

UPDATE ON CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH SERVICES IN CARDIFF AND VALE

Name of Meeting : Board Meeting **Date of Meeting :** 29 September 2016

Executive Lead : Executive Director of Public Health

Author : Head of Outcomes-Based Commissioning, Head of Operations and Delivery, Community Child Health 029 20336232

Caring for People, Keeping People Well : Delivering outcomes that matter to people

Financial impact : No new impacts as a result of this paper

Quality, Safety, Patient Experience impact: Improving quality and responsiveness of services

Health and Care Standard Number: 3.1, 3.3, 3.5, 5.1, 7

CRAF Reference Number: 2.1, 2.5, 3.1, 3.1.2, 4.3, 5.1, 5.1.5, 5.1.6, 5.3

Equality and Health Impact Assessment Completed: No policy changes as a result of this paper

The Board is asked to:

- **APPROVE** the progress in reshaping Emotional and Mental Health Services for Children and Young People in Cardiff and the Vale of Glamorgan.
- **SUPPORT** the strategic direction and actions being taken to further reduce waiting times.

SITUATION & BACKGROUND

Our aim is to secure services to meet the emotional mental health and well being needs of children and young people from early support in the community all the way to highly specialist tertiary provision and always with a focus on recovery.

Currently Cardiff and Vale UHB commissions secondary Child and Adolescent Mental Health Services from Cwm Taf UHB to provide for our resident population. This secondary care service interfaces with primary care, community child health, adult mental health and a range of non-NHS partner services. The service as a whole has been reviewed. The review has recognised the need to enable support and care from prevention, early support in non hospital settings through to secondary and tertiary provision. Additional Welsh Government money received in 15/16 has been used to reshape and improve the delivery of Emotional and Mental Health Services to children and young people in Cardiff and the Vale of Glamorgan.

As a result of this investment, services have been reconfigured to ensure that support and interventions are delivered at the right place, by the right person at the right time.

The increase recognition of emotional mental health and wellbeing issues in children and

young people has required early support and intervention services in particular to be developed.

The reconfiguration to enable this has included:

- Embedding the primary mental health services alongside the Community Child Health team. So Primary Mental Health workers have been transferred back into Cardiff and Vale from Cwm Taf effective from 1st April 2016.
- Neurodevelopmental services being aligned with Community Child Health and a new neurodevelopment multidisciplinary team has been established within Cardiff and Vale to be the single point of access to the shared neurodevelopment pathway between Community Child Health and specialist CAMHS. This team started accepting referrals from 1st April 2016.
- Securing access to early support and care in primary and community settings for children and young people (CYP). A new emotional wellbeing service has been commissioned from the third sector to deliver support to CYP with lower levels of need which will better meet the needs of children and young people as well as reducing referrals to Primary Mental Health and sCAMHS. So enabling children and young people to get the help and support they need in the most timely way including better access to more expert help if that is indicated. This service commenced on 2nd July 2016.

R – 13 year old male said: “by doing the ‘Inside Out’ workshop with (worker), this has helped me to put a colourful character to my emotions so I can name them”.

ASSESSMENT

Emotional Wellbeing Service

Key Developments

The decision to commission a ‘Risky Behaviours’ service was taken in 2014/15 in response to an increase in need across the population. This followed on from the outcomes of workshops with stakeholders (including GPs) which highlighting this need and a requirement to focus on prevention. A part time project manager was appointed in 2015/16 to take the commission forward. The announcement of additional Welsh Government monies and an agreement to redirect funding from a decommissioned substance misuse scheme enabled a more comprehensive service to be commissioned. (see timeline 1)

1. The service specification for the service was developed and consulted on with key partners and stakeholders. A decision was taken to commission the new service from a third sector provider.
2. We engaged with the youth council/forums in Cardiff and the Vale of Glamorgan and trained some young people to act as young commissioners to support the decision-making and evaluation of the procurement submissions. The training took place in early 2016 and was delivered by youth leaders and health board staff.
3. The procurement process ran from December 2015 to March 2016 and included receiving written submissions from interested providers and an evaluation day attended by a cross-section of professionals from the health boards, local authority partners and youth offending representatives and a team of young commissioners from across both local authority areas.

P – 16 year old female said: “from talking to (worker) I can see that I drink and smoke weed to block things out when I feel things are too much. I find it hard to talk to people but am trying to open up”.
4. The contract was awarded to CGL (change, grow, live) on 28th April 2016 and following an initiation period, the service commenced on 2nd July 2016. Initial feedback has been positive, although there have been some inappropriate referrals of very young children that seem to indicate an area of unmet need that is of a level not suitable for this service.

Primary Mental Health Services (Incorporating Mental Health Measure - Part 1)

Key Developments

The possibility of transferring Primary Mental Health Team from specialist CAMHS in Cwm Taf UHB to Cardiff and Vale UHB was scoped during 2014/2015 and agreement made that it would be better situated under the lead of Children’s Clinical Psychology rather than Adult Mental Health. This was to embed and enhance the multiagency pathways between the service and Children’s Social Services and Education. (see timeline 2)

1. The opportunity of new funding resulted in notification of service transfer. The TUPE transfer was completed by the end of March and the staff transferred on April 1st 2016
2. One staff member decided not to transfer to the UHB
3. Additional funding was received as part of the Welsh Government monies enabling recruitment to complete the team. Interviews are taking place during September.
4. The UHB inherited a significant backlog of cases awaiting Part 1 assessment with no IT system or process in place to manage these. As a result it has taken time to work through manual systems to understand the position, demand and capacity.

5. On transfer there were 215 young people under 18 waiting for Part 1 assessments¹ with a longest wait of 31 weeks. An intensive waiting list clinic process was conducted in July and August by existing staff, and agreement was made with adult mental health colleagues to undertake assessments for 17 olds. with year
6. The Primary Mental Health workers provide more than Part 1 assessments and their role in consultation, signposting and support to other agencies is key. The Head of Clinical Psychology is working with the team to develop and continuously improve the service model.
7. The number of referrals to the service has increased significantly which may be partly attributed to primary care referring for Part 1 assessment because of the long waiting lists in Specialist CAMHS. This pattern has been seen in adult mental health and is underway to identify lessons and discuss how these may apply to children and young people's services. work
8. Work to provide clarity for referrers on existing service links and interactions with the new Emotional and Well Being service as well as specialist CAMHS was scoped at a workshop on August 30th and this will continue to iterate and improve.

School Senco
 The single point of contact makes it much easier to speak to the right person

Neurodevelopmental Service

Key Developments (see timeline 3)

1. A shared community Child Health and Specialist CAMHS pathway for the diagnosis of Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) has been established with a single point of access for new referrals.
2. A new multidisciplinary team acts as the first point of contact for children and families, linking in to existing services across community Child Health and CAMHS.
3. New information packs and assessment tools for families have been agreed and introduced across both service areas.
4. The team has delivered training to schools on the new processes and are making contacts with other teams who support families.

¹ Comprehensive mental health assessments for individuals who have first been seen by a GP. (Individuals may be referred into the primary care service by secondary mental health services);

Treatment, by way of short-term psychological interventions, delivered individually or in group settings. Such treatment may include counselling, cognitive behavioural therapy, solution-focussed therapy, stress management, anger management and education.

Provision of information and advice to individuals and their carers about treatment and care, as well as 'signposting' them to other sources of support including third sector organisations.

Support and advice to GPs and other primary care workers to enable them to safely manage and care for people with mental health problems.

Supporting the onward referral and co-ordination of next steps with secondary mental health services, where this is felt to be appropriate for an individual.

5. The contribution from staff of SCAMHS to the pathway has been finalised and joint follow-up arrangements agreed.
6. The introduction of the team has resulted in a whole scale review of clinic activity and delivery in Community Child Health and how this is captured in the PARIS IT system. Work with the UHB 'CSI' team is underway. The change will result in dedicated Neurodevelopment clinics being set up, both medical and nurse led.
7. A workshop to begin to scope what ongoing support to families is required has been held with Third Sector colleagues and parents. This is part of our Integrated Health and Social Care partnership work.
8. A small Strengthening Families programme pilot for Children with ADHD has been agreed with the new team referring to this programme under the direction of the Clinical Psychologist.
9. A joint service model has been agreed with Adult Mental Health services as part of Welsh Government Integrated Autism funding. This focuses on support at all ages, particularly the complexities through transition and will include a 'lifespan' Clinical Psychology post.
10. A pharmacist is in the process of looking at secondary care prescribing and to support shared care arrangements with General Practice. In addition the nurses and pharmacist are undertaking the independent prescribing course.
11. Community Child Health staff have agreed to take responsibility for the assessment of the remaining Children and Young People on the SCAMHS (Cwm Taf provider) waiting list. A waiting list proposal has been agreed which began in September. The plan is to see all waiting patients by the end of March so that moving forwards there will be one clear waiting list across the two services.

Secondary CAMHS (Cwm Taf Provider)

Key Developments

1. Cwm Taf UHB are commissioned to provide secondary CAMHS services for the population of Cardiff and Vale University Health Board.
2. Over the next 18 months they will move to the Choice and Partnership Approach (CAPA) model which aims will improve outcomes for young people and improve flow through the system.
3. High levels of sickness and absence within the Cwm Taf service have meant that waiting list initiative clinics have not had any impact on the overall waiting list as the position has been maintained.
4. Cardiff and Vale UHB have agreed to fund a waiting list initiative based on a brief intervention model and a changed system of delivery which is planned to reduce the

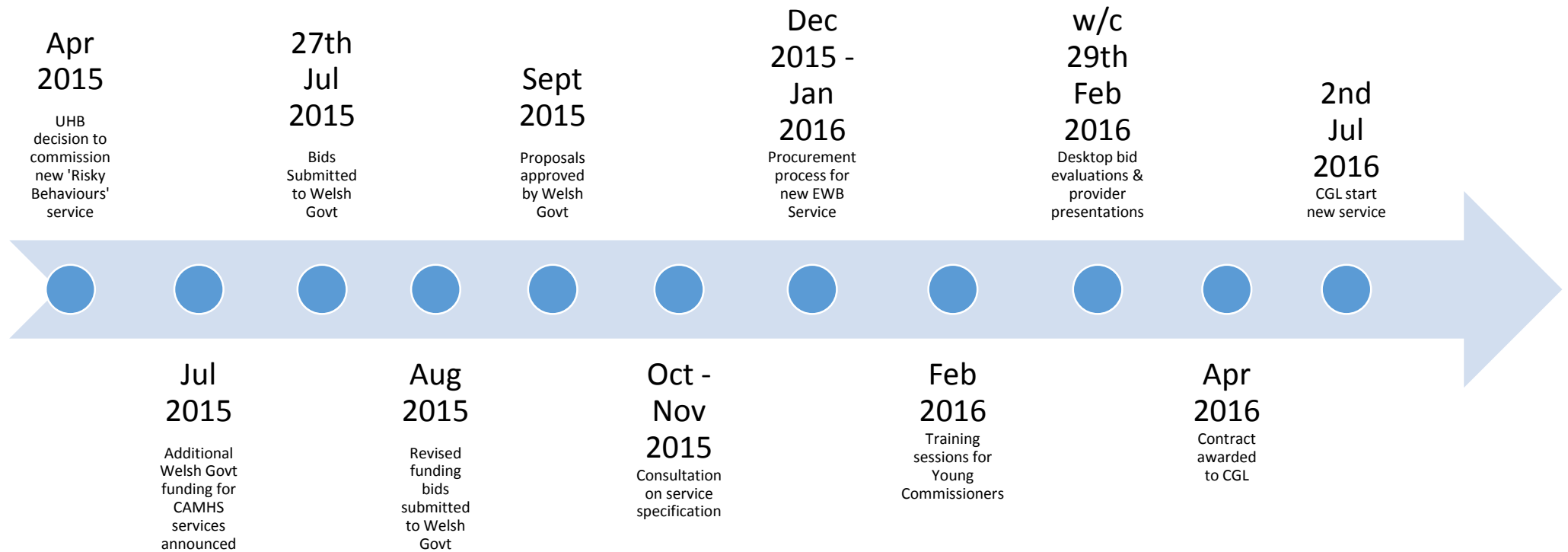
waiting list to within 28 days by the end of March 2017. This will be funded from non-recurrent slippage within the existing CAMHS budget.

5. Profile and waiting list information is included in the appendix to this paper.

TIMELINE 1

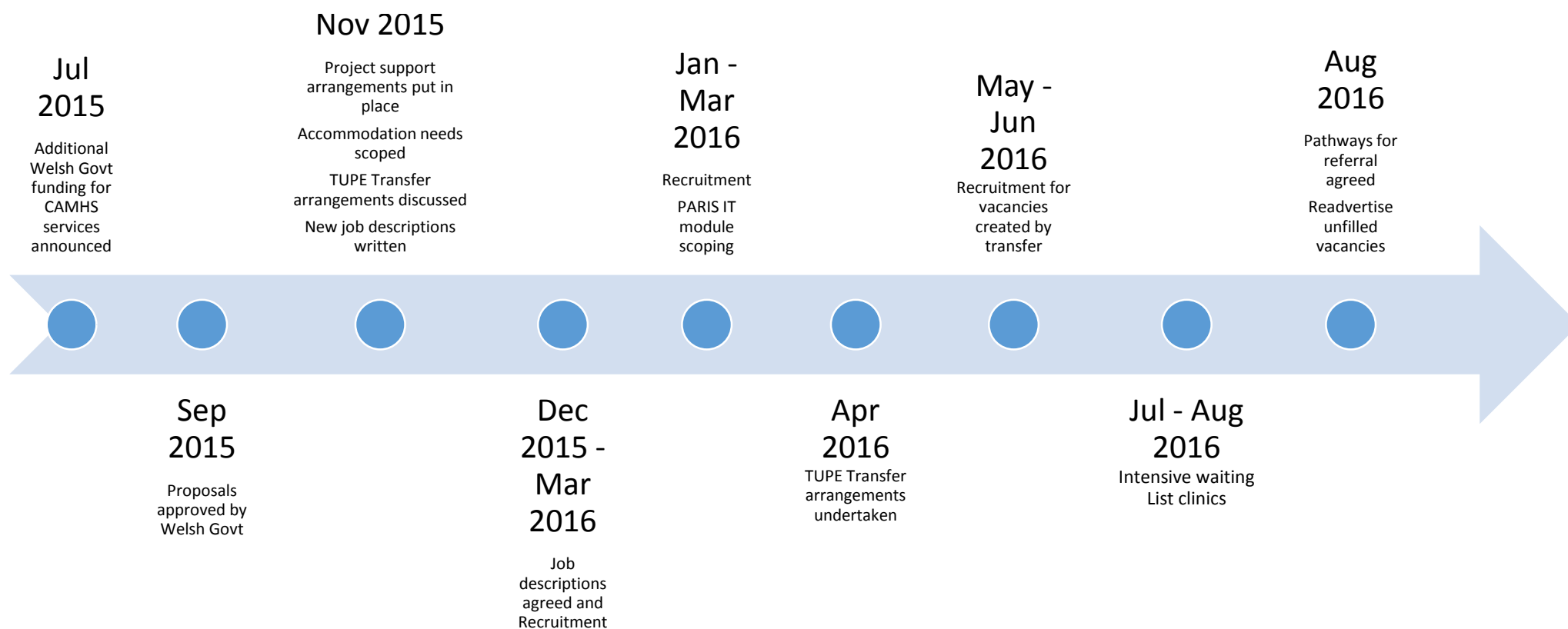
Emotional Wellbeing & Support Service

Commissioning Timeline



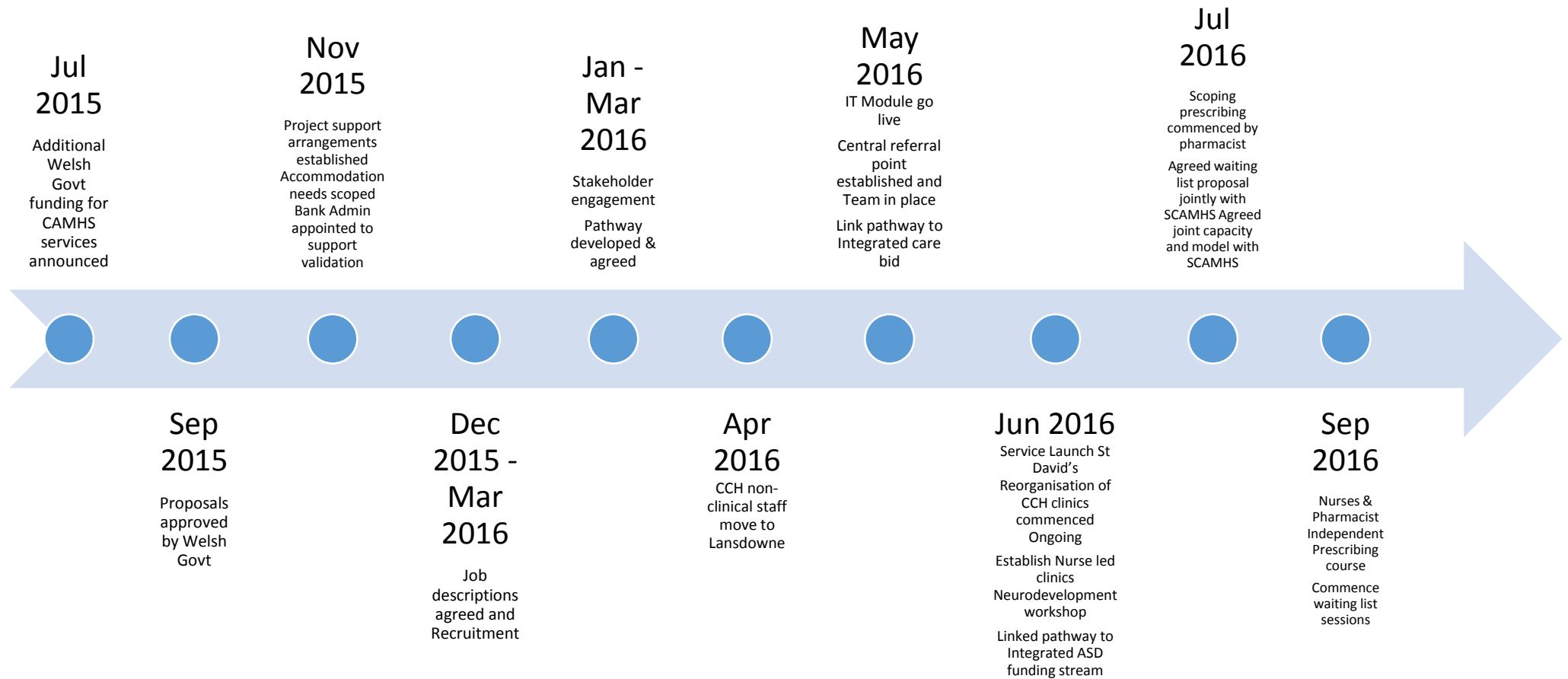
TIMELINE 2

Primary Mental Health Team *Transfer and Implementation Timeline*



TIMELINE 3

Neurodevelopment Multidisciplinary Team *Specification and Implementation Timeline*



**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board