

Our Ref: 67393

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## Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding mental health services for children within NHS South Sefton CCG.

### Request/[Response](#):

1. Is it correct that it is only if the emotional/mental health/behaviour needs are said to be due to identified mental health difficulties that a young person would be able to access mental health services? If the mental health needs are thought predominantly to be related to neurodiversity and do not represent co- morbid mental health then mental health services will not be offered?

Sefton mental health services are open and accessible to all young people in the borough, regardless of their neurodevelopment status. Mental health services are not for the management or treatment of neurodevelopmental conditions.

There are ASD/ADHD pathways for children and young people who require neurodevelopmental assessment, diagnosis and support. These services are separate to mental health services. Any child or young person on the ASD/ADHD pathway/s identified as having mental health needs is referred directly to mental health services.

2. Is there a waiting list for mental health services; if so, how long is it?

There are a number of mental health services that children, young people can access, some of which can be accessed immediately, such as the online 'Kooth' service which is available to children and young people aged 10 – 25.

There is a waiting list for the local community Child and Adolescent Mental Health Services (CAMHS). Waiting times vary depending on risk and need. All referrals are risk stratified and those requiring urgent assessment and treatment are prioritised.

The Alder Hey CAMHS service aims to assess 92% of young people within 6 weeks of referral, and to start treatment within 18 weeks. At the end of December 2020, 85% of young people were assessed within 6 weeks of referral and 51% started treatment within 18 weeks. Due to the impact of covid, waiting times have increased over recent months as

the number of urgent referrals and the increase in the number of complex and high risk patients has risen.

Third sector CAMHS providers Venus and Parenting 2000 also risk stratify referrals. At the end of December 2020, there was an average 8 week wait for assessment and 10 weeks for treatment. For high risk patients, the average wait for treatment was 4 weeks.

3. Is there then another waiting list for an assessment of need; if so, how long is it?

The wait for assessment of need for mental health services is described in the response above (Q2).

4. Is there a waiting list for SALT; if so, how long is it and what service is offered eg is it just an advice workshop to parents/carers? If SALT is provided to the young person is it delivered face to face?

At the end of December 2020, there was an average wait of 12 weeks for SALT services. The service offer includes an initial assessment of need, development of a treatment plan and delivery of treatment.

Given the current covid restrictions, treatment is delivered virtually where possible. Face to face appointments are being offered when virtual appointments are not clinically appropriate or cannot be accessed by young people and their families.

5. Is there then another waiting list for an assessment of need; if so, how long is it?

As described above in response to Q4, there is no additional wait for a SALT assessment of need.

6. Is there a waiting list for OT; if so, how long is it and what service is offered eg is it just an advice workshop to parents/carers? If OT is provided to the young person is it delivered face to face?

At the end of December 2020, there was an average wait of 4 weeks for OT services. The service offer includes an initial assessment of need, development of a treatment plan and delivery of treatment.

For those children and young people identified as having OT sensory needs, parents/carers are invited to attend a sensory workshop for information and advice.

Given the current covid restrictions, treatment is delivered virtually where possible. Face to face appointments are being offered when virtual appointments are not clinically appropriate or cannot be accessed by young people and their families.

7. Is there then another waiting list for an assessment of need; if so, how long is it?

As described above in response to Q6, there is no additional wait for an OT assessment of need.