

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Gwaith dilynol ar yr adroddiad Cadernid Meddwl
MOM: 26
Ymateb gan: Bwrdd Iechyd Prifysgol Bae Abertawe

National Assembly for Wales
Children, Young People and Education Committee
Follow-up on the Mind over Matter report
MOM 26
Response from: Swansea Bay University Health Board

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?
Green	<p>Whilst it is acknowledged that there is much work to be done to support children & young people's emotional health & wellbeing across Swansea and Neath Port Talbot, the green RAG status is based on the improvements made by taking a multi-agency, partnership approach over the last two years as follows:</p> <ul style="list-style-type: none"> • Since 2017/18 the Regional Partnership Board has had a joint priority for improving the mental health and wellbeing of children & young people. The RPB has had an agreed multi-agency Delivery Plan to develop and improve services for Children & Young Peoples Emotional and Mental Health. An overarching multi-agency planning group has been set-up with a subgroup to focus specifically on CAMHS prevention & wellbeing. • The Delivery Plan has provided a vehicle to take a partnership approach to develop solutions, and has resulted in, shared 	<p>In April 2021, all the plans currently in development will have reached the implementation stage, and we will be moving discussions on to how we take partnership working a step further to ensure that services are as integrated as possible</p>	<p>The Health Board has made significant progress, thanks to partnership working, however this commitment must be maintained, and agencies need to continue to prioritise children & young people.</p> <p>Specifically for the Health Board this includes the implementation of an agreed strategic vision for CAMHS, and ensuring that as commissioners we use our local knowledge to facilitate relationships and ongoing discussions.</p> <p>Continuous monitoring and evaluation of services together with partners is going to be critical, to ensure that the monies we are investing are realising the benefits and outcomes required.</p>



	<p>priorities with a commitment to deliver consistent messages</p> <ul style="list-style-type: none"> • Some of the service improvements have included the development of an Emotional Health & Wellbeing Service, and working together to improve access to CAMHS. • Agencies have utilised partnership monies to commission a website for CYP, and also to roll-out training to support professionals in schools 		
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?
	N/A for LHBs		
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?



	N/A for LHBs		
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?
	N/A for LHBs		
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?



	N/A for LHBs		
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?
	N/A for LHBs		
Primary health care			
<p>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.</p> <p>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.</p>			



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?
Amber	<p>Cwm Taf Morgannwg UHB have developed an action plan to address the immediate concerns, which is reviewed at monthly commissioning meetings between CTM and SB UHBs.</p> <p>A range of actions have been taken to improve waiting times with a significant reduction in total waiting and longest wait, with a target of meeting the 28 day assessment target by end 2019/20.</p> <p>CAMHS is a commissioned service, and in 2017/18 SBUHB agreed a three year strategic vision with CTM UHB, this has supported the development of plans in addition to the recommendations of the DU recommendations, and proposals including the following specifically for P-CAMHS:</p> <ul style="list-style-type: none"> • Successful submission to the Welsh Government service improvement fund for the expansion of P-CAMHS. The additional staff recruited will provide support to the core P- 	<p>Over the next five years, the aim is that the referrals into CAMHS will reduce. The referrals into P-CAMHS have been rising, and the plans to implement an emotional health & wellbeing service, and for further liaison and advice to ensure that children & young people get the right support at the right time will support this aim.</p> <p>Specifically within the Health Board's IMTP we have included milestones for the full integration of Secondary and Primary CAMHS and the implementation of a single point of access by 2021.</p>	<p>A new service model is being developed by staff based within the CAMHS team. The service model includes the integration of CAMHS within the community delivered within non-stigmatised locations. The implementation of this service model will require the support of all partners including primary care.</p> <p>The main challenge to delivering an expanded service with increased staffing is the ability to recruit.</p>



	<p>CAMHS team, which is much needed to improve access for CYP. In addition, to improve therapy provision a practitioner psychologist will be recruited to provide much needed therapy support for CYP. Support.</p> <ul style="list-style-type: none"> • Monies secured via the Health Board's Mental Health Transformation Fund will support the development of an emotional health & wellbeing service – to be hosted by CAMHS. The focus of the service will in the first instance be for primary school children, however the Health Board are working with partners to ensure that provision is also provided to secondary school age children. 		
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?



Amber	<p>CTM has developed referral criteria based on the national document, in order to support decision making in terms of which part of the service is best placed to meet the needs of the young person, all referrals are now assessed by the Crisis team immediately and subsequently in a joint meeting with PCAMHS and SCAMHS to avoid referrals being passed between services. The service has also been supported by the DU to review pathways between PCAMHS and SCAMHS and as a result there is greater clarity on this, with further work.</p> <p>As commissioners SBUHB have been working with the CAMHS team on the implementation of a three year strategic vision. The vision has been produced to provide solutions for some of the challenges and constraints experienced by professionals that refer into the service, children & young people, and their families and also the Service itself. Constraints reported have included confusion for referrers about referral pathways and referral criteria / service thresholds between Primary and Secondary CAMHS.</p>	<p>As described with additional pathways for patients to move from SCAMHS to PCAMHS for their ongoing therapy, where this is felt to be more appropriate.</p> <p>The single point of access, and the integrated service model will improve pathways and access for children & young people using a stepped care approach to service provision. The aim is to see a drop in the number of referrals that are deemed as inappropriate, and that additional support is provided to GPs and other professionals earlier via the single point of access.</p>	<p>Recruitment and retention of CAMHS staff needs to improve, with consistent and recurrent funding in place for the strategic vision to be fully implemented.</p>
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	<p>The benefits of the strategic vision aim to counteract the feedback that the Health Board has received in relation to constraints of the current service and the benefits of the strategic vision are outlined below:</p> <ul style="list-style-type: none"> • The current three small CAMHS Teams operating as a single team across Swansea and Neath Port Talbot, so improving the resilience of the service and reducing variation in access to services across the area; • Improved access for patients with shorter waiting times; • Advice and support for professionals; • Appointments delivered at non-stigmatised outreach accommodation; • CAMHS staff organised so that vacancies do not impact so significantly on performance; • Consistent decision making on assessment of referrals to reduce the risk of children and young people 'bouncing' around the system; • Compliance with Welsh Government targets. 		
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	Increased liaison with local authority single point of access teams has been tested over the last two years, and whilst there have been challenges with staffing, it has proved successful, and improvements have been seen in relation to waiting times for children & young people.		
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?
Green	As the provider of CAMHS, CTM have developed referral guidelines to support decision making as to which service can best meet the needs of the young person. The service has introduced a single point of access in that all referrals for PCAMHS and	Increased integration of services with earlier assessment and intervention of the most vulnerable children & young people.	Whilst there is an understanding that consistency and integration is required, there is also a need to map those services that currently exist, to identify the gaps, and evaluate the effectiveness.



	<p>SCAMHS are now reviewed jointly in twice weekly referral meetings, this is to ensure that a decision can be made for each referral without the potential for bouncing back and fore between services. In terms of benchmarking, the CAMHS subgroup of the Network has recently commenced the first peer review of SCAMHS services, with CTM peer review planned for 10th February 2020.</p> <p>SBUHB are taking a partnership approach to ensuring that services work in an integrated way to ensure the most vulnerable children & young people get the right service at the time. All partners including the Health Board and local authorities have a shared commitment with consistent regional priorities to best meet the needs of young people.</p> <p>In operational terms this has already involved the multi-agency funding of integrated posts including CAMHS and the implementation of MAPSS, which provides enhanced support for children & young people in care.</p>		
Neurodevelopmental services			



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.

Recommendation I (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:

- 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	In 2019/ 20 SBUHB provided funding to support the appointment of a Clinical lead and senior administrator who have taken up post in November 2019. The priority of the clinical lead is to undertake a review of current capacity and demand and make recommendations to recruit additional posts, and this will include benchmarking across Wales. Some waiting list initiatives are being undertaken utilising in year slippage to support reducing the waiting list. It is hoped the referral rate has levelled off,	Improved understanding of demand & capacity with a better understanding of what is driving referrals.	National and local partnership discussions need to continue.



	<p>but the sustained increase in demand is being seen across Wales.</p> <p>The together for children and young people programme has been extended, with an all day workshop at the end of November to review plans for the Neurodevelopmental services going forward. SBUHB are participating fully in their work.</p> <p>In October 2018, compliance against the WG target dropped for the first time, and whilst this has now stabilised, the referral rate continues to be high.</p> <p>Service Improvements plans are being developed and implemented including the centralisation of the service onto one site, which was complete by September 2019.</p> <p>This work programme is flagged in the Health Board's IMTP, and the specific detail will be shaped by the results of the demand & capacity.</p>		
Qualitative measures of performance			
<p>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.</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	<p>The CAMHS service use a range of outcome measures as part of the routine service. CTM is actively participating in workshops and is engaged on National and Regional levels regarding WCCIS implementation and is now starting to work on workflows improvement within the region. CTM has expressed an interest in the Community Nursing and Integrated Teams proposal and is waiting for the updated terms and conditions of the proposal.</p> <p>As commissioners SBUHB review a monthly performance report with the CAMHS senior management team, and also share this information with partners, including the community health council.</p>	Continue to capture outcome measures locally and feeding in to WG monitoring and reporting if this is implemented.	Monitoring and reporting requirements to be implemented
Crisis and out-of-hours			
<p>Recommendation 15 (2018). That the Welsh Government, within six months of this report's publication, in relation to crisis and out-of-hours care:</p> <ul style="list-style-type: none"> 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?
Amber	In 2016, the Crisis Team successfully secured additional funds to expand the CAMHS Crisis Liaison Service across the ABM geographical area. In 2016, the team provided a crisis and liaison service Monday – Friday from 9am-5pm. Following the increased resource made available, the Team were able to provide a more robust service operating 7 days a week from 8am until 9.30pm. In 2019/20 further funding was secured to expand the hours to midnight, however the impact on this service of the Bridgend Boundary Change means		Recruitment is the key challenge



	that an implementation date is yet to be agreed. The provision of designated beds remains a challenge across the Network that CTM delivers on call CAMHS services for (STM, SB and C&V HB's), the key issues are provision for under 16's and contingency plans when designated beds are occupied.		Joint working with Health and Social Services in all areas to ensure provision of appropriate facilities, it is understood that work is underway involving representatives from both plus WG, the Network, WHSSC etc.
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 • 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. <p>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.</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		
In-patient services			
<p>Recommendation 17 (2018). That the Welsh Government:</p> <ul style="list-style-type: none"> • 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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Recommendation 18 (2018). That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:

- 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?
Green	The capital works at Ty Llidiard are now complete	Complete.	
Amber	WHSSC have consulted on the updated service specification for tier 4 services and discussions are now underway in terms of how this can be provided.	Following discussion between providers and WHSSC as commissioner, proposals for investment to implement the new service specification will go through the commissioning process during 2020/21, with input from QAIS, and if approved it is anticipated that recruitment could commence from April 2021	Agreement around resources required to deliver and approval by Health Boards to fund
Amber	The Delivery Unit review of crisis services during 2020/21 should support		Await outcome from DU review



	greater clarity around the step up and step down availability across South Wales and this should inform Health Boards / WG in terms of future requirements. The CiTT model in CTM and SB is felt to currently operate well and support step up and step down from inpatient care	Feedback from the DU review will inform any further resource requirements or changes to services that could better meet the need	
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 <p>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.</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?
Green	CTM has recently signed off transition guidance	Internal monitoring to ensure compliance	Ongoing monitoring
Red	<p>Extending CAMHS to age 25 would have significant implications in terms of resources moving from AMHS to CAMHS.</p> <p>In SBUHB it is recognised that further work is required on transition across</p>	Await further feedback from WG Internal monitoring to ensure compliance	If this proposal was supported by WG, significant mapping would be required to understand the resource required to deliver this and how this could be released from AMHS



	services, and this will form part of the review of the Children's Strategy in 2020/21. Specifically in relation to CAMHS due to the complexity of some of the issues relating to transition, a group has been set-up between the SBUHB AMHS and CAMHS to discuss cases, and any operational issues.		
Psychological therapies			
<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</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	Matrics Cymru (Matrics Plant) when published will support the development of the strategic priorities within the	Understanding the unmet need for the Swansea Bay population, and be able to	Evaluation of the need and development of strategic plans to



	<p>Health Board's Emotional & Mental Health Delivery Plan. Membership of the Emotional & Mental Health Planning Group has recently expanded to include psychological therapies.</p> <p>The Health Board have recently appointed a clinical psychology lead for children & young people, and a Child Health Psychology service has been established as a result of Welsh Government monies.</p>	demonstrate the benefits of the psychology service.	inform further investment on a recurrent basis.
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?
Amber	Further work required within CTM as the provider to better understand prescribing trends, breaking down by service e.g. SCAMHS, ND	A Clear understanding of prescribing trends across service	Detailed review of current information systems and any adjustments required
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 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.			
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		
Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)			
<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?
Amber	The integration of CAMHS to partner organisations has been a key priority for the Health Board. The integration of CAMHS liaison into the local authority single point of access teams to provide support to social workers with assessments to identify when a child needs support has been piloted and demonstrated good outcomes. There are plans to increase CAMHS support	CAMHS support for the single point of access teams, and the YOT offered as part of the CAMHS core service.	Funded posts need to be recruited to.



	<p>for the youth offending team in addition to support for emotional health & wellbeing.</p> <p>Neath Port Talbot local authority are leading the development of the Multi-Agency Placement Support Service (MAPSS). The Service has been funded via ICF monies until 2021/22. This service is designed to provide enhanced support to looked after children.</p>		
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?
n/a	<p>It is noted that this recommendation was not supported by WG. In terms of services within CTM, the Health Board commissions Halcyon to provide enhanced support for young people diagnosed with ASD and their families. Further, MIND are currently providing counselling services to support the PCAMHS service.</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?
Green	In previous benchmarking exercises CTM as providers of the services have and will respond promptly and comprehensively to workforce surveys.	Ongoing	N/A
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?
Amber	CTM as the provider of CAMHS is internally working on the implementation of the Welsh Language act and is looking to ensure compliance with this.	Continue progress with implementation	One key challenge within CAMHS is in recruitment, so further focus on workforce planning to ensure a large pool of staff, including with Welsh Language, will be essential
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?
Green	The Health Board does report and monitor budgets in this way and can		



	demonstrate the increase in investment into services over recent years.		
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?
	N/A for LHBs		

