

Health and Social Services Committee

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Date:	13 April 2005
Venue:	Committee Rooms 3&4, National Assembly for Wales
Title:	Mental Health Services for Children and Young People

Purpose

1. This paper is for the Committee to note the latest developments regarding Child and Adolescent Mental Health Services in Wales (CAMHS) and the 10 year strategy Everybody's Business. The Committee also asked for a position statement in relation to young people accessing CAMHS via the Youth Justice service.

Summary / Recommendations

2. Since the launch of Everybody's Business in 2001 progress has been made in relation to identifying the weaknesses/shortcomings within the CAMHS provision in Wales and in securing some financial footing to enable the development of new ways of working and emergency beds provision.

3. The inclusion of a specific access CAMHS target(s) within the Service and Financial Framework (SaFF) WHC (84) 2004 (extract at Annex 1) has provided fresh impetus. Development will now focus on ensuring there are better demand management processes in place; increasing the capability of Tiers 1, 2 and 3 (definition at Annex 2); and further increasing the capacity of all Tiers of provision to move towards a sustainable service with the long-term aim of having a comprehensive service in Wales. Officials are working closely with Health Commission Wales, the NHS and Regional Offices to deliver on the targets set.

New Developments

4. There have been three recent developments that have raised the CAMHS profile:

- a. Recurrent and non recurrent monies in 2004-05 totalling £1.2m (details given below)

- b. the reinforcement of the CAMHS strategy within the National Service Framework for Children, Young People and Maternity Services – the final version is to issue in July 2005:- and
- c. the setting of Service and Financial Framework (SaFF) targets for 2005-06 for both the NSF core key actions and specific CAMHS access targets. These targets are based on information provided in Local Health Boards costed plans and flow over the financial years 2005-06 and 2006-07 to enable the necessary change to be achieved.

5. To take forward these issues Clinical Commissioning Networks (CCNs) are to be established which will be largely based on Regional Office areas. These networks will ensure the commissioning of CAMHS services for all children and young people whether they are from a social, education or health perspective are managed in a much more holistic way. Close working between all key stake-holders will be a pre-requisite to success. In particular the Committee will wish to note the following:

- The additional £1.2 million in the current financial year for child and adolescent mental health services will fund improved provision of beds for adolescents who require admission in emergencies, forensic adolescent consultation teams, and primary mental health workers. It will also help local specialist CAMHS teams to improve services for children and young people in ways that they think are best for their area. Funding has also been provided to the University of Glamorgan and the University of Bangor in 2003/04 and 2004/05 to develop a diploma level module to meet the needs of nurses working in the field of Child and Adolescent Mental Health Services.
- The mental health and psychological well being of children and young people is being addressed as one section of the draft National Service Framework for Children, Young People and Maternity Services. Consultation responses are currently being considered, and the final NSF will be published in the summer of 2005. The draft NSF contains specific and measurable key actions for the delivery of multi-agency services across Tiers 1 to 4 that are closely linked to the CAMHS Strategy Everybody's Business.
- The Parenting Action Plan, which Jane Davidson launched for consultation recently, included proposals for increased support for parenting programmes. Such programmes can make a major contribution to the emotional health of children. They can be funded under the Cymorth grant scheme, which is projected to increase from £43 million in the current year to £75 million in 2007-08.
- Additionally, support should be given to children and young people with emotional problems at an early stage. Work is currently under way to develop guidance for schools, LEAs and other partners to promote the mental health and social well-being of pupils, including those in nursery settings. The Assembly is looking to issue this later in the year.

SaFF Access Monies

6. With the inclusion of the SaFF target(s) to improve access at Tiers 1, 2 and 3 an allocation of non-recurrent "Waiting Times Initiative monies" has been assigned to the CAMHS targets to enable progress to be made in attaining the targets by the service. The use of this money is dependent on certain protocols being met and will not be "allocated" to the service direct on a formula basis. The intention is to avoid destabilising existing or establishing unsustainable services.

Youth Justice

7. The Youth Justice Board for England and Wales (YJB) believes that rapid assessment and treatment for youth offenders (or those at risk of offending) presenting mental health problems is essential in the interests of effective crime prevention. The YJB has set a target that young people with acute mental health difficulties should be referred by the Youth Offending Team (YOT) to the Child and Adolescent Mental Health Service (CAMHS) for a formal assessment commencing within 5 working days of the receipt of the referral with a view to their accessing either a tier 3 or other appropriate CAMHS service based on this assessment. The YJB considers that non-acute mental health concerns should be referred by the YOT for an assessment and engagement by the appropriate CAMHS tier (1-3), commenced within 15 days of the receipt of the referral.

8. These targets have not been formally accepted by either the Department of Health or the Assembly Government as there are concerns that giving priority to young offenders would constitute a distortion of clinical priorities. Clinical autonomy is seen as a basic principle of treatment and the imposition of targets would tend to undermine this.

9. According to statistics collected by the YJB from the 17 Youth Offending Teams in Wales:

- Against a YJB target of 100%, 86.4% of young people presenting with acute mental health concerns dealt with by YOTs received a formal assessment by the local CAMHS within five working days of the receipt of a referral.
- Against a YJB target of 100%, 67.5% of those young people dealt with by YOTs presenting with non-acute mental health concerns received an assessment and engagement within 15 working days of the receipt of a referral by the appropriate CAMHS tier.

10. The YJB has made access to mental health services the main agenda item for its next Wales Consultative Committee meeting in May 2005. The issue of CAMHS services for young people in the youth justice system will be the subject of a YJB sponsored conference/seminar during 2005-06 and officials from the Health and Social Care and Social Justice and Regeneration Departments are working closely together in taking this matter forward.

Compliance

11. Section 1 of the NHS Act 1977 requires the Assembly to continue to promote a comprehensive health service in Wales and provide or secure provision of services. These functions are delegated to the Minister for Health and Social Services. Section 2 enables the Assembly to provide services for the purposes of discharging the duty under section 1 and to do any other thing whatsoever which is calculated to facilitate, or is conducive or incidental to the discharge of that duty. There are no issues of regularity or propriety.

Financial Implications

12. There are no financial implications in the presentation of this paper to Committee for consideration.

Cross Cutting Themes

13. The provision of a sustainable CAMHS service in Wales, at all the levels of provision, will ensure earlier and appropriate interventions are made and the impact on social services, looked after children, children within the education system, children and young people within the youth justice system will be better managed and focussed.

Action for Subject Committee

14. The Committee is asked to note this paper.

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Annex 1

SERVICE AND FINANCIAL FRAMEWORK

Ministerial Priority: Children

In accordance with submitted and agreed Child and Adolescent Mental Health Services (CAMHS) costed plans for 2005-06:

- From April 2005 CAMHS teams should aim to provide consultation and advice to professionals

in Tier 1 within 4 weeks [Target date for full implementation: 31st March 2006]

- All patients to be seen within 6 months for routine assessment and intervention [Target date: 31st March 2007]
- As a milestone to delivery of the 6 month target, interim targets based on current performance will be set by the Welsh Assembly Government. [Target date: 1st September 2005]

Annex 2

THE FOUR TIER STRATEGIC CONCEPT

Tier 1: Primary or Direct Contact Services

Tier 1 describes the frontline of service delivery as the public has direct access to its components. Its staff are not necessarily trained as specialists in mental

Health, but require basic skills in assessment and intervention practices. Tier 1 staff include GPs, many other primary healthcare workers, health visitors, school nurses, teachers and other school staff, non-specialist children's social workers, foster carers and many non-statutory sector workers.

Tier 2: Services Provided by Individual Specialist CAMHS Professionals

Tier 2 is the first line of specialist services. The staff include members of health-provided specialist CAMHS, the staff of the education support services including educational psychologists and specialist teachers and specialist children's social workers as well as some staff of voluntary organisations.

Usually, families are directed to Tier 2 Services by staff working in Tier 1 though this does not have to be the only referral route.

Tier 3: Services Provided by Teams of Staff from Specialist CAMHS

Services at Tier 3 are more specialised. Some young people and their families may require access to them as a consequence of the complexity of their need, the concentration of skill required or the crucial nature of the inter-service and/or inter-agency planning required to deliver a targeted programme of interventions and care. Services at Tier 3 include a variety of specialised clinics, day-care services, special units in certain schools, specialist fostering and social services-led specialised family intervention centres.

An example of the distinction between Tiers 1, 2 and 3 is that of the family work required by many cases. At Tier 1, this might amount to simple family assessment, discussion or counselling. At Tier 2, there should be the ability to routinely conduct systematised family therapy while, at Tier 3, certain young people may require particular forms of focused and intensive family therapy practised by a team that works together regularly. These teams may be composed of staff drawn from a variety of different agencies.

Tier 4: Very Specialised Interventions and Care

Very specialised services that may not need to be available in each district but to which the local specialist CAMHS require predictable access are termed Tier 4 functions. They include very specialised clinics that are only supportable on a regional or national basis, inpatient psychiatric services for children and adolescents, residential schools and very specialised and residential social care.