

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Gwaith dilynol ar yr adroddiad Cadernid Meddwl  
MOM: 22  
Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan

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National Assembly for Wales  
Children, Young People and Education Committee  
Follow-up on the Mind over Matter report  
MOM 22  
Response from: Aneurin Bevan University Health Board

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### 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 DRAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p><b>Supporting the whole-system approach:</b></p> <p>The services provided by ABUHB CAMHS is transforming in line with the Regional transformation agenda; with the support of early identification and early intervention services in the community. CAMHS professionals provide support to children's workforce practitioners and act as a bridge between the different parts of the wider CAMHS/mental health system.</p> <p>The aims of the CAMHS service is developing from providing support for children/young people with more severe, complex, or persistent disorders to supporting improvement and enhancement of the emotional wellbeing and mental health of children and young people at the very early stage and training practitioners working with children to be experienced in emotional and mental difficulties identification/support.</p> <p>CAMHS is in the process of revising description of services offered for children and young people (and practitioners working with Children in the community) experiencing mental health problems and mental disorders. The introduction of a Single Point of Access from March 2019 as part of the Transformation journey will be included in a future Operational Policy.</p>	<p>The Programme has a defined set of outcomes to deliver over the next two years. The Framework which describes the Early Help and Support Framework will have been developed by 2021.</p>	
<b>The new curriculum</b>			
<p><b>Recommendation 1 (2018).</b> 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?
	N/A for LHBs		

### Measurement of well-being in schools

**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.

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	NA for LHBs		

### Emotional and mental well-being initiatives in schools

**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

**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.

**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.

**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.

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	N/A for LHBs		

### School counselling

**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.

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	NA for LHBs		

### School staff

**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.

**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.

**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.

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	NA for LHBs		

### 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

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	<p>CAPACITY AND PERFORMANCE (LPMHSS/SCAMHS/ND)/SCHOOL IN-REACH &amp; 3<sup>RD</sup> SECTOR)</p> <p><b>SCAMHS performance:</b> Throughout 2018/19 and 2019/20, RTT compliance exceeded Welsh Government’s set target of 80% of referrals seen within 4 weeks. Current average wait time for routine initial assessment is only 1.14 weeks (Choice Appointment), with the longest wait being 3 weeks.</p> <p>SCAMHS Emergency/Urgent referral compliance has been 100% for 2 years running. Waiting times are relatively short, with same or next day response to urgent/emergency referrals.</p>	<p>Indicating where you have further planned improvements in your draft IMTPs (or more detailed service plans) would be helpful.</p>	<p>If there are particular workforce shortages acting a barrier to further improvement it would be worth highlighting them here</p>

**ND Performance:**

There are challenges in achieving and maintaining the Neurodevelopmental wait time target, primarily due to demand on the service which has gone up significantly.

Demand has almost doubled in recent months.

Compliance with RTT since September 2019 has been over the 80% target.

**Iceberg (SPACE Wellbeing Model):**

Following launch of SPACE Wellbeing from April 2019, the collaborative constructive contribution from the multi-agencies contributing into Panel meetings, has had a real positive impact on SCAMHS activity levels with CYP who previously did not reach SCAMHS threshold now being supported appropriately within SPACE Wellbeing. General feedback from GPs, NCNs, other Stakeholders and Partners on the new Model is also very good with SPACE Wellbeing offering improved management and processing of referrals which means only referrals applicable to SCAMHS come into the SCAMHS service.

SPACE Wellbeing is also improving assessment, consistency of practice and is gradually impacting on PCAMHS waiting times

**LPMHSS Performance:**

LPMHSS is still dealing with the legacy of having unfilled posts and although impact of SPACE Wellbeing is felt it is still very early days.

Concerted efforts has gone into reducing wait time and LPMHSS is beginning to see gains:

- a) The service recently filled 1.2 wte interventions worker posts that responds flexibly to needs in the service
- b) The service also adopted a new approach to redeploy assessment capacity according to service needs (ie flexibly to where needs are greater)
- c) The service engaged an external provider to support intervention work and they've focussed on ensuring longest waiting families are seen
- d) The teams also developed new assessment strategies/new approaches to organising assessments in order to increase their flexibility to meet fluctuating and increasing demand.

RTT compliance is improving with combination of all the above ie SPACE Wellbeing Panel, additional staff and adopted strategies - LPMHSS average wait time for assessment and intervention is currently about 4 weeks (2018/19 wait was over 12 weeks).

To help improve Part 1 Mental Health Measure compliance and LPMHSS's sustainable capacity a *£293k recurring bid in the latest 'Additional MH Bids' round through joint initiative with SCAMHS was developed and is now taking shape.*

**School in-reach pilot:**

The MH In-Reach to Schools is now in its 4th term of the pilot and this has been another busy term; with relationships blossoming between In-Reach service, staff in schools, and other colleagues in connected teams.

	<p>The 2 School in-reach practitioners have, between them, delivered Training sessions (from a menu of 12 different options) and provided consultations.</p> <p>The continued themes of consultation, training, and staff wellbeing are ongoing throughout 3 Boroughs in Gwent, with specific directions being taken according to more local need.</p> <p><b>3<sup>rd</sup> sector services progress:</b> As part of arrangement to support involvement of 3rd sector in the Regional CAMHS Transformation programme, one of the local providers has been commissioned to provide one-to-one peer support.</p>		
<b>Care pathway</b>			
<p><b>Recommendation 11 (2018):</b> That the Welsh Government ensure:</p> <ul style="list-style-type: none"> <li>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;</li> <li>each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently; and</li> <li>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.</li> </ul>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	<p><b>SCAMHS Framework for Improvement:</b></p> <p>In response to the considerable challenges that CAMHS have faced in recent years and experience surrounding the tiered model that promoted service divisions; a new service framework has been</p>		



developed. The way in which children and young people's services are delivered in Gwent has changed.

SCAMHS framework for improvement has been built around early intervention and stepped care model (prevention and intervention ) to reach every child and young person across Gwent to ensure their mental health and wellbeing ensure needs are met

SCAMHS provision in Gwent has changed considerably over the past year in line with the CAMHS Transformation Agenda. CAMHS Transformation and Improvement/Innovation investment has allowed Gwent to build capacity and capability across the system which has included funds being directed towards early intervention (identified as a gap); the introduction of Emotional Wellbeing Champions, whole school approach to act as an intermediary between schools and services; and enabled the specialist mental health services to redesign its services, increasing its workforce and reducing primary care waiting times from 12 weeks (2018) and maintaining 4 weeks (Nov/December 2019).

The establishment of a single point of access has developed effective relationships across service providers. This has resulted in children and young people obtaining the right level of support in a timely way, blurring the traditional tiered model that resulted in barriers between services.

Understanding the local needs of the population is, therefore, crucial in order to effectively plan services

and all recommendations from the consultation and engagement has been captured within the CAMHS transformation action plan. Implementation of the Iceberg Model to has helped redressed the balance of services, increasing community-based provision and early intervention; reducing the need for higher level interventions and, in turn, delivering efficiencies through a reduction of high cost, intensive/secondary interventions and use of beds.

Staff who were involved with emotional health and mental wellbeing in Gwent (including education and social care partners) have helped shape the framework for improvement and key objectives that helped drive the delivery of the transformation plan include:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on
- Providing children, young people and their families with simple and fast access to high quality support and treatment
- Improving care and support for the most vulnerable and disadvantaged children and young people in Gwent by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs

## The 'missing middle'

**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:

- 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.

**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.

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><b>Gwent Iceberg Model/Single Point of Access for Children's Emotional Wellbeing (SPACE-Wellbeing Panel) :</b></p> <p>We have come to recognise that a high number of our children and young people do not have a diagnosable mental health disorder and therefore would not meet the threshold for specialist CAMHS, but require support and advice around emotional wellbeing and mental health.</p> <p>Towards the end of 2018/19 we began to develop a new system (ICEBERG MODEL) with 'no thresholds and no wrong doors' to meet the mental health needs of every child across Gwent and in March 2019 launched regional 'Single Points of Access for Children's Emotional Wellbeing Panels (SPACE-Wellbeing Panel)'</p>		

The SPACE-Wellbeing panel is a meeting from which professionals and families can seek early intervention and support for children's mental health, emotional wellbeing and behavioural difficulties.

The panel aims to make sure that families get the right service, first time, at the right time, and that services work in a joined up way. Requests for support may be allocated to the right service to provide direct support to children and their families. Sometimes, requests will be allocated for 'support in', which means that specialist clinical staff who are part of the panel will link up with childcare professionals who are already working with the child to offer them support and guidance.

Following launch of SPACE Wellbeing from April 2019, the collaborative constructive contribution from the multi-agencies contributing into panel meetings, has had a real positive impact on SCAMHS activity levels with CYP who previously did not reach SCAMHS threshold now being supported appropriately within SPACE Wellbeing. General feedback from GPs, NCNs, other Stakeholders and Partners on the new Model is also very good with SPACE Wellbeing offering improved management and processing of referrals which means only referrals applicable to SCAMHS come into the SCAMHS service.

Neurodevelopmental services			
<p><b>Recommendation 13 (2018).</b> 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><b>Recommendation I (2019).</b> 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"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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.</li> </ul>			
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?
	N/a for ABUHB. See above for ABUHB ND work		
Qualitative measures of performance			
<p><b>Recommendation 14.</b> 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.</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><b>Core data set and outcome measures:</b></p> <p>Following national agreement to use CGAS, GBOS &amp; ESQ, SCAMHS has been using outcome measures in the Community teams for a number of months now. All community based services use a guide document developed and placed in clinical notes with the</p>	This is dependent on the roll out of WCCIS	

measures agreed upon. Training has been delivered at staff away days to facilitate the usage of measures.

## 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>Further investment in crisis/out of hours care over the past 12 months:</p> <p>We have a CAMHS Community Outreach (COT) team, Emergency Liaison team</p>		<p>The development of the all Wales Framework for crisis care and agreement of national triage model.</p> <p>To be aware work is in hand to develop</p>

	<p>From September 2019, SCAMHS provides a 7 day and emergency liaison service from 9am to 5pm, Monday – Sunday supported by on call psychiatry model that should reduce hospital admissions and respond in a rapid and encompassing way. The teams commitment to carry out assessments and crisis interventions within 24 hours in the community and acute hospitals thereby avoiding admissions, releasing beds, supporting discharge and releasing CAMHS Consultant time to carry out front line assessments.</p> <p>SCAMHS has further invested in a duty (crisis) telephone line for out of hour's advice and crisis service provision that is disseminated across Gwent for children and young people in a crisis or emergency situation.</p> <p>Professionals have access to the duty telephone service for support and CAMHS consultant psychiatrist are also available for telephone consultation and emergency contact 24/7.</p>		<p>this which will involve LHBs via the CAMHS Network</p>
<b>Suicide</b>			
<p><b>Recommendation 16 (2018).</b> That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> <li>• 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";</li> <li>• work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and The Emotional and Mental Health of Children and Young People in Wales</li> <li>• 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.</li> </ul>			

<b>Recommendation D (2019).</b> 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?
	N/A for LHBs		
<b>In-patient services</b>			
<p><b>Recommendation 17 (2018).</b> That the Welsh Government:</p> <ul style="list-style-type: none"> <li>engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and</li> <li>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.</li> </ul> <p><b>Recommendation H (2019).</b> 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 :</p> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> <li>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;</li> <li>put in place more effective arrangements for 'stepping up' or 'stepping down' between different levels of intervention;</li> <li>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.</li> <li></li> </ul> <p><b>Recommendation 18 (2018).</b> 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"> <li>provide as many services as close to home as possible for Welsh domiciled children and young people;</li> <li>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</li> <li>explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements.</li> </ul>			
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?



**Provision for young people with complex needs  
(Greater clarity needed on the Ty Llidard service  
model and Plans to commission secure provision for  
young people):**

SCAMHS and Adult Mental Health colleagues are still experiencing challenges when supporting young people who require mental health admission to hospital.

Over the past two years we have seen a significant increase in the number of children and young people who are presenting in crisis, either as a result of mental health difficulties or broader emotional distress within Gwent. During this period there have been some significant developments within our services, such as the development of CAMHS Community Outreach and Liaison Teams but this has been unable to reduce the need for specialist inpatient provision. .

During the period of 2017 to 2018 there has been a bed use of 61 days. This was a significant increase on previous years. During the same period between 2018 -2019 usage has once again increased and there has been a total bed occupancy of 174 days. There has also been occasions where children as young as 15 are being nursed on our adult mental health wards which is a situation we find deeply concerning.

As a Health Board we are concerned about the level of care we are able to offer these young people who are left waiting for their care and treatment to continue in a specialist inpatient facility. Presently within Ty Cyfannol we are able to offer a model of care that is based on enhanced observations which is restrictive

	due to the lack of specialism from the ward team within this field of practice and the environment that we can offer. Whilst SCAHMS aspire to achieve regular contact with inpatients this is often in addition to ongoing demands within their normal working environments and can result in a lack of multidisciplinary input. .		
<b>Transitions</b>			
<p><b>Recommendation 19 (2018).</b> 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"> <li>• the steps they have taken to ensure implem</li> <li>• entation of the transition guidance;</li> <li>• their assessment of their level of adherence to the guidance; and</li> <li>• details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks</li> </ul> <p><b>Recommendation J (2019).</b> 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.</p>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	<p><b>Transitional arrangements:.</b></p> <p>SCAMHS follow a Programme Approach for transition from SCAMHS to Adult services. A protocol in place to ensure that the transition from SCAMHS to Adult services is as smooth as possible is being consulted upon.</p> <p>Closer to the date of an appropriate discharge, meetings would be held to ensure every patients can</p>		

<p>exit the service and transition smoothly out, often safely back to into the Community and sometime into the care of the Adults CMHT team who would typically be involved in the latter stages of discharge planning. Recently the board held a workshop to review transition pathways for all young people across services. Our Children Centre partner Sparkle Charity complete an in depth review of the views of children, families and young people on the services they require during this age range. In addition the MH &amp; LD Regional Partnership Board has used ICF monies to develop services to support the process. The feedback has been presented to the board with through the Quality and Patient Safety process and we are looking to progress the work at Regional Leaders group on an All Gwent Partnership footprint.</p>		
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### 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>Matrics Cymru document focusses on shaping the availability and access to psychological interventions ie the provision of psychological interventions and therapies services in place more widely to meet the needs of the local populations that most need the help ie vulnerable groups and hard to reach groups. Also focusses on understanding gaps in provision and access to psychological interventions in the local area and to use this information to design services that meet needs</p> <p>Key psychological interventions and therapies milestones for the Health Board in the past year has been to:</p> <ul style="list-style-type: none"> <li>• Support the skilling up of Children's workforce/professionals and build up their confident in working with CYP and bringing about change and positive outcomes. Our aim is for the access to psychological therapies in community settings to help to decrease the level of need for Tier 3 intense intervention and therefore lower the demand for this level of care/support.</li> <li>• Afford the Community Embedded Psychological team the flexibility and capacity to fully develop the model of ensuring community embedded psychological therapies staff are working across the range of settings in Gwent to maximise reach of psychological therapies support and the impact. This will in turn reduce waiting lists and the number of referrals to secondary CAMHS</li> </ul>		

- Enable further collaborative working with professionals working with children and young people to train and up skill staff in the community in emotional resilience and self-sufficiency tools for young people.
- Help to ensure clear and effective access to Psychological Therapies support with close links with professionals working with children and young people in the community ie Families First, Flying Start, Families Intervention Service etc

The Community Psychological therapies interventions team have been implementing the changes as laid out in our '2018 Gwent strategic CAMHS transformation programme for CYP Emotional & Mental Health Wellbeing' including work streams that focussed on the scoping and mapping of current provision and undertaking gap review with stakeholders/partners to inform work and change. The key aims of the review had been to:

- Better understand existing provision and demands of psychological intervention in Gwent for children and young people (CYP) with mental health difficulties
- Ensure the services are meeting expectations and standards
- Review and identify areas of good practice, learning and improvement

A great deal of work have now been undertaken following the review/engagement exercise with families, the voluntary sectors and Community service providers working with CYP in Gwent by creating a 'suite of psychological interventions' with support

available at a Tier 1/2 level for (CYP) and community children's service professionals.

To date:

- We have implemented a Single Point of Access for Emotional Wellbeing and Mental Health (SPACE Wellbeing) to meet the mental health needs of every child in Gwent and with SPACE Wellbeing there are no thresholds and no wrong doors for Psychological Therapies support.
- With the effectiveness of SPACE Wellbeing we have come to recognise that a high number of our CYP do not have a diagnosable mental health disorder and therefore would not meet the threshold for our existing SCAMHS services, but require support and advice around emotional wellbeing and mental health.
- The Community Embedded Psychological Therapies interventions team has been linked to SPACE Wellbeing, which is aligned to community children's services providers enabling interventions to be delivered within the primary care setting reducing stigma and promoting a more flexible approach to care as the Community embedded Psychology could be used to deliver therapies.
- We have redesigned the current system to breakdown the Tiers and thresholds by having a Community Embedded Psychological Therapies intervention team and ensure we are providing the correct level of service at the right place and time for the right young people in the Community.
- With the Community Embedded approach we have been able to increase access to psychological

intervention for young people through early intervention at tiers 1 and 2 level in the community; reducing the demand on specialist treatment.

- We have also seen the implementation of a direct advice line for professionals working with children and young people to contact the community embedded psychology team

Moving forward:

- Community Embedded Psychological team have provided a point of liaison with the established SPACE Wellbeing service and supported the Team in their assessment and treatment of young people, particularly in establishing the reasons for presenting to SPACE Wellbeing. This has improved the access of young people to psychological therapies.
- We intend to build on our Community embedded Psychological offer and link even more effectively with the localities and communities within Gwent.
- This fits with a model of Therapeutic care that is located close to home, whilst being flexible and easily accessible, proactive, intervenes early and underpinned with clinical and evidence based interventions. Also fits in with the requirements of the Well-being of Future Generations (Wales) Act 2015 and a Healthier Wales.
- Psychological Therapeutic care will include support for children and young people with mild to moderate mental health difficulties, Systemic Family Therapy, Psychotherapy, Psychology, Arts Therapies Dramatherapy, and Movement therapy.

	<p>2019 – 2021</p> <ul style="list-style-type: none"> <li>• Continue local implementation of embedding the provision of psychological therapies and intervention training in the community close to service users and Children's services workforce/professionals.</li> <li>• Reduction of average waiting times from referral to appointment for psychological therapies.</li> <li>• Consider findings of the local review for access to psychological therapies and intervention.</li> <li>• Closer working between Community Psychological therapies team and Community Children's services workforce/professionals.</li> <li>• Alignment of infrastructure with SPACE Wellbeing and Integrated services for Children in the community to further improve access</li> <li>• Map and strengthen referral routes for psychological therapies and intervention</li> <li>• Strengthen interventions to promote early intervention and support</li> <li>• Assess how current measures can demonstrate achievement of outcomes</li> </ul>		
<b>Prescribing and medication</b>			
<p><b>Recommendation M (2019).</b> 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.</p>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	You may want to provide some assurances on how prescribing trends are monitored/reviewed in		



	your LHB. For your information, WG have agreed to keep a further review under consideration		
<b>Advocacy</b>			
<p><b>Recommendation 21 (2018).</b> 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 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>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	ABUHB have, in collaboration with their local authority partners commissioned NYAS to provide advocacy services. In addition Education partners have commissioned SNAP Cymru to provide advocacy for families of children with additional needs.		
<b>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</b>			
<p><b>Recommendation 22 (2018).</b> 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><b>Recommendation 23 (2018).</b> 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"> <li>• be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme's work; and</li> <li>• 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.</li> </ul>			
<p><b>Recommendation N (2019).</b> 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</p>			

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.

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><b>Arrangements for looked after children / those referred via the youth justice system (YOT) and how those have developed/improved over the past few years:</b></p> <p>September 2019 saw the start of our SCAMHS service reviews in Gwent. The aim of the review is to better understand the current provision in Gwent, to ensure the services are meeting expectations and standards, to look at activity levels, to review resourcing and capacity and identify areas of good practice, learning and improvement. To date we have undertaken four reviews, Crisis Provision, the Looked After Children CAMHS service, Substance Misuse and the Youth offending CAMHS service, and have two more arranged for February 2020. As part of the reviews, we are also undertaking independent case file audits of a range of cases. The reviews have been useful for the service leads and staff as well as commissioners, working together to review the service and delivery. We have also gathered the views of partners and referrers to identify key areas of improvement in each of the CAMHS teams.</p> <p>SCAMHS Community Embedded services including the YOS team are working with a trauma informed approach to deliver outreach based assessments and clinical work, prevention and diversionary approaches to meet the needs of young people; including a virtual</p>		

	forensic team for high risk cases. There is also a pan Gwent mental health advisor for each local authority. The complex substance misuse service continues to deliver outreach based care for young people who have complex issues of mental health and substance misuse pan Gwent.		
<b>Working with the third sector</b>			
<b>Recommendation 24 (2018).</b> 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.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	N/A		
<b>Workforce</b>			
<b>Recommendation 25 (2018).</b> 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.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	<p><b>Work force surveys / benchmarking exercise:</b></p> <p>The Health Board participate in workforce surveys and the annual CAMHS Benchmarking exercise pays particular attention to waiting times, standard of support and services, as well as ongoing staff support.</p>		
<b>Welsh language services</b>			

<b>Recommendation 26 (2018).</b> 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.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	<p><b>Availability of Welsh Language CAMHS service:</b></p> <p>We offer Welsh services for those whose elect to access the service not in English. The CAMHS teams are able to access translation and interpreting services for clinical assessment, treatment, meetings with families or carers, translation of care plans, information leaflets etc in Welsh.</p>		It may be worth pointing out if there are workforce challenges in your area that may be compounded by requiring a certain WL skill level
<b>Reporting and data</b>			
<b>Recommendation 27 (2018).</b> 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.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	<p><b>Demonstrating Accountability and transparency through info metrics:</b></p> <p>In order to better plan (across the HB's footprint) emotional and mental health outcomes for children and young people from investments; we are working with the 5 local authorities in Gwent with the Single Point of Access to develop a minimum data set for local/regional reporting on key indicators including number of overall CAMHS referrals and clinical outcomes.</p>		

	<p>At the moment the HB priority has been on promoting resilience, prevention and early intervention – across sectors with schools, GPs, social services etc ; developing practitioners working with children and young people (offering training in child development and Mental Health), implementing the single point of access, making psychological therapies and mental health support more visible and easily accessible.</p> <p>Budgets for SCAMHS and Child Psychology have been protected throughout this time</p>		
<b>Youth work</b>			
<b>Recommendation O (2019).</b> 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.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	N/A for LHBs		