Cwm Taf Morgannwg University Health Board Welsh Government Draft Budget 2020-21 Children, Young People and Education Committee - Response

Further to the request from the National Assembly for Wales' Children, Young People and Education Committee (letter dated 6th August 2019), please find responses to the questions raised in respect of services for the Cwm Taf Morgannwg University Health Board (CTMUHB) area:

Question:

 Information on individual Health Board spending on mental health services for children and young people in Wales for each of the last five years, including what percentage of the total LHB budget this represents, and in cash terms, how this compares to the level of spending on adult mental health services. Also, what the expenditure on mental health services for children and young people is per child for each individual Health Board.

Response:

- The Health Board prepares annual programme budget returns which identify
 the fully absorbed costs of commissioning services for the resident population
 of the Health Board. The Programme budget return is prepared
 retrospectively each year with the latest available 5 years being 2013/14 –
 2017/18.
- Table 1 below identifies the annual expenditure reported within the
 programme budget returns for CAMHS and Adult Mental Health, together with
 the % of the expenditure reported as CAMHS compared to the total
 programme budget expenditure and compared to the Adult Mental Health
 expenditure.

Table1:

Cwm Taf Morgannwg UHB	13/14	14/15	15/16	16/17	17/18
CWIII Tai Morganiiwg OHB	£'000	£'000	£'000	£'000	£'000
Adult Mental Health Expenditure	67,437	70,577	70,486	73,570	74,701
CAMHS Expenditure	4,425	4,415	4,878	4,009	4,901
Total Mental Health Expenditure	71,862	74,991	75,363	77,579	79,602
CAMHS % of Total Programme Budget Expenditure	0.8%	0.8%	0.8%	0.6%	0.7%
CAMHS % of Adult Mental Health Expenditure	6.6%	6.3%	6.9%	5.4%	6.6%

• Table 2 below identifies the expenditure reported within the programme budget returns for CAMHS compared to the resident population (mid year estimates) of the former Cwm Taf UHB for children aged 18 and under.

Cwm Taf Morgannwg UHB	13/14	14/15	15/16	16/17	17/18
CAMHS Expenditure £'000	4,425	4,415	4,878	4,009	4,901
Population 18 and under	62,559	62,465	62,214	62,583	62,648
Expenditure per child	£ 70.73	£ 70.68	£ 78.41	£ 64.05	£ 78.23

• It is important to note that programme budget returns include all services commissioned for the residents of each Health Board and include specialist services commissioned by WHSSC in addition to services both commissioned and directly provided by the Health Board.

Question:

- Information on individual Health Board spending in each of the following services in relation to mental health services for children and young people, including expenditure for each of the last five years (both out-turns and future predicted spend) on:
- > Neurodevelopmental services
- > CAMHS crisis and out of hours care
- > Psychological therapies
- ➤ Local Primary Mental Health Support Services (LPMHSS)
- ➤ Inpatient provision/ service development

Response:

The analysis of spend provided is based on costs directly attributable to each service and doesn't include overhead costs. Also where appropriate these costs are provided on a provider basis recognising CTMUHB's status as the network provider.

Neurodevelopmental Services

CAMH Service Spends	16/17	17/18	18/19	*19/20	*20/21	
	£'000	£'000	£'000	£'000	£'000	
Neuro Developmental Services	166	260	383	647	669	

^{*}Reflects the impact of the Boundary Change

Prior to 2016/17 Neurodevelopmental services were provided as part of the core services e.g. CAMHS and Community Paediatrics and costs are not available separately. The 16/17 cost represent a part year cost as the team was established and the increase in 18/19 relates to the fact that the associated Consultant time was costed directly to the team.

The increasing forecasts for 19/20 and 20/20 reflect new investment into Consultant sessions (CAMHS and Paediatrics), a Specialist Pharmacist and additional administrative support to enhance the efficiency of the service.

Out of hours care

Out of Hours Care is provided by the on call rota and consequently the costs are not separated from the wider medical costs. It is important to note however that as a result in the medical vacancy level within CAMHS a significant element of this care is currently provided utilising internal locums and occasionally agency doctors and is therefore at a premium cost. The Crisis service currently operates until 9.30pm but is not operational at weekends.

Crisis Intervention & treatment Team (CITT team)

CAMH Service Spends	14/15 £'000	15/16 £'000	16/17 £'000	17/18 £'000	18/19 £'000	19/20 £'000	20/21 £'000
Crisis Intervention & Treatment Team (CITT)							
СТМ	461	393	364	375	395	380	380
Swansea Bay	368	333	381	399	425	435	435
Cardiff & Vale	445	447	438	536	319	0	0

Reflects the repatriation of CAMHS provided for the populations of Cardiff and the Vale of Glamorgan back to Cardiff and Vale UHB in the current financial year.

Psychological therapies

Psychological therapy services are provided as part of the core CAMHS teams and so specific costs are not identifiable. The table below shows the expenditure over the time period on therapies staff.

CAMH Service Spends	14/15 £'000	15/16 £'000	16/17 £'000	17/18 £'000	18/19 £'000	19/20 £'000	20/21 £'000
Psychological Therapies							
СТМ	167	162	132	154	154	167	198
Swansea Bay	407	487	423	551	459	500	500
Cardiff & Vale	399	272	225	185	177	0	0

Local Primary Mental Health Support Services (LPMHSS)

CAMH Service Spends	14/15 £'000	15/16 £'000	16/17 £'000	17/18 £'000	18/19 £'000	19/20 £'000	20/21 £'000
<u>LPMHSS</u>							
СТМ					235	246	246
Swansea Bay					278	148	148
Cardiff & Vale							

Prior to 2018/19 the specific costs of providing LPMHSS were not identified separately.

Inpatient Provision/ Service Development

CTMUHB is commissioned through the Welsh Health Specialised Services Committee (WHSSC) to provide Tier 4 inpatient services for the South Wales area in the Ty Llidiard Unit. Spend for this Unit is set out in the following table:

	14/15	15/16	16/17	17/18	18/19	19/20	20/21
CAMH Service Spends	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Tier 4 Inpatient Services	2582	2860	2765	2733	3338	3170	3170

Future predicted spend on CAMHS services is expected to materially increase, as the full year impact of new services are achieved. It also recognises the increased demands on services and the Health Board's commitment to developing these services, supported by additional funding from Welsh Government. Details of the investments made are included in the response to a last question posed.

Question:

 Information on individual Health Board spending and provision of low level children's mental health services; the funding challenges for Health Boards in terms of focusing on prevention and how these are being overcome through service innovation; and details of any transformation, and/or other additional funding, the Health Board has secured in relation to the provision of low level children mental health services.

Response:

Historically the Primary CAMHS service in Cwm Taf provided liaison work in addition to direct clinical work, however when the Mental Health Measure was introduced a number of posts that were funded by the Local Authority were withdrawn meaning that the remaining team had to focus exclusively on part 1 assessments and interventions. This situation has continued as demand has risen and with the ongoing focus on delivery against waiting times targets.

The Health Board has recently received new recurrent funding for 3 additional posts that will be focussed on liaison work, working with secondary schools in order to upskill staff to be able to manage more locally and to reduce reliance on referral to CAMHS services. In addition, there is further funding that has been made available through ICF that is intended to be used to further enhance this element of the service and a task and finish group is being established by the Local Authority to oversee the planning for this. Finally, a further investment has been made through ICF for the development of dedicated telephone advice line for professionals to seek advice about young people and to discuss potential referrals, with an aim of upskilling professionals and ensuring that where referral is necessary, that these are directed immediately to the appropriate service.

There has, therefore, been challenge in recent years in providing this element of the service however it is anticipated that this will significantly improve as the above schemes are progressed and implemented

Question:

 Any specific issues within individual Health Boards in relation to poor staff recruitment and retention that has an impact on spending on mental health services for children and young people, specifically, for each of the last five years, actual expenditure on agency staff (both the out-turns and predicted spend for 2020-21).

Response:

The Health Board has a number of Consultant vacancies across the Network and it is proving increasingly difficult to fill these. The rate that vacancies are occurring, largely through retirement, is higher than the rate of trainees completing their training and since it is difficult to attract new Consultants into posts from outside Wales (due to national shortages) this makes filling all vacancies very difficult. As a result the Health Board has been reliant on agency staff however it is becoming increasingly difficult to even recruit agency Consultants due to lack of availability.

Related to this, the first on call rota (Middle Grade level) for CAMHS across the Network, which also covers Ty Llidiard, is reliant on a combination of trainees and Speciality Doctors. Since not all of the training places are filled, this means that a) there are less Consultants coming through and b) there are more gaps on the on call rota, with increasing reliance on locum cover internally and agency.

All other CAMHS posts can also be hard to fill e.g. nursing, therapies, psychology and often it is the same staff moving between posts rather than new staff being brought into the service meaning that rather than bringing in additional staff, new vacancies are created instead.

There has also been significant non recurrent investment into services in recent years in order to reduce waiting times and whilst this has been extremely helpful in clearing backlogs, it has led to agency spend. The recurrent investment that is now being made will be vital to ensure sustainable services going forward

The detail of agency spend is shown below

CAMIL Sanisa Spands	14/15 £'000	15/16 £'000	16/17	17/18 £'000	18/19 £'000	19/20 £'000	20/21
CAMH Service Spends	£ 000	£ 000	£'000	£ 000	£ 000	£ 000	£'000
Agency spend							
СТМ	17	0	0	0	220	658	358
Swansea Bay	0	0	35	6	153	0	30
Cardiff & Vale	24	148	36	0	49	0	0
Tier 4 Inpatient Services	0	0	0	17	234	60	60

Within CTMUHB the increase in the current financial year reflects the significant non recurrent investment on delivering waiting list initiatives as well as covering vacancies.

Question:

 Any specific comments individual Health Boards would like to make about how recurrent funding for mental health services for children and young people, as well as additional CAMHS improvement funding is allocated to Health Boards and how spend is tracked by Welsh Government, including details how Health Boards can evidence this funding is being used to drive forward improvements in mental health services for children and young people.

- o For individual Health Boards, details of the waiting times performance for first appointment and the start of treatment,
- For individual Health Boards, details of the demand for mental health services for children and young people, and the number and percentage of referrals accepted into treatment.

Response:

The new funding is very much welcomed and will make a significant difference to service delivery. Within CTM the decision was taken that bids against the new funding for 2019/20 would be approximately equal between CAMHS and AMHS and so CAMHS has benefited significantly from this. In terms of the specific schemes and evidencing their impact, they can be summarised as follows-

- Expansion of the Crisis service this investment will allow the service to move from a 5 day model to 7 day working, which will have a significant benefit for patients presenting in crisis on weekends
- Investment in Liaison staff within the PCAMHS service as described above, this is seen as a vital development to enhance support outside CAMHS and ultimately reduce the reliance of services to refer to CAMHS
- Investment in staff for the SCAMHS service based on CAPA principles, demand and capacity work has been undertaken demonstrating the need for additional staff to meet demand, this investment will therefore make the service sustainable and avoid the ongoing reliance on WLI

A bid for funding for the ND service was only approved non-recurrently. This is therefore being used to fund WLI clinics and additional staff however due to the non-recurrent nature of the funding this does not provide a sustainable position going forward

Waiting Times Performance

As at 18.10.19 the SCAMHS position in CTM was 90.9% against the 80% target for assessment within 28 days.

The PCAMHS position is more challenging, with longest wait presently 26 weeks, however actions are being taken with a trajectory to achieve the 28 day assessment target by the end of April 2020.

The ND service is presently at 61.7% against the 80 target for assessment to commence within 26 weeks of referral. Demand for this service has increased and so despite the ongoing additional capacity e.g. WLI activity plus additional staff, funding through the non recurrent funding as described above, this has not been sufficient to clear the backlog in order to meet this target.

The number and percentage of referrals accepted into treatment

From April-September 2019/20-

- SCAMHS received 754 referrals, of which 229 were redirected, an acceptance rate of 70%.
- PCAMHS received 536 referrals, of which 49 were redirected, an acceptance rate of 91%.
- ND received 686 referrals, of which 297 were redirected, an acceptance rate of 57%.