Freedom of Information Request: Our Reference CTHB_279_19

You asked:

I understand the Cwm Taf Health Board hosts the Child and Adolescent Mental Health Service for Swansea Bay University Health Board and am writing to you under the Freedom of Information Act 2000, pertaining to this service. Please provide me with the following information:

1. Please send me the most recent service specification for CAMHS services in Swansea and or strategic commissioning plan.

There is no service specification or strategic commissioning plan. However, in order to fulfil our obligation under Section 16 of the Act to provide advice and assistance, please find attached Cwm Taf's Child and Adolescent Mental Health Service (CAMHS), Integrated Medium Term Plan (IMTP) 2019/22.

2. Overall, how many children and young people (CYP) were referred to CAMHS in Swansea between 1st April 2017 to 31st March 2019? Please give this information in yearly format.

Including neurodevelopment, there have been 4,781 referrals to CAMHS services within Swansea since April 2017-

2017/18	1,943
2018/19	2,093
2019/20	745 (to end August 2019)

3. How many CYP with additional needs were referred to CAMHS in Swansea between 1st April 2017 to 31st March 2019? Please detail this for the following conditions:

- **ASD,**
- **ADHD,**
- **Learning Disability**
- **Down Syndrome**
- **All other additional needs that are collated.**

For the sake of clarity if this information should be presented in tablet form.

Unfortunately, we do not routinely collect data relating specifically for 'additional need'.

The Health Board does not hold the data in a format that would enable us to fully respond to your request to the level of detail required. The only way we could identify information relating specifically for 'additional need' would be to review the case notes for every patient who has referred to CAMHS in Swansea, between 1st April 2017 to 31st March 2019.

As this is not information that the Health Board routinely compiles, we would have to carry out a specific exercise to collate this data. From our preliminary assessment, we estimate that to comply with your particular request would significantly exceed the 18 hours time and £450 cost limit set out within Section 12 of the Freedom of Information Act.

4. Of all those CYP referred to CAMHS how many were accepted into the service?

Of the 4,781 referrals received, 3,050 and were accepted into the service

5. Of all those CYP with additional needs referred to CAMHS, how many were accepted into the service? For the sake of clarity, please present in tablet format for those conditions detailed in Q3.

Please see response to question 3.

6. Of all those CYP with additional needs, how many were offered an intervention? If they were not offered an intervention, were they offered anything else?

Please see response to question 3.

7. How many of this group of CYP with additional needs completed the intervention offered?

Please see response to question 3.

8. What interventions were offered to this group?

Interventions offered by CAMHS would include:

- Emergency assessment (i.e. Crisis Intervention)
- Part 1 Mental Health Assessment Choice appointments (as part of Choice and Partnership Approach)
- Partnership work, i.e. psychotherapeutic work drawing on a variety of therapeutic modalities and approaches including cognitive behavioural therapy, interpersonal therapy, play therapy, solution-orientated therapy, motivational interviewing and family / systemic therapy.

9. Of the interventions offered, were they adapted to accommodate additional need?

The needs of the child / young person and family will influence the psychotherapeutic approach used and all interventions are adapted to facilitate engagement and participation in therapy.

10. What were the adapted interventions?

Please see response to question 3.

11. How many of this group of CYP with additional needs were discharged for not engaging with the intervention offered?

Please see response to question 3.

12. Of this group of CYP discharged for not engaging with the intervention offered, how many were subsequently re-referred back into CAMHS?

Please see response to question 3.

13. What is the overall percentage of all patients discharged for not engaging with the intervention offered?

This information is not held centrally.

14. What mechanisms do you have in place for understanding the outcomes for those who did not complete the intervention?

This information is not held centrally.

15. Please describe the amount and type of training available on mental health interventions for CAMHS staff for CYP with additional needs.

This information is not held centrally.

16. How many and what percentage of staff have completed this training?

This information is not held centrally. However, in order to fulfil our obligation under Section 16 of the Act to provide advice and assistance please see provided below the number of staff trained and who currently undertake the listed assessments:

- Emergency assessment (i.e. Crisis Intervention) – 7 whole time equivalent (WTE) staff provide the service and are trained to do so.
- Part 1 Mental Health Assessment – 2.8 WTE staff provide this service and are trained to do so
- Choice appointments (as part of Choice and Partnership Approach) – 11.3 WTE provide the service and are trained to do so
- Partnership work – all of the staff above would be trained to deliver partnership work with young people although there is no log kept of the specific training that each staff member would have undertaken.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Child and Adolescent Mental Health Service (CAMHS)

Integrated Medium Term Plan 2019/22

Contents- **Page**

Chapter 1: Directorate profile and vision

1.1 Directorate overview and vision-

CAMHS is an integral part of a 'Children and Young Peoples Directorate'.

Implementation of our delivery plan in line with key Welsh Government directives, in particular the *Together for Mental Health Strategy* (2012) and *Well Being of Future Generations Act (*2015) has been imperative to moving towards a model of more integrated working.

We have also commenced discussions with our G.P stakeholders to keep them informed to keep them informed about recent developments in CAMHS and gain their views about areas requiring improvement.

The *Wellbeing of Future Generations Act* lays out the following principles of Prudent Healthcare:

1. Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
2. Care for those with the greatest health need first, making the most effective use of all skills and resources.
3. Do only what is needed, no more, no less; and do no harm.
4. Reduce inappropriate variation using evidence based practices consistently and transparently.

We are implementing these principles by:

1. Ongoing delivery of CAPA which is a partnership approach with parents where professionals work together with families to determine what changes they are looking for and enabling them to make informed decisions about treatment options.
2. Improving links with other agencies as described above.
3. We are prioritising urgent cases both through our Crisis teams, ongoing provision of out of hours medical on call support across the Network and robust management of waiting lists.
4. We are making the best use of skills and resources by improving working relationships with primary health and with third sector colleagues who now join us in intake meetings and take on those cases for whom they offer the most appropriate intervention.
5. We aim to ensure we do only what is needed by adhering to best evidence based practice through monitoring compliance with NICE guidelines and working towards reducing levels of prescribing where appropriate.
6. Introduction of Routine Outcome Measure's (ROM'S) to ensure our practice is effective and that service users can tell us about their experience of our service.

In addition to the above are we continuously making service improvement changes internally to manage the service accordingly.

Our aim is to work collaboratively with staff and to help them feel empowered, as a model for how we wish to work with our service users. To this end we continue to reinforce the Locality Management Team model through the inclusion of a Clinical Lead, Senior Nurse, Senior Psychological Therapist and Locality Manager in each area. The Senior Management Team have been delegating more authority to the local teams by giving them more areas of responsibility including advising on the local budgets and resources. The Clinical Leads and Professional Leads for each team now regularly attend senior management team meetings (SMT) with the CD, DM and HoN who provide overall strategic direction. This enhanced role for clinicians in management of the service is also in line with the recommendations of the Francis Report (2013).

These measures have greatly improved the service we are delivering and provide a way forward that is in line with the Welsh Government's vision for improving the mental health and wellbeing of the country's children and young people. We are grateful to WAG for their far sightedness in prioritising this issue and for their investment in our services.

The CAMHS directorate has transitioned from a medically focused model of treatment to a more psychologically focused service. This change has required and will continue to need the recruitment of more psychologically/psychotherapeutically trained specialist staff and continuing training for existing staff to enhance their skills and expertise to enable them to deliver the full range of evidence based treatments to meet the needs of our service users. The vision for the directorate will be in line with that outlined in 'Together for Mental Health' and will embrace a multi-disciplinary, multi- agency integrated working /holistic approach to service provision.

Vision-

The strategic vision for the Child and Adolescent Mental Health Service for the next three years is:

- To **improve** emotional well-being, mental health and outcomes for children and young people.
- To **ensure** that children and young people develop the skills they need to have good emotional health.
- To **provide** help and support to children and young people and their families in ways that meet their needs.
- To **increase** understanding across universal, targeted and specialist services of the different role and build effective working relationships.
- To **identify** the children, young people and families that need

additional support and provide that support as early as possible.

- To **ensure** that frontline staff are supported to develop the necessary skills and competencies to be confident in addressing the emotional health and drug & alcohol needs of children and young people within the context of their job and the services that are available and be able to intervene and refer on as required.
- To **use** resources in the most effective way to deliver services and interventions that are evidence based.
- To **provide** high quality advice, information and education on emotional health and well-being and drugs & alcohol for children, young people and their families.
- To **improve** the knowledge of children and young people about the services that are available and how they can be accessed.
- To **strengthen** the planning and delivery of services to support early intervention and prevention and move towards outcome based commissioning.
- To ensure delivery of high quality services in line with appropriate clinical standards.
- To **identify** high risk young people who might develop mental illness and provide interventions with and through partnership agencies to **prevent** negative outcomes.
- To **develop** a more psychologically minded workforce who can offer a greater range of evidence based treatment options. This will involve a move away from the current medical model.

A successful service will provide timely and appropriate care to meet the individual needs of all children and young people, delivered by an appropriate mix of highly trained staff within a suitable environment. The service will have strong links with other agencies and children will move seamlessly between services as required.

Service overview-

The Child and Adolescent Mental Health Services (CAMHS) Network is a relatively small but complex directorate consisting of specialist mental health services primarily covering Cwm Taf and Abertawe Bro Morgannwg Health Board areas for core services (since Cardiff and Vale CAMHS will be repatriated from April 2019). In addition to this the directorate hosts a Tier 4 inpatient unit for the South Wales area, a Wales wide Specialist Forensic Service (FACTS) and South Wales Eating Disorder Service (EDOS). Specific services are provided across varying boundaries across Cwm Taf, C&V and ABMU e.g. Young People Drug and Alcohol Service and Learning Disability Service.

We are continuing to work towards the full implementation of the 11 Key Components of the Choice and Partnership Approach (CAPA- a new service delivery model). CAPA is now embedded in all of the areas, with significant

changes to working practice associated with this. With the dedication of staff positive results were seen almost immediately and are anticipated to continue.

The Directorate also manages the Neuro Development Service which delivers a coordinated and robust service for those children and young people requiring it within the Cwm Taf area, with input from a range of professionals.

The Directorate is monitored against a range of targets, including a 28 day waiting time target in Specialist CAMHS, 28 day targets in primary CAMHS for assessment and for intervention, a 48 hour urgent target for crisis referrals and a 26 week Neurodevelopmental Disorder waiting time. Following a significant drive on waiting times at the end of 2017/18, the 28 day (80%) SCAMHS target was met by Cwm Taf locality and improvements were achieved in ABMU and C&V. WG have invested a significant resource into WLI again in 2018/19 with an aim of achieving all waiting times targets, however this is on the requirement for recurrent funding to be provided to sustain the position thereafter.

The service is comprised of core CAMHS, Specialist teams that are provided on a Network wide basis and tertiary services. These are detailed below.

Core CAMHS services-

Directorate team

Directorate Team	
Tracy Gardiner	Clinical Director
Chris Coslett	Directorate Manager
Chris Moulds	Deputy Directorate Manager
Jane O'Kane	Head of Nursing
Julie Cude	Deputy Head of Nursing
Christina Morgan	Senior Nurse ABMU
Chrystelle Walters	Senior Nurse Tier 4 Services
Karen McIntosh	Senior Nurse Cwm Taf
Kim Palmer	Senior Nurse EDOS
Tracy-Lee Davies	Senior Nurse FACTS
Susan Vaughan	Service Lead PCAMHS Cwm Taf
Business Partners	
Darrell Clarke	Head of Planning
Ana Riley	Head of Finance
Sara Mason	Senior Business Partner Human Resources
Brian Reid	Senior information Analyst
Julie Powell Jones	Public Health

Hywel Jones	Procurement
Mark Townsend	Patient Care and Safety
Aled Holland	IT

Summary of the Network/ commissioning arrangements-

The CAMHS Network is made up of a number of services, managed by Cwm Taf Health Board and are delivered in various formats-

- secondary care services delivered on a locality basis: Primary CAMHS (ABMU and Cwm Taf), Specialist CAMHS (ABMU, C&V and Cwm Taf), CiTT and Crisis Teams (ABMU, C&V and Cwm Taf), First Episode Psychosis and Neurodevelopment (Cwm Taf)
- Secondary care services delivered as one service across the Network (Young Peoples Drug and Alcohol Service, Learning Disability Service)
- Tertiary services serving larger areas (Ty Llidiard, FACTS, EDOS)

Secondary Care services as listed above are commissioned by each Health Board with some funding also from Local Authorities for YPDAS. The tertiary services are commissioning by WHSSC and for FACTS and EDOS, in part by WG.

The Network therefore works with a number of commissioners who have input in terms of planning and performance monitoring etc.

Primary CAMHS-

There are two components to this service; one is a statutory responsibility for the Health Board under Part 1 of the Measure and a second component that builds on UK-wide good practice models.

Local Primary Mental Health Support Services (LPMHSS) undertake a mental health assessment for a child or young person whenever it is felt that they would benefit from the assessment. LPMHSS provide advice, information, training and time limited, targeted interventions in the community for children and young people with mild to moderate mental disorders and provide consultation and training to general practitioners.

Primary Mental Health teams are composed of specialist CAMHS professionals who work with other agencies such as local authority children's services and education services. The services provide initial consultation and advice, training, assessment and targeted interventions to young people and their families at risk of developing mental health problems.

Within Cwm Taf, due to the small size of the service, it is currently only able to offer a part 1 service. There has been recurrent investment

approved for the service during 2018/19 and so these posts need to be recruited to and the service reviewed to see whether elements of the PMH service can be delivered.

Within ABMU, the service has had non-recurrent funding for the last 2 years to recruit Liaison posts in each LA area, providing significant elements of the Primary Mental Health service and improving liaison with local authority services.

Secondary Care (Specialist CAMHS formally Tier 2/3)

In line with the Specialist NHS CAMHS guidance issued by the CAMHS National Expert Reference Group in 2013, we aim to develop our services in line with the provision of a Secondary care level service.

The key elements of Secondary Care CAMHS service provision are:

1. Consultation, Liaison and Health Promotion.
2. Urgent/Emergency Mental Health assessment, diagnosis and management.
3. Specialist Interventions including individual and group psychological therapies, family interventions and medication where indicated.
4. Contribution towards Neurodevelopmental assessment and diagnosis.

Noting that the ability to deliver these functions may be limited by capacity, finances and skill level of staff.

Secondary Mental Health Services (Part 2 & 3 of the Measure) are also defined under the Mental Health Measure as those services that provide treatment for a person with a mental disorder. Under the Measure, patients require a prescribed care and treatment plan and a specified Care Co-coordinator from designated professions. This plan should be reviewed, as a minimum, annually. Patients also have the right to refer themselves for an assessment within 3 years of discharge, once they reach 18. Work is ongoing nationally to define which patients require a care and treatment plan and this will need to be factored in to future planning within CAMHS services.

Specialist teams-

Cwm Taf Health Board provide a range of limited specialist services through local service level agreements where partners require more "in- service" specialist advice than seeking this through a referrals basis. When funded, our specialists make a massive difference to patient care services.

Forensic Services

There is a Tier 3 forensic service within each of the generic teams within

the CAMHS Network area. The model is based on consultation and advice to the local CAMHS teams who remain the case-holders. These teams will also incorporate a mental health advisor role to provide liaison, consultation and advice on forensic mental health matters to the Youth Offending Services within the CAMHS Network area.

Prison in Reach Team

This is the provision of CAMHS service to the young inmates of YOI Parc Prison (under 18 years). This team includes medical, nursing and psychology input.

Learning Disabilities

The Child and Adolescent Intellectual Disability Service (CAIDS) is a specialist multi-disciplinary service provided across the three Health Boards by a Consultant Psychiatrist and a WTE specialist nurse, with administrative support. The team works in partnership with local community paediatric and secondary CAMHS teams. The CAIDS works with children and young people up to the age of 18 years with a moderate or severe intellectual disability and complex mental health issues. The service model is based upon consultation, advice, and where necessary joint assessment and treatment. Prior to referral to this service the child or young person must have had an assessment by local secondary mental health team or community paediatric service. The majority of clinical work is delivered in special schools via joint consultation clinics held with community paediatrics. There are also transition clinics held with adult intellectual disability services, consultation clinics with specialist CAMHS (tiers 2, 3 and 4), and consultation clinics with paediatric neurologists for children and young people with co-morbid epilepsy. The role of the nurse therapist is primarily to work with those with challenging behaviour and to link in with key staff on a local basis. CAIDS also provides specialist consultation and liaison with paediatric and specialist CAMHS colleagues through telephone advice, liaison sessions and specialist training and support.

Young Persons Drug and Alcohol service (YPDAS)

CAMHS is commissioned to provide the substance misuse Tier 3 service for young people in the Cwm Taf and Bridgend areas. The service has a 0.5 Consultant, a specialty doctor and nurse therapists. The team works closely with Youth Offending Service, Social services, health professionals and GPs. The team also has good links with voluntary sectors and education in the local health boards.

Multi Agency Placement Support Service (MAPSS) – ABMU only

Looked After Children (LAC) are one of the populations recognised as having difficulty accessing and gaining a service from psychiatric CAMHS. This is frequently a troubled and distressed population with poor outcomes, potentially a large burden on social welfare and a tendency to repeat pattern of their own adverse early upbringing resulting in difficulties for their children. However their difficulties, often with emotional self-regulation and interpersonal relationships, arise as a result of adverse early attachment experiences and are frequently deemed not to be consistent with the psychiatric disorders that CAMHS treats or are not particularly suited to 1:1 therapy. However the mental health and developmental expertise within CAMHS can often be deployed to help LAC and the network of carers and professionals around them. Various models have been used within the ABMU over recent years and in October 2017 the Consultant Clinical Psychologist started as Clinical Lead for the Multiagency Placement Support Service across the 2 Local Authorities of the Western Bay area. This is an Integrated Care Fund financed project with the primary aims of reducing placement breakdowns and school disruption and enhancing levels of expertise and skill in therapeutic re-parenting of distressed and complex LAC. There are plans for other clinical and Social Work staff to join the Psychologist to form a multidisciplinary team and as the team grows it will provide more 1:1 therapy.

Community Intensive Therapy Teams (CITT*)*

There are established CITT's in all of the Network areas e.g. Cwm Taf and the ABMU. These teams will retain links with the C&V CiTT team when they repatriate in April 2019. The teams are Multidisciplinary (medical, nursing, psychology), and community based working from the Tonteg and Trehafod CAMHS bases. The CIT Team accepts referrals from Generic CAMHS. The team accepts referrals of young people with a high severe mental illness and very complex presentation who are at high risk of admission to an inpatient unit. The young people referred to CITT may suffer with a variety of diagnoses, including psychosis, severe mood disorders, severe eating disorders, severe anxiety disorders or high risk taking behaviors. The team will also accept young people with a suspicion of severe mental illness who do not engage with generic CAHMS team. These young people are accepted for period of intensive community assessment. The CIT Team liaises closely with the inpatient unit and support discharge for those young people who have needed an admission. The team works with the admission unit to reduce the duration of admission and provide a smooth transfer to the community.

Crisis-

Each SCAMHS service now has a Crisis service, responding to urgent

referrals within a target time of 48 hours. Crisis teams offer a service for young people presenting in mental health crisis. Crisis assessment and intervention will be provided to, GPs, A & E and Paediatric staff. The crisis service has reduced the demand on the generic teams to respond to crisis presentations and has enabled the teams to focus on the provision of core services. Crisis teams should operate 7 days per week, however this has not been possible in Cwm Taf due to the small number of staff within the service (4 WTE).

Early Intervention in Psychosis-

To support the training for Tier 1 professionals regarding the signs and symptoms of psychosis that will help facilitate early identification, treatment and management that will support improved recovery rates. This service is providing evidence based interventions for Young people with psychosis and Bipolar disorder and facilitating their transition from CAMHS to AMHS.

The Cwm Taf First Episode Psychosis (FEP) Team was initially set up following a release of funding from Welsh Government to develop services for 14 to 25 year olds, presenting with early onset psychosis. Due to the age range the service spanned both Child and Adolescent Mental Health and Adult Mental Health services.

The CAMHS team has now been operational for several years. The numbers of service users under the age of 18 requiring this service are minimal, this was evidenced in data obtained since the service commenced. As a result the service model has been modified and has recently undergone some changes. One of the posts has now become integrated into the generic CAMHS team. This will allow for early identification of symptoms of psychosis and more collaborative working at secondary CAMHS.

There has been a different approach within ABMU, with a partnership approach between CAMHS and AMHS, developing more integrated working based on closer joint-working arrangements. The service operates across transition age (14-25 years) and is hosted by ABMU Adult Mental Health Services. This service is providing evidence based interventions for Young people with psychosis and Bipolar disorder and facilitating their transition from CAMHS to AMHS.

Neurodevelopmental Disorders –

Within Cwm Taf **t**his team has been established to enhance the capacity of current services in order to achieve improved access to services. It has also enhanced family support, training and increased joint working with other agencies including education. The service takes all new referrals and retains the follow up patients that are generated. When the service was established

it was known to be on minimal resources and was therefore proposed to be implemented in 2 phases. Unfortunately, despite the service being unable to meet the 26 week WG target to start assessment, funding for phase 2 has not been available. Demand and capacity work has been undertaken to determine the minimum requirements to deliver this service and this is included within this IMTP.

Within ABMU the service is managed by ABMU, however once the ND team have reached diagnosis ongoing follow up care is delivered by CAMHS.

Tertiary services-

Inpatient Services-

Ty Llidiard is a 15 bedded unit comprising of a General Ward-Enfys and an Extra Care ward-Seren. Enfys Ward is a general ward which provides rapid assessment of patients from 6 Health Boards which includes Hywel Dda, ABMU, Cwm Taf, Cardiff & Vale, Aneurin Bevan and South Powys. The unit covers a population of 2.2 million. In comparison to England where the number of beds per million is 23 beds, the number of beds per million in South Wales is 6.8.

The service admits young people with eating disorders, psychosis, severe OCD, emotional dysregulation and diagnostically challenging patients. The philosophy of the unit is that although the Tier 4 Inpatient Service building is relatively new, the locking system on the doors has not prevented patients from leaving the ward due to an inadequate locking system. Stronger mag locks have been fitted to the main entrance to the Enfys Ward which has proved successful, however there are an additional 4 entrances to both wards that need adapting to the new mag locks. The environment is continually challenged and tested by the young people resulting in high levels of costly maintenance with no recovery budget.

Assessments are provided in line with the WHSSC service specification with the aim of preventing admission and where possible supporting and advising the community teams to assist in the management of the child locally. Where admission is needed, it is done without delay and consists of a comprehensive multi-disciplinary assessment including:

- Medical assessment,
- Nursing assessment,
- Psychological Therapy,
- Psychology,
- Occupational Therapy,
- Nutritional Assessment,
- Art Psychotherapy,
- Educational assessments.

The multidisciplinary team formulate a care and treatment plan based on the outcome of the assessments, designed to support the patient and family both in the unit and in the community.

The adolescent unit works closely with community services to enable admissions to be as short as clinically advisable with the treatment implemented where possible by the community teams. This approach ensures minimum disruption to the child's life and empowers local teams and families to support the young person.

The unit has a high care facility (Seren Ward) which can facilitate the care of up to 3 young people at any one time. Seren Ward provides a structured, safe, low stimulus environment with high quality medical and psychotherapeutic interventions.

Patients are cared for on Seren Ward for a short period of time during an acute phase of illness. Patients are transferred back to the Enfys as soon as possible and in line with their risk assessment.

Seren Ward was opened in April 2015 and since this time the service has seen a marked decrease in patients requiring an out of Wales placement, although this has been impacted more recently to changes in the admission criteria pending an upgrade to the environment. The team at Ty Llidiard have repatriated patients from low secure placements over the past year, successfully transitioning them back to community areas.

During this time we have observed an increase in referrals of patients who have dysregulated behaviour and patients who are susceptible to high risk taking behaviour. Many of these patients are transferred to low secure settings.

It is in the best interests of the service and service users to remain in Wales for any treatment of their mental disorder. Ty Llidiard are keen to support this and would like to prevent patients presenting as challenging and risky from being transferred to areas outside of Wales. The Locality Management Team at Ty Llidiard would be interested in facilitating this by providing a thorough assessment of patients whose behaviour indicates that they require a higher level of security. This would need to be risk assessed prior to admission.

Following a thorough multidisciplinary assessment the team would provide an initial formulation and recommendations for the most appropriate package of care for each individual patient. We envisage that some patients may need a further period of treatment in an in-patient setting prior to being resettled with an appropriate package of care within the community. We recognise the limitations within this pathway and also

envisage that some patients, inevitably, will require a transfer to a more secure setting.

Forensic Adolescent Consultation and Treatment Service-

The core FACTS aims to provide a highly specialist consultation, assessment, training and intervention service to CAMHS who are, in turn, managing and caring for young people who (in the context of mental health issues and / or complex needs) present a significant risk to others. The purpose is to achieve effective engagement with CAMHS to improve outcomes for the young people and reduce the risk of harm to others, taking into account their specific cultural and individual diversity needs.

More recently the service has expanded as supported by recent new CAMHS money from Welsh Government Mental Health developments, FACTS currently provides consultation into the Youth Offending Teams via the Enhanced Case Management service, provided in collaboration with the Youth Justice Board. The ECM is a clinical psychology led, trauma-informed approach to the management of young people on criminal orders that is being piloted within Wales. The original test involved 3 YOTs and 21 cases was independently evaluated with encouraging results (Welsh Government, 2017), both in terms of service user and YOT engagement and also in the levels of re-offending. With support from the Police and Crime Commissioner the ECM is now being trialled in the South Wales Police area (Cardiff, The Vale, Swansea, Neath, Port Talbot and Cwm Taf YOTs). This project runs to 2020 and will be evaluated by Public Health Wales. There is high demand from the YOTs for the ECM to be rolled out to the YOTS in the rest of Wales. It is FACTS's intention to continue to provide the clinical psychology provision for this, thus ensuring a robust and sustainable service that is of a consistently high standard across Wales.

The service also provides an in-reach service into the young people's unit at Parc Prison. This is now well established and has been well received with a new service level agreement now in place between G4S and FACTS. Whilst the numbers of young people in custody in Wales has declined in recent years the increase in the level of complexity and challenge amongst those who do end up incarcerated is well recognised.

Eating Disorder Outreach Service (EDOS)-

The Tier 4 Eating Disorder Outreach Service covers the whole of South Wales through a Hub and Spoke model. The model of service is primarily consultative to local teams who are the spokes in the model. The spokes will carry out the treatment. The delivery of the model will also be dependent on availability of local services with areas having differing levels of expertise.

Service provision offered will be a Specialist Outreach Service where it is suspected that the young person has an eating disorder where:

- The diagnosis and treatment plans are not clear
- The young person is making little or no progress
- The young person is deteriorating
- To inform future clinical and behavioural management decisions, including admission to an inpatient setting

The age range is generally up to 18, but there will be some involvement with young people aged 18-21 where it is felt that a CAMHS perspective would be helpful. This is as part of the development of transitional services for young people in Wales who have an eating disorder.

Chapter 2: Progress in Delivering the 2018/19 Plan

There have been a number of significant achievements in the CAMHS directorate in the past 12 months. The key achievements and the outcomes/impacts of these achievements are outlined below.

Waiting Times-

SCAMHS: By the end of 2017/18 the service had achieved 100% compliance with the 28 day SCAMHS target in parts of the Network - Cwm Taf and Bridgend/ Neath port Talbot in ABMU. The target was not achieved in C&V or ABMU overall, since the Swansea position brought ABMU to below 80%. This was achieved through a significant volume of WLI activity across all areas for the second successive year, clearly highlighting the need for recurrent resource in future years. The WLI from 2017/18 impacted on the service in 2018/19, particularly in Cwm Taf where new activity was significantly reduced at the start of the year in order to accommodate the volume of follow up patients that had accumulated.

The 80% target is currently only being met in Bridgend and significant additional activity is now being delivered across all areas in order to achieve the target. Additional resource is being sought from WG to fund this activity on the understanding that recurrent resource will be provided from 2019/20 in order to sustain the position. This has been agreed within Cwm Taf and discussions are taking place between WG and C&V. The data in ABMU suggests that additional resource is not required when all vacancies are filled.

PCAMHS: PCAMHS is currently managed by the Network across the Cwm Taf and ABMU localities. Waiting times are significantly beyond the 28 day target for 1st assessment in Cwm Taf and to a lesser extend in ABMU. Both areas are, however, achieving in excess of the 80% target for intervention within 28 days of assessment. The position in ABMU is

support by the non-recurrent investment from ICF funding for the past 2 years for additional staff to deliver a liaison role within each LA area, including some additional clinical time as well. Within Cwm Taf bids were submitted against the MH transformation funding for 2 additional band 6 staff, a 50% uplift against the current establishment. Funding for 1 post has been approved recurrently with the funding for the 2nd post not approved pending the outcome of the Delivery Unit review, which is planned for December 2018.

Neuro Developmental: The ND service met the 26 week target compliance of 80% at year-end 2018/18 however this has not been sustained due to the significant pressure that the service is under and identified capacity gap. This is exacerbated by the ongoing growth of follow up patients on medication that must remain under the care of the ND team. It therefore remains essential that the resources originally identified as being required as the planned 'phase 2' of the service implementation are provided to the service, with additional resource now also required for nurse led titration clinics to reduce the pressure on the Consultant's follow ups and release them to see more new patients.

Further, the administrative workload is proving impossible to manage with the existing resource which impacts on the effective running of the service including booking processes. The entire service is proving difficult to provide from very limited accommodation in Keir Hardie. Various work streams will need to continue to be prioritised in 2019/20 e.g. additional resources to meet demand as described above, including the implementation of Nurse Led follow up clinics, introducing Digital Dictation and seeking additional accommodation. Further work will also be required to ensure that the ND service is appropriately aligned with the new Integrated Autism Service. The current service model will be retained however should additional funding become available then the service changes e.g. implementation of titration clinics will be implemented as soon as staff can be recruited. The search for appropriate accommodation is ongoing and will be actioned once a suitable option becomes available, potentially linked to the release of the paediatric ward in RGH and the opportunity to bid for this when available in 2020/21.

CAPA: With CAPA now introduced in all of the localities for 12 months, the focus is shift to ensuring that this is utilised to its maximum potential and that all of the benefits are realized e.g. better oversight of team job plans and tighter management of vacant slots and delivery of activity. Further focus is required on job planning to ensure that this is completed on time in order for job plans to be built with sufficient time for follow up patients to be booked in etc.

As identified in the previous IMTP, full implementation of CAPA requires a significant amount of clinical time to complete job plans and monitor

activity etc and that this is not best use of time, since it impacts on capacity to see patients. It is also not feasible within existing resource to monitor demand and capacity constantly so that this can be flexed as required, as is a principle of the CAPA model. In order to fully implement CAPA and to minimise the impact on clinical time for the administrative functions, it remains a proposal that 1 WTE band 7 post is required with 1 WTE band 3 to support.

Sustainable solution to tier 1 on call rota: The tier 1 on call rota remains a pressure and this has not been resolved during 2017/18. Discussions have progressed and currently an audit of activity on the rota is being undertaken to determine the nature and frequency of the work so that the impact of any proposed solutions can be fully understood.

Transfer of PCAMHS to ABMU: It was scheduled for PCAMHS to transfer back to ABMU management from April 2019, however due to the proposal to better integrate PCAMHS and SCAMHS services it has been decided not to proceed with this.

Transfer of SCAMHS to C&V: It was planned for C&V to repatriate SCAMHS services from April 2019. This work stream has progressed and remains on track for delivery from that date. From then Cwm Taf will not manage any C&V specific services, however C&V will retain some network functions e.g. on call, YPDAS and LD.

Defining core business: The Service Specification for CAMHS has not progressed during 2018/19, with the exception of the referral criteria as described below. This work remains important and the Directorate will seek to progress during 2019/20.

Developing and implementing referral criteria: The national referral criteria guidelines have been developed locally to be applicable to the CAMHS Network and are due to be presented at the CAMHS CDs/ DMs meeting. Further work will then be required within each locality to make these specific to the services in each area.

Continuing to work with local and national groups: the CAMHS Senior Management Team and Locality Management Teams have continued to be involved in a range of local and national groups related to CAMHS, supporting working relationships and the ongoing influence of the network in decision making.

Tonteg move: The service have been involved in working with an external firm and Cwm Taf Estates to agree the requirements for the service. This was undertaken with a view to utilizing vacated space on the RGH site following implementation of the SWP, however initial feedback indicates that this will not be feasible. The outcome of this work should

support a discussion as to the future requirements for the service and how this can be best met.

Continuing to embed the New Services: The Network review of CiTT and Crisis has not happened as planned during 2018/19 but is now planned for 2019/20, the outcome of which will be helpful in future planning for these services. The FACTS team continues to seek to recruit to vacancies however gaps remain. Further work is planned with commissioners to agree the future direction for the service.

Accommodation: There has been very limited progress in terms of the accommodation issues for CAMHS across the Network. As described above, work is ongoing to determine the requirements for Cwm Taf CAMHS. Within ABMU note storage has been identified for files from Bridgend, which should make the local file storage more manageable and work is ongoing to sort the files so that they can be moved. ABMU continue to seek solutions to the environmental issues in Neath and Swansea, with a potential to develop a new accommodation for all services on the Neath site, further feedback is awaited on this, noting the requirement for staff engagement etc once a decision is made.
EDOS are currently running their multi-family groups from a private site and this has resolved their accommodation difficulties.

Information Technology: Community teams are now using laptops which supports practice, the service is also embracing Qlik and is now the highest user within the Health Board. The key development required going forward is electronic records for the inpatient unit and discussions have commenced with the CHAI team around the feasibility of adapting this for CAMHS use.

WHSSC: The bed day contract for Tier 4 services has not been reviewed during 2018/19 and this has been affected in part by the impact of the revised admission criteria following a serious incident and external reviews. Reviewing the service model and associated contract will need to be a key area of focus during 2019/20.

Mental Health Measure: Services remain non-compliant with the MHM, largely due to capacity constraints and the need to prioritise resources. The As part of their review of PCAMHS services across Wales which should be complete by the end of 2018/19, they will be reviewing the implementation of the MHM in CAMHS, particularly the use of part 1 and part 2. The outcome of this will inform the actions required across the network going forward and on can all Wales basis.

Mental Health Act: A bid was submitted within the 2017/18 IMTP for a band 3 to support the MHA office with the growing demands from CAMHS, however this was not approved.

Integrated services for children defined as 'looked after' or 'in need': Joint work has been ongoing in Cwm Taf CAMHS throughout 2018/19 to develop a proposal to enhance CAMHS services for looked after children. An options appraisal has been developed and feedback is awaited from the LA as to which model they wish to seek to progress, noting the resource requirements that will be associated with any development proposal.

Working with Paediatrics on joint Therapy posts: There has been discussion between CAMHS and Paediatrics during 2018/19 around the potential to develop joint posts, particularly for Psychology where these is an identified gap in Paediatrics. The resources required for these posts will be included in their IMTP.

Halcyon: Across the Cwm Taf region the UHB in partnership with our Local Authority partners have commissioned a pilot project with Halcyon are a third sector organisation that aim to reduce conflict within families and communities and offers advice and support to all those affected. A pilot has recently been undertaken with CYP and Local Authority Disabled Children's team partners making referrals to Halcyon and this is due to be expended to the Cwm Taf CAMHS service in 2018/19. It will be essential that the directorate works to ensure that the maximum benefit is achieved from this collaboration, enabling fast track appointments into the Specialist CAMHS services when need is identified to ensure early and effective assessment and support from specialist services. A review of this pilot is underway with plans to loom to extend and expend on this provision in the coming few years.

Review the feasibility of developing low secure inpatient beds: The Network group reviewing the feasibility of developing low secure inpatient capacity at Ty Llidiard has continued throughout 2018/19 and an options appraisal is expected by January 2019. Latest feedback suggests the focus many have moved from low secure beds to emergency admission beds. The outcome of this will need to be taken forward with WHSSC and other stakeholders.

Development of tier 3 Forensic Services: Each locality now has staff recruited into their tier 3 forensic service including medical lead and nursing time. Going forward, now that the teams are established the focus will be on developing working relationships with SCAMHS services and other stakeholders e.g. youth offending teams, FACTS etc.

Further Directorate re-structure: The directorate restructure is now complete, with all management posts now working across CYP and CAMHS, with the exception of the Clinical Director. Going forward the focus will now be on further integrating the services and this has already started with the

recent implementation of a combined CAMHS and CYP governance structure.

Young Peoples Drug and Alcohol Services: The planned review of this service has been difficult due to the uncertainty around the intentions of C&V when they repatriate SCAMHS in 2019. It is now confirmed that they will continue to commission the YPDAS service from Cwm Taf and so this clarity will support future service planning, including a review of the currently vacant Consultant post.

Chapter 3: 2019/20 Drivers for Change

The Board's overarching role is to ensure its Strategy and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed, these in summary are;

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

It is these five key organisational objectives that drive the planning work of the directorate.
The delivery of our plan will reflect the high level aims set out in the following key documents and will consider the expectations outlined in key legislation, strategy and policy (as examples) to help inform and strengthen or refine the directorates vision and priorities. The Directorate's strategic objectives are informed by the following key policy drivers.

National Drivers-

- Social Services and Wellbeing (Wales) Act 2014
- Well-being of Future Generations (Wales) Act 2015
- Prosperity for All (2017)
- Implications of the U.K. leaving the EU
- Additional Learning Needs (ALM) and Education Tribunal (Wales) Act

Regional Drivers-

Confirmed Cwm Taf Boundary changes with Bridgend

- Consultation on the development of a Major Trauma Network for South and West Wales and South Powys

Directorate Specific Drivers-

- Children Act (1989 & 2004) - including the statutory duty to co-operate

- Human Rights Act (1998)
- Draft Additional Learning Needs Bill
- The Equality Act (Disability) Regulations (2010)
- Children and Young People's Plan (Wales) Regulations (2007)
- Children and Families (Wales) Measure (2010)
- Rights of Children and Young Persons (Wales) Measure (2011)
- Together for Mental Health Strategy (2012)
- Special Educational Needs Code of Practice for Wales (2004)
- Social Services and Wellbeing Act (2014)
- Together for Children and Young People (2015)
- The Healthy Child Wales Programme.
- A Strategic Vision for Maternity Services in Wales (2011)
- All Wales Neonatal Standards 3rd Edition (2017)
- Nurse Staffing Levels (Wales) Act 2016
- Defining Staffing Levels for Children & Young People RCN 2012
- Children & Young People's Continuing Care Guidance (2012)
- Kennedy Report (2016)

The Directorate must also consider the following in the development of its services:

- Health and Care standards
- NICE guidance
- Royal College Guidance
- Prudent healthcare principles

Drivers specific to the Directorate

Additional Learning Needs (ALN) and Education Tribunal (Wales) Act

A recent development has been the introduction of the Additional Learning Needs (ALN) and Education Tribunal (Wales) Act. This Act was introduced to the National Assembly for Wales in December 2016 and will create the legislative framework to improve the planning and delivery of additional learning provision, through a person-centred approach to identifying needs early, putting in place effective support and monitoring and adapting interventions to ensure they deliver desired outcomes.

The ACT will be supported by:

- Regulations – secondary legislation where further detail is required
- Additional Learning Needs Code – statutory guidance and mandatory requirements to help people and organisations work within the law.

The aim of the ACT

The introduction of the term Additional Learning Needs (ALN) - The ACT replaces the terms 'special educational needs' (SEN) and 'learning difficulties and/or disabilities' (LDD) with the new term ALN.

A 0-25 age range **-** There will be a single legislative system relating to the support given to children and young people aged between 0-25 years who have ALN. This is instead of the two separate systems currently operating to support children and young people of compulsory school age who have SEN; and young people in further education who have LDD.

A unified plan **-** The Act will create a single statutory plan (the individual development plan (IDP)) to replace the existing variety of statutory and non-statutory SEN or LDD plans for learners in schools and further education.

Increased participation of children and young people - The Act requires that learners' views should always be considered as part of the planning process, along with those of their parents. It is imperative that children and young people see the planning process as something which is done with them rather than to them.

High aspirations and improved outcomes - The emphasis of IDPs will be on making provision that delivers tangible outcomes that contribute in a meaningful way to the child or young person's achievement of their full potential. *A simpler and less adversarial system* - The process of producing and revising an IDP should be much simpler than is currently the case with statements of SEN.

Increased collaboration - The new system will encourage improved collaboration and information sharing between agencies, which are essential to ensuring that needs are identified early and the right support is put in place to enable children and young people to achieve positive outcomes.

Avoiding disagreements and earlier disagreement resolution - The new system will focus on ensuring that where disagreements occur about an IDP or the provision it contains, the matter is considered and resolved at the most local level possible.

Clear and consistent rights of appeal - Where disagreements about the contents of an IDP cannot be resolved at the local level, the Act will ensure that children and young people entitled to an IDP (and their parents in the case of those that are under 16 years) will have a right of appeal to a tribunal.

A mandatory Code **-** The Code will ensure that the new ALN system has a set of clear, legally enforceable parameters within which local authorities and those other organisations responsible for the delivery of services for children and young people with ALN, must act.

A draft multi-disciplinary transition protocol for ALN has been produced and the directorate is currently reviewing the implications of the ALN.

A CWM TAF COMMUNITY ZONE APPROACH TO BUILDING RESILIENT COMMUNITIES

The directorate is aware of plans looking to develop new approaches to engaging and building resilience within local communities the vision for this work is outlines below:

"An integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACEs) and breaks the intergenerational cycle of adversity which challenges so many families across Cwm Taf".

To achieve this vision, we will organise ourselves as partner organisations more effectively through **a single recognised approach** known as "Community Zones".

This single recognised approach will be piloted within the **Gurnos and Upper Rhondda Fach** areas and will consist of the following key components:

- Taking a **whole community approach** to better understand the role of the following factors in precipitating and modifying ACEs:
  - The context in which families live
  - Parent and family factors
  - Household adversities

- A new **prevention, early identification and intervention framework** that enables individuals and families to access non-stigmatised support as early as possible to prevent problems from escalating. Identification of those requiring early intervention support will take place:
  - **Pre-emptively** through the application of Vulnerability and Resilience Profiling to identify families that have low levels of resilience and in need of support.
  - **Pro-actively** by self identification at the point of access into specialist pathways of support e.g. anchor organisations, substance misuse services, housing, domestic abuse.

As a directorate we will engage in this work and ensure that we support developments as they are progressed within these key pilot areas.

Together for Children and Young People

The vision for CAMHS is shaped by '*Together for Children and Young People*' (T4CYP) which was launched by the Minister for Health and Social Services on 26th February 2015. Led by the NHS in Wales, this multi-agency service improvement programme will consider ways to reshape remodel and refocus the emotional and mental health services provided for children and young people in Wales, in line with the principles of prudent healthcare. This service model will underpin T4CYP. The programme will take forward work right across the spectrum focusing on:

- Supporting early years' development
- Promoting wellbeing and resilience of all young children
- Early identification and intervention
- More specialist services

Across this model, a continued emphasis on emotional and mental health and well-being is essential. The ability to identify early on where there may be additional need for support is critical and will require increased focus to prevent young people needing the services of specialist CAMHS.

Multiagency preventative services and early support services (tier one) will be strengthened and integrated with universal services. Emotional Health and Well-being services will be planned and agreed with partner organisations. Young people will be able to receive expert timely support through tier 2 and 3 services. Links between CAMHS, other mental health service and related family support services will be well coordinated across all partners, and there will be access to a wide range of therapeutic interventions. Protocols will be implemented to ensure that transition to adult services for young people will be seamless.

The overall vision for CAMH services is for there to be an effective, equitable service that provides for young people from the ages of 0-18. Access will be timely and the service will meet all clinical quality standards.

The CAMHS is a partnership service and will continue to be developed and monitored as such.

Mental Health Measure Wales-

The Mental Health Measure (Wales) 2010 has four key parts; Part 1 which requires the CAMHS to provide a Local Primary Care Support Service to GPs wishing to refer children and young people with 'mild to moderate' mental health issues; Part 2 which requires the service to ensure all secondary care patients receive a Care and Treatment Plan following

assessment: Part 3 which enables young people to request a reassessment (either back into CAMHS or AMHS depending on their age at the time) and Part 4 which requires Health Boards to commission Independent Mental Health Advocacy Services to support children and young people with a diagnosed mental illness in any hospital setting.

This refreshed IMTP describes CAMHS plans to ensure continued improvement against the current performance measures relating to Parts 1& 2 of the Measure.

Together for Mental Health-

Together for Mental Health is a 10-year strategy for improving the lives of people using mental health services, their carers and their families. At the heart of the strategy is the Mental Health (Wales) Measure 2010, which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

The main themes of Together for Mental Health are:

- promoting mental wellbeing and, where possible, preventing mental health problems developing,
- establishing a new partnership with the public, centred on:
- Improving information on mental health
- Increasing service user and carer involvement in decisions around their care
- Changing attitudes to mental health by tackling stigma and discrimination
- delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible,
- addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors,
- identifying how we will implement the Strategy.

The strategy is focused around 6 high level outcomes and supported by a Delivery Plan. This sets out the actions the Welsh Government and partner organisations will undertake to make the Strategy's vision a reality.

Staff survey-

The national NHS Wales Staff Survey launched in all NHS Wales organisations on 11 June 2018, for a six week period closing on 22 July 2018. Results were provided in October 2018, to each NHS Organisation including Cwm Taf University Health Board (CTUHB). The purpose of the survey is to measure staff opinion on a range of issues considered critical

to the success of NHS Wales. It helps each organisation to understand what staff think are the positive aspects, together with the areas requiring improvement, in their part of NHS Wales; and the results will have a direct influence on changes and decision making in individual organisations.

The results of the 2018 staff survey for (CTUHB) show some positive improvements since the 2016 survey, and while the organisation is below the overall NHS Wales scores on many questions, there have been some significant improvements to scores. There are, however, some areas which have shown less positive movements in scores including around stress at work; harassment, bullying and abuse.

Four areas of primary focus areas for immediate local attention listed below, have been identified and the organisational action plan has been targeted to address these. Further detailed local plans are being drafted at directorate level supported by Senior HR Business Partners and Directorate Managers, to also include the primary areas of focus.

- Harassment, Bullying and Abuse
- Senior managers/ Executive conversations with front line staff
- Stress in the workplace

Staff confidence in response to survey

PON (Paeds/ Obs/ Neonates)-

The implementation of the PON plan, with inpatient paediatrics closing at RGH (to be replaced with a paediatric assessment unit) and all inpatient paediatrics and neonates to be delivered at PCH will have a limited impact on CAMHS. There are discussion ongoing around management of CAMHS patients that present in A&E and pathways need to be agreed. The release of a paediatric ward at RGH provides the opportunity for the directorate to develop a business case for this to be used to expand paediatric clinics and this could potentially accommodate the ND service and resolve their accommodation challenges in Keir Hardie as well as providing closer integration between services.

CAMHS SWOT analysis-

The following sets out what the Directorate sees as its key strengths, weaknesses, opportunities and threats, in order to inform priorities for the coming year-

Strengths	**Weaknesses**
• Fully recruited and integrated Senior Management Team • Strong links to Executive level within the organisation	• Capacity issues across SCAMHS, PCAMHS and ND services • Reliance on WLI to meet targets

• CAPA/ Myrddin now fully implemented • Skilled staff across services with significant training undertaken over recent years • Robust management structure with Locality Management Teams in each area • Strong corporate support through business partner model e.g. HR, finance, planning • Governance structure established across the directorate • Designated Governance post across the new CAMHS/CYP Directorate	• Challenges managing across large geographical area • National shortage of CAMHS staff across all disciplines • Services made up of relatively small teams • Poor estates across most services, including limited medical records storage • Inappropriate siting of ND service • Lack of safeguarding lead across Directorate • Accommodation issues, lack of clinical space, plans to relocate Tonteg Child and family service, with no firm solutions to date
Opportunities • Commitment to fund recurrent posts to achieve sustainability in services and remove reliance on WLI • To review alternatives to medical posts e.g. ANPs, Consultant Nurse etc • Nursing workforce review has identified skill mix opportunities and a retention strategy • Additional funding anticipated for MH services in future years • Increased political scrutiny on services – strengthens case for additional resource requirements • Smaller size of network from 2019/20 allows greater focus in remaining areas • Realigned boundaries in Cwm Taf and ABMU will make services more proportionately sized • Engagement with LA in Cwm Taf to develop integrated services with a focus upon prevention /early intervention • Engagement with LA in ABMU to continue with developments	**Threats** • Increasing demand for services • Increasing expectation from services • Increasing political scrutiny on services • Difficulties recruiting staff across all areas • Reliance on locum/ agency to deliver tier 1 on call rota • External reviews of services - DU review of PCAMHS, • Network review of CiTT/ Crisis, WG review of ED – outcomes will determine whether opportunity or threat • FACTS service requesting from commissioners to not be hosted by Cwm Taf • C&V leaving the Network may lead to them eventually seeking to come out of network services e.g. on call, YPDAS, LD • Impact of potential move of Trehafod staff to NPT e.g. staff leaving the service

already implemented e.g. liaison staff • Network review of CiTT/ Crisis, WG review of ED – outcomes will determine whether opportunity or threat • To review model of First Episode Psychosis in Cwm Taf • Potential rationalising of sites in ABMU to improve team working etc • Development of Single Point of Access in ABMU and Cwm Taf CAMHS to improve referral flows and support GPs • To continue to work towards a more psychologically and Nurse led and less medicalised service • Review Ty Llidiard staffing to ensure appropriate following external reviews • Options for developing safeguarding capacity on a directorate wide approach • To develop ED services across CAMHS services, incorporating EDOS service as appropriate • Potential to develop Psychology posts across CYP and CAMHS • To work with AMH services to further develop transition protocols • To work with Local Authorities on joint projects/ developments	• Rotational posts cannot be sustained due to pressures in core service

Chapter 4: Quality Improvement

The Vision for patient care and safety supports what the Directorate aims to achieve through the CTUHB Quality Strategy;

- Deliver safe care
- Deliver effective care
- Achieve excellent patient/ carer experience
- Achieve excellent staff experience

Governance arrangements for the CYP and CAMHS Directorate have been revised during 2018 to reflect the needs of the new directorate; to ensure

there is a robust and consistent approach to all governance matters as far as possible across all service areas.

The intention is that service design, service delivery, ongoing service review and modernisation are underpinned by excellence and reflect the 7 quality themes of the **NHS Wales Health & Care Standards** (April 2015)

The revised structure incorporates the following:

1)A CYP and CAMHS Quality Safety and Risk Committee.

This overarching committee is chaired by the Head of Nursing and sits quarterly. The committees central aim is to ensure optimum quality and safety of service provision for children and young people who access CYP and CAMHS services

Within CAMHS the following sub-groups are now well established and report to the Quality Safety and Risk committee:

- Locality Governance group (bi-monthly)
- Risk management/Health and safety group
- Safeguarding subgroup
- Training Subgroup
- Audit and Research subgroup

2) Workforce developments

In addition to this there have been significant and positive changes to the co-ordination and management of the governance agenda through the

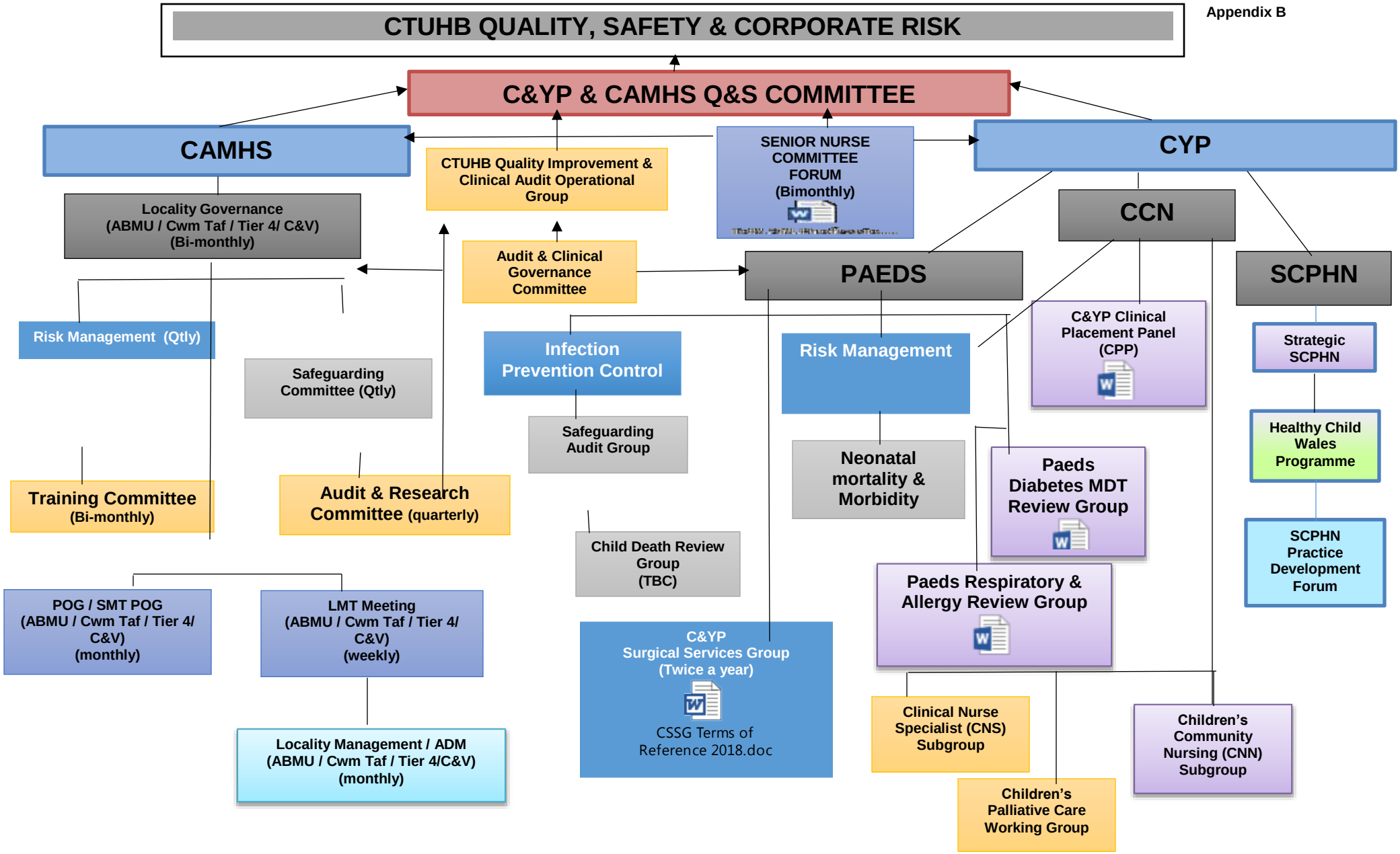
development of a new CYP CAMHS Governance manager

As part of the new Health Board structures it is proposed that a clinical governance lead will also be appointed and help to take forward the quality agenda particularly

3) Framework

The below illustrates the full range of Directorate specific governance activity and reporting forums that then report to the CYP CAMHS committee:

Appendix B



Safe Care – Risk Management / Infection Control / Surgical
Effective Care – Audit / Training / CPP / Diabetes / Respiratory
Staying Healthy – Safeguarding / Mortality & Morbidity
POG – Professional Operational Group
LMT – Locality Management Team

PHNF -Public Health Nursing Forum
HCWPIB - Healthy Child Wales Programme Implementation Board
PHPDF - Public Health Professional Development Forum

Nursing Professional Governance Agenda

From a Nursing professional Governance perspective a CYP and CAMHS senior Nurse Forum has been established.

The Forum sits alternate months and is chaired by the Head of Nursing with membership from all Senior Nurses from CAMHS.

The intention is to develop a robust Nurse management team across CYP and CAMHS, able to lead on strategic service issues for children and young people across the early intervention well-being agenda and the inpatient agenda.

A work plan has been developed that focuses each area with the underpinning aim to reduce health inequalities and improve outcomes

For CAMHS specific activity and priorities include focus on a sustainable Nursing workforce both within inpatients and community based models. This includes the development of advanced Nursing roles, making a rotational programme super-nummary, and work with local HEIs to develop CAMHS specific courses. The same will progress during 2019 in partnership with workforce and OD teams

Governance Issue of significant concern

Ty Llidiard, the tier 4 CAMHS inpatient unit was inspected by Health Inspectorate Wales (HIW) in May 2015, March 2017 and most recently in April 2018. This occurred following two serious incidents that occurred in Ty Llidiard in March 2018 and at the request of the commissioner WHSSC.

As a result actions plans were developed to address the recommendations. Whilst the reviews had positive elements there were shortfalls identified in the environment to manage the safety of young people and recommendations relating to workforce including reference to improving mandatory training.

The activity to address many of the recommendations are progressing well with the environmental issues pending final ratification by Welsh Government

Service User engagement, experience and involvement

Tier 4 Inpatients Services

Examples of good practice:

1) There are well established community meetings held weekly which are recorded to review progress on young people's requests and actions.
2) Two activity coordinators are in post facilitating the development of a structured evening and weekend time-table of groups and events.
3) Family Liaison meetings continue to be scheduled and delivered within the first week of the young person's admission. This has supported improved communication for parents, clarity around the assessment process and discharge transitions to the Community Team
4) The appointment of an inpatient Social Worker has also ensured that carer's assessments are conducted as indicated necessary
5) Two surveys set up on Survey Monkey, for both young people carers and or family member Paper copies are also available in the Tier Unit
6) Young people /service users contributed to the development of a patient information leaflet and a leaflet for parents and carers.
7) Following concerns raised from families, the Inpatient Service has adopted a protocol for ensuring effective communication on admission which informs the young person and families of their future discharge dates.

Service User Group Involvement - All Localities

Examples of Good Practice:

1) The CAMHS Network LMTs use suggestion boxes in each clinical area. The LMTs review the outcomes and there are examples of complimentary letters that have been issue/sent .
2) Care to Share clinics commenced in October with a view to parents and children /young people attending a drop in session to share their experience of CAMHS and enable the service to learn lessons /provide an opportunity to advise re service development
3) There is ongoing work with Comms team to further advertise this with families directly and social media
4) Links have been made with a support group of parents in the Cwm Taf locality who had formed a Facebook ADHD Connections Parent Group. Primary Mental health teams represent CAMHS at this group
5) For the C&V CAMHS Locality, staff linked in with a service-user group and are progressing developments to refurbish a waiting area as a result of the group work
6) A new CAMHS website is in the development phase – plans are being established to move forward with this development and incorporate CYP services if feasible

Compliments

Compliments, presents and a poem have been received during the year and

all compliments are captured on the PALS Datix reporting system which link in to the Governance structure.

Review of service quality

QNIC (Quality Network for Inpatient CAMHS)

This is an annual audit that takes place with external assessors from other CAMHS Units across the UK. As part of this audit, young people and their parents are involved to provide service user experience feedback.

The audit will take place on November13th with feedback to the Health Board anticipated in January 2019

QNCC (Quality Network Community CAMHS)

This hasn't been undertaken in 2018 as there is a plan for all CAMHS services in Wales to undertake peer audits and report to an external body; date is to be confirmed

Additional information /examples of good practice that drive the quality agenda :

1)Abertawe Bro Morgannwg University Health Board

The Abertawe Bro Morgannwg University Health Board's (ABMUHB) Children and Young People's Mental Health Partnership has been established to ensure the delivery of key actions for mental health services for children, young people and their families. The multi agency partnership contains representatives from local statutory agencies, the third and independent sectors.

2)Risk Register

Progress has been made to current risk management processes. This includes:

- Use of the Datix Risk Module. Top risks are monitored closely by the Deputy Head of Nursing and discussed on a monthly basis at Clinical Business Meetings and bi-monthly at the Locality Governance Groups and quarterly CYP and CAMHS Directorate Governance Group.
- A designated Risk Management Group is well established and the group is chaired by the Deputy Head of Nursing and attended by Senior Nurses, Locality Managers and the Head of Localities. This is the formal link between CAMHS and the CYP and CAMHS overarching Governance Committee
- The risk register will now be reformatted to align with that of the

whole Directorate
- All new risks must be reported through the Head of Nursing to ensure uniformity of the same

3)HCSW Framework

Courses developed by Cwm Taf University Health Board aimed at enhancing skills and abilities of Health Care Support Workers have been promoted within CAMHS. This is considered as an opportunity to enable staff to move forward with formal nursing training. As a consequence 3 HCSW from CAMHS have progressed to Nurse training (1 in 2018)

Developmental areas

The Safeguarding agenda

In order to manage the safeguarding agenda the following is in place:
1) Senior Nurses across all 4 CAMHS Health Board areas continue to attend bi-monthly Health Board Operational Meetings.
2) A CAMHS specific safeguarding meeting was established with the corporate safeguarding team
3) A Snr Nurse from the CYP CAMHS Directorate was commissioned to review the safeguarding support for staff in terms of supervision and mentorship. As a consequence there is activity to enable staff within CAMHS to be able to access safeguarding supervision within the Directorate

Learning from concerns

The following identifies examples of areas of practice either being improved or where there were opportunities to learn lessons:

1)Management of complaints training has been embedded again into a six monthly 2018 Network Tutorial programme for all existing and new staff into CAMHS.

2)Specialty Doctors are also to receive complaints training in 2019 and the Deputy Head of Nursing will be delivering this

3)IN ABMU a young person presented her CAMHS experience to the Locality management team as well as the full range of business partners and staff

Audit

Local leads have been identified for each of the 4 Health Board areas. The Audit Leads Sub Group has been well established to take forward existing and planned audits and a CAMHS audit plan is now directly linked to the

Health Board Plan

Audits for 2018 include:

- CAMHS Case file audit review (Cwm Taf)
- Medication Case file Audit

A half day audit session is planned for 2019

Chapter 5: Service Change Plans for 2019-22

Aims for CAMHS services-

The aims for CAMHS are in line with the principles for prudent healthcare. CAMHS aim to provide:

- An integrated service co-produced across all sectors and provides a wide range of therapeutic interventions
- An equitable service that gives access to all elements of a specialist multi-disciplinary team
- A psychologically based service which provides effective outcome focused treatments which have a strong evidence base
- The continued delivery of and further development of the Choice and Partnership Approach (CAPA) in order to help develop equitable services and care for those with the greatest need first
- Information systems that give accurate and detailed information to be used in service planning
- Support for tier one services in order to strengthen mental health systems
- Improved adherence to NICE guidelines. Effective transitional planning into adult services
- The provision of a wide range of high quality psychological interventions in line with NICE guidelines. Joint working principles agreed with partner agencies to provide services to provide services for:
- Children with mental health problems and learning disabilities
- Neurodevelopmental Disorders
- Looked After Children
- Universal/Tier 1 Services
- Substance Misuse
- Young Offenders
- Liaison service for hospitals

Key delivery objectives-

1. Waiting Times-

SCAMHS:

As described, the service is working to deliver the 28 day target across all areas by the end of 2018/19 with the intention of recruiting permanent staff to sustain the position thereafter. This will therefore be the focus in 2019/20 and breaking the cycle of requiring significant WLI activity each year.

To support this, services in Cwm Taf and ABMU will work towards developing a single point of access for referral to CAMHS, with ABMU seeking to commence this in April 2019 and Cwm Taf currently working up their plans.

PCAMHS:

PCAMHS is currently managed by the Network across the Cwm Taf and ABMU localities. The Delivery Unit (DU) will be carrying out a full review of the Cwm Taf service in December 2018 and ABMU in January 2019, the following year will be focused on implementing any actions following this review.

Cwm Taf

As described, waiting times in Cwm Taf are significantly beyond the 28 day target for 1st assessment and there will be a requirement to focus on the demand and capacity requirement for this service to ensure delivery of the target. It has been identified that an additional 2 WTE band 6 Nurse permanent posts are required immediately in order to support delivery of this. One posts has now been agreed following additional funding being released from Welsh Government and will be going to advert, the second post is awaiting recurrent approval pending the outcome of the DU review. The focus in 2019/20 will be in recruiting these posts and sustainably delivering the 28 day assessment and intervention targets.

ABMU

As described, within ABMU waiting times for PCAMHS have improved since ICF funding has been made available, it will be important that this is continued in 2019/20. When the team is at full establishment there should be capacity to achieve the targets, the focus will therefore be on ensuring that any vacancies are filled as quickly as possible.

Neuro Developmental:

As described, the ND service is under significant pressure. WLI activity is under way in 2018/19 to deliver the 26 week waiting time target, the focus in 2019/20 will be on securing the resources required to sustain the position going forward, including the ever growing cohort of patients on medication that will require ongoing ND input for titration and monitoring. The service will also focus on implementing partial booking once the admin resource required to deliver this is in place. The recently recruited Specialist Pharmacist will establish titration clinics and this will be used to further enhance the current service. A business case will be written for the service to move into the vacant ward at RGH, following implementation of SWP, which should be available from 2020/21.

CAPA:

As described, the CAPA model is now in use in all areas however further work is required to fully embed and maximize this. A CAPA manager is required to deliver this with administrative support. A greater focus is also required within the SCAMHS services to ensure that job plans are complete early within each quarter and that these combine to create an appropriate team job plan in each area.

Sustainable solution to Tier 1 on call rota:

As described, the tier 1 on call rota remains a pressure and potential solutions will be informed by the outcome of an audit of on call activity that is being run at the end of 2018. Once this data is clear, potential solutions can be considered and this will be a key focus in 2019/20.

2. Defining core business:

Implementation of Service Specification

As described, a Network wide service specification has been developed, pulling together the separate documents from each locality. This document is not yet finally approved however once this has been formally adopted in each locality. The Directorate has undertaken a gap analysis to determine whether there are any gaps in service. Discussions will then be held with commissioners to determine the level of resources required and their intentions. This work will need to feed in to the discussions with the above transfers of service and is therefore anticipated to be ongoing throughout 2018/19.

3. Developing and implementing referral criteria:

As described, work has been undertaken to modify the national referral

guidance for application locally. Further to work is required to make this specific to each area within the Network. A further key piece of work will be to seek to develop and implement referral criteria for PCAMHS.

4. Acting on outcomes from national reviews:

There are a number of reviews that will be complete by 2019/20 and further work planned during the year. The Delivery Unit review of PCAMHS will be complete within Cwm Taf and ABMU and the national project should be complete in early 2019/20. The national review of eating disorder services, undertaken by Dr J Tan on behalf of WG has produced draft outcomes and it is anticipated that more detailed discussions around agreed actions and implementation will commence during 2019/20. Finally, the Network are anticipated to undertake a review of CiTT and Crisis teams once the PCAMHS review is complete and this would therefore be expected to happen during 2019/20. It will be important for the Directorate to be involved in these work streams and subsequent implementation.

5. Continuing to embed the New Services:

The Cwm Taf Crisis service is currently only able to operate Monday-Friday due to the small number of staff in the team. With additional resource for 2 WTE nurses, the service could extend to 7 day working.

It has been identified that the FACTS service requires further guidance at a strategic level, caused in part by the fact that the service is commissioned separately by WG and WHSSC. A strategic planning group is being established and this will be a key work stream in 2019/20.

6. Accommodation:

There are various accommodation issues within CAMHS. The key areas of focus in 2019/20 will be as follows-

- ND: developing a business case for the service to move into the vacated paediatric ward in RGH, following implementation of SWP.
- ABMU CAMHS: ABMU, as the commissioner of the service, are seeking options to resolve the poor quality of the current accommodation in Trehafod. This may include centralizing the team on the NPT Hospital site however further feedback is awaited on this.
- Further work is anticipated re: relocation of CAMHS from the Tonteg site in Cwm Taf. This will be informed by the work recently undertaken reviewing the service requirements and potential availability of space within the RGH hospital site, with initial feedback suggesting that this is not feasible.

7. Information Technology:

The key area of focus in terms of IT within CAMHS in 2019/20 will be on the potential of developing and implementing CHAI on the inpatient unit, providing an electronic record as an alternative to paper medical records.

Further work is also required to better understand the potential of mobile technology to support community services, noting that laptops have already been rolled out to some of the community teams and a need to assess the success of this.

8. Tier 4:

The bed day contract for Tier 4 services remains inappropriate to the direction of the unit, with a greater focus on avoiding admission and supporting early discharge not supported by the current model. Further discussion is required with WHSSC to determine an appropriate model that will be suitable from both a commissioner and provider perspective. It has proved difficult to progress these discussions to date however the Directorate will seek to progress this, with the input of the Commissioning and Finance team, to implement a new model in 2020/21.

Following two serious incidents in the inpatient unit, this led to a review of the environment and subsequently of the agreed admission criteria, in conjunction with WHSSC. As a result, the Unit has been unable to accommodate and admit young people who were at high risk of absconding and high risk of using the environment to self-harm. This has led to some challenges in terms of how these young people are managed and admitted when required. There has been a full environmental and ligature review carried out on the unit and work to upgrade the environment will take place in early 2019. Further discussions are required with Commissioners in terms of clarification of the purpose of the unit.

Following recent reviews within the Tier 4 Service (HIW and QAIT), there needs to be a review of the workforce establishment. In times of high acuity of patients, the Directorate needs to be assured that the nursing workforce is adequate and can flex to meet the clinical needs. This should also be supplemented by the correct establishment of therapy posts. It has also been identified in several reviews that a ward clerk is detrimental in addressing administration requirements, particularly around record keeping and this remains a key requirement for the service. Finally, the provision of therapy within the unit remains below standards and additional resource would be required to address this.

Following the reviews, it was determined that the environment had not been upgraded in line with the acuity of patients that were increasingly

admitted. A review of the environment has been undertaken and a bid submitted to WG for the costs to undertake these, reducing ligature and security risks. It is anticipated that this will be approved during 2018/19 but that implementation will continue into 2019/20. Once this work is complete, the unit can begin to operate in line with previous admission criteria, however discussion will be required with WHSSC another stakeholders to better define this.

Finally, there is a request to establish a new team that could support more emotionally dysregulated children within the unit and in the community. This would avoid out of area placements and therefore could achieve cost savings overall. The future commissioning of the unit is currently being discussed with WHSSC and it likely that more detailed discussions and the development of bids will take place during 2019/20.

Finally, Ty Llidiard is under significant scrutiny but benchmarking demonstrates and extremely efficient model in terms of beds per population, length of staff etc. The service is keen to examine and evidence this and therefore request a research assistant to support a review of the service model and to demonstrate the effectiveness.

In summary, Ty Llidiard requests the following service developments that will need to be discussed with WHSSC as the commissioner of the service-

- Ward Clerk
- Research Assistant (Assistant Clinical Psychologist)
- Additional Psychology support
- Discharge Liaison Team

9. Mental Health Measure:

As described, all CAMHS services remain non-compliant with the MHM e.g. part 1 and part 2 of the measure. It is known that the Delivery Unit review of PCAMHS services across Wales will focus on how the measure is being applied and so the actions required will be directed by the outcome of this.

10. Mental Health Act:

The Mental Health Act Office based at in Adult MH in RGH carries out the vital administration of the Act. This is an important role as depriving patients of their liberty needs to be managed correctly and a lack of accuracy can cause problems for the UHB.

As well as managing all the activity of the AMH Directorate, the office also manages the processes that go on within the CAMHS Directorate, where a significant increase in activity has taken place with an increase from 1

section in 2014 to 32 in 2016 and projection was to be 40 in 2017. However, from January 2017 to November 2018, there have been a total of 111, significantly more than the 40 per year anticipated in 2017.

Additional resource to held to manage this was identified as being required in the 2018/21 IMTP and since this was not funded this remains a requirement for the 2019/22 IMTP.

11. Integrated services for children defined as 'looked after' or 'in need':

The new all Wales SCAMHS criteria have been welcomed as they effectively broaden the remit of SCAMHS to support some of the young people with the most enduring and life disrupting interpersonal and self-regulation (attachment origin) difficulties. However this brings its own challenges. Although some SCAMHS professionals have the necessary expertise to help other agencies make sense of these young people's difficulties, plan and appropriately sequence interventions; they do not have the capacity to deliver the long term relational building therapy necessary for effective direct work with young people. Young people need substantial experience of being emotionally contained by others and a sense of emotional safety before they can disclose their vulnerabilities and start to internalise self-regulation skills. A more efficient use of resources is to support the work of others involved in the day to day life of young people to make that more 'therapeutic' with clear goals and processes in mind. This may involve initial work to help carers or support workers to be more therapeutic and limited supervision of others undertaking for example therapeutic life story work. This may require a shift in stakeholder's understanding of therapy away from considering this as something done to a young child by a relative stranger (unknown therapist) for an hour a week to working through carers and social welfare /educational staff in much the same way as SCAMHS interventions may be delivered almost solely through parents). In order to progress this specialist work SCAMHS would consider hosting posts to work specifically with Local Authorities or involvement in joint commissioning of integrated services for Children who are 'Looked After' or defined as 'In Need'.

A proposal has been developed for an early intervention service in Cwm Taf, this will enhance working relationships with the local authority and provide interventions to families with emotional needs who fall below the threshold for Primary Mental Health Services. The Bid is now with Commissioners for consideration.

12. Working with Paediatrics on joint Therapy posts:

As identified in the CYP IMTP, there is a significant shortage of Psychology/Psychological Therapy available within Paediatrics and linked

services. In order to improve this and facilitate better outcomes for the children and young people referred to these services integrated posts which are joint funded should be explored. As such, the Psychology posts included in the CYP IMTP would be linked to CAMHS should funding be approved.

13. Halcyon:

The Health Board and local authorities of Merthyr Tydfil and Rhondda Cynon Taf are working together to develop more comprehensive community based services that focus on early intervention; respond to families in apparent crisis aiming to equip parents with the coping and practical skills to manage the challenging emotional and behavioural issues that often accompany these support needs and diagnosis, thus releasing much needed clinical time across secondary care and social services for those that specifically need that level of care and support.

Following the successful pilot project where 'Halcyon' have been commissioned to undertake a one year specialist Parenting support project for families who struggle to manage and cope with children's frightening and challenging anxiety related behaviours. Halcyon have been funded a further two years to continue their work to allow a more detailed review of the positive impact of this new way of early support to families on key children's services such as Community Paediatrics, Neurodevelopmental teams, CAMHS and Social Services.

In the next year we aim to complete a further review to inform our commissioning intentions from 1st April 2020 onwards. It will be essential that key directorates works to ensure that the maximum benefit is achieved from this collaboration with the third sector.

14. Development of tier 3 Forensic Services:

As the Tier 3 forensic services are now set up in each Health Board area, the focus in 2019/20 will be on embedding these with the local SCAMHS services and further developing links with external agencies e.g. the Youth Offending Services.

15. Young Peoples Drug and Alcohol Services:

Since C&V have now confirmed that they will continue to commission the YPDAS service with Cwm Taf, it is essential that a review of the currently vacant Consultant post is completed quickly and action taken during 2019/20 to ensure that this post is replaced as appropriate to the needs of the service.

16. First Episode Psychosis (FEP)

In C&V and ABMU the FEP service is delivered through Adult Mental Health. In Cwm Taf, the staff are embedded within CAMHS and AMHS services. The Adult Mental Health Directorate are working on a proposal to create an all age, stand alone service, which would require the existing staff to be moved out of CAMHS and AMHs as well as recruitment of additional staff. It should be noted that the CAMHS staff are also embedded within the CAPA model and so the impact on the rest of the CAMHS service would need to be considered before any new model could be implemented.

17. Crisis (Cwm Taf)

Crisis services should operate 7 days per week however due to the size of the Cwm Taf team (4 WTE staff) this is not feasible. It would be possible to operate a 7 day service with 6 WTE, as per the team in C&V, and therefore investment in 2 additional staff is vital to implement this service model.

18. Training

It is essential that the Directorate continues to focus on training in Psychological Therapies and access to these services across CAMHS. This must include the ongoing provision and expansion of DBT services, with increased access to this across the locality teams.

19. Development of Specialist Posts

Head of Psychological Therapies

The Directorate has historically had a Head of Psychological Therapies however over time this post has been lost with the funding invested in increased medical leadership. Whilst this is still required, it is clear that a Head of Psychological Therapies is also essential, to provide balanced leadership across CAMHS services and specific leadership for this key group of staff.

Safeguarding

A review of the management of safeguarding across the CYP and CAMHS has taken place, as a result recommendations have been made to develop a specific Clinical Nurse Specialist for safeguarding. Discussions are ongoing to progress this.

Physician Associates (PA's)

The Directorate is considering the potential development for a Physician Associate in CAMHS, further discussions will take place in early 2019.

Rotational Developmental Posts

The CAMH Service currently have a number of rotational developmental posts in each of the locality areas. These posts were funded within the establishment. Concerns have been raised, particularly by Consultant colleagues that these posts should be supernumerary and additional funding provided to facilitate this.

Consultant posts

The CAMH Service has experienced significant challenges in appointing to vacant Consultant posts across all localities. There are currently still outstanding vacancies. As a result of this difficulty the Directorate is considering modernisation of the medical workforce and discussions have commenced in terms of developing additional new posts, such as Advanced Nurse Practitioners and a Consultant Nurse post. The current vacancies are: 0.5 WTE Consultant EDOS, 0.5 WTE Consultant YPDAS, 1 WTE Consultant Ty Llidiard, 1.5 WTE Consultant Bridgend SCAMHS.

Strategic direction-

The strategy for CAMHS is laid out in Together for Mental Health which is the All Wales strategy for Mental Health. This strategy makes it clear that delivery of effective CAMHS is multiagency and is not the sole responsibility of those within a specialist health setting. In order for an effective service to be provided there needs to be a continued strengthening of multi-agency working between Health, Social Services and Education, each working to the same priorities for CAMHS along with jointly agreed targets that should be clinically driven.

In order for CAMHS to work effectively, the skills and capacity of services at tier one need to be developed. In order to do this the Children and Young People's Plans (CYPPs) need to be fully supported and the actions implemented. Similarly there are a number of actions within the Mental Health Measure that need to be worked on in order for the local services to be further developed.

The service guidance for planners that has been developed at a national level has described the detail of the CAMHS provision that is required in Wales, local specifications are being developed in order to take account of the needs in different areas and the amount of resource that is available to provide the service. In addition, multi-agency care pathways will be developed for some of the specific areas that have been highlighted. To ensure that the provision is comparable throughout Wales, the community will work with the network to develop common data sets, baseline demand and performance information.

Bridgend transition-

Whilst the Bridgend boundary transfer is relatively more straight forward for CAMHS than other services, since all staff are already Cwm Taf employees, there are various aspects of this that will require focus during 2019/20. SCAMHS and PCAMHS teams in the Bridgend locality will become part of the Cwm Taf CAMHS services and work will therefore be required to integrate these and ensure that they are incorporated into the workings of the Cwm Taf services. The CAMHS services that work across the whole of ABMU e.g. CiTT, Crisis and ND are not intended to be changed immediately, however this will need to be reviewed going forward to determine whether these services would be better off separated and realiged, with an appropriate resource moved to Cwm Taf to support this transfer.

Admission processes pending referral for tertiary assessment-

The on call CAMHS doctors face frequent challenges when assessing young people that need to be admitted locally, pending referral and assessment from a tertiary unit e.g. Ty Llidiard. It is the local Health Board's responsibility to have provision for this, however this provision is variable. Further work is required to agree pathways and to discuss the potential of networking any potential solutions to minimize the resource requirements in each area.

Key operational challenges-

Recruitment

As described, there are a number of Consultant vacancies and recruitment into these posts is challenging. As it is known that there is national shortage of CAMHS Psychiatrists, this is expected to continue. There are also gaps in training rotas which put pressures on the on call rotas for CAMHS. Other staff groups can also be challenging to recruit and so recruitment generally remains a challenge for CAMHS services.

Accommodation

As already described, there are significant environmental constraints across CAMHS services and these limit the way that services can currently function as well as limiting future plans. Various work streams are underway to resolve these issues.

Rising demand/ expectation from services

Demand for CAMHS services is increasing, as is the expectation and scrutiny on the service. Given the challenges described above, this can make delivery of services extremely challenging.

Local provision for CAMHS admissions

As described above, local provision of places to admit young people locally pending tertiary referral and assessment are variable and this creates significant challenges in emergency situations, particularly for the medics on the out of hours on call rota.

Multiagency Working

There are a number of areas where CAMHS provides services directly, but should be part of a multi-agency provision. In many there are good working arrangements, however in other areas there are no jointly commissioned services provided. This can lead to children being bounced back and forth between services. Joint working could be further strengthened in the following areas:

- Looked after children
- General hospital liaison
- Paediatric services
- Primary Care
- Adult Mental Health Services
- Behavioural Problems
- Youth Justice Services

In relation to Tier 4 Inpatient Services, identifying appropriate placements for looked after children is an on-going challenge and often results in discharge being delayed. Working more closely with Social Services will better improve patients ongoing recovery. The recently recruited Social Worker post will contribute to closer working.

Transition

There are ongoing discussions with Adult Mental Health around transition of patients between the services. Following the publication of Welsh Government Admissions Guidance further work is ongoing to update existing Transition Policies to reflect this Guidance. Delivery Unit CAMHS review which included Transition made several recommendations which are now in development. It is anticipated that new operating policies regarding Transition between CAMHS to AMHS in each Health Board area will be signed off within the year. Further work has been published from T4CYP on Transition in September 2017 and this guidance will need to be considered and developed into local guidance documents between CAMHS

& AMHS.

An identified concern however is the Transition of Young People with Neurodevelopmental Conditions. Following the new funding for Neurodevelopmental Services in Children and Young People and the relocation of these services in Community Child Health further work is required regarding transition of these patients into Adult Services. The introduction of the Integrated Autism Service must also be factored in to this.

There has been recent Welsh Government funding for the establishment of transition services for young people with eating disorders. Although the majority of the funding has gone into adult Tier 3 eating disorder services, an element has been given to EDOS. The aim will be for EDOS to support the training and skill development of those staff working with young people who are going through transition.

Transition of Emotionally Dysregulated patients requires further focus, to ensure there is a common vision between CAMHS and AMHS as to how these patients should be managed.

Out of Area Placements

The revised admission criteria for Ty Llidiard following the recent serious incidents and external reviews has meant that the number of patients who present out of area have increased. Completion of the environmental works in Ty Llidiard and confirming the service model with WHSSC will be vital to overcome the challenges that this creates for CAMHS services across South Wales.

Chapter 6: Summary of Demand and Capacity Plans

PCAMHS-

1. ABMU PCAMHS-

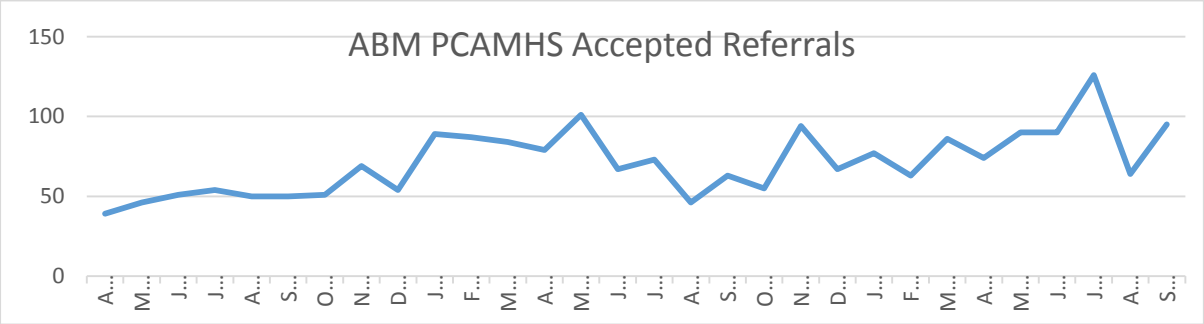
Core Staffing : 6.1 WTE PCAMHS Nurse Specialists

Activity-

Year	New		Follow up	
	Average/ month	Total	Average/ month	Total
2016/17	17	205	19.42	233
2017/18	60	720	89	1,060
2018/19	63	756 (projected)	25	294 (projected)

Referrals-

As can be seen below there is an increasing demand being placed in the service with number of referral accepted increasing by nearly 50% over the last two years.



Year	Average per month	Total
2016/17	60.3	724
2017/18	72.6	871
2018/19	89.8	1079 (projected)

Demand and capacity calculations-

The demand and capacity assumptions to achieve 80% target at year end are as follows-

Demand-

Backlog	138
Annual demand	1,080

Capacity-

Annual activity (at current rate)	756
RoTT (15%)	113
Total	869

Gap-

Backlog	138
Recurrent	211

As the above demonstrates, there is a recurrent gap within PCAMHS in ABMU, however what is not currently clear is the impact of the liaison posts on this. The expectation is that these posts will close the gap and ensure a sustainable service going forward (as long as these posts remain funded).

2. Cwm Taf PCAMHS-

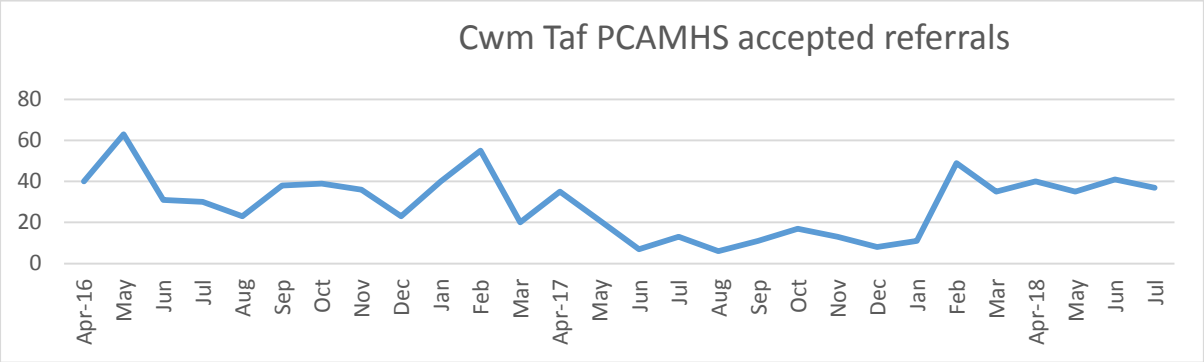
Staffing-

1 x B8a Team Lead In post
3 x B7 PCAMHS Practitioners In post
Total 4 WTE (3.5 WTE clinical)

Activity-

Year	New		Follow up	
	Average/ month	Total	Average/ month	Total
2016/17	22.5	270	49.1	589
2017/18	18.4	221	61.6	739
2018/19	18	216 (estimate)	96	1,152 (estimate)

Referrals-



Year	Average per month	Total
2016/17	36.5	438
2017/18	18.8	226
2018/19	36	432 (projected)

Demand and capacity calculations-

The demand and capacity assumptions to achieve 80% target at year end are as follows-

Demand-
Backlog 168
Annual demand 432

Capacity-

Activity (at current rate)	216
RoTT (15%)	32
Total	248

Gap-

Backlog	168
Recurrent gap	184 per annum

As the above demonstrates, there is a recurrent gap within PCAMHS in Cwm Taf. Funding in 2018/19 will be used to reduce the backlog and the additional funding for 2 additional staff will provide the recurrent solution.

SCAMHS-

1. ABMU-

As the ABMU modelling below will demonstrate, there is an identified capacity gap in Bridgend and this will need to be funded by ABMU as part of the recurrent funding commitments made to WG. Swansea and Neath Port Talbot are broadly in balance when combined.

Bridgend-

1. Demand	**Received**	**Accepted**	**Conversion Rate**
Annual referrals	611	346	57%
1.1 Calculated Demand		**Appointments**	**Sessions**
Choice appointments @ 1.1 patents per session		346	311
Choice appointments less RoTT @15%		294	265
Choice Plus appointments + 10%		29	26
Total Choice sessions			338
New Core Partnership patients @70% of Choice		*206*	
Partnership appointments @70% of choice and *7		1441	721
Total Demand		**1787**	**1058**

2. Supply		**WTE**
Clinical Staff		5.8
CAPA Capacity @ 40%		2.32
Of which:		
	Choice & Core Partnership	2.03
	Big Admin	0.29
Calculated CAPA clinical contact sessions per week =2.03*37.5/3.75		20.3
Calculated delivered CAPA clinical contact sessions per year= 20.3*43 weeks		873
Total Supply		**873**
Sessions surplus		**-186**

3. Allocation of Sessions	
Sessions per year	873
LESS Required for Choice	-338
Net available sessions per year for core partnership	535
Sessions required for Core Partnership patients	721
Shortfall in annual sessions	-186
Staff shortfall to deliver sessions (4 sessions per week, 43 weeks)	**1.1 WTE**

Neath-

1. Demand	**Received**	**Accepted**	**Conversion Rate**
Annual referrals	648	329	51%
1.1 Calculated Demand		**Appointments**	**Sessions**
Choice appointments @ 1.1 patents per session		329	296
Choice appointments less RoTT @15%		280	252
Choice Plus appointments + 10%		28	25
Total Choice sessions			321
New Core Partnership patients @70% of Choice		*196*	
Partnership appointments @70% of choice and *7		1370	685
Total Demand		**1699**	**1006**

2. Supply		**WTE**
Clinical Staff		7.4
CAPA Capacity @ 40%		2.96
Of which:		
	Choice & Core Partnership	2.59
	Big Admin	0.37
Calculated CAPA clinical contact sessions per week =2.59 *37.5/3.75		25.9
Calculated delivered CAPA clinical contact sessions per year= 25.9*43 weeks		1114
Total Supply		**1114**
Sessions surplus		**107**

3. Allocation of Sessions	
Sessions per year	1114
LESS Required for Choice	-321
Net available sessions per year for core partnership	792
Sessions required for Core Partnership patients	685
Shortfall in annual sessions	107

Staff shortfall to deliver sessions (4 sessions per week, 43 weeks per year per staff)	**0 WTE**

Swansea-

1. Demand	**Received**	**Accepted**	**Conversion Rate**
Annual referrals	953	566	59%
1.1 Calculated Demand		**Appointments**	**Sessions**
Choice appointments @ 1.1 patents per session		566	509
Choice appointments less RoTT @15%		481	433
Choice Plus appointments + 10%		48	43
Total Choice sessions			553
New Core Partnership patients @70% of Choice		*337*	
Partnership appointments @70% of choice and *7		2357	1179
Total Demand		**2923**	**1731**

2. Supply		**WTE**
Clinical Staff		10.8
CAPA Capacity @ 40%		4.32
Of which:		
	Choice & Core Partnership	3.78
	Big Admin	0.54
Calculated CAPA clinical contact sessions per week =3.78*37.5/3.75		37.8
Calculated delivered CAPA clinical contact sessions per year= 37.8*43 weeks		1625
Total Supply		**1625**
Sessions surplus		**-106**

3. Allocation of Sessions	
Sessions per year	1625
LESS Required for Choice	-553
Net available sessions per year for core partnership	1073
Sessions required for Core Partnership patients	1179
Shortfall in annual sessions	-106
Staff shortfall to deliver sessions (4 sessions per week, 43 weeks per year per staff)	**0.6 WTE**

2. Cardiff and Vale SCAMS-

As the C&V modelling demonstrates, there is a recurrent capacity gap. Since the service will be repatriated from April 2019, discussions

regarding recurrent funding have been taking place between WG and C&V.

1. Demand	**Received**	**Accepted**	**Conversion Rate**
Annual referrals	1717	863	50%
1.1 Calculated Demand		**Appointments**	**Sessions**
Choice appointments @ 1.1 patents per session		863	777
Choice appointments less RoTT @15%		734	660
Choice Plus appointments + 10%		73	66
Total Choice sessions			843
New Core Partnership patients @70% of Choice		*513*	
Partnership appointments @70% of choice and *7		3594	1797
Total Demand		**4457**	**2640**

2. Supply	**WTE**
Clinical Staff	15.3
CAPA Capacity @ 40%	6.12
Of which:	
Choice & Core Partnership	5.36
Big Admin	0.77
Calculated CAPA clinical contact sessions per week = 5.36*37.5/3.75	53.6
Calculated delivered CAPA clinical contact sessions per year= 53.6*43 weeks	2303
Total Supply	**2303**
Sessions shortfall	**-337**

3. Allocation of Sessions	
Sessions per year	2303
LESS Required for Choice	-843
Net available sessions per year for core partnership	1460
Sessions required for Core Partnership patients	1797
Shortfall in annual sessions	-337
Staff shortfall to deliver sessions (4 sessions per week, 43 weeks per year per staff)	**2 WTE**

3. Cwm Taf SCAMHS-

As the following demonstrates, there is a capacity gap in Cwm Taf SCAMHS. The organisation has committed to recurrently funding the staff required to sustainably deliver this service from 2019/20.

1. Demand	**Received**	**Accepted**	**Conversion Rate**
Annual referrals	1304	862	66%
1.1 Calculated Demand		**Appointments**	**Sessions**
Choice appointments @ 1.1 patents per session		862	776
Choice appointments less RoTT @15%		733	659
Choice Plus appointments + 10%		73	66
Total Choice sessions			725
New Core Partnership patients @70% of Choice		*513*	
Partnership appointments @70% of choice and *7		3590	1795
Total Demand		**4452**	**2520**

2. Supply	**WTE**
Clinical Staff	13
CAPA Capacity @ 40%	5.2
Of which:	
Choice & Core Partnership	4.55
Big Admin	0.65
Calculated CAPA clinical contact sessions per week = 4.55 *37.5/3.75	45.5
Calculated delivered CAPA clinical contact sessions per year= 45.5*43 weeks	1957
Total Supply	**1957**
Sessions shortfall	**-564**

3. Allocation of Sessions	
Sessions Available per annum	1957
LESS Required for Choice	-725
Net available sessions per year for core partnership	1231
Sessions required for Core Partnership patients	1795
Shortfall in annual sessions	-564
Staff shortfall to deliver sessions (4 sessions per week, 43 weeks per year per staff)	**3.3 WTE**

Neurodevelopment-

As the following demonstrates, there is a clear capacity gap within the ND service. Within the Directorates priorities in this IMTP is a request for the resource required to sustainably meet the WG 26 week target for this service.

Capacity-

Clinician	New per month	New/ month (adjusted)
CAMHS CNS	8	6.5
CAMHS Consultant	1	0.8
SLT	16	12.9
Paeds	8	6.5
OT	2	1.6
Total/ week	**35**	**28.3**

Demand-

Year	Accepted referrals	Average accepted/ month
2016/17	509	42.4
2017/18	452	37.7
2018/19 (to Oct)	364	52

Capacity gap

Gap	Total patients
Backlog	177
Recurrent annual capacity gap	284

Chapter 7: Workforce Plan

Introduction

The Child and Adolescent Mental Health Services (CAMHS) Network is a relatively small but complex Directorate consisting of many different teams and connected services. Cwm Taf University Health Board host CAMH services which cover the areas of Cwm Taf, Cardiff and Vale and Abertawe Bro Morgannwg, however, the Cardiff and Vale CAMH Service will be re-patriating to Cardiff and Vale University Health Board in April 2019. In addition to this the CAMHS Directorate provides an inpatient Tier 4 adolescent unit for the South and Mid Wales areas, covering 7 Local Authorities. The CAMH Service also provides a specialist Eating Disorder consultation service which also covers the above areas along with an all Wales wide specialist forensic service (FACTS).

During 2017/18, CAMHS has become part of a larger Directorate which now consists of CYP and CAMHS. As such, a Directorate Manager and Head of Nursing for CYP and CAMHS has been appointed. Following this further restructuring will occur during 2018/19 and the Directorate will be required to support and embrace this. Key staff within the restructure should be appointed by the end of 2018/19.

In April 2019, due to the implementation of the South Wales Programme there will be a boundary change for the services being provided in Bridgend. This will result in the Bridgend S-CAMHS becoming aligned to the Cwm Taf Service.

Quality and Safety

Governance arrangements for the CYP and CAMHS Directorate have been revised during 2018 to reflect the needs of the new directorate; to ensure there is a robust and consistent approach to all governance matters as far as possible across all service areas. A Governance Manager post has now been appointed and will be responsible for working across the new Directorate, this is a fixed term post for 12 months and will require review.

The intention is that service design, service delivery, ongoing service review and modernisation are underpinned by excellence and reflect the 7 quality themes of the **NHS Wales Health & Care Standards** (April 2015).

Development of Specialist Posts (from within the allocated CAMHS establishment)

The CAMH Service has experienced significant challenges in appointing to vacant Consultant posts across all localities. There are currently still outstanding vacancies. As a result of this difficulty the Directorate is considering modernisation of the medical workforce and discussions have commenced in terms of developing additional non- medical posts.

Proposed Developments for 2019/2020:

<u>CAMHS Specialist Eating Disorder Service (EDOS)</u>

Due to the inability to recruit to the Consultant part-time post in EDOS, this funding has been utilised to develop fixed term additional nursing hours to the team. A part-time Band 7 nurse has now been appointed and this arrangement will be reviewed after 12 months.

<u>Advanced Nurse Practitioners</u>

The Directorate is considering the development of Advanced Nurse

Practitioners (ANPs) and an initial meeting has taken place with Beth Winder (Strategic Head of Workforce Modernisation) to consider further and progress this.

Nurse Consultant

Due to the difficulty in recruiting to these Consultant posts, particularly in CAMHS, the Head of Nursing for CAMHS and CYP has commenced discussions with Nurse Consultants across Wales and a benchmarking exercise has been carried out to consider developing a Nurse Consultant for CAMHS by utilising the current vacant Consultant funding.

Safeguarding

A review of the management of safeguarding across the CYP and CAMHS has taken place, as a result recommendations have been made to develop a specific Clinical Nurse Specialist (CNS) post out of the existing establishment within the new Directorate. There are currently existing CNS safeguarding posts within Health visiting and it is envisaged that there is some capacity to develop a Directorate wide post. Discussions are ongoing to progress this.

Physician Associates (PA's)

The Directorate is considering the potential development for a Physician Associate in CAMHS, further discussions will take place in early 2019.

Development of posts requiring additional funding:

Rotational Developmental Posts

The CAMH Service currently have a number of band 5 rotational developmental posts in each of the locality areas. These posts were funded within the current establishment. Concerns have been raised, particularly by Consultant colleagues that these posts should be supernumerary and additional funding provided to facilitate this. The Head of Nursing, Deputy Head of Nursing and Senior Nurses across the CAMH Service have met and a proposal is now being put forward for additional funding to develop 2 supernumerary rotation posts in each of the CAMHS locality areas. This will allow the current band 5 posts to revert back to band 6 nursing posts. We are proposing that these posts will be for the duration of eighteen months and will cover Tier 4 inpatients, core CAMHS teams, crisis or CIT teams with some shorter period of time in EDOS and Young Person's Drug and Alcohol Service (YPDAS). Following this eighteen month training period, rotation post holders will then choose an area of interest to be appointed into a substantive Band 6 post. It is anticipated there will be

Band 6 vacancies due to the current turnover within the service.

All newly appointed Band 6 nurses will need to follow a 3 month competency programme to enhance their training and monitor their progress.

Practice Development Practitioner

In line with other Directorates the CAMHS and CYP Directorate would like to develop a Practice Development Practitioner post. This post would lead on training throughout the Directorate and contribute to a training needs analysis, development of a training strategy and ensure training compliance is met across the services.

Throughout 2018 we have been able to recruit additional fixed term staff primarily to support our Clinical Governance processes and also develop further and enhance our performance management processes. These posts have proven to be invaluable and are considered to be essential going forward. The Governance Manager post has now been recruited to on a fixed term basis for 12 months. Recent discussion at CBM supported an extension of these posts on a temporary basis.

Demand and Capacity in Core CAMHS Teams

The demands on the service continue to increase, placing pressure on an already strained service. Through carrying out a D&C exercise, it has been identified that there is a short fall in the capacity needed to meet the demands of the service This work has concluded that additional staff are required to meet Welsh Government targets.

Whilst we continue to strive to achieve Welsh Government targets, we also need to be mindful of staff satisfaction, wellbeing and continued professional development.

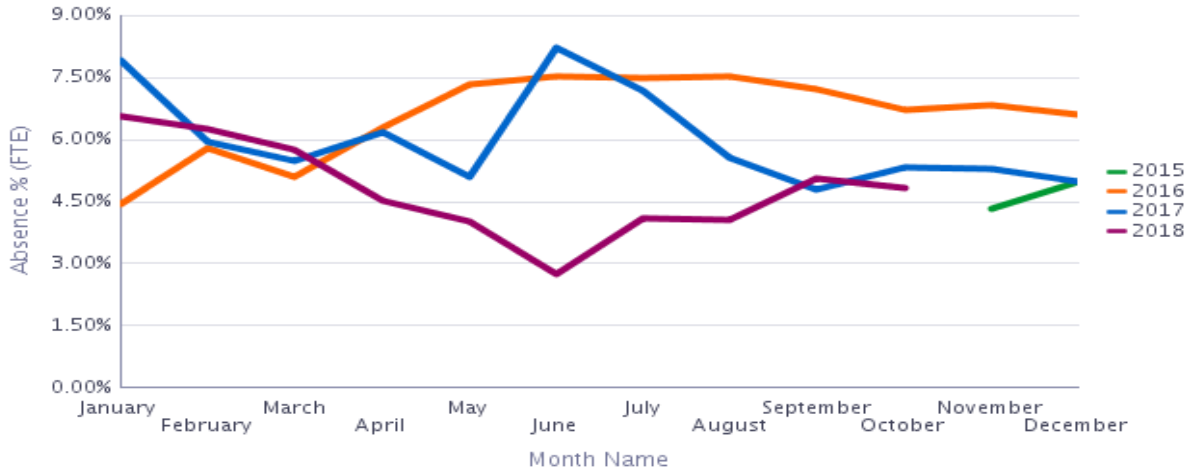
To address this, we currently monitor through the following:-

- Sickness management reporting, including trends, key themes – discussed in detail monthly in Clinical Business Meetings;
- Focus on increased compliance with PDR;
- Staff training through core competency achievement and individual training needs addressed through PDR process;
- Training committee who are able to take a Directorate wide view of training needs;
- Redeveloping and enhancing in-house training programme.

The following sickness chart shows the three year absence trend. Improvements have been made by closer working relationships with Business Partners and having a robust sickness escalation plan in place.

Current sickness levels are at 4.8%, which are below the Health Boards 5% target. The monitoring of sickness will continue to be managed through the "Management of Attendance" policy.

Three Year Absence Trend-



New or planned changes to patient pathways/service

A significant amount of work was undertaken with the introduction of CAPA in terms of patient pathways within Community Services. NICE guidelines recommend a range of treatments including Systemic Family Therapy (SFT) and Cognitive Behaviour Therapy (CBT) and short term Psychodynamic Psychotherapy as interventions in a number of diagnoses including psychosis, OCD, depression and eating disorders. These interventions have been the focus in 2018 with staff recruited to deliver these treatments.

Initial feedback on CAPA from the staff group is positive. There has also been an improvement in waiting times for access to the service. Significant waiting list initiative funding has been provided to 'prop up' the Service but this arrangement will cease at the end of the financial year. Realistically, longer term substantive investment will be required to ensure the Service is able to sustain achievement of Welsh Government targets as the WLI is masking the real waiting list figures.

Through the introduction of CAPA and the more focused job planning process, it has become apparent that staff efficiencies could be made by centralising specialist services in key locations. This arrangement would follow the same direction of travel of other specialist services and would require families to travel longer distances to access services which is likely to be unpopular and would therefore require careful co-ordination.

A CAPA Manager post is being proposed to increase efficiencies by having an overview of all individual job plans and team job plans. This post will

have the ability to coordinate and facilitate amendments in each of the plans to meet changing demands on the service.

In the areas where CAPA does not apply, the following changes to patient pathways/service have been identified:

GID: There are plans to develop a Wales wide specialist Gender Identity Service (GIDS) which will be based on the model established by the national provider the Tavistock Clinic. The national CD's group are linking with WAG to take this forward.

First Episode Psychosis: In order to enable closer integration and enhance the range of services offered to children and young people we are working hard to develop and strengthen links with 3rd sector organisations. This includes 3rd sector agencies attending CAMHS intake and allocation meetings where appropriate and establishing opportunities for shared training initiatives. A recent review of this service model has identified the need for re-design, as a result staff within this service have now been integrated into the Core CAMHS team, this will allow an increase in capacity.

Additionally and in line with recent directives from WAG the service is moving away from a medical model towards a more psychologically minded service. We are also working towards closer integration with our colleagues in paediatrics, GP's other agencies (education and social services).

The ABMU Locality Team has made a proposal to redesign the current service model for the delivery of the Primary Child and Adolescent Mental Health Service for the ABM UHB population. There have been previous descussions with ABMUHB to repatriate the PCAMHS team into ABMUHB however the Directorate believes that there is a viable alternative to this which would address a number of current challenges with service delivery as well as address performance.

The current Primary CAMHS provision has evolved to meet the demands of the assessment requirement under Part One on the Mental Health (Wales) Measure 2010. Prior to the MHM, Primary Mental Health clinicians were aligned to Secondary CAMHS teams and worked in the community providing advice, liaison and consultation to Schools and General Practice, and assessment, brief intervention and joint working as indicated. With the introduction of the MHM these clinicians took on the MHM Part One assessments and as the demand of these assessments grew, capacity was lost for the liaison and consultation functions.

The Directorate has recognised this shift in focus and has responded by working with Local Authority partners to secure ICF funding for 'CAMHS Liaison Posts' to work with the Local Authority Single Point of Contact (or equivalent) teams to improve timely access to appropriate services.

Whilst the liaison posts aim to improve referral pathways and collaborative working between Local Authority services and CAMHS, the current configuration of CAMHS provision with complete separation of Primary and Secondary CAMH services continues to creates challenges with access to appropriate and timely care and discontinuity of care for service-users.

The constraints of the current CAMHS configuration include:

- Confusion for referrers re referral pathways and referral criteria / service thresholds between Primary and Secondary CAMHS
- Frustration for referrers re referrals being declined ('so called 'inappropriate referrals'). Currently approximately 50% of referrals to S-CAMHS are declined.
- Frustration and delay for families and young people when they are 'bounced' between Primary and Secondary CAMHS, either at the point of referral or following initial assessment.
- Transfers and discontinuity of care of families and young people having to move between Primary and Secondary CAMHS in order to access necessary clinicians, i.e. moving the service user to fit the needs of the service rather than the other way round.

This proposal is consistent with emerging national policy direction arising from the Together for Children and Young People programme. This proposal follows guidance and recommendations set out in the Child and Adolescent Local Primary Mental Health Support Services framework (June 2017) of the Together for Children and Young People programme that *Mental health services must be readily accessible to provide effective support to professionals seeking help for a child or young person. It is recommended that all services will access mental health support for children and young people through one clear process in each health board area. This will be initiated by, and based on individual case discussions at regular meetings between the partner agencies, rather than paper based referral processes.* The Child and Adolescent Local Primary Mental Health Support Services framework (June 2017) also advocates and training, advice and liaison tasks should be undertaken collaboratively LPMHSS and S-CAMHS.

Other models from across the UK and North Wales have been considered. There are a number of services in England which have implemented integrated models of CAMHS as part of the Transformation of CAMHS agenda in England via the Clinical Commissioning Groups, in line with 'Future in Mind' (2015), which advocates moving away from the 'tiered' model of service towards whole systems approaches. One such example is Newcastle Gateshead CCG who have developed a whole systems approach to children's emotional and mental health with a 'hub' approach and an

open access single point of entry. In Wales Betsi Cadwaladr UHB have successfully implemented an integrated Primary & S-CAMHS model.

The Directorate proposes working towards a fully integrated model for Primary and & Secondary CAMHS, with a single point of access / entry to the service via a telephone triage system which would allow all professionals working with children and young people to access advice and consultation from CAMHS, and onward referral into CAMHS where appropriate. The whole CAMHS service would use the Choice and Partnership Approach (currently embedded within Secondary CAMHS) to facilitate provision of the right support, at the right time, to the right children, young people and families, by the right clinician from across the service.

Step-wise approach to implementation:

Single point of access: A trial will be planned to screen all referrals to CAMHS (P & S) in ABM centrally, using a single referral screening team, in order to ensure consistency of decision-making and remove the 'bounce' of referrals between different parts of the service. Once the trial has been evaluated, a permanent single referrals team will be established.

Single point of contact: Once a single referral team is established, its functions would then extend to a 9-5 telephone advice line (ie. an extension of the current P-CAMHS telephone line) for advice re signposting / referrals and consultation, providing a single point of contact for all professionals, and thereby minimising inappropriate referrals as queries can be dealt with and appropriately signposted in real time. In time this would be linked up with the Local Authority AAT / SPOC / MASH teams and liaison work, to provide a single point of contact across health and local authority.

Full integration of P & S-CAMHS: Once a single point of advice and access is established, then the integration of P and S CAMHS direct assessment and treatment functions can follow, providing a seamless, graduated approach across levels of mental health need, facilitated by the use of the CAPA model right across the service.

Engagement seesions have taken place with partner agencies which have been positive.

Succession Planning and Talent Management

The Tier 4 in-patient CAMH Service has experienced significant challenges in retaining the Band 5 workforce. This has been due to staff professional development and taking up community posts at higher banding. As a result the in-patient unit has difficulty in providing consistency and continuity of care. The current situation is that the majority of the current Band 5

workforce are newly qualified members of staff who have had their registration for less than twelve months. The lack of experience has impacted on the care and treatment of challenging young people on the unit.

There are no difficulties in retaining Band 6 and Band 3 staff members. Therefore, the Directorate needs to consider the skill mix within the unit and be more creative in addressing these issues. A proposal has now been developed to replace 3 x Band 5 vacancies with 1 x Band 6 and 2 x Band 3 Health Care Support Workers. This will be explored further and considered through the Clinical Business Meeting for approval. proposal will allow the rota to be covered adequately.

Following a number of reviews that have taken place in Tier 4 in-patient unit, namely QAIT and HIW, recommendations have been made to appoint a Band 3 Ward Clerk to support the team and ensure good record keeping and increase efficiencies in the nursing workforce. This will require additional funding.

Technology

CAMHS has experienced significant challenges over recent years in accessing appropriate information technology equipment, and a suitable infrastructure from where to operate services from. This poses significant difficulties particularly around teams who carry out clinical activity within the community. Chromebooks or hand held electronic devices are required for such teams to reduce the risk of lost/destruction of files, enhance quality and prevent information governance breaches and increase efficiency.

The Directorate will review the available technology and seek to bid for funding where appropriate, this work is anticipated to be completed in preparation for submission as part of the 2019/22 IMTP.

The use of i-pads would improve data collection in terms of service user feedback, The Tier 4 in-patient service operates 'survey monkey', the Directorate would like to roll out this opportunity to all young people and families across all teams within the Directorate to capture service user experiences and lessons learnt.

Supply Issues / Recruitment Difficulties

At national level there is a general shortage of experienced CAMHS Nurses which is impacting on the number of applicants applying for vacant posts within the CAMHS Service. As a result, the Directorate has met with the Bank Staff Manager and the following options are now being explored:-

- Development of a CAMHS Nurse bank.

- Reviewing of on-contract agencies.
- Expressions of interests have been sought from internal Cwm Taf Staff.
- Advert has been placed for a block booking for a current bank member of staff.
- Advert has been placed for a temporary staff member via TRAC from waiting list initiative money.

Current make up of workforce and projected data changes

See workforce supply template.

Partner & Stakeholders

Through the development of this plan, the directorate has engaged with Business Partners for Workforce and OD who also attend the CAMHS Senior Management Team Meetings on a monthly basis.

Monthly commissioning meetings with our partners in Cardiff & Vale and ABMU to update on progress/challenges.

Each of the Health Board regions have designated Locality Teams who meet weekly to ensure that the service direction is maintained and any challenges addressed as efficiently and expediently as possible.

Discussions have taken place between the Clinical Director of CAMHS and the Clinical Director of Paediatrics. Discussions are ongoing regarding establishing improved working relationships and more effective joint working.

A proposal has been developed for an early intervention service in Cwm Taf, this will enhance working relationships with the local authority and provide interventions aiming to support families that are at risk of breakdown, deterioration in emotional health and wellbeing and thereby reduce the need to access specialist CAMHS services. The service will fall below the threshold for Primary Mental Health Services. The Bid is now with Commissioners for consideration. This will require future investment from the available transformation money.

Benchmarking

The CAMHS Network has taken part in the national benchmarking across the UK that was required by Welsh Government. There was a great deal of information collected over a number of domains that has enabled us to compare our services not only within Wales but also with other services across the UK.

The main highlights from the Benchmarking are as follows:

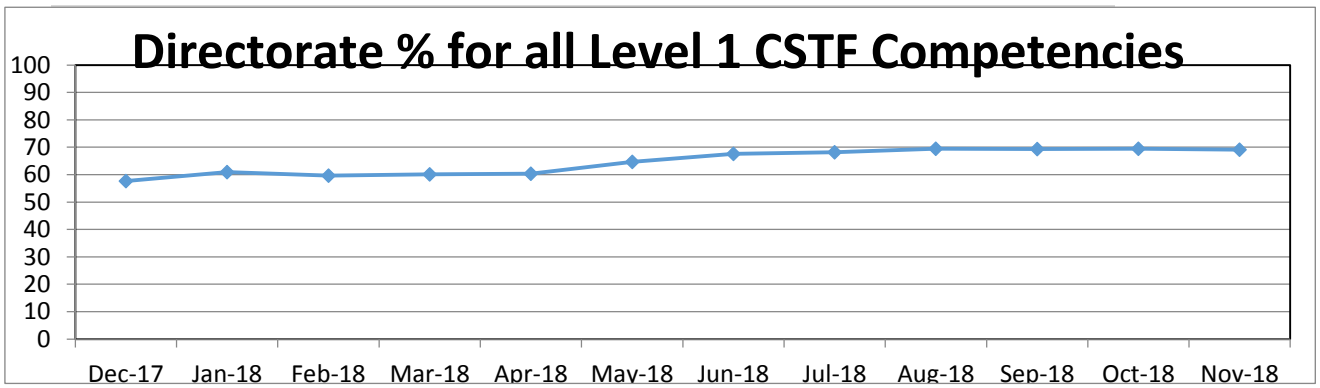
- Long routine waiting times – this is now being addressed through waiting list initiatives and in the longer term through CAPA
- Low referral rate – all Wales referrals guidelines have been agreed and are being discussed within the Network to ensure consistent application whilst noting need for local variation
- High urgency rate in C&V – this is discussed in the Commissioning meeting to see if any targeted action is required e.g. with Primary Care
- High cancellation rate – both by patient and service
- Workforce – despite the additional investment CAMHS continue to benchmark poorly against the rest of the UK.
- Low contacts per population – this would be expected given the limited resources as identified above
- The inpatient service at Ty Llidiard is identified as having low bed numbers per population, low admission numbers, low length of stay and low usage of bank and agency staff.

Training Compliance

The CAMHS overall Core Skills Training Framework compliance currently sits at 70%. This is an improvement from last year. Please refer to graph and table below:

There has been a Directorate push through the locality management teams to ensure an increase in compliance. Staff have been provided with ring fenced time in order to achieve this. Compliance is monitored through the locality managers in each of the Health Board areas and will continue to do so.

The Directorate aims for compliance between 90-100% and the focus will be on those areas with low compliance and working with managers to ensure that this is prioritised. This will also be monitored through PDRs to ensure that staff appreciate the importance of completing this.



	Equality, Diversity and human rights	Fire safety	Health, safety and welfare	IP&C level 1	Information governance	Moving and handling level 1
2017	70%	59%	67%	80%	72%	74%
2018	78%	64%	74%	74%	68%	72%
	Resuscitation level 1	**Safeguarding adults level 1**	**Safeguarding children level 1**	**V&A**	**Fire safety**	
2017	58%	55%	76%	71%	10%	
2018	72%	69%	74%	80%	64%	

PDR

As at 01.11.18 the PDR compliance across CAMHS is 80%. This is an improvement on last year's report and the directorate aims to achieve a compliance of 90% and so further focus is required to ensure that this is achieved.

Consultant and SAS job planning

Following recent changes in the Directorate structure, a new structure to job planning is proposed, with the Clinical Director and Directorate Manager job planning the Clinical Leads, the Clinical Leads and DM job planning all other Consultants and the Consultants and Localities Manager job planning the SAS doctors. This will take time to embed, with training etc. required, but should ensure improved compliance going forward.

Education Commissioning

There are ongoing discussions to meet the training needs of the CAMHS workforce, this will take into consideration what training is required to develop additional posts as highlighted previously in this chapter.

External training has been organised throughout December 2018, this will provide DBT training to 26 delegates across three Crisis teams and some community teams. This DBT training will focus on providing interventions for young people presenting with suicidal risk in crisis.

Chapter 8: Financial Plan

Please see appendix a for the detail of the Directorate financial plan. It should be noted that the repatriation of C&V CAMHS has not yet been fully worked through meaning that the final financial plan is not yet complete.

Chapter 9: Enablers (Innovation, ICT, Capital)

The following summarises the capital requests in CAMHS, both for 2019/20. The works in Tonteg are listed as the number 1 priority-

Service	Proposal	Capital cost (£,000)
Ty Llidiard	Works required to improve gardens as per feedback from HIW and CHC	£10 (TBC_
Ty Llidiard	Works required to develop a snack area for young people to make their own snacks	£15 (TBC)
Cwm Taf CAMHS	Wall to be removed and office environment created to accommodate staff from Bridgend	15 (TBC)
Cwm Taf CAMHS	WiFi for Carnegie and Tonteg	15 (TBC
Community CAMHS	Mobile technology e.g. laptops, chromebooks	TBC
CAMHS	Paperless IT system	TBC
Ty Llidiard	Teleconferencing to be added to training room to faciliate Network training, meetings for staff across Wales etc	7

Chapter 10: Governance (including risk management)

As described in chapter 4, an integrated governance structure has now been developed overarching CYP and CAMHS, led by the Head of Nursing. A combined risk register has also been developed. This is described in detail in chapter 4.