percentage of service users in settled accommodation	Population Health	45.6%	↓
Percentage of service users followed-up within 72hours of discharge	Quality	74.7%	↑
Percentage of Inpatient service users with paired outcome measures showing improvement.	Quality	28.3%	
Psychological Therapy Service average wait times to (in weeks) to 1st assessment in East London	Quality	7.9	↑
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	17.5	
Number of restraints reported per occupied 1,000 bed days (monthly)	Quality	19.7	↓
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	15.6	↓
Bed occupancy	Value	88.4%	
Woman who are pregnant or new mothers			
Number of women receiving one + contact with specialist mental health services	Population Health	633	
Number of service users seen in the month from minority communities	Population Health	41.3%	↓
Percentage of community perinatal service users seen within 28 days	Quality	86%	
Percentage of patients undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	
Stable Long Term Conditions (East London)			
Average weeks waited for initial appointment with the foot health team		4.4	
Average weeks waited for face to face appointment with the Diabetes Service		19.2	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		7.7	↑
Average weeks waited for initial appointment with the Continence Service		6	
Stable Long Term Conditions (Bedfordshire)			
Percentage of referral to treatment times within 11 weeks with the Continence Service		49%	↓
Percentage of referral to treatment times within 11 weeks with the Speech and language therapy		75%	↑
Percentage of referral to treatment times within 11 weeks with the Wheelchair Service		50.5%	↓
Percentage of referral to treatment times within 11 weeks with the podiatry team		66%	↑
Percentage of referral to treatment times within 11 weeks with Physio		99.6%	↓

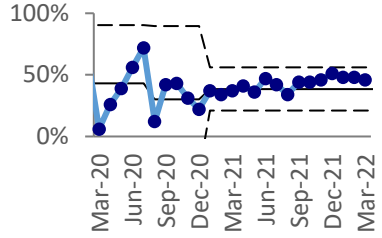
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with substance misuse problems

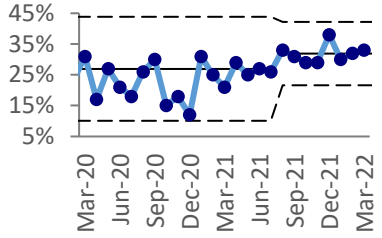
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)
Population Health



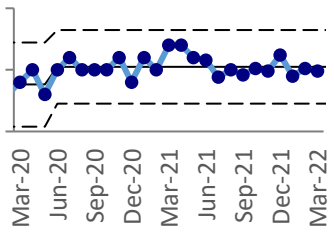
Service users in employment on discharge in Bedfordshire (I Chart)
Population Health



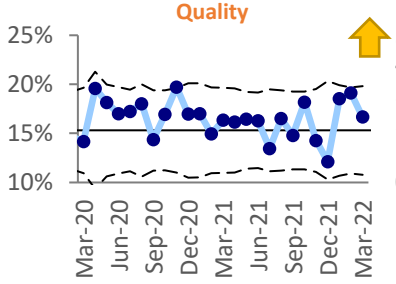
Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality



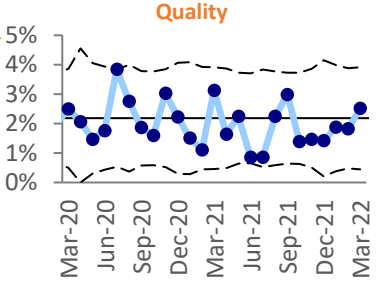
Waiting times to treatment - average days wait in Bedfordshire (I Chart)
Quality



Service users with drug problems across Mental Health services (P Chart)
Quality

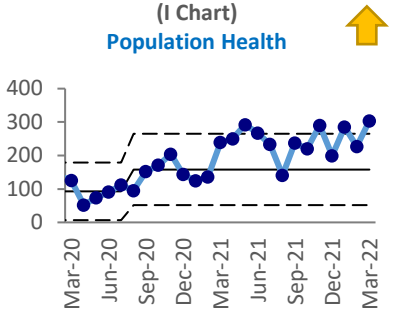


Service users with alcohol problems across Mental Health services (P Chart)
Quality

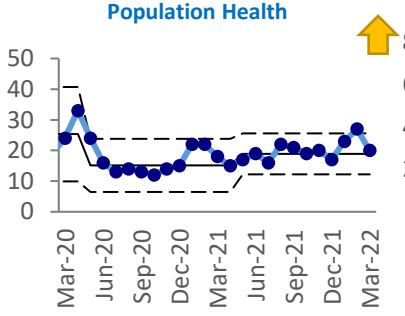


Children with complex mental health needs

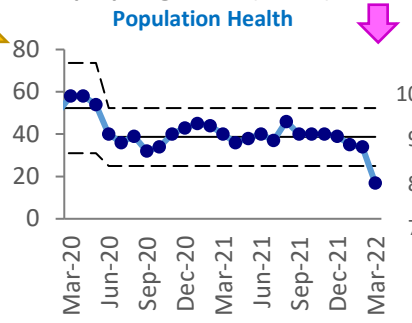
Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health



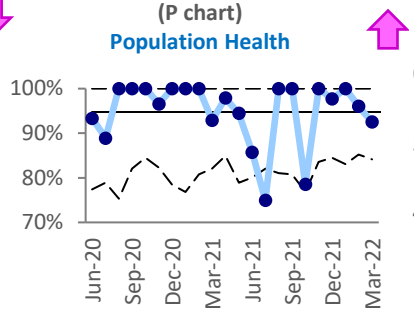
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



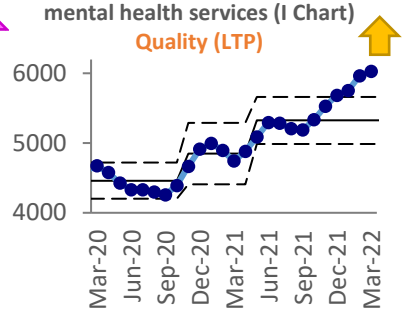
Average Treatment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



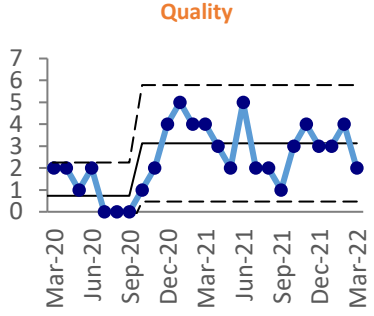
Carers and service users recommending our Community services (P chart)
Population Health



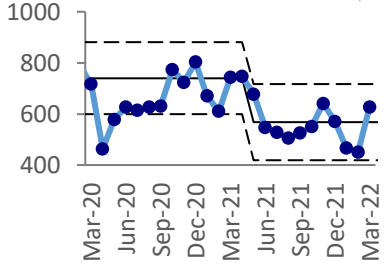
Children and young people aged 0-18 who have received one or more contacts with mental health services (I Chart)
Quality (LTP)



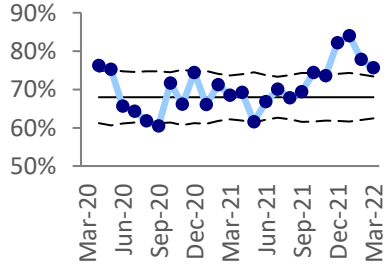
Admissions to adult facilities for services users under 18 years old
Quality



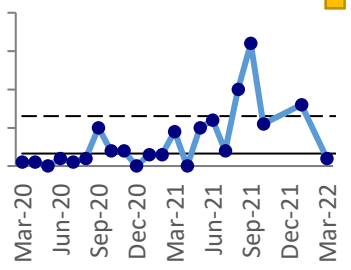
Tier 4 Occupied Bed days East London excluding leave (I chart)
Value



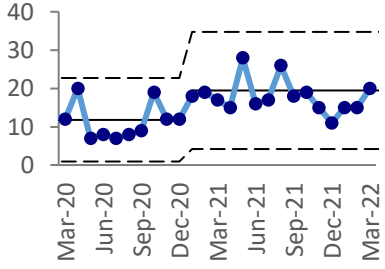
Percentage of service users has paired Outcome Measures at discharge (P chart)
Quality



Average waiting time (days) for urgent referrals to CYP Eating Disorders services (I Chart)
Population Health (LTP)



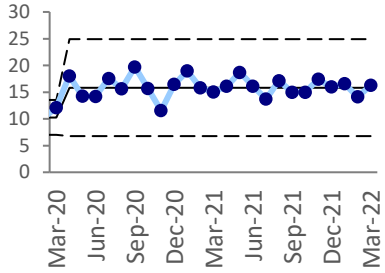
Average waiting time (days) for routine referrals to CYP Eating Disorders services (I Chart)
Population Health (LTP)



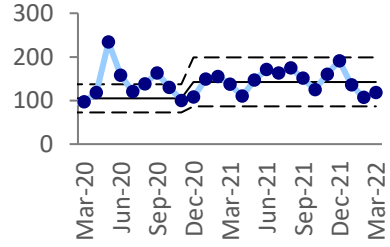
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with dementia

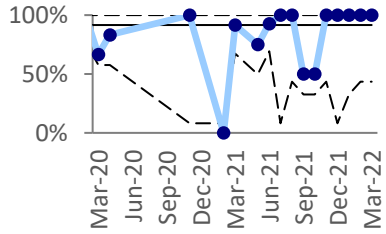
Average wait (in weeks) from referral to diagnosis (I chart) Quality



Average waiting time (in days) from referral to assessment (I chart) Population Health

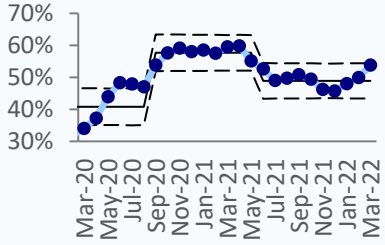


Percentage satisfaction with service, service users and carers (I chart) Quality

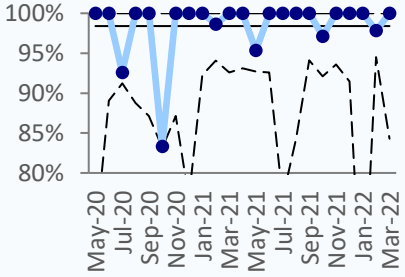


Children with complex health needs

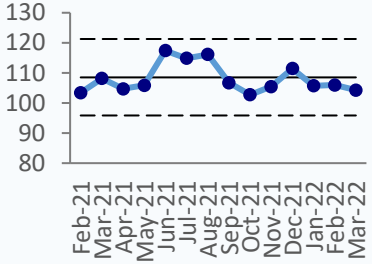
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



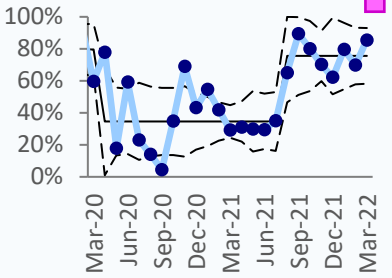
Percentage of service users and parents satisfied with services (P Chart) Quality



Average weeks waited from Autism Spectrum Disorder referral to first appt. (I chart) Quality

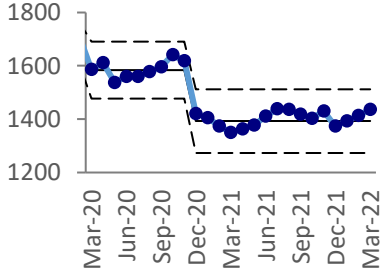


Children receiving ASD diagnosis within 2 appointments (P Chart) Value

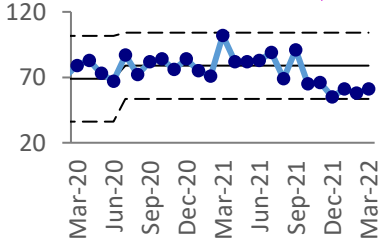


People receiving end of life care

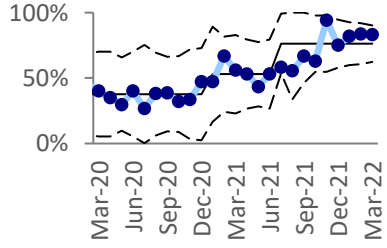
Service users on End of Life Pathway (I chart) Population Health



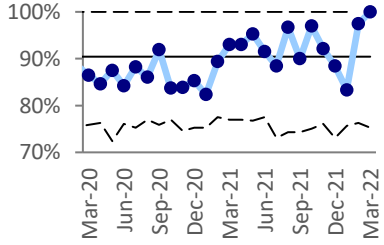
Service Users referred to Continuing Healthcare as a fast track in month (I chart) Population Health



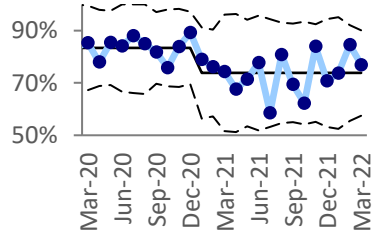
Service users with Care Plan in place (advanced) in East London (P Chart) Quality



Service users with Care Plan in place (advanced) in Bedfordshire (P Chart) Quality



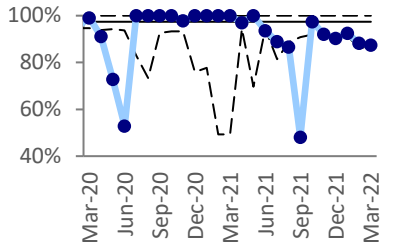
Service users who died in their preferred place of death (P Chart) Value



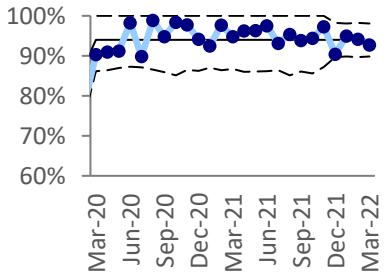
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People who are frail or have long term conditions

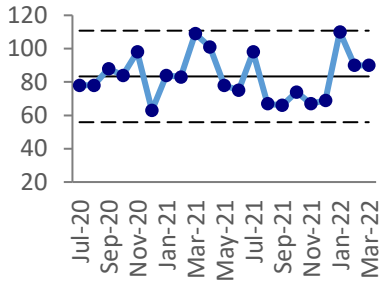
Percentage of service users who have recorded a positive experience (P chart) Quality



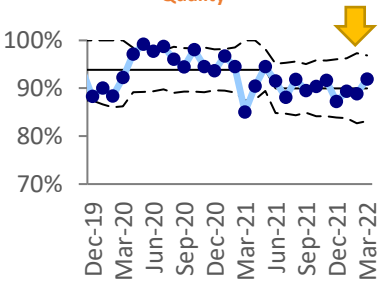
Rapid Response seen within 2 hour guideline (East London) (P Chart) Quality



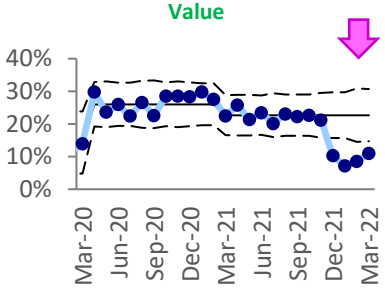
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (I Chart) Quality



Promoting independent living - discharged within 6 weeks Bedfordshire(P Chart) Quality

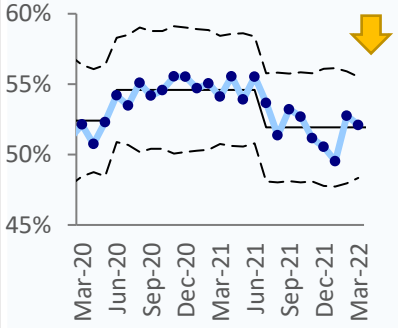


Percentage of inappropriate referrals into Intermediate Care - Bedfordshire (P Chart) Value

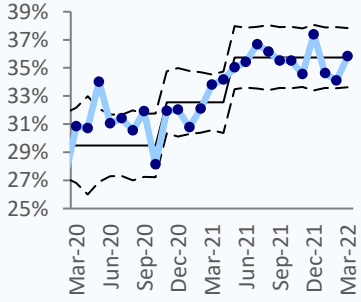


People with common mental health problems

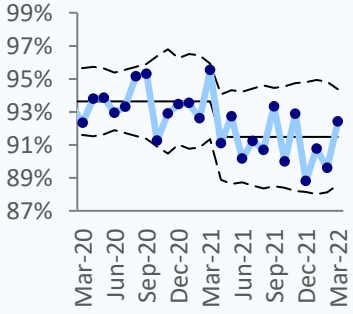
Percentage of service users moving into recovery (P Chart)



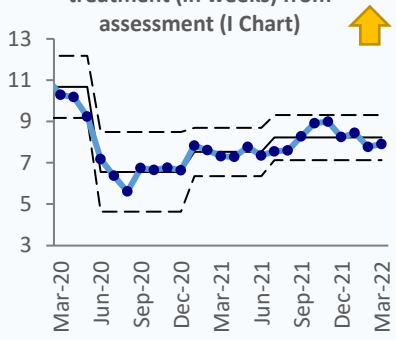
Percentage access by minority groups (P Chart)



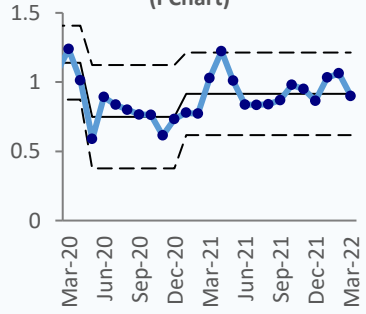
Percentage of positive comments to PEQ (P Chart)



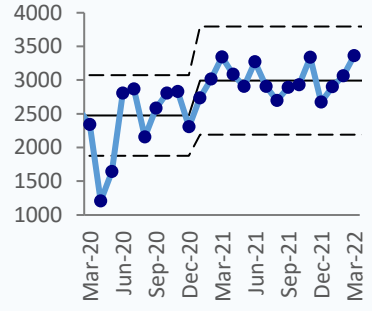
Average wait times to treatment (in weeks) from assessment (I Chart)



Average wait times (in weeks) to assessment (I Chart)

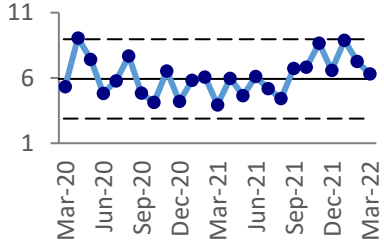


Number of people accessing IAPT services (I Chart)

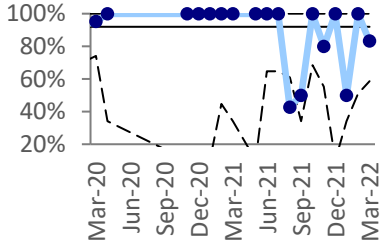


People with a learning disability

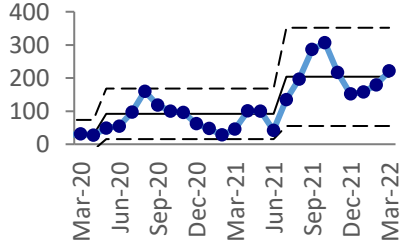
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



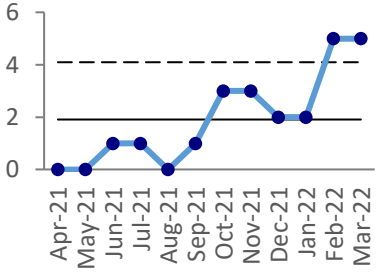
Percentage of service users that would recommend this service (P Chart) Population Health



Occupied bed days used in month by service users with Learning Disability (I Chart) Quality



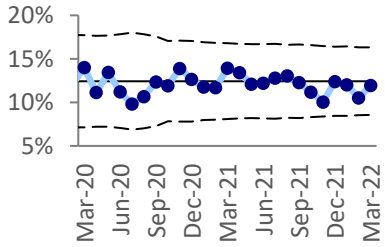
Number of specialist out of area inpatient placements (I Chart) Value



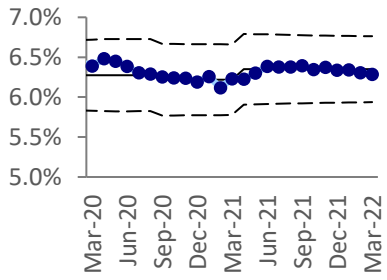
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with Severe Mental Illness

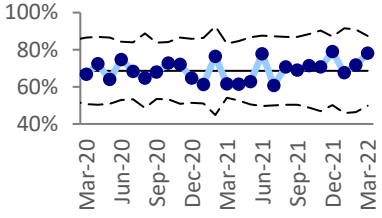
Percentage of service users receiving Individual Placement Support (P chart) Population Health



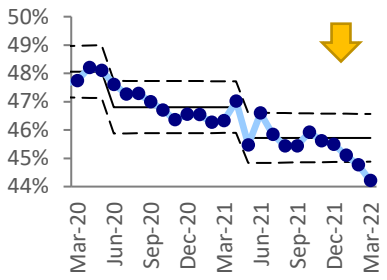
Percentage of service users in employment (P chart) Population Health



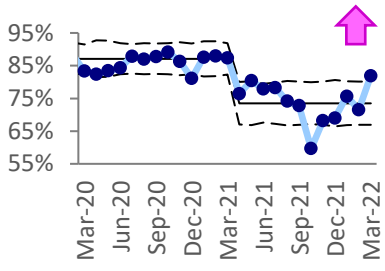
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



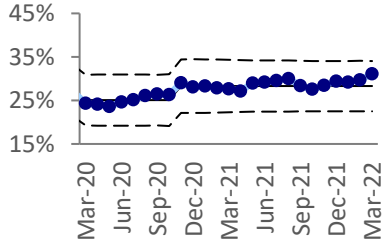
Percentage of service users in settled accommodation (P chart) Population Health



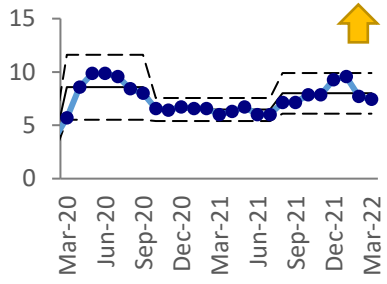
Percentage of service users followed-up within 72hours of discharge (p chart) Quality



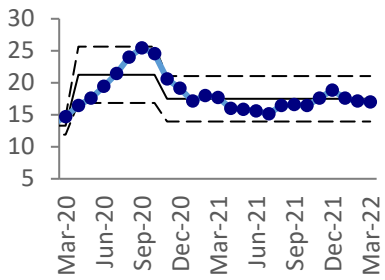
Inpatients with paired outcome measures showing improvement (P Chart) Quality



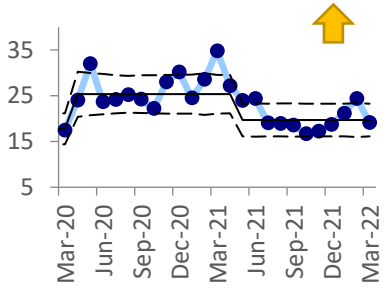
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



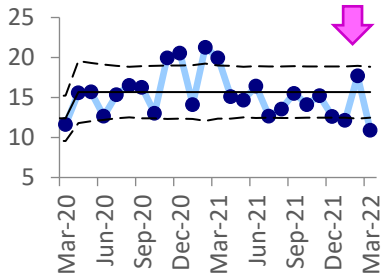
PTS average wait times (weeks) to treatment in East London (I chart) Quality



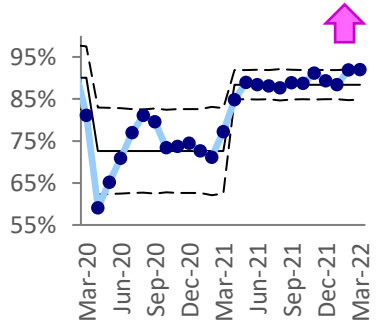
Number of restraints reported per 1,000 occupied bed days (P Chart) Quality



Rate of physical violence incidents per occupied 1,000 bed days (P Chart) Quality

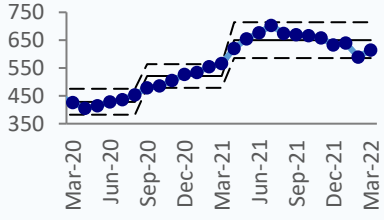


Bed occupancy (P' Chart) Value

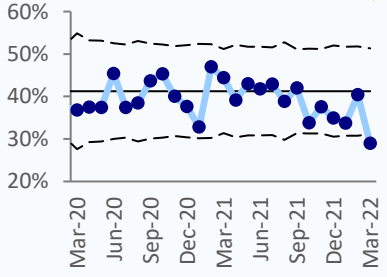


Woman who are pregnant or new mothers

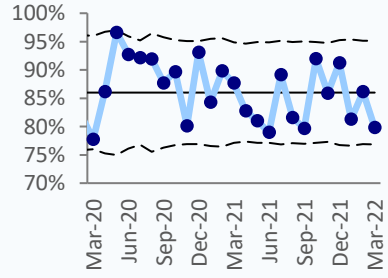
Number of women receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



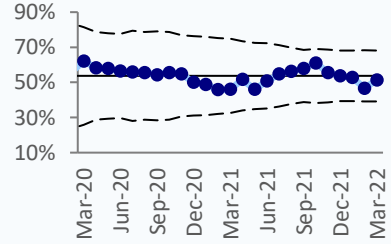
Service users seen in the month from minority communities (P Chart) Population Health



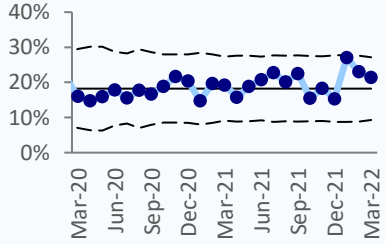
Percentage of service users seen within 28 days (I Chart) Quality



Percentage of patients undertaking Core10 showing improvement (P Chart) Quality



Percentage of Service Users not attending their initial appointment (P Chart) Quality

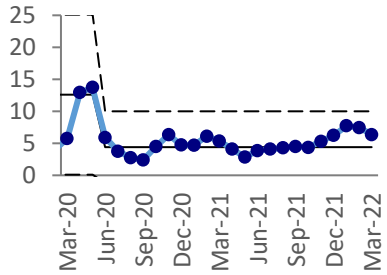


Appendix 1: System Performance dashboard

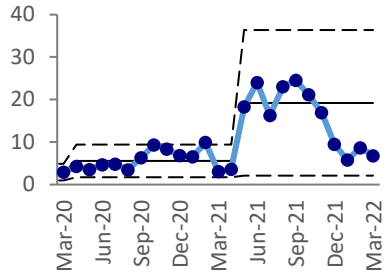
Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with stable long term conditions (East London)

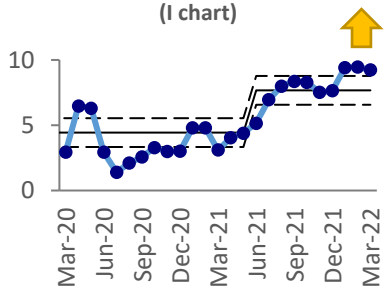
Average weeks waited for initial appointment with the foot health team (I Chart)



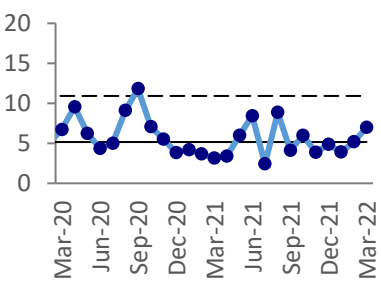
Average weeks waited for face to face appointment with the Diabetes Service (I Chart)



Average weeks waited for initial appointment with the MSK and Physiotherapy teams (I chart)

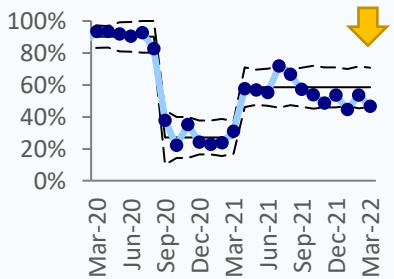


Average weeks waited for initial appointment with the Continence Service (I Chart)

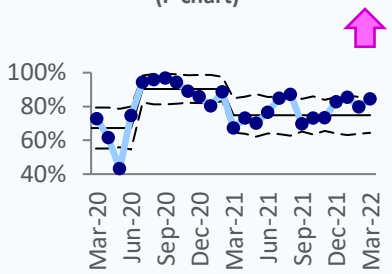


People with stable long term conditions (Bedfordshire)

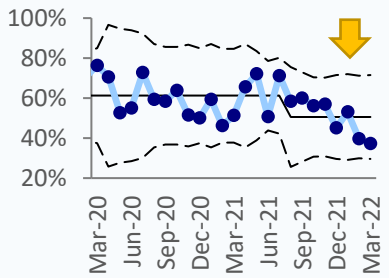
Referral to treatment times within 11 weeks with the Continence Service (P Chart)



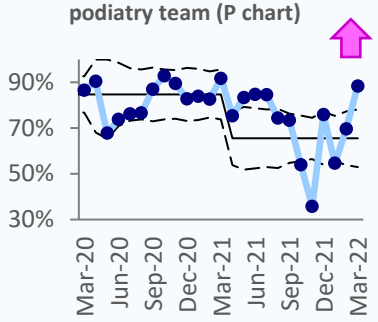
Referral to treatment times within 11 weeks Speech and language therapy (P chart)



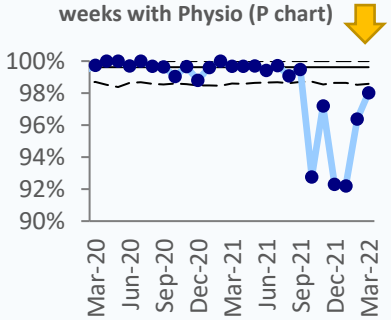
Referral to treatment times within 11 weeks Wheelchair Service (P chart)



Referral to treatment times within 11 weeks with the podiatry team (P chart)



Percentage of referral to treatment times within 11 weeks with Physio (P chart)



Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

NHS England and NHS Improvement have published a new approach to NHS System Oversight in June 2021 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board's attention.

No.	SOF Oversight Theme	Responsible Services	Measure	Comments
1	Quality, access and outcomes	Mental Health	NHS Long Term Plan metrics for mental health which include access measures for CYP, Perinatal, IAPT, EIS, Employment support, physical health checks, crisis and acute care, liaison services, criminal Justice and Adult inpatients	Key national Mental Health LTP metrics have been included in relevant population measures, with commentary on any variance included in the report. No concern
2	Quality, access and outcomes	Community Services	2-hour urgent response activity	No concern
3	Quality, access and outcomes	Community Services	Discharges by 5pm	Further guidance is being sought to clarify the scope of this measure and how it should be reported.
4	Quality, access and outcomes	Primary Care Services	Access to general practice – number of available appointments and proportion of the population with access to online GP consultations	No concern
6	Quality, access and outcomes	Primary Care Services	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Further guidance is being sought to clarify the scope of these measures and how they should be reported.
7	Preventing ill health and reducing inequalities	Primary Care Services	National public health indicators including monitoring of vaccinations, cervical screening, diabetes, cardiac high risk conditions, and weight management, Learning disability physical health checks	No concern. There are some areas of underperformance, but plans are in place to address this.
8	Quality, access and outcomes	Corporate Services	CQC rating, hospital level mortality indicator, Potential under-reporting of patient safety incidents, National Patient Safety Alerts not completed by deadline, MRSA, Clostridium difficile infection, E. coli bloodstream infections, VTE risk assessments	No concern
9	People	Corporate Services	Quality of leadership, staff survey perceptions of leadership & career progression, people promise, health and wellbeing, bullying and harassment experience, flexible working opportunities, staff retention and sickness, flu vaccination uptake, proportion of female senior leaders and from BAME backgrounds, and ethnicity coding.	Data with regard to people is now contained within the people report. The measures related to people for the SOF are not yet clear, and the intention will be to include these in the people report once this is possible.
10	Finance	Corporate Services	New indicators include underlying financial position, run rate expenditure, and overall trend in reported financial position	Further guidance is being sought to clarify the scope of these measures and how they should be reported. Data and assurance related to financial performance is now included in the separate finance report.

Appendix 3:
Waiting lists through an equity lens

NHS
East London
NHS Foundation Trust

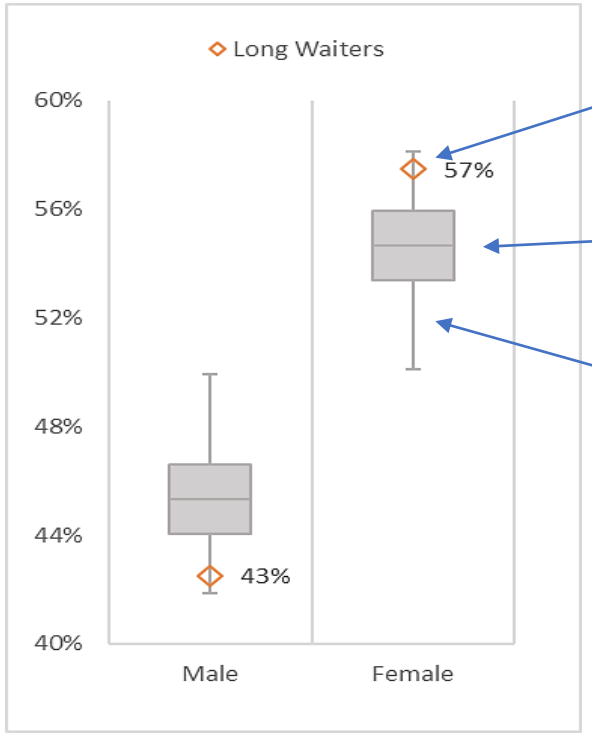
Appendix 3: Taking a look at our waiting lists through an equity lens

At the March 2022 Trust Board, there was a discussion about how we can look at our waiting lists in a way that goes beyond simply answering the question: "is the waiting list reducing over time?" We also want to understand whether we are managing our waiting lists in a way that accounts for individual need and wider determinants that impact on health outcomes.

This appendix to the May 2022 Board performance report attempts to help the Board understand how we might start viewing our waiting lists through an equity lens. For adult community mental health and CAMHS, we will look at whether certain groups of people are waiting longer than we might expect. We will compare the group of service users who have been waiting longest in each of these services (the longest waiting 25%) with the referrals we have received into our services over the last two years (April 2020-March 2022), and compare these two groups based on ethnicity, gender and areas of deprivation.

We might predict that there would be little difference between the proportions being referred into our services, and those waiting longest for access to services. Indeed, we might aim to prioritise those groups of service users who are exposed to factors that impact on health outcomes, such as those living in an area of deprivation.

How will we look at our data to help us answer this question?



The **orange diamond** represents the proportion of the longest waiting 25% who are male or female. In this example we know that of the longest waiting 25% of the service, 57% are female.

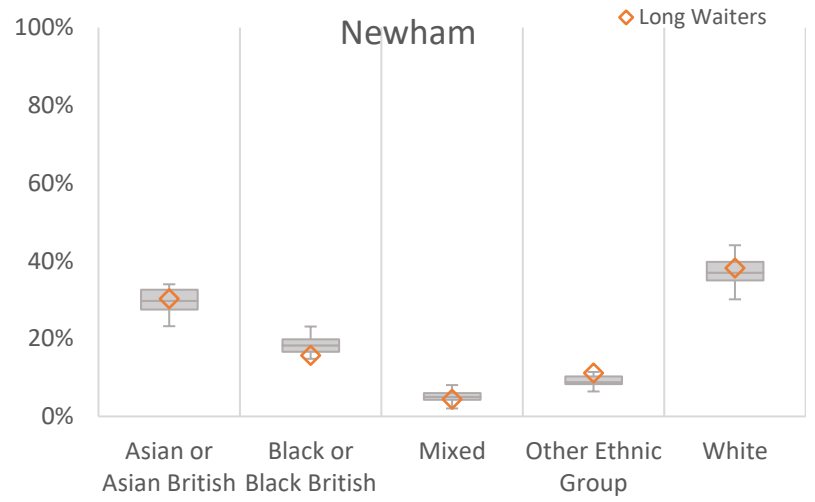
The **box and whisker** demonstrates the variation in percentage of male or female referrals received for this service over the last 24 months. The **centre line of the box represents the median**. The top and bottom of the box represents the upper and lower quartile so **the box contains the middle 50% of the data**. The box and whisker acts as the comparator against which we view the longest waiting 25% of the waiting list.

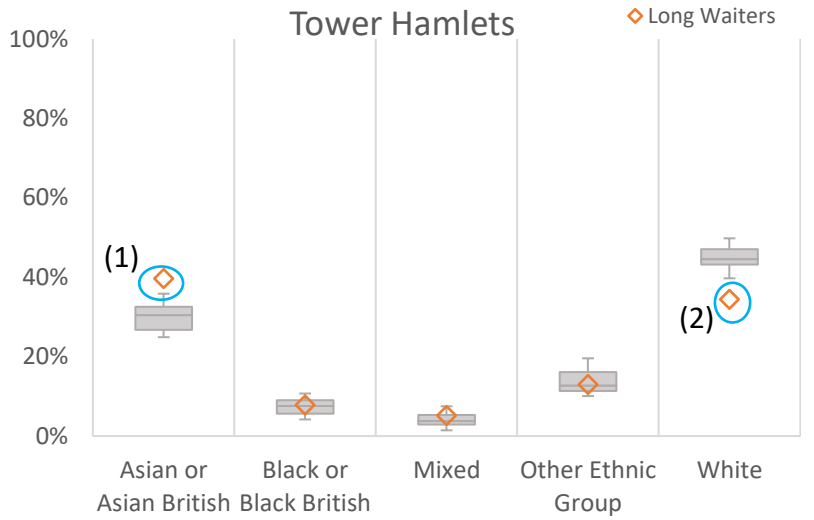
The **whisker** represents the outer quartiles of the data, representing the full range in the variation of referrals over the last two years. If the orange diamond falls outside the whiskers, then this group amongst our longest waiters for the service represents **an outlier**.

In this example, female service users make up 57% of those who have been waiting longest for assessment, with the remaining 43% being male. Both orange diamonds are within the box and whiskers, so we are not seeing service users of either gender representing an outlier.

Adult Community Mental Health

Do we see any unusual variation in **ethnicity** between those who are referred into our adult community mental health services, and those who are waiting longest for assessment?





(1) In Tower Hamlets, there is a greater proportion of people from Asian or Asian British ethnicity amongst the longest waiters than might be expected by referral volume.

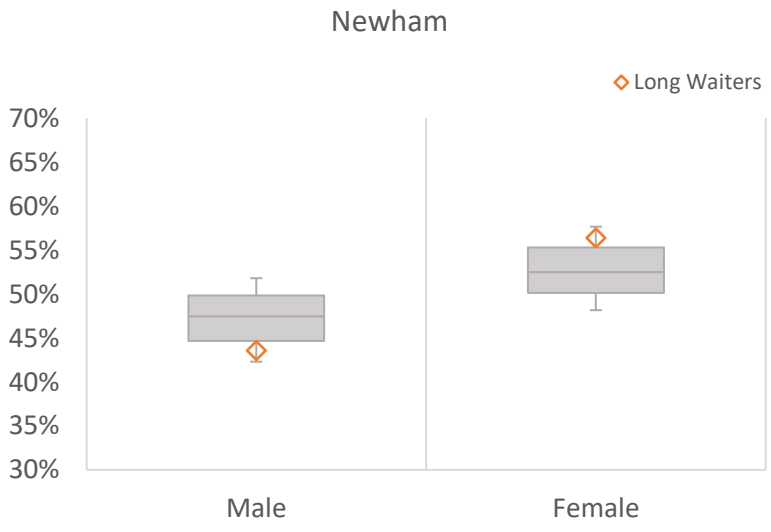
(2) In Tower Hamlets, people of White ethnicity are less represented in the longer waiters than we might expect to see.

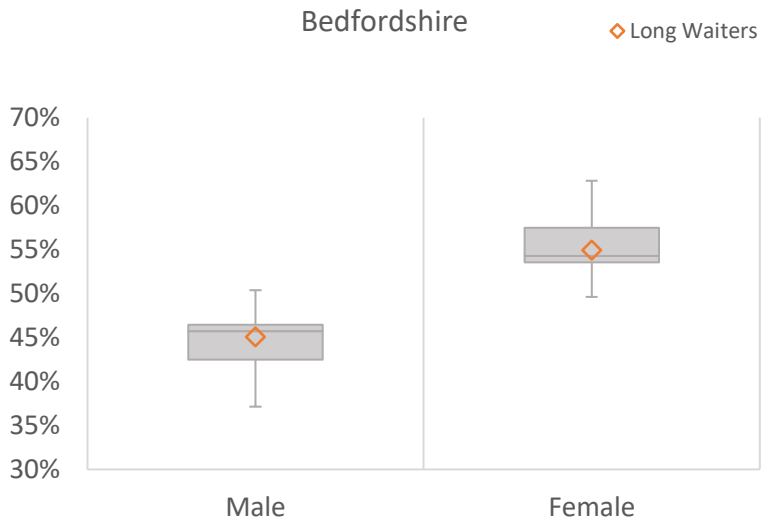
(3) In Luton, people of White ethnicity are less represented in the longer waiters than we might expect to see.

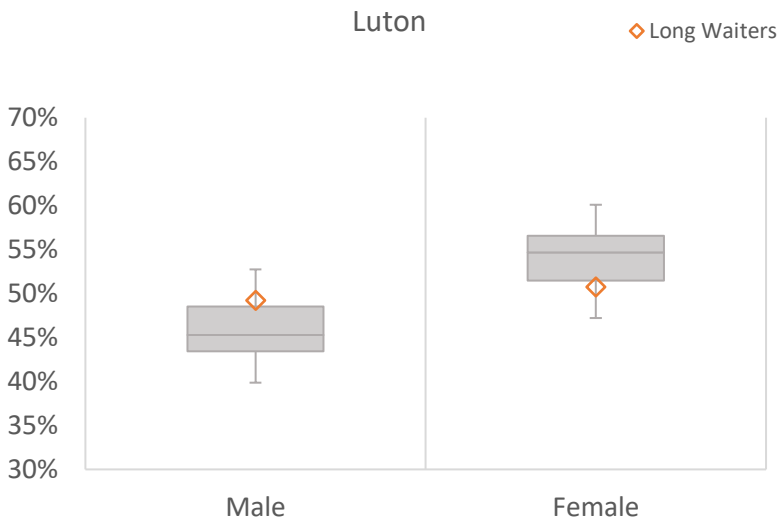
'Other' ethnicity is largely unclassified. Only 20% of this group is classified, with the Chinese, Arab and Iranian communities being the most common.

Adult Community Mental Health

Do we see any unusual variation with regard to **gender** of those waiting longest for assessment?





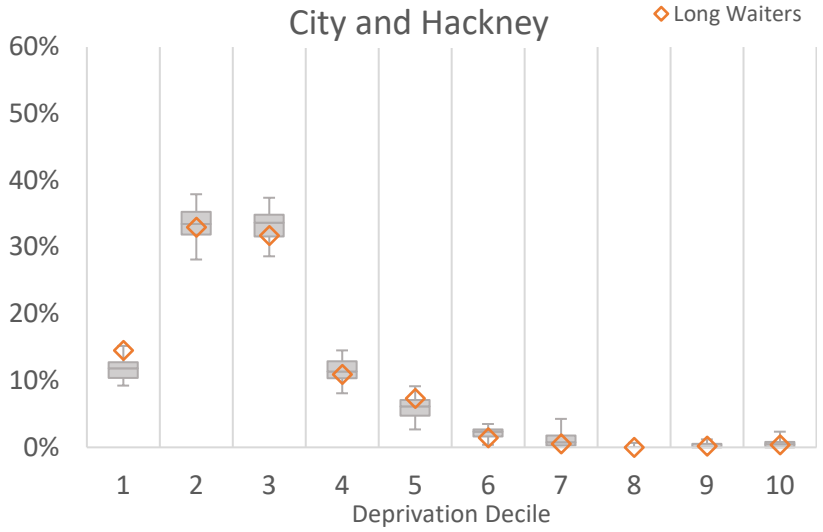


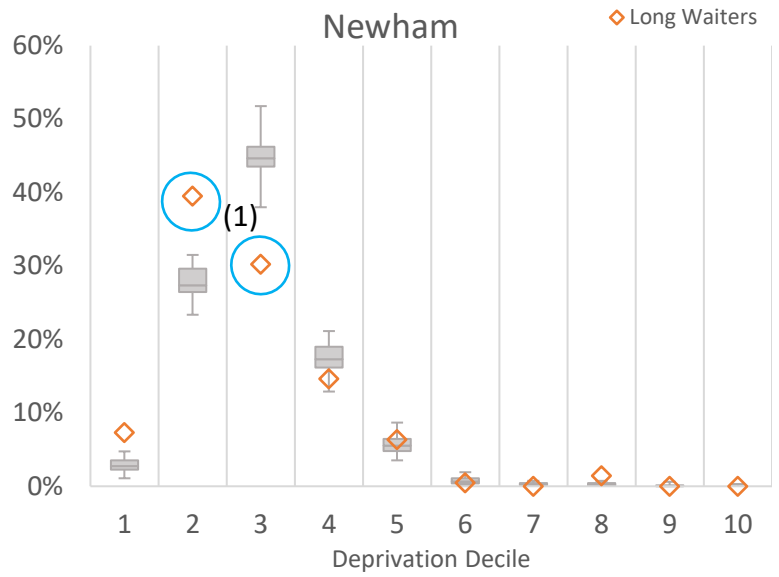
Notes

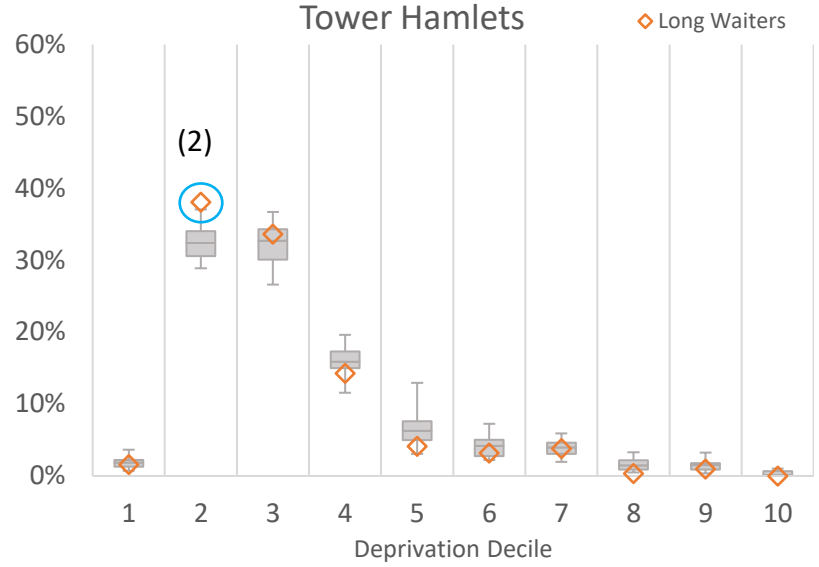
Gender does not show any unusual variation in any borough when comparing the proportion of referrals received of each gender, with those who are waiting longest for assessment.

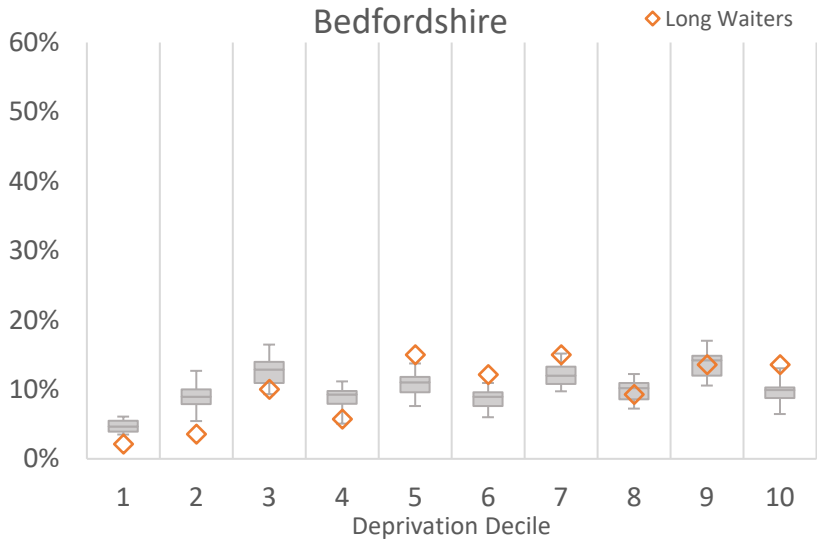
Adult Community Mental Health

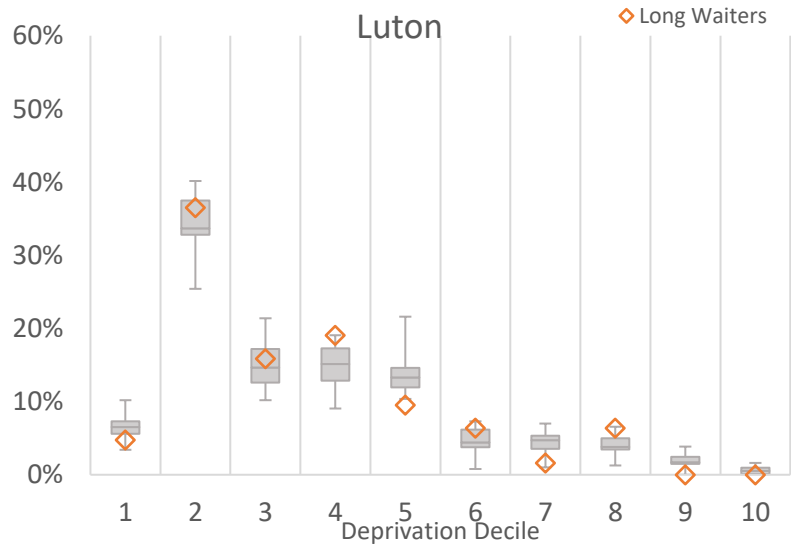
Do we see any unusual variation with regard to **area of deprivation** for those service users waiting longest for assessment?
(1 = most deprived decile, 10 = most affluent decile)











Notes

(1) In Newham, those waiting in the second most deprived decile are over-represented amongst those waiting longest for assessment. Those in the third most deprived decile are under-represented within those waiting longest.

(2) In Tower Hamlets, there is greater proportion of service users on the long waiters list who live in the second most deprived decile than we might expect to see, when comparing with the referrals received to the service.

Adult Community Mental Health – what might this mean?

In Tower Hamlets, two outliers were identified with regard to ethnicity. People with Asian or Asian British ethnicity were more likely to be waiting longer for assessment that we would expect, and people with White ethnic background are less likely to be waiting longer for assessment.

When looking at these two subpopulations in more detail, area of deprivation was also an important factor. Within the group waiting longest for assessment in Tower Hamlets, 46% of Asian or Asian British service users lived in the two most deprived deciles, compared with only 29% in the White group. This may indicate that derivation is a stronger factor than ethnicity alone.

In exploring theories about why those of White ethnicity are under-represented in the longest waiting, and those of Asian and Asian British ethnicity are waiting longer than we might expect, we have looked at the attendance profiles of these two groups to appointment. Interestingly, the attendance profiles were almost identical, with 80% of patients attending appointments with ELFT services and 20% being non-attended or cancelled. This indicates that non-attendance or cancelling appointments is unlikely to be a factor impacting on why these groups might be over- or under-represented on our waiting list.

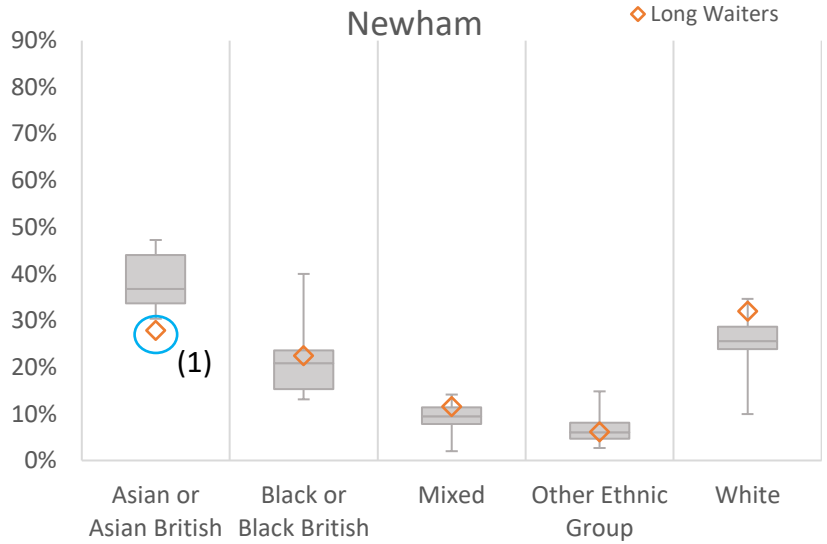
Diving further to patient level, the team in Tower Hamlets has looked at other factors that might be related to this unusual variation we see in length of time waiting for assessment. For some of the service users that are waiting longer than we might expect, from Asian or Asian British ethnicity, there appears to be a theme around language barriers and the requirement for interpreters, with delays in obtaining interpreting being a factor in someone waiting longer than usual. In addition, one service user with hearing difficulties has waited longer for assessment than we would expect, and some referrals for people from this ethnic group are missing important information from primary care in order to proceed.

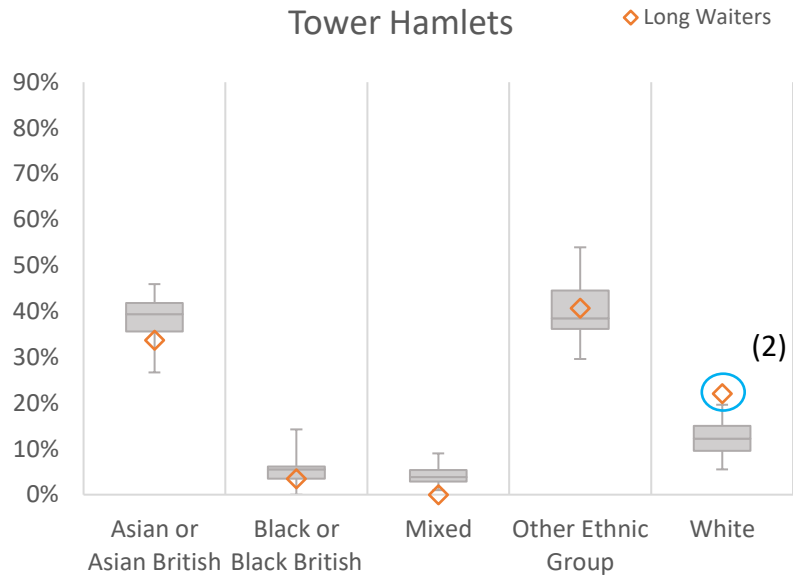
In Newham, those living in the second most deprived area are waiting longer for assessment than we might expect, and the group living in the third most deprived area appear to be under-represented in those waiting longest. The group of service users from the more deprived area comprised 29% from BAME communities. In the slightly less deprived area, 80% of service users were from BAME communities. The profile of attendance at appointments is also very different. 30% of service users in the more deprived area had missed or cancelled appointments, compared to 9% in the less deprived area.

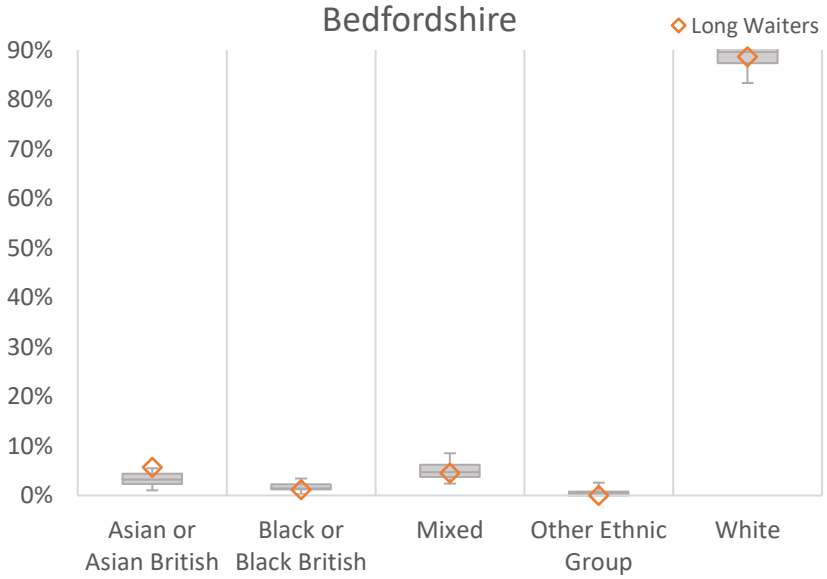
This initial analysis has helped look at our waiting lists for assessment in community mental health through a number of different equity lenses, and identified some disparities that require further investigation. Providing data in this way at team level allows clinicians to critically assess their waiting lists, and the way in which they make decisions about prioritisation. Even this initial analysis at borough level has raised awareness of disparities that were unknown to us, identified areas for further exploration and potential places to test new ideas to address the inequities.

Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to the **ethnicity** of the young people waiting longest for assessment?







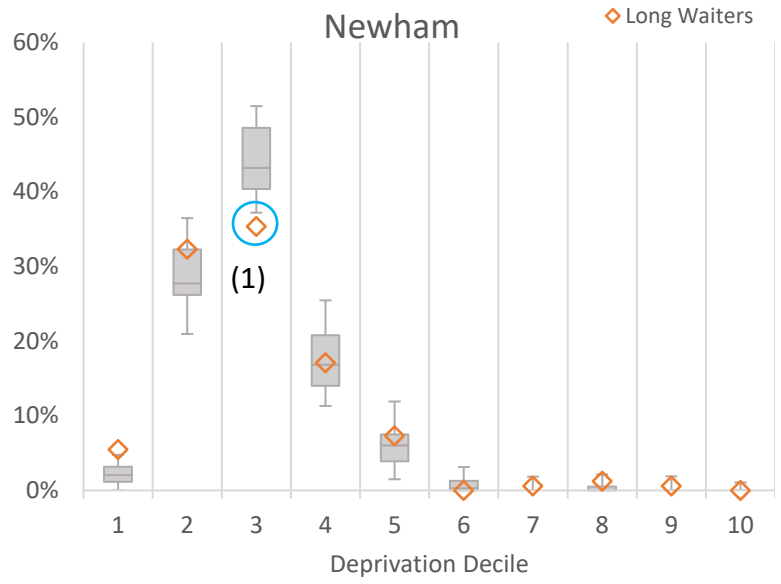
(1) In Newham, there is a smaller proportion of young people from Asian or Asian British ethnicity amongst those waiting longest for assessment.

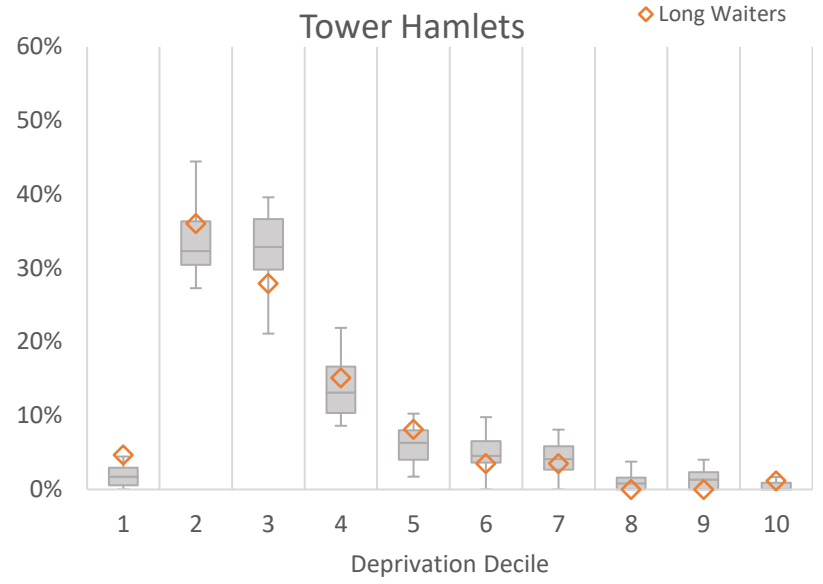
(2) In Tower Hamlets, there is a larger proportion of young people of White ethnicity amongst the longest waiting for assessment than we might expect from the referrals we receive.

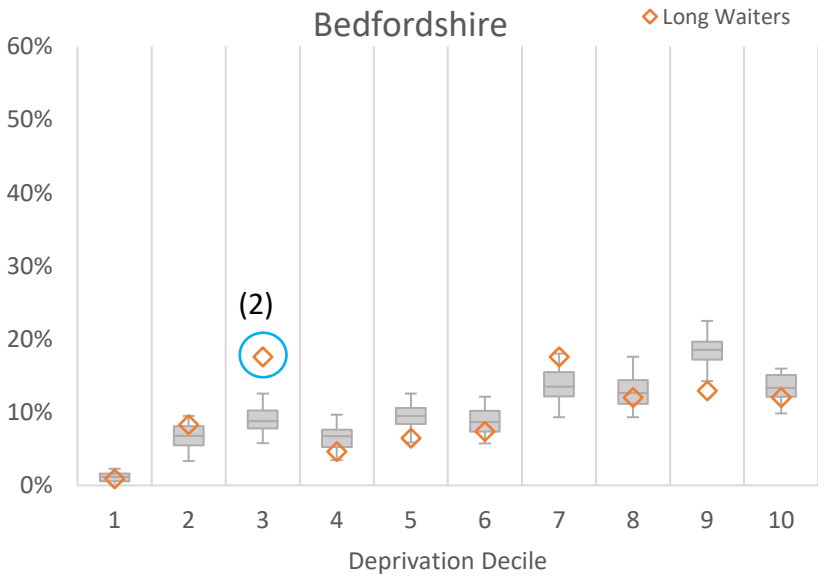
'Other' ethnicity is largely unclassified. The 8% that is classified has representation from 15 ethnic groups with Arab, Chinese and South/Central American communities being the most common.

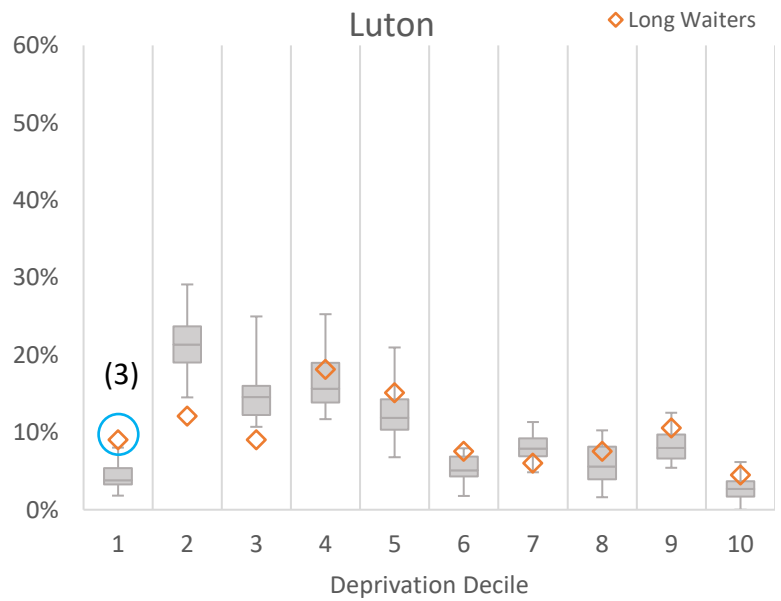
Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to **area of deprivation by borough** for those service users waiting longest for assessment?
(1 = most deprived decile, 10 = most affluent decile)









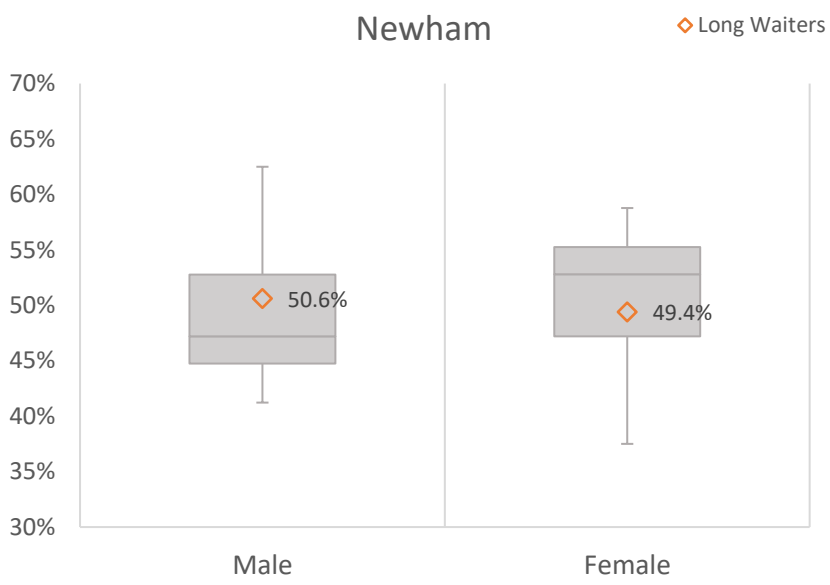
(1) In Newham, young people living in the third most deprived decile are under-represented in those waiting longest for assessment. Those living in the most deprived decile are likely to be waiting longer than we would expect.

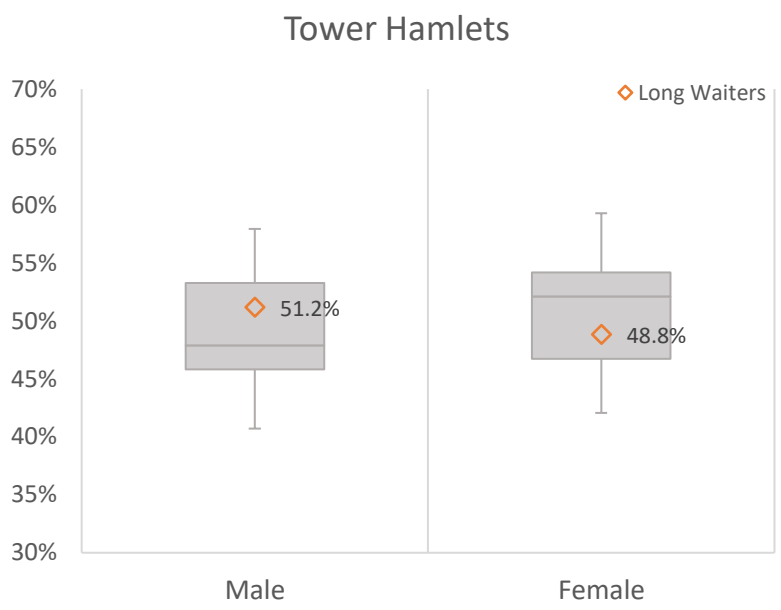
(2) In Bedfordshire, there is a larger proportion of young people on the long waiters list who live in the third most deprived decile than might be expected by referral volume.

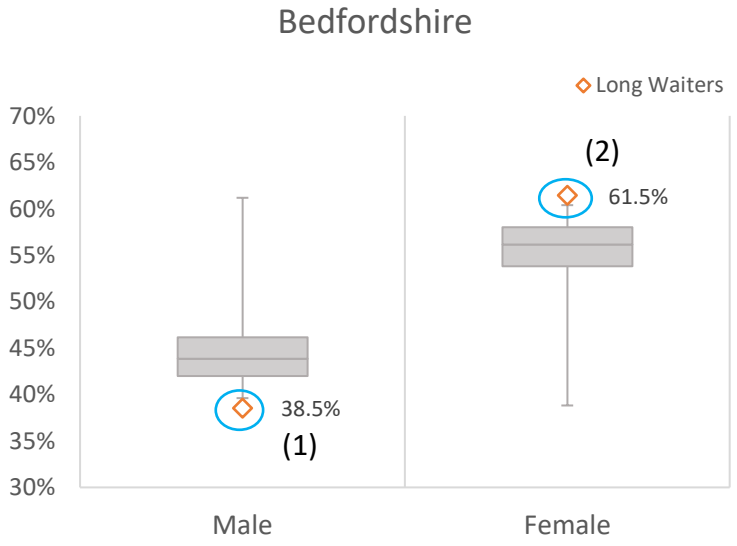
(3) In Luton, there is a larger proportion of young people in the longest waiting 25% who live in the most deprived decile than might be expected by referral volume

Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to **gender** of those waiting longest for assessment?







(1) In Bedfordshire, there is a smaller proportion of young people on the long waiters list who are male than might be expected by referral volume.

(2) Consequentially there is a larger proportion of service users on the long waiters list who are female than might be expected by referral volume.

Child And Adolescent Mental Health Services – what might this mean?

From this initial analysis of the CAMHS waiting lists for assessment, a few areas of unusual variation have been identified. In Bedfordshire, females appear to be waiting longer than we would expect. In exploring this further to see if there might be any potential factors influencing this, one possibility relates to the age groups that we see in males and females. A smaller proportion of females within our longest waiting 25% in Bedfordshire are 5-6 years old (3%, compared with 14% of our longest waiting males being in this age group). A larger proportion of females were in the 13-14 year old group (33%, compared to 21% of our longest waiting males).

Interesting, although not an outlier, in City & Hackney the pattern is reversed with females waiting less than males for assessment. Within City & Hackney, there is a much larger proportion of females in the longest waiting 25% being in the 13-17 year age group.

In Bedfordshire, young people living in the third most deprived decile are over-represented amongst those waiting longest for assessment. Looking at the attendance pattern of this group of service users, this group was found to have a high frequency of non-attendance and cancellations for appointments, at 30%. High frequency of non-attendance and cancellation is also found in other long waiting outliers in deprivation decile 1 in Luton (19%), Tower Hamlets (18%) and Newham (25%). In comparison the Newham outlier in deprivation decile 3 which saw less longer waiters than expected had a did not attend and patient cancellation rate of 15%.

This initial analysis of CAMHS waiting lists has identified some disparaties with regard to gender and deprivation that were unknown to us. Diving further into the service user groups and characteristics has provided the teams with some theories and factors that can now be the focus of creative idea generation and testing, in order to address the inequities that have been identified.

What next?

This initial analysis of waiting lists through an equity lens was requested by the Board in March 2022, and is intended to provide a first attempt at exploring how we might understand and assure ourselves that we are appropriately managing our waiting lists in an equitable way. We have already identified some areas of disparity for adult community mental health and CAMHS that were previously unknown to us, and will be the focus of further understanding and work within our clinical teams.

The next step is to ensure that all our community-based teams have access to similar ways to view their waiting lists through multiple equity lens, so that our teams can look at their waiting lists through factors that we know have an impact on health outcomes, experience of care and access to services. This will enable our services to understand better where any disparities lie, explore the highly local factors that might lie beneath these, and test ideas to address inequities.

Over the next two months, we will be working to build analytics in PowerBI, alongside the existing caseload and waiting list management tools that already exist, which will give our clinical teams this level of insight. This will include geomaps, so that teams can identify specific neighbourhoods where people might be experiencing inequitable access.