



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



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| <b>Meeting Date</b>   | <b>7<sup>th</sup> June 2018</b>   |                   | <b>Agenda Item</b> | <b>5a</b>       |
| <b>Report Title</b>   | <b>Child and Adolescent Mental Health Services (CAMHS)</b>  |                   |                    |                 |
| <b>Report Author</b>  | Joanne Abbott-Davies, Asst Director of Strategy   |                   |                    |                 |
| <b>Report Sponsor</b>   | Sian Harrop-Griffiths, Director of Strategy   |                   |                    |                 |
| <b>Presented by</b>   |   |                   |                    |                 |
| <b>Freedom of Information</b>                                 |   |                   |                    |                 |
| <b>Purpose of the Report</b>                                  | This paper follows on a report to the April Quality and Safety Committee on CAMHS. After discussion at the Committee a further report was requested addressing a specific range of issues aimed at giving further assurance to the committee.   |                   |                    |                 |
| <b>Key Issues</b>   | <p>As requested by the Quality and Safety Committee, this report focuses on the following key areas:</p> <ul style="list-style-type: none"> <li>• Compliance with WG targets</li> <li>• Assessment of the coherence of the services as a whole</li> <li>• Risk register for the services</li> </ul> <p>This aims to give assurance to the Committee on the plans in place to ensure appropriate, responsive Mental Health services for Children and Adolescents in the ABMU area are delivered.</p> |                   |                    |                 |
| <b>Specific Action Required</b><br><i>(please ✓ one only)</i> | <b>Information</b>  | <b>Discussion</b> | <b>Assurance</b>   | <b>Approval</b> |
|   |   |                   | ✓                  |                 |
| <b>Recommendations</b>  | <p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Consider the report.</li> </ul>   |                   |                    |                 |

# CHILD & ADOLESCENT MENTAL HEALTH SERVICES

## 1. INTRODUCTION

This paper follows on a report to the April Quality and Safety Committee on CAMHS. After discussion at the Committee a further report was requested addressing a specific range of issues aimed at giving further assurance to the committee.

## 2. BACKGROUND

At the April Quality and Safety Committee a report was considered which aimed to give assurance to the Committee on the provision of CAMHS. After consideration a further report was requested for the June meeting, covering the following areas:

- Compliance with current WG targets: in particular the following areas need further explanation:
  - a. A clear explanation of what compliance is required in what areas (tier 1, 2, 3 and 4) and at what level (currently some confusion between whether the target is 80% or 100%, as shown in the performance report)
  - b. The specific actions we are taking (or Cwm Taf are taking) for each target we currently underperform on and the expected date for compliance in each area **with timescales** (September seems far too long for primary CAMHS and it's not clear when NDD accommodation will be addressed, given that it is stated as a limiting factor to compliance).
- A frank assessment of the coherence of the service as a whole, where there are gaps or service is inadequate and what we believe is needed (in terms of organisation, governance or resource) to deliver a service that we are happy with. Table 3.2.1 sets out our aspirations but not how we are going to deliver those outcomes and benefits. Specific questions in this area are
  - a. How to ensure smooth transitions between different tiers of the service and between different age groups
  - b. What do we need from our partners (Cwm Taf, local authorities etc)?
  - c. Who or where should the service be led/owned within ABMU?  
Strategy department, MH and LD and Singleton all have interests – is this correct or would the service benefit from single ownership of the pathway?
  - d. A rationale for why it was decided to bring the service in house (as C and V) and then an assessment of the pros and cons of delaying that decision.
- A risk register for the service and what we are doing to mitigate those risks, to include safeguarding issues (Ty Llydiard).

### **3. GOVERNANCE AND RISK ISSUES**

Each of the issues raised above is responded to in the sections below:

#### **(a) Compliance with WG targets**

There are a number of WG targets which apply to CAMHS:

##### **% of Urgent Assessments by specialist CAMHS undertaken within 48 hours from receipt of referral (target 100%) – Cwm Taf HB**

Achievement of between 90-100% has been achieved consistently over the past year. Lack of capacity of CAMHS consultants over weekends means that referrals on a Friday can mean the target is missed. This target is likely to continue to be met inconsistently as there are no plans at present to increase consultant availability over the weekend and current levels of resources would not allow this, nor would it be the highest priority for funding.

##### **% of Routine Assessments by specialist CAMHS undertaken within 28 days from receipt of referral (Original target 100%, revised to 80% late in 2017) – Cwm Taf HB**

Performance against this target has been a major priority for both ABMU and Cwm Taf Health Boards. The 100% target was achieved on 31<sup>st</sup> March 2017. However this achievement masked the fact that for the immediate period running up to this date, the majority of CAMHS time had been spent carrying out assessments, not providing ongoing interventions when required. This resulted in performance from April 2017 plummeting (to 24% compliance) as the patients seen in the run up to 31<sup>st</sup> March 2017 received their interventions and the numbers of assessments of new referrals reduced massively. In reality the achievement of the target had the unintended consequence of producing a complete imbalance between demand and capacity across the system. Since this time regular meetings between the Clinical Lead and Nursing Lead for CAMHS in ABMU and the Strategy Team have ensured that the balance between assessments and interventions has now been stabilised, and Cwm Taf have worked hard with our Team to ensure that improvements in performance against this target are and will be sustainable.

As at 18<sup>th</sup> May 2018 compliance has increased to 70.3% across ABMU with an average wait of 2.9 weeks. However this masks significant variances across each of the Local Authority areas with ABMU – with Bridgend achieving 84.8% (average wait of 1.7weeks); NPT achieving 92.6% (average wait of 1.4weeks); and Swansea achieving 57.6% (average wait of 3.8weeks).

Waiting list initiatives in Bridgend and Swansea have been supported by ABMU within current SLA funding (due to vacancies) which has improved compliance there. Further waiting list initiatives have been agreed in Swansea until the end of June initially to further improve the situation there, and weekly monitoring returns are received by ABMU to ensure any changes in expected position can be addressed. It is expected that the target will be achieved by end of July 2018.

However it should be noted that (as referenced in the risk register later) this is dependent on stability of staff in what are small clinical teams and timely recruitment to vacant posts.

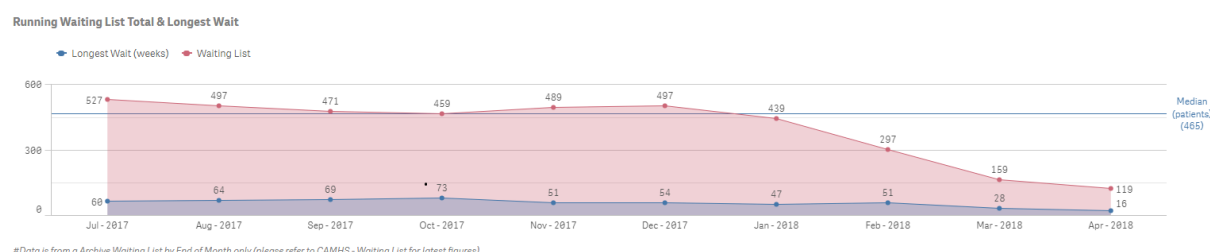
## **% of Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks (Original target 100%, revised to 80% late in 2017) – ABMU HB**

This service is delivered by the Children's Directorate (Singleton Delivery Unit) of ABMU Health Board and the 80% target has been achieved consistently since December 2017.

Capacity to treat more NDD patients is a problem, but a plan has been developed to free up space in the NPTH Children's Development Centre by refurbishing office accommodation in Block D which will allow office space in the CDC to be made available for clinical activity instead. A bid for Western Bay Capital Integrated Care Funding is being submitted this week for this scheme (estimated cost £500k). If funding is obtained this could be implemented by end of 2018.

## **% of therapeutic interventions started within 28 days following assessment by LPMHSS (Target 100%) – Cwm Taf HB**

This target has never been achieved and since the way that it is measured looks at the time that patients seen in that month have waited for their appointment, assuming that the longest waiting patients are being booked first then compliance will always be very low until the waiting time drops below 28 days for the longest waiters. That is, compliance will be the same if you are booking patients who have been waiting for 5 weeks or 55 weeks, it will only improve when booking longest waiting patients who have been waiting for 28 days or less. The Integrated Community Funding investment into the PCAMHS service of the 3 Liaison Workers, based with LA Social Services Intake Teams, from January was aimed at improving referral pathways into services for CYP with mental health problems, and also to ensure that remaining staff in the team could concentrate on carrying out Part 1 Mental Health Measure assessments. The improvement in both total waiting list and longest wait is shown below and demonstrates a reduction in longest wait from 60 to 16 weeks and in numbers waiting from 627 to 119 for the period since July 2017.



Feedback from Local Authorities on the liaison posts is positive and the need to continue with these posts on a sustainable basis (funding is currently only available for one year) is key, as outlined in the following section. It is anticipated that the target will be achieved by the end of August 2018.

## **% of Health Board residents in receipt of CAMHS to have a valid Care & Treatment Plan (Target 90%) – Cwm Taf HB**

The Choice and Partnership Approach (CAPA) is a case management system, supported by Welsh Government to be rolled out to all CAMHS services across Wales. This went live in the ABMU area in September 2017 and is demonstrating better case management of individuals, a part of which is the provision of Care and Treatment Plans. Discussions are ongoing with Cwm Taf around improving

compliance with this target, and an evaluation of the impact of introducing CAPA, based around analysis of the first 6 months of operating the system is expected in June 2018 which will identify further actions which need to be taken to achieve the required improvement.

### **(b) Assessment of the coherence of the service as a whole**

Within the ABMU area a whole range of services contribute to the provision of Child & Adolescent Mental Health Services, as outlined below:

**d. Tertiary** – highly specialised services for children & young people with the most serious problems. These include day units, intensive community treatment services, in patient units.  
**National Provision via Cwm Taf / National Commissioning via WHSCC**

**c. Secondary** – services provided by specialist multi-disciplinary teams or services working in community mental health setting or child & adolescent psychiatry outpatient service to provide for children and young people with more severe and complex and persistent disorders. **Cwm Taf Provision / ABMU Commissioning**

**b. Primary** – services provided by specialists working in community and primary care settings providing consultation to families and other practitioners, outreach to identify severe/complex needs and assessments and training to practitioners at Universal level. **Mix of Local and Cwm Taf Provision / Multiagency planning led by ABMU**

**a. Universal** - services consisting of all primary health care agencies including GPs, school nursing, health visiting, education, third sector, youth justice who are not necessarily mental health specialists. Offer general advice and treatment for less severe problems and play a pivotal role in mental health promotion & prevention and early intervention. **Range of Local Provision**

### **Universal Services**

At the universal stage, support for Children, Young People and Families is provided on a multi-agency basis including health, education, social services and the third sector. There are a range of support services available at this stage, some examples include:

- **Early Help Team** - Preventative approach with help for families who have children with behaviour problems. Team consists of a range of professionals with a wide range of skills.
- **Hafal Cymru** - Support for families who have a young person who has experienced First Episode Severe Mental Health Problems
- **Barnados** - Support for Families who have a child or young person being assessed for ASD or with problems but have a diagnosis

- **Western Bay Youth Justice & Early Intervention Service** - Multi agency approach to tackling factors associated with youth offending behaviour

### **Primary Services**

***Communities First and Flying Start*** are two initiatives commissioned by local authorities to target areas of deprivation, and have a number of programmes available. Programmes include support with parenting, physical activity projects, healthy eating and mental, emotional and social wellbeing to people/families in the most deprived communities.

Local authorities' commission ***school based counselling*** for secondary schools and pupils in Year 5 & 6 primary schools. School based counselling delivers support for Peer Mentoring in secondary schools and Peer Support schemes in primary schools, and delivery of Anger Management group work.

***Primary CAMHS*** provided by Cwm Taf University Health Board is a single service across ABMU that provides a range of functions and services that support and work alongside non-mental health professionals to meet the needs of young people at risk of developing, or experiencing mild to moderate mental health problems in their community. The functions of this team include:

- Providing primary mental health assessments
- Providing primary mental health interventions/treatments identified through the primary mental health assessment
- Making onward referral for other services following primary mental health assessment
- Provision of support and advice to professionals,
- Provision of information and advice to individuals and carers

### **Secondary Services**

There are a number of services provided by ABMU Health Board including the Neuro Developmental Disorder Services, and those services provided by the Speech and Language Team (SALT). SALT provide support and services to families with children 0-3 years old who have emerging speech and language difficulties. Working with Parents in the home and with groups the child attends within the community to deliver the early identification and prevention of problems

Specialist CAMHS is commissioned by ABMU Health Board but is provided by Cwm Taf University Health Board. It is a service for those with more complex needs, requiring more specialised services. The Secondary Care Specialist Child and Adolescent Mental Health Services will work with part two and three of the mental health measure and is provided by a range of professionals often working as a multidisciplinary team. These should include Child Psychiatrists, Child Psychologists, Community Psychiatric Nurses, Family Therapists, Occupational Therapists, Physiotherapists, Speech and Language Therapists and Dieticians. All should have expertise in working with children, families, and young people (up to the 18th birthday) and focus their work on

those with the most need, i.e. those with persistent, severe, pervasive and complex mental health needs.

Traditionally specialist CAMHS services were managed by individual hospital units / trusts, but concerns about the sustainability of services, their increasing inability to recruit and retain staff, and the small size of the services involved led to clinical governance concerns and resulted in an All Wales approach to provide these services on a wider geographical basis to improve their sustainability. As a result clinical networks were set up for the South East of Wales, the South West of Wales and North Wales to deliver these improvements. Different areas took different approaches, but this was the stage that Cwm Taf became the provider of specialist CAMHS services for the wider area of Cardiff & Vale, ABMU and Cwm Taf areas.

### **Tertiary Services**

Highly specialised services commissioned by Welsh Health Specialised Services Committee (WHSSC) on behalf of all Health Boards in Wales. This includes provision of the inpatient facility Ty Lydiard on the Princess of Wales Hospital site, and very specialist teams which provide services across the whole Cwm Taf / Cardiff & Vale / ABMU area.

Key to further improving outcomes for CYP in the ABMU area is to make sure that the right balance of services is available across all levels of provision going forward. This can be summarised as outlined below:

**Tertiary Services** – WHSCC will continue to commission on behalf of HBs across Wales. The need to commission a specific service for the small number of young people who have very challenging behaviour, and who need a place of safety, but who are not sectioned has been highlighted to WHSCC as an emerging service gap.

**Secondary Services** - Going forward there is confidence that the specialist CAMHS waiting times targets can be met and sustained with the current level of investment.

**Primary / Universal Services** - The range of lower level support available to children and young people in the ABMU area (i.e. at Universal and Primary levels) who have mental health and / or emotional health needs would seem to be more limited than in other areas, and discussions are underway with Cardiff & Vale Health Board to understand the benefits of the low level support direct access service introduced there through the voluntary sector.

Funding of the liaison posts on a one year, non-recurring basis, also causes challenges to recruiting and retaining these key staff. With the Mental Health Transformation Fund monies in 2018-19, a proportion of which is required to be spent on CYP, there are opportunities to invest further in primary / universal services to improve the range of options available to support people. Proposals for investment will be discussed at the multi-agency planning group on 27<sup>th</sup> June 2018, which will also be informed by the extensive engagement work being carried out by the Councils of Voluntary Services into the experiences of young people with mental health problems.

The intention had been to transfer the Primary CAMHS service from Cwm Taf to ABMU from September 2018, which had then been put back to April 2019 due to the proposed Bridgend boundary change. However due to recent vacancies within what is already a small specialist team across ABMU (7 posts plus 3 Liaison posts) the opportunity has been taken to review this. The intent was to ensure that all Primary level services were provided by organisations within the ABMU footprint. However discussions have started with Cwm Taf over whether closer integration between Primary CAMHS and Secondary CAMHS would actually be more effective going forward and improve flows across the system for patients. Cwm Taf are developing plan for this transformation which will be available by July 2018 and will be discussed at the Commissioning meeting then so that an optimum way forward can be discussed with the multiagency planning group and a clear way forward agreed.

Currently the Strategy Team leads the multiagency planning of CAMHS services and commissioning of services from Cwm Taf. The NDD service is managed by the Children's services in the Singleton Delivery Unit and this is increasingly separate from CAMHS services and becoming more aligned to the new Integrated Autism Service, both in line with WG policy. The Mental Health / Learning Disabilities Delivery Unit delivers some services relating to transition between CAMHS and adult mental health services.

All three ABMU components outlined above are represented in the Cwm Taf Commissioning Meetings and on the multiagency CYP Emotional and Mental Health Planning Group to ensure all actions and developments are coordinated effectively within the Health Board. Realistically these divisions of responsibility relate to the different commissioning and delivery accountabilities within the organisation and it is difficult to identify how these could be effectively managed differently bearing in mind the complexity of issues involved. In addition the specific focus on commissioning from Cwm Taf over the past year is starting to pay dividends in terms of performance against targets and there could be a risk to sustaining this progress if current arrangements were changed at this crucial stage.

### **(c) Risk register**

Attached to this report as **Appendix A** is the risk register relating to CAMHS services for ABMU Health Board.

### **(d) FINANCIAL IMPLICATIONS**

Currently allocated resources are being utilised, sometimes differently, to achieve the Welsh Government targets and a better range of services available for CYP in the ABMU area. The additional WG allocation for Mental Health Transformation will be utilised, as agreed on a multi-agency basis, to fund additional low level support for CYP and their families.

### **(e) RECOMMENDATION**

Members are asked to:



- Consider this report.

| Governance and Assurance   |  |   |  |  |  |             |  |                     |   |  |
|--|--|---|--|--|--|-------------|--|---------------------|---|--|
| Link to corporate objectives<br>(please ✓)   | Promoting and enabling healthier communities |   | Delivering excellent patient outcomes, experience and access |  | Demonstrating value and sustainability |             | Securing a fully engaged skilled workforce |                     | Embedding effective governance and partnerships |  |
|  | ✓  |   | ✓  |  | ✓                                      |             | ✓  |                     | ✓   |  |
| Link to Health and Care Standards<br>(please ✓)  | Staying Healthy                              | Safe Care   | Effective Care   |  | Dignified Care                         | Timely Care | Individual Care                            | Staff and Resources |   |  |
|  | ✓  | ✓   | ✓  |  |  | ✓           | ✓  | ✓                   |   |  |
| Quality, Safety and Patient Experience   |  |   |  |  |  |             |  |                     |   |  |
| Continuing with the service improvements outlined in the CAMHS Delivery Plan and pursuing the deliverables identified above will enable the WG targets to be met, services to be more sustainable, and the range of services able to be accessed improved.   |  |   |  |  |  |             |  |                     |   |  |
| Financial Implications   |  |   |  |  |  |             |  |                     |   |  |
| Currently allocated resources are being utilised, sometimes differently, to achieve the Welsh Government targets and a better range of services available for CYP in the ABMU area. The additional WG allocation for Mental Health Transformation will be utilised, as agreed on a multi-agency basis, to fund additional low level support for CYP and their families.                |  |   |  |  |  |             |  |                     |   |  |
| Legal Implications (including equality and diversity assessment)   |  |   |  |  |  |             |  |                     |   |  |
| Continuing with the service improvements outlined in the CAMHS Delivery Plan and pursuing the deliverables identified above will ensure that children and young people have improved access to services going forward.   |  |   |  |  |  |             |  |                     |   |  |
| Staffing Implications  |  |   |  |  |  |             |  |                     |   |  |
| Putting funding onto a recurring basis should improve the retention of staff and ensure that recruitment is improved.  |  |   |  |  |  |             |  |                     |   |  |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)   |  |   |  |  |  |             |  |                     |   |  |
| The long term implications should be an improvement in the mental and emotional health of our young people as they grow into adults and beyond. In addition, the way in which the services are being developing will ensure that they are integrated, preventive based, developed in collaboration with partners and through the involvement of CYP and will have a long-term benefit. |  |   |  |  |  |             |  |                     |   |  |
| Report History   |  | Report prepared for November 2017 and April 2018 meeting of Quality and Safety Committee. |  |  |  |             |  |                     |   |  |
| Appendices   |  | Appendix A – CAMHS Risk Register  |  |  |  |             |  |                     |   |  |