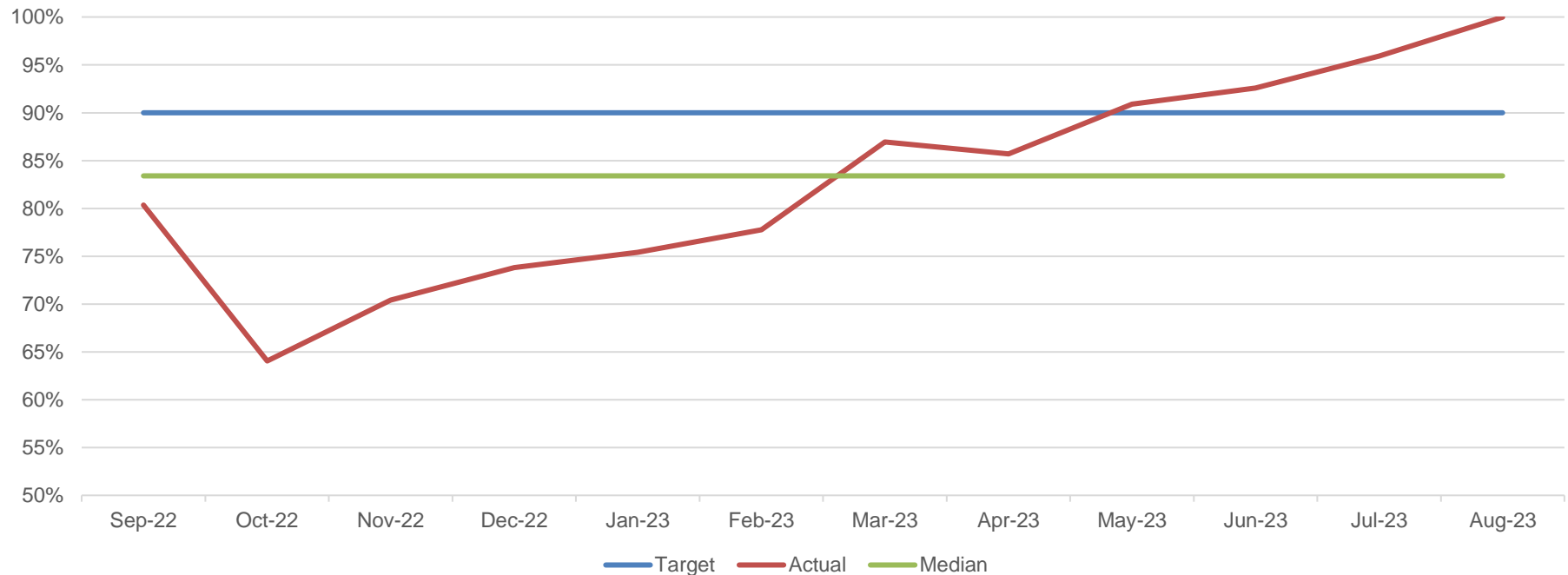


Benchmarks and Performance Data – CAMHS Crisis

Local Quality Standard - Agreed Sub-ICB Ambition: 90% of patients are seen face-to-face within 4-hours by a suitably trained practitioner (urgent response – Crisis CYP)

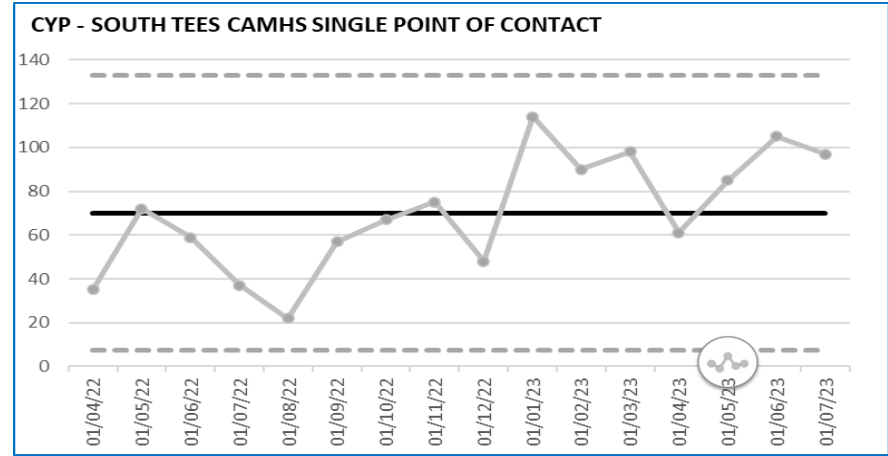
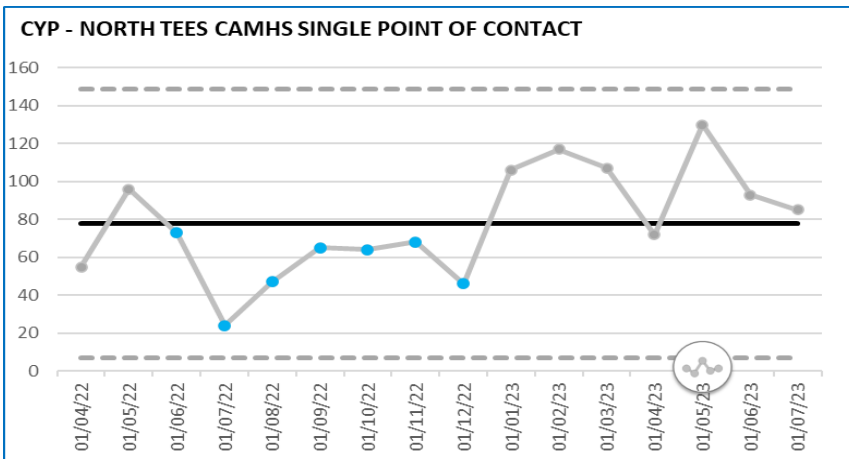
CAMHS Crisis - seen in 4-hours



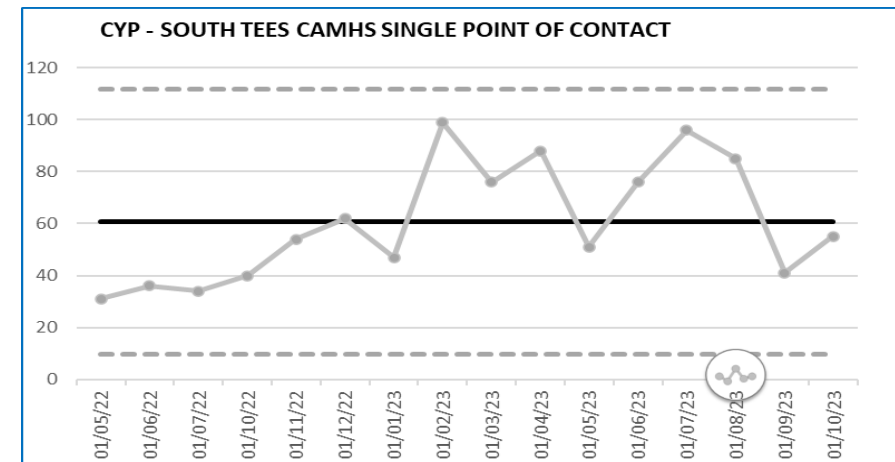
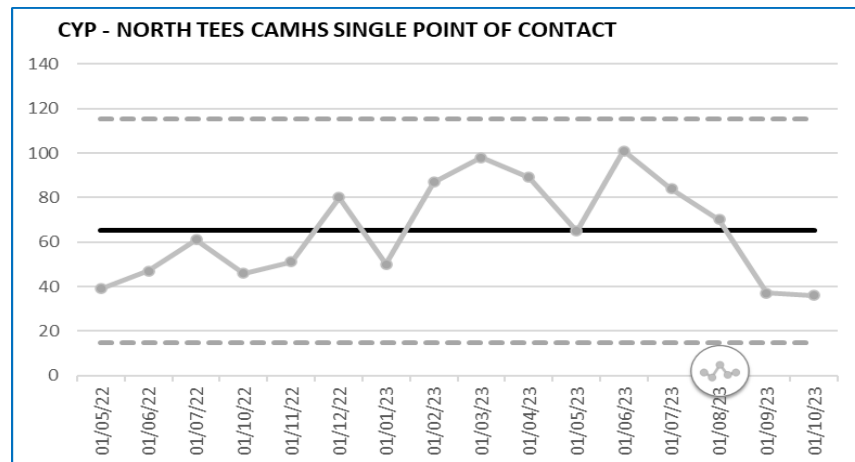
Significant improvement seen over the course of the last 12 months with sustained delivery above 90% standard since May 23

Benchmarks and Performance Data – CAMHS Single Point of Contact

Referrals and Caseload



Access & Waiting time



Benchmarks and Performance data – Access

Waiting for Assessment – by team

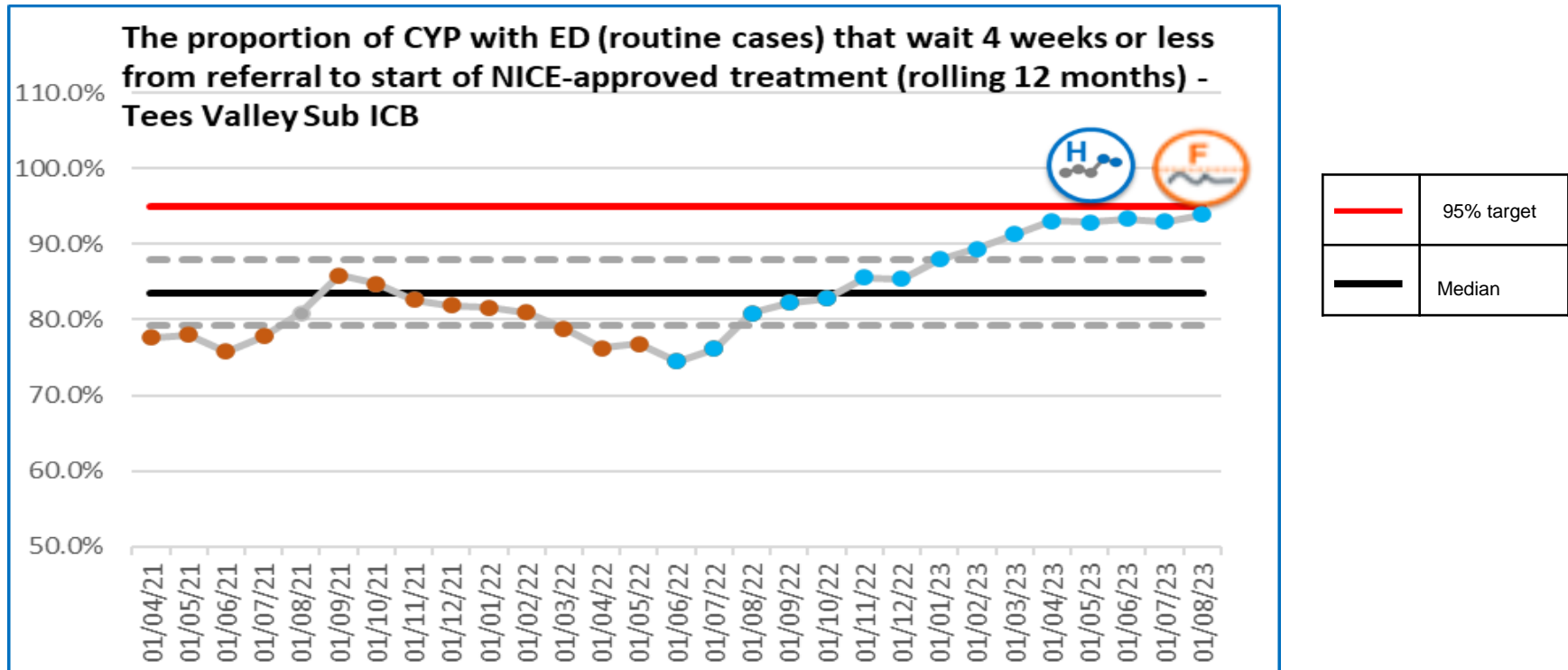
	0-1 month	1-2 months	2-3 months	3-6 months	6-9 months	1-2 years	Summary
CHILD AND YP HARTLEPOOL COMMUNITY	6	2	-	-	-	-	8
CHILD AND YP MBORO COMMUNITY	8	5	5	3	1	-	22
CHILD AND YP R AND C COMMUNITY	20	8	4	4	-	-	36
CHILD AND YP STOCKTON COMMUNITY	15	7	2	3	-	-	27
CYP - NORTH TEES CAMHS SINGLE POINT OF CONTACT	24	-	-	1	1	-	26
CYP - SOUTH TEES CAMHS SINGLE POINT OF CONTACT	36	-	-	3	-	-	39
TEES CAMHS - NORTH TEES GETTING HELP	26	2	-	1	1	-	30
TEES CAMHS - SOUTH TEES GETTING HELP	17	-	-	-	1	1	19
TEES CYP LD - NORTH TEES GETTING MORE HELP	6	-	-	-	-	-	6
Summary	158	24	11	15	4	1	213

Number of Patients	Average (Mean) Days Waiting	Median Days Waiting	Maximum Days Waiting
253	39	25	356

TO NOTE: Some of the longest waiters explained above are open concurrently to Neurodevelopment assessment pathways and all longest waits have been validated and assessed.

Benchmarks and Performance Data – CAMHS Eating Disorders

National Benchmark: The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases



TO NOTE: there are data quality issues with the reporting on urgent waits. The data suggests that we are running at approx. 75% compliance which is not a true measure. We are working internally and with Commissioners to correct this issue. In the interim, it would not be appropriate to present this for scrutiny.