

ABERTAWA BRO MORGANWYG UNIVERSITY HEALTH BOARD

Service Development	Progress in the last year
NEURODEVELOP MENTAL SERVICES/ PAEDIATRICS	<p>Progress to date:</p> <p>Management of NDD Service transfer from CAMHS to Childrens Service group. Dedicated NDD team in place comprising:</p> <ul style="list-style-type: none"> . 5 CAMHS Consultant 1 wte Team leader 1 wte SLT 1 wte OT .5 wte Health visitor 1 wte Waiting list co-ordinator 1 wte Administrator support <p>The team are based at Neath Port Talbot hospital with co-located office space. Transfer of 150+ referrals from CAMHS services is complete. One clinic per week currently. Routine production of waiting list for over 5's (Myrddin) and under 5's (Child Health system). Monthly Project team structure in place. Baseline assessment against requirements of all-Wales pathway to be completed by end of June 17. Meetings diaried with Education leads across three localities June/July 17. Plan to use slippage monies to undertake WLI clinics to reduce backlog July 17. ICF Funding proposal submitted and successful which will increase capacity for the team.</p> <p>Priorities next 6 months:</p> <ul style="list-style-type: none"> Confirm dedicated clinic rooms in Childrens Centre Implement all Wales pathway Agree referral pathway with Education leads Recruit additional posts utilising ICF funding Increase clinic capacity <p>Challenges/Risks:</p> <ul style="list-style-type: none"> Vacancies in community setting Limited capacity to manage demand Links with education

**OUT OF HOURS
CRISIS SERVICES**

April 2016 – Feb 2016 (Monday – Friday service, 9 -5pm)

April 2016 – 09.09.16 completing assessments of young people and children who presented in Morriston and POW hospital's with mental health crisis. 3 nurse clinicians in post.

Week commencing 12.09.16 started taking urgent GP referrals screened by the three generic CAMHS teams (Swansea, NPT and Bridgend).

January 2017 recruited additional nursing staff.

On 06.02.17 moved to long days (9am -9.30pm) Mon-Fri.

Since recruitment of further additional staff the service has expanded to operating **7days a week 9am – 9.30pm** since 04.06.17.

2 x Band7 Team Lead Nurses, 5 x Band6 Nurses, 1 x Band3 admin.

Moving to 7 days will enable team to achieve 100% target of referrals being seen within 48 hours.

Between April 2016 and March 2017 an average of 34 referrals were received each month - an average of 96% of these referrals were assessed within 48 hours which is the WG target.

**PSYCHOLOGICAL
THERAPIES**

Cwm Taf UHB (delivering CAMHS on behalf of ABM UHB) has begun a process of aligning its services more consistently to providing a psychological therapies service to young people and their families. This has involved plans to adopt CAPA in ABMU which emphasises quality, focused therapeutic input and evidence informed interventions. The Network also spent some time in 2015-2016 reviewing the principles of CYP-IAPT as implemented in England and considered how similar principles (with the addition of consumer participation and reflective practice) could help us transform into a more robust psychological service. The greatest number of referrals received for CAMHS, excluding neuro-developmental presentations are anxiety, depression (and self harm), behavioural difficulties and eating disorders. There are rigorous recommendations from NICE about evidence based treatments for all these difficulties including CBT, family based treatment and psycho-dynamic interventions. Accordingly the Network has embarked on a programme of up-skilling staff so that these interventions can be offered and using the limited qualified therapists we have, to provide quality consultation.

Family and Cognitive Behavioural Therapies are evidence based interventions recommended for a number of adolescent psychological

problems (including depression, behavioural problems and eating disorders). CTUHB (Network provider) chose to upgrade the staffing levels of Family and CBT within the CAMHS Network. In ABMU we were able to appointment additional therapy. Also, Band 8b posts were created to oversee Family Therapy and CBT across the whole of the Network which equates to 0.4 wte for Family Therapy and 0.4 wte for CBT. This has ensured that across the Network, there is a coherent structure for the provision of these two therapies with the Senior Clinician providing supervision to the other Family Therapy and CBT staff. All posts had initially been recruited to with minimal difficulty across ABMU but we currently have 1.0 CBT vacancy.

As the actual staffing levels of Family Therapy and CBT continue to be small, the strategy has always been to use the resource to increase the skill level of other clinicians (in particular nursing colleagues) within the Network. The two Principal Leads were tasked with designing and implementing a 'whole service' training in which would be rolled out within teams. Such a training needed to be team (geographical) based and aim to take limited clinical time because of the scale of the demand. Accordingly, groups of 10-12 team members were allocated to one of two groups which in alternate weeks received training in either family interventions or CBT. This undertaking began in Autumn 2016 and has just concluded. Again, because all clinical skills need rigorous supervision/consultation to be maintained, these groups have turned into supervision/consultation groups. Staff received a ten week training in the principles of family intervention during 2016-2017. Evaluation has been consistently good although full evaluation would entail reviewing the actual skills learnt and used in this training.

The CAMHS Network has also invested in a number of other psychological trainings. This included training in Brief Solution focused interventions, Motivational Interviewing and Attachment focused treatment. The Network has invested in a more coherent psychological therapies training strategy and is supporting those trainings that ensure sustainability, greater levels of psychological skill and value for money.

The strategy developed by the Network Training Committee has included one for improving psychological supervision within the Network. There is now a coherent structure for supervision for Clinical/Counselling Psychologists; Family Psychotherapists and CBT Therapists. Although these clinicians cannot provide managerial supervision to other professional groups, they can provide clinical consultation. The intention has been to use the limited psychological therapies resource to its full by making sure that such consultation is available to colleagues. Accordingly, at the end of the training outlined above, regular consultation is being offered which will embed clinical skills.

**LOCAL PRIMARY
MENTAL HEALTH
SUPPORT
SERVICES**

A total of 5.9 WTE staff are now in post across the ABMUHB region. There are no vacancies currently. The resources available have been directed to address the waiting list in the most equitable way. This has been complicated by 1.0 WTE staff being temporarily appointed into the CAMHS Senior Nurse role for ABMU.

The service now offers assessment and intervention with some staff being directed to introduce group intervention; this service will be available to young people across ABMU. A telephone consultation service remains available twice per week and all professionals working with children adolescents and families are able to access advice, support and signposting options in relation to children's mental health.

A directory of services has been prepared to include local agencies working with children and young people in each of the three areas. This will need to be updated Summer 2017.

Unfortunately, all Primary Mental Health resources have been redirected towards establishing a Part 1 P-CAMHS, consequently work with schools, social services and third sector has been concluded. This decision resulted from the lengthy waiting lists for Part 1 assessments that have breached the target of 28 days set by WG for many months; the volume of referrals remains high.

ABM UHB has made the decision to withdraw the P-CAMHS from Cwm Taf UHB and as of 1st April 2018 (estimated) will manage the service from then on.

**EARLY
INTERVENTION
IN PSYCHOSIS**

The Early Intervention in Psychosis (EIP) service is designed to work across the ABMU Health Board area but with practitioners identified specifically for this work in each local authority area. The service is delivered by ABMUHB across the 14 – 25 age range.

3.6 FTE Band 6 practitioners have been recruited and commenced by the end of April with a Band 7 team manager in place since December 2016 as part of implementation and development of the service.

In addition, 3 Recovery workers have been recruited via third sector funding which have been in place since December 2016.

Operational policy set out jointly with adult mental health services and CAMHS for the ABMU Health Board area covering service delivery of EIP in 3 local authority areas.

Pathway in place and consists of referrals for people who are 14 -25 with a probable psychosis being made to a central point for EIP.

In addition to the dedicated EIP practitioners there are link workers in each adult CMHT across the ABMU footprint for ongoing work with people with a first episode of psychosis.

Contact is made with people following referral within 10 days with assessment and treatment commencing (where indicated) within 14 days.

**CONSULTANT
PSYCHIATRY
POSTS**

There are currently no Consultant post vacancies across the ABMU area.