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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	21st December 2021	Agenda Item	4.3
Report Title	Child & Adolescent Mental Health Services (CAMHS) Assurance Report		
Report Author	Michelle Davies, Head of Strategic Planning		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	To provide an update on the performance of CAMHS, and actions being taken to improve the current position.		
Key Issues	<p>Compliance against the Welsh Government targets has deteriorated significantly, and CAMHS have been unable to stabilise the position due to staff shortages.</p> <p>Children & Young people are facing challenging times, and there is increasing demand on services for support with their mental health.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			X
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the latest performance position of CAMHS; • Consider the actions taken in the short term to rectify the deterioration in performance; • Consider the work that is being progressed strategically to support children & young people 		

Child & Adolescent Mental Health Services (CAMHS) Assurance Report

1. INTRODUCTION

The purpose of this report is to: -

- Provide the latest waiting times position of the Child & Adolescent Mental Health Services (CAMHS) provided for Swansea Bay residents by Cwm Taf University Health Board;
- Highlight the recovery plan agreed to provide a treatment plan for those young people who have waited the longest.
- Highlights the challenges and the work ongoing strategically to stabilise the position in the short and medium term.

2. BACKGROUND

There are five Welsh Government targets that are monitored by the Health Board as follows:

- SCAMHS- % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)
- SCAMHS- % of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan
- PCAMHS- % of therapeutic interventions started within 28 days following assessment by LPMHSS
- PCAMHS- % of routine assessments undertaken within 28 days from receipt of referral
- % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)

There has been particular concern in relation to the Assessment targets historically, however prior to the pandemic improvements in compliance were seen across all targets. The position has deteriorated significantly over the last 6 months, with CAMHS unable to stabilise the position due to high rates of sickness and vacancies. Performance is discussed monthly with the CAMHS Team, and attached as Annex A is the performance report provided for the November Swansea Bay CAMHS Commissioning meeting. The two waiting lists are being merged and the S-CAMHS waiting list is currently frozen to ensure that the service is following a treat in turn policy. The compliance against the assessment targets is set-out below:

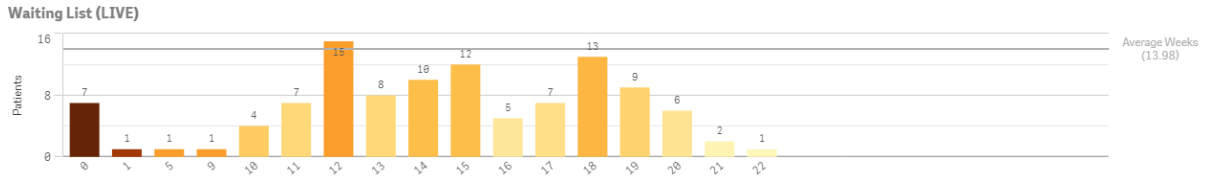
Performance against the 28-day assessment target, as at 16 October 2021:

Team	Total waiting	Waiting >28 days	% compliance	Average wait (weeks)
SCAMHS Swansea Bay	109	101	7.3%	14.0
PCAMHS Swansea Bay	202	110	45.3%	4

2.1 Specialist CAMHS (S-CAMHS)

The SCAMHS compliance has deteriorated significantly more recently due to vacancies and high levels of sickness. The service has also seen an expected increase in demand.

Graph 1 - SCAMHS total waiting and longest waiter over time as at 16th October

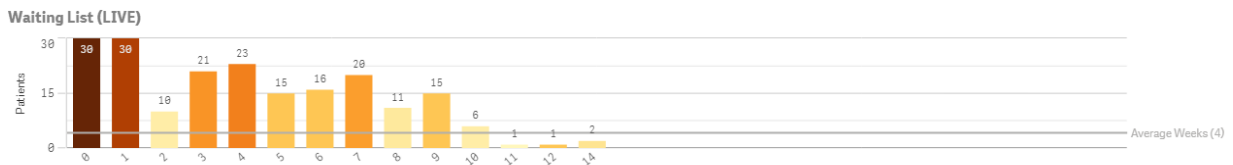


Includes: Child & Adolescent (711000), YPDAS (711017), ED (711020), CTP (711024), Crisis (711045)

2.2 Primary CAMHS (P-CAMHS)

The team had reduced the PCAMHS waiting list during the summer period. PCAMHS liaison work with the local authorities and schools has restarted following a period of stepping down to focus on improving Part 1A compliance. The Part 1A waiting list is growing as all referrals coming into the service from 1st September are being accepted as Part 1. The SCAMHS waiting list has been frozen to ensure we are following a treat in turn policy. The PCAMHS waiting list will subsequently grow as the team merge into one waiting list. In section 2.4, CAMHS have set-out the action they are taking to improve the position including the triaging of those waiting, and the focus of the triage work will be on those young people waiting on the 'frozen' S-CAMHS waiting list in the first instance.

Graph 2 - PCAMHS total waiting and longest waiter over time as at 16th October



2.3 Challenges and Barriers

- CAMHS continues to be a small service, and reliant on a small specialist team. Recruitment and retention remains a significant challenge, in addition to high levels of sickness recently. CAMHS reported a 40% vacancy rate in November. The vacancy rate is particularly escalated currently due to the additional vacancies created by the new investment by Welsh Government, including additional CAMHS posts and internal movement across mental health as services expand. Recruitment and retention is a particular issue within Swansea

Bay CAMHS. The development of a recruitment & retention strategy is a priority that will be developed jointly between CAMHS and Swansea Bay UHB.

- Demand on the service is increasing, although not as significant as other parts of Wales. The acuity of young people presenting appears to be increasing more than the number of referrals.
- The majority of referrals to CAMHS are received from GPs, and despite the CAMHS Single Point of Access now in place, the acceptance rate is still low, with 54% reported in October. Additional work is required with primary care to raise awareness of the threshold of CAMHS and what alternatives there are for young people. This work will be included in the partnership workshops planned for the new year.

2.4 CAMHS Recovery Plan

In September, CTM shared an improvement plan with Swansea Bay via the commissioning arrangements to reduce the backlog and improve compliance against the Welsh Government targets. However, as a result of severe staff shortages the improvement plan was not initiated, and the backlog has not improved. The CTM senior management team responsible for CAMHS have now developed a plan utilising a mixed workforce model including agency staff - overseen by experienced CAMHS staff from other parts of the CAMHS network, and staff who are working within the Swansea Bay CAMHS Prevention and Liaison Service. The Plan includes the following:

1. Triage and review of current waiting list

The triage process will start on the 6th December and run for approximately 2 weeks, and will focus on those children and young people who have been waiting the longest – those who are on the frozen S-CAMHS waiting list. The Triage process will include RAG rating to allow for understanding of Risk, Need and Suitability of treatment plans. Once the triage is complete the young people will either be identified as suitable to attend a group or referred to the assessment and intervention clinic.

2. Development of groups for suitable patients

Where appropriate groups of up-to 9 young people will be delivered either virtually or face to face, and will run for 5-6 weeks. There will be groups for older and younger teenagers with a focus on mood and anxiety. At the end of each group young people will either be discharged or if identified as needing additional support, referred to the assessment and intervention clinic.

3. Assessment and Intervention Clinic

A team of Agency staff will be put in place to carry out intervention clinics identified from triage and groups. Experienced CAMHS staff will be identified to work alongside the agency team. There will be tight governance around agency staff. In addition, case management will be offered to all colleagues to ensure robust discharge planning.

Until the triage process is complete, it will not be possible to provide a trajectory for improvement in compliance against the waiting times. However, all young people on the S-CAMHS waiting list will have been triaged by the 19th December, and have a treatment plan. This accounts for more than 100 young people who on average have been waiting 14 weeks. The focus of the triage work will then target the rest of the waiting list, working through the same three phases.

In addition, the following has been identified as work ongoing in parallel with the clinical work:

- All Job plans to be reviewed in the current context of the recovery plan. 3-hour new patient slot has been reviewed and reduced to 2 hours in view of robust re-triage to create additional capacity.
- Triage staff will ascertain whether there is current input from other partners including the third sector and local authorities. This work is aligned to the West Glamorgan emergency planning arrangements.
- All referrals into CAMHS from 01/09/21 are triaged as CAMHS referrals as opposed to P&SCAMHS. Currently SPOA is still busy with a steady number of referrals through into October. Parents and GPs are contacting the telephone advice service prior to referring/referral, enabling the SPOA team to signpost to more appropriate services.
- A workshop will be held with internal stakeholders to discuss pathways and patient flow of new service model proposal.
- In-Reach work will continue with the Prevention and Liaison Service working with young people and professionals in schools as part of the whole school approach.
- Recruitment to new posts secured as a result of the Welsh Government monies in 2021/22 will be progressed.

2.5 Future Plans and Priorities

A number of actions are being progressed by members of the Health Board's CYP Emotional & Mental Health Planning Group as part of the West Glamorgan Emergency Planning arrangements. The multi-agency group is meeting every two weeks, and the action plan is attached as Annex B. The overall objective of the action plan is as follows:

Predominate focus will remain on supporting the emotional and psychological well-being of children through coordinating the support available through CAMHS, other Health Board emotional and psychological wellbeing services including Child Psychology, schools, local authorities and the third sector and accelerating any capacity building where possible. Given increasing workforce challenges this will include exploring opportunities to share resources where gaps in the workforce are emerging. Consideration will also be given to agreeing emergency protocols between organisations to manage children presenting with the most complex needs (whilst the number are small – there is evidence that it is growing and longer term solutions currently being worked on aren't addressing immediate issues)

Two specific actions identified in the plan to support young people are as follows:

- Develop a communication plan to promote existing resources to schools and GPs including the regional mental health website developed for young people tidyMinds and the online counselling service commissioned by the Health Board – Kooth. This will be progressed once appointments are made by the Council for Voluntary Services
- Consideration of bridging support for CYP who could be presenting with mental health illness currently on waiting list for CAMHS and NDD. This will be explored following the triage undertaken by CAMHS.

3 GOVERNANCE AND RISK ISSUES

All work programmes included within this paper have been subject to discussions and scrutiny with stakeholders including those who represent children & young people.

Access to CAMHS continues to be challenging, however we are more than ever aware of the challenges and stakeholders are working together to improve the position.

To mitigate the risk of poor access, we are implementing a number of initiatives including the continuation of the CAMHS single point of access, enhancing services via the Welsh Government investment, and the multi-agency projects including the roll-out of Kooth and the multi-agency website tidyMinds. CAMHS performance will be closely monitored via the commissioning arrangements.

4 FINANCIAL IMPLICATIONS

The actions being taken do not have any financial implications except for existing allocated funding being redirected to waiting list initiatives.

A decision has already been made through discussions between Swansea Bay and Cwm Taf Morgannwg University Health Boards that any slippage monies associated with the vacancies will fund waiting list initiatives for three months to ensure that access for children and young people to CAMHS and compliance against the target improves.

5 RECOMMENDATIONS

Members are asked to:

- Note the latest performance position of CAMHS,
- Consider the actions taken in the short term to rectify the deterioration in performance;
- Consider the work that is being progressed strategically to support children & young people

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The report highlights a plan to stabilise CAMHS with the progression of waiting list initiative clinics and improve compliance against the Welsh Government targets. This in turn will improve the outcomes for patients, and mitigate any quality and safety risks.</p>		
Financial Implications		
<p>There are currently no financial implications, as CAMHS is provided via an SLA between CTM and SBUHB. There are gaps in the service as a result of historic underfunding in areas such as CAMHS Crisis, however the significant pressure currently experienced is as a result of increased demand on the service – modelling undertaken shows that the increased pressure on mental health services will continue until 2022. Proposals have been submitted to Welsh Government in line with the capacity deficits identified, and financial monitoring is being adapted to accommodate these new monies.</p> <p>The work included within the Health Board’s Annual Plan is to develop and agree a service specification for CAMHS which is due for completion by the end of the financial year 2021/22.</p>		

A decision has already been made through discussions between Swansea Bay and Cwm Taf Morgannwg University Health Boards that any slippage monies associated with the vacancies will fund waiting list initiatives for three months to ensure that access for children and young people to CAMHS and compliance against the target improves. This position will be reviewed every three months.

Legal Implications (including equality and diversity assessment)

There are no legal implications to consider.

Staffing Implications

Whilst the Welsh Government monies will provide the resource required, there is a recruitment challenges for the specialist staff required.

Recruitment & retention of staff within Swansea Bay is particularly poor, and the two Health Boards are considering ways to improve this.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The actions outlined in the report support the five ways of working outlined in the Act. Swansea Bay University Health Board are working with all partners to identify improved ways of working to not only improve the short-term performance of the service for patients but also the long term strategic vision.

Report History

CAMHS has historically been an area that has been subject to escalation. This committee considered the last report in June 2019.

Appendices

Appendix 1 – CAMHS Performance report
Appendix 2 – West Glamorgan Emergency Planning Action Plan