

**Evidence paper on Child and Adolescent Mental Health Services to the
Children, Young People and Education Committee**

Introduction

The Committee requested this paper to inform its follow-up scrutiny of Child and Adolescent Mental Health Services (CAMHS). The Committee intends to examine the work of the NHS led *Together for Children and Young People Programme*. The Committee met with Programme representatives in May and October 2015 and also received a written update from the Programme Chair in December 2015. Since the Minister for Health and Social Services last appeared before Committee to discuss CAMHS, he has also provided regular updates, including the announcement of additional CAMHS investment; prescribing practice for young people with mental health problems; and general updates on *Together for Children and Young People*.

The Programme is being chaired by Carol Shillabeer (Chief Executive of Powys Teaching Health Board) and includes the following work-streams:

- Resilience, Early Years and Wellbeing, seeking to develop an all Wales training module for professionals in relation to mental health and resilience; a directory of staff professional training for early identification and intervention of children's mental health; and a 'Measuring Wellbeing' toolkit for schools and services.
- Early Intervention and Enhanced Support, seeking to develop a directory of local primary mental health services for children; and service specifications, recommended models of support for vulnerable children.
- Neurodevelopmental, co-morbid mental health and Learning Disabilities, focusing on the needs of those with attention deficit hyperactivity disorder and autistic spectrum disorders, looking to develop an integrated diagnostic/assessment support package and a common pathway for adoption across Wales.
- Specialist CAMHS Pathway, looking at an all Wales Baseline Variations Audit; and a first edition of a National Quality and Delivery Framework for Specialist CAMHS.
- Care Transitions, seeking to develop a 'Transition Pack' of resources for professionals and service users.
- Workforce, Education and Training, linking to the other work-streams and seeking a multi-professional, cross agency, national Core Competencies and Training Framework and a Continuous Professional Development Framework for CAMHS professionals.

The Welsh Government is actively involved in the programme and is pleased that Professor Dame Sue Bailey has agreed to continue in her role providing expert advice and scrutiny throughout 2016.

The Programme Chair has been clear that the substantial service changes and developments sought cannot be achieved overnight, and this is a three year initiative. However, progress has been made since the launch of the programme – for example more clinical staff have already been appointed, additional beds have been opened in our inpatient units, and Community Crisis Intervention Teams have now been rolled out across Wales.

This paper provides further detail on progress over the past 12 months and informs the Committee of some wider developments that impact on CAMHS more broadly.

Additional CAMHS funding

The investment of £7.65m annually in CAMHS announced in May 2015 is the most significant investment for years, representing almost an 18% increase in NHS CAMHS expenditure. It will support the delivery of the Together for Children and Young People Programme goals and the next phase of the Mental Health Strategy Delivery Plan. Health board proposals for the use of the additional resources have been agreed and recruitment of specialist staff is underway. In total there will be over 130 whole time equivalent (wte) new specialist posts and new services developed such as the dedicated neurodevelopment services. There will also be additional administrative support. Once all staff are in post this will have resulted in a 33% uplift from the figures in the 2015 CAREMORE CAMHS audit

This programme of work is not just about expanding the current workforce however it is about growing the workforce of the future. The funding enables health boards to target young, newly qualified and lower grade staff with a view to training and developing them as future CAMHS leaders and manage succession planning.

Increasing capacity in primary care

Improving provision in primary care is central to normalising the young person's care and treatment. They can receive care close to home, in surroundings they are familiar with, building relationships with their general practice staff and avoiding labelling and stigmatisation. The quicker young people are seen in primary care mental health settings, the less likely it is they will need to be seen by more specialist secondary care mental health teams. Aligned with this work is the introduction (in October 2015) of reduced waiting time targets for therapeutic interventions in local primary mental health services, reducing from 56 to 28 days. All LHBs are expected to make progress towards meeting this more stringent target by the end of March.

To further support this approach, new CAMHS investment was provided to specifically bolster primary care provision. Health board plans have now been agreed and they are in the process of recruiting. In total health boards will spend £794,000 annually, creating almost 17 new wte posts in primary care support services across a range of specialisms.

Specific support for neurodevelopmental conditions

Referrals for young people with neurodevelopmental conditions, formed a significant and increasing proportion of referrals to specialist CAMHS in recent years. At the end of September 2015 health boards report 2,200 ASD/ADHD referrals on their CAMHS and paediatric service waiting lists. Young people who have long-term problems such as ADHD or autism need a different approach with access to specialist assessment and management within a multidisciplinary team. With the support of the additional £2m funding all Health boards are planning to either provide a bespoke service or increase

capacity in existing services to ensure children and young people receive tailored support. Health boards are in the process of recruiting over 30 additional staff across a range of specialist professions such as speech and language therapy and psychology, with additional expertise from both paediatrics and CAMHS to meet the demand for these services more appropriately.

New Crisis Care Concordat

To improve the way in which organisations support people who may, due to their mental state, have involvement with the Police, in December 2015 Welsh Government launched the Crisis Care Concordat. Signed by the Welsh Government, police forces, the NHS, councils and other agencies it commits organisations to working together to intervene early and, if possible, reduce the likelihood of people posing a risk to themselves or others as a result of a mental health condition. Key to this is reducing the use of police custody for people experiencing mental health problems. For children and young people it also commits to:

- People under 18 who experience a mental health crisis should never be held in police custody unless in exceptional circumstances.
- If a young person under 18 is detained under section 135 or 136 of the Mental Health Act and taken to a police station for assessment, a case review will be held within seven days to determine whether this could have been avoided in order to learn from that incident.

In addition to those who present under section 136 of the Mental Health Act, young people also present in crisis to Emergency Departments (ED) following an incident of self-harm or overdose. To improve provision for all young people who present in crisis, whether at an ED or via the police, health boards were asked to target funding at improving their response. Proposals have now been agreed and recruitment is underway. Funding of £2.7m has been agreed and will see the recruitment of over 40 wte specialist staff and associated administrative support.

Improving access

In order to ensure there was rapid progress in improving access to treatment, alongside the recruitment of additional staff and remodelling of services, LHBs have been asked to target funding this year to run additional CAMHS clinical sessions. Health boards report that at the end of December 2015 they have provided an additional 139 sessions with more planned by 31 March 2016. These additional sessions are expected to have accelerated assessment and access to treatment for over 600 children and young people.

To further improve consistency and timeliness of assessment Welsh Government has set the expectation that all urgent referrals to CAHMS should be undertaken within 48 hours

Welsh Government has also reduced its target for routine assessments by CAHMS specialist services which are to be undertaken in 28 days rather than 16 weeks. All LHBs are expected to make progress towards meeting this target by the end of March.

As part of the introduction of the 28 day target and the additional investment in new neurodevelopmental services health boards have also been asked to stratify waiting lists. This will distinguish between those with long-term problems presenting to the new neurodevelopmental services, (in line with paediatric waiting times) and those who present to specialist CAMHS.

Inpatient provision

In recent years the Welsh Government has invested £42m in developing CAMHS inpatient units. Since November health boards have been able to identify additional resources to increase bed availability with the opening of the second high care ward in south Wales, providing an additional three places for young people with the most acute needs. This means many more young people now receive their care in Wales close to home, family and friends. However, there will always be a need for some, due to the severity of their condition or other factor, to be placed outside Wales in specialist units which serve the whole UK. As capacity and expertise within Wales increases placements outside Wales have decreased.

With additional investment, we have made progress over the past two years in reducing the number of children and young people who are required to be placed outside of Wales. The number of existing placements outside NHS Wales at April 2015 was 20. As of January 2016 there were only 11 which is record low. Of these 11, eight require secure care and six of these are placed in Wales in the private sector in Ebbw Vale.

In order to better support children and young people during their treatment and enable better planning for discharge from hospital we have also provided £56,000 to fund a dedicated social work post within the south Wales inpatient unit, working with the 16 local authorities it serves. This role is currently undertaken by clinical staff and creating this post will free clinician time to concentrate on providing treatment.

Supporting Families

Since June 2015 the Welsh Government's Discretionary Assistance Fund (DAF) has provided assistance to cover the travel and accommodation costs of families of young people receiving CAMHS inpatient treatment. Between June and December 2015 the DAF made 32 awards, totalling £8,014. For those with mental health problems maintaining family contact can be a crucial and integral part of their treatment and the recovery process. As some young people may receive inpatient treatment for a considerable time this initiative has enabled families, which may have struggled financially, to maintain regular contact with their children.

Medication and access to psychological therapies

Psychological therapies are and always have been integral to provision of CAMHS with all practitioners, not just psychologists, drawing on psychological skills and understanding to manage children. Improving access to talking therapies as an alternative to medication is a key component of the additional

CAMHS investment. Following approval of health board proposals £1.042m annual funding has been agreed, creating 18.8 wte specialist posts.

Welsh Government also asked Swansea University to undertake an analysis of prescribing antidepressants, ADHD medication and antipsychotics in children and young people. The first two reports have been received and shared with the Committee. In response to some of the conclusions in the antidepressant report a Welsh Health Circular has been issued to general practitioners, CAMHS clinicians and pharmacists. This reiterates national prescribing guidance for depressive illness in children and young people. The Welsh Medicines Resource Centre has also been asked to produce a bulletin and online case study to update primary care prescribers on the use of medicines and other technologies in the treatment of depression in adolescents. The final report on antipsychotics has just been received and will be forwarded to the Committee shortly.

Together for Mental Health Strategy Delivery Plan 2016-19

The Committee will be aware the consultation on the new delivery Plan for the period 2016-19 commenced in January¹. It sets out the key actions which will be implemented by the Welsh Government, the NHS, social services and partner agencies in the statutory and third sectors over the next three years. In line with the previous Delivery Plan (2012-16) the needs of children and young people remain at the heart of the Plan, including:

- A range of commitments across education, including one to consider the findings of the review on differing approaches to supporting emotional wellbeing of children in primary schools in the development of policy.
- Commitments to implement activity arising from the Together for Children and Young People Programme.
- Commitments to ensure young people who present in crisis and detained by the Police receive timely and appropriate care in settings which recognise and meet their needs.
- Actions to support the delivery of the funding we are investing in the development of neurodevelopmental services.

Eating Disorder Framework for Wales

The Together for Mental Health Strategy Delivery Plan (2012-16) committed Welsh Government to reviewing provision of inpatient provision for people with Eating Disorders. The final report was received during 2015 and covered Tier 4 (inpatient) eating disorder provision for all-ages. For CAMHS this showed positive results, confirming that the CAMHS inpatient units already have experience and expertise in managing eating disorders, with approximately 40% of CAMHS admissions related to an eating disorder. It also stated that due to the investments made in staff and training, the vast majority of young people can now be successfully managed in Wales by generic mental health services.

Following this work it was agreed that a refresh of the all-ages Eating Disorder Framework for Wales, published in 2009, should be undertaken. Public

¹ <http://gov.wales/consultations/healthsocialcare/delivery-plan/?lang=en>

Health Wales have been leading this work and engaged extensively with service users, including CAMHS users and their carers. The final refreshed Framework is due to be submitted by Public Health Wales imminently and we have reflected the need for health boards to deliver the revised Framework in the 2016-19 Strategy Delivery Plan currently out to consultation.

Talk to Me 2

Talk to Me: the National Action Plan to Reduce Suicide and Prevent Self-Harm was issued in 2009. In July 2015 a refreshed and refocused Talk to Me 2 and supporting action plan was launched. It promotes, coordinates and supports plans and programmes for the prevention of suicidal behaviours and self harm at the national, regional and local levels in the period up to 2019. It also identifies groups of people who are especially vulnerable, including children and young people with a background of vulnerability, and sets out the care they should receive, provided in the right place at the right time. It aims to deliver six key objectives through the fulfilment of 16 priority actions over the five year period. Progress reports from the National Advisory Group on Suicide and Self Harm will be made annually from April.

Counselling Guidance

Local authorities are required to make reasonable provision for independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school. In January 2016 Statistics for Wales issued Counselling for Children and Young People, 2013/14 (Experimental Statistics) (SDR42016). This showed that 10,537 children or young people received counselling services in 2013/14 and that 86% did not require onward referral after completion of counselling. Of those who did require onward referral CAMHS was the most common onward referral (5%).

During 2015 the Ministers for Health and Social Services, and Education and Skills agreed to develop guidelines for local authority counselling services and CAMHS on collaborative working. These would enable the respective organisations to support each others role in providing emotional wellbeing services to children and young people, identify good working practice and ensure consistency. The consultation on the draft guidelines closed during December and the results are currently being considered. The final guidelines are expected to be issued during the spring.