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Community CAMHS: Capacity, Demand and Waiting List Update

January 2024

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Purpose of Paper

This purpose of this paper is to present a position update of current CAMHS waiting list position and progress made against recommendations set out in the Community CAMHS: capacity, demand and waiting list paper and ICB in Q3 2023 (refer to Appendix A).

Background

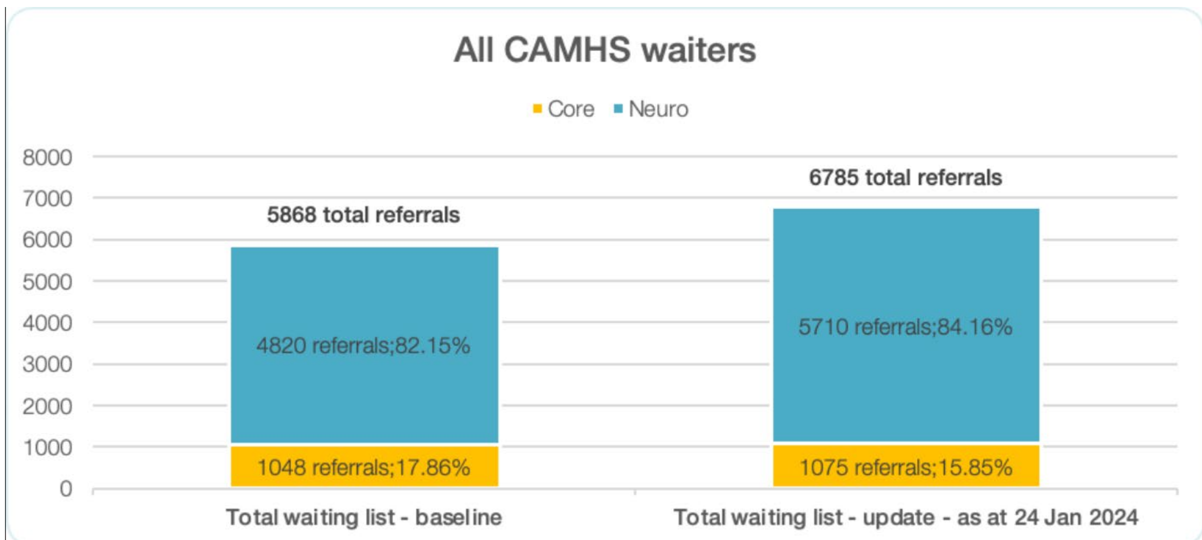
In Autumn 2023, an analysis was conducted on the available CAMHS waiting list data, including the overall waiting lists and individual data. Historical trends were examined to understand the dynamic and changes over time. Insights and recommendations were derived from the analysis to improve the position. Findings were shared through established governance arrangements to help ensure a system, place-based partnership and wider health and care system approach is taken to deliver improvements, transform care and manage system performance and deliver safe, effective care.

Current position

Waiting Times Data Refresh

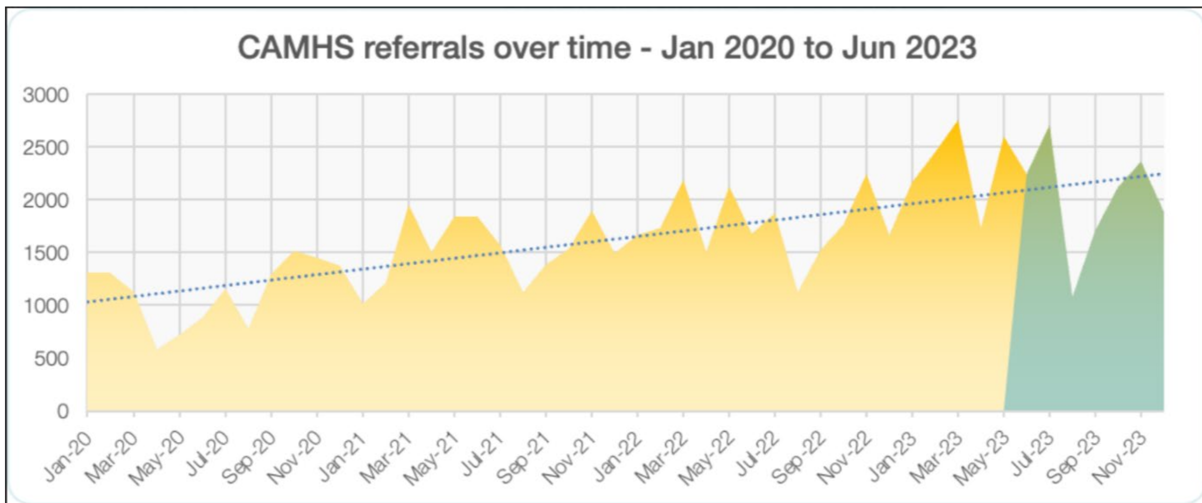
Since June 2023 baseline data was shared and to date, PCFT has seen 15.63% waiting list growth. Figure 1 below provides data concerning CAMHS waits across all Pennine Care CAMHS services.

Figure 1-Waiting List Growth



Looking at data refresh on referrals over time since 2020 in figure 2 below, the data shows the upward trend peaks around May- June 2023, with something of a reset for the more recent referrals (likely accounted for by seasonal variation and school holidays). From July 2023 onward referral rate there is a substantial spike in referrals, with referrals in July 2023 the second highest month overall, and November 2023 the fourth.

Figure 2-Referrals



Consistent with the data trends highlighted in original findings, the data refresh indicates a substantial increase and growing challenges in respect of CAMHS waits. This position impacts the ability to provide a responsive service across all pathways.

Recommendations for action by Locality, Place-based Neuro-developmental Update

Through a joint Tier 2 and 3 leadership approach the original paper, analysis and findings have been shared at locality Mental Health and Learning Disability Boards. The significant challenges experienced by children, young people and their families was noted by locality boards together with, recognition of the Trust's approach to bring together system partners

to address this important priority. The ICB has acknowledged the detailed analysis provided by PCFT and subsequently requested Manchester University NHS Foundation Trust (MFT) and Greater Manchester mental Health Foundation Trust (GMMH) to undertake similar analysis. As such, PCFT has done our utmost to offer support and assistance to MFT and GMMH furthermore, PCFT is developing a multi-agency working group with GMMH and MFT to look at best practice in reporting community CAMHS issues and jointly offer support and mentoring to other providers when reviewing CAMHS services.

In Stockport, a formal response has been received from Mark Fisher CEO, Manchester Integrated Care Board (ICB) recognising the breadth and depth of work along with a strong commitment, identified ownership, governance arrangements and assurance that a structured approach at local and GM level will be adopted. In Tameside, a joint multi-agency action plan has been developed in collaboration with partners setting out agreed objectives to develop an accessible needs-led multi-agency offer. Similarly, in Rochdale and Bury, trials of Pathway Transformation using Portsmouth Needs-Based Profile Tool and Neurodevelopment Supports Hubs adopt a multi-agency approach to needs-led assessments.

Whilst there is a strong commitment from locality boards to work in partnership and move towards a needs-led model harnessing learning and success in other ICBs, there is a degree of variance. Levels of maturity in local development and multi-agency approach to development of pathways to address neuro-diverse needs set within parameters of the recommendations will benefit from continued strategic oversight by the Trust and ICB. Working in collaboration with locality boards, further work is required to identify clear lines of oversight and ownership together with a comprehensive support programme in line with local and national priorities.

Recommendations for action by Greater Manchester ICB
The current CAMHS specification, which covers all NHS providers was developed by GM CAMHS commissioners. The GM Mental Health Programme have arranged a strategy workshop to take place at the end of January, assurance has been provided that the outcomes of this work will feed into the refreshed GM CAMHS service specification for all providers as part of 2024/25 contract round ensuring all stakeholder and locality leads are engaged. The intention is for this to lead to a 3-year plan that ensures a consistent offer across Greater Manchester.

Recommendations for action by Pennine Care
In November 2023, CAMHS Tier 2 leadership team developed a proposal setting out options to management of current neuro-developmental waiting lists, including increased capacity within current diagnostic pathways to support reduction in number of young people waiting for an assessment.

Since, GM mental Health Partnership has put forward a proposal endorsed by Commissioning Oversight Group in relation to the neurodevelopmental (ND) pathway and in particular attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD)noting

although mental health has a role to play in the autism pathway it isn't a mental health responsibility to manage that pathway. It is proposed that this programme will be led by the NHS ICB Deputy Place Based lead for Wigan to develop a sustainable long-term neurodevelopmental pathway that enables a consistent approach across GM. The recovery and transformation of the pathway will identify recurrent funding required for the new ASC and ADHD pathway and funding required to clear the backlog.

The GM Mental Health Partnership Board has agreed to support in relation to the recovery aspect led by NHS ICB CYP MH Strategic Lead Clinical Commissioner and MH Providers across GM taking forward current challenges and exploring options for prioritising children and young people currently waiting based on need and to reduce legacy waiting lists. This will offer optimum opportunity to put forward options proposed by PCFT to tackle legacy backlog waiting. The CAMHS care Hub will ensure appropriate delegations and nominated representatives are identified to engage in relevant forums and steering groups to shape the offer across GM. At present, the timeframes for this work are unclear and Trust Executives will continue to raise this issue with the ICB through appropriate channels in order to ensure the appropriate pace in the context of the identified risk.

Next Steps

The Board are asked to note the contents of this paper. It is recommended that a further update is provided at the beginning of the next financial year.

Appendix A-Community CAMHS Capacity, demand and waiting lists paper.

PFCT Community
CAMHS Waiting Time

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Report to the Performance and Finance Committee
Wednesday 26 July 2023

Community CAMHS: Capacity, Demand and Waiting List Analysis	
Paper prepared by	Sarah Preedy
Executive Sponsor	Donan Kelly
Date of Report	June 2023
Purpose of the report	To present an analysis of the current CAMHS waiting list data, focusing on both the core and neurodevelopmental pathways in response to the escalating risk and need to ensure robust mitigations are in place. The historical data around CAMHS waits is also examined to gain a comprehensive understanding of the trends. The waiting list data is assessed at both the overall and individual locality levels. Recommendations are provided for Pennine Care, the Greater Manchester ICB, and the wider healthcare system at locality level to support effective management of the current and future position.
Executive summary / key issues	This strategic risk is rated at 15 on the Risk Register: Overwhelming Demand.
Recommendation	The Committee are asked to note the report and recommendations prior to it being shared with ICB and Locality Mental Health Boards for review and implementation.

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Community CAMHS:

Capacity, Demand and Waiting List Analysis

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Community CAMHS: Capacity, Demand and Waiting List Analysis

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Abstract

This paper has been prepared for the Pennine Care Performance and Finance Committee meeting in July 2023. The purpose of this paper is to present an analysis of the current CAMHS waiting list data, focusing on both the core and neurodevelopmental pathways in response to the escalating risk and need to ensure robust mitigations are in place. The historical data around CAMHS waits is also examined to gain a comprehensive understanding of the trends. The waiting list data is assessed at both the overall and individual locality levels.

Recommendations are provided for Pennine Care, the Greater Manchester ICB, and the wider healthcare system at locality level to support effective management of the current and future position.

Methods

To compile this paper, an analysis was conducted on the available CAMHS waiting list data, including the overall waiting list and individual locality data. Historical trends were examined to understand the dynamics and changes over time. Insights and recommendations are derived from the analysis to improve the position. Quality and safety data and analysis has also been included in order to triangulate data sets and understand the quality and experience implications for young people and their families.

Governance Oversight

Date	Board / Committee / Meeting	Internal / external	Comments
17/07/23	Executive Directors	Internal	Supported with minor changes to reflect system governance plan.
19/7/2023	Trust Management Board	Internal	Supported with minor change to recommendation 3 (all age diagnostic pathway).
26/7/2023	Performance and Finance Committee	Internal	
TBC	Trust Quality Group	Internal	
6/09/2023	Trust Board	Public	
TBC	Bury MH Programme board	External	
TBC	Stockport Locality Board	External	

TBC	Oldham Mental Health Locality Board.	External	
TBC	HMR Locality Board	External	
TBC	ICB / GM Mental Health Board	External	

Recommendations

Based on the analysis and findings, this paper makes the following recommendations for noting by the Performance and Finance Committee:

1. **Locality, Place-based Neuro-developmental Recommendations:**
    - Enhance partnership opportunities at each locality to further develop a multi-agency offer for children and young people with neurodiverse needs.
    - Present this paper at locality Mental Health and Learning Disability Boards for review, consideration and to confirm agreed actions.
    - Request commitment from locality boards to move towards a needs-led model harnessing learning and success in other integrated care systems.
    - In addition, request that locality boards:
        - Develop a robust, accessible, and consistent pre-diagnosis needs-led early help multi-agency offer that is informed by evidence.
        - Establish a consistent multi-agency access pathway with a supporting workforce, utilising expertise from paediatric and education partners to assist CAMHS in addressing the most complex cases.
        - Agree on the scope of multi-agency delivery of neuro-developmental diagnostic pathways.
        - Agree and implement a multi-agency approach to intervention and management of current waiting lists.
2. **Recommendations for action by Greater Manchester ICB:**
    - Conduct an urgent review of the CAMHS service specification and contract to reflect changes in demand and the changing needs of the population. This review should also clarify the parameters for Community CAMHS services in their delivery of the neurodevelopment pathway with clear exclusion and inclusion criteria.
    - Following this review, where clinical demand continues to exceed clinical capacity, set out commissioning intentions and expectations about ways in which the excess may be managed.
    - Commit to ensuring a consistent offer across Greater Manchester by ensuring that commissioning arrangements reduce unwanted variation and support the health inequalities agenda.
    - Commit to an equitable offer for adults over 18 years of age for management of ADHD treatment to support effective transition from CAMHS services.
3. **Recommendations for Pennine Care:**
    - Conduct a review of available options to management of current neuro-developmental waiting lists, including increasing clinical capacity within current diagnostic pathways to support reduction in the numbers of young people waiting for an assessment.
    - Conduct a further capacity and demand analysis and lean review of current neurodevelopmental (ND) assessment pathways to identify opportunities for innovation.
    - Consider the development of a proposal to implement a single all age diagnostic pathway for autism and ADHD within PCFT.
    - Enhance system presence and leadership in the provision of early help services. Playing a key role in the development and provision of the multi-agency evidence-based early help pathway

- Develop increased capability within CAMHS to deliver needs-led interventions for neuro-diverse children and young people in line with the move towards needs-level models of support.

A Family Journey

George's parents felt that he had signs of ADHD since being approximately two years of age. In line with best evidence, he and his family were supported during his pre-school years via a parent training programme. At aged 6 years, after completing his reception year education, his primary school referred him for an ADHD diagnostic assessment to CAMHS. This was in the late summer of 2020.

George and his family were seen for an initial CAMHS assessment in February 2021 and placed on the ADHD diagnostic pathway. Georges parents chose to seek a private assessment due to concerns regarding the impact on his educational outcomes. At the point that he was offered assessment within CAMHS in June 2022 this private assessment was in progress. He was assessed and diagnosed with ADHD by the private provider in July 2022. He began treatment, which immediately supported him within the school environment and decreased stress and worry for his family.

In October 2022 Georges parents approached CAMHS requesting that his care be taken over by the team. There was a further wait for George to be seen and in July 2023 his care and treatment for ADHD was allocated to a CAMHS Consultant Psychiatrist.

Georges parents experience is consistent with that of many families currently. They described appropriate fears and worries for their child's development that were amplified by the experience of the waiting times. In their commitment to minimise the impact on George they experienced confusion and the financial stress of seeking independent assessment and support.

Service Context

Community CAMHS services operate within each of the 5 towns within Pennine Care footprint. The services are well established multi-disciplinary teams whose historical role has been to provide a range of evidence-based interventions for children, young people, and families with moderate to severe mental health difficulties within outpatient clinic style settings.

They were previously joint funded via local heath and local authority systems. During the austerity period many local authorities reduced funding and services had to be re-modelled to account for reduced funding.

In the context of growing need and concerns regarding ability to access services in 2015, the Children and Young People's Mental Health and Wellbeing Taskforce released the Future in Mind guidance outlining the aims for transforming the way Child and Adolescent Mental Health Services were delivered nationally. Future in Mind detailed how we need to set about tackling the challenges to create a system that brings together the potential of the digital, schools, social care, the NHS, the voluntary sector, parents and of course children and young people. It had five key themes:

4. Promoting resilience, prevention, and early intervention.
5. Improving access to effective support.
6. Care for the most vulnerable.
7. Accountability and transparency.
8. Developing the workforce.

Each of our local NHS Clinical Commissioning Groups at that time developed a local transformation plan that outlined a whole system transformation to the local offer of services. The aim was to change how care was delivered, building it around the needs of children, young people, and their families.

Across Greater Manchester it was agreed that the system approach taken would be guided by the five categories Thrive Framework: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

Variance in system wide provision

Whilst the Thrive framework enabled the system to develop a shared language and greater common understanding to needs and resulting provision, there has been great variety in how it has been implemented in each of the 5 Boroughs. Investment priorities varied in each locality, as decision making

was balanced between the need to build capacity within core CAMHS services against bolstering support for vulnerable groups such as cared for children and those in contact with the criminal justice system.

The mental health in schools programme, whilst a welcome early intervention provision, has to date been implemented with a degree of variance across the 5 towns due to its “waved” implementation approach.

Table 1 demonstrates the variance in provision across the system for neuro-divergent young people. This variance, along with locality cultural and capacity differences directly influence the referral rate into the Community CAMHS services.

	Bury	HMR	Oldham	Stockport	Tameside
Early Help Neuro Diversity Hub	○	◑	○	○	○
Multi-agency access point to pathway	●	●	●	●	◑
CAMHS Early Help offer	*	●	●	◑	*
Anxiety support for neuro-diverse children	◑	◑	●	◑	◑
Multi-agency involvement in diagnosis pathway (e.g., SALT, paediatrics, etc)	○	●	◑	○	◑
Pre-diagnosis family support	○	◑	○	○	○
Behavioural support offer	●	●	●	◑	◑
Evidence-based parent training pre-diagnosis (e.g., PACT, Incredible Years)	planned	◑	●	◑	◑
Neuro profiling within early help	○	◑	○	○	planned
Needs-led school intervention offer	○	◑	◑	○	◑
Open access to workshops for behaviour, sleep	◑	●	●	○	◑
Social prescribing offer	planned	●	planned	○	planned
Parent/carer peer support programme/groups	●	●	●	planned	●
Inclusive youth social opportunities for CYP	◑	●	●	○	◑

Legend	
Fully implemented	●
Partially implemented	◑
Not Implemented	○

Table 1

Investment

In 2020 a detailed piece of internal capacity and demand analysis was completed across each of the five localities in response to growing demand and concerns about quality and safety. There was also a need to consider the investment required to develop the service offer between 16-18 years as all areas, with the exception of HMR, were out of line with other GM localities in that key priority area.

The work demonstrated that significant investment of over £1 million was required in 4 of the 5 areas. With HMR having historic higher levels of investment and an established and robust early help offer requiring a smaller amount of 350k.

Mental Health Investment Standard monies to close the gaps in capacity were secured in Tameside and Stockport in 20/21 and 21/22. The investment for Bury and Oldham has been partially secured in the current financial year with the remainder in plan for 23/24.

Whilst the securing of investment has been positive what is apparent is that it does not negate the challenges of the changing nature and increase in demand to CAMHS since 2019, specifically in respect of the neurodevelopment pathway.

Workforce

In line with the transformation programme and resulting investment into CAMHS, workforce across the care hub has seen a significant growth.

The challenges for the CAMHS workforce have commonality with much of the wider NHS. However, this is at times magnified due to the nature of investment, the opportunities this creates for clinical colleagues and the challenging nature of many CAMHS roles.

Health Education England workforce benchmarking for 2022 identities a national vacancy rate of 17% for CAMHS services. PCFT services were sitting at 16% vacancies at the close of the year.

Waiting list management

Recognising that young people on the waiting list may experience fluctuations in their mental state and risk presentation, it is crucial to ensure they have access to appropriate support when needed. Therefore, it is essential to manage all waiting lists through a robust clinical prioritisation process that involves regular review to support clinical decision-making, ensuring safety and maximising use of alternative support offers for young people and their families whilst waiting. Following the recently commissioned MIAA audit, the waiting list management process was reviewed and refined to provide a framework for services in the ongoing clinical management.

The process sets the following standards for waiting list management:

- **Urgent cases**, where there is concern about suicidal risk or significant psychiatric disorder, should be managed through an urgent pathway, an appointment may be offered the same day if deemed an **emergency**, all urgent appointments should be offered within 5 working days.
- For referrals awaiting initial assessment classified as **routine appointments**, the young person and their family will receive information about the CAMHS pathway and an explanation that they are now on a waiting list. They will be informed that they will receive an appointment at a later date. Additionally, written information will be provided on how to contact the service in case of changes in circumstances, increased risk presentation, or raised concerns. Contact details and advice for accessing crisis services will also be provided. For families awaiting neuro-

developmental diagnostic assessments they will be provided with specific support options from the wider system local offer.

- If families subsequently contact the service during the waiting period, they are supported through the service's daily **duty function**. During any direct contact, a clinical risk assessment will be conducted, and the status of the referral will be reviewed to determine if the young person should remain on the routine pathway or be escalated to the urgent pathway. Throughout the waiting period, consideration should also be given to referring the young person to partner agencies for support specific to their needs.
- **At the 12-week mark**, there will be direct contact with the young person and their family to conduct a wellbeing check. This includes assessing the current situation, reviewing the level of risk, and determining if the young person should remain on the routine pathway or be moved to the urgent pathway. These calls should also involve discussions with the young person and their family regarding safety planning, ensuring a holistic "think family" approach.
- Similarly, **at the 18-week mark**, a check-in call will be conducted as described above. In addition, the case will be discussed with a manager of Band 7 or above to ensure senior oversight and appropriate decision-making.
- For subsequent waiting **periods exceeding 18 weeks**, if it is clinically appropriate for the young person to remain on the routine waiting list, they and their family will be contacted at 10-week intervals for check-ins, following the same processes described earlier.

Whilst this process does ensure robust management of the waiting times, given the size and scale of the current lists it does divert clinical capacity from completing the required assessments and interventions and creates considerable demand on both clinical and administrative resources within service.

In the absence of a current equitable offer for the management of young adults with ADHD and the safety risks of discharging people without an effective service provision there are currently approx. 150 young people in Bury and Rochdale CAMHS services being looked after beyond 18 years of age.

Commissioning

Section 3 of the GM service specification sets out the Scope of the CAMHS service and includes the following :

> *"CAMHS will be provided through the Thrive Model for CAMHS (see Figure 2) to meet the emotional wellbeing and mental health needs of children and young people. The Provider will ensure the service is child and family focused and delivered within the context of a whole systems approach to ensure early identification and integrated working across the health and social care economy. The primary aim of the service is to provide (the spec then then lists a - e with (f) being...)*
>
> *(f) Access to specialist pathways for identified groups e.g., ASD/ADHD, LD, LAC, chronic physical health problems and those young people connected to the youth justice system"*

Other than this there is no specific detail or pathway setting out the referral, assessment, diagnosis, post diagnosis and discharge requirements. It should be noted that ADHD and ASD are referred to in several sections of the GM spec, in particular sections 3 (Scope) 4 (Applicable Service Standards), and 8 (Interdependencies), which implies what may be provided but is not specific.

In line with NHSE guidance, NHS and Local Authority organisations should ensure that collectively, provision is available for all ages to have autism assessments, and for there to be support available pre-assessment and following a recent diagnosis of autism.

The autism assessment offer in any given ICS area can include different combinations of the following types of services:

- For children, community paediatric teams, such as in child development centres either from within the ICS or from another ICS.
- For children and young people, community child and young people's mental health service either from within the ICS or from another ICS.
- For adults, services providing autism assessments, described in NICE guidelines as a specialist autism team, either from within the ICS or from another ICS.
- Independent services.
- Voluntary, community, and social enterprise services.
- Educational organisations.

(A national framework to deliver improved outcomes in all age autism assessment pathways: guidance for integrated care boards, 2023)

Analysis

All localities

All data presented in this section was taken from Tableau on 8 Jun 2023, unless otherwise stated.

Tables 1, 2, and 3 (below) provide data concerning CAMHS waits across all Pennine Care CAMHS services, with the following points to be noted:

- The difference in total individuals on the waiting list between the two pathways is quite substantial, with the Neuro Pathway having significantly more individuals (4,820) compared to the Core Mental Health Pathway (1,048). Therefore, 82% of waits are for a neuro development referral.
- The longest waiting times are seen in the "18 weeks and over" category for both pathways. This suggests that there is a significant backlog of individuals waiting for services in both pathways.
- Waiting times and pathways:
  - In the Core Pathway, the highest number of individuals on the waiting list is in the category "18 weeks and over" with 302 people.
  - In the Neuro Pathway, the highest number of individuals on the waiting list is also in the category "18 weeks and over" with 2,862 people.
- Comparison of pathways:
  - The Neuro Pathway has a consistently higher number of individuals on the waiting list across all time intervals compared to the Core Pathway.
  - This in part reflects clinical prioritisation as, typically, neuro-development referrals will be less urgent than referrals to the Core Pathway.
  - In additon waiting times for core patwhays are closed at the point that tretament begins. For neuro pathways waitign list is completed at the point that the assessment process is concluded.
- Distribution of waiting times:
  - The distribution of waiting times varies for both pathways.
  - In the Core Pathway, the majority of individuals on the waiting list fall within the 2 to 9-week range, with the peak occurring at 2 to 3 weeks.
  - In the Neuro Pathway, the waiting times are generally longer, with a higher concentration of individuals in the 4 to 17-week range. The peak occurs at 18 weeks and over.
- Resource allocation:
  - The data shows a higher demand and longer waiting times in both pathways, particularly in the "18 weeks and over" category.
  - These findings suggest a potential need for increased resources, such as staff, facilities, or funding, to address the backlog and reduce waiting times, especially for the Neuro Pathway.
  - Alternatively the findings indicate an urgent need to reduce the demand into CAMHS services with an alternative offer within the wider system being identified to provide the required support to young people and their families.
- Overall, the data highlights the differences in waiting times and demand between the core and neuro pathways. The Neuro Pathway has a a higher number of individuals on the waiting list and longer waiting times compared to the Core Pathway. These findings point to a substantial and growing challenge around neuro-developmental waits which impacts the ability to provide a responsive service across all pathways.

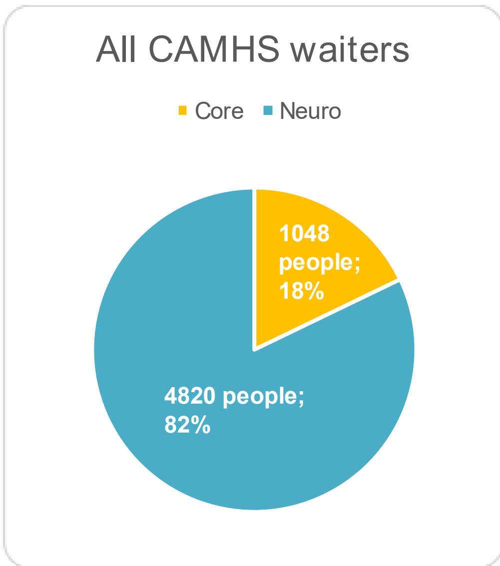


Table 2

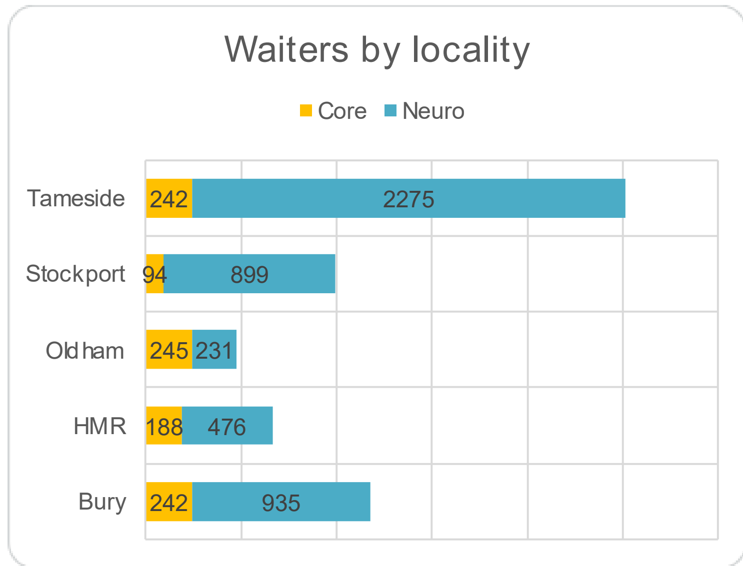


Table 3

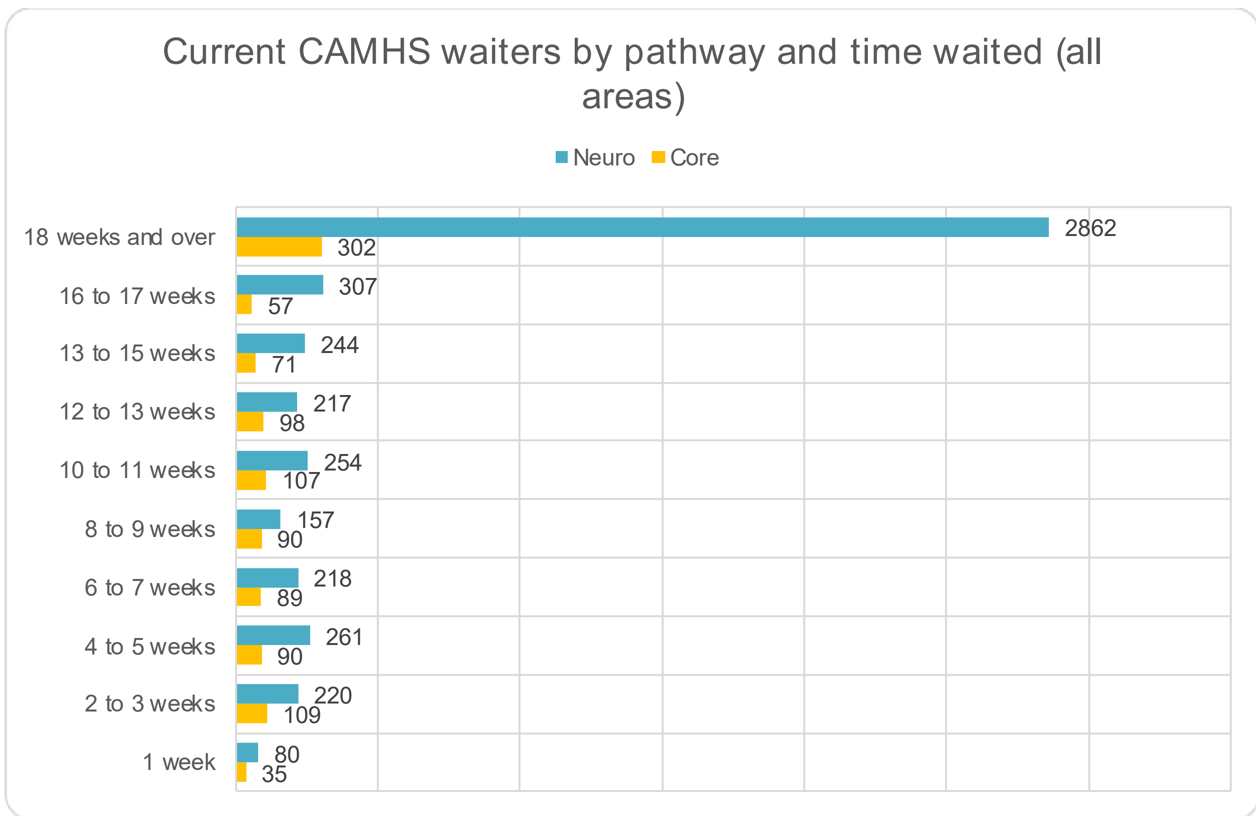


Table 4

Table 4 offers a simplified view of current waiting times, split by pathway. It demonstrates that most neuro-developmental waiters (59%) have been waiting for over 18 weeks.

Within the core offer, waits are more evenly split within the groups. Across this pathway, 40% of waiters have been waiting under 10 weeks.

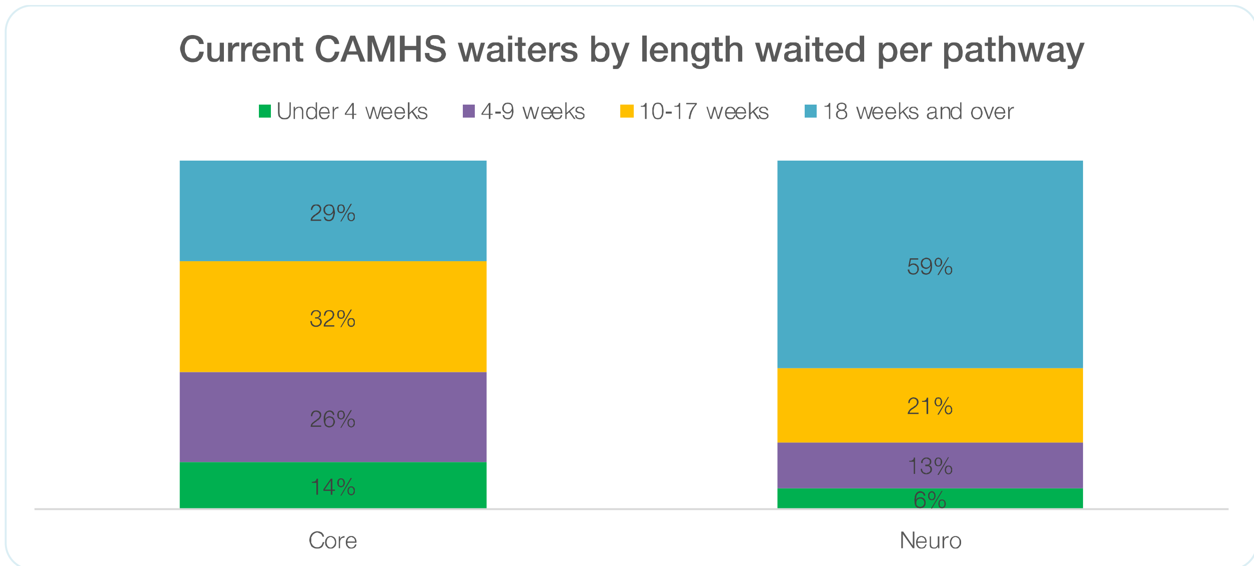


Table 5

Neuro-development Pathway waiting list growth

Table 6, below, shows waiting list size change across the Neuro Pathway between January 2020 and June 2023. The following points should be noted:

- During the period, waiting list sizes grew significantly by 523%, from 743 to 4,619 across all localities.

Waiting list size has grown the fastest between January and June 2023, where it increased by 34.1% from 3,444 to 4,619 waiters. This sudden increase is accounted for in part:

- The cessation of LANC-UK who had been previously commissioned to provide part of the pathway by the ICB as a waiting list initiative.
- The cessation of a pilot with the Local Authority in Stockport which led to approximately 600 young people returning to the CAMHS service for continued care and treatment.
- A data cleansing exercise in Tameside which identified a reporting error leading to an increase in the known number of young people waiting for the pathway.
- Please note that total neuro-dev waiters may vary per analysis, due to slightly different data sets used.

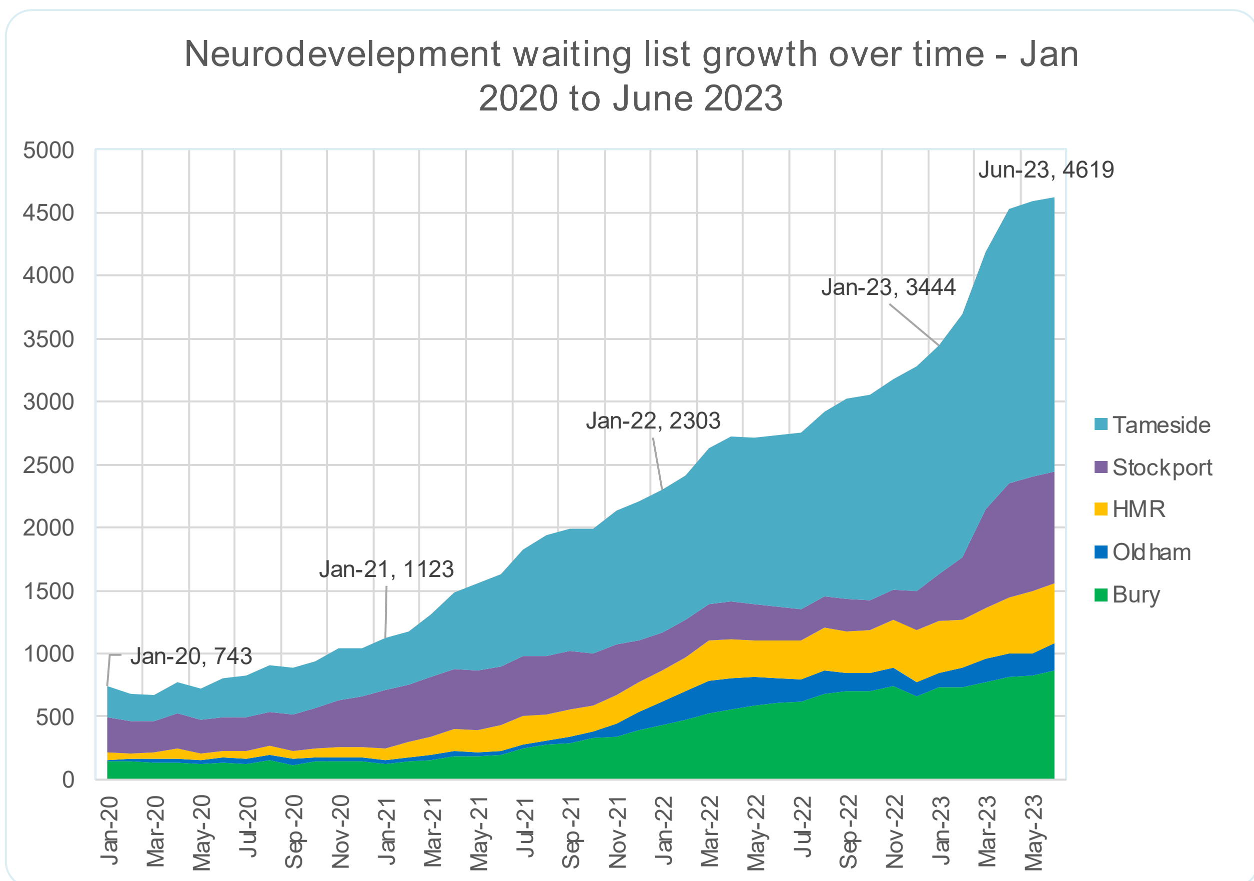


Table 6

Table 7 breaks down the current neuro-development waiting list into pathway and pathway stage. From this data. We can see that 2,695 referrals are waiting for initial assessment (54.8%).

Table 8, far below, shows the pathway breakdown of neuro-development waiters in percentage terms.

No pathway		ASC		ADHD	
Initial Assessment Team	**2,695**	**ADOS**	**694**	**QB**	**123**
Reallocation	**85**	**DH**	**392**	**Psychiatry**	**316**
		Neuro Triage	**165**	**ADHD MDT**	**58**
		Formulation	**120**	**IA (ADHD Choice)**	**40**
		IA (ASDAT Choice)	**67**	**QB Consultation**	**17**
		Neuro on hold	**32**	**ADHD post Diagnostic W/Shop**	**11**
		ASC report writing	**27**	**ADHD report writing**	**8**
		ASC feedback	**46**	**Medication review**	**5**
		ASC anxiety workshop	**10**		
		SALT	**4**		
		Riding the rapids	**2**		
Total	2,780		1,559		578
Grand Total	4,917				

Table 7

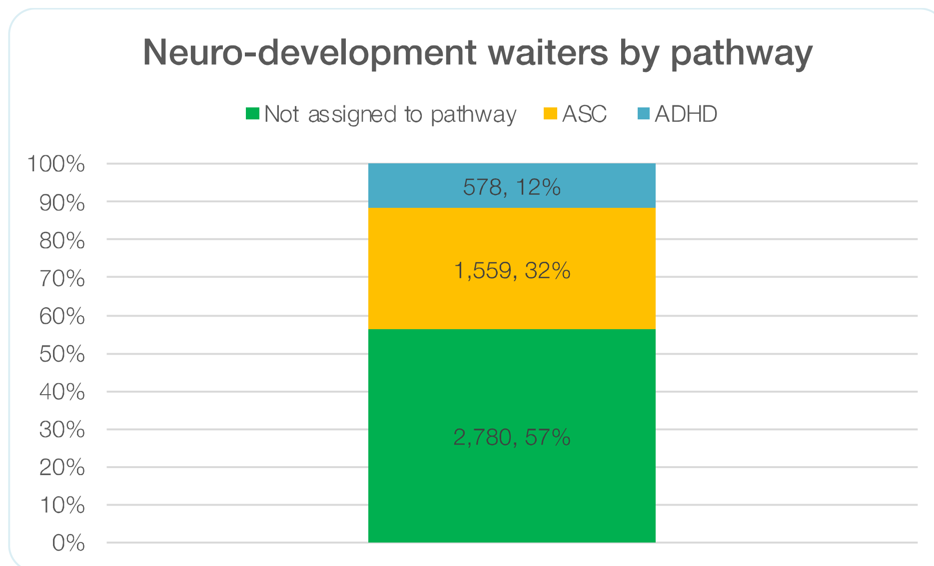


Table 8

Changes in demand (referrals)

Looking at the data provided on referrals over time since 2020 (Table 99), we can observe some interesting trends.

From January 2020 to March 2020, the number of referrals remained relatively stable, ranging from 1,122 to 1,309. However, starting from April 2020, there was a significant decrease in referrals, with only 578 referrals recorded for that month. This decline coincided with Covid-19 lockdown in the UK and continued through May and June, with 724 and 881 referrals, respectively.

From July 2020 onwards, there was a gradual increase in the number of referrals. The trend continued until March 2021, where there was a substantial spike in referrals, reaching the highest point of 2,739.

Following the peak in March 2021, the number of referrals fluctuated but generally remained at a higher level compared to the earlier months of the dataset. There were some variations in referral numbers, but the overall trend showed a relatively stable pattern, with referrals ranging from 1,420 to 2,122.

These referral trends suggest a trend of growth in demand for services, albeit with some considerable variations, month-on-month. Some of this variation is likely accounted for by seasonal variation and the school calendar.

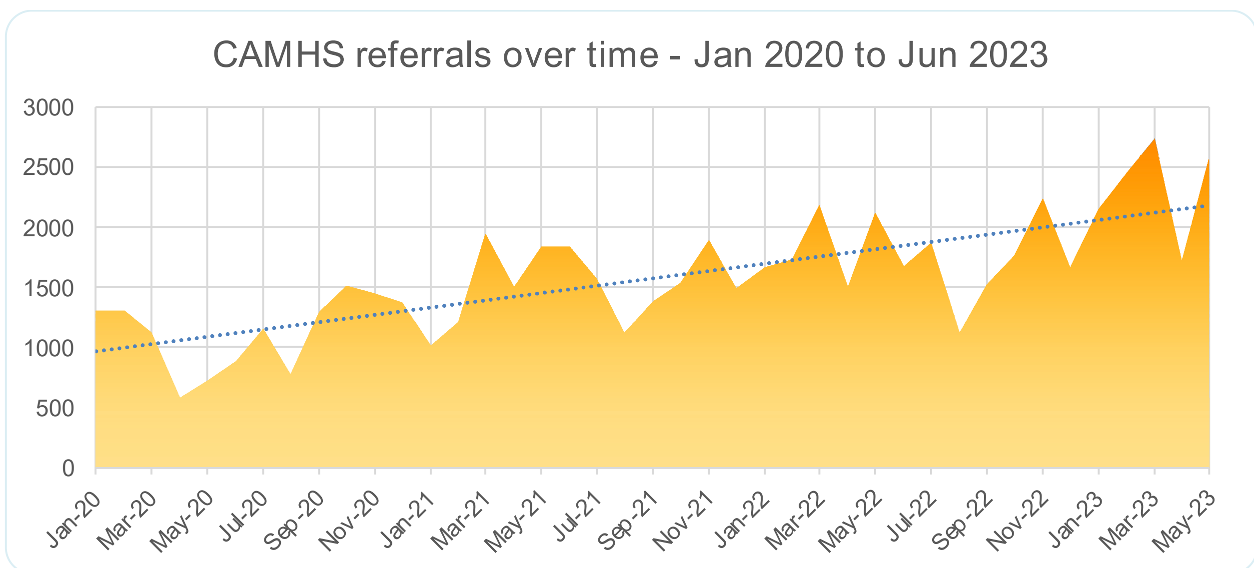


Table 9

Localities

Local variation in demand

Table 1010 (below) shows referrals in the year up to 31 May 2023 as a proportion of school age population.

In this analysis, school-age population has been estimated by combining 2021 census data (which gives overall population) and mid-year population estimates provided by the Office for National Statistics (which provide percentage estimates by age).

Referral data has been sourced from Tableau, looking only at core CAMHS teams and transition services (where available).

Table 11 (also below) compares waiting list, referral rates and discharge rates across all localities.

Looking at the data, the following observations can be made:

- Variation in Referral Rates:
  - The referral rates differ among the localities, indicating potential variations in the demand for services, variations in service offer, and the prevalence of mental health concerns.
  - Bury has the highest number of referrals (3,857), followed by Oldham (2,673), Stockport (2,650) and Tameside (2,654). Rochdale has the lowest number of referrals (1,576).
  - Bury also exhibits the highest percentage of referrals as a proportion of the school-age population (10.37%), suggesting a comparatively higher demand for services in that area.
  - Rochdale has the lowest percentage of referrals (3.49%), indicating a relatively lower demand for services compared to other localities.
- Population Size and Referral Rates:
  - Contrary to expectations, the total population size does not necessarily correlate directly with the number of referrals or the percentage of referrals.
  - For instance, although Oldham has a larger population than Rochdale, it receives fewer referrals both in terms of absolute numbers and as a proportion of the school-age population.
  - This suggests that factors beyond population size, such as demographics, socio-economic factors, and mental health awareness, may influence the demand for services in each locality, alongside local variation in the services commissioned and comparative investment.
- Monitoring and Support:
  - The data underscores the importance of ongoing monitoring and evaluation of mental health needs and service utilisation to ensure timely support for school-age populations.
  - Regular analysis of referral data, including trends over time, can help identify emerging patterns, gaps in service provision, and areas where additional support or interventions may be necessary.
  - Collaboration between mental health service providers, local authorities, and education institutions is a significant factor in ensuring coordinated efforts in meeting the mental health needs of the school-age population.
- Comparative referral and discharge rates:
  - All localities receive more referrals than discharges in the period analysed.
  - Overall, the differences between referrals and discharges provide insights into the balance between demand and capacity within the healthcare systems of each area. Rochdale (190), Stockport (566), and Tameside (828) had larger differences, indicating potential challenges in managing the demand for services. On the other hand, Oldham (88) and Bury (142)

demonstrated relatively smaller differences, suggesting a better balance between referrals and discharges.
  - The referral/discharge differential in Stockport can partly be explained by the influx of referrals from LANC-UK and the local authority.
  - Similarly, in Tameside a large number of referrals have been added to Paris because of the data cleansing exercise.
  - Also worth noting is the time difference between referral and discharge for each patient, implying that it would be effectively impossible for referral and discharge figures for a given period to fully match up.
  - Overall, however, the difference between referral and discharge figures is an important measure wherein a consistent imbalance one way or the other will drive rapid growth or reduction of waiting lists accordingly.
- Possible factors affecting local variation:
  - Socio-economic factors.
  - Behavioural or cultural factors.
  - Geographic factors (e.g., service location).
  - Differences in commissioned services.
  - Variations in clinical practice, approaches to risk.
  - Local system dynamics.

Locality	Total population	Population estimate: age 4-16	Referrals 1 Jun '22 to 31 May '23	Referrals as percentage of school age population
Bury	193,800	37,210	3,857	10.37%
Oldham	242,100	52,052	2,673	5.14%
Rochdale	223,800	45,208	1,576	3.49%
Stockport	294,800	52,474	2,650	5.05%
Tameside	231,100	42,522	2,654	6.24%

Table 10

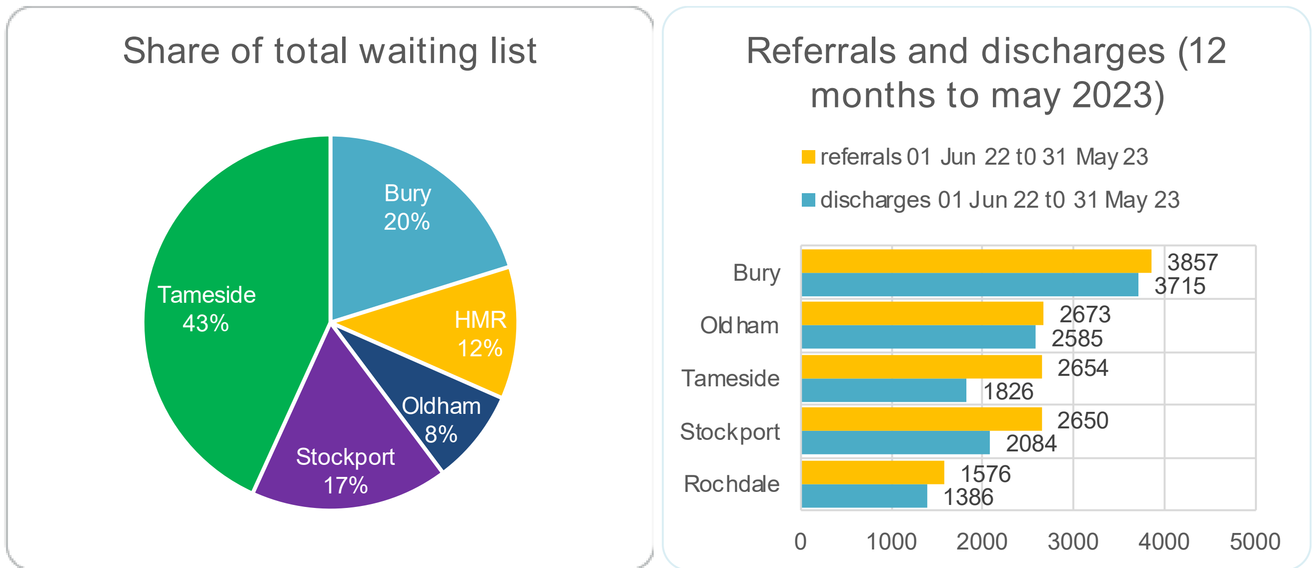


Table 11

Locality Variation and Opportunity for improvement

Bury

Core Mental Health Pathways:

- **Open to children aged 5-16. Soon to be developing the 16-18 years offer.**
- **Access point via single CAMHS pathway.**
- **VCSE early help offer, funded, and managed by Pennine Care.**

Autism Diagnostic Assessment Pathway:

- **Open to 5-18 years for the assessment. Paediatrics deliver the pathway for under 5 years.**
- **Single access and provision of pathway via CAMHS.**
- **No multi- agency capacity into ADOS, formulation and feedback processes currently.**

ADHD Pathway

- **Open to 5-18 years for assessment and management.**
- **Single access point in CAMHS.**
- **No multi- agency capacity into pathway.**

Referral rates:

- **Total population: 193,800**
- **Population estimate (age 4-16): 37,210**
- **Referrals received (12 months to end May 2023): 3,857**
- **Referrals as a percentage of the school-age population: 10.37%**

Bury has a relatively higher referral rate compared to its school-age population. Approximately 10.37% of the school-age population in Bury has been referred for services within the specified timeframe.

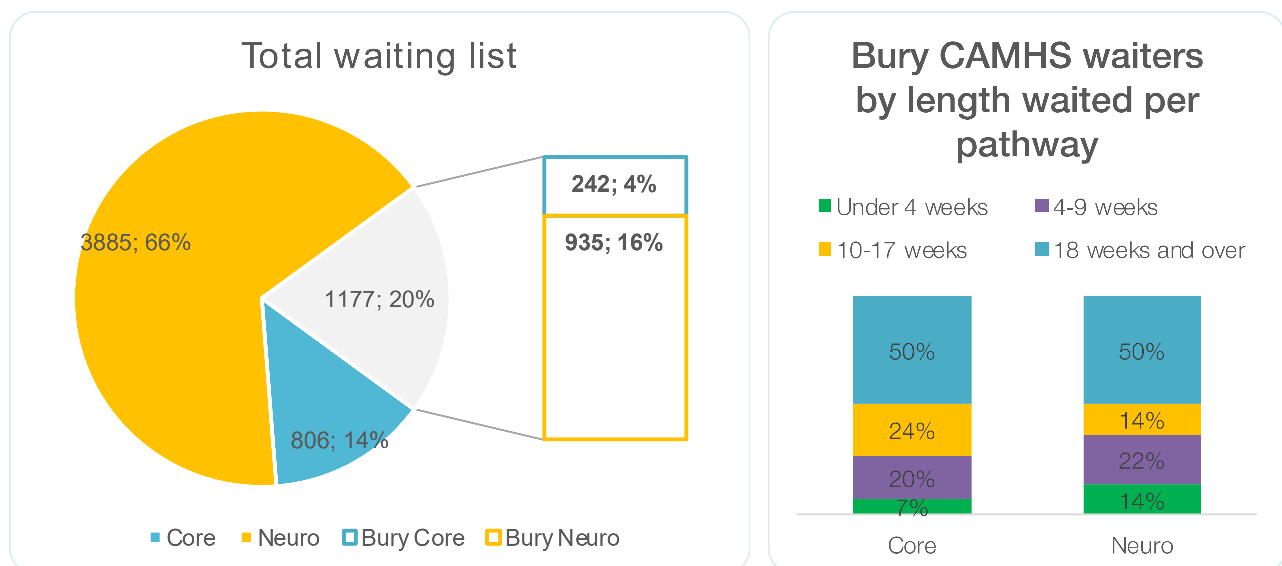


Table 12

The table below explores key metrics collected in the 2021/22 CYPMH benchmarking data collection. The red diamond highlights individual organisations positions in comparison to other participants in the project. The different shades of green represent the national quartiles for that metric - lighter shades of green depict lower quartiles and darker shades depict upper quartiles. It should be noted that this table shows relative comparisons and the ranges may be very small. As such, a high or low position is only relative to other participants and may not signify a high or low outlying position.

Metric	Low – High	Bury	National Mean	National Median
Referrals received per 100,000 population		9,755	4,869	4,473
Referral acceptance rate (%)		94%	77%	76%
Mean waiting time to 1st appointment (weeks)		5	9	7
Mean waiting time to 2nd appointment (weeks)		20	15	12
Waiting list (1st appointment) at 31st March 2022 per 100,000 population		2,044	845	629
Waiting list (2nd appointment) at 31st March 2022 per 100,000 population		2,421	674	401
Conversion rate (%)		65%	72%	73%
Patients on the caseload per 100,000 population (0-18)		2,671	2,220	1,923
Contacts delivered per 100,000 population (aged 0-18)		37,774	30,353	26,434
Contacts delivered per clinical WTE		456	337	321
Proportion of contacts delivered non face to face (phone or digitally)		60%	52%	54%
Proportion of non face to face contacts delivered digitally		10%	35%	31%
Community CYPMHS workforce per 100,000 population (0-18)		106	117	114
Community CYPMHS cost per 100,000 population (0-18)		£5,620,578	£7,637,744	£7,363,237
Cost per contact (£)		£149	£285	£251
Inpatient staff per 10 Beds		...	45	42

HMR

Core Mental Health Pathways:

- **Open to children aged 5-18.**
- **Access point via multi- agency access point.**
- **Comprehensive VSCE and CAMHS commissioned early help mental health offer.**
- **PCFT CAMHS staff in neighbourhoods and SPOA, #Thrive Service.**

Autism Diagnostic Assessment Pathway:

- **Open to 5-19 years for the assessment. Paediatric deliver the pathway for under-5s.**
- **Single access and provision of pathway via CAMHS, but this will go via the newly-established neuro-diversity hub from July 2023.**
- **No multi- agency capacity in pathway.**

ADHD Pathway

- **Open to 5-19 years for assessment and management. Currently holding some cases over 19 years due to lack of transition offer following the cessation of LANC-UK.**
- **Single access point via CAMHS.**
- **No multi- agency capacity in pathway currently.**

Referral rates:

- **Total population: 223,800**
- **Population estimate (age 4-16): 45,208**
- **Referrals received (12 months to end May 2023): 1,576**
- **Referrals as a percentage of the school-age population: 3.49%**

Rochdale has a relatively lower referral rate compared to its school-age population. Approximately 3.49% of the school-age population in Rochdale has been referred for services within the timeframe.

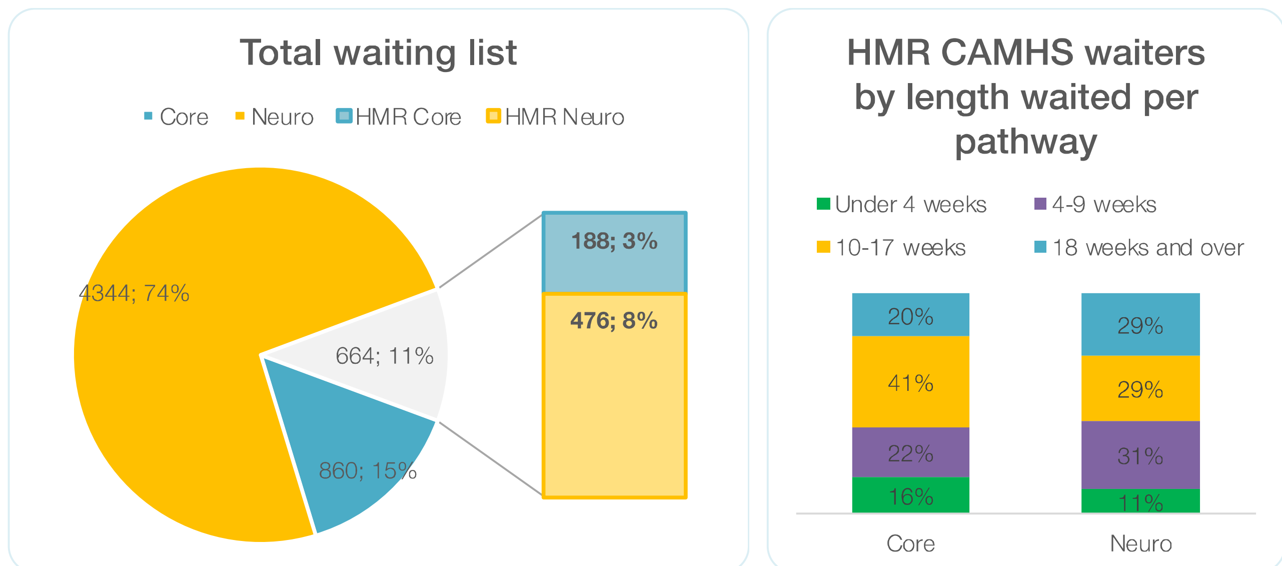


Table 13

The table below explores key metrics collected in the 2021/22 CYPMH benchmarking data collection. The red diamond highlights individual organisations positions in comparison to other participants in the project. The different shades of green represent the national quartiles for that metric - lighter shades of green depict lower quartiles and darker shades depict upper quartiles. It should be noted that this table shows relative comparisons and the ranges may be very small. As such, a high or low position is only relative to other participants and may not signify a high or low outlying position.

Metric	Low — High	HMR	National Mean	National Median
Referrals received per 100,000 population		15,667	4,869	4,473
Referral acceptance rate (%)		81%	77%	76%
Mean waiting time to 1st appointment (weeks)		6	9	7
Mean waiting time to 2nd appointment (weeks)		20	15	12
Waiting list (1st appointment) at 31st March 2022 per 100,000 population		1,441	845	629
Waiting list (2nd appointment) at 31st March 2022 per 100,000 population		2,023	674	401
Conversion rate (%)		76%	72%	73%
Patients on the caseload per 100,000 population (0-18)		3,240	2,220	1,923
Contacts delivered per 100,000 population (aged 0-18)		98,127	30,353	26,434
Contacts delivered per clinical WTE		676	337	321
Proportion of contacts delivered non face to face (phone or digitally)		63%	52%	54%
Proportion of non face to face contacts delivered digitally		4%	35%	31%
Community CYPMHS workforce per 100,000 population (0-18)		173	117	114
Community CYPMHS cost per 100,000 population (0-18)		£9,987,598	£7,637,744	£7,363,237
Cost per contact (£)		£102	£285	£251
Inpatient staff per 10 Beds		...	45	42

Oldham

Core Mental Health Pathways:

- **Open to children aged 5-16. Soon to be developing the 16-18 years offer.**
- **Access point via multi- agency SPOA.**
- **VCSE commissioned early help mental health offer.**

Autism Diagnostic Assessment Pathway:

- **Open to 0-16 years for the assessment.**
- **Joint access and provision of pathway via CAMHS and paediatrics. Paediatrics usually lead on under-7s and children with genetic or physical health problems.**
- **SALT capacity into ADOS, formulation and feedback processes, Funded via Pennine Care's CAMHS budget.**

ADHD Pathway

- **Open to 0-16 years for assessment and management.**
- **Joint access and provision of pathway via CAMHS and paediatrics. Paediatrics usually lead on under-7s and children with genetic or physical health problems.**

Referral rates:

- **Total population: 242,100**
- **Population estimate (age 4-16): 52,052**
- **Referrals received (12 months to end May 2023): 2,673**
- **Referrals as a percentage of the school-age population: 5.14%**

Oldham has a lower referral rate compared to its school-age population. Approximately 5.14% of the school-age population in Oldham has been referred for services within the specified timeframe.

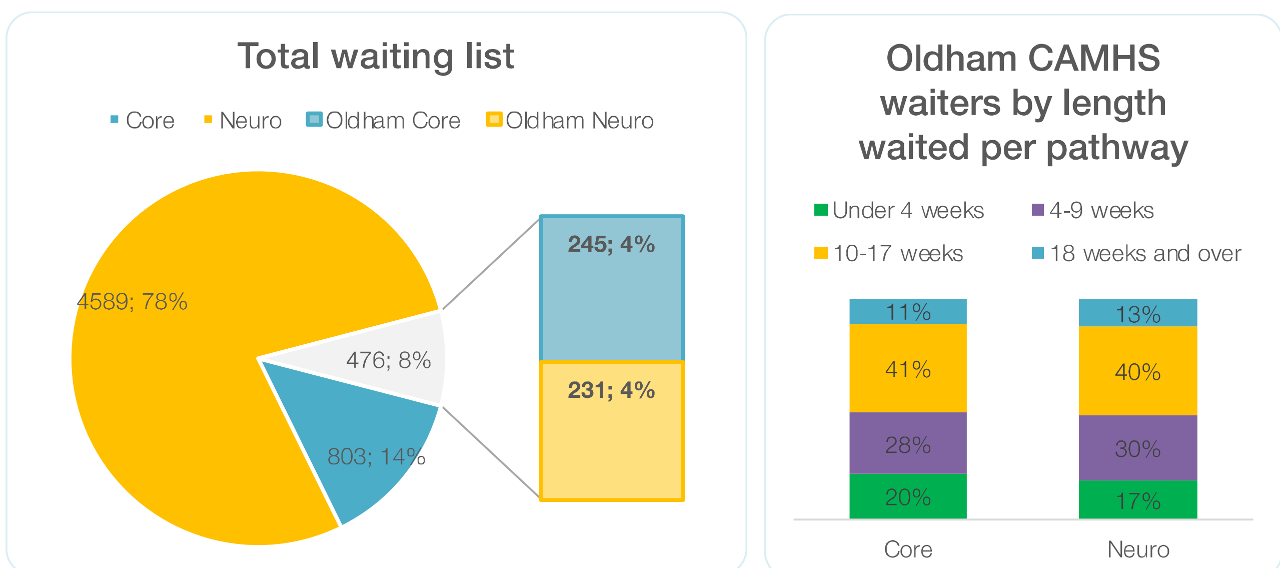


Table 14

The table below explores key metrics collected in the 2021/22 CYPMH benchmarking data collection. The red diamond highlights individual organisations positions in comparison to other participants in the project. The different shades of green represent the national quartiles for that metric - lighter shades of green depict lower quartiles and darker shades depict upper quartiles. It should be noted that this table shows relative comparisons and the ranges may be very small. As such, a high or low position is only relative to other participants and may not signify a high or low outlying position.

Metric	Low – High	Oldham	National Mean	National Median
Referrals received per 100,000 population		5,321	4,869	4,473
Referral acceptance rate (%)		43%	77%	76%
Mean waiting time to 1st appointment (weeks)		4	9	7
Mean waiting time to 2nd appointment (weeks)		13	15	12
Waiting list (1st appointment) at 31st March 2022 per 100,000 population		599	845	629
Waiting list (2nd appointment) at 31st March 2022 per 100,000 population		851	674	401
Conversion rate (%)		72%	72%	73%
Patients on the caseload per 100,000 population (0-18)		1,755	2,220	1,923
Contacts delivered per 100,000 population (aged 0-18)		34,599	30,353	26,434
Contacts delivered per clinical WTE		436	337	321
Proportion of contacts delivered non face to face (phone or digitally)		52%	52%	54%
Proportion of non face to face contacts delivered digitally		11%	35%	31%
Community CYPMHS workforce per 100,000 population (0-18)		103	117	114
Community CYPMHS cost per 100,000 population (0-18)		£5,817,201	£7,637,744	£7,363,237
Cost per contact (£)		£168	£285	£251
Inpatient staff per 10 Beds		...	45	42

Stockport

Core Mental Health Pathways:

- **Open to children aged 5-16. Soon to be developing the 16-18 years offer.**
- **Access point via multi agency MASSH**
- **VSCE newly commissioned early help mental health offer. Very limited capacity.**

Autism Diagnostic Assessment Pathway:

- **Open to 5-18 years for the assessment via CAMHS, under 5yrs pathway delivered by Paediatrics.**
- **Single access and provision of pathway via CAMHS.**
- **SALT capacity into ADOS, formulation and feedback processes. Historic capacity from Education now ceased.**

ADHD Pathway

- **Open to 5-16 years for assessment and management**
- **Joint access point with CAMHS and Paediatrics.**
- **Paediatrics do most assessment and management, CAMHS complete complex cases.**

Referral rates:

- **Total population: 294,800**
- **Population estimate (age 4-16): 52,474**
- **Referrals received(12 months to end May 2023): 2,650**
- **Referrals as a percentage of the school-age population: 5.05%**

Stockport has a similar referral rate compared to its school-age population. Approximately 5.05% of the school-age population in Stockport has been referred for services within the specified timeframe.

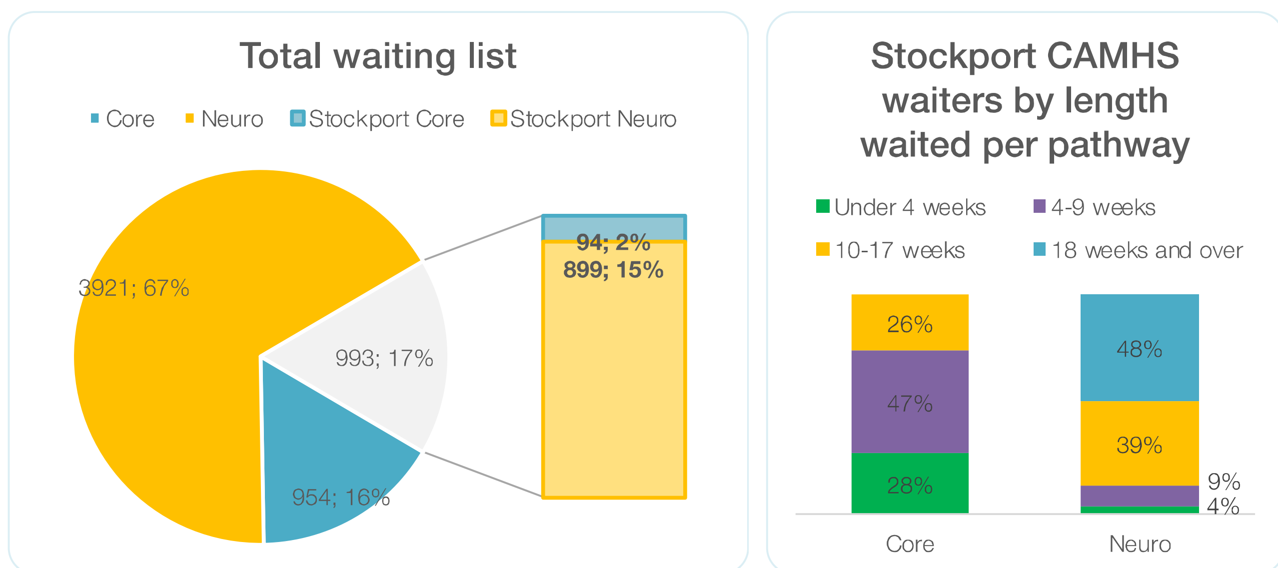


Table 15

The table below explores key metrics collected in the 2021/22 CYPMH benchmarking data collection. The red diamond highlights individual organisations positions in comparison to other participants in the project. The different shades of green represent the national quartiles for that metric - lighter shades of green depict lower quartiles and darker shades depict upper quartiles. It should be noted that this table shows relative comparisons and the ranges may be very small. As such, a high or low position is only relative to other participants and may not signify a high or low outlying position.

Metric	Low – High	Stockport	National Mean	National Median
Referrals received per 100,000 population		4,473	4,869	4,473
Referral acceptance rate (%)		87%	77%	76%
Mean waiting time to 1st appointment (weeks)		10	9	7
Mean waiting time to 2nd appointment (weeks)		20	15	12
Waiting list (1st appointment) at 31st March 2022 per 100,000 population		1,314	845	629
Waiting list (2nd appointment) at 31st March 2022 per 100,000 population		1,637	674	401
Conversion rate (%)		71%	72%	73%
Patients on the caseload per 100,000 population (0-18)		2,199	2,220	1,923
Contacts delivered per 100,000 population (aged 0-18)		37,098	30,353	26,434
Contacts delivered per clinical WTE		481	337	321
Proportion of contacts delivered non face to face (phone or digitally)		64%	52%	54%
Proportion of non face to face contacts delivered digitally		9%	35%	31%
Community CYPMHS workforce per 100,000 population (0-18)		100	117	114
Community CYPMHS cost per 100,000 population (0-18)		£6,016,285	£7,637,744	£7,363,237
Cost per contact (£)		£162	£285	£251
Inpatient staff per 10 Beds		...	45	42

Table 16

Tameside

Core Mental Health Pathways:

- **Open to children aged 5-16. Soon to be developing the 16-18 years offer.**
- **Access point via multi- agency Early Help Panel.**
- **VSCE newly commissioned early help mental health offer - PCFT CAMHS staff in early help panels.**

Autism Diagnostic Assessment Pathway:

- **Open to 3-18 years for the assessment.**
- **Single access and provision of pathway via CAMHS.**
- **Education staff provide some capacity to ADOS, formulation and feedback to families. Currently funded via PCFT CAMHS budget.**

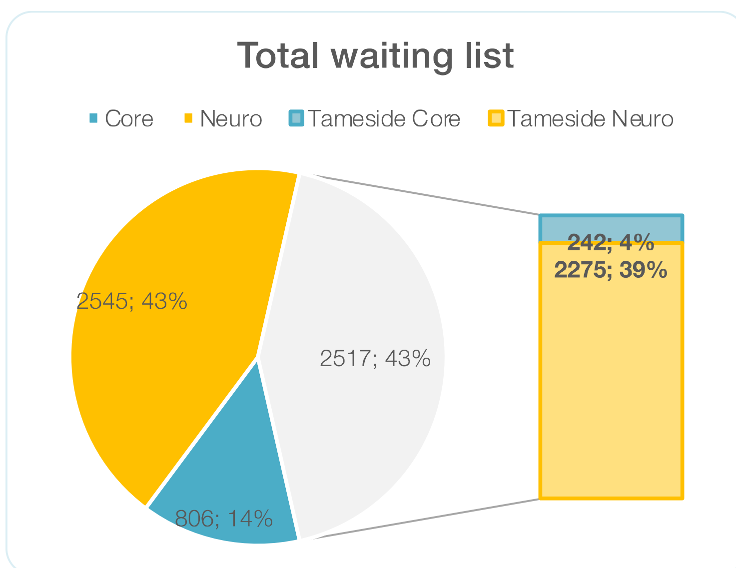
ADHD Pathway

- **Open to 5-18 years for assessment and management.**
- **Access Point via single access point in CAMHS.**
- **Paediatrics do 50 non-complex assessments and management per year.**

Referral rates:

- **Total population: 231,100**
- **Population estimate (age 4-16): 42,522**
- **Referrals received (12 months to end May 2023): 2,654**
- **Referrals as a percentage of the school-age population: 6.24%**

Tameside has a relatively higher referral rate compared to its school-age population. Approximately 6.24% of the school-age population in Tameside has been referred for services within the timeframe.



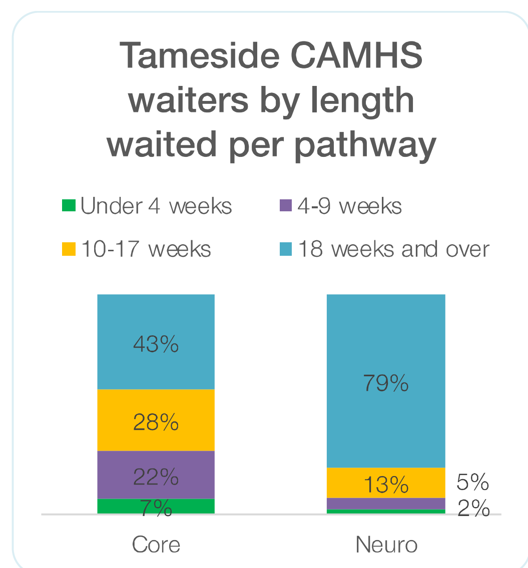


Table 17

The table below explores key metrics collected in the 2021/22 CYPMH benchmarking data collection. The red diamond highlights individual organisations positions in comparison to other participants in the project. The different shades of green represent the national quartiles for that metric - lighter shades of green depict lower quartiles and darker shades depict upper quartiles. It should be noted that this table shows relative comparisons and the ranges may be very small. As such, a high or low position is only relative to other participants and may not signify a high or low outlying position.

Metric	Low – High	Tameside	National Mean	National Median
Referrals received per 100,000 population		8,535	4,869	4,473
Referral acceptance rate (%)		76%	77%	76%
Mean waiting time to 1st appointment (weeks)		11	9	7
Mean waiting time to 2nd appointment (weeks)		23	15	12
Waiting list (1st appointment) at 31st March 2022 per 100,000 population		3,060	845	629
Waiting list (2nd appointment) at 31st March 2022 per 100,000 population		3,598	674	401
Conversion rate (%)		74%	72%	73%
Patients on the caseload per 100,000 population (0-18)		4,379	2,220	1,923
Contacts delivered per 100,000 population (aged 0-18)		48,944	30,353	26,434
Contacts delivered per clinical WTE		616	337	321
Proportion of contacts delivered non face to face (phone or digitally)		63%	52%	54%
Proportion of non face to face contacts delivered digitally		6%	35%	31%
Community CYPMHS workforce per 100,000 population (0-18)		108	117	114
Community CYPMHS cost per 100,000 population (0-18)		£6,291,976	£7,637,744	£7,363,237
Cost per contact (£)		£129	£285	£251
Inpatient staff per 10 Beds		...	45	42

Table 18

Quality Impact

Complaints

The timescale for complaints data presented in this paper is April 2022 to May 2023, and is taken from a separate complaints report. It therefore references within some of the data the inpatient Hope and Horizon units, which are beyond the scope of this paper.

There has been a continuing trend of negative feedback for our Child and Adolescent Mental Health services, which has been reported and discussed at Quality Group and Directors Serious Incidents and Complaints Panel.

Table 19 shows the number of complaints, MP enquiries and PALS cases in relation to the whole of CAMHS for the period.

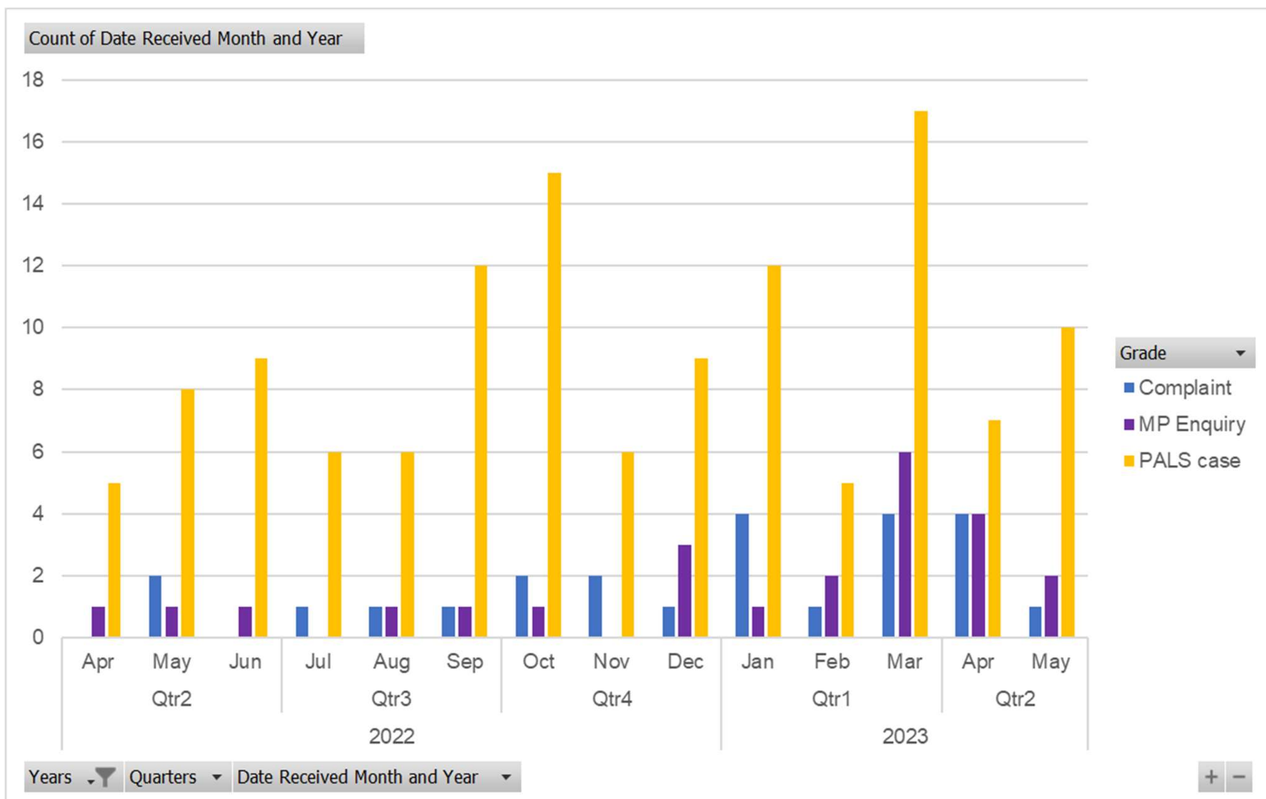


Table 19

Table 20, below, breaks down the total number of feedbacks received by service area.

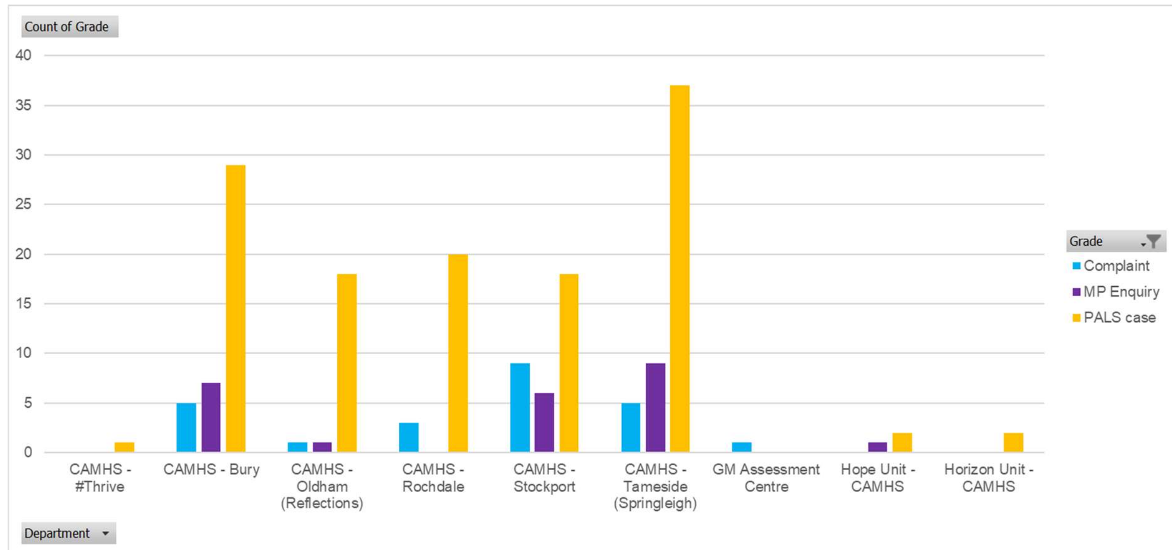


Table 20

Issues raised within PALS contacts, MP cases and complaints received

Within each contact, the PALS & Complaints team categorises the issues that are raised. Whilst most PALS and MP contacts will relate to a single issue, complaints are often multifaceted with multiple issues raised.

Table 21 illustrates the categories of issues raised over the reportable period.

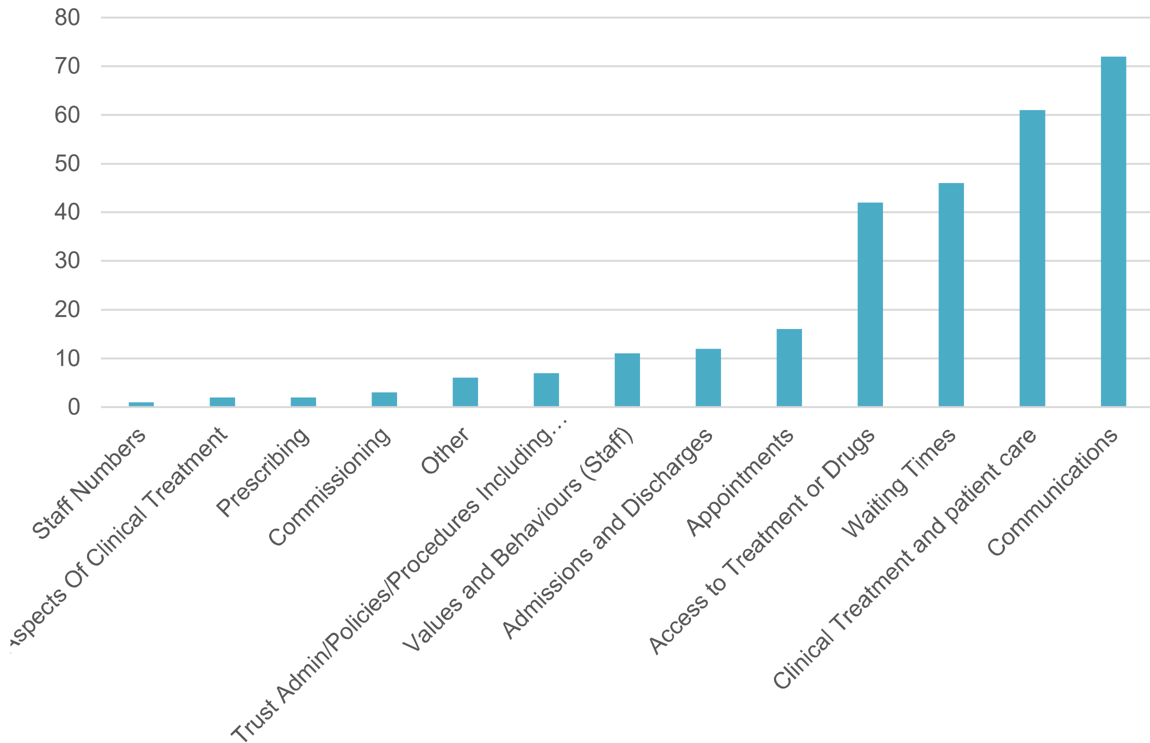


Table 21

The four most frequently raised issues are:

Communications: The issues raised regarding communciation include a lack of information about status of care, difficulty in contacting those involved in care, accuracy of informaton being communicated and inter-agency communication (or lack thereof). Table 22 shows that this concern has been raised consistently over the period.

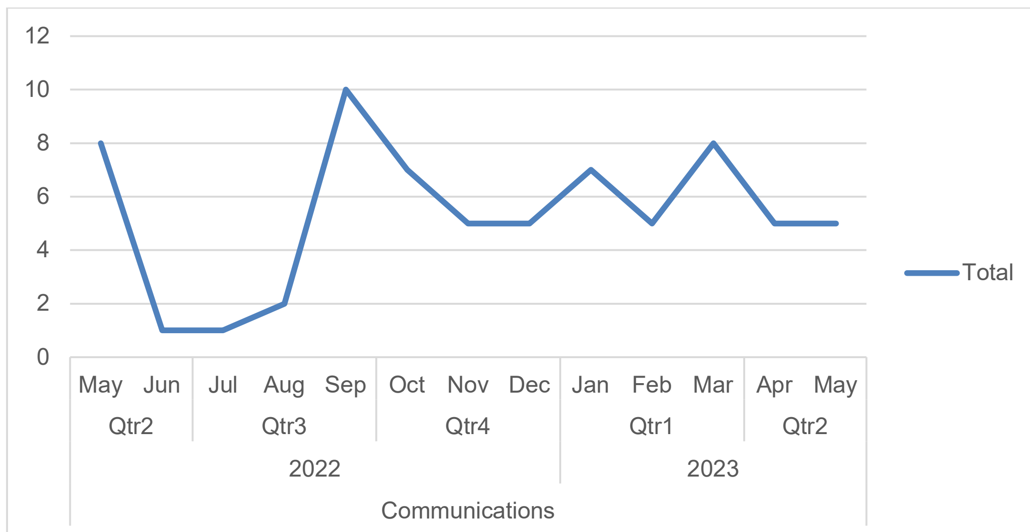


Table 22

Clinical treatment and patient care: The issues raised regarding clinical treatment and patient care include perceived inadequacy of the support offered by the CAMHS service. Table 23 illustrates that there was a spike in concerns relating to this in March 2023.

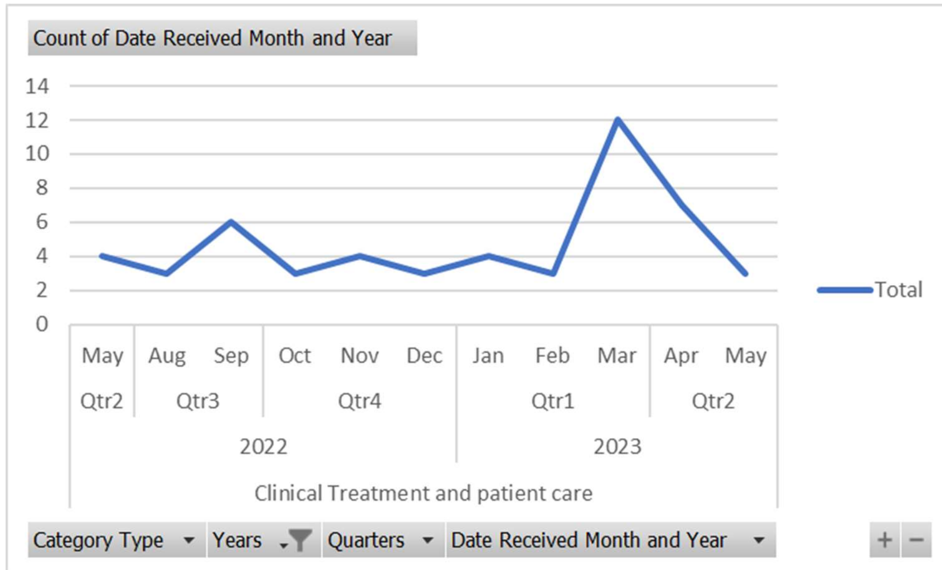


Table 23

Waiting times: The issues raised regarding clinical treatment and patient care include the wait for ASD and ADHD assessments. Table 24 shows that there was a spike in concerns relating to this in March 2023 and that up until that point, there had been an increasing trend in the cocnern rasied about this.

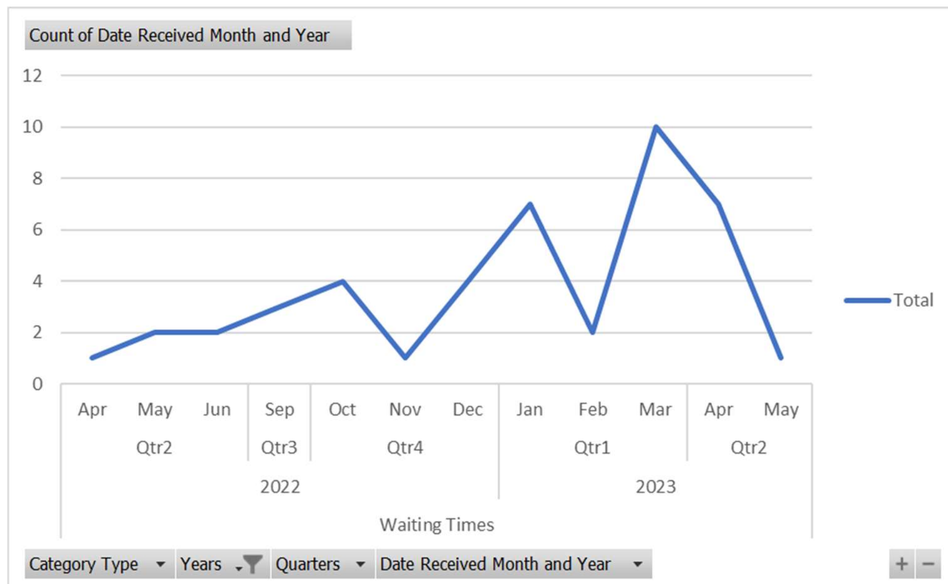


Table 24

Access to treatment or drugs: The issues raised regarding access to treatment or drugs include parents' concern about accessing CAMHS services or being told that their child does not meet the

criteria for CAMHS support. The chart below illustrates that whilst this has been a cocnern consistently raised, the frequency with which it has been raised has been declining slowly since last summer.

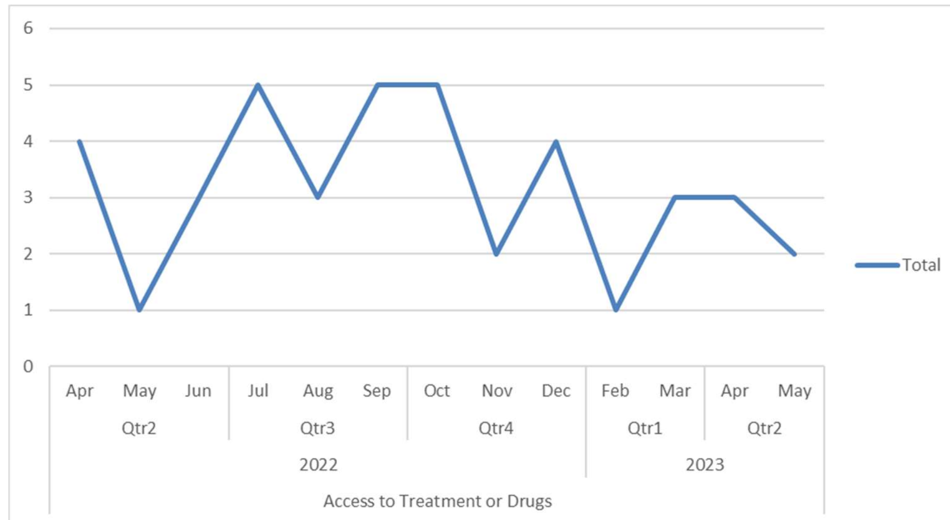


Table 25

Outcomes of complaints

Complaints are formally investigated, and each issue is either not upheld (where there is evidence to conclude our actions were appropriate), unsubstantiated (where there is insufficient evidence to reach a firm conclusion) or upheld/partially upheld (where there is evidence to conclude our actions were not appropriate). The case is also given an overall outcome.

The chart below shows the overall outcome for each complaint raised about the different CAMHS teams:

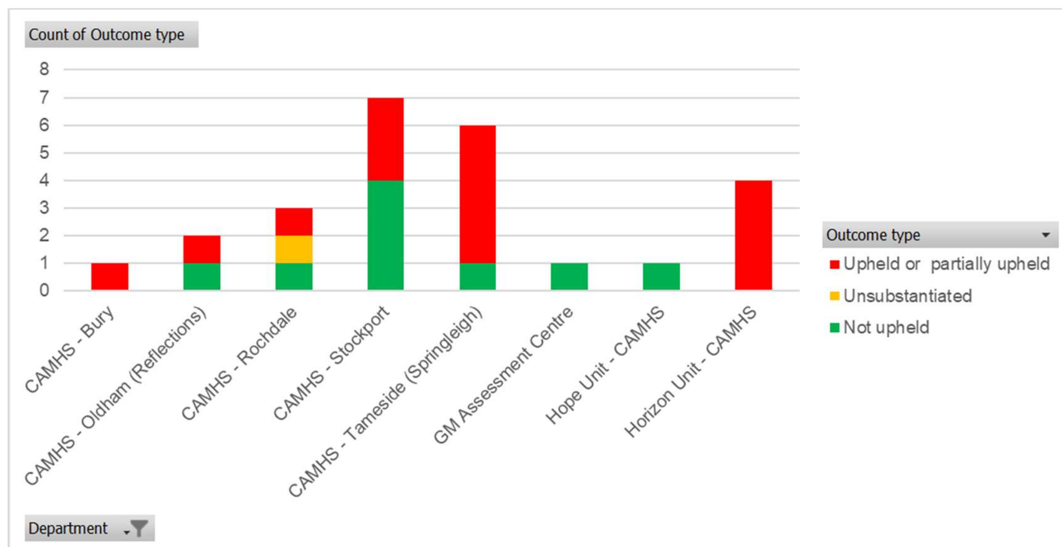


Table 26

The chart below shows the outcome for each issue raised in the complaints responded to:

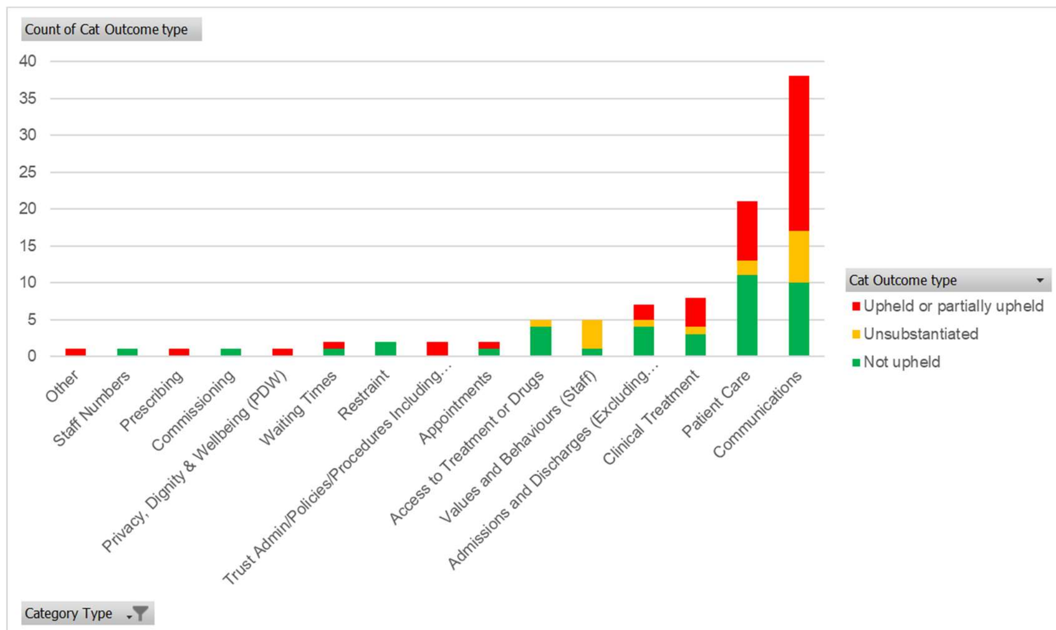


Table 27

As evident from the chart above, there were a high number of issues relating to communication, patient care and clinical treatment upheld. Where learning is identified, recommendations for action are made.

Recommendations are assigned an owner by the investigator and Head of Quality. They are recorded in the Ulysses data bases, with notifications sent to recommendation owners and automated reports provided to Heads of Quality and Network Directors of Quality on a monthly basis to enable monitoring.

Summary of complaints information

- The number of complaints, MP cases and PALS contacts has fluctuated over the reportable period; concerns have consistently been raised about the services, with a comparatively high volume being received from January through until April this year.
- The most frequently raised issues of concern relate to communication, clinical treatment & patient care, waiting times and access to treatment/drugs (in descending order).
- Complaints have been received across the CAMHS community services (with Stockport, Tameside and Bury receiving the most, in descending order)
- PALS contacts have been received across the CAMHS community services (with Tameside, Bury and Rochdale receiving the most, in descending order).
- MP contacts have been received regarding all but Rochdale CAMHS community services and represent 58% of the MP contacts our Trust has received over the past year.
- All CAMHS community services have had at least one upheld/partially upheld (Tameside: 5, Stockport: 3, Rochdale: 1, Oldham: 1, Bury: 1).
- Recommendations for action have been made where shortcomings have been identified through complaint investigations.

Patient Safety Incidents

Incidents reported for Community CAMHS Teams for the period 01/06/22 – 31/05/23.

Table 28, below, shows the trend in incidents reported over the period. It shows two 'peaks' in incidents in July 2022 and March 2023. The 12-month low for incidents reported occurred in December 2022.

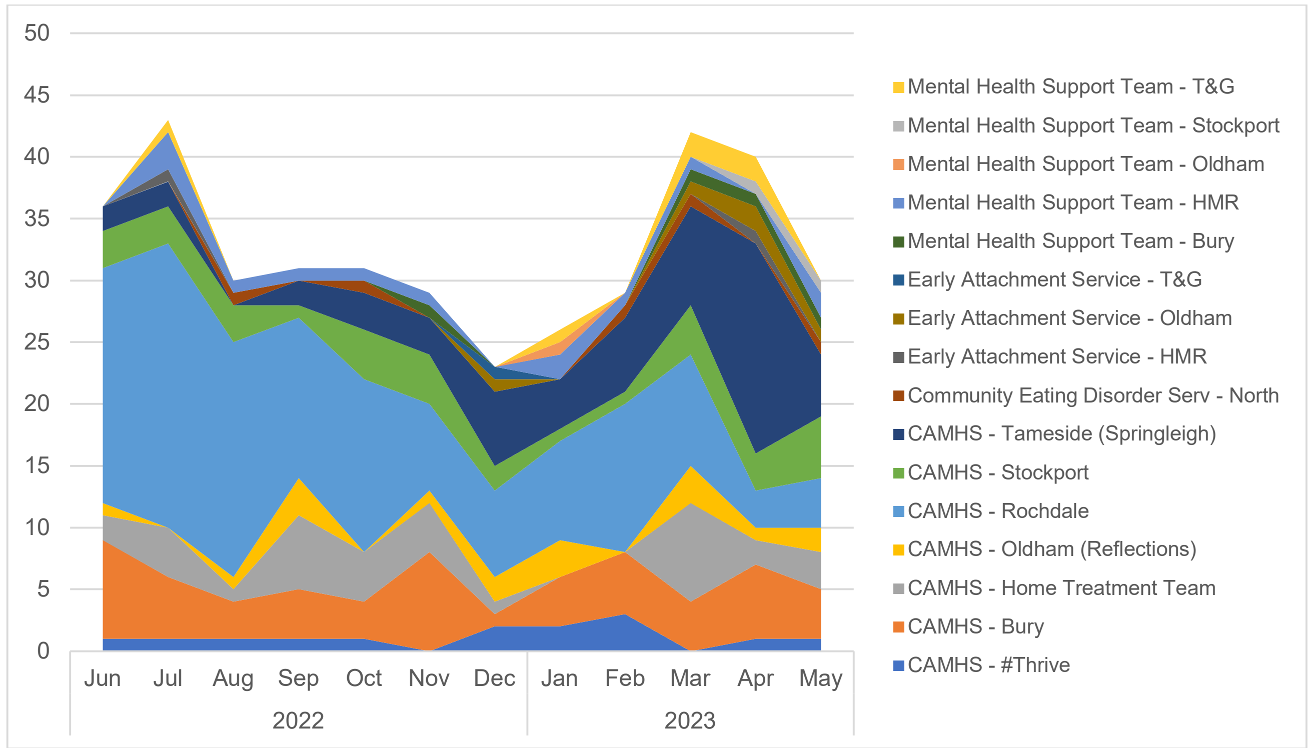


Table 28

Table 29 breaks down incident totals across the reporting period by Cause Group.

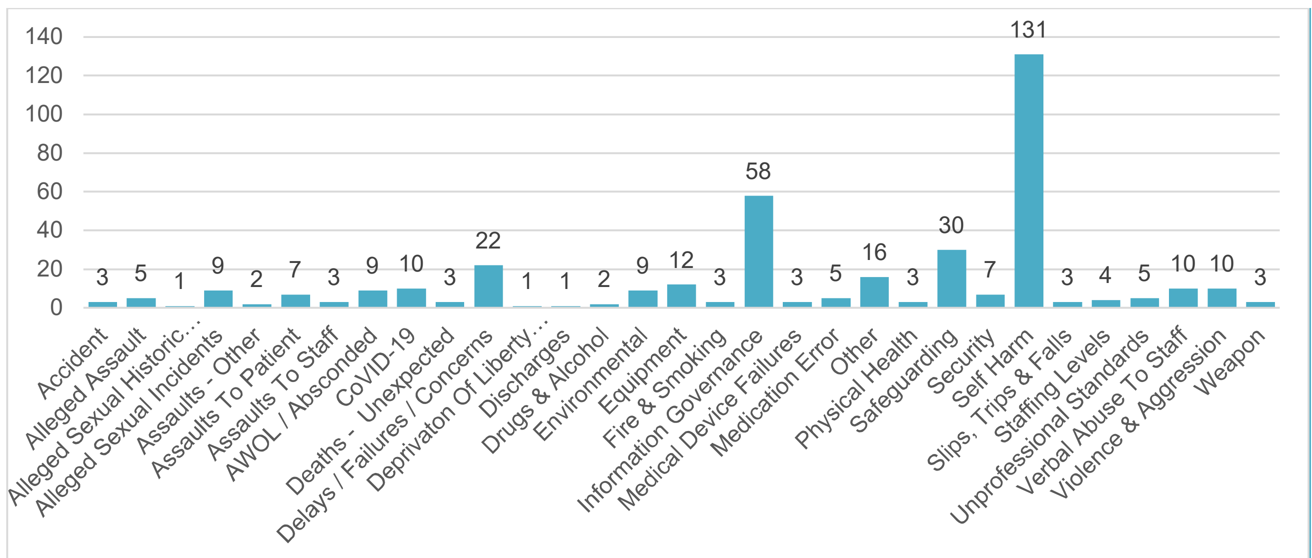


Table 29

For the incidents of the greater numbers (self-harm) these are shown by cause and numbers of patients involved.

Self-harm

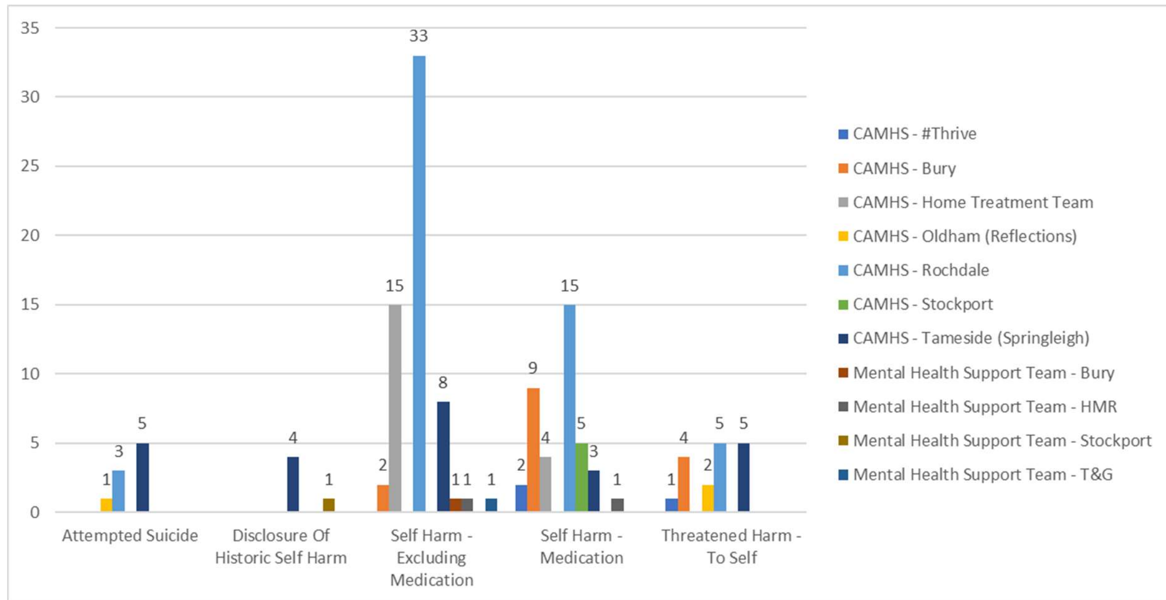


Table 30

Incident totals by Final Grade

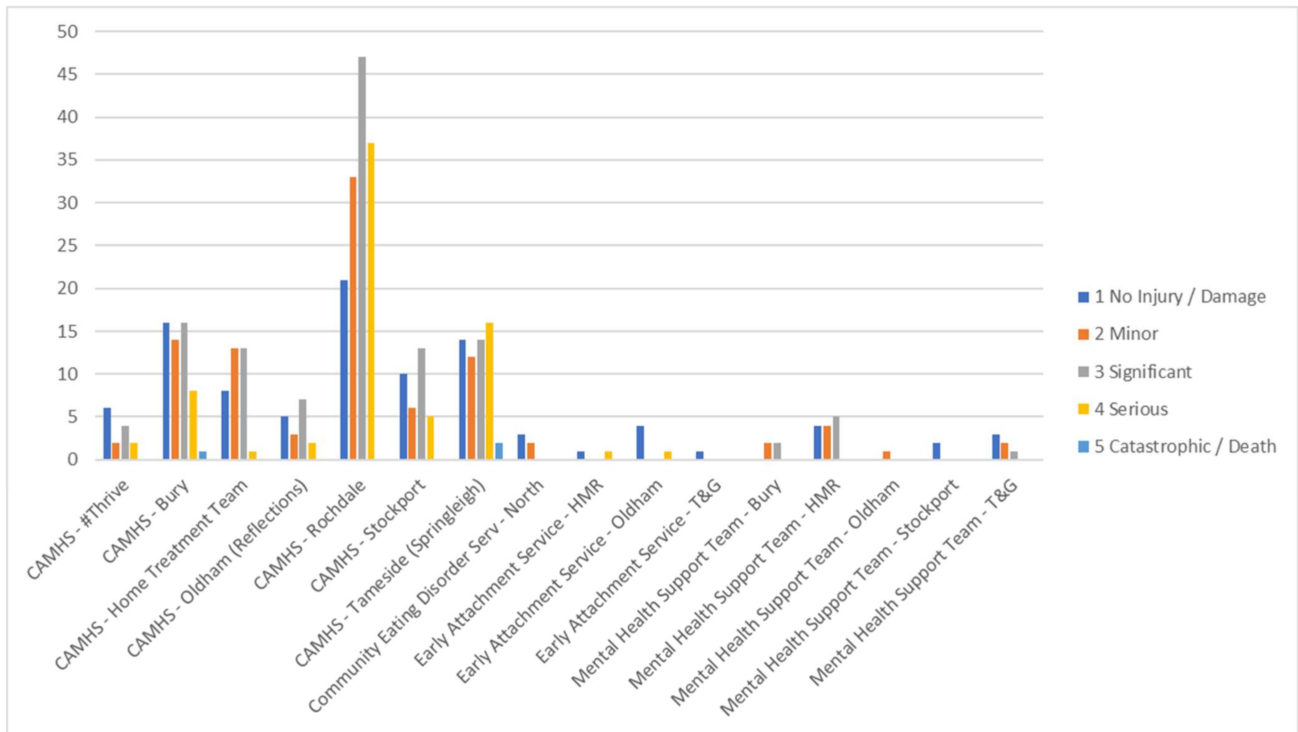


Table 31

Table 33 shows only incidents of serious or catastrophic grade.

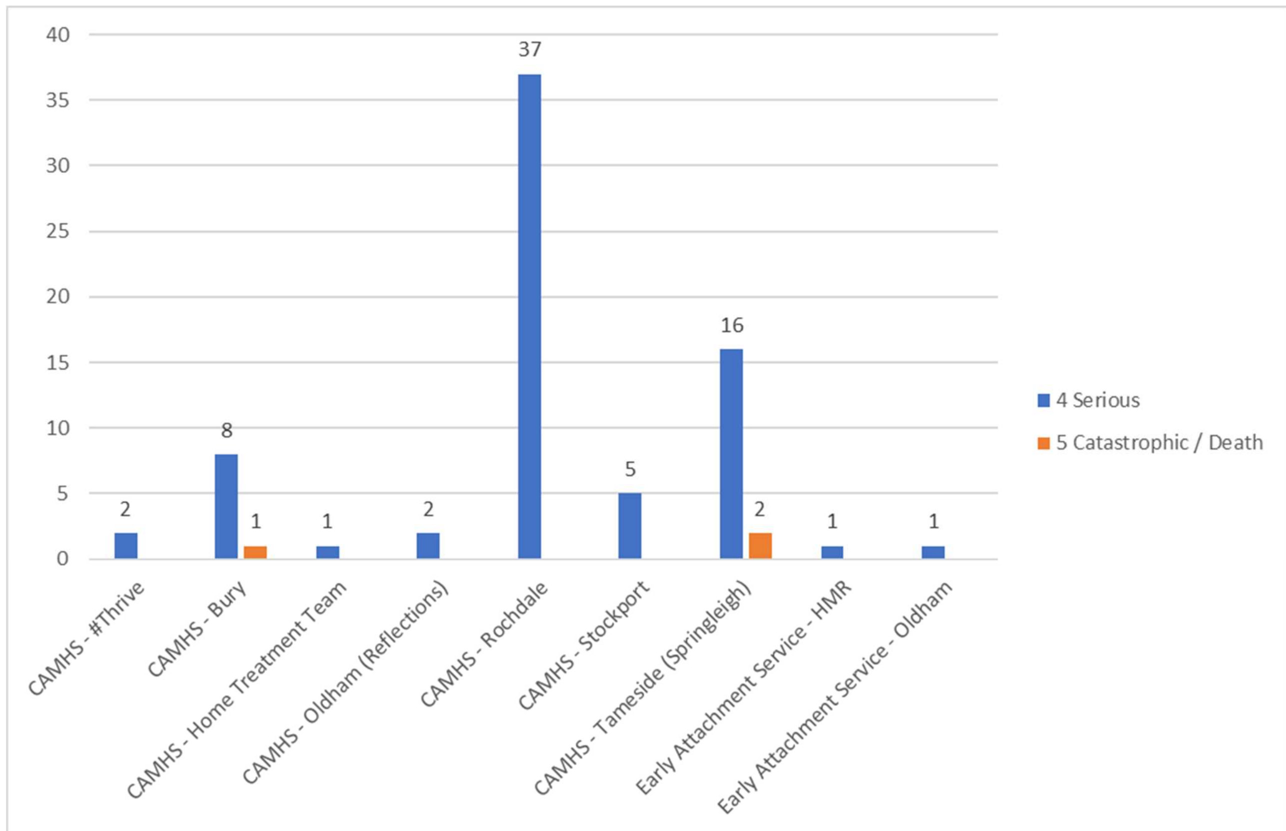


Table 32

Table 34, below, summarises all investigations that took place in the period.

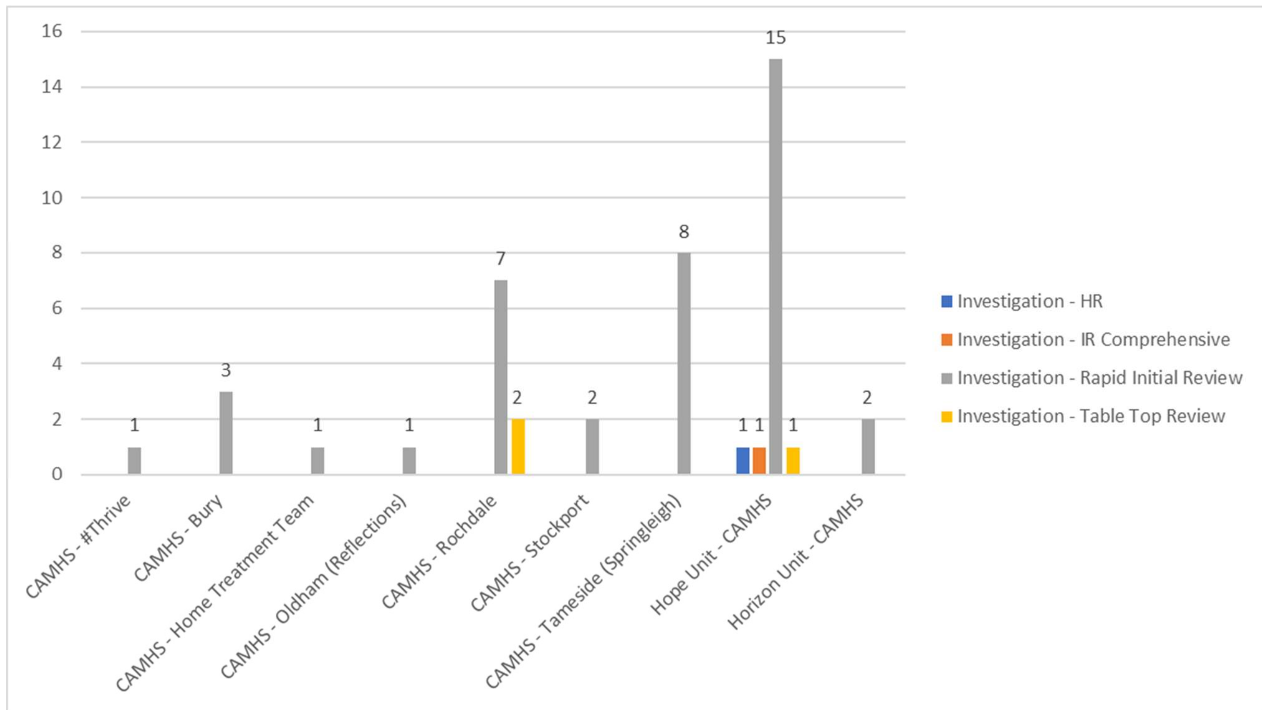


Table 33

Summary of Incidents Information

- Community CAMHS services highest number of incidents are for self-harm.
- There were 71 serious or catastrophic incidents in Community CAMHS Services in the reporting period.
- There were 3 sad deaths of young people known to Community CAMHS Services during this period.
- Of these 3 deaths, one young person was awaiting a neuro-developmental diagnostic assessment, one young person was the victim of a homicide by an adult with neuro-diverse needs and one died from an accidental overdose.

Key findings

1. **CAMHS Pathways:**
   - The Neurodevelopment Pathway has a significantly higher number of young people on the waiting list compared to the Core Pathway.
   - Both pathways experience long waiting times, particularly in the "18 weeks and over" category.
   - Current demand into the service is greater than the available capacity in all areas.
2. **Resource Allocation and Backlog:**
   - Additional resource is required to reduce unwanted variation as an intervention alongside enhanced partnership working that harnesses all the system's assets to address the backlog, reduce waiting times, and improve quality and experience for young people and their families, especially in the Neurodevelopment Pathway.
3. **Neuro Pathway Waiting List Growth:**
   - The waiting list size in the Neurodevelopment Pathway has grown by 523% between January 2020 and June 2023.
4. **Local Variation in Demand:**
   - Referral rates vary among localities, with Bury having the highest number of referrals and Rochdale having the lowest.
   - Bury shows the highest percentage of referrals as a proportion of the school-age population.
   - Local variation is impacted by multiple factors including previous commissioning decisions and partnership arrangements in respect of the offer to CYP this being different in each locality.
5. **Quality**
   - Complaints remain high and have increased slightly in 2023.
   - The most frequently raised issues of concern relate to communication, clinical treatment & patient care, waiting times and access to treatment/drugs (in descending order).
   - Incidents have fluctuated across the 12-Month period June 2022 to end May 2023, with peaks occurring in July 2022 and March 2023.
   - There have been some changes in the areas recording incidents, with a notable reduction in incidents recorded in Rochdale over the period coupled with a relative increase in incidents reported in Tameside.
   - The main categories for incidents were self-harm (131), followed by information governance (58), safeguarding (30), followed by delays / failures / concerns (22)
   - Rochdale (38 serious), Tameside (16 serious, 2 catastrophic) and Bury (8 serious, 1 catastrophic) were hotspots for serious and catastrophic incidents.