



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Inquiry Panel – Child & Adolescent Mental Health Services

**At:** Committee Room 5, Guildhall, Swansea

**On:** Wednesday, 15 November 2017

**Time:** 10.00 am

**Convenor:** Councillor Mary Jones

**Membership:**

Councillors: C R Evans, T J Hennegan, Y V Jardine, S M Jones, E J King, E T Kirchner, H M Morris and C L Philpott

Co-opted Members: Dave Anderson-Thomas

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### Agenda

Page No.

- 1 **Apologies for Absence**
- 2 **Disclosures of Personal and Prejudicial Interest**  
[www.swansea.gov.uk/disclosuresofinterests](http://www.swansea.gov.uk/disclosuresofinterests)
- 3 **Child & Adolescent Mental Health Services Inquiry Impact Report and follow up on progress** 1 - 72  
Invited to discuss progress are:  
**Councillor Mark Child**, Cabinet Member for Health and Wellbeing  
**Julie Thomas**, Head of Child and Family Services  
  
**Attached are:**
  1. Impact Report from Cabinet Member
  2. Original Cabinet Response
  3. Original Scrutiny Inquiry Report
- 4 **Panel to discuss thoughts on progress and agree feedback**  
Panel discuss their thoughts on progress and agree the feedback they wish to make to the Cabinet Member and Scrutiny Programme Committee via their letter from the Convener.

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Wednesday, 8 November 2017**  
**Contact: Liz Jordan, Scrutiny 01792 637314**

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## Report of the Cabinet Member for Health & Wellbeing

### CHILD & ADOLESCENT MENTAL HEALTH SERVICES SCRUTINY INQUIRY PANEL

PANEL DATE - November 15<sup>th</sup> 2017

### IMPACT REPORT: SCRUTINY INQUIRY INTO REDUCING THE DEMAND FOR CHILD & ADOLESCENT MENTAL HEALTH SERVICES

<b>Purpose</b>	To help the Scrutiny Inquiry Panel to assess the impact of their report into reducing the demand for Child & Adolescent Mental Health Services
<b>Content</b>	This report deals with three questions related to the impact of the inquiry: <ol style="list-style-type: none"> <li>1. What has changed since the report was presented to Cabinet?</li> <li>2. Have the agreed recommendations been implemented?</li> <li>3. What has been the impact of the scrutiny inquiry?</li> </ol>
<b>The Scrutiny Inquiry Panel are being asked to</b>	<ul style="list-style-type: none"> <li>• Consider the contents of the report</li> <li>• Reach conclusions about the impact of the inquiry</li> </ul>
<b>Lead Councillor(s)</b>	Cabinet Member for Health & Wellbeing – Mark Child
<b>Lead Officer(s) and Report Author</b>	Dave Howes – Chief Social Services Officer Julie Thomas – Head of Child & Family Services

#### 1. Introduction

1.1 The Child & Adolescent Mental Health Services Scrutiny Inquiry Panel undertook an in-depth inquiry in 2015/16. The resulting final report is attached at **Appendix C**.

1.2 The reporting timeline of the inquiry is as follows:

Commenced	Oct 15
Agreed by the Scrutiny Programme Committee	12 Sep 16

Presented to Cabinet	20 Oct 16
Cabinet Response agreed	16 Feb 17

1.3 The final stage of the scrutiny inquiry process is the follow up. It is at this point that the original panel reconvenes in order to assess the impact of the work.

1.4 The purpose of this report is to assist the panel as it seeks to answer the following three questions, each of which will be dealt with in detail below:

- What has changed since the report was presented to Cabinet?
- Have the agreed recommendations been implemented?
- What has been the impact of the scrutiny inquiry?

## **2. What has changed since the report was presented to Cabinet?**

2.1 Since the inquiry concluded the following changes have taken place.

2.2 As a result of the Inquiry, Western Bay, for the first time, has agreed that CAMHS is a joint priority for the Regional Partnership Board consisting of ABMU Health Board and the 3 Local Authorities plus third sector partners.

2.3 Specific teams to improve the support available for children and young people have been established with clear criteria

- Crisis Care
- Early Intervention in Psychosis
- Eating Disorders
- Neurodevelopment disorders (NDD)
- Local Primary Care Mental Health Services for C&YP

2.4 The plan for Local Primary Care Mental Health Services - Tier 1 and 2 is to jointly, across agencies, develop tier 1 and 2 interventions to avoid referral into specialist CAMHS where this is appropriate. This service is to be brought back to ABMU in April 2018 to enable integration with local provision. To be most effective, these services need to more closely aligned with other services provided by ABMU Health Board and with services provided by Schools, Education and Social Services Departments. Services for Neurodevelopmental disorders (NDD) and the new early onset psychosis service funded by Welsh Government has already transferred back into ABMU.

2.5 To support improved performance in Primary Health, (prior to the new model being developed), and the NDD service, two bids were made for Integrated Care Funding (ICF), (allocated to the Western Bay Regional Partnership Board by Welsh Government) which were successful and supported by the 3 Local Authorities - £199k to enhance the Neurodevelopment Disorders Service and £160k for appointing 3 primary care CAMHS liaison posts to be located within CFS across the region. In

addition, £250k has been identified for CYP from the ring-fenced funding for Mental Health (age blind) which was allocated to ABMU for 2017 – 18.

- 2.6 Monies from Mental Health ring-fenced allocation has been used non-recurrently to address backlog waiting list problems in NDD and specialist CAMHS. This has been partly successful.
- 2.7 A Delivery Plan has been developed, which is attached as *Appendix 1 and 1a*. Progress against this Delivery Plan will be overseen by the Health Board Children and Young People's Strategy Group and the Multi-agency Children and Young People Mental Health Group and progress reported to the Health Board and Western Bay Regional Partnership Board as agreed but at least on an annual basis.
- 2.8 The Multi Agency Placement Support Service (MAPSS) – a Local Authority, Health and Education collaboration, is in place following a successful bid to the ICF. This service provides therapeutic support to children and young people experiencing care.
- 2.9 One of the most significant changes resulting from the Inquiry is CAMHS management of the waiting list. Children are now only accepted by CAMHS when all the relevant information has been gathered and the criteria for the service has been met. Only then will a child be placed on the waiting list and there are now clear targets around waiting list times. In addition advice is provided to parents or professionals as to how best to respond to their child's needs while they wait for a service and for those children where CAMHS is not the right service for them signposting to the relevant service occurs in a timely way.

### **3. Have the agreed recommendations been implemented?**

- 3.1 In responding to the inquiry an action plan was drawn up showing what steps would be taken to implement all of the scrutiny recommendations agreed by Cabinet (**Appendix B**).
- 3.2 The table at **Appendix A** shows progress against each recommendation and specifically:
  - the Cabinet decision in respect of each recommendation
  - the action taken / proposed to implement the recommendations
  - the responsible officer(s)
  - timescales involved

### **4. What has been the impact of the scrutiny inquiry?**

#### **What has been the impact of the scrutiny inquiry?**

- 4.1 The inquiry has responded to the concerns and feedback from professionals and family members and has been influential in ensuring the Regional Partnership Board established CAMHS as a priority area.

- 4.2 The inquiry has also supported a broader understanding of emotional health, wellbeing, and mental health amongst professionals. It has supported a dialogue about the importance of emotional wellbeing being everybody's business and of the importance of early help, early identification and prevention and of the importance of agencies working together effectively to meet children's needs.
- 4.3 The importance of de-stigmatising mental health issues proved helpful and the message from children that they do not want to be labelled was taken seriously.
- 4.4 An important area identified was that of waiting lists and the length of time children and families waited for a service. This helped CAMHS think about the referral system, make changes to address these problems, and identify additional funds to reduce waiting times. This is however an area requiring improvement and will need to be carefully monitored.
- 4.5 The Inquiry proved useful in establishing the delivery and monitoring of some performance information (*Appendix 2*). But again this is an area for further development.
- 4.6 The inquiry was able to ensure that the work being driven by the Family Support Continuum Steering Group (FSCSG), and specifically the commissioning reviews incorporated emotional wellbeing and the need for a Behaviour and Wellbeing Strategy into their work plan. This will potentially have a major impact on the ability of professionals to promote emotional wellbeing and reduce the need for more specialist intervention.
- 4.7 The need for Primary Health to work with local services has been a welcome outcome of the Inquiry and supported the decision of ABMU to bring the service 'in house'. This again will provide positive opportunities to promote the early help work.
- 4.8 Specialist CAMHS teams have been developed and are operational, as above. These teams are also beginning to provide consultation and training support and are now able to recognise their role in not only providing specialist interventions, but providing support to professionals working at different tiers on the continuum.
- 4.9 There has been improvement in waiting times and the timelines of intervention from specialist CAMHS. Swansea's most vulnerable children, including those experiencing care are receiving specialist support.
- 4.10 In conclusion the Inquiry provided a voice for professionals and parent/carer's to express their concerns about, what at that time, was considered to be a service that was not meeting the needs of children locally, or indeed across Wales. The profile of children's mental health and emotional wellbeing was also raised. As a result the local CAMHS service has worked with partners to establish the operational teams specified in the

T4CYP Programme and many of the recommendations of the Inquiry are being fulfilled, albeit with further progress required. In addition there are clear governance and performance monitoring arrangements in place to track progress and monitor outcomes for children.

**APPENDIX A**

**Scrutiny Inquiry of Child & Adolescent Mental Health Services Scrutiny Inquiry Panel  
Cabinet Action Plan**

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
<p>1. <i>Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People’s Emotional and Mental Health Planning Group to broaden the current membership to include other agencies such as Education, Youth Justice, the voluntary sector which play an important role in the mental health and emotional wellbeing of children and young people.</i></p>	<p>Complete</p>	<p>Membership and terms of reference of ABMU Planning Group to be reviewed and alternative arrangements put in place.</p> <p>Local partnership Board to drive the recommendations of T4CYP and ensure local implementation.</p> <p>Integrate the Continuum of support used within the LA with that used within ABMU and CAMHS</p>	<p>February 2017</p> <p>Ongoing</p> <p>April 2017</p>	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p> <p>Dave Howes Chief officer for Social Services</p> <p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p>
<p><b>COMPLETED – YES</b></p>				



<p><b>Progress:</b> The membership and Terms of Reference (TOR) of the ABMU Planning Group has been reviewed and the Children and Young People Mental Health Group (CYPMHG) established with multi-agency representation. The high level Delivery Plan 2017-19 is monitored through the group as well as key performance indicators (KPI's). The Regional Partnership Board also receives progress reports in their monitoring capacity of the T4CYP programme. The Primary Care CAMHS Service is to be brought back into ABMU from Cwm Taf in April 2018 to enable better integration with local services. The model for Primary Care CAMHS will be developed via a separate multi-agency group to be established.</p>					
2.	<p><i>Cabinet seeks clarification from the CAMHS service on the types of mental illnesses that CAMHS deals with and this is communicated to relevant agencies.</i></p> <p><i>A clear communication plan is developed by CAMHS and Partners regarding criteria and pathways for professionals and parents</i></p>	<p>Service specifications in draft</p> <p>Under development</p>	<p>Officers to participate in finalising the service specifications, including pathways and these to be presented to the LPB for sign off.</p> <p>As above</p>	<p>April 2017</p>	<p>Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS Dave Howes Chief Officer SS Jo Davies ABMU AD of Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
<p><b>COMPLETED – PARTLY</b></p> <p><b>Progress:</b> The development of clear pathways to provision requires further work and it is acknowledged that there is still a level of confusion in respect of the All Wales Pathway for parents. A plan is in place to update information for families and for this to be made available via the national website. Service specifications for Secondary CAMHS have been developed and a communication plan is under development.</p>					
3.	<p><i>Cabinet brings together relevant agencies and facilities collaborative development of low level prevention and early intervention services that support</i></p>	<p>Collaboration within the LA to co-ordinate and improve Early help and Prevention services being</p>	<p>ABMU/CAMHS to be invited to join this work stream with the Primary care work stream.</p>	<p>January 2017</p>	<p>Julie Thomas HOS/ Gareth Bartley ABMU Head of Partnerships and Development Mental Health and</p>

	<i>children and young people who do not have a diagnosis for a mental illness.</i>	<p>developed and supported by the commissioning reviews.</p> <p>Support for young carers' is considered given the research around the impact of their caring role on their emotional wellbeing and mental health</p>	The young carers' support group develops recommendations with an action plan for delivery to support young carers'.	Ongoing	<p>Learning Disability</p> <p>Gavin Evans – Young people's service manager.</p>
<p><b>COMPLETED – PARTLY</b></p> <p><b>Progress:</b> The Family Support Continuum Group (FSCG) is driving work on emotional wellbeing and Primary CAMHS are developing a training programme to support schools meet the emotional wellbeing needs of pupils; this is to be rolled out by March 2018. A regional group is meeting to consider best practice to support young carers and a local action plan is being developed led by Nichola Rogers, PO in CFS. This will encompass the commissioning of services for young carer's, drafting a young carer's strategy and developing support to young carer's across the continuum of need. The timescale for completion of this work is September 2018. This will be supported by new grant monies made available by Welsh Government.</p>					
4.	<i>Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.</i>	As recommendation 3	Sub group of the EOTAS Review to be established to develop a multi-agency Behaviour Strategy.	January 2017	Nick Williams HOS
	<b>Recommendation partly agreed</b>				

**COMPLETED – YES**

**Progress:** TAF in schools is being rolled out within all primary schools in Swansea with positive feedback from primary school head teachers. The model is being developed by Evolve (Young People Services) throughout secondary schools. A working group has been developed led by Mark Sheridan (Head of Additional Learning Needs Unit) to develop a local behaviour and wellbeing strategy; this will specify evidence based models of intervention to be used within Swansea, to provide a tool kit of interventions for use by professionals. A performance framework is being developed to evidence outcomes for children.

5.	<i>Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.</i>	As recommendation 3 and 4			
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**COMPLETED – YES**

**Progress:** This is being driven by the CYPMHG and the FSCSG.

6.	<i>Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS which is relevant to the education sector and is affordable and accessible.</i>	Core Competency and Training Framework has been developed via the T4CYP programme	T4CYP workforce development programme to be driven forward by the LPB  Within the LA the Family Support Continuum Group to progress the workforce development	Ongoing 2017  Ongoing 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS  Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS
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			programme and co-commission training.		
<p><b>COMPLETED - PARTLY</b></p> <p><b>Progress:</b> Some training is being rolled out to schools, School Nurses and Youth Workers. This includes training being offered by the Youth Offending Service (YOS) on the trauma recovery model. This training has been offered to staff within Child and Family Services (CFS).</p> <p>The Family Support Continuum has developed a Workforce Development Sub-Group to undertake a workforce training needs analysis which links with the work of the Behaviour and Wellbeing Strategy Group to ensure training on the recommended models of intervention is commissioned and rolled out proportionately across the continuum.</p>					
7.	<p><i>Cabinet supports the Western Bay's review of CAMHS across the region and ensures that the Council takes a full and participatory role in this review.</i></p> <p><b>Recommendation not agreed</b></p>				
<p><b>COMPLETED – YES</b></p> <p><b>Progress:</b> Service specifications have been developed for the Crisis Care, Early Intervention in Psychosis, Eating Disorders and Neuro Development Disorder (NDD) teams and these are operational. The development of the new Integrated Autism Service (IAS) is being developed regionally and this will be integrated with NDD. The model for primary care services is under development, although adverts are out to recruit into 3 primary health care posts, one for each Local Authority, to be located within CFS front door arrangements to provide an advice and signposting service to families and professionals.</p>					
8.	<p><i>Cabinet takes steps to formalise support services arrangements</i></p>		Pathway and support arrangements	April 2017	Julie Thomas HOS/ Jo Davies ABMU AD of

	<p><i>between child and family services and CAMHS in any future CAMHS service delivery model.</i></p> <p><i>Cabinet takes steps to formalise support services arrangements between STF's, EOTAS and GP's and CAMHS in any future CAMHS service delivery model.</i></p>		<p>between Child and Family service and CAMHS to be formalised within the Service Specification documents.</p> <p>Pathways to be developed as part of the service specification plan</p>		<p>Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
<p><b>COMPLETED – PARTLY</b></p> <p><b>Progress:</b> CFS has developed pathways to specialist and secondary CAMHS services via their internal therapeutic team. The regional Multi Agency Placement Support Service (MAPSS) is in place funded via the Integrated Care Fund (ICF) to provide therapeutic support to children who experience care.</p> <p>Further work is required to formalise Pathways for STF's EOTAS etc. and this is covered in the Delivery Plan.</p>					
9.	<p><i>Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.</i></p>	<p>The eligibility criteria for CAMHS is contained within the service specification documents.</p>	<p>These documents to be agreed and signed off by the LPB.</p>	<p>April 2017</p>	<p>Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS</p>
<p><b>COMPLETED – PARTLY</b></p> <p>See Recommendation 7</p>					

10.	<i>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.</i>		Communication and training plan to be developed for professionals via the ABMU planning group.	April 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy
<p><b>COMPLETED – NO</b></p> <p><b>Progress:</b> The service specification for specialist and secondary CAMHS has been completed. However, a communication plan requires development and this forms part of the Delivery Plan.</p>					
11.	<i>Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services.</i>		Peer support to be progressed via the Family Support Commissioning Review in collaboration with ABMU.  Training to be provided to Local Authority Councillor's on CAMHS services and those developed via the ALN review, and ASD Strategy	April 2017  July 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/ Nick Williams HOS / Rachel Moxey HOS  CAMHS representative Nick Williams HOS.
<p><b>COMPLETED – NO</b></p>					

<b>Progress:</b> This work is still under development and will be addressed via the ALN commissioning review process.					
12.	<i>Cabinet should encourage the ABMU Board and Western Bay 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.</i>	See recommendation 2			
<b>COMPLETED - NO</b>					
<b>Progress:</b> This requires further work and will be driven via the Regional Partnership Board and the CYPMHG					
13.	<i>Cabinet to encourage the ABMU Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to consider implementing an access and information point, also known as the "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to the CAMHS service.</i>		Requirements of the Social Services and Wellbeing Act to support joined up IAA services including emotional wellbeing.	April 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy / Dave Howes Chief Officer SS
<b>COMPLETED – YES</b>					
<b>Progress:</b> Recruitment into the three primary health workers post is underway. These posts will be co-located within CFS					

regionally.

14.	<i>Cabinet to monitor referral rates and how long it takes to be seen by CAMHS.</i>	T4CYP programme Board monitoring performance and information available about assessment activity.	Child and Family Scrutiny Panel to receive quarterly performance information.  The ABMU Planning Group develop a comprehensive Performance Framework	April 2017  September 2017	JT HOS  ABMU Planning Group Regional HOS
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**COMPLETED – PARTLY**

**Progress:**

A performance framework has been developed – *Appendix 2*. This is monitored by the Regional Partnership Board, the CYPMHG and will be added to CFS Scrutiny Panel work plan in 2018.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



Appendix 1

# **ABMU Health Board**

## **Delivery Plan 2017 – 2019**

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

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

## **CONTENTS**

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

## **APPENDICES**

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

## 1. BACKGROUND

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

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

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

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

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

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

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

### **Specialist CAMHS**

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

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

### **Neurodevelopmental Disorder Services**

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

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

## **3. FACILITIES AND ACCOMODATION**

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

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

#### **4. PERFORMANCE**

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

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



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

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



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



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

DRAFT



## ABERTAWA BRO MORGANWYG UNIVERSITY HEALTH BOARD

Service Development	Progress in the last year
<b>NEURODEVELOP MENTAL SERVICES/ PAEDIATRICS</b>	<p><b>Progress to date:</b></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"> <li>. 5 CAMHS Consultant</li> <li>1 wte Team leader</li> <li>1 wte SLT</li> <li>1 wte OT</li> <li>.5 wte Health visitor</li> <li>1 wte Waiting list co-ordinator</li> <li>1 wte Administrator support</li> </ul> <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><b>Priorities next 6 months:</b></p> <ul style="list-style-type: none"> <li>Confirm dedicated clinic rooms in Childrens Centre</li> <li>Implement all Wales pathway</li> <li>Agree referral pathway with Education leads</li> <li>Recruit additional posts utilising ICF funding</li> <li>Increase clinic capacity</li> </ul> <p><b>Challenges/Risks:</b></p> <ul style="list-style-type: none"> <li>Vacancies in community setting</li> <li>Limited capacity to manage demand</li> <li>Links with education</li> </ul>

**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 1<sup>st</sup> 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.

**INDIVIDUAL CARE -PEOPLE IN WALES ARE TREATED AS INDIVIDUALS WITH THEIR OWN NEEDS AND RESPONSIBILITIES**

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

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

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

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

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

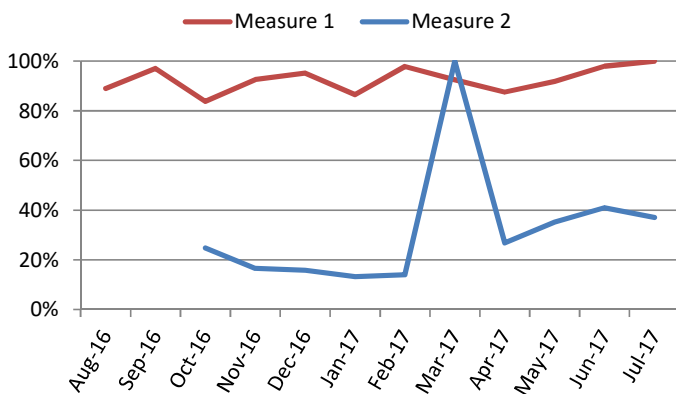
**Corporate Objective : Delivering Excellent Patient Outcomes, Experience & Access**

**Executive Lead : Siân Harrop-Griffiths**

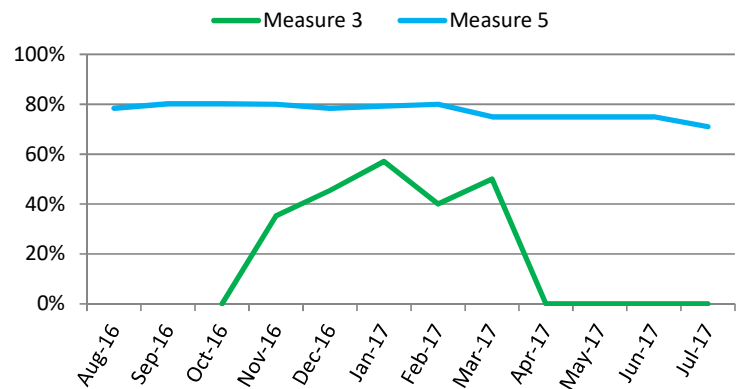
<b>Period : Jul-17</b>	<b>IMTP Profile Target :</b>	<b>WG Target :</b> (1, 2, 3, 4)100% (5) 90%	<b>Current Status :</b> ✘	<b>Movement :</b> ⬇️ ⬆️ ⬇️ <b>Worsening</b>
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**Current Trend: Aug 16 - Jul 17**

**(1) % of Urgent Assessments undertaken within 48 Hours from receipt of referral, (2) % of Routine Assessments undertaken within 28 days from receipt of referral**



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



**Benchmarking**

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

Source : Cwm Taf LHB

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

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

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

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

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

**How are we doing ?**

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

**What actions are we taking?**

**Q1 2017/18**

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

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

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

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

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

## Report of the Cabinet Member for Children and Young People's Services

Cabinet – 16 February 2017

### CABINET MEMBER RESPONSE TO THE REPORT OF THE CHILD AND ADOLESCENT MENTAL HEALTH SCRUTINY INQUIRY PANEL

<b>Purpose:</b>	To outline a response to the scrutiny recommendations and to present an action plan for agreement.
<b>Policy Framework:</b>	None
<b>Reason for Decision:</b>	To comply with the requirements of the Council Constitution.
<b>Consultation:</b>	Legal, Finance, Access to Services
<b>Recommendation(s):</b>	It is recommended that:
	1) The response as outlined in the report and related action plan be agreed.
<b>Report Author:</b>	Christine Richards Deputy Leader and Cabinet Member for Children and Young People's Services.
<b>Finance Officer:</b>	Chris Davies
<b>Legal Officer:</b>	Lucy Moore
<b>Access to Services Officer:</b>	Catherine Window

#### 1.0 Introduction

- 1.1 The Child and Adolescent Mental Health Inquiry report was submitted to Cabinet on the 20 October 2016 after the Scrutiny Inquiry Panel completed a detailed inquiry into Child and Adolescent Mental Health. The scrutiny report is attached as **Appendix A**.
- 1.2 Having considered the contents of the scrutiny report, and specific recommendations made, advice to Cabinet on whether it should agree, or not agree, with each recommendation is detailed in this report.
- 1.3 Cabinet is also asked to consider, for each of the responses, any relevant policy commitments and any other relevant activity.



## 2.0 Response to Scrutiny Recommendations

<b>Recommendation 1</b>
<p><i>Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to broaden the current membership to include other agencies such as Education, Youth Justice, the voluntary sector which play an important role in the mental health and emotional wellbeing of children and young people.</i></p>
<p><b>Relevant Policy Commitments:</b>  Safeguarding vulnerable people – improving emotional and mental wellbeing.  Improving pupil attainment  Tackling poverty  Prevention  Sustainability</p>
<p><b>Action already being undertaken:</b> The Planning group membership had already been expanded pre scrutiny enquiry. Currently Nick Williams and Mark Sheridan are our education representatives; Sandra Stone attends from the Third sector and Caroline Dyer from Youth Offending Service.</p>

**New actions following from the recommendation:**

The planning group membership and terms of reference are currently under review, including the links to the ABMU Children and Young People Strategy Group (CYP Strategy group). The current membership of the planning group is large and unwieldy and this impacts on the effectiveness of the group. New arrangements will be put in place for 2017 and in addition the Assistant Director of Strategy and Chair of ABMU CAMHS Planning Group Jo Davies will meet quarterly with regional Child and Family HOS to report on progress against the 'Together for Children and Young People' (T4CYP) programme. The T4CYP programme is about improving the emotional and mental health of children and young people in Wales. It is a priority for Welsh Government and one that requires new ways of working across all agencies and sectors.

'Together for Children and Young People' (T4CYP) was launched by the Minister for Health and Social Services on 26th February 2015. Led by the NHS in Wales, this multi-agency service improvement programme is aimed at improving the emotional and mental health services provided for children and young people in Wales.

The Main Aims of the Programme are

- To provide strategic leadership, direction and support to ensure that high quality services can be delivered
- To make sure that real change is delivered at pace across Wales
- To make sure that emotional and mental health services for children and young people are delivered in line with the principles of prudent healthcare.

The multi-agency nature of the programme has been reinforced by WG. Led by the NHS in Wales this multi-agency service improvement programme will consider ways to reshape remodel and refocus the emotional and mental health services provided for children and young people in Wales

The programme has adopted the Windscreen Model to inform its thinking. This provides the context of a continuum of support for children and families. This model will underpin T4CYP. The programme will take forward work right across the spectrum focussing on:

- supporting early years' development;
- promoting wellbeing and resilience of all young children;
- early identification and intervention; and
- more specialist services.

Across this model, a continued emphasis on emotional and mental health and well-being is essential. The ability to identify early on where there may be additional need for support is critical and will require increased focus to prevent young people needing the services of specialist CAMHS. <http://www.wales.nhs.uk/togetherforchildrenandyoungpeople>

**Cabinet Member Comments:** I agree absolutely that we should ‘get joined up around children’.

The T4CYP programme is the standard on which local and regional CAMHS will be judged.

The Continuum model is entirely consistent with the approach being taken in Swansea which underpins the Family Support Commissioning Reviews, reporting early in 2017. The focus of this work is to prevent needs escalating, ensure opportunities to collaborate are maximised to develop efficient joined up effective services across Directorates and with partners.

ABMU will be developing this approach regionally and within Swansea. This will ensure emotional wellbeing and mental health is fully integrated into our early help arrangements and there are clear pathways into specialist services. There are real opportunities to develop the primary health care service to ensure workers across the continuum of need and in all agencies, including schools, are trained up, skilled and confident in supporting good emotional wellbeing for children and young people and that CAMHS plays a role in this aspect of the work. The document that is to be launched in March this year ‘How we Support Children and Families in Swansea’ will assist parents, children and families to understand the pathways into provision, right from early help up to specialist services, including CAMHS

Following the Minister, Rebecca Evans’ launch of the Refreshed Autistic Spectrum Disorder Strategic Action Plan last November, work is progressing to establish a regional Autistic Spectrum Disorder (ASD) service.

The service is ‘all age’ with senior and operational officers in education, social services and health involved to take the work forward via a regional project board. It will be important to ensure clear links are made with the neuro developmental service delivered by CAMHS.

Recommendation is **AGREED**

## **Recommendation 2**

*Cabinet seeks clarification from the CAMHS service on the types of mental illnesses that CAMHS deals with and this is communicated to relevant agencies.*

**Relevant Policy Commitments:** *as above*

**Action already being undertaken:** Work has been completed on the ABMU CAMHS Service Model and specific service specifications are in draft and out for consultation. This includes Neuro Developmental Disorder (including ASD), Early Psychosis, Self-Harm, mental health needs of young people in the Youth Justice System, Psychological Therapies and emotional and mental health needs/ Learning Disability.

**New actions following from the recommendation:**

Local Authority officers continue to influence the development of the services outlined above via attendance at the strategic meetings and various sub groups.

Work is also being progressed via the disability stream of the Family Support Commissioning Review to develop a parent carer forum. This forum would feed into future service development.

**Cabinet Member Comments:** Particularly important will be the development of a clear and relevant communication strategy to enable parents, young people and all professionals to be clear about what services are available at each level of the continuum of need. Clear criteria and pathways into services must also be developed. There must be an understanding that CAMHS is a specialist service and that excellent preventative services are required to deliver early help and prevent the need for specialist CAMHS intervention. It will be crucial for both professionals and parents to understand that CAMHS has a particular function and that by ensuring early identification and intervention, children and young people can be prevented from being labelled, hopefully avoiding a negative impact on their future life chances. Only when good quality, evidence based early help is available, will the inappropriate demand on CAMHS services be affected, enabling CAMHS to focus on those children who really require their specialist help.

Recommendation is **AGREED**

**Recommendation 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.*

**Relevant Policy Commitments:** As above

**Action already being undertaken:** A considerable amount of work has already been undertaken to facilitate collaborative working across departments within the local authority. This is being progressed via the Family Support Continuum group and commissioning reviews. It will be important to consider the particular needs of young carers, as there is evidence that young carers' emotional wellbeing and mental health is worse than that of their peers.

**New actions following from the recommendation:** The work being undertaken within the LA is broadened to include partners, particularly Health and the CAMHS service. In addition the Primary Health Care sub group of the Planning group will support the development of early intervention and prevention services within Swansea and clarify the role of CAMHS in supporting these arrangements. Cabinet have already invested in a £1M to develop and pilot preventive approaches and as a result a prevention strategy has been developed and services are being delivered in multi-agency teams such as the Domestic Violence Hub (DVH), Team Around the Family (TAF), the family wellbeing team (FWT) and local area co-ordination which compliments work in relation to children's emotional health and wellbeing. In relation to young carers, it is recommended that research is considered from the paper 'Invisible and in distress: prioritising the mental health needs of young carers' 2016, by the young carers' support group and recommendations developed with an action plan for delivery.

**Cabinet Member Comments:**

I acknowledge the work already completed by the Family Support Continuum group. It is clear that addressing problems early, can have a positive affect on the personal, social and educational attainment of young people. Ensuring children and young people receive intervention in a timely and appropriate manner meets our aims to comply with the United Nations Convention on the Rights of the Child. Children and young people may require support because they are upset, worried, confused or afraid or at the other end of the scale - they may have severe and/or enduring mental health problems.

The Children and Young Peoples Partnership Board was set up last year with aims to ensure that agencies in Swansea are working together to achieve good outcomes for Children and Young People. Our Young People in Swansea have highlighted Mental Health as a priority. I will be asking the Board to review our work plan to ensure we do all that we can to ensure a truly collaborative approach. That will clearly include ensuring within the Council that all areas that deal with young people [ Education, Child & Family Services, Youth Services etc] plus those covered by Western Bays [such as Youth Offending] Will also escalate this issue to the Public Services Board.

Recommendation is **AGREED**

<b>Recommendation 4</b>
<i>Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.</i>
<b>Relevant Policy Commitments:</b> as above
<b>Action already being undertaken:</b> Good quality early intervention services are already in place as identified in the recommendation.
<b>New actions following from the recommendation:</b> The Family Support Commissioning Review, Additional Learning Needs Review and developments within the EOTAS service (made up of the Pupil Referral Unit and behaviour support unit) ensure that current services are evaluated and developed as appropriate to meet identified need. This may require a reconfiguration to current services to ensure sustainability and effectiveness of intervention. Part of this work includes the development of a Behaviour Strategy, which schools and health are bought into; specific models of intervention are agreed, with the development of a common language and effective monitoring and evaluation processes are in place.
<b>Cabinet Member Comments:</b> The Family Support Continuum review is a very large piece of work and it will be important for Cabinet to receive regular updates on the progress made. The review will have an impact on the recommendations and priorities contained within this report and also support an understanding of any cross-cutting issues. It will also be important for Cabinet to support transformation of services, where necessary, to ensure they are outcome-focused and sustainable. Outcomes for children and young people will be at the heart of our decisions.
Recommendation is Partly <b>AGREED</b>

<b>Recommendation 5</b>
<i>Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.</i>
<b>Relevant Policy Commitments:</b> as above
<b>Action already being undertaken –</b> See Recommendation 4

<p><b>New actions following from the recommendation:</b> See recommendation 4</p>
<p><b>Cabinet Member Comments:</b> Apart from the comments already made in Recommendation 4, it is important to note the role of universal services and wider support services, not just those specifically related to mental health. There is a wider opportunity to promote good emotional and mental health in children and young people. Our due regard of UNCRC children's rights should remind us to constantly be aware of the needs of children and young people. We should also remember that children need to play and have fun so this should include all places and services that promote sport, play and leisure activities, not just those provided by the Council.</p>
<p>Recommendation is <b>AGREED</b></p>

<p><b>Recommendation 6</b></p>
<p><i>Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS which is relevant to the education sector and is affordable and accessible.</i></p>
<p><b>Relevant Policy Commitments:</b> as above</p>
<p><b>Action already being undertaken:</b> Local Partnership Boards (LPBs) have been identified as the key vehicle to take forward actions to deliver service improvement under T4CYP. A theme within the Programme is workforce development. This is focusing on workforce planning and education and training across all sectors. It will be necessary to scope workforce need initially. This is ambitious work in that it covers a wide range of staff across differing sectors. A draft Core Competency and Training Framework has been developed and will be considered at a multi-agency event in early 2017. This will include Education.</p>
<p><b>New actions following from the recommendation:</b> T4CYP and the Refreshed Autism Spectrum Plan are both nationally driven programmes, including the workforce development programme. These required improvements need to be locally implemented and this work will need to be driven by the ABMU Strategy Group; ABMU Planning group and within the Council, the Family support Continuum Board.</p>

**Cabinet Member Comments:** The T4CYP Programme and the Refreshed Autism Spectrum Plan are both important developments but we should note that the work already in progress in Swansea, should not be delayed. I am aware that different departments are delivering training to staff around attachment and trauma recovery for example. It will be important that whilst strong links with the T4CYP programme are maintained and the Refreshed Autism Spectrum Plan is developed, the workforce development subgroup of the Family Support Continuum group agree the approach and models of intervention and commissions appropriate training. The wellbeing and behaviour strategy being driven by a subgroup of the Education Other Than At School steering group will support a coherent response, skill-up staff and enhance their confidence in this area. The Corporate safeguarding training and Corporate Parenting training has been and will continue to be delivered to support the importance of emotional wellbeing and mental health for children being seen as everybody's business.

Recommendation is **AGREED**

#### **Recommendation 7**

*Cabinet supports the Western Bay's review of CAMHS across the region and ensures that the Council takes a full and participatory role in this review.*

#### **Relevant Policy Commitments:**

As above

#### **Action already being undertaken:**

#### **New actions following from the recommendation:**



**Cabinet Member Comments:** In a nutshell, we are well aware of what is wrong with the CAMHS service and resources would be better placed addressing these problems. A further review of CAMHS is not required and not planned.

The key issues and problems are well rehearsed

- 103% surge in referrals over the four year period 2007-2011
- Waiting times getting longer for both assessment and interventions in spite of 25% increase in specialist workforce during this time.
- Lack of clear consistent pathways consistently across Wales for CAMHS and neurodevelopmental issues.
- Concerns raised by young people and families in relation to the transition between young people's and adult services and between different parts of the wider care system.
- Under developed psychological therapies services.
- Safety issues including inappropriate admissions to adult mental health wards, problems with sharing information and acting upon safeguarding duties, and unsafe discharge practices (*WAO Report*).
- Inappropriate prescribing (particularly anti-depressants) for young children.
- Lack of alternatives to referral to CAMHS for those needing emotional health support or early intervention.
- Significant workforce challenges across sectors including workforce supply, training and development.

It is important that the Council supports the development of the regional CAMHS service specification, including how early intervention and prevention services are developed and delivered locally.

Recommendation is **NOT AGREED**

### **Recommendation 8**

*Cabinet takes steps to formalise support services arrangements between child and family services and CAMHS in any future CAMHS service delivery model.*

**Relevant Policy Commitments:** as above

**Action already being undertaken:** Discussions have taken place with CAMHS and the ABMU Health Board to formalise pathway and support arrangements and the interface with Child and Family Services internal Therapeutic team.

<p><b>New actions following from the recommendation:</b> The discussions as detailed above require conclusion and integrated into the agreed service specification for all CAMHS work streams.</p>
<p><b>Cabinet Member Comments:</b> It will be particularly important to formalise support arrangements for looked after children given the proposed withdrawal of clinical psychological support to Foster Swansea; support for children who have experienced trauma but do not have a recognised diagnosis and support from ABMU, for example around managing challenging behaviour within the Autistic Spectrum Disorder area, which overlaps with CAMHS.</p> <p>Arrangements will also need to be formalised between schools &amp; Specialist Teaching Facilities and CAMHS and GPs and CAMHS. Those providing Education Other Than At School [EOTAS] also need clear, effective pathways to the service The CAMHS service is very aware that further work on care pathways is required.</p>
<p>Recommendation is <b>AGREED</b></p>

<p><b>Recommendation 9</b></p>
<p><i>Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.</i></p>
<p><b>Relevant Policy Commitments:</b></p> <p>As above</p>
<p><b>Action already being undertaken:</b> The eligibility criteria for CAMHS is contained within the service specification documents</p>
<p><b>New actions following from the recommendation:</b> Work on the Pathways into CAMHS will need to be concluded and this will be part of the work undertaken within the sub groups of the ABMU Planning group.</p>
<p><b>Cabinet Member Comments:</b> It will be crucial to confirm with CAMHS the Primary Health Care arrangements which will be part of prevention and early help support and to obtain clarity on the long arm support and consultation arrangements that CAMHS will provide to Child and Family Services, Education and Poverty and Prevention.</p>
<p>Recommendation is <b>AGREED</b></p>

<b>Recommendation 10</b>
<i>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</i>
<b>Relevant Policy Commitments:</b>  As above
<b>Action already being undertaken:</b>
<b>New actions following from the recommendation:</b>  On completion of the ABMU CAMHS Service Specification, which will include eligibility criteria and the referral pathway a communication and training plan will require development. This will be led by the ABMU Planning Group and monitored by regional Heads of Child and Family Services. Progress will be reported into Swansea's Family Support Continuum Group.
<b>Cabinet Member Comments:</b> We should bring together other elements that affect children and young people, such as the new Additional Learning Needs legislation and the Refreshed Autism Strategy & Plan. Members will also require an understanding as many are contacted by anxious parents and carers.
Recommendation is <b>AGREED</b>

<b>Recommendation 11</b>
<i>Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services</i>
<b>Relevant Policy Commitments:</b>  As above
<b>Action already being undertaken:</b>  Peer support is being included within the Family Support Commissioning Reviews, particularly the disability strand of the work.

<p><b>New actions following from the recommendation:</b> This work is incorporated into the wider work around peer support without losing the focus on emotional wellbeing.</p>
<p><b>Cabinet Member Comments:</b> This fits with Recommendation 10 . Again, in a nutshell, everyone involved with the service should understand how it works A big ask but what we should aim for. The recommendation only considers parents but peer support for children and young people is also considered beneficial.</p>
<p>Recommendation is <b>AGREED</b></p>

<p><b>Recommendation 12</b></p>
<p><i>Cabinet should encourage the ABMU Board and Western Bay 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.</i></p>
<p><b>Relevant Policy Commitments:</b></p> <p>As above</p>
<p><b>Action already being undertaken:</b></p> <p>This is already part of the work of the ABMU CAMHS Service specification development.</p>
<p><b>New actions following from the recommendation:</b></p>
<p><b>Cabinet Member Comments:</b> This links with recommendation 2</p>
<p>Recommendation is <b>AGREED</b></p>

<p><b>Recommendation 13</b></p>
<p><i>Cabinet to encourage the ABMU Board and Western Bay Children and Young People’s Emotional and Mental Health Planning Group to consider implementing an access and information point, also known as the “front door” to screen referrals and to provide advice and information to help reduce the number of referrals to the CAMHS service</i></p>

<p><b>Relevant Policy Commitments:</b></p> <p>As above</p>
<p><b>Action already being undertaken:</b></p> <p>This is being considered as part of the ABMU CAMHS Service specification work</p>
<p><b>New actions following from the recommendation:</b></p> <p>This work is concluded by April 2017 and a communication plan developed for both professionals and parents.</p>
<p><b>Cabinet Member Comments:</b> It will be important to consider the requirements of the Social Service and Wellbeing Act and the information, advice and assistance function and join up the work being developed elsewhere within Child and Family, Education and Early Help Services, including the development of Dewis Cymru [ the web-site developed to help people find information about organisations and services that can help them take control of their own well-being] and the digital inclusion agenda.</p>
<p>Recommendation is <b>AGREED</b></p>

<p><b>Recommendation 14</b></p>
<p><i>Cabinet to monitor referral rates and how long it takes to be seen by CAMHS</i></p>
<p><b>Relevant Policy Commitments:</b></p> <p>As above</p>

**Action already being undertaken:**

Baseline Variations and Opportunities (BVO) Audit of CAMHS and National CAMHS Benchmarking Exercise. The BVO provides the most comprehensive audit of CAMHS to date, outlining current service models and provision. It highlights variations in Welsh service and identifies both areas for improvement and good practice for health boards to adopt. Recommendations from the first report are informing the work of the CAMHS work stream.

Following on from the BVO all health boards submitted CAMHS data in the 2016 NHS UK wide Benchmarking Exercise. A facilitated event was held on 29 November providing health boards with the opportunity to look at the benchmarked data, review changes over the past 12 months and look at the position across Wales and in comparison with the rest of the UK. All Health Boards, including ABMU, are meeting the 48 hour target for urgent assessment and ABMU have confirmed they will meet the 28 day target for routine assessment by April 2017.

**New actions following from the recommendation:**

ABMU CAMHS performance in these areas are monitored quarterly by Child and Family Services Scrutiny Performance Panel and concerns escalated to the ABMU CYP Strategy Group.

The ABMU Planning group develops a comprehensive performance framework by September 2017.

**Cabinet Member Comments:**

With regard to services for children with ASD we should also note the Refreshed ASD Strategic Action Plan which includes a waiting time target of 26 weeks for assessment services from March 2017, monitored by Local Health Boards and reported to Welsh Government.

Recommendation is **AGREED**

**Recommendation 15**

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

**Relevant Policy Commitments:**

As above

<p><b>Action already being undertaken:</b></p> <p>The T4CYP Programme Board has developed a <i>Resource Pack for Professionals</i> setting out a model for a good transition in partnership with young people who shared their experiences within CAMHS. This will ensure that all services are aware of the need to communicate and work flexibly with the young person in their care. A <i>Young Person's Passport</i> will provide young people and their families with the information that they need prior to transition, detailing what to expect in Adult Mental Health Services.</p>
<p><b>New actions following from the recommendation:</b></p> <p>Transition arrangements from Child and Family to Adult services to be reviewed</p>
<p><b>Cabinet Member Comments:</b></p> <p>As prevention services develop within Adult Services it will be important to think about the transition from young people's early help services to adult prevention services. This will be part of a longer term strategy which fits with the Social Services and Wellbeing (Wales) Act 2016 and the Wellbeing of Future Generations (Wales) Act 2015</p> <p>We also need to bear in mind that the new Welsh Additional Learning Needs Bill will include Young People from 0-25 and may have a bearing on transition services.</p>
<p>Recommendation is <b>AGREED</b></p>

2.1 An action plan for the agreed recommendations is attached as **Appendix B**.

### **3.0 Equality and Engagement Implications**

3.1 Any actions and/or proposals identified as a result of scrutiny inquiry recommendations will be subject to the corporate equality impact assessment process (including any relevant consultation and engagement needs) as appropriate.

### **4.0 Legal Implications**

4.1 There are a number of legal implications arising from the actions in the report and specific legal advice to be sought when the actions are implemented.

## **5.0 Financial Implications**

5.1 There are no financial implications noted.

### **Background Papers:**

1. *Family Support Continuum Briefing Paper*
2. *T4CYP*
3. *How we support families in Swansea*

### **Appendices**

Appendix A – Original Scrutiny Report

Appendix B – Proposed Cabinet Action Plan



## Scrutiny Inquiry of Child and Adolescent Mental Health Services – Cabinet Action Plan

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
<p>1. <i>Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to broaden the current membership to include other agencies such as Education, Youth Justice, the voluntary sector which play an important role in the mental health and emotional wellbeing of children and young people.</i></p>	<p>Complete</p>	<p>Membership and terms of reference of ABMU Planning Group to be reviewed and alternative arrangements put in place.</p> <p>Local partnership Board to drive the recommendations of T4CYP and ensure local implementation.</p> <p>Integrate the Continuum of support used within the LA with that used within ABMU and CAMHS</p>	<p>February 2017</p> <p>Ongoing</p> <p>April 2017</p>	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p> <p>Dave Howes Chief officer for Social Services</p> <p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p>

2.	<p><i>Cabinet seeks clarification from the CAMHS service on the types of mental illnesses that CAMHS deals with and this is communicated to relevant agencies.</i></p> <p><i>A clear communication plan is developed by CAMHS and Partners regarding criteria and pathways for professionals and parents</i></p>	<p>Service specifications in draft</p> <p>Under development</p>	<p>Officers to participate in finalising the service specifications, including pathways and these to be presented to the LPB for sign off.</p> <p>As above</p>	<p>April 2017</p>	<p>Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS Dave Howes Chief Officer SS Jo Davies ABMU AD of Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
3.	<p><i>Cabinet brings together relevant agencies and facilities 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.</i></p>	<p>Collaboration within the LA to co-ordinate and improve Early help and Prevention services being developed and supported by the commissioning reviews.</p> <p>Support for young carers' is considered given the research around the impact of their caring role on their emotional wellbeing and mental health</p>	<p>ABMU/CAMHS to be invited to join this work stream with the Primary care work stream.</p> <p>The young carers' support group develops recommendations with an action plan for delivery to support young carers'.</p>	<p>January 2017</p> <p>Ongoing</p>	<p>Julie Thomas HOS/ Gareth Bartley ABMU Head of Partnerships and Development Mental Health and Learning Disability</p> <p>Gavin Evans – Young people's service manager.</p>

4.	<i>Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.</i>	As recommendation 3	Sub group of the EOTAS Review to be established to develop a multi-agency Behaviour Strategy.	January 2017	Nick Williams HOS
5.	<i>Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.</i>	As recommendation 3 and 4			
6.	<i>Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS which is relevant to the education sector and is affordable and accessible.</i>	Core Competency and Training Framework has been developed via the T4CYP programme	T4CYP workforce development programme to be driven forward by the LPB  Within the LA the Family Support Continuum Group to progress the workforce development programme and co-commission training.	Ongoing 2017  Ongoing 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS  Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS

8.	<p><i>Cabinet takes steps to formalise support services arrangements between child and family services and CAMHS in any future CAMHS service delivery model.</i></p> <p><i>Cabinet takes steps to formalise support services arrangements between STF's, EOTAS and GP's and CAMHS in any future CAMHS service delivery model.</i></p>		<p>Pathway and support arrangements between Child and Family service and CAMHS to be formalised within the Service Specification documents.</p> <p>Pathways to be developed as part of the service specification plan</p>	April 2017	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
9.	<p><i>Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.</i></p>	<p>The eligibility criteria for CAMHS is contained within the service specification documents.</p>	<p>These documents to be agreed and signed off by the LPB.</p>	April 2017	<p>Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS</p>
10.	<p><i>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.</i></p>		<p>Communication and training plan to be developed for professionals via the ABMU planning group.</p>	April 2017	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p>

1 1.	<i>Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services.</i>		Peer support to be progressed via the Family Support Commissioning Review in collaboration with ABMU.  Training to be provided to Local Authority Councillor's on CAMHS services and those developed via the ALN review, and ASD Strategy	April 2017  July 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/ Nick Williams HOS / Rachel Moxey HOS  CAMHS representative Nick Williams HOS.
1 2.	<i>Cabinet should encourage the ABMU Board and Western Bay 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.</i>	See recommendation 2			

1 3.	<p><i>Cabinet to encourage the ABMU Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to consider implementing an access and information point, also known as the "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to the CAMHS service.</i></p>		<p>Requirements of the Social Services and Wellbeing Act to support joined up IAA services including emotional wellbeing.</p>	<p>April 2017</p>	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy / Dave Howes Chief Officer SS</p>
1 4.	<p><i>Cabinet to monitor referral rates and how long it takes to be seen by CAMHS.</i></p>	<p>T4CYP programme Board monitoring performance and information available about assessment activity.</p>	<p>Child and Family Scrutiny Panel to receive quarterly performance information.</p> <p>The ABMU Planning Group develop a comprehensive Performance Framework</p>	<p>April 2017</p> <p>September 2017</p>	<p>JT HOS</p> <p>ABMU Planning Group Regional HOS</p>

1 5.	<i>Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.</i>	The T4CYP Programme Board has developed a resource pack for professionals and a young person's passport.	Transition arrangements from Child and Family to Adult services to be reviewed as part of the Disability strand of the Family Support Commissioning Review.	March 2017	Julie Thomas HOS / Alex Williams HOS
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# **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?*

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**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 Cabinet 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.

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## 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](http://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 Cabinet 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  
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