

Child and Adolescent Mental Health Services

How can the Council work with health and other partners to reduce demand for child and adolescent mental health services?

The Child and Adolescent Mental Health Services Scrutiny Inquiry Panel

City and County of Swansea - Dinas a Sir Abertawe

August 2016



Why This Matters



Foreword by **Councillor Mary Jones** (Convener)

The demand for mental health support services has increased significantly in recent years and the supply of appropriate services has been unable to meet this demand. This growing need for mental health support services is set to continue to grow and to meet this demand it is clear that things need to be done differently. The Welsh Government recently invested funds to develop mental health services in Wales with a significant investment for residents within the Abertawe Bro Morgannwg University Health Board area, which was allocated to the health board to oversee implementation. We felt that now was a good time to do our inquiry.

I firmly believe that services to support the growing need in this area can only be delivered in partnership with a broad range of service providers and interest groups. More work certainly needs to be done to develop preventative services so that all of us are doing what we can to divert children and young people away from specialist child and adolescent mental health services if they do not need them.

The current work being led by health, the work that the Western Bay is doing to understand the kind of service delivery model it needs and the work on transition arrangements are all excellent opportunities for the local authority to help shape the kind of services it needs to meet demand.

Parents that took time to talk to us told us how hard it can sometimes be for their children to access the support and services they need but we learned that better information and greater involvement in service design and planning could lead to improvements.

What was clear was the commitment amongst professionals and parents to want to improve services and work together and collaborate to achieve this.

We hope that our conclusions and recommendations challenge where they need to and support the work being taken forward to improve mental health services in the Abertawe Bro Morgannwg University Health Board area.

We would like to thank all those people who have contributed to this inquiry including councillors, officers, parents and service providers.

Summary of Conclusions and Recommendations

How can the Council work with health and other partners to reduce demand for specialist child and adolescent mental health services?

The panel believes this can be done by:

Conclusions

1. Ensuring that the influential Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group continues to reflect a broad set of interests
2. Collaborative development of prevention and early intervention services will help to reduce and prevent referrals to specialist child and adolescent mental health services.
3. Developing access to good quality training for professionals and agencies in contact with children and young people will help them identify mental health needs at an early stage.
4. Ensuring that the authority uses the Western Bay's review of child and adolescent mental health services across the region as an opportunity to help shape a future service delivery model.
5. Providing professionals and parents with access to better information on the referral process and eligibility criteria for child and adolescent mental health services will improve understanding.
6. Developing and improving transition arrangements between child and adolescent mental health services and adult mental health services.

Recommendations for Cabinet

It is recommended to the Cabinet Member, and working with relevant partners, that the following recommendations are considered:

- 1.1.1 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.
- 1.1.2 Cabinet seeks clarification from the specialist child and adolescent mental health services and other CAMHS services on the types of mental illnesses that the services support and ensures this is communicated to relevant agencies.
- 1.1.3 Cabinet brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that

support children and young people who do not have a diagnosis for a mental illness

- 1.1.4 Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team;
- 1.1.5 Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources
- 1.1.6 Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS services which is relevant to the education sector and is affordable and accessible.
- 1.1.7 Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review.
- 1.1.8 Cabinet takes steps to formalise support service arrangements between child and family services and all CAMHS services in any future CAMHS service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers
- 1.1.9 Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria;
- 1.1.10 Training and information on the CAMHS and specialist CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the youth justice and early intervention service
- 1.1.11 Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS and specialist services
- 1.1.12 Cabinet should encourage the ABMU Board Children and Young People's Emotional and Mental Health Planning Group to use the opportunity of the Welsh Government investment to simplify the referral process
- 1.1.13 Seek to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services
- 1.1.14 Cabinet to discuss with the ABMU Board Children and Young People's Emotional and Mental Health Planning Group the possibility of implementing an access and information point, also known as a "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to all CAMHS service
- 1.1.15 Cabinet to monitor referral rates and how long it takes to be seen by all CAMHS services.

1.1.16 Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

Contents

1	Why We Produced This Report	1
1.1.1	Overview	1
1.1.2	Selecting the topic.....	1
1.1.4	Context of the inquiry and intended contribution	1
1.1.5	Use of key terms	2
2	Evidence	3
2.1	Evidence collected	3
3	Conclusions	4
	The influential Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health PLanning Group should reflect a broad set of interests.....	4
	Collaborative development of prevention and early intervention services will help to reduce and prevent referrals to specialist child and adolescent mental health services.....	4
	Access to good quality training should be available for professionals and agencies in contact with children and young people to help them identify mental health needs at an early stage.....	6
	The authority uses the Western Bay's review of child and adolescent mental health services across the region as an opportunity to help shape a future service delivery model	7
	Providing professionals and parents with better information on the referral process and eligibility criteria for Child and Adolescent Mental Health Services will improve understanding	8
	Develop and improve transition arrangements between Child and Adolescent Mental Health Services and adult services	10
4	Recommendations	11
5	Acknowledgements	13
6	About the Inquiry	14

2 WHY WE PRODUCED THIS REPORT

Overview

2.1.1 This report focusses on the following question:

How can the Council work with health and partners to reduce the demand for specialist CAMHS services?

Selecting the topic

2.1.2 The Inquiry into child and adolescent mental health services was proposed by the Annual Scrutiny Work Planning Conference in May 2015 and was subsequently included in the scrutiny work programme by the Scrutiny Programme Committee.

2.1.3 Context of the inquiry and why the topic was chosen:

- The number of referrals into specialist CAMHS services had doubled in the last 4 years.
- Prevention and early intervention and partners working collaboratively to share resources will help to reduce demand for specialist services
- The Council is an important partner in this area and the panel wanted to hear the views of a wide range of people so that they can propose practical changes that can help reduce demand for CAMHS services.
- Welsh Government had recently invested £7.6million to develop mental health services in Wales with an investment of £1.2million for residents within the Abertawe Bro Morgannwg University Health Board area, which was allocated to the health board to oversee implementation.

At the pre inquiry meeting we heard from the Director of Strategy, ABMU Health Board and Clinical Director (CAMHS), Cwm Taf Health Board. They outlined current service provision, the Welsh Government investment in mental health services and the review of current CAMHS provision and how the health board planned to develop services. The panel then met towards the end of 2015 to discuss what they would like to do as part of this piece of work. The panel agreed the following terms of reference and to investigate the following aspects:

- a) Multi-agency prevention & early intervention: how do partners (education, health, youth offending, child and family services) work together to provide prevention and early intervention services?*
- b) Accessing services: what is the referral process and how does it operate?*
- c) Training: how are professionals who work with children and young people trained to identify mental health issues?*
- d) Transition: how effective is the transition process from child & adolescent mental health services to adult services?*
- e) Impact on service users: how service users access mental health services?*

Intended contribution

2.1.4 As a panel we believe that we can make a valuable contribution to this topic. We recognise that, while there are no easy answers, success will only come from a conversation that everyone is able to contribute to. It is in this spirit that our conclusions and recommendations are offered.

2.1.5 Specifically this report aims to contribute to this vital debate by providing:

- Evidenced proposals that will lead to better access to child & adolescent mental health services
- The views of key stakeholders including health professionals providing services, the voluntary and community sector, social services and education officers
- Consideration of the conclusions and recommendations from regional and national reports
- Increased councillor understanding about how child and adolescent mental health services are delivered and the effectiveness of the services
- Greater public awareness of child and adolescent mental health services

2.1.6 We are also happy to recognise the limitations of the inquiry. Given the complexity of the topic and the time that we had this report provides a broad view.

2.1.7 Finally, many of our conclusions are in line with the general direction of travel in this area and may be either additional or contrary to what is happening. These are intended to offer challenge and to stimulate debate. Where we have made recommendations these are intended to help improve services.

Use of key terms

2.1.8 There have been a number technical terms and acronyms used when looking at this subject. In the report we have tried to write for the layperson and have avoided acronyms whenever possible. There are, however, a few terms that we use throughout the report that should be clarified from the outset.

2.1.9 *Specialist CAMHS services:* Services commissioned by ABMU Health Board from Cwn Taf Health Board which require a diagnosis of a mental illness in order to access them

2.1.10 *CAMHS:* Child and Adolescent Mental Health Services

2.1.11 *ABMU:* Abertawe Bro Morgannwg University Health Board

2.1.12 *SCVS:* Swansea Council for Voluntary Services

3 EVIDENCE

Evidence collected

3.1.1 Evidence was collected between November 2015 and May 2016. The evidence gathering activities undertaken included:

- a. A general briefing paper of child and adolescent mental health services provided was by health partners
- b. Question and answer session with the Head of Child and Family Services
- c. Question and answer session with the Locality Manager, Western Bay Youth Justice and Early Intervention Service
- d. Question and answer session with Swansea Council for Voluntary Services Mental Health Forum
- e. Question and answer session with the Chief Education Officer
- f. Round table discussion with primary school and secondary head teachers
- g. Session with Cabinet Members for Services for Children and Young People and Education.
- h. Question and answer session with the Head of the Additional Learning Needs Service and Principal Educational Psychologist
- i. Evidence gathering with the Swansea Council for Voluntary Services Parent/Carer Forum
- j. Question and answer session with Head of Adult Services
- k. Desk based research of good practice mental health service provision

3.1.2 For full details of the evidence gathered including details of all of the findings from each session please see the evidence pack for this inquiry. This can be downloaded at www.swansea.gov.uk/scrutinypublications

3.1.3 The panel received a wide range of submissions from interested parties. Some evidence however was not included in the evidence pack because:

- Some information was critical of individual officers or councillors
- Some e-mails questioned the panel members about the conduct of the inquiry rather than submitting evidence
- The panel agreed that some of the information received was not relevant to the inquiry's terms of reference (points a-d on page 1 of this report)

4 CONCLUSIONS

This report considers how the Council, working with health and other partners, can help reduce the demand placed on child and adolescent mental health services. Each of these conclusions, therefore, is a suggestion about how the Council's Cabinet might approach this issue. Specific proposals are identified throughout and listed in the Recommendations section that follows.

The conclusions and recommendations are designed to address the inquiry key question: **'How can the Council work with health and other partners to reduce demand for specialist child and adolescent mental health services'**. The panel believes this can be achieved by:

Ensuring that the influential ABMU Children and Young People's Emotional and Mental Health Planning Group continues to reflect a broad set of interests

- 4.1.1 The Children and Young People's Emotional and Mental Health Planning Group was established to develop and agree a service model for mental health and emotional wellbeing services for children and young people resident within the health board area. The objective of the planning group was to jointly develop, agree and commission a service specification that provides care from primary contact through to specialist interventions. The planning group also had an important role to play in looking at how best to spend new budgets and resources.
- 4.1.2 The panel could see how influential this group would be in the planning and development of CAMHS services across the western bay area. There was a consistent message from our evidence gathering that the membership of this important planning group should be as wide as was practicably possible. Given the importance of this planning group in the development of a future CAMHS service delivery model the panel felt that its membership should be broadened to include sectors, partners and organisations that play a role in the mental health and emotional wellbeing of children and young people
- 4.1.3 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.

Collaborative development of prevention and early intervention services will help to reduce and prevent referrals to specialist child and adolescent mental health services

- 4.1.4 Without exception, all consultees agreed that prevention and early intervention services were key to minimising referrals to specialist child and adolescent mental health services. Swansea Council for Voluntary Services stated that in its view access to early intervention services should happen in a more timely manner.

4.1.5 A number of services were given as examples of good prevention and early intervention services such as the Step Ahead group, Team Around the Family and the Exchange Counselling Service which is procured by the Educational Psychology Service. These services were praised as working quickly and making a difference. For example, the panel learned that the Team Around the Family works with schools who have identified families with potential issues to prevent escalation to formal service interventions; one of the aims of the Educational Psychology Service was to support early intervention and help with prevention.

4.1.6 It was clear to the panel that schools, the Educational Psychology Team and Exchange Counselling valued each other and worked well together and helped to identify children early on with mental health needs and prevent them from escalating to a referral to CAMHS.

“Team Around the Family has trained a teaching assistant to work with children and the resources on offer from TAF...this is a good use of resources”

“Exchange is brilliant, it works on a demand basis, children can self-refer and they can work with children during lessons”

4.1.7 However, it was widely acknowledged that prevention and early intervention services were operating in tough financial times and all services were facing reductions in resources. The Educational Psychology Service provision was spread thinly across schools and it faced uncertainty over its budget and the sustainability of the services it offered. This concerned the panel given the role these types of services played in the prevention and early intervention agenda. Consultees all agreed that greater collaboration would be needed to develop prevention and early intervention services to meet the twin challenges of increasing mental health need and diminishing resources.

“..yes we are in tough times, but we need to look very differently at how we provide services and work together....”

4.1.8 We found there was a difference between mental health issues and mental illness. If a child or young person is diagnosed with a mental illness then they are able to specialist CAMHS services. Specialist CAMHS services provide services for assessment and treatment to under 18s who present with signs and symptoms that would meet the criteria for moderate to severe mental illness. Evidence from parents and some professionals suggested that there was a reluctance by specialist CAMHS services to label children with a diagnosis for a mental illness; many consultees understood this but parents the panel spoke to felt frustrated that without a diagnosis their children were unable to access services they could benefit from. There was also a lack of clarity amongst consultees on what could be diagnosed as a mental illness and what was a mental health issue and this could have contributed to the recent rise in the number of referrals to specialist CAMHS services for assessments.

- 4.1.9 The panel felt that there was a distinct gap in services for children and young people with mental health needs who were not diagnosed with a mental illness but who could benefit from therapeutic interventions and services.
- 4.1.10 Over the last four years the number of referrals to specialist CAMHS services had doubled; mental health needs of children and young people had grown and were predicted to rise further. There was a shared view amongst professionals that more needed to be done to develop early intervention and prevention services that could be accessed by children and young people without a diagnosis for a mental illness and could help reduce referrals to CAMHS. Health partners stated that achieving this kind of development would be less costly than the provision of specialist CAMHS services.
- 4.1.11 The panel was pleased to find agreement amongst professionals that this kind of prevention and early intervention needed to be done collaboratively and that it could reduce the number of referrals to specialist CAMHS services.
- 4.1.12 The panel felt that the gap in provision of lower level prevention and early intervention services for children who did not have a diagnosis for a mental illness, was a factor in the significant increase in the number of referrals to specialist CAMHS services. The panel felt that developing services in this area could have the potential to greatly reduce the number of referrals to specialist CAMHS services and as the panel has previously stated, it felt that service development in this area needed to be done collaboratively.
- 4.1.13 The panel therefore recommends that the Cabinet Member: seeks clarification from specialist Child and Adolescent Mental Health Services and other CAMHS services on the types of mental illnesses that the services support; brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people without a diagnosis for mental illness; ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and Educational Psychology Team; encourages the development of existing and new partnership working amongst agencies and the sharing of resources to provide mental health support services to children and young people.

Developing access to good quality training for professionals and agencies in contact with children and young people will help them identify mental health needs at an early stage

- 4.1.14 There was broad agreement that up to date and relevant training was a good way to help professionals in contact with children and young people, to identify those with mental health issues and thus prevent escalation to specialist child and adolescent mental health services. However, may consultees reported that training opportunities were irregular and infrequent; stakeholders reported that training was valuable and worthwhile

but expensive; cost was usually a barrier to third sector organisations; schools reported that there was no formal programme of training that they could access and that training was often sought in reaction to issues that had arisen.

- 4.1.15 There was a feeling of frustration amongst some head teachers who gave evidence to our panel around the lack of affordable and local training and the impact this could have on the mental health of children in their schools. All agreed that training was invaluable in this broad and complex area; an area of need that is set to grow. Teachers said they wanted to use their expertise and were well placed to help children and could be effective in identifying mental health issues early on if they were equipped with the right training and resources.
- 4.1.16 The panel recommends that Cabinet investigates the feasibility of the development a training programme which is relevant to the education sector and is affordable and accessible.

The authority uses the Western Bay's review of child and adolescent mental health services across the region as an opportunity to help shape a future service delivery model

- 4.1.17 There was broad agreement that the Western Bay's review of child and adolescent mental health services across the region was a good thing and should be supported.
- 4.1.18 Mental health support services across the different local authorities within the Western Bay region were found to be inconsistent and sometimes ad hoc. Historic and incremental service developments and individual local authority arrangements with CAMHS meant that all three local authorities had different arrangements with child and adolescent mental health services.
- 4.1.19 The panel was concerned about the ad hoc nature of some arrangements between the Council's Child and Family Services and CAMHS. These were not specified in the CAMHS delivery model and were dependent on the capacity of CAMHS at any given time. The panel felt that the lack of formality of the arrangements between child and family services and CAMHS presented a risk to the service and needed to be addressed.
- 4.1.20 The panel was of the view that the Western Bay review presented a good opportunity to consider need across the region and to establish a joint vision for more consistent mental health services. The panel felt that this would be a positive development for CAMHS services across the region. It would provide an opportunity for the authority to help shape the services it needed and to put in place more formal support arrangements through the development of a new CAMHS service delivery model.

- 4.1.21 The panel recommends that the Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review. The panel also recommends that Cabinet takes steps to formalise support service arrangements between child and family services and child and adolescent mental health services in any future CAMHS service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers

Providing professionals and parents with better information about the referral process and the eligibility criteria for CAMHS will improve understanding

- 4.1.22 Evidence suggested that many professionals in contact with children and young people lacked important information about the referral process and eligibility criteria for CAMHS which often led to a low take up rates of referrals by CAMHS.
- 4.1.23 The Head of Child and Family Services reported that social workers needed to be upskilled in the referral process to help them better understand the process and the eligibility criteria. We learned that social workers were able to refer their cases to CAMHS but not for children who needed an assessment for Autistic Spectrum Disorder or Attention Deficit Hyperactivity Disorder (this was done by schools). We found that the take up rate of cases referred to CAMHS by social workers was low because Child and Family Services framed need in a different way to CAMHS. The panel felt that better joint working between the authority and health to develop new eligibility criteria for CAMHS referrals would help ensure that only cases that ought to be referred to CAMHS would be referred.
- 4.1.24 The panel felt that there was pressure and responsibility on schools to identify mental health needs in children and young people and the referral process followed by schools was difficult to navigate. Teachers reported difficulties understanding the referral process, the pathway into CAMHS services and who they needed to communicate with at CAMHS; some evidence suggested that GPs had asked schools to step in and liaise with CAMHS to help move things on with cases and there was uncertainty over where the responsibility lay for referrals amongst schools and GPs. The consequence of these types of difficulties often led to children and young people experiencing long waits for CAMHS assessments and specialist CAMHS services. While this happened schools had to deal with the impact of supporting these children who needed extra help which often meant demands on schools' resources.
- 4.1.25 The panel felt that partners such as GPs and schools would benefit from good quality information on the CAMHS referral process, eligibility criteria and the different pathways into CAMHS services. This would lead to a greater understanding of the process and improve the quality of referrals to CAMHS. The panel welcomed the work being done by ABMU to develop new eligibility criteria and stressed the importance of taking a collaborative approach in this.

- 4.1.26 Parents also reported difficulties understanding the referral process, eligibility criteria and pathways into CAMHS services. Some parents reported that professionals such as GPs could be better informed about the CAMHS referral process:

“the GP was very understanding, but not that well informed, he tried to refer my son to CAMHS to be assessed for ASD. It took him more than a year to come back to me with the answer that he wasn’t able to refer my son and that everything needed to be done through the school. I had by that stage found that out from other sources”

- 4.1.27 Some parents reported that if they were knowledgeable about services and the process and they were supported by their child’s school or teacher then they could access good support services for their children; often parents sought out private assessments to help them access CAMHS services:

“I have a good care package and am knowledgeable about what services are available...community paediatrics are great....I get physio and occupational therapy services for my children....I receive a large number of services and the referral for my son was done through Penyrheol which was brilliant...I paid for a private occupational therapist who guided me through the system”

- 4.1.28 The panel felt that the parents with whom they consulted had valuable experiences of the processes and systems around CAMHS services and that this experience should be tapped into. Parents of children with mental health issues and mental illness should be included in service model planning, development and consultation and could help guide and support other parents through the process and systems.

- 4.1.29 The panel learned from CAMHS that the pathway into its services has to come via schools; that the pathway is clear but that often the professionals making the referrals don’t understand the pathway or don’t understand the disorders that are supported by CAMHS services.

- 4.1.30 It was clear to the panel that knowledge and understanding amongst professionals and parents about pathways into CAMHS services, the referral process, eligibility criteria and the types of mental illnesses that are supported by CAMHS services was inconsistent and this impacted on the likelihood of accessing specialist services.

- 4.1.31 Panel recommends that Cabinet works with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People’s Mental Health Planning Group to ensure there is collaborative development and consultation on the new eligibility criteria; training and information on the CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the Youth Justice and Early Intervention Service.

- 4.1.32 The panel also recommends the development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services; encourage the ABMU Board Children and Young

People's Emotional and Mental Health Planning Group to use the opportunity that the Welsh Government funding offers to simplify the referral process; seeks to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services.

- 4.1.33 Finally the panel recommends that the Cabinet encourages the Abertawe Bro Morgannwg Health Board Children and Young People's Mental Health Planning Group to consider the implementation of a "front door" to provide advice and information and to screen referrals to ensure that they are appropriate to the service; monitors referral rates and the length of time it takes for an individual to be assessed by all CAMHS services.

Develop and improve transition arrangements between CAMHS and adult services

- 4.1.34 The panel was pleased to learn that transition arrangements for young people to adult mental health services would be a workstream of the ABMU Board Children and Young People's Emotional and Mental Health Planning Group. The panel supported the work of this group on transition arrangements and the Western Bay's Transitions to Adulthood Service Model. Our health partners also reported to us that there was a drive on to tighten up the transition process between CAMHS and adult services. Health acknowledged that there were gaps where services existed for children but not adults and that developments in these areas would be a challenge of the transition work.
- 4.1.35 The panel was concerned that children who transitioned from CAMHS to adult mental health services could find themselves at the back of the queue for support and would need to undergo a new referral and assessment procedure; accessing therapeutic services as a child was no guarantee that this would follow the person as they transitioned into adult services. The panel felt that quick collaborative action was needed to develop robust transition arrangements which ensured young people with a mental illness and mental health needs continued to access services in adulthood and to ensure that transition didn't pose a risk to a young person's mental health.
- 4.1.36 The panel recommends that Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

5 RECOMMENDATIONS

The panel commends Cabinet to consider all issues and ideas raised by this inquiry and, in particular, the recommendations set out below.

The panel recognises that the Authority

- (a) will need to ensure that any subsequent actions are legal and meet the requirements of any relevant legislation;
- (b) has a responsibility to make the best use of limited resources and that any additional costs will need to be considered carefully as part of the annual budget setting process.

The panel has kept these principles in mind in the course of its investigations.

Recommendations for Cabinet:

It is recommended to the Cabinet Member, and working with relevant partners, that the following recommendations are considered:

- 5.1.1 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.
- 5.1.2 Cabinet seeks clarification from the specialist Child and Adolescent Mental Health services and other CAMHS services on the types of mental illnesses that this service supports and ensures this is communicated to relevant agencies.
- 5.1.3 Cabinet brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people who do not have a diagnosis for a mental illness.
- 5.1.4 Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.
- 5.1.5 Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.
- 5.1.6 Cabinet investigates the feasibility of the development of a training programme in collaboration with all CAMHS services which is relevant to the education sector and is affordable and accessible.
- 5.1.7 Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review.
- 5.1.8 Cabinet takes steps to formalise support service arrangements between child and family services and all CAMHS services in any future CAMHS

service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers.

- 5.1.9 Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.
- 5.1.10 Training and information on all CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the youth justice and early intervention service.
- 5.1.11 Development of peer support to help parents understand the referral process, the eligibility criteria and pathways into all CAMHS services.
- 5.1.12 Cabinet should encourage the ABMU Board Children and Young People's Emotional and Mental Health Planning Group to use the opportunity of the Welsh Government investment to simplify the referral process.
- 5.1.13 Seek to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services.
- 5.1.14 Cabinet to discuss with the ABMU Board Children and Young People's Emotional and Mental Health Planning Group the possibility of implementing an access and information point, also known as a "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to all CAMHS services.
- 5.1.15 Cabinet to monitor referral rates and how long it takes to be seen by all CAMHS services.
- 5.1.16 Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

6 ACKNOWLEDGEMENTS

The panel would like to record its thanks to the following people who came and gave evidence to us:

- Swansea Council for Voluntary Services, Mental Health Forum
- Sandra Spratt, Swansea Council for Voluntary Services
- Julie Thomas, Head of Child & Family Services
- Janice Hall, Locality Manager, Western Bay Youth Justice and Early Intervention Service
- Sian Harrop-Griffiths, Director of Strategy, ABMU Health Board
- Dr Claire Ball, Clinical Director, CAMHS, Cwm Taf Health Board
- Lindsay Harvey, Chief Education Officer
- Helen Tallat, Head Teacher at Pengelli Primary School
- Alison Williams, Head Teacher at Craigfelin Primary School
- Gethin Sutton, Head Teacher at Pen Y Bryn Comprehensive School
- Simon Evans, Head Teacher, Pupil Referral Units
- Councillor Jennifer Raynor, Cabinet Member for Education
- Councillor Jane Harris, Cabinet Member for Adults and Vulnerable People
- Councillor Christine Richards, Cabinet Member for Services for Children and Young People
- Alex Williams, Head of Adult Services
- Phil Monaghan, Head of Additional Learning Needs and Principal Educational Psychologist
- Swansea Council for Voluntary Services Parent/Carer Forum

7 ABOUT THE INQUIRY PANEL

The **Child & Adolescent Mental Health Services Inquiry Panel** is a team of Councillors who are not members of the Cabinet. Their role is to examine a strategic issue of concern and to make recommendations about how policies and services can be improved.

Members of the panel, Councillors

Mary Jones (Convener)
Hazel Morris
Terry Hennegan
Ceri Evans
Susan Jones
Erika Kirchner
Paul Meara
Cheryl Philpott
Uta Clay
Yvonne Jardine
Elliot King
David Lewis
David Anderson-Thomas

The inquiry was supported by Delyth Davies from the Council's Scrutiny Unit.

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