

**11 July 2024**

**TEWV CAMHS Waiting Time  
Information**

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

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 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 28/06/2024 there are 84 patients waiting for a mental health assessment.
  - a. 38 of these waiting between 0-1 month
  - b. 27 of these waiting 1-2 month
  - c. 7 of these 2-3 months
  - d. 10 of these 3-6 months
  - e. 3 of these 6months+
- 3 These waiting time compare favourably with national benchmarking data for CAMHS services.
- 4 Of the 3 cases waiting over 6 months; DNA/was not brought and patient/family choice are factors in the length of wait.
- 5 Between Jun 2023-May 2024 (12 months) 4,338 referrals to the service were made within County Durham.
  - a. Average of 362 per month
  - b. 7,073 internal referrals happened in the same period (transfers to different teams/pathways)
  - c. 2,128 patients were discharged from service in this period

- 6 The County Durham service-wide caseload snapshot is 9,024 young people.
- a. An increase of over 700 from 12 months ago
  - b. 4,982 are waiting for autism and/or ADHD assessment
  - c. 2,508 are receiving support from a Getting More Help team (complex MH needs requiring MDT input)
  - d. 453 are receiving support from the Getting Help team (10-12 sessions of therapeutic intervention for mild-moderate MH needs)
  - e. 419 are currently having their needs screened and/or assessed by the single point of access (SPA) team
  - f. 211 are receiving support from the learning disabilities teams
  - g. 265 are receiving 1:1 or group support from the Piece of Mind, school-based teams
  - h. 77 are receiving support from the SARC service (victims of sexual assault)
  - i. 65 are receiving support from the specialist eating disorders team
  - j. 13 young people are receiving support from an out of area team (choice, or LAC placed out of area)
  - k. 17 young people are receiving support from crisis/intensive home treatment (IHT)
  - l. 4 young people are receiving specialist assessment from the forensic team
- 7 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.
- 8 Over 90% of YP who are urgently referred to the crisis team are seen within 4 hours.
- 9 The eating disorders service is compliant with national access standards (routine referrals treatment start within 4 weeks, and urgent refers seen within 1 week).
- 10 For neurodevelopmental assessments; there are 5,297 County Durham young people are waiting post-referral (difference to number quoted at 5(a) due to the 'coworking' issue described at 7)
- a. The average length of wait is 489 days
  - b. The maximum wait is 1,398 days
  - c. 313 YP waiting over 3 years
  - d. 1,066 YP waiting 2-3 years
  - e. 1,817 YP waiting 1-2 years
  - f. 494 YP waiting 9-12 months
  - g. 551 YP waiting 6-9 months
  - h. 621 YP waiting 3-6 months
  - i. 155 YP waiting 2-3 months

- j. 264 YP waiting 1-2 months
  - k. 166 YP waiting 0-1 month
- 11 Significant distress remains within Neurodevelopment waiting lists and access to assessments nationally and across the NENC ICB footprint. This is due to excessive demand for these assessments that far out-exceeds commissioned capacity. This is resulting in excessive waits for completion of assessments and we continue to work with all stakeholders within the ICB to explore system-wide strategic solutions to this national issue.
- 12 Further action is being taken across all system partners within Durham, to strengthen the current recovery actions and improve alternatives to assessment, support for those already waiting and reduce waiting time for assessment for those that have waited the longest. This includes the piloting of a new clinical protocol, commissioning of additional diagnostic capacity for assessments and further extend local improvements to make support more needs led and reduce overall demand upon services.

## **Conclusion**

- 13 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.
- 14 There is a concern with regards to the capacity to meet, and demand for, neurodevelopmental assessments. Work is taking place locally and regionally to explore all possible options at improving this position.

## **Background papers**

None

## **Authors**

James Graham, CAMHS General Manager