Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Our Ref: DS/JP/TLT

10 March 2014

Dear Darren

Wales Audit Office (WAO) / Healthcare Inspectorate Wales (HIW) Report 'Child and Adolescent Mental Health Services: Follow-up Review of Safety Issues'

Thank you for your letter of 10 February regarding the Committee's consideration of the WAO/HIW Child and Adolescent Mental Health Services (CAMHS) report.

I am pleased the report recognises that improvements have occurred since the original 2009 report. Further improvements will have also occurred during 2013 which are not reflected in the report, as the fieldwork and evidence gathering occurred during 2012. I attach a copy of a letter dated 4 October 2013 to WAO/HIW in response to their draft report, which provided an update on activity until that point.

In relation to the recommendations made in the report we are working with LHBs to ensure they are implemented.

- **Recommendation (a), emergency and crisis support from inpatient units**

  We are seeking proposals from WHSSC and the Health Boards by the summer and LHBs will be required to further report progress towards the end of the year. This recommendation will also be supported by the Minister's announcement, in October 2013, to invest £250,000 for eating disorder treatment and the reengineering of CAMHS inpatient provision.

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- **Recommendations (b) and (c) inappropriate admissions.**

  A meeting between CAMHS clinicians and their adult counterparts, from across Wales was held last month. Detailed guidance for adoption across Health Boards will be produced by the summer.

- **Recommendation (d), out of area placements and capacity within the inpatient units**

  This is a key outcome identified as part of the Minister’s October 2013 announcement to invest £250,000 new funding into CAMHS Eating Disorder services. We are currently discussing the implementation with Health Boards, and expect the service to be fully operational early in the new financial year.

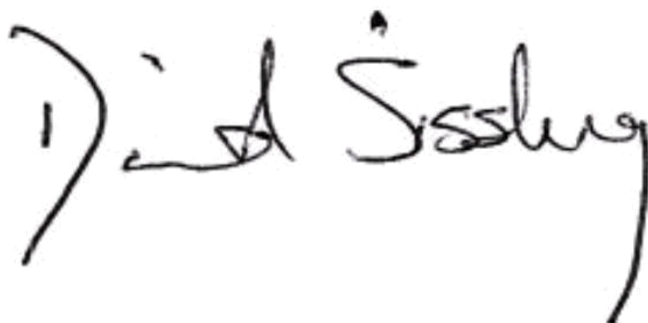
- **Recommendations (e) and (f), polices/procedures and DBS**

  This matter was discussed with Health Board Directors and WHSSC on 14 February. WHSSC and the Boards are now considering the HR implications and will develop plans to ensure safeguarding is addressed. Health Boards will report progress annually to the multiagency Together for Mental Health Children, Young People and Families Delivery Assurance Group. The first report will be available by the end of 2014.

More broadly, to ensure the wider improvements Welsh Government wishes to see in CAMHS are implemented, we have established an Improvement Steering Group. The group is chaired by a senior Health Department Official, acting as Senior Responsible Officer. It comprises key Welsh Government stakeholders, and others drawn from WHSSC, Local Health Executive Leads and CAMHS Clinical Leads.

I am confident that over the course of 2014 these arrangements will ensure that CAMHS are able to more effectively meet the needs of the young people using the service. We will, of course, report on this work as it progresses to the Children, Young People and Education Committee as part of its consideration of CAMHS Services. I am copying Ann Jones, Chair of the Children, Young People and Education Committee into this response.

Yours sincerely



David Sissling

ENC.

c.   Ann Jones, Chair of the Children and Young People and Education Committee

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Our Ref: DS/RA

4 October 2013

Dear Mandy and Paul

DRAFT AGW/HIW REPORT ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES: FOLLOW UP REVIEW OF SAFETY ISSUES

Thank you for the opportunity to comment, prior to publication, on the draft report into Child and Adolescent Mental Health Services: follow up review of safety issues.

Overall I am content with the balance of the report and the facts as these relate to the actions of the Welsh Government at the point the fieldwork was undertaken. I can also confirm that we have checked the relevant elements of the report with the Delivery Support Unit (DSU). I note that you are separately seeking views from LHBs and WHSSC on extracts which relate to their services.

I welcome this report as it focuses on issues which are of particular importance to Welsh Government and have a high priority in "Together for Mental Health". Given the time lag since the field work was undertaken in 2012, I am grateful for the opportunity to provide an update on some of the actions taken by Welsh Government during 2013 on the issues identified in the report.

Inappropriate admissions

The period of fieldwork overlapped with the period of transition to the requirement for CAMHS services to extend provision to encompass 16 and 17 year olds. As such there is likely to be some instances where young people, particularly 17 year olds, would have been seen by adult services until the transfer from adult to CAMHS occurred. We would hope that this would no longer be the case.

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The Welsh Government has been closely monitoring the number of inappropriate admissions to adult wards over the last few years. The need to reduce inappropriate admissions and ensure those that do occur are reported, has been reinforced by Welsh Government at our regular meetings with the relevant professionals and LHB officers. This includes a meeting between the Minister for Health and Social Services and the Vice Chairs' of LHBs in July 2013 (subsequently reiterated in a letter) and also one held with the relevant officers at the CAMHS/Adult Mental Health Leaders Collaborate event in April 2013.

Our records show that the following admissions of under 18s have been reported to Welsh Government by LHBs since 2012.

LHB	BCU	C&V	ABMU	Powys	AB	HD	CT
2012	7	1	1	1	1	0	0
2013 (to date)	2	3	4	1	3	1	0

All incidents are reviewed by the Welsh Government Clinical Governance team and for the past 12 months health professionals in the mental health team have followed up individual incidents, to understand the reason for their occurrence and seek to drive down the number of incidents further. We recognise there will be situations where the admission may in fact be appropriate. Any issues highlighted by our discussions with practitioners on individual cases are communicated back to the LHBs concerned, through regular meetings with Divisional Nurse Leads for Mental Health and Nurse Directors. We are also ensuring that the information is shared between CAMHS and Adult Services.

Earlier this year the DSU team, and separately health professionals in my Department, visited the In-Patient Units in both North and South Wales. This work identified issues around staff skills and expertise which we are currently working with WHSSC and the LHBs to address. The first element of this work involved a review of occupancy levels and working practices. As a result of these findings, the Minister will be making an announcement shortly which will relieve pressure in some areas. It is intended that this will assist with a programme of work to address the issues related to assessment and crisis support you have identified. Our aim will also be to reduce further the number of young people who need to be referred to in-patient facilities outside of Wales.

Policy and Protocols

In June 2013 we published CAMHS specialist advice for service planners developed by our National Expert Reference Group of practitioners working in the field. The advice is non-prescriptive in terms of the 'how' of service provision, and focuses on service functions as opposed to specifying a service model. It has been developed to encompass the range of CAMHS provision and all the partners with which CAMHS works. The advice details that providers need to have robust information sharing arrangements between services and across agencies that ensure risk and safeguarding issues are assured. It includes the Betsi Cadwaladr UHB information sharing policy as a model for other services to consider.

DBS Checks

In August 2013, Martin Jones, Director of Workforce, wrote to Health Boards and NHS Trusts reiterating that they should comply with the requirements of paragraph 2.24 of Welsh Government guidance 'Safeguarding Children: Working Together Under the Children Act 2004'.

That guidance states an employee should have a DBS check on employment, checks should be made routinely and repeated at regular intervals of no more than three years, throughout the period of employment.

Risk Assessment

Following the findings of the DSU review, Dr Sarah Watkins wrote to LHBs in February 2013 asking them to work with partner LAs and the Third Sector to ensure evidenced based risk assessment training is provided for CAMHS staff covering all settings, client groups and ages. It noted that discussions had already occurred around adopting the model used in adult services, and endorsed the approach of having a similar model across the age ranges. In early September we sought an update from LHBs on their progress on this issue and on their implementation of the DNA/was not brought protocols. The updates are expected next week.

I hope this information helps in the preparation of the final report and please do not hesitate to contact me or Joanna Jordan if you wish to discuss any of this further.

Yours sincerely

On behalf of David Sissling