



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**Ein cyf / Our ref:** GLP/fl

**Eich cyf / Your ref:**

**☎:** 01745 448788 Ext 6448

**Gofynnwch am / Ask for:** Grace Lewis-Parry

**E-bost / Email:**

[Grace.lewis-parry@wales.nhs.uk](mailto:Grace.lewis-parry@wales.nhs.uk)

**Dyddiad / Date:** 30<sup>th</sup> May 2019

Dear Sirs,

**Betsi Cadwaladr University Health Board – Response for NHS Confed re Mind over Matter report for CYPE committee**

On behalf of Betsi Cadwaladr University Health Board, please find enclosed our response to the above.

Thank you for the opportunity to comment.

Kind regards.

Yours sincerely

*Grace Lewis-Parry.*

**Grace Lewis- Parry  
Board Secretary**

## **Response for NHS Confed re Mind over Matter report for CYPE committee**

We welcome the opportunity provide evidence on the progress being made in North Wales following the publication of the Mind over Matter report in April 2018.

### **1. Needs Assessment in North Wales April 2017 key relevant findings:**

- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.

BCUHB has agreed 6 partnership priorities through the Children's Transformation Group with the Local Authorities, 3<sup>rd</sup> sector and Public Health which have been approved by the Regional Partnership Board, work streams have been in place to support work being progressed.

1. Children with Complex Needs
2. Prevention and mitigation of Adverse Childhood experiences
3. Improving outcomes in the first 1000 days
4. Improving Emotional Health, mental wellbeing and resilience of children
5. Promotion of healthy weight and prevention of childhood obesity
6. Review of crisis intervention services for children and young people who are experiencing an urgent perceived mental health crisis.

### **2. National Policy and other Guidance**

We are striving to ensure that the Children's Rights Approach is embedded in the organisation, within the planning process and in the delivery of our care. This has been a key priority for us with close working with the Local Authority to enable shared learning. Our current priority is to develop a Children's Charter. We are keen to be involved in the all Wales work and are pleased that a tool kit has been developed, this will be shared within the organisation to ensure that all services (adult and children's) across the organisation are fully aware of the UN Rights of the Child and Children's Rights approach

The Regional Partnership Board supported 4 successful bids for the Parliamentary Review Transformation bids.

- Integrated Early Intervention and Intensive support for Children and Young People
- Together for Mental Health in North Wales
- North Wales Together: Seamless services for people with learning disabilities
- Community Service Transformation

### **3. Equity of Access to CAMHS**

As a result of on-going performance concerns, specifically not meeting the Mental Health Measure targets for assessment and therapy the Board requested a deep dive into Community CAMHS to understand the issues leading to not meeting the targets and design actions for improvement. Key findings included: our pathways and processes across the region showed a high level of consistency between the teams, the increase in demand including self-harm risk assessments is greater than the available capacity, and the services across all three geographical areas are deficit of good clinical and managerial IT systems to support efficient use of resources.

Increase in Demand against last year - CAMHS referrals including self-harm risk assessments up by 23%, and an increase of 56% in Neurodevelopment referrals (YTD end of Feb 2019 position.)

Scheduled referrals to CAMHS is managed by Single Point of Access (SPoA) per county, five days a week. The SPOA's provide consultation and support to non-CAMHS practitioners and triage referrals to specialist CAMHS. Those who do not meet the criteria for a mental health assessment or require consultation are signposted to other services, which is approximately 30% of the total.

All referrals are triaged with urgent referrals being prioritised and children and young people are seen within 48 hours as required under the Mental Health Measure (MHM), and much sooner in most cases. Young people who are on the paediatric wards are seen within 12 hours of admission. The wards are supported 7 days a week by a CAMHS practitioner based on the ward.

The unscheduled demand however draws available capacity away from the scheduled care demand, which has a direct impact on achieving the performance targets. The end of March position saw BCUHB achieve 82% for assessments and 75% for intervention with Centre Area experiencing the biggest challenge due to vacancies, serious illness in the team and maternity leave.

On the 11<sup>th</sup> May 2019 a CAMHS recruitment day generated significant interest resulting in many of the vacancies being appointed to and a potential workforce being recruited for the additional WG funding and for the Transformation bid with the Local Authorities.

### **4. Planning processes and more mature commissioning**

BCUHB recognises the need to see improvement in performance, key actions have been included within the 3 year delivery plan, the Area Teams are responsible for implementation with accountability to the Board.

The new WHSSC specification in draft for inpatient services will be challenging for BCUHB specifically enabling admissions to occur at weekends and out of hours due to the difficulties in recruiting Psychiatry and junior Doctors.

The current generic 12 bed provision appears to be meeting the needs of North Wales population, during 2018-19 the number of young people placed out of area has been

on average 3 at any time compared with 6.5 during 2017-18. These young people have in the main required low secure or PICU.

## **5. Resilience building for children and young people**

To reduce the demand the specialist CAMHS has a key role in promoting good mental health for children and young people by supporting partners in Primary Care, Health Visitors, School Nurses, Education and Social Services to provide early intervention.

Examples of good practice in North Wales are;

- ❖ 5 Ways to Well-being embedded in services and pathways
- ❖ Self-harm pathway with schools rolled out across all 6 counties
- ❖ LAC pathway with Social Services, Parliamentary Transformation bid builds on current model.
- ❖ GP cluster pilot in Denbighshire enabling 6 practices to signpost, mental health screening, advice/support and risk manage effectively.
- ❖ ADTRAC across all 6 Local Authority areas. A partnership between CAMHs and Coleg Llandrillo aimed at supporting young people aged 16 -24 who are either not in education, employment in training or are economically inactive and have complex barriers to work, learning and training.
- ❖ CAMHS-Schools in-reach in Wrexham and Denbighshire
- ❖ 'Friends' – a prevention of anxiety evidence based programme continues to be delivered and introduced into some front line services in partnership with Education Services and CAMHS; translation of the materials into Welsh is in progress.
- ❖ ACE awareness training rolling out
- ❖ 1<sup>st</sup> 1000 days is a priority for the RPB and local Public Service Boards, with a focus on infant feeding, immunisations, maternal mental health and joint working with families.

## **6. Neuro-Development Services**

The demand for Neurodevelopment assessments is high across the UK, and the current resources are not adequate to meet this demand. Further work is required locally and nationally to understand this growing demand. A factor that is becoming increasingly more evident are the cuts to resources in education, resulting in Education Psychologists now undertaking fewer assessments for statementing. It is hoped that the Additional Learning Needs Act may provide the opportunity to address this with the focus on function and need rather than a diagnosis to access support in schools. However it's also important to note that the ALN Act is expected to increase the demand for services particularly speech and language a key element of the neuro-development pathway

Without additional resources the Health Board will not be able to achieve the 26 week target for assessment while the demand continues to rise.

A key element of the neuro development pathway is support and intervention, this has been particularly difficult to provide in BCUHB due to the demand for assessments. At the end of March 2019 there were 1653 children and young people waiting for a neurodevelopmental assessment of which 1024 had waited over 26 weeks. We recognise and acknowledged that early intervention is key, as is support to the family pre and post a diagnosis, without the required resources to provide this it is leaving families feeling unsupported. We are working with our partners Local

Authority and 3<sup>rd</sup> sector to find ways of providing this support jointly be that through Families First Team around the Family, parenting programmes or Family Centres.

## **7. Early Intervention Approaches**

The Delivery Unit review of Part 1 of the Mental Health Measure occurred the first 2 weeks of April 2019 for BCUHB. The Senior Management Teams were provided with verbal feedback and a written summary note of their findings which included positives and areas for improvement, and notably no immediate concerns that require intervention. The full report is anticipated in the next 2 months.

In summary their key observations reported that the Single Point of Access ensured timely response & decision making, prescribing was not the 1<sup>st</sup> point of intervention, variety of psychological therapies were being delivered, and evidence that the service provides consultation for schools and other practitioners working with young people and their families. The integrated CAMHS model has a positive impact on team relationships and culture. They noted that BCUHB has fully implemented CAPA with good adherence.

An action for BCUHB is to undertake a review of our part 1 scheme with Local Authority partners.

## **8. Psychological Therapies.**

In BCUHB Children's Services our approach to the development and delivery of psychological therapies for children and young people prioritises therapies that are identified and recognised as most likely to lead to improvement and recovery. We are developing formulation driven approaches to assessing need and identifying goals, and delivering interventions at a level of intensity appropriate to the presentation under the delivery framework of the Choice and Partnership Approach (CAPA: <http://capa.co.uk/>).

In order to thrive, children and young people need access to effective models of psychological help in different parts of the system our goal is to ensure that all staff working in specialist CAMHS have a minimum of Level 6 training in CBT. This is being delivered in partnership between specialist CAMHS and Bangor University, which has been led by Child Psychology Service; and will soon be extended to include adult mental health services.

In addition we prioritise the development of psychologically informed services in collaboration with partner agencies, and in line with the Mental Health Measure and Social Services and Wellbeing Act. In summary, our long term goal is to ensure that children, young people and their families benefit from psychologically informed and evidence-based interventions delivered as early as possible and increased access to effective specific psychological therapies for those who need more specialist help.

## **9. Future role and models of specialist CAMHS**

**Framework for Improvement.** North Wales Community CAMHS embraces a whole system approach, designed to reduce unnecessary variation, increase timely access to the right help at the right time, reduce the number of gaps and transitions between different parts of the service, and manage risk. The service works in an integrated manner across primary and secondary mental health care. Access is inclusive, and simple. The Delivery Unit commented on the positives of this model and on the level of intervention being provided by those working directly with families for example Health Visitors, School Nurses with consultation and support from specialist CAMHS.

**Advocacy.** The practitioners and managers are aware of their duties under Putting Things Right and the importance of ensuring that children and young people are aware of advocacy services should they need to make a complaint. For those young people who are inpatients in our Tier 4 CAMHS service they have access to both the Mental Health Advocacy Service and from Tros Gynol Plant. On admission an appointment is made with the Mental Health Advocacy service from their residing locality for an initial meeting so that young person can be familiar with the process and they support the young person during their admission. In addition Tros Gynol Plant visit monthly with the young people and provide the team with a monthly report to be able to act on any concerns being raised.

**Inpatient Framework** as per section 4.

**Welsh Language.** The Health Board is reviewing itself against the Welsh Language Measure. Recruitment of Welsh speaking practitioners is a challenge and much needed particularly in the West Area, this is a focus within our recruitment drives.

**Integrated Working.** In North Wales the RPB is established with good attendance and contribution from all partners as is the Children's Transformation group. It is anticipated that the 4 Transformation bids which have been developed in partnership will facilitate further collaboration at a local and strategic level to improve outcomes for children and young people.

## **10. Transition**

BCUHB has established a quality group focussed on improving transition between CAMHS and Adult Mental Health, this is focussed on reviewing current practice to learn from exemplars and from when it has not gone so well for the young person. It is hoped that the transition passport will support seamless care.

## **11. Framework for Action**

No additional comments

## **12. Understanding progress and implementation of local plans.**

The health Board contributes to the annual NHS benchmarking and provides a narrative supporting the quantitative data to ensure that our integrated model is understood when analysing the data and drawing conclusions.

### **13. Engagement of Stakeholders**

BCUHB commissioned Miller Research to undertake engagement with young people and their families, this report is being finalised and will inform service planning and care delivery.

### **14. Contributing to the overview of workforce development**

Our workforce planning considers skill mix, eligibility under the measure, Welsh speaking, development posts and supervision requirements. As stated earlier the recruitment day on the 11<sup>th</sup> May was a successful event, in part due to the flooding of social media and significantly the introduction of development posts creating opportunities for career development.