





Meeting Date	01 December	<sup>-</sup> 2019	Agenda Item	3.1				
Report Title	Child & Adolescent Mental Health Services (CAMHS)							
Report Authors	Michelle Davies, Head of Strategic Planning							
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy							
Presented by	Siân Harrop-Griffiths, Director of Strategy							
Freedom of	Open							
Information								
Purpose of the	The purpose of the following report is to provide the latest							
Report	position and assurances in relation to the following:							
	<ul> <li>Primary CAMHS (P-CAMHS), and progress against the recommendations made by the NHS Wales Delivery Unit (DU) review</li> <li>Access to Ty Llidiard, and the Wealth Health Specialised Services Committee (WHSSC)</li> </ul>							
	Consultation							
Key Issues	In February 2019, the NHS Wales Delivery Unit reviewed P-CAMHS, and produced a report with a number of recommendations on how the service could improve. Compliance against the Welsh Government 28 day assessment target has been poor, and Swansea Bay UHB are working with Cwm Taf Morgannwg UHB on a number of plans to improve the service model and delivery.  Swansea Bay UHB submitted a response to the WHSSC Consultation in relation to the Service Specification for Inpatient Child and Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and High-Dependency Unit (HDU) for Welsh residents. There are a number of on-going issues with access to Ty Llidiard, and the provision that currently exists within the Health Board to provide an appropriate environment for children & young people who are waiting to access specialist CAMHS support.							
Specific Action	Information	Discussion	Assurance	Approval				
Required (please choose one only)								

Recommendations	Members are asked to:			
	<ul> <li>NOTE the Cwm Taf Morgannwg P-CAMHS Action Plan, and the strategic initiatives progressed as a result;</li> <li>NOTE the response by Swansea Bay University Health Board to the WHSSC Consultation on access to Ty Llidiard</li> </ul>			

# **Child & Adolescent Mental Health Services (CAMHS)**

## 1. INTRODUCTION

The purpose of this report is to provide members of the Quality & Safety Committee with:

- The latest performance for P-CAMHS;
- Details of the strategic vision for P-CAMHS and the plans being progressed as a result of the NHS Wales Delivery Unit review;
- A high level summary of concerns from a Swansea Bay UHB perspective in relation to specialist CAMHS and access to Ty Llidiard.

### 2. BACKGROUND

## **Primary CAMHS (P-CAMHS)**

P-CAMHS is provided by specialists working in community settings providing advice, consultation and training to professionals in schools and primary care, direct assessment of Children & Young People referred under part 1 of the Mental Health Measure and brief therapeutic interventions for Children & Young People with mild to moderate mental health conditions. CAMHS is a commissioned service, and all CAMHS staff are employed by Cwm Taf Morgannwg UHB.

Compliance against the Welsh Government target for Assessments within 28 days has historically been poor, and waiting times to access P-CAMHS have been too long. Referrals have been increasing over the last 3 years, and in February 2019 the NHS Wales Delivery Unit undertook a review of P-CAMHS with some clear recommendations on how they could improve service delivery. The review was commissioned by the Welsh Government as a result of concerns in relation to access, and service delivery.

Specialist Inpatient CAMHS is commissioned by WHSSC, and provided by Cwm Taf Morgannwg UHB for the population of Swansea and Neath Port Talbot. In September 2019, WHSSC wrote to stakeholders to review and comment on the proposed Service Specification for In-patient Child and

Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and High-Dependency Unit (HDU) for Welsh residents. Swansea Bay UHB circulated the request internally within the Health Board, and to other interested external partners. Partners were asked to respond to WHSSC directly, and one submission was made on behalf of the Health Board. The submission was made to WHSSC on the 18<sup>th</sup> October, and the full response is attached as Appendix 1.

### 3. ASSESSMENT

# **NHS Wales Delivery Unit Review of P-CAMHS**

In January 2019 the NHS Wales Delivery Unit undertook a review of P-CAMHS. The review included meetings with Swansea Bay UHB, and the review reported on good progress with the commissioning arrangements with improved strategic direction.

In March 2019, the Health Board received a report on the initial verbal feedback from the review. This enabled the preparation of well-informed proposals to the Welsh Government to expand and improve P-CAMHS. In June the formal report was received, with a number of key findings and recommendations. The recommendations were as follows:

- SBUHB and CTMUHB should review its P-CAMHS workforce in order to ensure that the service has critical mass and is capable of delivering all five functions required by Part 1 of the Measure and that the service has training capability. Particular attention should be paid to the reliance on agency staffing and contingencies considered in the event that ICF funding is withdrawn.
- CTMUHB should develop guidance on record keeping linking this to its electronic record, ensuring that all contacts and enquiries are properly recorded. Records should be routinely audited with an emphasis on person centeredness, risk management and wider safeguarding
- The pathway between PCAMHS & SCAMHS should be reviewed ensuring that a single whole system approach is delivered. This should include the receipt of referrals, the undertaking of assessments and interventions with flow through the service.
- A review of the availability of IT and mobile communications should be undertaken ensuring that mobile working is effective and that the potential for a data breach is mitigated.
- SBUHB and CTMUHB should work with representatives of General Practice in Swansea and Neath Port Talbot to ensure that thresholds for PCAMHS together with referral requirements are clearly communicated, understood and followed by staff in PCAMHS and General Practice. Particular attention should be paid to meeting the

needs of C&YP in a crisis and to the potential to offer GPs provision of E-advice.

The report and the feedback received has been discussed between Swansea and Cwm Taf Morgannwg UHBs during commissioning meetings. P-CAMHS have produced an action plan to address some of the immediate actions. The action plan is attached as Appendix 2, and includes details on improving staffing, and access to IT. There are 21 actions within the Plan, and a summary of the current status is as follows:

- 15 actions are reported as complete, and therefore green;
- 4 actions have exceeded the timescale allocated, but there is evidence of plans in place to progress;
- 2 actions where progress and plans to progress are unclear.

The red and amber actions will be discussed at the next commissioning meeting.

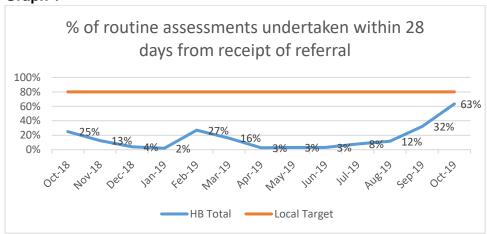
Strategically the two Health Boards have been working together to progress a three year strategic vision for CAMHS including the following:

- Expansion of P-CAMHS, as a result of Welsh Government Service Improvement monies including support for psychological therapies, which was highlighted as a gap in the review. These monies are available from 2019/20, and CTM UHB are currently managing the recruitment to these posts;
- Implementation of an integrated Service with a single point of access - this will enable an improved pathway, and increased access to advice and support to all professionals via a telephone line, and a designated e-mail account. The development of this has already been initiated by CAMHS, and is scheduled for implementation in 2020/21;
- Implementation of the Emotional Health & Wellbeing Service to increase liaison with Schools and Primary Care. The monies for this service have been secured as a result of a successful bid to the Mental Health Transformation and Innovation Fund. A service specification has been agreed by all partners, and implementation is planned for Q4 of 2019/20:
- Development of the liaison role, and specifically within the local authority single point of access teams. These roles have been funded by ICF monies for the last two years. A business case will be considered in December for an additional years funding by ICF, with the posts becoming part of the CAMHS core service from 2021/22.

#### P-CAMHS Performance

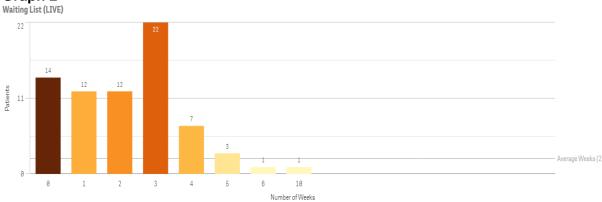
The two Welsh Government targets that are monitored by the Health Board are as follows. There has been particular concern in relation to the Assessment target (graph 1):





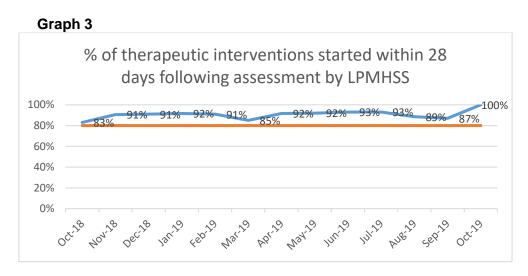
Compliance against the assessment within 28 days target has improved significantly and is now above 50%. Compliance against this target is always challenging and whilst it has stabilised compliance will remain low until all Children & Young People are being seen within 28 days. The average waiting time for patients has dropped significantly. The workload of P-CAMHS has now stabilised unlike other areas in Wales. Compliance against the target can vary significantly due to a small data set. The target requires children & young people to wait no longer that 28 days, and whilst compliance can be poor this isn't always a reflection of a large number of children & young people waiting. The graph below highlights the length of time children and young people are waiting. The October data below highlights an average wait of 2 weeks, and this improved position is not always reflected in the target.

Graph 2



The level of activity undertaken within the service can fluctuate significantly in line with staffing, and one member of staff on sick leave or one vacancy can have a detrimental effect. This was reflected in the NHS Wales Delivery Unit Review, and the need for increased critical mass of staff. Swansea Bay UHB

are working with Cwm Taf Morgannwg UHB to improve this position, and monies for additional staff have been secured, however the recruitment of those staff will be challenging. There are also a number of plans being implemented during 2019/20 and into 2021/22 including the single point of access that will have a positive effect. The Health Board have asked Cwm Taf Morgannwg to produce a plan on how they can stabilise the service over the next 6 months, and achieve the assessment target. The Plan will be considered at the Commissioning meeting in January.



Compliance against the 80% target for therapeutic interventions has consistently been achieved during 2019/20, and improved to 100% achievement in October. The service prioritises this target since it is seen as a key quality indicator that once young people start their interaction with CAMHS they are seen quickly.

The improved position in relation to performance, and the commitment to improving the service model has provided reassurance to Swansea Bay UHB that Cwm Taf Morgannwg UHB have reacted immediately to the P-CAMHS review, and are making positive progress to improving the service.

WHSSC Consultation in relation to the Service Specification for Inpatient Child and Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and High-Dependency Unit (HDU) for Welsh residents.

In October 2019, the Health Board submitted comments to the WHSSC Consultation for inpatient CAMHS provided at Ty Llidiard (Attached at Appendix 2).

The response highlighted a number of issues and observations about the document including the need for the clear use of language throughout the document, and the need for improved signposting to alternative services if children & young people are excluded from the criteria.

Two specific issues for the Swansea Bay University Health Board in relation to the criteria are highlighted as follows:

- Whilst assessments for urgent referrals should be undertaken within 12 hours, and admission 24 – 46 hours of the decision to accept, the criteria does specify a maximum of 38 hours. It has been reported that in practice it can take several days to admit a child or young person, and that the referral process and pathway is not clear;
- The exclusion of young people who are at chronic high risk to themselves as a result of a breakdown with their placement or lack of appropriate care cases are excluded from the criteria. Operationally, it has been reported that one of the consequences of this exclusion is that children & young people who are displaying risky behavior spend time in an environment that is not suitable for their needs.

Whilst the overall aims of the specification were positive, there are some key challenges for the Health Board in relation to providing a safe and appropriate environment for children and young people in the first instance on a short terms basis until admission to Ty Llidiard, and secondly if the child or young person does not meet the criteria and requires an alternative placement. Currently children & young people in these circumstances can be admitted to Paediatric wards or to an adult mental health ward.

The Health Board have highlighted these concerns specifically to WHSSC as follows:

- There are issues around how the Health Board provide care for 16-18 year olds within Swansea Bay bearing in mind there is no CAMHS within our organisation. There needs to be some further work to ensure that children and young people receive the right care in the right place. To support this there must be clarity on what is expected from a local service and what is specialist, and the process for handover of those children and young people needs to be clear, which it isn't at the moment. Currently the specification does not provide any clarity on this, and while this may be an issue specific to Swansea Bay UHB because of CAMHS being provided by CTM rather from within SBUHB, it will be important that the commissioning intentions in this regard are reflected in the service specification which they aren't currently;
- Many of the young people covered by this service specification currently spend a great deal of time within general wards. The lack of facilities in Wales results in some children/young people being transferred to England for their care. Whilst these young people are on general wards they are not receiving therapeutic intervention that will be available in specialist centres. If the appropriate training and resources were provided to local staff then this would mitigate this risk. We would support this being referenced in the specification.

The Health Board are aware of these issues, and both the Nurse Director and the Assistant Director of Strategy & Partnerships have been involved in discussions. Whilst this feedback has been provided to WHSSC, the Health Board plan to be proactive and initiate discussions with all agencies in relation to what the specific challenges are and what could be the potential solutions. There needs to be clear direction from WHSSC as highlighted in the response, however the following actions are to be progressed:

- Review the available intelligence including a review of past cases and the numbers of children & young people that are affected by these issues to identify what the gaps in service provision are;
- The Health Board understand that for some children & young people the current accommodation is not appropriate. We need to review the intelligence to evidence that is the case, and if changes are required, identify a suitable alternative;
- There have been times when the referral process into CAMHS has been heavily scrutinized, and it's about understanding what the issues are from both sides, and feeding that into an action plan for the liaison group.

### 4. GOVERNANCE AND RISK ISSUES

A CAMHS liaison group has been set-up to ensure that the risk factors and any issues are discussed and mitigated as far as possible. The Liaison group has been set-up by the Mental Health & Learning Disabilities Delivery Unit, and enables discussions with the CAMHS team.

Whilst an improved relationship with CAMHS and clarity on issues is positive the challenge in relation to providing suitable accommodation for children & young people remains an issue.

It was also acknowledged that the challenges faced by the Health Board, are further enhanced by the lack of clarity on what is expected from a local service and what is specialist, and this has been highlighted to WHSSC as part of the consultation.

The main concern currently is that there is no guidance from WHSSC in relation to the next steps following the consultation with no clear timescales. The Health Board's Nurse Director plans to write to WHSSC to seek clarification.

## 5. FINANCIAL IMPLICATIONS

There are no financial implications to highlight as part of this paper, however it is acknowledged that to ensure that Children & Young People receive the right care in the right place there may need to be investment into services going forward. This will need to be considered through the IMTP/WHSSC Integrated Commissioning Plan/Regional Partnership Board Integrated Care Fund (ICF) approach.

## 6. RECOMMENDATIONS

Members are asked to:

- RECEIVE and NOTE the Cwm Taf Morgannwg P-CAMHS Action Plan, and the strategic initiatives progressed as a result;
- RECEIVE and NOTE the response by Swansea Bay University Health Board to the WHSSC Consultation on access to Ty Llidiard

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are working with CAMHS to develop strategic plans for services to support children &									
young people, a	and tha	t actio	n is b	eing tak	e to r	nitigate a	ny ris	sks.	
Financial Impli	cation	S							
There are no direct financial implications to report.									
Legal Implications (including equality and diversity assessment)									
There are no legal implications associated with this report or the plans outlined									
within it.									
Staffing Implications									
There are no immediate staffing implications associated with this report.									
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				noggue	the fi	ve wavs o	of wo	rkina out	lined in the Act.
The actions outlined in the report support the five ways of working outlined in the Act. SBU Health Board are working with all partners to identify improved ways of working.									
Report History	Members receive regular reports on CAMHS, however this is								
•			first time that the P-CAMHS review and the WHSSC						
consultation have been brought to the attention of m									
		33113							
Appendices Appendix 1: Response to the WHSSC Consultation						tation			
		Appe	endix 2	2: P-C/	MHS	Action P	lan		