

<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.					<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
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## 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.