



Ein cyf/Our ref: MA-P-VG 2712-19

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

19 July 2019

Dear Lynne,

Following my attendance at the Children, Young People and Education Committee on 20 June, please find below my response to the agreed action points. For clarity, I have included individual actions points in the letter.

1. A summary of the NHS Delivery Unit's review of primary care CAMHS, including individual reports for each health board, and the report that interim improvement plans will be based on.

The NHS Delivery Unit (DU) has concluded all fieldwork and data analysis. Health boards have either received a full written report or verbal feedback with a summary of findings, ahead of receiving a full report. We expect to receive the DU's national overview report over the summer and will share this with the Committee, along with a summary of the service improvement proposals for primary care CAMHS, once these are agreed with health boards over the coming weeks.

In respect of the individual LHB reports, I am asking each health board to prepare a report for their Board or appropriate subcommittee which sets out the DU's findings for their area and their proposed response. I will be expecting these reports to be in the form of publicly available papers and will ensure these are shared with the Committee.

In terms of the report that has informed the criteria for health board improvement plans; the criteria were based on meetings with the DU to discuss emerging themes from the review process. The criteria were agreed with the DU to inform the funding letter, ahead of the completion of the national overview report. For ease, I've included the funding criteria included in the service improvement letter below:

Proposals will need to take forward the recommendations made by the NHS Delivery Unit following the assurance review of primary care CAMHS in your health board and

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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.

aim to achieve waiting time targets for primary and secondary care CAMHS on a sustainable basis. We would expect bids to include actions/activity, to:

- *strengthen compliance with all five functions of Part 1 of the Measure*
- *ensure that systems are in place to support a smooth pathway and flow through primary care CAMHS and where required into SCAMHS*
- *Support staff in primary care CAMHS to work more effectively through better use of mobile communications*
- *Focus on earlier intervention, including how services will link to the whole school approach to emotional wellbeing which is being led by the Joint Ministerial Task and Finish group.*
- *Improvements in access to crisis, out of hours and psychological services.*

Proposals from all health boards were received on 30 June and are now being assessed prior to funding decisions being made.

2. Management data for neurodevelopment services.

I agreed to share with you the latest management data for neurodevelopment services (attached **Annex A**). We discussed the limitations and concerns about the quality of the data and I agreed to share it with the Committee on the understanding that conclusions are not drawn from the data, nor should comparisons be made between health boards based on the data. The Welsh Government and NWIS are working with health boards to resolve the quality and consistency of the data prior to publication

The data reflects the challenge in forecasting demand for a new and specialised service, and the demand for neurodevelopment services is significantly higher than anticipated. In response to these challenges, we are considering options for a review to look specifically at barriers to access and capacity issues in neurodevelopmental/autism services. We have also invited proposals from health boards for non-recurrent funding this year, to support pump priming activities which will include supporting waiting list initiatives for neurodevelopment.

3. An update on the broader work, including the role of other agencies, for children and young people with extremely complex needs who are being placed in hospitals in England.

There is work already underway by WHSSC to consider how the space in the inpatient units within the NHS could be better utilised to meet the needs of a broader range of young people with complex needs. In addition, some regional partnership boards are already considering how the system can better meet the need of those young people with very complex needs with the support of the Integrated Care Fund (ICF). However, a meeting was held with key stakeholders recently to determine how this work can be better supported at an all-Wales level to deliver sustainable integrated planning and commissioning arrangements across health and social care at an all-Wales and regional level. Further details on how this work will be taken forward will be available by the end of August.

4. A note on the progress being made on the emotional and mental health of Looked after children (Recommendation 23 of Mind over Matter).

Our written update included that we have invested £15m into the ICF to support prevention and early intervention services for care experienced children and young people. Regional Partnership Boards are working across, health boards, local authorities and third sector organisations to develop proposals which meet the need of their looked after children

populations. I understand that the Together for Children and Young People programme also included an update on this work in their written evidence.

In terms of recent activity, the Early Help and Enhanced Support event which took place in June included workshops on the mental health and wellbeing of looked after children. This was the third in a series of workshops which will inform the development of proposals for best practice and service development to enable targeted support and interventions to those most at risk of developing emotional and mental health problems or showing early signs of mental disorders. This work is linking with the Ministerial Advisory Group on Outcomes for Children and the Whole School Approach programme. The specific frameworks are planned to be developed and tested prior to the end of the Programme in October 2019.

Yours sincerely,

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

Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Management Information:

Percentage of children/young people waiting less than 26 weeks to start ADHD or ASD neurodevelopment assessment - Target 80%

Date	Target	All Wales	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Apr-18	80%	58.1%	86.9%	38.6%	84.7%	91.5%	35.5%	100.0%	93.5%
May-18	80%	59.7%	83.0%	40.1%	88.4%	79.9%	35.5%	100.0%	94.6%
Jun-18	80%	62.4%	81.1%	44.2%	93.6%	78.2%	40.1%	100.0%	91.3%
Jul-18	80%	63.2%	81.0%	45.3%	96.6%	76.2%	41.2%	100.0%	91.1%
Aug-18	80%	60.0%	72.4%	44.0%	98.5%	64.5%	42.5%	90.8%	86.5%
Sep-18	80%	58.1%	67.4%	44.6%	96.5%	58.8%	43.5%	82.7%	80.6%
Oct-18	80%	56.7%	67.2%	41.8%	97.1%	62.8%	42.5%	74.3%	76.5%
Nov-18	80%	52.5%	80.6%	30.0%	94.7%	63.9%	43.2%	82.4%	67.6%
Dec-18	80%	50.8%	86.6%	27.9%	92.1%	61.7%	42.6%	87.6%	61.5%
Jan-19	80%	49.8%	84.8%	37.2%	88.8%	56.9%	42.0%	79.0%	47.1%
Feb-19	80%	51.1%	84.9%	37.6%	93.3%	59.7%	40.8%	89.1%	49.5%
Mar-19	80%	51.1%	82.9%	37.2%	87.5%	76.7%	35.8%	95.0%	46.7%
Apr-19	80%	44.6%	74.0%	35.5%	75.8%	68.3%	26.3%	91.8%	37.9%