

## **Children and Young People Committee: February 2<sup>nd</sup> 2010**

### **Services for Children and young people with emotional and mental health needs**

Further to the committees request to LHBs to provide evidence on services for Children and Young People with Emotional and Mental Health needs the following submission has been compiled.

#### **Background**

The approach taken in the compilation of this evidence has been to compile from the three regional CAHMs Networks' information and documentation pertaining to the Wales Audit Office & Health Inspectorate Wales joint review of CAMHs, published November 2009. Specifically, details of the following are included covering the three regional networks.

- Responses to the review report
- Details of Local Delivery Plans / Local Service Plans developed to date which reflect the progression of work streams identified as priorities for service development
- Details of proposed action to utilise additional allocation of funding from Welsh Assembly Government.

#### **1. North Wales:**

The North Wales CAMHS Clinical Strategy Implementation group met on 15<sup>th</sup> January 2010 to progress the workstreams that had been previously identified as priorities for service development in order to achieve consistency and equity across the North Wales region. This will complement the work to be undertaken by the separate CAMHs / AMHS interface group.

The two key documents; the North Wales CAMHS Clinical Strategy and the Approved Local Delivery Plan for the period 09 – 11 detailed individual work strands which consisted of a detailed mapping of CAMHS provision across North Wales and the Local Delivery Plan 2009 -11 submitted to WAG. The strategy was approved by the Children and Young People CPG as the priorities for the then CAMHS Regional Network now titled the Specialist CAMHS Planning Network (SCPN )to take forward in North Wales.

Members of the North Wales CAMHs Implementation group met to agree and delegate the agreed workstreams to specific members of group as follows:

- 1) Referral Criteria to include transition
- 2) Autistic Spectrum Disorder
- 3) Provision of risk / needs assessment for self harm and urgent referrals
- 4) Out of hours
- 5) Primary Mental Health Workers (PMHW) Strategy
- 6) Team Referral Management and Clinical Processes
- 7) Clinical guidelines and skill mix

- 8) Welsh Language
- 9) Data collection and IT
- 10) Outcome measures
- 11) Tier 3 Forensic Service Development

**CAMHS AOF Targets:**

	<b>National Target:</b>
<b>AOF 15</b>	<p>To:</p> <ul style="list-style-type: none"> <li>• have 2 WTE Primary Mental Health Workers per 100,000 population;</li> <li>• offer consultation and advice to professional who deliver the functions of Tier 1 within 2 weeks of request;</li> <li>• offer at least one training course in each Unitary Local Authority area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders, eating disorders and managing deliberate self harm;</li> <li>• ensure that all patients referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks;</li> <li>• ensure that all patients referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;</li> <li>• have mental health advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, who are available to each Youth Offending Team;</li> <li>• ensure patients who are assessed, by Specialist CAMHS, as requiring admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 2 weeks from the date on which a written or electronic referral is dispatched and, if admission is considered necessary, it occurs within a further 2 weeks; and,</li> <li>• ensure patients who are assessed by staff from a Specialist CAMHS as requiring immediate admission to a psychiatric unit for adolescents, on account of their clinical needs, are assessed for admission within 12 hours of the time at which a written or electronic referral is dispatched or a telephonic referral is made and, if immediate admission is considered necessary, it occurs within a further 24 hours. If non-immediate admission is agreed, it occurs within a further 2 weeks.</li> </ul>

**1) Access and standards**

<b>Issue</b>	<b>Specific Detail</b>	<b>Work Undertaken</b>	<b>Work still required</b>
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Referral Criteria and access	There are some identified differences in the referral criteria operated across CAMHS in North Wales. A rationalisation of these criteria (with reference to the availability of other, non-health CAMHS provision) is required to ensure equity of access to services	Differences have been identified and an action plan developed: 1. Agree consistency in who can refer and how the specialist CAMHS services are accessed across the region 2. Consistency across area in terms of types of presentation accepted	1. Agree Standard Referral Criteria, including consideration of thresholds 2. Allocate responsibility for implementing action plan 3. Address potential funding implications for changing referral criteria
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## 2) ASD

Issue	Specific Detail	Work Undertaken	Work still required
Autism Spectrum Disorders	No agreed format or standard for assessment and intervention leading to potential inconsistencies in what children and young people with ASD receive.	ADOS training planned to increase consistency in assessment across region	1. Agree the range and nature of evidence based intervention which can be offered by CAMHS 2. Identify resource requirements for fully comprehensive ASD provision which also address core deficits of ASD

## 3) Self Harm

Issue	Specific Detail	Work Undertaken	Work still required
Provision of risk / needs assessment for self-harm and urgent assessments	Different levels of cover for self-harm assessments and urgent assessments across the	Currently only local discussion has taken place	1. Develop an option appraisal for consistency in availability of self-harm and urgent assessments slots across the area 2. From the option appraisal, identify preferred arrangements for delivering self-harm and

	teams leading to different access times		urgent assessments across N Wales. 3. To include work around the essential links to Countess of Chester
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#### 4) 'Out of Hours'

This is a discreet group within the work of the AMHs / CAMHs interface issues. This is an N.S.F target

#### 5) PMHW Strategy

The strategy examines all aspects of the role of the PMHW including training requirements, workforce implications, cross county cover and arrangements.

##### Target 15 AOF requirements:

##### To:

- have 2 WTE Primary Mental Health Workers per 100,000 population;
- offer consultation and advice to professional who deliver the functions of Tier 1 within 2 weeks of request;

#### 6) Team Referral Management and Clinical Processes

Issue	Specific Detail	Work Undertaken	Work still required
Team Referral Management and Clinical Processes	There are different systems operating across the region which lead to some variation in patient experience. These include: <ul style="list-style-type: none"> <li>• Referral and case management systems</li> <li>• Team structure and set up</li> </ul>	An action plan has been developed by the transition group to carry out following: <ol style="list-style-type: none"> <li>1. Agree the benchmarking criteria by improving the current data set and consider clinical outcomes and case referral/ workload info</li> <li>2. To analyse the benchmarking data and identify the most effective / efficient system /s</li> </ol>	<ol style="list-style-type: none"> <li>1. Allocate responsibility for improving range and quality of data collection and identify and agree criteria to report back to performance management subgroup</li> <li>2. Carry out benchmarking and identify strengths / weaknesses of different systems and prepare report for CAMHS management structure and / or CPG</li> <li>3. Move to the most efficient / effective ref / case management system</li> </ol>

#### 7) Workforce, Capacity Planning and Modernisation

Issue	Specific Detail	Work Undertaken	Work still required
Examining Workforce	There is not full availability or	The CCN training subgroup has	Establish principles and procedures for effective CAMHS workforce

and capacity planning across North Wales	<p>access to all evidence based therapies and interventions as indicated in NICE and other best practice guidelines</p> <p>To look at the professional mix and make up of CAMHS teams regionally</p>	<p>broadly identified the main gaps in the availability of therapies indicated by NICE guidelines and has commissioned training in some of these areas</p>	<p>planning, including:</p> <ul style="list-style-type: none"> <li>○ Consideration of skills/competencies required</li> <li>○ Implications for recruitment and retention of staff across professions</li> <li>○ Budgetary management</li> <li>○ Options appraisal</li> </ul>
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### 8) Welsh Language

Identify and link with the Champion leads in each area in the programme teams and take forward

Issue	Specific Detail	Work Undertaken	Work still required
Welsh Language	The availability of Welsh language speakers in some areas and in materials for use in clinical practice can be an issues	The availability of Welsh speakers within specialist CAMHS has been mapped Some Welsh language information leaflets have been obtained	<ol style="list-style-type: none"> <li>1. Increase the number of Welsh speakers within the CAMHS services</li> <li>2. Ensure adherence to the new Welsh Language scheme</li> <li>3. Continue to use Welsh language tools where available and use translation services where appropriate</li> </ol>

### 9) Data Collection and IT

Issue	Specific Detail	Work Undertaken	Work still required
Data collection and IT	There is no overall system for data collection or a consistent IT system for CAMHS.	<ol style="list-style-type: none"> <li>1. Through the performance management subgroup of the CCN agreement was reached on the definitions for data collected to report on the AOF so whilst data collection systems may vary what is measured is comparable.</li> <li>2. There has been</li> </ol>	<ol style="list-style-type: none"> <li>1. Need to agree a minimum data set which includes agreed outcome measures as part of regional CAMHS regular data collection</li> <li>2. Identify processes for collection, reporting and storage of data</li> <li>3. Identify (if possible) a common IT system for collection and reporting data across the region.</li> </ol>

		some quantitative data collected as part of CAMHS review which can be built upon to inform comparative performance	
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### 10) Outcome Measures

Issue	Specific Detail	Work Undertaken	Work still required
Outcome measures	The Services in Specialist CAMHS do not use an agreed set of outcome measures to identify clinical and social outcomes	Work on evaluating relative tools has been started and a comparison study of use of one measure CGAS has been evaluated in Central area	<ol style="list-style-type: none"> <li>1. Allocate responsibility for reviewing outcome measures and prepare report for CAMHS network and / or CPG</li> <li>2. For CAMHS network to agree outcome measures to be used as standard across specialist CAMHS</li> </ol>

### Activity to be undertaken further to allocation of Funding to NHS Wales in the development of Specialist CAMHS Planning Network

#### Phase 1: 2009 - October 2010

#### 11) a) Section 31 of the amended Mental Health act – Age appropriate accommodation

##### **This is a requirement from WAG to be achieved by October 2010**

- Currently a joint CAMH/AMH Ablett protocol which was used as an example of a good model in the early work at the Royal College is in existence and works well, therefore many of the requirements re Royal College Accreditation have already been met on both the Hergest & Ablett Units, however it is not mandatory to have the Accreditation from the College.
- The current proposal is to spend an amount on capital improvements of a room in each of the 3 units and for training etc. from the capital resource currently available from WAG SCPN allocations.
- The use of adult beds is for very short term emergency admissions only (as outlined in the MHA).
- The new North Wales Adolescent Unit provides age appropriate accommodation for under 18 yr olds needing ongoing Tier 4 CAMHS inpatient assessment/treatment.
- Work is ongoing and costings will be submitted to the SCPN in February 2010.

#### 11) b) Tier 3 Forensic Service Development

##### **This is a requirement from WAG to be achieved by October 2010**

Intention to plan service developments to create the NHS components of a **new** forensic CAMHs at Tier 3.

Awaiting further information on the Assembly governments preferred model.

**11) c) Further development of FACTS to Youth Justice System**

**This is a requirement from WAG to be achieved by October 2010**

Take forward service developments so as to create a continuum of the NHS components of forensic CAMHs by beginning to develop new teams that are capable of delivering the functions of tier 3 according to the Assembly governments model such that teams are in place no later than 31<sup>st</sup> March 2011

**Target 15 AOF requirements in relation to (11)**

- have mental health advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, who are available to each Youth Offending Team;

**11) d) Provision of specialist CAMHs by LHBs and partners in LA to provide Specialist CAMHs for ALL children and young people aged up to and including 17 years ( i.e. up to the eve of their 18<sup>th</sup> birthday ) by 31<sup>st</sup> March 2012**

- The Central area of Betsi Cadwaldr University Local health Board is now the only area that has not moved forward in extending the age range up to the 18<sup>th</sup> birthday resulting in an inequity of service across North Wales. A fully costed business case has been prepared which details the requirements of the central area in order to provide a CAMH Service to all young people aged 16 and 17 years.
- The case has been supported by the SCPN and is in line with the North Wales CAMHs strategy. It has also been put forward as a top priority by the C&YP CPG within the 2010/11 operational plan.

**Phase 2: 2010 - 2012**

In this phase SCPN's are required to work with the relevant health boards to:

- Consolidate and monitor the impact of their work on achieving the requirements of section 31 of the amended Mental Health Act 1983
- Continue to take forward local service developments so as to create new teams within NHS Wales that are capable of delivering the NHS functions of Tier 3 forensic CAMHs according to the Assembly Government's model by 31<sup>st</sup> March 2011
- Assist each health board that delivers Specialist CAMHs to work in association with its local authority partners to extend the roles of Specialist CAMHS such that they are available to all children and young people up to and including 17 years ( i.e. up to the eve of their 18<sup>th</sup> birthdays) by 31<sup>st</sup> March 2012 by implementing plans agreed with the Assembly Government

**Services for Children and Young People with Emotional and Mental Health Needs  
HIW / WAO Review: North Wales Specialist CAMHS Planning Network Allocation  
of 50,000k**

**HIW Recommendation B (i)** The Assembly Government develops a national plan within six months of the publication of this report to address the issues with the availability and quality of services we have identified. The plan should set clear priorities and target dates for all relevant bodies, including a deadline for specialist CAMHS to be available to all groups of children and young people, such as those aged 16 to 18, those with a learning disability, and those placed out of area.

**Which partnership/ Plan –**

**Improvement actions**

- proposals to be finalised at SCPN meeting 27 Jan 10
- outline business case under consideration for central region (full access East and West currently)
- Extensive Audit undertaken at Cedar court prior to move to Abergele site

**HIW Recommendation B (iv)** Health boards and local authorities develop, for Assembly Government approval, local multiagency plans for implementing the national plan.

**Which partnership/ Plan** Children and Young People's Partnership Children's Plan, Emotional Health and Wellbeing Subgroup

**Improvement actions**

- Develop a multiagency plan for CAMHS in line with WAG AOF requirements by
- Clarify the issues which need to be built into the next planning round for the strategic single plan for children



- Complete the CYPP Business Plan for 2010/11 for Emotional Health and Well-Being
- Complete NSF Emotional Health and Well Being Action Plans for 2010/11

**HIW Recommendation C (i)** Health boards and local authorities monitor delivery of the local multiagency CAMHS plan and report progress, at least annually, to the relevant boards and scrutiny committees.

**Which partnership/ Plan** CYPPS Emotional Health and Wellbeing Groups & BCUHB  
**Improvement actions**

- Keep AOF and CYPP performance mechanisms linked and the plans integrated.
- Make an annual report to Boards on the CAMHS plan.

**HIW Recommendation C (iii)** The Assembly Government, health boards and local authorities, put in place arrangements to involve children, young people and their parents in all parts of the development, implementation and review of services.

**Which partnership/ Plan** CYPP Business Plans

**Improvement actions**

- Continue to use existing and wider participation mechanisms for children, young people and their families established under the CYPP (e.g. school councils and youth forma)
- Ensure involvement of children and families in development of CYPP plan for 2011 – 2013.
- Continue to collect and analyse feedback from young people.
- Support County Councils in engagement of Looked After Children and Care Leavers in service development.
- Pilot scheme underway for LAC

**HIW Recommendation C (iv)** The Assembly Government and other public bodies put in place effective arrangements for the management and scrutiny of performance, ensuring that results are widely available. This will require:

- clarification of the roles and responsibilities of local bodies in monitoring and managing performance;
- covering the full range of issues outlined in the *Everybody's Business* and the NSF; and
- performance measures for CAMHS to be integrated into local government arrangements.

**Which partnership/ Plan** BCUHB, CYPPs Emotional Health and Wellbeing Groups

**Improvement actions**

- Keep AOF and CYPP reporting linked
- Monthly NHS dashboard reports
- Quarterly LDP report
- Quarterly CYPP Business Plan monitoring for Emotional Health and Well-Being
- NSF quarterly monitoring through CYPP, with annual report to CYPP and the Boards
- Information systems for Specialist CAMHS to be improved and refined to ensure relevant and accurate information is captured and reported.

**HIW Recommendation D (i)** The Assembly Government identifies national priorities for developing the CAMHS workforce and a process by which these priorities will be addressed at a regional and local level. This should include a detailed action plan for

achieving the staffing levels and expertise required to meet the needs of children and young people.

**Which partnership/ Plan** BCUHB and CYPPS

**Improvement actions**

Complete NHS workforce plan and also incorporate in to CYPPS work

**HIW Recommendation D (ii)** The national priorities for the CAMHS workforce include the development of leadership and management capacity and expertise in CAMHS.

**Which partnership/ Plan** BCUHB and CYPPS

**Improvement actions**

NHS workforce plan being undertaken, should be incorporated in to CYPPS work

**HIW Recommendation D (iii)** Health boards and local authorities strengthen, where necessary, staff supervision and support, particularly for out-posted staff.

**Which partnership/ Plan** BCUHB CYPPS Emotional Health and Well-being

**Improvement actions**

- Agree model for CAMHS which achieves the requirements of Safe Solutions for Services
- Implement WAG requirements for staff attached to the YOS through Phase 1 plan

**HIW Recommendation E (i)** The Assembly Government, in collaboration with health boards, take steps to ensure children and young people are not placed inappropriately on adult mental health wards. Until the issue is resolved, the Assembly Government and health boards should monitor the numbers of inappropriate placements.

**Which partnership/ Plan** BCUHB and CYPPS Emotional Health and Well-Being Groups

**Improvement actions**

- All young people placed on adult wards are reported as a Serious Incident in line with WAG procedures and are monitored through the Quality and safety Committee.
- Implement the actions in the agreed CAMHS LDPs.
- Implement agreed Phase 1 projects.

**HIW Recommendation E(ii)** Health boards and local authorities ensure that all staff working with children and young people understand their safeguarding responsibilities, as set out in Welsh Assembly guidance Safeguarding Children Working Together under the Children Act 2004.

**Which partnership/ Plan** BCUHB, CYPPS, LSCB

**Improvement actions**

- Implement LSCB strategic and Business Plan
- Implement local responses to HIW Safeguards Action Plan

**HIW Recommendation E (iii)** Health boards and local authorities, in collaboration with the Assembly Government, ensure that all staff working with children understand their responsibilities for sharing information on individual children and young people.

**Which partnership/ Plan** BCUHB and CYPPS, LSCB

**Improvement actions**

- CYPPS 'Information Sharing Protocol' to be presented to respective CYPP Boards for ratification.
- CAMHS and LSCB to agree and information sharing policy

- Training on Information Sharing to be incorporated into training regarding Safeguarding Responsibilities.

**HIW Recommendation E(iv)** Health boards and local authorities, in collaboration with the Assembly

Government ensure that cases are not routinely closed due to non-attendance at appointments, and that safe and effective routine follow-up occurs when appointments are missed.

**Which partnership/ Plan** LSCB, BCUHB, Child Protection Forum

**Improvement actions**

- The Welsh Assembly Government may consider specific waiting list guidance in relation to paediatric and other NHS children’s services.
- CAMHS team and safeguarding team to agree process for monitoring missed appointments, especially for looked after children

**HIW Recommendation E (v)** Health boards and local authorities put in place effective monitoring to check, at least annually, on compliance by service provider staff with:

- safeguarding children and young people;
- information sharing; and
- action taken following missed appointments

**Which partnership/ Plan** LSCB, BCUHB, Child Protection Forum

**Improvement actions**

LSCB self-assessment audit completed annually, primary care staff monitored through QUOF

## **2. South East Wales:**

### **CAMHS Network response to HIW/WAO Review of Services for Children and Young People with Emotional and Mental Health Needs**

#### **1. Purpose**

The purpose of this report is to summarise issues and recommendations identified in the Health Inspectorate Wales and Wales Audit Office review of Child and Adolescent Mental Health Services (published 24 November 2009) and to identify a timeline of actions for the SE Wales network to develop and implement an action plan based on these recommendations.

#### **2. HIW/WAO Report Findings**

The report concludes that despite improvements in services in recent years services are still “failing many children and young people, reflecting a number of key barriers to improvement”. A full list of the barriers to improvement is detailed in the report, along with recommended actions for the Welsh Assembly Government and for Local Health Boards to undertake in partnership with Local Authorities.

#### **3. Requirements of CAMHS Networks and Local Health Boards**

The Welsh Assembly Government has provided funding to CAMHS Networks to implement the recommendations of the HIW/WAO report within their regions and

requires Networks to develop plans in collaboration with the constituent Local Health Boards in their area. The funding allocation of £75,000 for the South East region is non-recurrent and is required to be spent by 31 March 2010.

Recommendations for action involving Health Boards are summarised below:

**To improve planning and work to reduce service gaps:**

- Health Boards and Local Authorities develop local multiagency plans for implementing the national plan. (Although a national action plan has not yet been issued, Welsh Assembly Officials have confirmed that they will require networks to develop plans.)

**To address weaknesses in monitoring performance:**

- Health Boards and Local Authorities monitor delivery of the local multiagency CAMHS plan and report progress, at least annually, to the relevant boards and scrutiny committees.
- WAG, Health Boards and LAs should make arrangements to involve CYP and their parents in development and review of services.
- WAG and public bodies put in place effective arrangements for management and scrutiny of performance which requires:
  - a. Clarity of roles of local bodies in monitoring and managing performance;
  - b. Covering the full range of issues in Everybody's Business and NSF;
  - c. Performance measures for CAMHS to be integrated into local government arrangements.

**To develop the workforce:**

- Health Boards and LAs strengthen staff supervision and support, particularly for out-posted staff.

**Immediate actions for identified patient risk areas:**

- WAG in collaboration with Health Boards take steps to ensure children and young people are not placed on mental health wards. WAG should monitor numbers of inappropriate placements.\*
- Health Boards and LAs ensure that all staff understand their safeguarding responsibilities as outlined in Safeguarding Children Working Together under the Children Act 2004.
- Health Boards and LAs in collaboration with WAG ensure that all staff working with children and young people understand their responsibilities for sharing information on individual cases.
- Health Boards and LAs ensure that cases are not routinely closed due non-attendance and that safe and effective follow up occurs.
- Health Boards and LAs put in place monitoring to check compliance by service provider staff:
  - a. safeguarding children and young people
  - b. information sharing
  - c. action taken following missed appointments.

\* N.B. The placement of children and young people on adult wards is already monitored by the South East Wales Regional Office.

#### **4. Initial timeline for Developing and Implementing the Action Plan**

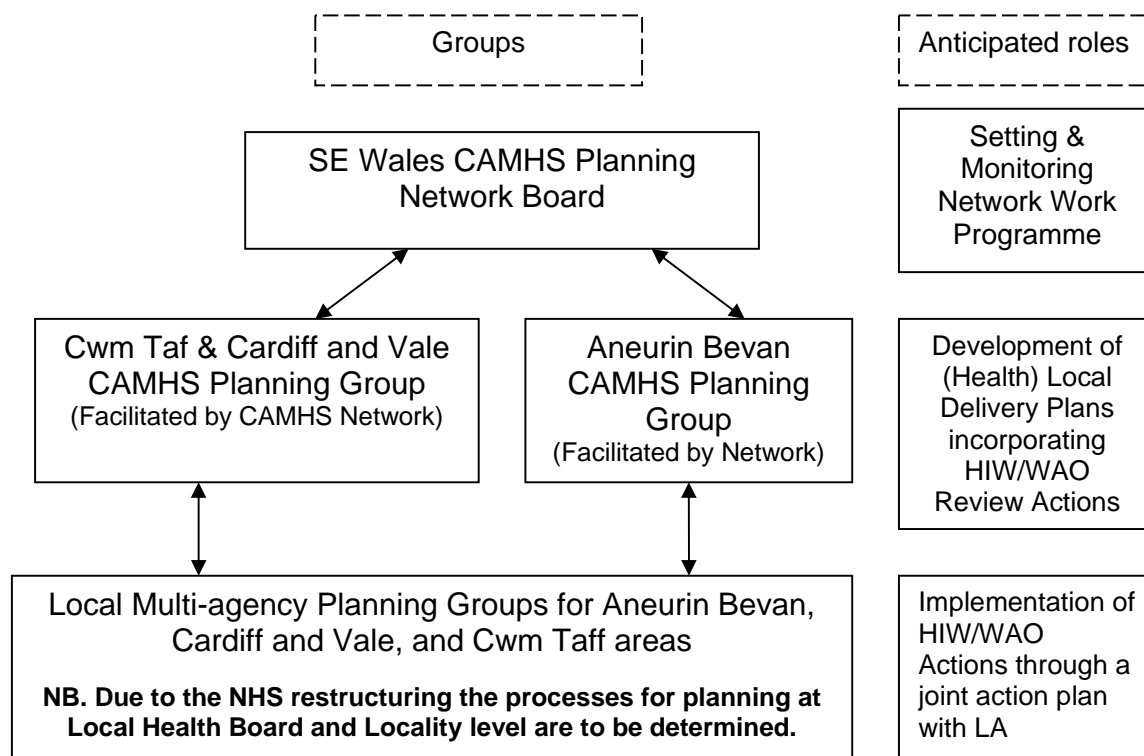
The proposed process and timeline for developing action plans is divided into two components: the development of NHS-specific action plans plus the later development of joint action plans with Local Authorities. This is due to the short timescales for allocating and spending the non-recurrent funding provided by the Welsh Assembly Government.

<b>Action</b>	<b>Lead</b>	<b>Completion date</b>
1. CAMHS Networks to receive guidance from Welsh Assembly Government on funding for HIW recommendations and the reporting requirements.	WAG and CAMHS Network Manager	Expected 15 December 2009 Non-recurrent funding required to be spent by 31/3/10
2. CAMHS Network Planning Groups to meet to review report findings.	CAMHS Network Manager	January 2010
3. Draft action plans for to be developed and incorporated into the LDPs for Aneurin Bevan, Cardiff and Vale and Cwm Taff LHB areas. This will cover issues identified specifically for NHS organisations.	CAMHS Network Manager and LHB CAMHS Leads	30 January 2010
4. Implementation and review of action plans	LHBs and CAMHS Network	Ongoing from February 2010
5. Joint NHS/LA action plans to be developed through LHB/LA planning mechanisms.	LHBs/LAs	April – May 2010

It is the intention to incorporate the NHS-specific HIW/WAO actions into the Local Delivery Plans for each Local Health Board area to facilitate monitoring and review. However the requirement to undertake action planning with Local Authorities will necessitate the development of a joint action plan.

The following proposed structure of planning groups and associated planning documents and roles has been drafted with consideration of the requirement for strong partnership working between health, social services and education organisations and the need to align the work of the SE Wales CAMHS Planning Network with Local Health Board planning and decision making structures. This network structure comprising the Board and two subgroups (reflecting the provider areas) has been discussed and agreed by the network members to sustain delivery of the network's work programme in the interim period until the formal planning structures for the new Local Health Boards are confirmed.

### **Proposed structure for implementing the HIW review recommendations**



## 5. Recommendations

The Executive Directors of the Network's constituent LHBs are requested to consider and ratify the proposed process and structures to enable the full use of funding allocated for the implementation of HIW/WAO recommendations and the development of action plans within required timescales.

## Role of the SE Wales CAMHS Network in developing and implementing Local Service Plans

### 1. Purpose

The purpose of this report is to outline the role of the SE Wales CAMHS Planning Network in developing and implementing Local Service Plans as required by the NHS Annual Operating Framework 2010-2011.

### 2. Existing Plans and Progress to Date

Local Health Boards in cooperation with the SE Wales CAMHS Planning Network developed a two-year Local Delivery Plan (LDP) for the period 2009-2011 in response to the requirements of the AOF 2009-10.

The Network has supported LHBs in monitoring progress against these plans and making submissions to South East Wales Regional Office. Additionally the Network has supported the delivery of key actions identified in the LDPs which relate to all organisations.

### **3. Development of Local Service Plans**

Prior to receiving the AOF for 2010-11, the Network Board agreed a proposal to incorporate actions required in response to the HIW/WAO joint review of CAMHS and additional policy requirements into the Local Delivery Plans for each Local Health Board area to facilitate ongoing monitoring and review through the Network mechanisms.

As the planning meetings to undertake this work will not be taking place until late January, the following documents have been developed as a starting point to support Local Health Boards in developing their Local Service Plans, building on the existing Local Delivery Plans.

Documents:

Core Elements for a Local Service Plan – 2010-11  
(Annex 1) LSP Core Action Plan

As these attempt to provide a generic position applicable to all LHBs in the SE region there may be elements which do not apply to individual LHBs. Additions will also be required.

### **Core Elements for a Local Service Plan (LSP) for a Child and Adolescent Mental Health Service (CAMHS)**

The CAMHS strategy for Wales Everybody's Business (2001) states that a comprehensive CAMH service should be provided jointly by health, social services and education working with the non statutory and voluntary sector providers. This document is aimed at the health specific components of Child & Adolescent Mental Health Services; however consideration should be given to links with partner agencies when writing the local service plan (LSP)

#### **To be included in Local Service Plan**

(Extracted from AOF 2010-11 Guidance Annex D)

1. Strategic aims for the organisations' services by March 2011
2. Key Delivery Objectives for 2010-11 which must include:
  - a. AOF National Targets for 2010-11 and policy requirements
  - b. Key local issues on workforce and the quality of core services
  - c. Alignment with the financial requirements of the organisation

- d. Alignment to the delivery of the challenges identified for the organisation and community
- 3. Other specific information may be used, including:
  - a. Profile and range of services
  - b. WTE/ Skill mix of staff
  - c. Demand/capacity overview

Plans are required to be SMART, including the following

- 4. Specific actions
- 5. Anticipated outputs and outcomes
- 6. Timescales
- 7. Current position
- 8. Funding requirements
- 9. Risks

The remainder of this document and appended draft action plan template attempts to respond to some elements of the above requirements from the perspective of the SE Wales (Specialist) CAMHS Planning Network to provide LHBs with information in support of the development of Local Service Plans. As this has been developed to cover a number of organisations, there may be some elements that are not applicable to all organisations.

### 1. Strategic Aims for 2010 - 11

Based on the aims and objectives identified in Local Delivery Plans developed for 2009-2011, the aims for the SE Wales CAMHS Network during the 2010-11 financial year are to support LHBs to:

- Sustain the achievement of national targets already met and work towards the achievement of national and local targets;
- Provide an integrated service that offers a range of therapeutic interventions in a timely and accessible manner;
- Work towards the provision of CAMHS to all young people aged up to 18;
- Develop very specialised teams to provide Forensic CAMHS by 31 March 2011;
- Continue to work to develop information systems which provide detailed information for service planning
- Ensure there are effective transitional arrangements between services
- Complete work to develop multi-agency care pathways for service provision for:
  - Autistic Spectrum Disorders
  - ADHD
  - Learning Disabilities
  - Looked After Children
  - Substance Misuse
  - Young Offenders

### Policy and Statutory Requirements

#### Mental Health Act 1983 (Amended 2007)

Organisations are required to ensure that children and young people aged under 18 admitted to hospital due to a mental disorder are accommodated in an environment that is suitable for their age.



### Everybody's Business

Organisations are required to work to develop comprehensive CAMHS for all young people aged up to 18 (up to the eve of their 18<sup>th</sup> birthday) as identified in WHC (2002) 125 based on the four tier model.

### National Service Framework for Children Young People and Maternity Services

The high level aims of the NSF are that:

- Children and young people have equitable access to a comprehensive range of services according to assessed need, delivered in a co-ordinated manner;
- Children and young people with identified mental health problems or disorders receive services to meet their needs which are timely, effective and co-ordinated.

Specific targets NSF will be prioritised in each Local Authority's Children and Young People's Plan.

### NHS Annual operating Framework 2010-11

LHBs are to ensure that their specialist CAMHS services are available for all children and young people who are aged up to and including 17 years ( i.e. up to the eve of their 18<sup>th</sup> birthday) by March 2012. A plan is required to be produced by Autumn 2010 to identify how this will be achieved.

National targets:

AOF 18 identifies that LHBs are to achieve a service which:

- has 2 WTE Primary Mental Health Workers per 100,000 population;
- offers consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request;
- offers at least one training course in each Unitary Authority area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm;
- ensures that all children & young people referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks;
- ensures that all children & young people referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;
- has mental health advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, who are available to each Youth Offending Team;
- ensures children and young people who are assessed, by Specialist CAMHS, as requiring admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 2 weeks from the date on which a written or electronic referral is dispatched and, if admission is considered necessary, it occurs within a further 2 weeks; and
- ensures children and young people who are assessed by staff from a Specialist CAMHS, as requiring immediate admission to a psychiatric unit for adolescents, on account of their clinical needs, are assessed for admission within 12 hours of the time at which a written or electronic referral is dispatched or a telephonic referral is made and, if immediate admission is considered necessary, it occurs within a

further 24 hours. If non-immediate admission is agreed, it occurs within a further 2 weeks.

#### Development of Specialised Services

The Welsh Assembly Government has issued correspondence outlining a requirement for Specialist CAMHS Planning Networks (formerly CAMHS Commissioning Networks) to work with Local Health Boards to develop specialised tier three forensic CAMH teams by 31<sup>st</sup> March 2011. Further guidance is expected.

#### Joint Inspectorate Review of CAMHS (HIW/WAO)

Organisations will be required to develop and implement an action plan in response to the findings and recommendations of the joint review of CAMHS published in November 2009.

#### Key Deliverables

##### **Across Tiers**

1. Services are to demonstrate how they are working in partnership with local authorities toward provision of CAMHS for all children/young people up to 18 years old through the development of an action plan by Autumn 2010. Agreed local protocols for transition are to be included in the Autumn 2010 submission. Services are to be provided by 31 March 2012.
2. Local Health Boards should work with local authorities to ensure that arrangements for emergency and out-of-hours mental health services are adequate.
3. LHBs should ensure that mental health services for young people admitted to district general hospitals are adequate.
4. LHBs should ensure that effective information systems are in place to provide clinical and management information relating to demand and capacity, and to the numbers of children and young people who:
  - a. Have a mental disorder and a learning disability
  - b. Have an autism spectrum disorder
  - c. Have ADHD
  - d. Have an eating disorder
  - e. Have harmed themselves
  - f. Are offenders and who are assessed as requiring mental healthcare
  - g. Are looked after by the local authority and are assessed as requiring mental healthcare
  - h. Who are below 18 years of age and receive mental healthcare on wards for adults.

##### **Tier 1/2**

5. Each LHB health is required to have Primary Mental Health Workers (PMHW) on a formula of 2 per total 100,000 population
6. PMHWs are required to offer consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request and;
7. Offer at least one training course in each Unitary Authority area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm.

### **Tier 2/3**

LHBs should ensure:

8. All patients referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks
9. All patients referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;
10. Mental Health Advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, are available to each Youth Offending Team.
11. Access to a specialist multidisciplinary team which includes:
  - a. Psychiatry
  - b. Psychology
  - c. Nursing
  - d. Occupational Therapy
  - e. Social Workers
12. Provision of services which include:
  - a. A range of personal therapies
  - b. Cognitive Behavioural Therapy
  - c. Family Therapy
  - d. Psychopharmacology.Teams should also have access to dedicated child psychotherapy, dietetics and speech therapy.
13. LHBs are to develop specialist Forensic CAMHS for children and young people who have mental disorders. Teams are required to be in place by 31 March 2011.
14. LHBs are to develop CAMHS to deliver a service for children who have learning disabilities and mental disorders. Welsh Assembly Guidance is to be provided.
15. LHBs are required to give consideration to improving services for young people who misuse substances.

### **Tier 4 (HCW)**

16. Those who are assessed, by Specialist CAMHS, as requiring admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 2 weeks from the date on which a written or electronic referral is dispatched
17. If admission is considered necessary, it occurs within a further 2 weeks.
18. Those who are assessed by staff from a Specialist CAMHS, as requiring immediate admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 12 hours of the time at which a written or electronic referral is dispatched or a telephonic referral is made and
19. If immediate admission is considered necessary, it occurs within a further 24 hours. If non-immediate admission is agreed, it occurs within a further 2 weeks.
20. Provision of a Forensic Adolescent Consultation and Treatment Service (FACTS)
21. Welsh patients should receive tier 4 services within Wales where possible and young people in out of area placements should be repatriated as soon as possible

**SE Wales Region: Initial Assessment – HIW/WAO CAMHS Review Recommendations**

<b>Recommendation</b>	<b>Action required</b>	<b>Timescale</b>
Health Boards and Local Authorities develop local multiagency plans for implementing the national plan.	Development of action plans for each LHB area within SE Wales region.	Initial plan by March 2010 with revisions following National Plan publication.
Health Boards and Local Authorities monitor delivery of the local multiagency CAMHS plan and report progress, at least annually, to the relevant boards and scrutiny committees.	Alignment of locality (unitary authority) plans and Local Service Plans.	To be confirmed
WAG, Health Boards and LAs should make arrangements to involve CYP	SE Wales CAMHS planning Network to	2010

and their parents in development and review of services.	review the use of questionnaires to assess young people's and carers' views on services received and to develop a plan for public and patient involvement.	
WAG and public bodies put in place effective arrangements for management and scrutiny of performance which requires: <ul style="list-style-type: none"> <li>Covering the full range of issues in Everybody's Business and NSF;</li> </ul>	Regular review of progress in implementing NSF standards and Everybody's Business requirements by LHBs	Ongoing
Health Boards and LAs strengthen staff supervision and support, particularly for out-posted staff.	Review of existing staff supervision arrangements to be undertaken.	2010
WAG in collaboration with Health Boards take steps to ensure CYP are not placed on mental health wards. WAG should monitor numbers of inappropriate placements.	LHBs to continue to report cases where young people are placed on Adult MH wards.	Ongoing
Health Boards and LAs ensure that all staff understand their safeguarding responsibilities as outlined in Safeguarding Children Working Together under the Children Act 2004.	Requirements of the Safeguarding Review are to be incorporated into the Local Service Plans for each LHB.	2010
Health Boards and LAs in collaboration with WAG ensure that all staff working with CYP understand their responsibilities for sharing information on individual cases.	Action to be determined following review.	Likely to be ongoing
Health Boards and LAs ensure that cases are not routinely closed due non-attendance and that safe and effective follow up occurs.	Action to be determined following review.	Likely to be ongoing
Health Boards and LAs put in place monitoring to check compliance by service provider staff: <ul style="list-style-type: none"> <li>d. safeguarding CYP</li> <li>e. information sharing</li> <li>f. action taken following missed appointments.</li> </ul>	Local Service Plans will incorporate these requirements.	Ongoing

### **3. Mid and West Wales:**

Below are the identified proposed improvement actions from the Mid and West Wales Specialist CAMHS Planning Network aimed at addressing recommendations from the HIW / WAO Review of Services for Children and Young People with Emotional and Mental Health Needs. In addition, proposed activity to be undertaken further to additional WAG allocation of funding to NHS Wales through the Mid and West Wales Specialist CAMHS Planning Network:

#### **Response to HIW/WAO Review of Services for Children and Young People with Emotional and Mental Health Needs**

**HIW/ WAO Recommendation: b (iv)** Health boards and local authorities develop, for Assembly Government approval, local multiagency plans for implementing the national plan.

**Which partnership / plan** Children and Young People's Partnership, Children's Plan, Emotional Health and Wellbeing Subgroup

### **Proposed Improvement actions**

1. Develop a multiagency plan for CAMHS in line with WAG AOF requirements by October
2. Clarify the issues which need to be built into the next planning round for the strategic single plan for children
3. Complete the CYPP Business Plan for 2010/11 for Emotional Health and Well-Being
4. Complete NSF Emotional Health and Well Being Action Plans for 2010/11

**HIW/ WAO Recommendation: c (i)** Health boards and local authorities monitor delivery of the local multiagency CAMHS plan and report progress, at least annually, to the relevant boards and scrutiny committees.

**Which partnership / plan** CYPPS, Emotional Health and Wellbeing Groups & Health Boards

### **Proposed Improvement actions**

Keep AOF and CYPP performance mechanisms linked and the plans integrated. Make an annual report to Boards on the CAMHS plan.

**HIW/ WAO Recommendation: c (iii)** The Assembly Government, health boards and local authorities, put in place arrangements to involve children, young people and their parents in all parts of the development, implementation and review of services.

**Which partnership / plan**

CYPP Business Plans

### **Proposed Improvement actions**

- Continue to use wider participation mechanisms for children, young people and their families established under the CYPP (e.g. school councils and youth forma)
- Ensure involvement of children and families in development of CYPP plan for 2011 – 2013.
- Continue to collect and analyse feedback from young people.
- Support County Councils in engagement of Looked After Children and Care Leavers in service development.

### **HIW / WAO Recommendation: c (iv)**

The Assembly Government and other public bodies put in place effective arrangements for the management and scrutiny of performance, ensuring that results are widely available. This will require:

- clarification of the roles and responsibilities of local bodies in monitoring and managing performance;
- covering the full range of issues outlined in the *Everybody's Business* and the NSF; and
- performance measures for CAMHS to be integrated into local government arrangements.

**Which partnership / plan**

Health Boards, CYPPs and Emotional Health and Wellbeing Groups

### **Proposed Improvement actions**

- Keep AOF and CYPP reporting linked
- Monthly NHS dashboard reports

- Quarterly LDP report
- Quarterly CYPP Business Plan monitoring for Emotional Health and Well-Being
- NSF quarterly monitoring through CYPP, with annual report to CYPP and the Boards
- Information systems for Specialist CAMHS to be improved and refined to ensure relevant and accurate information is captured and reported.

**HIW/ WAO Recommendation: d (i)** The Assembly Government identifies national priorities for developing the CAMHS workforce and a process by which these priorities will be addressed at a regional and local level. This should include a detailed action plan for achieving the staffing levels and expertise required to meet the needs of children and young people.

**Which partnership / plan**

Health Boards and CYPPS

**Proposed Improvement actions**

Complete NHS workforce plan and also incorporate in to CYPPS work

**HIW / WAO Recommendation: d (ii)** The national priorities for the CAMHS workforce include the development of leadership and management capacity and expertise in CAMHS.

**Which partnership / plan**

Health Boards and CYPPS

**Proposed Improvement actions**

Complete NHS workforce plan and also incorporated in to CYPPS work

**HIW / WAO Recommendation: d (iii)** Health boards and local authorities strengthen, where necessary, staff supervision and support, particularly for out-posted staff.

**Which partnership / plan**

Health Boards, CYPPS and Emotional Health and Well-being

**Proposed Improvement actions**

- Agree model for CAMHS which achieves the requirements of Safe Solutions for Services
- Implement WAG requirements for staff attached to the YOS through Phase 1 plan

**HIW / WAO Recommendation; e (i)** The Assembly Government, in collaboration with health boards, take steps to ensure children and young people are not placed inappropriately on adult mental health wards. Until the issue is resolved, the Assembly Government and health boards should monitor the numbers of inappropriate placements.

**Which partnership / plan**

Health Boards and CYPPS Emotional Health and Well-Being Groups

**Proposed Improvement actions**

- All young people placed on adult wards are reported as a Serious Incident in line with WAG procedures and are monitored through the Quality and safety Committee.
- Implement the actions in the agreed CAMHS LDPs.
- Implement agreed Phase 1 projects .

**HIW / WAO Recommendation: e (ii)** Health boards and local authorities ensure that all staff working with children and young people understand their safeguarding



responsibilities, as set out in Welsh Assembly guidance Safeguarding Children Working Together under the Children Act 2004.

**Which partnership / plan**

Health Boards, CYPPS and LSCB

**Proposed Improvement actions**

- Implement LSCB strategic and Business Plan
- Implement local responses to HIW Safeguards Action Plan

**HIW / WAO Recommendation: e (iii)** Health boards and local authorities, in collaboration with the Assembly Government, ensure that all staff working with children understand their responsibilities for sharing information on individual children and young people.

**Which partnership / plan**

Health Boards, CYPPS and LSCB

**Proposed Improvement actions**

- CYPPS 'Information Sharing Protocol' to be presented to respective CYPP Boards for ratification.
- CAMHS and LSCB to agree and information sharing policy
- Training on Information Sharing to be incorporated into training regarding Safeguarding Responsibilities.

**HIW / WAO Recommendation: e (iv)** Health boards and local authorities, in collaboration with the Assembly Government ensure that cases are not routinely closed due to non-attendance at appointments, and that safe and effective routine follow-up occurs when appointments are missed.

**Which partnership / plan**

LSCB, Health Boards, Child Protection Forum

**Proposed Improvement actions**

- The Welsh Assembly Government may consider specific waiting list guidance in relation to paediatric and other NHS children's services.
- CAMHS team and safeguarding team to agree process for monitoring missed appointments, especially for looked after children.

**HIW / WAO Recommendation: e (v)** Health boards and local authorities put in place effective monitoring to check, at least annually, on compliance by service provider staff with:

- safeguarding children and young people;
- information sharing; and
- action taken following missed appointments

**Which partnership / plan**

LSCB, Health Boards, Child Protection Forum

**Proposed Improvement actions**

- LSCB self-assessment audit completed annually, primary care staff monitored through QUOF

**Activity to be undertaken further to Allocation of Funding to NHS Wales through the Mid and West Wales Specialist CAMHS Planning Network:**

The Directorate for Children's Health and Social Services has secured a further allocation of recurrent funds for Specialist CAMHS for the financial year 2009-10. This new allocation of £360K is to support NHS Wales in developing Specialist CAMHS to enable it to

- Meet the requirements of section 31 of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) for providing age appropriate accommodation for children and young people by the 1<sup>st</sup> April 2010.
- Provide a comprehensive forensic CAMHS by creating new very specialist teams at Tier 3 by the 31<sup>st</sup> March 2011.
- Provide Specialist CAMHS to all 16 and 17 year old young people by the 31<sup>st</sup> March 2012.

The Mid and West Wales Specialist CAMHS Planning Network will lead the work in agreement with the Health Boards in their area. The work will be achieved in two phases.

### **Phase 1, 2009 – October 2010**

The Mid and West Wales Specialist CAMHS Planning Network and the relevant Health Boards will prepare for and achieve the requirements of Section 31 of the amended Mental Health Act 1983 by April 2010.

Plan service developments to create a continuum of the NHS components of forensic CAMHS by beginning to develop new teams that are capable of delivering the functions of Tier 3 according to the Assembly Government's model such that the teams are in place by no later than 31<sup>st</sup> March 2011.

Each Health Board that delivers Specialist CAMHS to work in association with its local authority partners to provide to the Welsh Assembly Government, by 31<sup>st</sup> October 2010, a plan for how each will provide Specialist CAMHS for all children and young people who are aged up to and including 17 years i.e. up to their 18<sup>th</sup> birthday, by the 31<sup>st</sup> March 2012.

### **Phase 2, 2010 – 2012**

The Mid and West Wales Specialist CAMHS Planning Network will work with the relevant Health Boards to:

Consolidate and monitor the impact of their work on achieving the requirements of section 31 of the amended Mental Health Act 1983.

Continue to take forward local service developments so as to create new teams within the NHS Wales that are capable of delivering the NHS function of Tier 3 forensic CAMHS according to the Welsh Assembly Government's model by March 31 2011.

Assist each Health Board that deliver Specialist CAMHS to work in association with its local authority partners to extend the role of Specialist CAMHS such that they are available to all children and young people who are aged up to and including 17 years by 31<sup>st</sup> March 2012 by implementing plans after each has been agreed with the Assembly Government.

The Assembly Government will assist NHS Wales with the financial implications of each of these three areas of service development. The Mid and West Wales Specialist CAMHS Planning Network has been allocated £360k, which in the current financial year the sum will be used to assist the three Health Boards to achieve the four tasks that comprise phase 1.

The Assembly Government intend that this sum of money should become recurrent from April 2010 and that from that date they be allocated to, developing forensic CAMHS at Tier 3 and to extend the age range of Specialist CAMHS.

It has been agreed by the Mid and West Wales Specialist CAMHS Network Board that this funding will be divided between the three Health Boards within the region, based

upon population, which appears to address the service demand and pressure in each Health Board. Therefore ABMU will receive (£180,000) 50%, Hywel Dda (£133,200) 37%, and Powys (£46,800) 13% of this funding. Evaluation of spend in Phase 1 will be required by 31<sup>st</sup> October 2010.