

Health and Wellbeing Board

20 March 2018



Children and Young People's Services Management of Children and Adolescent Mental Health Service Waiting Times

Report of Patrick Scott, Director of Operations, Durham and Darlington Children and Young People's Services, Tees, Esk and Wear Valley NHS Foundation Trust

Purpose of the Report

- 1 The purpose of this report is to update the Health and Wellbeing Board on progress made in reducing waiting times for children and young people accessing Tees, Esk and Wear Valley (TEWV) Children and Adolescent Mental Health Service (CAMHS).

Background

- 2 The Board has received previous reports regarding the work under way to address concerns regarding excessive waits within CAMHS. This report includes the position reported to February 2018 and a narrative regarding the key areas of action that have been completed and/or are under way.

General Waiting Times

- 3 The following relates to general waiting times:
 - (a) The service continues to achieve the four week waiting time target; with young people offered an initial assessment within four weeks of referral. This is monitored closely as part of daily lean management.
 - (b) Following the initial appointment, young people are allocated onto the most appropriate clinical pathway. The intervention at the second appointment will vary dependent on presenting needs. This could include further specific diagnostic assessment, psychological interventions and liaising with schools to ensure appropriate educational support is accessed (usually via the local offer) if required.
 - (c) The service has a KPI that 90% of young people must have a second appointment within nine weeks of referral, with current attainment of 87%.
 - (d) The services monitors this closely, breaches are usually related to any delay in first appointment and capacity within the team.
 - (e) The service continues to experience high levels of referrals. On average we receive around 850 referrals each month with seasonal variation.

- (f) The service has seen a marked increase in referrals over the last quarter, with a peak in November 2017, where we received 1005 referrals; this was 215 more referrals than November 2016.
- (g) The service has reviewed referrals to look at trends. However referrals were shared across all Clinical Commissioning Groups (CCGs) and there were no changes to referrer source.
- (h) GP's remain the highest referrer however we are aware that this is an inflated rate as schools continue to ask parents to seek GP referrals.
- (i) TEWV CAMHS works closely with partners to support delivery of the local transformation plan. This partnership working is supporting a better understanding of what CAMHS does to facilitate appropriate referrals.
- (j) We are currently working with school leads to encourage schools to refer directly to the single point of access (SPA). This will improve timely access and provide SPA an opportunity to check what intervention schools have offered prior to referral.
- (k) The service is also participating in the school links mental health programme which will help to develop closer working with schools and identify targeted work to support schools.
- (l) The service has seen benefits from the introduction of the resilience nurses in relation to appropriate referrals and pathways into CAMHS. However this resource is yet to make an impact on referral rates.
- (m) The service has reviewed the green paper and supports the strategic direction to include mental health leads in schools and develop CAMHS around schools.

Conclusion

- 4 The service monitors waiting times closely and takes corrective action to ensure young people are not experiencing long waits for a CAMHS intervention. We have sustained an improvement in waiting times for generic CAMHS since October 2016.
- 5 TEWV/CAMHS remain an active partner in the Children and Young People Mental Health Local Transformation Plan Group which is working as a local system to transform the mental health offer to children, young people and families in County Durham.

Recommendations

- 6 The Health and Wellbeing Board is recommended to:
 - a) Note the content of the report.

- b) Agree for the Children and Young People Mental Health Local Transformation Plan Group to provide an update against key actions and the process to re-fresh the current plan at the May HWB.

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Appendix 1: Implications

Finance - No implications

Staffing - No implications

Risk - No implications

Equality and Diversity / Public Sector Equality Duty - No implications

Accommodation - No implications

Crime and Disorder - No implications

Human Rights - No implications

Consultation - No implications

Procurement - No implications

Disability Issues - No implications

Legal Implications - No implications