

By email only

Lynne Neagle AM
Chair, Children, Young
People and Education
Committee
National Assembly for
Wales
Cardiff Bay
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4th July 2019

Dear Lynne,

Re: Tier 4 In-patient CAMHS Services

Thank you for your email requesting to receive a written update on themes emerging from my team's recent casework in relation to tier 4 in-patient CAMHS services.

Some of the themes emerging from recent casework include:

- No suitable provision available in Wales for a small number of vulnerable young people. This includes a young person aged 16 kept for weeks on adult wards in hospitals. Although the young person received one-to-one nursing in an individual room, we were informed that sex offenders are also patients in the same setting.
- This young person was detained under section 3 of the Mental Health Act in order to avoid discharge, even though there was some debate amongst clinicians as to whether they had a diagnosable condition. There appeared to be no other means of keeping the young person safe.
- In some cases, there have been disputes between health and social services over responsibility for young people who are not deemed to have a diagnosable mental health condition.
- Lack of a care plan for transition to adult services for a young person very close to their 18th birthday who would not be well enough to be discharged on attaining adulthood.
- An in-patient unit has been repeatedly asked to consider accommodating a young person being kept in unsuitable temporary placement. Each time the unit has stated that they are unable to accommodate as they do not meet qualifying criteria, or are deemed too high risk.
- Lack of support for families during the process of accommodating children and young people, and upon their discharge, including respite provision.



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Key concerns for me relate to the fact that our current in-patient provision has narrow capacity and this leads to children being accommodated in ad-hoc provision within Wales, or being accommodated in England or Scotland:

1. The capacity for our in-patient units to accept patients whose behaviour is deemed too challenging. These young people are instead receiving care in crisis beds designated for adult patients, or being accommodated far from home in England.
2. Absence of low-secure mental health beds for children in Wales. The very small number of children who require this provision cannot be provided for in Wales.
3. Lack of suitable provision for young people with complex behavioural and mental health needs who do not have a diagnosis of a treatable mental health disorder, but may be suicidal. They appear to require specialist care that could be jointly developed by mental health and social services, but currently tend to fall to the responsibility of social services alone in terms of seeking accommodation.

As you know, it is my believe that what is required is additional residential provision which caters for the small number of children and young people who require residential care but who do not fit neatly into the existing health or social care provision. This was reflected in my [annual report](#) recommendation published in October 2018:

I recommend that Welsh Government takes concrete steps towards commissioning new provision that can meet the care and mental health needs of the small number of young people with very challenging behavioural and emotional difficulties, for whom there is currently very little suitable residential provision in Wales.

It is my experience that both health services and social services senior staff agree that such provision is required in Wales, but there is some debate about whose responsibility it is to develop that provision.

Actions I have taken

I have visited both of the in-patient units in Wales to listen to young people and staff. I have been in touch with one of these units on multiple occasions in recent weeks in relation to 4 young people who have been in contact with my office requesting assistance, either directly, or via their families.

On 9th July, I will be meeting with senior Welsh Government officials, as well as representatives from T4CYP, ADSS, and the Youth Justice Board, to discuss the next steps for ensuring progress on making further provision available to this very

vulnerable group of children and young people. I have requested this meeting due to my concerns about lack of progress in this area.

On 7th June, I wrote to the Deputy Minister, and have suggested the following options for Welsh Government to consider in order to make progress on jointly commissioned provision for those for whom in-patient provision is not deemed the best option, or who need further care after discharge and cannot return home:

- Ring-fencing a portion of the next tranche of transformation or ICF funding.
- As a longer term solution, the government could also take steps to require health boards and local authorities to pool budgets for children's residential care, as would be possible under the Social Services and Well-being Act. This would of course require an amendment to the regulations under Part 9 of the Act, something my office called for in our response to last year's consultation on *Amendments to Partnership Regulations under Part 9 of the Social Services and Well-being Act*, but may be a powerful lever to ensure that these services are jointly commissioned and delivered. In my consultation response I noted the consistent message in the pooled funds and commissioning strategies sections of this document in relation to provision for other vulnerable groups, such as social care for older people. I believe that children and young people's well-being should form an equivalent strand in these regulations.
- An alternative would be for the government to lead on commissioning services on an all-Wales basis, using capital and revenue funds that might otherwise have been available for this work to regions, perhaps in partnership with the third sector or one region taking the national lead.

As mentioned above, I also believe that recent casework has demonstrated the need for low secure mental health in-patient beds to be made available in Wales, and I have raised this in a separate letter to the Minister, attaching my letter to the Deputy Minister.

I have not yet received a response to these letters, but I have discussed the issues in person with the Deputy Minister in our recent quarterly meeting. She agreed that this area of work should be a high priority.

In relation to the North Wales Adolescent Service, I recently met with Betsi Cadwaladr's Chair, Chief Executive and assistant director for children's services. As you are aware, there have been issues with recruitment. I am told work is taking place to improve the out-of-hours service, but that there are still significant gaps for face-to-face urgent consultations out-of-hours. The Board are

hopeful that the work taking place as a result of transformation funding may help to address some of these concerns.

In relation to safety issues in Ty Llidiard, following the tragic death of a young person in March 2018, I continue to monitor the progress of improvement works via the Chair of Cwm Taf Morgannwg Health Board. The most recent correspondence from the Chair confirmed that all the scheduled works are programmed to be completed by mid-August. However, I am told that upon completion of works to the perimeter fence which were due to be completed at the end of June, the senior clinical team and WHSSC will review the current admissions criteria. The Chair has promised to keep me updated on progress of the works, and the review of admissions criteria.

I discussed both in-patient units and arrangements for monitoring the quality of cross-border placements with WHSSC in mid-May. Both in-patient units remain at 'escalation level 3', and are therefore receiving significant input and intervention from WHSSC. With regards to cross-border placements, I have since written to the Director of Nursing and Quality to request figures for children and young people placed in England. I have also requested details of the systems for review of the quality of care of these units, which I have been told are undertaken in collaboration with NHS England and the Care Quality Commission. I am awaiting a response to this letter.

I will be visiting the in-patient service at Abergele, and the community CAMHS service base in Rhyl in July. I am happy to keep you updated on issues arising from my meetings and visits over the next month.

Yours sincerely,



Sally Holland
Children's Commissioner for Wales