

## CYPE(6)-18-23- Paper to note 1

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Dear Jayne,

Thank you for your letter dated 31 March regarding transitions between Child and Adolescent Mental Health Services and Adult Mental Health Services. I also note your report entitled Mental Health Support in Higher Education.

I will address each of the points raised in your letter in turn.

In terms of the cross-Government commitment to mental health, both our Programme for Government and the current 10-year mental health strategy, *Together for Mental Health*, set out our commitment to a cross-Government and cross-sector partnership approach to improve mental health and well-being. These policy commitments are also reflected in the Welsh Government's budget allocations which prioritise investment in mental health and wellbeing and this work led to an additional £50m extra for mental health in 22/23, £75m extra in 23/24 rising to £90m extra in 24/25. Our governance arrangements also reflect the cross-government approach with a number of cross-departmental groups including the Whole System Approach Delivery and Oversight Board, the Together for Mental Health Cross-Government Senior Officials Group and the Cross-Government Strategic Suicide Prevention Group.

In addition, officials have recently established cross-Government arrangements to support the implementation of our NYTH/NEST framework which is specifically designed to embed a whole system approach into policy, service design and delivery. The NYTH/NEST framework will feature as a guiding principle in our successor Mental Health Strategy for Wales to build on the good work which is already taking place.

During our session, I confirmed that the latest transitions guidance, which was published in February 2022, supersedes all previous related guidance. A link to this guidance and accompanying documents is provided below:

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

## [Transition and handover from children's to adult health services | GOV.WALES](#)

In relation to strengthening mental health data. This is being taken forward in several areas and crucially as new services are established. For instance, the 111 press 2 service for urgent mental health includes the collection of a comprehensive range of data which includes a pre and post assessment of distress levels.

The mental health core dataset work continues to be taken through the Mental Health Data and Outcomes Measures Board which reports to the Together for Mental Health Ministerial Oversight Board. To further support this work a Technical Group has been set up and reports to the Mental Health Outcome and Measures Board. This group comprises of health board digital/performance leads and is focusing on the practicalities of collecting and sharing data.

It is recognised that establishing a full dataset is complex and we are prioritising specific data items at each stage to ensure that any data collected is robust and fit for purpose, with the initial focus being on referrals and admissions data. We will also be prioritising demographic data, such as age, gender and ethnicity which will support our ability to plan services based on the needs and demands of our population.

We understand the need to have data publicly available as soon as practicable and we are working to have an initial national dashboard on mental health activity available by September, we will then broaden this available data incrementally as the core dataset evolves. By December, we will also collect an agreed set of patient experience measures nationally.

As you note in your letter, and in response to the Welsh Government commissioned study into transitions services, between December 2022 and February 2023 Welsh Government officials held three 2 hour CAMHS to AMHS mental health transition workshops, to better understand the 'implementation gap' you refer to and identify ways to address it. The workshops provided some useful insights and areas for improvements, including a strengthened framework for monitoring implementation of the guidance and the replacement or redesign of the young person passport. The NHS Delivery Unit has developed a draft monitoring framework to help provide assurance on implementation of the guidance and the NHS Executive will be working with Health Education and Improvement Wales (HEIW) to develop training for health boards which will further aid implementation. In terms of the young person's passport, I and officials will be engaging with young people to review the Passport and explore opportunities for an enhanced product, including the potential to utilise the NHS Wales app which is currently under development.

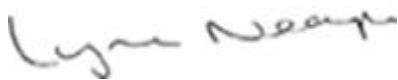
With regards the CAMHS review undertaken by the NHS Delivery Unit, all Health Boards have now received their individual reports and I have met with Vice-Chairs to re-affirm the importance of implementing the improvement plans. Whilst the National Thematic report is still being finalised I have had a briefing session with colleagues in the NHS Delivery Unit on the findings from the review. One of the key findings highlighted the rapid expansion and evolution of CAMHS services in recent years which has been informed by numerous reviews, reports, recommendations and policy publications.

In response I have commissioned the NHS Executive to work with Health Boards to develop a consolidated specification for CAMHS to provide clarity on the expectations of the service, bring forward a more consistent offer, an enhanced framework for performance monitoring and, most importantly, a more streamlined and effective service for children and young people. I will provide the Committee with an update on the specification in due course.

Finally, and in terms of our Eating Disorder services, I would draw the Committee's attention to the [Letter to Committee on Eating Disorder Services](#) provided in July. Focus remains on all health boards continuing to work towards meeting the NICE standards and there is a strong focus in the Welsh Health Specialist Services Strategy around eating disorder services, including the provision of a specialist eating disorder unit in Wales. Following successful recruitment to post our Clinical Lead will be working hard with the clinical network across Wales to ensure our Health Boards continue to work towards the NICE standards. We have also awarded BEAT, our third sector partner, a further year of funding towards their valuable Welsh eating disorder helpline and additional services. These services provide free advice and coaching telephone services for families and concerned friends. They also offer peer support to those living with an eating disorder and whilst awaiting NHS treatment, clinicians can refer their patients for more focussed support through BEAT. With the increased funding they are able to, with agreement from our Clinical Lead, expand their offer to include additional bespoke services for people living with an eating disorder.

Given the breadth of recommendations for mental health services made across a number of Committee reports, some of which are from inquiries that were undertaken several years ago, I would welcome a discussion with you about how we can use the development of the successor to Together for Mental Health to consolidate this work. This would ensure that any recommendations we are continuing to work on shape future actions, ahead of the public consultation on the strategy.

Yours sincerely



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