GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

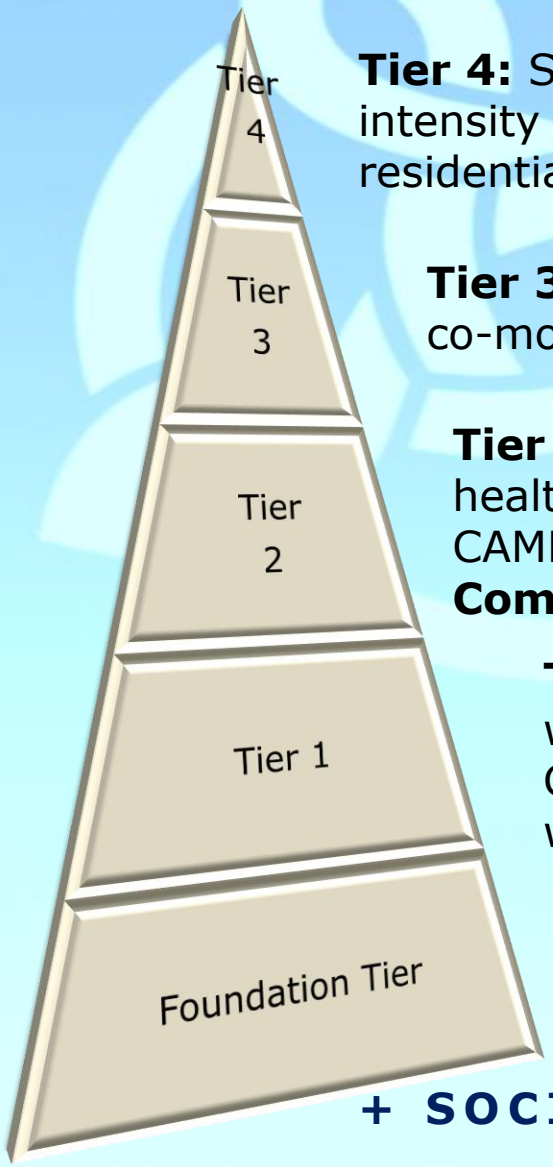
Welsh Health Specialised Services Committee (WHSSC)

CAMHS
A Pathway Discussion

(WHSSC/Delivery Unit (DU)/ National Collaborative Commissioning Unit (NCCU)

Stuart Davies and Carole Bell

Tiers of Care



Tier 4: Services for children with severe/complex problems requiring a combination or intensity of interventions that cannot be provided at Tier 3. Normally provided through residential/inpatient settings **WHSSC Commissioned**

Tier 3: Services for children with complex, severe needs or particular combinations of co-morbidity. Tier 3 is usually provided by multidisciplinary teams. **HB Commissioned**

Tier 2: Services provided by mental health professionals for children with a variety of mental health problems that have not responded to Tier 1 interventions. Consists of those specialist CAMHS practitioners that provide assessments, consultation and training to Tier 1. **HB Commissioned**

Tier 1: Advice, support and interventions provided by a wide range of professionals whose main role and training may not be in mental health, such as third sector workers. GPs, health visitors, paediatricians, social workers, teachers, youth workers and justice workers. **HB Commissioned**

Tier 0/Foundation: Self help resources, mental health promotion and education **HB Commissioned**

+ SOCIAL CARE

+ EDUCATION

+ PHYSICAL HEALTH

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Tier 4 admission criteria

- Young people:
  - over 12 years and up to 18th birthday
  - with a primary diagnosis of mental disorder, or suspected to have a mental disorder (as defined by Mental Health Act 2007)
  - whose needs cannot be better met by lower tiers of community CAMHS services (inc. intensive community support and crisis resolution teams)

Tier 4 admission criteria

- Referrals accepted for young people with comorbidities including:
  - neurodevelopmental disorders
  - mild learning disability
  - drug and alcohol problems
  - physical and sensory disabilities
  - social care problems as secondary needs

  But exclude primary diagnosis of learning disability and need for secure care/ intensive care

"We want to be able to support children at the lowest possible level and not to medicalise them and not to escalate those issues where we don't need to" *[Mind over Matter-2018]*

"We also remain deeply concerned that some children and young people appear to be admitted to inpatient units not because they are the most appropriate setting for them, but because suitable alternatives are not available" *[Mind over Matter-Two Years on 2020]*

Hospital can cause harm

The need for inpatient care and treatment should be weighed against possible negative consequences of admission:

- Can be frightening/disturbing/involve witnessing high levels of disturbance e.g. deliberate self-harm
- Exposure to those with similar disorders may reinforce negative behaviour
- Separates them from home environment - may undermine parents' ability to provide support
- Risks institutionalisation
- Missing out on social, educational and occupational opportunities
- Risk of stigma and labelling

Admission can cause worsening symptoms for some young people. Admission therefore avoided wherever possible, and, if admission cannot be avoided then it should be for as short a period as possible.

References
- Dalton, R., Muller, B., and Forman, M.A. (1989). The psychiatric hospitalization of children: an overview. Child Psychiatry and Human Development, 19(4):231- 44.
- Gowers, S., and Cotgrove, A. (2003). The future of in-patient child and adolescent mental health services. British Journal of Psychiatry, 183: 479-48
- NHS National Institute for Health and Clinical Excellence (2005). Depression in Children and Young People Clinical Guideline 28.
- Education Policy Institute (2017) Inpatient Provision for Children and Young People with Mental Health Problems
- NHS England (2014) Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report

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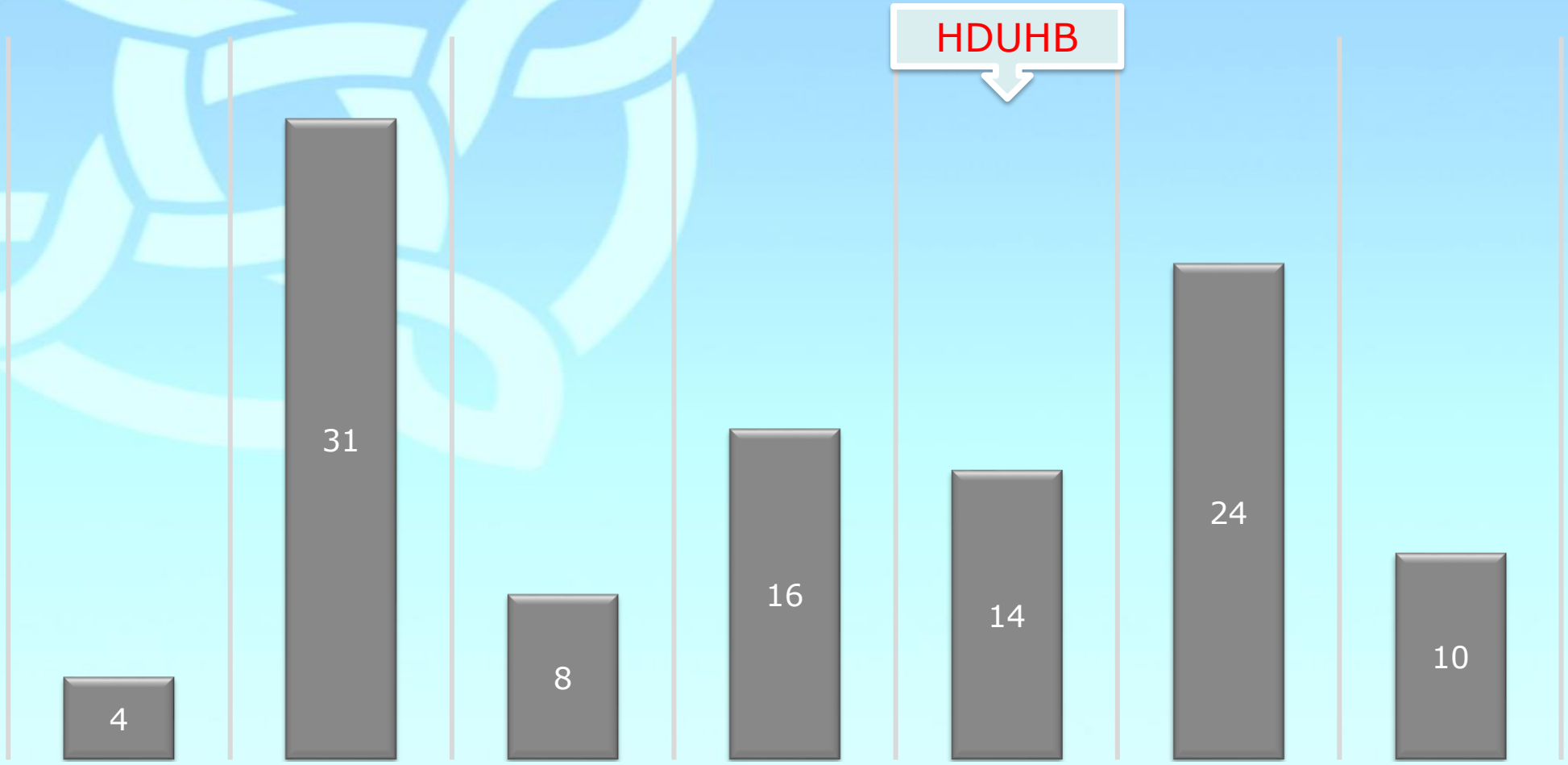
Welsh in-patient demand

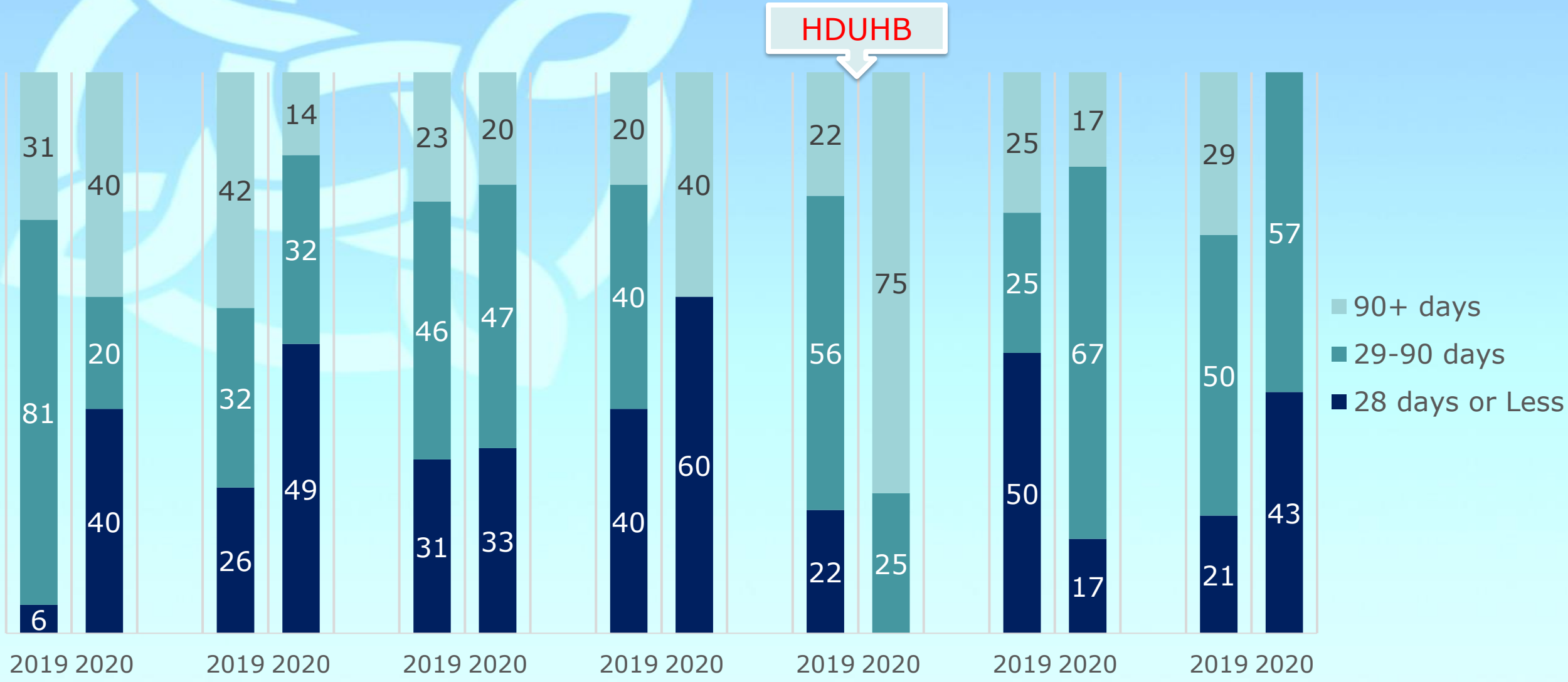
- In 2020 there were approximately **18** referrals a month for inpatient care
- **4 out of 10** referrals are accepted (rest are closed before assessment/ referred to other services)
- On average **8** admissions per month
- Admission rates vary between **4** to **31 per 100/000** CYP population
- **9 out of 10** admissions are into NHS Wales units Ty Llidiard and NWAS
- Approx **14 out of area placements per year** majority for services not provided in Wales

Use of Tier 4 Beds by HB in 2019



Use of Tier 4 Beds by each HB in 2019 by 100,000 0-18 population

Length of in-patient stay

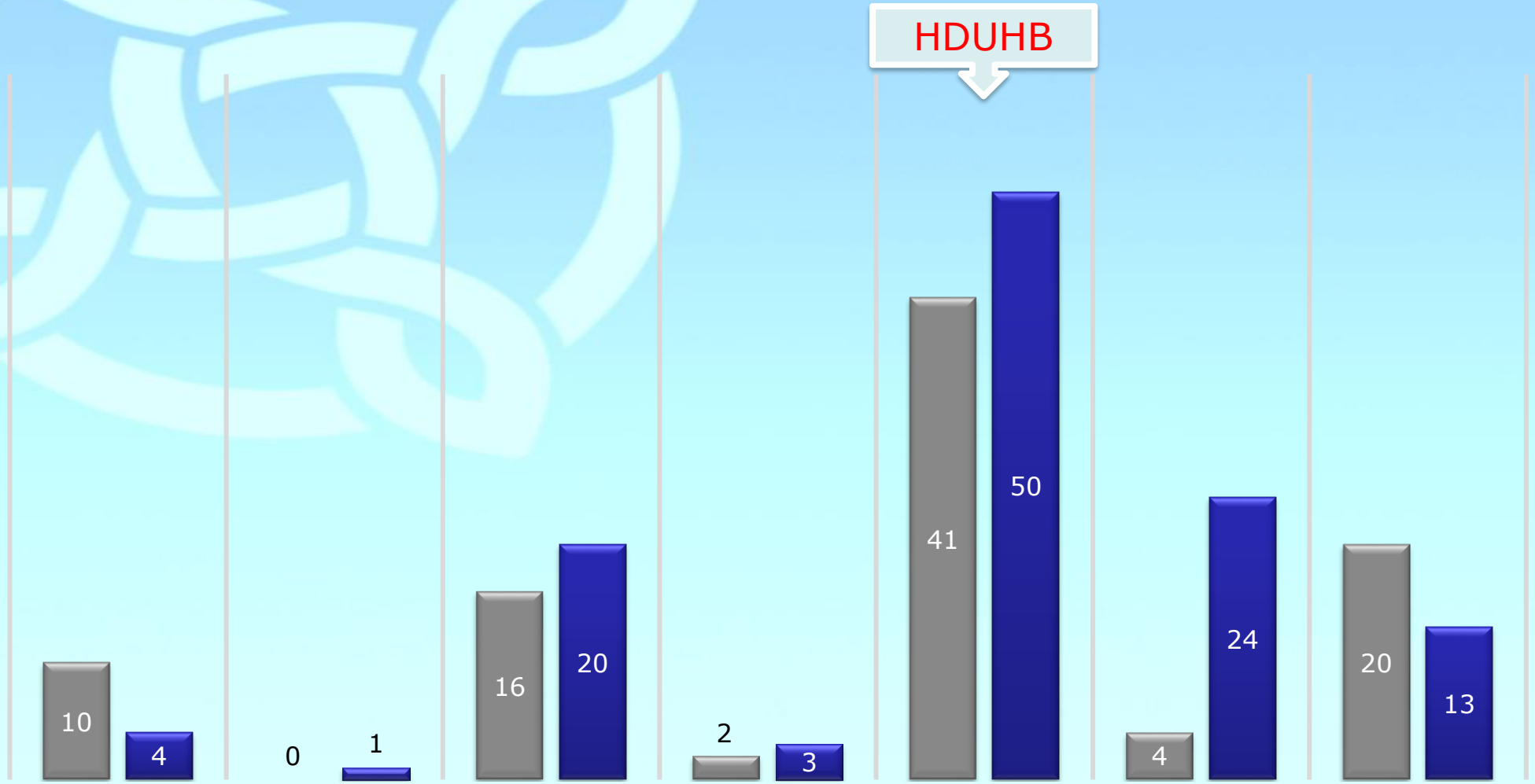


Designated Beds

- **Definition-** WG Policy states that each HB Board should provide beds on designated ward(s) that appropriately meet the needs of young people including: designated bathroom facilities, parental visiting, staff training, access to appropriate risk assessment training.
- Beds to be used for assessment or in time of crisis if no alternative available
- Review of the use by DU and NCCU published April 2021.
- Data collected from 1st January 2019-31st December 2020
- Key findings:
  - Variation between HBs in utilisation rates of between **1** and **50** per 100,000 CYP
  - 7 in 10 CYP discharged home
  - 2 in 10 CYP transferred to a inpatient unit (av. time to transfer 3 days)
  - 1 in 10 CYP discharged to residential care (av. time to transfer 32 days)

Designated Beds-Use by HB

Per 100,000 0-18 year olds population



Tier 3 and Below

- Health Board commissioned
- Key performance targets – Mental Health Measures
- Published data supplied by the DU shows significant challenges in meeting the Measures and variation between Health Boards
- Does this lead to increasing acuity?

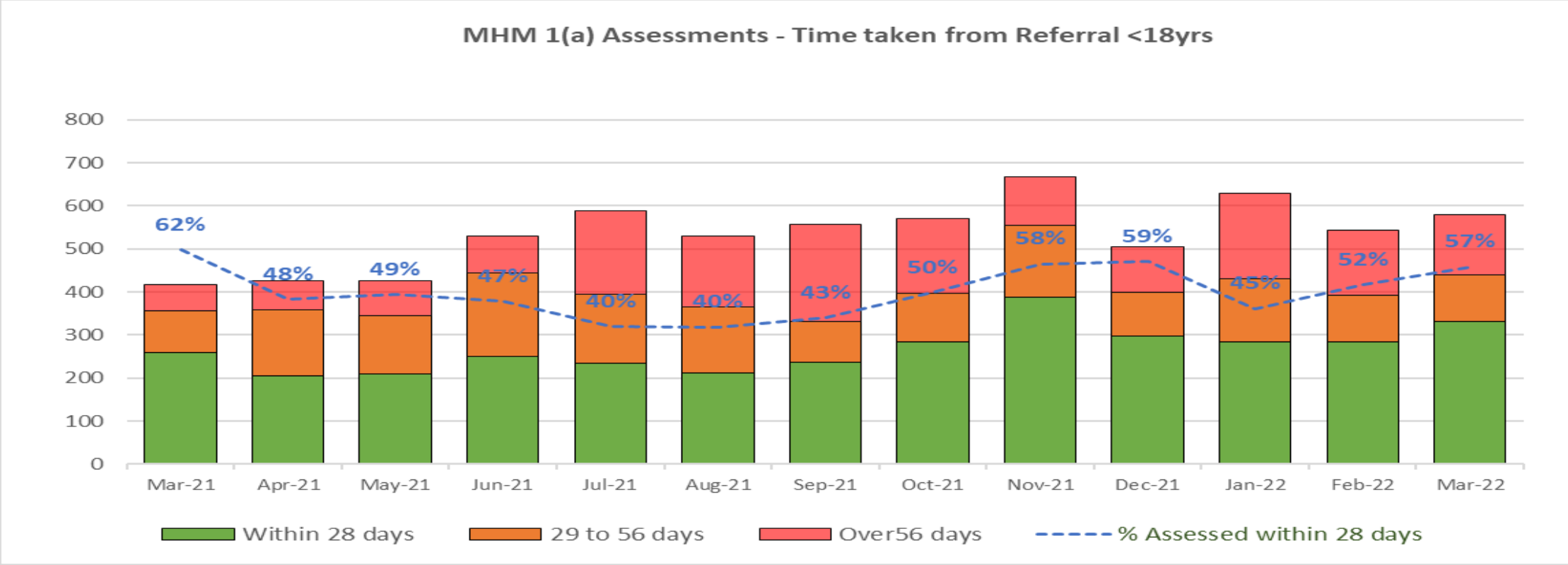
Local Primary Mental Health Support Services- Referrals

- Local Primary Mental Health Support Services reported under Part 1 of the Mental Health (Wales) Measure 2010. Activity data is reported on referrals, assessments and interventions.

- The national picture masks regional variation in referral patterns between Health Boards

Local Primary Mental Health Support Services –Assessment (All Wales Data)

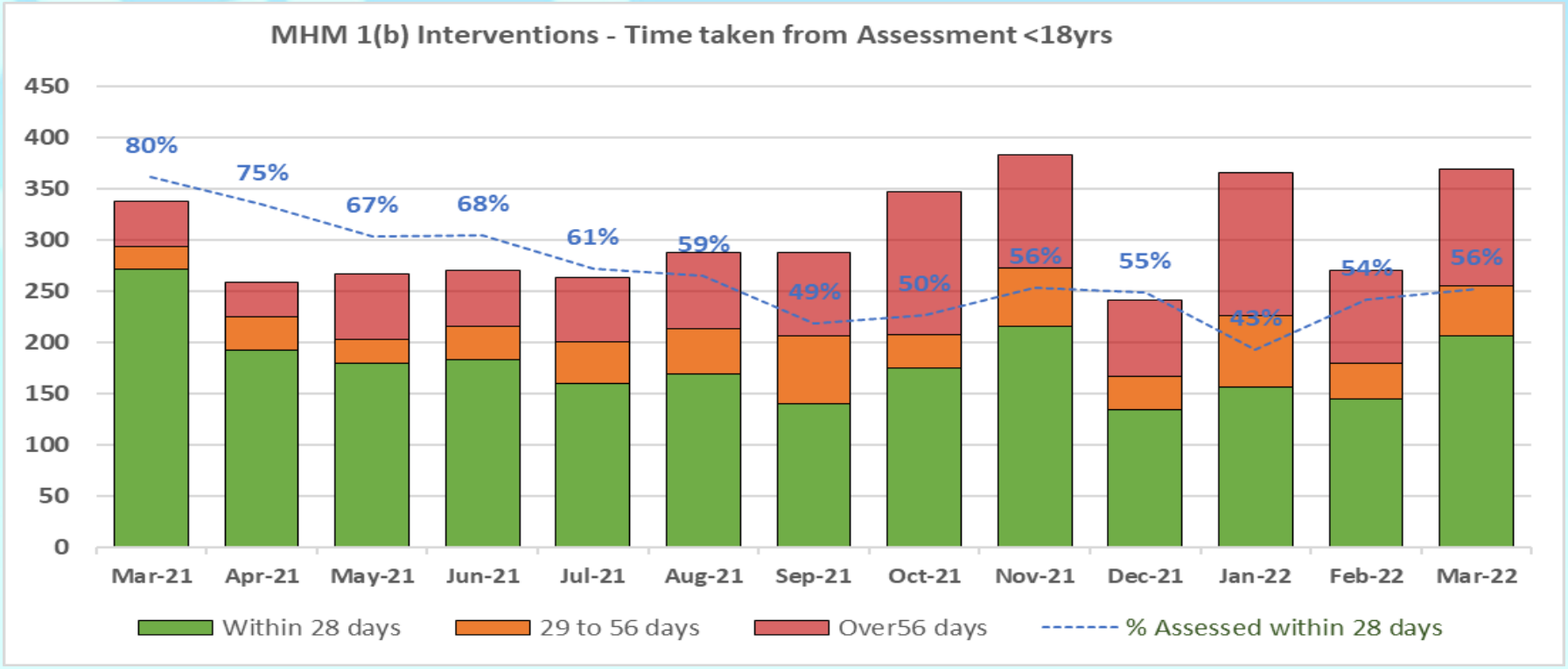
Target - 80% of assessments to be completed within 28 days of referral. *Hywel Dda in March 2022 = 9.1%*



Local Primary Mental Health Support Services -Intervention

Target - 80% of interventions to be commenced within 28 days of assessment.

Hywel Dda March 2022 = 37.5%



Part 2 – Care and Treatment Planning

Part 2 of the Measure:

- Duty to appoint a care coordinator
- Duty to develop a written care and treatment plan for individuals in receipt of secondary mental health services

Target is that 90% of CYP in receipt of secondary mental health services have a written care and treatment plan – the code of practice states this should made within six weeks of allocation.

Hywel Dda March 2022 = 71.6%

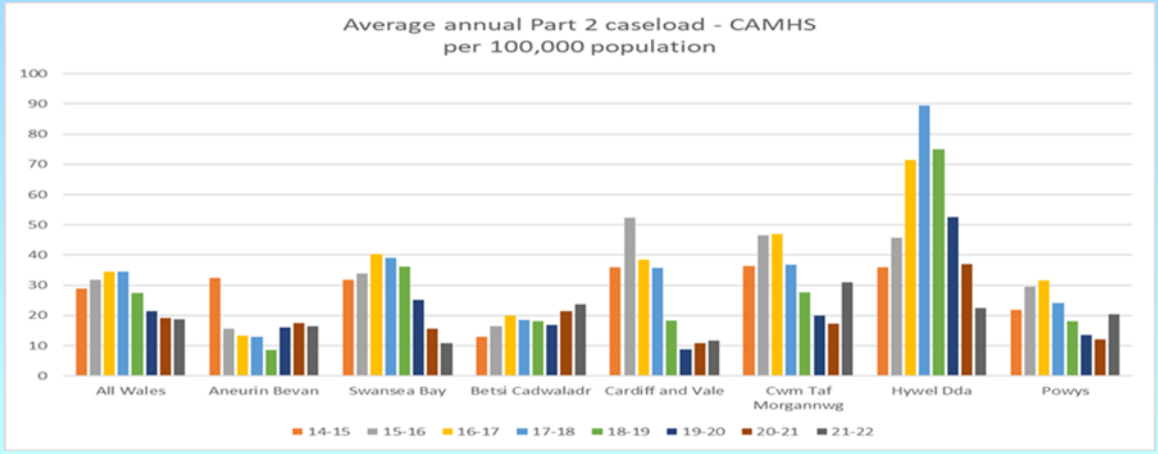
Part 2 – Care and Treatment Planning

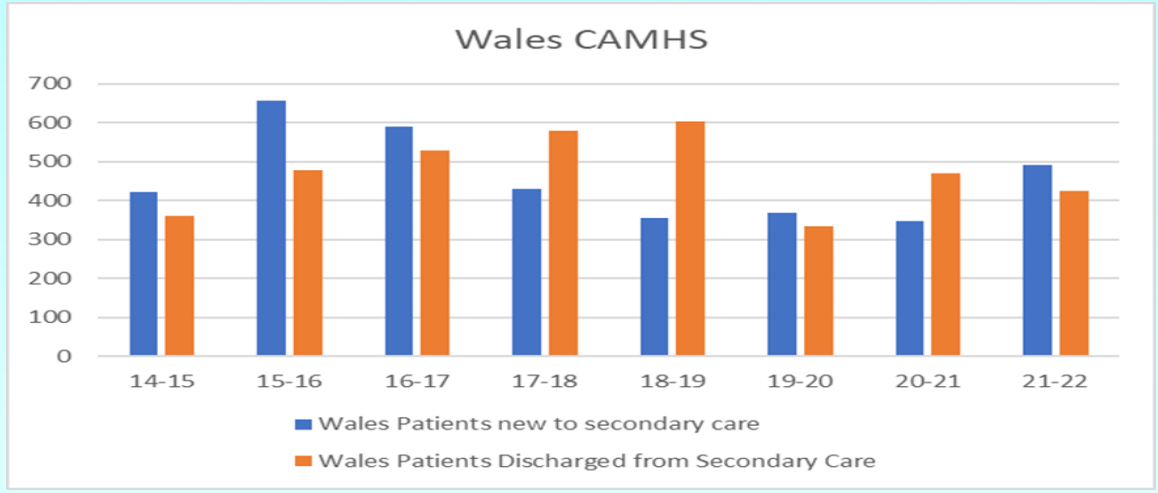
Over recent years, three HBs have been steadily reducing numbers in young people classed as Relevant Patients and in receipt of a CTP .

Across Wales in 2021-22 there was an increase in young people new to CTP after a period of decline

National picture masks regional variation in the number of young people in receipt of a CTP between Health Boards

NB These numbers do not reflect the total SCAMHS caseload, only those given Relevant Patient status on those caseloads.

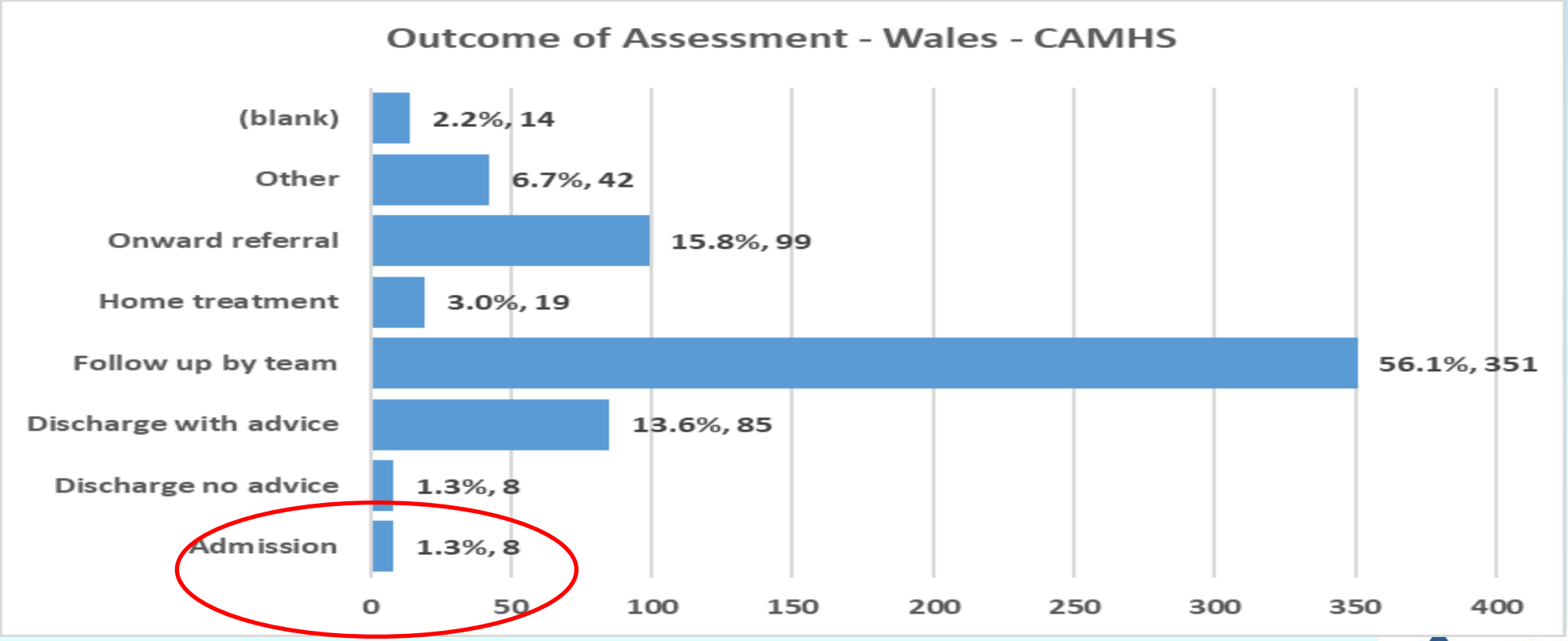




Key messages from crisis review

Undertaken by DU/NCCU investigating access to and outcome from crisis services across all HBs

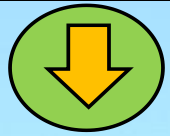
- Commonest outcome recorded following an assessment was 'follow up by the team' (56%).
- Follow up often described by the service as 'brief'.



Challenges Tier 4 Ty Llydiard

- Been in WHHSC escalation for a significant number of years
- Concerns around
  - Quality
  - The way the unit operates
  - Leadership and culture
  - Staffing
- Lack of defined purpose for some admissions/lack of discharge outcomes
- High use of leave into local areas
- Significant rise in eating disorders, especially those requiring NG feeding
- Improvement action plan in place but progress to implement slow
- Escalated to CEO and Chair level May 2022

Challenges- In-patient quality issues (WHSSC Escalation Process)

Overall Status **Limited Progress made March and April 2022 – No progress against OD plan demonstrated, 3 actions remains at RAG Rating RED due to time lapse and lack of progress**				
Area of Escalation	**Key Documents**	**Action**	**Owner**	**Progress**
Culture and Leadership		Progress against maturity matrix and dates for achievement to be available by 28/10/21	CTM	It was agreed on 9/11/21 that t Maturity Matrix would not be used tool for de-escalation.
		CTM to provide OD plan with actions specific to Ty Llidiard to be available by 28/10/21	CTM	**COMPLETE:** Ty Llidiard specific OD received 4/11/21.
		Progress against OD Plan specific to Ty Llidiard	CTM	Self-assessment to be conducted CAMHS against OD Plan for 14/12 EK provided comparison on OD pla previous iteration to demonstrate pr
		Bid to consider training requirements at Ty Llidiard by 28/10/21	CTM	Not received to date
		Effectiveness at weekly bed management meetings	CTM	Improvements made - for ongoi monitoring
Service Specification and Gap Analysis		To set up a workshop for December 2021	WHSSC/CTM	**COMPLETE:** Workshop arranged 15/2/22
		Structure and Outcomes of workshop to be agreed	WHSSC/CTM	**COMPLETE:** AG and EK met 10/2
		Report following workshop to be received at March 2022 meeting	WHSSC/CTM	ECA discussed to be included in se spec rather than HDU
		Funding Bid to WG	WHSSC	**COMPLETE:** Funding agreed by
		Agreement on underspend of funding	WHSSC/CTM	**COMPLETE:** Some funding agreed f branding
Emergency Response SOP		To Finalise and Agree Emergency Response SOP	CTM	Implementation of SOP scheduled 7/2/22 – issue identified at dry ru 4/2/22. New implementation da 28/2/22. Not in place. Now schedul 3/5/22
Further actions to support de-escalation:				

Challenges across the Pathway

- Limited delivery of the Measures putting pressure across the pathway
- Significant workforce challenges
- No local place to undertake 24-72 hr assessments-other than designated beds
- Variable crisis services locally and response
- Lack of alternative admissions particularly for CYP with emotional issues rather than diagnosis of MH
- Lack of progress on implementing recommendations from safer accommodation review

Some Solutions…

- Additional Investment by Welsh Government (whole school approach, community CYP and £2m for Tier 4)
- HEIW prioritising CAMHS in workforce plan
- WHSSC working with two NHS units to address findings from Tier 4 review and WHSSC escalation process.
- Guidance on designated CYP beds being updated
- NCCU/WHSSC host a weekly 'T4 bed management panel' to manage flow
- CYP networks focusing on sharing ideas on addressing rise in eating disorders/disordered eating

Some Solutions…

- Regional Partnership Boards are developing 'safe accommodation options' for CYP jointly HB/LA
- HBs have been requested through funding allocations to expand CYP crisis services
- MH 111 press 2 –Urgent support service will support CYP
- HBs have been requested to develop Alternatives to Admission. These will provide alternatives to designated beds, assessment in A&E and a safe place to assess