

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P-VG-0657-19

Lynne Neagle AM
Chair
Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

25 February 2019

Dear Lynne,

Thank you for your letter of 24 January in which you outlined concerns regarding Child and Adolescent Mental Health inpatient provision.

As you are aware, hospitalisation is increasingly seen as a last resort and with the establishment of the Child and Adolescent Mental Health Services (CAMHS) Community Crisis Intervention Teams in 2015, many more young people now receive their care within the local community close to family and friends without the need for hospitalisation. However, there will always be a need for some young people, with very high needs, to be sent out of area for treatment.

You specifically asked me to outline my understanding in relation to questions included in your letter to the Welsh Health Specialised Services Committee (WHSSC) on 24 January.

Current options for inpatient CAMHS care

I understand WHSSC has provided you with a detailed outline of the current options available for patients living in Wales who require inpatient CAMHS care.

Impact of current practice of the restrictions applied to inpatient mental health care settings

The Royal College of Psychiatrists¹ has proposed a proxy measure of appropriate bed numbers as between two and four beds per 100,000 population. We are currently operating above this level.

We have robust arrangements in place to ensure the quality and safety of specialist mental inpatient settings and to manage the need for services when restrictions are in place in a

¹ Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report, NHS England, 2014: <https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf> citing evidence from the Care Services Improvement Partnership 2007 and Cotgrove et al, Royal College of Psychiatrists, 2004.

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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.

particular unit whilst any necessary improvement work is undertaken. This includes making placements via the national framework contract to place individuals in suitable independent facilities. WHSSC monitors expected need on an annual basis in order to plan against current capacity and to minimise the need for out of area placements.

Within this question, you referenced children and young people being admitted to adult wards whilst placements are being commissioned.

The Welsh Government is clear that children admitted to hospital should be accommodated in the most suitable environment and that this must take account of their age and developmental needs and their right, where they are competent, to exercise choice as to where they receive treatment.

Health Boards are required to comply with their legal duties regarding the appropriate placement of children in hospital. When circumstances require that an under 18 year old is placed on an adult ward, each Health Board area should have designated ward(s), or ward areas that appropriately meet the needs of children and young people. In accordance with its Serious Untoward Incident Process (as set out in the Putting Things Right guidance), the following must be reported to the Welsh Government:

- All admissions to adult mental health wards of children and young people age 16 and under;
- Admissions to adult wards of people aged 16 to 17 years of age deemed inappropriate to needs and patient choice.

Serious incident reports submitted to the Welsh Government indicate a significant reduction in the inappropriate admission of children and young people to adult wards over the last four years (table below). The data also indicates that there were only three occasions in the last four years where a child under the age of 16 was admitted to an adult ward.

All Wales – SUI for CYP admission to an adult ward	2014/15	2015/16	2016/17	2017/18
16 and 17 year olds	39	21	19	11
Under 16s	0	2 (aged 14)	0	1 (aged 15)
Total	39	23	19	12

I also expect Health Boards to record and review the numbers of all admissions of under 18s to adult mental health wards.

One of the pathways that a child or young person can be admitted to hospital is following a mental health assessment when police have used their powers under s.136 of the Mental Health Act 1983 to take a person to a place of safety for that purpose. The law changed in December 2017 to say that a police station can never be used as a place of safety for anyone under the age of 18.

However, in Wales, this policy intention was realised much sooner and no child or young person has been taken to a police station as a place of safety since 2015. This means that

in addition to a reduction in the number of inappropriate admissions to adult wards, where any of those admissions were following an assessment under s.136, we have required the assurance that the assessment of that child or young person's mental health was undertaken in a health-based place of safety rather than police custody.

I should also point out there are various teams across Health Boards supporting children and young people in the community who, without the support of Community Crisis teams or Home Treatment teams or similar, may have been admitted to an inpatient CAMHS unit. The Welsh Government do not collect the information nationally regarding Health Boards utilisation of such teams specifically as an alternative to hospital admission. The decision to provide home or community-based treatment can include any wishes or preferences expressed by a young person or their families which can also impact on whether an inpatient bed is used. Due to this, it is difficult to disaggregate the relationship between home treatment decisions and bed availability. However, the principle of home treatment is that it is a viable alternative treatment option, should a child or young person need inpatient care and treatment then securing the appropriate inpatient facility must be the priority. The number of out of area placements of young people requiring inpatient treatment is continually monitored and is showing a reduction on previous years, for example, averaging 14 placements from November 2016 to October 2017, and averaging 10 placements from February 2018 to October 2019.

The monitoring of the number of placements in inpatient CAMHS within the NHS units and the Welsh CAMHS patients placed in non-NHS facilities within Wales or outside of Wales does ensure any significant fluctuations or pressures in the system would be appropriately escalated.

Monitoring and reviewing arrangements for commissioned inpatient CAMHS care

Healthcare Inspectorate Wales (HIW) is responsible for regulating independent healthcare services in Wales. WHSSC is responsible for the commissioning and quality management of specialised and highly specialised services on behalf of health boards in Wales, this includes Tier 4 CAMHS services. NHS Wales Quality Assurance Improvement Team (QAIT) is responsible for managing the framework contract under which Welsh patients are placed in private mental health facilities. However, there are escalation processes in place within each of these organisations to notify Welsh Government of services which are a cause of significant concern.

In addition to these routine arrangements, the National Collaborative Commissioning Unit, will be commissioned under an Service Level Agreement with WHSSC to undertake reviews of inpatient units during 2019/20.

Numbers of in patient CAMHS places commissioned from February 2018 to January 2019

I understand this information has already been provided to you by WHSSC.

Regis inpatient facility at Ebbw Vale

Currently, Regis Healthcare is a Service of Concern under HIW's enforcement processes and remains under the highest level of scrutiny from HIW. This follows concerns identified during a number of inspections, which resulted in HIW issuing the service with a Notice of Proposal to cancel its registration. In response, Regis Healthcare has made written representations which detail the actions it is going to take to address HIW's concerns. HIW has recently provided assurance that following its further inspections in December and early February, sufficient progress is being made by Regis Healthcare on the implementation of the

improvement plan. HIW has therefore made the decision to not progress to a Notice of Decision to cancel the registration of Regis Healthcare.

HIW continue to monitor the service very closely to ensure the required improvements are made and that the safety of patients currently placed at the unit is maintained.

NHS England has similar arrangements to those in Wales, organised on a regional basis. The decision to remove all Welsh patients from the Ebbw Vale site was taken by QAIT following its own monitoring visit. However, provided an independent healthcare service in Wales is registered with HIW, it is for commissioners elsewhere in the UK to decide whether or not patients should be placed in that setting and the circumstances under which that placement might end. I can confirm that HIW maintains contact with English commissioners, which are aware of the 'Service of Concern' status.

Safety concerns regarding 2 NHS inpatient Units

As stated above, there are robust arrangements in place to review, monitor and escalate quality and safety concerns in inpatient units. I am aware that Ty Lidiard continues to run with reduced admissions criteria and the North Wales Adolescents Service are being supported by WHSSC within its escalation framework.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, slightly slanted style.

Vaughan Gething AC/AM

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