

Children and Young People's Overview and Scrutiny Committee

11 December 2024

TEWV CAMHS Waiting Time Information

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 11/12/2024 there are 201 patients waiting for a mental health assessment.
 - a. 116 of these waiting between 0-1 month
 - b. 38 of these waiting 1-2 month
 - c. 15 of these 2-3 months
 - d. 14 of these 3-6 months
 - e. 18 of these 6months+
- 3 These waiting time compare favourably with national benchmarking data for CAMHS services.
- 4 Of the 18 cases waiting over 6 months; DNA/was not brought and patient/family choice are factors in the length of wait.
- 5 However, the data in relation to length of wait is skewed by those YP also waiting for autism or ADHD assessment as approximately 50% of YP having a mental health assessment are ALSO waiting for a

neurodevelopmental assessment and the system cannot measure the 2 different waits separately currently. So, it is important to look at other metrics including % of YP receiving a mental health assessment within 28 days. This currently stands at 94%.

- 6 Between Dec 2023-Nov 2024 (12 months) 3,796 referrals to the service were made within County Durham.
 - a. Average of 316 per month
 - b. 7,694 internal referrals happened in the same period (transfers to different teams/pathways)
 - c. 1,974 patients were discharged from service in this period

- 7 The County Durham service-wide caseload snapshot is 8,814 young people.
 - a. A decrease of 210 from 6 months ago
 - b. 4,927 are waiting for autism and/or ADHD assessment
 - c. 2,518 are receiving support from a Getting More Help team (complex MH needs requiring MDT input)
 - d. 415 are receiving support from the Getting Help team (10-12 sessions of therapeutic intervention for mild-moderate MH needs)
 - e. 277 are currently having their needs screened and/or assessed by the single point of access (SPA) team
 - f. 213 are receiving support from the learning disabilities teams
 - g. 270 are receiving 1:1 or group support from the Piece of Mind, school-based teams
 - h. 100 are receiving support from the SARC service (victims of sexual assault)
 - i. 64 are receiving support from the specialist eating disorders team
 - j. 6 young people are receiving support from an out of area team (choice, or LAC placed out of area)
 - k. 10 young people are receiving support from crisis/intensive home treatment (IHT)
 - l. 13 young people are receiving specialist assessment from the forensic team

- 8 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.

- 9 Over 90% of YP who are urgently referred to the crisis team are seen within 4 hours.

- 10 The eating disorders service is compliant with national access standards (routine referrals treatment start within 4 weeks, and urgent refers seen within 1 week).

- 11 For neurodevelopmental assessments; there are 5,389 County Durham young people are waiting post-referral (difference to number quoted at 7(b) due to the 'coworking' issue described at 8)
 - a. The average length of wait is 544 days
 - b. The maximum wait is 1,366 days
 - c. 327 YP waiting over 3 years
 - d. 1,258 YP waiting 2-3 years
 - e. 1,952 YP waiting 1-2 years
 - f. 534 YP waiting 9-12 months
 - g. 484 YP waiting 6-9 months
 - h. 398 YP waiting 3-6 months
 - i. 172 YP waiting 2-3 months
 - j. 153 YP waiting 1-2 months
 - k. 111 YP waiting 0-1 month

- 12 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.

- 13 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. A new clinical protocol has created efficiencies resulting in cessation of the exponential growth in the waiting list previously seen, further work is required to reduce the waits and backlogs. We are currently working with the ICB and neighbouring trust CNTW to look at how we can work with other, accredited, providers to spread the demand across a wider system.

Conclusion

- 14 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.

- 15 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

Authors

James Graham, CAMHS General Manager