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HYWEL DDA UNIVERSITY HEALTH BOARD'S WRITTEN EVIDENCE to the CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Date of Submission: 9 October 2019

- Hywel Dda University Health Board (the Health Board) welcomes the opportunity to contribute to the Children, Young People and Education Committee's scrutiny of the Welsh Government's Draft Budget; in particular funding for the emotional and mental health of children and young people in Wales.

Response

- On 6 August 2019, Lynne Neagle AM (Chair) asked Health Boards to provide a response to five specific questions.

2.1 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 spend on mental health services for children and young people is per child for each individual Health Board.

		2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 Estimated Based on M6	Comments
1	CAMHS Service Cost		£2.109m	£2.422m	£2.618m	£3.057m	£3.170m	We are unable to provide the data for the financial year 2014-15, as services were set up differently so figures are not specific.
2	Under 18s Registered Practice Population		69,955	70,514	72,222	72,223		
3	Spend per Child & Young Person		£30	£34	£36	£42		
4	Costs below that are not in the CAMHS Spend e.g. ADHD							
5	Organisational Spend		£758.261m	£809.895m	£833.501m	£862.414m		Point 7 and 9 refer to Adult expenditure
6	Percentage of CAMHS Spend against total HB spend		0.28%	0.30%	0.31%	0.35%		
7	Community		£5.275m	£5.870m	£5.548m	£5.375m		
8	Inpatients		£8.111m	£8.673m	£8.912m	£9.244m		Point 9 is IPC – CHC Adult Mental Health Spend
9	Commissioning		£8.680m	£8.,396m	£9.406m	£9.539m		

2.2 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*

			2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 Estimated Based on M6
1	Neurodevelopmental	ASD		£0.052m	£0.219m	£0.230m	£0.077m	£0.251m
2	CAMHS crisis and out of hours care			£0.285m	£0.449m	£0.418m	£0.410m	£0.451m
3	Psychological Therapies Total			£0.175m	£0.244m	£0.296m	£0.208m	£0.376m
4	Local Primary Mental Health Support Services			£0.220m	£0.231m	£0.216m	£0.351m	£0.407m
5	Inpatient provision/ service development			£0.034m	£0.036m	£0.036m	£0.038m	£0.040m

2.3 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.

- 2.3.1 Specialist Child and Adolescent Mental Health Services (S-CAMHS) is proactive in collaborative working, developing new services to identify local needs in a combined approach with Local Authorities and Third Sector.
- 2.3.2 Innovative practice includes the development of an Emotional Health and Well-being Service, funded on an annual basis in collaboration with Pembrokeshire County Council. This has a key focus on children not otherwise in Education, and with low-level emotional well-being concerns.
- 2.3.3 The Health Board is considering a new proposal with a GP cluster for a service for children and families to identify emotional health problems early, and work with children and their family to build resilience.
- 2.3.4 The Therapeutic Intervention Service for Sexually Harmful Behaviour service (TISSHB), is a highly specialist service working with children who perpetrate against other children. This service focuses on providing training for staff and supervision.

2.4 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).

2.4.1 Due to the Health Board’s rural footprint, there are some specific recruitment issues, for example, in Clinical Psychology. Active recruitment plans are in place to address and improve this area. The Health Board, in common with its neighbours, has an ageing workforce with a subsequent loss of skills/knowledge and experience. Again, we have recruitment plans in place to address this.

	2018-19	2017-18	2016-17	2015-16
Agency Spend	£0.000m	£0.001m	£0.004m	£0.000m
Bank Spend	£0.035m	£0.013m	£0.011m	£0.024m
Vacancy Rate	4%	5%	8%	14%
Turnover Rate	10%	15%	8%	5%
Sickness Rate	6%	3%	6%	2%

2.5 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.

2.5.1 Key issues facing S-CAMHS include the on-going challenge in respect to the lack of understanding by other agencies of the role and function of S-CAMHS in delivering core mental health services to children and young people. There is also an expectation from other organisations that we can “fix” the issue in respect of behaviours that challenge, and for difficult to place children.

2.5.2 Health Boards would benefit from recurrent collaborative funding initiatives, as at present funding is sometimes allocated to more than one source, such as Regional Partnership Boards, Families First and others. Whilst this funding is welcomed, it can lead to challenges around providing continuity of care, as well as attracting staff to apply for posts which are time limited.

2.5.3 There are many short-term funding arrangements, whereby new initiatives are set up that leave gaps in other parts of the service. This leads to difficulty in recruiting to fixed term positions.

2.5.4 There is sometimes a lack of consistency of approach across the different counties with each Local Authority having its own priorities and use of funding differing. This can sometimes result in a “post code” lottery in each area, with resources potentially being used to deliver services without clearly identified need. There is also a continued challenge to promote an early intervention and preventative approach by investing significant funding in children’s emotional and mental health. This would ensure “front loading” of key services, which would address children’s resilience and well-being at an earlier age in early years and primary education.

For individual Health boards, details of the waiting times performance for first appointment and the start of treatment:

S-CAMHS 2018-19
The mean wait from receipt of referral to first appointment is 3 weeks.

ASD Referrals (Neurodevelopmental Team)	
Mean wait from referral to first appointment	30 weeks

Referral to Treatment - wait broken down by percentage of length of wait	
< 4 weeks	21%
4-18 weeks	59%
18> weeks	21%

Referral to Treatment - mean wait routine	11 weeks
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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

	Referrals Received to S-CAMHS	Referrals Accepted to Specialist CAMHS & Primary Mental Health
2016-2017	1,514	974
2017-2018	1,953	1,312
2018-2019	2,483	1,581

ASD Referrals (Neurodevelopmental Team)				
Month	Referrals Total	Referrals Accepted	% Accepted	Referrals Declined
Jan-19	99	67	68%	32
Feb-19	66	57	86%	9
Mar-19	70	54	77%	16
Apr-19	52	45	87%	7
May-19	70	59	84%	11
Jun-19	30	24	80%	6
Jul-19	67	55	82%	12

ADHD Waiting List		
Jul 2019	24	Patients waiting < 11 weeks
	18	Patients waiting 12-17 weeks
	18	Patients waiting 18 - 25 weeks
	32	Patients waiting 26 - 35 weeks
	57	Patients waiting 36 - 51 weeks
	128	Patients waiting >= 52 weeks
	217	>26 weeks (Breaches)
Jun 2019	24	Patients waiting < 11 weeks
	7	Patients waiting 12-17 weeks
	27	Patients waiting 18 - 25 weeks
	32	Patients waiting 26 - 35 weeks
	60	Patients waiting 36 - 51 weeks
	117	Patients waiting >= 52 weeks
	209	>26 weeks (Breaches)
May 2019	34	Patients waiting < 11 weeks
	22	Patients waiting 12-17 weeks
	27	Patients waiting 18 - 25 weeks
	40	Patients waiting 26 - 35 weeks
	50	Patients waiting 36 – 51 weeks
	103	Patients waiting >= 52 weeks
	193	>26 weeks (Breaches)
Apr 2019	19	Patients waiting < 11 weeks
	17	Patients waiting 12-17 weeks
	32	Patients waiting 18 - 25 weeks
	47	Patients waiting 26 - 35 weeks
	42	Patients waiting 36 - 51 weeks
	107	Patients waiting >= 52 weeks
	196	>26 weeks (Breaches)

Conclusion

- The Health Board recognises that it still has much to do to continue with its plan to transform Mental Health Services, including S-CAMHS, by implementing and delivering *A Healthier Mid and West Wales*, which will help to improve and create a more sustainable financial position.