Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc – Gwybodaeth Bellach | Inquiry into The Emotional and Mental Health of Children and Young People – Further Information EMH FI 04
Ymateb gan: Rhaglen Law yn Llaw at Blant a Phobl Ifanc
Response from: TTogether for Children and Young People (T4CYP)

Resilience, Well- Being & Early Years Work

- **Best Practice Guide of Interventions in Wales to Improve the Mental Health and Wellbeing of Children and Young People.**

Building the resilience of children and young people and improving early intervention and prevention are key priorities for T4CYP. Work to identify the wide range of interventions across Wales to improve the mental health and wellbeing of children and young people has been taken forward by multi-agency work streams. This included mapping interventions in use in areas of Wales to include descriptions of the programmes/ interventions in place, the locality covered by each programme and the target population.

The interventions/programmes were subsequently evaluated in partnership with the Early Intervention Foundation (EIF), an independent charity that champions and supports the use of effective early intervention to improve the lives of children, young people and their families showing signs of risk. Where interventions are included within the current EIF guidebook they are listed as e.g. EIF 3, where they are not currently included in the guidebook they are listed as 'proposed EIF'. Further information is available at: www.eif.org.uk. The Guidance can be found at:

http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=806

The Healthy Child Wales Programme (HWCP) is being implemented across all Health Boards in Wales. This is a universal health programme for all families with 0-7-year-old children. It includes a consistent range of evidence based preventative and early intervention measures, with advice and guidance to support parenting and healthy lifestyle choices. An overview of the programme can be found at:

http://gov.wales/docs/dhss/publications/160926healthy-childrenen.pdf

- **Pioneer schools project evaluation**

This CAMHS in-reach pilot to school's programme is managed by the Welsh Government Education Department and is due to run until July 2020. The Welsh Government Education Department are currently developing a timetable to evaluate the outcomes of the programme. All pilot areas have established multi-agency steering groups, are finalising job descriptions to start recruitment in the New Year.

Dedicated CAMHS practitioners will provide teachers with on-site help and advice to try to ensure pupils experiencing difficulties such as anxiety, low mood and compulsive self-harm or conduct disorders receive early help in schools from trained staff. The pilot will cover 28 secondary schools, 6 middle schools and 190 primary schools in three pilot areas in North-East, South-East and West Wales.
Further updates and information can be obtained from Lowri Reid at the Welsh Government Education Department.

- **University of Sussex - Early Intervention for Social and Emotional Difficulties Project.**

This project involved supporting a partnership between two Local Authorities, one in Wales (Bridgend) and the other in Spain (Santa Maria). These two Local Authorities worked together to share practices relating to the identification and support of primary school children's social and emotional needs. This involved international visits and events in both countries to bring together school staff and Local Authority (education and social services) staff.

Professor Robin Banerjee of Sussex University supported this programme of work through analysing data gained from assessments of children's social and emotional functioning at multiple time points, and providing feedback to staff at both sites. This involved translation of existing online assessment tools into Catalan, in order to enable parallel data collection in both Spain and Wales. The response from staff at both sites was very positive, and the approach to assessment and intervention is being rolled out more widely in both countries. The Report can be found at:

http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=737

- **Advocacy**

Part 4 of The *Mental Health (Wales) Measure 2010* amends The Mental Health Act 2007 for people in Wales. It does so by extending the right to Independent Mental Health Advocacy (IMHA) to all people admitted to a psychiatric hospital. Specifically, it extends the right to patients on the shorter-term emergency sections of the Act (principally Sections 4 and 5) and patients in hospital voluntarily or "informally" (not subject to the Mental Health Act).

All health boards have confirmed they have arrangements in place to deliver advocacy services for young people in inpatient services in line with the specific requirements of the Measure. These arrangements include a texting service being available to children and young people receiving care and treatment in Specialist CAMHS inpatient units.

The *Specialist CAMHS Framework for Improvement* (F4I) includes the voice of the child in its performance measures. This will be further tested through the peer review work of the CAMHS/ ED network. Aneurin Bevan University Health Board has commissioned advocacy services for all young people in its children services together with the local authority social services partners.

- **Advocacy Arrangements**

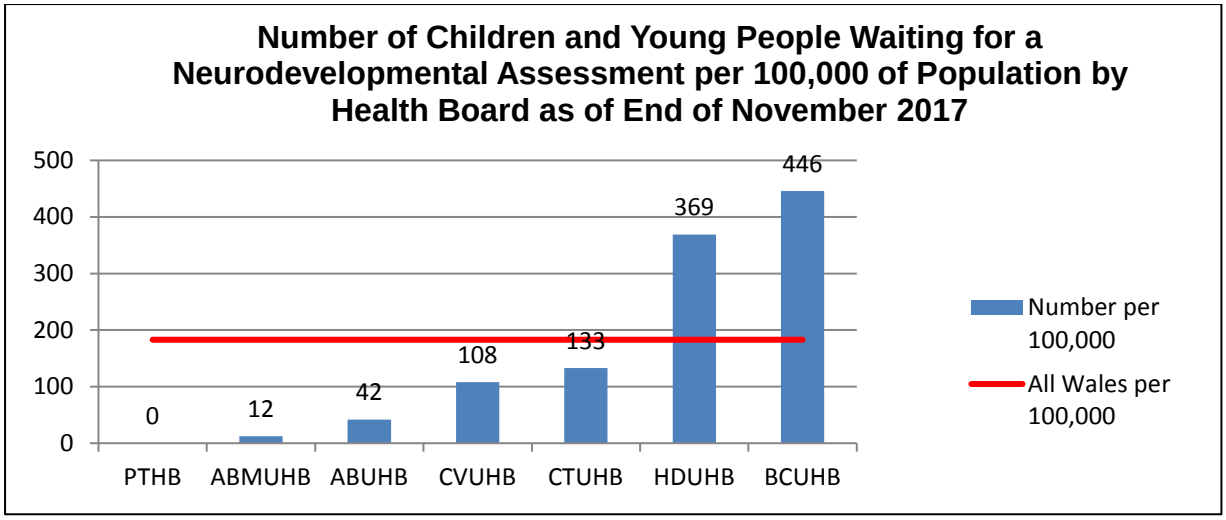
Our December report set out the advocacy arrangements available for those young people in CAMHS In-patient units in line with the Mental Health Measure Wales. In addition, Local Health Boards ensure that all children and young people who need it have access to high quality advocacy services across Wales, in line with the recommendations in the Waterhouse Report, *Lost in Care* (2000).

The MEIC Cymru website provides a search facility to locate advocacy projects in each local authority area. MEIC is a helpline service for children and young people up to the age of 25 in Wales. It provides information, useful advice and support. The MEIC website link to the advocacy service available across Wales is: https://www.meiccymru.org/in-your-area/

Local Health Boards link in with the following organisation as required: SNAP Cymru, Voices from Care and Tros Gynnal. Each of these are independent providers who support and empower children and young people. Information leaflets on local advocacy services are provided to children, young people and their families by the Specialist CAMHS services.

- **Neurodevelopmental Waiting Times**

With the current Welsh Government investment into Neurodevelopmental Services no child or young person should be waiting for longer than 26 weeks for an assessment from April 2018. This will bring these services in line with the target for paediatric services. Each Health Board is committed to meeting this target.



Source of data for above graph: from Health Boards

Note: 100,000 population calculation is based on the (under 18yrs) population in each health board, population data obtained from Stats Wales.

- **Specialist CAMHS Staffing Establishments**

The NHS Benchmarking returns for 2017 show an overall 8.7% increase across Wales in the total CAMHS workforce per 100k population. Namely from 57 full time staff per 1000 population in 2015/16 to 62 in 2017.

The NHS Benchmarking returns demonstrate that there has been a workforce increase of 124.5 WTE in the last year.

The full NHS Benchmarking UK data report for 2017 was provided as Annex Five in the initial response on the 15th December 2017.

UHB	Total WTEs	
	2016	2017
Aneurin Bevan	67.74	103.66
Abertawe Bro Morgannwg	48.5	57.8
Betsi Cadwaladr	175.84	209.56
Cardiff and Vale	21.57	61.3
Cwm Taf	23	40.98
Hywel Dda	68.34	58.78
Powys	29.5	26.91
Total	**434.49**	**558.99**

There is a 9% all Wales vacancy rate reported in the health board CAMHS Benchmarking returns for 2017.

This level is the same as the 9% vacancy rate reported in 2016 for all NHS staff across England, Wales and Northern Ireland. There will always be a certain level of vacancies in staffing establishments, due to natural turnover and recruitment processes.

- **Expansion of Psychological Therapies**

The strategic approach taken by Welsh Government has been to develop a workforce wide approach that is psychologically minded. As a result, monies have been investment in the training of the wider workforce, as well as in the appointment of specialist psychologists.

Number of Specialist Psychologists employed at the end of 2017	WTE	Per 100,000 of CYP population
Aneurin Bevan	*	*
Abertawe Bro Morgannwg	10.5	10
Betsi Cadwaladr	27.03	19
Cwm Taf	4.2	7
Cardiff and Vale	6	6
Hywel Dda	9.7	13
Powys	2.66	11

* AB data to follow

Note: These supplement psychological interventions provided by all members of the multi-disciplinary team.

Specialist CAMHS are provided through multi-disciplinary teams, with each health professional providing a range of evidence based interventions. Each skilled practitioner has a range of skills in assessment and treatment as well as a variety of therapeutic skills needed to work with children, young people and their families. These include behavioural, cognitive, interpersonal, psychodynamic and systemic approaches.

Specialist CAMHS services also provide more specialised psychological therapies to children and young people, which include child psychotherapy, systemic family therapy, cognitive behaviour therapy, dialectical behaviour therapy and psychosocial education.

T4CYP has commenced a programme of work which will complement the Matrics Cymru initiative for adult psychological therapies. Starting with a

stocktake of the therapies currently being provided in Wales, the aim is to identify those psychological approaches that should be available to every child or young person. This will be underpinned by an all Wales supervision structure and Once for Wales training.

The Welsh Government investment of £1.1 million for psychological therapies has enabled Specialist CAMHS services to develop sustainable high quality services that are guided by an up to date evidence base and are responsive to service need and change. Key staff have been trained more intensively in specific therapeutic models and supervisory practice. For example: Cognitive Behavioural Therapy, Systemic Family Therapy.

- Betsi Cadwaladr Health Board is working closely with schools to develop a pathway and training for teachers to enable them to identify and work with young people who are suicidal or self harm. Training has been completed in Gwynedd and Anglesey, as well as a pilot school in Flintshire. There are plans to progress in Conwy and Wrexham.

"Head Teachers have gone out of their way to praise this pathway and training; we hope to build on this as we move forward together."
Sara Hammond-Rowley, Betsi Cadwaladr Health Board (2017)

- Aneurin Bevan Health Board has developed a dedicated Dialectical Behavioural Therapy service as well as developing an Attachment Service. Their training programme has been open to social workers to assist them in supporting vulnerable young people.

Cwm Taf Health Board has enhanced their Systemic Family therapy and Cognitive Behavioural Services. This has helped to reduce waiting times to psychological therapies, reduce inappropriate internal referrals and increase staff morale, confidence and competence.

- **Out of hours /Crisis Intervention Teams**

In April 2015 three new Community Intensive Therapy Teams were established, ensuring each Health Board area was able to deliver quality and equitable service to young people in crisis. These new teams were funded by WHSSC.
The Community Intensive Therapy Teams were developed to cater for the needs of children and young people with complex difficulties referred to Specialist CAMHS and prevent unnecessary admission to the Inpatient units. This includes young people with an eating disorder, psychosis, affective disorder, adjustment disorder, and repetitive self-harm.

In 2015/2016 the Welsh Government allocated a further £7.65 million on a recurrent basis to Health Boards. £2.7 million of this allocation was to improve responses in emergency departments and at times of crisis.
Each of the current Crisis Teams operate on a different service model, dependant on the local population, geography and current provision of individual Health Boards. When Professor Dame Sue Bailey attended a meeting of the Wales CAMHS/ ED network, she requested that a review of all Crisis Teams in Wales took place some 12 months after their establishment. She requested that this would compare and contrast the different models and in particular to review the outcomes they are achieving for young people. Practices that are delivering better outcomes should be clearly identified through this process and then be implemented across Wales.

The Wales CAMHS/ED Network has established terms of reference for this review. These are attached as **Annex 1.**

As part of our *CAMHS Framework for Improvement (*F4I) we have developed a pathway plan for Crisis Care Services. This defines those needs which would constitute an urgent referral and specifies that all children and young people with such urgent needs should be seen within 48 hours. The service model outlined within the F4I requires:

- 24/7 access to advice for professionals managing a child or young person who presents with imminent risks to self or others
- extended hours of working Monday to Friday (e.g. 9am-9pm) and limited hours of weekend working (e.g. 10am-6pm) of an appropriately trained professional extended team to provide treatment and care
- jointly agreed access and risk management pathways with local emergency social services, police, emergency departments, sCAMHS and paediatric services
- face to face needs assessment undertaken within 48 hours of referral.

The relevant section of the F4I is attached as **Annex 2.**

- **Impact of the Crisis Teams**

There has been a 40% increase in the activity of Crisis Teams since 2016.

Additional funding was provided to ensure that crisis services are available for all children and young people across Wales, and to extend the hours of operation where these were already in existence, as a result each Health Board now has a dedicated Crisis Team and services are operational 09.00hrs to 21.00hrs, seven days a week.

Early indications are that the Crisis Teams are having a valuable impact across Health Boards.

- Hywel Dda Health Board has received very positive feedback from A&E departments, Paediatric wards, general medical wards, the police, youth offending teams, inpatient units, community Specialist CAMHS, as well as from children, young people and their families.

- Aneurin Bevan health board have identified that the work of their crisis team has provided more appropriate care, avoiding the need for 120 children and young people being admitted to a Tier 4 unit since 2015.

The Wales CAMHS/ED Network is due to carry out a review of these services with a final report being available at the end of March 2018.

Total Activity of Crisis teams per Health Board per Year	2015	2016	2017
Aneurin Bevan	*		
Abertawe Bro Morgannwg	*	245	561
Betsi Cadwaladr	632	641	1135
Cwm Taf	*	197	364
Cardiff and Vale	*	289	507
Hywel Dda	202	348	222
Powys	*	39	66
TOTAL	**834**	**1759**	**2855**

* No dedicated Crisis Service established at this time

- **Number of Young People Admitted to In-Patient Settings**

There has been reduction of over 50% in the number of young people placed out of area over the last 3 years, from 23 in 2015 to 11 in 2017.

Due to the small numbers of young people requiring very specialised services there will always be a need to place a small number of young people out of area, as it would be neither clinically appropriate or cost effective to provide these in Wales. These include young people who are deaf and those requiring forensic inpatient services.

There has been a 45% reduction in the number of young people being placed on an adult mental health ward between 2015 and 2017.

Placement on an adult ward is classed as a sentinel event by the Welsh Government. Health Boards are required to formally report each incidence of this, and to agree an action plan to ensure that the young person is given the most appropriate care in the right environment.

- **Aneurin Bevan Health Board Initiatives**

With the additional investment into Specialist CAMHS a newly introduced dedicated 5-practitioner emergency liaison team has created a working model that has led to significant improvements in responsiveness to emergency and crisis presentations. Young people presenting with risk are seen more rapidly, their assessments are more thorough and the outcomes mean they return home with clear, safe and evidence-based follow-up care plans sooner than they were able to previously.
This team has been able to provide extended hours and some weekend cover which was not available previously and has proven to be effective at reducing the amount of time children and young people spend in hospital (and improving other outcomes for these children thanks to the close collaborative work between emergency liaison team, A&E staff and local ward teams).

To date this has meant 40% of all children seen by the service are seen on the same day and resulted in the net release of 350 paediatrics bed days per annum (graph 1)
One of the changes to the service is a senior clinician carrying a 'Consultation Phone' which is accessible for all potential referrers 9am to 5pm Monday to Friday for one to one pre referral conversation and consultation. This has helped ensure only appropriate cases are coming through and generally feedback has been very positive.

Alongside Primary Mental Health Services, Specialist CAMHS have been working on Single Point of Entry initiative which will further have a positive impact on referral pattern.

- **CAMHS duty clinician line**

The CAMHS duty clinician line, was introduced in October 2016, the aim of this is to ensure only young people who require hospital treatment are directed to hospital within work hours. A duty clinician is provided by the CAMHS Emergency Liaison Clinical Team, Monday – Friday 9am to 5 pm. This number is available to GPs, Primary Care Mental Health Support Service, School Health Nurses, School Counsellors and Social Workers in Gwent.

The duty clinician receives telephone calls relating to escalating risk, severe symptoms of mental illness and those who potentially meet the Welsh Government criteria for urgent assessment. A clinical decision will be made in terms of patient needing hospital admissions. Same day/next day outpatient assessment are delivered.

The liaison team are currently offering 28% of all appointments in the outpatient setting, reducing demand on both emergency and paediatrics. This means that during a period where national trends are seeing an increase

in A&E presentations and overnight admissions for self-harm, in Gwent we have evidence that despite the increasing numbers requiring an Urgent CAMHS Assessment, use of A&E facilities and overnight bed occupancy has significantly reduced (Graph 1).

Un-published figures show numbers of assessments 2015 - 2016 compared to 2016 - 2017 show an increase in the number of assessments conducted and a significant number of those conducted at the purpose built White Valley Centre.

- **The extended Emergency Liaison/Community Outreach Team (COT) work pattern:**

Specialist clinicians in the Community Out Reach Team or Liaison teams are maintaining a presence in generalist hospital areas which means they are available for consultation, advice and have a visible presence in the hospital setting.

- **Overall engagement and collaborative working of Emergency Liaison/COT team and Hospital staff**.

A collaborative approach has been developed between A&E staff and the Community Outreach Team/Liaison teams that enable close consultation, 'corridor conversations' shared decision making, joint working and the development of a shared rationale and approach when dealing with young people in distress. This will lead to the development and implementation of a shared Specialist Clinical Pathway. The team approach also enables earlier and prudent liaison that can divert the young person away from A&E to a more suitable assessment space.

Specialist CAMHS have developed a state of the art, child friendly Therapy Centre - White Valley at St Cadocs Hospital. This facility has been used to provide a calm and reassuring space to conduct assessments/interventions and has impacted on the number of young people being diverted from A&E settings to a purpose built mental health facility.

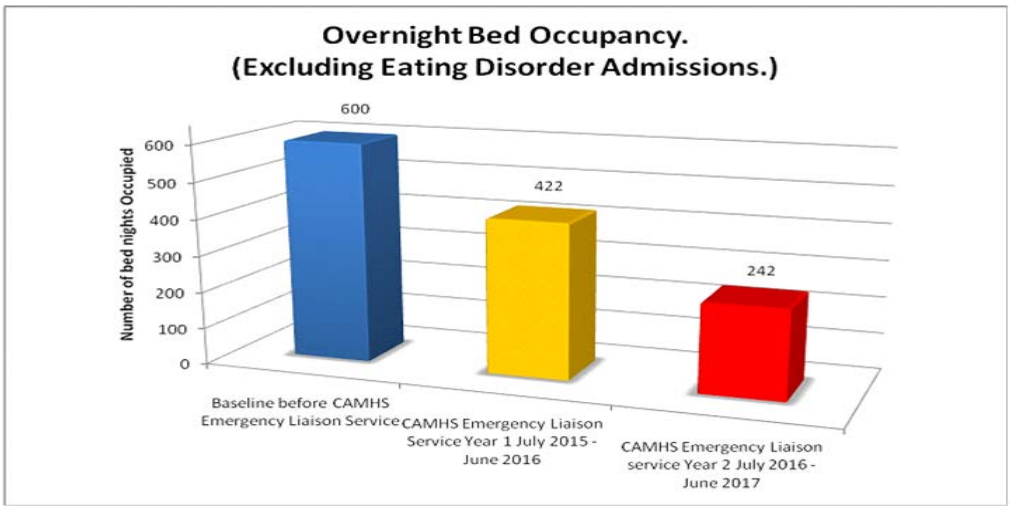
- **Training of A&E staff on identifying trends/safe discharge.**

The Community Outreach Team and Liaison teams have invested time and knowledge to train A&E staff in mental health needs and issues faced by children and young people. Work has been done on identifying trends and more frequent admission problems, and how to work with differing presentations.

Work and training has been delivered focusing on safety, risk and risk management, treatment and safe discharge procedures. Support, consultation, ongoing training and supervision are provided to ensure the continued efficacy and currency of the training initiatives delivered.

A robust data gathering protocol has been implemented and will be reviewed and acted upon yearly. This data once analysed will identify trends and needs.

Graph 1.



Further Information:

- **Referral Acceptance Rate**

The referral acceptance rate is part of the self-reported data by health boards to NHS Benchmarking.

All CAMHS services across Wales now participate in the annual benchmarking and good practice exercise run by NHS Benchmarking UK. The initial findings from the 2017 process were reported back to Health Boards on the 6th December 2017.
The report presented on that day is attached as **Annex 3.**

The earlier *Baseline Audit of Variations and Opportunities* (BAVO) was one of the initial pieces of work undertaken by T4CYP and was the first comprehensive audit of CAMHS services in Wales.

Health Boards now produce an Annual report on progress against key areas within the BAVO.

- **Number of Referrals Accepted into Specialist CAMHS**

The NHS Benchmarking Data for 2017 indicates that the number of referrals accepted by Specialist CAMHS has risen to 74%.

The NHS Benchmarking data for 2017 was provided as Annex Five in the initial response on the 15th December 2017, and their reports are available on their website.

- **Local Primary Mental Health Support Services for Children (LPMHSS)**

The Child and Adolescent Local Primary Health Support Services (LPMHSS) guidance, developed by the T4CYP Programme emphasises the need for a wider range of functions to strengthen the role of primary care in their support to other agencies in effectively managing the needs of children and young people. All health boards are now reviewing their provision in light of this guidance.

Referral activity to LPMHSS is reported monthly by individual health boards to the Welsh Government alongside assessment and intervention data within the 28-day target requirement. This information is published quarterly on Stats Wales.

The Wales CAMHS/Eating Disorder Network will carry out a formal review of Primary Mental Health Services across Specialist CAMHS in 2017/2018. This will form part of the All Wales Programme of Peer Review, supporting health care standard 3.3 (quality improvement, research and innovation).
On completion details of the review will be shared with the Children, Young People and Education Committee.

GIG CYMRU NHS WALES | Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative

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AGENDA ITEM 7.2

23rd June 2017

CAMHS/ED NETWORK REVIEW OF CITTS

Report of	CAMHS/ED Review of CITT Teams
Paper prepared by	Glyn Jones, Wales CAMHS/ED Network Manager
Action/Decision required	Approval
Link to Board Committee (s)	
Link to Standards for Health Services in Wales	This paper meets Health Care Standards

INTRODUCTION

The Wales CAMHS/ED network recognises the need to provide equitable services across Wales, regardless of population and geographical differences. In April 2015 three new Community Intensive Therapy Teams were established, ensuring each Health Board area was able to deliver quality and equitable service to young people in crisis. These new teams were funded by WHSSC.

BACKGROUND

The Community Intensive Therapy Teams were developed to cater for the needs of children and young people with complex difficulties referred to Specialist CAMHS and prevent unnecessary admission to the Inpatient units. This includes young people with an eating disorder, psychosis, affective disorder, adjustment disorder, and repetitive self-harm.

The past decade, Child and Adolescent Mental Health services (CAMHS) has seen a number of recent developments in the area of intensive community support for children and adolescents. These included the wrap around model and the intensive home-based models of psychiatric care. The theoretical model behind these approaches is not new but based on the bio-psycho-social model which informs much of child and adolescent psychiatry.

In 2015/2016 the Welsh Government allocated a further £7.65 million on a recurrent basis to Health Boards. £2.7 million of this allocation was to improve responses in emergency departments and at times of crisis.

The Together for Children and Young People Programme (T4CYP) as part of the CAMHS Framework for Improvement developed a pathway plan for "Crisis Care Services". All children and young people with urgent needs should be seen within 48 hours.

CONCLUSION

Each of the current CITTs operate on a different service model, dependant on the local population, geography and current provision of individual Health Boards. When Professor Dame Sue Bailey attended the Network meeting in December 2015, she requested that a review of all CITTs in Wales took place some 12 months after their establishment to compare and contrast the different models and in particular to review the outcomes they are achieving for young people. Practices that are delivering better outcomes should be clearly identified through this process and then be implemented across Wales.

The Wales CAMHS/ED Network has been tasked with establishing terms of reference and carrying out this review.

RECOMMENDATION

Network members are asked to:

- **NOTE**
- **CONSIDER** and **AGREE** to support the direction of travel.

Wales CAMHS/ED NETWORK
CITT REVIEW
Terms of Reference

Date	Review Date
June 2017	June 2018

Background

CAMHS crisis and intervention service models have developed in response to an ideological move away from residential psychiatric care, and a need to offer alternative options of intensive care. The chronicity and long-term mental health pathway followed by some young people with severe, persistent and complex needs have been recognised. There is a need to provide options of care more acceptable to young people and their families, encompassing a young person's family and wider community. Policy supports the provision of comprehensive CAMHS close to the young persons home, local community and services, by the right professional in the right place at the right time.

Purpose of the Review

- To evaluate the impact on Tier 3 and Tier 4 services.
- To ensure the most effective use of available resources to ensure high quality and consistent care across Wales.
- To ensure the best outcomes for children, young people and their families.
- To ensure equitable care standards and pathways.

- To highlight areas of good practice.
- To support the Health Boards in the development of models of home based treatments that are effective.
- To ensure the services demonstrate value for money.
- To establish barriers to change in current practice.

Membership

- Caroline Winstone, Wales CAMHS/ED Lead Network Manager
- Glyn Jones, Wales CAMHS/ED Network Manager
- Richard Morris, Wales CAMHS/ED Network Audit and Information Analyst

Accountable

- To the Wales CAMHS/ED Network

Review

- The relevance, value of the work carried out by the team and the terms of reference will be reviewed by the Chair of the Wales CAMHS/ED Network.

Working Methods

- Site visits to each of the CITTs.
- The team will assess the model of delivery currently used, against the care pathway set out in the T4CYP Framework for Improvement. The team will look at current response times, number of Tier 4 admissions avoided and the impact on s136 admissions. Review outcome measures and the experience of children and young people using these services.
- CITTS will be measured against the agreed standard set out in **Annex one**.
- Additional members will be co-opted to the team should the need arise.

Sharing Information and Resources

- Any data required will be provided under the Wales CAMHS/ED Networks "Memorandum of Understanding" for information governance.
- Any administration resources will be provided by the Wales CAMHS/ED Network.
- On completion a comprehensive report will be provided to the Wales CAMHS/ED Network and individual Health Boards.

Annex one

CITT Standards

1. Immediate Response
The young person has immediate access to a crisis response from a CAMHS professional within 48 hours of the initial request.

2. Out of Hours Cover
The team is able to respond 24 hours, 7 days a week, with cover provided by a professional who can undertake a mental health assessment at any hour.

3. Assertive Approach to Engagement
A persistent approach with repeated attempts to make contact, including immediate follow up of DNA.

4. Flexible Approach
Safe meeting locations agreed with the young person and or carer, at a time that suits them. (including phone, face-to-face contact at home, school etc.).

5. Planned Intensive Intervention
Frequent clinical input (e.g. 3-5 contacts per week), and high staff to service user ratio until the need for intensive input is resolved.

6. Support and Stepped Care Approach
The provision of continuity of managed care to standard community, day- or inpatient CAMHS as required.

7. Collaborative Relationships
Be able to access other CAMHS professionals, and agencies as required in order to meet the needs of the young person and their parent or carer.

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sCAMHS Framework for Improvement
M2 Schedule
Pathway Development Plan: Crisis Care Services

How will this service help me?

- ***When I need urgent help I, and people close to me, know who to contact at any time, 24 hours a day.***
- ***When I am in crisis, I will be seen by a member of the mental health team quickly. If I have to wait, it is in a place where I feel safe.***

Care Standards

Refer to the **C1 Schedule** for the full list. This service area will adhere to the following standards/guidance:

i. Mental Health (Wales) Measure
ii. WARRN or other evidence based risk assessments
iii. NICE guideline compliance – Deliberate Self Harm,
iv. NICE guideline compliance – Psychosis (CAMHS & Adults)
v. NICE guideline compliance – Depression
vi. NICE guideline compliance – Eating Disorders.

Activity

Refer to the **Activity** section for an explanation of this area.

Resources Envelope

Refer to the **Resources Envelope** section for an explanation of this area.

Model

Refer to the **M1 Schedule** for an explanation of this area. This service area will adhere to the following model of care:

Function Definition

The sCAMHS crisis function will consist of urgent interventions delivered to children and young people whose presentation indicates an imminent risk of self-harm or harm to others with the possibility of severe mood disorder, acute psychotic disorder and severe eating disorder.

All children and young people with urgent needs should be seen within 48 hours.

Function Model

Given the different current configuration of services, each health board should be permitted to adapt the specific form of the service provided to meet the requirements of the services, as defined by the adherence to **C**are Standards, Function Definition (above) and **O**perational arrangements, to meet the **A**ctivity measures, **R**eview of Performance Requirements, and **E**valuation outcomes.

Operational Arrangements

This service area will comply with the following operational arrangements:

Hours of Operation: 24/7 availability for CAMHS professional advice, extended hours of working **Monday to Friday** (e.g**. 9am-9pm**) and limited hours of weekend working (e.g. **10am-6pm**) of an appropriately trained professional extended team to provide treatment and care.

The crisis services roles across the four functions of sCAMHS will be:

Enhanced Access

The crisis team will have established jointly agreed access and risk management pathways with local emergency social services, police, emergency departments, sCAMHS and paediatric services.

Advice

The crisis team will provide 24/7 access to advice for professionals managing a child or young person who presents with imminent risks to self or others as a result of possible mental disorder (A&E, police, Local Authorities, sCAMHS community) to assess which of those require immediate assessment and treatment.

Liaison and Assessment

A face to face needs assessment will be undertaken within 48 hours of referral of children and young people presenting with possible severe mood disorder, acute psychotic disorder and severe eating disorder at imminent risk of harm to self or others. This will be used to contribute to a plan of care for the individual.

The crisis team will contribute to the development of joint risk management plans when the result of assessment indicates immediate management of the child/young person for acute mental disorder is not indicated. The crisis team will liaise with sCAMHS inpatient or community services to safely transfer the care co-ordination of children and young people with severe mood disorder, acute psychotic disorder and severe eating disorder at imminent risk of harm to self or others.

Care Coordination

The crisis team will ensure children and young people who require immediate management of mental disorder are treated using inpatient or intensive home support as indicated. The crisis team will not care coordinate due to the short term inventions required. However, they will recommend children and young people with severe mood disorder, acute psychotic disorder and severe eating disorder are care coordinated by sCAMHS community services with liaison from sCAMHS crisis services.

Review of Performance

Refer to the **Review of Performance** section for an explanation of this area.

Evaluation

Refer to the **Evaluation** section for a full explanation of the requirements for this section.

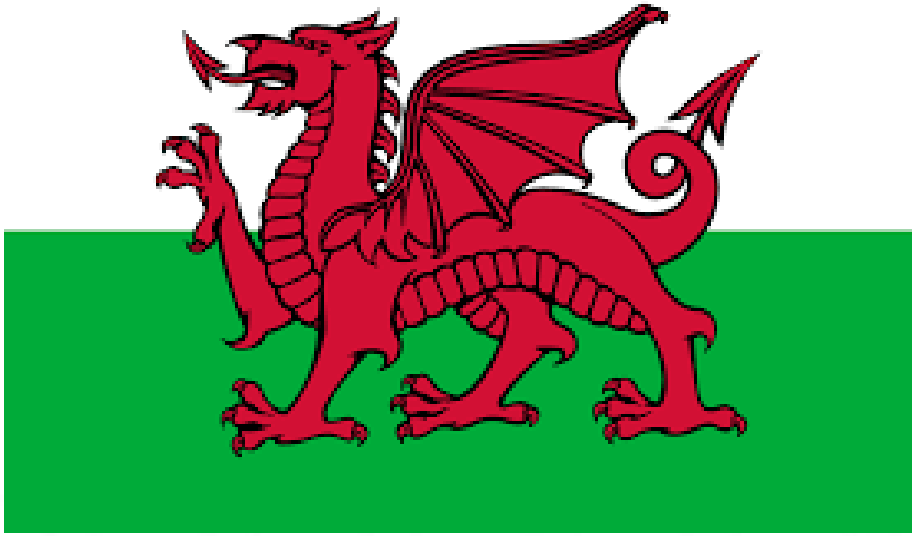
This function will be evaluated in the following areas:

- Improved Patient Outcomes – Patient Satisfaction Questionnaire (PSQ) Children's Global Assessment Scale (C-GAS) and, Goal Based Outcome Scale (GBOS)
- Satisfaction measures from partner department and agencies.

Annex 3

Benchmarking Network

Benchmarking and Good Practice in CAMHS 2017 Wales Conference



#NHSBNCAMHS

Raising standards through sharing excellence

Overview

- Background
- Process
- 2017 CAMHS benchmarking findings
  - Inpatient
  - Community
  - Quality
- Conclusions & next steps

Background and Process 2017

- MH reference group direction and content management
- Trust and LHB Chief Executive consultation
- Definitions development
- Collection process May – August 2017
- Telephone helpline, e-mail, and Q&A support to members
- Data validation – consistency review, outlier feedback, member review
- Draft CAMHS benchmarking reports issued for validation – October 2017
- Publication of report and CAMHS benchmarking toolkit – December 2017

Participants

CAMHS Benchmarking

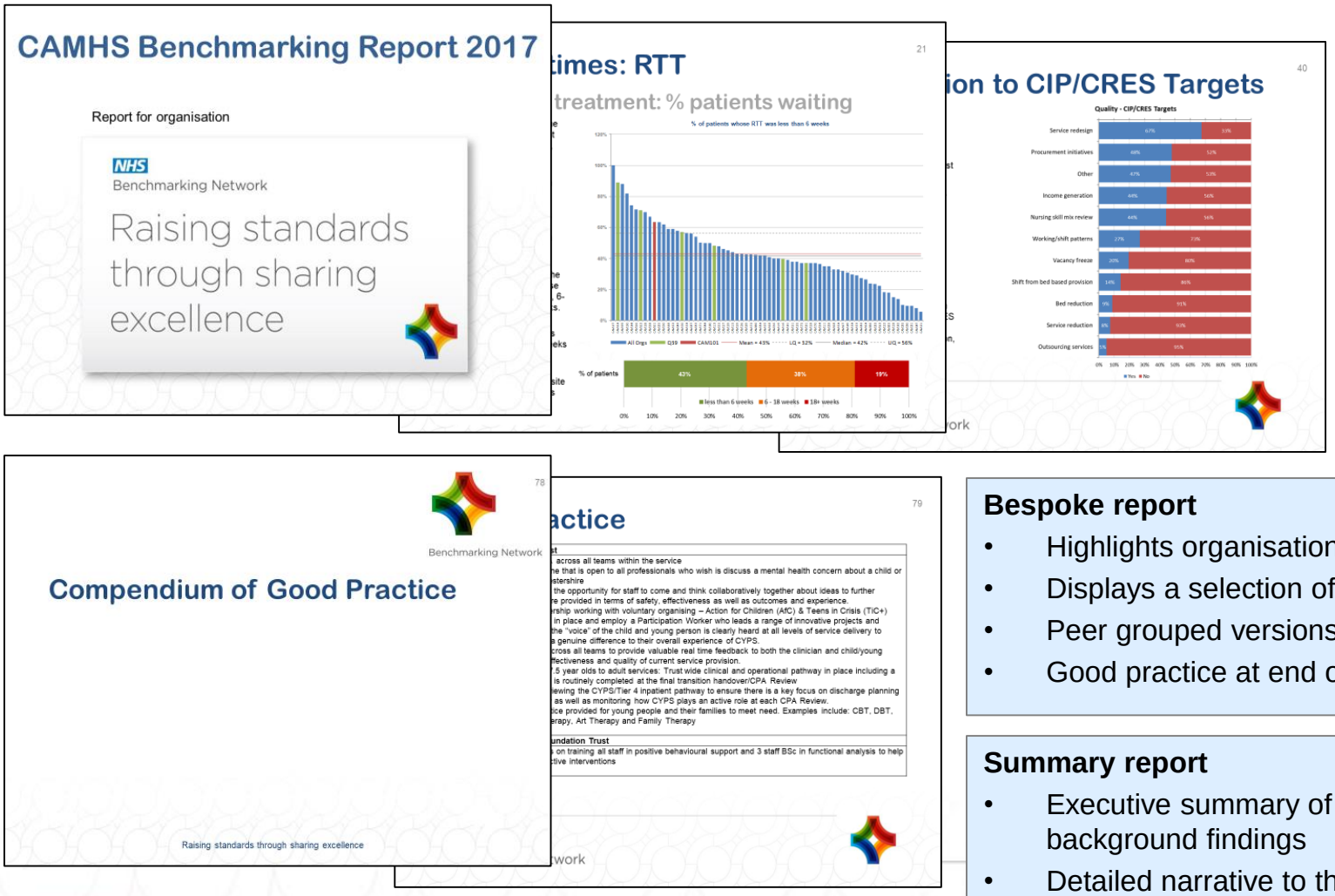
- **82** participants and **111** submissions - largest ever number of contributors
- Majority of providers in England
- All UHBs in Wales
- Scotland, NI and Jersey representation
- Additional independent sector providers for specialist services

CAMHS Benchmarking Toolkit 2017

- 2,000+ comparisons
- Local charting
- Emailed to project leads
- To be released post-conference

NHS Benchmarking Network

Summary & Bespoke CAMHS Reports



Bespoke report

- Highlights organisations positions
- Displays a selection of key metrics
- Peer grouped versions are available
- Good practice at end of report

Summary report

- Executive summary of project background findings
- Detailed narrative to the findings
- National positions, not individual

NHS
Benchmarking Network

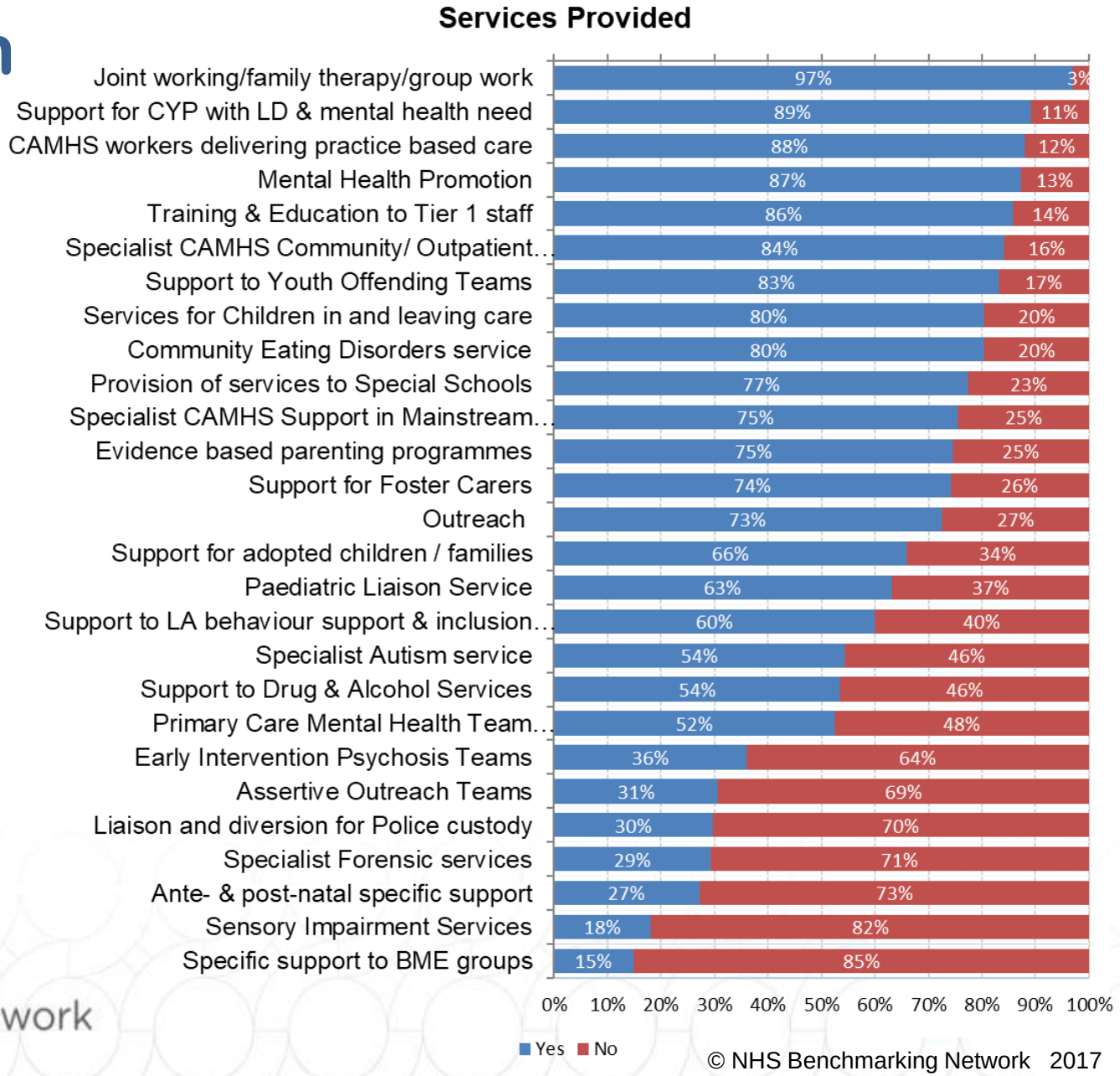
Benchmarking Results 2017

Participants - Wales

Abertawe Bro Morgannwg UHB	CAM174
Aneurin Bevan UHB	CAM217
Betsi Cadwaladr UHB	CAM175
Cardiff and Vale UHB - Neurodevelopment	CAM238
Cardiff and Vale UHB - Primary	CAM239
Cardiff and Vale UHB - Secondary	CAM240
Cwm Taf UHB – Tier 4 Inpatient	CAM241
Cwm Taf UHB	CAM242
Hywel Dda UHB	CAM190
Powys UHB	CAM216

Service models
Access and waits

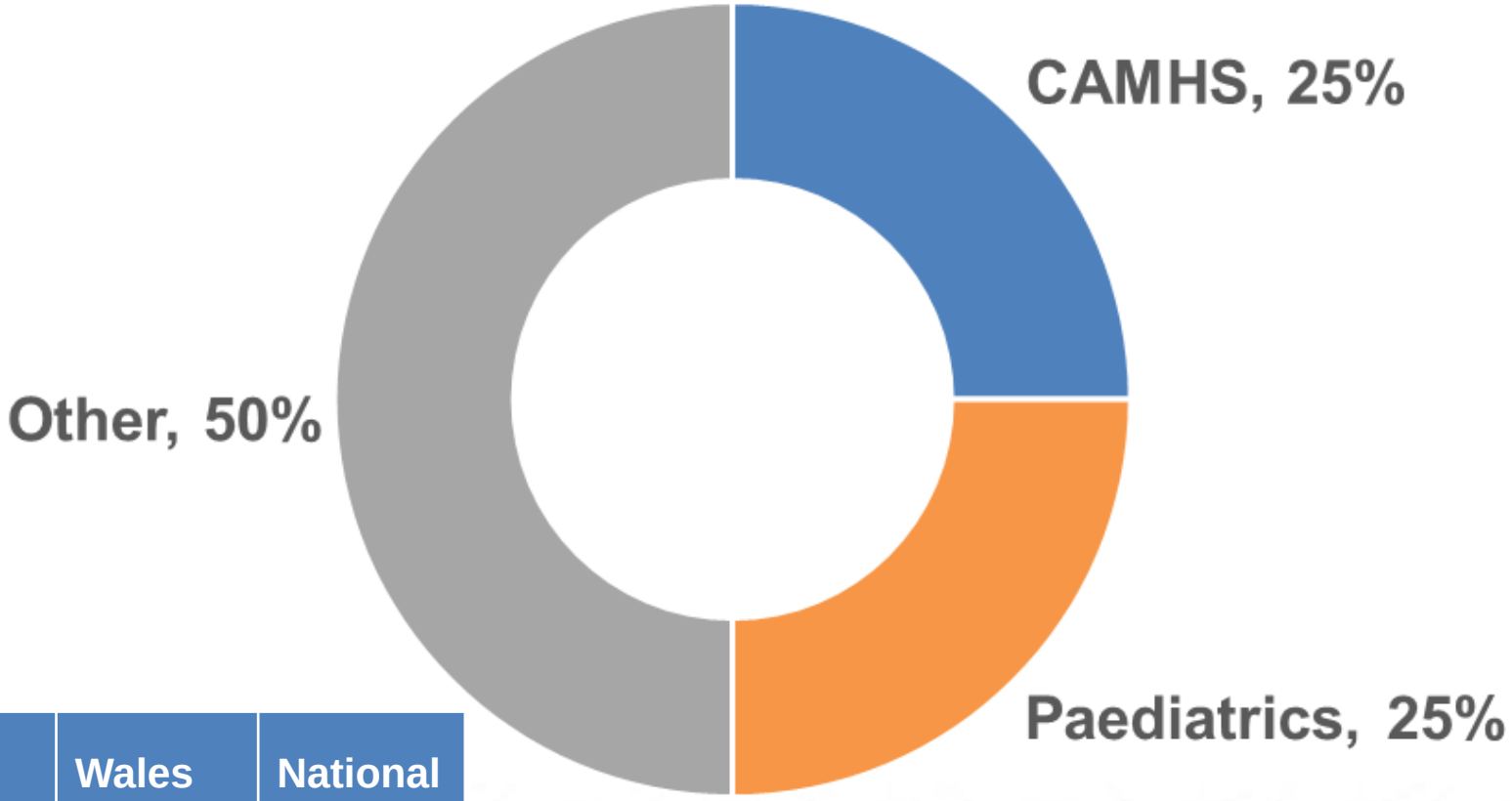
Community Service models and provision



NHS Benchmarking Network

Community Service models and provision

Who provides ADHD services in Wales?

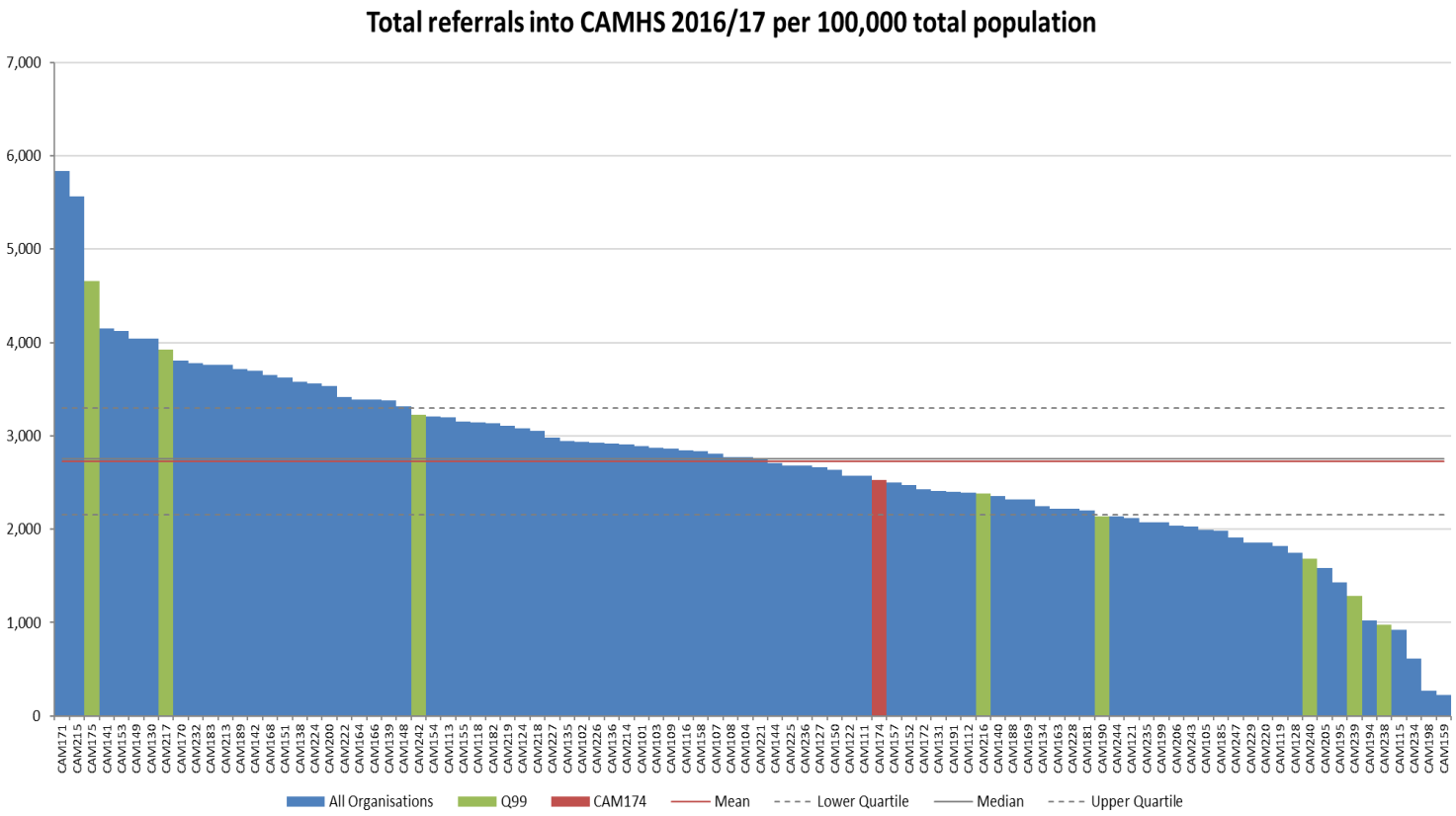


ADHD Service Provision	Wales average	National average
CAMHS	25%	69%
Paediatrics	25%	16%
Other	50%	15%

Community Access

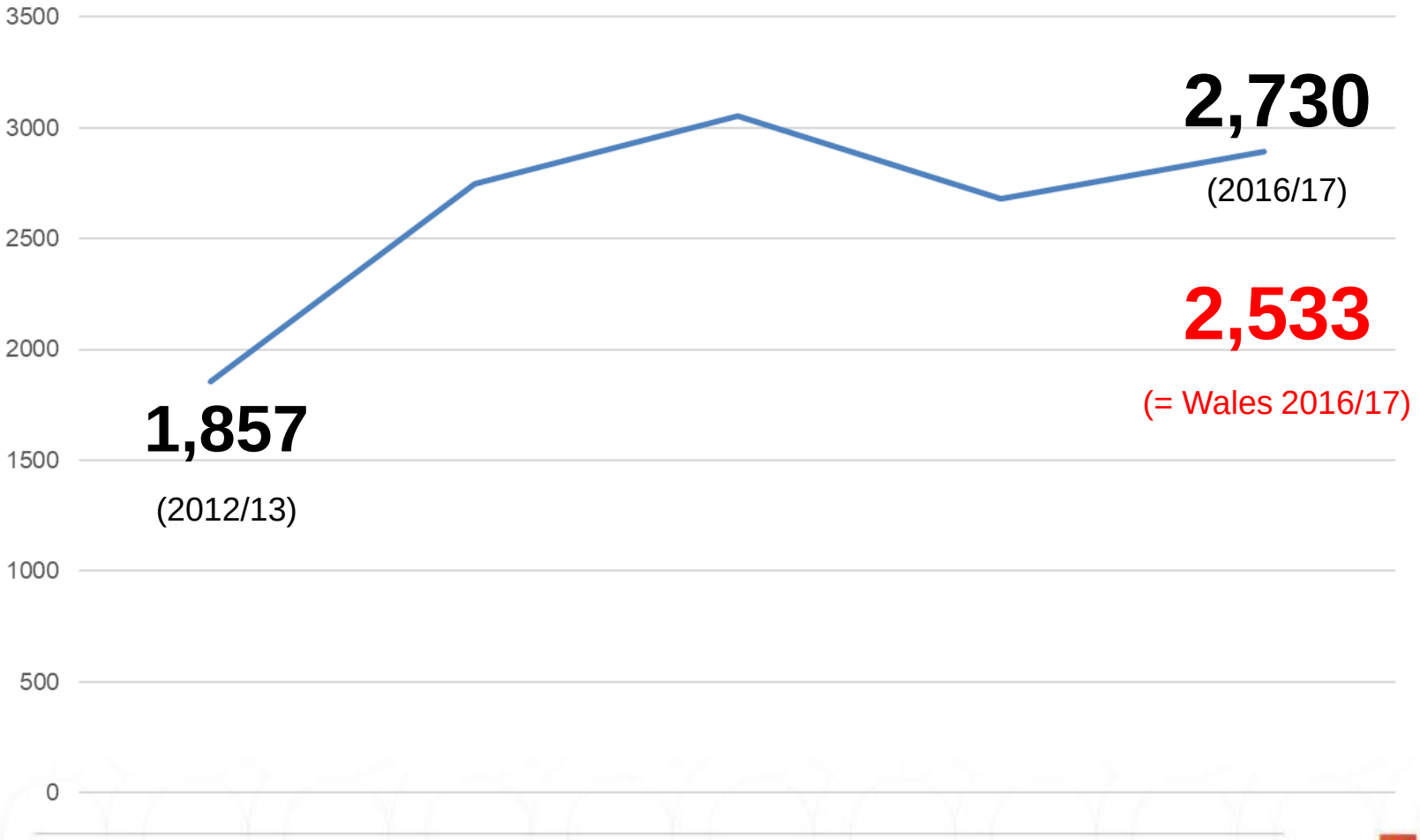
Referrals received

- Referral rates for CAMHS have increased this year to 2,730
- 2015/16 = 2,682, a reduction on the previous year
- 2014/15 = 3,051
- 2016/17 figure is an increase from 3 years ago
- Wales = 2,533



NHS Benchmarking Network

Demand for services 47% higher than 4 years ago: UK referrals per 100,000 population

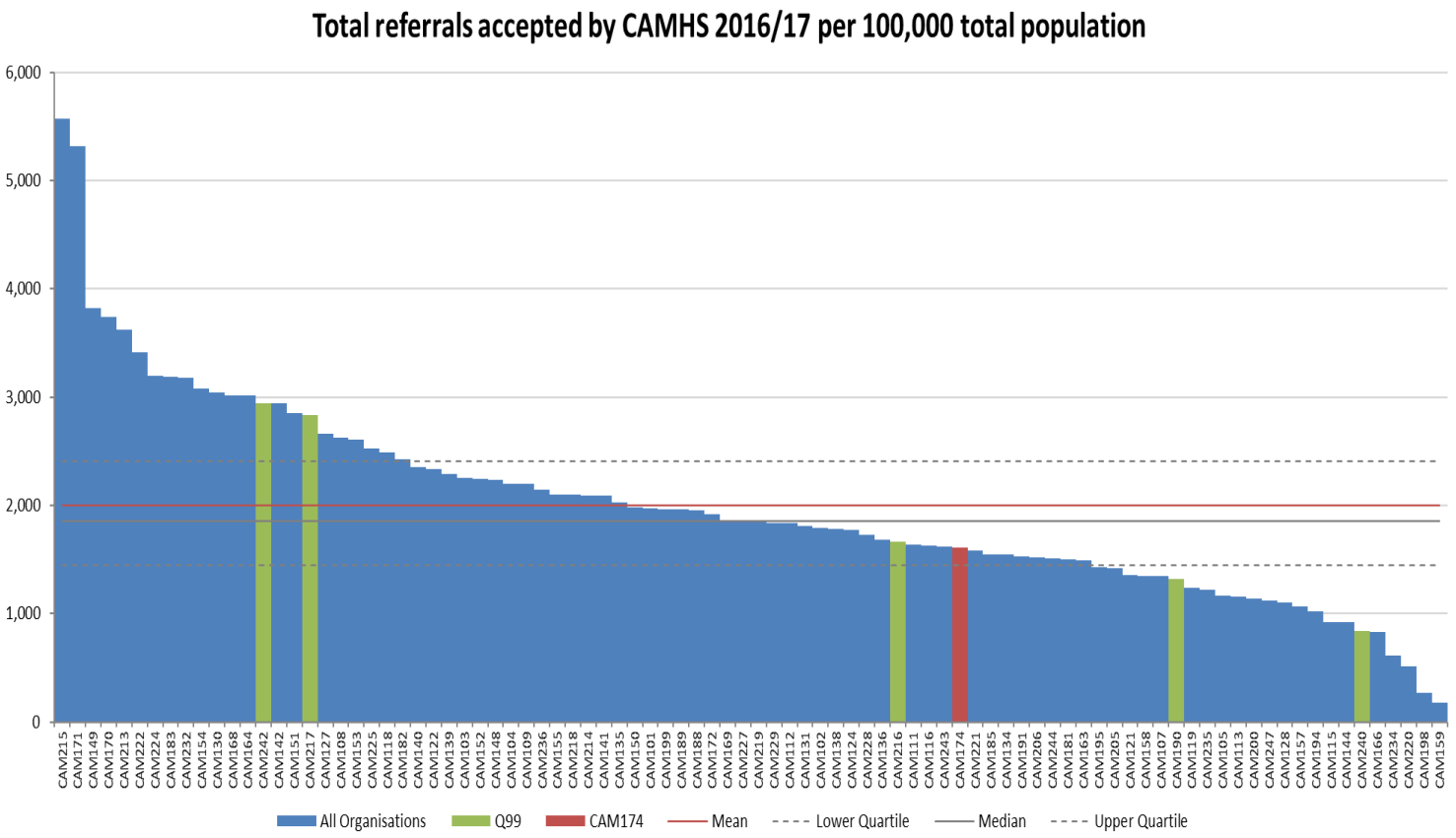


NHS Benchmarking Network

Community Access

Referrals accepted

- 2,002 referrals accepted (mean average) per 100k population in 2016/17
- 2015/16 = 1,941
- 2014/15 = 2,399
- 2013/14 = 2,087
- Wales 2016/17 = 1,867

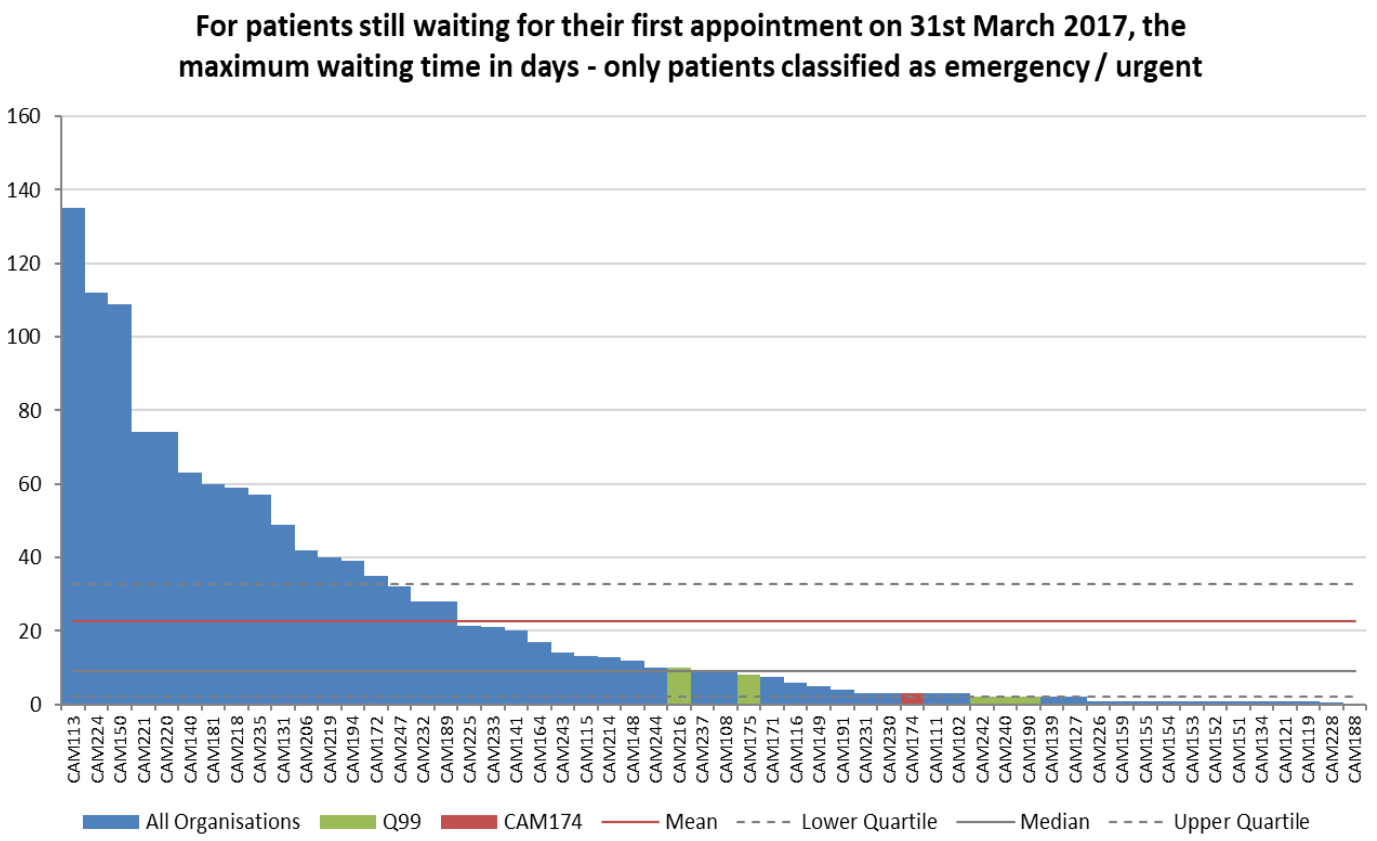


NHS Benchmarking Network

Community Access to Urgent Care

Maximum waiting times for emergency appointments

- Maximum emergency waiting times show a mean average of 23 days in 2016/17.
- 2015/16 = 10 days
- 13 days in 2014/15
- The median position is now 9 days
- (3 days in 2015/16)
- Wales 2016/17:
  Mean = 5 days
  Median = 3 days

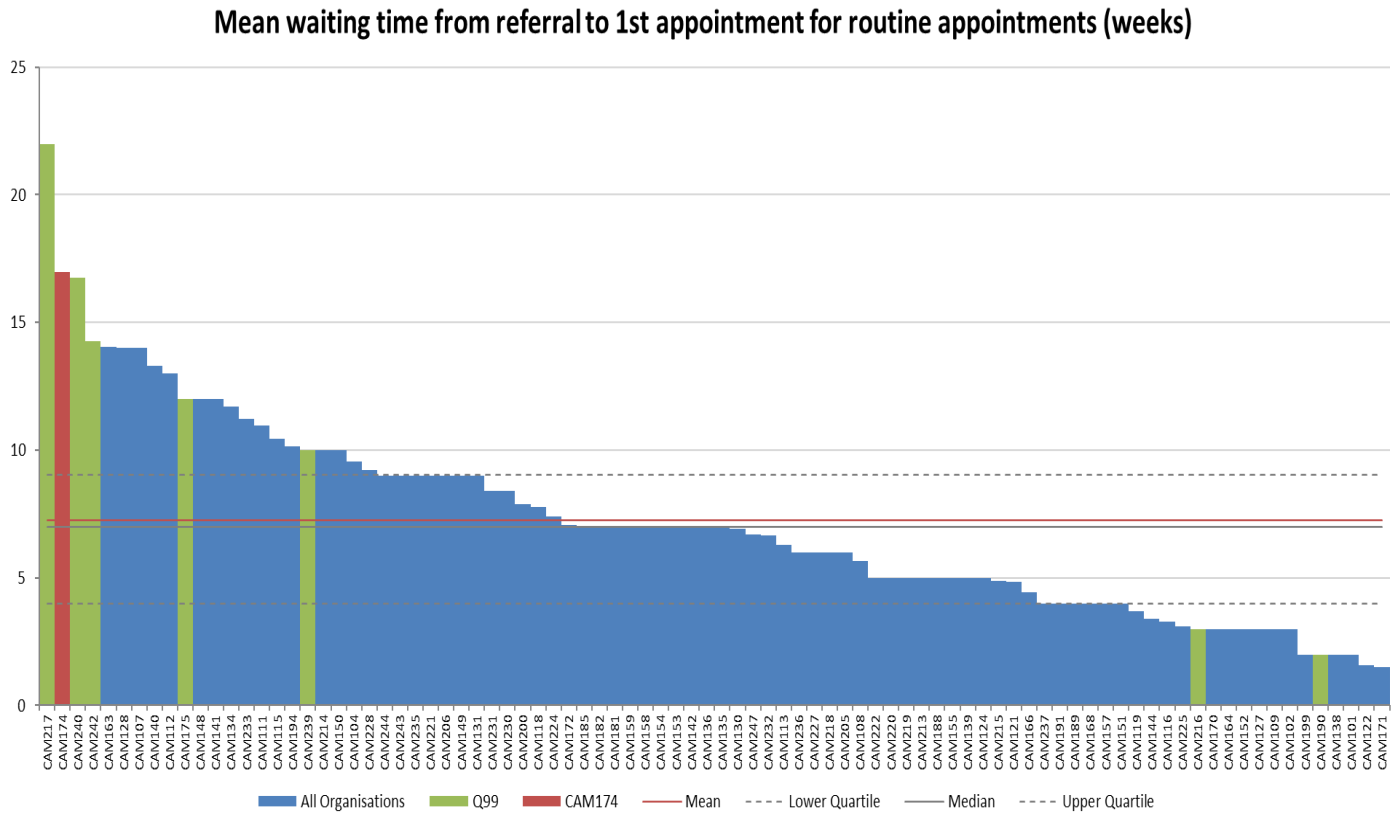


NHS Benchmarking Network

Community Access to Routine Care

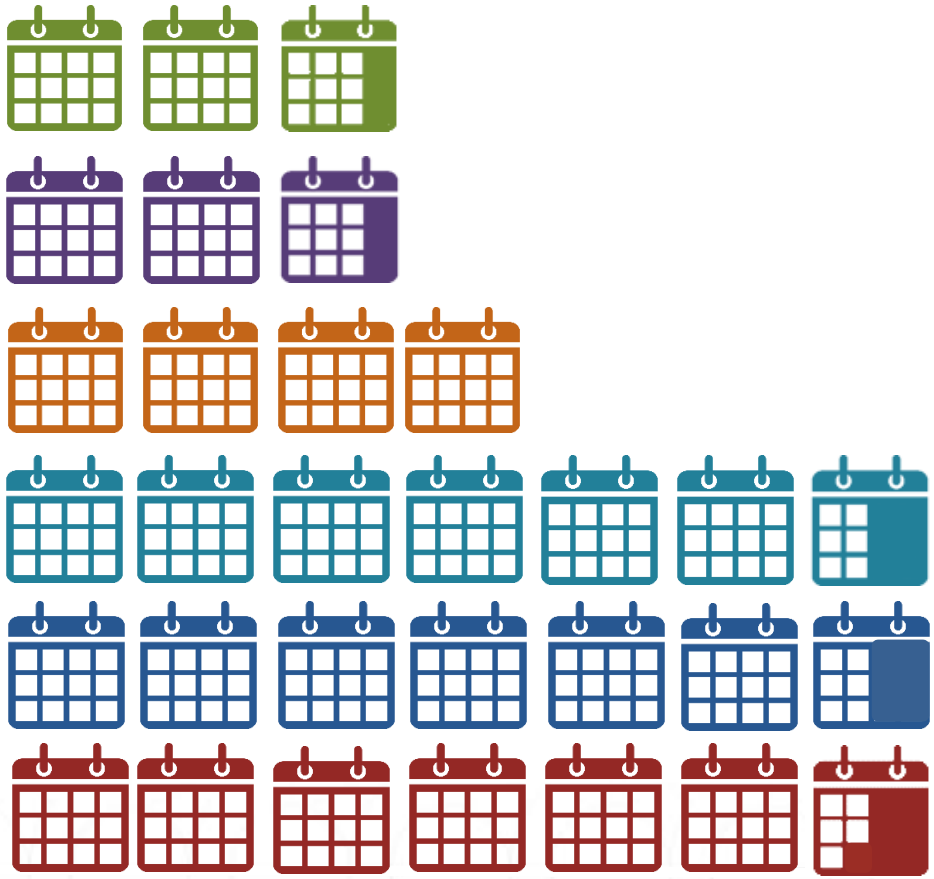
Mean waiting times for non-urgent care

- Waiting times show a mean average of 7 weeks for routine care in 2016/17.
- 9 weeks in 2015/16
- Lower quartile position of 4 weeks
- Wide range evident in comparative waiting times
- Wales 2016/17: Mean = 12



NHS Benchmarking Network

Community CAMHS median waiting times: Maximum wait for a routine appointment



NHS Benchmarking Network

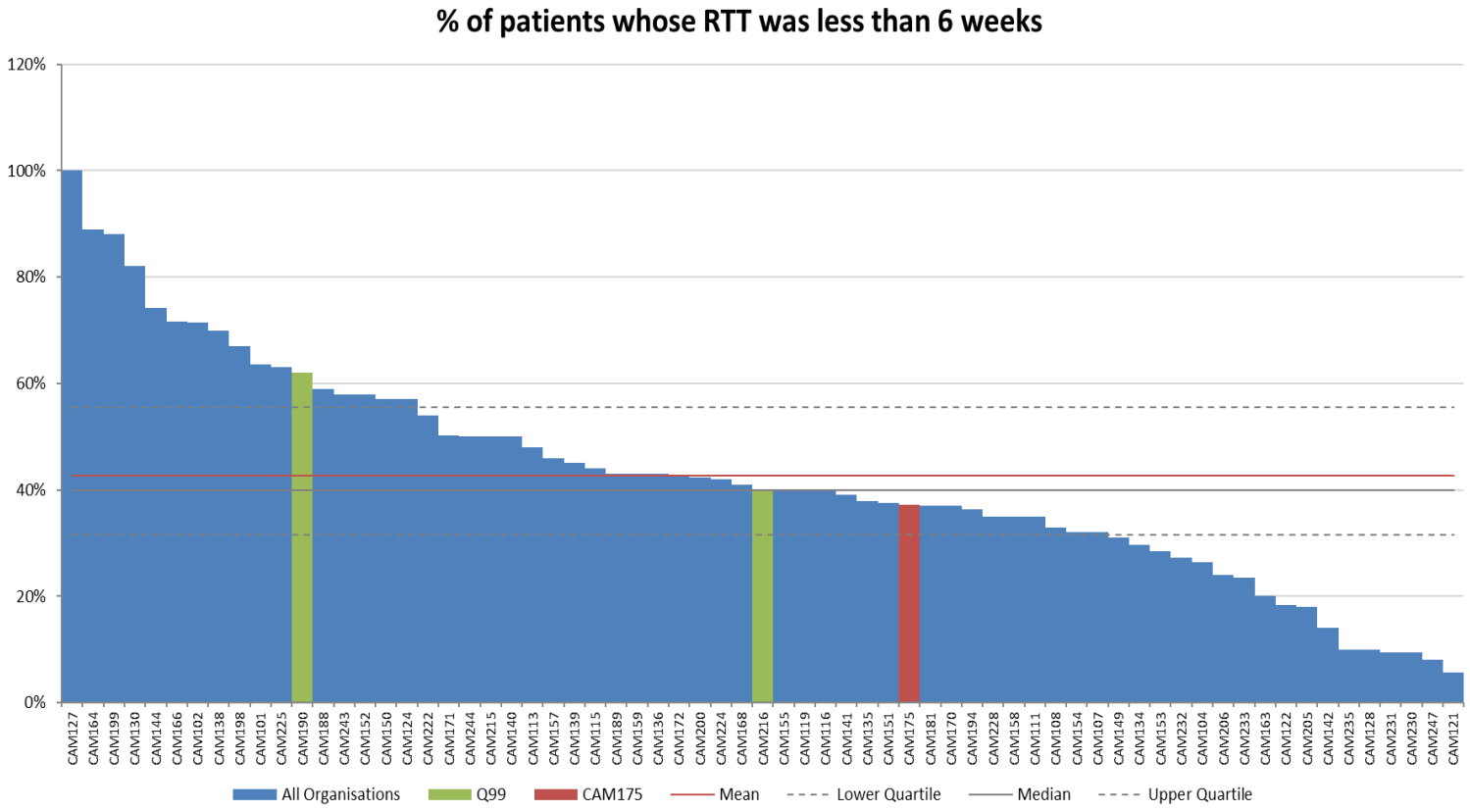
Community Access to non-urgent care

	Mean waiting time (National average)	Median waiting time (National average)	Mean waiting time (Wales)	Median waiting time (Wales)
Routine 1st appointment (weeks)	7	5	12	8
Routine 2nd appointment (weeks)	12	9	14	8
Routine maximum waiting time (weeks)	33	25	22	4

Community Activity - RTT

Waiting times: RTT

- Referral to treatment profiling, new for 2016/17
- Time from date of referral to date of 2nd appointment
- Example of chart in report
- % patients seen in less than 6 weeks = 43%
- Wales = 46%

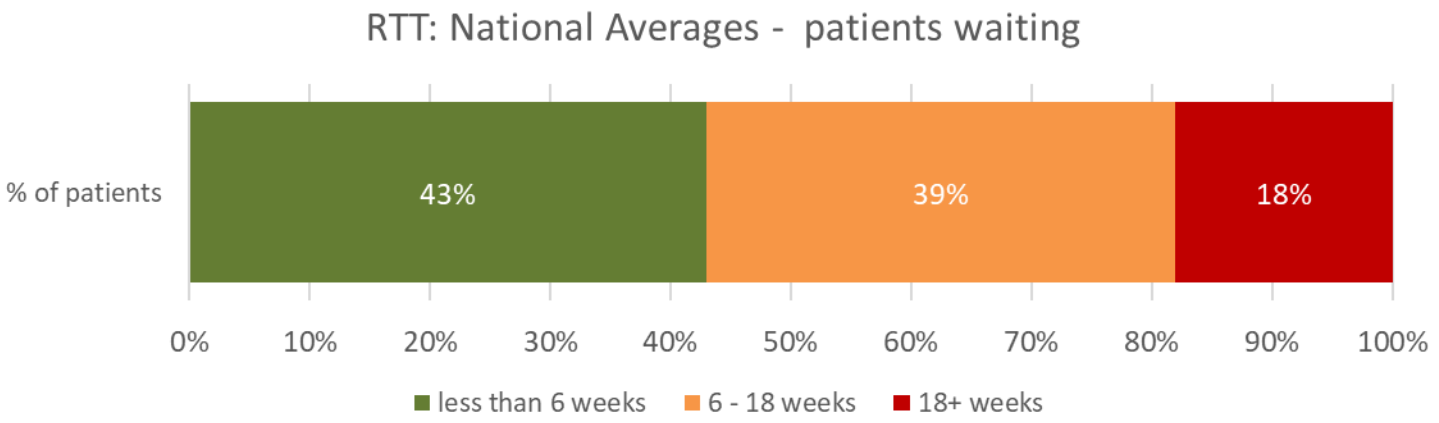


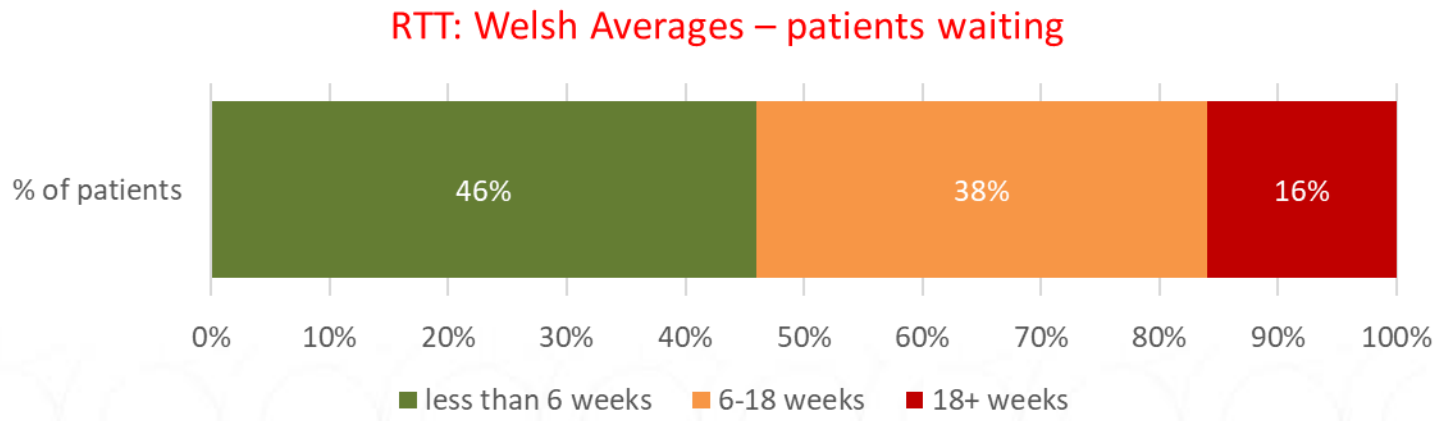
NHS Benchmarking Network

Community Activity - RTT

Waiting times: RTT

- % patients seen in less than 6 weeks = 43%
- % patients seen in 6 to 18 weeks = 39%
- % patients waiting 18 weeks or more from referral to 2nd appointment = 18%





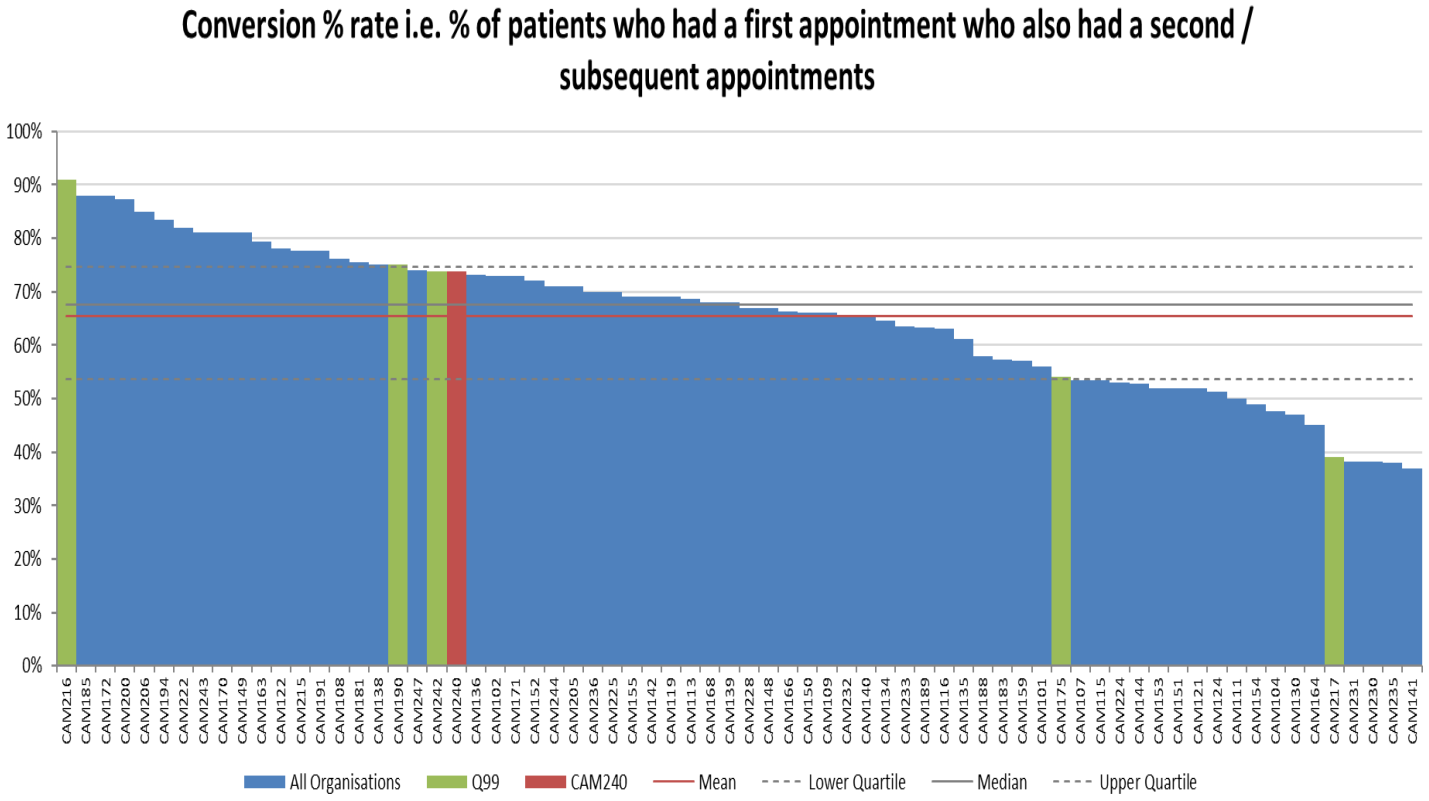
NHS Benchmarking Network

Community Activity

Conversion rates from patients assessed to patients receiving treatment

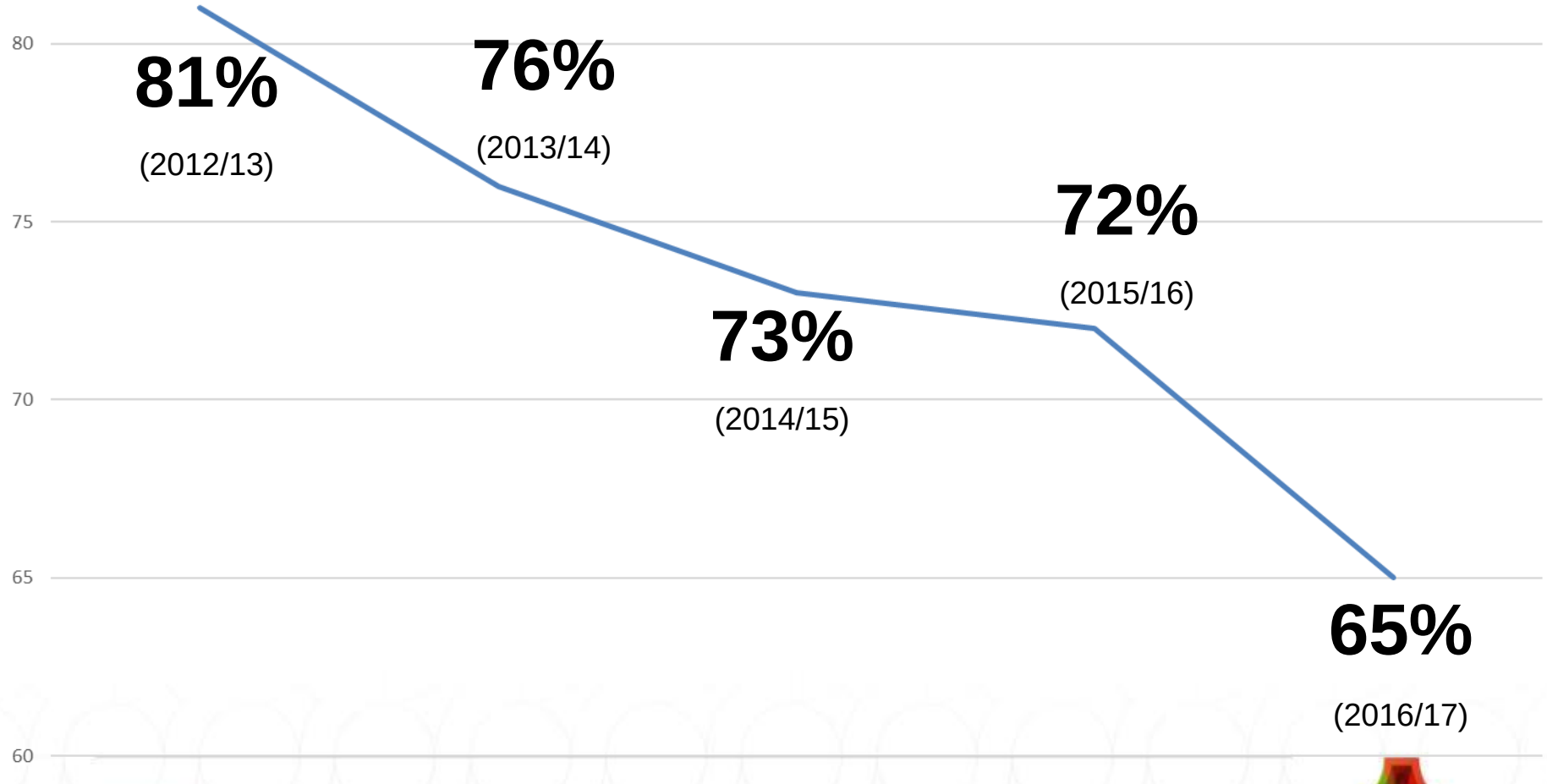
- Decreasing in recent years:
  81% (2012/13)
  76% (2013/14)
  73% (2014/15)
  71% (2015/16)
- 65% conversion rate in 2016/17
- Wales 2016/17:

Conversion rate = 68%



NHS Benchmarking Network

Decrease in UK conversion rates in last 4 years: Patients assessed to patients receiving treatment



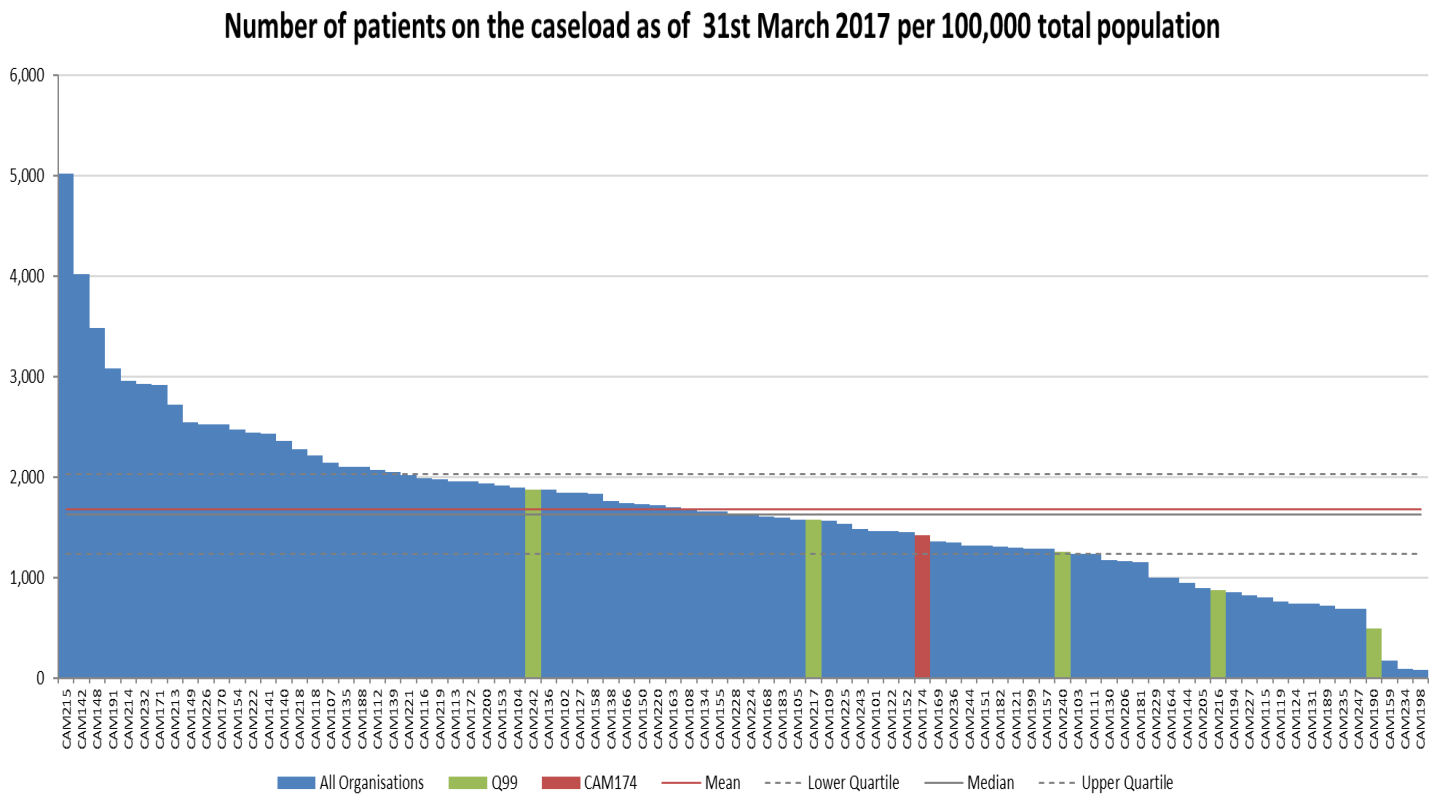
NHS Benchmarking Network

Community CAMHS Activity

Community Caseload

Total caseload per 100,000 population

- Mean number of patients per 100,000 registered population = 1,685
- Wales 2016/17:
- Mean = 1,253
- National average 2015/16 = 1,840
- Wales 2015/16:
- Mean = 1,741

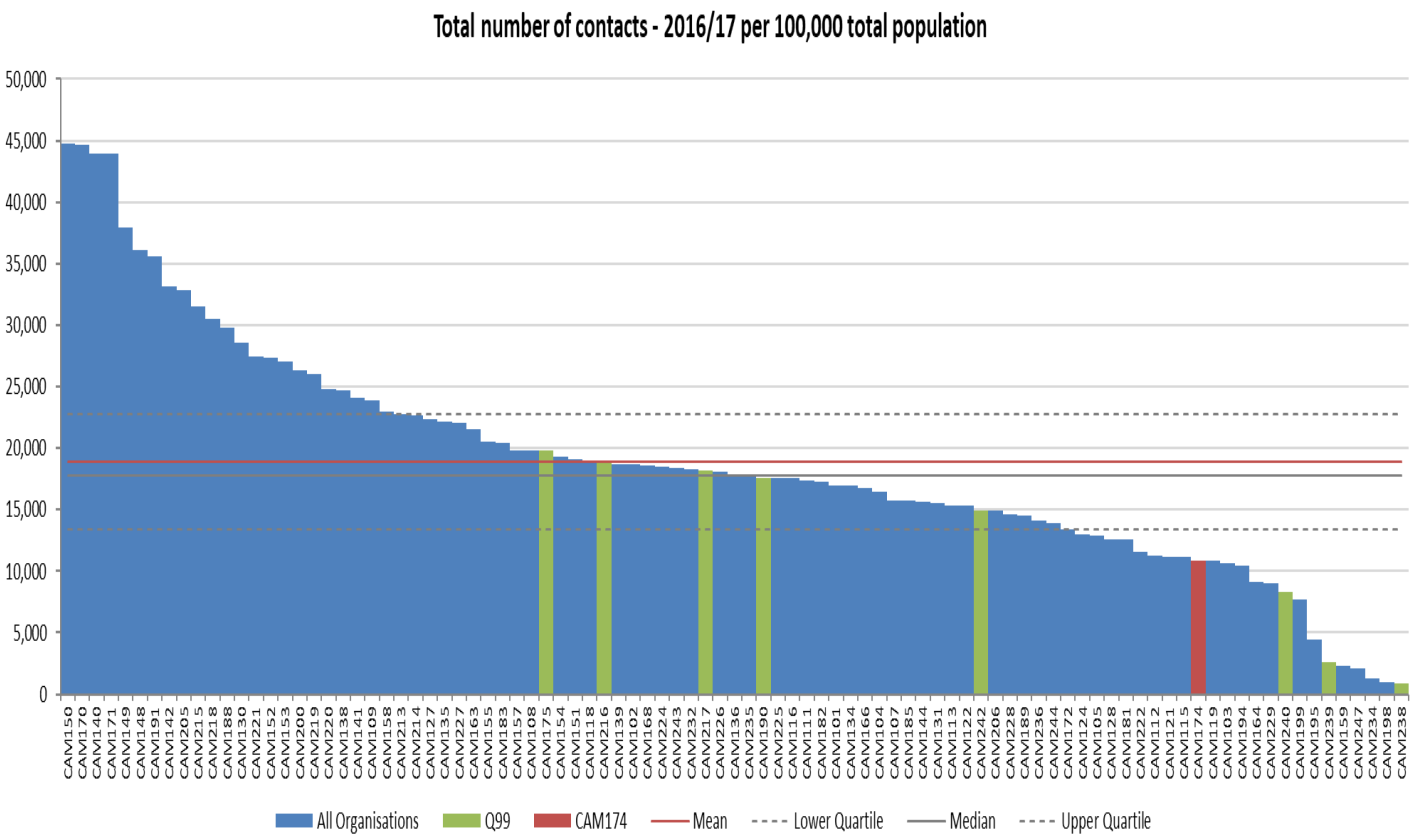


NHS Benchmarking Network

Community Activity

Total contacts (face to face and non face to face)

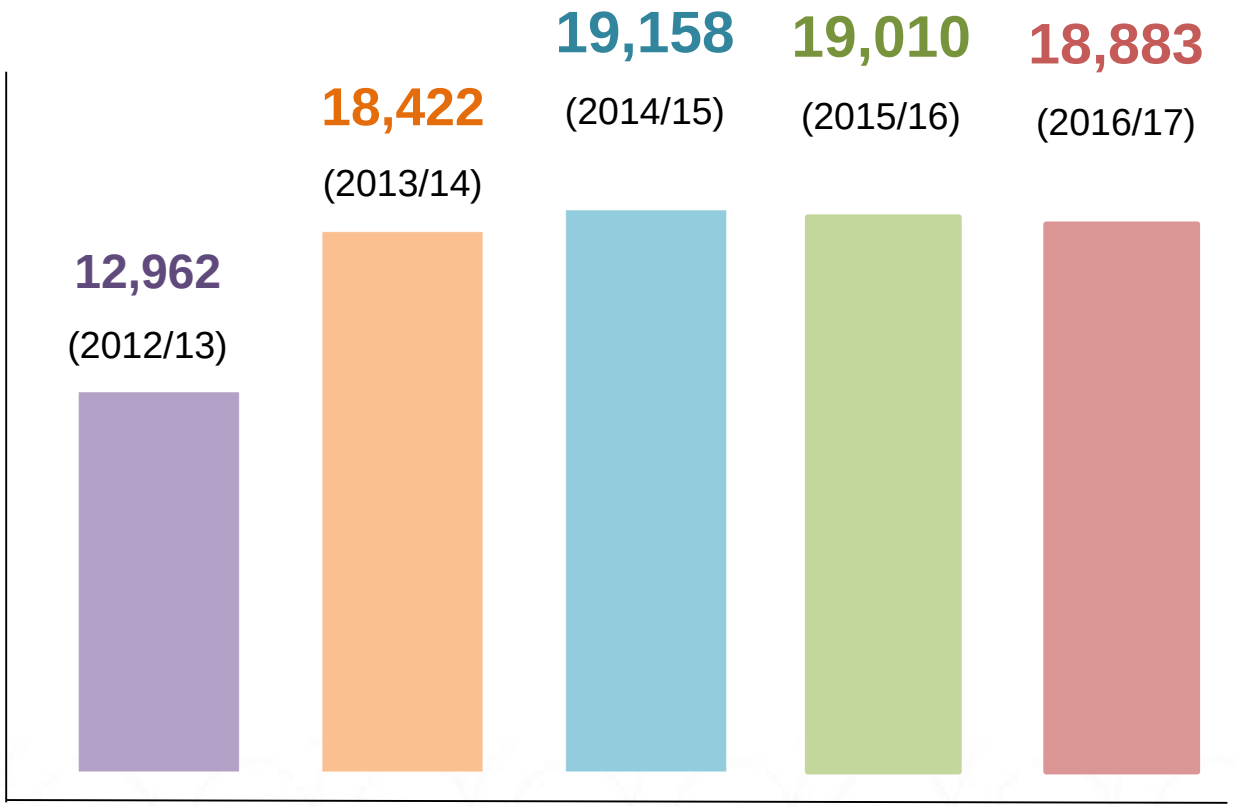
- Mean number of contacts per 100,000 registered population = 18,883
- Similar position to last year (19,010)
- Wales 2016/17
  Mean = 12,439
- Approximately 80% of all contacts for CAMHS are face to face contacts.



NHS Benchmarking Network

UK Activity increased 46% in last 4 years

Contacts per 100,000 population



NHS Benchmarking Network

UK Activity increased 46% in last 4 years

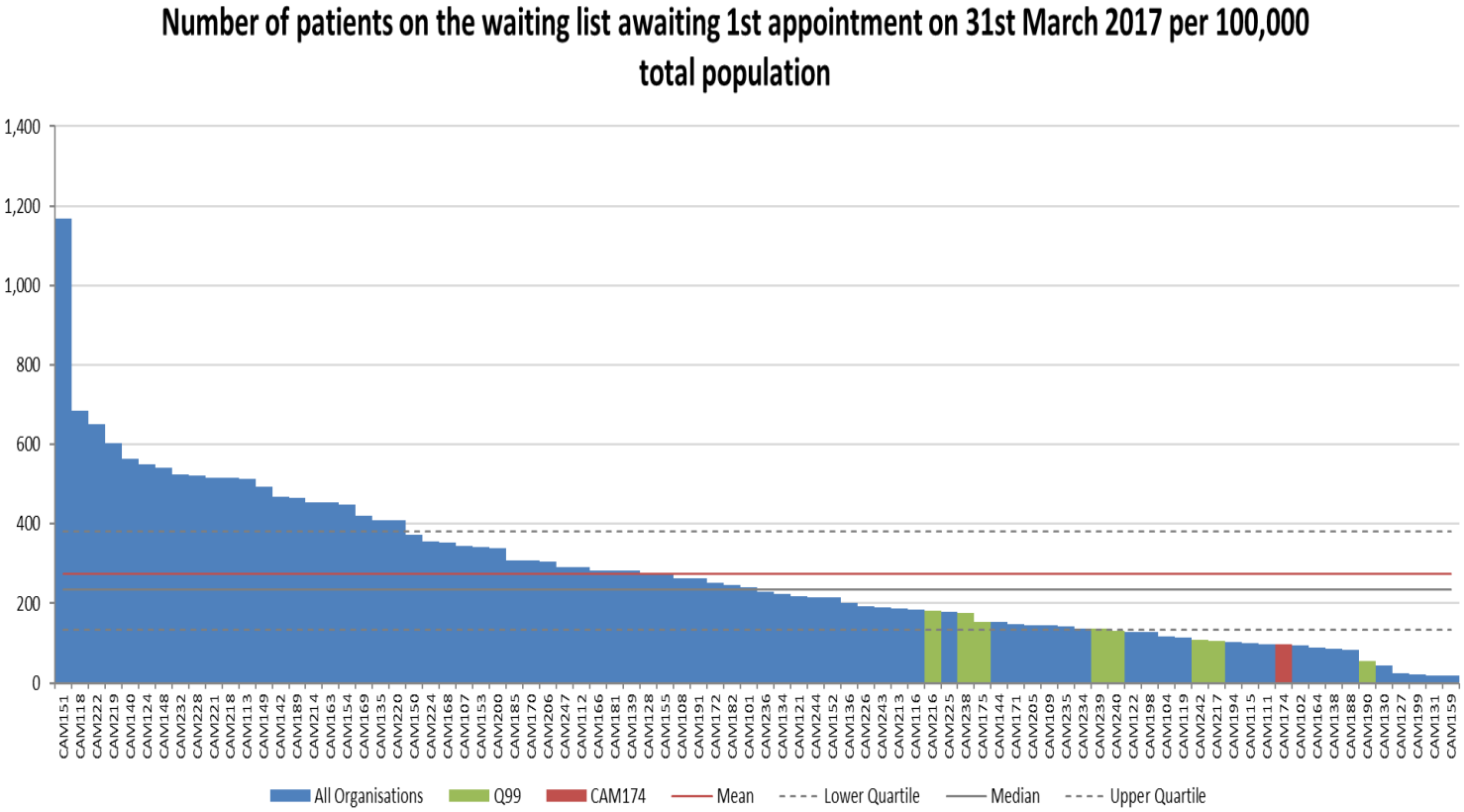
Contacts per 100,000 population

NHS Benchmarking Network

Community Activity

Waiting lists for 1st appointment

- Number of patients awaiting 1st appointment per 100k population = 275
- Wales = 127 per 100k population
- New metric for 2016/17

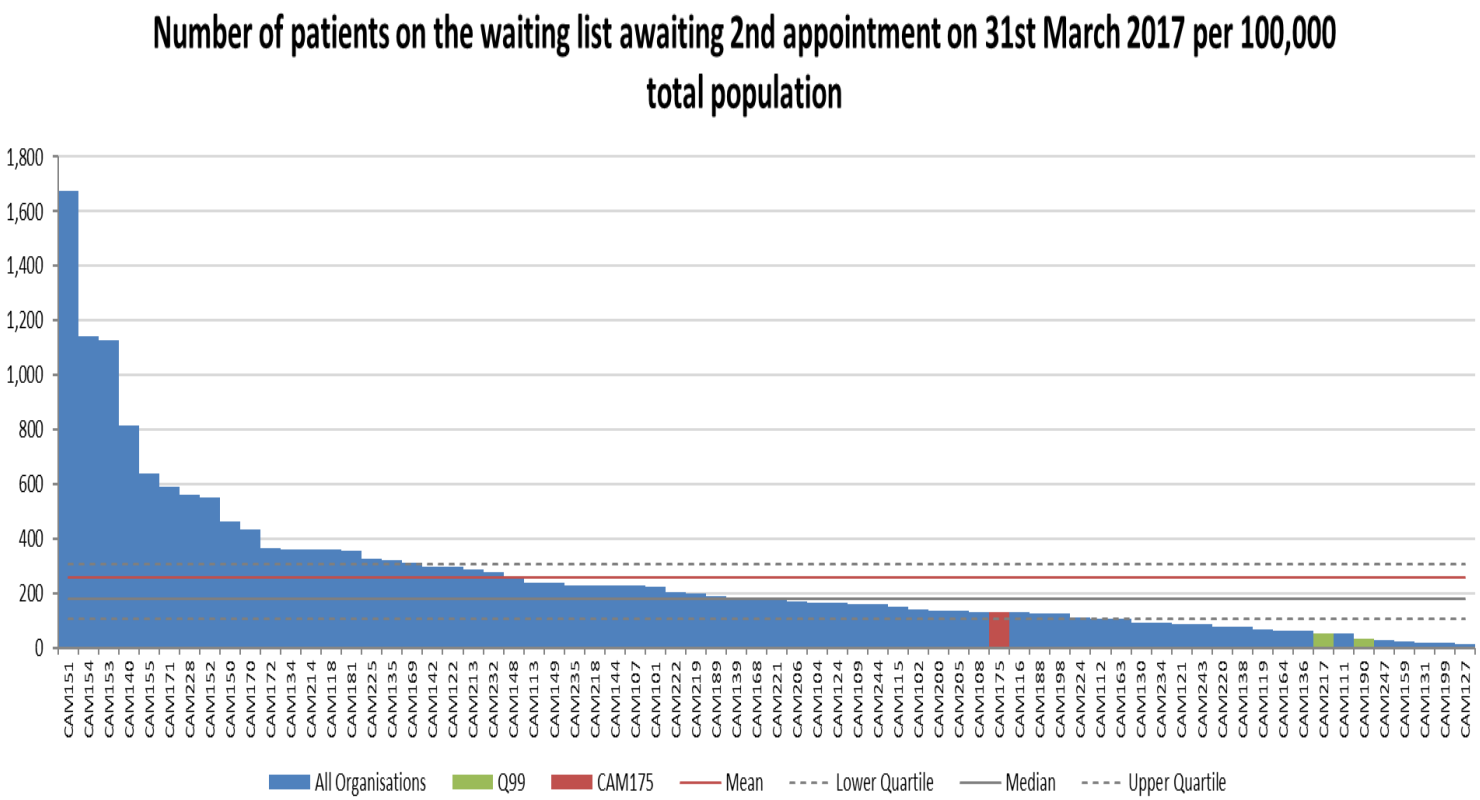


NHS Benchmarking Network

Community Activity

Waiting lists for 2nd appointment

- Number of patients awaiting 2nd appointment per 100k population = 259
- Wales = 73 per 100k population
- Second appointment considered start of treatment

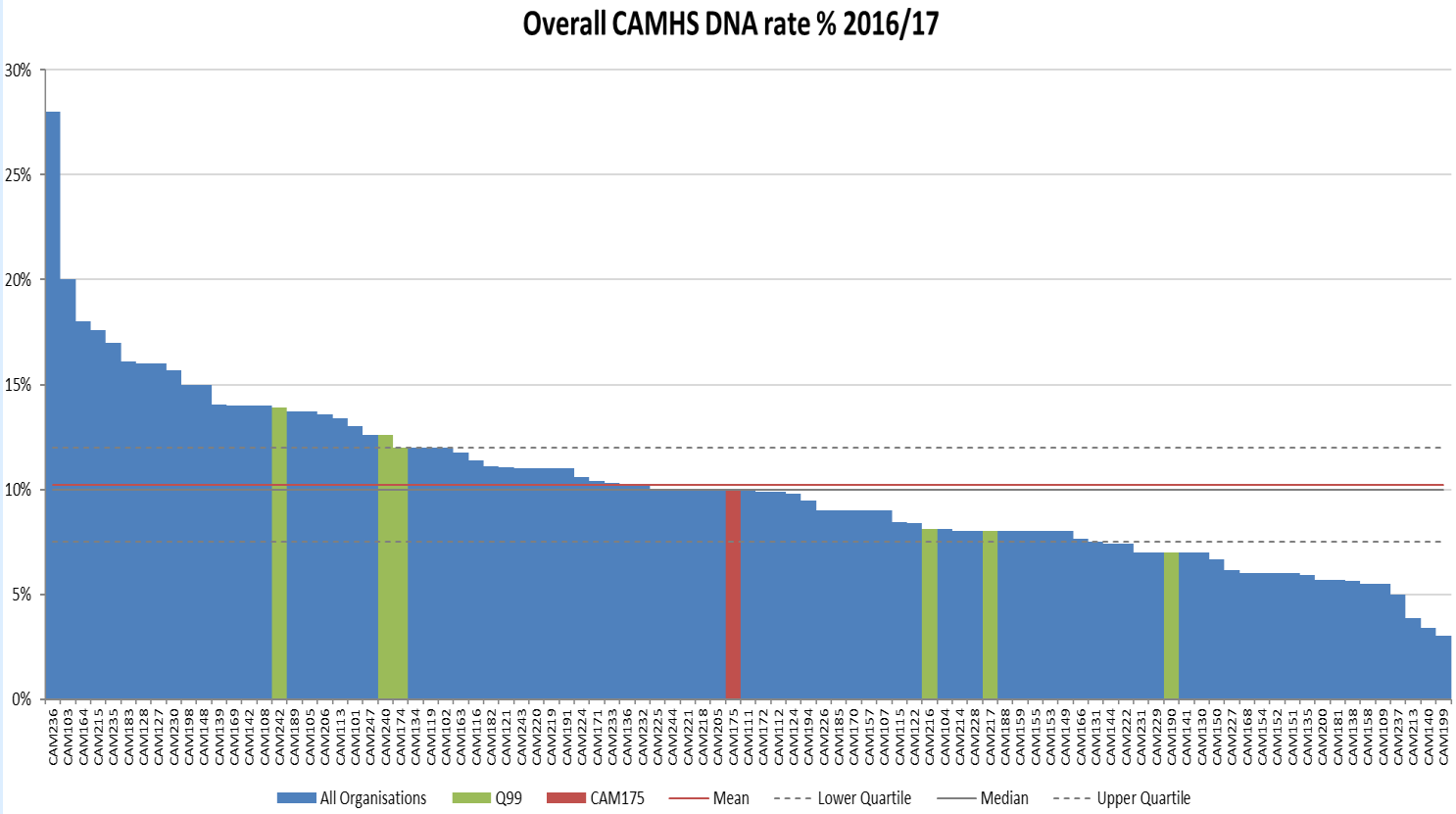


NHS Benchmarking Network

Community Activity

DNA rates

- Average DNA rate is 10% this year
- Identical to 2015/16 figure
- Wales 2016/17: 10% DNA rate

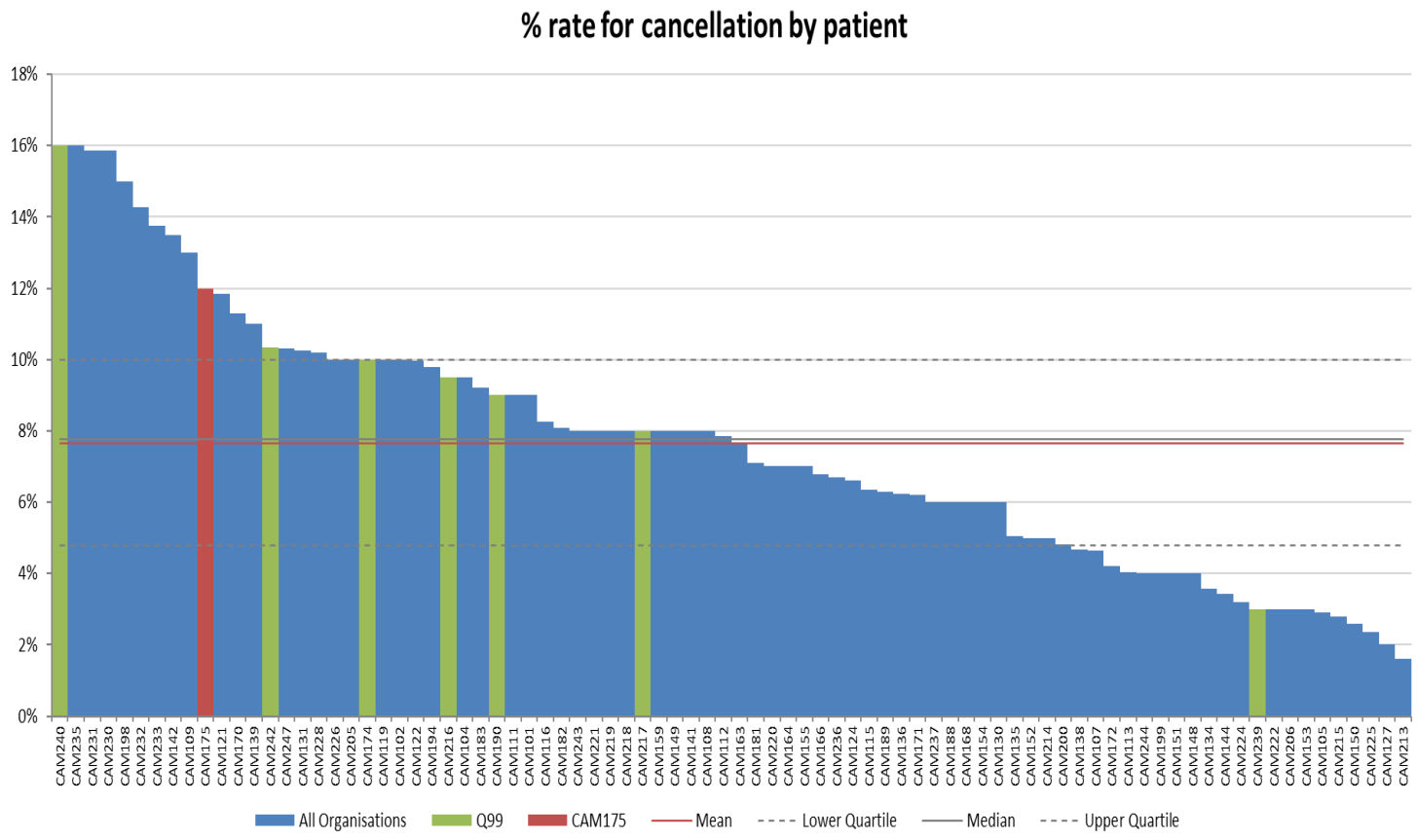


NHS Benchmarking Network

Community Activity

Cancellation rates (by patient)

- Patient cancellations are typically at a higher rate than service cancellations
- Cancellation rate by patients this year is 8%
  (7% last year)
- Wales 2016/17:
  Mean = 10%

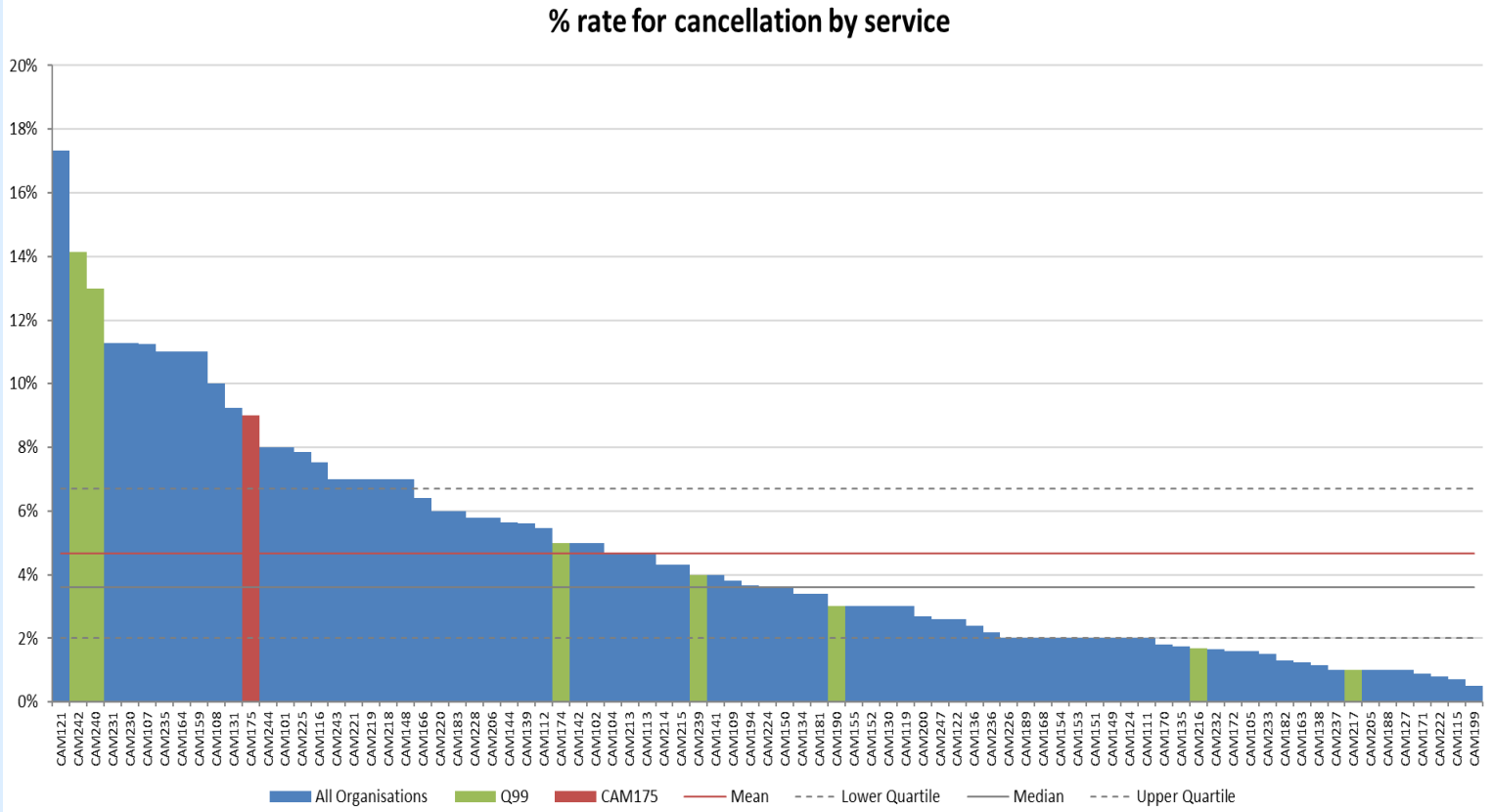


NHS Benchmarking Network

Community Activity

Cancellation rates (by service)

- Cancellations made by the service have remained steady at 5% in 2016/17
- Wales 2016/17: Mean = 6%



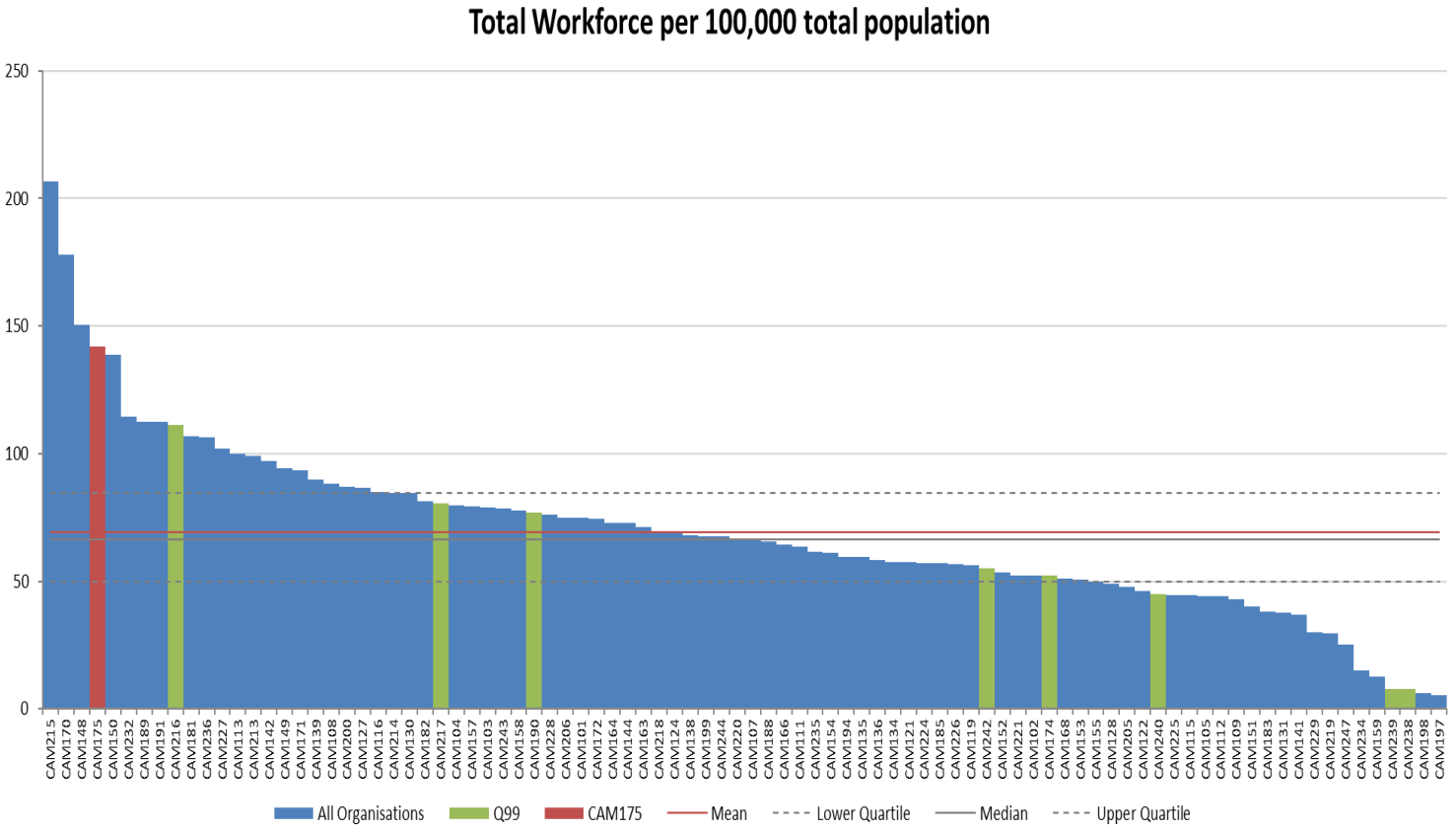
NHS Benchmarking Network

Community CAMHS Workforce

Community Workforce

Total Staff

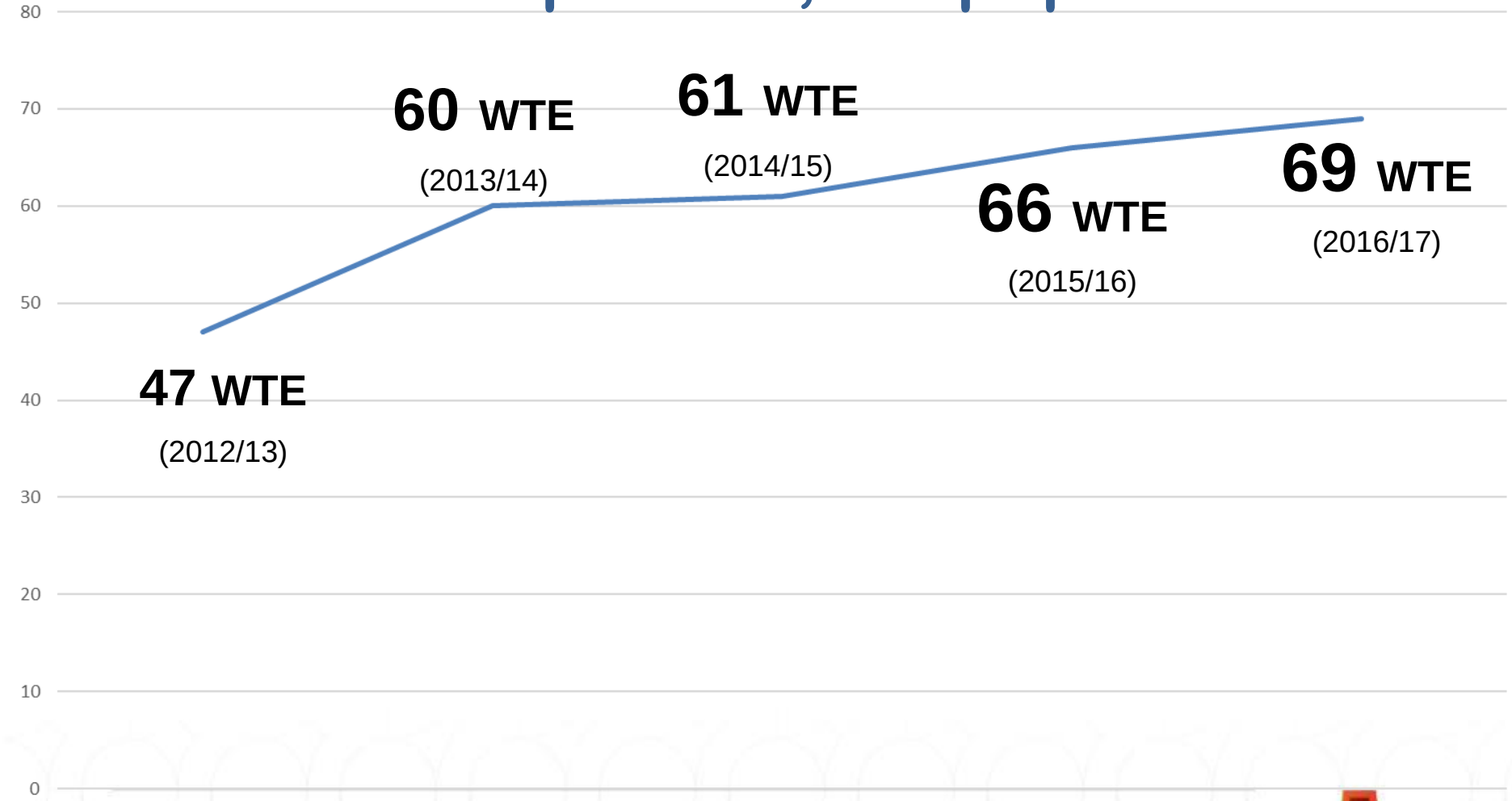
- This year has again seen an increase in community CAMHS workforce
- 69 WTE per 100k population, up from 66 in 2015/16 and 61 in 2014/15
- 5th consecutive year an increase has been observed
- Wales 2016/17:
- Mean = 64 WTE



NHS Benchmarking Network

UK Workforce increased 47% in last 4 years

Total workforce per 100,000 population

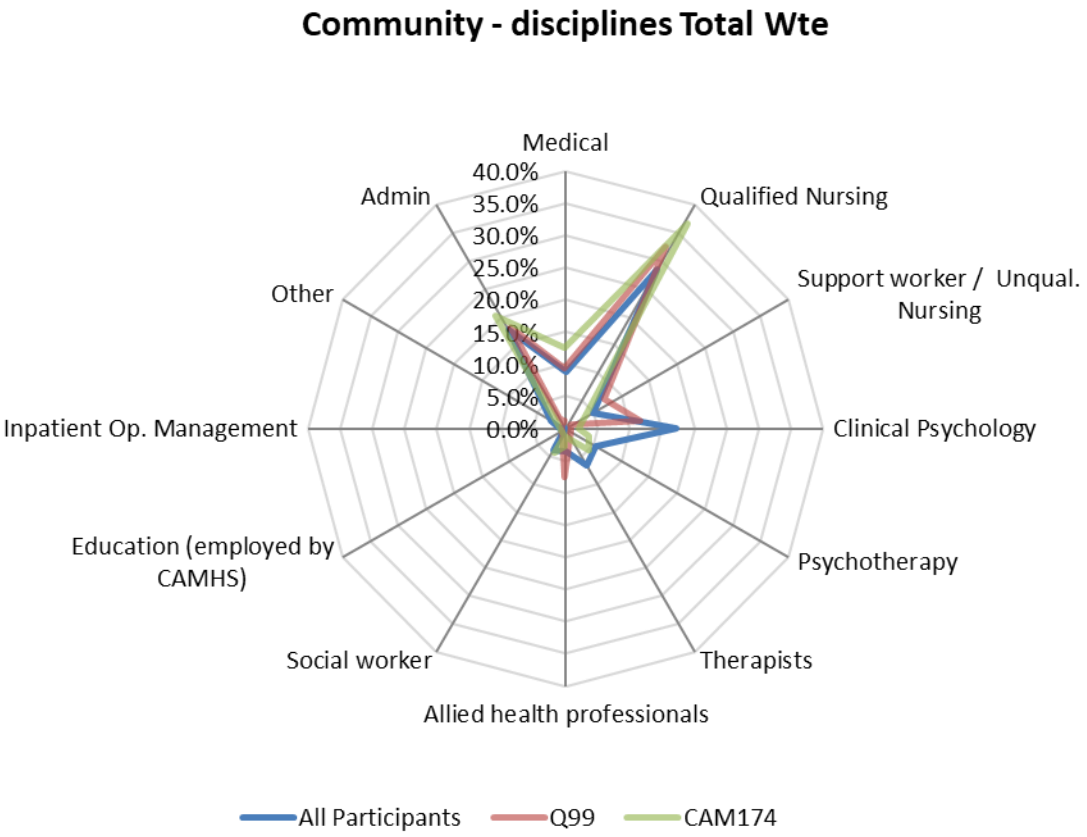


NHS Benchmarking Network

Community Workforce

Workforce groups – Total

- Registered Nursing = 29%
  (Wales = 35%)
- Psychology = 17%
  (Wales = 13%)
- Medical = 9%
  (Wales = 9%)
- UK Nursing and Psychology same as 2015/16
- UK Medical in 2015/16 = 10%

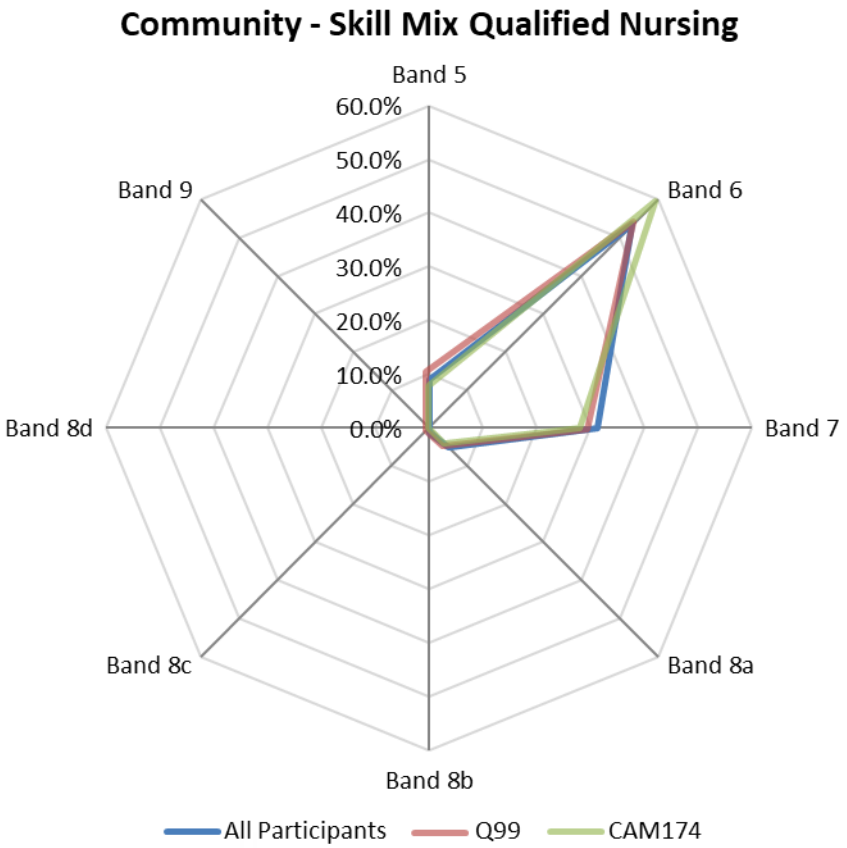


NHS Benchmarking Network

Community Workforce

Skill mix – Nursing

- 85% of nursing staff in community CAMHS are AfC band 6 or 7
- 2015/16 = 84%



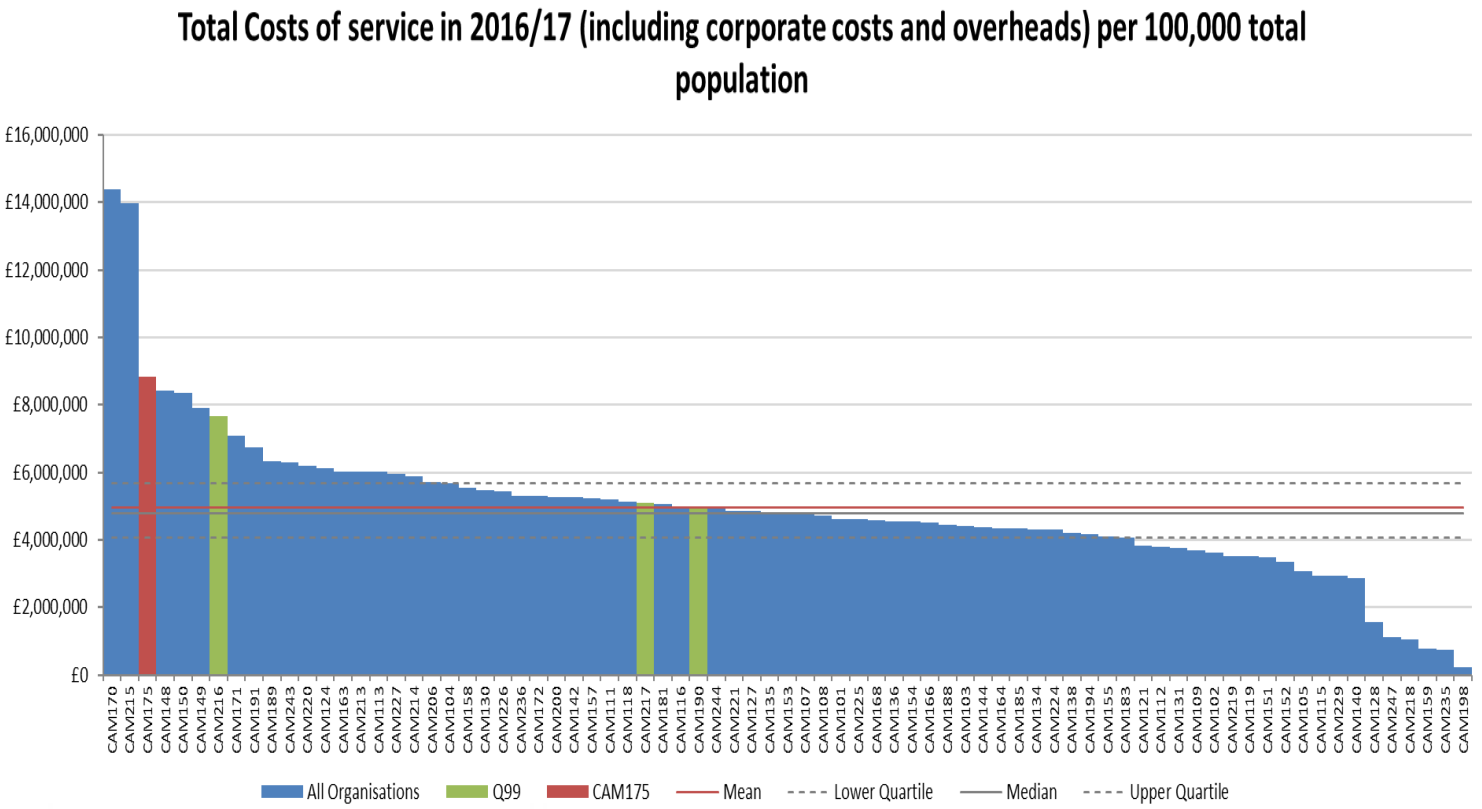
NHS Benchmarking Network

Community CAMHS Finance

Community Finance

Total costs

- Median costs have increased to £4.8m
- £4.5m in 2015/16
- Wales 2016/17: Median = £6.4m



NHS Benchmarking Network

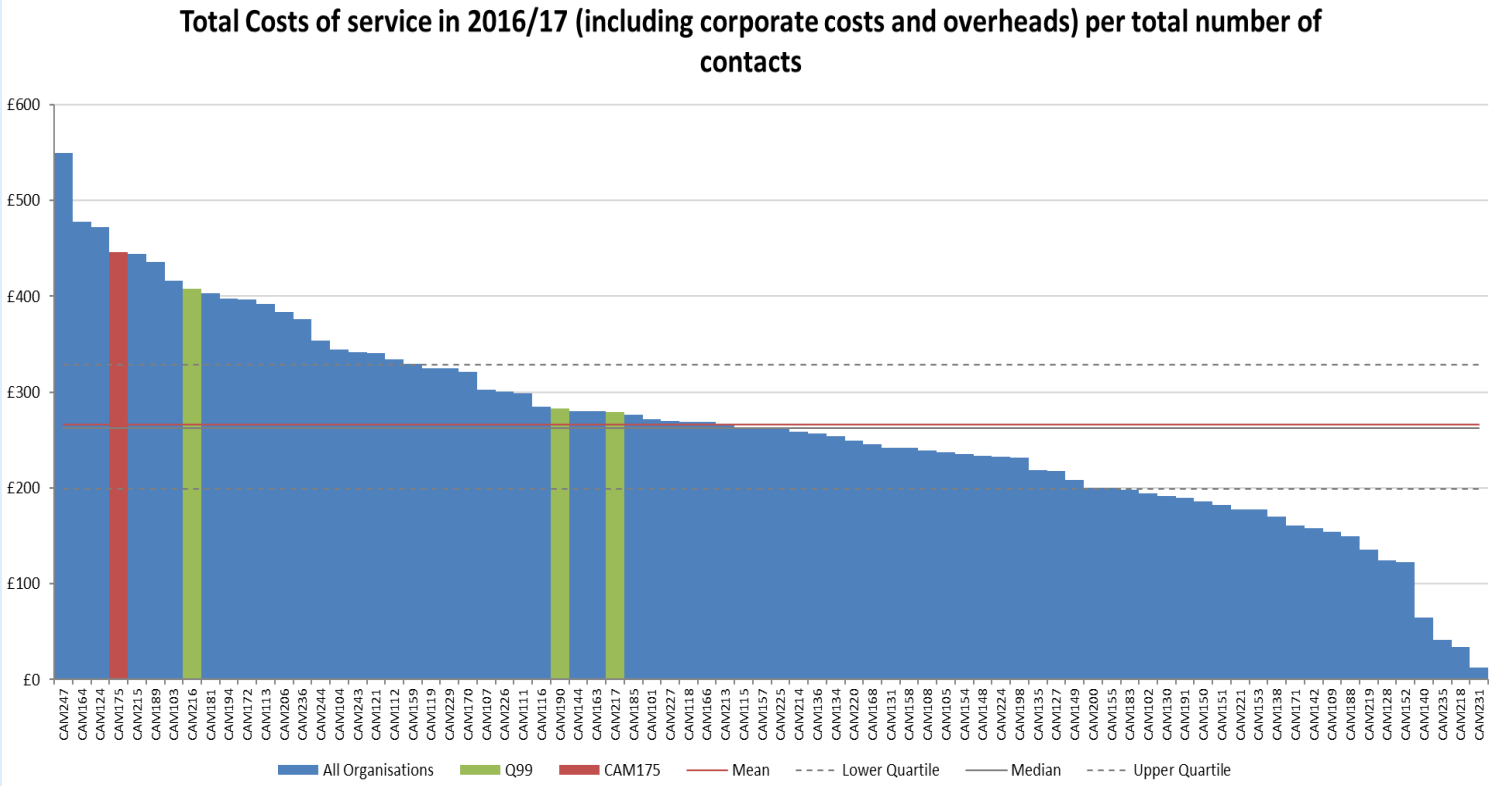
Community Finance

Costs per contact

- Costs per contact have increased marginally in the last year
- Median cost in 2016/17 is £263

(was £256 in 2015/16)

- Wales 2016/17: Median = £346

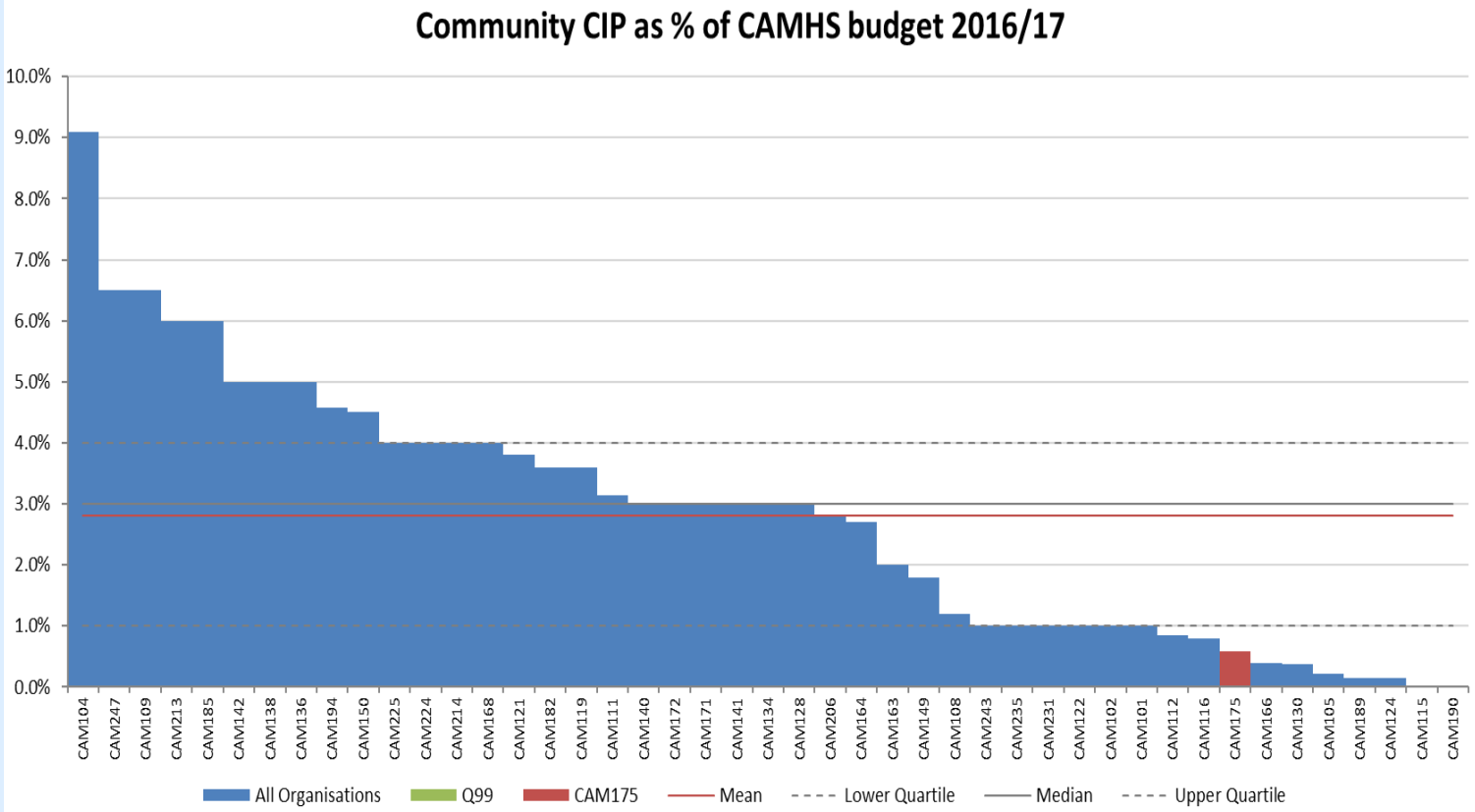


NHS Benchmarking Network

Community Finance

CIP %

- Cost improvement programmes average 3% of community CAMHS budget.
- Identical to 2015/16
- Reduction from 4% reported annually from 2012 – 2015
- Wales 2016/17: Mean = 0%

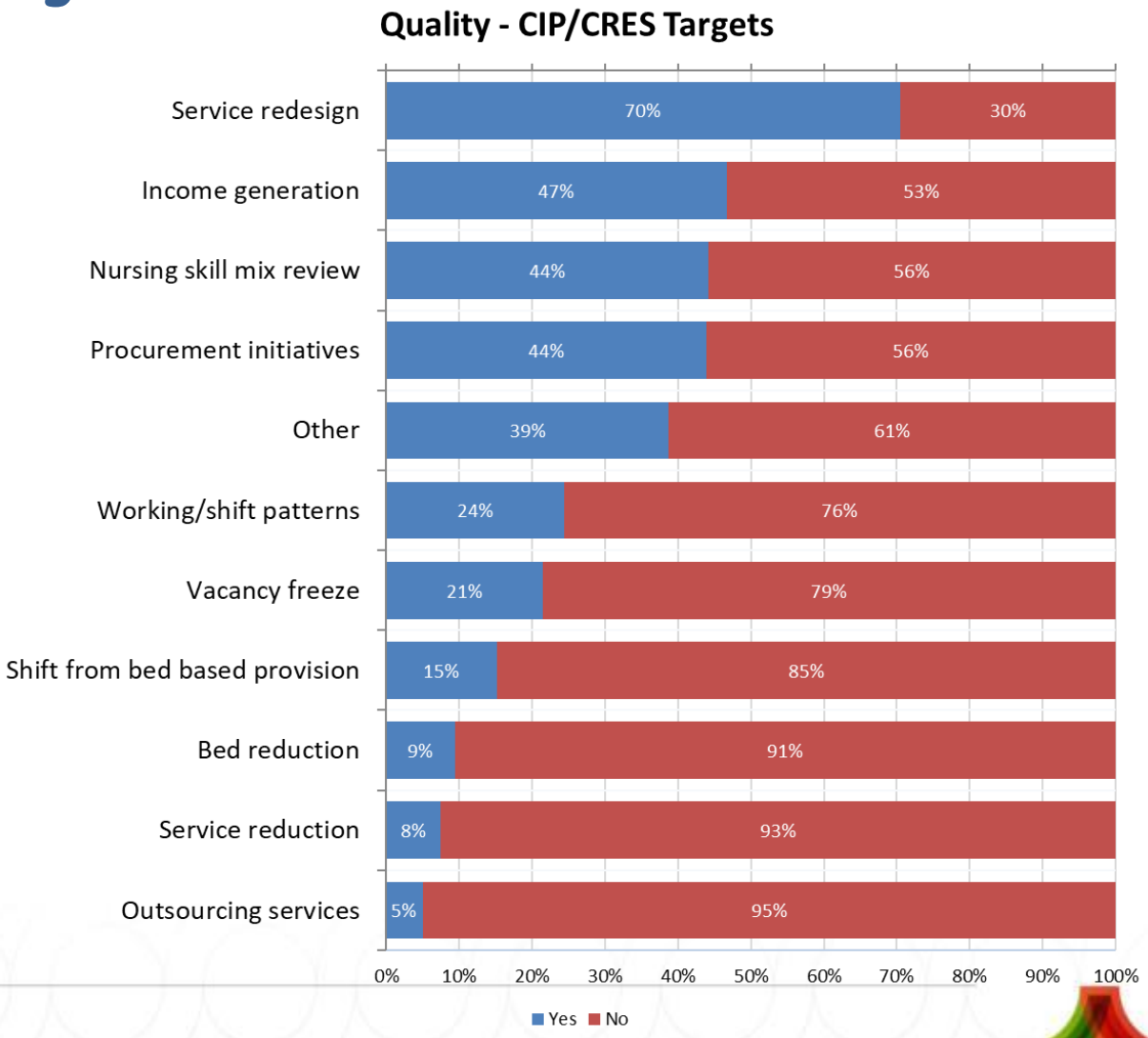


NHS Benchmarking Network

Community Finance

CIP/CRES Target Contributions

- Contribution to CIP/CRES targets
- New for 2016/17
- UK national averages shown
- 70% of responding providers = service redesign contributed to CIP/CRES targets



NHS Benchmarking Network

Inpatient CAMHS

General Admissions

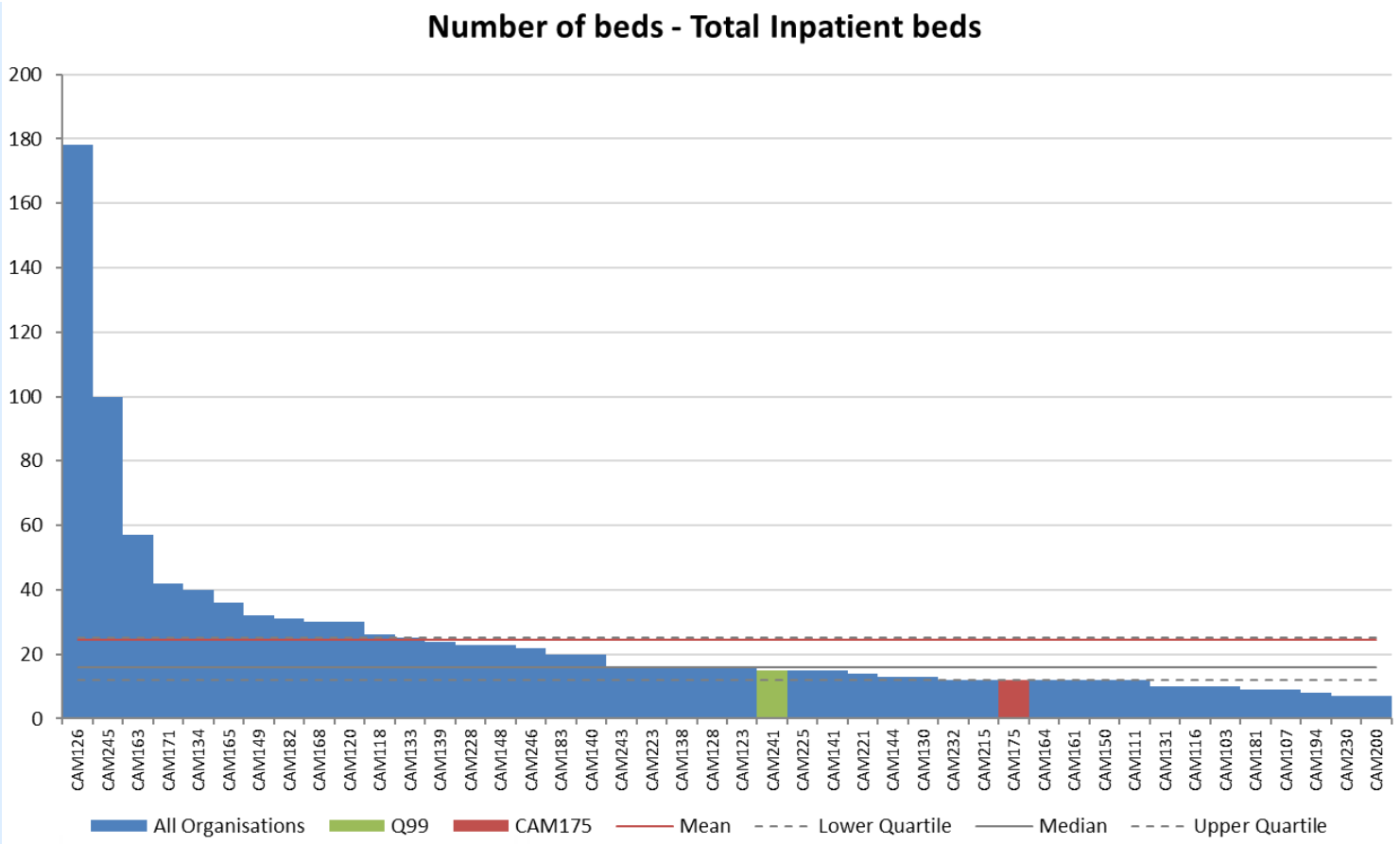
Eating Disorders

Secure CAMHS

Inpatient Number of Beds

Number of beds

- Wide range in beds evident
- Positions skewed by national and specialist providers
- 2016/17
- Mean number of beds = 25 (21 in 15/16)
- Median = 16 beds (15 in 15/16)
- Wales 2016/17:
  Mean = 14
  Median = 14

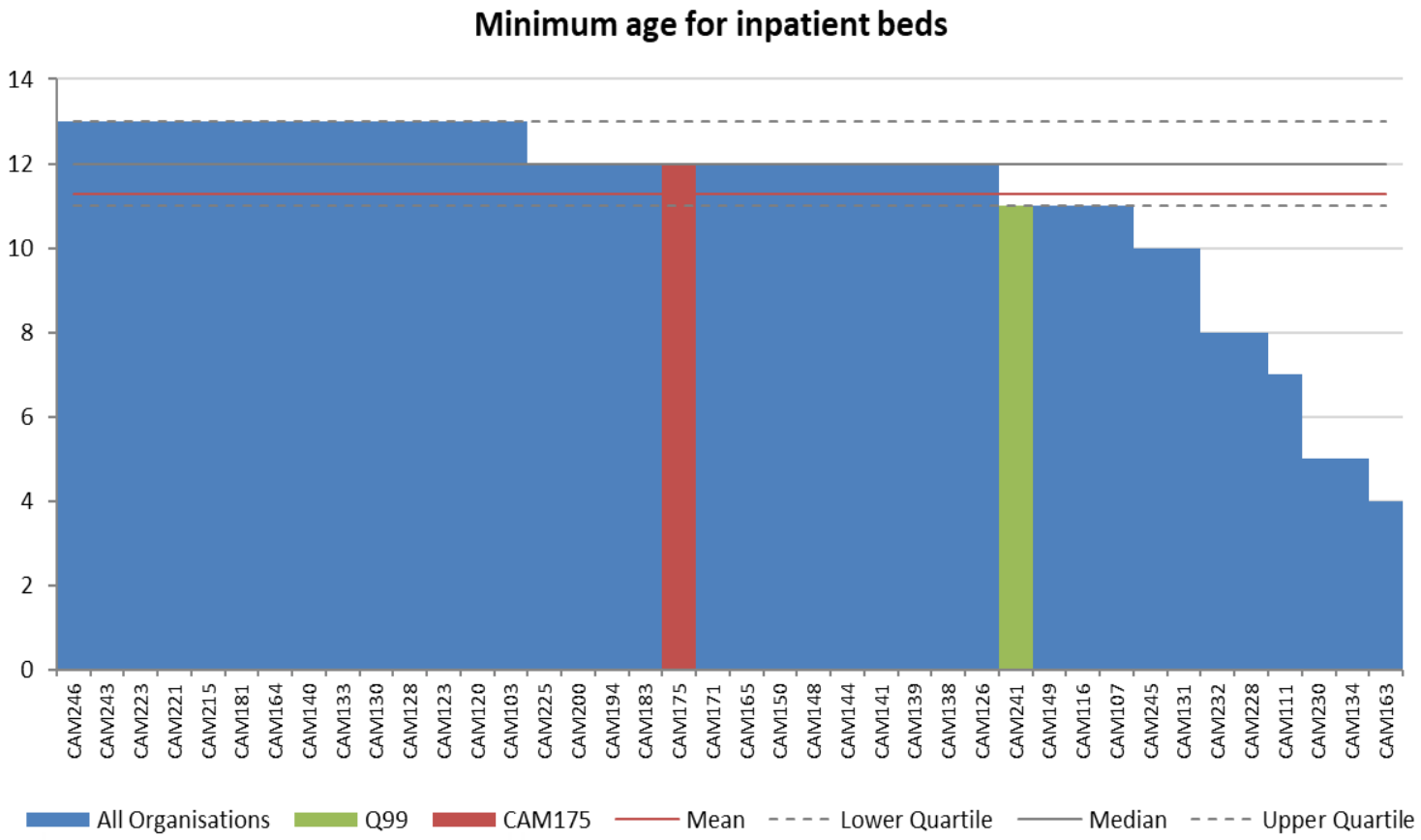


NHS Benchmarking Network

Inpatient Service models and provision

Minimum age profile

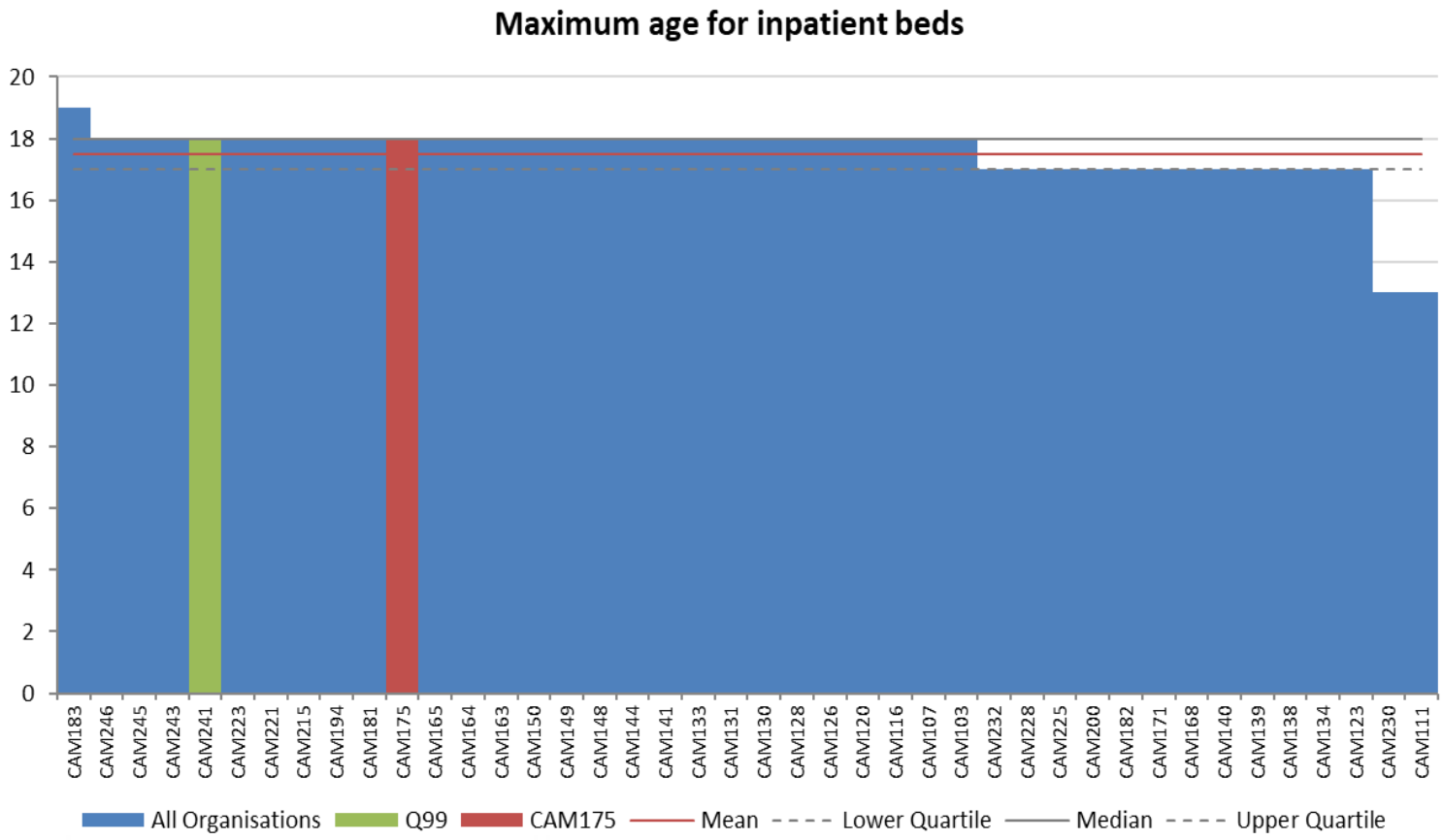
- Variation in minimum ages for admission to inpatient beds
- 4 services accept patients from 7 years of age or younger



Inpatient Service models and provision

Maximum age profile

- Most respondents report that the maximum age for their inpatient beds is 18.

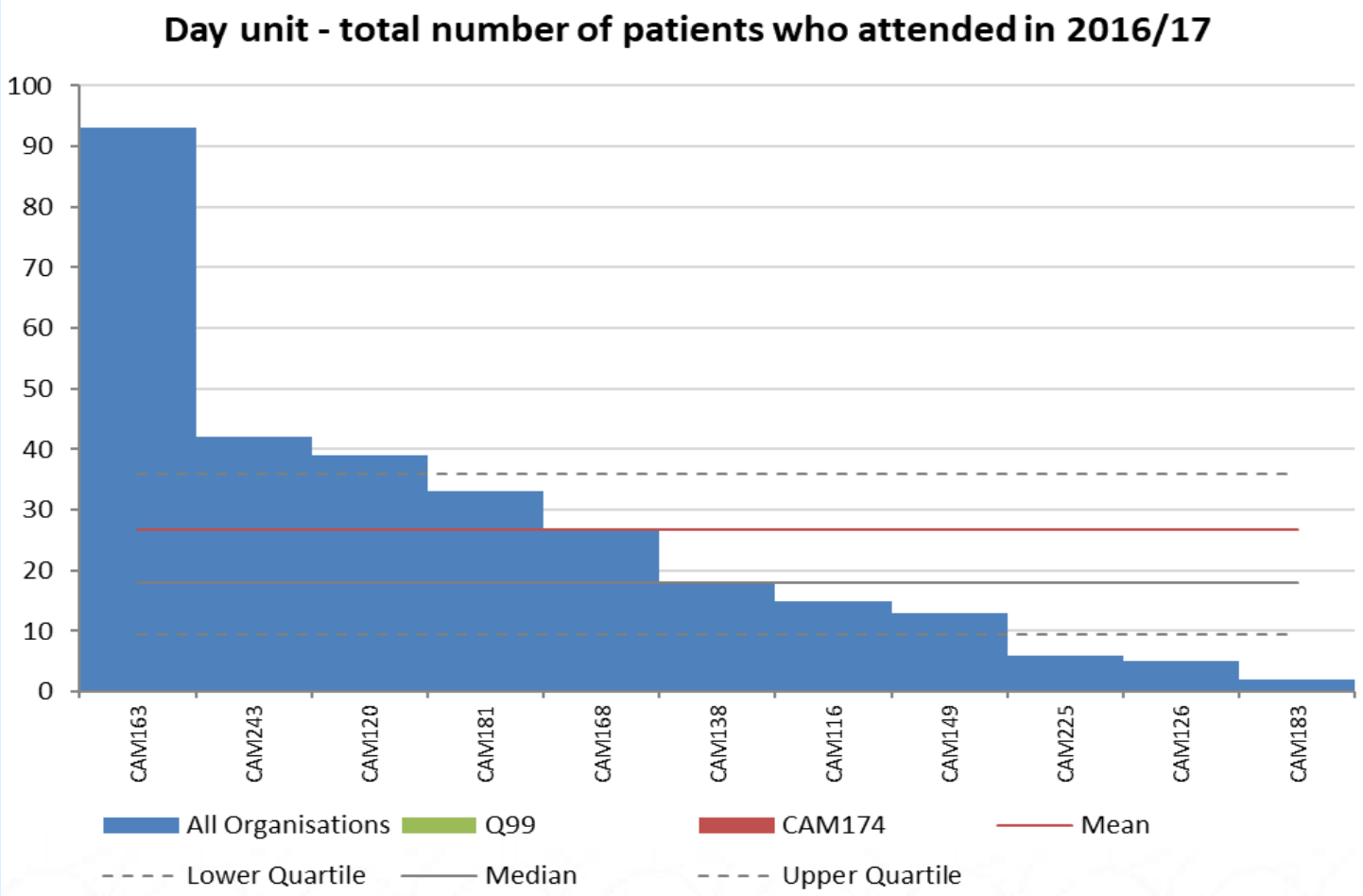


NHS Benchmarking Network

Inpatient Day Units

Day Unit

- Day Units are only provided by a small number of participants. 11 reported in 2016/17.
- Where day units are in operation, the average number of patients who attended in 2016/17 was 27 (last year = 33)
- No Day unit provision recorded for Wales in 2016/17

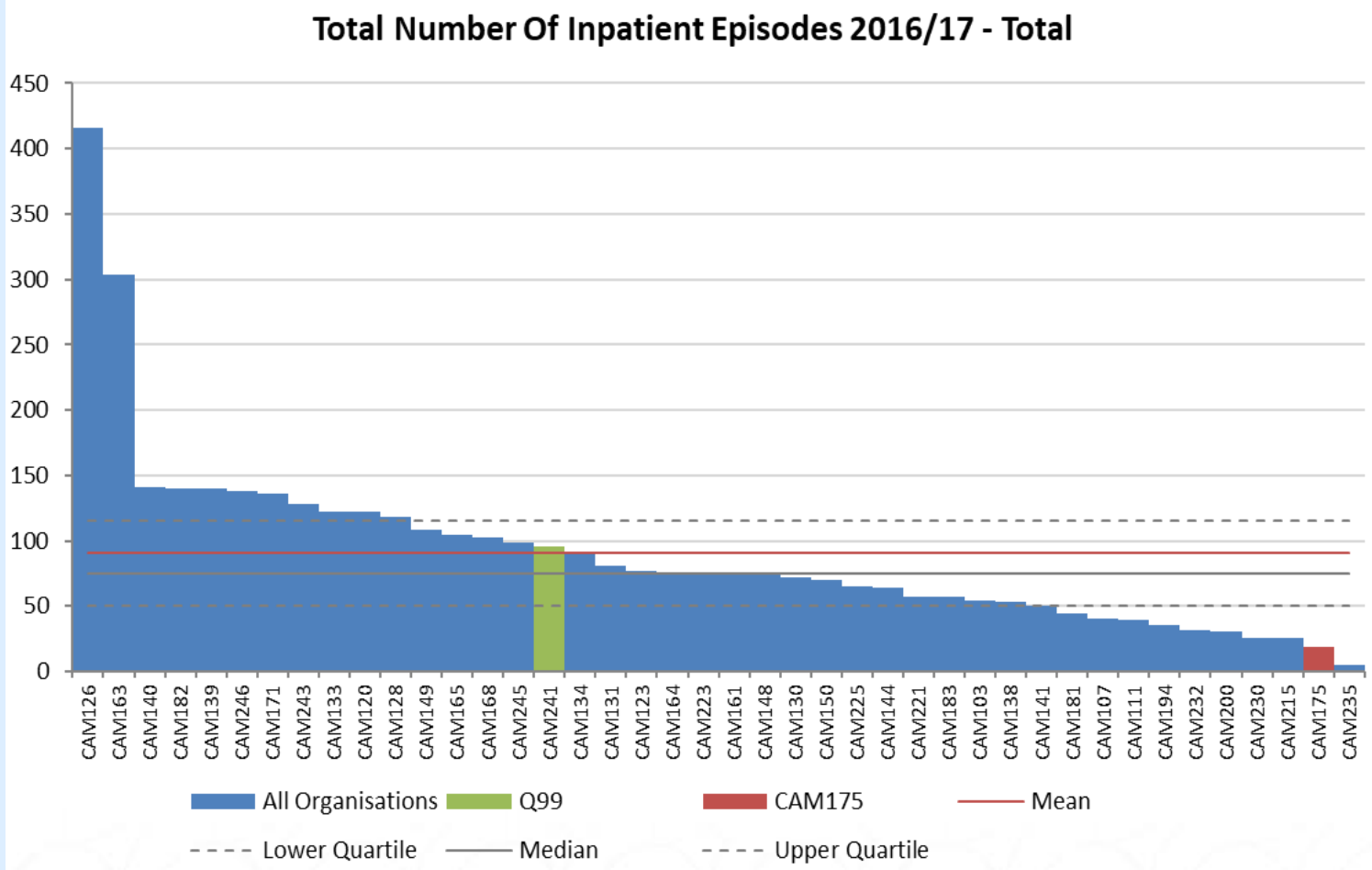


NHS Benchmarking Network

Number of Inpatient Episodes

Inpatient Episodes

- 2016/17 mean average 91 episodes per participant
- 107 in 2015/16
- 2016/17 median = 75
- Wales 2016/17:
  Mean = 58
  Median = 58



NHS Benchmarking Network

Bed Occupancy Comparisons

Bed Occupancy excluding leave

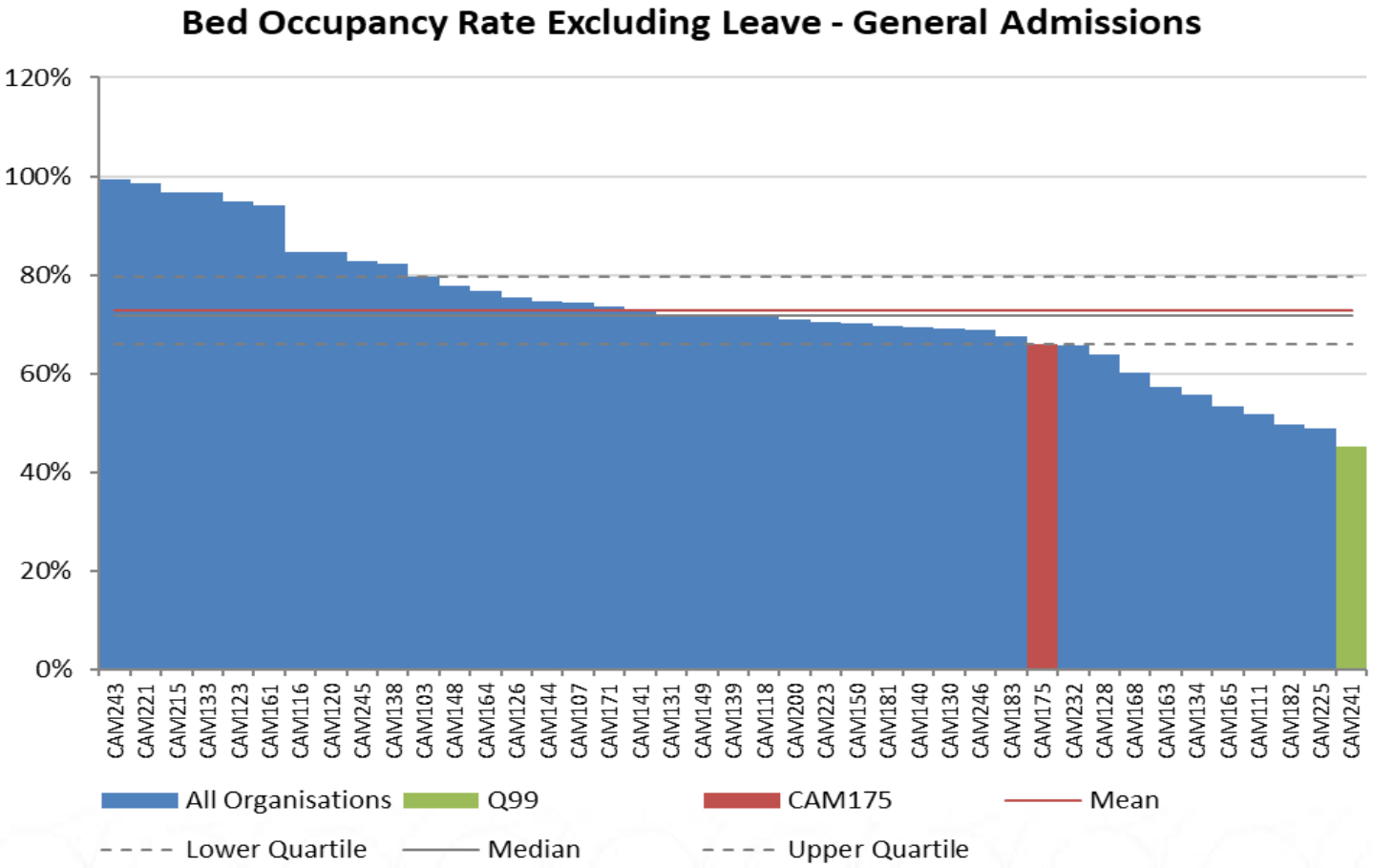
Bed Type	Bed Occupancy %	Wales Bed Occupancy %
CAMHS – Secure	**78%** ↑	**N/A**
CAMHS – Eating Disorder	**79%** ↑	**N/A**
CAMHS – General Admissions	**72%** ↓	**56%**
Adult Acute	95% ↑	93%
Older Adult	89% ↑	85%
PICU	88% ↑	85%
Low Secure	92% ↑	89%
Medium Secure	94% ↔	74%
Eating Disorders	78% ↓	N/A
High dependency rehabilitation	88% ↔	78%
Longer term complex / continuing care	85% ↑	95%

NHS Benchmarking Network

Bed occupancy

Bed occupancy

- Chart shows bed occupancy excluding leave for General CAMHS
- National average = 73%
- Wales 2016/17: Mean = 56%

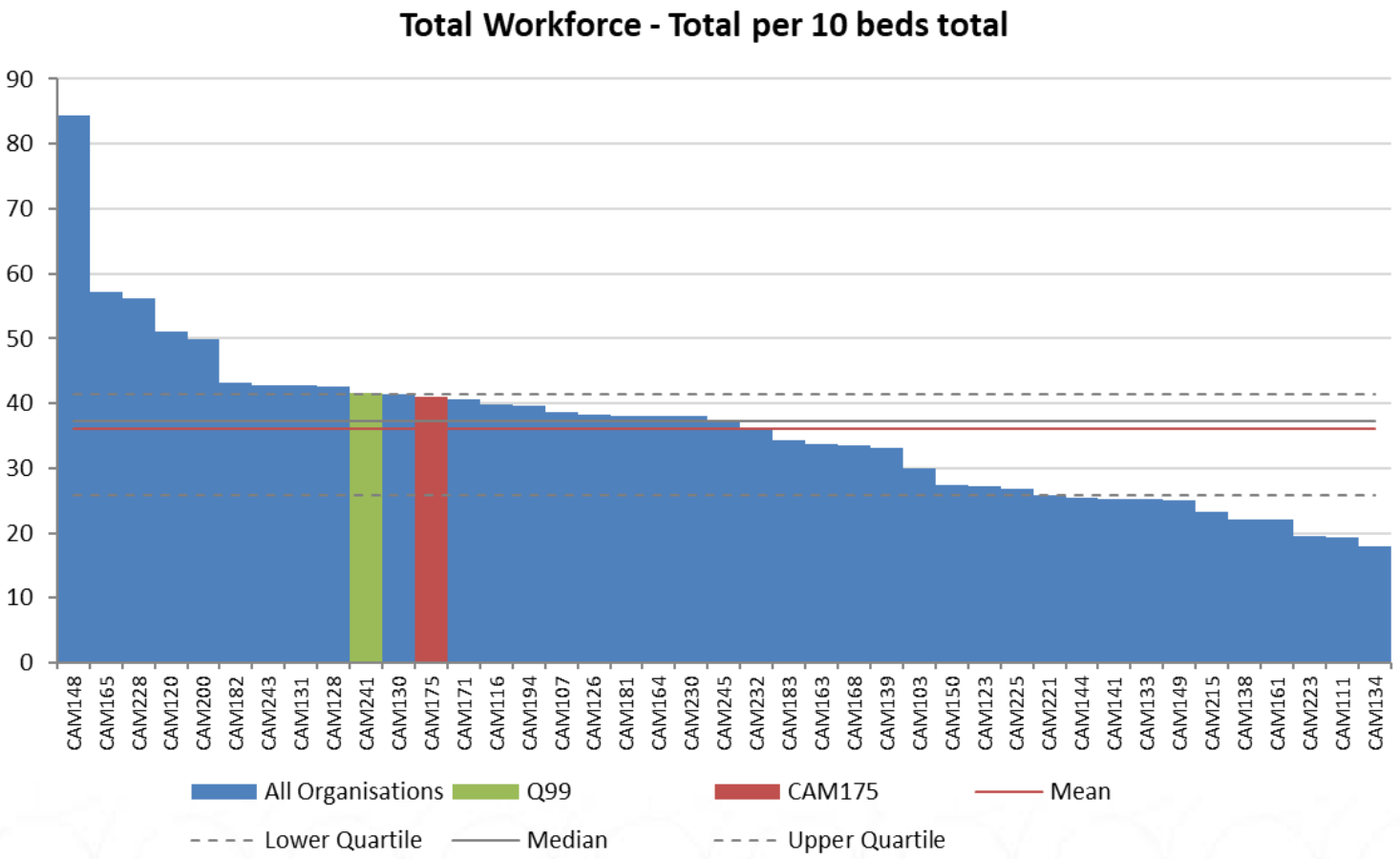


NHS Benchmarking Network

Inpatient Total staff per 10 beds

Total Staff per 10 beds

- Staffing levels have not changed in 2016/17
- National average = 36 WTE per 10 beds
- Wales 2016/17: Mean = 41 WTE



NHS Benchmarking Network

UK Workforce increased 6% in last 4 years

Total inpatient staff per 10 beds

NHS Benchmarking Network

UK Increase in community staffing
No change in inpatient staffing

Community CAMHS
WTE per 100,000 population

47	60	61	66	69
(2012/13)	(2013/14)	(2014/15)	(2015/16)	(2016/17)

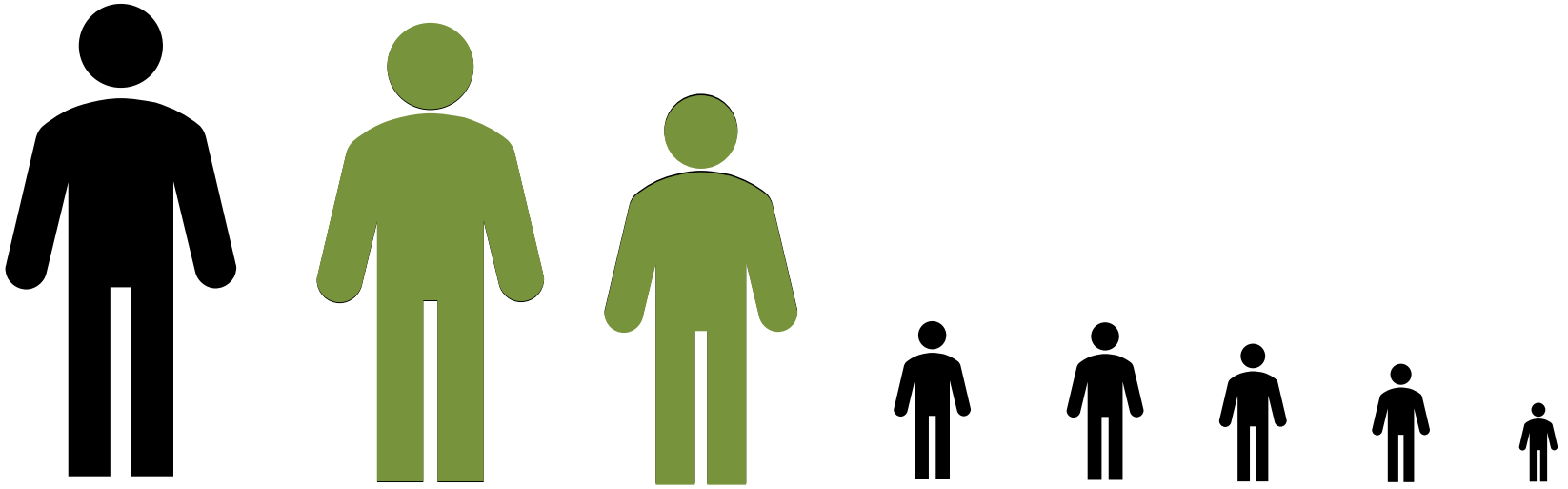
Inpatient CAMHS
WTE per 10 beds

34	35	36	36	36
(2012/13)	(2013/14)	(2014/15)	(2015/16)	(2016/17)

NHS Benchmarking Network

UK Bank and Agency use elsewhere in NHS

Bank and Agency share of pay costs



Emergency Care 23%

Adult Mental Health 22%

CAMHS 19%

Radiology 8%

OT 8%

Physio 7%

SLT 6%

Dietetics 4%

NHS Benchmarking Network

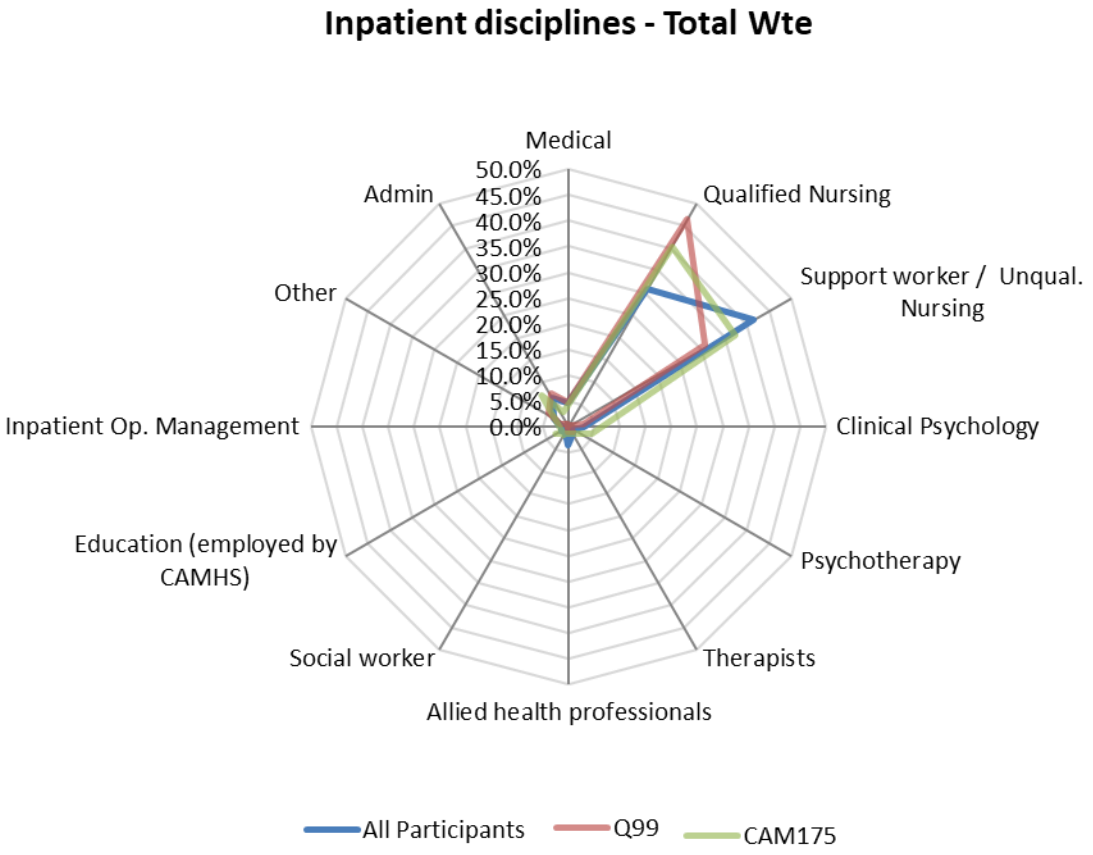
Total CAMHS Inpatient Workforce

Workforce groups

Staffing on total CAMHS units (includes General, Eating Disorders and Secure units)

- Registered Nursing 31%
  Wales = 46%
- Support Workers and unregistered nursing 41%
  Wales = 31%
- Psychology 3%
  Wales = 3%
- Medical 5%
  Wales = 4%

Explore other bed types in the toolkit



NHS Benchmarking Network

Benchmarking ALOS & Occupancy

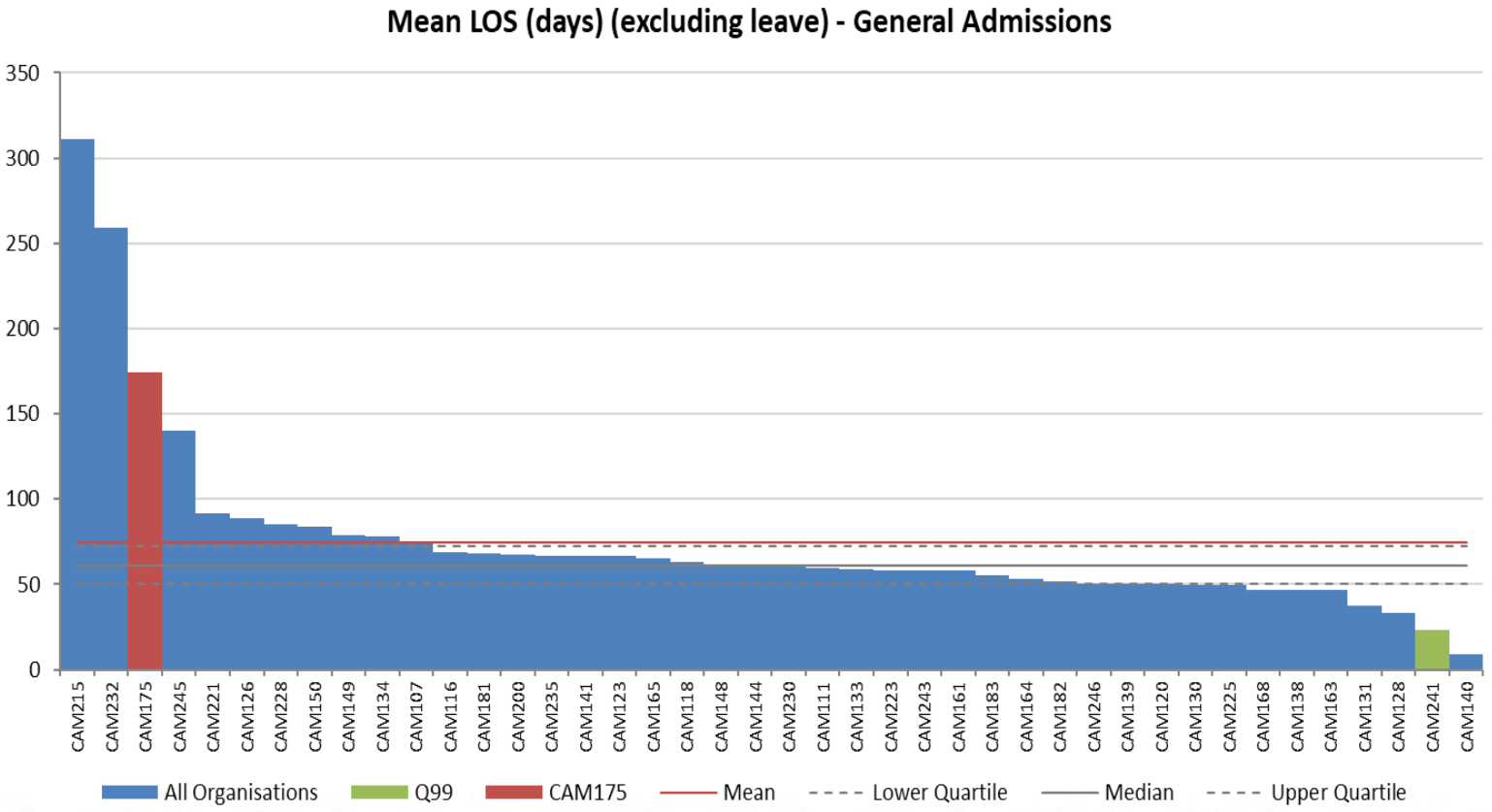
Profiling average length of stay excluding leave

Bed Type	Average length of stay (days)	National Bed Occupancy %	Wales average length of stay (days)
CAMHS Eating Disorders	103	**79%**	**N/A**
CAMHS Secure	307	**78%**	**N/A**
CAMHS General Admissions	74	**72%**	**99**
Adult Acute	31	95%	25
Older Adult	76	89%	78
PICU	45	88%	35
Low Secure	617	92%	423
Medium Secure	657	94%	386
Eating Disorders	104	78%	N/A
High dependency rehabilitation	406	88%	395
Longer term complex / continuing care	631	85%	286

Inpatient Average length of stay

Mean LOS General Admissions

- Mean length of stay for general admission CAMHS beds = 74 days 2016/17
- Wales = 99 days
- Eating Disorders = 103 days
- Secure = 307 days

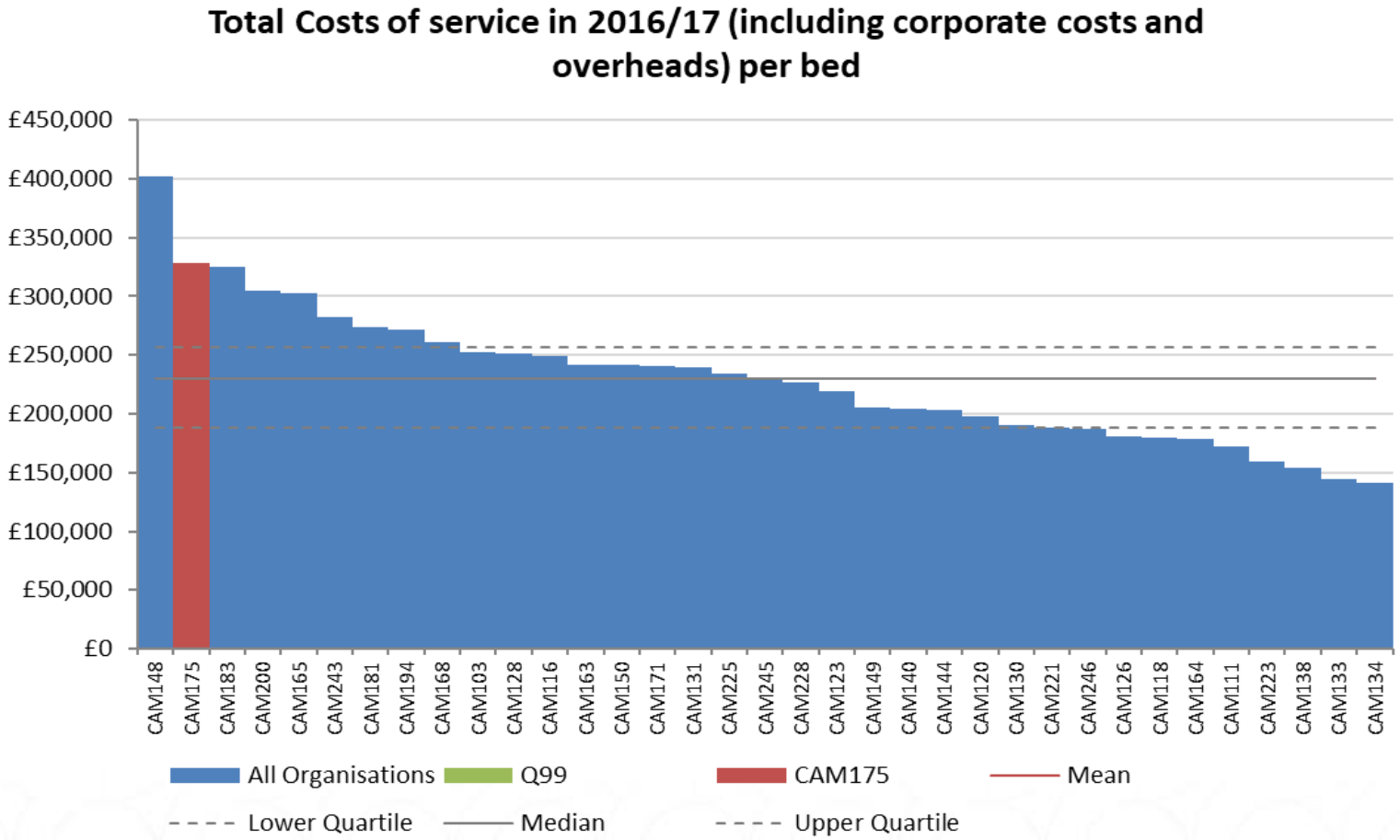


NHS Benchmarking Network

Inpatient Finance: Cost per bed

Cost per bed

- Average cost per bed = £230k
- Was £243k in 2015/16
- 5% decrease from last year
- Wales 2016/17: £328k

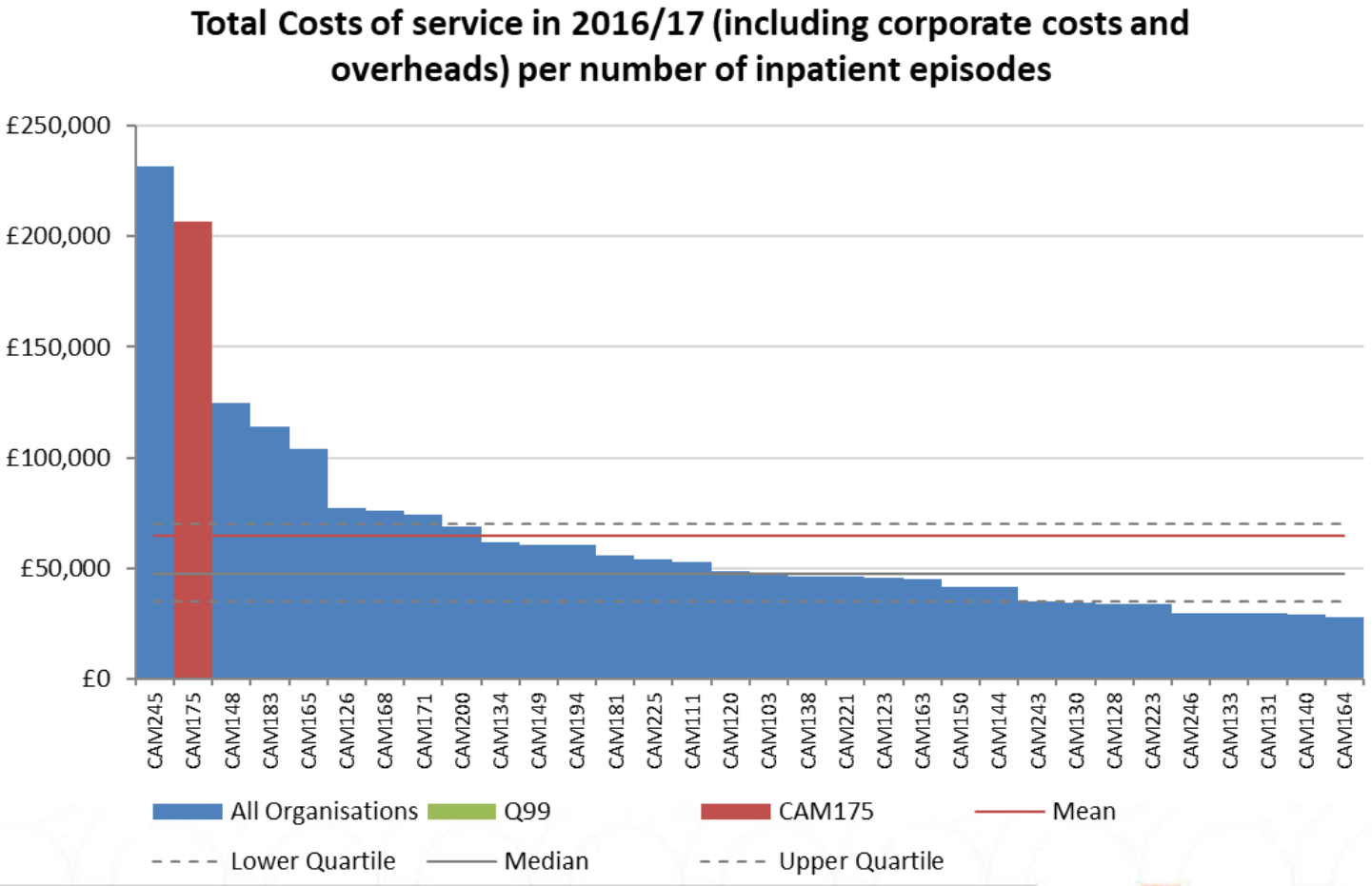


NHS Benchmarking Network

Inpatient Finance: Cost per episode

Cost per Episode

- Mean cost per episode (all bed types) = £64.7k
- Was £60.8k last year
- Median this year £47.6k
- Was £46.7k last year
- Wales 2016/17:
  Mean = £207k
  Median = £207k



NHS Benchmarking Network

UK positions: Benchmarking beds

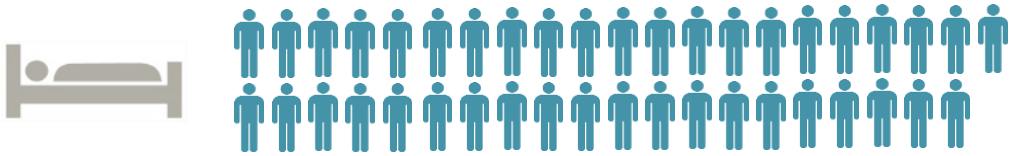
Profiling inpatient costs

Bed Type	Average cost per admission £	Average cost per bed per annum £
CAMHS	£64,677	£230,341
Adult Acute	£13,200	£135,225
Older Adult	£36,500	£241,859
PICU	£43,770	£160,550
Low Secure	£526,000	£176,500
Medium Secure	£402,000	£153,000
Eating Disorders	£63,200	£135,225
High dependency rehabilitation	£376,000	£129,800
Longer term complex / continuing care	£725,000	£156,000

NHS Benchmarking Network

UK Economic comparisons

1 CAMHS bed = 85 patients on a CAMHS community caseload



1 adult acute bed
= 41 patients on a CMHT caseload

1 adult acute bed
= 17 patients on an EIP team caseload

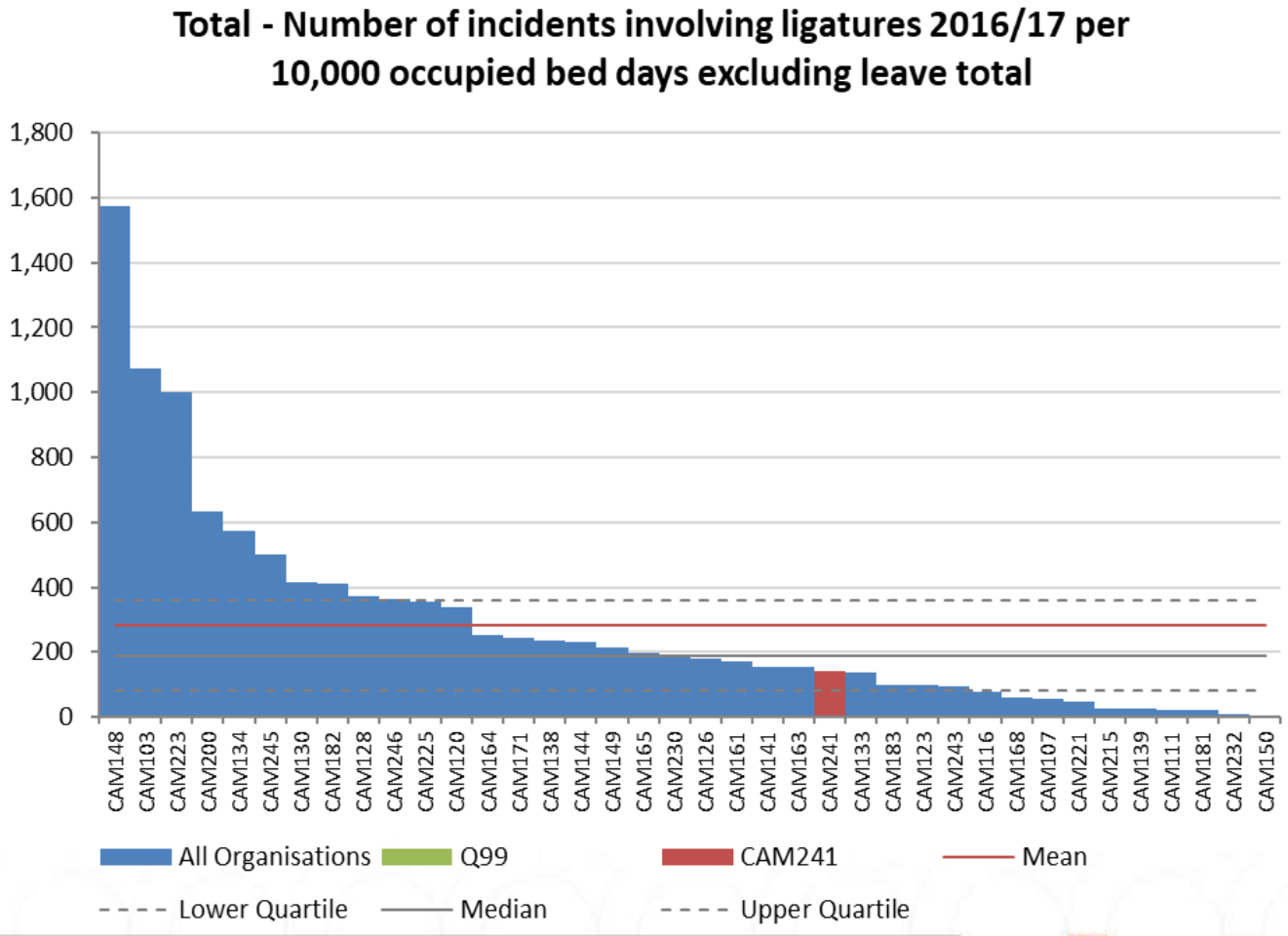
1 older adult bed
= 32 patients on an older adult CMHT caseload

CAMHS Quality and Outcomes

Quality and Outcomes

Ligature incidents

- Incidents remain an issue in CAMHS inpatient care
- UK ligature incidents average 283 per 10,000 bed days
- Wales 2016/17:
  141 per 10,000 bed days
- UK = 198 in 2015/16
- UK = 130 in 2014/15
- UK = 160 in 2013/14
- Comparative figure in adult inpatient mental health services = 39 per 10,000 bed days

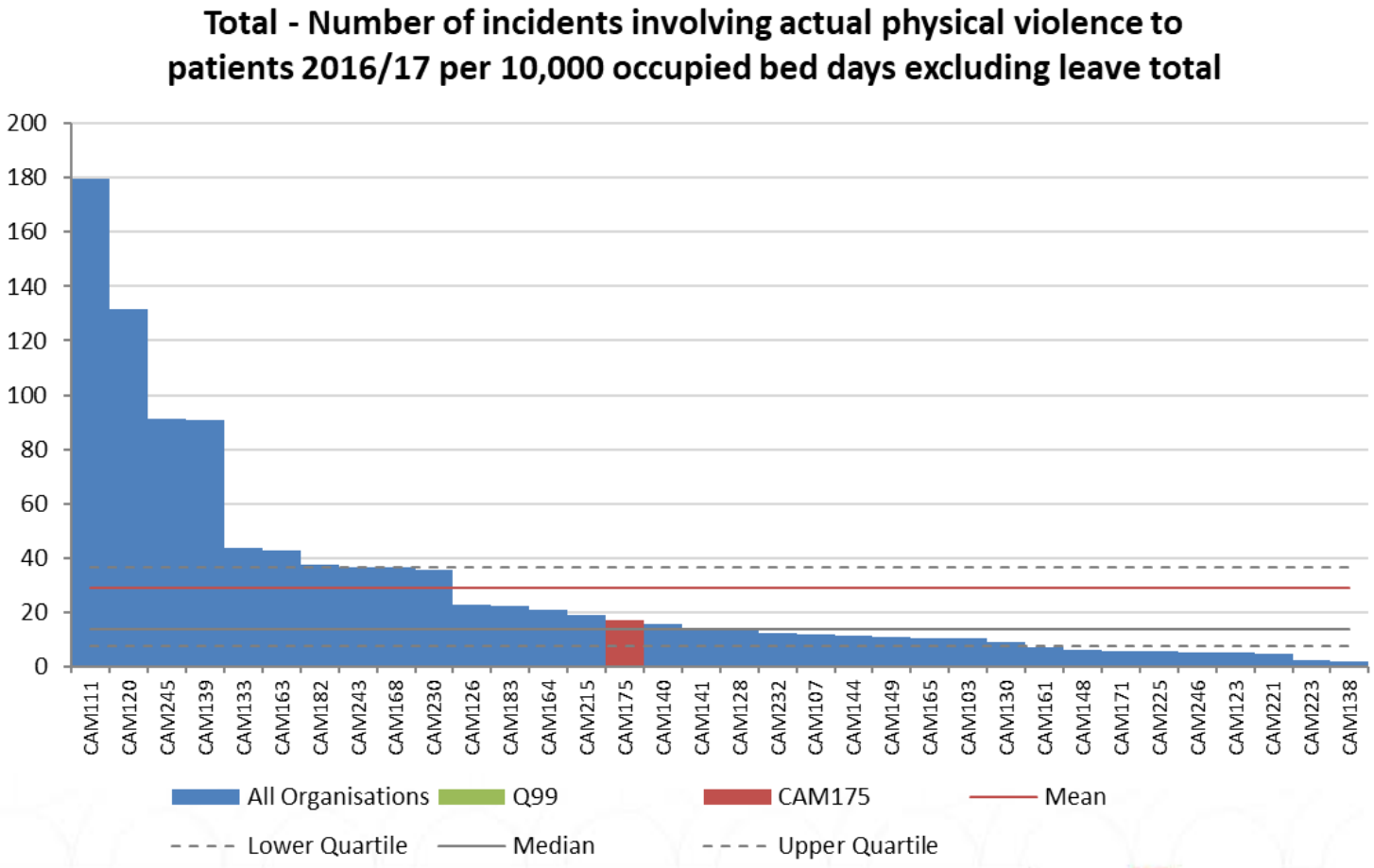


NHS Benchmarking Network

Quality and Outcomes

Physical violence – patients

- Fluctuation in levels of violence seen in recent years
- 2016/17 = 29 per 10,000 bed days
- Wales 2016/17: 17 per 10k bed days
- UK 2015/16 = 28
- UK 2014/15 = 18

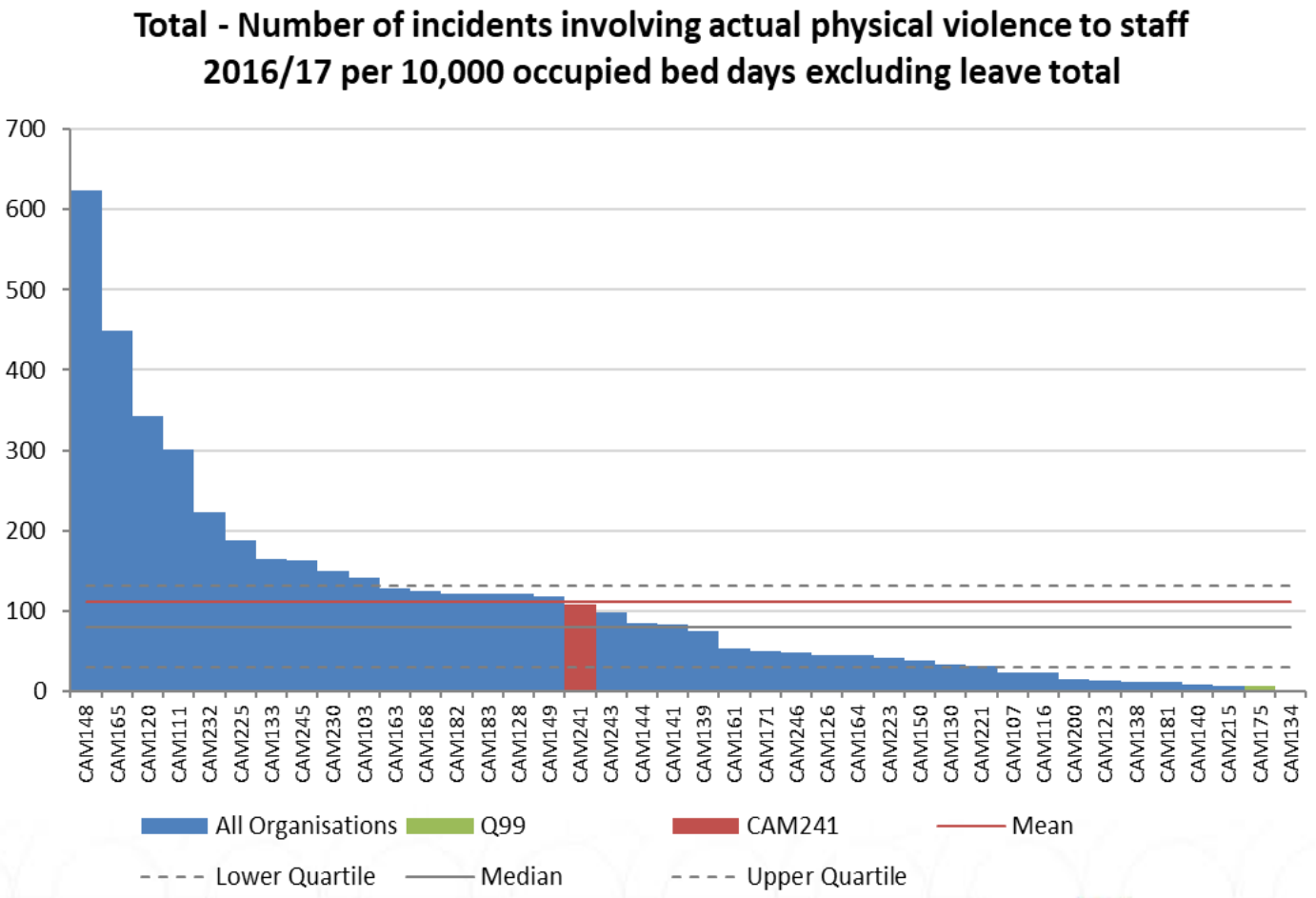


NHS Benchmarking Network

Quality and Outcomes

Violence to staff

- Sustained decreased seen 2013/14 to 2015/16
- 2016/17 = 111 per 100,000 bed days
- Wales 2016/17:
- 58 per 10,000 bed days
- UK 2015/16 = 101
- UK 2014/15 = 120
- UK 2013/14 = 180



NHS Benchmarking Network

Quality and Outcomes

Use of Restraint

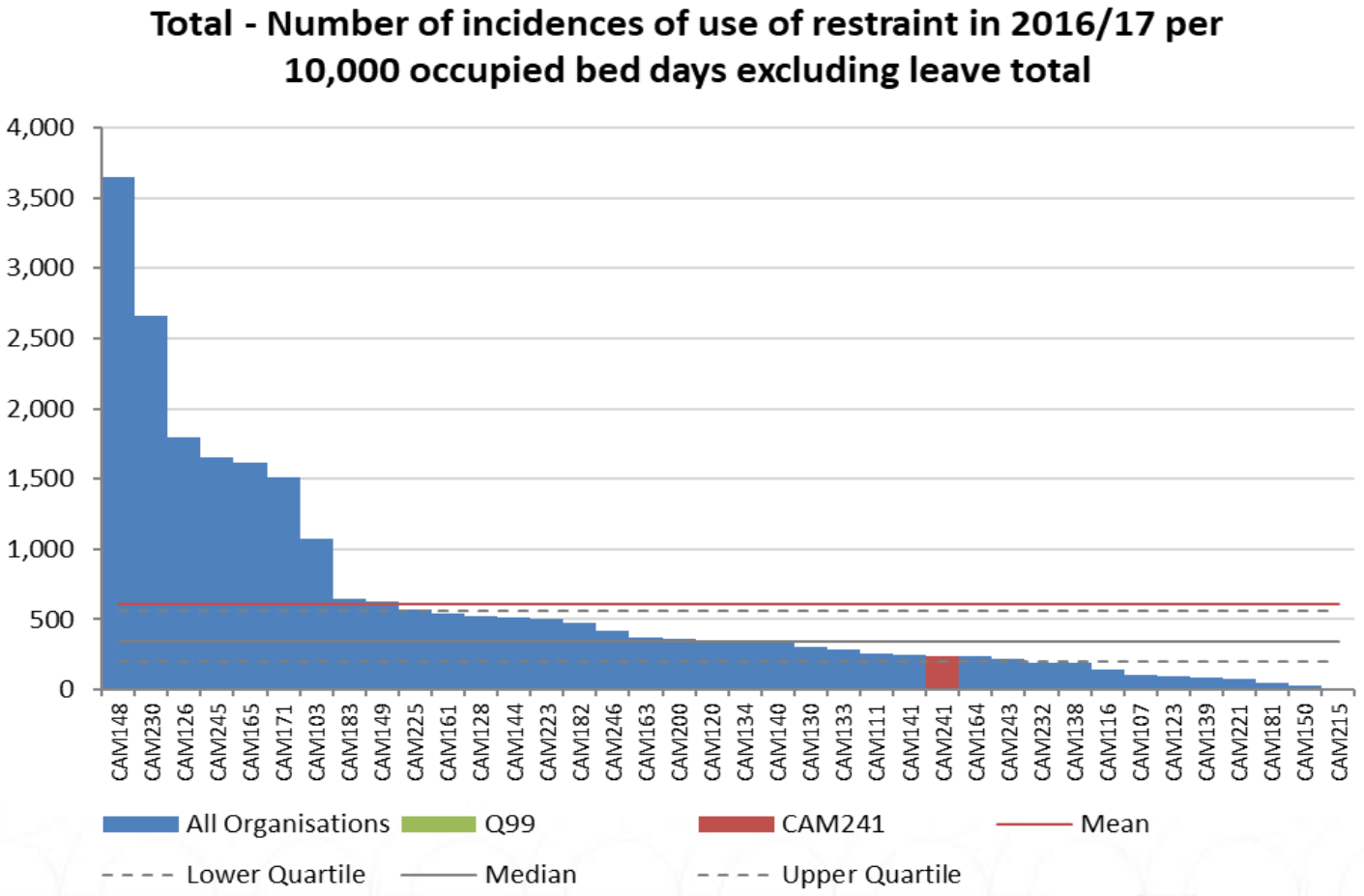
- Restraint levels increasing across inpatient mental health
- Restraint in CAMHS is notably higher than in adult services

  - UK 2013/14 = 480
  - UK 2014/15 = 500
  - UK 2015/16 = 536

  - 2016/17 = 613 per 10,000 bed days

  - Wales 2016/17:
  - 242 per 10k bed days

  - Compares to 86 in adult services

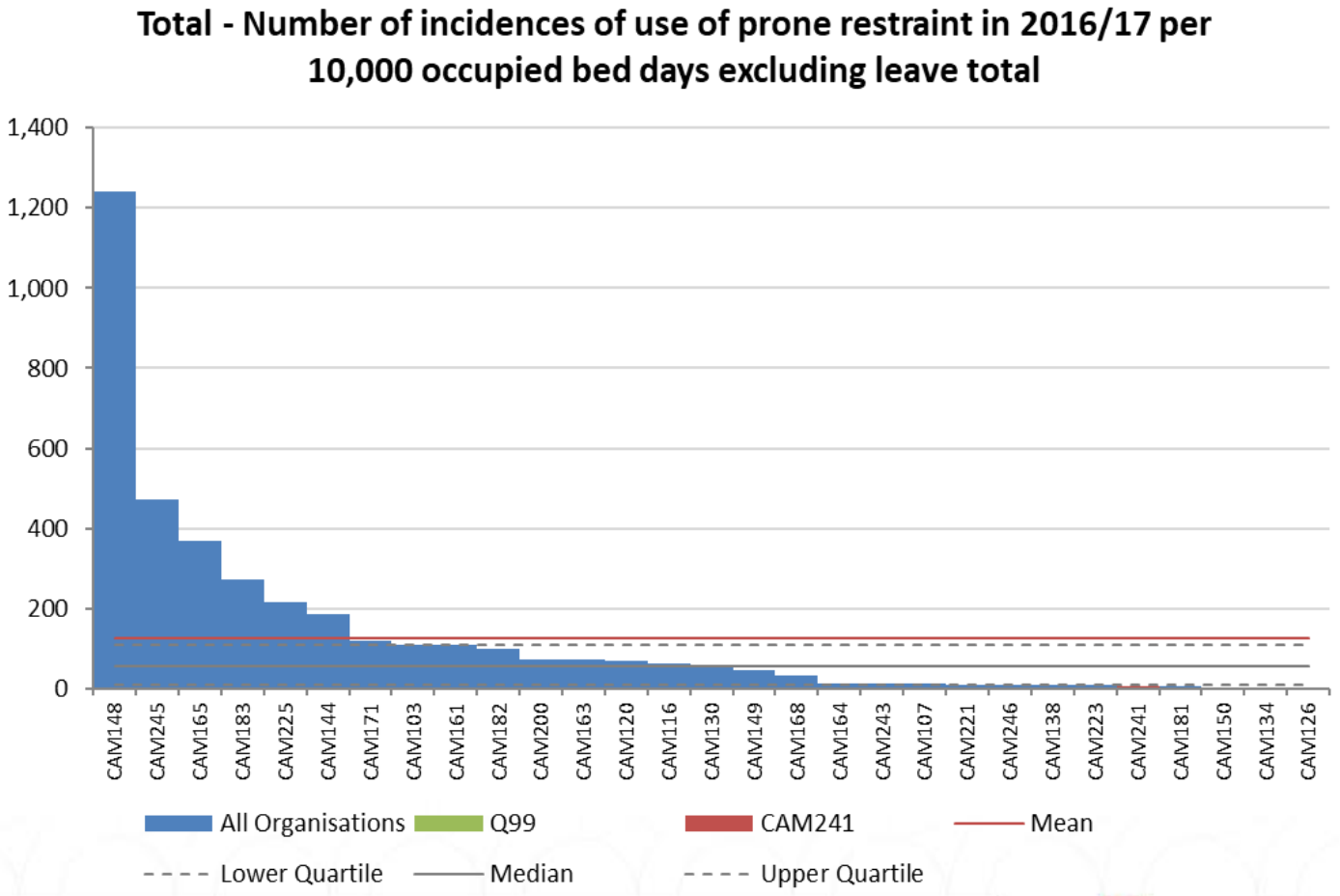


NHS Benchmarking Network

Quality and Outcomes

Prone restraint

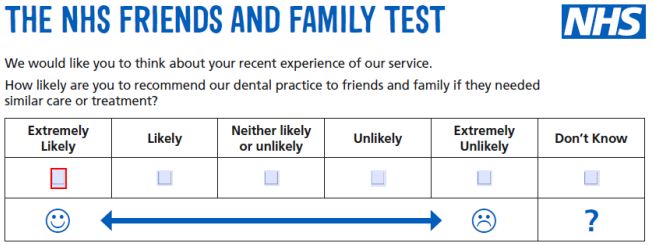
- Use of prone increased from last year, following a reduction
- UK 2013/14 = 300
- UK 2014/15 = 216
- UK 2015/16 = 99
- 2016/17 = 128 per 10,000 bed days
- Wales 2016/17: 8 per 10,000 bed days
- Compares to 14 in adult services



NHS Benchmarking Network

UK Friends & Family Test

Benchmarking service quality



CAMHS 84%

Community 87%

Ambulance 89%

Adult Mental Health 89%

A&E 87%

Maternity 96%

Inpatient 96%

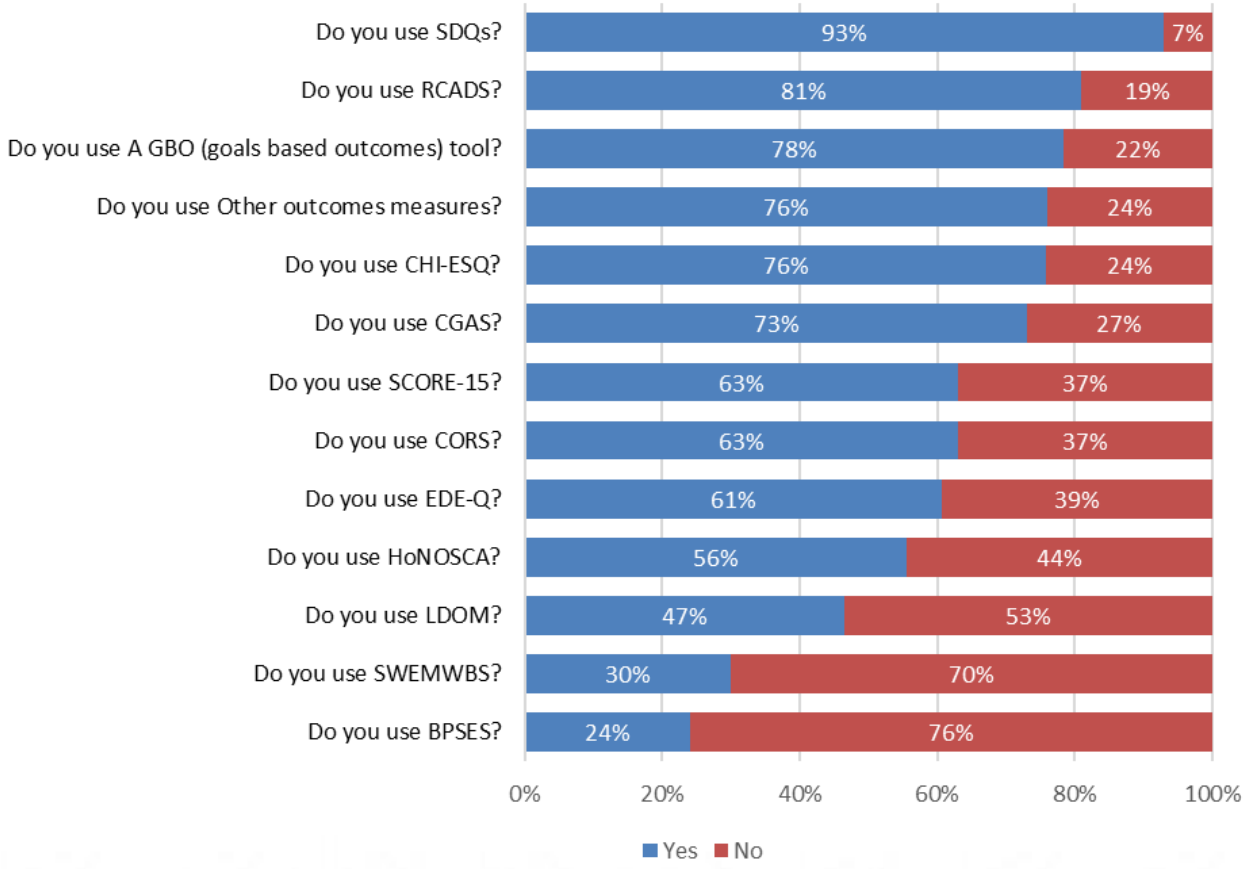
Dental 97%

NHS Benchmarking Network

UK Quality and Outcomes

Outcome measures

- There are a wide range of different outcomes measures in CAMHS
- Use of some is declining
- Provision not recorded for Welsh Health Boards aside from Hywel Dda UHB:
- Yes for working/shift patterns, service redesign and income generation
- National averages:
- SDQs: 93% (2016/17) (less common than last year)
- GBO – 78% (2016/17) (same as last year)
- CHI-ESQ – 76% (2016/17) (higher than last year)



NHS Benchmarking Network

National Good Practice

NHS
Benchmarking Network

Conclusions

- Increase in demand for services, referrals increased in 2016/17
- Community CAMHS activity static
- Community waiting times at similar levels to 2015 & 2016
- 46% of CYP receive treatment within 6 weeks of referral
- 5th consecutive year of increase in Community CAMHS staffing across the UK
- New investment in CAMHS evident
- Economic case for community care still evident
- Bed utilisation in T4 CAMHS is lower than in adult care – issue in Wales?
- Inpatient bed occupancy up for Secure and ED beds
- Inpatient staffing levels consistent with previous years
- Incidents remain an issue in inpatient CAMHS care across the UK
- Friends and Family scores provide helpful context

Next steps

- Bespoke CAMHS benchmarking reports will be circulated via email
- CAMHS benchmarking toolkit to be emailed to all participants
- Thank you for participating!

Discussion Points

#NHSBNCAMHS