1. Specialist CAMHS

The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.

The development of new, separate, neurodevelopmental services, in particular, has improved waiting times in specialist (s)CAMHS. This means that those young people awaiting assessment for neuro-developmental conditions now have a service which caters for their needs, but also those waiting for sCAMHS services are seen sooner.

The incorrect inclusion in sCAMHS data of young people waiting for other services such as Local Primary Mental Health Support Services means it is not possible to make comparisons prior to March 2017. Health boards were able to meet our CAMHS 28 day target at the all-Wales level in March 2017 and three LHBs met the target in November 2017 (latest available figures), though the all-Wales figure shows achievement of 45%. Nevertheless, health boards were able to see 81% of those waiting within 12 weeks at the all-Wales level in November. Recognising that more needs to be done we are working with health boards and have provided funding of £300,000 this year to ensure performance meets our expectations by March 2018.

What the data tells us about the variations in practice (equity of access) across Wales and referrals and access to CAMHS by individual Health Boards, including the restrictions and thresholds imposed by CAMHS.

One of the first priorities of the Together for Children and Young People Programme was to undertake a baseline variation audit of sCAMHS to enable health boards to identify areas for local service improvement, to target additional resources at high impact areas and implement the good practice already in place in certain areas. This led to the development of the sCAMHS Framework for Improvement to help health boards achieve consistent standards and outcomes across Wales. The Framework provides a clear definition of the role of sCAMHS, together with the range of agencies that can access it which are listed in an access point model. This is not an exhaustive list, though it does set a standard for adoption which promotes consistency across health boards and ensures a more rounded model of care than simply direct clinic based interventions.

The extent to which changes have addressed the over-referral of children and young people to CAMHS.

UK wide benchmarking of sCAMHS in 2016, which included all Welsh CAMHS services, showed around a third of referrals were either inappropriate or would not meet specialist service thresholds.

There has been a downward trend – comparing figures for referrals to child and adolescent psychiatry on StatsWales[1] for the period January to December 2016, patients waiting each month ranged from a low of 2,092 to a high of 2,907. During March to November 2017(the latest available figures) the range was 588 to 1,049.

We expect the next set of benchmarking data for 2017 to reflect further improvement in Welsh data. One of the key reasons for this will be the development of new multidisciplinary teams to assess, diagnose and treat neurodevelopmental conditions, which have accounted for a significant number of referrals in recent years.

Key to addressing this issue long term is building capacity in those professionals and volunteers who work with children on a day to day basis. The workforce development stream of Together for Children and Young People Programme is developing a framework to assist this, supported by a renewed focus on training as a key role of local primary care teams for children.

Whether the changes have helped to improve specialist CAMHS' ability to respond to out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.

£2.7m of the new CAMHS investment was to establish and maintain CAMHS crisis teams. The teams are available to address young people who present in crisis at peak periods and work extended hours during the week and also have availability at weekends. These teams are now operational across Wales. Outside operational hours all services should have in place detailed protocols with adult psychiatric liaison services to manage young people who present in crisis. This will also include availability of appropriately trained CAMHS clinicians to provide telephone consultation, liaison and advice.

Establishing the teams was the initial priority; the next phase of development will focus on how they provide a more consistent service across all-Wales during these peak periods. There is evidence that existence of the crisis teams has lead to decreased lengths of in-patient stay for children in Wales and reduced paediatric bed occupancy.

Whether there is sufficient in-patient capacity in Wales

As a result of the £42m invested in dedicated inpatient CAMHS provision in Wales we have 27 beds in Wales, 12 in North Wales and 15 beds in Bridgend. The Royal College of Psychiatrists[2] has proposed a proxy measure of appropriate bed numbers as between 2 and 4 beds per 100,000 population. In Wales we have 4.3 beds per 100,000 of the under 18 population. The average ratio for England is 2.5. Our expectation is that wherever possible a young person should be catered for in Wales

[1] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/Referrals/referrals-by-treatmentfunction-month

[2] Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report, NHS England, 2014: https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf citing evidence from the Care Services Improvement Partnership 2007 and Cotgrove et al, Royal College of Psychiatrists, 2004.

at one of the two units rather than sent out of area. In November 2017 only 12 young people were outside Wales for treatment, below the national target of 14. There will, however, always be cases where, for a variety of reasons, a young person to will need to be placed in England at a specialist unit which often provides for the whole of the UK. Improving models of care between inpatient and local CAMHS has decreased length of stay and enhanced joint working between services.

2. Funding

Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board

StatsWales[3] provides information on health finance, which can be disaggregated by health board. The latest figures for 2015-16 shows expenditure on child and adolescent mental health services of £45.8m (up from £41.3m in the previous year) representing seven per cent of total mental health expenditure of £683m during the year. However, it should also be noted that services to children and young people would also have been delivered and captured financially in the 'general mental illness' and other 'mental health problems' budget lines which together account for £424m during the period. In addition, it is incorrect to compare expenditure on children and young people with that for adults. The nature of mental illness in adults tends to be more enduring and severe, often requiring resource intensive hospital treatment. Most children's mental illness is treated in the community or in outpatient clinics and with the establishment of community treatment teams this means hospitalisation is increasingly the last resort.

Since 2015-16 we have invested almost £8m extra in CAMHS. A further £1.4m was announced, jointly from Health and Education budgets, to have CAMHS practitioners operating in schools as a pilot until 2020.

From 2018-19 Welsh Government will also be investing a further £1.1m recurrently into CAMHS to support further improvements.

The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people; and how the additional funding has been used to improve provision for children and young people in local primary mental health support services

We do not hold data on prescribing medication for young people within CAMHS services. There will always be a need for medication in line with clinical best practice, but this should form part of a whole treatment based approach which works with the provision of talking therapies also. In this respect sCAMHS has always delivered a significant amount of psychological therapeutic intervention. Health boards have used £1.9m of our new CAMHS investment to recruit an additional 41 whole time equivalent (wte) staff to provide and support the provision of psychological interventions both in primary and secondary services.

[3] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget/nhsexpenditure-by-budgetcategory-year

Since April 2015 when data collection for Local Primary Mental Health Support Services (LPMHSS) delivered under the Mental Health (Wales) Measure was disaggregated across the age range over 10,000 children and young people have been seen by their (LPMHSS); and we are working to ensure that primary mental health care and sCAMHS work together seamlessly and effectively to deliver psychological therapies. An expert group of CAMHS practitioners has been brought together to develop the evidence base and guidance for training and supervision for psychological interventions and models for children and young people. It has now been formally brought under the umbrella of the MATRICs Cymru work.

The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

Any child who is experiencing emotional or mental health problems should have those problems dealt with by an appropriate professional in a timely manner, irrespective of their personal circumstances. However, we recognise that existing models have not always worked in the interests of specific groups, which is why we have invested £2m annually to establish and maintain dedicated Neurodevelopment teams for young people with ADHD/ASD. We have also introduced a new 26-week waiting time target (referral to first appointment) for these young people which we are currently piloting prior to formally adopting later in 2018. A single, Wales-wide, assessment pathway has also been developed to ensure consistency and make the system much clearer for families.

For those at risk of entering the youth justice system we also made available £250,000 of our CAMHS investment to improve provision and support to Youth Offending Teams. The funding has enabled us to expand the existing all-Wales Forensic Adolescent Consultation and Treatment Service (FACTS) to recruit 4 wte staff. We are also working with the Youth Justice Board to develop an all-Wales referral pathway and supporting guidance for health boards and Youth Offending Teams to promote consistency and a shared understanding of what support should be available to young people in the criminal justice system.

The Welsh Mental Health Crisis Care Concordat, introduced in 2015, has also had a significant positive impact in that no child or young person in Wales has been taken to police custody as a s.136 place of safety since 2016. The new legal requirements made by the Policing and Crime Act 2017 that police officers consult with a health professional where practicable before using s.136 powers provides further opportunities to secure support and care pathways for children and young people without use of the Mental Health Act 1983 when that is safe to do so.

The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

We invested £800,000 of our new CAMHS investment since 2015-16 to develop Early Intervention in Psychosis (EIP) teams to support young people aged 15 to 24 with first episode and early psychosis. Health boards have identified issues in moving this agenda forward. We are working with Public Health Wales to support

the development of EIP teams and have established a community of practice to look at developing consistent services across Wales. This will involve examining service interventions and gathering baseline data with the intention of developing future improvement targets. These include timely appropriate detection and engagement, with the intention that all referrals commence assessment within 48 hours; the provision of a care and treatment plan within 14 days of assessment - with a focus on increased functioning / social recovery / physical health and wellbeing outcomes; increasing the provision of NICE recommended psychological interventions offered; and increased user/carer engagement and satisfaction. I see this work as a priority during 2018.

3. Transition to Adult Services

How well planned and managed transitions to adult mental health services are
Young people themselves in the focus groups held with them as part of the development of the new transitions guidance told us that transition has been poorly planned and managed in the past. This is why the Together for Children and Young People Programme developed and published new guidance in the summer of 2017, which included a complimentary young person's passport which places them at the heart of the process.

The guidance and passport seek to shift the emphasis from an arbitrary age related transition point and instead focus on what is in the young person's best interests. If that means CAMHS continue to provide care and support past the age of eighteen, or adult services become involved earlier than eighteen then so be it, as long as they are the ones best placed to provide the care that is needed. The guidance also seeks to place structure and governance around the process so that CAMHS and adult services can work closer, there is greater consistency, and there is a mechanism to monitor, review and learn from each transition.

Whilst the guidance has been warmly welcomed by practitioners, managers and service users alike it's too early to assess its impact. I have asked that the impact the new guidance has had be reviewed by December 2020. I would expect this to form part of the Together for Children and Young People legacy arrangements and embedded in health board IMTP for Mental health developments in both adult and CAMHS services.

4. Links with Education (emotional intelligence and healthy coping mechanisms)

The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:

- **The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum**

Successful Futures highlights that "Children and young people need to experience social, emotional and physical well-being to thrive and engage successfully with their education". One of the four purposes of the new curriculum is to support children and young people to become healthy confident individuals who "*are building their mental and emotional well-being by developing confidence, resilience and empathy*". The four purposes will be at the heart of the new curriculum and are a starting point for all decisions on its development. The mental and emotional well-being of

learners is therefore being considered across all the Areas of Learning and Experience (AoLEs).

The Health and Well-being AoLE working group has considered the role of mental and emotional well-being within the Area in depth, working with a range of stakeholders and experts to ensure learners are supported to develop understanding and positive behaviours in this area.

The AoLE working group recognises the importance of developing an AoLE which supports learners in engaging with their own mental and emotional well-being, as well as understanding the broader influences on health and well-being.

Pioneer schools will also consider how the school environment supports children and young people's social, emotional, spiritual and physical health and well-being. While the new curriculum will be instrumental, developing positive health and well-being in learners is a wider issue, which is highly dependent on a whole-school approach. Through our investment in the School Health Research Network (SHRN) and accompanying data infrastructure, data are being collected to assess wellbeing in schools and assess the importance of school environment.

- **Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.**

A School Nursing Framework for Wales was launched by the Cabinet Secretary for Health, Social Services and Sport in May 2017. The aim of this framework is to provide a school nursing service for children and young people that is safe, accessible and of a high standard. It provides an extension to the previous document 'A Framework for a School Nursing Service for Wales' (WAG, 2009) building on the framework and incorporating the Healthy Child Wales Programme ethos, Building a Brighter Future: Early Years and Childcare Plan (2013), the Wellbeing of Future Generations (Wales) Act (2015), the Welsh Adverse Childhood Experiences (ACE) study (2015) and the principles of prudent healthcare.

A key component of the framework is an 'All Wales Standard for the promotion of emotional wellbeing and supporting the mental health needs of school age children. Working together across health and education and responding to children's needs, T4CYP, the School Nursing Framework and learning from the CAMHs in-reach pilot, Welsh Government aim to proactively build on the current school nursing service and extend good practice to all school age children and young people in Wales.

- **The extent to which health, education and social care services are working together**

The Well-being of Future Generations (Wales) Act 2015, requires the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. That Act also establishes Public Services Boards for each local authority area in Wales. They involve public services partners working together to improve the economic, social, environmental and cultural wellbeing of their area by contributing to the achievement of the seven wellbeing goals.

Integration of health and social care is a key principle of the Social Services and Well-being (Wales) Act 2014. It provides for seven Regional Partnership Boards on the health board footprint to drive that integration to improve people's wellbeing.

Regional boards must prioritise the integration of services in relation to several areas, including children with complex needs due to disability or illness.

The 2014 Act required regional boards to produce population assessments of care and support needs that were published last April. These assessments covered children and young people, and mental health as core themes. Boards are now producing area plans, due in April, to respond to the population assessments.

The Welsh Government has also facilitated specific programmes or pilots based on collaborative working:

1. CAMHS in reach pilot

The Welsh Government has launched a new programme of mental health in-reach support for schools. Joint funding from health and education will strengthen the support from specialist CAMHS to schools and ensure that systems are in place to share appropriate information between CAMHS and schools for young people requiring more intensive support. There will be a specific focus on early identification and intervention.

Dedicated CAMHS practitioners (link workers) are being recruited to work with pilot schools in three areas across Wales. A national co-ordinator is also being appointed, to share good practice and map the activity already occurring across Wales. Local health boards and Public Health Wales are in the process of recruiting to these roles.

The pilots will run from spring 2018 (pending recruitment) and conclude in summer 2020 ensuring they cover two full academic years. They will reach 36 secondary schools and their feeder primaries (220), where the focus will be on year 6 pupils to help them in their transition.

Where children and young people need more specialist support the pilot should help facilitate those referrals between schools and specialist services.

The pilot will be evaluated and the results of the evaluation will help inform future policy direction. The evaluation specification has been drawn up and a workshop will be held once the link workers and the national coordinator are in place to determine how the pilot is supposed to deliver results, exploring the relationship between inputs, activities, outcomes and impacts. The contractor who leads the evaluation will be providing regular updates to enable good practice and lessons learned to be shared.

2. ACE Hub

The Welsh Government's Education, Communities and Children, and Health Departments came together with Public Health Wales to jointly fund an ACE Support Hub which has been established by Cymru Well Wales. The Hub builds on the groundswell of interest which has arisen following the publication by Public Health Wales of research outlining the impacts of Adverse Childhood Experiences (ACEs).

The vision of the Hub is to reduce the number of adversities experienced by people in Wales, and to build the resilience of those who have already experienced adverse

childhood experiences. Essentially the Hub should be a centre of expertise to increase understanding of ACEs, as well as support and inspire individuals, communities and organisations to learn about ACEs and change their thinking and behaviour.

3. Families First

The success of family support services, such as those provided through Families First, is dependent on a range of key partners working together to identify and address the needs of families and young people at the earliest opportunity.

The revised Families First Programme Guidance, which was published in April 2017, places clear expectations on local Families First teams in relation to developing strong and effective links with a range of services, including health, education and social care agencies.

In addition to this, through the Team Around the Family approach, vulnerable families receive robust multi-agency support which is bespoke to their needs.

4. Welsh Network of Healthy School Schemes

Health and education services work in partnerships to deliver local healthy school schemes in all areas of Wales as part of the Welsh Network of Healthy School Schemes. The scheme actively promotes, protects and embeds the physical, mental and social health and well being of its community through positive action.

The Welsh Government provided funding and guidance to help health and education services working in partnerships to set up and run local healthy school schemes in all areas of Wales. Over 99% of schools are actively involved in local healthy school schemes.

Indicators for the WNHSS National Quality Award (NQA), to be assessed at the end of phase 6, were issued in 2010 and are updated at regular intervals. These indicators look for a whole school approach to a number of health topics, including mental and emotional health and well-being.

5. Improving Outcomes for Children Ministerial Advisory Group

The Improving Outcomes for Children Ministerial Advisory Group has been established to improve outcomes for looked after children and identify what early intervention and preventative action could be taken to help reduce the numbers of children taken into care.

The group, chaired by David Melding AM, includes senior officials from across local government, the third sector and Welsh Government, with policy remits that span housing, health, education, youth justice and tackling poverty. The work programme of the Group currently consists of 27 work areas covering research, pilot projects, policy developments and improvements to professional practice. Through its cross-sector approach, the Group is looking at ways in which looked after children and care leavers can be better supported to be more resilient and achieve better outcomes. This includes addressing the impact of ACEs through providing enhanced therapeutic support.

6. Together for Children and Young People

The NHS-led programme is about ensuring the current system works more effectively across all sectors, not just specialist NHS services. The Programme will run until October 2019 and has established work streams to consider the key issues highlighted by stakeholders as the areas for development.

A priority is to reduce inappropriate CAMHS referrals. The benchmarking of CAMHS across the UK in 2016 showed that one third of all referrals to CAMHS are inappropriate. Expanding primary care mental health services, developing new neurodevelopmental services and empowering others who have contact with children will mean that many young people with low level conditions will not require referral to specialist CAMHS.

Together for Children and Young People has recommended the enhancement of local primary mental health support services, making them available to education and social care services, and not just primary care services under the mental health measure 2011. This builds on the excellent models already in existence in Betsi Cadwaladr. It's planned that new investments into CAMHS increasingly support this service development.

The take up and current provision of lower level support and early intervention services, for example, school counselling services.

Counselling

Local authorities in Wales are required to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school, and to provide anonymised information about their counselling services to the Welsh Government.

The most recent published data is for the year to August 2016, and this shows that 11,337 children or young people received counselling services in 2015/16.