

Children & Young People's Services

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Children & young people's services – i-THRIVE



Working with our partners, including commissioners, VCS/3rd sector providers and some local authority colleagues to co-create and deliver the i-THRIVE framework of care

A whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs

Draws a clear distinction between treatment and support

Children, young people and their families are active decision makers

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- In Darlington, waits for triage, needs assessment and commencement of support through SPA (single point of access), Getting Help and Getting More Help teams compare favourably with national benchmarks
 - Average length of time CYP have waited for an assessment in Q4 24/25 is 46 days
 - Average skewed by those also waiting for a neurodevelopmental assessment
 - Majority of referrals receive an assessment with 28 days
 - Currently 18 YP from Darlington waiting for a first contact following referral to SPA
 - 11 under 4 weeks and 7 over 4 weeks, longest wait 42 days
- Waits for treatment vary depending on support required
 - Typically, appointments to commence support start within 6-12 weeks of referral
 - Longest waiters are for young people waiting to start on medication for ADHD – up to 6 months
 - Factors impacting this include workforce/clinical capacity for demand and national medication supply issues
- Specialist eating disorders performance against national access standards, in past 4 weeks:
 - 100% of routine referrals seen within 4 weeks
 - 100% of urgent referrals seen within 1 week

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- Close working arrangements between eating disorders service and paediatric service helping to minimise out of area admissions for eating disorders
- Crisis and IHT teams performing well
 - 98% of calls to CAMHS crisis are triaged by a clinician
 - 90% of urgent referrals were seen within 4 hrs
 - Majority of standard breaches are for CYP within an acute hospital setting and who are not medically fit to be seen for assessment
- Progress against national plans
 - In past 12 months 11,152 young people within the Tees Valley accessed NHS-funded mental health services
 - This is on track to meet required national access trajectories

- Neurodevelopmental assessments
 - Average wait in Darlington currently 533 days
 - Current waiting time is around 42 months (actual for those being assessed right now)
 - There are currently 0 waits for the initial triage and panel discussion immediately after referral – where any immediate support needs are considered, and advice is provided
 - The team are consistently meeting contractual obligations in terms of assessment throughput
 - All referrals in Darlington receive a neurodevelopmental assessment which means that consideration for both ADHD and autism is made unless the young person already has a diagnosis of one of them
 - Needs led- bubble of support is in place and is utilised well
 - There is a trauma offer in Darlington which is provided by Alliance
 - Alliance sit on panel discussions and pick up referrals straight from panel
 - There is a drop-in that is led by daisy chain that the team attend. This is well attended by families
 - We are about to test out a new assessment protocol in Darlington – this work will be evaluated with recommendations made
 - Aim is to increase efficiency and throughput
 - The team are piloting a new Keeping in Touch system in Darlington which involves texting families
 - Also hope to reduce DNA's

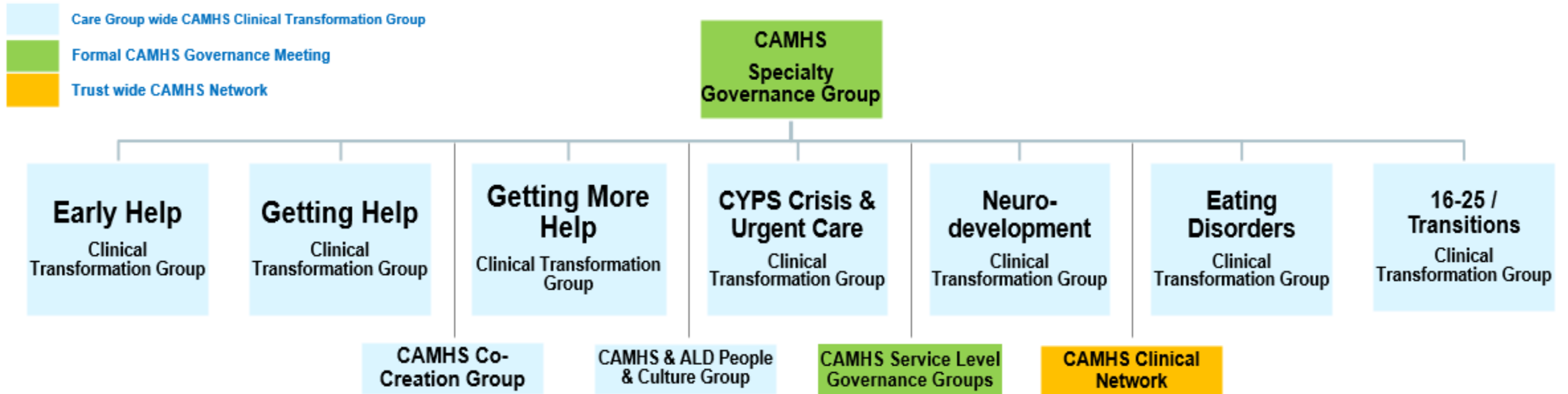
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- Keeping in Touch (KIT) process helps mitigate any risks associated with all waiters and is monitored daily at clinical and senior management levels.
- Transformation program aimed at improving standards and increasing productivity
- MHSTs (school-based teams) having a positive impact across the Tees Valley
 - Darlington is the first local authority in the Tees Valley to achieve 100% coverage of all mainstream schools
- Regional work with partners to address the backlog and unmet need of those waiting for neurodevelopmental assessments, aims include:
 - Working with other providers to increase assessment capacity
 - Improve system-wide offer to help young people and families access and navigate support for neurodiversity
 - Agree on process for prioritisation of the most in-need and vulnerable

Regulatory activity

- NICHE visit
- A rigorous and independent review carried out by Niche Health and Social Care Consulting took place in 2024.
- Commissioned by NHS England to assess whether, and to what extent, the care we provide is compliant with current standards and expectations.
- Following the publication in 2023 of a system-wide independent investigation into our CAMHS inpatient provision, and in 2022 reports that reviewed the care of three young women who sadly died in our care.
- The 2024 findings show:
 - A good level of assurance that clinical practice within CAMHS offered to patients who present with complex cases is now compliant with expected standards.
 - A good level of assurance that the governance of quality concerns within these services is now compliant with expected standards.
 - A good level of assurance that the overall governance of quality within these services is now compliant with expected standards.
- This was in addition to a CQC inspection in 2023 which also highlighted significant progress and improvements made

CAMHS Clinical Transformation model



Clinical Transformation Group function:

To lead priority actions and objectives related to designated work stream from the clinical strategy priorities & business plan

To monitor progress and impact against priority metrics related to the high impact changes each month

To provide assurance against previous reporting month activities, planned future activities and detail any support or escalations to the Specialty Governance Group

CHILDREN AND YOUNG PEOPLE SERVICE – Transformation groups lead the delivery of our priorities

GETTING ADVICE AND GETTING HELP

Deliver the **TV GH offer**, with partners, in line with ICB requirement / tender

Agree schedule and expansion plan with Commissioners for **MHST and CYP PCN roles** as opportunities arise.

Productivity : Strengthen oversight; diary management / job plans, capacity & demand analysis

GETTING MORE HELP

Productivity: complete diary management & job plan reviews for all staff, embed regular review. Review minimum contacts incl duration & record keeping, agree team / wte standard

DNA/WNB pilots in ND and M'bro.

Introduce **ADHD virtual clinics**

Review LD CAMHS, IPBS Baysdale & Holly

NEURODEVELOPMENT

Improve access and assessment process: via clinical protocol evaluation, standard system referral form and assessment documents, profiling tools

Reduce the backlog; increase ADHD diagnostic capacity and outputs. Direct oversight of Tees GMH ADHD w list. Agreed competency framework. Support ICB initiatives

CRISIS & URGENT CARE

Evaluate Durham IHT following Tees review 24/25. Prepare for QNCC accreditation

Develop crisis alternative model and proposals as readiness for funding/development opportunities

Develop methodology **to measure / correlate admission reduction & enhanced community support** and embed

EATING DISORDERS

Embed **ARFID framework** and consultation offer.

Strengthen IHT and define day service offer.

Implement **multi family therapy offer** across DTV . RISH POD offer with GMH.

Strengthen pathway with T4, CDDFT and N Tees in line with ICB specification

Thank you

Any questions?