

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.

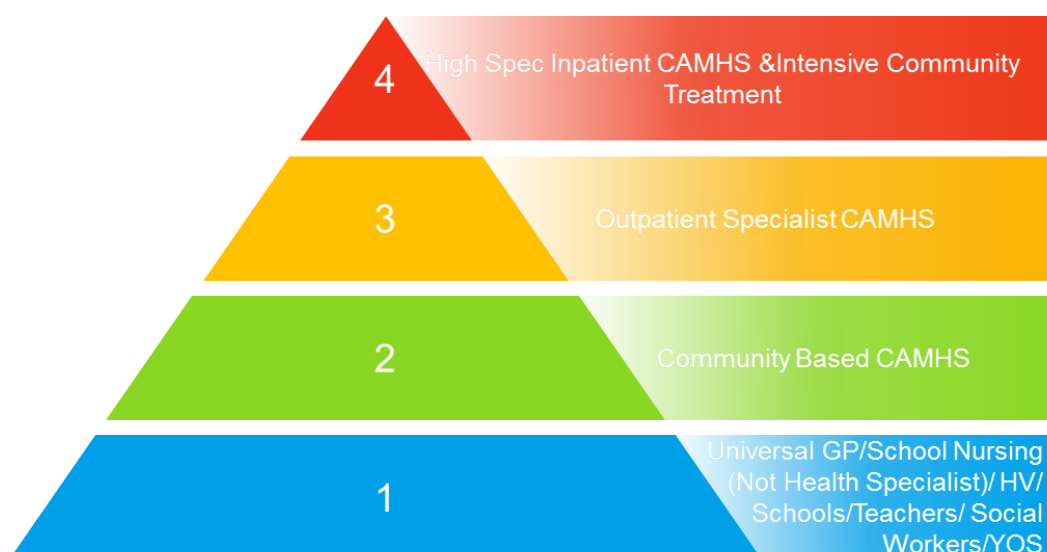
2. Connection to Corporate Improvement Plan/other corporate priority

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
- Parenting support

- 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.

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Date: 23 March 2017

Background documents

None

DRAFT

SUMMARY REPORT		ABM University Health Board											
Quality & Safety Committee		Date: 23rd February 2017 Agenda item: 7.5											
Subject	Assurance Report on CAMHS												
Prepared by:	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships												
Approved by:	Sian Harrop-Griffiths, Director of Strategy												
Presented by:	Joanne Abbott-Davies, Asst Director of Strategy & Partnerships												
Purpose													
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>Decision</td> <td></td> </tr> <tr> <td>Approval</td> <td></td> </tr> <tr> <td>Information</td> <td align="center">X</td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	Decision		Approval		Information	X	Other	
Decision													
Approval													
Information	X												
Other													
Corporate Objectives													
Healthier Communities	Excellent Patient Outcomes & Experiences	Sustainable & Accessible Services	Strong Partnerships	A fully Engaged and Skilled Workforce	Effective Governance								
	X	X	X	X									
Executive Summary													
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.													
Key Recommendations													
The Quality and Safety Committee is asked to note the progress made to date and the key milestones going forward.													
Assurance Framework													
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.													
Next Steps													
Progress against the key targets set by Welsh Government will be reported via the above mechanisms.													

MAIN REPORT	ABM University Health Board
Quality & Safety Committee	Date: 23rd February 2017 Agenda item: 7.5
Subject	Assurance Report on CAMHS
Prepared by	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships
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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 6th 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 1st 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 6th 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 1st 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 1st April 2016. ABMU Health Board has indicated its intention to do likewise for the ABMU population from 1st 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 30th 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 1st 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.