

Children and Young People's Overview and Scrutiny Committee

22 September 2023

TEWV CAMHS Waiting Time Information

Report of James Graham, General Manager – Durham and Tees Valley Community CAMHS

Purpose of the Report

The purpose of the report is to provide members of Children and Young People's Overview and Scrutiny Committee with information on Children and Adolescent Mental Health Services waiting times.

Background

- 2 As at 08/09/2023 there are 195 patients waiting for a mental health assessment.
 - a. 94 of these waiting between 0-1 month
 - b. 52 of these waiting 1-2 month
 - c. 24 of these 2-3 months
 - d. 25 of these 3 months+
- 3 These waiting time compare favourably with national benchmarking data for CAMHS services.
- 4 Between Sep 2022-Aug 2023 (12 months) 5,014 referrals to the service were made within County Durham.
 - a. Average of 417 per month
 - b. 10,547 internal referrals happened in the same period (transfers to different teams/pathways)
 - c. 2,403 patients were fully discharged from service in this period
- 5 The County Durham service-wide caseload snapshot is 8,169 young people.
 - a. 4,383 are waiting for autism and/or ADHD assessment

- b. 2,528 are receiving support from a Getting More Help team (complex MH needs requiring MDT input)
- c. 449 are receiving support from the Getting Help team (10-12 sessions of therapeutic intervention for mild-moderate MH needs)
- d. 259 are currently having their needs screened by the single point of access (SPA)
- e. 201 are receiving support from the learning disabilities teams
- f. 163 are receiving 1:1 or group support from the Piece of Mind, school-based teams
- g. 79 are receiving support from the SARC service (victims of sexual assault)
- h. 50 are receiving support from the eating disorders team
- i. 30 young people are receiving support from an out of area team (choice, or LAC placed out of area)
- j. 12 young people are receiving support from crisis/intensive home treatment (IHT)
- k. 4 young people with complex needs are accessing Holly unit (positive behaviour support)
- 4 young people are receiving specialist assessment from the forensic team
- m. 1 young person with complex needs is receiving intensive positive behaviour support (IPBS)
- Note: the above is a 'unique' patient count. A significant number of the cases above will have periods of care when they are open to more than 1 team for 'co-working'. E.g., approx. 50% of the total caseload that is waiting for an autism/ADHD assessment is, or has been, open to another team for MH needs. The team the YP is 'counted' against is the team it was uniquely open to first.
- 7 Over 95% of YP who are urgently referred to the crisis team are seen within 4 hours.
- The eating disorders service is compliant with national access standards (routine referrals treatment start within 4 weeks, and urgent refers seen within 1 week).
- 9 For neurodevelopmental assessments; there are 4,746 County Durham young people are waiting post-referral (difference to number quoted at 5(a) due to the 'coworking' issue described at 6)
 - a. The average length of wait is 411 days
 - b. The maximum wait is 1,214 days
 - c. 3 YP waiting over 3 years
 - d. 921 YP waiting 2-3 years
 - e. 1,501 YP waiting 1-2 years
 - f. 422 YP waiting 9-12 months
 - g. 510 YP waiting 6-9 months
 - h. 600 YP waiting 3-6 months
 - i. 226 YP waiting 2-3 months

- j. 350 YP waiting 1-2 months
- k. 214 YP waiting 0-1 month
- The referral demand currently outstrips the clinical capacity for assessments 2 to 1, so the waiting list continues to grow. The team can complete 100 assessments per month, but 200 cases are added to the pathway per month.
- We predict that if nothing changes with capacity and demand in the next few years, a referral made in 12 months' time, will have a 5 year wait.
- 12 If we stopped all referrals (some providers elsewhere and nationally have done this), within the current resource, it would take 3-4 years to clear the waiting list.
- 13 Internal improvement work is under way, with pilots happening. At best this will increase our assessment capacity by 20-30% within current resource, within the next 6-12 months.
- This is a key area, strategically, within the NENC ICB with regional work underway to assess options and opportunities for recovery of this position. This issue is not unique to County Durham.
 - a. Includes risks and benefits appraisal of all possible options to increase capacity.
 - b. No easy answer as all parts of system are stretched.

Conclusion

- This report describes the position with regards to access to CAMHS services. Access to mental health support for needs ranging from mild-moderate-complex are generally reasonable and compare favourably with national benchmarking data.
- There is a concern with regards to the capacity to meet, and demand for, neurodevelopmental assessments. Work is taking place local and regionally to explore all possible options at improving this position.

Background papers

None

Authors

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