

*Rydym yn croesawu gohebiaeth yn Gymraeg.  
Rhowch wybod i ni os mai Cymraeg yw eich  
dewis iaith.*

*We welcome correspondence in Welsh. Please  
let us know if your language choice is Welsh.*



**Gwasanaethau Gweithredol a Phartneriaethol /  
Operational and Partnership Services**

Deialu uniongyrchol / Direct line /: 01656 643148 /  
643147

Gofynnwch am / Ask for: Andrew Rees

Ein cyf / Our ref:

Eich cyf / Your ref:

**Dyddiad/Date:** Wednesday, 6 December 2017

Dear Councillor,

**SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2**

A meeting of the Subject Overview and Scrutiny Committee 2 will be held in the Council Chamber - Civic Offices Angel Street Bridgend CF31 4WB on **Tuesday, 12 December 2017 at 9.30 am.**

**AGENDA**

1. Apologies for Absence  
To receive apologies for absence from Members.
2. Declarations of Interest  
To consider any item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.
3. Child and Adolescent Mental Health Services (CAMHS) 3 - 38

**Invitees:**

Cllr Phil White, Cabinet Member – Social Services and Early Help;  
Susan Cooper, Corporate Director – Social Services and Wellbeing;  
Lindsay Harvey, Corporate Director - Education and Family Support (Interim);  
Laura Kinsey, Head of Children’s Social Care;  
Nicola Echanis, Head of Education and Family Support;  
Jo Abbott-Davies, Assistant Director of Strategy & Partnerships – ABMU Health Board;  
Andrew Davies, Chair of ABMU Health Board;  
Mark Wilkinson, Group Manager - Social Services & Wellbeing;  
Suzanne Sarjeant, Head of Pencoed Primary;  
Kaye King, Wellbeing Officer, Pencoed Primary;  
Jeremy Evans, Head of Heronsbridge;  
Dr Sylvia Fowler, Heronsbridge;  
Lorraine Silver, ALN Casework Manager.

4. Urgent Items

To consider any item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

**P A Jolley**

Corporate Director Operational and Partnership Services

Councillors:

TH Beedle  
MC Clarke  
SK Dendy  
J Gebbie  
CA Green  
M Jones

Councillors

MJ Kearn  
JE Lewis  
JR McCarthy  
AA Pucella  
KL Rowlands  
CE Smith

Councillors

SG Smith  
G Thomas  
SR Vidal  
KJ Watts  
DBF White

## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO OVERVIEW AND SCRUTINY COMMITTEE 2

12 DECEMBER 2017

#### JOINT REPORT OF THE INTERIM CORPORATE DIRECTOR, EDUCATION AND FAMILY SUPPORT AND CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

#### CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

##### 1. Purpose of report

1.1 To update the Committee on:

- training undertaken by professionals and volunteers to identify and support children and young people with mental health needs;
- CAMHS support in place for the Youth Offending Service (YOS);
- links to transitional adult mental health services; and
- information and data on mental health and emotional wellbeing services delivered in schools.

##### 2. Connection to Corporate Improvement Objectives/other corporate priorities

2.1 The report links to the following corporate priorities:

- Helping people to be more self-reliant
- Smarter use of resources

##### 3. Background

3.1 A report outlining progress on Child and Adolescent Mental Health Services (CAMHS) was presented to the former Children and Young People Overview and Scrutiny Committee on 20 April 2017 (Appendix A).

3.2 More recently, Overview and Scrutiny Committee 2 Members have requested an update on the points listed in 1.1 above.

##### 4. Current situation/proposal

4.1 An update against each of the points is provided below:

##### 4.2 Training undertaken by professionals and volunteers to identify and support children and young people with mental health needs

4.2.1 There are a number of services and roles that identify and/or support children and young people with mental health issues across the county borough. Many of these were listed in the previous report (see page 2 of Appendix A).

4.2.2 The local authority employs 7 school based counsellors, 2 community counsellors and 1 play therapist. The majority of counsellors work 28 hours over 4 days per

week. They are all British Association of Counsellors and Psychotherapists (BACP) registered, which means that as a minimum they have completed a BACP accredited course. Accreditation can be at various academic levels, but will be at university, college or other training provider (not online or distance learning) and sets minimum standards in terms of hours of counselling delivery. There are also minimum supervision levels and continuous professional development requirements, to maintain registration.

4.2.3 All counsellors are based within early help services. They offer a limited amount of training, support and advice to staff within the wider service but their role is predominately focused on service delivery.

4.2.4 In addition to the school counselling service, early help staff have been able to access a number of training opportunities. The majority of lead workers have been trained in ASIST (Applied Suicide Intervention Skills Training). However, staff turnover means that there is an on-going training need for new staff. Approximately half a dozen early help staff have been trained in ELSA (emotional literacy support).

4.2.5 Educational psychology colleagues offer half a day's support to each of the early help locality hubs every half term. This has covered a range of topics, such as referral pathways for the panel for autistic disorders (PAD).

4.2.6 Within the YOS, staff have accessed the following training:

- How to create emotional health and wellbeing
- Anxiety awareness
- Trauma recovery
- ASIST

4.2.7 Third sector organisations and colleagues access training, including:

- Mental Health First Aid – subsidised by third sector youth grant – via Bridgend Association of Voluntary Organisations (BAVO)
- Youth Mental Health First Aid - subsidised by third sector youth grant – via BAVO
- Applied Suicide Intervention Skills Training – self funded – provided by BAVO
- STORM (clinical version of ASIST) – ABMU training
- Suicide Talk – self funded BAVO
- Mental Health Awareness – Mental Health Matters Wales (MHMW) – self funded
- Dual Diagnosis – MHMW – self funded
- Confidence and assertiveness – MHMW – self funded
- Mental Capacity Act – MHMW – self funded
- Depression and Anxiety – free training - MHMW
- Food and Mood – GOFAL – self funded
- Self harm training – MHMW – free
- Mental Health and Adolescence – Mind Cymru – self funded

4.2.8 These training opportunities are provided and/or promoted by each training provider and by BAVO. Uptake can sometimes be an issue due to the cost of the training.

- 4.2.9 Within the local authority's Inclusion Service, there are range of staff who deliver school based interventions and training. On-going training is promoted through the Inclusion Service training directory that provides a menu of training for schools and is distributed termly.
- 4.2.10 Additional training is rolled out on a wider scale when there are opportunities provided from grant funding. For example, 'Thrive' training was piloted throughout schools in Bridgend for looked after children (LAC) pupils from the LAC PDG (pupil and deprivation grant). Thrive training provided key school staff with the skills and understanding to manage the emotional development of children, especially vulnerable children with disruptive and troubling behaviour. The Thrive training requires continued professional development of the staff to maintain their licence.
- 4.2.11 ELSA is co-ordinated and delivered to school staff (usually support workers) by educational psychologists in Central South Consortia (CSC). ELSA training is advertised on 'Cronfa' which is a system that enables all schools in CSC to log on to courses. Termly emails are also sent to all schools to inform them of the ELSA training dates. ELSA was designed to build the capacity of schools to support the emotional needs of their pupils from within their own resources. It recognises that children learn better and are happier in school if their emotional needs are also addressed. ELSA is an initiative developed and supported by educational psychologists who apply psychological knowledge of children's social and emotional development to particular areas of need and to specific casework.
- 4.2.12 The student assist programme (SAP), mindfulness and other psychological interventions are delivered by educational psychologists directly to pupils, either on an individual basis or to groups of pupils as and when appropriate. Some training of these techniques/interventions can be provided to experienced school staff, if the school setting requires this.
- 4.2.13 In summary, Members will see that there is a wide range of training available to professionals and volunteers across the county borough. However, the vast majority of services which are provided at tier 2 and above remain over-subscribed or are not in place locally. **Appendix C** summarises CAMHS performance across the Western Bay area from August 2016 to July 2017.

### **4.3 CAMHS support in place for the Youth Offending Service (YOS)**

- 4.3.1 The Crime and Disorder Act 1998 sets out in Section 38 the composition of the Youth Offending Service. It states that the YOS must include at least one member of staff nominated by the Local Health Board. Western Bay Youth Justice and Early Intervention Service (WBYJ and EIS) has been without a member of staff provided by health staff to act as the statutorily required member of the YOS since 2013 in Bridgend and has over the years lost the health staff in Swansea and Neath Port Talbot locality teams. The staff have not been withdrawn from the service but as vacancies have occurred naturally these posts have not been filled.
- 4.3.2 WBYJ and EIS is Wales' largest YOS and is responsible for the care and supervision of highly complex young people who have been subject to a plethora of adverse childhood experiences. There were 108 cases open to the Bridgend locality youth offending service on the 1 September 2017 (22 statutory cases and 86 non statutory cases). Many of these young people will have presenting mental health

issues. The expertise that health professionals bring to this work and the wider long-term health benefits that effective rehabilitation of individuals at an early age should not be underestimated. The active participation of health as a statutory partner in the WBYJ and EIS is particularly important at this time. The service is participating in a trial of a psychology-led approach to addressing adverse childhood experiences and the consequent impact on offending behaviour through the application of the “Enhanced Case Management Approach”. Health as a key partner in this will be pivotal to seeing the maximum benefit for the children and young people involved.

- 4.3.3 Work has been ongoing for some time with ABMU to design a model that meets the needs of children and young people who offend or are at risk of offending. The aim being to ensure that children and young people receive the support they need from the right professional, in a timely fashion to prevent escalating difficulties and aimed at equipping non-specialist services with sufficient knowledge and skills to enable them to appropriately identify and respond to emotional and mental health needs. This area of work is also necessary under the Welsh Governments “Together for Mental Health Delivery Plan”. The proposed model remains with ABMU waiting to be finalised.
- 4.3.4 In the interim WBYJ and EIS has taken actions to secure monthly consultations with a consultant child psychiatrist, maintained referral pathways to primary healthcare services, links with forensic services and invested in emotional health and well-being training for staff. This cannot however replace the benefits of having a healthcare professional as a seconded staff member.

#### **4.4 Links to transitional services adult mental health**

- 4.4.1 There is transition planning for young people with mental health difficulties who are known to CAMHS. Of the 35 young people discussed at the Transition Panel (aged 14-17) between September 2016 to September 2017, 2 were referred to the Adult Mental Health Service. This is coordinated through the local authority’s transition panel. The panel ensures that appropriate assessments are in place and a transition plan to adult mental health services agreed.
- 4.4.2 There are cases in which both adult and children’s services are involved with a family where the child is known to CAMHS. In these situations, social workers from the Adult Services Team work as part of a multi-disciplinary team so that support for a family is coordinated effectively.
- 4.4.3 Members specifically requested an update on services where there is a direct impact from adult mental health on children such as parental alcohol or substance misuse. Bridgend lead on the delivery of the regional Western Bay Integrated Family Support Service (IFSS). The Team is made up of experienced practitioners from health and social care and the areas of expertise include: child and adult safeguarding, substance misuse, domestic violence and mental health. There were 89 referrals to this service in 2016-2017.
- 4.4.4 The aim of the service is to keep families affected by parental substance misuse together by empowering them to take positive steps to change and improve their lives whilst addressing any safeguarding concerns. To achieve this, the service works in partnership with families using evidence based interventions aiming to

bridge the gap between children and adult services across local government, non-statutory sectors and health partners.

4.4.5 Parental substances or alcohol misuse could have a negative impact on their children and their school attendance might suffer, as their parents may be unable to meet all of their children's needs as their own needs will take priority. The team work holistically with the family, the wider family and all agencies involved with the family, including education.

4.4.6 The work undertaken is intense, over a six week period where the family work on the goals that they want to achieve. This is then reviewed over a twelve month period to ensure the family continue to work to their goals and the improvements are sustained. The voice of the child is very important when working with the family as a whole.

#### **4.5 Information and data on mental health and emotional wellbeing services delivered in schools**

4.5.1 Schools have a range of provision in place for children and young people who are identified as having emotional and wellbeing needs. A number of examples, provided directly by schools, are listed in **Appendix B**.

#### **5. Effect upon Policy Framework and Procedure Rules**

5.1 None.

#### **6. Equality Impact Assessment (EIA)**

6.1 As the main area of responsibility for CAMHS is led by ABMU, any EIA will be undertaken as per their protocols.

#### **7. Financial implications**

7.1 Whilst the funding for CAMHS activity goes directly to ABMU, the majority of services detailed above are delivered by the local authority or directly by schools. However, many of the services delivered by the Council are drawn from a variety of grant sources. This means there is very limited guaranteed of sustainability within the service and little resilience.

#### **8. Recommendation**

8.1 It is recommended that the Committee notes the contents of the report and appendices.

**Lindsay Harvey**  
**Interim Director of Education and Family Support**

**Susan Cooper**  
**Corporate Director of Social Services and Wellbeing**

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### **Attachments**

Appendix A: Report to the Children and Young People Overview and Scrutiny Committee on the 20 April 2017

Appendix B: Children's mental health and emotional wellbeing - examples of services and support offered directly by schools

Appendix C: CAHMS Performance Data

Appendix D: ABMU Health Board Delivery Plan 2017 – 2019 Services to Support the Emotional Health & Wellbeing of Children & Young People (CAHMS)

### **Background documents**

Report to the Children and Young People Overview and Scrutiny Committee on the 20 April 2017 (Appendix A)



**BRIDGEND COUNTY BOROUGH COUNCIL**

**REPORT TO CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

**20 APRIL 2017**

**JOINT REPORT OF THE INTERIM CORPORATE DIRECTOR, EDUCATION AND FAMILY SUPPORT AND CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING**

**REVIEW OF MENTAL HEALTH SERVICES - TOGETHER FOR CHILDREN AND YOUNG PEOPLE**

**1. Purpose of report**

1.1 This report outlines progress on Child and Adolescent Mental Health Services (CAMHS) within Bridgend County Borough.

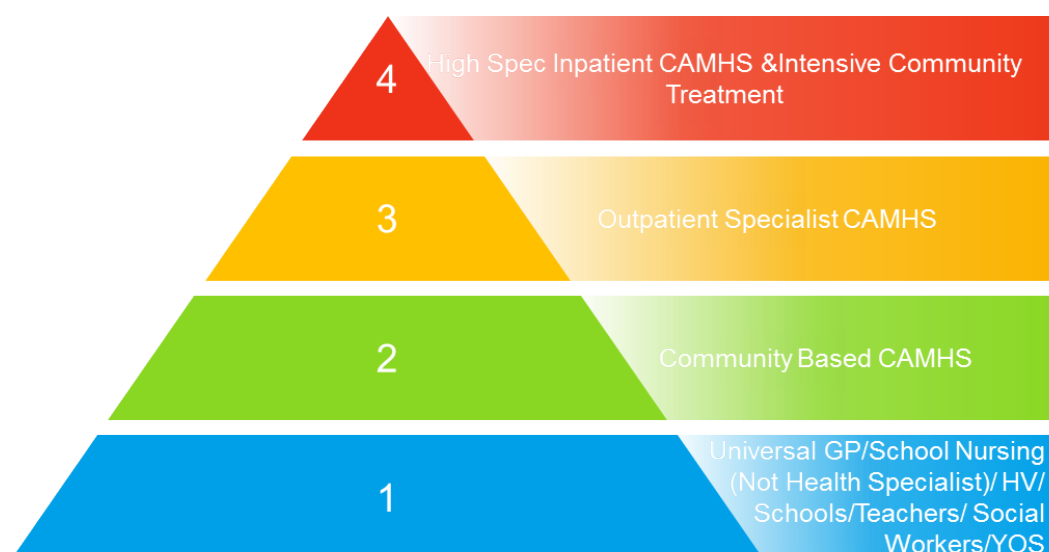
**2. Connection to Corporate Improvement Plan/other corporate priority**

2.1 The report links to the following corporate priorities:

- Helping people to be more self-reliant.
- Smarter use of resources.

**3. Background**

3.1 The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern across Wales. While the delivery of mental health services for children in Bridgend is primarily a responsibility of ABMU Health Board, there are elements of mental health support that necessarily are delivered by a full range of other services. This is determined by the tiers of need. The tiers of need 1-4 are briefly described below.



3.2 Since April 2016, ABMU has taken a new approach to tackling the delivery of these mental health services and this approach is described in Appendix 1.

- 3.3 The Welsh Government strategy 'Together for Mental Health' was launched in October 2012. This strategy covers all age groups and replaces previous age-specific Welsh Government strategies and service frameworks. By introducing an all-age strategy, the aim is to promote fully integrated partnership working intended to improve mental health and wellbeing. The strategy has a solid emphasis on prevention and early intervention, in addition to setting out a framework for the provision of specialist mental health services for those who need them.
- 3.4 Many children will benefit from early help and support at some time in their childhood and some will require help from specialist mental health services. In addition to those young people with identified mental health needs, there are many more with early stage difficulties, including those living in situations that increase the risk of developing significant problems and who may benefit from receiving early support to actively promote good mental health.
- 3.5 The key to good mental health, in children and young people, is a robust graduated approach involving the family in issues such as: a healthy birth, consistent, positive parenting, balanced nutrition and exercise, attainment at school, having friends and an ability to cope with life events. Children and young people with good mental health are able to develop emotionally, creatively and intellectually and have the resilience to cope with life's difficulties. It is recognised that childhood experiences impact significantly on the ability to be an effective and nurturing parent in the future.

#### **4. Current situation**

- 4.1 The Office for National Statistics (2004) stated that 1 in 10 children and young people aged 5-16 had a clinically diagnosed mental health disorder, 4% an emotional disorder (anxiety or depression), 6% a conduct disorder, 2% hyperkinetic disorder, 1% a less common disorder (autism, eating disorder) with 2% having more than one disorder. Research suggests that 20% of children have a mental health problem in any given year and about 10% at any one time. The National Mental Health Strategy indicates that 1 in 10 children aged 5-16 has a mental health problem
- 4.2 There are a number of services provided by directly BCBC which broadly seek to improve the mental health and wellbeing of children. Most of these resources are concentrated at the tier 1 level but some are tier 2 services. They would include:

##### **Tier 1**

- School-based interventions (eg nurture provision, PSE, Achievement For All, Thrive, ELSA)
- Social work interventions (attachment theory, cognitive behavioural theory, direct work with children)
- School nursing support
- Pastoral care in schools
- Anti-bullying work in schools and with early help services
- Flying start - additional health visitor support
- Language and play, number and play and Welcomm speech and language support sessions

- Young carers support

## **Tier 2**

- There is one (part-time) specialist CAMHS social worker based in early help
- There is one (part-time) specialist play therapist within early help
- School-based counsellors
- Community-based counsellors
- B2P (Building to Progress) educational provision for children with mental health issues

4.3 While this may be considered a sufficient range of resources, all of these provisions are regularly oversubscribed and the more specialist provisions such as counselling services and play therapy are vastly over-subscribed.

4.4 It is of concern that while there have traditionally been specialist CAMHS workers based in our Youth Offending Team, as these members of staff have left they have not been replaced. This means we have gone from having three CAMHS nurses based in each of our YOS offices (Swansea, Neath Port Talbot and Bridgend) to currently not having any. We are working with ABMU to try and remedy this situation and have currently completed an audit of need across the service in an attempt to define the need and make the case to ABMU for a continuation of these arrangements.

4.5 BCBC officers are well engaged in the debate over the future commissioning and planning for CAMHS services in the area and are represented on the Childrens commissioning board of ABMU, Western Bay, Children and Young People Emotional and Mental Health Planning Group.

## **5. Effect upon policy framework and procedure rules**

5.1 There are no legal implications arising from this report at this time.

## **6. Equality Impact Assessment (EIA)**

6.1 As the main area of responsibility for this work is led by ABMU, any EIA will be undertaken as per their protocols.

## **7. Financial implications**

7.1 Whilst the funding for CAMHS activity goes directly to ABMU, the services detailed above which are provided by BCBC are largely grant funded and from a wide variety of grant sources. This means there is very limited guaranteed sustainability within the service and little resilience.

## **8. Recommendation**

8.1 It is recommended that the Committee notes the contents of the report (and the appendix report) and the key areas for development.

## **Chief Officers:**

Susan Cooper  
Page 11

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**Date:** 23 March 2017

**Background documents**

None

DRAFT

<b>SUMMARY REPORT</b>		ABM University Health Board											
<b>Quality &amp; Safety Committee</b>		<b>Date: 23<sup>rd</sup> February 2017</b> <b>Agenda item: 7.5</b>											
<b>Subject</b>	<b>Assurance Report on CAMHS</b>												
<b>Prepared by:</b>	<b>Joanne Abbott-Davies, Assistant Director of Strategy &amp; Partnerships</b>												
<b>Approved by:</b>	<b>Sian Harrop-Griffiths, Director of Strategy</b>												
<b>Presented by:</b>	<b>Joanne Abbott-Davies, Asst Director of Strategy &amp; Partnerships</b>												
<b>Purpose</b>													
This report outlines progress on improving Child & Adolescent Mental Health Services for the ABMU population and details next steps for the range of services included within this.					<table border="1"> <tr> <td><b>Decision</b></td> <td></td> </tr> <tr> <td><b>Approval</b></td> <td></td> </tr> <tr> <td><b>Information</b></td> <td align="center">X</td> </tr> <tr> <td><b>Other</b></td> <td></td> </tr> </table>	<b>Decision</b>		<b>Approval</b>		<b>Information</b>	X	<b>Other</b>	
<b>Decision</b>													
<b>Approval</b>													
<b>Information</b>	X												
<b>Other</b>													
<b>Corporate Objectives</b>													
<b>Healthier Communities</b>	<b>Excellent Patient Outcomes &amp; Experiences</b>	<b>Sustainable &amp; Accessible Services</b>	<b>Strong Partnerships</b>	<b>A fully Engaged and Skilled Workforce</b>	<b>Effective Governance</b>								
	X	X	X	X									
<b>Executive Summary</b>													
The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern for ABMU Health Board, with issues being raised by a range of partner organisations and families over access to services. As a result since April 2016 a new approach to tackling these issues has been taken which is starting to show improvements in performance, recognising that there is still much to do.													
<b>Key Recommendations</b>													
The Quality and Safety Committee is asked to note the progress made to date and the key milestones going forward.													
<b>Assurance Framework</b>													
Progress is reported to the Children and Young People (CYP) Commissioning Board and via the Executive Strategy Group and Strategy, Planning and Commissioning Group. An annual report on progress is submitted to Welsh Government. In addition an internal ABMU Assurance Group has been established to monitor progress and take action as required.													
<b>Next Steps</b>													
Progress against the key targets set by Welsh Government will be reported via the above mechanisms.													

<b>MAIN REPORT</b>	ABM University Health Board
<b>Quality &amp; Safety Committee</b>	<b>Date: 23<sup>rd</sup> February 2017</b> <b>Agenda item: 7.5</b>
<b>Subject</b>	<b>Assurance Report on CAMHS</b>
<b>Prepared by</b>	<b>Joanne Abbott-Davies, Assistant Director of Strategy &amp; Partnerships</b>
<b>Approved by</b>	<b>Sian Harrop-Griffiths, Director of Strategy</b>
<b>Presented by</b>	<b>Joanne Abbott-Davies, Asst Director of Strategy &amp; Partnerships</b>

## 1. Situation

Over a number of years the provision of specialist Child and Adolescent Mental Health Services (CAMHS) has caused concerns because of long waiting times and the lack of support for professionals to support C&YP's emotional health and wellbeing. As a result since April 2016 a new approach to tackling these issues has been taken with the Assistant Director of Strategy and Partnerships leading a new commissioning approach to these services, both in conjunction with Cardiff & Vale and Cwm Taf University Health Board commissioners, in partnership with existing Cwm Taf CAMHS and with the relevant Delivery Units within ABMU Health Board to delivery operational responsibilities where required as services are increasingly being directly provided by ABMU rather than all through Cwm Taf's services. Improvements in performance are starting to show, but it is recognised that there is still much more to do and clarifying the operational responsibilities for some of these issues within ABMU will do much to mitigate the risks involved.

## 2. Background Specialist CAMHS

Specialist CAMHS have traditionally been provided for the ABMU population by Cwm Taf Health Board, encompassing a range of services to support children and young people's mental health as well as assessment and support for children over 5 years old with neurodevelopmental disorders. With the advent of the Mental Health measure in addition services have been developed to ensure that there is access from primary care to assessments and treatment. However the main focus of specialist CAMHS should be the provision of Tier 3 and Tier 4 services (the latter through inpatient provision at Ty Llydiard on the Princess of Wales Hospital site for South Wales). Over the past few years Cwm Taf has developed services to respond to some of the requirements across Tiers 1 and 2 services as well but this has resulted in the view from partner organisations that any emotional health and wellbeing issues for children and young people should be referred to specialist CAMHS, whereas the children themselves want this to be the service they are referred to only as a last resource. In reality there are a lack of alternative services available, particularly at Tiers 1 and 2, leading to referrals to specialist CAMHS, almost half of which do not fit their referral criteria. Having said this, waiting time for specialist CAMHS assessments and neurodevelopmental disorders assessments are much too long, and while on the waiting list there is a lack of alternative support available for these families.

### Neurodevelopmental Disorder Services

Waiting times for assessment of Neurodevelopmental disorders are also very long and the system is complicated by the fact that Community Paediatricians and the associated multidisciplinary teams within the previous Women & Child Health Directorate of ABMU Health Board and now the Singleton Delivery Unit provide this service for children under 6

years old. The way in which this service is delivered varies significantly across the ABMU area, with different protocols operating about when patients are actually put on the waiting list – for example in some areas this is only when all the supporting assessments have been received but in others this occurs when the initial referral is received, even if additional documentation is required prior to the child being able to be seen and assessed. CAMHS provided by Cwm Taf has traditionally provided the Neurodevelopmental disorder service for children over 5 years, and has put these children on the waiting list on receipt of referral rather than when all supporting assessments have been received.

### **Facilities**

The facilities used to see children and young people by CAMHS have developed historically and are not fit for purpose, often in inappropriate locations, based more on accidental availability of space than appropriate facilities to see CYP and their families in logical geographical locations across ABMU.

### **3. Assessment**

#### **Welsh Government Guidance on CAMHS**

The Welsh Government has established a Together for Children & Young People programme for the improvement of CAMHS across Wales. This includes a range of initiatives including specifications for specific components of the service and a specialist CAMHS Framework for Improvement which each Health Board has to report against annually. It also oversees the establishment of specific teams to improve the support available for children and young people, which can be broadly split into the following areas:

- a) Specialist CAMHS including Tier 4 inpatient care
- b) Crisis Care
- c) Early Intervention in Psychosis
- d) Eating Disorders
- e) Local primary Care Mental Health Services for C&YP
- f) Neurodevelopment disorders

Whilst access to CAMHS has been a significant concern for the Local Authorities and GPs to date, the problem has largely been perceived as the NHS, and specifically Cwm Taf CAMHS need to improve their performance and this will resolve the problem. However it is clear that this is only one part of the issue, at least as important is the lack of alternative interventions available for children and young people who need support but do not meet the national criteria for acceptance into specialist CAMHS. Therefore there have been discussions through the Western Bay partnership about the importance of CAMHS being seen as a multiagency problem, which will only be resolved by a multiagency response. As a result Western Bay, for the first time, has agreed that CAMHS is a joint priority for ABMU Health Board and the 3 Local Authorities. In line with this a report was produced for the recent Western Bay Regional Partnership Board which has agreed to oversee progress, in conjunction with the Health Board's Children & Young People's Commissioning Board, particularly on the joint development of tier 1 and 2 interventions to avoid referral into specialist CAMHS where this is not appropriate.

The Current situation in relation to each of these areas is outlined below:

- a) Specialist CAMHS including Tier 4 inpatient care

Cwm Taf Health Board provides specialist CAMHS for the populations of ABMU, Cardiff & Vale and Cwm Taf Health Boards. The amount of funding provided by ABMU Health Board for specialist CAMHS has been disputed by Cwm Taf Health Board for a number of

years as historically this has never been separately defined within the overall contract between ABMU and Cwm Taf Health Boards, nor has a specification for the service to be delivered been part of this arrangement. However in late 2016 agreement was reached on the contract sum between the 2 Health Boards and ABMU has developed an outline specification for tier 3 and 4 services. This draft specification has been discussed with commissioners in Cwm Taf and Cardiff & Vale Health Boards and agreement reached that it should be used as the basis for the service across all 3 populations. Cwm Taf CAMHS are therefore preparing a gap analysis against this specification which will be presented to the joint HB commissioning meeting in March 2017. Included in the service specification is the requirement for consultation and advice sessions for other professionals on cases as well as training for relevant staff groups across agencies to improve their ability to support children and young people's emotional and mental health issues. Currently only direct client contact is taken account of.

ABMU Health Board also has a regular monthly commissioning meeting with Cwm Taf Health Board to oversee progress on performance of specialist CAMHS. There is also a multiagency Children & Young People's Emotional Health & Wellbeing Group which oversees the work on all tiers of services.

Waiting times are a significant concern in specialist CAMHS and so slippage from Welsh Government monies provided for new services is being used to support waiting list initiatives with the aim of achieving the 48 hour target for urgent referrals and the 28 day waiting time target for routine referrals for specialist CAMHS assessment. Specialist CAMHS is currently provided 9-5pm Monday to Friday. Performance is that 95% of urgent referrals are seen within 48 hours. The 5% relate to referrals received on a Friday where the assessment is not carried out until the next working day - i.e. Monday. However the service is moving to extended day working from 6<sup>th</sup> February 2017 (9am to 9.30pm) and will then extend to 7 day working following the appointment of two additional staff members. This will mean that the 48 hour urgent target will be able to be achieved 100% of the time.

For routine referrals as at 1<sup>st</sup> December 2016 only 16.6% of referrals were seen within 28 days, with the longest waiting time of 25 weeks. The waiting list initiative will see this waiting time reduce to 28 days by end of March 2017, and the average waiting time has already reduced to 6.8 weeks with the longest wait of 21 weeks. The distribution of waiting times shows that there are a small number of long waits who are being targeted to confirm if assessment is still required and if to expedite appointments. A new case management system (CAPA) is being introduced from April 2017 for specialist CAMHS and this will lead to a wider range of interventions being available to respond to the different needs of children and young people presenting to the service and will allow outcome to be monitored in future.

Welsh Government is also leading a review of the referral criteria for specialist CAMHS, as engagement with young people has shown that they do not want to attend this service until all other options are exhausted. In November 50% of the referrals received did not meet the referral criteria. Whilst the actual criteria now and planned are not significantly different, adherence to the current criteria is somewhat flexible, which will not be the case once the new ones are implemented. This is likely to increase the number of children and young people who need support from a range of other less specialist services causing more challenges for all the Western Bay partners.



In addition 'Do Not Attend (DNAs) are high compared to the rest of Wales and so a new text and remind service was introduced in December 2016 to reduce these. The outcomes of this implementation are being carefully monitored.

b) Crisis Care

Funding from Welsh Government has enabled a crisis team to be established from August 2016 for the ABMU area. This team accepts referrals from Emergency Departments and GPs and aims to support children and young people and their families while in crisis so that there is time to implement a care package to support them to return home. Initially the service was available 9-5pm Monday to Friday, but this is being extended to 9am -9.30pm from 6<sup>th</sup> February and will move to a 7 day a week service once additional staff have been recruited, which is anticipated to be in March 2017. In November 24 new referrals were received and 62 follow up appointments carried out and the initial feedback is that this service is helping to stabilise crisis situations, so delivering better outcomes for the children and young people and their families.

c) Early Intervention in Psychosis

New service being developed in partnership between Cwm Taf CAMHS and Mental Health & Learning Disability Delivery Unit of ABMU with funding from Welsh Government. Clinical lead started in December 2016 and 3 additional posts interviewed for at end of January. In addition 2 new workers with Hafal have started in addition to the one already funded by ABMU. The model of service had been jointly agreed and will operate as a hub and spoke service with practitioners based in adult CMHTs across the 3 local authority areas as link workers managed by the EIP clinical lead as a virtual team. Service works on a 9-5pm basis, Monday to Friday. The service should be fully established by end March 2017.

d) Eating Disorders

Welsh Government has developed a pathway development plan for Eating Disorders which ABMU Health Board has adopted. There is no additional funding for this service so existing staff have been identified to populate the virtual team in line with Welsh Government guidelines, operating 9-5pm, Monday to Friday and consisting of a Consultant, nursing time and dietetic hours.

e) Local primary Care Mental Health Services for C&YP

Currently this service is provided by Cwm Taf CAMHS. Funding for the Mental Health measure has only partially been used to fund services for under 18s because this funding has been allocated by ABMU Health Board to ABMU's Mental Health and Learning Disabilities Delivery Unit which does not provide services for under 18s. However in late 2016 agreement was reached that when funding is allocated to ABMU Health Board by Welsh Government for mental health measure implementation, a proportion based on the relative population split of children and young people vs. adults would be used to fund CAMHS interventions at primary care level in future. This will ensure the historic underfunding of this service can be addressed. Currently there are approximately 6 wtes within the primary care mental health service for C&YP, and ABMU Health Board's vision is to increase this to 11 so that one can be attached as a link worker for each of the GP Clusters in the area. Two referral pathways are currently in place for this service – either referrals are directed to a central point for the LPMHSS based at Tonna Hospital and processed then if the patient is under 18 years old they are redirected to primary care CAMHS; alternatively the patient may be referred to specialist CAMHS but where they don't meet these referral criteria they are re-routed to primary care CAMHS who notify the GP and LPMHSS that the referral is being processed via Part 1 of the Mental Health

Measure. From 1<sup>st</sup> February 2017 all referrals, whatever their route, will be processed via primary care CAMHS via Part 1 of the Mental Health Measure.

Cardiff and Vale University Health Board took over their primary care CAMHS service from Cwm Taf Health Board from 1<sup>st</sup> April 2016. ABMU Health Board has indicated its intention to do likewise for the ABMU population from 1<sup>st</sup> April 2018. Learning from C&V shows that they ideally would have agreed a single new model of service prior to transferring the relevant staff via TUPE. Therefore a project has been agreed through the CYP Commissioning Board to look at how the Primary Care CAMHS provision can be better linked with non-specialist support available from social services and education providers. It was agreed at the CYP Emotional Health & Wellbeing Group that a Steering Group will be established with the Heads of Children & Young People's Services from each Local Authority to take this work forward. An initial meeting was held on 30<sup>th</sup> January and terms of reference for this work are being developed. Progress on this will be reported through the CYP Commissioning Board and therefore to Western Bay. Again it will be critical that an operational lead is identified from within ABMU to work with the ABMU lead commissioner and partner organisations to implement these changes.

f) Neurodevelopmental Disorders (NDD)

To date assessment and treatment for children and young people over the age of 5 has been incorporated within specialist CAMHS. Services for 5 year olds and under is provided by ABMU's children's services, although there are significant variations in how these operate across the 3 Local Authority areas. However in 2015-16 Welsh Government allocated monies to each Health Board to establish a NDD team to provide this service for all children and young people. ABMU Health Board decided to use this money to recruit a team of specialists within its own existing services to provide assessment and ongoing support to these children and young people. This means that ABMU Health Board is now responsible for assessing and treating all children and young people with neurodevelopmental disorders, whatever their age, and has taken over responsibility of meeting the Welsh Government waiting times target of assessment within 26 weeks of referral. As at end of January 2017 the longest wait was 73 weeks, although the median wait was 20 weeks. There is a significant increase in the numbers of referrals for this service and funding has been received from Welsh Government to support the new NDD team within ABMU.

Recruitment is underway and a dedicated consultant for NDD started on 1<sup>st</sup> January 2017 (under contract from Cwm Taf Health Board). Some of the other multi-disciplinary staff have been appointed with the rest anticipated to be in post by the end of March 2017. The lack of a designated operational lead for CAMHS within ABMU Health Board has resulted in a lack of clarity over who is responsible for putting this team in place, which has contributed to the delays in making key appointments to this team and increasing the risk of waiting times targets, for which ABMU is now solely responsible, not being achieved. To mitigate this risk slippage from these central funds are being utilised to ensure the long waiters are assessed and treatment plans commenced. This plan should reduce the waiting time to 26 weeks by July 2017. However without significant input to appoint the remainder of the NDD team and agree the operational policies to be adhered to by the new team and their alignment with the differing existing operational policies for under 6 year olds, there is a significant risk that this service will struggle to meet the waiting times target set out by Welsh Government. In Cwm Taf and Cardiff & Vale University Health Boards the NDD teams have been integrated into the Child and Family Services Directorates within their organisations.

Differences in the way waiting times are measured have been identified and advice has been sought from Welsh Government on the appropriate way to standardise these approaches. This is likely to be that patients should only be placed on waiting lists when all relevant referral information including assessments by referring professionals have been completed and passed on with the referral. This is the process followed in the Swansea and Neath Port Talbot areas for 5 year olds and under, but not in Bridgend for these age groups or for any of those over 5 years who are currently referred to specialist CAMHS.

It will be important that the work Western Bay is taking forward on implementing the National Autism Service from 2018-19 (with additional Welsh Government funding) integrates with the new NDD service so that there is a range of seamless services available for children and families going forward. Initial meetings with the Western Bay Autism Spectrum Disorder Strategy Group have highlighted this opportunity and the next Western Bay Programme Team is going to discuss and agree how this integrated approach should be taken forward.

#### Relocation of CAMHS bases and locations for seeing C&YP

In addition to the priorities identified by Welsh Government, which have been listed above, in the ABMU area the location of specialist CAMHS is a cause for concern. The bases used have developed historically as space has become available, rather than with any consideration of the appropriateness of the facility and its location. A number of the settings are unsuitable (for example Fairfield and Trehafod, on the approach to the Cefn Coed site,) both as office bases and also as inappropriate places to see children and young people. The Health Board is planning to trial in Neath Port Talbot the co-location of the Neath Port Talbot specialist CAMHS team offices with Social Services Children's Services from early spring 2017 with services being provided in contact centres and other suitable locations across the county. Discussions are also underway with the City and County of Swansea to find office accommodation for the Swansea specialist CAMHS team so that the closure of Cefn Coed can be achieved without further delay. In addition there will be a need to identify a range of suitable venues where children and young people can be seen. A review of the accommodation utilised in the Bridgend area will also be carried out to ensure that the facilities and bases are appropriate.

A number of other facilities used by CAMHS, for example Children's Outpatients at NPTH and various Children's Development Centres are also under threat as other ABMU Delivery Unit services attempt to use these for the expansion of their own services – again why it is important that there is an operational lead within ABMU for CAMHS.

#### **4. Recommendations**

Significant progress is being made on improving the performance of specialist CAMHS and improving the range of services available to support children and young people when they experience emotional health and wellbeing problems. Whilst much more needs to be done, there is now a clear set of processes in place to take each of these issues forward. However it is vital that the momentum behind these changes can be maintained, which will only happen with the appropriate levels of support from both Commissioning and Operational Lead(s) from within ABMU Health Board and the continued commitment of Cwm Taf CAMHS and our Local Authorities to this complex agenda.

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**Children's mental health and emotional wellbeing - examples of services and support offered directly by schools**

**Betws Primary School**

In Betws Primary School, they employ a full time Wellbeing Officer. The role includes working closely with pupils, parents and staff to ensure excellent communication between school and home. The role includes providing ELSA support to pupils who have been identified as requiring additional support and work with pupils on friendship groups, social skills, playground issues, bereavement and parent separation. In addition, the officer works closely with young carers and is able to support these pupils in school.

The Wellbeing Officer runs a weekly coffee morning in school providing an informal and comfortable environment for parents and carers to attend, make friends and discuss any concerns they may have. These are then passed to the Additional Learning Needs Coordinator (ALNCo), and any support and information can be shared.

The Wellbeing Officer also plays a key role in monitoring attendance within the school and works closely with families to address and support any issues that may be impacting on attendance and punctuality.

**Corneli Primary School**

At Corneli Primary School they are developing the role of one of the Learning Support Officers (LSO) to deal primarily with pupil wellbeing issues. They have constructed a timetable for the LSO that has limited class structured times. The LSO is ELSA trained and where a concern is raised about the wellbeing of a pupil by staff or the pupil's family the officer then becomes the first point of contact. The LSO has built up relationships with families of vulnerable pupils, linked and supported pupils and families with external agencies including attendance officers and social services and is increasingly approached directly by parents and pupils. This role is having a positive impact on pupils and the school in general.

**Ysgol Cynwyd Sant**

They have recently established a nurture provision at the school, which is named 'The Hafan' (The Haven). The aim is to provide support for pupils that would benefit from additional personal and emotional support, in a small group environment. Activities are focused on emotional wellbeing and aim to build self-confidence, self-esteem and provide pupils with opportunities to develop their social skills through speech and play activities. Prior to establishing the Hafan, members of the school staff visited a nurture class in another Welsh-medium school to discuss methods and good practice, and also received training by The Nurture Group Network. The nurture group is now entering its third term, and the sessions are evolving in order to support the pupils that attend and their needs.

The school have a member of teaching staff who is responsible for wellbeing and sits on the leadership team, the Hafan is overseen by this member of staff and a higher learning support officer is responsible for the practical activities and also attends multi-agency meetings to discuss the progress of these pupils.

The school was recently involved in a school improvement group (SIG) project focusing on wellbeing in conjunction with seven other Welsh primary schools across the consortium. The project provided the school with an opportunity to network and share ideas and good practice with other schools. The main focus of the project was to improve the children's wellbeing by providing them with activities and strategies to focus on during the lunch hour. The SIG joined The Welsh headteachers annual conference in July to share their findings and good practice.

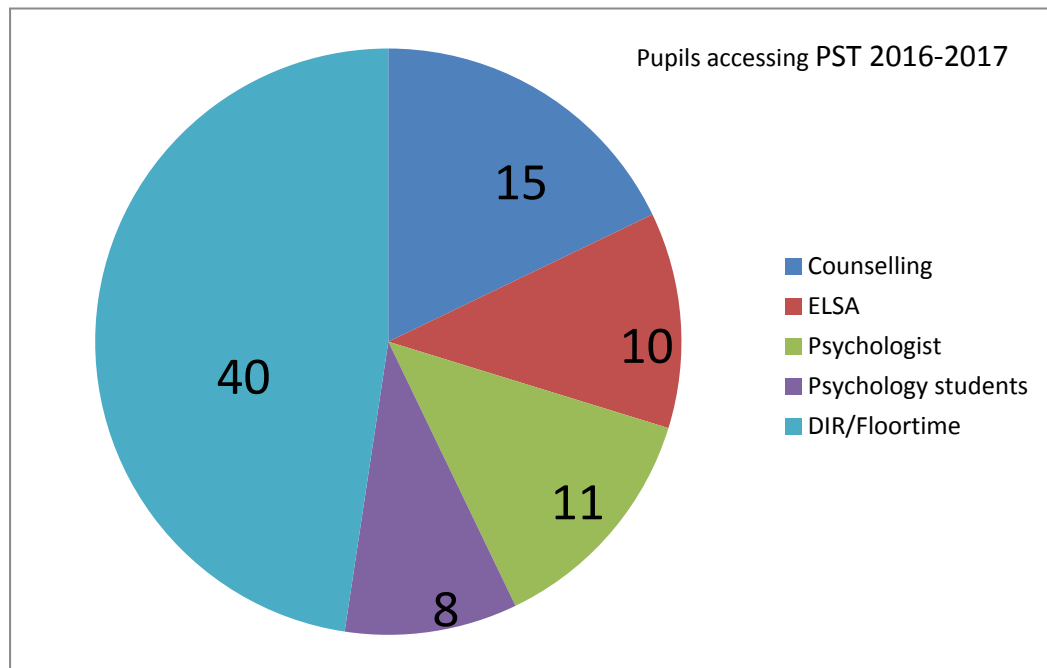
### **Héronsbridge School**

A Pupil Support Team was established in 2014 to provide extra support for pupils who are having specific or general difficulties at home or school. The team is led by the head of behaviour support and consists of a counsellor, assistant psychologist, two undergraduate psychology students and members of staff trained in ELSA and THRIVE as well as a family liaison officer.

A pupil may be referred to the team by the class teacher, parents, social worker or anyone who feels a pupil needs additional support. Referrals are discussed at weekly team meetings where the group decide on which provision they feel will be of most benefit for the pupil. This may take the form of counselling, speech and language support, occupational therapy, floor time therapy, emotional literacy

(ELSA), or psychology support, covering difficulties such as relationships, bereavement, self-esteem, bullying and anger management. Counselling is also available to parents and families. Progress is monitored and discussed by the team to ensure pupils receive the support they need.

Pupils look forward to working with the staff and it plays an important role in improving pupil and family mental health and wellbeing.



### Tondu Primary School

Current baseline scores show that the majority of pupils enter school at least 12 months behind the expectations in terms of their personal and social development. Only 2.9% are at expected levels, with 61% two stages below expected levels. Currently 6.5% of the school population are looked after (with a further three applications to be admitted). Three of these pupils have had serial placements which brings its own challenge. This has meant that the school has to focus on wellbeing and mental health issues in order to support pupil development and in order to secure learning for such pupils.

- emotional Literacy Support Assistants offer support from nursery to Year 6 for a range of needs;
- nurture group with interventions for social and emotional needs;

- key workers allocated to vulnerable pupils who carry out interventions and ensure that there is support in mainstream classrooms for these pupils;
- personal and social education based on social and emotional aspects of learning (SEAL) well established;
- the use of vulnerability assessment profile being used across the school following the introduction last year;
- Rights Respecting School initial award applied for.

Support for vulnerable pupils (LAC, EBSD) through working with local authority support/Achievement for All. This has led to training for staff in attachment, structured conversations etc.

Use of EVOLVE Health mentor to support pupils; Wake and Shake, individual mentoring, aspirational interviews, after school club.

Parents support the group looking at variety of aspects to assist their child's wellbeing. Feedback is very positive. Involvement of parents in school developed in order to support pupils' wellbeing.

### **Pencoed Primary School**

Pencoed Primary School is mindful in an ever changing world that they are facing challenging times. Wellbeing/mental health problems affecting children and young people are on the increase, typically with one in ten pupils exhibiting symptoms of depression, anxiety, behaviour/anger, loss and bereavement, lack of friendship/social skills, low self-esteem, eating disorders, self-harm and suicidal thoughts.

The emotional wellbeing/mental health of children are just as important as their physical health. They strive to ensure their pupils are loved, trusted, understood, valued and safe, accepting who they are and what they are good at. The aim is for them to have a sense of belonging to the school, their family and the community with the opportunities for them to succeed, taking an active interest in life itself being optimistic and hopeful for their future. The school want them to have the tools they'll require with the ability to solve problems and the resilience to cope and manage whatever life throws at them.



They have a passionate and dedicated family involvement officer, together with a wellbeing officer who regularly liaises with the staff, multi-disciplinary teams and each other to provide the best provision they can with the resources they have to ensure pupils have the necessary support they require.

They currently provide a number of specialist interventions to support pupils who require it. These include:

- NBAR Data (National Behaviour and Attendance Review) All key Stage 2 pupils are screened using NBAR and any pupil requiring support is identified from this and along with discussion from the class teacher.
- ELSA (Emotional Literacy Support Assistance) – this is one to one support that involves a range of activities to develop self-esteem and overcome anxiety
- Thrive (identification of emotional development) – this is a detailed specialist programme offered which enables the school to work in a targeted way with children who have struggled with difficult life events to help them re-engage with life and learning.
- Worry Warriors – these are pupils who are identified to others in the yard who provide support and comfort to others.
- The Place (peer support group) – this is a group intervention where pupils support each other by working through planned activities to develop self-awareness, co-operation and communication.
- MISP (Massage In Schools Programme) – this is a weekly programme where targeted children are involved in massage sessions.
- Lego Therapy (expressing through construction) – this can be one to one or group based where pupils are encouraged to use lego and model making to express their feelings and thoughts and to express themselves.
- Transition (helping hands programme) - in conjunction with the Comprehensive School provide additional support to those who need it.

### **Cynffig Comprehensive School**

The school run a mindfulness 10-week programme, aimed to give students mindfulness as a life skill. Mindfulness is taught with striking visuals, film clips and activities.

Students used it for the following reasons:

- to feel happier, calmer and more fulfilled;
- to get on better with others;
- to help them concentrate and learn better;
- to help cope more with stress and anxiety; and
- to perform better in their exams, music and sport.

Impact Wellbeing uses a range of simple, adaptable and effective relaxation techniques to improve mental, emotional and physical wellbeing. The six-week programme's chosen techniques are promoted by health services and use a mindfulness based approach.

- IMPACT Wellbeing programme relaxation techniques include:
- breathing and stretching exercises
- relaxation and guided visualisation
- self-massage for head and hands
- a mindfulness-based approach
- Individuals also gain an understanding of the causes and effects of stress.

Building confidence through learning is a 6 week programme aimed to engage and build pupils self-esteem and self-confidence through learning. The programme provides weekly sessions of innovative tasks to help them discover who they are. The sessions include all about me, how do I like to learn, my amazing brain, we all have a strength, team roles and self- reflection.

The key outcomes for the project were:

- identifying feelings and emotions;
- sketching and informal description of themselves;
- identifying dominant body parts;
- Identifying their brain function and brain profile;
- discovering their natural abilities and intelligences;
- identifying their team roles and strengths;
- Identifying personal qualities;
- action for children workshop.

The key outcomes for the three-week programme were:

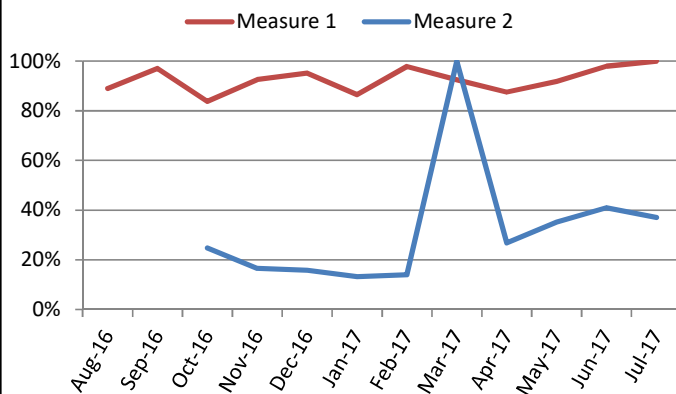
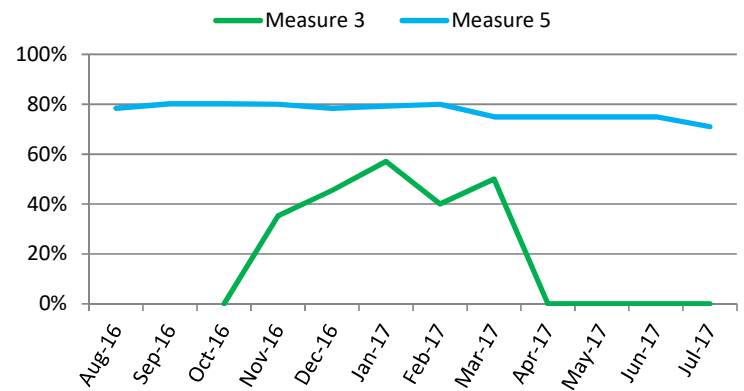
- anxiety and stress management;
- building confidence and self- esteem;
- building and raising self-esteem/friendships;

The school also had additional PSE shut down days covering topics on healthy eating, physical activities, mental health and LGBT awareness.

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**INDIVIDUAL CARE -PEOPLE IN WALES ARE TREATED AS INDIVIDUALS WITH THEIR OWN NEEDS AND RESPONSIBILITIES**
**Measure 1: % of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral**
**Measure 2: % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral**
**Measure 3: % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks**
**Measure 4: % of therapeutic interventions started within 28 days following assessment by LPMHSS**
**Measure 5: % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)**
**Corporate Objective : Delivering Excellent Patient Outcomes, Experience & Access**
**Executive Lead : Siân Harrop-Griffiths**
**Period : Jul-17**
**IMTP Profile Target :**
**WG Target :**
**(1, 2, 3, 4)100% (5) 90%**
**Current Status :**

**Movement :**

**Worsening**
**Current Trend: Aug 16 - Jul 17**
**(1) % of Urgent Assessments undertaken within 48 Hours from receipt of referral, (2) % of Routine Assessments undertaken within 28 days from receipt of referral**

**(3) % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks, (5) % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)**

**Benchmarking**

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
% of urgent assessments undertaken within 48 hours from receipt of referral	↑ 97.8%	↓ 92.5%	↓ 87.5%	↑ 91.8%	↑ 98.0%	↑ 100.0%
% of routine assessments undertaken within 28 days from receipt of referral	↑ 14.0%	↑ 100.0%	↓ 26.9%	↑ 35.2%	↑ 41.0%	↓ 37.1%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	↓ 40.0%	↑ 50.0%	↓ 0.0%	→ 0.0%	→ 0.0%	→ 0.0%
% of therapeutic interventions started within 28 days following assessment by LPMHSS	→ 100.0%	→ 100.0%	→ 100.0%	→ 100.0%	→ 100.0%	→ 100.0%
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	↑ 80.0%	↓ 75.0%	→ 75.0%	→ 75.0%	→ 75.0%	↓ 71.0%

Source : Cwm Taf LHB

**Measure 1: % of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral**

**Measure 2: % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral**

**Measure 3: % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks**

**Measure 4: % of therapeutic interventions started within 28 days following assessment by LPMHSS**

**Measure 5: % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)**

#### How are we doing ?

- Measure 1: 100% of urgent assessments by CAMHS undertaken within 48 hours of receipt of referral in July 2017 this was despite continued long term staff sickness within the Crisis Team. The Team will have a vacancy at the end of July due to staff retirement that may have an impact on sustaining 100% compliance. The vacancy has been processed through TRAC and hope to attract suitable applicants.
- Measure 2: 100% of routine assessments by CAMHS for ABMU residents undertaken within 28 days from receipt of referral had been achieved by the end of March due to considerable waiting list initiative work being undertaken. Since then performance has dipped and 37.1% was reported for July. Definition of this measure has been modified to align with what is reported to Welsh Government. Investigation underway to obtain retrospective performance using the revised definition. The Service continues to re-build its community teams with new staff coming into post and who are working through an induction period. We anticipate being able to continue this upward trend leading up to implementation of CAPA in September.
- Measure 3: As the ABMU team have inherited a backlog of patients waiting as a result of the transition from the Cwm Taf CAMHS service to the ABMU Health Board Service, the waiting list position as at 10th July 2017 has a total of 119 referrals for Autistic Spectrum Disorder and 58 referrals for Attention Deficit Hyperactivity Disorder. Of these 177 patients, 35 were waiting in excess of 26 weeks (20%).
- Measure 4: 100% target achieved (relates to specialist CAMHS only). Compliance against measure 4 will always be achievable due to the model currently in place for CAMHS. The existing model allows the assessment (measure 2) and the initiation of therapeutic intervention to be started in the same appointment.
- Measure 5: In July, there was a slight dip in performance against this measure for Health Board residents in receipt of CAMHS that have a valid Care and Treatment Plan - from 75% to 71%. Plans are being established to ensure an upward trend in future months.

#### What actions are we taking?

##### Q1 2017/18

- NDD is currently a challenge, and to respond a series of additional sessions are being scheduled between September and November to clear the backlog and reduce the maximum wait to the Welsh Government target of 26 weeks. The NDD Service is receiving on average 11 referrals a week, resulting in a capacity gap. As a result a bid was put to the Western Bay Integrated Care Fund which was successful for July 2017 to March 18 which it is hoped can be provided on a recurring basis from the additional mental health monies allocated by Welsh Government from 2018+ (subject to agreement as part of the CAMHS Delivery Plan being considered by Executive Team in August).
- An outlined Service Specification has been developed for tiers 3 & 4, and regular monitoring arrangements have been agreed. Awaiting outcome of gap analysis exercise to be undertaken by Cwm Taf, and presented to ABMU and C&V Health Boards at the joint commissioning meeting in July. Work with Cwm Taf to ensure that the definitions used to collate performance data are accurate, and to improve future reporting.
- Development of service model for tier 1/2 services with local authority colleagues from February 2017. Work to be scoped during quarter 1 of 2017/18 including a plan to invest in primary care following a successful bid from the ICF.

#### What are the main areas of risk?

- The availability of accurate performance data is currently a concern. Discussions have been held at the Commissioning meetings and all parties are aware of the action required.

#### How do we compare with our peers?

Unable to compare performance for ABMU residents with Cardiff & Vale and Cwm Taf residents as performance information not available for comparison. ABMU working jointly with Cardiff & Vale and Cwm Taf Health Boards to look at benchmarking data.



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

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



**Appendix A**

# **ABMU Health Board**

## **Delivery Plan 2017 – 2019**

### **Services to Support the Emotional Health & Wellbeing of Children & Young People**

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

## **CONTENTS**

- 1. Background**
- 2. Service Planning & Developments**
  - a. Early Years and Resilience**
  - b. Early Intervention and Enhanced Support**
  - c. Neurodevelopmental Issues & Co-morbid MH/LD**
  - d. Specialist CAMHS**
- 3. Facilities and Accommodation**
- 4. Performance**

## **APPENDICES**

**Appendix 1 – ABMU Delivery Plan priorities 2017/18**



## 1. BACKGROUND

Over a number of years the provision of specialist Child and Adolescent Mental Health Services (CAMHS) has caused concerns because of long waiting times and the lack of support for professionals to support Children & Young People's emotional health and wellbeing. As a result since April 2016 a new approach to tackling these issues has been taken with the Assistant Director of Strategy and Partnerships leading a new commissioning approach to these services. Both in conjunction with Cardiff & Vale and Cwm Taf University Health Board commissioners, in partnership with existing Cwm Taf CAMHS and with the relevant Delivery Units within ABMU Health Board to delivery operational responsibilities where required as services are increasingly being directly provided by ABMU rather than all through Cwm Taf's services. Improvements in performance are starting to show, but it is recognised that there is still much more to do and clarifying the operational responsibilities for some of these issues within ABMU will do much to mitigate the risks involved.

### **Welsh Government Guidance on CAMHS**

The Welsh Government has established a Together for Children & Young People programme for the improvement of CAMHS across Wales. This includes a range of initiatives including specifications for specific components of the service and a specialist CAMHS Framework for Improvement which each Health Board has to report against annually. It also oversees the establishment of specific teams to improve the support available for children and young people, which can be broadly split into the following areas:

#### **Specialist CAMHS including Tier 4 inpatient care:**

- Crisis Care
- Early Intervention in Psychosis
- Eating Disorders
- Local primary Care Mental Health Services for C&YP
- Neurodevelopment disorders

Whilst access to CAMHS has been a significant concern for the Local Authorities and GPs to date, the problem has largely been perceived as a health problem, and specifically that Cwm Taf CAMHS need to improve their performance and this will resolve the problem. However it is clear that this is only one part of the problem. At least as important is the lack of alternative interventions available for children and young people who need support but do not meet the national criteria for acceptance into specialist CAMHS – over half the referrals do not currently meet these criteria. Therefore there have been discussions through the Western Bay partnership about the importance of CAMHS being seen as a multiagency problem, which will only be resolved by a multiagency response. As a result Western Bay, for the first time, has agreed that CAMHS is a joint priority for the Regional Partnership Board consisting of ABMU Health Board and the 3 Local Authorities plus third sector partners. In line with this a report was produced for the recent Western Bay Regional Partnership Board and the Health Board's Quality and Safety Committee outlining the range of work underway and planned to improve support for the emotional health and wellbeing of children and young people, including the joint agency development of tier 1 and 2 interventions to avoid referral into specialist CAMHS where this is not appropriate.

## **2. SERVICE PLANNING AND DEVELOPMENT**

### **Specialist CAMHS**

Specialist CAMHS have traditionally been provided for the ABMU population by Cwm Taf Health Board, encompassing a range of services to support children and young people's mental health as well as assessment and support for children over 5 years old with neurodevelopmental disorders. With the advent of the Mental Health measure in addition services have been developed to ensure that there is access from primary care to assessments and treatment. However the main focus of specialist CAMHS should be the provision of Tier 3 and Tier 4 services (the latter through inpatient provision at Ty Llydiard on the Princess of Wales Hospital site for South Wales).

Over the past few years Cwm Taf has developed services to respond to some of the requirements across Tiers 1 and 2 services as well, but this has resulted in the view from partner organisations that any emotional health and wellbeing issues for children and young people should be referred to specialist CAMHS, whereas the children themselves want this to be the service they are referred to only as a last resort. In reality there are a lack of alternative services available, particularly at Tiers 1 and 2, leading to referrals to specialist CAMHS, almost half of which do not fit their referral criteria. Having said this, waiting times for specialist CAMHS assessments and neurodevelopmental disorders assessments are much too long, and while on the waiting list there is a lack of alternative support available for these families.

### **Neurodevelopmental Disorder Services**

In late 2016 the over 5 service transferred from Cwm Taf Health Board into ABMU Childrens Services Group, with Welsh Government funding allocated to health boards to establish a dedicated NDD team for all children and young people. This transition process has not been straight forward due to the lack of clarity over some aspects of the services which have taken some time to resolve. It is also clear that the funding provided by Welsh Government will not be sufficient to ensure that the waiting times target of all under 18s being assessed within 26 weeks of referral is achieved.

Cwm Taf CAMHS has traditionally provided the Neurodevelopmental disorder service for children over 5 years, but has put these children on the waiting list on receipt of referral rather than when all supporting assessments have been received which is not consistent with guidance from Welsh Government. This has now been resolved and the NDD service is gradually being integrated with the community paediatrics service which provided the NDD service for under 5s.

## **3. FACILITIES AND ACCOMODATION**

The facilities and accommodation used by CAMHS to see children and young people and to have as office bases have developed historically on an ad hoc basis and are not fit for purpose nor sufficient for the expanded range of services now provided. The facilities are often in inappropriate locations, based more on accidental availability of space than appropriate facilities to see Children, Young People and their families in logical geographical locations across ABMU. Cwm Taf

have provided information on all the staff employed in the various teams across the ABMU area, where they are currently based and issues with the extent or type of accommodation. Most problematic is the current base for Swansea and some specialist services in Trehafod and Fairfield at the bottom of the Cefn Coed site. Whilst these are not dependent on electrical or heating infrastructure from CCH, they do depend on the IT server from this site, so the planned closure of the site means that the transfer of these services and the associated staff is an urgent need which needs to be addressed – a project team is in place to oversee the identification of alternative premises.

#### **4. PERFORMANCE**

The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern for ABMU Health Board, and progress is being made to improve the commissioner/ provider relationship with Cwm Taf to improve the delivery of services for ABMU residents. Alongside this, services which support local services such as Neurodevelopmental disorders (NDD) (linked with community paediatric services), early onset psychosis (linked with adult mental health services) and primary CAMHS (linked to GP clusters) are being transferred back to the direct management of ABMU Health Board, leaving Cwm Taf to concentrate on the provision of specialist CAMHS for our population. To support these changes, two bids for Integrated Care Funding (allocated to the Western Bay Regional Partnership Board by Welsh Government) have been successful which will support the NDD and primary CAMHS services. To ensure the various elements of work relating to CAMHS are being progressed in line with appropriate timescales a Delivery Plan is being developed which will be overseen by the multi-agency Children & Young People's Emotional and Mental Health Planning Group and progress monitored by the internal assurance group established with the Vice Chair.

Monthly commissioning meetings are held with Cwm Taf Health Board regarding delivery of CAMHS for the ABMU population. Issues with consistency of performance reporting to Health Boards are being resolved to ensure that information reported to Boards is consistent with that reported to Welsh Government in future. CAMHS remains a priority for the Strategy Directorate in terms of setting the strategic direction for services and commissioning against these as well as for the Mental Health & Learning Disability, Primary and Community Services and Singleton (children's services) Delivery Units in terms of delivery of services. In addition an annual report on progress is submitted to Welsh Government, along with reporting to the internal Vice Chair's CAMHS Assurance Group to monitor progress and take action as required.



## Services to Support the Emotional Health & Wellbeing of Children & Young People Delivery Plan 2017 - 2019

Priority Area (T4CYP Framework for Action)	Health Board Priority	Action to Delivery Priority	Lead	Timescale	Progress
Early years resilience and wellbeing	Improved accessibility to local CAMHS services	Contact to be made following referral within 10 days with assessment and treatment commencing within 14 days		Monthly	
		Develop workforce to meet the requirements of the operational policy and pathway		Ongoing	
		Improved working with local authorities and improved transition for children & young people		Ongoing	
Early intervention and enhanced support	Development of a sustainable and fit for purpose workforce	Develop and Implement liaison posts (ICF investment)	Cwm Taf UHB	August 2017	
		Establish a directory of services available to support the emotional health and wellbeing of children & young people	Strategy Lead, ABMU HB	December 2017	
		Transfer of Primary Care CAMHS to ABMU Health Board	MH / LD Delivery Unit, ABMU HB	Summer 2018	
		Upskilling of staff with increased support for therapies		September 2017	
		Implementation of therapies training strategy		Ongoing	



Priority Area (T4CYP Framework for Action)	Health Board Priority	Action to Delivery Priority	Lead	Timescale	Progress
Neuro developmental Issues & Co-morbid MH/LD	Development of NDD Service	Develop plans to improve facilities and accommodation for staff and patients	Children's Service Manager, Singleton Delivery Unit	October 2017	
		Strengthen communication links with education/CAMHS/learning disabilities to ensure consistent pathway and access		Ongoing	
		Baseline assessment against requirements of all-Wales pathway to be completed		September 2017	
		Identify appropriate follow up support for medication monitoring of ADHD patients (options are CAMHS/GP and/or pharmacist)		December 2017	
		Establish monthly project team and attend All Wales Steering group		August 2017	
		Implementation of all Wales NDD pathway via monthly meeting with education leads from 3 local authorities		August 2017	
		Identify recurring funding to advertise additional psychiatrist sessions, prescribing nurse sessions and health visiting time required to balance capacity and demand	Strategy Lead, ABMU HB	September 2017	
Early intervention and enhanced support	Improved accessibility of local CAMHS services	Expand and deliver the Service to operate 7 days a week	Cwm Taf UHB	October 2017	
		Improve recruitment & retention	Cwm Taf UHB	Ongoing	



Priority Area (T4CYP Framework for Action)	Health Board Priority	Action to Delivery Priority	Lead	Timescale	Progress
		Achievement of 48 hour Welsh Government target (dependent on running service 7 days a week)	Cwm Taf UHB	October 2017	
		Identify alternative accommodation for service to operate from	NPT Delivery Unit / Strategy Lead	November 2017	
		Transfer of service from Cwm Taf to ABMU HB	Children's Service Manager, Singleton Delivery Unit, ABMU	Autumn 2018	
	<b>Securing appropriate accommodation for specialist CAMHS in Bridgend, Neath Port Talbot and Swansea areas</b>	Identify alternative / additional accommodation for services in each Local Authority area, particularly to move off Cefn Coed site	Strategy Lead, ABMU HB	November 2017	

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