

Cynulliad Cenedlaethol Cymru | National Assembly for Wales  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee  
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into  
The Emotional and Mental Health of Children and Young People  
EMH 60  
Ymateb gan: Bwrdd Cyngorau Iechyd Cymuned Cymru  
Response from: Board of Community Health Councils in Wales

National Assembly for Wales Children,  
Young People and Education Committee

**Inquiry into: The Emotional and  
Mental Health of Children and  
Young People**

Response by the Board of Community  
Health Councils in Wales

November 2017



CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCILS

BWRDD CYMRU | WALES BOARD

# Introduction

This report has been produced by the Board of Community Health Councils on behalf of the Community Health Councils (CHCs) in Wales.

CHCs are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through our Enquiries Service, Complaints Advocacy Service, visiting activities and through Public and Patient surveys. Each of the 7 CHCs in Wales represents the "Patient voice" within their respective geographical areas.

## **Waiting Times**

The position is better than it was, particularly in relation to waiting times for Child & Adolescent Mental Health (CAMHS) assessments.

All health boards have made significant progress in meeting the CAMHS waiting time targets of urgent assessments undertaken within 48 hours, routine assessments within 28 days and the neurodevelopmental target of assessments within 26 weeks. We continue to monitor this as improvement has not been steady and consistent across all targets and health board areas.

Our position statement released in March 2017 (attached) highlights the need for clarity in reporting to support sustained focus and scrutiny and ensure that delays do not shift from assessment to treatment.

## **Access**

There is evidence of some progress on improving access to specialist CAMHS for children. There continues to be an issue with many young people being referred for specialist CAMHS to later be told that the service isn't the right one for them. People tell us that this causes unnecessary distress and delay in accessing appropriate support. More needs to be done to look into the reasons for this, and to ensure that alternative services are in place, that thresholds are clear and those making the referrals have confidence and competence to refer appropriately.

In-patient facilities for people in Wales are sometimes a significant distance from home, making rehabilitation and maintaining social contacts much more difficult.

For some, short term care is provided on paediatric wards or for 16 and 17 year olds in services designed for adults. People have told us that their experience of such care can be difficult and isolating.

The availability of psychological therapies for children and young people remains an issue.

Partnership work is taking place developing a more integrated service and a smoother pathway for children and young people. Progress and initiatives differ across Wales. It is important that children and young people are involved in the design and evaluation of such initiatives if they are to make the difference required to outcomes and prove sustainable in the longer term.

## **Transition to adult services**

Transition to adult services continues to be a significant issue, and we continue to hear from young people who do not feel that their transition was properly supported.

## **CHCs in Wales**

**November 2017**

## Child & Adolescent Mental Health Services (CAMHS) POSITION STATEMENT

### Background

The Welsh Government announced in May 2015 that they were providing additional funding of £7.6m for mental health services for children and young people across Wales.

The additional funding was to improve the CAMHS service and make it more responsive to the needs of young people by:

- providing the ability to respond out of hours and at times of crisis;
- expanding access to psychological therapies for young people;
- improving provision for children and young people in local primary mental health support services; and
- ensuring that services intervene early to meet the needs of young people who develop psychosis.

The additional funding included £2m to develop services for young people with neurodevelopmental needs, including Attention Deficit Hyperactivity Disorder (ADHD) and autistic spectrum disorders. **It was also intended to reduce waiting times in specialist CAMHS** for children with the most complex conditions and the highest level of clinical need.

Health Boards in Wales have utilised the money to address issues identified through a baseline assessment process. For many, new initiatives took some time to develop and as such are only recently established.

## **What we did**

Between April 2016 and January 2017 CHCs in Wales monitored the waiting times for CAHMS services by Health Board area. We did this by reviewing Board papers for each Health Board, reviewing Referral to Treatment Times published on the Welsh Government website and by directly requesting the information from Health Boards.

This paper provides a snap shot of the position at January 2017 and our recommendations on next steps.

## **What we found**

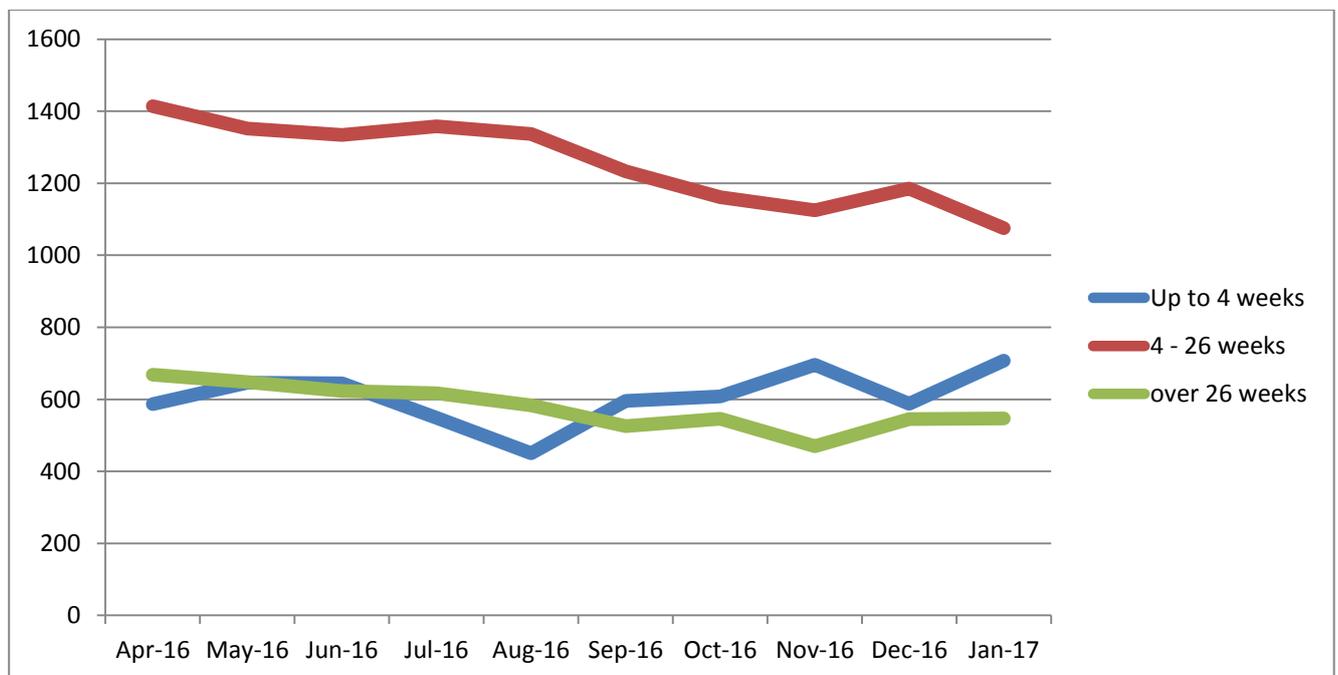
In reviewing the data available we were disappointed to note that Health Boards do not routinely publish waiting times in a consistent format. National data, whilst available in relation to first appointments does not extend to the length of time people are waiting from referral to treatment, nor is it disaggregated by Health Board area.

Across Wales we found that there has been a reduction in the number of children and adolescents waiting longer than the operational standard of four weeks for an initial appointment with CAMHS.

Over this period there was an 18.1% reduction in the number of children and adolescents waiting for longer than 26 weeks and a 23.9% reduction in the number waiting between 4 weeks and 26 weeks.

Despite these reductions there were still 547 children and adolescents waiting over 6 months for a first appointment and 1,075 waiting between one and six months.

### Number of children and adolescents waiting across Wales:



Source: Referral to Treatment times (RTT), NHS Wales Informatics Service (NWIS) (April – Dec data), Statswales.gov.uk 21st March 2017 (Jan data).

## Conclusions

Actions taken by Health Boards to date have gone some way to reducing the number of children and adolescents waiting extended periods to access their first appointment with specialist CAMHS.

However, more is needed before young people and their families can be assured of timely support and treatment.

As new ways of working embed, NHS organisations and others must maintain close scrutiny in this area to ensure that the pace of improvement is maintained and increased; and that the focus extends beyond an initial assessment.

Clearer and more consistent reporting of performance is needed to better facilitate such scrutiny by the Health Boards themselves and by those who use and monitor the NHS.

## **Recommendations**

Data relating to performance against the operating standards for initial assessment

(4 weeks) and commencement of treatment (16 weeks), should be published routinely on an all Wales basis and disaggregated by Health Board area.

**Community Health Councils in Wales  
March 2017**



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