

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 38

Ymateb gan: Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru

Response from: Welsh Health Specialised Services Committee

1 Background

- 1.1** In 2009 there was consultation on specialised services for Wales, which recommended improvements on how the NHS in Wales planned and secured specialised services. Following this consultation, in 2010 the seven Local Health Boards in Wales established WHSSC to ensure that the population of Wales has fair and equitable access to the full range of specialised services. In establishing WHSSC to work on their behalf, the seven Local Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.
- 1.2** Accordingly, WHSSC is a joint committee of each Local Health Board in Wales. It was established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The Joint Committee was a new arrangement and, brings Local Health Boards in Wales together to plan specialised services for the population of Wales. This is a fundamental change in the way these services are planned and has required the creation of new systems and processes to reflect these new arrangements. These have included completely new corporate and financial reporting arrangements. WHSSC is a “hosted body” and at the moment it is hosted by Cwm Taf University Health Board.
- 1.3** WHSSC plans, secures and monitors the quality of a range of specialised services. The specialised services include mental health services, which itself includes specialist perinatal beds.

1.4 In terms of budget, every year WHSSC receives money from the LHBs to pay for the specialised healthcare for everyone who lives in Wales and is entitled to NHS care. The Chief Executives of those health bodies are members of the Joint Committee who meet and decide how much of their annual budgets will be allocated to WHSSC. The Joint Committee is chaired by an Independent Chair who is appointed by the Cabinet Secretary for Health, Wellbeing and Sport. The amount of money which is allocated is based on the previous year's budget and what demands were made during a particular year for a particular type of specialised service through an agreed Integrated Medium Term Plan (IMTP).

2 Specialist CAMHS Services

2.1 Current Commissioning Arrangements

WHSSC is only responsible for commissioning inpatient provision for CAMHS (age 12–17 inclusive) on behalf of the seven local health boards in Wales. Two Local Health Boards are commissioned by WHSSC to provide this service for Welsh residents as follows:–

2.1.1 Betsi Cadwaladr University Health Board (BCUHB) provides 12 beds on a single ward for the North from the North West Adolescent Service (NWAS) which is located at Abergele Hospital. A 2nd 7 bedded ward is not currently commissioned.

2.1.2 Cwm Taf University Health Board (CTUHB) provides 15 beds for the South from Ty Llidiard which is located on the Princess of Wales site at Bridgend. These beds are provided flexibly over the 14 bed main ward & a 5 bed high intensity area. This arrangement was introduced in April 2015 following new investment by WHSSC in excess of £600k.

2.1.3 In addition to these beds WHSSC commissions services from other non NHS Wales providers through a National Framework Agreement in the first instance and then from other designated service providers on an individual cost per case basis.

- 2.1.4 Access to all inpatient beds is controlled by clinical gatekeepers who work in the 2 NHS units. The responsible clinician in a Health Board will refer a patient to the gatekeeper for an assessment and a clinical opinion indicating the type and level of service will be established. If an inpatient stay is required the gatekeeper will consider if the patient needs can be met by the NHS service and arrange the admission. The 2 NHS services do not provide services for Forensic (Medium or Low Secure) patients or some specific patient needs eg primary LD.
- 2.1.5 If the NHS service cannot admit patient due to capacity or specific needs the Health Board will identify a suitable placement from providers on the National Framework and make referral. WHSSC will confirm funding at the agreed daily bed rate to the provider by issuing a patient placement agreement on receipt of funding request form supported by letter from clinical gatekeeper.
- 2.1.6 If no framework beds are available the same process is completed but funding needs to be agreed at a daily bed rate on an individual basis.
- 2.1.7 WHSSC is only responsible for Tier 4 inpatient services but the new £7.65m investment by Welsh Government has increased support to CAMHS patients in the community and the enhanced community support provision in LHBs has both reduced lengths of stay in inpatient services and prevented inpatient admissions.

3 Inpatient CAMHS Provision

3.1 NHS Units

- 3.1.1 WHSSC pays the provider Health Boards for the Inpatient CAMHS units as a contract line of its Long Term Agreement. The contract is performance managed throughout the year and reviewed on an annual basis.

The 2017/18 contract values are shown below:–

BCUHB – 12 bed NWAS service £2.766m

CTUHB – 15 bed Ty Llidiard Service £3.694m

- 3.1.2 Since the expansion of the community intensive treatment teams and the introduction of the new flexible arrangements at Ty Llidiard the number of out of area placements in the South has reduced significantly.
- 3.1.3 The impact of these teams in the North has been adversely affected by the significant workforce problems experienced in both the inpatient and community services in BCUHB. The inpatient service has been operating on reduced bed capacity over the last 12 months but WHSSC have agreed recovery plan with BCUHB and the service is expected to increase its bed capacity back to commissioned levels over the next few months.
- 3.1.4 The direct consequence of these problems has been a marked increase in out of area placements from BCU with additional 6–8 patients in beds over last 12 months.

3.2 Out of Area Placements

- 3.2.1 A National Framework Agreement for non NHS Wales CAMHS inpatient beds was introduced in April 2015 following the success of an earlier Framework for Adults with Mental Health & Learning Disabilities. This Framework was signed off by the Minister and is overseen by the Quality Assurance and Improvement Team (QAIT) working on behalf of WHSSC and the LHBs. Providers on the Framework agree to deliver services against set of standards and are audited by QAIT to provide quality assurance of the services used.
- 3.2.2 Whilst NHS Wales does not have any secure CAMHS inpatient beds there is a new Low Secure provider (Regis Healthcare) on the Framework whom offer services within Wales at Ebbw Vale Hospital. The majority of Welsh patients needing this level of care have been placed in Wales with this provider since the inception of the Framework.

3.2.3 The total budget for CAMHS out of area placements for 2017/18 is £2.752m with a further £1.301m for Forensic patients in Medium or Low Secure care.

3.2.4 In 2014/15 prior to the Framework Commencement and new investment WHSSC funded 6,392 beddays in out of area CAMHS beds. By 2016/17 this had reduced significantly to 3,926 beddays a reduction of 39%.

3.2.5 It should also be noted that 2,133 (54%) of the 3,926 beddays in 2016/17 were provided by Regis Healthcare in Wales at Ebbw Vale Hospital.

3.2.6 Over the 3 year period from 2014/15 to 2016/17 the number of beddays provided in England has reduced by more than 70% from 6,392 to 1,793.

3.2.7 Further details of the number and type of out of area placements are attached in Appendix 1.



Section recovered as requested by Welsh Health Specialised Services Committee