



South Sefton
Clinical Commissioning Group

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
December 2021
Children's Services

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Summary Performance Dashboard

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%				49.8%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%				54.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%				99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	85%	83%	77%	72%	62%	63%	63%	60%	55%				69.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%	99%				99.4%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R	R	R	R				R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%				88.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7				
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9				
		Target													

Children's Services

In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

As previously reported, the SALT service has experienced a sustained increase in referrals following periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance continues to be challenged. The service has continued to focus on recovery and has developed an improvement plan which includes a trajectory that will see a return to a maximum wait of 18 weeks by end of July 2022. Whilst it is expected that improved performance will continue to be seen over subsequent months, COVID continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in December 2021.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Plans for investing the increases in mental health investment are ongoing. Process of recruitment is progressing but it will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. Service recovery plans are in development to mobilise this. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.



Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

1. Children’s Services



1.1 Alder Hey NHS FT Children’s Mental Health Services

1.1.1 Improve Access to Children & Young People’s Mental Health Services (CYPMH)



Quarter 3 data is available 13th March 2022, there will be an update in the next report. Latest update below:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Rolling 12 Mth Rate	
		5.0%	20.3%	8.0%	48.3%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		7.4%	14.6%	8.8%	35.6%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 shows a drop in the CYP Access rate which is a seasonal trend and quarter 1 is always the highest period. The rolling 12 months rate was 48.3% compared to 35.6% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4 and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government’s recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Although performance narrowly missed the 35% access plan, it is anticipated that quarterly and annual access figures will continue to improve in 2021/22.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O’Carroll		Wendy Hewitt		Peter Wong		



1.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Routine cases within 4 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		Latest and previous 3 quarters				<p>Performance in this category is calculated against completed pathways only.</p> <p>* suppressed data meaning less than 2 referrals in the quarter</p> <p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		90.0%	69.6%	47.7%	19.5%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		91.7%	80.0%	100.0%	97.6%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q3 the Trust reported 19.5% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 3, of the 41 completed pathways, 4 patients started treatment within 1 week and 4 patients in weeks 1 to 4, leaving 33 patients starting their treatment between 4 and 12 weeks. Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		



1.1.3 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Urgent Cases within 1 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		96.9%	100.0%	75.0%	80.0%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		100%	*	*	100.0%	
National standard 95%				* suppressed data meaning less than 2 referrals in the quarter		
Performance Overview/Issues:						
<ul style="list-style-type: none"> For quarter 3 the Trust reported 80% and failed the 95% target. All of 10 urgent cases 8 started treatment within 1 week, 1 within 1-4 weeks and 1 4-12 weeks. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		



1.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referrals rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



1.1.5 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		63%	63%	60%	55%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 55% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 8 of months. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. • In response to the increase in investment, the Trust is developing a waiting time recovery plan. • To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.1.6 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		99%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December, 99% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.1.7 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		85%	85%	85%	80%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 80% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 7 months. The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

1.2 Child and Adolescent Mental Health Services (CAMHS)

1.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		37.8%	40.3%	45.9%	31.1%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 14.8% decline in compliance to 31.1% in December. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. There has been an increase in the number of urgent cases referred to the service. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		68.2%	61.5%	67.7%	54.6%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 13% decline in waiting times in December reporting 54.6%. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • There has been an increase in the number of urgent cases referred to the service. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.3 Children's Community (Alder Hey)



1.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Red > 92%: Green	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		32.20%	34.70%	35.00%	35.80%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
		572	609	634	646		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 44 weeks compared to 34.4 weeks last month. For open pathways, the longest waiter was 55 weeks in December compared to 53 weeks last month. Overall there had been a steady increase in new referrals but December saw 68 compared to 112 the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a waiting time recovery plan which anticipates achieving the maximum 18 week waiting time target by end of July 2022. <p>Data from mid-January 2022 indicates that the recovery plan has started to take effect with no waits in excess of 52 weeks and appointments booked for all those over 46 weeks.</p> <p>In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.</p> <ul style="list-style-type: none"> Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 							
When is performance expected to recover:							
End of July 2022 as per waiting time recovery plan, but subject to any future COVID waves/impact.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		



1.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
33	45	29	13				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.1 weeks. For open pathways, the longest waiting was 9 weeks in December the same as November. Overall accepted new referrals to the service have increased slightly in December to 34 from 29 received in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



1.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		88.7%	96.4%	98.5%	97.4%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
96	83	64	76				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 8.2 weeks from 8.6 weeks last month. For open pathways, the longest waiter was 24 weeks in December compared to 19 weeks in November. Overall there has been a steady increase in new referrals, the service received 43 new referrals in December, this is an decrease from 60 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to closely monitor performance. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

1.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		83.3%	93.3%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
36	30	32	23				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 9.1 weeks, previous month reported 13.1 weeks. For open pathways, the longest waiter was 12 weeks in December, compared to 17 weeks in November. New referrals to the service remain steady, 9 were received in December and 8 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Staff capacity restored and improvements being seen in average wait, RTT and longest wait. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

1.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
31	27	27	24				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.27 weeks, previous month reported 7.77 weeks. For open pathways, the longest waiter was 14 weeks in December compared to 10 in November. New referrals to the service remain steady, 16 were received in December and 12 in November. 							
Actions to Address/Assurances:							
None specifically as performance is currently within target.							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		