

Overarching issues

Key recommendation (2018). That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:

- provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential;
- ensure that emotional and mental health is fully embedded in the new curriculum;
- ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and
- publish every two years an independent review of progress in this area. This process should involve children and young people throughout.

Recommendation A (2019): The key recommendation in our Mind over Matter report called for the emotional well-being and mental health of our children and young people should to be a national priority. Further to this, we recommend that the Together for Children and Young People Programme is extended to help ensure sustainable improvements in access to support services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS), as well as supporting the whole-system approach. It is our view that the Together for Children and Young People Programme should be extended to coincide with the end of Together for Mental Health 2012-22, the Welsh Government's 10 year strategy to improve mental health and well-being.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	It is positive that the T4CYP strategy has been extended which should help to 'ensure sustainable improvement'. The strategy and the Framework for Improvement need to consistently guide operational service provision across Wales	Improved access to services. An understanding of the workforce needed and the current gaps Continued financial investment	A clear understanding of the outputs from the current All Wales work streams and what is needed in terms of objectives to implement the T4CYP strategy and the Framework for Improvement; connectivity between the work streams with representation from all parts of Wales and the service.

	<p>The additional investment has been welcomed, enabling recruitment</p> <p>CAPA is embedded within all the teams and adherence to this is being audited.</p> <p>Teams relate to and describe the Windscreen model of care and levels of service illustrated by T4CYP as do the Local Authorities.</p> <p>SPOAs are established, review of consistency is being undertaken.</p> <p>Roll out of the North Denbighshire CAMHS wellbeing pilot within GP clusters</p> <p>Demand - Average for 2019-20 to date is 603 in comparison with 584 for 2018-19.</p> <p>Performance during 2019 -20 has ranged from:</p> <p>Part 1a MHM. 72% - 86%</p> <p>Average wait for assessment (all referrals) 8 weeks</p> <p>Part 1b MHM. 72% - 87%</p> <p>Average wait for intervention (all referrals) 11 weeks</p> <p>Part 2 MHM 88% - 98%</p>		
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The new curriculum			
<p>Recommendation 1 (2018). That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	We are aware of work being developed and locally there is a foundation of working in partnership with education to deliver on the emotional wellbeing agenda and improve emotional resilience in families. There is a North Wales work stream established with this as the task.	Engagement in the discussion with representation from across Wales.	Clearer milestones
Measurement of well-being in schools			
<p>Recommendation 2 (2018). That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	More work is required on developing outcome measures that are meaningful for children, young people and services. In North Wales we are pleased that the CAMHS schools in-reach project is	Continued development in local authority areas where progress has been slower and evaluation of progress to date.	Continued All Wales support.



	<p>progressing well and we are striving to embed 5 ways to wellbeing into all that we do with families.</p> <p>The partnership foundation between CAMHS and education has enabled the development of the self-harm pathway for schools and the Friends programme.</p>	A programme of engagement with young people	
Emotional and mental well-being initiatives in schools			
<p>Recommendation 3(2018). That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness</p> <p>Recommendation C (2019): Further to Recommendation 3 in our Mind over Matter report, the Welsh Government must ensure the implementation framework for schools is published without delay, by December 2019. This is to ensure that all schools are working to a fundamental set of principles in relation to children and young people’s emotional well-being and mental health and are supported to do this. We want the Welsh Government to be working with schools to implement the guidance and to begin the self-evaluation process.</p> <p>Recommendation 4 (2018). That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.</p> <p>Recommendation 7 (2018). That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	Similar to recommendation 2		



School counselling			
<p>Recommendation 6 (2018). That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	The capacity of the service is outstripped by demand. In North Wales CAMHS provide supervision, consultation, DBT skills training to the School Counselling practitioners	A stabilised service provision that is interfaces well with CAMHS, School nursing, Primary Care and Schools.	Further funding and support.
School staff			
<p>Recommendation 5 (2018). That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.</p> <p>Recommendation 8 (2018). That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or nonteaching staff.</p> <p>Recommendation B (2019). To ensure that all school staff have a sufficient understanding of children and young people’s emotional and mental health and well-being, the Welsh Government should develop—as a matter of priority—a programme of compulsory training for new and existing school staff.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unable to comment		
Primary health care			



Recommendation 9 (2018). That the Welsh Government make available the management data tracking progress in relation to local primary mental health support services (LPMHSS) waiting times for assessment and interventions for children and young people since the commencement of the provisions of the Mental Health (Wales) Measure 2010.

Recommendation 10 (2018). That the Welsh Government set out an improvement plan for local primary mental health support services (LPMHSS) for children and young people in Wales. This should provide an assessment of current levels of provision, the anticipated demand for services over the next 5-10 years, and the estimated level of resource needed to join the two. It should also outline how LPMHSS will engage with other statutory and third sector services, and provide the most accessible, appropriate and timely “intermediate” support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.

Recommendation F (2019). Further to Recommendations 9 and 10 in our Mind over Matter report, we expect to receive a copy of the NHS Delivery Unit’s review of Local Primary Mental Health Support Services, as well as the Health Board improvement plans, this summer (2019). Publication of this information will help to provide a better understanding of whether there is enough capacity in the primary care CAMHS

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
<p>Rec 9</p> <p>Rec 10</p> <p>Rec F</p>	<p>The performance data is available however, there is not consistent inputting of activity from Health Boards – what is counted as a contact or intervention, just GP referrals or all referrals; resulting in analysis and comparable information not being truly possible.</p> <p>DU completed their review and produced Health Board specific reports and an all Wales report.</p>	<p>A clear agreed performance data criteria</p> <p>Health Board should have implemented the action plans from the DU recommendations. A key action for North Wales agreed by the T4MH Partnership Board is to review the Part 1 scheme with</p>	<p>All Wales discussion with representation from the DU, WG and Health Board Performance officers and service leads.</p> <p>Strategic support.</p>



	<p>BCUHB considered the report, response and developed actions against the recommendations, at MHAC and full Board.</p> <p>The improvement plan for BCUHB is being implemented by the CAMHS improvement group and reported to QSE.</p>	<p>the Local Authorities and Adult Mental Health</p>	
Care pathway			
<p>Recommendation 11 (2018): That the Welsh Government ensure:</p> <ul style="list-style-type: none"> • consistent pathways for all specialist CAMHS services, based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) in Wales within six months of this report’s publication; • each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently; and • information is made publicly available so that health boards and the Welsh Government can be held to account for performance in a transparent and well-informed way. 			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>BCUHB has well developed SPOAs that provide consultation and support to referrers based on the T4CYP LPMHSS guidance and the T4CYP Framework for Improvement to assist with identifying and managing risks, consideration of alternative pathways and factors indicating the need for a Mental Health Assessment</p> <p>Community CAMHS in BCUHB is based on a whole system approach to service provision (providing early intervention, assessment and intervention). This</p>	<p>A clearer understanding of the effectiveness of pathways and shared learning across Wales of good practice.</p> <p>Reliable benchmarking information.</p>	<p>Detailed discussions with clinical leads and operational managers.</p> <p>A priority for BCUHB is to develop a service specification based on the Framework for Improvement so that the ‘offer’ is clear, understood and meets the needs of the population.</p>



	<p>model ensures that there are no pathway or structural barriers to the patient journey.</p> <p>Information is made publicly available</p>		
The 'missing middle'			
<p>Recommendation 12 (2018). That the Welsh Government outline as a matter of urgency, and within three months of this report's publication, how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available – the so-called "missing middle". This should include:</p> <ul style="list-style-type: none"> • the detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery; and • an account of the consideration given to focusing referral criteria on levels of distress experienced by children and young people (the source of which can be behavioural, social (including attachment-related disorders) and/or medical in nature), rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the current "pyramid" model of care with the "iceberg" model presented to us in evidence. <p>Recommendation E (2019). We want to see the Welsh Government implement Recommendation 12 in our Mind over Matter report as a matter of urgency, including publishing details of it how it intends to take forward the early help and enhanced support workstream to reduce the 'missing middle'. We request an update from the Welsh Government on progress by the end of October 2019.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>BCUHB and the 6 Local Authorities in North Wales welcomed the investment from the Parliamentary Review Transformation funds following out successful bid to transform care for the most vulnerable young people who are on the edge of care or are looked after.</p> <p>The model is based on the windscreen model used within T4CYP rather than the tiered model, starting with early</p>	<p>For North Wales we will have outcomes and a description of distance travelled for some young people who have experienced our new model of care.</p> <p>A review of the crisis pathways by the DU</p>	<p>Additional funding to meet this growing need.</p>



	<p>help and going through to crisis and reunification with the family.</p> <p>However a strategic discussion needs to be progressed across Wales in terms of how we on a multi-agency basis meet the needs of young people that are in distress and have complex needs commonly caused by their childhood experiences. The Children’s Commissioner’s voice on this is important and welcomed by our RPB.</p>		
Neurodevelopmental services			
<p>Recommendation 13 (2018). That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.</p> <p>Recommendation 1 (2019). We recommend the Welsh Government fully implement Recommendation 13 in our Mind over Matter report in relation to neurodevelopmental services. Alongside this, the Welsh Government should:</p> <ul style="list-style-type: none"> • set out a clear plan of how it will support Health Boards, local authorities and third sector partners to meet the needs of the estimated 40-50 per cent of children and young people who do not meet the threshold for diagnosis but need some help, to ensure that families are not left feeling unsupported; • routinely publish data on neurodevelopmental performance so that there is greater transparency and understanding of whether Health Boards are achieving the 26 weeks waiting time standard for assessment; • provide further details of how the Welsh Government intends to monitor the performance of neurodevelopmental services, so that frontloading support into assessment to meet the 26 week waiting time standard for assessment is not done at the expense of providing interventions following assessment; • publish the findings of the demand and capacity modelling work it is undertaking to ensure effective neurodevelopmental service models are in place across all areas of Wales. 			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	BCUHB have successfully in Aug 2019 obtained additional funding to meet	All posts should be filled and capacity should meet demand achieving	Complete recruitment process over 60% done Dec 2019.



	<p>functional Capacity & Demand Gap and non-recurrent support for the historic waiting list</p> <p>Demand: during 2019 -20 there have been on average 1700 children waiting for an assessment</p> <p>Performance: during 2019-20 performance has ranged between 30% and 41% against the 26 week target. Average wait is 40 weeks.</p> <p>Performance monitoring - some health boards include all ND conditions others only count ASD resulting in analysis and benchmarking not being truly comparable.</p>	<p>compliance for all new referrals. Historical waiting lists are aimed with use of tenders to be cleared, this is dependent on external tenders begin:</p> <p>a) of the appropriate standard and b) have the capacity we need.</p>	<p>Award Tender and monitor performance, Tender evaluation Feb 2019, monitoring ongoing from start to end of tender provision.</p>
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Qualitative measures of performance

Recommendation 14. That the Welsh Government prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report’s publication. This information should be made publicly available so that those responsible can be held to account for service delivery and performance.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Use of outcome measures: CGAS, GBO and experience of the service questionnaire are all qualitative measures which are being used in BCUHB	Better use of the qualitative data to inform service development and quality improvement.	Electronic records

Crisis and out-of-hours

Recommendation 15 (2018). That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care:



- work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;
- outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);
- ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability;
- ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;
- implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and • reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.

Recommendation G (2019). Further to Recommendation 15 in our Mind over Matter report, we recommend that the Welsh Government undertake an urgent piece of work to better understand how and why children and young people access crisis/out of hours support. Further improvements to crisis and out of hours care for children are needed to help ensure children and young people can access immediate support when they are in distress, at any time. Access to mental health crisis support must be consistent across Wales, which may require Welsh Government investment to support those Health Boards currently unable to extend their services.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Work with Police on the all Wales triage model is adult focussed.</p> <p>WG made mental health funding available, crisis intervention could have been a priority. BCUHB submitted bids for early intervention being the sustainable model.</p>	<p>DU review of crisis pathways should be completed</p>	<p>Investment is required to progress against the Crisis care pathway within the Framework for Improvement</p>



	<p>Progress against the Crisis Care pathway within the Framework for Improvement:</p> <p><i>Hours of Operation 24/7 availability for CAMHS professional advice, extended working Mon – Fri eg 9am – 9pm, limited weekend hours 10am – 6pm.</i> BCUHB has a 7 day 9:00 – 1700 CAMHS provision on the paediatric wards, 7 day Community outreach team (Kite) 9:00 – 21:00 weekdays and 13:00 – 21:00 Weekends Consultant Psychiatry in hours with telephone call rota for out of hours.</p> <p><i>Enhanced Access – jointly agreed access and risk management pathways with emergency services.</i> SPOAs support the access to urgent unscheduled care provision</p> <p><i>Advice 24/7 access to advice for professionals managing imminent risks</i> As above</p> <p><i>Liaison and Assessment – face to face assessments within 48 hours for urgent.</i> Consistently achieved.</p> <p><i>Care Co-ordination – BCUHB achieves the 90% target</i></p>		
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	<p>Admissions for self-harming and attendances at s136 suites are monitored via the Children’s Services Group and MHAC.</p> <p>2019-20, 26 young people attended s136 suite. No admissions to adult mental health beds.</p> <p>Self-harming admissions and risk assessments: The year to date figure is 11% higher than the same period in 2018-19.</p> <p>WG requested all Health Boards to identify age appropriate beds in their adult mental health units. BCUHB has found this challenging to operationalise due in the main to high demand for beds for the adult population.</p> <p>BCUHB has well established SPOAs available for consultation and referral, which is reported to be welcomed by practitioners including primary care.</p>		
Suicide			
<p>Recommendation 16 (2018). That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> • provide, within three months of this report’s publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to “contagion”; • work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and <p>The Emotional and Mental Health of Children and Young People in Wales</p>			



- ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.

Recommendation D (2019). Further to Recommendation 16 in our Mind over Matter report, the Welsh Government must ensure that all schools and local education authorities implement fully the guidance on suicide and self-harm to be introduced in September 2019.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>The guidance was published in Sept 19 and been added to the self-harm pathway developed in North Wales.</p> <p>BCUHB contributes to the North Wales Strategic group responsible for Suicide and Self Harm Prevention strategy.</p>	<p>Training programme established and rolling for teachers.</p>	

In-patient services

Recommendation 17 (2018). That the Welsh Government:

- engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and
- provide in its response to this report an action plan detailing the practical support it is going to give to Betsi Cadwaladr University Health Board to return the unit to its commissioned capacity of 12 beds by summer 2018.

Recommendation H (2019). Further to Recommendations 17 and 18 in our Mind over Matter report, we want to see urgent action taken to address the demand pressures for in-patient care throughout Wales. We recommend the Welsh Government :

- ensure the capital works at Ty Llidiard are completed by the end of Summer 2019 and that the unit is in a position to accept children and young people at risk of suicide and self-harm;
- ensure the staffing issues at Abergele are resolved urgently so that the unit is in a position to accept children and young people at risk of suicide or self harm.
- explore with greater urgency options for creating extra in-patient capacity, specifically to cater for children and young people with complex needs who are currently placed outside of Wales;
- put in place more effective arrangements for 'stepping up' or 'stepping down' between different levels of intervention;
- provide capital investment to help progress at greater pace some of the opportunities for more integrated commissioning in relation to mental health, welfare and youth justice.
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<p>Recommendation 18 (2018). That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:</p> <ul style="list-style-type: none"> • provide as many services as close to home as possible for Welsh domiciled children and young people; • engage in dialogue with NHS England about options for the creation of very specialist in-patient beds that could serve populations both sides of the border; and • explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements. 			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>The inpatient unit is delivering at full capacity.</p> <p>The nurse vacancies are fully appointed to.</p> <p>During 2018-19 OOA placements have reduced by half with an average of 3 young people out of area.</p> <p>The Parliamentary Review Transformation Programme focusses on those young people with complex health and social care needs, the programme includes availability of non-hospital beds to enable 10 week assessment formulation and respite.</p>	<p>WHSSC specification for Tier 4 published. An understanding of the workforce and environment requirements to meet the standards for GAU and HDU. QAIS report received by the Health Board and recommendations actioned. Action plan to be monitored through Quality and Safety governance structure of the Health Board and received by QSE.</p>	<p>Further discussion with WHSSC. Feasibility report to establish environment risks and workforce requirements to provide HDU.</p>
Transitions			
<p>Recommendation 19 (2018). That the Welsh Government, in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and local authorities to report to them on a six monthly basis:</p> <ul style="list-style-type: none"> • the steps they have taken to ensure implementation of the transition guidance; 			



- their assessment of their level of adherence to the guidance; and
- details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks

Recommendation J (2019). Further to Recommendation 19 in our Mind over Matter report, and given the heightened vulnerabilities of young people as they enter adulthood, we recommend that the Welsh Government consider all options for improving transitions, including exploring the extension of CAMHS up to the age of 25, to provide an extended period for young people to move into adult services, rather than immediately transferring to adult mental health services when they turn 18.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>BCUHB has reflected the WG guidance in our local policy which embraces the need to reach up and down by CAMHS and Adult Mental Health services rather than focussing on an arbitrary age.</p> <p>We recognise that the needs of the 16 – 25 year age group have more in common than the current model of up to 18 years for CAMHS and 18 yrs to old age for adult mental health.</p>	<p>Able to monitor implementation of the guidance.</p>	<p>Continued focus on implementing the standards.</p> <p>A comprehensive understanding of the needs of this cohort and significant resource and remodelling of services would be required.</p>

Psychological therapies

Recommendation 20 (2018). That the Welsh Government, in light of the current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for children and young people. As a minimum this should include:

- an outline of how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively;
- specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners;
- details of the proposed review of prescribing trends for children and young people with emotional, behavioural and mental health problems, building on previous work undertaken by Professor Ann John and including an assessment of whether other interventions have impacted on these trends, to begin in the next 12-18 months; and
- an assessment of the plan's financial implications and affordability, and how its outcomes will be measured.



Recommendation K (2019). The Welsh Government should work proactively with the Health Education and Improvement Wales (HEIW) to ensure the CAMHS workforce is prioritised in the 10 year workforce strategy. We would welcome further information about plans for developing and maintaining a stream of sufficiently trained therapeutic practitioners to deliver interventions to children and young people.

Recommendation L (2019): Further to Recommendation 20 in our Mind over Matter report, we recommend the Welsh Government publish the children and young people’s version of Matrics Cymru by December 2019, alongside details of how this will help to ensure a range of therapeutic services across the spectrum of need are delivered effectively to children and young people across Wales.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>A North Wales plan for psychological therapies/interventions is already in place (developed 2017 ratified for full implementation 2018)</p> <p>New investment for psychological therapies, Child Psychology has led the development of a partnership with Bangor University and developed a regional training programme in CBT and DBT.</p> <p>A full all ages review of psychological therapies in BCUHB has recently been completed. Whilst services for children and young people were described positively, there is an all-age programme of work in development, led by a new programme Board. There is work to do on defining the reporting and governance arrangements of this Board, and optimising the interface with adult services to maximise efficiencies, avoid duplication, and</p>	<p>Updated North Wales Psychological Interventions plan included within an updated description of a service model</p> <p>Clear pathways for psychological therapies across primary and secondary services and across transition into adult services</p> <p>Review psychological interventions underway in specialities other than CAMHS and identify needs and gaps</p> <p>Continue to train new and existing staff within specialist teams to ensure there is sustainable availability of key evidence based therapies including trained supervisors and where appropriate and feasible trained in-house trainers</p>	<p>We need to meaningfully review the current ‘models’ (notwithstanding that we all understand different things ‘model’ as recently confirmed in a multi-agency meeting!) e.g. windscreen, LPMHSS, ‘iceberg’ etc and document our agreed model for North Wales possibly as part of an updated Part 1 scheme under the MHM.</p> <p>Be part of the newly developing Psychological Interventions Programme Board in BCUHB and collaboratively agree the work plan</p> <p>Ensure needs of client groups other than CAMHS are included in planned programme of work</p> <p>Identify costs and include in further investment bids if not available in-house</p>



	<p>ensure that unnecessary variation in access to a range of psychological therapies is available for the public. Further work is needed to ensure the correct information is collated and submitted to HEIW regarding training places. We are developing bespoke training in house for new staff arriving into CAMHS and intend to scale this up over time.</p> <p>BCUHB has been involved in the development of Matrics Cymru Plant and is ensuring current consultation is widely shared. We await the final version and will develop an updated work plan to ensure implementation, building on what is already there.</p>	<p>Work closely with partner agencies in developing plans for joint approaches in schools and primary care</p> <p>Ensure Psychological Intervention plan is inclusive of partner agencies, and includes interventions across the tiers/systems and joint training and supervision wherever possible</p>	<p>Need new work plan and costed bids for identified gaps</p> <p>Continue work with Education to roll out learning from CAMHS – Schools In-reach and begin to plan exit strategy and scale up of effective components</p> <p>Multi-agency leadership groups to include this wider agenda building on the work of the Children’s Transformation Programme and ensuring the Mental Health Transformation is collaborative across ages.</p>
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Prescribing and medication

Recommendation M (2019). Our view as expressed in Recommendation 20 of our Mind over Matter report, that a national review of prescribing trends for children and young people with emotional, behavioural and mental health problems is needed, remains unchanged. In the absence of such a review, we recommend the Welsh Government provide us with further assurances on this issue by December 2019.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Unaware of a national review.</p> <p>Within BCUHB prescribing trends are monitored through the quality and safety governance structure.</p>	<p>Feedback from the national review</p> <p>Continued monitoring of trends, actions from analysis to be implemented.</p>	<p>Detailed information per practitioner to be continually available.</p>

Advocacy

Recommendation 21 (2018). That the Welsh Government, within six months of this report’s publication, commission a review of the current provision of – and need for – advocacy services for children and young people accessing all mental health services, not just those in in-patient



<p>settings. This review should be undertaken in consultation with key stakeholders such as the Children’s Commissioner, the National Youth Advocacy Service, commissioned providers of services, and children and young people. Based on the review the Welsh Government should assess the viability of providing an active offer of advocacy to all children and young people accessing mental health services and should publish a full account of its conclusions.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>The review has been completed. An active offer of advocacy for children and young people in Tier 4 inpatient unit NWAS is commissioned.</p>	<p>Progress on a national commissioning programme for all children and young people</p>	<p>Strategic discussions with operational detail to be agreed</p>
<p>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</p>			
<p>Recommendation 22 (2018). That the Welsh Government work across agencies to ensure that the emotional and mental health needs of children and young people are assessed on entry to care and on receipt of a referral order within the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multi-disciplinary support to meet their often-complex needs in a timely and appropriate way.</p> <p>Recommendation 23 (2018). That the Welsh Government, within six months of this report’s publication, undertake a piece of work on the provision of emotional, behavioural and mental health support for looked after and adopted children. This should:</p> <ul style="list-style-type: none"> • be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and • consider, in the case of looked after children, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both the physical and emotional support they need. <p>Recommendation N (2019). The Welsh Government should provide more detail about—and evidence that—the workstreams of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the Together for Children and Young People Programme are linked and working in tandem to ensure that the most vulnerable children and young people are having their emotional and mental health needs assessed and can access support promptly. The Welsh Government should provide a further detailed update to the committee on this, together with timescales for progressing this work. In the meantime, we remain deeply concerned about the provision of emotional well-being and mental health support for care-experienced children.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Children and young people entering care or on receipt of a referral order are</p>		



	<p>screened using a validated tool and assessed by CAMHS if required.</p> <p>BCUHB is working with the Local Authorities to embed LAC pathways.</p> <p>BCUHB has CAMHS practitioners within the YJS teams.</p> <p>The work streams need to have full representation from the service and across Wales with effective communication on outputs and connectivity across/between the pieces of work</p>	<p>A communication strategy with regular updates from the work streams</p>	
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Working with the third sector

Recommendation 24 (2018). That the Welsh Government, within three months of this report, act on the evidence received from the Royal College of Paediatrics and Child Health that it needs to establish an overarching group “with teeth” to manage the joint working that is needed between statutory and third sector organisations in order to deliver effective and timely emotional and mental health support services.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Not aware of this work</p> <p>BCUHB has commissioning arrangements with the voluntary sector to provide support to children and young people, ICF and Families First funding support these.</p>		

Workforce

Recommendation 25 (2018). That the Welsh Government ensure that all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	BCUHB has and will continue to contribute to workforce surveys.		
Welsh language services			
Recommendation 26 (2018). That the Welsh Government ensure the T4CYP Programme undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unable to comment on WG progress to date. Within BCUHB CAMHS have identified and are progressing the actions required to achieve the Welsh Language Measure standards.	Completion of the actions. Job descriptions and adverts are compliant with Welsh Language Measure assisting with the recruitment of Welsh speakers.	Additional translation capacity within the Health Board
Reporting and data			
Recommendation 27 (2018). That the Welsh Government require health boards to report expenditure on emotional and mental health services for children and young people in a uniform way to increase accountability and transparency. This data should include information on all services, not specialist secondary CAMHS services only, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector etc.) This information should be made publicly available so that those responsible can be held to account in relation to the affordability, relative prioritisation and value for money of the services provided.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	This information is submitted however because the activity is not collated consistently across the Health Boards the financial information is not reliable for benchmarking. BCUHB can demonstrate the increase in investment into CAMHS	An agreement on what data is collected and how.	The collection of activity data should be agreed and formalised. Electronic Records



Youth work			
Recommendation O (2019). The Welsh Government must ensure that within its Draft Budget for 2020-21, and in future financial years, sufficient funding is allocated to youth work in recognition of the vital role it has to play in supporting the emotional well-being and mental health of children and young people.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Not able to comment		

