



**To:**  
**Councillor Louise Gibbard**  
**Cabinet Member for Care Services**

**BY EMAIL**

**cc Cabinet Members**

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Date 17 February 2023  
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**Summary:** This is a letter from the Child and Family Services Scrutiny Performance Panel to the Cabinet Member for Care Services following the meeting of the Panel on 24 January 2023. It covers Child and Adolescent Mental Health Services and Child Disability Services.

Dear Cllr Gibbard

The Panel met on 24 January 2023 to receive an update on progress with Child and Adolescent Mental Health Services (CAMHS) and an update on Child Disability Services.

We would like to thank you, Julie Davies, Helen Williams, Michelle Apthorpe and Michelle Davies of Swansea Bay University Health Board for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learned from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response.

### **Child and Adolescent Mental Health Services**

Michelle Davies of Swansea Bay Health Board attended to present an update on progress with CAMHS to the Panel. We queried how CAMHS measures up against the original Scrutiny Inquiry recommendations and were pleased to see the Inquiry's recommendation that CAMHS should come in house was now being taken forward. The Inquiry had also raised the issue of transition from children to adults and how

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children felt that one minute they had access to CAMHS and then when they reached 18, especially young boys/men, they were left without the support they needed. We heard that transition is one of the key areas that CAMHS has been exploring but needs to do more on and that they see the transfer of CAMHS back into Swansea Bay as one of the key drivers for this. We were pleased to hear that CAMHS are looking at recruiting a transitional nurse and have a new regional transitional policy.

The Inquiry had also raised the issue that there was no interaction with the Youth Justice Service and that they were not part of any decision making by CAMHS. We heard that there is now a designated regional CAMHS nurse linked to the Youth Justice Service, which is a real benefit to the Service and that the Youth Justice Service now has a good relationship with CAMHS overall.

We also queried if CAMHS is now fully staffed as there had previously been a problem with trying to get access to psychologists, and schools were struggling trying to find different ways to get help for children. We were pleased to hear that CAMHS now access all young people and sign post them to the right place for help and support. We heard that CAMHS have not previously had a robust psychologist presence, but in 2019 they bid for Welsh Government monies for a senior psychologist and Swansea Bay has now appointed an individual who will be starting shortly and they can build the structure from there.

We acknowledged that a lot of progress had been made since the Scrutiny Inquiry especially with one single point of access, which was another issue raised in the Inquiry. We noted that there are still areas that need improvement, but that CAMHS is trying to improve.

We queried what support mechanisms would be available to a youngster in crisis and if they would be referred through to CAMHS in the first instance or if there would other mechanisms to pick up the young person. We heard that CAMHS has a crisis service which operates between 9am and 9pm and is accessed via the single point of access number. We were pleased to hear that the plan is to increase this service to 24-7 by June 2023 at the latest. We were informed Welsh Government state the average time for crisis response should be 48 hours and CAMHS is always at 100% of this but they have tried to set their ambition higher, and current performance indicates they are meeting a 4 hour wait target via hospital referrals by 85-90% and multi-agency referrals by 40-50%.

We queried if for youngsters on CAMHS casebooks there is an average time they will be supported and heard that it is not time limited, depends on the initial assessment and that CAMHS can be very flexible and it depends on need.

We asked if funding from Welsh Government was increasing or decreasing and were informed it is on an upward trend. We heard the Health Board made the decision in 2018/19 that for any mental health monies that came in, children and young people would get a population-based share of it. Since 2019/20 Welsh Government has specified that CAMHS is to get a share of the allocation money, so it is now more on a par with Adult Services. We also heard the Health Board want to make the emotional health and wellbeing tier more robust and is looking at the proposed new model for emotional and mental health it's got in terms of where the gaps are. There is

scope to invest more in specialist services and they would like Welsh Government to have greater focus on emotional health and wellbeing.

We queried if, as a result of covid, there have been significant changes in mental health requirements and heard that there has not been a large increase. They have not seen the 30% increase that was anticipated but acuity levels have been higher, for example for eating disorders, rather than a large increase in the number of referrals.

### **Child Disability Services**

We asked about eligibility criteria, mentioned in section 2.5 of the report, and queried to what extent this has changed and if the number of people who come into the service is limited or increasing. We were informed that it is not about limiting demand but about ensuring the right level of support is available. Officers stated that they hoped the relationship with the Parent/Carer Forum would enable them to meet the needs of more young people by giving them a better understanding of disability across the continuum of need. We heard that in terms of criteria the Team is far more focussed because they are dealing with children with higher needs that require specialist provision. We felt that at one time criteria was used as a rationing mechanism rather than an enabling mechanism and were pleased to hear this is no longer the case and there is far more flexibility now.

We noted section 2.2 talked about assessments specifically for carers, as well as those being cared for, and queried if these are being carried out routinely and if there are any problems getting the assessments done. We heard that in Children Services there are two groups to carers assessments, carers have the right to request an independent assessment; and in the Child Disability Team there is an option to consider the family and child holistically if the family want that, so the carers assessment would be incorporated into the child's assessment. We were informed assessments are not carried out every 12 months, reassessments are done when there is a change of circumstances and the situation needs to be looked at again. They also have care plans which are reviewed regularly.

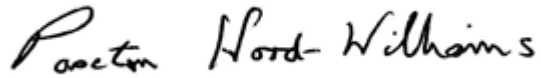
Section 2.12 mentioned day services and we queried if there is much provided. We heard day care is offered for children during school holidays which runs alongside Local Aid and Interplay, who will support and provide activities set in schools. We also heard Action for Children is generally set in Ty Laura and will support children who go there, and that these are generally the children who cannot manage community services or community settings or require a specialist service in terms of day care.

We mentioned direct payments and felt that in Adult Services there is a degree of pressure to try and increase people's choices and we wanted to know if the same was true for Child and Family Services. We heard from officers that direct payments need to be looked at very carefully, that a lot of direct payments are offered in the Child Disability Team, but they recognise it is not necessarily providing the outcomes for children they would want.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, however in this instance, a formal written response is not required.

Yours sincerely

A handwritten signature in black ink that reads "Paxton Hood-Williams". The script is cursive and fluid, with the first name "Paxton" and last name "Hood-Williams" clearly distinguishable.

**PAXTON HOOD-WILLIAMS**  
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